



ISSUE 103 – DECEMBER 2018

## Meningococcal disease and vaccination

Somewhat of a hot topic for us all of late, please visit these webpages for useful information:

- [Meningococcal disease information for health professionals](#) page on our website,
- [Meningococcal disease: Information for general practitioners and emergency departments](#) page on the Ministry of Health website and, for Northland health professionals, the
- [Northland community meningococcal W vaccination programme](#) webpage.

Whilst meningococcal disease rates remain relatively low, there has been an increase over the last two years. This year, meningococcal group B is still the most prevalent cause of disease at around 50% of all cases, with the total number of cases remaining fairly stable. However, there has been a significant increase in disease caused by group W in New Zealand since mid-2017, including cases caused by a very virulent W sequence type (ST-11) that has been associated with atypical presentations and a higher fatality rate. Group W is now causing around 25% of all meningococcal disease. Meningococcal groups C and Y also continue to cause disease.

With the rise in disease caused by group W, declaration of an outbreak in Northland and a substantial increase in media coverage of meningococcal disease, many people are asking for meningococcal vaccination for their children or themselves.

Vaccines against meningococcal disease are available but no one vaccine covers all the groups causing disease. Protection after vaccination of older children, adolescents and adults lasts for around 5 years. For best protection against all meningococcal disease in New Zealand, separate vaccinations against groups A, C, Y and W disease (Menactra® or Nimenrix®) and group B disease (Bexsero®) are available.

The MeNZB™ vaccine used in New Zealand from 2004 to 2011 targeted one type of meningococcal group B disease. Those who received MeNZB™ are not expected to still have protection against this type of group B disease.

A small group of individuals with a high-risk medical condition listed on the Pharmaceutical Schedule, e.g. pre-/post-splenectomy, are funded to receive Menactra. Northland residents aged 9 months to under 5 years or 13 years to under 20 years are also funded to receive a meningococcal A, C, Y and W vaccination from 5–21 December through drop-in clinics.

Outside these specified groups, meningococcal vaccines are available for purchase. However, the recent increase in demand to purchase meningococcal A, C, Y and W vaccine and limited vaccine availability worldwide means that Menactra and Nimenrix are regularly out of stock at present.

Groups for whom meningococcal vaccination is recommended but not funded are described in the meningococcal chapter of the *Immunisation Handbook 2017 2nd Edition*, e.g. adolescents living in communal accommodation, laboratory workers and travellers to high-risk countries. We know that children aged under 5 years, adolescents aged 15–19 years, and people who are Māori or Pacific typically have a higher risk of meningococcal disease, and that exposure to tobacco smoke, binge drinking or having another respiratory infection are associated with a higher risk of disease. However, beyond the *Handbook* advice it is difficult to know who to recommend purchased meningococcal vaccination to. Health professionals cannot accurately predict who will get meningococcal disease or which meningococcal group could be the cause.

- » Meningococcal bacteria are hard to “catch”.
  - » Contact usually needs to be quite sustained or intimate.
- » Most people who “catch” meningococcal bacteria carry the bacteria in their nose/throat but don’t get the disease.
  - » Carriage rates tend to be higher in adolescents and young adults.
- » Rarely, meningococcal bacteria invade the body rapidly leading to severe disease.
  - » The underlying reasons for why invasion occurs in some individuals are not well understood. Some associated factors include smoking and crowded living conditions.



## 0800 IMMUNE Christmas/New Year hours

The 0800 IMMUNE phone line and email service will close at 4.30pm on Monday 24 December and re-open at 9am on Thursday 3 January 2019.



### When the phone line is closed –

Health professionals should contact their Immunisation /Cold Chain Coordinator for cold chain and immunisation inquiries. Contact details for Immunisation/Cold Chain

Coordinators are available on our [Health Professionals/Regional Advisors and Local Coordinators](#) webpage.

We will not be able to reply to any voice messages or emails we receive during the closure period. Please make a note of unresolved queries that arise over this time and contact us on 3 January.

## ProPharma vaccine orders

ProPharma will be closed on the statutory days 25th & 26th December, and 1st & 2nd January. Normal hours resume on Thursday 3rd January 2019.

The last day for routine vaccine orders is Thursday 20th December for out of town providers and Friday 21st December for providers who receive local deliveries.

Urgent vaccine orders can be placed in the usual way on 24th, 27th, 28th and 31st December BUT you also need to telephone the Funded Vaccine toll free number 0508 482 224 and advise that you have placed an urgent vaccine order. ProPharma will process the order accordingly.



