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Child immunisation payments cut

The cuts to the SIP payment announced in the Federal Government's May budget came into effect from 1st October. Health Minister Nicola Roxon announced this decision in this year's budget claiming the move will save the Govt \$83.7million. The Government believes that there are still 'multiple incentives still in place to encourage immunisation'. The removal of this incentive payment may have a detrimental effect on the immunisation coverage rates and the general practice network will be working with practices to overcome problems and lessen the effect. We do not want to see a return to lower rates and a more vulnerable population as a result.

6 New online education modules

The ACT Division of General Practice, General Practice NSW and Genesis Ed have developed six 1 hour online education modules along with an Active Learning Module on immunisation accredited with the RACGP, ACRRM and Royal College of Nursing Australia. Completion of the online immunisation modules will be award participants either 40 category 1 points (Active Learning Module), 2 CPD points per module completed (category 2) or 1 CNE point per module completed.

The modules are presented in a highly interactive format to make it relevant to your practice. Written and reviewed by GP writers in close consultation with Australian immunisation experts. These modules explore a wide range of immunisation related topics to consolidate knowledge in this ever changing area of general practice.

Click on the link and have a look! You can register and then work through the 6 modules.

[Immunisation Saves Lives ALM](#)

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Information contained within this newsletter is intended to inform you on immunisation issues with a national perspective. As such, it is possible that some references will require adjustment to be made specifically accurate for service providers in each individual State or Territory jurisdiction. For further clarification, contact your SBO Immunisation Coordinator or jurisdiction Health Department. AGPN acknowledges the financial support of the Australian Government Department of Health and Ageing.

New gplearning immunisation module

The RACGP, APNA and DoHA have launched a new online learning program on paediatric immunisation to help boost their knowledge on immunisation. The module of multiple choice questions is available at www.gplearning.com.au.

HPV program to finish June 2009

Australia has been one of the first countries to deliver a National cervical cancer vaccination program. The program is designed to help protect young women from the Human Papillomavirus (HPV) strains. Queensland so far has the lowest rate of distribution in Australia.

The program is designed specifically for young women in the 18 – 26 year age bracket. The vaccinations are funded under the National Program and due to finish on 30 June 2009.

Encourage young woman to start their course of 3 vaccinations NOW to fit in with the free program.

PHAA Conference 2008 – Congratulations to winners

- **Congratulations to Sue Campbell-Lloyd** who was awarded the Public Health Association of Australia, **National Immunisation Achievement Award for 2008**. This award was initiated to honour and recognise outstanding service in the field of immunisation and vaccine preventable diseases. Sue has contributed an enormous amount to the National Immunisation Program over many years. She has consistently worked to improve immunisation provision and coverage and helped Australia to reach the levels we currently have. This award is very well deserved!
- **Congratulations to this year's Poster winners** – a collaborative approach by the ACT Division of General Practice, GP NSW and GP Tasmania. Tessa Saunders, Kirsten Ward and Hailey Shaw presented a poster of the provision of information on commonly observed reactions following vaccination.

ACT gets over 90% in all age groups!

Congratulations to the ACT Division of General Practice for leading the country in the ACIR Coverage having all age groups over 90% for the first time!

The ACIR results for the end of June 2008 show that the ACT coverage is highest in the country for the one, two and five year olds. All groups have coverage over the desired 90%.

There was a shift in 2005 from the public to private sector in the ACT for immunisation services. This result indicates the effort and dedication of the division immunisation officer, Hailey Shaw in working with practices, ACT Health and Winnunga Aboriginal Health Service.

Pandemic planning guide for GPs

The RACGP has announced that every general practice in Australia will be getting a Pandemic "kit" with CPD points attached. The long awaited kit was launched by the RACGP's newly appointed President Dr. Chris Mitchell at the RACGP ASC/WONCA (World Organisation of Family Doctors) conference in Melbourne.

If you have not already received your copy of the kit it should land in your mail box within a few days. The posters have already been loaded onto the RACGP pandemic website and the CD-ROM will be there in one to two weeks.

