

Sharp and to the Point

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This newsletter is produced by the Immunisation Section of the Communicable Disease Control Branch, SA Health. If you have any feedback, comments, suggestions of what you would like to see in future editions, please email healthimmunisation@sa.gov.au



School Immunisation Program

What a busy start to the year it has been for School Immunisation Program (SIP) providers!

As year 7 is now included in all high schools, Term 1, 2023 saw the inclusion of year 7 and year 8 students eligible to have their Boostrix® and Gardasil® 9 vaccines. Along with Year 10 students included in the program scheduled to receive their meningococcal ACWY and B vaccines (Nimenrix® and Bexsero®).

Another big change to the school program followed the Federal Health Minister announcement that the schedule for HPV (Gardasil 9) vaccines changed to only include 1 dose.

Well done to all our SIP providers for all their hard work in this challenging year!

Clarifying some of the recommendations for the SIP

- > **meningococcal B** – if a previous valid course of Men B vaccines has been given it is not recommended to repeat the course.

If a student received a course of Men B vaccine when they were younger, they can have the funded course, if the parents choose. However, there are no current data available on the safety or efficacy on additional doses.

- > **meningococcal ACWY** – the [National due and overdue rules for immunisation](#) require a dose for adolescents aged ≥14 years.
- > **dTpa adolescent booster** - the [National due and overdue rules for immunisation](#) state adolescents require at least 1 dose ≥10 years of age. The SIP booster dose is not required if at least 3 doses (total) have been given and one of those doses was given at or after 10 years of age.

Resources are available on the SA Health [School Immunisation Program](#) webpage. These include the new 'Save the Date' and 'Don't Miss your Shot' promotional posters, a [Communication toolkit for Schools](#) and social media graphics.

Posters can be ordered through www.poscat.com.au with your Vaccine Account Number. If you need assistance ordering resources, please email healthimmunisationadmin@sa.gov.au

Further resources:

- > [School Immunisation Program – FAQs for Parents](#)
- > [Men B Program – FAQs for Parents](#)
- > [Men B Program – FAQs for Health Professionals](#)
- > [NCIRS Meningococcal vaccines - FAQs](#)

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Changes to the Human papilloma vaccine recommendations

There have been some changes for the HPV vaccine recommendations, the main points to consider are;

- > anyone who has received 1 dose of HPV vaccine is considered fully vaccinated and does not require further doses.
- > the National Immunisation Program (NIP) catch-up program for HPV has been extended to include all those aged less than **26 years**.
- > immunocompromised people may still require 3 doses. Check the [Human papillomavirus chapter](#) in the Australian Immunisation Handbook for recommendations.



More information is available in the [HPV vaccine changes fact sheet and the Australian Immunisation Handbook – HPV chapter](#).

The National Centre for Immunisation Research and Surveillance (NCIRS) is hosting a webinar for the latest updates on the human papillomavirus (HPV) vaccine, including an in-depth look at the use, effectiveness and safety of the vaccine.

You can register [here](#).

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What's New?

New conjugate pneumococcal vaccine approved

VAXNEUVANCE is a Pneumococcal 15-valent Conjugate Vaccine registered by the Therapeutic Goods Administration (TGA). The vaccine contains all the serotypes in Prevenar 13 with the addition of serotypes 33F and 19F and is for the prevention of pneumococcal disease for people aged 18 years and over. Further information is available in the [Australian Immunisation Hand Book](#) and [Vaccine Product Information](#).



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Reporting rabies and other lyssavirus exposure and treatment process to rabies virus

Any person that:

- > comes into contact with a bat in Australia or overseas, or
- > any person who has come into contact with any mammal (especially dogs, cats and monkeys) in a country where there is a rabies virus risk

must report to SA Health's Immunisation Section as soon as possible.

If potentially exposed to rabies or Australian Bat Lyssavirus (ABL), it is extremely important that treatment commences immediately. Incorrect or incomplete treatment can be fatal.

Anyone can report an exposure to SA Health. Reporting is required to develop an individual treatment plan, which is based on the type of exposure, previously received rabies vaccines, and treatments that may have been administered overseas at the time of the exposure.

How to report to SA Health

Reports of an exposure can be made by:

- > **Phoning** [SA Health's Immunisation Section](#) on 1300 232 272. After hours reports will be redirected to the on call medical officer.
- > **During business hours*** complete a [Rabies or Lyssavirus Post Exposure Treatment Reporting Form](#) and return by email to: healthimmunisation@sa.gov.au.

