Queensland Government

Immunisation Schedule Changes 2020

From the 1st of July there are a several changes to the National Immunisation Program QLD (NIP).

The changes include the

- introduction of funded Meningococcal vaccines for Aboriginal and Torres Strait Islander and Medical At Risk (MAR) population,
- changes to the pneumococcal 23 vaccine schedule for Aboriginal and Torres Strait Islander and MAR
- changes to the funding arrangements for Haemophilus Influenzae Type B (Act-Hib)
- Hepatitis A schedule times on the NIP for ATSI children
- Vaccine funding for all ages of MAR

NB - The only change to the program for Non-indigenous/non-MAR population is the removal of Pneumo23 at 65 years of age, replaced with Prev13 at > 70 years of age.

Re- the number of changes to the Aboriginal and Torres Strait Islander and MAR program, it is even more important to determine whether your patient identifies or has a MAR condition, as these high risk groups are eligible for additional and different vaccines.

We will now discuss the changes.

Meningococcal vaccines

Meningococcal B

Bexsero, a meningococcal B vaccine has been added to the NIP for Aboriginal and Torres Strait Islander children at the schedule times of 6 weeks/2 months, 4 months, with a booster at 12mths of age with catch-up available to 30th June 2023 for ATSI children up to < 2 years of age.

The minimum interval between doses is 8weeks.

Bexsero is also on the NIP for MAR at 12mths of age. MAR meaning *'any individual with a medical condition associated with an increased risk of invasive meningococcal disease'.*

*There is a list of conditions in the AIH

An Aboriginal or Torres Strait Islander child who is also, MAR requires Bexsero at 2,4,6, and 12mths of age.

Should an Aboriginal and Torres Strait islander child present for catch-up of Bexsero please refer to the catch-up table for Bexsero in in the AIH, as the older they are when receiving the 1st dose the less doses they require.

Additional administration recommendations - Parents are required to administer Paracetamol 15mg/kg 30 minutes prior to administering each dose of Bexsero to reduce the risk of fever post administration for children < 2 years of age.

Bexsero is to be administered in a separate limb to other NIP vaccines and can be given at the same visit as other NIP vaccines.

As stated Bexsero is not on the NIP for non-indigenous non-MAR persons, however Bexsero can be given to these persons as a privately funded vaccine as per recommendations in the AIH.

Bexsero is not assessed in the No Jab No Pay payments.

Bexsero (MenB) and Nimenrix (MenACWY) dose recommendations for people with a specified medical condition that increases their risk of invasive meningococcal disease

Age at start of vaccination	Dose requirements for people with a specified medical condition associated with increased risk of meningococcal disease*
6 weeks to 5 months	4 doses* (8 weeks between doses; 4th dose at 12 months of age or 8 weeks after 3rd dose, whichever is later)
6–11 months	3 doses* (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
≥12 months	2 doses* (8 weeks between doses)

Specified medical conditions include inherited defects or deficiency of properdin or complement components, receiving treatment with eculizumab, functional or anatomical asplenia, HIV infection and haematopoietic stem cell transplant. Bexsero is NIP-funded for Aboriginal and Torres Strait Islander infants with any of these conditions. Otherwise, Bexsero and Nimenrix are NIP funded only for people with *asplenia and hyposplenia, complement deficiency and those receiving treatment with eculizumab*.

Meningococcal ACWY

Nimenrix

Now funded for 3 medical conditions: -

- Defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency
- Current or future treatment with eculizumab (a monoclonal antibody directed against complement component C5)
- Functional or anatomical asplenia, including sickle cell disease or other haemoglobinopathies, and congenital or acquired asplenia

Pneumococcal vaccines

There is no change to the infant non-indigenous pneumococcal schedule.

Aboriginal and Torres Strait Islander children receive Prevenar at 2,4,6, and 12mths of age as previous on the NIP. These children will now also receive 2 doses of 23vPPV. The first 23vPPV dose is recommended at 4 years of age and the second at least 5 years later.

Prevenar continues to be a catch-up to the age of 5 for all children.

NB – reference to the tables in the AIH to determine how many doses are required as total number of doses changes due to age at presentation and how many doses previously administered.

Prevenar has also been introduced for the > 70 year old non-indigenous and for > 50 years of age indigenous population replacing pneumovax 23 which has been removed from the schedule for > 65 years of age. Only one dose is required.

NB – if giving Prevenar 13 an 8 week interval is required before giving pneumovax 23, whereas if pneumovax 23 has been given first, a 12 month interval is required before giving Prevenar 13.

Healthy adults with no risk factors are no longer recommended to receive Pneumovax 23 at > 65 years of age.

Adults > 70 years of age are now recommended to get a dose of Prevenar 13.

