ImmNuZ

The official newsletter of
The Immunisation Advisory Centre

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This is an all-day event for those working with children aged under 5 years and their families in the Well Child Tamariki Ora (WCTO) sectors.

The Symposium will provide a platform to network with peers who share a common interest in the health needs of young children:

» The morning will focus on the big picture, and activities across the sector to improve equity and outcomes for vulnerable children.

» The afternoon will focus on components of everyday WCTO practice, including snapshots of the successes and challenges of innovation in WCTO services.

» The day will conclude with a session on self care for those in the sector working with children and their families in the community.

Well Child Tamariki Ora Symposium 2017

10 November, Rydges Hotel, Wellington

The day will run from 9:30 am to 4:30 pm. Registration costs $49 and includes refreshments and lunch. Please visit our Symposium webpage at www.immune.org.nz/well-child-symposium-2017 to view the draft programme and to register.

Prevenar 13® is funded for eligible high-risk 'special groups'

» Please refer to Tables 15.3, 15.4 and 15.5 in the *Immunisation Handbook 2017* for Prevenar 13 eligibility information.

» DO NOT use Synflorix for 'special groups'.

» Prevenar 13 replaces Synflorix® at 6 weeks, 3 months, 5 months and 15 months of age for eligible 'special groups'.

» Order Prevenar 13 for 'special groups' from ProPharma in the *Vaccines for other publicly funded vaccination programmes* section.

» Prevenar 13 is in stock at ProPharma for 'special groups' only.

» Only 10-dose packs of Prevenar 13 are available to order at this time.

Funded influenza immunisation continues to 31 December

The extension of funded 'flu' vaccines to the end of December is particularly important for women who are pregnant but haven't received an influenza immunisation in 2017.

Although we don't usually think of people getting influenza in summer, the viruses may still be around brought to New Zealand in travellers from the northern hemisphere. 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 infant age group, those aged less than 6 months have the highest risk of influenza and complications, but are too young to receive influenza immunisation so need the protection from their mother.

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.

And there is more evidence of vaccine safety...

Two recently published papers add more evidence that refutes the anti-vaccine safety myths perpetually circulating in social media.

HPV vaccination doesn't cause infertility in humans

McInerney KA, Hatch EE, Wesselink AK, Mikkelsen EM, Rothman KJ, Perkins RB, Wise LA. The effect of vaccination against human papillomavirus on fecundability. Paediatric and Perinatal Epidemiology. Online 7 September 2017. DOI: 10.1111/ppe.12408.

Detectable human papillomavirus (HPV) infection in women has been associated with lower pregnancy rates and more anti-sperm antibodies, and in men with reduced sperm motility. Over 2013–2017, 3500 women and 1000 men planning a pregnancy were followed over a 12 month period, or until they conceived a baby, whichever occurred first. Pregnancy rates were compared between those who had received HPV vaccine and those who had not. A history of an abnormal PAP test did not alter pregnancy outcomes. Women with a history of sexually transmitted infection (STI) or pelvic inflammatory disease (PID) who had received HPV vaccination were more likely to become pregnant than their unvaccinated cohort. There was little difference in pregnancy rates between women with no history of STI/PID or men who were vaccinated and their unvaccinated cohorts. The results of this study are consistent with those from published HPV vaccine and animal fertility studies.

Aluminium in vaccines doesn't cause autoimmune disease

Ameratunga R, Gillis D, Gold M, Linneberg A, Elwood JM. Evidence refuting the existence of autoimmune/autoinflammatory syndrome induced by adjuvants (ASIA). The Journal of Allergy and Clinical Immunology: In Practice. Online 6 September 2017. DOI: 10.1016/j.jaip.2017.06.033.

The concept of an autoimmune/autoinflammatory syndrome induced by adjuvants in vaccines (called ASIA) was created in 2011 and has since been broadened to include multiple other syndromes such as Gulf war syndrome, sick building syndrome, macrophagic myofasciitis syndrome, and chronic fatigue syndrome. In the absence of evidence, the cause of ASIA was squarely placed on the presence of aluminium adjuvant in hepatitis B and human papillomavirus (HPV) vaccines.

This paper reviewed the diagnostic criteria for ASIA and compared outcome data for individuals receiving allergen-specific immunotherapy, which contains 100–500 times more injected aluminium over a 3–5 year period than a course of hepatitis B and/or HPV vaccines, with outcomes of their cohort continuing conventional allergy care. Individuals receiving high-doses of aluminium through immunotherapy were less likely to develop autoimmune disease than their unexposed group. The paper also reviewed clinical trial data for exacerbations of autoimmune disease in individuals with systemic lupus erythematosus who received aluminium adjuvanted hepatitis B vaccine. There were no exacerbations of autoimmune disease following exposure to aluminium in the vaccines.

No current data supports the theory that aluminium adjuvants in vaccines cause autoimmune disease.

The Immunisation Advisory Centre

...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, special events, or to fit them into busy life. Requests are particularly frequent as families consider overseas travel leading up to Christmas. Administration of vaccines earlier than their recommended dates is not generally recommended. However, there is a small amount of flexibility with the Immunisation Schedule to allow for opportunistic immunisation. The fact sheet *Early administration of vaccines* can be downloaded from the *Resources/Written resources* webpage in our website.

