



...for Parents and Caregivers



**Immunisation
Advisory
Centre**

ĀRAINGA MATE

UNIVERSITY OF AUCKLAND

www.immune.org.nz

Protection against Pneumococcal Disease: National Immunisation Schedule Changes 2008

From the 1st June 2008 the Ministry of Health's new schedule for New Zealand's childhood immunisation begins. What does this mean for you and your child?

The most important advantage for your child is the new vaccine offering protection from pneumococcal disease which is a leading cause of meningitis, blood poisoning and pneumonia in young infants. You will not be required to make more visits to your GP because the vaccine will be given at the same time as the other scheduled vaccines.

Why change the immunisations?

Every two years the National Immunisation Schedule is reviewed. Changes may be recommended when there is a more effective vaccine licensed in New Zealand, or if disease patterns change, or if new research indicates a change into how and when immunisations should be given.

Specific changes for 2008

- 1) Pneumococcal vaccine (Prevenar®) will be available free for all children born from 1st January 2008.
- 2) Protection against 6 diseases will now be offered in one injection instead of two (now given as Infanrix™-hexa, a vaccine which combines diphtheria, tetanus, pertussis, polio, hepatitis B and Haemophilus influenzae type b).
- 3) Routine MeNZB™ immunisation is phased out.
- 4) School year 7 (11 year old) children no longer need a polio immunisation dose.

Why introduce Prevenar® vaccine?

Prevenar® protects many young children against the most common strains of the bacteria that cause severe pneumococcal disease. Severe infections can cause meningitis, blood poisoning and pneumonia. The most common pneumococcal infections cause otitis media (ear infections) and frequent sinusitis.

Around 150 New Zealand pre-schoolers get severe pneumococcal disease each year and many more are hospitalised with pneumonia. About three quarters of those cases could be prevented by Prevenar® vaccination. Pneumococcal conjugate vaccine has been included on the immunisation schedules of over 14 countries, including the United States, United Kingdom, Canada and Australia.

Introduction of the vaccine to the United States infant immunisation schedule has resulted in a sharp decline in severe pneumococcal disease cases. This vaccine also reduced disease in the whole community, by reducing the spread of the organism from children's throats.

Why the change to Infanrix™-hexa?

Infanrix™-hexa reduces the number of injections needed to gain protection against 6 serious diseases. Protection previously required two injections.. Clinical trials and international experience show that infants cope very well with this combined vaccine and develop good overall protection. The vaccine is used widely and currently available in 60 countries, with more than 28 million doses distributed worldwide.

Why no longer a Polio vaccine for 11 year old?

At 11 years of age, the combined diphtheria, tetanus, pertussis (whooping cough) (Boostrix™) vaccine will be offered. The polio component of the previous vaccine (Boostrix®-IPV) is no longer needed because most 11 year olds will have previously received the required 4 doses of polio vaccine. Polio vaccine is still available from the nurse or doctor for those who may have missed a dose.

Why is the MeNZB™ programme to cease?

The meningococcal B special programme will cease and babies will no longer be routinely offered the MeNZB™ vaccine after 1st June 2008.

The Meningococcal B Immunisation Programme was designed to help control an epidemic of a specific strain of meningococcal B disease. The MeNZB™ vaccine was used successfully as a circuit breaker, preventing many cases of meningococcal disease during the epidemic.

Disease rates are now at the lowest level in a decade, and the Ministry of Health has received expert advice that there is no longer a need for mass immunisation.

Babies and children under 5 years who have started their MeNZB™ vaccinations before 1st June 2008 will be able to complete the course. The vaccine will continue to be available for those under 19 years old who are concerned and where the doctor considers the child to be at risk of meningococcal disease. MeNZB™ vaccine is still recommended for high risk groups, such as those without a functioning spleen and laboratory workers.

Vaccines are prescription medicines. Talk to your nurse, doctor or other health professional about the benefits and any risks.

For more information, contact 0800 IMMUNE (0800 466 863) or visit us at www.immune.org.nz

“Prevenar® is a Prescription Medicine used for active immunisation of children from six weeks to nine years of age against invasive disease, pneumonia, and otitis media caused by the bacteria *Streptococcus pneumoniae*. As with all vaccines 100% protection against the above diseases cannot be guaranteed.

Do not use if your child has had an allergic reaction to pneumococcal or diphtheria vaccines.

Possible injection site side effects are pain, rash, redness, swelling or a lump. Other possible side effects include fever, irritability, drowsiness, restless sleep, decreased appetite, vomiting and diarrhoea.

Prevenar is free for all children born from January 1 2008

If you have any concerns regarding side effects, speak to your doctor or nurse immediately.

Each 0.5ml dose of Prevenar contains 16 micrograms of bacterial saccharides, 20 micrograms of CRM 197 protein, aluminium phosphate, sodium chloride and water.

Wyeth, Australasia..

TAPS NA 2987

NZSCH-P-2987

May 2008

GET THE FACTS ON IMMUNISATION

0 8 0 0 I M M U N E

4 6 6 8 6 3