

CIRCULAR

File No	00/1510
Circular No	2000/88
Issued	3 November 2000
Contact	Ms G Rixon (02) 9391 9197 AIDS/Infectious Diseases Unit

INTRODUCTION OF THE AUSTRALIAN STANDARD VACCINATION SCHEDULE

This Circular should be read in conjunction with *The Australian Immunisation Handbook 7th Edition* and supersedes:

- Circular 90/74 Measles/Mumps/Rubella Vaccination
- Circular 91/100 Policy regarding the use of paracetamol with triple antigen Immunisation
- Circular 92/103 Poliomyelitis vaccine
- Circular 93/11 Administration of vaccines
- Circular 93/12 Missed opportunities for immunisation
- Circular 93/13 Guide to tetanus prophylaxis in wound management
- Circular 93/65 *Haemophilus influenzae* type B (Hib) immunisation program
- Circular 93/84 *Haemophilus Influenzae* type B (Hib) immunisation
- Circular 94/38 Relocation of the State Vaccine Centre
- Circular 94/59 Administration of the school entry booster
- Circular 94/71 Provision of Triple Antigen to General Practitioners
- Circular 94/119 Pre-School Immunisation
- Circular 95/15 *Haemophilus Influenzae* type B (Hib) immunisation program
- Circular 95/31 Measles-mumps-rubella immunisation
- Circular 97/77 Provision of free vaccines on the National Health and Medical Research Council (NHMRC) recommended immunisation schedule
- Circular 98/97 Criteria for the provision of free diphtheria, tetanus and acellular pertussis vaccine (DTPa)

Distributed in accordance with circular list(s):

A B 6 C 79 D 6 E
F 16 G H I J 60
K 9 L 22 M N P Q

73 Miller Street North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Telephone (02) 9391 9000 Facsimile (02) 9391 9101

1. Australian Standard Vaccination Schedule (ASVS) Path 1

The Australian Standard Vaccination Schedule (ASVS) was recently endorsed by the National Health and Medical Research Council (NHMRC).

The ASVS introduces universal infant hepatitis B vaccine at birth and two alternative schedules designed because of the availability of two new combination vaccines – DTPa –hebB (Path1) and Hib-hepB (Path2).

New South Wales Health has chosen to follow Path 1 of the ASVS to commence from 1 May 2000.

1.1 NSW Health Immunisation Schedule

Babies born ON OR AFTER 1 May 2000

AGE	ANTIGEN	VACCINE
Birth (maternity units)	Hep B	Hepatitis B
2 months	DTPa – hepB Hib Polio	Infanrix – HepB PedvaxHIB OPV
4 months	DTPa – hepB Hib Polio	Infanrix – HepB PedvaxHIB OPV
6 months	DTPa – hepB Polio	Infanrix – HepB OPV
12 months	MMR Hib	Priorix PedvaxHIB
18 months	DTPa	Infanrix
4 years	DTPa MMR Polio	Infanrix Priorix OPV
15-19 years	ADT Polio	ADT OPV

NSW Health will continue to deliver vaccines directly to all immunisation service providers (except public hospitals) from the NSW Vaccine Centre (phone 9887 4433).