A copy of the guide and all resources are available at - <http://www.racgp.org.au/pandemicresources>

Immunisation Handbook – Cold Chain changes

The National Health and Medical Research Council released The Australian Immunisation Handbook 9th edition in April this year. Some of the changes refers to cold chain management including storage of vaccines and using purpose built vaccine refrigerators (PBVR).

It is also very important to note cold chain breaches which include –

- Vaccines exposed to temperatures below +2°C or above +8°C are not to be used without obtaining further advice. The vaccines are to be isolated and your state or territory health authority to be contacted for advice, do not discard.

For all the changes to the handbook go to -

www.health.gov.au/internet/immunisation/publishing.nsf/Content/Handbook-home

Australian General Practice Network Forum – Next Week!

This is the network's forum! Check out the program, there is still time to register -

www.gpnetworkforum.com.au



GSK Adult immunisation grants

Presentation of the \$20,000 each to this year's two winners on Friday 31st October, 10.15 am at the Forum.

Come along, see who has won and listen to last year's winners who will report on their projects at the same time!

The winners from last year were Joh McCloy from the Mackay Division of General Practice for the Mackay Well Workers Project and the joint initiative of Wendy Reid from Melbourne General Practice Network and Dousta Galla Community Health Services for their "Refugee Health" program.

Polio campaign in Pakistan

The fight to eradicate polio globally was increased earlier this year when the Bill and Melinda Gates Foundation awarded The Rotary Foundation a challenge grant of US \$100 million which The Rotary Foundation will match dollar for dollar over a three year period. This provided the much needed US\$200 million to support the effort for a polio-free world. Some of these funds have been utilised in Pakistan in remote and 'war torn' regions with effective grass roots approaches. See this report from the Rotary website. http://www.rotary.org/en/MediaAndNews/News/Pages/081014_news_peshawar.aspx

NCIRS Fact Sheets

The National Centre for Immunisation Research and Surveillance produces fact sheets for providers of immunisation and others interested in the area. These sheets provide information on vaccines and vaccine preventable diseases and can be a useful tool for education sessions or for helping to answer questions.

This year the following sheets have been added:

- Zoster
- Influenza vaccines in Australia
- Influenza – the disease
- HPV vaccine for Australians
- Quadrivalent HPV vaccine – FAQ

These and many others can be found at http://www.ncirs.usyd.edu.au/facts/f-fact_sheets.html

8 Months to Go.....

The funded GP HPV program has only 8 months to run and after that young women will need to pay for their HPV vaccines. As the course of 3 injections takes 6 months, young women need to be prompted to see their GP NOW!

HPV register – the latest news!!

Details about the new HPV register are available online at www.hpvregister.org.au.

The Register has been contacting all GPs by letter to inform them of the process of submitting data to the register and how payments for the lodgement of this data will be made.

Remember that hand writing must be legible and the GP provider number clear!

GP registration

GP Registrations as at 10/10/08

State	# GP's sent Registration letters	Data entered this week	Total Registered	% Registered
NT	254	26	89	35.04%
SA	1870	22	1368	73.16%
ACT	369	4	204	55.28%
Tas	608	3	314	51.64%
WA	2089	46	1163	55.67%
NSW	7703	438	4276	55.51%
Vic	5694	1177	2634	46%
Qld	3903	17	40	1%
State unkown		24	108	
Total	22490	1757	10196	45.34%

The Register can be contacted on 1800 478 734 (1800 HPV REG) from 8am -6pm Monday – Friday and 9am – 2pm Saturdays across Australia.

Vaccine Safety

There has been significant media coverage about vaccine safety in recent times. You may have received questions about this topic from practices or patients; here are some useful tips and pointers on vaccine safety.

