



## 11th New Zealand Immunisation Conference and pre-conference Workshop

5 - 7 September 2019 | Sir Owen G Glenn Building, The University of Auckland

### The Conference is less than 3 months away!

Visit the conference website [nzimmsconference.co.nz](http://nzimmsconference.co.nz) now.

- » Abstract submission is open to Friday 21 June 2019.
- » Registrations are open.
- » Draft programme is available.
- » 2019 Immunisation Awards – get your nominations in!
- » Conference evening event confirmed and FREE!
- » Limited education grants are available (visit the *Registration* webpage)
  - » Grants are for those unable to attend due to financial constraints.
  - » Only the cost of registration is covered.
  - » Thanks to GlaxoSmithKline New Zealand Ltd for making these grants possible.

Our international keynote speaker, Kathryn Edwards, is a Professor of Paediatrics specialising in paediatric infectious disease and vaccination in pregnancy at the Vanderbilt University in Nashville, USA.

Her research specialties include vaccine development and maternal vaccination for a range of infectious diseases, such as meningococcal disease, pertussis, pneumococcal disease, rotavirus and influenza. Dr Edwards will discuss vaccines against respiratory diseases in children and encouraging the uptake of vaccines in pregnancy.

### Immunisation stress-related responses

After review of international reports about clusters of anxiety-related events occurring around the time of immunisation that adversely affected confidence in immunisation programmes, the Global Advisory Committee on Vaccines Safety for the World Health Organization commissioned an expert report exploring the cause and characteristics of these events.

From the report and extensive feedback from stakeholders internationally, the new term *immunisation stress-related responses* (ISRR) was created to encompass a broad range of responses that can be experienced around the time of immunisation, such as anxiety, fear of pain, needle phobia and conversion disorders.

Recognition of ISSR within the vaccine safety landscape, communication, and support for public health programmes to prevent, diagnose and manage ISSR are essential to avoid mistrust in immunisation programmes. A comprehensive manual on ISSR will be made available on the World Health Organization website with appropriate training materials and an article is planned for a peer-reviewed journal to increase health professional awareness of the existence of ISSR.

#### References

- » World Health Organization. Immunization stress-related responses [Internet]. Geneva: World Health Organization; 2018 [updated 2019; cited 2019 May 31]. Available from: [https://www.who.int/vaccine\\_safety\\_committee/topics/global\\_AEFI\\_monitoring/ISRR\\_Dec\\_2018/en/](https://www.who.int/vaccine_safety_committee/topics/global_AEFI_monitoring/ISRR_Dec_2018/en/).
- » World Health Organization. Guidance on prevention and management of immunization-triggered stress responses [Internet]. Geneva: World Health Organization; 2017 [updated 2019; cited 2019 May 31]. Available from: [https://www.who.int/vaccine\\_safety\\_committee/topics/global\\_AEFI\\_monitoring/ITSR\\_Dec\\_2017/en/](https://www.who.int/vaccine_safety_committee/topics/global_AEFI_monitoring/ITSR_Dec_2017/en/).

### Intramuscular vaccine administration

The recommended sites for intramuscular (IM) vaccines are:

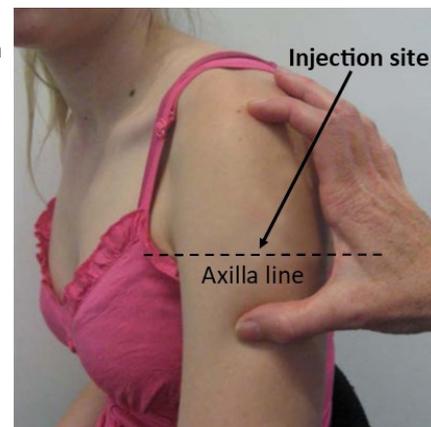
- » the vastus lateralis muscle on the anterolateral thigh for infants aged under 15 months – the vastus lateralis muscle is large, thick and well developed in infants, wrapping slightly onto the anterior thigh,
- » either the vastus lateralis or deltoid site for children aged 15 months to 3 years – the choice will be based on the vaccinator's professional judgement,
- » the deltoid muscle for older children, adolescents and adults, consideration may be given to using the vastus lateralis as an alternative site.

### Administering an IM injection into the deltoid muscle

To administer an intramuscular (IM) vaccination into the deltoid muscle, the needle should be inserted at the level of the axilla under the acromion process, into the bulkiest part of the muscle, using an insertion angle of 90 degrees.

