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The Finer Point

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Contents

Influenza and Changes in the 9th Edition Handbook

Fight Flu website

Antivirals and Their Use

GP HPV Vaccine Program – Changes to the Age Cut Off

HPV Register

National Divisions Immunisation Workshop 2007

AGPN Forum – Detailed program now available!

Influenza and Changes in the 9th Edition Handbook

In response to the increased influenza activity and to keep immunisation providers up to date with the latest evidence based information, the NHMRC and the Department of Health and Ageing have released the influenza chapter from the 9th Edition Australian Immunisation Handbook. This chapter contains changes to the recommended dosage for influenza vaccine being given to children.

This chapter is now available on line and is therefore the official Handbook chapter on Influenza and supersedes the previous 8th Edition.

The printed version of the 9th Edition Handbook will be available in November 2007

A PDF of the influenza chapter from the NHMRC approved 9th Edition Handbook will be available from the Immunise Australia Program website (www.immunise.health.gov.au)

Below is a summary of the relevant information from the Australian Immunisation Handbook 9th Edition Influenza Chapter– Changes to paediatric dosage – with thanks to Hailey Shaw, ACT Division of General Practice.

The Handbook recommends that children under 3 years of age who receive influenza vaccine should be administered a 0.25mL dose, and that children over this age receive a full 0.5mL dose (see **Table 3.9.1** below).

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AGPN acknowledges the financial support of the Australian Government Department of Health and Ageing.

Table 3.9.1: Recommended doses of influenza vaccine

Age	Dose	Number of doses (first vaccination)	Number of doses * (subsequent years)
6 months - < 3 years	0.25mL	2†	1
3-9 years	0.5mL	2†	1
> 9 years	0.5mL	1	1

If a child 6 months to ≤9 years of age receiving influenza vaccine for the first time inadvertently does not receive the second dose within the same year, they should have 2 doses administered the following year.

† Two doses at least 1 month apart are recommended for children aged ≤9 years who are receiving influenza vaccine for the first time. The same vial should not be re-used for the 2 doses.

This recommendation differs from the product information for some influenza vaccines (see below).

Variations from product information

The product information lists allergy to chicken feathers and some food proteins as a contraindication, whereas NHMRC recommends that patients with allergies other than anaphylaxis can be vaccinated.

The product information for some vaccines gives a dose of 0.125 mL for children 3 or 6 months to 2 years old. NHMRC recommends that the lowest dose for any influenza vaccine is 0.25 mL. This is because influenza vaccine is relatively poorly immunogenic in infants, and 0.25 mL is the dose recommended in the USA where it has been shown to be safe.32

The product information for Fluvirin states that the product should not be given to children <4 years of age. Although the NHMRC recommends that children as young as 6 months of age can be vaccinated if they are at risk of complications of influenza, the suitability of the vaccine formulation for accurate preparation of 0.25 mL doses should be taken into account.

This information and other minor editorial amendments, which may be identified in final proof-reading, will be included in the printed version to be released in November 2007. Page numbers and cross referencing will change. Substantive content such as general information and recommendations will not change.

