



The Immune Response

March 2002

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CSL

Vaccines

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

Vaccines for pneumococcal & meningococcal diseases

Recently we have had several changes to the schedule in regard to pneumococcal and meningococcal vaccinations. The emergence of commercially available vaccines for

different strains of the same family of microbes has created a confusing mix. These vaccines are not a substitute for the vaccinations in the schedule but offer differ-

ent coverage. To assist you with information management, Marianne Trent has diligently put together the following table. Keep it in a prominent place for easy reference.

Name of Vaccine	Disease	Who gets it free	Dose	Route	Comment
MENINGITEC	Meningococcal disease - group c	Nobody	Children under 12 months: 3 doses with the first not earlier than 6 weeks and at least 1 month between doses. Over the age of 12 months: a single dose	IMI	The majority of cases of meningococcal disease in the NRA are group b and are therefore unprotected by this vaccine.
MENCEVAX ACWY	Meningococcal disease - groups A,C, W135, Y	Nobody	Single dose of 0.5mL	Deep subcutaneous	Recommended for people over the age of 2 traveling overseas to countries with high incidence of A,C,W135 and Y.
PREVENAR	Pneumococcal disease (7 serotypes)	Aboriginal children up to the age of 2. Children with specified cardiac, renal and immunological conditions - up to the age of 5	2-6 months: 3 doses, 2 months apart 7-11 months: 2 doses 2 months apart Over 12-59 months: 2 doses, 2 months apart	IMI	Non eligible children can get this on script
PNEUMOVAX 23	Pneumococcal disease	Aboriginal adults over the age of 50.	Dose every 5 years	IMI	Recommend for other adults over the age of 65 - but they need to get it on prescription PEDVAX.
PEDVAX	Haemophilus influenzae type b	All children under the age of 5	Dose changes according to age started see p48 in Immunisation Handbook, 7th edition.	IMI	Also recommended for individuals of any age who have no, or a non functioning, spleen - if they are in contact with children.

BRIEFS

Pedvax supply

CSL Limited has advised that the national shortage of PedvaxHIB is continuing. It is understood that reliable supplies cannot be guaranteed before June 2002.

NSW Health recommends that children at 2 and 4 months of age be given preference over children who are receiving their booster dose at 12 months of age if your supply is low.

Parents should be asked to return at a later date for the booster. Continue to give other immunisations that are due.

The immunisation incentive payments and maternity allowance will only be paid when the child's schedule is completed. Payments will be forthcoming at a later date.

Pedvax will be dispatched as soon as supplies become available. Please continue to order as usual but don't be

tempted to stockpile.

NSW Health regrets the inconvenience caused by this stock issue and wishes to assure all immunisation service providers that every effort is being made to restore supplies as quickly as possible.

Do you want to receive The Immune Response by email?

We are setting up an emailing list for *The Immune Response*. Each issue will be emailed straight from our computers to

your computer, where it can be easily filed and accessed. By being on the emailing list you will be sure to receive your own copy and of course, it is one less photocopy that is needed in your surgery.

We will still continue to fax *The Immune Response* to all practices but the time is coming when emailing will be the norm. Email me so you can be included:

<gmcDonald@nrdgp.org.au>. Why not also add my email address to your address book?