



ISSUE 91 – OCTOBER 2016

## There's a change coming but ...

The National Immunisation Schedule is changing in 2017 but, delaying immunisation until a new brand of vaccine becomes available or a new vaccine becomes funded is not recommended. Delayed immunisation leaves a child susceptible to catching a vaccine-preventable disease for longer, for example it is not recommended that girls who are already eligible to start a course of Gardasil® (HPV4) or who are due for their second and/or third doses of Gardasil® (HPV4) delay immunisation doses until Gardasil® 9 (HPV9) becomes available, nor is it recommended to delay chickenpox immunisation of an infant who may be exposed to chickenpox whilst attending day care until one dose of Varilrix® becomes funded for healthy children.

### HPV vaccine eligibility and the change from Gardasil® to Gardasil 9®

- » From 1 January 2017, eligibility for funded human papillomavirus (HPV) vaccine will be extended to include males aged 9–26 years inclusively and females aged 20–26 years inclusively, in addition to girls aged 9–20 years who are currently funded.
- » From the start of the 2017 school-year, the School-Based Immunisation Programmes will provide Gardasil® 9 (HPV9) for male and female students in year 8 at school.
- » During early 2017, primary care will receive Gardasil® (HPV4) until national stock has been used, then Gardasil® 9 (HPV9) will be distributed.
  - » This means a number of eligible individuals will begin their course of HPV vaccines with Gardasil® (HPV4) and finish it with Gardasil® 9 (HPV9).
  - » There are no safety concerns with changing vaccine brands during a course of vaccines.
  - » There is no data as to whether one or two Gardasil® 9 (HPV9) doses to complete a HPV immunisation course started with Gardasil® (HPV4) will provide protection against more than the four HPV-types in Gardasil® (HPV4).
  - » Immunisation with Gardasil® (HPV4) provides protection against the two highest cancer-risk HPVs and the two highest genital warts-risk HPVs.
- » Non-resident students must be aged under 18 years and have a valid visa for at least 9 months from starting the HPV immunisation course.
- » Males and females aged 26 years must have their first HPV vaccine dose before they turn 27 years of age to be eligible to complete a funded course of HPV vaccines.
- » Those aged under 26 years who completed a course of three HPV vaccine doses before having chemotherapy continue to be eligible for one additional/booster dose post-chemotherapy, and individuals of all ages, including those aged 9–14 years inclusively, who have received a stem cell or solid organ transplantation continue to be eligible for a course of three HPV vaccine doses.

The Ministry of Health is working with Practice Management System (PMS) vendors on the IT changes to support your PMS programme. Please ensure your PMS programme has completed the latest updates before 1 January 2017.

### Varicella vaccine eligibility

- » Healthy children born on or after 1 April 2016 will be eligible for one funded dose of varicella vaccine when they become 15 months of age.
- » Health children born 1 July 2006 to 31 March 2016 inclusively will be eligible for one funded dose of varicella vaccine when they become 11 years of age if they have not previously had varicella disease or vaccination.
- » Children and adults meeting any one of the high-risk eligibility criteria will be eligible for two funded doses of varicella vaccine when they are identified as eligible from 9 months of age unless contraindicated.



## COLD CHAIN MATTERS ...

### National Cold Chain Audit (NCCA) launch

The National Cold Chain Audit (NCCA) monitors the delivery and storage of National Immunisation Schedule vaccines from ProPharma regional stores to immunisation providers until all doses in the vaccine box have been administered or up to two weeks, whichever occurs first. IMAC is now responsible for the management of the NCCA on behalf of the Ministry of Health.

Forget about TagAlerts. The new NCCA uses simple, durable Temprecord loggers to monitor around 10% of ProPharma vaccine deliveries to immunisation providers. A pilot of the new National Cold Chain Audit has been conducted with some practices supplied by Wellington ProPharma and the new audit is going to be rolled out nationally from November 2016. The roll out will happen in stages, with one ProPharma regional vaccine store joining the audit every two to three weeks.

#### NCCA key points

- » The logger comes with instructions and an addressed prepaid envelope to return the logger to IMAC.
- » The logger is designed to monitor one box of vaccines during transportation between ProPharma and the immunisation provider, and storage and use by the provider.
- » The logger stays attached to the vaccine box until:
  - » All the vaccines in the box have been used, or
  - » Up to two weeks, whichever occurs first.
- » The logger cannot be switched off by providers.
- » Contact your Immunisation or Cold Chain Coordinator if you identify a cold chain excursion, need assistance with the logger, or lose the prepaid envelope.



