

Week Ending 2 October 2015

Pertussis vaccination for pregnant women

Some points to consider:

- Pertussis vaccine is recommended during third trimester preferably at 28 weeks gestation . It is never too late—vaccinate until labour
- Pertussis vaccine is recommended for EVERY pregnancy—regardless of the interval since the last dose
- Pre – pregnancy counselling - do not recommend Boostrix prior to pregnancy
- It is safe - Studies show that it doesn't increase the risk of serious pregnancy complications such as prematurity - it is recommended by NHMRC and RANZCOG
- Don't assume vaccination has occurred if the pregnant women attends an obstetrician—ALWAYS ask
- Updated information including link to new Handbook pertussis chapter which is only available online and to obtain resources www.health.nsw.gov.au/immunisation/Pages/wc-newborns.aspx

Pregnancy

Protection and vaccination from preconception to birth



IMPORTANT
VACCINES FOR...
Pregnancy



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- HPV program success
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- Changes to National Cervical Screening Program
- MMR vaccine - ensure 2 doses given to all born since 1966

HNELHD Immunisation

Contact Details:

For Immunisation queries
phone 49246477 during
working hours Fax: 49246490



Health
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Has the program been successful? HPV vaccine

Almost all Australian schools have chosen to participate in the National HPV Vaccination Program.

Over 9 million doses of the vaccine have been given to girls and young women in Australia.

Research has shown early signs of the vaccine's success including:

- a 77% reduction in HPV types responsible for almost 75% of cervical cancer
- almost 50% reduction in the incidence of high-grade cervical abnormalities in Victorian girls under 18 years of age
- a 90% reduction in genital warts in heterosexual men and women under 21 years of age.

As cervical cancer usually develops over 10 or more years, the role of the vaccine in reducing cervical cancer will not be evident for some time.

In time, this will mean a decline in abnormal Pap test results, and fewer women going through the stress of the tests and treatment that follow.

The vaccine has also brought a significant decline in genital warts in young men and women

If you haven't already, take a look at this excellent resource. It guides clinicians on assessment and referral, with all contact details on hand for referrals, clinics etc.

What is HealthPathways?

HealthPathways is web-based information portal supporting primary care clinicians to plan patient care through primary, community and secondary health care systems within Hunter & New England. It is like a 'care map', so that all members of a health care team – whether they work in a hospital or the community - can be on the same page when it comes to looking after a particular person.

<https://hne.healthpathways.org.au/>

BREAKING NEWS

Breaking news - varicella vaccine is back in supply and can be ordered online as usual. This is for any Year 7 student who has missed at school this year.

Reporting Menitorix[®] and Priorix-Tetra[®] or ProQuad[®] to ACIR

Make sure that your medical software program is updated in order to report the current vaccines to the Australian Childhood Immunisation Register (ACIR).

Menitorix[®] – report to ACIR as dose one of meningococcal C

This is the first dose of the meningococcal C component. ACIR will search for previously reported Hib doses for the child and automatically record the Hib component accordingly (routinely dose four).

Priorix-Tetra[®] or ProQuad[®] – report to ACIR as dose two of MMR

This is the second dose of the MMR component. ACIR will search for a previously reported varicella vaccine dose for the child and automatically record the varicella vaccine dose accordingly (routinely dose one).



Thanks to Victoria Health Immunisation Newsletter

ACIR—watch this space

All of life immunisation register coming

Reported recently in the media

The federal government is setting-up a consolidated national immunisation register. Health Minister Sussan Ley on Thursday introduced legislation to parliament to lay foundations for an integrated system "that captures and reports on all vaccines given in Australia from birth to death".

Ms Ley said the move would also support other government initiatives, including its No Jab, No Pay measure, that encourage parents to have their children immunised.

A nice review of the ACIR and the move to an all of life register is available here:

THE CONVERSATION

<http://theconversation.com/new-register-shows-importance-of-vaccination-beyond-childhood-41764>

Until then, the ACIR has received some minor upgrades.

- The birth dose for recording Hepatitis B has been added as a tab
- Aboriginality is now visible if recorded previously.

Another article reported in the latest NCIRS newsletter which can be found here:

<http://www.theage.com.au/comment/immunisation-withholding-services-wont-convince-vaccine-refusers-20150907-gjgqi4.html>

Immunisation: Withholding services won't convince vaccine refusers

September 7, 2015

Comments 5

☆ Read later

Julie Leask

Punitive sanctions also run the risk of invigorating the anti-vaccination lobby.



