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Date:	25 July 2012	Pages:	1 of 2
To:	General Practitioners, Practice Nurses, Practice Managers, Health Professionals		
From:	Kim Albrecht, Acting National Programme Manager Immunisation		
Subject:	<b>Extension of 2012 Influenza Immunisation Programme, Health Target, Prevenar 13 eligibility, BCG Vaccine, Measles Update, Whooping Cough</b>		

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Dear Colleagues

### **Extension of the 2012 Influenza Immunisation Programme for eligible groups**

The Minister of Health has announced the publically-funded influenza programme will be extended until 31 August 2012. Claims for funded vaccines can be submitted within eight months from the date the patient is immunised. Funded vaccines eligible for payment must be administered within the subsidised period - now up to 31 August 2012. At this stage, the virus strains identified by flu surveillance are covered by this year's seasonal influenza vaccine (see below).

Flu vaccine remains available for people not eligible for free immunisation, but they will need to pay for it.

The eligibility for free influenza vaccine remains the same and includes pregnant women, those aged 65 and over and those under 65 with specified medical conditions. Vaccine is available to order immediately and eligible children under nine years of age are recommended to have two doses of the vaccine if they have not been immunised against influenza before.

A communication campaign to support the continuation of the programme is being launched this week. It includes print and television advertising and will run over the next two weeks promoting immunisation and public health messages on hygiene.

The minimum order for both vaccines remains at 10 doses and that up to 10 doses of any unused stock of either Fluvax or Fluarix can be returned by 30 September 2012.

For any further information regarding ordering the funded vaccines, please phone Healthcare Logistics Customer Services 0508 425 358. For further information regarding the programme please call 0800 IMMUNE.

Additional information about the current flu situation is available on the Ministry website at [www.health.govt.nz](http://www.health.govt.nz)

### **Flu Virus Strains**

ESR analyse influenza virus isolates sent to them from across the country, including both sentinel and non-sentinel surveillance. Currently it shows a mixed picture across the country with Canterbury dealing with mostly A(H3N2) viruses, compared with the Auckland region which is seeing a mixture of pandemic H1N1 and influenza B. Antigenic analysis of flu viruses to date are consistent with strains covered by the current flu vaccine. Circulating strains will continue to be monitored.

### **Two-year-old Immunisations**

Congratulations to everyone in your practice for the tremendous effort you have all made improving the two-year-old immunisation coverage. You all play an important role in supporting families to protect their children through immunisation.

The national coverage for two-year-old children by ethnicity is; Maori 92 percent, Pacific 97 percent, Asian 98 percent and NZ European 93 percent. This is a dramatic improvement in coverage for all of these groups since 2007.

### **High risk pneumococcal programme eligibility (Prevenar 13)**

We have recently been asked to clarify eligibility for the high-risk pneumococcal programme for children who commence the programme because they are immune compromised and then the child's immune suppression changes. Eligibility is determined once only at the beginning of the course. Therefore if a child commences a course of Prevenar 13, continue with the course. The eligibility criteria for this programme can be found in the *Immunisation Handbook 2011* on pages 193-194.

Please note that children eligible for the high risk programme can now receive the funded vaccines without the recommendation of a secondary care specialist (page 3, *Immunisation Handbook 2011*).

### **BCG vaccine replacement**

The Ministry and PHARMAC have been advised by Sanofi they will be supplying the BCG Vaccine SSI as a substitute for their BCG vaccine which was recalled as a precautionary measure on 20 June 2012. The BCG vaccine SSI will be supplied until late 2013 or early 2014 and is very similar to the BCG vaccine used before the change to the Sanofi BCG Vaccine in 2011. In most areas, the BCG vaccine clinics will be recommencing this week.

As different Mycobacterium bovis BCG strains are used in the formulation, theoretically there may be a difference in adverse event profiles between BCG Vaccine SSI and the Sanofi Pasteur BCG vaccine.

Any patient who is immunocompromised may develop disseminated BCG disease and should not receive BCG vaccination.

### ***Adverse events following BCG vaccination***

A localised reaction can be expected after BCG vaccination and normally occurs in 90 to 95 percent of those who are immunised against TB. A small red papule usually appears at the vaccine site after one to six weeks, followed by a small discharging shallow ulcer after six-to-12 weeks. Healing and scar formation may take up to a further three months. A minor degree of adenitis (cervical or axillary) developing in the weeks following BCG vaccination should be regarded as normal, and may take months to resolve.

However the presence of suppurative adenitis, regional lymphadenopathy with nodes > 2cm, vaccination site induration > 1cm or vaccination site abscess > 1cm should be regarded as adverse events. Note that regional lymphadenopathy or suppurative adenitis due to BCG can occur after the vaccination site has healed.

Abscesses which form at the injections site (on the left mid-upper arm) should not be incised. Most local and regional adenopathy resulting from BCG vaccination will resolve spontaneously with time. Treatment for vaccination site abscesses and suppurative adenitis is almost always conservative. There is a very limited role for medical or surgical interventions.

Practices should contact the BCG vaccinator or BCG vaccination service (usually the local Public Health Service in your area) regarding any patient who presents with a BCG adverse event, and the patient should then be referred for specialist assessment and management. The Public Health Service or the specialist will notify BCG adverse events to CARM.

### **Measles Update**

The Ministry of Health has declared the measles outbreak which started in May 2011 is officially over. Nationally, there have not been any measles cases reported since the middle of June 2012, which is more than two incubation periods (four weeks).

It is now recommended that the MMR vaccine returns to the normal scheduled timing - being given at ages 15 months and four years with the other National Immunisation Schedule vaccines due at these ages.

Opportunistic immunisation is still recommended for older children/teenagers and adults born after 1 January 1969 who have not had two MMR doses.

The MMR vaccine can still be given to children as early as age 12 months if requested by the parents/guardians or if this is considered appropriate by the health care provider (e.g. before travel to a country affected by measles).

Please ensure that children who are given the MMR vaccine at age 12 months receive the second MMR dose by age four years.

We appreciate all your extra time and efforts to manage this outbreak.

### **Whooping Cough Update**

New cases of Whooping Cough have continued to occur at a high rate, although the weekly number of cases has continued to decrease since the last peak in May.

Since the current outbreak began in August 2011, there have been a total of 4,396 cases (confirmed, probable and suspect) and 237 hospitalisations as on 20 July 2012. Infants (under one), the population at highest risk of serious outcomes, have accounted for 291 cases (7 percent of all cases) and 146 hospitalisations (62 percent of all hospitalisations). No deaths have been reported from the current outbreak.

In the past four weeks, the highest numbers of cases have been notified from Canterbury DHB (81 cases) followed by Capital and Coast (45 cases), Nelson-Marlborough and Waikato (36 cases each) and Hutt Valley (29 cases) DHBs. Eighteen DHBs have reported new cases.

***If you have any queries about anything in this update, please email [immunisation@moh.govt.nz](mailto:immunisation@moh.govt.nz).***