Fight Flu website

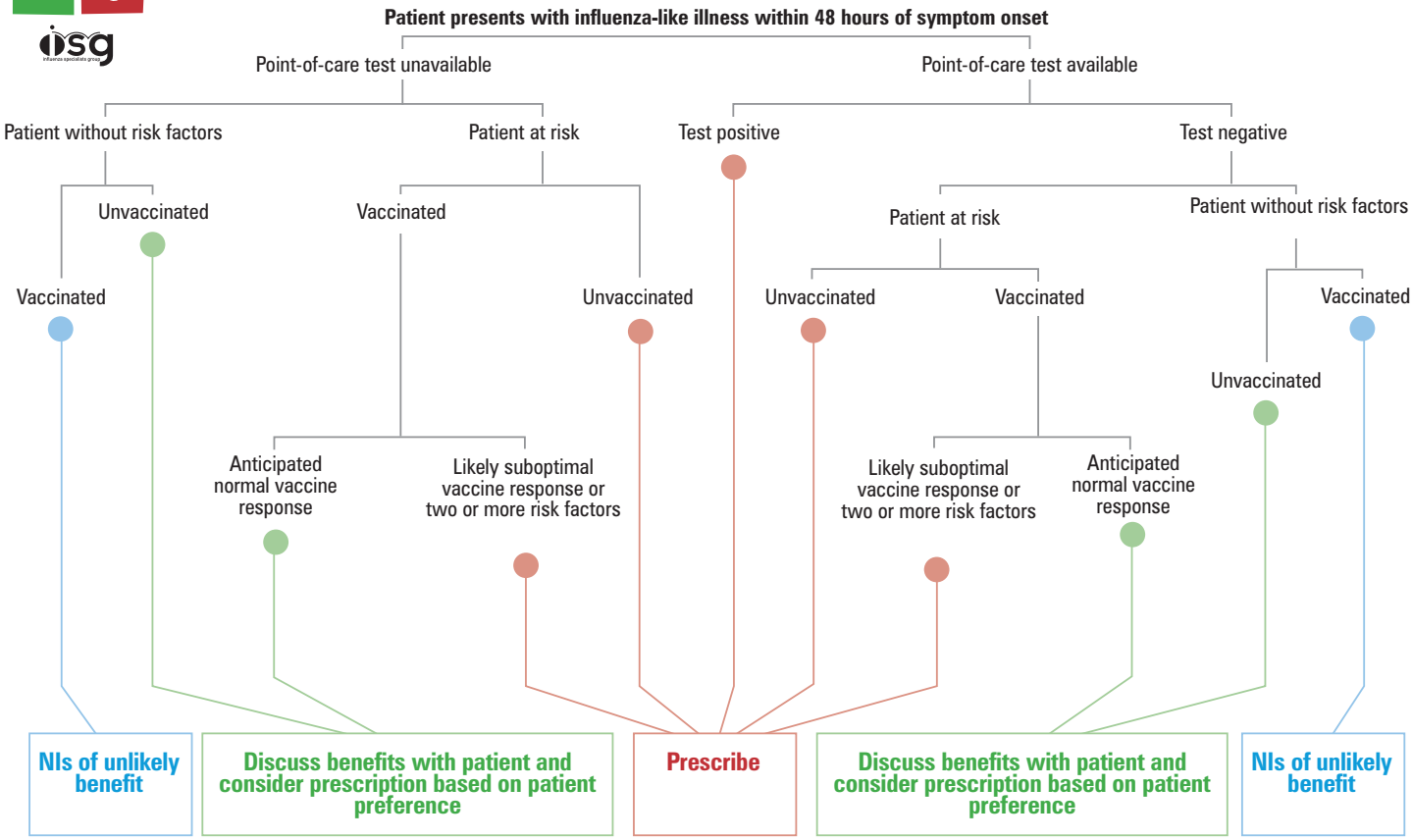
With the publicity surrounding the recent reported increase in influenza cases, it is timely to remind health workers in particular that they have a duty of care to their patients to protected themselves from the flu so that they do not pass it on. Of course health workers are also at a higher risk of coming in contact with the flu virus and should look after themselves. For up to date information, see the Fight Flu website. http://www.fightflu.gov.au/asp/index.asp?

Antivirals and Their Use

The following 3 pages contain important information from the **Influenza Specialist Group** on the use of Antivirals such as Tamiflu®.

Figure 1: Algorithm for prescription of Neuraminidase Inhibitors (NIs) for influenza-like illness

Influenza Specialist Group



Explanatory Notes

1. Influenza-like illness

Influenza is generally characterised by:
- Cough • Fever • Fatigue

Which may be accompanied by:
- Rigors and chills • Myalgia • Sore throat

2. Onset of symptoms

NIs should not normally be used if onset of symptoms is greater than 48 hours. Later treatment may be worthwhile in special circumstances such as influenza pneumonia, or infection in immunosuppressed patients, but this has not yet been proven.

3. Point-of-care testing

When a point-of-care test is available, the decision to use it should be made by the treating doctor in consultation with the patient.

When point-of-care testing is used, a positive test result is of high predictive value; a negative test result has poor predictive value so should be viewed with caution. Full laboratory-based diagnostic tests such, as PCR (polymerase chain reaction) or IFA (immunofluorescence antibody), are of high predictive value for both positive and negative results, and can usually be viewed with confidence providing that appropriate samples are taken.

