

New NSW Immunisation Schedule

GP Update

NSW Immunisation Schedule from 1 July 2018		
AGE	DISEASE	VACCINE
CHILDHOOD VACCINES		
Birth	Hepatitis B	H-B-VAX II <u>or</u> ENGERIX B
6 weeks	Diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio	INFANRIX HEXA
	Pneumococcal	PREVENAR 13
	Rotavirus	ROTARIX
4 months	Diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio	INFANRIX HEXA
	Pneumococcal	PREVENAR 13
	Rotavirus	ROTARIX
6 months	Diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio	INFANRIX HEXA
12 months	Meningococcal ACWY	NIMENRIX
	Pneumococcal	PREVENAR 13
	Measles, mumps, rubella	MMR II <u>or</u> PRORIX
18 months	Measles, mumps, rubella, varicella	PRORIX TETRA <u>or</u> PROQUAD
	Haemophilus influenzae type b	ACT-HIB
	Diphtheria, tetanus, pertussis	INFANRIX <u>or</u> TRIPACEL
4 years	Diphtheria, tetanus, pertussis, polio	INFANRIX-IPV <u>or</u> QUADRACEL
ADOLESCENT VACCINES - SCHOOL VACCINATION PROGRAM		
Year 7	Diphtheria, tetanus, pertussis	BOOSTRIX
	Human papillomavirus (2 doses)	GARDASIL 9
Years 10 - 11 (in 2018)	Meningococcal ACWY	MENACTRA
ADULT VACCINES		
65 years and over	Influenza (annual)	FLUAD <u>or</u> FLUZONE HIGH DOSE
	Pneumococcal (one dose)**	PNEUMOVAX 23
70 years (Catch-up available for 71-79 year olds until 31 October 2021)	Zoster	ZOSTAVAX
	Influenza (any trimester)	INFLUENZA
Pregnant women	Pertussis (between 28 - 32 weeks gestation)	BOOSTRIX <u>or</u> ADACEL
AT RISK GROUPS		
6 months and over with medical risk conditions*		
All children 6 months to < 5 years (in 2018)	Influenza (annual)	INFLUENZA
Aboriginal 15 years and over		
Aboriginal 50 years and over		
Aboriginal 15-49 years with medical risk factors	Pneumococcal**	PNEUMOVAX 23
65 years and over		

Prepared by **Kym Bush**
Immunisation Coordinator
Public Health Unit

July 2018



Health

Rationale for changes on 1 July 2018

- Increase in cases of IPD in kiddies > 12 months
- Increase in cases of IMD caused by serogroup W and Y
- Primary course (2, 4 and 6 month) and booster of Hib still required
- Nationally funded dTpa for pregnant women in their third trimester

Increase in cases of IPD in kiddies >12 months

- Healthy children will be given Prevenar 13 at 2 months, 4 months and **12 months**
- Children with **at risk medical conditions** will receive:
 - Prevenar 13 at 2 months, 4 months, 6 months and 12 months
 - Pneumovax 23 at 4 years

Conditions with highest risk of IPD

- functional or anatomical asplenia
- immunocompromising conditions, including
 - congenital or acquired immune deficiency
 - immunosuppressive therapy
 - haematological and other malignancies
 - solid organ transplant, haematopoietic stem cell transplant (HSCT)[‡]
 - HIV infection (including AIDS)
 - chronic renal failure, or relapsing or persistent nephrotic syndrome
- proven or presumptive cerebrospinal fluid (CSF) leak
- cochlear implants, intracranial shunts

Conditions with increased risk of IPD

- chronic cardiac disease
- chronic lung disease, including:
 - chronic lung disease in preterm infants
 - cystic fibrosis
- diabetes mellitus
- Down syndrome
- chronic liver disease
- preterm birth at <28 weeks gestation[§]

Take home messages (6 months)

- **CHECK** all kiddies that present at 6 months for vaccination for medical conditions associated with increased risk of IPD
- **IF AT RISK** they will need Prevenar 13 at 6 months and then again at 12 months and a Pneumovax 23 at 4 years
- Kiddies without risk for IPD can still receive a total of 4 doses of Prevenar 13 during the transition. Parents can be reassured that this is safe but it is not required to be considered fully vaccinated by AIR for child care benefits, family assistance payments and child care enrolments
- **Don't forget influenza** vaccination – 2 x doses 1/12 apart

Increase in cases of IMD caused by serogroups W and Y

- Nimenrix (Men ACWY) to replace Menitorix (MenC-Hib) at age 12 months
- Children who have received their 12 month vaccines before 1 July 2018 are not eligible to receive the Men ACWY vaccine under the NIP
- Those children that have received a course of Men ACWY prior to 12 months still require a single dose of Men ACWY at 12 months (*minimum interval* of 8/52 between doses)
- If a child has had a Menitorix and the parent opts to buy Men ACWY on private market this can be provided (*minimum interval* of 8/52 weeks between doses)

