



Australia's general practice immunisation newsletter

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GP HPV Vaccine program kicks off

The General Practice HPV Vaccine program has commenced this week. From July 2007 HPV vaccine is funded for young women who have not received the vaccine through the school program and have not turned 27 years of age. The free vaccine will be available through GPs for two years until 30 June 2009. It is administered in a series of three injections spread out over a six-month period.

Doctors should note that each State and Territory public health or immunisation unit is responsible for distribution in their jurisdiction and this may impact on rollout. There will be varying start dates according to your state or territory and that information is best gained from your division or public health immunisation section. They will also be able to inform practices about ordering and delivery.

GPs are encouraged to use the opportunity when administering the vaccine to remind women about the continued importance of regular pap smears.

A reminder also that consent needs to be obtained for both the administering of the vaccine and to lodge the data on the proposed National HPV Register. This data will need to be collected by practices and held until the register is operational later this year. Information on this can be found below.

HPV Summary

This summary and further information on HPV can be found on this site for the Rational Assessment of Drugs and Research (RADAR)

http://www.npsradar.org.au/site.php?page=1&content=/npsradar/content/hpv_vaccine.html

- The quadrivalent Human Papillomavirus (HPV) vaccine protects against infection with HPV types 6, 11, 16 and 18, which are responsible for 70% to 80% of cervical cancers and at least 90% of cases of genital warts.
- The vaccine is available under the National Immunisation Program (NIP) to females aged 12–26 years. It will be given in schools to girls aged 12–13 years on an ongoing basis. It will also be available to females aged 13–26 years in a 2-year, NIP-funded catch-up program — through schools for those up to the age of 18 years, and through general practice for those up to the age of 26 years.

Helen Moore - Principal Advisor – Immunisation, AGPN Ltd

Contact details: ☎ 02 6228 0833 📠 02 6228 0899 ✉ hmoore@agpn.com.au

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 is funded by the Department of Health and Ageing

- All girls and women who have been vaccinated must continue to have regular Pap smears because the vaccine does not protect against all HPV types that cause cervical cancer, or cervical cancer caused by HPV infection acquired before vaccination.
- Injection-site reactions (redness, swelling and pain) and mild systemic reactions (low-grade fever) are the most common adverse effects of the quadrivalent HPV vaccine.

HPV Register

A National HPV Vaccination Program Register (HPV Register) is being developed to collect HPV vaccine data by the Australian Government. Currently, the register is in its infancy with the establishing legislation still on the table in Federal Parliament. The Bill will be debated and presumably passed in August after the winter recess. In the mean time, we need to encourage all practices to collect HPV data and hold it for future lodgement with the register.

Which data should be collected?

The proposed register will receive data of HPV immunisations for all girls from 12 to 18 years of age. Data for older girls and women (18 to 26 years of age) should also be recorded until the funded program finishes at the end of June 2009. **A \$6 administration fee** (plus GST) will be paid to you by the Commonwealth for lodging each HPV immunisation encounter for 12 to 18 year olds once the register is operational.

What the data is to be used for

Personal information collected on the Register will not be made available publicly but will be used to evaluate the impact of the HPV Vaccination Program on cervical cancer rates, to issue reminders if the course is incomplete and to contact vaccine recipients if booster doses are required. If your patient's details are not included in the Register it may not be possible to contact her about booster doses.

How you can collect the HPV Data

As this register is not yet operational, all practices will be asked to collect and hold the information until it can be forwarded on. You can collect data by:

1. Using your medical software – step by step instructions for collecting HPV information using Medical Director, Genie and Zedmed software are available on AGPN's immunisation website: <http://www.adgp.com.au/site/index.cfm?display=1813#Register>. These also include instructions to help retrieve the information in a report format which can be sent to the register later in the year.
2. If you do not have desktop software we still encourage you to collect the data. A couple of templates that can be used to collect the data with the fields that will be needed to populate the proposed register can be also be found on the website: <http://www.adgp.com.au/site/index.cfm?display=1813#Register>. This spreadsheet can be populated and kept electronically or in hardcopy.

How to submit your data when the register is operational

1. Using your medical software – the documents listed above include a step by step procedure sheet which shows how to pull a report from the data you have recorded. This information can be printed and faxed when the register is operational. Your division will give you information on times and fax numbers. There is also the possibility that the information will be lodged electronically.
2. Using the spreadsheet template mentioned above for data collection – simply print and fax to the number when that is clarified.