4. At-risk groups

The NHMRC defines high-risk patients as those 65 years or over, all Aboriginal and Torres Strait Islanders aged 50 years and older and children and adults with chronic conditions such as:[i]
- Diabetes.
- Cardiovascular disease.
- Renal disease.
- Immune deficiency disorders.
- Respiratory illnesses (asthma, bronchitis, emphysema etc).
- Cancer.

Other groups that are considered to require protection against infection are:[i]
- Hospital workers.
- Residents of nursing homes and other long-term care facilities.
- People that come into contact with high risk individuals.

5. Suboptimal vaccine response

Groups where vaccine effectiveness might be lower than in young healthy adults include:[ii]
- The "very elderly" (≥ 80 years of age).
- Transplant patients.
- Patients with advanced cancer and/or receiving cancer chemotherapy.
- Patients on high-dose corticosteroid therapy.
- Patients with advanced HIV.

6. Benefits of neuraminidase inhibitors

When treatment is commenced within 48 hours of symptom onset in healthy adults, NIs have been proven to reduce:
- Illness duration by 1-3 days.[iii,iv]
- Severity of the illness by 40%.[iii]
- Serious outcomes including lower respiratory tract infections,[v] hospitalisation[vi] and even death.[vii]

The benefits of NIs appear to be similar in the elderly and in children.[iii,iv] In addition, treatment with NIs has also been shown to reduce complications such as otitis media in children.[viii]

To discuss the benefits of NIs with your patient, please refer to the Influenza Specialist Group 'Neuraminidase inhibitor treatment assessment'.

REFERENCES FOR FIGURE 1

i NHMRC. *The Australian Immunisation Handbook* (8th ed) 2003, National Health and Medical Research Council, pp166-175. Found at http://www1.health.gov.au/immhandbook/

ii MMWR. Prevention and control of influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Morbidity and Mortality Weekly Report 2005;54:RR-8. Found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm

iii Roche Products Pty Ltd. *Tamiflu approved Product Information* 27 October, 2005. Found at: http://www.roche-australia.com/downloads/tamiflu-pi.cfm?action=get

iv GlaxoSmithKline: Relenza approved Product Information 21 October 2003

v Jefferson T, Demicheli V, Rivetti D *et al.* Antivirals for influenza in healthy adults: systematic review. *Lancet* 19 January 2006; 367:303-313. Found at: www.thelancet.com DOI: 10.1016/S0140-6736(06)67970-1

vi Ward P, Small I, Smith J et al. Oseltamivir (Tamiflu) and its potential for use in the event of an influenza pandemic, *J Antimicrob Chemother* Feb 2005;55(S1): i5-i21

vii Nordstrom B, *et al.* Reduction of influenza complications following oseltamivir use. Presented 13 September, 2005 at the European Scientific Working Group on Influenza (ESWI) congress, Malta. Abstract number S18-2

viii Whitley RJ, Hayden FG, Reisinger KS *et al.* Oral oseltamivir treatment of influenza in children. *Pediatr Infect Dis J* 2001;20:127–33

Influenza Specialist Group

This document has been developed to use with the Influenza Specialist Group's 'Algorithm for prescription of NIs for influenza-like illness'. It has been developed to help GPs and patients make informed decisions about taking neuraminidase inhibitors (NIs). When making this decision two key issues must be considered:

1 Likelihood of patient having influenza.

2 Likely benefit of treatment with NIs.

Colour-coding refers to:

NIs of likely high benefit
NIs of potential benefit (consider other factors where possible)
NIs of likely low benefit

Influenza-like illness
Influenza is generally characterised by:
• Cough • Fever • Fatigue

Which may be accompanied by:
• Rigors and chills • Myalgia • Sore throat

1 Likelihood of patient with influenza-like illness having influenza

What time in the influenza season is it?

Beginning	Low likelihood of patient having influenza
Middle	Substantial likelihood of patient having influenza
End	Low likelihood of patient having influenza
Outside season	It is unlikely that the person has been exposed to the influenza virus, unless the person or an immediate contact has recently travelled to an area of influenza activity

Has there been exposure to influenza?

