



## **Communicable Disease Control Directorate**

Dear Health Care Provider

### **2009 PAEDIATRIC INFLUENZA IMMUNISATION PROGRAM FOR CHILDREN IN METROPOLITAN AREA AGED 6 MONTHS TO < 5 YEARS**

The Communicable Disease Control Directorate is pleased to announce continuation of the Paediatric Influenza Immunisation Program for children in the metropolitan area in 2009. This decision is in response to the overwhelming success of last year's program, made possible through the dedication of WA's health care providers.

The accomplishments of the 2008 WA Paediatric Influenza Immunisation Program include:

- 64,728 doses of influenza vaccine were administered to children in WA aged 6 months to < 5 years.
- Vaccination uptake rates for children in Perth metro exceeded 50%, with the majority of immunised children receiving two doses of vaccine.
- Rigorous vaccine effectiveness assessments documented significant protection against influenza illness in WA children. Influenza immunisation was determined to be 66% effective at preventing medically attended influenza illness overall, and 84% effective at preventing influenza hospitalisations among children aged 6 months to < 5 years.
- There was a significant decline in the number of influenza infections reported statewide among children < 5 years of age in 2008 compared to 2007. A decrease in influenza notifications was also observed among elderly persons aged 75 years or older. As this is the age group that responds least well to influenza vaccine, the decline in notifications suggests possible indirect protection of the elderly close contacts of vaccinated children.

Again, we thank you for your support during the 2008 initiative and invite you to participate in this year's effort to protect WA's children from influenza as outlined below.

#### **1. Vaccine Formulations and Availability**

All children in the metropolitan area aged 6 months to < 5 years may receive free influenza vaccine this year.

Both vaccine formulations are currently in-stock and ready to ship. They are:

- **Flu Vaccine "Junior" - 0.25 mL pre-filled syringe** (*Fluvax Junior* or *Vaxigrip Junior*)

This formulation is used for children 6 months to < 3 years of age

- **Flu Vaccine - 0.5 mL pre-filled syringe** (*Fluvax* or *Vaxigrip*)

This formulation is used for children  $\geq$  3 years of age.



## 2. Recommended Number of Doses per Child

The recommended number of doses of influenza vaccine depends on the child's influenza vaccination history.

- Children in your practice who have received 1 or no doses of influenza vaccine ever in their lives should receive 2 doses of vaccine this year, with the doses given at least 1 month apart.
- Children in your practice who have received 2 or more doses of influenza vaccine **at any time in their lives prior to the current year** require only 1 dose of vaccine this year.

## 3. Placing Influenza Vaccine Orders

- Paediatric Influenza Vaccine Orders should be faxed (9388 4820) to CDCD for processing (and not to CSL).
- Orders can be placed immediately and will be filled in the order they are received.
- The WA Department of Health anticipates conducting a major influenza immunisation promotion campaign on Wednesday, 4 March 2009.
- We anticipate it will take approximately two weeks to fill all the initial vaccine orders; we encourage you to order as soon as possible so that you have the vaccine in hand when requested by your patients.
- Your initial order may be up to a maximum of 100 doses. If you are a large practice and require larger initial quantities please call DOH at 9388 4838 to make arrangements.
- Please order only what you anticipate you will use; the number of doses your practice used last year should serve as a rough guide.
- Attached for your use are: 1) the **Initial Vaccine Order Form** and 2) the **Vaccine Re-Order Form**. (Additional copies are available at <http://www.public.health.wa.gov.au/3/319/3/influenza.pm>)
- As per last year, once you place your Initial Order, you can obtain additional vaccine by providing data on the children you have vaccinated, this includes name, date of birth, number and date of vaccine administration, as indicated on the Vaccine Re-Order Form.
- For vaccine order enquiries telephone CDCD on 9388 4838.
- Please notify CDCD if it has been more than two weeks since you placed your order and you have not received your order by **2 March 2009**.



**4. Other Groups/Children for Whom Influenza Vaccine is Recommended**

- Children with chronic cardiac conditions, chronic lung disease and other chronic illnesses such as severe asthma requiring regular hospitalisation and intervention should also receive influenza vaccination, even if  $\geq 5$  years of age. (See the Australian Immunisation Handbook, 9<sup>th</sup> Edition, pages 190-191 for full details)
- Caregivers and household contacts of the above high risk children should also be vaccinated.

**5. Sources of Influenza Immunisation Information**

1. Further information regarding influenza vaccine can be found online in Chapter 3.9, Influenza, 9<sup>th</sup> Edition, Australian Immunisation Handbook. If you do not have access to the internet, information can be found in your hard copy *Australian Immunisation Handbook, 9<sup>th</sup> Edition, 2007*.
2. The WA Department of Health Immunisation Website at [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au), under *information for health providers, immunisation*.

**6. Attachments**

1. Paediatric Influenza Immunisation Program vaccine order forms.
2. Influenza vaccine fact sheet for the public, also available online at the above website.

Please note that you will be contacted shortly with information regarding ordering influenza vaccine for adults as routinely provided through the National Immunisation Program.

