



1-3 The Terrace
P.O Box 5013
Wellington

16 August 2010

Pages: 4

To: General Practitioners, Practice Nurses and Health Professionals
From: David Wansbrough, Manager - Immunisation, Ministry of Health
Subject: Update – Vaccine issues, and a look back at an extraordinary year

Dear colleague,

This fax provides updates on the following:

1. Celvapan vaccine
 2. Seasonal influenza vaccine supplies
 3. A look back at an extraordinary year
-

1. Celvapan vaccine

All Celvapan (Monovalent H1N1 influenza vaccine) vaccines will expire on 31 August 2010. The Ministry will retain the vaccine stocks that are in national warehouses as a contingency against unexpected resurgence of H1N1, until next years' vaccines arrive or the Ministry considers the virus is no longer a threat.

Please return unused Celvapan vaccine (following expiry) to your local ProPharma store as you would for other expired vaccines.

2. Seasonal influenza vaccine supplies

We made an unprecedented commitment to seasonal influenza vaccination this year, and are only now, six weeks after the usual finish date for subsidised vaccine availability, reaching the end of our allocated supply. This forward planning has allowed us to deliver more doses than in any previous year (over 1.03 million at last count).

To allow us flexibility over the weeks ahead we've reached an agreement with Sanofi, who will supply the Ministry with up to 35,000 doses of *Intanza* for the subsidised programme.

Intanza, perhaps best known for its very small needle, is new on the scene this year, and until now has only been available on the private market. *Intanza* is only approved for use in individuals aged 18 to 59 – therefore only individuals with chronic conditions, obese individuals or pregnant women in this age range will be subsidised for *Intanza*. After vaccination with *Intanza* it takes up to two weeks to develop full immunity.

Please be aware that, as per our planning, at some stage in the next few weeks warehouse supplies of Vaxigrip will be depleted, making *Intanza* the only seasonal flu vaccine available for subsidised patients. If you want to specifically order *Intanza*, please write this on your order form or contact Healthcare Logistics on 0508 425 358.

More information on *Intanza* can be found on Medsafe's website:

<http://www.medsafe.govt.nz/consumers/cmi/i/intanza.pdf>

The website www.intanza.co.nz provides medical practitioners with more information.

For questions on VAXIGRIP or INTANZA phone 0800 727 838

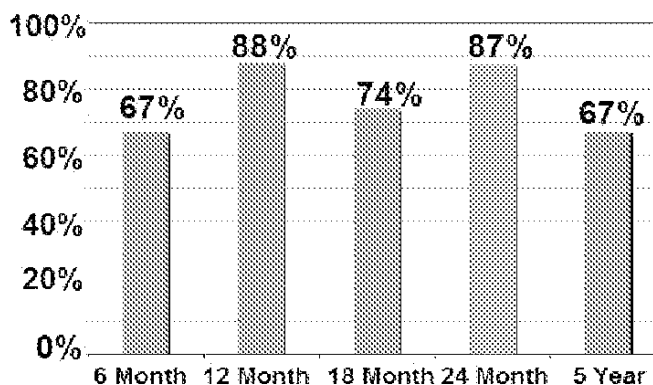
Immunisation Advisory Centre - 0800 IMMUNE or email 0800IMMUNE@auckland.ac.nz

3. The Year That Was

The 2009/10 operating year (which ended on 30 June) was a time of unprecedented immunisation activity in the primary sector. None of what has been achieved would have been possible without your support and expertise.

