Immunisation Issues

COMING EVENTS

Vaccinator Training Course: 03 – 04 August 2011. 0830 – 1630hrs Cost $85.00
Updates for Vaccinators: 09 June 2011. 1300 –1700hrs & 02 November 1700- 2100hrs
Immunisation Study Day for Midwives 06 September 2011 1300hrs-1900hrs

ON-TIME IMMUNISATION

Hawke's Bay has maintained the 95% coverage rate for 2 yr olds for the third quarter in a row which is outstanding and once again thank-you to all primary care providers for their hard work. We are still at the top for all DHB's with Otago equal to us with 95%. The focus is now on improving the 6 month milestone age in Hawke's Bay which is relatively low compared to other DHB's. Only 68% of infants are up to date with their vaccinations at 6 months and our Maori rate although slowly improving is 60%.

Underimmunised children are at risk of all vaccine preventable diseases but are very susceptible to pertussis, pneumococcal disease and Haemophilus influenzae type B.

On-time immunisation is the only way to prevent whooping cough. Infants are offered the pertussis vaccine at 6 weeks, 3 months and 5 months of age and they remain highly vulnerable to infection until all three doses have been received. Little protection appears to be passed from the mother to infant through the placenta or breast milk. Hawke's Bay has had several cases of pertussis in babies over the last year. Older children and adults with pertussis spread the infection to infants.

The message the GP gives to new parents is very important and can influence the parent's decision to vaccinate on-time, delay or decline. Even though the nurses are delivering the vaccinations, a few positive words from the trusted doctor can make a huge difference.

Points for on-time vaccinating:

- Children with a mild illness can be vaccinated. The presence of upper respiratory tract infections, otitis media, fever, skin infections, or diarrhea do not affect the level of protective antibodies induced by immunisation.
- Immunisation of young infants is both safe and effective. Infants are at no more risk from adverse events than older children.
- The infant immune system can cope with multiple vaccinations. Studies on the diversity of antigen receptors indicate that the immune system has the capacity to respond to extremely large numbers of antigens.
- At birth the infant has a naïve immune system which needs exposure to foreign antigens in order to develop normally.
- Maternally acquired immunity does not protect against all types of infection and is temporary.

References

Immunisation Advisory Centre. The infant immune system and immunisation.
Offit, P.A. Addressing Parent's Concerns: Do Multiple Vaccines Overwhelm or Weaken the Infant's Immune System?

Medical Officer of Health
Public Health
ADVICE

Public Health Report April 2011 Volume 8, Issue 1

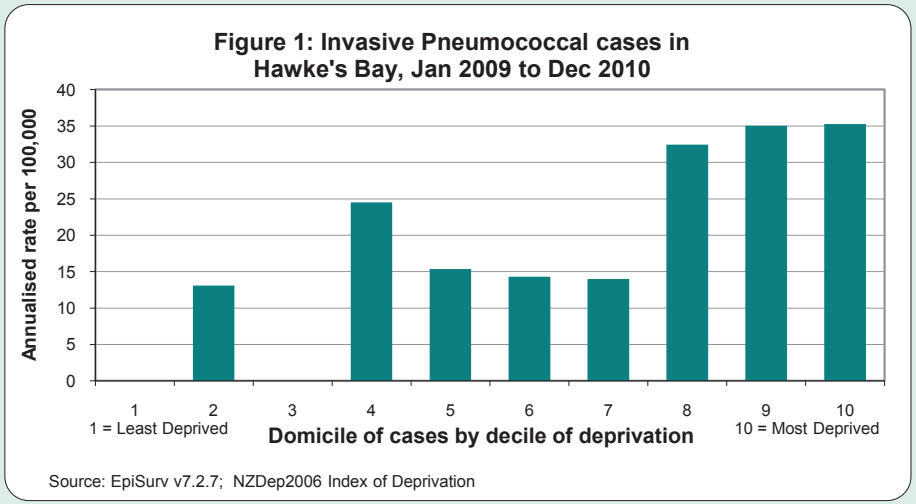
Inside

Exclusion for Gastroenteritis
Tamiflu Availability

Invasive Pneumococcal Disease

Isolates of *Streptococcus pneumoniae* from sterile sites are forwarded by laboratories to ESR for typing. Fifty-nine cases of invasive pneumococcal disease residing in Hawke's Bay were notified by ESR to the Medical Officer of Health during the two calendar years 2009-10.

Age-standardised ethnic rates were: Maori 51/100 000; Pacific Islands people 42/100 000; European 13/100 000; Other 3/100 000. The higher rates in areas of lower socio-economic status are shown in Figure 1. Thirty-seven per cent of cases were sixty years or older.



