

To the Point

HNELHD Immunisation Newsletter

May 2019

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Attachments:

- ATAGI Clinical Advice on Meningococcal ACWY vaccine
- New AIR Due and Overdue Rules

Contact your PHU for Immunisation enquiries

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An Australian Government Initiative

Vaccine Heroes: Promoting Vaccines for All



Join your colleagues
at the largest
immunisation conference
for GPs & Nurses in the
Hunter, New England and Central
Coast.

Listen ... Learn ... Interact ...
Network

Friday 23rd – Saturday 24th August
**The NEX – Newcastle Exhibition & Convention
Centre, 309 King St. NEWCASTLE WEST**
(New larger venue, huge trade display area & plenty of parking)

Missing Adult Vaccinations

Take the time to assess adult patients while they are attending for influenza vaccine.

A recent article by Dr Lucy Deng from the NCIRS notes why adults may be missing vaccines:

- new vaccines have been added to the immunisation schedule
- if you've grown up in another country, you may not have received every vaccine recommended in Australia
- previous ways of recording and reminding people to have vaccines were not as good as they are today, so you may have accidentally missed doses without knowing
- you may have a medical condition that puts you at higher risk of certain diseases and therefore you may need additional vaccine doses.

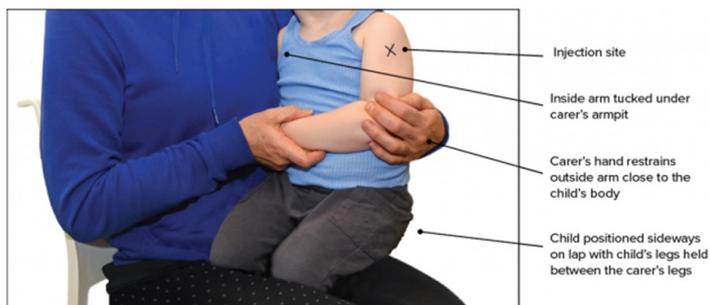
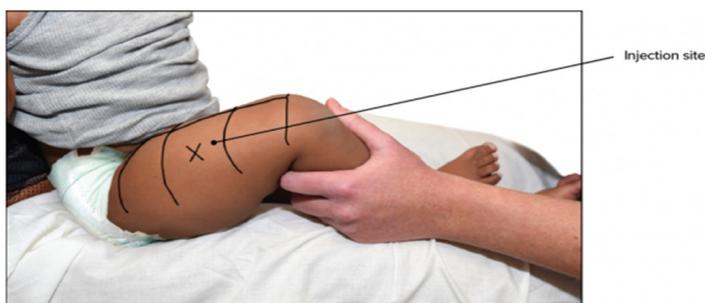
Can a person with an egg allergy receive the 2019 influenza vaccine?

Egg allergy is not a contraindication to receiving the 2019 influenza vaccine and people with egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccines. People with a history of anaphylaxis to egg can be vaccinated with a full vaccine dose in medical facilities with staff experienced in recognising and treating anaphylaxis. All staff performing vaccinations should be able to recognise and treat anaphylaxis. Further information is available in the [Australian Immunisation Handbook](#), [NCIRS Influenza for Australians: Provider information factsheet](#) and [Frequently Asked Questions](#) and the [ASCIA Guidelines - Vaccination of the egg-allergic individual](#). A list of state and territory [specialist immunisation services](#) is also available on the NCIRS website. www.ncirs.org.au/

Are you vaccinating in the correct site?

Buttocks are out and have been for a long time, the following sites are recommended according to age.

6 weeks, 4 months and 6 months: anterolateral thigh - This is because it is a large muscle and is free of neurovascular structures that could be harmed by vaccine administration.



immunisationhandbook.health.gov.au/resources/handbook-figures/figure-anatomical-markers-used-to-identify-the-vastus-lateralis-injection

>12 months: can be deltoid or anterolateral thigh

Adolescents and adults: The deltoid muscle is the recommended site for intramuscular vaccination in adolescents and adults.

Older children and adults can also receive vaccines in the anterolateral thigh. However, they should only receive the least reactogenic vaccine in this muscle to decrease the likelihood of injection site reactions.

People receiving treatment for breast cancer or people with lymphoedema.

Avoid giving injections into a person's arm that is affected by lymphoedema. Arm swelling after vaccination may lead to, or exacerbate, lymphoedema. However, there is limited evidence to support this. If possible, use a different site, such as the other arm or thigh.

