



VACCINATION IS IMPORTANT FOR THE WHOLE FAMILY

ISLHD Immunisation Newsletter - October

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Coming Soon - Newly Improved Immunisation Internet Page

Exciting times ahead for the Public Health Unit. The Immunisation team have been busy developing a newly improved internet page that has up to date and relevant information for all GP's, practice staff, health professionals and members of the public.

This site has been designed to cater for all things Immunisation. It is simple and easy to navigate and has all the information you require to do the amazing job you do within your practice.

Stay tuned for our release date!!!

Annual Immunisation Updates

Updates are being delivered differently in 2020. This year's update will be webinar based and the below topics will be discussed over 3 separate sessions.

Session 1 - Thursday 1st October 2020

Discuss NIP (National Immunisation Program Changes), COVID 19 vaccine, Child and Adult Vaccination Recommendations.

Session 2 - Tuesday 27th October 2020

Adverse events following Immunisation - What is an AEFI? When should you report it and how? How to avoid AEFI's? What to tell patients? Recent case studies.

Session 3 - Tuesday 1st December 2020

Update your knowledge on Cold Chain, NSW School Immunisation Program & Catch up Vaccination

NSW School Immunisation Program

The NSW School Immunisation Program has continued throughout 2020 despite the current Covid19 pandemic. There were some delays in the early stages, but this has not affected adolescents receiving vaccinations at school.

If students present to your practice looking to have immunisation as it has been delayed at school, please reassure them that their consent is still valid and those doses will be given at the next subsequent clinic.

If parents decide to have their child vaccinated at your practice please make sure you contact the Public Health Unit to check the status of their Immunisations at school.

Parents must also be aware that consent needs to be withdrawn from the school program if they decide to go ahead with vaccinations at your practice. This is most important to reduce vaccination error.

To withdraw, parents must contact the Public Health Unit on Ph: 4221 6700

Recent updates to the Australian Immunisation Register

1. Recording indigenous status on the AIR

- Vaccination providers can now record Indigenous status directly on the AIR
- This will not be overridden by their status recorded by Medicare
- Vaccination providers should seek consent from the person at the time of a vaccination encounter before recording their Indigenous status on the AIR. There is no change to how a person's Indigenous status is recorded on the AIR.

2. Catch-up schedules to display on Immunisation History Statement

- Catch-up schedule will display on the top of the immunisation history statement
- Date it expires will also show.

3. Introduction of reminder letters for older Australians

- People 70 years and 1 month of age who have not received pneumococcal and/or shingles vaccinations
- People aged 50 years and 1 month displaying an Indigenous status in the AIR who have not received their pneumococcal vaccination
- Commenced 21 September 2020

More information available below

<https://www.health.gov.au/news/recent-updates-to-the-australian-immunisation-register>

Contact your Public Health Unit for immunisation enquiries:

Phone:
1300 066 055

Fax:
4221 6759

Email:
islhd-phu-immunisation@health.nsw.gov.au

Health Care Worker Students

It's that time of year when year 12 students are starting to enrol in their studies to become Health Care Workers.

Here are some quick tips on what vaccinations/serology they will need for their clinical placements:

- Vaccinations required by NSW Health Facilities: diphtheria/tetanus/pertussis, hepatitis B, measles/mumps/rubella, varicella, influenza (annual vaccination)
- Check the Australian Immunisation Register (AIR) **BEFORE** giving any vaccines
- Serology **IS NOT** required for measles/mumps/rubella or varicella if the student has been age-appropriately vaccinated according to the AIR or Personal Health Record e.g. documented evidence of 2 doses of MMR vaccine
- Serology is required to prove seroconversion to hepatitis B. Most students who received their hepatitis B vaccination course in the first year of life will have undetectable levels of hepatitis B surface antibody (HBsAb) by the time they are in their late teens. Give ONE dose of an age-appropriate hepatitis B vaccine and then check serology 4-8 weeks later. The level of HBsAb should be above 10mIU per mL. No further doses of vaccine are necessary. For further guidance on potential vaccine non-responders see the Hepatitis B chapter in the Australian Immunisation Handbook (online).

Further detailed information can be found in the 'NSW Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases' Policy Directive: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_017

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases APPENDICES



Appendix 4 Checklist: Evidence required from Category A Applicants

Workers, new recruits, other clinical personnel and students should take this checklist (and relevant sections of this policy directive referred to in this checklist) to their immunisation provider and discuss their screening and vaccination requirements.

Acceptable evidence of protection includes a written record of vaccination signed, dated and stamped by the medical practitioner/nurse immuniser on the NSW Health vaccination record card for health care workers and students and/or serological confirmation of protection, and/or other evidence, as specified in this table. An air transcript is also acceptable evidence of vaccination.

Diseases	Vaccination Evidence	Serology Evidence	Other Acceptable Evidence	Comments
Diphtheria, Tetanus & Pertussis	One adult dose of dTpa vaccine within the last 10 years	N/A. Serology will <u>not</u> be accepted	NIL	<ul style="list-style-type: none"> • dTpa booster is required 10-yearly • DO NOT use ADT vaccine
Hepatitis B	History of age-appropriate hepatitis B vaccination course	AND Anti-HBs \geq 10mIU/mL	OR Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+	<ul style="list-style-type: none"> • A completed <i>Hepatitis B Vaccination Declaration</i> (Appendix 9) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained • Positive HBcAb and/or HBsAg result indicate compliance with this policy • A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures
Measles, Mumps & Rubella (MMR)	2 doses of MMR vaccine at least one month apart	OR Positive IgG for measles, mumps and rubella (Rubella immunity is provided as a numerical value with immunity status as per lab report)	OR Birth date before 1966	<ul style="list-style-type: none"> • Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy. • Do <u>not</u> compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be
				<ul style="list-style-type: none"> • followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected. • DO NOT use MMRV vaccine (not licensed for use in persons \geq 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated • Serology is <u>not required</u> following completion of a documented two dose MMR course. • Those born before 1966 do <u>not</u> require serology
Varicella	2 doses of varicella vaccine at least one month apart (or evidence of 1 dose if the person was vaccinated before 14 years of age).	OR Positive IgG for varicella	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox	<ul style="list-style-type: none"> • Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age; two doses administered at least one month apart is required when aged 14 years or more when vaccinated. • DO NOT use MMRV vaccine (not licensed for use in persons \geq 14 years) • Evidence of one dose of Zostavax in persons vaccinated over 50 years of age
Influenza	One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	N/A Serology will not be accepted	NIL	<ul style="list-style-type: none"> • Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Appendix 1 <i>Risk Categorisation Guidelines</i> (see Section 4) • Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students.
Tuberculosis	N/A	Refer to Section 3.5	Refer to Section 3.5	<ul style="list-style-type: none"> • Refer to Section 1.2 <i>Key Definitions</i> • Refer to Section 3 <i>TB Assessment and Screening</i>