

# To the Point

## HNELHD Immunisation Newsletter

### June/July 2022

#### Updated ATAGI COVID booster recommendations effective 11/7/2022

- Adults aged 50 to 64 years are now recommended to receive a winter booster dose of a COVID-19 vaccine.
- Adults aged 30 to 49 years can receive a winter booster dose of a COVID-19 vaccine, however the benefit for people in this age group is less certain.

The interval recommended between a recent SARS-CoV-2 infection or the first booster dose and a winter booster dose is now 3 months. [ATAGI updated recommendations for a winter dose of COVID-19 vaccine](#) | Australian Government Department of Health and [Aged Care](#) (that's an additional 7 million new eligible people!)

#### Contents:

- Updated ATAGI COVID Vaccine recommendations
- Belmont Hub CLOSED- relocated to Wallsend
- Rotavirus vaccines
- Meningococcal vaccines
- PRODA/HPOS renewal for HNE staff
- The Australian Immunisation handbook updates
- COVID-19 is not over
- Funded Influenza vaccine
- Farewell and thank you to our staff
- Check messages on NSW Vaccine Centre ordering page

#### Attachments

- ✓ NIP Meningococcal

#### Contact your PHU for Immunisation enquiries

8.30-4.45pm

Phone: 1300 066 055

Fax: 4924 6490

Email:

HNELHD-PHImmunisation

@health.nsw.gov.au

#### THE BELMONT VACCINATION HUB HAS CLOSED AND RELOCATED TO WALLSEND HEALTH CAMPUS.

The new Wallsend Vaccination Hub is open now for COVID-19 and influenza vaccines. Bookings can be made here [Service Finder \(healthdirect.gov.au\)](#) or phone 1800 571 155

The Wallsend Hub provides the same services as Belmont— Pfizer vaccines for people aged over 5 years, Moderna and AstraZeneca vaccines and influenza for everyone over 6 months of age.

**Address:**  
Wallsend Health Campus (Entry via Lowrey lane), 10 Longworth Avenue, "Wattle Grove Cottage", WALLSEND, NSW 2287

#### Accessibility needs:

[More information ?](#)

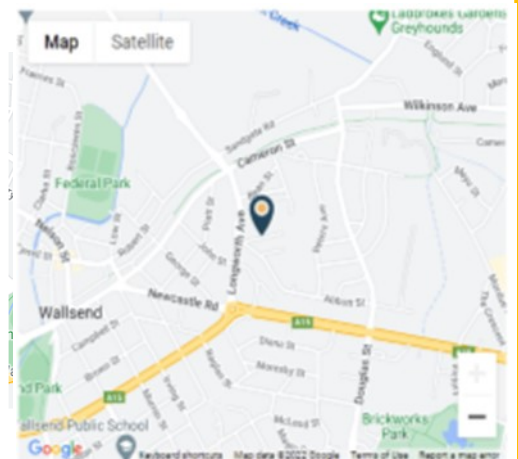
- Wheelchair accessible
- No Medicare card needed
- No appointment needed

Book appointment



Health

MAKE A BOOKING



#### Regular opening times:

- Monday: 9:00am - 5:00pm
- Tuesday: 9:00am - 5:00pm
- Wednesday: 9:00am - 5:00pm
- Thursday: 9:00am - 5:00pm
- Friday: 9:00am - 5:00pm
- Saturday: 8:00am - 3:00pm

# To the Point

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### June/July 2022

#### Rotarix and Meningococcal Vaccines

We have been receiving lots of questions regarding the timing of Rotarix and Bexsero vaccine. We have summarised the Australian Immunisation Handbook (AIH) in the next 2 pages. Please always check the AIH for additional information.

In short **Rotarix** has strict upper age limits. Dose 1 due before 15 weeks of age and Dose 2 due before 25 weeks of age

**Bexsero** (meningococcal B) can and should be given from 6 weeks of age and is funded for all Aboriginal children from 6 weeks up to 2 years of age.

**Rotavirus vaccine is a live attenuated vaccines given orally to infants. There are strict upper age limits for receiving dose 1 and 2 of this vaccine. Please review the Australian Immunisation Handbook to familiarise yourself with these limits and additional information.**

The vaccination course of Rotarix is 2 oral doses, at 6 weeks and 4 months of age. Infants and children can be infected with rotavirus several times during their lives. Rotavirus vaccination significantly reduces rotavirus-specific and all-cause hospital presentations for gastroenteritis.

All infants are recommended to receive a course of oral rotavirus vaccine before they are 6 months old. Infants should receive the next scheduled rotavirus vaccine dose(s) according to the upper age limits table.