Sincerely,

Dr Paul Van Buynder  
**DIRECTOR**  
**COMMUNICABLE DISEASE CONTROL DIRECTORATE**

**February 2009**



# WA PAEDIATRIC INFLUENZA IMMUNISATION PROGRAM

FOR CHILDREN IN METROPOLITAN AREA AGED 6 MONTHS TO LESS THAN 5 YEARS

## INITIAL VACCINE ORDER FORM - FAX TO 9388 4820

Practice Name: _____		Date ___ / ___ / ___
Practice Number (required): ... ..		Phone: ..... Fax: .....
FLU VACCINE 0.5ml vials (for children $\geq$ 3 years old)	_____ DOSES	
FLU VACCINE Junior 0.25ml vials (for children < 3 years old)	_____ DOSES	

### Placing your initial order

- Fill-in the boxes above to place your initial paediatric vaccine order.
- Your initial order may be up to a maximum 100 doses. If you are a large practice and require larger initial quantities please call DOH at 9388 4838 to make arrangements.
- Please order only what you anticipate you will use; your practice usage rate from last year should serve as a guide.

#### Key Points to Remember:

- Children 6 months to < 3 years of age should be given the “Junior” 0.25 mL influenza vaccine formulation; children aged  $\geq$  3 years should be given the 0.5 mL formulation.
- Children who have received 1 or no doses of influenza vaccine ever in their lives should receive 2 doses of vaccine this year - the doses given at least 1 month apart.
- Children who have received 2 or more doses of influenza vaccine *at any time in their lives* prior to the current year, require only 1 dose of vaccine this year. (See examples below).

EXAMPLES	Number of doses of Influenza vaccine received in prior years			Number of Flu vaccine doses recommended this year (2009)
	2006	2007	2008	
Child A	0	0	0	2
Child B	0	0	2	1
Child C	1	0	1	1
Child D	0	1	1	1
Child E	0	0	1	2
Child F	0	1	0	2

### Placing additional orders throughout the influenza season

- You may re-order vaccine on a weekly basis throughout the influenza season.
- Using the attached reorder form, maintain a record of all children in your practice vaccinated against influenza.
- When you require additional doses of vaccine, fax the re-order form to CDCD for processing.
- CDCD will provide more influenza vaccine, based on your usage of vaccine in children as documented on the re-order form. Use as many sheets as required to list the children aged 6 months to < 5 years vaccinated since your last vaccine order.
- In order to obtain an accurate figure on the number of vaccine doses administered, at the end of the influenza season, CDCD will request you to fax in any completed re-order forms not submitted previously.



# WA Paediatric Flu Immunisation Program VACCINE RE-ORDER FORM

Fax To: 9388 4820

Practice Name: \_\_\_\_\_

Date: / /

Telephone: \_\_\_\_\_

Practice Number\*: \_\_\_\_\_

Facsimile: \_\_\_\_\_

\* (CSL Practice Number is required for processing of vaccines)

Number of Pages in this fax: \_\_\_\_\_

	FIRST NAME (Please print legibly)	SURNAME (Please print legibly)	Child' Date of Birth	2009		Has this child ever had $\geq 2$ doses of flu vaccine prior to 2009?
				Date Flu Vaccine Given	Is this the child's 1st or 2nd dose for this year? <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	
1			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
2			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
3			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
4			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
5			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
6			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
7			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
8			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
9			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
10			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
11			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
12			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
13			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
14			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
15			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
16			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
17			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
18			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
19			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
20			___/___/___	___/___/ 09	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

## Influenza (Flu) Vaccine for Children

Information about the free vaccine program for children aged 6 months to < 5 years of age living in the Perth Metropolitan Area - 2009



### What is influenza (Flu)?

Influenza, commonly called 'the flu' is a contagious respiratory viral illness that can cause serious illness, and even death in young children, older adults and certain vulnerable people of all ages. It is most common in winter months. It is not the same as the common cold.

### How is influenza spread?

Influenza is spread through the air when someone with the disease coughs, sneezes or even talks. This releases droplets from the nose or throat that contain the influenza virus. The influenza virus can also be spread when someone touches something that has the virus on it, and then touches their nose, eyes or mouth.

### What are the symptoms of influenza?

The symptoms include fever, headache, muscle aches, tiredness and weakness, congestion in the nose, throat and lungs. Children may have nausea, vomiting and diarrhoea. In more serious infections, complications can occur such as pneumonia, inflammation of the heart, and inflammation of the lungs and the illness may last longer. Healthy children under five years of age are more likely than adults to be hospitalized for complications from influenza.

### About the Influenza vaccine:

Influenza vaccine protects against the influenza infection and the complications. The vaccine is needed every year because the influenza virus changes. **The vaccine is made of killed flu viruses and cannot give you the flu.** Influenza vaccine is given by injection. Two doses at least 1 month apart are recommended for children 9 years of age or younger receiving influenza vaccine for the first time. The vaccine is very effective even in young children if 2 doses are given.

### Who can get free vaccine?

In the Perth metropolitan area children aged from 6 months to < 5 years of age will be eligible for free influenza vaccine this year. This vaccine will be available from March 2009. There may be a fee for the consultation with your general practitioner. For those children not eligible for funded vaccine, vaccine can be purchased on script from your doctor.

### What are the possible side effects of the vaccine?

The majority of children who receive the vaccine (about 8 out of 10) will have no side effects. Of those children who have a side effect, most will have only a mild local reaction. Your GP will make sure it is safe for your child to receive the vaccine.

Your child's chance of being harmed by the flu is far greater than the chance of being harmed by the vaccine. Immunisation is one of the most important ways parents can protect their children against serious diseases.

### Where can my child get the FREE influenza vaccine?

- At your local GP
- At the Central Immunisation Clinic, 16 Rheola Street, West Perth. Phone 9321 1312

**Influenza is a serious disease in young children. The influenza vaccine is safe in children and will protect them against the flu.**

**Talk to your GP about protecting your young child with a free flu vaccination before winter arrives.**