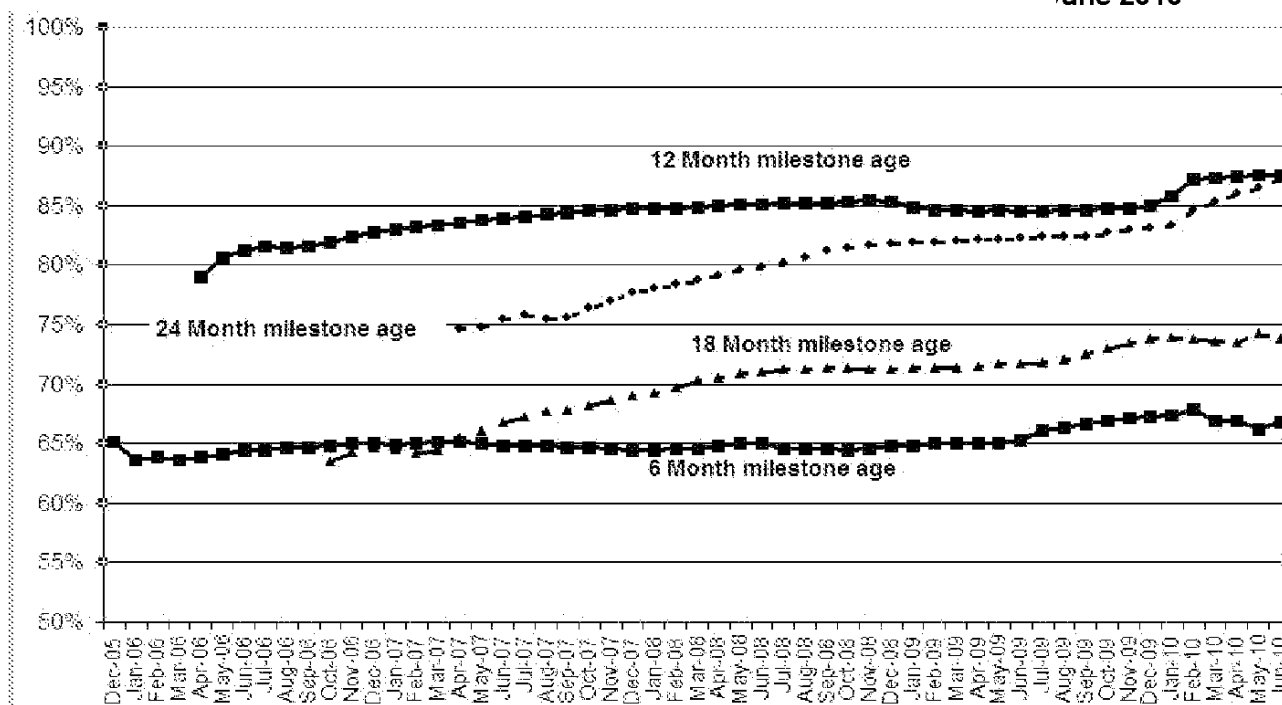
Childhood vaccination (see graph at right) was a particular area of focus – with performance by the sector exceeding Ministry targets.

Coverage Rate – Milestone Ages



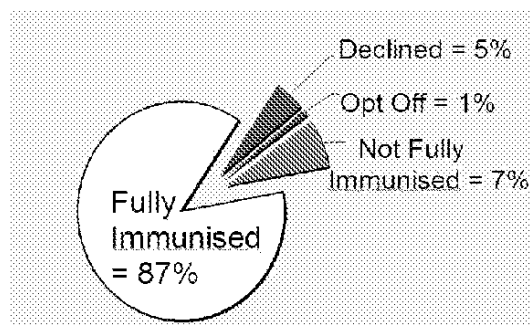
Childhood Immunisation Rate by Milestone Age

June 2010

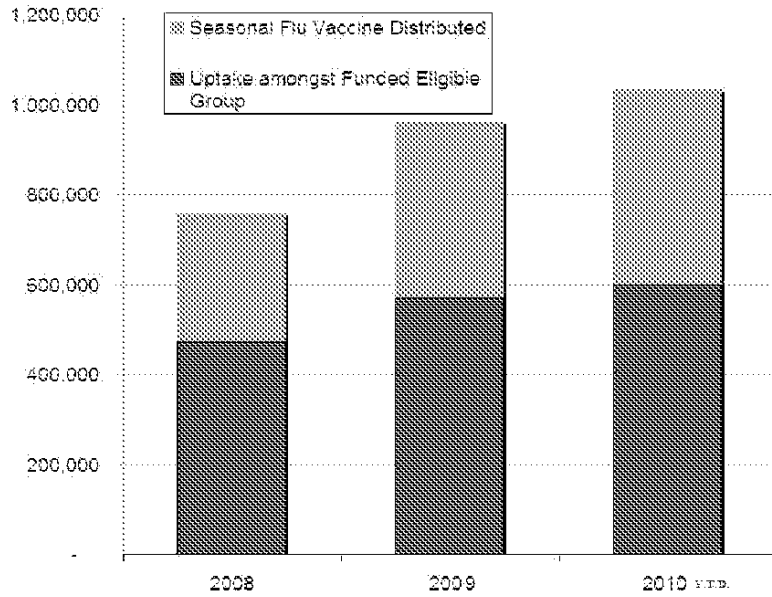


Childhood vaccination coverage (measured in terms of fully immunised 2 year olds) in July 2009 stood at 80% and the target of 85% coverage by the end of 2009/10 seemed ambitious to some. But by March this year you'd hit that target – three months ahead of schedule – and by year's end vaccination at the 2 year-old milestone stood at 87%.

