



ISSUE 104 – FEBRUARY 2019

Influenza Immunisation Programme 2019

Start date 1 April

From 2019, the annual Influenza Immunisation Programme will start from 1 April each year, subject to influenza vaccine being available for distribution from then.

The start date differs to previous years when the Programme started as soon as the influenza vaccine became available, usually early March. Evidence on the duration of the effectiveness of influenza vaccination, influenza surveillance data, the impact of the start date on service delivery and feedback from the sector were considered by the Ministry of Health when making this decision.

Following influenza vaccination, protection against disease is highest during the first month and declines by about 7% every month. In those aged 65 years or older and the very young, the decline in protection is quicker and more noticeable. Although influenza activity may occur throughout the year, the peak incidence is typically during the winter months. New Zealand influenza surveillance data shows that in recent years the peak of influenza activity has been in August.

A start date from 1 April for influenza vaccination may provide better protection for our vulnerable population during the expected peak of influenza activity. For influenza immunisation providers, a later start date also allows more time for planning and implementation of the Influenza Immunisation Programme. The Ministry of Health recommends that providers of non-funded influenza immunisation, such as workplace vaccinators, consider providing their service from 1 April.

Ministry of Health. Ministry of Health policy statement – annual influenza immunisation programme start date [Internet]. Wellington: Ministry of Health; 2018 [cited 2019 January 31]. Available from: https://www.health.govt.nz/system/files/documents/pages/policy_statement_-_annual_influenza_immunisation_programme_0.docx.

Influenza Kit

Distribution of this year's Influenza Kit to immunisation providers will begin early-March. If you have not received an Influenza Kit by March 22nd, please contact Erin by email to influenza@auckland.ac.nz.

Resources

Please order the following resources from HealthEd (www.healthed.govt.nz) in February to ensure that they arrive before 1 April:

- » *After your child is immunised* (HE1504),
- » *After your immunisation* (HE2505) for teenagers and adults, and
- » *Immunisation during pregnancy* (HE2503).

These HealthEd resources replace the *After your flu immunisation* leaflet and *Avoid flu during pregnancy* brochure used in previous years.

Other Influenza Immunisation Programme resources will be available to order from early March through the *Resources* page on the *Influenza info for health professionals* website (www.influenza.org.nz).

Funded influenza vaccines

Influvac® Tetra

Influvac® Tetra is funded if administered to eligible adults and children aged 3 years or older, from 1 April through 31 December 2019.

Fluarix® Tetra

Fluarix® Tetra is funded if administered to eligible children aged under 3 years, i.e. 6–35 months, from 1 April through 31 December 2019.

Vaccine ordering

- » Influenza vaccine ordering is handled by Healthcare Logistics (HCL).
 - » Online ordering at www.hcl.co.nz is preferred.
 - » A printable order form will be available on the *Resources* page of the *Influenza info for health professionals* website at www.influenza.org.nz.
- » Pre-orders for influenza vaccines can be placed from 1 March 2019.
- » Please do not organise clinics before your vaccine stock has arrived. The Influenza Immunisation Programme starts from 1 April.

Influenza.
Don't get it.
Don't give it.

**Recommend annual influenza vaccination
for people aged 65 years or older**

Annual influenza immunisation is an important part of healthy aging

Having an influenza immunisation every year can keep older people (65 years or older) healthy and active for longer.

The importance of influenza vaccination of older people extends beyond prevention of acute infection with reduced disease severity and complications, but also leads to lower risk of hospitalisation, lower risk of influenza-related death and reduction in other broader outcomes such as increased disability, increased frailty, or premature death.

The cumulative effect of prior and current season influenza vaccination compared with current season vaccination alone has a greater protective effect against influenza complications and hospitalisation.

Influenza vaccination of older people should be recorded on the NIR to help monitor vaccination coverage and assess influenza protection.

References are available on request.

Our new online learning platform is here

We have moved the management of all our learning, training and education events to a new system. This will allow you to book training, tutorials, seminars, workshops and conferences in the same place. It will also host the online course content and assessments for all courses we run.

The new platform launch was February 14. This is a fresh start, so all users will need to create a new account.

For courses and certificates on the previous Conectus learning management system (lms.conectus.org.nz)

- » You are no longer able to book a new course on the old system.
- » You need to finish incomplete online courses and download your certificate before 31 March. **IMPORTANT**
- » From 1 April, certificates for courses completed from 2008 to 2018 will be available upon request from the Education and Training administration team.
 - » Email: imacadmin@auckland.ac.nz
 - » Telephone: 0800 882 873



●●● from the phones

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

Immunisation for tertiary students

Students enrolled in tertiary studies and students who live in student accommodation are at increased risk from some vaccine preventable illnesses, including influenza and meningococcal meningitis. Our fact sheet [Staying healthy while studying](#) was written to assist students and immunisation providers determine what vaccines they should consider.