Not known or possible exposure	Influenza infection is possible at any time during the influenza season regardless of whether there is identifiable exposure
Yes, close contacts	In these circumstances it is likely that the individual has influenza
Yes, institutional outbreak	In these circumstances it is likely that the individual has influenza Note: prophylactic NI treatment should be considered for asymptomatic institutional residents at high risk of severe consequences from influenza infection, whether or not they are vaccinated

Has the patient been vaccinated against influenza this season?

No or unknown	In any given year, it is estimated that between 5% and 15% of the population will contract influenza[i]
Yes	Influenza vaccination is very effective (70-90%) in preventing influenza illness in young healthy adults.[i] However, in some cases there may be other factors which make NI treatment an important consideration: • Potential severe consequences of influenza infection • Patient likely to have a suboptimal vaccine response because they are immunosuppressed [including the "very elderly" (≥80 years), transplant recipients, advanced cancer, receiving cancer chemotherapy, autoimmune disease, uncontrolled diabetes]

What is the doctor's clinical impression of the patient's symptoms?

Almost certain influenza	Where a doctor is clinically confident that the patient has influenza, they are right most of the time (56.7%)[ii]
Possible influenza	Where a doctor believes the influenza-like illness symptoms are possibly due to influenza, the disease is confirmed as influenza one quarter of the time (24%)[ii]
Unlikely influenza	Where a doctor doesn't believe the symptoms are influenza, there is generally a low likelihood of the patient having the condition

If a point-of-care test is available, what is the result?

Positive	Most tests with positive results correctly identify infection,[3] provided there has been recent definite or possible exposure
Negative	A negative result cannot be considered a reliable indicator of influenza because as many as 30% of negative test results may be falsely negative.[iii] Hence caution is advised when making decisions based on this, particularly in patients at risk of serious influenza

2 Likely benefit of treatment with NIs

How long has the patient displayed symptoms of influenza-like illness?

< 48 hours	NI treatment needs to begin as early as possible after onset of illness and has been shown to be of use within the first 48 hours after onset of symptoms[iv,v]
> 48 hours	NIs should not be used if onset of symptoms is greater than 48 hours.[vi] Later treatment may be worthwhile in special circumstances such as influenza pneumonia, or infection in immunosuppressed patients, but this has not yet been proven

Is the patient at high risk of influenza complications (ie, the very young, those aged 65 years and older and those with underlying chronic respiratory, cardiac, endocrine or immunological disorders)?

Yes	In these groups NI treatment has the greatest potential to reduce serious illness and complications, providing obvious benefits to the patient as well as a potential reduction of health costs
No, but in close contact with high-risk individuals	NI treatment is important in people who have close contact with one or more high-risk individuals that cannot be avoided during the infectious period
No	Benefit of using NIs in young, healthy adults is mainly aimed at reducing milder morbidity and reducing the impact influenza has on work, family, travel, education and leisure commitments

REFERENCES FOR FIGURE 2

i World Health Organization. *Influenza* (fact sheet). Updated March 2003. Found at: http://www.who.int/mediacentre/factsheets/fs211/en/

ii Broom AK, Smith DW. The Influenza Surveillance Program in Western Australia, 2003. *Commun Dis Intell* 2004; 28: 169-174

iii Centers for Disease Control and Prevention. *Interim Guidance for Influenza Diagnostic Testing During the 2004-05 Influenza Season* 22 November 2004. Found at: http://www.cdc.gov/flu/professionals/diagnosis/0405testingguide.htm

iv Roche Products Pty Ltd. *Tamiflu approved Product Information* 27 October, 2005. Found at: http://www.roche-australia.com/downloads/tamiflu-pi.cfm?action=get

v GlaxoSmithKline. *Relenza approved Product Information* 21 October 2003

vi World Health Organization. *WHO Drug Information* 2005;19(4): 271-314. Found at: http://www.who.int/druginformation/vol19num4_2005/DI19-4.pdf

GP HPV Vaccine Program – Changes to the Age Cut Off

The policy regarding completion of vaccination courses after a woman has turned 27 years old has recently been reviewed and clarified. A woman who commences vaccination with HPV vaccine before she turns 27 years is eligible to receive free HPV vaccine to complete the course.

