

Immunisation Update



April 2005

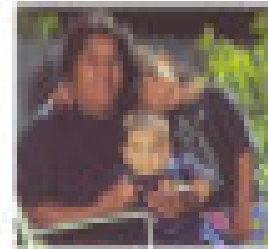
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Immunisation Program

Today's session

- Vaccine recommendations
 - Pneumococcal
 - Poliomyelitis
 - New combination vaccines
 - Varicella
 - Meningococcal C

Provides clear
guidelines about
vaccination
practice

[http://immunise.health.gov.
au/handbook.htm](http://immunise.health.gov.au/handbook.htm)



The Australian
**Immunisation
Handbook**

8th Edition

2003



NHMRC
National Health &
Medical Research Council

i m m u n i s a t i o n

Pneumococcal Incidence in children

- 1 year olds (117 per 100,000)
- Infants (80 per 100,000)

Declines thereafter:

- 2 year olds (55 per 100,000)
- 3 year olds (26 per 100,000)
- 4 year olds (19 per 100,000)

NCIRS Newsletter July 2004

Childhood Pneumococcal vaccine

- 1 January 2005 eligibility
 - All children born on or after 1 Jan. 2003
 - All infants at 2, 4 & 6 months of age
 - Children under 5 years with certain medical risk factors (boosters required)
- Prevenar vaccine
 - 7 vPCV
 - ~80% of invasive isolates in children
 - >95% protective efficacy against IPD due to serotypes in the vaccine

Catch up schedule

- **3 - 6 months**
 - 3 doses, 2 months apart
- **7 - 17 months**
 - 2 doses, 2 months apart
- **$\geq$ 18 months**
 - 1 dose

Childhood Pneumococcal medical risk factors

Children under 5 years

- Down's syndrome
- Premature infants with chronic lung disease
- Infants born less than 28 wks gestation
- Cystic Fibrosis
- Insulin-dependent diabetes
- Intracranial shunts & cochlear implants

Childhood Pneumococcal medical risk factors cont.

Vaccine doses required:

- Prevenar vaccine for primary doses
- Booster dose of Prevenar at 12 months of age
- Pneumovax 23 booster at 4 to 5 years of age

Adult Pneumococcal Vaccine Program

- Pneumovax 23 now funded by the Australian Government
- Recommended for:
 - All aged 65 years & over
 - A&TSI people aged 50 years & over
 - All aged 5 years & over with chronic illnesses or immunocompromised
 - Tobacco smokers

Adult Pneumococcal Vaccine Program cont.

- Pneumovax 23 vaccine boosters recommended for:
 - Non-indigenous adults 65 years & over: a single revaccination 5 years later
 - Non-indigenous adults less than 65 years with risk factors: a single revaccination at 65 years of age or 10 years after the first dose whichever comes later
 - A&TSI adults 50 years and over: a single revaccination 5 years later
 - A&TSI adults 15 to 49 years with risk factors: 2 boosters, 5 years later then either 10 years later or at age 50 whichever is later

OPV versus IPV

OPV

- Cost \$3
- Side effects
 - Excreted in the faeces for up to 6 weeks
 - Vaccine Associated Paralytic Poliomyelitis (VAPP)
1 in 2.5 million first doses

IPV

- Cost \$35
- Side effects

New IPV combinations

Infanrix-hexa

- **Infanrix-hexa**
 - DTPa-hepB-Hib-IPV
 - Fewer injections at 2 and 4 months of age

BUT

- Hib component is PRP-T (not PRP-OMP)
 - not suitable for Indigenous children
 - requires a 3 dose primary course
 - Hib booster at 12 months

Infanrix-hexa

AND

- Use at 2, 4 and 6 months means 4 doses of hep B vaccine by 12 months
 - Comvax at 12 months results in 5 doses of hep B vaccine
 - ATAGI have indicated this is acceptable

Other IPV combinations

- Infanrix-penta
 - DTPa-hepB-IPV
 - requires separate Hib vaccine
 - not useful where Comvax (Hib-hepB) used
- Infanrix-IPV
 - DTPa-IPV
 - useful with Comvax

IPV ?combination

- Infanrix-hexa
 - fewer injections at 2 and 4 months
 - \$105
- Infanrix-penta
 - \$80
- Infanrix-IPV
 - \$70
- IPV - \$40

Varicella

- For most children chicken pox will be the worse illness of their childhood
- 'Severe' chicken pox
 - Pneumonia
 - Encephalitis
 - Secondary bacterial infection



Varicella is preventable

- Varicella vaccine reduces the chance of shingles
- Children 12 months and over receive a single dose
- Any adolescent or adult without a history of chicken pox and negative serology receive 2 doses.

National Meningococcal C vaccine program

- Target group are:
 - All children aged 1 to 19 years in 2003 are now eligible for free meningococcal C vaccine
 - Mop up program to mid 2006

Meningococcal C program coverage – DHS Victoria

Primary school	>90%
High school Yrs 7 - 9	80%
High school Yrs 10 - 12	75%

1 Jan 2000 to 15 April 2005, notifications of meningococcal disease

Year of notification	Serogroup					Total
	Group B	Group C	Group W135	Group Y	Unknown	
2000	52	72	4	5	29	162
2001	47	56	1	1	58	163
2002	56	88	6	4	54	208
2003	55	47	2	2	23	129
2004	55	13	1	3	8	80
2005	10	1	2	0	1	14

Immunisation coverage

31 December 2004- ACIR

	Victoria	Australia
12-<15 mths	90.8%	90.7%
24-<27 mths	92.2%	91.7%
72-<75 mths	85.7%	83.3%

Immunisation contacts

- ACIR enquiries 1800 653 809
- DHS Immunisation Program
1300 882 008

www.health.vic.gov.au/immunisation