It is recommended that all students are up-to-date with immunisations on the National Immunisation Schedule, i.e. tetanus, diphtheria, pertussis, polio, measles, mumps, rubella, human papillomavirus (HPV), and hepatitis B.

Immunisation to protect against meningococcal, influenza and varicella (if not already immune) diseases are highly recommended:

Meningococcal

For best protection against all meningococcal disease in New Zealand, separate vaccinations against group B disease (Bexsero®) and groups A, C, Y and W disease (Menactra® or Nimenrix®) are recommended.

The MeNZB™ vaccine used in New Zealand between 2004 and 2011 was designed to target a specific type of meningococcal group B bacteria that caused a prolonged epidemic here in New Zealand. Protection from this vaccine was not long lasting; those who received the MeNZB vaccine are not expected to still have protection against this type of meningococcal B disease.

Influenza

Annual influenza (flu) immunisation provides the best protection.

Varicella

Students who have no history of chickenpox disease, e.g. those born and raised in tropical countries, or previous varicella immunisation are recommended to receive varicella vaccine.

Evidence of immunity for students enrolled in clinical education programmes

Some students are required to provide proof of immunisation or serological evidence of immunity to attend a course or complete a clinical placement. These students may also need additional immunisations for protection. Our fact sheet [Staying healthy while studying](#) explains what students are required to provide as evidence of immunity against vaccine preventable diseases.

Measles, mumps and rubella

Two documented doses of measles, mumps and rubella (MMR) vaccine administered when aged 12 months or older with at least one month between the doses, or serological proof (i.e. by blood test) of immunity for individuals born 1 January 1969 or later.

Note (a): Individuals born in New Zealand before 1969 are considered immune to measles, mumps and rubella. They do not require any other evidence of immunity against these diseases.

Note (b): New Zealand has experienced an outbreak of mumps over the past 2 years amongst students who have not been immunised against mumps, e.g. no immunisations received or received measles only or measles/rubella (MR) only vaccines in the past. These students can receive two doses of MMR vaccine for free (funded).

Chickenpox (varicella)

A documented age appropriate course of varicella vaccine, or documented evidence of chickenpox infection or herpes zoster (shingles), or serological proof (i.e. by blood test) of immunity.

Staying healthy while studying fact sheet

This fact sheet is available on 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 ...



Vaccine storage and transportation

Some providers keep a supply of influenza vaccines in a clinical room for ease of administration. Many providers conduct off-site immunisation clinics at workplaces, aged care facilities or community events. All vaccines, including influenza vaccine, must be stored between +2°C and +8°C at all times.

Temperature-monitored chilly bins must be used to store vaccines when they are not in the provider's pharmaceutical refrigerator.

Now is a good time to check you have everything in place. Do a test run to confirm that the chilly bin temperature can be maintained between +2°C and +8°C throughout the entire time vaccines are being stored outside your refrigerator. Contact your Immunisation/Cold Chain Coordinator if you require assistance.

Freezing is your biggest risk when using a chilly bin as the damage is immediate not cumulative. It is important to make sure your vaccines are safely insulated from the ice packs.

On-site immunisation chilly bins

- » Must use either a minimum/maximum thermometer or a data logger with an external display, remote probe, i.e. attached to the data logger by a cable, and visible/audible alarm.
- » Have the temperature monitored throughout the time vaccines are stored in the chilly bin. The provider must:
 - » Document the minimum, maximum and current temperature every 20–30 minutes after putting the vaccines in the chilly bin, and
 - » Review the documented temperatures and take action to prevent a cold chain event occurring if required.

Off-site immunisation chilly bins

- » Need to be solid walled and have a clip to hold the lid in place.
- » Must use a data logger with an external display, remote probe, i.e. attached to the data logger by a cable, and visible/audible alarm.
- » Have the temperature monitored throughout the time vaccines are stored in the chilly bin.
 - » 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. Download, review and save the data after returning to the clinic. Take action if required.

Cold chain breaches

There always seems to be an increase in the number of cold chain events around this time of year. However, there are some things that you can do to help reduce the risk:

1. **Reduce the risk that someone accidentally unplugs your fridge**
Ensure the plug is inaccessible and/or is clearly labelled 'Do not disconnect this vaccine fridge'.
2. **Make sure the door on your fridge self-closes**
The door being left ajar is a common reason for cold chain breaches; adjust the feet at the front of the fridge if needed.
3. **Do not hold the door open for too long**
Make sure you know what you are looking for when you open the door. If you have a solid door on your fridge, have a map on the front to show where each vaccine is situated.
4. **If your fridge is in a patient area, make sure it is secure**
Lock the fridge so only your staff can open it.
5. **Check the fridge door seals to ensure they close tightly**
Use the paper test.
6. **Make sure your fridge has its routine annual service**

Contact the editorial team
Email: k.batty@auckland.ac.nz