

Immunisation Issues

Training	Dates	Times
Vaccinator Training Course	07-08 August 2012	0830 to 1630hrs
Update for Authorised Vaccinators	16 October 2012	1730 to 2100hrs
Immunisation Awareness Workshop	02 October 2012	0830 to 1230hrs
Updates for Vaccinators & GPs are available online at a cost of \$60. Broadband is advised for this course.	Ongoing www.icomet.org.nz	The registration process is carried out Monday to Friday 0900hrs to 1500hrs, not weekends or public holidays

Contact the Immunisation Team for further information. Ph 834 1815

Vaccines are listed below that would be beneficial at a population and individual level but are not offered on the National Immunisation Schedule.

Rotarix: (For Rotavirus) GSK have discounted this vaccine to \$100 for two doses. It is given orally and can be administered at the same time as the 6 week, 3 month and 5 month scheduled vaccines. The first dose must be given before the child is 14 weeks and the 2nd dose must be administered before 24 weeks of age. A globally recommended vaccine by WHO.

Varilix: (For Chickenpox) Two doses are recommended from 9 months of age for optimal protection although the Immunisation Handbook 2011 states that a second dose is not essential for children younger than 13 years of age. It is considered their immunity will be boosted as chicken pox is still circulating in New Zealand. Cost \$50 per dose.

Boostrix for Adults this combined vaccine offers a booster for diphtheria, tetanus and whooping cough. Vaccination of adults helps to prevent whooping cough infection. This in turn helps reduce the risk of exposing young babies who are too young to be fully vaccinated themselves. All health workers should be encouraged to have this vaccination especially anyone working with children. Cost \$25.00

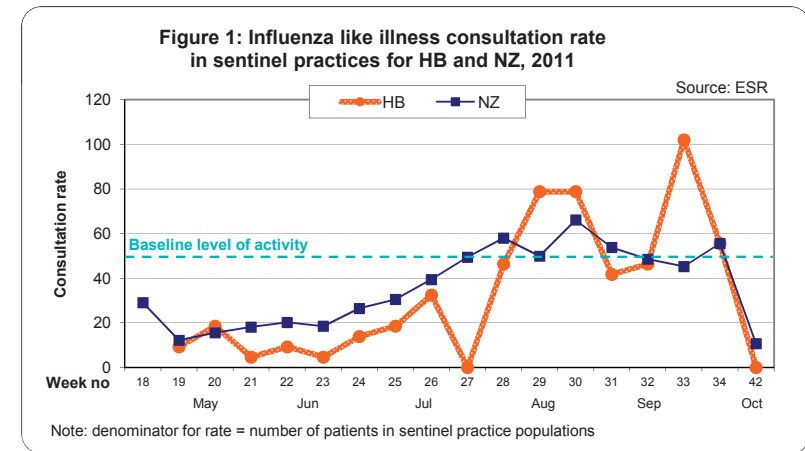
Intanza. "The flu jab for people who don't like needles". (Sanofi Pasteur). Intanza provides the same influenza protection as the regular seasonal vaccine. The tiny needle delivers an equally tiny dose of the vaccine just under the skin. Intanza is for adults 18-59 years of age. Order 10 Vaxigrip and 10 Intanza for \$9 a dose.

Menactra (Sanofi Pasteur) This vaccine is indicated for active immunisation of individuals 2-55 years of age for the prevention of invasive meningococcal disease caused by *N. meningitidis* (serogroups A, C, Y and W135). Recently licensed in New Zealand this conjugate vaccine can be ordered using the HCL Non-Funded Vaccines- Consolidated Order Form and the cost is \$89.95 per dose.

- ▶ Dehydration in Gastroenteritis
- ▶ Immunisation Issues

Influenza in Hawke's Bay in 2011

In 2011 Hawke's Bay and New Zealand experienced the lowest-incidence season for influenza for some years. The consultation rates for influenza-like illness are shown in Figure 1.



Of 63 swabs taken from patients with influenza-like illness by Hawke's Bay sentinel practices during the 2011 influenza surveillance season, 39 (62%) cultured influenza virus. When additional swabs (taken in other settings) were added, there were 50 isolations of influenza virus. Types are shown below.

Influenza type	Total
A (not sub-typed)	4
A(H3N2)	7
A/California/7/2009 (H1N1) like virus isolated	4
A/Perth/16/2009 (H3N2) - like virus isolated	10
B	6
B/Brisbane/60/2008 - like virus isolated	16
Pandemic A(H1N1)09 virus identified	3
Total	50

Immunisation of staff

Influenza vaccination of health-care workers helps to reduce:

- Transmission of influenza.
- Staff illness and absenteeism.
- Influenza-related illness and death, especially among people at increased risk for severe influenza illness.

