



## WE NEED YOUR HELP

### Health professional survey:

#### What's working and what's not in achieving optimal immunisation coverage

We are conducting an online health professional survey to better understand the challenges that vaccinators face when delivering the New Zealand Childhood Immunisation Schedule. The survey will be open between 22 October and 23 November 2018, and will take up to 10 minutes to complete. You can click on the link we email to you or use this link <https://bit.ly/2NG40Cx> to go to the survey webpage.

Your unique experiences will provide valuable insight into how the systems and processes currently in place influence immunisation service delivery. Telling us how it is for you may lead to changes that may lead to improvements in immunisation service delivery and coverage, and increase protection against vaccine-preventable diseases in our children.

### Keep your vaccinator authorisation current – Here's why

Vaccines are prescription medicines. Registered and enrolled nurses MUST have an individual prescription or standing order for every vaccine administered for the purpose of an approved immunisation programme, e.g. the National Immunisation Schedule or an approved local immunisation programme, unless they have a current vaccinator authorisation.

Know when your vaccinator authorisation is due to expire, plan ahead to complete your vaccinator update course and other requirements, and apply for reauthorisation so your new authorisation can take effect before your current one expires.

From the first day that a vaccinator authorisation has expired, a registered or enrolled nurse legally MUST have an individual prescription or standing order to administer Immunisation Schedule or approved local programme vaccines. When administering vaccines without an individual prescription or standing order, the registered or enrolled nurse is prescribing medicines and working outside their scope of practice.

Prescribing vaccines outside the vaccinator's scope of practice could lead to disciplinary action and/or suspension/loss of their practising certificate.

### When vaccine administration requires an individual prescription or standing order

Registered or enrolled nurse with current vaccinator authorisation	Registered or enrolled nurse with expired vaccinator authorisation / not an authorised vaccinator
Can administer vaccines for the purpose of an approved immunisation programme, including catch-up and funded vaccines for 'special groups', without an individual prescription or standing order.	Requires an individual prescription or standing order to administer all vaccines including those for the purpose of an approved immunisation programme, or the vaccinator will be prescribing medicines and working outside their scope of practice.

### Identify funded and non-funded vaccines

It is important to identify funded and non-funded vaccine stock to ensure that funded vaccines are not inadvertently given to people who are not eligible to receive them.

In New Zealand, the Government allocates funding to District Health Boards (DHBs) so they can provide healthcare. PHARMAC manages the purchasing, funding and distribution of vaccines on the National Immunisation Schedule on behalf of the DHBs. PHARMAC's role within the New Zealand health system is to make decisions on which medicines and medical devices, including vaccines, are funded in order to get the best health outcomes from within the available funding. PHARMAC determines which vaccines are funded on the Immunisation Schedule and who is eligible for funded vaccines.

#### Immunisation Schedule vaccines from ProPharma

Immunisation providers order funded vaccines from ProPharma and administer vaccines according to the Immunisation Schedule. These vaccines have already been purchased by PHARMAC (on behalf of DHBs) so there is no vaccine cost to the immunisation provider. ProPharma vaccine stock can only be administered to eligible individuals and must not be sold to individuals who are not eligible. When an immunisation provider administers Immunisation Schedule vaccines to an individual who meets the eligibility criteria, the provider submits a claim to Sector Services to be paid for administering the vaccine(s) that are provided to them free of charge.

#### Influenza vaccines from Healthcare Logistics

Immunisation providers purchase the funded Immunisation Schedule influenza vaccines from Healthcare Logistics (HCL). When they administer an influenza vaccination to an individual who meets the eligibility criteria to receive a funded vaccination, the provider submits a claim to Sector Services that covers the cost of vaccine and administration.

Providers also purchase other unfunded influenza vaccines from wholesalers. Providers recover their costs by charging individuals who are not eligible to receive funded influenza vaccination a fee that covers the cost of the vaccine and administration.

#### Non-funded vaccines from Healthcare Logistics or other wholesalers

Immunisation providers purchase vaccines from wholesalers for individuals who do not meet the Immunisation Schedule eligibility criteria or vaccines that are not on the National Immunisation Schedule, e.g. Tdap for soon to be grandparents, herpes zoster vaccine for under 65s, meningococcal vaccines for families, or vaccines for travel. Providers recover their costs by charging individuals a fee that covers the cost of the vaccine and administration.

### Education and training 2018 Tuberculosis, mantoux skin testing and BCG vaccination online course

This online course is available to all health professionals who wish to complete it for their own learning even if they are not going to administer the BCG vaccine.

The clinical component, supervised BCG vaccination and BCG clinical assessment, is only for vaccinators employed in a public health unit or some specialist travel clinics. These vaccinators will need to apply to their local Medical Officer of Health for BCG endorsement after successful completion of all the requirements.

Other vaccinators who would like to administer BCG vaccines should discuss this with their local Medical Officer of Health and determine whether they are eligible for endorsement, or not, prior to enrolling on the course.



## ...from the phones

Addressing some of the questions we receive on the 0800 IMMUNE phone line

### MMR and/or varicella vaccines and BCG administration

On-time administration of Priorix® and Varilrix® Schedule vaccines is more important than catch-up administration of a BCG vaccine. Measles and varicella viruses are highly infectious, easily acquired from an infectious person, and can quickly lead to serious disease complications. Travelling overseas or being exposed to those travelling from overseas significantly increases the risk of exposure to measles.

When Priorix and/or Varilrix and a BCG vaccine are not administered on the same day, a minimum interval of 4 weeks is required before administration of a subsequent live injected vaccine.

