

## May 2019

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### 1. Influenza vaccination in 2019

Orders for influenza vaccine can be placed on the [NSW Vaccine Centre website](#). When ordering, practices should consider how many vaccines are needed to maintain stock until the next delivery, and available space in vaccine fridge. The number of orders per month for flu vaccine is not restricted. Once adult preparations are received, providers should prioritise vaccinating **pregnant women** and people **over 65 years**.

#### *Eligibility for free influenza vaccine in NSW*

- All Aboriginal and Torres Strait Islander People from 6 months of age  
*\*Two doses are recommended at least 4 weeks apart in the first year they are vaccinated*
- All children aged 6 months to less than 5 years of age  
*\*Two doses are recommended at least 4 weeks apart in the first year they are vaccinated.*
- People 65 years and over (trivalent vaccine)
- Pregnant women
- Children and adults with [medical risk factors](#)

#### *Influenza virus strains included in the 2019 influenza vaccine*

- A (H1N1): an A/Michigan/45/2015 (H1N1) pdm09 like virus
- A (H3N2): an A/Switzerland/8060/2017 (H3N2) like virus
- B: a B/Colorado/06/2017 like virus (not included in the trivalent vaccine)
- B: a B/Phuket/3073/2013 like virus

### *Availability of 2019 influenza vaccines*

Four age-specific [quadrivalent influenza vaccines](#) (QIV) are being supplied under the NIP in 2019 for people aged **under 65**:

- Flu Quadri Junior®(Sanofi): 6 months – less than 3 years of age
- Flu Quadri®(Sanofi): 3 – 64 years
- Afluria Quad®(Seqirus): 5 – 64 years
- Fluarix Tetra®(GSK): 6 months – 64 years

An enhanced higher-immunogenicity [trivalent influenza vaccine](#) (TIV) is being supplied for those aged **65 years and over**:

- Flud®(Seqirus): 65 years and over

### *Further information*

- [Australian Immunisation Handbook](#) (Department of Health)
- [Seasonal Influenza Vaccination 2019](#) (NSW Health)
- [2019 influenza vaccination information for healthcare professionals](#) (NCIRS)
- [Influenza vaccination provider toolkit](#) (NSW Health)
- [Seasonal influenza FAQ's](#) (NSW Health)
- [Clinical advice for vaccination providers factsheet](#) (Department of Health)

## 2. Influenza vaccination in children

**Annual vaccination** is recommended for anyone **six months of age** and older, as the virus changes each year. The influenza vaccination is [provided free of charge](#) in NSW to children under five years of age.

### *When to give two doses*

Young children aged 6 months to under nine years require [two doses in their first year](#) of vaccination (given at least **four weeks apart**). Both of these doses are funded in NSW, so ideally vaccinate children as soon as stock becomes available. Should a child not receive two doses in their first year, they only require one dose the following year.

### *2018 Influenza in children*

Healthy children are vulnerable to catching the flu. In 2018, a large number of children who were hospitalised due to the flu, and those who died from flu, [had not been offered a flu vaccine](#) by their doctor or specialist. Recommendation by a health provider is essential to uptake. Approximately 26% of children were recorded on the Australian Immunisation Register as vaccinated against influenza in 2018. It is important to increase this uptake further in 2019 to protect all young children.

## 3. Influenza vaccination in those 65 years and over

[TIV is recommended](#) in preference to the QIV for those aged 65 years and over where available. Should a person  $\geq 65$  years of age already received a 2019 quadrivalent influenza vaccine, there is no need to administer a TIV.

People aged 65 years and over should only receive either a QIV or a TIV – **not both**.

Flud® is an enhanced higher-immunogenicity TIV being supplied for those aged **65 years and over**. It contains an adjuvant and is specifically de-signed to create a greater immune response amongst the elderly, who are known to have a weaker response to immunisation.

## 4. Influenza vaccination in pregnancy

The [World Health Organization](#) recommends that pregnant women should have the highest priority for seasonal influenza vaccination. NSW Health has a useful flyer [Maternal immunisation against influenza during pregnancy—evidence review](#) to inform patients around the effectiveness and safety of this vaccination.

