ImmNuZ
The official newsletter of
The Immunisation Advisory Centre

ISSUE 101 — AUGUST 2018

Influenza Immunisation Programme update

Over 1.3 million doses of influenza vaccine have been distributed so far this year, more doses than in any other influenza season.

Influenza and other respiratory virus activity is still unseasonably low but is slowly increasing in New Zealand and in some parts of the southern hemisphere. Where detected, influenza A(H1N1) is the predominant influenza virus and rhinovirus, a non-influenza virus, is the most commonly detected respiratory virus.

Fluarix® Tetra stock

Practices that are no longer being asked to vaccinate of their enrolled children aged 6–35 months can use remaining Fluarix® Tetra doses for adults and children aged 3 years or older as non-Schedule, non-funded influenza vaccinations.

No reimbursement for the vaccine cost or administration can be claimed when Fluarix® Tetra is administered to adults or children aged 3 years or older, even if the person has an eligible medical condition. Please continue to use Influvac® Tetra for these funded individuals.

Refund for unused/expired funded influenza vaccine

One refund will be available for a total of 10 doses of unused Influvac® Tetra and/or one dose of unused Fluarix® Tetra and/or 10 doses of unused Influvac® (trivalent) from any one account. To be eligible for a refund, the unused stock must be returned prior to 31 January 2019. Please ensure you continue to have influenza vaccine stock available until 31 December for those who are eligible for influenza vaccination.

Reference

Institute of Environmental Science and Research Ltd (ESR). Influenza surveillance intelligence report 1st August 2018 [cited 2018 August 3]. Available from: https://surv.esr.cri.nz/virology/2018_Influenza_Intelligence_Report.php.

Join FluTracking

FluTracking is a new monitoring system that enables people to help track flu across New Zealand.

Supported by the Ministry of Health, it takes only 10–15 seconds each week to participate and track flu in your area. Visit the website www.flutracking.net for more information.

MMR vaccine safety

The deaths of two infants on 6 July 2018 in Samoa shortly after receiving their MMR vaccinations are under investigation by the Samoan Ministry of Health and Samoan Police. The MMR vaccine used in Samoa is a multidose vial and a different brand to that used in New Zealand.

There have also been media reports of two other deaths of Samoan siblings on separate occasions more than a week after MMR vaccination – these deaths occurred in 2017 and April 2018. The second sibling died in New Zealand and was diagnosed with a very rare genetic immune disorder, haemophagocytic lymphohistiocytosis (HLH) that can be triggered by an infection, including infection caused by the weakened vaccine viruses. It is suspected that the first sibling also had this disorder. The family are undergoing genetic testing as it is likely to be familial.

We would like to acknowledge the tragic losses experienced by the families of these infants, and concerns of the communities both in Samoa and in New Zealand.

MMR is a vaccine given after one year of age to protect against three diseases; measles, mumps and rubella.

- MMR vaccines have been used for decades all over the world including New Zealand and there is a long track record of safety.
- The vaccine used in New Zealand and Samoa is extremely safe.
- There has never been a death associated with the administration of this vaccine in New Zealand.

BCG Immunisation Programme resumes

Public health units around New Zealand have been able to offer bacillus Calmette-Guérin (BCG) vaccination since the end of July 2018.

The Ministry of Health (MoH) recommends that children aged under 1 year be prioritised for catch-up BCG vaccination. They do not recommend a catch-up programme for eligible older children. However, parents may request a catch-up vaccination for these children. BCG clinics will arrange a tuberculin skin test (TST/Mantoux) for children aged 6 months or older prior to BCG vaccination. BCG vaccination is not available for adults or children aged 5 years or older in New Zealand.

For most regions in New Zealand, lead maternity carers (LMCs) and primary care providers can continue screening and referring eligible infants and children to their Regional Public Health Unit as usual. In the Auckland region (Auckland, Counties Manukau and Waitemata DHBs), LMCs can screen and refer eligible infants as usual and parents requesting a catch-up BCG for older infants and children are asked visit the Auckland Regional Public Health Service website www.arphs.govt.nz and complete an online self-referral form, or if they have no internet access, call 0800 FOR BCG (0800 367 224).

Resources

- Administration of vaccines around TST and BCG administration
- Resumption of BCG vaccination following vaccine shortage
- Online Immunisation Handbook 2017 2nd Edition
  - Chapter 20 Tuberculosis
  - Appendix 8 High-incidence TB countries
- HealthEd resources (www.healthed.govt.nz)
  - BCG Vaccine: Information for Health Professionals
  - BCG Vaccine: Information for Parents*
  - BCG Vaccine: After Care for Parents*

  *available in multiple languages
- Technical Guidelines for Tuberculin Skin Test

BCG vaccinator endorsement

Bacillus Calmette-Guérin (BCG) vaccine can only be administered by a BCG endorsed vaccinator.

BCG vaccinators who were gazetted prior to 4 January 2017 will be granted one-off national BCG endorsement by the Ministry of Health (MoH) for a two-year period up until 4 January 2019, after which they will be required to seek regional BCG endorsement from their local Medical Officer of Health.