Health
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Changes to the National Cervical Screening Program

Published in *NPS RADAR*

Date published: 01 October 2015 ⓘ

Alternative sampling option, longer interval, increased entry age and a national register among changes to take effect in 2017

Key points

▶ **From May 2017 changes will be introduced to the National Cervical Screening Program**

Pap smears will be replaced with human papillomavirus (HPV) testing of cervical samples with partial HPV genotyping, and reflex liquid-based cytology (LBC) on samples testing positive for HPV; entry age will increase from 18 to 25 years, and the screening interval extended from 2 to 5 years.

▶ **Women aged 69–74**

Women will be invited to screen until they are 69 years of age, and will be invited to exit the program if they have a further negative HPV test between 70 and 74 years of age.

▶ **Alternative sample collection option to be introduced for under-screened or never-screened women**

To improve participation, self-collection of a cervical sample for HPV testing will also be available for under-screened or never-screened women.

▶ **A national register will be established**

A national register for cervical screening will be established (currently being negotiated), replacing the current State- and Territory-based registries. Invitation and recall letters will be sent out to encourage participation.

▶ **New tests will be available on the Medical Benefits Schedule from May 2017 onwards**

The new tests are not currently available on the MBS, but MBS subsidy will be in effect from May 2017 onwards.

▶ **Do not delay screening women under the current screening arrangements**

For now, it is business as usual – do not delay the 2-yearly Pap smear test for women aged 18–69.

▶ **HPV-vaccinated women should be screened for cervical cancer**

Remind HPV-vaccinated women of the importance of cervical screening, because the current HPV vaccine only protects against two HPV types that cause about 70% of cervical cancers.

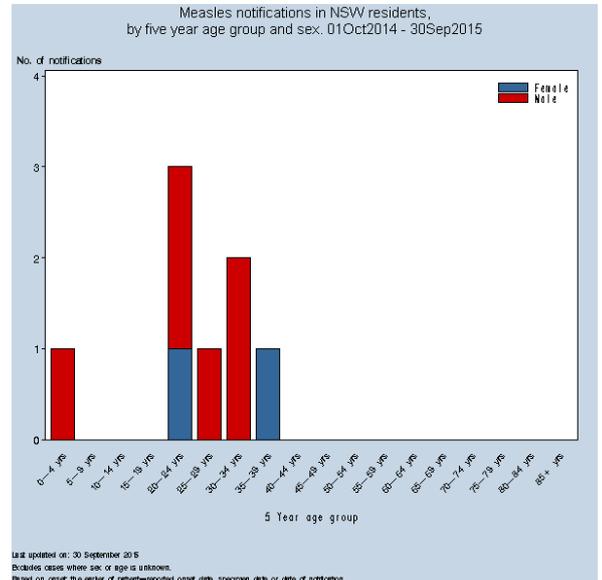
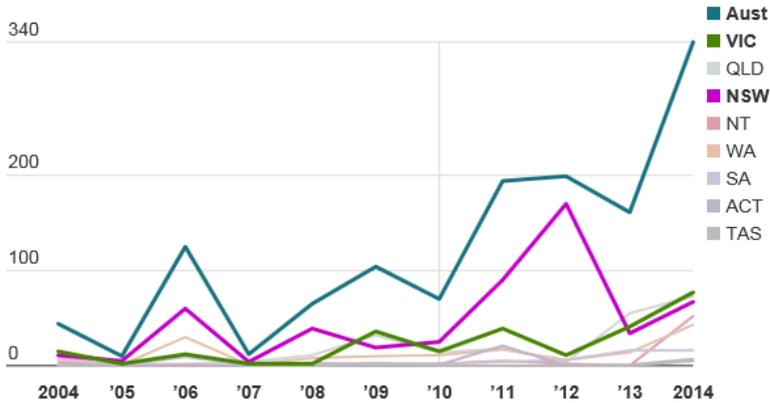
Free MMR for all Who should have it?

Anyone born since 1966 should receive two free doses of MMR containing vaccine.

WHY

Last year saw the highest number of measles cases in more than a decade in Australia, while NSW in particular has been struggling with a number of outbreaks, with the biggest in 2012.

Measles cases over the past decade



WHAT CAN YOU DO?

Create a list of patients in your practice born between 1966 & 1995. Check how many doses of MMR vaccines documented - give catch-up doses as appropriate.

WHO CAN'T HAVE IT AND WHY EVERYONE ELSE NEEDS TO HAVE IT TO PROTECT THEM

Individuals:

- ★ Who have had a confirmed anaphylactic reaction to a previous dose of the MMR vaccine or a component of it
- ★ have a lowered immune system
- ★ who are pregnant

See pages 275 - 278 of the handbook for a full list of precautions.

