National Indigenous Immunisation message stick (NIIMS)
March 2015

A vaccine preventable diseases newsletter for health services

Vaccination provides an easy, quick, and affordable way to make a positive difference to Indigenous people’s health nationally and plays a significant role in helping to Close the Gap (CTG)
**Aboriginal and Torres Strait Islander immunisation**

Aboriginal and Torres Strait Islander populations have higher rates of Vaccine Preventable Diseases (VPDs), so there are vaccines that are specifically recommended for use in Indigenous persons, or for administration to an expanded age range than is recommended for other Australians. In recognition of this there are different recommendations for Indigenous persons in some parts of Australia. For children, these are bacille Calmette-Guérin (BCG), *Haemophilus influenzae* type b, hepatitis A, influenza and pneumococcal vaccines. For adults, these are hepatitis B, influenza and pneumococcal polysaccharide vaccines.

Additional* vaccines recommended for Indigenous people, due to their higher risk of disease

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommendation for Indigenous persons</th>
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<tbody>
<tr>
<td>BCG</td>
<td>Neonates living in areas of high TB incidence†</td>
</tr>
<tr>
<td></td>
<td>1 dose</td>
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<tr>
<td>Hepatitis A</td>
<td>Children residing in the Northern Territory, Queensland, South Australia and Western Australia</td>
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<tr>
<td></td>
<td>2 doses in the 2nd year of life‡</td>
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<tr>
<td>Hepatitis B</td>
<td>Adults who have not previously been vaccinated against hepatitis B and are non-immune</td>
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<tr>
<td>Influenza</td>
<td>All children aged ≥6 months to &lt;5 years</td>
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<tr>
<td></td>
<td>All persons aged ≥15 years</td>
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<td></td>
<td>Annual vaccination (2 doses in first year given)</td>
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<tr>
<td>Pneumococcal conjugate</td>
<td>(13vPCV) Children resident in the Northern Territory, Queensland, South Australia and Western Australia</td>
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<td></td>
<td>Booster dose in 2nd year of life in addition to primary course‡</td>
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<tr>
<td>Pneumococcal polysaccharide</td>
<td>All persons aged ≥50 years§</td>
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* In addition to those vaccines recommended for all Australians or those in particular medical, occupational, behavioural or other risk groups.
† Northern Territory, Queensland, northern South Australia
‡ Exact ages may differ between jurisdictions.
Delay in the start date of the 2015 National Seasonal Influenza Program

The National Seasonal Influenza Immunisation Program for 2015 will not commence on the usual start date of 15 March – this year it will start on the 20th April 2015. The main reason for the delay is that the World Health Organization and the Australian Influenza Vaccine Committee have agreed that the 2015 southern hemisphere seasonal influenza vaccine will contain three seasonal influenza strains, with two strain changes from the 2014 vaccine. This double-strain change, which is an unusual occurrence, has caused manufacturing delays due to the time it takes to develop, test and distribute the reagents needed to make the vaccine. The program has been delayed until sufficient supplies of influenza vaccine are available from at least two suppliers in order to mitigate the risk of administration of bioCSL’s Fluvax to children under five years of age. This delay will not affect vaccine supply volumes, and no vaccine shortages are anticipated.
Expansion of the National Immunisation Program to include Aboriginal and Torres Strait Islander children

Aboriginal and Torres Strait Islander children are five times more likely to die from the flu than non-Indigenous children, and are much more likely to be hospitalised than others who have access to free vaccine. Those who survive a severe flu can suffer lasting health complications including pneumonia, heart, blood system and liver problems.

Aboriginal and Torres Strait Islander children aged between six months and less than five years will now be able to receive the seasonal influenza vaccine for free, under the National Immunisation Program. Free influenza vaccines are also available to Aboriginal and Torres Strait Islander people aged 15 years and over, and Aboriginal and Torres Strait Islander children aged 5-14 years who have specific medical conditions that increase their susceptibility to influenza.

Aboriginal and Torres Strait Islander children will be able to get their children vaccinated through general practitioners, community controlled Aboriginal Medical Services and immunisation clinics.

You can find out more at the Immunise Australia website at www.immunise.health.gov.au

Other changes in relation to the 2015 influenza season

- the recommended age for children requiring two doses in the first year they receive influenza vaccine has been changed from < 10 years to < 9 years, consistent with other international recommendations.
- quadrivalent influenza vaccines are available for use for the first time in 2015.
Why vaccinate?

Influenza can lead to serious illness, including pneumonia, sometimes requiring hospitalisation, and may even lead to death.

