Dear Colleagues,

Cold chain failures
There continues to be a number of cold chain failures around the country. Maintaining cold chain is essential to ensure vaccine integrity and it is vital there are appropriate cold chain management processes in place. It is important that you contact your local immunisation coordinator if you experience a cold chain failure. Please visit the Ministry’s website for more information www.health.govt.nz/coldchain.

Whooping cough update
New cases of pertussis continue to occur at high rates with as yet no sign of waning. Since the current outbreak began in August 2011 to 5 April 2013, there have been a total of 8,817 cases (confirmed, probable and suspect), 498 hospitalisations and two deaths.

From 23 March 2013 to 5 April 2013, 99 new cases were reported. The highest numbers of cases have been notified from Canterbury (14 cases) and Waikato (12 cases) DHBs. All DHBs except Wairarapa have reported pertussis cases since 23 March 2013.

Infants (under one year old) are the population at highest risk of serious health consequences. Since the start of the outbreak, infants have accounted for 620 notified cases (7 percent) and 292 of all hospitalisations (59 percent). Of the 99 cases reported in the past two weeks, nine cases (9 percent) were infants.

Pertussis Immunisation for Pregnant Women
While the pertussis outbreak continues, all pregnant women between 26 and 38 weeks of pregnancy are eligible to receive a free Tdap (Boostrix) vaccine, even if they have had a pertussis immunisation previously. This eligibility applies to each pregnancy until the outbreak is declared over.

Tdap is recommended and funded for pregnant women, both to protect the mother from disease before delivery of the baby and to offer some passive protection to the newborn via antibody transfer across the placenta to the fetus. Maternal antibodies in the newborn can protect them from severe pertussis for up to six weeks after birth.

The mother's pertussis antibody levels start to wane 12 months after her immunisation so she may not provide sufficient protection to her fetus in future pregnancies unless her own immunity has been boosted by a repeat pertussis immunisation between 28 to 38 weeks gestation in each pregnancy.

Reminder: There is no minimum interval needed between a previous Tdap orTd immunisation and a subsequent Tdap immunisation.

Adverse Events for Pregnant Women
Following PHARMAC’s decision to fund Tdap for pregnant women, Medsafe has been monitoring any reports of adverse events in this population. To date there haven’t been any events of concern reported.

Co-administration of whooping cough and flu vaccines
For those women who wish to receive Tdap and flu vaccine concomitantly in pregnancy recent research shows there are no safety concerns around co-administration. According to the UK’s JCVI there is no data to suggest any compromise to clinical efficacy of the vaccines. However there is only a small window of opportunity to best use these vaccines during pregnancy eg between 28 and 38 weeks gestation. IMAC supports co-administration of these vaccines, during the influenza season.
Influenza update
Due to ANZAC Day falling on Thursday next week, distribution of Fluvax will be disrupted next week. Any influenza vaccine orders placed on or after Tuesday 23 April will not be able to be despatched until Monday 28 April, at the earliest. This is because processing of orders normally takes between 24-48 hours and overnight cold chain deliveries cannot be despatched on a day prior to a public holiday or weekend. Normal processing will resume on Monday 28 April.
Information on prevention of influenza can be found here: http://www.health.govt.nz/influenza.

Under fives change in eligibility payment claims
When submitting claims for flu vaccine via PMS to the ProClaim system for payment, use the vaccine/indication combination for Influenza/2-under 16 eligible condition.

H7N9 Influenza in China
Between 31 March and 15 April 2013, 60 cases of influenza A(H7N9), including 13 deaths have been reported in China (updated numbers are available on WHO website at www.who.int/csr/don/en/index.html).

Although the environmental source has not yet been definitively determined, some of the confirmed cases are reported as having been associated with contact with chickens or poultry or live animal markets environment. The Ministry is following developments closely, and providing updates and information to DHBs including Medical Officers of Health.

Information regarding avian influenza on the Ministry of Health website has been updated to include this information: http://www.health.govt.nz/avian-influenza

Meningococcal disease
We are entering the season for increased meningococcal disease. The Ministry has recently updated meningococcal disease brochures (HE2402) and posters (HE2384) for parents and health professionals. The brochures and posters are available for order from the Health Education website www.healthed.govt.nz. Please remain alert for the signs and symptoms of the disease.

Outbreak of meningococcal disease among men who have sex with men (MSM) in US
New York is experiencing an on-going outbreak of serogroup C invasive meningococcal disease among men who have sex with men (MSM). The City’s Department of Health and Mental Hygiene currently recommends vaccination against meningococcal disease for all HIV-infected MSM. The health department also recommends all men (regardless of HIV status) who regularly have close or intimate contact with other men who they meet through online websites, digital application (apps), at bars or parties.

Here in New Zealand, the Ministry recommends that all unvaccinated MSM travelling to New York City should be immunised against meningococcal disease with a group C or quadrivalent conjugate vaccine, irrespective of their HIV status (this vaccine is not publicly funded). For more information also see www.health.ny.gov/diseases/aids/campaign/ meningococcal_vaccination/docs/health_advisory_update_03192013.pdf

Audience Research: Delayers of Infant Immunisation
The research objectives were to explore parents’ decisions and reasons for delaying primary immunisations due between six weeks and five months. Māori and Pacific parents and those from low income households were included in the research.

Key findings showed that parents that while parents are supportive of immunisation and are aware of the recommended ages for immunising their babies, they have little or no understanding of the importance of immunising their baby at the recommended ages or the consequences of not doing so on time. The report also includes information of barriers to immunising on time and ways to better support families to do so.

The full report is available on the Ministry’s website at: http://www.health.govt.nz/publication/audience-research-delayers-infant-immunisation

Immunisation Week 2013
Immunisation Week begins on Monday 22 April and runs until Sunday 28 April. This year’s theme is “Protecting your child and your community by immunising on time, every time”. This year there is a particular focus on whooping cough, pneumococcal disease and measles. We want to encourage parents to immunise their child against these serious illnesses – and let them know that it’s free. Keep an eye out for local activities and promotions in your area. Resources, including an Immunisation Week information pack, can be ordered from www.healthed.govt.nz.

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