*Business hours are Monday to Friday, 8.30 am to 5.00 pm - excluding public holidays

For more information on post exposure prophylaxis see the [Rabies virus and other lyssavirus for health professionals page](#).

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Aboriginal Immunisation Strategy update

South Australian Immunisation Rates: October-December 2022 (processed March 31, 2023)
Aboriginal immunisation coverage rates for South Australia (SA) increased slightly for the 12-month olds in the last quarter of 2022 but have decreased across other cohorts. Over the past 6 months there has been a significant decline of 5.1% for the 24 month old coverage rate and 3.8% decline for the 60 month old coverage rate. These significant declines were not reflected in the National or non-Indigenous coverage rates for the same age groups which is concerning. The gap between Aboriginal and non-Aboriginal children reduced in the 12-month cohort but widened across the other two age groups.

Please continue to check AIR for all children presenting to your practice to identify any overdue for routine immunisations.

Table: Quarterly immunisation coverage rates as published by the AIR March 31 2023*

		Aboriginal or Torres Strait Islander (ATSI)	Non-ATSI	Coverage Gap
12 month olds	SA	90.8% (↑ 0.6% from last quarter)	94.1% (↓0.4% from last quarter)	-3.3% (last quarter -4.3%)
	National	90.7% (↓0.03% from last quarter)	93.6% (↓0.2% from last quarter)	-2.9% (last quarter -2.8%)
24 month olds	SA	85.9% (↓4.7% from last quarter)	92.2% (↑0.5% from last quarter)	-6.3% (last quarter -1.1%)
	National	88.5% (↓0.7% from last quarter)	91.4% (nil change from last quarter)	-2.9% (last quarter -2.2%)
60 month olds	SA	93.8% (↓2.7% from last quarter)	95.3% (nil change from last quarter)	-1.5% (last quarter +1.2%)
	National	95.4% (↓0.6% from last quarter)	93.9% (↓0.3% from last quarter)	+1.5% (last quarter +1.8%)

*Please note we have changed the data reported on in this article from rolling annualised data, to quarterly data, comparing the most recent quarterly data with data from the preceding quarter. For annualised immunisation rates see coverage data tables at [health.gov.au](https://www.health.gov.au)

Resources promoting Aboriginal childhood immunisations are available to order through the resources section on the SA Health website in the [Immunisation for Health Professionals](#) section.

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Influenza Outlook 2023

During 2023, amidst the fourth year of the COVID-19 pandemic in Australia, continued seasonal influenza activity is anticipated interstate and as international travel increases.

- > Annual vaccination is recommended for all people 6 months of age and older.
- > In Australia, the period of peak influenza circulation is typically June to September.
- > People planning international travel should get vaccinated.
- > The highest level of protection occurs in the first 3 to 4 months after vaccination.
- > Continue to offer vaccination if influenza disease is still circulating.

The 2023 Influenza Program

Influenza vaccination is particularly important for those considered most at risk.

The National Immunisation Program (NIP) free influenza vaccines are provided high risk groups and the state funded influenza vaccination program offers funded vaccines to adults and children who are experiencing homelessness and are not eligible for free flu vaccines under the NIP.

Further information on the Influenza Immunisation Program 2023 is available [here](#).

Remember:

- > Promote the free vaccine to eligible people and priority groups.
- > Consider opportunities to co-administer vaccines – **A Prevention Package!**
- > Influenza vaccine can be co-administered with COVID-19 vaccines, Pneumococcal vaccines and Shingles vaccines.
- > Check the patient's age and use the correct vaccine for their age.

2023 influenza program information and resources can be found via sahealth.sa.gov.au/flu or [Influenza Immunisation Program 2023](#).

The [ATAGI advice on seasonal influenza vaccines 2023](#) has now been published and more influenza resources are available on the [Department of Health and Aged Care](#) website.

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COVID-19 update

The goal of the Australian COVID-19 vaccination program remains the prevention of severe illness and hospitalisations from COVID-19 disease.

The Australian Technical Advisory Group on Immunisation (ATAGI) recommends a 2023 COVID-19 vaccine booster for;

- > Adults aged 65 years and older
- > Adults aged 18-64 years who have medical comorbidities that increase their risk of severe COVID-19, or disability with significant or complex health needs.

