Dear colleagues

1. Pertussis (whooping cough) outbreak – Ministry of Health recommendations

The pertussis outbreak continues with about 90 cases per week in 2012. So far in 2012, the highest numbers were reported from Nelson Marlborough and Canterbury, followed by Capital and Coast and Hutt Valley. All DHBs have reported at least one case of pertussis.

Pertussis notification rates per 100,000 in 2011

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate (cases per 100 000 population)</th>
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<tbody>
<tr>
<td>West Coast</td>
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<tr>
<td>Nelson Marlborough</td>
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<td>Hutt Valley</td>
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<td>Tairawhiti</td>
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<tr>
<td>Hawke’s Bay</td>
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<tr>
<td>Capital and Coast</td>
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<td>Canterbury</td>
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<td>South Canterbury</td>
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<td>Taranaki</td>
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<td>Waikato</td>
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<td>Whanganui</td>
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<tr>
<td>Southern</td>
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<tr>
<td>Bay of Plenty</td>
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<td>Waitemata</td>
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<td>Lakes</td>
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<tr>
<td>MidCentral</td>
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<td>Auckland</td>
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<tr>
<td>Counties Manukau</td>
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<td>Northland</td>
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<td>Waipara</td>
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Source: Institute of Environmental Science and Research (ESR)

The national immunisation strategy is aimed primarily at protection of infants and young children who have the most severe outcomes from pertussis. Therefore the Ministry of Health recommends on time immunisation of infants as the most important measure to protect babies against pertussis. It is also important to offer pertussis boosters to adults who work or live with infants, such as healthcare workers (including primary care), education staff, households and carers of infants. As stated in Immunisation Handbook 2011 (page 142) this is recommended, but not funded, by the Ministry of Health.

Whenever possible, a properly obtained nasopharyngeal swab or aspirate is the ideal sample for laboratory diagnosis, using the correct swabs and transport media. The same specimen can be used both for culture and polymerase chain reaction (PCR). The local laboratory can advise which swabs and transport media to use.

Please note that while PCR is more sensitive than culture and is the preferred method for diagnosing pertussis in first two weeks of illness, PCR lacks sensitivity in previously immunised individuals and is relatively costly, so may not be available in all regions. A negative result also
does not rule out the disease. Pertussis is notifiable to public health on suspicion - please do not wait for a confirmed diagnosis.

Macrolide antibiotics are the treatment of choice for pertussis, when treatment is appropriate. There are clinical trials to support the use of erythromycin, clarithromycin and azithromycin. However, of these, only erythromycin is currently fully funded in New Zealand for the treatment of pertussis. Roxithromycin is also funded, however evidence to support its effectiveness in vivo is limited. See the Immunisation Handbook 2011 for more details.

2. Measles update
Nationally, there have been fewer measles cases so far this year than the peak of the outbreak late last year. You can find the latest updates at [http://www.health.govt.nz/our-work/diseases-and-conditions/measles/updates-measles](http://www.health.govt.nz/our-work/diseases-and-conditions/measles/updates-measles). The Counties Manukau region has accounted for about half of all cases since the end of November 2011. However, sporadic cases continue to be reported across the country, sometimes with large numbers of contacts. It is important to remain vigilant with early identification and notification, and to continue to increase immunisation rates in all age groups. In 2011-2012, among all confirmed cases for which immunisation status information was available, more than 85 percent were in people not fully immunised.

The Ministry is still recommending the first MMR dose be given at 12 months if possible, as well as recalling other children not fully immunised, and opportunistic immunisation of all patients. The Ministry will continue to monitor the situation and will advise when to return to the normal schedule.

3. Infanrix hexa pack change – March 2012
Based on feedback from vaccinators, GlaxoSmithKline Ltd has modified the Infanrix hexa packaging to make the Hib pellet more visible to ensure the correct use of the vaccine. The new packaging will be distributed from the ProPharma Regional Stores during March. The new packaging is 20 percent smaller than the current pack, is needle free and will support the correct administration by exposing the vial for reconstitution when the syringe with diluent is removed.

