The Australian Immunisation Handbook, 10th Edition

What’s new – 2016 update

This slide set has been developed by the staff of NCIRS for education and teaching purposes

Prepared August 2016
Introduction – the *Handbook* 

- *The Australian Immunisation Handbook* is a clinical practice guideline for health professionals regarding the safe and effective use of all vaccines available in Australia.
- The 10th Edition Handbook was published in March 2013 – the **hard copy is now out of date**.
- Updates are available electronically only.
- From 2014, updates occur annually and as needed.
The most recent update – 2016

• This slide set outlines updates made in the 10th Edition Handbook in 2016
• Update to influenza chapter published March 2016 and updates to 11 chapters published August 2016
• Minor factual changes or clarifications are not described in this slide set

Updates to the 10th Edition Handbook published in 2016 are published online only

www.immunise.health.gov.au
Where to go for more details

Immunise Australia website:

www.immunise.health.gov.au
On the Immunise Australia website

You will also find a summary of all updates, by date

21 March 2016

Key updates made to the 10th edition Handbook in March 2016 are listed below by chapter, including chapter sections and subsections. Other minor amendments to those listed below have been made to improve clarity, consistency and accuracy; these changes are not specifically noted.

References have been removed, updated or introduced where required.

Note: The updated chapter is available online only in HTML formats.

4.7 Influenza

Terminology referring to the Seqirus (previously bioCSL) brand of trivalent influenza vaccine has been changed throughout the influenza chapter.

4.7.3 Epidemiology and 4.7.4 Vaccines

Most up-to-date information on influenza epidemiology (including Figure 4.7.1: Average annual influenza notification and hospitalisation rates for 2010 to 2013, Australia, by age group) and evidence on influenza vaccines added.
So, what’s new in the latest 2016 update of the 10th Edition *Australian Immunisation Handbook*
PART 2 – VACCINATION PROCEDURES

2.1 Pre-vaccination
2.2 Administration of vaccines
2.3 Post-vaccination
2.1 Pre-vaccination

Catch-up

- Table 2.1.12 updated to clarify pertussis catch-up recommendations for those ≥10 years of age (one dose with no booster) in line with “No Jab No Pay” initiative (new immunisation requirements for family assistance payments – see www.immunise.health.gov.au for more information)
2.2 Administration of vaccines

- Minor amendment to information relating to the administration of vaccines, including:
  - *Ensure providers are familiar with and adhere to the NHMRC’s Australian guidelines for the prevention and control of infection in healthcare (2010), available at www.nhmrc.gov.au/node/30290*
2.3 Post-vaccination

- Information on changes in the Australian Immunisation Register Act 2015
  - From 1 January 2016 ACIR accepts vaccination records for persons <20 years of age
  - The ACIR accepts natural immunity to a disease as a valid exemption to vaccination for certain antigens
  - From September 2016, ACIR will become the Australian Immunisation Register (AIR) capturing vaccinations given throughout life
  - From 2017, the HPV Register will become the Australian School Vaccination Register
PART 3 – VACCINATION FOR SPECIAL RISK GROUPS

3.3 Groups with special vaccination requirements
3.3 Groups with special vaccination requirements

- Clarification of advice on the use of live vaccines in people who are immunocompromised, including for persons taking disease modifying anti-rheumatic drugs (DMARDs)
  - Live vaccines generally contraindicated
  - May be considered in consultation with a specialist
- e.g. Zoster vaccine may be given to adults receiving low doses of **non-biological** DMARDs (i.e. methotrexate <0.4 mg/kg per week, azathioprine ≤3.0 mg/kg per day or mercaptopurine ≤1.5 mg/kg per day)
3.3 Groups with special vaccination requirements – cont.

• Advice on management of patients with significant immunocompromise who have inadvertently received zoster vaccine
  – Promptly seek specialist advice to establish the degree of immunocompromise in order to inform appropriate management (such as immunoglobulin and/or antiviral or antibacterial therapy)
PART 4 – VACCINE-PREVENTABLE DISEASES

1. Human papillomavirus (minor changes)
2. Influenza (minor changes)
3. Pertussis (minor changes)
4. Pneumococcal disease (minor changes)
5. Tuberculosis (minor changes)
6. Yellow fever (major change with public consultation)
7. Zoster (minor changes)
It is noted that 2vHPV, Cervarix, is now registered for use in a 2-dose schedule with a minimum 6-month interval (as an alternative to a 3-dose schedule) in girls who received their first dose between 10 and 14 years of age.