A vaccine booster dose can be considered for all adults 18 to 64 years and children and adolescents aged 5-17 years who *have* medical comorbidities that increase their risk of severe disease or disability with significant or complex health needs. The 2023 booster dose is recommended to be administered if it is longer than 6 months from the person's last booster dose or 6 months following infection with COVID-19 disease.

Further information regarding booster doses is available on the Australian Government, Department of Health and Aged Care, [COVID-19 booster vaccine advice](#) webpage.

The [Australian Technical Advisory Group on Immunisation 2023 booster advice](#) outlines the current recommendations for 2023

Primary course and vaccines available for booster doses posters:

[COVID-19 vaccine comparison poster](#)

[The ATAGI recommended COVID-19 vaccines and dose poster](#)

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Cold Chain Management



Fridge panel

The 'cold chain' is the system of transporting and storing vaccines within the safe temperature range of +2°C to +8°C.

It is recommended to have 3 temperature recording devices for each vaccine fridge. They are:

1. A data logger set to record every 5 minutes and downloaded weekly.
2. The fridge panel which is monitored and re-set twice a day, first thing in the morning and at the end of the day.

An independent min/max thermometer that should be placed next to the data logger in the centre of the middle shelf. Before using this thermometer, a 'slush test' needs to be performed, instructions on how to perform this test can be found on page 27 of the Strive for 5 Guidelines. [National vaccine storage guidelines - Strive for 5, 3rd edition \(health.gov.au\)](https://www.health.gov.au/national-vaccine-storage-guidelines-strive-for-5-3rd-edition)

Consider using a back-up generator if there are regular power cuts or interruptions to the power supply. Another option is using a UPS (uninterrupted power supply), though these may not provide power for as long as a generator.

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Immunisation Education

Are you interested in learning more about immunisation?

The HESA accredited *Understanding Vaccines and the National Immunisation Program* is available to support your learning and to gain CPD points. For more information please access SA Health [website](#).

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Your Queries Answered

The Australian Immunisation Handbook catch up calculator – your queries answered

Q. I have used handbook calculator for a catch-up schedule for Sam, who is two years of age. Some vaccines are listed as due but have a \$ symbol next to them. What does this indicate?

A: The \$ sign indicates the vaccine may not be funded under the National Immunisation Program at that time point.

Check the South Australian schedule to see where and if the vaccine is funded for Sam.

- > Meningococcal ACWY is funded on the NIP at 12 months.
- > Meningococcal B is State funded at 2 months, 4 months and 12 months.
- > One dose of Varicella is funded on the NIP at 18 months.

The Australian Immunisation Register (AIR) – your queries answered

Q. Melanie is 18 months old and has missed her 12-month scheduled vaccines. The Australian Immunisation Register does not indicate she is due for a third dose of Bexsero (Meningococcal B) vaccine. Is she overdue for her third dose?

A. Bexsero is a State funded vaccine. It will not show as being overdue on the Australian Immunisation Register. The AIR registers vaccines for the National Immunisation Program as due and overdue, but not State funded vaccines. Check the South Australian schedule.

[National Immunisation Program: South Australian Schedule](#)

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Japanese Encephalitis Virus (JEV)



The SA Health Japanese Encephalitis Virus vaccination program has been operational since March 2022 with over 22,000 people vaccinated.

Fantastic effort for all the immunisation providers participating in the program.

The [Japanese Encephalitis Virus Vaccine](#) webpage outlines who is eligible for the vaccine, what is considered proof for eligibility and where people can get vaccinated along with further information in relation to vaccine safety and other strategies to protect against JEV.

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MPOX

Mpox remains an active public health issue. It is vaccine-preventable; however, the supply of vaccines against Mpox both globally and in Australia is limited.

Information on Mpox and the Mpox vaccine is available on the [Mpox \(monkeypox\) - including symptoms, treatment and prevention](#) webpage. Mpox (JYNNEOS) vaccine is licensed as a series of two doses administered at least 28 days apart.

More information on Mpox vaccine availability and how to book an appointment can be found on the [SHINE SA](#) and [Adelaide Sexual Health Centre](#) websites.

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Resources

History of Immunisation in Australia

The NCIRS immunisation history tables provide a summary of the significant events in vaccination practice in Australia, particularly for vaccines used in funded immunisation programs. These can be helpful when determining a person's vaccine history and/or eligibility.

