Northland Immunisation News

In this issue: Spacing of vaccines.

Cold chain news. NIR news.

Rabies disease and vaccines.

Giving vaccines early

Only when we are catching up children for their primary course can we give vaccines four weeks after the last vaccine of the same antigen.

Our schedule is designed to get optimal immune response and that is why we cannot give 5 month vaccines earlier than that age. The minimal interval between paediatric dose 2 and 3 of hepatitis b vaccine should be 2 months.

Only in exceptional cases can vaccines be given before schedule date. If a 4 month old child was travelling to a high risk country and they had had their three month vaccines on time then the 5 month vaccines could be given early but this would be on GP/MO/IMAC advice only.

You must document this in the client’s notes.

6 week immunisations can never be given earlier than 6 weeks of age.

As vaccinators we must adhere to our national schedule

6 weeks, 3, 5 and 15 months and 4 years

Travel Vaccines

The next few newsletters we will look at some of the travel vaccines & the diseases that they prevent.

Before any travel overseas, all travellers must ensure that their schedule vaccines are up to date this means dTpa /MMR/Hep B.

Consider Influenza if travellers are going to the northern hemisphere at Christmas time. If going to a country that still has polio and it has been more than 10 years since their last booster they should have an inactivated polio vaccine (IPOL).

Rabies

Discuss rabies vaccination for anyone travelling to Africa, Asia, the Americas and Europe.

Rabies is in BALI!
Rabies viruses are in the family of Rhabdoviridae, genus Lyssavirus. The disease is caused by human exposure usually by bite or scratch of an animal infected with the rabies virus.

96% of rabies cases overseas are from DOGS. In some parts of the world bats can be important reservoirs of classical rabies as well as other wild animals such as foxes and raccoons. Bat lyssaviruses are found in areas such as Australia that are considered free of rabies in land dwelling mammals. See below link to the recent case of a child in Australia dying in February 2013 after a bat scratch. http://www.news.com.au/breaking-news/national/deadly-bat-virus-case-confirmed-in-qld/story-e6frfu9-1226578661767

Unless vaccinated or appropriate post rabies exposure treatment is carried out: Rabies is 100% fatal. The incubation period is usually 3 to 8 weeks. But can on rare occasions be up to several years later….. WHY?? .... Depends on how richly innervated the site of the injury is. Once bitten the saliva stays in the wound until taken up by a nerve synapse. Fingers are very innervated and are the usual places where rabies prone wounds can occur (children are very fond of putting their hands out to animals!).

Most cases present with the furious or encephalitic forms of rabies.

Signs and Symptoms

Prodromal phase (up to 10 days):
• Flu like symptoms
• Parasthesia and fasiculations at or near the site of the wound may occur
• Possible anxiety agitation

Furious or Encephalitic phase:
• Aerophobia
• Hydrophobia
• Disorientation
• Autonomic instability: hypersalivation, hyperthermia, hyperventilation
• Rapid deterioration, death from cardiac/respiratory arrest.

Vaccines available in New Zealand
Verorab™
Purified inactivated rabies vaccine. VERORAB is a sterile powder and diluents (0.5ml saline) for suspension for reconstitution and IMI injection

VERORAB contains bovine serum albumin. The vaccine may contain undetectable traces of betapropiolactone, neomycin, streptomycin and polymixin B which are used during vaccine production: see full product information @ http://www.medsafe.govt.nz/profs/datasheet/v/verorabinj.pdf

Pre exposure Course: 3 doses of vaccines on day 0, 7 and 21-28
Booster one year later and then 5 yearly.
Cost $95 per dose excluding GST order from www.hconline.co.nz

Post exposure (unvaccinated)

There are no contraindications to rabies vaccination post exposure

5 doses of vaccine as soon as possible on day 0, 3, 7, 14 and 28
Human Rabies Immunoglobulin (HRIG) to be administered within 8 days of first dose of vaccine. As much HRIG should be infiltrated around wound with the remainder given IMI at a different site than where the vaccine has been given.

Remember a rabid animal will attack without provocation.

Any animal bite from a country with known rabies must be treated as a potential rabies risk.

Advise travellers to close windows at night in countries known to have rabies. Cases of rabies have occurred from bats flying into a bedroom at night then flying out without the person even knowing they had been scratched! Eek!

NIR News

If a parent/care giver advises you that they want to opt-off of the NIR, please make sure that you document this conversation in your Daily Record. Remember that if a parent declines all immunisations for a child- this does not mean that they want to opt-off. Only opt-off a child if the parent/care giver states that they do not want immunisation information shared with the National Immunisation Register.

Also please remember to advise the NIR Team of any children who leave your practice. We need to know where they have gone, either the name of the new Medical Provider they have enrolled with or a new address. We cannot move children away from your population unless we know where they have gone.
Hello all,

Now is a good time to complete the 6 monthly Cold Chain Self-Audit found on pages 7 & 8 of your 2013 Cold Chain Management Guide.

A few key points to remind you of at this time are:

- **Check your ice plates** at the back of the fridge for ice build up. Press gently on the back wall of your fridge – there should be minimal resistance if there is no ice build up.
- **Check that your fridge temperatures are being recorded daily** and that any fluctuation in temperatures outside the +2°C to +8°C are investigated, noted in your Cold Chain Management Guide and referred to your Cold Chain Technician for follow up if needed.
- **Ensure you are downloading your data logger every month** and comparing this to your daily temperature recordings for the month.
- Make sure you have familiarised yourself with **what to do if you receive a National Cold Chain Audit TagAlert from ESR**. Please refer to pages 24 – 26 of your 2012 Guidelines for Vaccine Storage and Distribution.
- Lastly, **2013 Cold Chain Management Guides** can be either downloaded and printed from [www.immune.org.nz](http://www.immune.org.nz) or can be ordered from [www.health.govt.nz](http://www.health.govt.nz)

Please feel free to contact me on either 021 493 551 or Lauren.Davis-Goff@northlanddhb.org.nz for any Cold Chain enquiries.

Kind regards,

Lauren Davis-Goff

Cold Chain Technician – Northland District Health Board

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**Education Timetable**

Immunisation Information Course (for people who promote immunisations but don’t administer), also open to parents wanting some information on the vaccine preventable diseases and to discuss the myths and realities around immunisation

**When** Thursday 24th October  
**Where** 28 Hokianga Road, Dargaville  
**Time** 10am-12pm.
Catch up session for nurses at 0930 at above address and date

Catch up question

Nicky is a 9 month old from Brazil you look at his medical records and notice that he was born premature at 27 weeks gestation.

He has had the following vaccines:

- Hep B vaccine at birth
- BCG Vaccine at 3 mths of age
- DTP/IPV/Hep B/HIB, PCV7 and Rotarix at 2 and 4 months of age

What would you give him today? What would you give him at 15 mths of age? Is he funded for any other vaccines?

Answer to last month’s catch up question

Mei-ling needs to have dTap (boostrix) vaccination.She also needs the adolescent hepatitis B vaccination regime (two adult doses 4mths apart).

She needs two MMRs one month apart and her Gardasil HPV vaccine course

(Three doses at 0, 2 & 6mths)

Happy vaccinating from Lorraine

Feel free to ring me if you have any immunisation questions

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