## from the phones

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

### Influenza and Tdap immunisation during pregnancy

Influenza vaccine is recommended but not funded for pregnant women from September 2016 through February 2017 if they did not receive an influenza immunisation during the 2016 Influenza Immunisation Programme, and the practice still has current influenza vaccine stock.

Tdap vaccine (Boostrix®) is funded for pregnant women between 28–38 weeks gestation in every pregnancy.

### Why immunise during pregnancy

#### Influenza

Pregnant women have a higher risk of serious influenza complications including pneumonia, death, or delivery complications such as premature labour, fetal distress and caesarean delivery.

Of the under 2 year age group, infants aged less than 6 months have the highest risk of influenza and complications, but are too young to receive influenza immunisation.

#### Influenza immunisation any time during pregnancy:

- Reduces the risk of maternal influenza and associated complications.
- Can reduce the risk of infant influenza for up to 6 months after birth.
- Can reduce the number of medically attended acute infant respiratory infections and acute otitis media when the infant also receives the primary course of pneumococcal immunisation.

#### Pertussis

Infants under 1 year of age, particularly those less than 6 months of age, have the highest risk of hospitalisation and death from pertussis but can not begin their course of immunisations until 6 weeks of age.

The pertussis booster (Tdap) immunisation between 28–38 weeks of pregnancy:

- Is the first immunisation in the pertussis immunisation series to protect an infant.
- Improves maternal antibody transfer across the placenta and offers significant protection to the newborn against severe pertussis for 4–6 weeks after birth.
- Reduces the risk of maternal pertussis and passing it onto her baby.

#### Vaccine safety

Studies of inactivated vaccines administered to pregnant women since 1957 and in recent years of the modern influenza and Tdap vaccines have demonstrated they are safe for the mother and baby, effective in reducing disease in the mother and baby, during pregnancy and after delivery.

#### Improving coverage

All health professionals who provide care for pregnant women have a vital role in maternal uptake of immunisation.

Most women accept immunisation during pregnancy when the health professional makes a clear recommendation for immunisation and explains:

- why influenza and Tdap vaccines are recommended, particularly the two-for-one benefit from maternal immunisation, i.e. protects the newborn as well,
- how we know the immunisations are safe, and
- how well they work.

#### Recording immunisations on the NIR

The National Immunisation Register (NIR) records both influenza and Tdap immunisations for pregnant women. Please record immunisation of pregnant women using the relevant influenza and /or Tdap indicators in your Practice Management System.

GET THE FACTS ON IMMUNISATION

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## New Zealand influenza Symposium 2nd November 2016

Register now and book your flights for this year's influenza Symposium at the University of Otago in Newtown, Wellington.

Speakers from across the country and around the world will provide us with a stimulating programme that includes the latest science around new influenza vaccines and the use of antiviral medicines to treat influenza, and information about disease patterns, and immunisation programmes.

Visit our [Health Professionals/Conferences & Workshops](#) webpage to:

- » Read *What's new with the flu? Reflections regarding the management and prevention of influenza from the second New Zealand Influenza Symposium, November 2015* published in the New Zealand Medical Journal.
- » View the provisional programme.
- » Register for the Symposium, this year it is possible to register and pay by credit card online.

## 2016 National Immunisation Workshop

The best attended Immunisation Workshop ever was held on 8–9 September 2016 at The University of Auckland's Tamaki Campus in Auckland. Thank you to the delegates and speakers who came from near and far, and made the workshop such a great success.

Delegates heard about the improvement of immunisation coverage for our children since the 1990s, how PHARMAC decide which pharmaceuticals, including vaccines, to publicly fund in New Zealand, and about the Immunisation Schedule changes in 2017.

Our Synflorix® knowledge was refreshed and extended by our international speaker Dr Bernard Hoek, and we were reminded of the importance of maternal immunisation, risks of varicella, non-genital HPV, and rotavirus diseases, and the role of immunisation to mitigate or prevent these diseases.

Counties Manukau Health/Middlemore Clinical Trials is taking part in an international trial to determine if maternal RSV (respiratory syncytial virus) immunisation can reduce the rate of RSV in infants under 1 year of age. For more information about the trial, call 0800 778 2229.

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The social media surf is up and we're starting to make waves! Like us on Facebook or follow us on Twitter and get a great selection of immunisation-related news and vaccine preventable disease stories.



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