

# Hutt Valley Jabs



Educating and Informing you of all things NIR and Immunisation!

September 2013

## Authorised vaccinator status

### Important reminder

1. Vaccines are prescription medications
2. Being an authorised vaccinator allows you to give vaccinations that are part of the National Schedule without a prescription
3. If you are not an authorised vaccinator you must be covered by a prescription or standing order for every vaccine you give, including National Schedule
4. If you are giving vaccines not on the National Schedule you must have a prescription or standing order for the vaccine, unless you are an authorised vaccinator and the vaccine is covered by an approved local programme

It is important to keep your authorisation up to date. Please inform us at Regional Public Health if you have moved in the last two years so we can send you renewal reminders. Call Mieke Finlay on 04 570 9750.

Recent advice from the Ministry of Health regarding student nurses:

Prescriptions or Standing Orders are not needed to allow administration of vaccines by student nurses when they are assisting, or working under the direct supervision of, an authorised vaccinator and when every client, environmental and best practice factor is the same as if the authorised vaccinator was administering the vaccine.

## Cold chain

The last few months have tested our response to emergency situations as we have experienced a very big storm and several earthquakes. This is an excellent time to check your emergency cold chain planning.

Please ensure that your cold chain policy is up to date, and that you have clearly identified what you will do with your vaccines in the event of fridge or power failure. Also ensure that all staff know where the policy is kept and are familiar with its contents. The policy should be reviewed and updated every 12 months.

If the fridge has failed and you have another pharmaceutical fridge in your practice, you can move your vaccines to this fridge. Do not use a domestic fridge unless it has been monitored for several days and you know the fridge temperature is between 2 and 8 degrees centigrade. If you have not monitored the domestic fridge you should identify another pharmaceutical fridge you can use. You should identify a neighbouring practice that has sufficient space in their fridge and is willing to take your vaccines until your fridge is fixed or replaced.

In the event of a power failure you can keep vaccines in your fridge for up to 4 hours before moving them,

as long as the door is kept closed. If you have patients booked in for vaccinations take the required vaccines out of the fridge and store them in a chilly bin, this means you will not have to keep opening the fridge door.

Use a digital min/max thermometer to monitor the fridge temperature and chilly bin temperature. It is now an essential requirement to have a digital min/max thermometer.

All practices should have a datalogger. This should be downloaded at least every four weeks or more often if needed. Please ensure all staff know how to download the datalogger.

Ensure you have the correct number of chilly bins and ice-packs to take the number of vaccines you have in stock.

In the event that there is a power failure over a localised area you may need to transport your vaccines further, but always contact your immunisation coordinator for advice.

If there is a valley wide power failure due to earthquake, safety comes first. In this event we will assess and advise depending on circumstances.

## NIR update

Please let me know, in advance if possible, if you are getting a new staff member. Please send me their full name, NZMC/NZNC number and their start date. I will then load this information onto the NIR and link them to your practice. This will ensure that immunisation data sent from your practice will not be not rejected by the NIR with the error message: 'provider not linked to the practice'.

It is a good idea to fax me a list of children (either weekly or monthly) who have either left or joined your practice. I can then update the NIR. This will ensure that the practice stats held on the NIR are accurate.

Sometimes when a new server is installed at your

practice the messaging to NIR does not leave the practice till the settings are adjusted. If you are having any problems please contact me and I will talk you through the checks to ensure that the messaging is working properly.

The volume of overdue reports has decreased significantly, and rather than post back your reports, can you please fax them to me. Can I please also have your feedback on whether you would like these reports faxed to you in the future.

Thank you for all your hard work that has helped us to consistently maintain our targets.

Regards, Julia

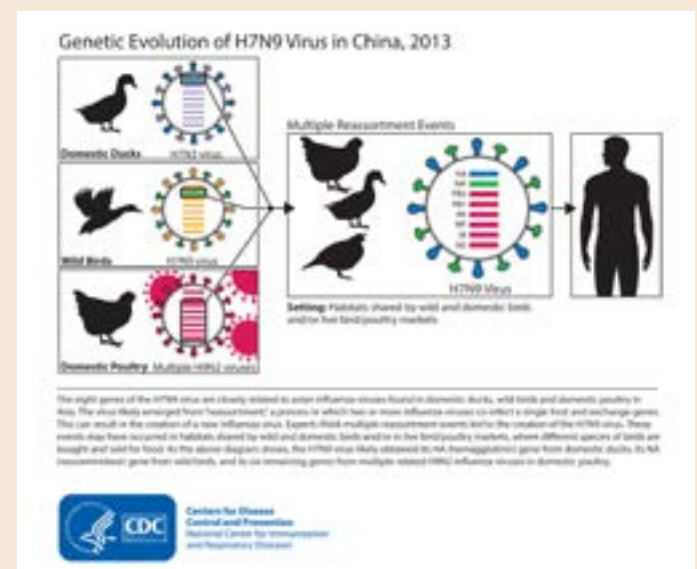
## Avian influenza A (H7N9) virus – quick facts

- 31 March 2013 China identified 3 adult deaths from severe pneumonia
- Ill people not known or linked to each other
- New bird virus H7N9, not previously infected humans
- Over 132 cases, 44 deaths approx 30% death rate
- No cases acquired infection outside China
- Can't exclude limited person to person transmission but no sustained human to human transmission
- Most cases in April
- Last case reported in May, which may be the effect of closing wet markets. Infections could return in cooler months
- No current travel restrictions

### Source and Transmission

- Chickens probable source but investigations ongoing. Chickens asymptomatic. Small number (+ve) bird and environmental samples
- Many cases reported exposure to live animals, chicken and/or ducks
- Majority lived in urban environments
- Median age 61 yrs, 71% male, 76% had an underlying health condition
- China followed up >1600 contacts including HCW's no illness
- Vaccines are being developed

For further information please see: <http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>



## Our new immunisation partners – pharmacists

Over the past 18 months we have had an increasing number of pharmacists complete the Vaccinator Training Course to become vaccinators. This is a new initiative in New Zealand, but in other countries pharmacists have been vaccinating for several years. They are well placed to deliver vaccines and offer advice concerning vaccine preventable disease.

