



The Immune Response

January 2002

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CSL

Vaccines

Please copy and distribute to all immunisation providers in your practice or health centre. Thank you.

Bat lyssavirus infection

The Public Health Unit has been organising rabies vaccine for people bitten or scratched by bats over the last few months. There is always an increase in the number of people requiring the vaccine during the bat breeding season.

Although only two cases of lyssavirus have been diagnosed in Australia, it is an invariably fatal disease in humans. Anyone

who has been bitten or scratched by either an insectivorous or fruit bat should be offered post exposure treatment (PET).

This treatment comprises a dose of rabies immunoglobulin - 20IU/kg (IMI) along with 5 doses of rabies vaccine. The doses of vaccine are given into the deltoid muscle on day 0, day 3, day 7, day 14, and day 28.

If the person has been previously immunised they need only a further 2 doses on days 0 and 3. There are no time limits post bite or scratch for starting the vaccination.

Rabies vaccine is not approved for administration by the intradermal route in Australia.

To date more than 150 people have received PET in the

Northern Rivers area with no adverse events notified.

The RIG and vaccine can be ordered through the Public Health Unit on 6620 7500.

(Ref: *The Australian Immunisation Handbook 7th Edition, pp 77-87*)

For more information, contact Marianne Trent at the PHU.

BRIEFS

Childhood pneumococcal vax program starts

The vaccine, Prevenar, is free to all Aboriginal children under two years and children with the following medical conditions:

\$ Diseases compromising immune response to pneumococcal disease.

\$ Congenital immune deficiency (including symptomatic IgG subclass or isolated IgA deficiency but excluding children where monthly immunoglobulin infusion is required).

\$ Diseases associated with immunosuppressive therapy or radiation therapy (incl. corticosteroid therapy equivalent to > 2mg/kg of prednisone for >4 weeks) where there is sufficient immune reconstitution for vaccine response to be expected.

\$ Compromised splenic function due to sickle haemoglobinopathies or congenital or acquired asplenia.

\$ HIV infection.

\$ Renal failure or relapsing or persistent nephrotic syndrome.

\$ Anatomical abnormalities associated with higher rates or severity of pneumococcal disease.

\$ Cardiac disease associated with cyanosis or cardiac failure.

\$ Proven or presumptive cerebrospinal fluid leak.

Vaccines can be ordered from the public health unit. For more information, contact Marianne Trent on (02) 6620 7514.

Disposal of Hib Titer and influenza vaccines

Any remaining stocks of both Hib Titer and influenza vaccines should be discarded into a sharps container.

HibTITER vaccine is no longer recommended on the standard vaccination schedule. All children should now receive PedvaxHIB vaccine.

The 2002 national pneumococcal and influenza program will start on March 1. Supplies of influenza vaccine will be distributed from that date.

Supplies of PedvaxHIB

There is a national shortage of PedvaxHIB vaccine. Adequate vaccine supplies may not be restored until mid to late February.

Orders for PedvaxHIB vaccine will be dispatched as soon as supplies become available.

New orders for PedvaxHIB vaccine should not be placed until the outstanding order has been delivered.

Children should receive all other vaccines due and parents asked to return at a later date for the PedvaxHIB.

Practice incentives day

The NRDGP is holding an information day at Southern Cross University on February 16 for doctors and practice staff. An immunisation component will cover changes in immunisation, getting the most out of your computer system and exploring the ACIR website. More topics may be added. If there are topics you would like discussed that fall into the framework of 'Making the most of Practice Incentive Payments' in your practice, please contact Gae McDonald on 6622 4453.

CPR & first aid course

The NRDGP will run another CPR module on Wednesday February 13 from 5pm to 9pm at the St John Ambulance office in Molesworth St, Lismore. Cost \$48. This will be the last CPR course organised by the NRDGP until the end of the year.

A five week senior first aid course (includes CPR module),

will start on February 12 at the St John Ambulance office from 6pm to 9pm. Cost \$93. If anyone would like to do the course over a weekend, please let Gae McDonald know on 6622 4453.

Contact Gae by the end of January to register for either course.

Congratulations

Many surgeries have been working hard to increase their immunisation rates. As a result, their immunisation percentages have jumped this quarter, some have increased by 8.5%.

Congratulation to: Dr Trichard (Yamba), Mullumbimby Medical Centre, Dr Osborne (Byron Bay), Fletcher St Medical Centre (Byron Bay), Health Options (Lismore), Dr Castagna (Casino). Please don't be discouraged if your practice does not appear in this list. It may take several quarters for your diligence to show.

Vax fridge reminder

Please tape over plug at power outlet of fridge so no one removes it. Five lots of vaccines have had to be thrown out from practices in the last two weeks. Also put bottles of saline in the fridge so that if the power goes out for a short period the temperature will be maintained.