Immunisation event	Timing flexibility
6 weeks	Can be administered a maximum of 4 days before the due date.
3 months	Can be administered from 12 weeks of age.
5 months	Can be administered a maximum of 4 days before the due date.
15 months	Can be administered from 12 months of age.
4 years	The MMR vaccine can be administered as early as 4 weeks after the first MMR dose. The DTaP-IPV vaccine is administered from 4 years of age.
11 years	Can be administered to a child aged 9–10 years when the child has a tetanus-prone wound and it is 5 or more years since their last tetanus containing immunisation.
12 years	Can be administered from the 9th birthday in primary care.

Management of tetanus-prone wounds

The *Guidelines for the management of tetanus-prone wounds* provide an easy to follow flow chart to determine whether tetanus immunoglobulin (TIG) and/or tetanus-containing vaccine is required to reduce the risk of tetanus for an individual with a tetanus-prone wound. The fact sheet can be downloaded from the *Resources/Written resources* webpage on our website.

Section 19.5.5 in the *Immunisation Handbook 2017* provides information about the prevention of tetanus following injury.

Funded MMR catch-up for adults

It is recommended that all individuals born in 1969 or later have two documented doses of MMR vaccine, administered when they were aged 12 months or older and a minimum of 28 days apart, even if they have documented doses of measles or measles/rubella vaccine doses.

When an individual's immunisation records are not easily accessible, it is preferable to administer catch-up doses of MMR vaccine. There are no safety concerns with administering MMR vaccine to someone who has previously received two doses or who is immune to measles, mumps and/or rubella provided there are no contraindications to live vaccines.

Adults born in New Zealand before 1969 are considered to be immune to measles. Whilst adults born from 1969 to 1980 are considered to be immune to mumps, two documented doses of MMR are still recommended to protect against measles.

GET THE FACTS ON IMMUNISATION

0800 IMMUNE

4 6 6 8 6 3

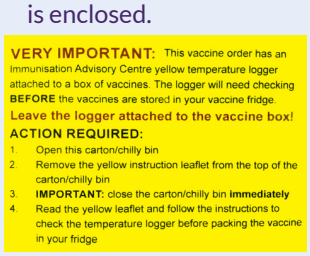
COLD CHAIN MATTERS ...

The National Cold Chain Audit (NCCA) monitors the cold chain for up to 10% of vaccines distributed from regional ProPharma stores to immunisation providers. From November 2016 to June 2017, 772 NCCA loggers were distributed with vaccine orders and 99% of these were returned to the Immunisation Advisory Centre. A big thank you to immunisation providers for this excellent return rate and support of the NCCA.

A review of the first six months of Audit data identified some issues that are easily fixable, for example the logger status was not checked on arrival, the logger was not placed in the refrigerator with the vaccine box it was attached to, the logger was returned to IMAC too early, or the vaccine delivery procedure failed and vaccines were not unpacked into the refrigerator within an acceptable time frame.

VERY IMPORTANT

- Please **check** the outside of the vaccine delivery container for a sticker indicating a NCCA logger is enclosed.
- Please **read** the instruction sheet before starting to unpack the vaccines into the refrigerator.


VERY IMPORTANT: This vaccine order has an Immunisation Advisory Centre yellow temperature logger attached to a box of vaccines. The logger will need checking BEFORE the vaccines are stored in your vaccine fridge.
Leave the logger attached to the vaccine box!
ACTION REQUIRED:
1. Open this carton/chilly bin
2. Remove the yellow instruction leaflet from the top of the carton/chilly bin
3. IMPORTANT: close the carton/chilly bin immediately
4. Read the yellow leaflet and follow the instructions to check the temperature logger before packing the vaccine in your fridge


IMMUNISATION ADVISORY CENTRE
THE UNIVERSITY OF AUCKLAND
Please remove these National Cold Chain Audit logger instructions and read immediately
ECONOLOG
ALWAYS leave the temperate logger attached to the vaccine box!
A: Unpacking Instructions
1. Determine the temperature status of the logger by checking which light is flashing:
NB. There is one flash every 10 seconds either green or red
- If GREEN Within limits light is flashing, follow instructions in section B
- If RED Out of limits light is flashing, follow instructions in section C
- In the event that no lights are flashing, treat as RED and follow instructions in section C

All immunisation providers must have a written, current cold chain management policy. The policy should specify the processes for receiving and storing vaccines. Providers of Immunisation Schedule vaccines should also include the action to be taken when the provider receives a NCCA logger.

Receiving vaccines

When a vaccine delivery arrives at an immunisation provider's premises, a designated staff member should:

- Check the vaccines have arrived within the designated time frame (check the packing label for time dispatched and time frame).
- Check whether any vaccines have monitoring devices included, for example, an NCCA or distributor data logger; follow any instructions provided on using those devices.
- Check the vaccines delivered are those that the provider ordered.
- Check all vaccines have at least one month before their expiry date.
- Record vaccine details (including date received, batch number and expiry date) in a vaccine register/log or stock management system.
- Document the arrival date at the provider on the vaccine box.
- Leave the vaccines in their original boxes but remove them from the transport container.

Please refer to the *National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017* for more information. These can be downloaded from the Ministry of Health website at: http://www.health.govt.nz/publication/national-standards-vaccine-storage-and-transportation-immunisation-providers-2017.

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