The most important factor associated with uptake of influenza (and pertussis) vaccination during pregnancy is a **healthcare provider recommendation**. Please take all opportunities to speak to your pregnant patients and their partners about the importance of getting vaccinated against influenza (and pertussis) during pregnancy.

### *Key points*

- Influenza vaccination during pregnancy has been shown to be safe and effective and FluQuadri and Afluria have now been categorized as [Category A](#) for pregnancy.
- Vaccination during pregnancy protects pregnant women from influenza and its [complications in pregnancy](#)
- Influenza vaccination during pregnancy is the best way to protect newborns against influenza during the [critical early months](#) of life, until they can get the flu vaccine at 6 months of age.
- The influenza vaccine is provided free to pregnant women through the [NSW Immunisation Schedule](#)

### *Maternal protection*

Women are more vulnerable to severe illness from influenza during pregnancy, especially late pregnancy. In later pregnancy, chest movements are restricted, making respiratory infections potentially more severe, and changes in immunity to protect the baby in the womb can also make mothers more susceptible to infections.

### *Infant protection*

There are now multiple studies which show that influenza vaccination during pregnancy **also protects infants against influenza** during the critical first few months of life. This is because protective antibodies are passed from the mother to the infant in utero.

### *Timing of vaccine*

Pregnant women should be vaccinated at the [earliest opportunity](#) during pregnancy. In accordance with the [Australian Immunisation Handbook](#), the 2019 influenza vaccine can be given to pregnant women if the 2018 vaccine was given earlier in the pregnancy.

### *Further information*

- [Factsheet: Maternal immunisation against influenza](#) (NSW Health)
- [Vaccination for women who are planning pregnancy, pregnant or breastfeeding](#) (Australian Immunisation Handbook)
- [Vaccinations during pregnancy](#) (NCIRS)

## 5. Pertussis vaccination in pregnancy

The timing of pertussis vaccination in pregnancy has [recently been reviewed](#) and is now recommended as a single dose between [20 and 32 weeks](#) (mid 2nd trimester to early 3rd trimester) during each pregnancy, including pregnancies that are closely spaced to provide maximal protection to each infant.

**The [NSW Immunisation Schedule](#) has been updated to reflect this change. Please replace old copies of your schedule with this version (dated April 2019).**

The most important factor associated with uptake of pertussis (and influenza) vaccination during pregnancy is a healthcare provider recommendation. Please take all opportunities to speak to your pregnant patients

and their partners about the importance of getting vaccinated against pertussis (and influenza) during pregnancy.

### *Key points*

- Babies less than six months of age are at greatest risk of severe disease and death from influenza and pertussis
- Vaccination during pregnancy is shown to reduce the risk of pertussis in pregnant women and their young infants by 90%
- A dose of pertussis vaccination should be given for each pregnancy, as immunity fades over time
- A single dose of pertussis-containing vaccine for pregnant women is funded under the [National Immunisation program](#)

### *Maternal protection*

If women receive pertussis vaccine while pregnant, it also [reduces their risk](#) of contracting pertussis, potentially avoiding the unpleasant side effects of a prolonged severe cough, such as vomiting, sleep disturbance, incontinence, weight loss and fainting. It also reduces the likelihood that the pregnant women will pass on pertussis to other people, including their children.

### *Infant protection*

There are now [multiple studies](#) which show that pertussis vaccination during pregnancy **also protects infants against pertussis** during the critical first few months of life. This results from direct passive protection by transplacental transfer of pertussis antibodies from the mother to the fetus during pregnancy.

### *Timing of vaccine*

Pertussis vaccination is now recommended as a single dose between [20 and 32 weeks](#) (mid 2nd trimester to early 3rd trimester) during each pregnancy, including pregnancies that are closely spaced to provide maximal protection to each infant.

The vaccine shouldn't be delayed until too close to birth because maternal pertussis antibodies do not peak until approximately 2 weeks after vaccination, and some women may give birth before they reach full-term. If the vaccine has not been given by 32 weeks of gestation, it should still be given at any time up to delivery. If pregnant women receive the vaccine earlier than 20 weeks, they do not need a repeat dose during the same pregnancy.