All new BCG vaccinators, and gazetted BCG vaccinators seeking regional BCG endorsement need to be authorised vaccinators, meet the additional education and assessment requirements, and then seek endorsement as a BCG vaccinator from their local Medical Officer of Health.

Please refer to Appendix 4 section 4.1.3 in the online Immunisation Handbook 2017 2nd Edition and the MoH Bacillus Calmette-Guerin (BCG) Vaccinator Endorsement webpage for more information.

The Ministry approved *Tuberculosis, mantoux skin testing and BCG vaccination course* is an 8-hour online course available through the Immunisation Advisory Centre Education and Training webpage.

The Immunisation Advisory Centre

...from the phones

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

Serological testing for hepatitis B immunity

The vast majority of people with documented evidence of three hepatitis B vaccinations will be immune where there is low risk of disease.

Post-vaccination serological testing is only indicated for individuals in a high-risk group, i.e. individuals who are at higher risk of exposure to hepatitis B virus, are more susceptible to the disease, or at higher risk of having severe disease (refer to the online Immunisation Handbook 2017 2nd Edition, Table 8.6).

Serological testing is indicated for:

- Infants born to a mother who is hepatitis B positive
- Household or sexual contacts of HBsAg-positive patients, i.e. individuals with acute or chronic HBV infection
- Current or recent injecting drug users
- Individuals who change sexual partners frequently, e.g. sex workers
- Immunocompromised individuals, including HIV-positive patients
- Following non-consensual sexual intercourse
- Individuals on immunosuppressive therapies for 28 days or more
- Solid organ and post-HSCT patients
- Following percutaneous injury, e.g. needle-stick injury
- Individuals with haemophilia and other regular recipients of blood products
- Inmates of custodial institutions
- Individuals with developmental disabilities
- People with chronic disease, e.g. chronic renal failure requiring haemodialysis, chronic liver disease
- Migrants from HBV endemic regions (HBsAg prevalence ≥2%)
- Individuals with occupation-related risk (refer to the online Immunisation Handbook 2017 2nd Edition, section 4.6)

Gardasil®9 vaccine supply

A new supply of Gardasil®9 is expected to be distributed to school-based immunisation programmes in September, followed by a gradual return to normal Gardasil®9 supply to primary care over the following months.

Eligibility for individuals aged 27 years

Individuals who turned 27 years of age after February 2018 but were unable to start their course of Gardasil®9 due to the vaccine shortage can start a funded course of HPV9 vaccines once stock is available. However, practices will have to submit a manual claim for the person's first dose. The final date for such manual claims will be advised by the Ministry of Health once normal supply has resumed.

Do we restart the course of HPV vaccines when doses have been delayed?

No. It is not necessary to repeat doses/restart course of Gardasil® (HPV4) or Gardasil®9 (HPV9) after a delay in administration, even if the course of vaccines exceeds 12 months. Resume the vaccine schedule without repeating prior doses using the available HPV vaccine.

However, if dose one is given to a child aged 9–14 years inclusively but dose two is not given until the child is aged 15 years or older, a third vaccine dose is required (a minimum interval of 3 months is required between doses two and three).

GET THE FACTS ON IMMUNISATION

0800 IMMUNE

0800 466863

COLD CHAIN MATTERS ...

Important Message

Refrigerator battery backup & UPS systems

Check with your pharmaceutical refrigerator supplier before purchasing an after-market refrigerator battery backup power supply, such as an Uninterruptable Power Supply (UPS) system.

The power output of some UPS systems IS NOT compatible with pharmaceutical refrigerators in New Zealand. Use of a UPS system with an incompatible power output could cause a fire hazard and/or refrigerator electrical failure. It will also breach the warranty for your refrigerator.

Any UPS fitted to a refrigerator must feature a *Pure Sine Wave* output. Check the technical datasheet that accompanies for your chosen UPS system for the following entry:

Harmonic Distortion	< 3% THD, linear load
Output Waveform	Pure Sinewave
Overload Capability	125%: 30 sec; 125%–150%

Rollex Medical NZ can provide further technical information and recommendations. A detailed technical bulletin is also available on their website at www.rollexmedical.co.nz/upsinfo.

National Cold Chain Audit

The National Cold Chain Audit (NCCA) has been completed. Thank you for your commitment to the audit process, the logger return rate was over 90%.

The results of the audit, which monitored the cold chain of National Immunisation Schedule vaccines from the ProPharma regional stores until immunisation providers have administered all doses in the vaccine box or for up to two weeks, are being collated. A summary of key findings, final report and recommendations are due in October/November 2018.

If your practice has a NCCA logger in your refrigerator

Please return it to IMAC using the pre-paid courier bag provided. If the courier bag has been misplaced, please telephone 09 923 9075 or email 0800immune@auckland.ac.nz to request a replacement courier bag.

FREE *Vaccine Storage and Transportation* online course

If you are a cold chain lead for your provider or just interested in knowing more about cold chain, then why not complete the online *Vaccine Storage and Transportation* course? There is no charge and will take about an hour to complete.

Use the following link to access the course: http://lms.conectus.org.nz.

If you have any queries please contact the education administration team by telephone on 0800 882 873 or email to imaceducation@auckland.ac.nz.

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