

Questions & Answers

1 November 2005 Vaccine Schedule

General Questions

Q. When can clinics order the new vaccine?

A. From early October 2005. Orders will be placed on back order & stock will be sent out prior to the 1 November 2005.

Q. Will DHS automatically send out new vaccine & resource order forms to all providers?

A. Yes.

A formal letter explaining the changes to the schedule and alterations to our various publications will be sent out late September. A copy of the updated vaccine and resource order forms will also be provided in this mail out. The updated resource and vaccine order forms will also be available on the web: www.health.vic.gov.au/immunisation

Q. When can orders be placed regarding the new vaccines?

A. Early October 2005.

Q. If a child requires either DTPa or IPV separately will DHS provide these vaccines separately?

A. IPV will be provided individually, however, providers will need to ring through their request and explain the circumstances for which it is to be given.

Infanrix will no longer be provided. If a child requires DTPa then they will receive Infanrix IPV.

Q. Do immunisation providers have to dispose of all Infanrix and OPV stock as at November 1st 2005?

A. Yes. This stock should be disposed of into bio-hazardous waste receptacles (i.e. yellow bags).

Q. Are DHS going to run a promotional campaign regarding the changes to the National Immunisation Program Schedule to inform the community and immunisation providers?

A. The Australian government has already set in place a communication strategy explaining the changes to the National Immunisation Program Schedule to both immunisation providers, as well as, the parents of children who will be affected by the changes (i.e. children born on or after May 1st 2004). This communication will be in the form of mail outs and advertorials throughout Australia.

Q. Why not Infanrix hexa?

A. The reasons why Victoria has decided to go with Infanrix IPV include:

- Ensuring optimal Hib protection from 2 months of age. The current Hib vaccine provides antibody response after the first dose whereas Infanrix hexa does not confer protective antibody levels until after at least a second dose. The use of Infanrix hexa requires Hib reconstitution that may potentially lead to a failure to reconstitute the Hib component resulting in an increase in Hib disease.
- Product familiarity – immunisation providers are familiar with the current products and therefore there is less risk of error when there are few vaccine brands to choose.
- Less confusion. There is minimal change to the existing schedule. Combining Infanrix with IPV means that there is minimal change to the previous immunisation schedule making it less confusing for immunisation providers with fewer vaccine brands required.
- The 1 November 2005 schedule is easy to implement for catch-up vaccine doses.

Q. If a child presents from overseas or interstate and only requires Infanrix or OPV as a catch-up to complete their immunisations, will we be able to order the individual vaccine as required if we do not have any stock in the fridge?

A. IPV will be available individually. If a child requires a booster dose of Diphtheria/Tetanus/Pertussis then this can be given using the new combination vaccine.

Q. What if a child started on Infanrix hexa, how do we implement the new schedule if they cannot afford further doses?

A. It is safe to continue a child's immunisation using the vaccines provided under the Victorian National Immunisation Program Schedule. If for any reason a course of *Infanrix hexa* is not complete as a primary 3-dose course and either 1 or 2 doses have been administered, then a 4-dose schedule of Hib vaccine must be completed to ensure adequate protection against Hib disease.

It is recommended to complete a Hib vaccine course by using Comvax vaccine at either the 4 or 6 months of age (depending on the number of previous *Infanrix hexa* doses given) followed by the routine dose of Comvax at 12 months of age.

When completing the primary course of vaccination at 2,4 and 6 months of age regardless of the vaccine/s chosen, the 12 month old and 4 year old schedule remain unchanged and should be completed as scheduled as long as no true contraindications exist.

Polio Questions

Q. Is OPV interchangeable with IPV?

A. Yes. IPV and OPV may be used interchangeably in the schedule. Children who have commenced on OPV may complete their polio immunisation schedule using vaccines containing IPV.

Q. Will OPV still be provided for catch-up programs by DHS?

A. No.

Q. Will IPV be provided for catch-up programs by DHS?

A. Yes. IPV will be provided to any person who needs to commence or complete a course of polio vaccination.

Q. Will IPV be provided to adults requiring polio catch-up vaccination?

A. Yes. IPV stand-alone vaccine will be available for people over 8 years of age who have not completed a polio vaccine course.

Q. What happens (especially with overseas children) where a child has had 5 or 6 doses of OPV and requires 4-year-old vaccinations?

A. The 8th Edition Australian Immunisation Handbook (2003, page 43) explains that there are no adverse effects associated with additional doses in immune individuals. Therefore, in this scenario the 4-year-old vaccines should be given as Infanrix IPV.

Q. Will Sabin (OPV) still be available?

A. GSK has confirmed that Sabin will remain available. DHS will not supply Sabin vaccine. If an immunisation provider requires Sabin vaccine they will need to purchase the vaccine privately.

Q. What are the side effects of DTPa IPV vaccine?

- Low grade fever
- Pain, redness and swelling at the injection site
- Temporary small lump at the injection site
- Irritable, crying, unsettled and generally unhappy
- Drowsiness or tiredness
- Muscle aches

Q. If Year 7 students in 2005 present for the varicella vaccine on November 1st 2005 will it be provided free of charge?

A. No. The varicella vaccine will only be provided from November 1st 2005 to eligible children who will be in Year 7 in 2006. These eligible children who present to have the vaccine prior to the commencement of the 2006 Year 7 catch-up program may do so at either a GP or Council.