All health care practices are urged to have a policy on immunisation of staff against vaccine-preventable diseases. Increasing staff immunisation rates will help protect non-immune patients from infected staff and vice versa. Your policy should cover influenza, pertussis, measles, mumps, rubella, and hepatitis B. It should specify pre-vaccination screening for immunity (useful in measles, rubella and hepatitis B). It should also address what restrictions will be placed on the work of staff if immunisation is contra-indicated or declined.

For more information see: <http://www.cdc.gov/flu/healthcareworkers.htm>

Immunization of Health-Care Personnel

Recommendations of the Advisory Committee on Immunization Practices (ACIP).

MMWR Recommendations and Reports / Vol. 60 / No. 7 November 25, 2011.

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm?_cid=rr6007a1_w

Can you help us with influenza surveillance?

Sentinel general practice surveillance is a major contributor to our monitoring of the annual influenza epidemic in Hawke's Bay and NZ. If your practice can contribute data (it takes approximately half an hour per week nursing or clerical time from May to September) it would be much appreciated. Please contact Dr Lester Calder 027 234 7050.

Dehydration in gastroenteritis

A recent review of gastroenteritis admissions to Hawke's Bay Hospital during 2010-2011 indicated that dehydration was present in most of the cases. Vulnerable groups such as the very young and the elderly are particularly susceptible.

Recommendations for children with enteric disease are to:

- Encourage fluids.
- For small children breast or bottle feed smaller amounts more often.
- For other children offer clear fluid even if vomiting. Clear fluid is any fluid through which you can read newspaper.
- Give small amounts frequently (e.g. one teaspoon every 5 minutes).
- As vomits become further apart, give fluids less frequently.

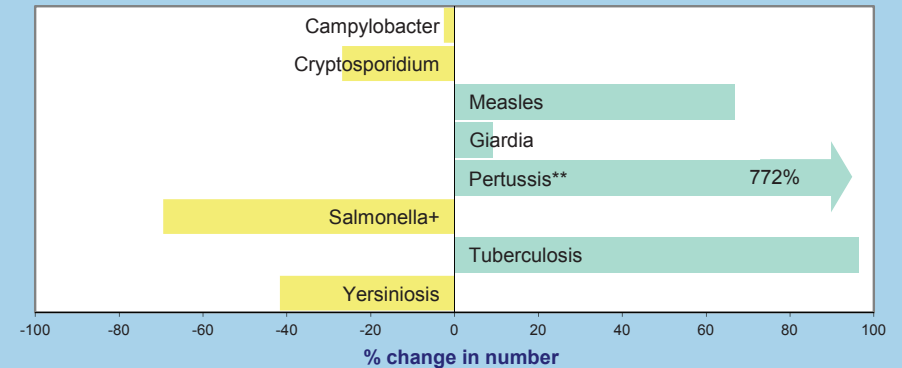
Suggested fluids:

- Water
- Diluted fruit juice/cordial/lemonade (¼ cup juice and ¾ cup water)
- Rehydration solutions (e.g. gastrolyte) from your chemist or doctor

Do not use sports drinks - they can make diarrhoea worse as they contain too much sugar.

Disease Surveillance Summaries

Selected Hawke's Bay disease notifications for Oct 2011 to Mar 2012 compared to the average for the same period during 2006-2010



Note: **denotes p<0.0001 +denotes p<0.005

Selected notifications April 2011 to March 2012

Disease	Hawke's Bay		New Zealand	
	Cases	rate*	Cases	rate*
Campylobacter	356	229.2	7428	168.6
Chlamydia	1303	839.0	25667	582.7
Cryptosporidium	19	12.2	635	14.4
Giardia	69	44.4	1829	41.5
Gonorrhoea	172	110.8	2457	55.8
Hepatitis A	3	1.9	72	1.7
Invasive pneumococcal disease	22	14.2	547	12.4
Lead Poisoning	9	5.8	232	5.3
Legionella	2	1.3	163	3.7
Leptospirosis	13	8.4	79	1.8
Measles	22	14.2	620	14.1
Meningococcal disease	3	1.9	118	2.7
Pertussis	153	98.5	3057	69.6
Rheumatic Fever	5	3.2	171	3.9
Salmonellosis	22	14.2	1030	23.4
Tuberculosis Disease	13	8.4	290	6.6
VTEC/STEC Infection	2	1.3	133	3.0
Yersinia	11	7.1	511	11.7

* Annualised crude rate per 100,000 population calculated from 2011 mid-year estimates.

Note: The national figures for Chlamydia & Gonorrhoea are for the 12 months ending Dec 2011.