### *Further information*

- [Vaccination for women who are planning pregnancy, pregnant or breastfeeding](#) (Australian Immunisation Handbook)
- [What is whooping cough \(pertussis\)](#) (Australian Government Department of Health)
- [Pertussis: recommendations for vaccination](#) (Australian Immunisation Handbook)
- [Vaccinations during pregnancy](#) (NCIRS)
- [Factsheet: Protect your newborn from whooping cough](#) (NSW Health)

## 6. Egg and latex allergy

### *Egg allergy and MMR vaccine*

Egg allergic individuals may be safely vaccinated with the measles mumps rubella (MMR) and the measles mumps rubella varicella (MMR-V) vaccine which contains no egg protein.

### *Egg allergy and influenza vaccine*

Egg allergy is [not a contraindication](#) to influenza vaccine. People with an egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccines. People with a history of anaphylaxis to egg should:

- receive their influenza vaccine in a medical facility with staff experienced in recognising and treating anaphylaxis
- remain under supervision in the clinic for at least [30 minutes](#) after vaccination
- receive a full age-appropriate vaccine dose; do not split the dose into multiple injections (test and then the rest of the dose)

For children with severe egg allergy, vaccination under medical supervision can also be arranged at the [NSW Immunisation Specialist Service](#) (NSWISS) by calling 1800 679 477.

### *Latex allergy and influenza vaccine*

All influenza vaccines supplied under the NIP in 2019 are [latex free](#).

### *Further information*

- [Influenza Vaccination Provider Toolkit 2019](#) (NSW Health)
- [Vaccination of the egg-allergic individual](#) (ASCIA)
- [Preparing an anaphylaxis response kit](#) (Australian Immunisation Handbook)

## 7. Travellers and MMR vaccine

Travelers are strongly recommended to have received [2 doses of measles containing vaccine](#). Measles importation after international travel is the most significant source of [measles cases in Australia](#).

Measles remains endemic in [many parts of the world](#), including destinations popular with Australian travelers, such as the Philippines, India, Indonesia (including Bali), and Thailand. Measles is also common in parts of the Middle East and most of Africa. Large outbreaks have been occurring across Europe and South America in the past few years, and more recently there have been several outbreaks in the United States of America, so it is important to be fully protected against measles prior to overseas travel.

### *Adult travelers and children over 12 months*

Adults and children travelling overseas are recommended to have 2 doses of measles-containing vaccine given at least 4 weeks apart. Vaccines should be given at least two weeks before travel to allow immunity to develop.

Both doses of measles mumps rubella (MMR) vaccine are free for people born during or after 1966 and are more than 12 months of age.

### *Infant travellers aged <12 months*

The Australian Immunisation Handbook has recently been updated. Infants travelling to countries where measles is endemic, or where measles outbreaks are occurring, may now receive MMR vaccine from as young as [6 months of age](#), after an individual risk assessment.

However, this dose needs to be repeated, meaning that these infants need 2 further doses of measles-containing vaccine. They should receive the next dose of MMR vaccine at 12 months of age or 4 weeks after the 1st dose, whichever is later. They should receive their final dose of measles-containing vaccine as MMRV vaccine at 18 months of age.

### *Further information*

- [Measles chapter](#) (Australian Immunisation Handbook)
- [Travellers and MMR vaccine](#) (Australian Immunisation Handbook)
- [Measles fact sheet](#) (NSW Health)
- [Measles information for travellers](#) (NSW Health)
- [Current measles health alerts](#) (NSW Health)
- [Why people born between 1966 and 1994 are at greater risk of measles](#) (The Conversation)

## 8. Practice software update with the new NIP schedule

Reminder to update your clinical software **to incorporate the 1 July 2018 changes to the [NIP schedule](#)**. Please ensure your clinical practice software is up-to-date so you can access the new NIP schedule vaccines and ensure accurate documentation of vaccine administration to the AIR.