Q. If a child presents at either 17 or 19 months for the chickenpox vaccine will they be eligible for the vaccine OR is the vaccine only available to children in their 18th month and not afterwards?

A. Children born on or after 1/5/04 are eligible for the free chickenpox vaccine.

The vaccine should be given to children aged 18th months or as close as possible after turning 18 months.

Q. Do children who have already had chickenpox need the vaccine? What about if they only had a mild case?

A. No. If parents can confirm that their child has had chickenpox disease before, regardless of whether it was a mild or severe case, they do not need to be vaccinated.

Q. Can Year 7 students have the varicella vaccine if they have already had the disease and have signed a permission form?

A. The vaccine is not required.

A past history of varicella correlates highly with serological evidence of immunity and therefore it is not necessary to give the vaccine. However, the receipt of varicella vaccine in a previously immune person has not been associated with any side effects.

Where there is any doubt contact the parent for confirmation.

Q. Is the varicella vaccine funded for all children aged 10-13 years in Victoria?

A. No. In Victoria, the vaccine is funded for Year 7 secondary school students. The vaccine will be available from November 1st 2005 to those students that will be in Year 7 in 2006.

Q. Can children who are in Year 7 in 2005 and who have never had the varicella vaccine before present from November 1 and receive it free of charge?

A. No. The vaccine will be provided free of charge from November 1st to those students who will be in year 7 in 2006.

Q. Will Councils be paid for varicella vaccines administered as part of the Year 7 school based program?

A. Yes. The payment for the administration of each dose of varicella vaccine given by a Council will be \$5.00 per child.

Q. Will GPs receive additional payment for Year 7 varicella vaccine administration?

A. No. GPs will be eligible for standard consultation rates.

Q. How early can the 18-month dose be given?

A. Children born on or after the 1st of May 2004 are eligible for the varicella vaccine.

Children will only be eligible on or after the anniversary of their 18-month.

Q. Can parents be refunded for the varicella vaccine if their children fall into the eligible criteria but they have already been vaccinated?

A. No.

Q. What constitutes previous varicella infection?

A. Lack of immunity to varicella should be based on a negative history of previous varicella infection. Parental confirmation of previous varicella infection is acceptable.

Q. How will Councils implement Year 7 Hepatitis B vaccine as well as the varicella vaccine school programs?

A. The Year 7 varicella vaccine school based program is to commence at the start of the school year in 2006. The varicella vaccine should be offered at the same visit as the first dose of hepatitis B vaccine to eligible students.

Q. When is varicella able to be given before 18 months of age?

A. Any parent forcefully wanting to vaccinate their child (aged 12- 18 months) against chickenpox must purchase the vaccine privately.

Q. If a Year 7 student is aged 14 years or older will DHS fund 2 doses?

A. Lack of immunity to varicella should be based on a negative history of previous varicella infection and subsequent serological tests in people 14 years of age and over. If the tests then confirm a negative history of previous infection, 2 doses of varicella vaccine, 1 to 2 months apart, are recommended for use in non-immune adolescents (14 years and older) and will be funded by the DHS.

Q. What if a child receives varicella vaccine between 9 and 12 months of age?

A. It is recommended the child receive a second dose of varicella vaccine at 18 months of age to ensure optimal immunity.

Q. Do Councils have to record the doses of the vaccine or disease?

A. Yes, as school based immunisation data will be required by the DHS to determine vaccine coverage rates and to calculate the amount of funding to provide that Council.

Q. Why is varicella not recommended for children aged less than 18 months?

A. Research shows that optimal immunity to varicella vaccine occurs from 18 months of age.

Q. Can a non-immune person catch chickenpox because of the 18 month old or Year 7 vaccination?

A. It is safe to administer varicella-zoster vaccine to household contacts of non-immune people (including pregnant women).

There is no evidence that there is any risk to the unborn baby if pregnant woman are in contact with recently vaccinated individuals.

Q. Can a mother immunise their 18th month old child against chickenpox even though the mother is pregnant and tests have shown her to be non-immune?

A. Yes. A non-immune pregnant household contact is not a contraindication to vaccination of another healthy child or adult in the same household, as the risk of transmission and infection to the unborn is extremely low. At present there have been no documented cases of transmission.

Q. What if a child was born before May 1st 2004 – will they be able to access the free chickenpox vaccine?

A. They will receive the chicken pox vaccine when they reach Year 7 of Secondary School as a catch-up program. Parents can purchase the vaccine privately.

Q. If a child was born before 1 May 2004 and the parents do not want to wait until they reach Year 7 can they still receive the chickenpox vaccine?

A. The vaccine can be purchased privately.

Q. Are different combination vaccines used elsewhere in Australia?

A. Yes. Each State/Territory is responsible for purchasing their own vaccines and so the schedule can vary in Australia depending on the brands and combinations used.

Q. What are the side effects of chickenpox vaccine?

A. Reactions are generally mild and well tolerated however they may include:

- Fever up to 39°C
- Pain, redness and swelling at the injection site
- Temporary small lump at the injection site.

Uncommon side effects:

About 2 to 5 chickenpox like spots may occur usually at the injection site and sometimes on other parts of the body between 5 to 26 days after vaccination.

In these circumstances, the onset of a rash following chickenpox vaccine would indicate that the person should avoid immunocompromised people for the duration of the rash.

A very mild dose of chickenpox may occur one or more years after vaccination, as the vaccine is not fully effective in every person.