- Vaccine safety standards are higher than for most medicines because they are given to healthy people to prevent disease rather than treat it.
- All vaccines currently available in Australia must pass stringent safety testing, which is conducted over many years and involve many thousands of people in clinical trials, before being approved by the Australian regulator, Therapeutic Goods Administration (TGA).
- Safety surveillance of vaccines (by companies and TGA) continues in the post-marketing phase when it is normal to receive adverse event reports. Adverse events following vaccination are carefully monitored in Australia and regularly reviewed by Adverse Drug Reaction Advisory Committee of the TGA.
- Adverse event reports come from a wide variety of sources. It is important to check the source of reports as some sources are not medically-based. Adverse events are not necessarily accurate, nor causally related, to medication or vaccine.
- Many reported adverse events are coincidental occurrences which happen to be linked in time to immunization, and actually reflect naturally occurring diseases or medical conditions in the population.
- No vaccine is completely without side effects, but the diseases they prevent are far more harmful than the effects that can sometimes follow immunization. The commonest side effects from

vaccines include pain and redness at injection site or fever, most of which are mild and resolve quickly.

Useful and credible sources of information about vaccine safety include:

Myths and Realities. Responding to arguments against immunisation. A guide for Providers. 4th Edition 2008. Australian Government Department Health and Ageing.

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/content/uci-myths-guideprov>

Human Papillomavirus Vaccine (GARDASIL) Advice from the THGA

http://www.ncirs.usyd.edu.au/facts/hpv_faq.pdf

NCIRS Quadrivalent HPV Vaccine Frequently Asked Questions March 2008

http://www.ncirs.usyd.edu.au/facts/hpv_faq.pdf

Medicare Australia Online Claiming

Medicare Australia has been working with the medical software providers to see if they can increase and improve the ability of programs to link to Medicare Australia Online Claiming. The following link shows the various vendors and their specific functionality's.

<http://www.medicareaustralia.gov.au/provider/vendors/services/online-claiming.jsp>

Need for dTPa promotion

The increase in number of cases of Pertussis across the country has raised the awareness of the need for women considering pregnancy and their immediate families to check their immunisation status. This article from the MMWR (Morbidity and Mortality Report) from CDC in the USA indicates that it is a problem that is very widespread.

Prevention of Pertussis, Tetanus and Diphtheria Among Pregnant and Postpartum Women and Their Infants

can be found on the AGPN immunisation website at

<http://www.agpn.com.au/site/index.cfm?display=2748>

More information on the need to highlight the issue with potential parents can be found in the following document from Sanofi Pasteur as part of their Cocoon program. The full document can be found at

<http://www.agpn.com.au/site/index.cfm?display=2748>

Cocoon strategy in action across Australia.

Preventing adult-to-child transmission of Pertussis

Pertussis, or whooping cough, is a highly contagious, acute respiratory infection caused by the bacteria *Bordetella pertussis*. Pertussis is on the rise in Australia, with most cases now diagnosed in adolescents and adults where the disease is commonly atypical. Several recent studies indicate that adults—mothers in particular—are a frequent source of Pertussis infection to unvaccinated or incompletely vaccinated infants. Pertussis infection in newborns can be severe, resulting in prolonged hospital admission, extensive multi-system disease, brain damage and even death.

Vaccinating all persons in close contact with the newborn to prevent adult-to-child transmission of Pertussis, known as the 'cocoon strategy' reduces the risk of transmission. This approach is recommended by the National Health and Medical Research Council (NHMRC). The Global Pertussis Initiative (GPI), which consists of 37 experts in the field of Pertussis from 17 countries, also recommends the implementation of the cocoon strategy.

According to Professor Kevin Forsyth (Steering Committee member of the GPI), “with education, parents and families of neonates, as well as childcare workers may accept the rationale for adult Pertussis vaccination more quickly than the general population. Regarding healthcare workers, there is a moral imperative to protect themselves and hence those in their care.”

This document identifies a number of local best practice initiatives promoting the cocoon strategy in general practice, hospitals and local councils.

Targeting women planning a pregnancy and parents with young children

GPs are at the forefront of education about the prevention of Pertussis infection and are in a unique position to screen every patient who walks through the surgery doors as potential candidates for vaccination.

Dr Greg Rowles, a general practitioner in country Victoria, has implemented a system of offering opportunistic vaccination for Pertussis in his practice. “With every consultation, there is the opportunity to review a patient’s vaccination status, and consider their susceptibility to vaccine preventable diseases. This may often involve discussion of the dangers of Pertussis and the benefits of the dTpa vaccine with patients,” said Dr Rowles.

