

Babies Born to Hepatitis B Positive Mothers

In New Zealand, Hepatitis B causes more deaths than any other vaccine-preventable disease apart from influenza. Hepatitis B is usually transmitted by infected blood or exchange of body fluids during sport & also during sexual activity. Chronic carrier status may develop if the infection does not stimulate an effective immune response, so the virus survives in the body, continuing to replicate for many years. This chronic carrier state is more common after infection during infancy and early childhood. Chronic carrier status may lead to chronic liver disease and hepatocellular carcinoma. In adults, Hepatitis B may cause an acute severe disease with a prolonged convalescent period. Children who catch Hepatitis B tend to be less ill initially but are more likely to become long term carriers and develop problems later in life.

Pregnant women are screened for Hepatitis B as part of the antenatal screen. If the mother is found to be positive, the Lead Maternity Carer will discuss the disease and implications with the mother including the importance of starting Hepatitis B protection within 12 hours of birth. It is important that the baby is fully immunised in order to protect them from Hepatitis B. Babies born to mothers with hepatitis B are vaccinated:

- Within 12 hours of being born with Hepatitis B Immunoglobulin and Hepatitis B vaccine
- At 6w as part of the childhood national scheduled vaccinations
- At 3m as part of the childhood national scheduled vaccinations
- At 5m as part of the childhood national scheduled vaccinations

Following the 5m vaccination, it is important that the baby's immunity is checked to ensure they are not infected and are protected; a blood test is needed to do this. The level of immunity will determine any further risk of getting hepatitis B and if further protection is required. An antibody (HBsAb) level of $\geq 100\text{mIU/ml}$ is considered to an effective immune response.

Information for health professionals relating to the management of babies born to hepatitis B positive babies has been updated. Please check you have the 2009 revised version. Updated copies are available from the Immunisation Facilitator or Public Health Services.

MMR Vaccinations

Vaccinators are reminded to check the immunisation status of the child carefully prior to vaccination, in light of the MMR accelerated immunisation programme in response to the measles outbreak in NZ in 2009. Children who would ordinarily receive a MMR at 4y may have already had two vaccinations from 12m of age and subsequently do not require the MMR vaccine at 4 years.

The practice management system or NIR can be used to check the need for the 4y MMR. Ring 0800 505 999 for an NIR query if NIR messaging is an issue in the practice. NIR messaging from your PMS depends on the practice being connected to the internet at the time of the NIR query and when the response is sent. For example some practices are not continuously connected to the internet so the request message will not be sent or received.

NIR Opt Off Process

NIR is a computerised information system that holds the immunisation details of a child. The NIR enables an accurate immunisation history to be developed regardless of where the child is vaccinated. It also helps the practice nurse to ensure that the child gets only those vaccinations they are scheduled for, to ensure they are up to date, prevent unnecessary vaccination and enables the patient to access their complete vaccination record if they need to later in life. Information held on the NIR is managed according to the Privacy Act.

Most parents recognise the benefits of being on the NIR however at anytime an individual or their parent/care giver can Opt-on or off the NIR. Outlined below is the process to opt off the NIR:

1. The NIR Registration Form is completed by the LMC and sent to NIR. Requests to opt off cannot be processed at this stage.
2. A 'welcome to the NIR letter' is automatically generated and sent to the parent / caregiver to confirm the child's registration details. This letter also includes how to opt off if the parent chooses not to want to keep the child's information on the NIR.
3. If the parent indicates a preference to opt off, a letter and opt off form (NIR2) are sent to the parent to be completed and returned. When this letter is returned to NIR, the file is closed and future immunisation events will not be recorded on the NIR. Declining immunisation does not mean the child needs to be opted off the NIR.
4. The parent / caregiver receives notification of the opt-off status. The child may still receive all immunisations if the parent / caregiver opts off the NIR but they are only recorded at the practice and in the Well Child book.

Upcoming Education Events

- **VTC Update** Blenheim – 1st September 2010.
- **Midwives Day** Nelson- 2nd September 2010 – an opportunity to bring key people together to inform, review, discuss and debate immunisation in the region.
- **IMAC Immunisation Conference 2010 ***, Auckland September 8th & 9th
- **IMAC Immunisation National Conference Christchurch 2011.**

Marlborough Immunisation Special Interest Group (MISIG)

MISIG was formed to provide an opportunity for promoters or providers of immunisation to come together to discuss barriers, issues and concerns relating to immunisation and to support each other. MISIG Meetings have been held bimonthly for the last 6 months and an evaluation of the meetings is now planned. An evaluation form will be circulated to promoters and providers of immunisation. If you do not receive an evaluation but would like to contribute please send thoughts and suggestions for improvement to christineh@marlboroughpho.org.nz or fax 578 1198 or phone 520 6212

Catch-up Challenge:

Developing a catch up schedule for patients is not always easy. As a regular ImmPHO feature we are including a catch up scenario for you and your colleagues to challenge each other. The 2008 National Immunisation Schedule Health Provider Booklet and the IMAC Pneumococcal Catch Up Schedule (Sept 2009) provide easy to reference information to assist you in planning a catch up. These resources and catch up support are available from the Immunisation Facilitator

Ben has emigrated from the UK aged 2 ½ years. Please check he is up to date with his immunisations. In the UK he had:

- 2 month - DTwP, OPV and Hib
- 3 month - DTwP, OPV and Hib
- 5 month - DTwP, OPV and Hib
- 14 months – MMR and PCV7

He has presented to you today for immunisation, develop a catch-up plan for him.

New Documents available free through Health Education Resources

Public Health Service advises that the following patient information resources have been updated.

- Hepatitis B – Information for health professional on the Management of babies born to HBsAg Positive Mothers. Revised May 2009(Code HE1401)
- Hepatitis B – Information for Pregnant Women. Revised may 2009 (Code HE1402)
- Infectious Diseases. Revised April 2010 (Code HE1215)
- Rubella and Women. Revised April 2010 (Code HE4172)

Updated copies are available from the Immunisation Facilitator or from www.healthed.govt.nz/resources

Immunisation Delivered by Non-Authorised Independent Vaccinators

A recent review of vaccinator training and authorisation status in Nelson revealed that a significant number of vaccinators are not authorised and are carrying out vaccination under 'standing orders'. Standing orders need to meet the following criteria:

- There is a written instruction issued by a medical practitioner authorising the registered nurse specified to supply and administer scheduled vaccinations in circumstances specified in the instructions, without a prescription from the general practitioner.
- All staff potentially affected by the standing order are consulted in the development of the standing order. A standing order should permit or empower people; it cannot require them to perform a procedure.
- A copy of the standing order is provided to every person administering, employing or affected by the standing order and on request to the public.
- The standing order lists the medications, indications, contraindications, method of administration and documentation required.
- The standing order specifies the period for which the order applies. The standing order must be reviewed at least annually and can only be adjusted / reviewed by the original issuer.
- The documentation and countersigning requirements and timeframes are specified.
- Any competencies that are required to supply / administer the vaccine are identified and staff are competent to supply or administer the standing order.

(Reference: Guidelines for the development and operation of standing orders. Ministry of Health. NZ 2002)

Nurses who have completed and maintained their vaccinator training and updates usually only need to undertake a clinical assessment to become an authorised non-medical vaccinator (also known as an Authorised Independent Vaccinator). An authorised non-medical vaccinator is authorised to deliver vaccines from the national schedule by the Medical Officer of Health and therefore do not need standing orders. Authorised status does not cost any extra and supports vaccinators to demonstrate competence in the delivery and management of immunisation. For more information, please contact the Immunisation Facilitator.