

# To the Point

## HNELHD Immunisation Newsletter

August 2020

### Contents:

- Vaccine storage
- Aged Care - changes to pneumococcal vaccine recommendations
- Safety advice regarding Zostavax vaccine
- Catch-up calculator
- Men B brochure
- FAQs
- New injection site poster
- New schedule with lines between encounters
- Enhancing data quality of vaccination encounters recorded in practice software and on AIR – tips and tricks
- Shoulder injury related to vaccine administration (SIRVA)

### Attachments

- GP fax re. vaccine storage
- Residential Aged Care Facilities - changes to the pneumococcal vaccination recommendations
- Recommended sites for childhood vaccinations in NSW
- NSW Childhood Immunisation Schedule with vaccine images
- NSW immunisation schedule for all ages
- WARNING: Soliris (ECULIZUMAB) - increases the risk of meningococcal infections
- Enhancing data quality of vaccination encounters recorded in practice software and on AIR – tips and tricks
- Avoiding shoulder injury related to vaccine administration (SIRVA)

### NSW Health GP fax reminding immunisation providers of important vaccine storage recommendations (attached)

1. Vaccines are sensitive to light
2. All vaccines must be stored in their original cardboard packaging to protect them from light and temperature fluctuations
3. Light affected vaccines must be immediately isolated and reported to the local PHU for advice

### Residential Aged Care Facilities - changes to the pneumococcal vaccination recommendations. See attachment.

1. There are changes to the timing and type of pneumococcal vaccine (Prevenar 13 & Pneumovax 23) for some at risk groups including older people.
2. The dose of Pneumovax 23 previously provided at 65 years of age has been stopped. It has been replaced with a single dose of Prevenar 13 at 70 years of age.
3. The number of doses of Pneumovax 23 that people receive in a lifetime is now two.

### The Therapeutic Goods Administration (TGA) has issued a safety advisory regarding Zostavax vaccine - DO NOT USE in people with compromised immune function

The TGA has previously advised that Zostavax should not be used in people with compromised immune function, as it is associated with a risk of mild to serious complications (including death) from infection with the vaccine virus. Consumers and health professionals are advised that the TGA has received a report of a new case involving this adverse event in a patient on low doses of immunosuppressive medicine.

The patient, who at the time of vaccination was taking hydroxychloroquine and a low dose of prednisolone to treat arthritis, died 3 weeks after receiving Zostavax. The TGA investigation found that Zostavax was used in line with existing recommendations. However, it is important for health professionals to be mindful of the potential for this very rare adverse event. Further information can be found at <https://www.tga.gov.au/alert/zostavax-vaccine-0>

### NATIONAL IMMUNISATION CATCH-UP CALCULATOR NOW AVAILABLE

The Australian Government Department of Health have released the first version of the National Immunisation Catch-up Calculator (NICC) - it is accessible on the Australian Immunisation Handbook website.

<https://immunisationhandbook.health.gov.au/catch-up-calculator/calculator>

### New brochure for Aboriginal and Torres Strait islander Infants, available to order or download here:

<https://www.health.gov.au/resources/publications/vaccinate-to-protect-your-baby-against-meningococcal-b-brochure-for-aboriginal-and-torres-strait-islander-people>

### Contact your PHU for Immunisation enquiries

Phone: 1300 066 055

Fax: 4924 6490

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





Ensure you have the updated NSW Immunisation schedule with lines between each age encounter.

<https://www.health.nsw.gov.au/immunisation/Publications/nsw-immunisation-schedule.pdf>

Enhancing data quality of vaccination encounters recorded in practice software and on AIR – tips and tricks (attached). Includes information on:

- Software updates
- Recording encounters
- Entering history
- Transmitting encounters to AIR
- Common dose errors
- Common ‘pends’ on AIR
- Data cleaning to identify patients overdue and those with a pending status

