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Pages 2

To: General Practitioners, Practice Nurses, Practice Managers and Health Professionals
From: David Wansbrough, Manager, Immunisation team, Ministry of Health

This update includes information on

1. Influenza – availability of vaccine, influenza antivirals, treatment and testing
2. Reporting unexpected adverse events following immunisation
3. HPV programme update – length of protection, new information on the website
4. Measles – early triage to reduce risk of spread

1. Influenza update

Shipments of influenza vaccines have arrived from Europe so please go ahead and schedule vaccination clinics. The Ministry will start national media promotions next week.

Please remember that for 2010, **all children from 6 months to under 9 years** old having influenza vaccine should receive **two doses** of a vaccine containing the pandemic strain regardless of whether they have received a seasonal vaccine in previous years.

E-pulse (27 April 2010) included a link to the Ministry's Updated Clinical Guidance on the Diagnosis and Management of Pandemic Influenza H1N1 (version 5, 19 April 2010). This document can also be found on the health professionals' section of the Ministry's Influenza 2010 webpages <http://www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-healthsector#downloads>.

Key points are:

- Eligibility for national reserve antivirals has been widened this year to include all people with influenza illness who are clinically assessed as requiring them. Influenza patients can now get antivirals with a standard prescription and will not be charged a pharmacy dispensing fee. There is no requirement for a separate authorisation process.
- Treatment of influenza with antivirals should be based on clinical judgement and especially considered for: patients at higher risk of severe outcomes, including pregnant women (and two weeks post-partum), people with underlying medical conditions, young children (under 5), and people with morbid obesity patients with more severe influenza or whose condition begins to deteriorate.
- Early treatment is most effective – it should start within 48 hours of the onset of symptoms in adults, and within five days for children. Oseltamivir (Tamiflu) is the first line of treatment, and Zanamivir (Relenza) is available when Tamiflu is contraindicated or cannot be tolerated. Information should be given to patients on care at home, preventing virus spread and warning signs. Patients should be encouraged to seek medical advice promptly if needed.
- There are some situations where antivirals can also be prescribed for post exposure prophylaxis, for example people who are at higher risk of severe illness from influenza who are family members or other close contacts of people with influenza. Please consult the clinical guidance document.
- Diagnostic testing is not required for every patient, except in hospital settings, and any antiviral treatment should start immediately, rather than waiting for test results.

2. Reporting unexpected adverse events following immunisation

There has been recent media coverage about reactions in young children to influenza vaccines. At least five incidents of febrile convulsion have been reported to the Centre for Adverse Reactions Monitoring (CARM) this year among New Zealand children under the age of five within 24 hours of getting influenza immunisation. We expect that number to increase due to publicity and greater awareness of this issue. A

Ministry statement about these reactions is available at <http://www.moh.govt.nz/moh.nsf/indexmh/vaccine-reactions-300410>

Notifying CARM of any unexpected adverse event following immunisation helps detect whether there are warning signs of serious reactions that may be related to a vaccine. It is important that all relevant information is included in the report. We encourage you to use the reporting card at <http://carm.otago.ac.nz/>. Many practices can report electronically through Patient Management Systems using the vaccine reporting tool. Parents and caregivers can also report suspected adverse reactions to CARM. More information on medicine safety monitoring is available at <http://www.medsafe.govt.nz/Consumers/Safety-of-Medicines/Safety-and-Quality-of-Medicines.asp>

CARM has recently published a summary of adverse events following HPV immunisation at <http://carm.otago.ac.nz/>. The data is consistent with the known safety profile described in the data sheet <http://www.medsafe.govt.nz/profs/Datasheet/g/Gardasilinj.htm> More information can be found at www.cdc.gov/vaccinesafety/Vaccines/HPV/ and www.who.int/vaccine_safety/topics/hpv/en/.

3. HPV Immunisation Programme Update (Gardasil™)

2010 is the last year girls can receive HPV vaccine in school year 9 and above. From 2011 only girls in school year 8 will be offered the school-based HPV programme. Gardasil™ will remain free through primary care for young women born on or after 1 January 1990 until they are 20 years of age. As of 30 April, 106,509 young women have started the HPV immunisation programme in New Zealand. This represents 45% of young women born in 1990 and 1991 and 44% of young women born 1992 to 1996.

One common misconception is that protection from Gardasil™ lasts only five years. Gardasil™ has been shown to provide stable immune memory for at least five years with no sign of weakening. International clinical studies continue to monitor the duration of protection. Data on the HPV16 component of Gardasil™ now supports stable immune memory at 8.5 years post-vaccination. For more information see CSL Biotherapies' Medical Professional FAQ (CSLNO4296).

We have recently updated the www.cervicalcancervaccine.govt.nz website with a section on further reading and sources of references. This includes a link to a recently published study from Australia showing a significant decline in genital warts diagnoses one year after implementation of their HPV immunisation programme.

4. Measles – importance of early triage

Please remain on the alert for measles. We are aware of a couple of instances where an infectious child sat in a busy waiting room for some time, greatly increasing the risk of spread and making the job of contact-tracing more difficult. Early triage greatly reduces this risk. Episurv data at 6 May 2010 shows 28 confirmed measles cases since January – 23 in Northland, two in Capital and Coast, one in Taranaki, one in Lakes and one in Waitemata DHB.

If you have any queries about anything in this update, please email immunisation@moh.govt.nz or 0800IMMUNE@auckland.ac.nz or phone 0800 466 863 (0800 IMMUNE)



David Wansbrough
Manager
Immunisation team
Population Health Protection Group