

HEALTH WORKER FACT SHEET – 2004

Respiratory diseases (diseases of the lungs and airways) are a major cause of preventable sickness and death in Aboriginal & Torres Strait Islander Communities.

This Program aims to cut down respiratory illness by giving vaccines which protect against pneumococcal disease and influenza (flu), to all Aboriginal and Torres Strait Islander people who are at high risk.

Pneumo vaccine (also called the polysaccharide pneumococcal vaccine - Pneumovax 23[®]) and flu vaccine (Vaxigrip[®]) are available for these people .

WHO SHOULD GET THE NEEDLES?

Pneumococcal vaccine: All Aboriginal & Torres Strait Islander people aged 15 and over.

Flu vaccine: All Aboriginal & Torres Strait Islander people aged 50 and over. And, those aged between 15 and 49 years of age who are at high risk because they:

- have heart disease, kidney disease, lung disease, severe asthma or diabetes (high sugar); or
- have a disease which lowers immunity such as HIV infection, cancer or who have had their spleen removed.

Note that tobacco smoking is now an indication for adult pneumococcal vaccination (as recommended in the 8th edition of the Australian Immunisation Handbook).

Note also that pregnant women who will be in their 2nd or 3rd trimester in the influenza season should be given influenza vaccine *only*.

WHEN SHOULD PEOPLE GET THEIR NEEDLES?

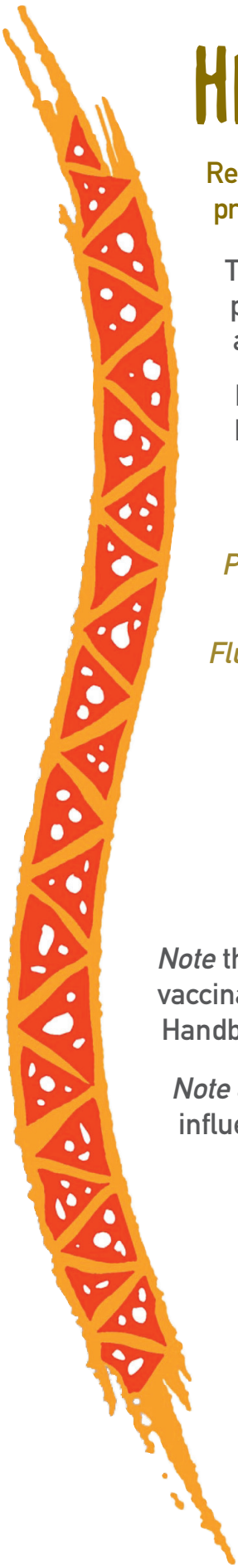
Flu:


- Re-vaccination due every year in February/March/April.

Pneumo:

- Can be given at any time of year.
- 15-49 years of age: dose 2 should be given 5 years after first dose, then again at 50 years of age or 10 years after second dose, whichever ever comes later.
- 50 years and older: a single re-vaccination 5 years after first dose.

Both vaccines can be given at the same time, in different arms.





For the latest information on vaccine recommendations and contraindications, see the current Australian Immunisation Handbook, available from the immunisation infoline - 1800 671 811, or visit the Immunise Australia website at <http://immunise.health.gov.au>

WHAT IS PNEUMOCOCCAL DISEASE?

Pneumococcal disease is caused by bacteria called streptococcus pneumoniae. The bacteria can cause pneumonia, blood infection (septicaemia), brain infection (meningitis) and middle ear infections.

Some Aboriginal Communities have the highest rates of pneumococcal infection in the world, with people being put in hospital for respiratory disease 20 times more often than the rest of the population in some areas.

POSSIBLE REACTIONS TO PNEUMO VACCINE

(polysaccharide pneumococcal vaccine)

- Mild pain at the time of injection, and sometimes for a short time after.
- Sometimes, the person can have a low grade fever (feeling hot).
- Severe reactions are very rare.

WHO SHOULD NOT BE VACCINATED WITH THE PNEUMO VACCINE?