Good immunisation coverage in children means that adults are now the most frequent source of Pertussis infection. In 2006, adults over 20 years of age accounted for 90 percent of the 11,000 Pertussis notifications,¹ so encouraging acceptance of vaccination with all adults is essential.

“Recently married couples, parents with young children and people over 50 are the key targets,” he added.

The practice has found that mothers are often interested in receiving the Pertussis booster when the risks of them passing the infection on to their unprotected infants are explained. The cost of the vaccine for this group is often not an issue; however, uptake among people older than age 50 is much lower. The expense of a non-subsidised vaccine (dTpa) vs free ADT (funded free at age 50 in Victoria) can be a barrier, especially for those on a pension or healthcare card. According to Dr Rowles, “establishing a good relationship with our local pharmacist has helped to keep the vaccine as affordable as possible through bulk purchasing.” “Older adults and grandparents generally appreciate that they play an important role in caring for their grandchildren, and are often motivated to receive the once-only Pertussis booster injection to lessen the risk of them being the source of this highly infectious disease,” he said.

Vaccinating new mothers at post-natal visits

During the first couple of months after the birth of an infant, mothers are in frequent contact with the health care system. This provides practitioners with ideal opportunities to educate parents about adult Pertussis. According to Dr Craven at the Capalaba Medical Centre in Queensland, “the six week post-natal check-up or when the newborn is scheduled for their immunisations at two months of age are important opportunities to educate new mothers about how they can safeguard their babies against Pertussis through adult booster vaccination. Local private obstetricians and paediatricians are also spreading the word, so we are seeing more and more referrals from them”.

“Although we don’t often see women in the pre-pregnancy planning stages, if a patient comes in to have their rubella levels checked, this is a flag for us to offer her a Pertussis booster,” he said.

In one Australian study, mothers were found to be the primary source of whooping cough infection in hospitalised infants, accounting for 42 percent of cases. “These statistics really strike a chord with our patients and reinforce the need to vaccinate this group. They are surprised that they could be the one putting their baby at risk,” said Dr Craven. “Encouraging mothers to receive the vaccine at these scheduled visits is critical to driving vaccination coverage by leveraging need with convenience, as mothers are unlikely to return for a separate appointment at a later date,” he added.

GP practice: a multitude of opportunities to boost Pertussis levels

Dr Brian Morton at the Willoughby Medical Practice in Sydney said that, “a new baby, mention of a holiday or a patient who presents with a tetanus-prone injury are all situations where there is the opportunity to vaccinate with dTpa in place of just tetanus (and diphtheria)”. Dr Morton has seen first hand a number of adult Pertussis cases, which reinforces the need to boost this group. “Pertussis should be explored in the differential diagnosis of a chronic cough,” he said.

Seeking every opportunity to vaccinate adults in general practice drives dTPa uptake

“We advise mums, grandparents and adults planning a holiday to consider vaccination against diphtheria, tetanus and Pertussis when updating their immunisation status,” says Dr Morton.

“It just comes down to remembering to offer it. Set up a prompt as it can be easily forgotten when the opportunity arises,” he said.

Practice Nurses are also important in educating mums about the need for a Pertussis booster as they administer most children’s vaccines and therefore have a lot of contact with the mums. “New mums in particular and grandparents want to be proactive,” he commented.

Travellers: a way to help stop Pertussis in its tracks

According to Dr John McDade, Medical Director of TMVC Brisbane, “the incidence of Pertussis in adults is much higher than tetanus. We see people seeking vaccination prior to overseas travel as ideal candidates for dTPa, which helps to improve vaccination coverage in the community and boost herd immunity. Respiratory illnesses such as Pertussis can be easily picked up abroad too.”

“We find that alerting patients of the potential benefits of having a Pertussis booster, then giving them the choice of ADT or dTPa is the best way to go. They can then make an informed decision,” he said.

They’ve had a positive response from young adults, as most would expect to have a family in the not too distant future. “We now use five times more dTPa than ADT,” said Dr McDade.

