

1.1 WHAT'S NEW?

Changes introduced in this edition of the *Handbook*

All chapters have been updated and revised where necessary. The 9th edition introduces new vaccines, changes to the schedules, changes to recommendations and procedures regarding the administration of vaccines, and changes to the presentation of the *Handbook*. Some changes made since the publication of the hard copy of the 8th edition of the *Handbook* in September 2003, and before the 9th edition, were available online on the Immunise Australia website and are not described below.

The term Australian Standard Vaccination Schedule (ASVS) is no longer used in the *Handbook*.

The National Immunisation Program (NIP) is used throughout the *Handbook* and refers to funded vaccines as they appear on the National Immunisation Program (NIP) schedule. The NIP schedule may change over time and is available via the Immunise Australia website (www.immunise.health.gov.au).

New chapters and chapters which no longer appear in the *Handbook*

- Three new chapters have been included in the *Handbook* – 3.7 *Human papillomavirus*, 3.18 *Rotavirus* and 3.26 *Zoster*.
- There are 4 new appendices in the *Handbook*. These are 'Handbook development' (Appendix 2); a list of vaccines which are registered in Australia but either not currently available or no longer available in Australia (Appendix 3); a list of major components in the vaccines in the National Immunisation Program (Appendix 4); and a table that is a summary of procedures for a vaccination encounter (Appendix 10).
- Two chapters have been deleted: anthrax and plague. For information about anthrax, please go to the Australian Government website www.health.gov.au and use the index option to select the anthrax fact sheet.
- Three chapters previously in the 8th edition, botulism, cytomegalovirus and respiratory syncytial virus, have been incorporated into the immunoglobulin chapter (3.8 *Immunoglobulin preparations*).

Overview of major changes to existing recommendations and procedures

Part 1

- The layout of Part 1 has been altered from previous editions of the *Handbook* into 3 chapters which are described in Chapter 1.2 *An overview of vaccination*. The new layout applies to Chapter 1.3 *Pre-vaccination procedures* (including cold chain, consent, pre-vaccination screening and catch-up); Chapter 1.4

Administration of vaccines (including route, needle size and injection site); and Chapter 1.5 *Post-vaccination procedures* (including adverse events following immunisation, and the recording of vaccinations).

- Advice on preparing an anaphylaxis response kit has been added to pre-vaccination procedures, Chapter 1.3.
- The pre-vaccination screening checklist and assessment table have been revised and recommended steps for screening added to the section, Chapter 1.3.
- The cold chain guidelines have been updated in Chapter 1.3 and the recommendations summarised to reflect and reference the *National Vaccine Storage Guidelines: Strive for 5*.
- The valid consent section has been redrafted and updated.
- The recommended anatomical site for intramuscular (IM) administration of vaccines in infants <12 months of age is the anterolateral thigh.
- The recommended anatomical site for IM administration of vaccines in those ≥12 months of age is the deltoid.
- The ventrogluteal area is included as an alternative anatomical site for the administration of vaccines at any age. This is based on published data. It is important that vaccine providers using this site are trained in the recognition of the relevant anatomical landmarks.
- The recommended needle size and length for IM injection is 23 or 25 gauge, 25 mm in length.
- The recommended angle of insertion of the needle for IM administration of vaccines is 90° to the skin surface.
- Injection techniques have been described in more detail with additional photographs and/or diagrams demonstrating positions and the recommended anatomical sites.
- Catch-up schedules have been updated for vaccines in the National Immunisation Program and practical tools to assist with catch-up added.
- A table of catch-up schedules for individuals aged ≥8 years has been included.
- Information on reporting of adverse events following immunisation has been updated to reflect recent changes to the national reporting arrangements.
- Information on the Australian Childhood Immunisation Register has been updated.
- The table previously in the 8th edition *Handbook* entitled 'Information on vaccines exposed to different temperatures' has been deleted as some of the information is no longer considered valid.
- Management of anaphylaxis with 1:10 000 adrenaline is no longer recommended; use of 1:1000 adrenaline is recommended.

- Tools to photocopy include the pre-vaccination checklist, catch-up work sheet, and Appendix 10 *Summary table – procedures for a vaccination encounter*.

Part 2

- Recommendations for groups with special vaccination requirements (Chapter 2.3) have undergone substantial revision and incorporate new tables and separate sections for pregnant and breastfeeding women and women planning pregnancy, preterm infants, people with impaired immunity, oncology patients and transplant recipients.
- Recommendations for immunisation of certain occupational groups have been expanded (Chapter 2.3).
- A comprehensive table outlining the suggested intervals between receipt of either a blood product or an immunoglobulin-containing product and administration of either measles, mumps, rubella or varicella vaccines is included (Chapter 2.3).

Part 3

Chapters 3.3 Diphtheria and 3.21 Tetanus

- For adults requiring a primary course of dT, dTpa is recommended for the first dose followed by 2 doses of dT (or dTpa *only* if dT is unavailable).

Chapter 3.6 Hepatitis B

- For preterm babies, recommendations for hepatitis B vaccination have been revised.

Chapter 3.8 Immunoglobulin preparations

- Botulism, cytomegalovirus and respiratory syncytial virus are now incorporated into this chapter.

Chapter 3.9 Influenza

- For children aged 6 months to <3 years the dose of influenza vaccine is 0.25 mL.
- It is recommended that all Aboriginal and Torres Strait Islander people aged ≥15 years receive annual influenza vaccination.
- It is recommended that children ≥6 months of age and adults with a chronic neurological condition receive annual influenza vaccination.

Chapters 3.11 Measles, 3.13 Mumps and 3.19 Rubella

- The second dose of MMR vaccine is recommended at 18 months of age, not at 4 years of age.
- The use of MMRV vaccines, when available, is discussed.

Chapter 3.12 Meningococcal disease

- Close household contacts of a case of invasive meningococcal disease should be vaccinated as well as receiving antibiotic prophylaxis.

Chapter 3.14 Pertussis

- For adults requiring a primary course of dT, dTpa is recommended for the first dose followed by 2 doses of dT (or dTpa *only* if dT is unavailable).
- A new table detailing antibiotic prophylaxis for pertussis cases and their contacts has been included.

Chapter 3.15 Pneumococcal disease

- Children ≤ 9 years of age with specified underlying medical conditions should receive 2 doses of 7-valent pneumococcal conjugate vaccine followed by a dose of 23-valent pneumococcal polysaccharide vaccine.
- Recommendations for revaccination of adults with 23-valent pneumococcal polysaccharide vaccine have been revised and tabulated.

Chapter 3.24 Varicella

- When combination measles, mumps, rubella and varicella vaccine/s (MMRV) become available, it is recommended that varicella vaccination be given at 12 months of age, using MMRV.
- Administration of a second dose of varicella-containing vaccine in children aged < 14 years is recommended to minimise the risk of breakthrough disease.

Chapter 3.25 Yellow fever

- Yellow fever vaccine is now recommended for travellers (provided there are no contraindications) going to urban and/or rural areas of endemic countries.