Take home messages (12 months)

- There are **three** vaccinations to be given at 12 months:
 - Nimenrix (IM)
 - Prevenar 13 (**IM**)
 - MMR (IM or SC)
- A single dose of Men ACWY is recommended and funded to be given at 12 months of age regardless of whether they have previously received Men ACWY prior to 12 months of age. (Minimum interval of 8 weeks from last dose of Men ACWY)

4th dose of Hib still required

- Primary course of Hib (in Infanrix-hexa) at 2, 4 and 6 months
- 4th dose booster changes from combination MenC-Hib (Menitorix) at 12 months to a monovalent vaccine (ACT-Hib) at 18 months

Take home messages (18 months)

- There are **three** vaccinations to be given at 18 months:
 - ACTHib (IM)
 - Infanrix (**IM**)
 - MMRV (IM or SC)
- *“It is safe and effective to use remaining stock of Menitorix® instead of monovalent Hib (ActHIB) at 18 months of age.”*
- Those kiddies that have received 4 doses of Hib already (ie a primary course and a menitorix at 12 months) do not require another dose at 18 months to be considered fully immunised for the purposes of childcare benefits, family assistance payments and child care enrolment. Children can still receive the funded dose at 18 months (total of 5 doses of Hib) and parents can be assured that this is safe

Pertussis

- Boostrix (or Adacel) has been provided free of charge on the NSW Immunisation schedule to all pregnant women in their third trimester. This is now funded by the NIP.

Summary

1. The third dose of Prevenar 13 will now be given at 12 months (moved from 6 month schedule point). Children with at risk medical conditions will receive an additional dose at 2,4,6 and 12 months of age
2. Nimenrix (Men ACWY) will now be given to children at 12 months of age replacing Menitorix (MenC-Hib).
3. Hib will be given as the monovalent vaccine, Act-HIB at 18 months of age
4. dTpa for pregnant women

Questions?

Practice Nurse Community of Practice



- A Community of Practice (CoP) is defined as: 'A group of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly'
- Purpose: To create a structure that allows PN's to build common capability across the SENSW PHN region and ensure the implementation of best practice activities.
- Objectives:
 - To provide opportunities to cooperate on activities where practice nursing adds value to existing primary health care initiatives; and
 - Learn new ways to enhance patient outcomes through collaboration, sharing knowledge and communication with other local practices.

CoP Launch Date 😊



Wednesday 25th July 8:30am

Email: PNFacilitator@coordinaire.org.au

Q&A Report:	Childhood Immunisation Update - July 2nd 2018
Question Asked	Answer
Can they be separated if parents do not want 3 needles on the day	Ideally all 3 vaccinations should be given at the same visit.
We always thought we could only give MMR and MMRV SC not IM, but on the slides it says IM as well. Is that correct?	Priorix and Priorix- tetra can be given either IM or SC. See Table 2.2.1 in the Handbook
NSW vaccine centre said that ACT-hib is on short supply	Left over supply of Menitorix can be used for Hib dose
We are advised to use Menitorix temporarily?	ATAGI have advised that Menitorix is safe and effective to use instead of ACT Hib at the 18 month schedule point until supplies are exhausted
What do we do with our existing stock of Menitorix? Do we need dispose of it?	Keep the Menitorix until it expires to use for the 18 month Hib
if the child is just 12 mths can the injections be given in the thigh, especially if child is only small with little muscle mass	No the recommended site for vaccinations in persons over 12 months is the deltoid muscle
just to confirm children who had 4 doses of HIB does not need another dose at 18 months?	Children born between 1 January 2017 and 30 June 2017 may receive a total of 5 doses of Hib vaccine during the transition. This is safe but is not required for the purposes of child care payments, family assistance or child care enrolment.
When will Hib be available as I was unable to order it as yet	Hib orders are being distributed by the SVC. In the interim use Menitorix for Hib booster
You mentioned Menitorix at 18 months, what can we tell parents about the 2nd dose of Men C	The second dose of menC should be tolerated and will boost existing immunity. ATAGI makes clinical advice on the revised recommendations
Can the free catch up to 19 years be used to give 18 month kids the Men ACYW	The free catch up meningococcal vaccines are for those persons who have not received a men C vaccine at all.
re ActHIB at 18 months, can I clarify that this is not mandatory at 18 months please ?	To be up to date to their age a child requires 3 doses for a primary course (2,4 and 6 month infanrix-hexa) and a booster. If they have received these already then they do not require another Hib at 18 months.
I immunised several 18/12 children yesterday in general practice. The last child's parent was a Dr and declined this injection as her son had already had 3 previous doses	This Dr is misinformed and needs to be advised that a primary course (3 doses) of Hib and a booster is required.