



Immunisation Update Webinar

25th June 2020

Unfortunately, there were some sound issues at different times during the webinar. Please accept our apologies. To ensure providers do not miss the information, here are Angela's points:

Approximately 37 minutes 45 seconds:

Angela thanked Nick for his presentation. This is a 'soft launch' of a schedule as no vaccines are new and none of the changes will impact on 'No Jab No Pay' parent payments.

If providers 'forget' to follow the appropriate schedule, parent payments will not be affected.

Angela reminded providers to remember the difference between what is 'recommended on the schedule' versus what is 'recommended for a catch-up'. For example, if any child under 5 years of age – medical risk factor or not, has not received all recommended schedule vaccines they should receive the appropriate catch-up vaccines.

Angela thanked Nick again and welcomed Katrina.

Approximately 56 minutes 24 seconds:

Angela reminded providers that it is not our job to decide if a child should or should not receive a recommended vaccine. Providers should follow the schedule recommendations and provide all the risks and benefits and allow parents/clients to decide if they will or will not consent to the vaccine. It is not the role of the provider to make this decision.

Angela thanked Katrina and invited Yuen to unmute her screen and begin her presentation.

Approximately 1 hour 19 minutes 59 seconds:

Angela agreed with Nick that we have a very exciting future with vaccines and many changes ahead including nano-patch technology and oral vaccines delivered through applying the vaccine to the inside of a person's cheek.

Regarding some of the questions in the chat box around pneumococcal vaccine:

Eg: An individual who may have received 2 or 3 doses of Pneumovax 23 previously, is now 70 or 71 years of age, do they receive a Prevenar 13?

Answer: YES, they certainly do, and it can be given opportunistically.

Angela invited Yuen and Katrina to make any further questions.



Angela apologized for the sound issues.

Other questions addressed:

QUESTION: What are the minimum interval between the Pneumococcal vaccines:

ANSWER:

1. If an individual has received a dose of Prevenar 13 and is recommended to receive a dose of Pneumovax 23, the minimum interval to be observed is 12 months, however a 2-month interval is acceptable
2. If the individual has received a dose of Pneumovax 23 previously and is recommended to receive a second dose, the minimum interval to be observed is 5 years
3. If the individual has received a dose of Pneumovax 23 dose and is recommended to now receive a dose of Prevenar 13, the minimum interval to be observed is 12 months

Angela again apologized for the sound issues and advise a summary of responses will be provided.

Angela advised providers that SA Health Immunisation Section were in the process of mailing out information including:

- A cover letter
- summary of changes
- reference to updated Australian Immunisation Handbook chapters
- multiple ATAGI documents
- new schedule

The pages on SA Health website are updated and new page titled “Medical at risk immunisation requirements”. This places all the updates on one page.

Vaccine ordering will continue through normal vaccine ordering processes and vaccine distribution will be subject to vaccine availability. Providers are reminded to view the Vaccine Noticeboard for updates.

The “*Principles for vaccine administration at the 12-month schedule point*” resource is also being updated. This resource related to Bexsero administration into the left limb exclusively. As of 1st July 2020, Bexsero administration into the left limb exclusively is no longer a requirement. Bexsero vaccine can be administered in a limb of choice and co-administered with another vaccine into the same limb if required.

In regard to the PneumoSmart Tool that Nick mentioned, the tool assists providers to navigate the complexity of the pneumococcal vaccine pathways. Although potentially the pathways are a little clearer, the complexity is now regarding the funding of the vaccine...is it a funded or not funded vaccine? The PneumoSmart Tool is hosted on the Immunisation Coalition website and is in the process of being updated to reflect the new recommendations and will be a useful tool for providers.

Take home messages:

This Webinar has been recorded and will be uploaded on the Immunisation Hub website. Providers will be notified when this happens so you can re-watch this webinar or share it with colleagues.

Providers are reminded to check the AIR prior to administering any vaccine to ensure vaccine history is noted. Parents often do not remember what vaccines their child may have had....Meningococcal B or Meningococcal ACWY.

Providers should not rely solely on the documentation in the child's "Blue Book" as private vaccines may not have been written in. The AIR is more reliable.

Once Angela commenced using another computer microphone, the audio is good!

