Dear Colleagues

1. BCG recall
The Ministry of Health has been advised by the vaccine supplier (sanofi-aventis) that the BCG vaccine available in New Zealand has been recalled. The same vaccine is also being recalled in Australia and Canada.

The company advise that this is because checks of the air quality found a problem and they cannot be completely confident that the vaccine is sterile. This action is precautionary and has not been prompted by any alerts of problems caused by the vaccine. All practices should quarantine any vaccine they have in stock and further advice will be sent by sanofi-aventis on what to do with this stock.

The Ministry of Health is working with the New Zealand supplier to establish another supply of BCG vaccine, however at this stage it is unclear how long this process will take. Health practitioners will be informed when a new supply of vaccine is available.

Advice for the public is also available via Healthline on 0800 611 116, and 0800 IMMUNE 0800 466 863. Two 0800 numbers from the manufacturer are also available. For medical information call 0800 Pasteur (0800 727838) and stock issues can be directed to HCL on 0800 Sanofi (0800 726 634). Further advice about risk of TB for any of your patients can be sought from your local Medical Officer of Health.


2. Pertussis immunisation
On time immunisation of infants is especially important given the on-going high levels of pertussis across New Zealand. The main public health goal is still to protect those at greatest risk of severe outcomes, especially infants, rather than elimination of all disease transmission (which is not feasible with current vaccines). Recommendations remain as follows:

Immunisation is the most important measure for preventing pertussis, in particular:
- on time immunisation of infants at 6 weeks, 3 months, 5 months (funded)
- the scheduled boosters at 4 years and 11 years (funded)
- boosters for adults who work or live with infants, such as healthcare workers, education staff, pregnant women (after 20 weeks) and other household members and carers of infants (not funded by the Ministry but currently funded by some DHBs).

Pertussis boosters should also be considered for other people who are vulnerable, for example someone who has an underlying respiratory condition (not funded).
The Ministry confirms the advice in the *Immunisation Handbook 2011* (page 24) that BOOSTRIX® vaccine can be used in pregnancy, and is recommended to be given after 20 weeks gestation. This has been recommended by the Immunisation Technical Forum (ITF), who have considered the international evidence in this area, including the updated ACIP advice published last October.  

This vaccine is particularly recommended in pregnancy when there are high rates of circulating pertussis in the community, as is currently the case. It is likely to result in increased immunity in the newborn infant, as well as in the mother.

The Ministry’s advice and expert recommendations clarifies that the use of BOOSTRIX® vaccine in pregnancy is not deemed to fall outside standard medical practice.

This does not change the normal duty of care and informed consent responsibilities all health professionals and vaccinators have for the individual patient, including the information contained in the vaccine datasheet and fully informed consent, including explanation of the options available (for example vaccination before, during or after pregnancy).

**Advice on dosage of azithromycin in infants less than six months of age**

The Ministry has been asked to clarify the dose of azithromycin suspension for infants less than six months old now that it is available. Dosage in infants less than six months old is **10mg/kg/day for five days** given in a single daily dose up to a maximum of 500mg on day one and no more than 250mg on days two to five.

3. **Two year old immunisation coverage**

Congratulations to everyone for doing such a tremendous job in reaching high coverage of two-year-olds. This is a great achievement that everyone can be rightly very proud of. We are now shifting the focus to try and improve timeliness of delivery to get even better disease control, and so the coverage target will now focus on immunisation rates at eight months of age as well as maintaining high coverage which has been achieved at two years.

4. **Flu update**

The flu vaccine distribution remains high and we now have just over 946,000 doses of vaccine distributed. The seasonal Flu Programme ends on 31 July. FLUVAX and FLUARIX are influenza vaccines available free for those eligible: pregnant women, those over 65 and those under 65 with specified medical conditions.

5. **Pharmac to purchase vaccines**

Health Minister Tony Ryall announced on 19 June 2012 that Pharmac will take over managing the National Immunisation Schedule including the prioritisation and purchasing of future vaccines. The Ministry retains responsibility for the overall National Immunisation Programme. Pharmac will establish a sub-committee of immunisation experts to provide advice on which future vaccines to purchase. An invitation will be extended to the ITF members to participate on the sub-committee. The contract with the Institute of Environmental Science and Research (ESR) to manage the storage and distribution of vaccines will continue.

6. **Measles update**

Nationally, we are still seeing some measles cases, but at a much lower level than in 2011. Two cases have been reported in the past month. Until there are no more cases, the Ministry still recommends the first MMR dose be given at the age of 12 months if possible, as well as recalling other children not fully immunised and opportunistic immunisation of all patients. The second MMR dose can still be given 28 days after the first instead of waiting until four years of age. The recommendation may be adapted depending on local circumstances and as workload in practices allows.

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

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