Reducing pain and distress at the time of vaccination (WHO advice)

- Consider using distraction techniques to minimise the stress and discomfort associated with receiving injections.
 - Research suggests that warning of impending pain does not assist in lessening the pain. Use neutral words at the time of vaccination; avoid language that increases anxiety
 - Do NOT aspirate when giving vaccines to all ages
 - Administer vaccines from the least to the most painful vaccine for all ages
- NOTE: Needle gauge is not considered to affect the pain of vaccination. Length is however important to ensure IM vaccinations are deposited into the muscle, i.e., 25 mm in length, except for prems or obese people.

http://www.who.int/immunization/sage/meetings/2015/april/1_SAGE_latest_pain_guidelines_March_24_Final.pdf

New Injection Site Poster on the PHN Immunisation Support Program

MARCH 2019 SCHEDULE

Recommended sites for childhood vaccinations in NSW

Age Group	Vaccines	Injection Site	Notes
6 WEEKS AND 4 MONTHS	Rotarix® (ORAL), Infanrix Hexa® (IM), Prevenar 13® (IM)	Anterolateral thigh	
8 MONTHS	Infanrix Hexa® (IM)	Anterolateral thigh	At risk children require an additional dose of Prevenar 13® (pneumococcal). Influenza vaccine is needed for: 4 months and over with medical conditions; All children 6 months to under 5 years; Aboriginal people 6 months and over.
12 MONTHS	Novartis® (IM), Prevenar 13® (IM), M-M-R II (IM or SC) or Priorix® (IM or SC)	Anterolateral thigh	
18 MONTHS	Act-HB® (IM), Infanrix® (IM) or Triptacel® (IM), Proquad® (SC) or Priorix-Tetra® (IM or SC)	Anterolateral thigh	
4 YEARS	Infanrix® (IM) or Quinvaxem® (IM)	Anterolateral thigh	At risk children require a dose of Pneumovax® 23 (pneumococcal).

Before Vaccination

- Adrenaline kit readily available
- Cold chain maintained
- Pre-vaccination checklist attended
- Check child's history (ABO)
- Informed consent obtained and documented
- Check if the vaccine needs to be reconstituted
- Correct child and correct vaccines

Post Vaccination

- Child remains in clinic for 15 minutes
- Advise parent/carer on possible side effects e.g. Handout
- Add recall reminder for next visit

INTRAMUSCULAR (IM)
Deltoid & Anterolateral Thigh

Angle of needle 90° to skin plane
22–25G, 25mm needle
23–25G, 16mm needle may be used in very small infants

SUBCUTANEOUS (SC)
Deltoid

Angle of needle 45° to skin plane
25–27G, 16mm needle

ADMINISTERING 3+ VACCINES AT ONE VISIT

Ensure 2.5cm between injections in the same muscle. If child is 12 months or greater and deltoid muscle mass is inadequate give third injection into the anterolateral thigh. If this site is used the less reactogenic vaccine (e.g. MMR) should be used.

<https://www.phnimmunise.org.au/resource-library/recommended-sites-for-childhood-vaccinations-in-nsw>

Types of vaccines

Inactivated vaccines - (Killed, subunit and toxoid vaccines).

- contain an inactivated version of the pathogen.
- do not usually induce as strong an immune response as live vaccines, because the pathogen cannot replicate.
- multiple doses usually required to induce protective immunity.
- killed, subunit and toxoid vaccines primarily induce [humoral immunity](#).
- antibody levels against these vaccines generally decrease over time.
- revaccination is needed to boost the immune response.
- non-live vaccines present no risk of reverting back to a virulent wild-type form.
- people who are immunocompromised can safely receive these vaccines. An exception to this is the Q fever vaccine, which is contraindicated in people who are immunocompromised.

Live attenuated vaccines

- contain a weakened form of the pathogen that replicates more slowly and is less virulent than the original pathogen.
- generate a strong immune response because they mimic natural [infection](#).
- stimulate both the humoral and cellular immune responses, leading to long-term immune memory.
- can sometimes cause a weakened disease pattern in a small proportion of vaccine recipients.
- this may cause some people to experience mild disease symptoms after they receive the vaccine.

Co-administration of vaccines:

Gaps between doses when required

Inactivated:

- at the same time, or
- at any time after

Examples: IPV, Hepatitis A & B, DTPa, Influenza, ActHib, all meningococcal & pneumococcal vaccines

Live:

- on the same day, or
- at least 4 weeks apart

Examples: MMR, varicella, rotavirus, Zostavax, yellow fever

Special cases of co-administration of vaccines

Conflicting advice!

