

Contents:

- Seasonal Influenza Vaccination 2019
- Administration of expired Vaccines
- Measles outbreaks
- Funded MMR Vaccine in NSW
- What evidence is required for Health care worker and student vaccination

Seasonal Influenza Vaccination 2019

The NSW health website, below has all the details regarding the 2019 Influenza Program. <https://www.health.nsw.gov.au/immunisation/Pages/flu.aspx>

Government-funded influenza vaccines will start to become available from mid-April 2019. GP practices may pre-order online.

As private vaccines are now available, there are some important changes this year not yet reflected in the online Australian Immunisation Handbook. The tables below are on the NSW Health website and should be followed.

Reminder—the hardcopy of the Australian Immunisation Handbook is obsolete and should not be referenced. Use the online version [AIH](#). Save to your favourites.

Influenza vaccines

Five free vaccines will be available in 2019:

- [FluQuadri™ Junior](#) for children aged 6-35 months
- [FluQuadri™](#) or [Fluarix Tetra®](#) for people aged 3 years to 64 years
- [Afluria Quad](#) for people aged 5 years to 64 years
- [Fluad®](#) for people aged 65 years and over

Quadrivalent influenza vaccines available for use in 2019, by age

Registered age group	FluQuadri Junior 0.25 mL (Sanofi)	FluQuadri 0.50 mL (Sanofi)	Fluarix Tetra 0.50 mL (GSK)	Afluria Quad 0.50 mL (Seqirus)	Influvac Tetra 0.50 mL (Mylan)
Less than 6 months	No	No	No	No	No
6 to 35 months (less than 3 years)	Yes	No	No	No	No
3-4 years	No	Yes	Yes	No	No
5 years and older	No	Yes	Yes	Yes	No
18 years and over	No	Yes	Yes	Yes	Yes
65 years and older	No	Yes	Yes	Yes	Yes

Trivalent influenza vaccines available for use in 2019, by age

Registered age group	Fluad 0.50 mL (Seqirus)	Fluzone High Dose 0.50 mL (Sanofi)
Less than 6 months	No	No
6 to 35 months (less than 3 years)	No	No
3 to 64 years	No	No
65 years and older	Yes	Yes

Vaccine strains

The quadrivalent influenza vaccines for the Australian 2019 season contain the following four virus strains:

- A (H1N1): an A/Michigan/45/2015 (H1N1)pdm09 like virus
 - A (H3N2): an A/Switzerland/8060/2017(H3N2) like virus
 - B: a B/Phuket/3073/2013 - like virus**
 - B: a B/Colorado/06/2017 - like virus
- ** not included in Fluzone High Dose® or Fluad® for people aged 65 years and over

Contact your PHU for Immunisation enquiries

Phone: 1300 066 055

Fax: 4924 6490

Email: HNELHD-PHImmunisation@hnehealth.nsw.gov.au

Expired Vaccines

We have been receiving reports of the administration of expired vaccines. This may increase the risk of reactions if a vaccine needs to be repeated. It may also lead to loss of confidence in your practice and staff, and if not identified may mean a patient believes they have immunity, when they do not.

Particular risks include pregnant women, as there is no data on repeat vaccination for these patients and for patients travelling overseas.

If expired vaccines are administered:

- Contact the immunisation Team on 49246477 to discuss re-vaccination options.
- **Some steps to take to avoid administration of expired vaccines.**
- Clinical staff administering vaccines MUST observe the 5 R's of drug administration, checking expiry date is part of this procedure.
- Ensure rotation of stock which includes checking expiry dates.
- Do not over-order vaccines
- Embed procedures in you facility to prevent reoccurrence.

Measles is about!

NSW has had 25 cases measles cases since December 2018. Recent Sydney cases include a man in his 20s who was infectious while staying at a Sydney Backpackers Hostel & a primary school student. Multiple venues were visited by both measles cases whilst infectious. Both cases were infected in Sydney.

Outbreaks of measles in popular tourist destinations, including Philippines & Japan, means the risk for measles being imported into Australia remains high.

Please offer MMR to any person considered non-immune to measles. A primary course consists of 2 doses 1 month apart. MMR can be given the same day as other live vaccines or 1 month apart.

MMR vaccines are funded in NSW for all unvaccinated individuals born during or after 1966. Do not provide scripts– you have the vaccine in your fridge.

Europe WHO Europe reports 82 596 people contracted measles in 2018. Measles killed 72 children and adults in the European Region in 2018

Madagascar According to WHO figures, there have been more than 68,000 cases of the measles in which 553 deaths were confirmed and another 373 suspected from measles since the outbreak began in September 2018.

Philippines Between 1 January and 14 March 2019, 21,396 measles cases including 315 deaths were officially reported through the routine surveillance system.

What evidence do healthcare workers and students need to be compliant with the Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases policy?

<https://www.health.nsw.gov.au/immunisation/Pages/oasv-FAQ.aspx#d2>

Attachment 4 Checklist: Evidence required from Category A Applicants

Workers, new recruits, other clinical personnel and students should take this checklist (and relevant sections of this policy directive referred to in this checklist) to their immunisation provider and discuss their screening and vaccination requirements

Diseases	Vaccination Evidence	Serology Evidence	Other acceptable evidence	COMMENTS
Diphtheria, Tetanus & Pertussis	One adult dose of dTpa vaccine within the last 10 years	N/A Serology will not be accepted	NIL	Acceptable evidence of protection includes a written record of vaccination signed, dated and stamped by the medical practitioner/nurse immuniser on the NSW Health Vaccination Record Card for Health Care Workers and Students and/or serological confirmation of protection, and/or other evidence, as specified in this table. An AIR transcript is also acceptable evidence of vaccination <ul style="list-style-type: none"> • dTpa booster is required 10-yearly • DO NOT use ADT vaccine
Hepatitis B	History of age-appropriate hepatitis B vaccination course	AND Anti-HBs \geq 10mIU/mL	OR Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+	<ul style="list-style-type: none"> • A verbal history and a completed <i>Hepatitis B Statutory Declaration</i> (Attachment 9) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained. • Positive HBcAb and/or HBsAg result indicate compliance with this policy • A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures
Measles, Mumps & Rubella (MMR)	2 doses of MMR vaccine at least one month apart	OR Positive IgG for measles, mumps and rubella	OR Birth date before 1966	<ul style="list-style-type: none"> • Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy. • Do not compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected. • DO NOT use MMRV vaccine (not licensed for use in persons \geq 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated.
Varicella	2 doses of varicella vaccine at least one month apart.	OR Positive IgG for varicella	N/A	<ul style="list-style-type: none"> • Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age • DO NOT use MMRV vaccine (not licensed for use in persons \geq 14 years)