NSW Immunisation Schedule

Funded July 2020



CHILDHOOD VACCINES			
AGE	DISEASE	VACCINE	INFORMATION
Birth	Hepatitis B	H-B-VAX I OR ENGERIX B (IM)	Within 7 days of birth (ideally within 24 hours)
6 weeks	Diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio, Pneumococcal	INFANRIX HEKA (IM) PREVENAR 13 (IM) ROTARIX (Oral)	ROTARIX: Dose 1 limited to 6-14 weeks of age BEKXERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
4 months	Diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio, Pneumococcal	INFANRIX HEKA (IM) PREVENAR 13 (IM) ROTARIX (Oral)	ROTARIX: Dose 2 limited to 10-24 weeks BEKXERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
6 months	Diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio, Meningococcal B (Aboriginal children only)	INFANRIX HEKA (IM) BEKXERO (IM)	Children <26 months with at risk conditions for IPD* are recommended to receive an additional dose of PREVENAR 13 - see Aih* Aboriginal children <26 months with certain at risk conditions may require an additional dose of Bekxero - see Aih*
12 months	Meningococcal ACWY, Pneumococcal	NIMENRIX (IM) PREVENAR 13 (IM)	Bekxero: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
18 months	Measles, mumps, rubella, Meningococcal B (Aboriginal children only)	MMR1 OR PRORIX (IM or SC) BEKXERO (IM)	
4 years	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b	INFANRIX IPV OR QUADRIACEL (IM) ACT-HIB (IM OR SC)	Children with at risk conditions for IPD* are recommended to receive an additional dose of PNEUMOVAX 23 - see Aih*
AT RISK GROUPS, ADOLESCENTS AND ADULTS			
AGE/GROUP	DISEASE	VACCINE	INFORMATION
All people with asplenia, hyposplenia, complement deficiency and treatment with eculizumab	Meningococcal ACWY, Meningococcal B	NIMENRIX (IM), BEKXERO (IM)	See Aih* for required doses and timing Additional groups are recommended to receive these vaccines but these are not funded
>5 years with asplenia or hyposplenia	Haemophilus influenzae type b	ACT-HIB (IM or SC)	If incompletely vaccinated or not vaccinated in childhood
Year 7	Diphtheria, tetanus, pertussis, Human papillomavirus	BOOSTRIX (IM), GARDASIL 9 (IM)	
Year 10	Meningococcal ACWY, Influenza	NIMENRIX (IM), INFLUENZA	Influenza: Any trimester Pertussis: each pregnancy between 20-32 weeks
Aboriginal people <50 years	Pneumococcal	PREVENAR 13 (IM) then PNEUMOVAX 23 (IM)	Prevenar 13: 15-50 years Pneumovax 23: 2-12 months later Pneumovax 23: at least 5 years later Pneumococcal funded for people 270 zoster: catch up available for 71-79 year olds until 31/03/2021
70 years	Pneumococcal	PREVENAR 13 (IM), ZOSTAVAX (SC)	
People with at risk conditions for IPD*			See the online Aih* for conditions recommended to receive PREVENAR 13 and PNEUMOVAX 23
INFLUENZA			
AGE/AT RISK CONDITION	RECOMMENDATION	INFORMATION	
All children 6 months-5 years	ANNUAL INFLUENZA VACCINATION		For vaccine brands and eligibility see: www.health.nsw.gov.au/immunisation/Pages/flu.aspx
Aboriginal people > 6 months			
People with at risk conditions <36 months-35 years			
Pregnant women			

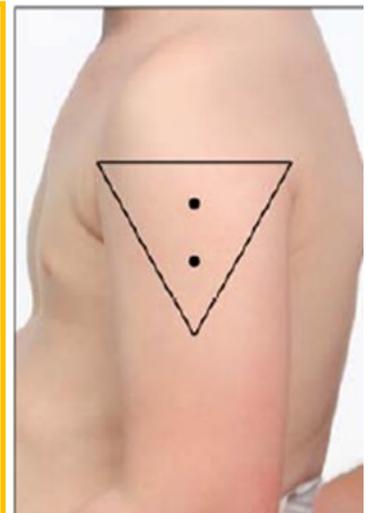
Shoulder injury related to vaccine administration (SIRVA)

SIRVA is a rare complication of incorrect vaccine administration, when the vaccine is given too high into the shoulder joint.

This can cause shoulder pain and restricted range of movement.

Diagnoses include bursitis, tendinitis and rotator cuff tears. Bursitis is the most commonly reported diagnosis on ultrasound. Symptoms often begin at the time of injection and can last from weeks to years.

Correct injection technique and positioning will avoid SIRVA. See The Immunisation handbook factsheet here: <https://immunisationhandbook.health.gov.au/resources/publications/avoiding-shoulder-injury-related-to-vaccine-administration>



Box 1. Tips to avoid SIRVA<sup>1,5,13</sup>

- Patient and vaccinator should be in a seated position to avoid high delivery of the vaccine.
- Expose arm completely – consider alternative site in patients with reduced deltoid muscle bulk.
- Patient should abduct shoulder by 60 degrees and place hand on the ipsilateral hip (Figure 1).
- Locate the acromion and deltoid insertion at the middle of the humerus. Draw an inverted triangle below the shoulder tip using identified anatomical markers. The site for injection is in the middle of the triangle (Figure 2.2.8 from the Australian immunisation handbook).