**The Immunisation  
Advisory Centre**

## 2019 Education courses

Dates for 2019 courses are available on our [Health Professionals/ Education & training](#) webpage. Courses include:

### Vaccinator Training Course – Flexible Learning \$175

- » 12 hours of self-directed online learning followed by a 4-hour tutorial for new vaccinators

### Vaccinator Training Course – Two Day \$190

- » 2-day course for new vaccinators

### Vaccinator Update Course \$90

- » 4-hour vaccinator update course

### Online courses

#### Vaccinator Update \$90

- » Separate courses for specific groups and specialties:
  - » Infants to adults
  - » Adolescents and adults
  - » Pharmacists
  - » Public Health Nurses
  - » Midwives
    - » Accredited as elective education by the Midwifery Council of New Zealand as elective education.

#### Tuberculosis, mantoux skin testing and BCG vaccination \$110

- » 8-hour course plus assessment questions
- » Particularly for authorised vaccinators in public health who require BCG endorsement.

#### Immunisation introduction **FREE NEW in 2019**

- » 4-hour course

#### HPV Vaccination **FREE**

- » 1-hour tutorial plus assessment questions

#### Vaccine storage and transport **FREE**

- » 1-hour tutorial plus assessment questions

Visit the [Education & training](#) webpage for more information. All courses can be booked and paid for online using a credit or debit card (Visa or MasterCard).

## Pharmacist vaccinators, is your status current?

Pharmacist vaccinator status is valid for two years from the date of the initial vaccinator training course and can be renewed two-yearly, if the pharmacist meets the requirements outlined in Appendix 4 in the [Immunisation Handbook 2017 2nd Edition](#).

Know when your pharmacist vaccinator status is due to expire, plan ahead to complete your vaccinator update course and other requirements. From the first day that a pharmacist vaccinator status expires, a pharmacist **MUST** have an individual prescription or standing order to administer vaccines. Pharmacists who vaccinate without an individual prescription or standing order are working outside their scope of practice.



## ...from the phones

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

### Requests for early immunisation

Parents often request the early administration of vaccines because of holidays or special events. Requests seem to be particularly frequent as Christmas/New Year approaches with the additional challenges of public holidays and practices with reduced staffing or closed for short periods. Early administration is not generally recommended for many of the infant Schedule vaccines.

The [Early administration of vaccines](#) fact sheet can be downloaded from the Resources/Written Resources page on our website.

GET THE FACTS ON IMMUNISATION

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

## COLD CHAIN

## MATTERS ...



### Cold chain does not take a break

Whilst it is not possible to stop all events that can expose vaccines to temperatures outside the required +2°C to +8°C range, e.g. unexpected power cuts or a refrigerator failure, it is important to have processes in place to reduce the risk of vaccine damage and wastage.

As the holidays approach, please ensure that your cold chain management policy is up to date and your practice has a documented emergency plan in place in the event of a power outage or refrigerator failure. This will include checking that your back-up provider is available during this time and ensuring that your cold chain management process is clear and understood by all the staff who will be working over the holiday period. This is particularly important if you have locum staff in to cover.

The *National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017* outlines the requirements for providers. They are available on the Ministry of Health National Immunisation Programme cold chain management webpage [www.health.govt.nz/coldchain](http://www.health.govt.nz/coldchain).

The minimum cold chain requirements are:

- » Your Cold Chain Management Policy is up to date and your back-up emergency refrigerator facilities are available over this period.
- » Daily minimum/maximum temperatures are checked and recorded every day your workplace is open.
  - » **Note:** The data logger must be downloaded if any daily minimum/maximum temperatures are outside the required +2°C to +8°C range.
- » Once a week the data logger is downloaded and the temperature information reviewed alongside the daily minimum/maximum temperatures. Appropriate action is taken if there is a significant variation between the min/max and data logger temperatures.
- » All staff know how to download the data logger and review the information. Do not assume that everyone knows how to use the logger.
- » All staff know what actions are required and who to contact if there is a cold chain problem. Each DHB/PHO has an Immunisation and/or Cold Chain Coordinator. Generally, they will only be available on business days. If your clinic is open on statutory days, ensure a plan is in place should a cold chain problem occur.
- » Every refrigerator should be protected from power fluctuations/surges by an appliance rated power surge protector. Please note that this device is different to an RCD, which does not protect the fridge.

When ordering vaccines just before the Christmas/New Year break, maintain the minimum vaccine stock level to provide services over the holiday period. This will minimise loss of vaccine stock if problems with the fridge temperatures occur.

Remember, if there is a cold chain problem and your vaccines have been exposed to temperatures outside the +2°C to +8°C range,<sup>#</sup> quarantine them at +2°C to +8°C until you can get advice from your Immunisation/Cold Chain Coordinator.

<sup>#</sup> The exception to this are temperatures up to 12°C for less than 30 minutes for known reasons, e.g. restocking. This does not have to be reported but must be fully documented.

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