

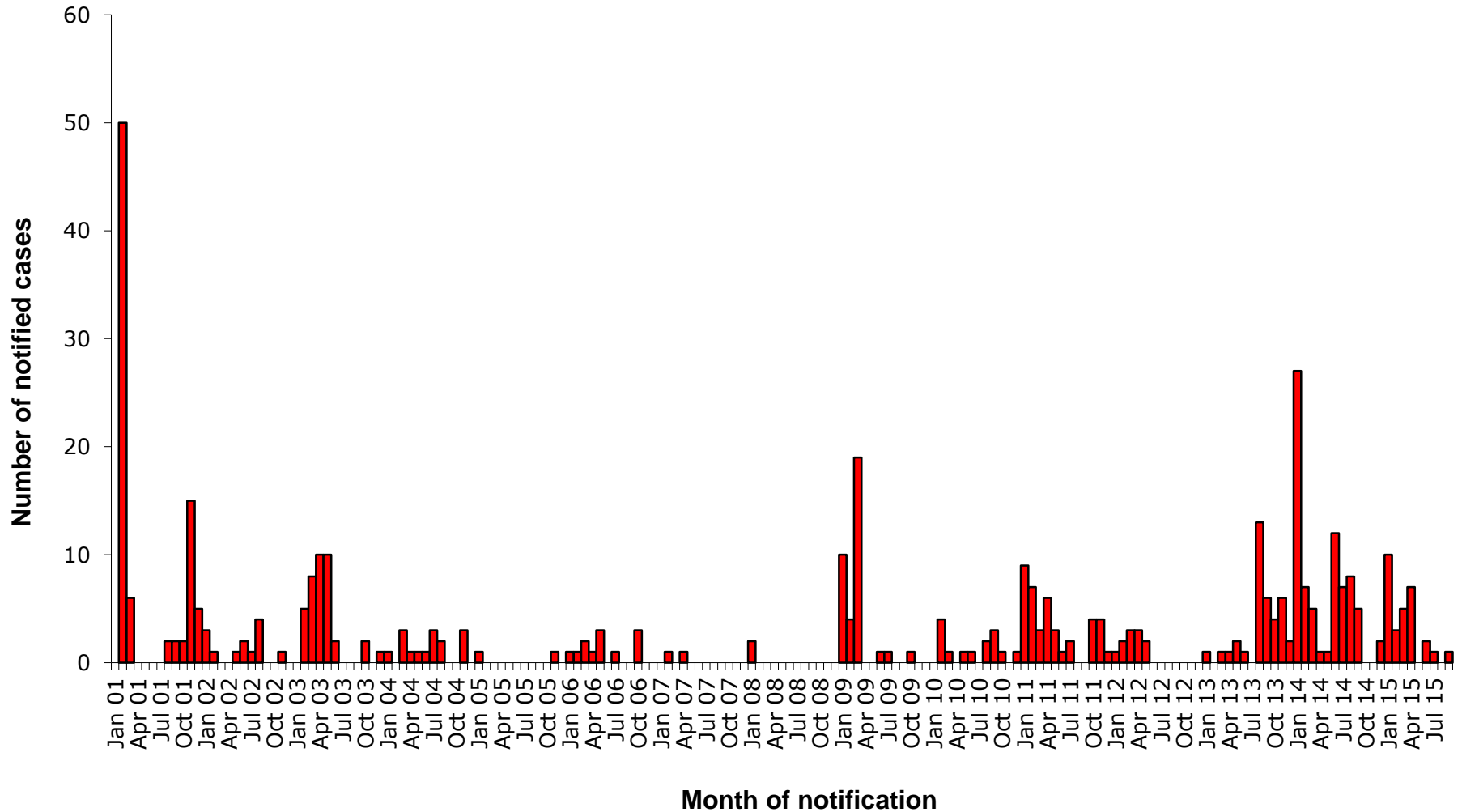
Maternal and Child Health Nurses

Immunisation update

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