Background: The licensing conditions for Gardasil (HPV vaccine) make the vaccine available to females aged between nine and 26 years. The vaccine does not have approval for use in women aged 27 or over, so women should not be offered the vaccine if they are already 27 before the course is started. However, the large clinical trials enrolled women who turned 27 before the vaccination course was completed, so there is some data on safety and efficacy in women who are 27 years of age. To maximise protection against the strains of HPV targeted by Gardasil, three doses of vaccine are recommended at the intervals of 0, 2 and 6 months (with an accelerated schedule possible of 0, 1 and 4 months). Administration of any Gardasil dose outside of the licensed age range would be considered an 'off label' dose and is contrary to the product's license.

In keeping with the findings from the large clinical trial, women who turn 27 years old before completing the vaccination course are eligible to receive free HPV vaccine to complete their course.

For new enquiries:

The Australian Government has recently reviewed and clarified the eligibility criteria for free HPV vaccine. Women who receive the first dose of HPV vaccine before they turn 27 years of age are eligible to receive free vaccine for all three doses. However, all three doses must be given before completion of the program in June 2009.

If you need to send new information to enquiries that have already been sent out:

Further to my [letter / email] of [date], the Australian Government has reviewed and clarified the eligibility criteria for free HPV vaccine. Women who receive the first dose of HPV vaccine before they turn 27 years of age are now eligible to receive free vaccine for all three doses. However, all three doses must be given before completion of the program in June 2009. I apologise for the confusion.

The HPV campaign website will be updated as quickly as possible to include the following:

Question: Can I get free vaccine if I turn 27 partway through a vaccination course?

Answer: Yes. As long as the first dose is given before you turn 27 years of age, you are eligible for free vaccine for all three doses of HPV vaccine.

The immunisation provider guidelines will also be updated with the following words:

To be inserted in the fast facts for general practitioners section, under eligibility, change the last dot point to: "females aged 18 to 26 years, however, the full course of 3 doses must be completed before the end of June 2009, with the first dose given before the woman reaches age 27 years.

Up to date information can be found on the NCIRS fact sheer website –

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

Or the Immunise Australia website –

http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/hpv-vac-prog

The General Practice HPV program will run until June 2009 after which time the program will revert to a school based program for 12 year old girls or those in their first year of secondary school.

HPV Register

The Bill to allow the development of the HPV Register has been debated and passed so is now the law governing the proposed HPV Register. The various processes are now in train to design and develop the register and have it operational as soon as possible.

Until this register is operational, we still need to continue to encourage all practices to collect HPV data and hold it for future lodgement with the register.

As well as consent for the procedure for the HPV immunisation, providers also need to gain consent from their patients for the lodgement of this data with the proposed register.

Collecting the HPV Data

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

1. Using your medical software – step by step instructions for collecting HPV information using various medical software programs 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.

Back to top

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.

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.

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

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National Divisions Immunisation Workshop 2007

This year's workshop, with the theme ***Unleashing the power of Divisions***, is being held on Wednesday 29th and Thursday 30th August. A detailed program of the times, topics and speakers is available on AGPN's immunisation website: http://www.adgp.com.au/site/index.cfm?display=24698

The program in brief is as follows:

- Breakfast session with speaker Dr Raymond Seidler, a GP who has been working in Kings Cross, Sydney for the past 30 years. He will share some interesting experiences from the world of "the Cross".
- Dr Greg Rowles, a GP with a country practice in Victoria who will speak on the Vaccines of the Year.
- Kate Russo is the Divisional Immunisation officer for Dandenong in Victoria. Kate has been running a success collaborative with various stakeholders of immunisation and will report on her successes.
- Jane Sanders is the SBO Immunisation Coordinator for GP Queensland. Jane will report on the joint venture of Queensland Health and GPQ developing the Kiss Guide to Vaccine Management.
- Dr Jonathan Anderson has a busy inner Melbourne practice and was involved with the Victorian Department of Human Services in developing the pandemic flu plans for the state and in particular for general practices.
- Meredith Cameron is the Communication Adviser for the National Institute for Clinical Studies (NICS) and is presenting on the plans for flu seasons.
- Vince Rettura is an officer with the WA Department of Health and has developed an effective and inexpensive training package for practice nurse immunisers.
- Professor Peter Macintyre is the Director of the National Centre for Immunisation Research and Surveillance (NCIRS), an organisation which has recently celebrated its 10th birthday. Peter will speak about those 10 years of the NIP and where we go from here.

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!

Back to top

Non-divisional people 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

Back to top