- Anyone who has had a severe reaction with breathing difficulties or swelling after having the pneumo vaccine in the past.
- Anyone who has recently received cancer drugs or radiation of lymph nodes.
- Anyone aged less than 18 months of age – *babies and very young children* – need the conjugate pneumococcal vaccine (Prevenar®).
- **Pregnant women** – the safety of the pneumococcal vaccine in pregnancy has not been decided, so putting off vaccination is recommended unless the risk of pneumococcal disease is very high. Any woman who needs the pneumococcal vaccine should be vaccinated before pregnancy (including those who are planning pregnancy).

WHAT IS INFLUENZA?

Infection with the influenza virus. Influenza viruses cause major outbreaks of respiratory disease with people having fever, muscle aches, headache, sore throat and severe cough.

People who are at high risk of complications from flu can get very sick and may die of pneumonia or heart problems.

The formula of the vaccine is changed every year so that the new vaccine is the right one for the type of flu circulating in the community.

So, it is important to have the flu shot every year.

The flu vaccine gives a person about 70 % protection for 12 months, with lower levels of protection going on longer. At the end of each year, vaccine should be safely thrown away so the right vaccine for the next year is used.

PREGNANT WOMEN

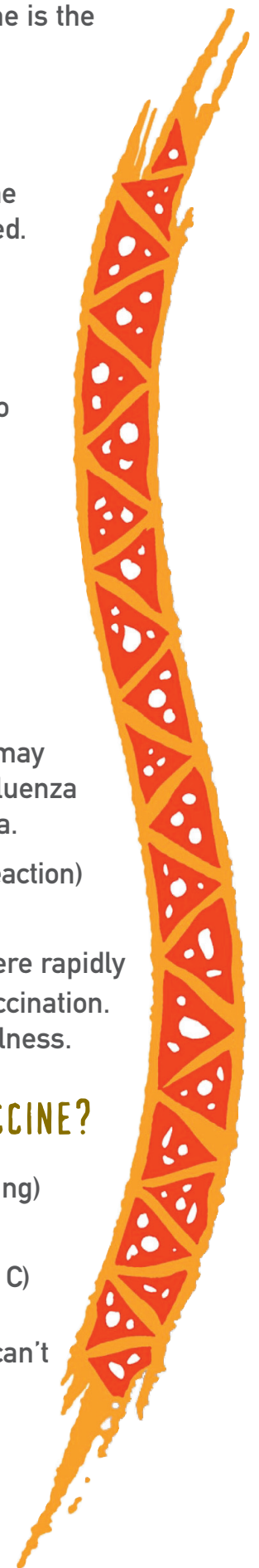
Influenza vaccine is safe for pregnant women. Pregnant women who fall into one of the risk categories should be vaccinated. All women who will be more than 3 months pregnant during the flu season should be vaccinated in advance, so that they will be protected during that time (See the current Australian Immunisation Handbook).

POSSIBLE REACTIONS TO FLU VACCINE

- Soreness at the injection site, sometimes for a short time after.
- Fever or muscle aches (flu-like symptoms) do not happen a lot, but these reactions may begin a few hours after vaccination and may last 1-2 days. These symptoms may be like influenza, but the influenza vaccine does not contain live viruses and it cannot cause influenza.
- Immediate reactions (such as hives, asthma or a general shock reaction) are a rare result of influenza vaccination.
- There is some evidence that Guillain-Barre Syndrome (GBS) (severe rapidly progressing paralysis) is very rarely associated with influenza vaccination. This risk is very much smaller than the risk of severe influenza illness.

WHO SHOULD NOT BE VACCINATED WITH INFLUENZA VACCINE?

- People who have had a bad reaction (swelling and trouble breathing) after eating eggs.
- People who have an acute febrile illness (temperature above 38.5 C) should not be vaccinated until their symptoms have passed. However, minor illness with or without fever does not mean you can't have the flu injection.
- People who have had a severe reaction after a previous influenza vaccine.
- People with a history of GBS (which occurred soon after having influenza vaccine) may be at increased risk of again developing GBS if given influenza vaccine.



VACCINE SUPPLY

Both vaccines are supplied in the same way as childhood vaccines in each State and Territory to: GPs, Aboriginal Community Controlled Health Services, local State & Territory community health centres and council clinics.

VACCINE STORAGE

The vaccines should be stored in a refrigerator between 2-8 degrees. They must not be frozen.

Information supplied by the Office for Aboriginal and Torres Strait Islander Health, Australian Government Department of Health and Ageing.