The Maori immunisation rate also increased substantially from 73% (in July 2009) to 82% at the end of June this year.



Childhood vaccination coverage rates for individual clinics/practices should now be available – contact your local PHO to get a copy.

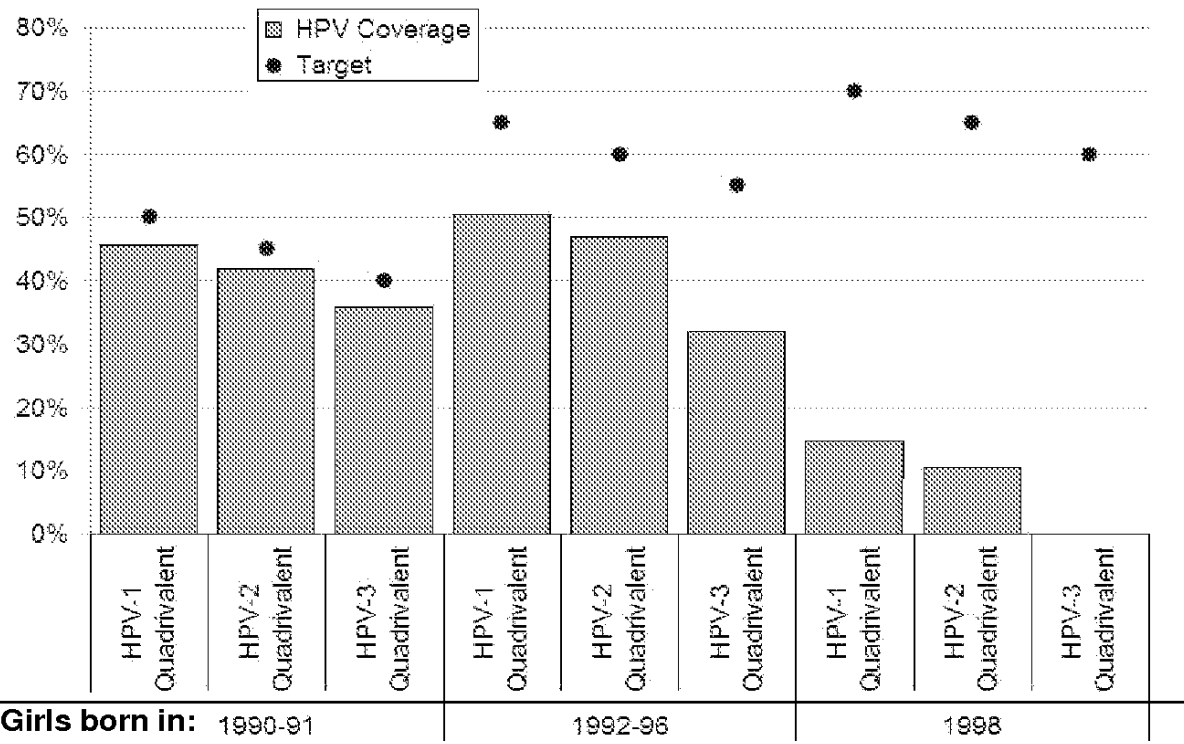


Another major area of activity in 2009/10 was preparing for a possible second wave of H1N1 Influenza.

By the end of the year over one million seasonal flu vaccines had been dispatched across New Zealand, more than in any previous year.

We are planning to return to normal timing and eligibility for seasonal flu vaccine next year, unless the evidence supports a different approach.

The HPV (Human Papillomavirus) immunisation programme, which began two years ago, continues into its third year, but hitting targets has proved harder than originally anticipated.

