

2 May 2017

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## Contacting the PHU for immunisation queries

49246477 (Newcastle) or

67648000 (Tamworth) then press 1, 1

Email:

[hnelhd-phimmunisation  
@hnehealth.nsw.gov.au](mailto:hnelhd-phimmunisation@hnehealth.nsw.gov.au)

Please use this new email address for any immunisation queries. This enables the team to respond in a timely manner, even when staff are on leave.

Immunisation calls and emails are answered by the immunisation officer on call.

## Shooting for success

Shoulder injuries can occur when a needle penetrates the shoulder joint, causing inflammation of tendons and fluid-filled bursas. Full article available from

[science.sciencemag.org/content/sci/356/6336/370.full.pdf](http://science.sciencemag.org/content/sci/356/6336/370.full.pdf)

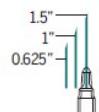
### Do no harm



Patient and vaccinator both seated.  
Lowers risk of aiming from above.



Aim for middle of triangle.  
Avoiding upper third ensures delicate structures are not touched.



*In most of Australia, the peak flu season usually runs from August to September.*

*But the flu vaccine produces a relatively short-lived immune response, about 6-12 months after vaccination. This is because the flu vaccine produces a weaker immune response than being infected.*



*How long it provides protection probably depends on the patient (some studies show elderly patients have a shorter immune response) and the virus (some influenza subtypes elicit a stronger immune response than others).*

*So there is some concern that if people are vaccinated too early in the year, their immune response might be starting to decline just when it is needed.*

*Studies that have looked at how important this is have shown conflicting results. While one study found the effectiveness of the vaccine against the A/H1N1 and A/H3N2 strains declined after three months, the other study found a decline only against A/H3N2 and B strains.*

*In the meantime, we generally recommend April to June is probably the optimal time for vaccination – early enough for your immune system to “learn” how to deal with the influenza virus for the peak flu season, but not so late you miss the peak flu season.*

*For doctors, there are other factors involved in deciding when to vaccinate a patient. If they don’t vaccinate a patient now, will they come back again before the influenza season hits? Are they at risk of getting influenza “out of season”?*

The full article is available at:

<https://theconversation.com/flu-vaccine-wont-definitely-stop-you-from-getting-the-flu-but-its-more-important-than-you-think-75778>

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## Private Market Hepatitis B shortage

NSW Health is aware of a potential shortage of adult formulation hepatitis B vaccine in the private market. There are no shortages of hepatitis B vaccine in the government programs.

Immunisation providers in NSW might receive queries regarding health care students who are trying to access the vaccine in advance of their clinical placements.

### Options include:

- Those <20 years of age can receive 3 doses of paediatric hepatitis B vaccine, and;
- Those ≥20 years of age can receive Twinrix vaccine (combined hepatitis A and B vaccine).

Schedules should be administered as per the [Table 4.5.1: Recommended schedules for use of monovalent hepatitis B and hepatitis B combination vaccines](#) in the Hepatitis B chapter in The Australian Immunisation Handbook (10th edition).

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## Meningococcal vaccines recommended but not funded for other groups outside of the school program

What could a practice do to inform people regarding non NIP (National Immunisation Program – free) meningococcal vaccines.

- \* Display posters and brochures from the manufacturer in the waiting room.
- \* If a patient/parent asks about a specific meningococcal vaccines your response could be:
- \* Invasive Meningococcal Disease is a rare but serious disease. There are vaccines available against specific types of meningococcal disease that are not free, but available on script.

Patients outside the targeted cohorts can pay for the meningococcal ACWY or B vaccine at a pharmacy on prescription from their GP. However the risk in other groups is lower. The cost is likely to be over \$100, through pharmacies and GPs. Dose numbers vary according to age.

**Table 2: Recommended brands and doses of 4vMenCV by age group for healthy individuals and travellers\***

Age at commencement of vaccine course	Recommended brand	Primary immunisation	Recommended interval between primary doses*
2–6 months	Menveo	3 doses	8 weeks
7–11 months	Menveo	2 doses	12 weeks
12–23 months	<i>Either</i> Menveo	2 doses	12 weeks
	<i>Or</i> Nimenrix	1 dose	Not applicable
≥2 years	Menactra, Menveo or Nimenrix	1 dose	Not applicable

\* For travellers who have ongoing exposure to areas with increased risk of group A, C, W or Y meningococcal disease, booster doses are also recommended. Refer to Table 4.10.3 of *The Australian Immunisation Handbook*, 10th edition, 2015 update.<sup>1</sup> For those with medical conditions associated with increased risk of meningococcal disease, refer to Table 4.10.2 of the *Handbook*.

Adapted from Chapter 4.10 ‘Meningococcal disease’, *The Australian Immunisation Handbook*, 10th edition, 2015 update.<sup>1</sup>

## What gap is required between live and inactivated vaccines?

Live vaccines can be given on the same day—or separated by 1 month.

Inactivated vaccines can be given on the same day as live vaccines or at any time.

For example Nancy had her Zostavax (live attenuated vaccine) 2 weeks ago and now needs influenza vaccine. (inactive vaccine) You can administer influenza vaccine today! David had influenza vaccine (inactive vaccine) last week and now needs a Boostrix (inactive vaccine) - no gap required.

Alternatively, these vaccine could have been given on the same day.

**Table 2.1.3: Live attenuated parenteral and oral vaccines**

Live attenuated parenteral vaccines		Live attenuated oral vaccines	
Viral	Bacterial	Viral	Bacterial
Japanese encephalitis (Imojev)	BCG	Oral rotavirus vaccine	Oral typhoid vaccine
Measles-mumps-rubella (MMR)			
Measles-mumps-rubella-varicella (MMRV)			
Varicella			
Yellow fever			
Zoster			