You will be notified about the timeframe and manner of lodgement of this data by your Division or the Commonwealth Department of Health and Ageing.

All data needs to be kept safely until the proposed register is operational later this year.

Rotavirus vaccine program commences

It's a busy time for immunisation with the Rotavirus vaccine program also starting from 1 July. All babies born from May 1 2007 will now be able to receive the free Rotavirus vaccine from their GP or local health service.

There are 2 important points to note with the rotavirus vaccines –

- **Rotavirus vaccines are ORAL vaccines, and**
- **have a limited administration time frame**

There are two (2) vaccines available - Rotateq® (produced by CSL) and Rotarix® (Produced by GSK). It is important to know which vaccine your jurisdiction has selected as there are significant differences between the two. Below are two tables outlining firstly the vaccine to be available in each jurisdiction and secondly, the differences between the two vaccines.

Table 1: Rotavirus Vaccine by jurisdiction

State/Territory	Rotateq ®	Rotarix ®
ACT		✓
NSW		✓
NT		✓
QLD	✓	
SA	✓	
TAS		✓
VIC	✓	
WA		✓

Table 2: Differences between Rotavirus vaccines

	Rotateq ®	Rotarix ®
Produced by	CSL/Merck	GlaxoSmithKline (GSK)
Method	Oral	Oral
No of Doses	Three (3) oral doses	Two (2) oral doses
Age for routine administration	2 month 4 months 6 months	2 months 4 months
Minimal interval between doses	4 weeks	4 weeks
Age limits for dosing	1 st dose by 12 weeks 3 rd dose by 32 weeks	1 st dose by 14 weeks 2 nd dose by 28 weeks

Rotavirus Summary

This summary and further information on HPV can be found on this site for the Rational Assessment of Drugs and Research (RADAR)

http://www.npsradar.org.au/site.php?page=1&content=/npsradar/content/rotavirus_vaccines.html

- Two oral rotavirus vaccines (Rotarix and Rotateq) are listed on the National Immunisation Schedule to prevent rotavirus gastroenteritis in infants and children.
- State immunisation co-ordinators will decide which of the two vaccines to supply on the basis of tender arrangement with different manufacturers.
- Oral rotavirus vaccination protects most young children against severe dehydrating rotavirus gastroenteritis that most commonly occurs between 3 and 35 months of age. It does not provide lifetime protection.
- Rotarix is a live, monovalent, human attenuated vaccine given in 2 doses (one course) at 2 and 4 months of age. Rotateq is a live, pentavalent, human-bovine reassortant vaccine given in 3 doses (one course) at 2, 4 and 6 months of age.
- Oral rotavirus vaccines can be given at the same time as other routine childhood vaccines.
- Both vaccines demonstrate similarly high levels of protection against severe rotavirus gastroenteritis. In clinical trials vaccination reduced the rate of severe rotavirus gastroenteritis by 85% to 98%, and the rate of hospitalisation for gastroenteritis of any cause by 42% to 59%.^{1,2}
- Safety and efficacy of either vaccine has not been established in infants under 6 weeks of age.
- Rotarix and Rotateq are not interchangeable. Infants who receive a first dose of either vaccine should complete the entire course of vaccination using the same oral rotavirus vaccine.
- There is no evidence that one oral rotavirus vaccine is more effective than the other.

Changing Jurisdictions/Vaccines

Completion of a course of rotavirus vaccine should be with vaccine from the same manufacturer whenever possible. There are no studies that address the interchangeability of the 2 available rotavirus vaccines. However, If there is a situation where a baby changes jurisdictions and therefore vaccine type and either dose 1 or 2 of vaccine is given as RotaTeq, a third dose of rotavirus vaccine should be given, provided that the upper age limit and inter-vaccine interval, as defined above in table 2 above, are met.

NCIRS 10th Anniversary Conference & the 2nd National Immunisation Workshop

The National Centre for Immunisation Research and Surveillance will be celebrating its 10th Anniversary with a one-day conference entitled '**A Decisive Decade in Immunisation**' followed by a dinner on Wednesday 18 July 2007. The conference will be held in conjunction with the 2nd National Immunisation Workshop on Thursday 19 July 2007.

The Conference and workshop will feature prominent international guest speakers including Professor Scott Halperin and Professor Heinz-Josef Schmitt as well as well known national speakers including Sir Gustav Nossal, Professor John Horvath, Professor Terry Nolan and Professor Margaret Burgess.

