ImmNuZ

The official newsletter of **The Immunisation Advisory Centre**

ISSUE 94 — APRIL 2017

...from the phones

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

Schedule change information

Alert! Please do not use the new Schedule card – code HE1308 (revised March 2017) that is available on the HealthEd website yet. This Schedule card applies from 1 July 2017.

- RotaTeq® continues to be a three dose vaccine course administered at 6 weeks, 3 months and 5 months of age.
  - Rotarix® will be distributed to immunisation providers after 1 July 2017 once existing stock of RotaTeq® has been used up.
  - Once Rotarix® is being distributed, infants starting their course of vaccines with RotaTeq® and completing their course with Rotarix® still require three doses of rotavirus vaccine.
  - Only infants who start their course of vaccines with Rotarix® and subsequently receive a second dose of Rotarix® will have a two dose rotavirus vaccine course.
- Synflorix® does not replace Prevenar 13® at 6 weeks, 3 months, 5 months and 15 months until 1 July 2017.
  - Prevenar 13® will continue to be available for eligible 'special groups' from 1 July 2017.
- Hiberix® and Priorix® will be distributed to immunisation providers after 1 July 2017 once existing stocks of Act-HIB® and M-M-R® II have been used up.
- Varilrix® vaccine is only funded for eligible 'special groups' up to and including 30 June 2017.
  - Varilrix® vaccine will only be funded for healthy children who meet the eligibility criteria below from 1 July 2017.

Varicella vaccine eligibility from 1 July 2017

Routine childhood Schedule

- One funded dose at 15 months for children born on or after 1 April 2016, i.e. they turn 15 months old on or after 1 July 2017.
  - Children born 1 April 2016 or later retain their eligibility for one funded varicella vaccine dose if they do not attend for the 15 month immunisation event on-time and receive a catch-up of these vaccines at a later date.
  - Children who are already aged 15 months old to under 11 years old on 1 July 2017 will not be eligible to receive one funded varicella vaccine dose until they turn 11 years of age, and then only if they have not previously had chickenpox disease or immunisation.
- One funded dose at 11 years for children who turn 11 years on or after 1 July 2017 AND who have not previously had chickenpox disease or immunisation.
  - Maternal recall of chickenpox or characteristic rash is reliable evidence of immunity, no blood test is required.
- Children born before 1 July 2006, i.e. those who are already aged 11 years or older on 1 July 2017 will not be funded for one varicella vaccine dose.

Special groups Schedule

- Two varicella vaccine doses continue to be available for those who meet the eligibility criteria from 9 months of age.

Immunisation Handbook 2017

The Immunisation Handbook is being revised. The 2017 edition will be published online in late-May and the printed version sent to providers in mid- to late-June.

10th New Zealand Immunisation Conference and pre-conference Workshop

7 – 9 September 2017 | Rutherford House, Victoria University, Wellington

The Conference and Workshop offers an excellent opportunity to consider the recent changes and upcoming challenges in the immunisation landscape.

Dr Steven Black, Professor of Pediatrics in the Center for Global Health at the University of Cincinnati Children's Hospital in Ohio, USA, and Dr Peter Hotez, Professor of Pediatrics and Molecular Virology & Microbiology at Baylor College of Medicine are two of our keynote speakers. Dr Hotez is also the Director of the Texas Children's Hospital Center for Vaccine Development and the Baker Institute Fellow in Disease and Poverty at Rice University.

The Conference Academic Committee invites the submission of abstracts of original work. Abstracts can be submitted for an oral presentation or a hard copy poster, in the following themes:

- Immunisation programmes and policy
- Immunisation coverage and service delivery
- Vaccine preventable diseases and vaccine effectiveness
- Vaccine safety
- Media and communication
- Other

Visit the conference website www.nzimmsconference.co.nz for more information. Abstract submissions close Friday June 30th at 8:00 pm NZT. 'Early bird' registrations are expected to open soon.

Influvac® and Boostrix® can be given at the same visit

Influvac® is funded for pregnant women during any stage of pregnancy, and Boostrix® (Tdap) between 28–38 weeks of pregnancy.

