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To: Primary Care Teams, Health Professionals

From: Jane Chambers, Acting Manager Immunisation

Subject: **HPV vaccine supplies, Cold Chain, Vaccine errors, Influenza Programme, Meningococcal cases, Changes to antibiotic treatment for meningococcal**



HPV Vaccine supplies

General practices are now able to order unrestricted quantities of HPV vaccine, as we have previously advised. Practices should not book vaccinations until they have the vaccine on site.

People who have begun the vaccination course (two doses for those aged 14 and under, three doses for those aged 15 and older) and are overdue for a second or third dose will not have to begin the course again, regardless of how long the time lapse has been.

Those who have turned 27 years of age since 1 April 2018 and who receive their first dose of HPV vaccine by 1 April 2019, and international students who turn 18 years of age during this period, will still be eligible to complete their free vaccination course. Please submit a manual claim for the first dose given. Once a manual claim has been accepted for one dose, any subsequent doses for that person should then be able to be processed automatically. If any issues arise, a second manual claim may be needed.

Cold Chain

There have been a number of vaccine excursions this year, requiring vaccines to be sent for destruction. Vaccine wastage is costly - a medium sized general practice refrigerator can hold more than \$8000 worth of vaccines. Please ensure your cold chain policy is up to date and you have plans in place in the event of a power outage and continue to meet the National Standards for Vaccine Storage and Transportation requirements. If you have any concerns regarding your vaccine cold chain contact your immunisation coordinator.

Vaccine errors

A number of vaccine errors have been reported. Before vaccinating, please check your patients' immunisation record to confirm what vaccine(s) they are due to receive, then check that they do not have any contraindications to receiving the vaccine(s). When preparing vaccines for administration please check you have the right vaccine and that it has not expired.

Influenza Immunisation Programme start date 2019

Following consultation with stakeholders, from 2019 the Annual Influenza Immunisation Programme will have a fixed start date of 1 April. In previous years, the programme started as soon as the influenza vaccine became available, generally by early March. The change to a fixed start date of 1 April is intended to ensure that the vaccine remains as effective as possible during the peak incidence of influenza, which in recent years has occurred in late winter. For further information, see the Ministry's policy statement on the [Annual Influenza Immunisation Programme Start Date](#).

Meningococcal cases

There has been an increase in meningococcal W disease (MenW) cases in New Zealand. This particular strain of MenW (ST11) can present with the classical signs of meningococcal disease but also atypically with gastro-intestinal symptoms, as well as pneumonia, septic arthritis, endocarditis or epi/supraglottitis. It is also associated with a high case fatality.

Updated information on meningococcal disease surveillance is available on the ESR webpage: https://surv.esr.cri.nz/surveillance/Meningococcal_disease.php.

The Ministry of Health has been working with PHARMAC and Northland DHB to develop plans for a targeted vaccination programme in that region – for more details see www.health.govt.nz/news-media/news-items/targeted-vaccination-programme-meningococcal-disease and www.northlanddhb.org.nz/home/meningococcal/.

The Immunisation Advisory Centre will be hosting a webinar on meningococcal disease and vaccines on November 28 at 5pm – see here to register: <https://bit.ly/2KdnHSd>

Update on antibiotic treatment of meningococcal disease cases presenting at primary care practices

The Ministry of Health is informing you of changes to the recommended antibiotic treatment for suspected meningococcal infection (meningitis or sepsis) in primary care. This advice, and any updates, will also be published on the Ministry website.

The recommended treatment options are now as follows:

	children	adults
Ceftriaxone	100mg/kg IV or IM up to 2g as a single dose	2g IV (or IM)
Benzyl-penicillin	50mg/kg IV or IM to maximum of 2g	2.4g IV (or IM)

Early treatment of meningococcal infection with either of these antibiotics is of benefit, especially when there will be a delay for the patient to reach the Emergency Department.

Ceftriaxone is the preferred first-line treatment for all individuals if it is available without delay. Ceftriaxone can only be given to patients allergic to penicillin who do not have a documented history of anaphylaxis to penicillin.

There is no routine community treatment recommendation for patients with a **documented history of anaphylaxis to penicillin**. These patients must be transferred immediately by ambulance to the closest hospital. This hospital should be made aware of the patient transfer. If you are in a remote location or at a significant distance from secondary care, or if there is any delay, you should seek urgent advice from an Infectious Disease Physician regarding treatment options prior to transfer to hospital.

IV administration is preferred to IM (where available and not leading to delays).

Please note that ceftriaxone is currently funded for meningococcal disease treatment in Northland in response to the current meningococcal disease outbreak. PHARMAC is currently considering access to ceftriaxone for national use in this setting and will update the Sector soon.

If you have any queries about anything in this update, please email immunisation@moh.govt.nz