Registrations for the conference and workshop are now closed however information and presentations will be posted on the NCIRS website after the event. Please see <http://www.ncirs.usyd.edu.au>.

Measles outbreak in Japan

On Wednesday the Australian Government Chief Medical Officer advised of a measles outbreak in Japan and asked doctors to be vigilant for symptoms of measles in visitors and returning travellers from Japan. While measles has been essentially eradicated in Australia it still poses a threat to certain population groups in Australia, and the early detection and management of suspected measles cases is required to ensure that local transmission does not occur. If a case of measles is identified, doctors must notify their local health authority.

Background

An outbreak of measles originated in Tokyo in February 2007 and has spread through central and northern Japan. Over 1000 cases have been reported in Japan this year and the number of new cases is continuing to rise. The current outbreak in Japan is not confined to only children. A third of the reported cases are aged 15 years old or above.

Taiwan and the United States have both reported cases of measles imported from Japan.

Although single dose measles vaccine has been used in Japan for many years, the routine use of a second booster dose was only introduced in 2006 for primary school children. Japanese people of secondary school age and older will not therefore have routinely received two doses of measles vaccine. Low second dose vaccine coverage rates may be contributing to the current outbreak in Japan. Authorities in Japan are actively managing this outbreak, increased surveillance is in place and community vaccination campaigns have begun.

Need for increased vigilance in Australia

Measles has been essentially eradicated in Australia. In 2007, Australia reported only 11 cases of measles and most of these were associated with overseas travel. Australia maintains very high measles vaccination rates, with 93.6% coverage in 24-27 month-old children and 88.9% in 72-75 month-olds (31 March 2007 figures).

However, measles still poses a threat to certain population groups in Australia, and the early detection and management of suspected measles cases is required to ensure that local transmission does not occur.

Handbook update

The new 9th Edition of the Australian Immunisation Handbook has been through its public consultation phase and is now in the final approval process by the National Health and Medical Research Council (NHMRC). An additional section on the HPV vaccines was available for public consultation separately and has now been included in this final approval process. We anticipate that the new 9th edition Handbook will be available electronically on the web within the next few months and will be available in hard copy later in the year.

Until this publication has been released, the 8th edition is the governing handbook and any information not available on new vaccines (Rotavirus or HPV) can be found on the NCIRS fact sheet site.

For HPV - http://www.ncirs.usyd.edu.au/facts/hpv_jan_2007.pdf

For Rotavirus - http://www.ncirs.usyd.edu.au/facts/rotavirus_vaccine_for_children_sep_2006.pdf

National Divisions Immunisation Workshop 2007

Wednesday 29th (evening) and Thursday 30th August 2007

Novotel Pacific Resort

Coffs Harbour NSW

Interest in the 2007 National Divisions immunisation workshop has been fantastic and those who have not yet registered are reminded to do so soon!

Please note: registration for the NDIW is separate to the Nursing in General Practice forum and your registration forms need to be returned to Leah Parker at AGPN: email: lparker@agpn.com.au, fax: 02 6228 0899. Also important to note is accommodation bookings are subject to availability. To make sure you don't miss out, book now!

The workshop, with the theme ***Unleashing the power of Divisions***, will focus on fighting complacency in immunisation rates, as well as some of the exciting new developments in immunisation that have occurred in the last 12 months. The workshop will kick off with a networking dinner on Wednesday evening. This will be a fantastic opportunity for divisions to showcase their work to the network as well as catch up with other immunisation coordinators from around Australia.

Thursday looks to be a jam packed interesting day starting over breakfast with our key speaker Dr Raymond Seidler. The day is expected to finish by 2:30 so that participants can catch an afternoon flight out of Coffs Harbour.

Non-divisional persons are more than welcome to attend. A registration fee of \$75 (GST incl) per person is charged to cover costs. To register, complete the regular registration form and AGPN will invoice you for the amount.

For more details and registration forms go to: <http://www.adgp.com.au/site/index.cfm?display=24698>

AGPN Forum – Detailed program now available!

The 9th Annual General Practice Forum will be held in Hobart from **15-18 November 2007**. This Forum will host a range of keynote speakers, guaranteed to challenge and inspire delegates. There are two focal themes, firstly, 'Doing Division Business Better' and secondly the 'Future Focus and Profile of the Network'. The focus on divisional work will include; sustainability of team-based care, building strategic relationships, making best practice easy practice and the overall future direction of the Network.

For the program, registration forms and other information about the forum visit the website at: <http://www.gpnetworkforum.com.au/site/index.cfm>