**Infants and children >6 months of age should not receive rotavirus vaccines.**

**\*\*If an infant spits out or vomits most of a vaccine dose within minutes of receiving it, give 1 repeat dose during the same visit. If an infant spits out or vomits only a small part of a vaccine dose, it is still considered valid — do not repeat the dose.**

Table. Upper age limits for dosing of oral rotavirus vaccines

Vaccine	Doses	Age of routine administration	Age limit for 1st dose	Age limit for 2nd dose	Age limit for 3rd dose	Minimum interval between doses
<a href="#">Rotarix</a> (GlaxoSmithKline Australia)	2 oral doses (1.5 mL/dose)	2 and 4 months	6–14 weeks (before turning 15 weeks of age)	10–24 weeks (before turning 25 weeks of age)	Not applicable	4 weeks
<a href="#">RotaTeq</a> (Merck Sharp & Dohme)	3 oral doses (2 mL/dose)	2, 4 and 6 months	6–12 weeks (before turning 13 weeks of age)	10–32 weeks (preferably before turning 28 weeks of age, to allow at least 4 weeks between the 2nd and 3rd doses)	14–32 weeks (before turning 33 weeks of age)	4 weeks



Rotarix dosing wheels are available from the manufacturer. Please reach out to your GSK representative for these resources.

**Immunisation providers should inform parents and carers about the rare risk of [intussusception](#), and how to be alert for its signs and symptoms.**

The baseline risk of intussusception for Australian infants is around 80 cases per 100,000 infants. The following Australian study shows that rotavirus vaccination may be associated with about 6 additional cases of intussusception for every 100,000 infants vaccinated. **This equates to 14 more cases per year in Australia.** This estimate assumes that infants who have intussusception shortly after vaccination would not have otherwise had a 'natural' episode of intussusception. However, this cannot be determined from current data. Carlin JB, Macartney KK, Lee KJ, et al. Intussusception risk and disease prevention associated with rotavirus vaccines in Australia's national immunization program. Clinical Infectious Diseases 2013;57:1427-34

**Please note** -Infants born to mothers with immunocompromising conditions Infants who were born to mothers who received biological disease-modifying anti-rheumatic drugs (bDMARDs), particularly in the 3rd trimester, are **NOT RECOMMENDED** to receive rotavirus vaccine.

## **Meningococcal Season is here (most cases in Australia occur during winter and early spring)**

Meningococcal disease is caused by the bacterium *Neisseria meningitidis*. The bacterium is commonly known as meningococcus. There are 13 known meningococcal serogroups, distinguished by differences in surface polysaccharides of the bacterium's outer membrane capsule. Globally, serogroups A, B, C, W and Y most commonly cause disease. Invasive meningococcal disease (IMD) is a rare but serious disease. It most commonly presents as septicaemia and/or meningitis.

**Recommendations**—Any person who wants to protect themselves against invasive meningococcal disease can receive MenACWY and MenB vaccines from as early as 6 weeks of age. Meningococcal vaccination for certain groups of people is funded under the National Immunisation Program and by states and territories.

Children aged <2 years have the highest incidence of meningococcal cases. The disease occurs most often in infants aged 3–5 months.

## **Bexsero (meningococcal B) is funded for ALL Aboriginal and Torres Strait Islander children from 6 weeks to 2 years of age.**

Children <2 years of age have an increased risk of fever if Bexsero is co-administered with other routine vaccines, compared with when these vaccines are given separately. However, this is not a [contraindication](#) to co-administration of Bexsero with other vaccines.

Children <2 years of age are recommended to receive prophylactic paracetamol if they are receiving Bexsero

## **Who is meningococcal vaccine funded for?**

**Table 1. NIP funded meningococcal B vaccination schedule for Aboriginal and Torres Strait Islander children aged <2 years**

**Aboriginal and Torres Strait Islander children with no medical risk conditions**

- 1 dose at 2\*, 4 and 12 months of age (3 doses in total).

**Aboriginal and Torres Strait Islander children with risk conditions for IMD set out in Table 2**

- 1 dose at 2\*, 4, 6 and 12 months of age (4 doses in total).

**Catch-up vaccination**

- Meningococcal B vaccine catch-up is available for all Aboriginal and Torres Strait Islander children aged <2 years (i.e. up to 23 months) for the first three years of the program (i.e. until 30 June 2023).
- For children requiring catch-up doses, the number and interval between doses depend on the age of first meningococcal vaccination (refer to the Meningococcal section in the **Australian Immunisation Handbook**).