The picture to the right shows the correct site to administer an intramuscular (IM) vaccination into the deltoid muscle.

Image source: Immunisation Handbook 2017 2nd Edition.



## Infant deaths in Samoa a tragic outcome from error preparing MMR vaccine

Samoan authorities investigated the deaths of two infants on 6 July 2018 in Samoa shortly after receiving their MMR vaccinations with assistance from the World Health Organization. On 6 June 2019, Samoa's Ministry of Health advised that the five-dose vial of MMR vaccine was reconstituted using the wrong diluent.

The importance of checking that both the vaccine and diluent vials are correct has been highlighted. Eight Samoan speaking New Zealand nurses will go to Samoa this month and provide on-the-job training for vaccinating nurses at district hospitals.

The five-dose MMR vaccine vial used in Samoa and other overseas countries contrasts with the single dose MMR vaccine vial used in New Zealand.

MMR vaccines have been used for decades all over the world including New Zealand. They have a long track record of safety. There has never been a death associated with the administration of this vaccine in New Zealand.

**Source:** Radio New Zealand Pacific. Baby deaths caused by incorrect vaccination procedure - Samoa health ministry confirms [Internet]. Wellington: Radio New Zealand; 2019 [updated 2019 June 6; cited 2019 June 6]. Available from: <https://www.rnz.co.nz/international/pacific-news/391340/baby-deaths-caused-by-incorrect-vaccination-procedure-samoa-health-ministry-confirms>.

## COLD CHAIN MATTERS ...



### Unpacking vaccine orders

Unpacked vaccines are being found in transport containers/ chilly bins returned to ProPharma. All these vaccines have to be destroyed because they were covered with packing material, left in the transport container, and exposed to temperatures outside +2°C to +8°C for an extended period of time. This type of vaccine loss is easily preventable.

### When unpacking a vaccine delivery, it is essential to:

- » Check the vaccines received against the packing slip that is in a plastic bag on top of the vaccines.
- » Ensure you transfer all the delivered vaccines to your pharmaceutical refrigerator promptly, without any packing material except their original box.

### Updated national cold chain standards

An updated version of the *National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017* is due to be released by the Ministry of Health in September 2019.

## from the phones

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

### Pro-active Zostavax® pre-calls

Adults who were aged 66–80 years on 1 April 2018 and have not turned 81 years are only eligible to receive a funded Zostavax until 31 March 2020.

### Can an adult who has had shingles have Zostavax?

Adults who have previously had shingles can receive Zostavax. An episode of shingles is expected to boost natural immunity against a further episode, so vaccinating soon after having herpes zoster is unlikely to provide any significant benefit. However, it is not possible to predict how long the natural immunity boost will last in an individual. It is generally recommended to wait at least one year after an episode of herpes zoster before having Zostavax.

### Can an adult who has had a purchased Zostavax have a funded Zostavax?

An eligible adult who has previously purchased a dose of Zostavax can receive a funded dose of Zostavax. No safety concerns have been identified around receipt of a second Zostavax. However, no data is available to indicate the amount of protection a second vaccination may provide or what time period between doses would be most beneficial.

After receipt of the first Zostavax protection against an episode of shingles is expected to be highest over the following year. Therefore, it is recommended to wait one year after receipt of a purchased Zostavax before having a funded Zostavax to maximise the duration of protection against shingles.

GET THE FACTS ON IMMUNISATION

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## Education and training

### Choosing your course

For all IMAC immunisation and vaccinator courses, symposiums, workshops and conferences, please visit Conectus Learning at [lms.conectus.org.nz](https://lms.conectus.org.nz).

### 2019 Vaccine Storage and Transportation Course **FREE**

This free online course is suitable for any health professional involved with vaccine cold chain at their site.

The course has been designed to take approximately one hour to complete, providing one hour of continuing professional development. On successful completion of this course, you can print out a certificate as evidence of learning for your professional portfolio. Doctors can complete this course and a reflection to claim CME points.

### Immunisation Information Course **FREE**

Anyone who is not a vaccinator can participate in this free online course. However, it has been primarily developed to support non-vaccinator staff who interact with families understand the essential facts about immunisation to share with parents, caregivers and whānau, including:

- » Childbirth educators and antenatal groups
- » Community health workers
- » Kaiāwhina
- » Kohanga Reo parents and whānau
- » Playcentre parents and whānau
- » Health promotion unit staff
- » Parent Centre staff
- » Primary care practice managers and reception staff

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