Influvac® and Boostrix® can be administered at the same visit if both vaccines are due.

Influvac® can also be administered at the same visit as other National Immunisation Schedule vaccines.

Pharmacies and funded influenza immunisation

From 1 April 2017, pregnant women and adults aged 65 years or older can receive their funded influenza immunisation through a participating community pharmacy, from a Pharmacist vaccinator.

Pharmacist vaccinators only require verbal advice from the vacinee that they are either pregnant or aged 65 years or older as evidence of eligibility for funded influenza immunisation.

2017 IMAC Professional Development Days

For immunisation coordinators and others involved with immunisation in New Zealand

Auckland
Thursday 11 May 9.30am – 4pm
University of Auckland Tamaki Campus

Wellington
Friday 12 May 2017 9.30am – 4pm
Miramar Links Conference & Function Centre

Topics include:

- 2017 National Immunisation Schedule changes
- Cold chain, including moderation of assessments
- A World Health Organization Strategic Advisory Group of Experts on Immunization (SAGE) update from Nikki Turner

Cost: $130 including GST

Enquiries – contact Sarah 0800 882 873 or imacetadmin@ihug.co.nz

Workplace Assessor Training

Workplace assessor training is aimed at immunisation coordinators and public health nurses. The course will provide support and training for staff who are providing workplace assessments as part of their role.

Course is dependent on numbers.
Friday 12th May 2017 10am – 2pm
University of Auckland Tamaki Campus
261 Morrin Road, St Johns, Aukland

Cost: $450 including GST

There is no Ministry of Health subsidy available for this course. Cost reflects: NZQA Unit 4098 from the Open Polytechnic $334, administration $45, catering, venue & facilitation costs $71.

If you have already completed Open Polytechnic US4098, there may be the option to attend this tutorial as a refresher.

Enquiries – contact Sarah 0800 882 873 or imacetadmin@ihug.co.nz

The Immunisation Advisory Centre

COLD CHAIN MATTERS ...

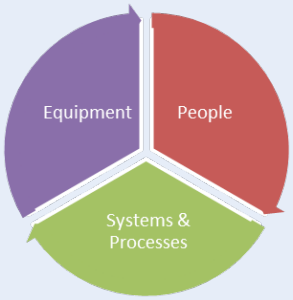
Integrity of the vaccine cold chain depends on people, systems and equipment

Equitable access to safe, quality, affordable and effective medical products is one of the cornerstones of universal health care.[1] Administering safe, quality vaccines can improve the health of all New Zealanders by protecting us from vaccine preventable diseases.

Maintaining the integrity of the cold chain ensures that vaccine recipients can be confident that the safety and quality of every vaccine they receive is the same as it was on the day it was certified to meet the World Health Organization requirements and released for use by the manufacturer.

Ensuring every vaccine administered is safe and effective relies upon maintenance of the cold chain, that is every vaccine being stored and transported, from the point of manufacture through to the point of administration, is kept within the required +2°C to +8°C temperature range at all times.

The integrity of the cold chain depends on three essential elements:[2]



1. the people managing vaccine manufacture, storage and distribution and those managing the cold chain at the provider level,
2. the systems and processes providers use to ensure they monitor the vaccine storage conditions and actions taken if the vaccines are exposed to temperatures outside the required range, and

3. the equipment used for storing, transporting and monitoring vaccines from the time the vaccine is delivered to an immunisation provider to when the vaccine is administered to an individual.

Accurate documentation of the storage temperatures, equipment tests and maintenance is the evidence that shows providers are maintaining the integrity of the cold chain.

The Ministry of Health released the **National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017** (the Standards) in February this year. The Standards are available from www.health.govt.nz/publication/national-standards-vaccine-storage-and-transportation-immunisation-providers-2017.

All providers working towards attaining cold chain accreditation (CCA) or cold chain compliance (CCC) at the time the Standards were released are required to meet the 2017 Standards.