At present pharmacists have been gazetted by Medsafe to give non-funded influenza vaccines to those aged between 18 and 65, but they are considering gazetting for meningococcal vaccines and dTap. Pharmacists are not giving vaccines on the National Schedule.

Pharmacists have to complete a clinical assessment and complete an update every two years in line with the National Standards. They must have a private consultation

room and stock all required emergency equipment as well as complete Cold Chain Accreditation.

At present there are four pharmacies in the Hutt Valley offering vaccines:

- Radius Pharmacy, Lower Hutt
- Radius Pharmacy, Upper Hutt;
- Unichem Clive's Pharmacy, Waiwhaitiri
- Countdown Pharmacy, Petone

In CCDHB there are 12 pharmacies spread across central Wellington and the Kapiti Coast.

Pharmacies have had great success this year having given a high number of influenza vaccines, and we wish them continued success.

## Entering overseas immunisations

If you have children from overseas you must enter their overseas immunisations onto the immunisation schedule, otherwise they will be incomplete and affect your stats. The birth cohort date is from 10th October 2005. Any child born after this date will have immunisation details message to the NIR.

If you cannot confirm their vaccination history, please revaccinate. You can close immunisations if they are not required. When entering the data please use the date given, not the date entered onto your PMS. Please enter as "Given Overseas", not 'Given Elsewhere' as this will not message to the NIR.

## MERS CoV (Middle East respiratory syndrome coronavirus)

- MERS-CoV is a virus that is new to humans- identified September 2012
- Associated with severe acute respiratory illness, pneumonia and high death rates
- 103 cases, 49 deaths (50% fatality rate)
- 65% cases male, median age 51 yrs
- Infections occurred in Jordan, Qatar, Saudi Arabia, and the United Arab Emirates (UAE) 2012
- UK, France, Germany, Italy and Tunisia cases acquired during exposure in the Middle East
- Different to the coronavirus that caused SARS in 2003
- The source of MERS-CoV is not known – similar to virus found in bats
- MERS-CoV has been shown to spread person to person through close contact
- There is no vaccine or specific antiviral treatment for MERS-CoV
- No WHO travel restrictions currently - usual travel

### Cases of MERS CoV April 2012 - Present

Countries	Cases (Deaths)
France	2 (1)
Italy	3 (0)
Jordan	2 (2)
Qatar	3 (1)
Saudi Arabia	82 (41)
Tunisia	2 (0)
United Kingdom (UK)	3 (2)
United Arab Emirates (UAE)	6 (2)
Total	103 (49)

Current as of August 26, 2013, 9:00 AM EDT

precautions apply including avoiding live animal or wet markets

For further information please see: <http://www.cdc.gov/coronavirus/mers/>

Both MERS-CoV and H7N9 are now notifiable diseases in New Zealand.

## Training courses

Book through IMAC for any of the following courses:

### VTC – 2 days

Hutt Valley: 5&6 Dec – Venue TBC

### UPD – 5:30pm–9.00pm

Hutt Valley: 19 November – Learning Centre, Hutt Hospital.

## CHOICY FISH AWARD



Goes to...

### Naenae Medical Centre

who have reduced their overdue list from 30 pages (over 2 years ago) to just four - well done!

## HRVING meeting update

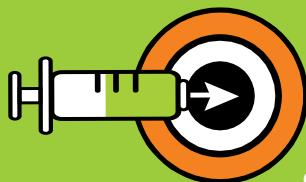
The dates for 2013 remain on a Wednesday at 1.00-2.30pm in Pilmuir House Boardroom:  
**6th November**

All people interested are invited to attend.

Thought for the day

Never confuse motion with action – Ernest Hemingway

## MoH Immunisation Targets



July 2014

# 90%

December 2014

# 95%

of children fully immunised by the age of 8 months

We exceeded our targets for Quarter 4 ending June 2013, achieving 91% coverage. Thank you for your hard work, and well done! It is important that we continue to maintain our 2 year old target of 95%. Please keep up the great work we have achieved over the last 3 years.

### Milestone ages for the 3 month period ending 26/08/2013:

Age	Total	NZE	Maori	Pacific	Asian	Other	Declined
	%	%	%	%	%	%	%
6 month	82	82	76	83	87	87	1.4
<b>8 month</b>	<b>94</b>	<b>96</b>	<b>91</b>	<b>98</b>	<b>93</b>	<b>89</b>	<b>1.7</b>
12 month	95	96	95	95	98	88	2.2
18 month	86	90	75	89	93	89	2.5
<b>24 month</b>	<b>93</b>	<b>95</b>	<b>92</b>	<b>93</b>	<b>98</b>	<b>87</b>	<b>4.6</b>
5 Year	85	89	84	85	84	74	4.2

## Contact Us

**Tracey Green**  
Immunisation Coordinator  
Direct: 04 570 9798  
Mobile: 027 557 7241

**Julia Small**  
NIR Coordinator  
Direct: 04 570 9797  
Fax: 04 570 9796

Produced by: Regional Public Health,  
Private Bag 31 907, Lower Hutt 5040  
Ph 04 570 9002 Fax 04 570 9211  
Website [www.rph.org.nz](http://www.rph.org.nz)

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