Immunisation Section
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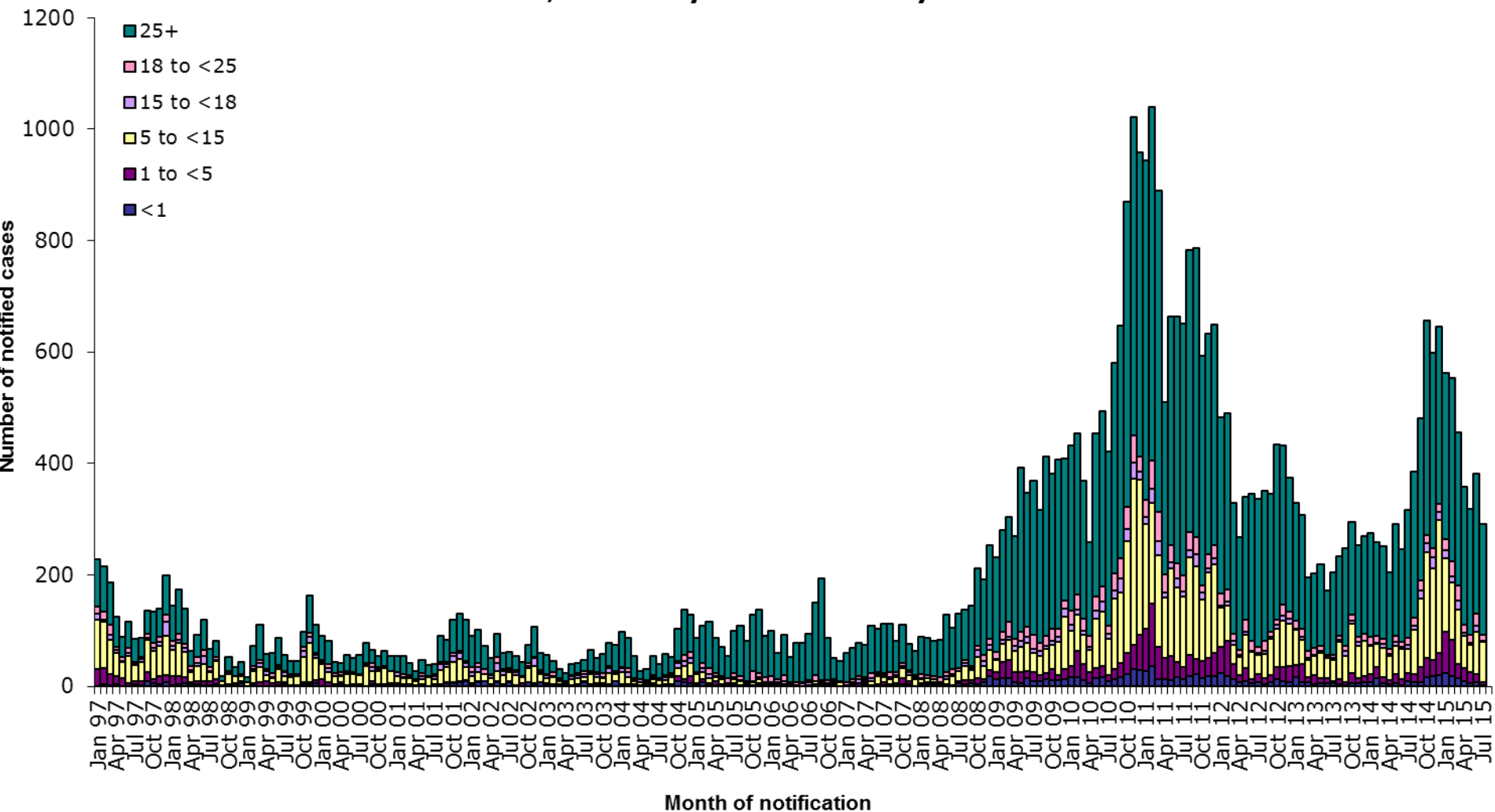
Measles