Risk of complications from influenza is higher in some populations, including, but not limited to, those with certain pre-existing medical conditions, those aged 65 or older and pregnant women.

In Australia, determining the true disease burden of influenza has been difficult because relatively few hospitalisations or deaths are specifically coded as influenza related.

By using regression analysis, epidemiologists have estimated that 18,404 (95% confidence intervals (CI) 15,918 to 20,889) influenza-attributable hospitalisations occur annually in Australia across all age-groups,6 while in those aged 50 and over an estimated 13,500 hospitalisations and 3000 deaths occur each year due to influenza.4

Vaccination is the primary strategy used to protect those at high risk against the disease and control influenza.

Influenza viruses are classified as type A, B or C, with A and B clinically important to humans. The viruses are constantly evolving through frequent point mutations in the genes coding for the surface glycoprotein antigens haemagglutinin (HA) and neuraminidase (N).

This process, known as antigenic variation, is responsible for the seasonal variation between influenza strains and is a key reason why the composition of the influenza vaccines undergoes annual review by the Australian Influenza Vaccine Committee (AIVC).

The AIVC evaluates available data and advises the Therapeutic Goods Administration on the vaccine composition for each season.8

To ensure continuing protection against influenza, people vaccinated in 2014 still need to be vaccinated in 2015.

Changes to Australian Childhood Immunisation Register (ACIR)

In December 2014, the ACIR began the staged introduction of one new ACIR report and the modification of three existing reports. The reports will assist providers in identifying children who are coming due or who are already overdue for immunisations, so they can help parents to immunise their children on time.

ACIR010A  ACIR due/overdue practice report
New Report
Release: Dec 2014
This report will provide information to General Practitioners on the children that they see through their practice who are considered not fully immunised according to the ACIR due and overdue rules.

The report will:
• be available electronically to all GPs in a Practice Incentives Program practice;
• use MBS items to link a child to a practice for practice based reporting; and
• be available on the ACIR Secure Site - generated either once, monthly or on a quarterly basis, as per the GP’s request.
### Modified Report ACIR021A
**Due/overdue report by Medicare GP**

The existing ACIR021A report will be modified to allow individual GPs, Midwives and Nurse Practitioners to identify children with overdue vaccinations based on MBS services they provided. It will allow practitioners greater flexibility to:

- break the report down by a single location (or all locations of the practitioner),
- break the report down by children identified as overdue for a particular disease (eg. measles),
- increase the usability of some of the date fields (eg. date of birth ranges, etc); and
- be available from the ACIR Secure Site - generated either once, weekly, monthly or on a quarterly basis, as per the practitioner’s request.

### Modified Report ACIR011A
**Due/overdue report by locality**

The ACIR011A report identifies children by their locality (postcode or postcode range). The modified report will allow greater flexibility in search functions including searching for:

- children coming due for their vaccinations (eg. due next 30 days);
- children overdue for specific antigens;
- enhancing the date of birth search function;
- children with no vaccination history recorded on ACIR; and
- be available from the ACIR Secure Site - generated either once, weekly, monthly or on a quarterly basis, as per the practitioner’s request.

### Modified Report ACIR011B
**Due/overdue report by immunisation provider**

The ACIR011B report uses the last immunisation provider on ACIR to allocate a child to the report. The modified report will allow greater flexibility in search functions including searching for:

- children coming due for their vaccinations (eg. due next 30 days);
- children overdue for specific antigens;
- enhancing the date of birth search function;
- service delivery date; and
- be available from the ACIR Secure Site - generated either once, weekly, monthly or on a quarterly basis, as per the practitioner’s request.

Immunisation week (24 April – 3 May 2015)

The World Health Organization (WHO) Western Pacific Regional Office (WPRO) contacted the Department of Health advising of the date and theme of the 2015 Regional Immunisation Week.

The theme for Regional Immunisation Week 2015 is “Vaccination is everyone’s job. Protect your community”.

NAIDOC week 2015  5 – 12 of JULY

“We all stand on sacred ground: Learn, Respect and Celebrate”

NAIDOC stands for National Aborigines and Islanders Day of Observance. Its origins can be traced back to the 1920s and it seeks to increase awareness in the wider community of the status and treatment of Indigenous Australians. NAIDOC week is held in the first full week of July. It is a time to celebrate Indigenous history, culture and achievements and is an opportunity to recognize the contributions that Indigenous Australians make to our country and society.

If you have an issue that you would like to raise about immunisation and Indigenous people, email brendon.kelaher@health.nsw.gov.au

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