Priorix and/or Varilrix and the BCG vaccine can be administered on the same day if the parent and services are able to coordinate the two appointments required.

### No further vaccines in left arm for 3 months after receipt of a BCG vaccination

DO NOT administer vaccines into a child's left arm for 3 months after BCG vaccination to reduce the risk of local lymphadenitis.

Although all BCG vaccinations in New Zealand are administered by intradermal injection over the deltoid muscle of the left upper arm, this advice will primarily affect children aged 12–59 months who present for Schedule vaccines within 3 months of receiving a BCG vaccination, e.g. for Hib, PCV10, varicella and MMR at 15 months of age.

Download the *Administration of vaccines around TST and BCG administration* fact sheet from our [Written Resources webpage](#).

### Administering 15 month vaccines after a BCG

Even though vaccines cannot be given into a child's left arm for 3 months after they receive a BCG vaccination, the four vaccines due at 15 months of age can still be given at the same visit.

1. Ensure there is a minimum interval of 4 weeks since receipt of the BCG vaccination.
2. Administer the Hiberix® (Hib) intramuscularly into the left vastus lateralis (VL) muscle on the anterolateral thigh, then the Synflorix® (PCV10) intramuscularly into the right VL. As only the right arm is available for vaccination, administer both the Varilrix (VV) and Priorix MMR) subcutaneously into the right arm with the injection sites separated by at least 2 cms (centimetres).
  - » The preferred subcutaneous (SC) injection sites are on the upper arm, either overlying the deltoid muscle or into the upper outer triceps area.

### Gardasil®9 catch-up

- It is not necessary to repeat doses/restart course of HPV vaccine after a delay in administration, even if the course of vaccines exceeds 12 months.
  - » Resume the vaccine schedule without repeating prior doses using the available HPV vaccine.
- The minimum interval between two doses of HPV vaccine for a child aged 9–14 years inclusively is 5 months.
  - » If dose one is given to a child aged 9–14 years inclusively but dose two is not given until the child is aged 15 years or older, a third vaccine dose is required with a minimum interval of 3 months is required between doses two and three.
- The HPV vaccine catch-up schedule of 0, 1 and 4 months can be followed for adults and children aged 15 years or older, i.e. a minimum interval of 1 month between doses one and two, and a minimum interval of 3 months between doses two and three.

Download the *Answers to frequent HPV vaccine questions* from our [Written Resources webpage](#).

GET THE FACTS ON IMMUNISATION

0 8 0 0 I M M U N E  
4 6 6 8 6 3

## COLD CHAIN

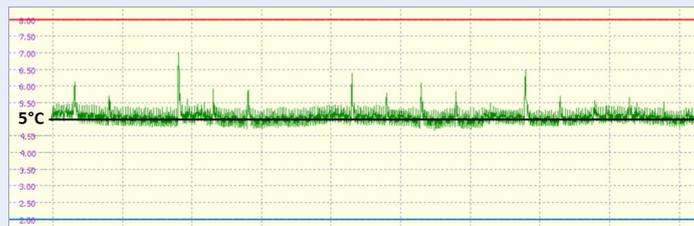
## MATTERS ...



### What do I check after I download the data logger?

After you download the data logger information, save it to your computer in a place that you can access easily at a later time. Then, before you close the file, it is important to check a few things on the graph and in the data.

1. Are the temperatures sitting between +2°C and +8°C?
2. Is the average temperature around the +5°C?
  - » If the average temperature is running consistently above or below 5°C there is less margin for error. In Australia, they call it *Strive for 5*.



3. Are there any unexplained variations in temperature?
4. Is the data logger information consistent with the daily minimum and maximum recordings?

If you are concerned that there may be an issue with the temperature inside your refrigerator, please quarantine the vaccines until you have discussed this with your Immunisation/Cold Chain Coordinator and/or your refrigerator service provider.

We recommend that you move your data logger to different shelves in the refrigerator as discussed in the June 2018 ImmNuZ and in our fact sheet [The essential data logger](#). Moving the location of the logger weekly does mean that your temperature recordings will vary slightly from your daily minimum and maximum recordings as different areas of the refrigerator are being monitored.

### Health Professionals/Cold chain webpage

Access cold chain resources from our dedicated cold chain webpage. Go to [www.immune.org.nz](http://www.immune.org.nz), click on the Health Professionals tab and then click on Cold chain heading.

Resources include:

- The FREE online Vaccine Storage and Transportation course
- The National Standards for Vaccine Storage and Transportation for Immunisation Providers
- The COOL Project Stakeholder Summary Report
- The 2017 Annual Cold Chain Management Guide and Record
- Cold chain document templates
- Cold chain related fact sheets
- A link to the Ministry of Health cold chain management webpage
- A video – The cold chain: An overview

### **NEW** The essentials of off-site vaccine storage and monitoring

This new fact sheet provides an introduction to the requirements for the storage and monitoring of vaccines at off-site clinics to ensure maintenance of the cold chain. It includes information from the COOL Project that tested some different cold chain equipment used for off-site immunisation clinics. **NEW**

### Off-site immunisation programme – Chilly bin log

This new template can be used to record the minimum, maximum and current chilly bin temperatures during an off-site immunisation clinic. Thank you to the Hawkes Bay DHB Public Health Team for sharing their template with us.

### **UPDATED** Vaccine register

This template has also been updated.

Contact the editorial team:  
Email: [k.batty@auckland.ac.nz](mailto:k.batty@auckland.ac.nz)