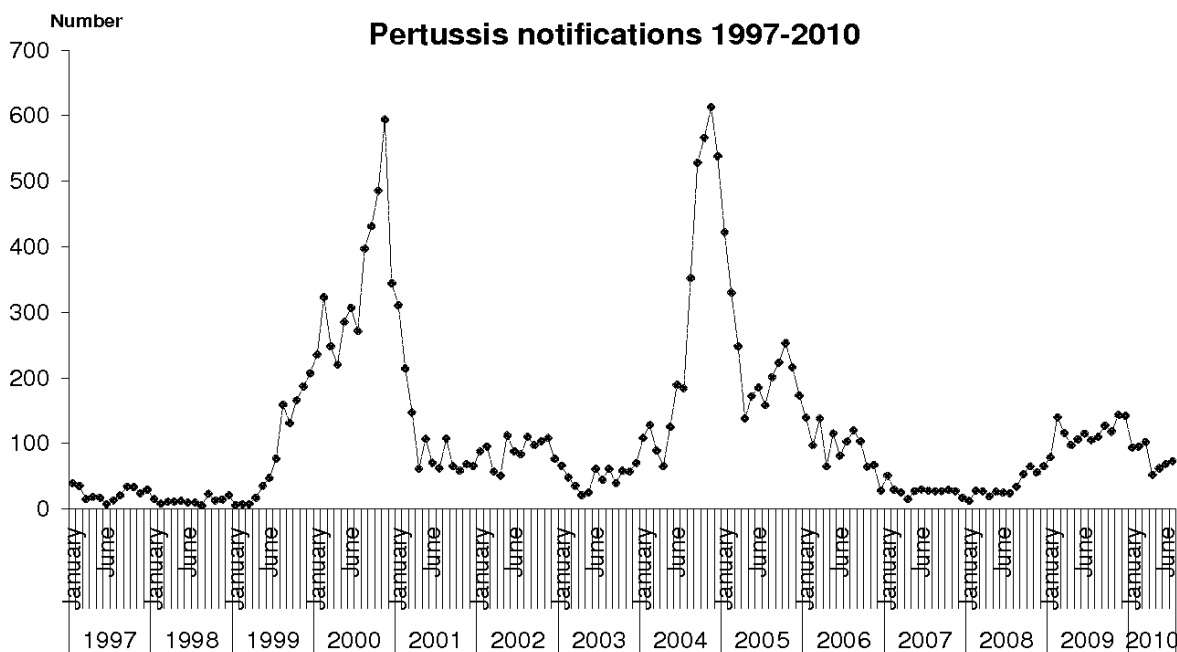


From 2011, only Year 8 girls will be offered the HPV vaccine at schools, though other girls can get the vaccine through primary care.

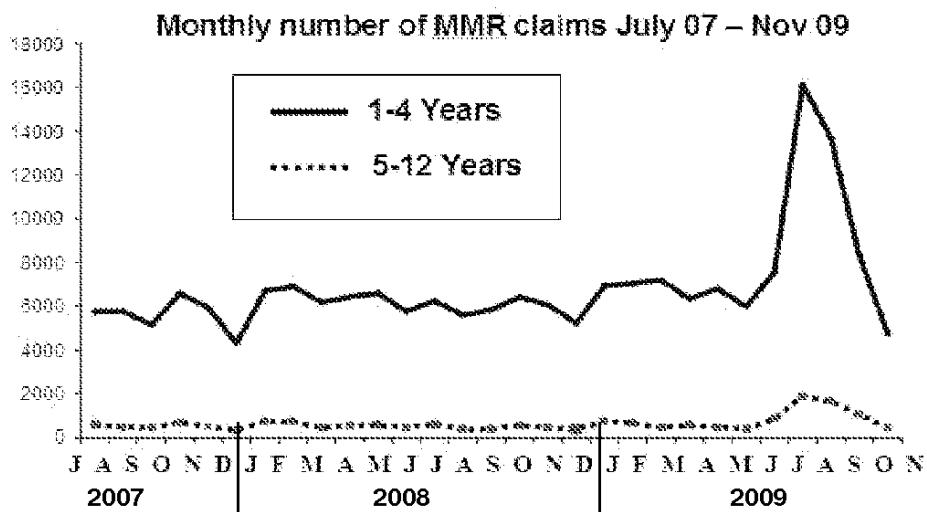
One of the biggest successes in 2009/10 was achieving equity for Maori and Pacific girls, which was one of the programme's main objectives.



Pertussis (whooping cough) notifications remained steady during 2008/09. Fewer cases of pertussis were reported than we had thought might be the case.



In 2009 measles made a re-appearance with three distinct outbreaks, after having been largely absent from the New Zealand scene for 12 years. More than 300 cases were notified – far fewer than the nearly 2,200 cases identified in 1997 – which suggests that the combination of immunisation coverage and natural immunity is limiting the spread of measles outbreaks compared to a decade ago.



The graph at left clearly shows the immunisation response to the measles outbreak in 2009.

Swift action proved successful this time, stifling the recent outbreaks before measles could evolve into an epidemic.

We'd welcome your feedback on whether you find this sort of

data useful, and whether you'd like us to post extra information on our website, please email immunisation@moh.govt.nz with your comments. If you require other information please email 088IMMUNE@auckland.ac.nz or phone 0800 466 863 (0800 IMMUNE).

Thanks once again for the work you do to support immunisation.

David Wansbrough
Manager, Immunisation
Ministry of Health