NB: a total of 2 doses of Pneumovax 23 in a lifetime

Catch-up schedule for 13vPCV for all children with any medical condition(s) associated with an increased risk of invasive pneumococcal disease, aged <5 years

Number of 13vPCV doses received previously	Age at presentation	Age at 1st dose of PCV	Age at 2nd dose of PCV	Age at 3rd dose of PCV	Number of further primary PCV dose(s) needed	Number of PCV booster doses needed at age ≥12 months
None	<12 months	Na	na	na	3	1
	12–59 months	Na	na	na	1	1
1	<12 months	Any age	na	na	2	1
	12–59 months	<12 months	na	na	1	1
	12–59 months	≥12 months	na	na	None	1
2	<12 months	Any age	Any age	na	1	1
	12–59 months	<12 months	<12 months	na	1	1
	12–59 months	<12 months	≥12 months	na	None	1
	12–59 months	≥12 months	≥12 months	na	None	None
3	<12 months	Any age	Any age	Any age	None	1
	12–59 months	<12 months	<12 months	Any age	None	1
	12–59 months	<12 months	≥12 months	≥12 months	None	None

This schedule does not apply to people who have had a haematopoietic stem cell transplant. Please refer to the Vaccination for people who are immunocompromised chapter in the Australian immunisation handbook.
The minimum interval between doses is 1 month if child aged <12 months, and 2 months if aged ≥12 months.

Hepatitis A

Vaqta Paediatric

– remains a 2 dose course for Aboriginal and Torres Strait Islander children with the timing of the doses moving from 12 and 18 months, to 18 months and 4 years of age.

The change has occurred to make way for the addition of Bexsero to the NIP.

The change is not expected to increase the incidence of hepatitis A in Aboriginal and Torres Strait Islander children.

Catch-up for Hepatitis A vaccination in Aboriginal and Torres Strait children remains to < 10 years old.

Haemophilus Influenza Type B

Act-Hib

All individuals with a risk condition are funded for Act-Hib and Nimenrix

See AIH or following table for a list of these medical conditions.

Risk conditions for which meningococcal, pneumococcal and *Haemophilus influenzae* type b vaccines are recommended

Condition	Recommended vaccine		
	Pneumococcal vaccines –13vPCV and 23vPPV	Meningococcal vaccines – MenB and Men ACWY	Hib vaccine
Previous episode of invasive pneumococcal disease	✓		
Functional or anatomical asplenia, including			
– sickle cell disease or other haemoglobinopathies	✓	✓	✓§
– congenital or acquired asplenia (for example, splenectomy) or hyposplenia	✓	✓	✓§
Immunocompromising conditions, including			
– congenital or acquired immune deficiency, including symptomatic IgG subclass or isolated IgA deficiency	✓		
– haematological malignancies	✓		
– solid organ transplant	✓		
– haematopoietic stem cell transplant	✓	✓	✓
– HIV infection	✓	✓	
– immunosuppressive therapy, where sufficient immune reconstitution for vaccine response is expected; this includes those with underlying conditions requiring but not yet receiving immunosuppressive therapy	✓		
– non-haematological malignancies receiving chemotherapy or radiotherapy (currently or anticipated)	✓		
Proven or presumptive cerebrospinal fluid (CSF) leak, including			
– cochlear implants	✓		
– intracranial shunts	✓		
Chronic respiratory disease, including¶			
– suppurative lung disease, bronchiectasis and cystic fibrosis	✓		
– chronic lung disease in preterm infants	✓		
– chronic obstructive pulmonary disease (COPD) and chronic emphysema	✓		
– severe asthma (defined as requiring frequent hospital visits or the use of multiple medications)	✓		
– interstitial and fibrotic lung disease	✓		
Chronic renal disease			
– relapsing or persistent nephrotic syndrome	✓		
– chronic renal impairment – eGFR <30 mL/min (stage 4 disease)	✓*		
Cardiac disease, including¶			
– congenital heart disease	✓†		
– coronary artery disease	✓†		
– heart failure	✓†		
Children born less than 28 weeks gestation	✓†		
Trisomy 21	✓†		
Chronic liver disease, including¶			
– chronic hepatitis	✓		
– cirrhosis	✓		
– biliary atresia	✓		
Diabetes	✓		
Smoking (current or in the immediate past)	✓	✓#	
Harmful use of alcohol‡	✓		
Defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency		✓	
Current or future treatment with eculizumab (a monoclonal antibody directed against complement component C5)		✓	

Note: ✓Recommended; shaded boxes indicate eligibility for NIP funding.
¶ Individual conditions listed beneath or those that are similar based on clinical judgment

* Funded under the NIP for eGFR <15 mL/min only (including patients on dialysis)
† Funded under the NIP only for children aged <5 years at diagnosis of the condition
# Recommended for young adults aged 15–24 years
‡ Defined as consuming on average ≥60 g of alcohol (6 Australian standard drinks) per day for males and ≥40 g of alcohol (4 Australian standard drinks) per day for females)
§ Only for those who were not fully vaccinated in early childhood according to the Hib vaccination recommendations for infants and children

National catch-up calculator

- Replacing the SA Health catch-up calculator.
- Available from July 2020.
- Applicable only for catch-up for children under 10 years.
- Accessed via the online *Handbook* website.
- 'Look and feel' will reflect National Immunisation Program branding.
- Catch-up schedule can be printed.
- Designed to 'guide' users through the process of entering information before a catch-up calculation is produced:
  - Antigen name or vaccine name; either is acceptable
  - Indigenous status
  - State where child lives
  - Past vaccination history

NB - Please review the new schedule prior to administering vaccines to Australian and Torres Straight Islander and MAR infants to be aware of the new changes.

<u>Should you have questions please contact your public health unit for assistance.</u>