However, there is no change to ATAGI recommendation at this stage – this age group receive 3 doses of 4vHPV, as funded under the NIP.
Influenza

• Advice on appropriate action if a child aged 6 months to <3 years inadvertently receives a 0.5 mL dose of influenza vaccine
  – No immediate action, additional doses should be given following standard recommendations

• Advice on number of doses of annual influenza vaccine required for children aged 6 months to <9 years
  – For children who have received 1 or more doses in previous years, only 1 dose is recommended in following years (even if 1 rather than 2 doses received in the first year)
Influenza – cont.

- Advice on the use of quadrivalent influenza vaccine formulations
  - Different brands of TIV or QIV are considered interchangeable (providing they are age-appropriate)
  - If 2 doses are indicated (e.g. first time use in children aged <9 years), where possible both doses should be administered using vaccines containing the same number of influenza strains (i.e. both with TIV or both with QIV) to ensure adequate priming of all influenza strains in the vaccine
Pertussis

• Advice on appropriate action if the dose of dTpa recommended during pregnancy is administered before the third trimester
  – Repeat dose not required
• Vaccination is recommended in each pregnancy regardless of timing of pregnancies
• A history of extensive limb swelling after a booster dose of DTPa is not a contraindication to future recommended doses of pertussis-containing vaccine
Pneumococcal disease

• Clarification of advice on pneumococcal vaccination during pregnancy and breastfeeding
  - Vaccination during pregnancy is unlikely to result in serious adverse effects and may be considered in individuals at the highest increased risk of IPD
Tuberculosis

• Note shortage of the currently registered BCG vaccine
  – Updates will be provided by state and territory health authority websites

• New sub-section on BCG vaccination before or after blood product administration
  – BCG vaccine can be given at any time before or after administration of immunoglobulin or any antibody-containing blood product as there is minimal interaction between these preparations and BCG vaccine
Yellow fever

- 10-yearly boosters no longer routinely recommended
  - Booster dose every 10 years now only recommended for certain persons
  - i.e. those who received their initial dose while pregnant or when infected with HIV if they are at ongoing risk of yellow fever virus infection, and travellers who need to meet country-specific vaccination entry requirements

- IHR updated June 2016. Vaccine requirements in some countries may still vary.
Zoster

• Clarification of advice on the administration of zoster vaccine to immunocompromised patients

• Patients with less severe immunocompromise may be considered for vaccination on a case-by-case basis after seeking specialist advice
  – e.g. patients receiving non-biological DMARDs in low doses (more detail in Chapter 3.3 – see slide 12)
  – Advice on management of patients with severe immunocompromise who have inadvertently received zoster vaccine
Remember

- The information and recommendations in the online *Handbook* are now updated as required
- The printed 10th Edition *Handbook* is out of date
- The annual updates are available electronically on the Immunise Australia website

Online updates are found at [www.immunise.health.gov.au](http://www.immunise.health.gov.au)
Subscribe to the Australian Immunisation Professionals network to receive an email notification of when new updates are available
Additional resources

- **NCIRS**: [www.ncirs.edu.au](http://www.ncirs.edu.au)
  - Stand-alone printable *Handbook* tables
  - Disease and safety fact sheets
  - Childhood and adult vaccine schedule tables
  - Vaccine history tables

  - Electronic version of the 10th Edition *Handbook* ❯ Up-to-date
  - NIP schedule cards
  - ATAGI


- **TGA**: [www.tga.gov.au](http://www.tga.gov.au)

- **ASCIA**: [www.allergy.org.au](http://www.allergy.org.au)

- **National HPV Vaccination Program Register (NHVPR)**: [www.hpvregister.org.au](http://www.hpvregister.org.au)

- **WHO, yellow fever vaccination requirements**: [www.who.int/csr/disease/yellowfev/en](http://www.who.int/csr/disease/yellowfev/en)
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• New recommendations and updates are only published online, and health professionals are encouraged to review the full Handbook and the Department of Health website before implementing any practices.

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Special thanks to:

• All those involved in the development of the *Handbook*
• All health professionals involved in immunisation programs who utilise the *Handbook* and enable the effective and safe use of vaccines in Australia