Notified cases of measles by month, Victoria, 1 Jan 2001 to 2 Sept 2015

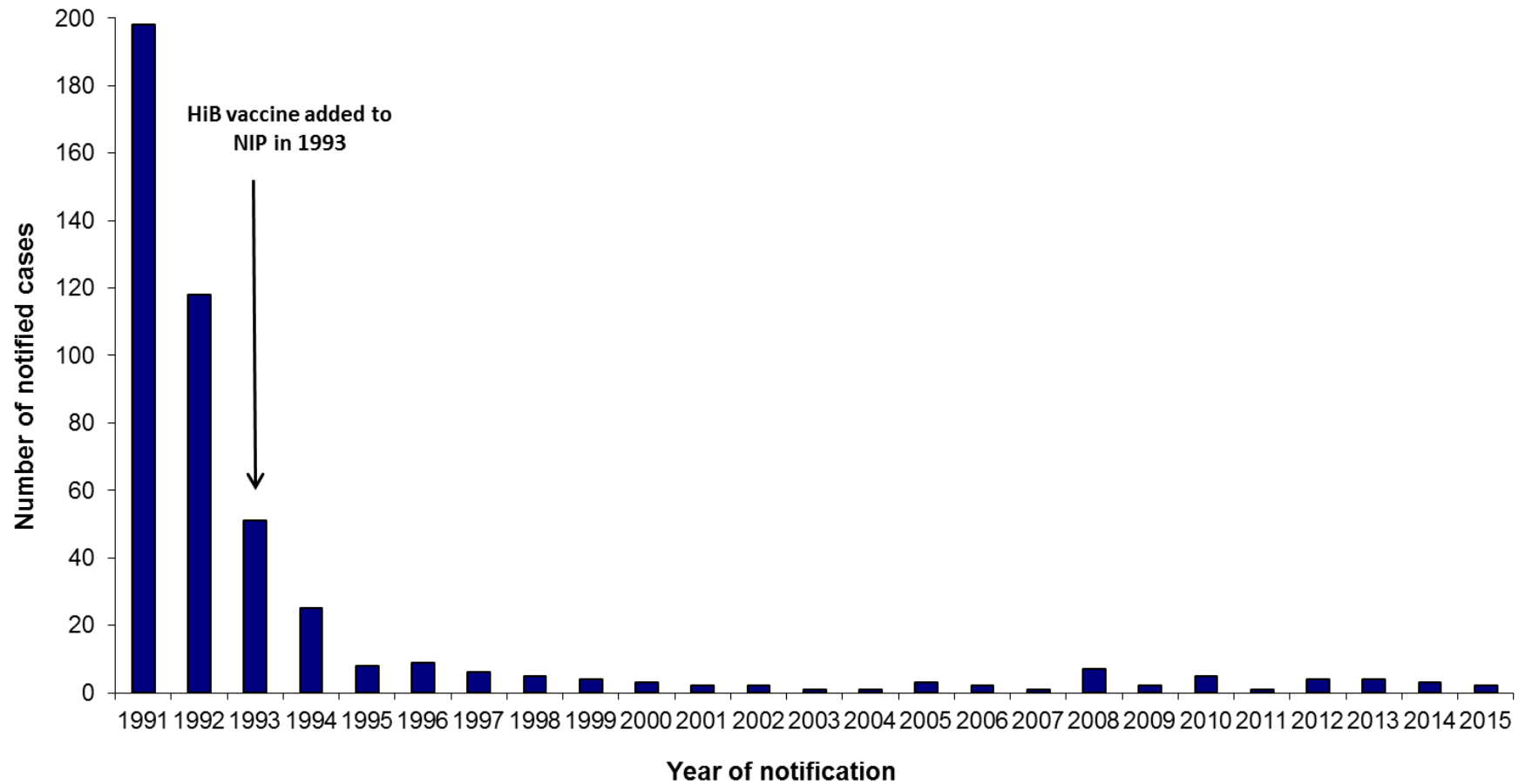


Pertussis

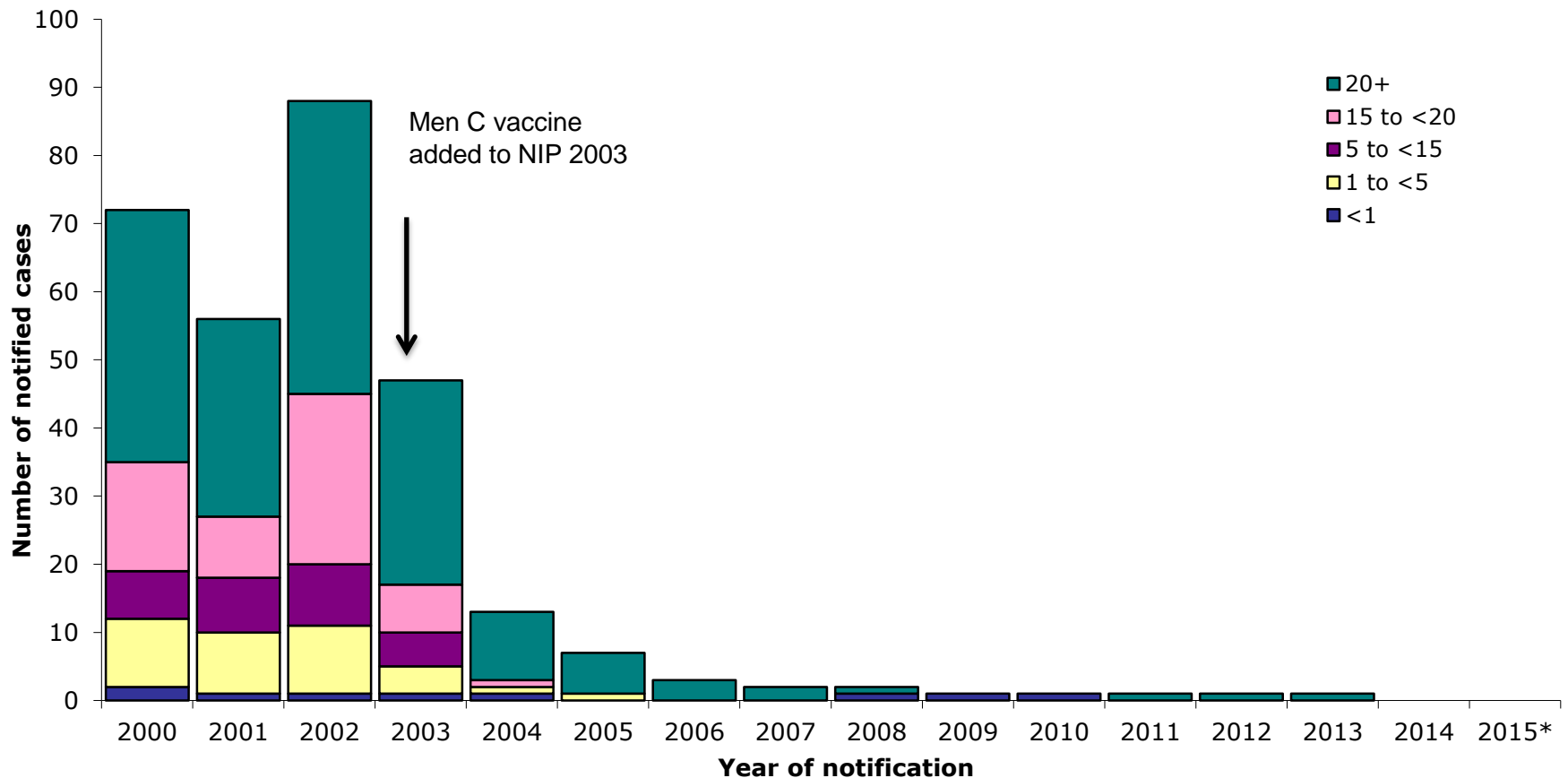
**Notified cases of pertussis by month and age group,
Victoria, 1 January 1997 to 24 July 2015**



Haemophilus influenzae type b (Hib) notifications 1 Jan 1991 to 30 Sept 2015, Victoria



Invasive meningococcal disease (serogroup C) notifications by age group, 1 January 2000 to 30 September 2015



Australian Childhood Immunisation Register (ACIR) quarterly immunisation coverage data Victoria, 30 June 2015

Age	Vic (Aus)%	Vic (Aus)% Indigenous
12-<15 months	92 (92)	84 (88)
24-<27 months	90 (89)	82 (86)
60-<63 months (5 y)	93 (92)	91 (94)
72-<75 months (6 y)	94 (93)	94 (97)
Provider split	GP 56% Local council 41% Other 3%	

ACIR Indigenous immunisation coverage quarterly data, Victoria 30 June 2015

Age	Number of children in age cohort	Number fully immunised	Number not fully immunised
12- <15 months	312	263	49
24-<27 months	276	226	50
60-<63 months	241	219	22
72->75 months	216	204	12
Total	1045	914	133

Victorian 'Parent whooping cough vaccine program'



**Protect your baby
by protecting yourself
with a free whooping
cough vaccine**

From 1 June 2015, a free whooping cough vaccine is available to pregnant women in their third trimester (from 28 weeks) and their partners; and to parents of newborn babies.

