

Influenza immunisation programme – important changes for 2010



Key concepts:

- A two stage programme for the influenza vaccination has been implemented for 2010
- Eligibility criteria for funded vaccination has been broadened
- Children aged six months to eight years will require two doses of seasonal vaccine

Two stage programme

The influenza programme is being implemented in New Zealand this year as a two-stage programme using monovalent and trivalent vaccines.

Stage One: Early Protection Programme, commenced February 2010

This programme used Celvapan, a monovalent vaccine which protects against pandemic H1N1 influenza only. Two doses were given three weeks apart. The programme was aimed at specific priority groups including front-line health workers and people at risk of severe outcomes from pandemic H1N1 influenza.

The H1N1 vaccine was offered before the seasonal vaccine, to provide protection as early as possible to those at highest risk of influenza. Experience in the Northern Hemisphere suggested that influenza could arrive earlier this season, and the predominant strain would be pandemic H1N1.

Stage Two: Seasonal Influenza Immunisation Programme, commenced March 2010

The 2010 Seasonal Influenza vaccine has been formulated to include three strains of virus:

- A/California/7/2009(H1N1)-like strain
- A/Perth/16/2009 (H3N2)-like strain
- B/Brisbane/60/2008-like strain

Two doses needed for children under nine

All children aged from six months to eight years receiving the seasonal influenza vaccine should have two doses at least four weeks apart, in order to optimise immunity to pandemic H1N1. This is regardless of whether they have received seasonal vaccine in previous years.

Seasonal vaccine after receiving one dose of Celvapan

People who have received only one dose of Celvapan can get effective protection against pandemic H1N1 influenza by either receiving:

- A second dose of Celvapan (at least three weeks after the first dose), then proceeding to seasonal vaccine

Or

- A single seasonal influenza vaccination. Note, if one dose of Celvapan has been given it is recommended there be a four week gap before giving seasonal influenza vaccine to high risk individuals to offer better protection.

Seasonal influenza immunisation is funded in 2010 for the following groups:

- People aged over 65 years
- Pregnant women (in any trimester)
- Morbidly obese people (BMI ≥ 35 in those aged over 18 years)
- Children aged from six months to their fifth birthday, if enrolled in an eligible practice, or considered at high risk (see over page)
- People with the following chronic medical conditions:
 - Cardiovascular and cerebrovascular disease (except hypertension and/or dyslipidaemia without evidence of end-organ disease)

- Chronic respiratory disease except asthma not requiring regular preventive therapy
- Diabetes
- Chronic renal disease
- Cancer (except non-invasive basal or squamous cell carcinoma)
- Other conditions including immune suppression, autoimmune disease, HIV, transplant recipients, neuromuscular and CNS diseases, haemoglobinopathies and people aged under 19 years on long term aspirin therapy


Children not covered in the free vaccination programme should be considered for vaccination when:

- They are in a household living, or in frequent contact, with a ‘high risk’ individual
- They are in a boarding school or institutional environment

Eligibility criteria for funded vaccine for children

Children from age six months to five years may receive the seasonal influenza vaccination funded if they are enrolled at an eligible practice. Eligible practices are those which have 50% or more of enrolled children under six years identified as high needs (Māori, Pacific, high deprivation). Visit www.influenza.org.nz/?t=884 to see if your practice is eligible.

In addition to the list of eligible practices, permission has recently been granted by the Ministry of Health for general practices to use their discretion and offer free seasonal influenza immunisation to children from high deprivation backgrounds aged between six months and five years. This includes children who are considered at higher risk of the complications of influenza e.g. children living in poverty, crowded housing, recurrent medical presentations, household smoking, Māori, Pacific ethnic groups.

 **Best practice tip:** Make it count. Practice staff claiming for vaccinations should ensure that the NHI number is included on the claim and the PHO enrolment register in order for payments to be processed.

Resources:

Ministry of Health. Early protection immunisation programme – information pack. Available from: www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-2010-programmes

Ministry of Health Immunisation advice line (for the public): phone 0800 IMMUNE (0800 466 863)

For payment/claiming queries (for practices) phone Ministry of Health: 0800 458 448 (select option 5)

National influenza strategy group. www.influenza.org.nz

For weekly influenza surveillance updates, visit: www.surv.esr.cri.nz/virology/influenza_weekly_update.php

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9. Molander L, Lövheim H, Norman T, et al. Lower systolic blood pressure is associated with greater mortality in people aged 85 and older. *J Am Geriatr Soc.* 2008;56(10):1853-9.
10. Ungar A, Pepe G, Lambertucci L, et al. Low diastolic ambulatory blood pressure is associated with greater all-cause mortality in older patients with hypertension. *J Am Geriatr Soc.* 2009;57(2):291-6.
11. Committee on Quality Health care in America, Institute of Medicine. *Crossing the quality chasm: a new health system for the 21st century.* Washington DC: National Academy Press, 2001.
12. Cameron ID, Murray GR, Gillespie LD, et al. Interventions for preventing falls in older people in nursing care facilities and hospitals. *Cochrane Database Syst Rev* 2010;1:CD005465.
13. Callahan D. *The troubled dream of life: Georgetown University Press, Washington DC; 2000.*
14. Flicker L. Vascular factors in geriatric psychiatry: time to take a serious look. *Cur Opin Psych.* 2008;21(6):551-4.
15. Stephan BC, Brayne C. Vascular factors and prevention of dementia. *Int Rev Psych.* 2008;20(4):344-56.
16. McGuinness B, Todd S, Passmore P, Bullock R. Blood pressure lowering in patients without prior cerebrovascular disease for prevention of cognitive impairment and dementia. *Cochrane Database Syst Rev* 2009;4:CD004034.
17. Grimley E, Areosa S. Effect of the treatment of Type II diabetes mellitus on the development of cognitive impairment and dementia. *Cochrane Database Syst Rev* 2002;4:CD003804.
18. McGuinness B, Bullock R, Craig D, et al. Statins for the treatment of Alzheimer's disease and dementia. *Cochrane Database Syst Rev* 2009;2:CD003160.
19. Fries JF. Frailty, heart disease, and stroke. The compression of morbidity paradigm. *Am J Prev Med.* 2005;29(5S1):164-8.
20. Fairhead J, Rothwell P. Underinvestigation and undertreatment of carotid disease in elderly patients with transient ischaemic attack and stroke: comparative population based study. *BMJ.* 2006;333:525-7.
21. Flicker L. Clinical issues in aged care: managing the interface between acute, subacute, community and residential care. *Aust Health Rev.* 2002;25(5):136-9.
22. Kerse N. Medication use in residential care. *N Z Fam Phys.* 2005;32:251-5.
23. De Ruijter W, Westendorp R, Assendelft W, et al. Use of Framingham risk score and new biomarkers to predict cardiovascular mortality in older people: population based observational cohort study. *BMJ* 2009;338:a3083.

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