\*can be given from 6 weeks

**Table 2—Risk conditions for invasive meningococcal disease that are eligible for both NIP-funded meningococcal ACWY and meningococcal B vaccines**

- defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency
- current or future treatment with eculizumab (a monoclonal antibody directed against complement component C5)
- functional or anatomical asplenia, including sickle cell disease or other haemoglobinopathies, and congenital or acquired asplenia. Note individuals with these risk conditions are also eligible for pneumococcal and *Haemophilus influenzae* type b (Hib) vaccine if required under the NIP.

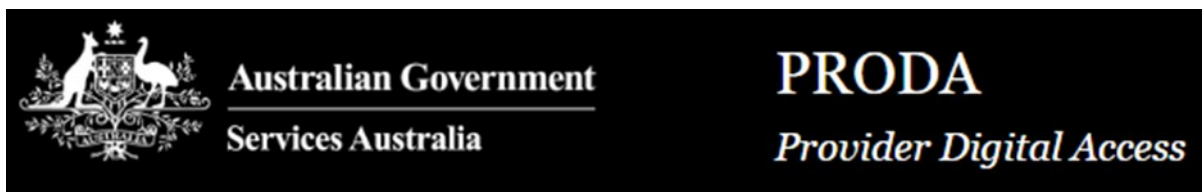
**Please see the Australian Immunisation Handbook Meningococcal chapter for additional information.**



## PRODA/HPOS UPDATES FOR HNE EMPLOYEES

HNE PHU is currently working on a system to improve your renewal for HPOS and PRODA access. These systems allow you to access the Australian Immunisation Register.

At this time if you received an email advising your HPOS or PRODA access is about to expire AND you work for HNE health please forward that email and an email from your manager supporting your need for ongoing access to the AIR to [hnelhd-airaccess@health.nsw.gov.au](mailto:hnelhd-airaccess@health.nsw.gov.au)



### Updates to the Australian Immunisation Handbook

Your Immunisation handbook has had some serious upgrades recently. To readily see the changes in each chapter go to the HOME Page and scroll down to VIEW ALL UPDATE



► The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice.

## 🔗 What's changed?

The Australian Immunisation Handbook is an up-to-date reference. The following pages have been updated recently.

[View all updates >](#)

#### 🔗 19 May 2022

The following pages were updated:

##### 🔗 Japanese encephalitis

Information added to [contraindications and precautions](#) regarding vaccination of people with possible IFNAR1 deficiency.

View [Japanese encephalitis](#)

##### 🔗 Measles

Information added to [contraindications and precautions](#) regarding vaccination of people with possible IFNAR1 deficiency.

View [Measles](#)

##### 🔗 Mumps

Information added to [contraindications and precautions](#) regarding vaccination of people with possible IFNAR1 deficiency.

View [Mumps](#)

##### 🔗 Rubella

Information added to [contraindications and precautions](#) regarding vaccination of people with possible IFNAR1 deficiency.

View [Rubella](#)

## **COVID-19 is not over—we still need to reduce transmission and provide COVID-19 and influenza vaccines**

Over 7 million COVID-19 cases have been recorded in Australia in 2022. The HNE is recording around 1000 cases a day. The Omicron sub variant BA-5 is here. This is leading to increase admissions to our hospitals.

Previous Omicron infection is not providing complete immunity to the new strains. The SARS-CoV-2 virus has been changing genetically and mutating into new forms that avoid past immunity. Reinfections with COVID-19 are becoming increasingly common. More infections lead to greater risk to your health and for your risk of developing long COVID.

**WHAT CAN WE DO?** Please continue to wear your good quality masks (N95) in indoor settings. This includes your work place, shopping centres, movie theatres, hospitals and aged care facilities. Please take your meal breaks outside. Ensure there is good ventilation at work by opening windows or turning on your air conditioner. As health professionals we need to set the standard on how to reduce COVID transmissions and keep ourselves and our community safe. Ensure your patients are up to date with their COVID-19 and influenza vaccines.

## **NSW universal free influenza vaccines finishes on 17 July 2022**

The NSW universal free influenza vaccines finishes on 17 July 2022. After this time the vaccine is still recommended for everyone over 6 months of age. For children aged 5 to <9 years of age who are being vaccinated for the first time, the second dose of the vaccine will remain funded. **People aged 65 years and over should receive the specially formulated influenza vaccine for this cohort (Fluad Quad) which is available through the National Immunisation Program (NIP).**

## Key points

- Influenza vaccine and a dose of COVID-19 vaccine can be administered on the same day. Further information is available about the [COVID-19 vaccination program](#)
- As international borders open, seasonal influenza virus may start to re-emerge and circulate in Australia
- Influenza vaccination is recommended prior to international travel
- If a person has had the 2021 influenza vaccine in late 2021 or early 2022, they should still have the 2022 influenza vaccine.