2. Changes to the schedule

- it is now recommended that all Australian children receive the same *Haemophilus influenzae* type b (Hib) vaccine (PedvaxHIB). This change reduces the number of injections needed and reduces the complexity of the schedule (see Part 1.8, page 39).
- universal hepatitis B vaccination commencing at birth can now be implemented (see Parts 1.8 & 3.8). If the monovalent dose at birth is missed, vaccination against hepatitis B should be continued with a multivalent vaccine following the routine schedule at two months of age.
- infants born to hepatitis B carrier mothers receive a birth dose of hepatitis B vaccine and hepatitis B immunoglobulin. They then receive the same schedule as other infants, with the next dose at 2 months (see Part 3.8, page 123).
- pre-adolescent hepatitis B vaccination is now recommended at 10 years. (NSW Health Department Policy: Circular 99/48).
- booster doses of hepatitis B vaccine are no longer generally recommended, regardless of when and why the primary course was administered. Numerous studies have shown that immunity is long lasting (see part 3.8, page 124).
- the second booster dose of DTPa is now recommended at 4 years instead of 4-5 years (see Part 1.8, page 39).
- the second dose of MMR is now given at 4 years of age instead of 10-16 years (see Parts 1.8 & 3.12).
- tetanus and diphtheria boosters are no longer recommended every 10 years. A tetanus booster is recommended at age 50 years unless a booster has been documented within 10 years.
- inactivated poliomyelitis vaccine (IPOL) is an acceptable alternative to live, oral poliomyelitis vaccine (OPV) in the primary vaccination schedule and is interchangeable with OPV (see Part 3.18, page 191). **However OPV will remain the publicly funded vaccine.**
- exposure of OPV to ambient temperatures and sunlight will affect the potency of the vaccine. Because of the risk of loss of potency and contamination following opening, NSW Health recommends that the vaccine should be used within 8 hours of opening or discarded.
- influenza vaccine is now recommended for children with cystic fibrosis, people with severe asthma and for pregnant women who will be in the 2nd or 3rd trimester of pregnancy during the influenza season (see Part 3.10, page 144).

3. Changes to procedures

- the routine use of paracetamol before or after vaccination is no longer recommended, unless a whole-cell pertussis containing vaccine (for example DTPw) is used.
- there are new recommendations on the documentation of the process of providing information to patients and obtaining valid consent (see Part 1.3, page 14).
- MMR and OPV can be given together, and when not given on the same day, can be administered at any time before or after each other.
- tepid sponging of children to reduce a fever of $<41^{\circ}\text{C}$ is no longer routinely recommended, as there is no evidence to support the efficacy of this practice.
- changes in recommended dosage and administration of adrenaline for the management of anaphylaxis have been made (see part 1.5, page 18).

4. Administration of Vaccines

- the anterolateral thigh is the preferred site for vaccination in infants under 12 months of age. The deltoid region is the preferred site for vaccination in older children (those who have commenced walking) and adults (see Part 1.2, Page 8).
- administering smaller volumes than those recommended, for example 'split' or half doses, may result in inadequate protection. 'Test' doses have the same likelihood of triggering major adverse events in susceptible individuals as do full doses, and therefore must not be given.
- mixing vaccines with other vaccines, drugs or chemicals is not recommended since no vaccine on the current schedule is registered to be used in this manner (see Part 1.2, Page 13).
- different vaccines must not be mixed in the same syringe. Different vaccines given to a person on the same day should be injected at different sites (in different limbs where possible) using different syringes and needles (see Part 1.2 Page 13).
- DTP – containing vaccines should routinely be injected on the right side and Hib on the left side (Pages 103, 217).

5. General conditions which apply to the supply of the following vaccines to immunisation service providers:

- **Adult Diphtheria Tetanus (ADT)** vaccine is supplied for the immunisation of adolescents in the 15-19 year old age groups ONLY. Further supplies of ADT can be obtained through Emergency Drug (Doctor's Bag) Supplies.
- **Hepatitis B vaccine (Adult)** is supplied for the immunisation of adults who are a household contact of a carrier.

- **Hepatitis B vaccine (Paediatric)** is supplied for the immunisation of 10 year olds only or for children who are a household contact of a carrier.
- Providers should contact their local Public Health Unit for the approval of orders of: **rabies vaccine** and **rabies immunoglobulin** for post exposure prophylaxis: **inactivated poliomyelitis vaccine (IPOL)** vaccine for the routine immunisation of an immunosuppressed person < 5 years of age, or between the ages of 15-19 years of age, or a child who is a household contact of an immunosuppressed person.
- **BCG Vaccine** is only provided to Area Health Services, Chest Clinics.

6. Vaccine Wastage – failure of the cold chain

- before discarding vaccines, providers are asked to contact their local Public Health Unit (under Health in the White Pages).

7. Adverse Events Following Immunisation (AEFI)

- the time limit for reporting adverse events following vaccination has been removed, as some adverse events occur years later (see Part 1.6, page 21).
- under the NSW Public Health Act 1991 providers are required to report “Adverse Events Following Immunisation” to their local Public Health Unit.
- providers should use clinical judgement and common sense in deciding which adverse events to notify.

Michael Reid
Director-General