Eighty-one per cent had pneumonia; 20% had bacteraemia without focus; 5% had meningitis. Small numbers of patients had other rarer presentations. Sixty-eight per cent had a chronic illness or immune compromise; 19% had chronic lung disease; 22% were smokers. No deaths were reported but data is obtained only from hospital discharge letters.

Four of the five children under five years of age who had been eligible for pneumococcal vaccination had been immunised. Three of these were infected with a capsular type not covered by Prevenar. General practice records suggested that only one person over five years of age had been immunised with pneumococcal vaccine, though immunisation status could not be determined for seven cases.

Exclusion periods for patients with gastroenteritis

Patients with gastrointestinal infections need to be excluded from high-risk settings. These include:

- attendance at early childhood education centres (staff and children)
- commercial food handling
- health care or rest home work
- water supply work
- attendance at institutions for intellectually impaired persons (staff and clients)

Such patients should be excluded **until well and without diarrhoea for 48 hours**. This applies to gastroenteritis (cause unknown), viral gastroenteritis, campylobacteriosis, cryptosporidiosis, giardiasis, and yersiniosis.

Patients in high risk settings who have the following infections should be discussed with the duty health protection officer at the public health unit: salmonellosis, shigellosis, verocytotoxin-producing E. coli, typhoid, paratyphoid, hepatitis A and listeriosis.

Tamiflu availability in 2011

The provision of national reserve antivirals (Tamiflu and Relenza) free of charge to people meeting clinical criteria for H1N1 influenza ended on 31 December 2010.

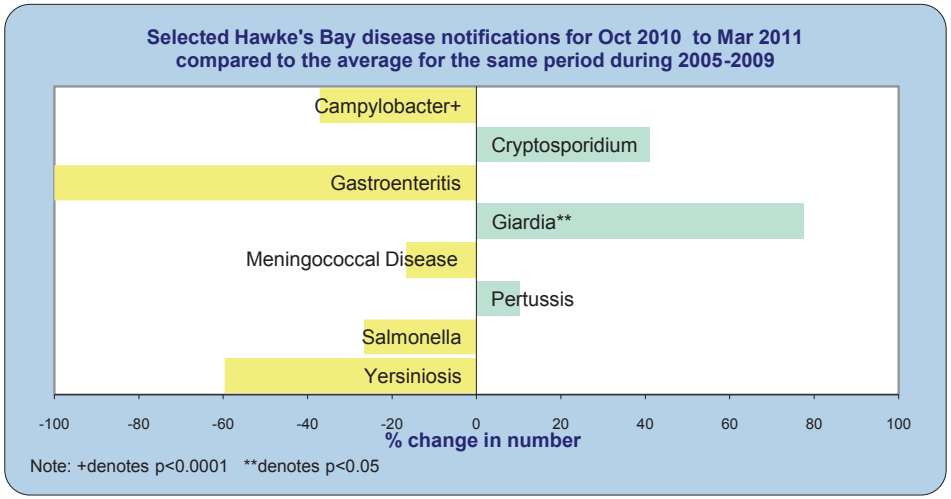
The Ministry of Health (MoH) will be issuing each DHB with a new supply of Tamiflu. However, this supply is to be held by the DHB for release as authorised by the MoH should a suspected H1N1 influenza (or other pandemic influenza) present in Hawke's Bay.

This means that 'free to patients' Tamiflu (and Relenza) will not be available during 2011. GPs and hospital doctors may prescribe Tamiflu, but it remains unfunded and patients will have to pay (approximately $70 per course).

Novel Influenza A (H1N1) 09 infection is no longer a notifiable disease

PH ADVICE

Disease Surveillance Summaries



Selected notifications Apr 2010 to Mar 2011

	Hawke's Bay		New Zealand	
Disease	**Cases**	**rate***	**Cases**	**rate***
Campylobacter	280	180.9	6707	153.6
Chlamydia	1257	812.0	25450	582.7
Cryptosporidium	43	27.8	804	18.4
Giardia	112	72.4	2046	46.8
Gonorrhoea	202	130.5	2351	53.8
Hepatitis A	3	1.9	41	0.9
Invasive pneumococcal disease	28	18.1	539	12.3
Lead absorption	10	6.5	258	5.9
Legionella	3	1.9	197	4.5
Leptospirosis	13	8.4	68	1.6
Measles	6	3.9	56	1.3
Meningococcal disease	6	3.9	93	2.1
Pertussis	22	14.2	772	17.7
Rheumatic fever	8	5.2	175	4.0
Salmonellosis	43	27.8	1178	27.0
Tuberculosis disease	20	12.9	317	7.3
VTEC / STEC infection	9	5.8	165	3.8
Yersinia	15	9.7	423	9.7

* Annualised crude rate per 100,000 population calculated from 2010 mid-year estimates.
Note: The national figures for Chlamydia & Gonorrhoea are for the year ending Dec 2010.