Immunisation providers with current CCA or CCC at the time the Standards were released retain their certification until its expiry date, but are expected to ensure their equipment and processes comply with the Standards as soon as possible, ideally within 3 months.

Some equipment and temperature monitoring related key points from the Standards are highlighted here, to assist providers meet the new Standards.

- Ensure ALL staff have knowledge of and take responsibility for the cold chain, can download the data logger in the event of a cold chain breach, and take the appropriate action.
- Start weekly data logger downloads and review of data.
- Begin planning to replace their pharmaceutical fridge once it is 10 years old, or
- If their refrigerator is already 10 years or older begin planning for replacement as soon as reasonably practicable.
- Ensure the annual refrigerator service is completed by an approved/licensed refrigerator technician and documented.
- Adjust their National Immunisation Schedule vaccine stock orders to ensure a maximum of 4 weeks stock is held at any one time.
- Chilly bins must be monitored when storing vaccines outside of the pharmaceutical refrigerator for any reason, and ensure the equipment has been tested.

All equipment used for storing, transporting and monitoring vaccines must be fit for the purpose, and appropriately maintained and tested. Refer to section 7 and appendices 2, 3, and 4 in the Standards for more information.[2]

All immunisation providers must use a pharmaceutical refrigerator to store vaccines.[2]

- All pharmaceutical refrigerators have a limited life span, usually around 10 years. Immunisation providers are expected to actively plan for replacement and replace their refrigerator every 10 years rather than wait until the refrigerator fails to maintain temperature.

Refer to section 7.1 in the Standards for more information.[2]

All immunisation providers must have two systems for monitoring the temperature that vaccines in the pharmaceutical refrigerator are being stored at.

- A daily check device that records the minimum and maximum temperatures reached – for example, an inbuilt refrigerator monitor or digital minimum/maximum thermometer.
- A weekly check device that records the temperature at least every 10 minutes – for example, a data logger. Every week the provider then downloads and reviews this information, takes appropriate action and stores the week's information.

Refer to section 7.2 in the Standards for more information.[2]

Immunisation providers must use temperature-monitored chilly bins to store vaccines when they are not in the provider's pharmaceutical refrigerator, for example, when:

- a supply of influenza vaccines is kept in the clinical room for ease of administration, or
- the provider is conducting an offsite immunisation clinic, such as influenza immunisation at the local rest home, all work-based immunisation services, school-based immunisation programmes and outreach services.

Refer to section 7.3 and appendix 3 in the Standards for more information.[2]

Please contact your Immunisation or Cold Chain Coordinator if you have any concerns about your vaccine cold chain or are purchasing new equipment.

On-site immunisation chilly bins

- Must use either a minimum/maximum thermometer or a data logger with an external display, probe and audible alarm to monitor the temperature of the vaccines throughout the time they are stored in chilly bins.
  - The provider must document the minimum, maximum and current temperature every 20–30 minutes.

Off-site immunisation chilly bins

- Must use a data logger with an external display, probe and audible alarm to monitor the temperature of the vaccines throughout the time they are stored in chilly bins.
  - The provider must document the minimum, maximum and current temperature every 20–30 minutes after putting the vaccines in the chilly bin.
  - The data logger must record the temperature every 5 minutes and data downloaded, review and saved after returning to the clinic.

References

1. WHO Expert Committee on Biological Standardization, sixty-sixth report. (WHO technical report series ; no. 999) 1. Biological Products - standards. 2. Vaccines - standards. 3. Blood - standards. 4. Anti-Bacterial Agents - standards. 5. Reference Standards. 6. Diagnostic Test Approval. I. World Health Organization. II. WHO Expert Committee on Biological Standardization (2015: Geneva, Switzerland). III. Series. 2015
2. Ministry of Health. National standards for vaccine storage and transportation for immunisation providers 2017 [Internet]. Wellington: Ministry of Health; 2017 cited March 27]. Available from: http://www.health.govt.nz/publication/national-standards-vaccine-storage-and-transportation-immunisation-providers-2017.

Contact the editorial team:
Fax: 09 373 7030
Email: immnuz@imac.org.nz