Councils cocooning the community

Achieving optimal vaccination coverage within the region requires the commitment of the broader community. Brisbane City Council has taken a novel approach to improving vaccination coverage by vaccinating mothers against Pertussis at infant immunisation clinics. During 2005-2006, there was a 200 percent increase in the incidence of Pertussis in Queensland with almost 4,000 cases reported. Brisbane City Council Chair for Families and Community Services Geraldine Knapp said the program was a community service that aimed to reach parents who may not otherwise have had access to the whooping cough booster. “Through this service we want to reduce cases of whooping cough in infants,” Cr Knapp said. The council operates fifteen infant immunisation clinics across Brisbane in convenient locations for people. These infant clinics are conducted at community centres, libraries, church and community halls. Meeting rooms at Brisbane City Council libraries located in shopping centres have been extremely successful in the delivery of this initiative.

Cr Knapp said that “the infant clinics also offer adult booster vaccination for whooping cough to mums, dads, grandparents and any adults coming into close contact with infants.”

“We find that an infant immunisation clinic is a great setting for educating mums on the adult whooping cough booster because they are already a captive audience committed to protecting and creating a safe environment for their newborns. Although the clinics are busy, it doesn’t take much time to offer and administer the booster,” she said.

Effective promotion of the service has been essential to driving people to the clinics, and this has been achieved using targeted marketing strategies including posters and leaflets in hospitals, Pregnancy and Baby Expo, and community events, combined with broader advertising in local community newspapers.

Council kindy clinics a winner in South Australia

Port Adelaide Enfield Council has a strong focus on opportunistic vaccination. Initially the council started kindy and childcare clinics to increase uptake in four year olds, then realised it had a captive audience of parents, teachers and childcare workers. It now offers the adult Pertussis booster at the same time as it gives the boosters to the 4 year olds.

“For teachers and childcare workers there is the issue of duty of care and preventing passing on Pertussis to their own baby (or planned baby) as many workers in these fields are young women,” said Karyn Fromene, Immunisation Coordinator.

Vaccination takes place on-site, freeing parents (teachers and childcare workers) of the need to go out of their way to get vaccinated. The clinics run from 11:30-1pm, when the parents come to collect their child after a half day of kindy. According to Karyn, “this works well for a number of reasons. Parents can sign the consent form at the time of vaccination plus the parent can also bring in the child’s immunisation book for updating.”

The program has been highly successful with requests from child care centres that the clinic return the following year. The council also plans to extend its efforts to include other adults, including its own volunteers working for the council as well as those clients who are vaccinated at workplace flu clinics. The workplace program also caters to the target group of new parents.

Blocking the spread of Pertussis among people in high risk occupations

In addition to women planning a pregnancy, new parents and other adult household members coming into close contact with infants, the NHMRC recommends that people in high risk occupations, such as health and childcare workers, receive the adult booster for pertussis.³ The Kallangur Clinic in Brisbane has taken a proactive approach to preventing transmission of Pertussis to/from health care workers. The clinic offers adult Pertussis boosters to all new staff from GPs and nurses right through to receptionists. “We have a very positive and proactive culture in the surgery,” said Dr Ian Baker.

“All our staff are made aware of the dangers of Pertussis infection and are genuinely enthusiastic about protecting themselves and their patients from this highly infectious disease.”

They are aware of the risks to staff due to their close contact with patients. “Kids come in and cough all over you. Our staff who are mostly 30-60 years of age are a reservoir of infection, so we don’t want them passing it on to patients either,” he said.

Pertussis vaccination in a hospital setting

At the Royal Perth Hospital (RPH) in Western Australia, all new starters are offered a Pertussis booster in line with the NHMRC recommendation. Berri Morrison, Occupational Health Co-ordinator at RPH, took an innovative approach to promoting the vaccination clinic with a bridge display. “The walkway above Wellington St which joins the two buildings has a lot of traffic from the hospital. We felt this was an ideal place to highlight the Pertussis vaccination clinic to our workers,” she said.

Word of mouth was also found to be very powerful in generating awareness of the Pertussis booster.

“We need to take every opportunity that comes before us to offer dTPa,” said Berrie.

If a Healthcare worker presents with a tetanus prone wound, the RPH offers the Pertussis booster (dTPa) in place of ADT.