[History of immunisation in Australia](#)

Measles vaccination catch up guide

A flow chart for Measles vaccine decision making

[NCIRS Measles Vaccination catch-up guide](#)

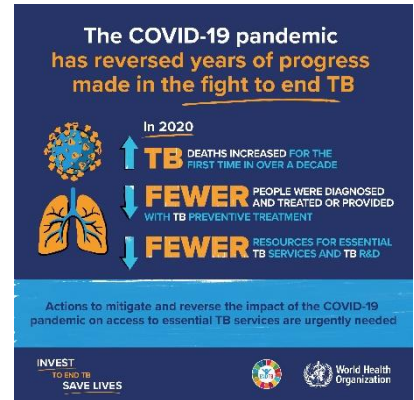
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Around the world

Tuberculosis (TB) update

- > A total of 1.6 million people died from TB in 2021 (including 187 000 people with HIV). Worldwide, TB is the 13th leading cause of death and the second leading infectious killer after COVID-19 (above HIV/AIDS). (WHO Oct 2022)
- > The World Health Organization has announced plans to establish a TB vaccine accelerator council to facilitate the licensing and use of effective novel TB vaccines
- > BCG is currently the only licenced TB vaccine, and it does not adequately protect adolescents and adults. This group account for close to 90% of transmissions globally
- > Drug-resistance continues to be a major problem with close to half a million people developing drug-resistant TB every year.



[WHO TB Vaccine accelerator council](#)

[Tuberculosis Key Facts](#)

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Focus On

Post Stem cell Transplant Vaccination Schedule

(Haematopoietic stem cell transplant – HSCT). HSCT can be autologous or allogenic.

Recommendations for revaccination in children and adults is age related. As per the Australian Immunisation Handbook (AIH), recommendations are regardless of previous vaccination history. Young children may need extra doses of certain vaccines. Young children should complete the recommended age-based vaccination schedule after completing the primary post-HSCT vaccination doses.

The AIH chapter Vaccination for people who are immunocompromised: Haematopoietic stem cell transplant recipients discusses and sets out the recommended schedule.

Revaccination commences 6 months after transplant. Inactivated vaccines are given as per the vaccines normal scheduled minimum intervals.

The influenza and Covid-19 vaccines are encouraged to be given as per guidelines for each.

The influenza vaccine is 2 doses with a minimum interval of 4 weeks.

The Covid-19 vaccine is given as per the current regime for primary doses and booster doses as per guidelines.

Live vaccines are given 24 months post-transplant. Recommendations for receiving live vaccines may vary according to the person's level of immunocompromise after HSCT.

Recent changes for other vaccines following HSCT:

Meningococcal B – For update on booster doses for those at ongoing increased risk of invasive meningococcal disease or with specific conditions please see the NCIRS Meningococcal Fact Sheet.

HPV-9 (human papillomavirus vaccine) - Specific immunogenicity data for HSCT recipients are not available. Better immune responses are obtained at >12 months after transplant, when the person's immune system is better reconstituted.

Pneumococcal valent 15 (Vaxneuvance) – available. Currently not a funded vaccine.

Shingrix – recommended for individual's aged ≥18 years who are immunocompromised.

An individual's schedule may also be subject to the treating specialist recommendations based on patient's haematology and other investigative results and their treatment regime.

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What's on the noticeboard



The following websites and links have the latest immunisation news and information to help immunisation providers keep up to date with the latest!

SA Health

- > [Immunisation for Health Professionals](#)
- > [Subscribe to receive Immunisation Section updates](#)

The Department of Health - Australian Government - Immunisation

- > [Immunisation for Health Professionals](#)
- > [News and media](#)

The National Centre for Immunisation Research and Surveillance (NCIRS)

- > [News and events](#)
- > [The Weekly Jab NCIRS Newsletter subscription](#)

News items from overseas

- > **UK** - [Public Health England - Vaccine Update](#)
- > **USA** - [Centres for Disease Control and Prevention - Vaccines and Immunizations](#)
- > **Canada** – [Vaccines and immunization](#)
- > **New Zealand** - [Immunisation Advisory Centre](#)

We encourage you to email any further feedback or suggestions to healthimmunisation@sa.gov.au

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For more information

Immunisation Section
Communicable Disease Control Branch
SA Health
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www.sahealth.sa.gov.au/immunisationprovider

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