**Note:** Infanrix hexa is offered on the National Immunisation Schedule at ages 6 weeks, 3 and 5 months. There are no changes to the Infanrix hexa vaccine formulation, indicatives or components.

Please use up your existing stocks of Infanrix hexa before using the new packs. If you have any questions please contact Kate McLellan, Paediatric Vaccines Business Manager, GlaxoSmithKline Ltd 021 968 061, kate.e.mclellan@nzk.com.

4. 2012 Seasonal Influenza Immunisation Programme to start
The 2012 Influenza kit will be distributed in February. The 2012 Seasonal Influenza Vaccine Order Form is available online at Influenza.org.nz. Pre-ordering of vaccine can start now to ensure you have supplies available. Please ensure you have capacity to store this vaccine and wait until the vaccine is in your fridge before arranging clinics.

The subsidised seasonal influenza vaccines for 2012 are FLUVAX® and FLURAX®. You cannot claim the immunisation subsidy for any other flu vaccine

- The Ministry recommends that FLUVAX® should not be given to children under 9 years.
- FLURAX® is recommended for individuals aged 6 months and over.

5. Pneumovax 23 vaccine
The 2012 Influenza Kit recommends offering Pneumovax 23 vaccine to some groups over 16 years of age. This vaccine must be privately purchased through Healthcare Logistics.

**Note** Pneumovax 23 is only funded for children who meet the high risk pneumococcal programme criteria and for children and adults pre and post splenectomy. The Ministry orders a small volume of Pneumovax23 for funded individuals only. For more information see the Immunisation Handbook 2011.

6. Menomune vaccine
The Menomune vaccine is only funded for children and adults pre and post splenectomy. For more information see the Meningococcal Invasive Disease chapter in the Immunisation Handbook 2011. If you are offering Menomune vaccine privately to individuals who do not meet this criterion please purchase the vaccine directly from Healthcare Logistics.

If you have any queries about anything in this update, please email immunisation@moh.govt.nz.

David Wansbrough
National Programme Manager Immunisation
2012 Seasonal influenza vaccine order form
(Failing to complete in full may affect the processing of your request)

TO: Healthcare Logistics
TOLL-FREE FAX: 0508 408 358

Date ___________________ Healthcare Logistics Customer Number __________________

Surgery
name ___________________

Contact
name ___________________

Delivery
address ___________________

Contact
phone ___________________

Customer purchase order
number (if applicable) ______________

Important key messages for influenza 2012
FLUAX® and FLUARIX® are the two influenza vaccines available to order this season.

- FLUARIX® is approved for use in individuals aged 6 months and over.
- FLUAX® is approved for use in individuals aged 5 years and over but should be used with caution in children aged 5-8.

The Ministry of Health recommends FLUAX® should not be used in children under 9 years of age.

Please estimate the total number of children in your practice that are likely to be vaccinated this season and order below (note: only children with underlying medical conditions are eligible for free vaccine).

I would like to order:

_____ DOSES for children under 9 years of age (FLUARIX® [1111736], only available in multiples of 10).

_____ DOSES for individuals 9 and over (FLUAX® or FLUARIX® [1111703], only available in multiples of 10).

You will be supplied the doses that you commit to in writing (please remember we cannot split boxes).

Influenza chilly bins cannot be recycled, to reduce wastage when ordering, please consider:
A medium chilly bin holds up to 80 doses; a large chilly bin holds up to 200 doses.

Minimum order quantities apply as follows:

<table>
<thead>
<tr>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
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<tr>
<td>Min 50 doses</td>
<td>Min 50 doses</td>
<td>Min 30 doses</td>
<td>Min 30 doses</td>
<td>Min 20 doses</td>
<td>Min 10 doses</td>
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NOTE: Some orders may have a temperature logging device included with the shipment. Do not be concerned if your shipment does not contain a temperature logging device.

Refund for unused stock
A refund will be available for a total of 10 units of unused stock of either FLUAX® and FLUARIX®, from any one account. Unused stock must be returned by August 31st, 2012 to be refunded. Thereafter the surgeries should contact their immunisation coordinator for information on safe disposal.

For any further information on ordering, please phone Healthcare Logistics Customer Services 0508 425 358.

For online ordering go to www.hconline.co.nz