Can I give influenza vaccine and Prevenar 13 (13vPCV) at the same time?

Children can receive 13vPCV and inactivated influenza vaccine at the same visit if they need both vaccines.

One study found a slightly higher risk of fever and febrile convulsions in children aged 6 months to <5 years (especially those aged 12–24 months) when they received 13vPCV and inactivated influenza vaccine at the same time, compared with receiving the vaccines separately.

The risk was about 18 excess cases per 100,000 doses in children aged 6 months to <5 years. The highest risk was 45 per 100,000 doses in children aged 16 months. This is a relatively small risk increase.

A later study did not show the same association between febrile seizures and co-administering these 2 vaccines.

However, immunisation providers should:

- advise parents of the possible risk
- provide the option of administering these 2 vaccines on separate days with an interval of at least 3 days

Issues around not vaccinating at the same visit;

- parents not returning
- risk of contracting the disease
- difficulty for parents to return
- extra stress for child
- No Jab No Pay considerations

This should be a decision for the parent/s.

Variations from product information (PI)!

Can I give Pneumovax 23 and Zostavax at the same time?

Always check this section under each disease in The Australian Immunisation Handbook for ATAGI (Australian Technical Advisory Group on Immunisation) advice that varies from the PI. When ATAGI advice varies from the PI, the ATAGI advice is to be followed.

Example - The product information for Pneumovax 23 states that it should not be given at the same time as Zostavax.

ATAGI, however, recommends that Pneumovax 23 can be given at the same time as Zostavax. However, it should be given in a different site.

NOTE: see attached article re: live vaccines and immunocompromised patients.

Remember Zoster vaccine is not on the authority for registered nurses to administer without the written authority from a doctor. Zostavax is only administered as a SC injection.

Online vaccine ordering: are you meeting the requirements to receive NIP vaccines?

The new NSW Vaccine Centre webpage address is <https://nsw.tollhealthcare.com/>. You will no longer be able to access the webpage using the old address. Please update your favourites bar with the new webpage address.

The **Authorised Practice Provider Declaration** on the online ordering webpage has been updated (below). Please ensure you read the updated cold chain and reporting requirements for accessing vaccines. If your practice does not meet the cold chain requirements, please contact your local public health unit on 1300 066 055.

In order to receive Government-funded vaccines, I declare that:

1. All vaccines will be administered according to NSW Health's vaccine eligibility criteria and the NSW Immunisation Program Schedule.
2. Each vaccine dose administered in this practice will be notified to the Australian Immunisation Register.
3. This facility complies with cold chain recommendations in the National Vaccine Storage Guidelines - Strive for Five.
4. Vaccine fridge temperatures (current, minimum and maximum) are checked and recorded twice daily, thermometer reset and all records are kept according to medico-legal requirements.
5. All vaccine specific refrigerators are continuously data logged using an electronic data logger, set to record at 5 minute intervals and the data logging report is downloaded, saved to medico-legal requirements and reviewed once a week or if there is a min/max reading of below 2 or above 8.
6. In the event of a cold chain breach, I will call my local Public Health Unit on 1300 066 055 for advice before taking any further action.
7. The vaccine fridge(s) temperature has/have been between +2°C and +8°C since the last vaccine order (this excludes excursions up to +12°C for less than 15 minutes when opening the fridge and excludes cold chain breaches that have already been notified to the Public Health Unit).



STATEMENT ON THE INTRODUCTION OF MENINGOCOCCAL ACWY VACCINE (NIMENRIX®) FOR ADOLESCENTS THROUGH THE NATIONAL IMMUNISATION PROGRAM (NIP)

- Year 10 students (aged approximately 14 to 16 years) will be offered the vaccine through school based immunisation programs.
- Catch up vaccination will be available for adolescents aged 15 to 19 years through their GP or primary care provider.
- For people who have a condition associated with an increased risk of invasive meningococcal disease (IMD), for example, patients with functional or anatomical asplenia or complement disorder, additional doses of MenACWY vaccine may be required. However, these doses are not currently funded through the National Immunisation Program (NIP).
- The adolescent program complements the MenACWY vaccine program on the NIP for infants aged 12 months.
- Meningococcal B vaccines are also available through private prescription to anyone aged ≥6 weeks who wants to reduce their likelihood of becoming ill with meningococcal B disease.

Meningococcal ACWY Vaccine for Adolescents

Overview of key points

- From April 2019, adolescents will be offered the quadrivalent meningococcal vaccine (Nimenrix®) protecting against serogroups A, C W and Y as a single dose.