Dear Colleagues

1. **Immunisation Health Target**

Thanks for your on-going efforts to immunise children. We have come a long way towards achieving 95% coverage for two-year-old children however we still need to reach another 495 infants this quarter who are not fully immunised. Please recall any child on your register who is turning two this quarter and is not fully immunised. Your DHB NIR Administrator, immunisation coordinator and/or out-reach nurse may be able to help you with reports or finding children.

2. **Immunisation Week 23-29 April**

We know that one of the biggest factors in immunisation uptake is the conversation parents have with a trusted health professional. We hope that the Immunisation Week activities and media coverage prompt parents to make an immunisation appointment for their child today, or that they have a chat with a health provider if they have questions or concerns.

3. **Pertussis**

High levels of pertussis continue in many areas, with over 2,800 reported nationally since August 2011 when the current outbreak began. Children under one-year-old, who are the most at risk of severe illness, have accounted for around 7% of cases and around 60% of hospitalisations. The latest surveillance information can be found at: http://www.surv.esr.cri.nz/surveillance/PertussisRpt.php.

Immunisation is the most important measure for preventing pertussis, in particular:

- on time immunisation of infants (funded)
- the scheduled boosters at 4 years and 11 years (funded)
- boosters for adults (not funded) who work or live with infants, such as healthcare workers, education staff, pregnant women and households and carers of infants.

Pertussis boosters (not funded) should also be considered for other people who are vulnerable, for example someone who has an underlying respiratory condition.

Pertussis is notifiable to the Medical Officer of Health on suspicion, before a confirmed diagnosis. The local Medical Officer of Health can also advise on appropriate testing in your region. Where there are high levels of pertussis, testing is unlikely to be required for every case. Diagnostic testing should still be carried out where needed for clinical management.

Antimicrobial treatment does not alter the clinical course of the illness unless administered early in the illness, but may reduce infectivity. Recommended antibiotics include erythromycin, azithromycin, clarithromycin and co-trimoxazole.

Refer to the Immunisation Handbook 2011 for more details about immunisation and antibiotic treatment (and funding), especially in pregnancy and young children.

4. **Meningococcal disease**

With flu season approaching it's timely to remember other conditions that can present with flu-like signs and symptoms, including meningococcal disease. Symptoms of meningococcal disease may include a high fever, headache, sleepiness, a stiff neck, dislike of bright lights, joint and muscle pains, and vomiting or (in infants) refusal of feeds. A rash occurs in about two-thirds of cases – this may be ill defined and macular, petechial or purpuric.
Meningococcal disease is most common in children under the age of five years, although it can occur at any age.

Parenteral antibiotics should be administered to all cases as soon as meningococcal disease is suspected before admission to hospital or in hospital if delays and assessment in hospital are likely to be more than 30 minutes. Refer to p287 of the Immunisation Handbook for details.

Attending medical practitioners must immediately notify the local Medical Officer of Health of suspected cases. Notification should not await confirmation.

5. National Cold Chain Audit

You will start to see the National Cold Chain Audit new digital temperature monitors and record cards arriving with your Schedule vaccine orders over the next couple of weeks.

The process for the National Cold Chain Audit remains unchanged. Yellow stickers with the words “Cold chain monitor enclosed” will be placed on vaccine boxes when a monitor card is attached. Check delivery for cold chain monitors. The digital monitor must be checked when the vaccine is received by your practice or clinic and again when the last dose of vaccine in the box is administered. Record findings on the Temperature Monitor Record card in the appropriate boxes.

The digital monitor will display an “OK” when vaccines have been kept at the correct temperature. In the event of a cold chain failure the “OK” will have a black box around it, and a number from 1 to 4 will display. Each number represents one of four temperature alerts — one for freezing and three for heat. The monitor does not have an audible alarm so should be checked regularly.

Please read the instructions on the Temperature Monitor Record card carefully, as it outlines the numbers that can display on the monitor and what these mean.

If you have any questions about the digital monitors please contact the ESR National Vaccine Store on (04) 914 0792. For more information about the National Cold Chain Audit please contact your immunisation coordinator. Some frequently asked questions are also available on the IMAC website www.immune.org.nz.

6. Recording the correct pneumococcal vaccine (PCV) on your PMS

Changes to your Practice Management Systems were made last year to support the 2011 National Immunisation Schedule changes. These changes scheduled the pneumococcal conjugate vaccine (PCV) events at 6 weeks, 3, 5 and 15 months of age. We have noticed on the NIR that many children have PCV7 (Prevenar 7) recorded as the PCV vaccine administered. Prevenar 7 has not been distributed from ProPharma since October when Synflorix was distributed. Please ensure that you accurately record the correct PCV vaccine you have administered to a child.

Note: PCV10 (Synflorix) vaccine should be the vaccine entered in the PMS unless a child is eligible for the High Risk Pneumococcal Immunisation Programme.

7. 2012 Influenza programme

At 19 April 2012, approximately 707,490 doses of influenza vaccine have been distributed.
FLUVAX and FLUARIX are influenza vaccines available free to the eligible population.
FLUARIX is approved for use in individuals aged 6 months and over.

Please ensure that you have estimated the total number of eligible under nine-year-olds to be vaccinated within your practice and place orders for FLUARIX. FLUVAX is NOT recommended for use in individuals aged under nine-years-old.

When ordering these vaccines, be aware that they are only available in multiples of 10.

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

Kim Albrecht, Acting National Programme Manager, Immunisation