Adelaide Annual Women’s and Children’s Health Update

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Update Outline

- No Jab no Pay
  - The policy
  - Expansion of immunisation registers
  - New medical exemption form
  - Resources to support hesitant parents
  - ACIR issues/practical hints
- Immunisation in pregnancy (influenza and pertussis)
  - Why immunise pregnant women?
  - Current guidelines
  - Evidence re effectiveness and safety
  - Resources and tips

No Jab No Pay policy

- Australian Government policy change from 1 Jan 2016
  - Removal of ‘conscientious’ objection provisions
- Parents of incompletely immunised children <20 years not eligible for family assistance payments unless
  - Medical contraindication
  - Natural immunity
  - On recognised catch-up schedule
- Free catch-up <10 yrs (ongoing) & 10-19 yrs (to end 2017)

Expansion of immunisation registers

- From 1 Jan 2016 ACIR expanded to <20 yrs
- From Sep 2016 ACIR becomes Australian Immunisation Register (AIR) = whole of life register
- From 2017 HPV Register becomes Australian School Vaccination Register, capturing all adolescent vaccinations given in school programs

Medical exemption form

Medical exemption form:
To sign or not to sign?

Available at: https://www.humanservices.gov.au/health-professionals/forms/im011

No Jab no Pay medical exemption: To sign or not to sign?
What are the medical contraindications?

- **Very few!**
  - See Immunisation Handbook Table 2.1.4: False contraindications to vaccination + reverse side of medical contraindication form
  - Previous anaphylaxis to
    - Prior dose of vaccine
    - Vaccine component
  - Significant immunocompromise (Section 3.3.3 of Handbook)
    - Live attenuated vaccines only

- **Temporary exemption**
  - Acute major medical illness
  - Significant immunocompromise of short duration (live vaccines only)
  - Pregnancy (live vaccines only)

Resources to support hesitant parents

- SKAI resources

- NCIRS fact sheets

**Antigens exempt due to natural immunity**

Natural immunity to a disease is a valid exemption to vaccination for the antigens listed below. Exemption to a combination vaccine(s) on the basis of natural immunity is only valid if immunity is confirmed for all vaccine antigens. Advice on what constitutes acceptable evidence of natural immunity is provided on page 3 of this form.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Exemption Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>/</td>
</tr>
<tr>
<td>Mumps</td>
<td>/</td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>/</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
</tr>
</tbody>
</table>

This has been confirmed by:

- **Laboratory testing**
  - [ ]
  - [ ]
- **Physician-based clinical diagnosis**
  - [ ]
  - [ ]

**ACIR issues**

- [ ]

102 – Duplication of encounters by same provider
101 – Minimum intervals MUST be observed
ACIR issues (2)

Ensure child’s address details are up to date.
Parent must notify Medicare if change of address.

ACIR practical hints

- Providers can request ACIR secure site access:
- Ensure staff entering data are working within their scope of practice and understand:
  - Antigens in vaccine combinations
  - Dose numbers
  - Schedules (past Australian, overseas)
  - Rules e.g. minimum intervals between vaccines
- If ‘P’ status displayed on child’s history, will be assessed as ‘not fully vaccinated’
- If you consider a dose valid, contact the ACIR either via:
  - 1800 653 899 (may be long wait)
  - Secure site email (may be delay in ACIR staff checking)

Take home messages

- ACIR only as good as information it receives!
- Before vaccinating check ACIR history / parent records
  - If vaccine given but data not on ACIR….ADD IT (even if your practice did not give it)
- If child came to Australia as a refugee, highly likely they have received catch-up vaccines in Australia
  - Ask where seen – Migrant Health Service, Migrant Resource Centre, Newly Arrived Refugee Immunisation (NARI) clinic
  - Seek information from other providers – detective work!!
- Plan appropriate catch-up
  - Children <10 yrs of age – childhood schedule/vaccines
  - >10 years of age – adult formulation vaccines
  - Enter encounter onto ACIR as soon as possible
  - Give hand held record of vaccines they received

Take home messages – catch-up

- Use resources available:
  - <10 years of age - Immunisation Catch-up Calculator
  - >10 yrs of age - No Jab No Pay Catch-Up Arrangements
  - Immunisation Section (SA Health) 1300 232 272 (Mon – Fri)
  - Adelaide PHN – Angela Newbound, Immunisation Coordinator: (08) 8219 5900
    anewbound@adelaidephn.com.au
Immunisation in pregnancy - Outline

- Why immunise pregnant women?
- Current guidelines
- Does it work?
- Evidence for safety
- Resources and tips

Why vaccinate pregnant women against influenza and pertussis?

Complications from influenza
- Respiratory hospitalisation
- Preterm delivery
- H1N1: ICU Admission RR 6.5 (Kelly et al. European Communicable Disease Bulletin 2009;14(50)).

- Mothers often source of infant pertussis
- 39% of identified sources mother (Wiley et al. Vaccine 2013;31:618-25)
- Protection through placental antibody transfer

Current Australian national guidelines

Section 4.7 Influenza
- Recommended for all pregnant women
- Can be given at any stage of pregnancy

Section 4.12 Pertussis
- Single dose of dTpa in 3rd trimester of each pregnancy
- Optimal time for vaccination is early in the 3rd trimester (between 28 and 32 weeks)
- Can be given at any time in 3rd trimester up to delivery

Evidence – is it safe?

- Influenza
  - "Excellent and robust safety profile of multiple inactivated influenza vaccine preparations over many decades"

- Pertussis
  - "Widespread use of TT-containing vaccines in many countries has not produced any signal of possible harm to pregnant women or their foetuses"
  - Several pertussis vaccine specific studies also show no significant safety concerns
    - Munoz et al, JAMA May 2014
    - Donegan et al, BMJ Jul 2014
    - Kharbanda et al, JAMA Nov 2014
    - Regan et al, Vaccine Apr 2016
    - Petousis-Harris et al, BMJ Open Apr 2016

UK pertussis deaths post program – back to pre-epidemic levels

Reconciled deaths from pertussis in infants, England

- 0-3M
- 3M-11M
- 12M-17M
- 18M-23M

Source: lab confirmed cases, certified deaths, Hospital episode statistics, GP registration details, HPI Zone
*reported by 21/03/2015
Deciding to vaccinate in pregnancy: The importance of Health Care Providers

"If the doctor or midwife recommends it, or highly recommends it, yeah I would go do it"

– Sarah, Outer Suburbs

Wiley et al, Qualitative Health Research. 2014.

Recommendation = 20 times more likely to be vaccinated

Wiley et al. 2013: 198: 373-375

GPs not confident in their knowledge, need more information


Tips and Tricks

- Our research suggests most women will have vaccine if it’s recommended to them
- If they have questions:
- If dTpa not available for relatives / partners – Adacel polio (dTpa-IPV) or Boostrix IPV (dTpa-IPV) are OK to use

Fact Sheet

Vaccinations during pregnancy protect expectant mothers and their babies

Pertussis vaccine and pregnancy

- Pertussis is a highly contagious infection which is more severe in young babies
- Pertussis (whooping cough) is a highly contagious infection. To minimise, vaccination is needed
- Pertussis vaccine is not funded for pregnant women under the National Immunisation Program (NIP). But in certain circumstances pregnant women may be vaccinated (e.g., the death of a newborn or pertussis infection in family neighbours)

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