Speak to your doctor or immunisation provider to find out more.

State Government
Victoria

Eligibility for free pertussis vaccine from 1 June 2015:

- pregnant women from 28 weeks gestation during every pregnancy
- partners of women who are at least 28 weeks pregnant if the partner has not received a pertussis booster in the last ten years
- parents/guardians of babies born on or after 1 June 2015, if their baby is under 6 months of age and they have not received a pertussis booster in the last 10 years.

'No Jab No Play' Victorian government policy

Commences 1 January 2016 subject to the passage of legislation:

- Parents must provide evidence their child is fully immunised for their age on enrolment into childcare and kinder
- Medical exemption will be accepted for all or some vaccines
- Conscientious objection is not an acceptable exemption
- Children missing vaccines would have to start a catch-up and be on track for enrolment to be confirmed
- A 16 week grace period for vulnerable scenarios (eg. natural disaster) to provide records or start a catch-up vaccination program
- Resources are in development for parents and services including an immunisation App.
- 'Frequently asked questions' about the proposed legislation available now at www.health.vic.gov.au/immunisation

'No Jab No Pay' Commonwealth government policy

Commences 1 January 2016 subject to the passage of legislation:

Parents who do not fully immunise their children (up to 19 years of age) will cease to be eligible for :

- Child Care Benefit
- Child Care Rebate
- Family Tax Benefit Part A end of year supplement (family assistance payments)

Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements.

Conscientious objection will no longer be exempt.

Link to information:

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/clinical-updates-and-news>

'No Jab No Pay' Commonwealth government policy

- From 1 January 2016, all states and territories will be distributing free National Immunisation Program vaccines for all children under the age of 10 that require catch-up. This arrangement will be ongoing.
- From 1 January 2016, there will be a time limited programme providing free vaccines to families who currently receive family assistance payments, who do not have a valid medical exemption, and now wish to immunise their children (aged between 10 and 19) in order to continue these payments*.

* This is for vaccines that were missed when the child was aged between 0 and 10 years of age. Not for adolescent vaccines.

Shingles vaccine

commencing November 2016 on the NIP schedule

Herpes zoster (Shingles) vaccine

- At 70 years
- 5 year catch-up
 - 71 – 79 year olds

DTPa vaccine program at 18 months of age commencing early 2016

- 18 month dose of DTPa was ceased in September 2003
- 4th DTPa booster dose
- will reduce pertussis in young children and transmission to infants too young to be immunised
- Brand(s) – unknown as yet (potentially Infanrix® / Tripacel®)
- Concurrent vaccination with MMRV
- 5th DTPa booster dose due at 4 years or a minimum of 6 months after 4th booster dose
- Potential for large local reactions at 18 m and 4 y
- Report AEFI to the Victorian vaccine safety service (1300 882 924)

Expanding Immunisation Registers

ACIR ▶

- 1 January 2016 expands from birth to 19 years (part of 'No Jab No Pay')
- October 2016 expands to adulthood to capture the shingles vaccine program and becomes the Australian Immunisation Register (AIR)

HPV Register ▶

- 2017 expands to capture all adolescent vaccines given in the school program
- becomes the Australian Schools Vaccination Register (ASVR)
- will provide recall and reminders to improve adolescent vaccine coverage rates

Sometime in the future AIR and ASVR will link

The Australian Immunisation Handbook, 10th Edition - updated

- 16 July 2015 - changes are only available online
- A summary of amendments is available

Link:

www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/news-20151307

To complement the Handbook the National Centre for Immunisation Research and Surveillance (NCIRS) has updated some of their fact sheets.

Link: www.ncirs.edu.au/immunisation/fact-sheets/index.php

Thank you

Immunisation Section enquiries

Call: 1300 882 008 (M to F 9am-12pm & 2pm-3pm)

Email: immunisation@dhhs.vic.gov.au

Web: www.health.vic.gov.au/immunisation



The Immunisation web site is undergoing a transformation. From November check out the changes and subscribe to the online newsletter.

Acknowledgement for disease notification graphs:

Communicable Diseases Epidemiology & Surveillance Section,

Department of Health & Human Services