Software Provider	Latest Version
<a href="#">Medical Director (MD)</a>	Version 3.18 (see <a href="#">our website</a> for MD specific advice)
<a href="#">Best Practice (BP)</a>	Version 1.9.1.864
<a href="#">ZedMed</a>	Version 30.2
<a href="#">MedTech Evolution</a>	Version 10.4.3
<a href="#">Genie Solutions</a>	Version 9.1.1

## 9. Adult and adolescent vaccines on AIR

AIR has been updated to include adult and adolescent vaccines on the NIP schedule, including those given in schools. [Adolescent NIP vaccines](#) are Human Papillomavirus (HPV) and Meningococcal ACWY, and these should now be record on the AIR.

Adult vaccines including flu vaccine and travel vaccines should also be recorded on the AIR.

Providers should record any vaccines given as soon as possible after the vaccine has been administered. This will ensure complete vaccination records for patients including the availability of this information in the My Health Record. The AIR will update patients' My Health Record if they have one, and patients can get their immunisation history statement online.

### *How to record vaccines on the AIR*

There are three ways to record information on the AIR:

1. With your practice management software (PMS) – this is the quickest way  
*Make sure you are using the latest version of your PMS so you have up to date vaccine codes*
2. Use the **AIR secure site** via HPOS:
  - a) Identify the individual on the AIR secure site
  - b) Select 'record an encounter'
  - c) Select the adolescent schedule in the drop-down menu
  - d) AIR will calculate dose number
3. Complete the AIR immunisation encounter form

### *Further information*

- [Help using AIR online](#) (Department of Human Services)
- [News for Health professionals](#) (Department of Human Services)
- Contact us for further support at [immunisation@cesphn.com.au](mailto:immunisation@cesphn.com.au)

## 10. AIR, dose number errors and the 10A report

Dose number errors on the AIR **lead to children being listed as overdue**. CESPHN have been continuously reviewing the reoccurring issue of dose number errors on the AIR causing children to be incorrectly listed as overdue by the AIR. The overwhelming majority of these errors relate to the recording of administration of the **new vaccines added to the schedule in July 2018**. In most cases, this is occurring because practices have not updated their software to the latest version which will include the new vaccines and the correct dose numbers. If using out of date software - please remember to amend the dose number field when using the 'other vaccine given' function.

### *How can you check the AIR to see if you have patients with these errors?*

Practices can run reports from the AIR to receive a list of all children linked to their practice that are overdue – this will include any with dose number errors. See our resource [How to request AIR Due/Overdue 10A Report](#) to read more about these reports.

### *How can we amend these errors once identified?*

See our resource [How to identify and amend dose number errors in AIR](#) for instructions on how to amend errors relating to dose numbers in AIR.

### *The 10A report – overdue child report from the AIR*

Practices can proactively check AIR records for due/overdue children by regularly requesting a '10A report' from the AIR. This will help the practice and your patients in the following ways:

- Identify records that may have not transmitted correctly to AIR
- Identify overdue patients so you can recall them for their vaccinations

Read this information sheet for more detailed instructions [How to request AIR 10A Due/Overdue Practice Report](#). If you find a patient's record in AIR is not up to date according to your own practice software records, please refer to our handy information sheet [How to submit and update an encounter](#).

For further assistance with AIR transmissions and AIR reports, please contact the CESP HN immunisation team at [immunisation@cesphn.com.au](mailto:immunisation@cesphn.com.au)

## 11. SKAI – information for vaccine hesitant parents

[SKAI \(Sharing Knowledge About Immunisation\)](#) have developed resources to support health professionals address the five concerns most commonly expressed by Australian parents about childhood vaccinations.

The resources are available in the links below:

- [Why is the schedule the way it is?](#)
- [What is in vaccines?](#)
- [How are vaccines shown to be safe?](#)
- [How do vaccines affect immunity?](#)
- [What about autism?](#)

These resources have been developed in partnership with the National Centre for Immunisation Research and Surveillance (NCIRS).

## 12. Expression of interest – practice nurses for immunisation working group

CESPHN is seeking interest from members (**Practice Nurses**) who would like to be involved in immunisation planning, review of strategies and attend two face to face meetings per year with the South Eastern Sydney Public Health Unit (Randwick).

We are currently searching for replacement of a Practice Nurse representative that is located at a practice in the South Eastern Sydney LHD region. Please note our meetings occur on **Tuesday mornings**, so if you are unavailable at that time, please do not apply. For further information [click here](#).



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