**Can someone who is 65 or over who received the flu vaccine for people under 65 years of age receive a subsequent dose of one of the vaccines for people 65 years of age and over?**

The [Australian Technical Advisory Group on Immunisation](#) advises that revaccination in the same year is not routinely recommended, however some people may benefit due to personal circumstances such as travel.

**2022 influenza vaccine presentation and free vaccine eligibility**

**6 MONTHS TO LESS THAN 5 YEARS**

**Vaxigrip Tetra® and Fluarix® Tetra**

Registered for use in people aged 6 months and over:

- All children 6 months to less than 5 years
- Give two doses one month apart for children aged 6 months to less than 5 years if first year of receiving flu vaccine
- Fluarix Tetra is available in 10 and single packs. Vaxigrip Tetra is only available in 10-dose packs.
- Children should receive a full dose (i.e. not a half dose)
- Do NOT contain latex

**5 YEARS TO 64 YEARS**

**Vaxigrip Tetra®, Fluarix® Tetra and Afluria® Quad**

- People 5 years and over with medical risk factors predisposing to severe influenza
- All Aboriginal persons 5 years to 64 years of age
- Pregnant women
- Give two doses one month apart for children aged 5 years to less than 9 years if first year of receiving flu vaccine
- Fluarix Tetra is available in 10 and single packs. Vaxigrip Tetra and Afluria Quad are only available in 10 packs
- Children should receive a full dose (i.e. not a half dose)
- Do NOT contain latex
- Do not use Afluria Quad for children less than 5 years of age

**65 YEARS AND OVER**

**Fluad® Quad**

- Adjuvanted quadrivalent vaccine
- All persons aged 65 years and over
- Milky-white suspension
- Available in 10 packs
- Does NOT contain latex
- Do not use in pregnant women or children

For more information visit [health.nsw.gov.au/immunisation](http://health.nsw.gov.au/immunisation)

## FAREWELL AND THANK YOU TO OUR AMAZING SURGE STAFF

Over the last 12 plus months we have had the privilege of working with surge nurses and administrative assistants working with the immunisation team so we could continue to support you.

We would like to extended our biggest thank you to the staff that who have jumped in to provide clinical support to all our vaccine heroes during the Covid vaccine rollout, follow up children overdue vaccines to try to improve immunisation rates and assisting with detailed investigations in reports of adverse events following immunisations.

Ensuring high rates of childhood scheduled vaccines is a cornerstone of General Practice. More children are overdue routine vaccines currently because of the pandemic disruption. Is a big job now for Practices to recall families as well ad ensure accurate data recording on clinical software so AIR records are correct. The PHU Immunisation team are continuing to contact & support practices regarding immunisation records.

The surge staff brought their amazing skills and knowledge with them and were happy to share with us and take on our knowledge. We will miss them all terribly!

### Some words from our new friends

We were surged from the Belmont vaccination Hub to help Jody Stephenson with finding out why there were so many overdue children vaccines for ages birth to 3years.

I didn't know how to navigate the e-immunisation handbook, that worry didn't last long, I had to learn really fast and feel I now have a good grasp and love sharing information.

The experience with Immunisation Team has been amazing – such a steep learning!

It was great to speak to the GP staff and get to understand what pressures they are under and be able to assist them to

It has been such a privilege to be part of an important aspect of vaccine safety surveillance and building consumer confidence in vaccines which are one of the most significant determinants of a child's (and adult's) health. 😊

Remember to check the messages on the **NSW Vaccine Centre** Log in page

They give important updates on vaccine shortages and ordering limitations.

[NSW Vaccine Centre Online Ordering System - Online Ordering System Login \(tollhealthcare.com\)](https://www.health.nsw.gov.au/immunisation/online-ordering-system)

Also ensure you read what you are agreeing too with regards to your vaccines over the last month!

#### Infanrix Hexa ordering restrictions

Infanrix Hexa remains restricted due to the effects of the international supply shortages in 2021. To ensure ongoing supply to all immunisation providers ordering quantities for these vaccines will be restricted until supply issues stabilise.

#### MMRV vaccines for 18 month olds

There are currently international supply issues affecting MMRV vaccines (measles-mumps-rubella-varicella) (Priorix Tetra and Proquad). Order quantities for these vaccines will be restricted, and limited to once per month until the supply issues resolve. Because of these constraints, Priorix Tetra/Proquad should only be used for children receiving their 18 month vaccinations. Use separate MMR (Priorix/MMRII) and varicella (Varivax) vaccines for catch up vaccination of older children.

#### Zostavax (shingles vaccine) supply issues

Zostavax remains restricted due to national supply shortages. To ensure ongoing supply to all immunisation providers, ordering quantities will be restricted until supply issues stabilise.