



IMMUNISATION FOR HEALTH AND LIFE

Inaugural Primary Care Infectious Disease Meeting

Workshop Handout Guide

13:45. **Workshop 1:** Dr Anita Munoz

Blue Lanyard, Room Bayside 5

The Outbound Traveller: A simplified approach to making vaccine recommendations

13:45. **Workshop 2:** Dr Deb Mills

Red Lanyard, Room Bayside 4

The Outbound Traveller: Making decisions on patients with underlying disease, medical conditions and Rx medications

14:30. **Workshop 4:** Lynne Addlem

Blue Lanyard, Room Bayside 5

Vaccine Catch-up: The incoming migrant family

14:30. **Workshop 5:** Dr Anita Munoz

Red Lanyard, Room Bayside 4

Vaccine Catch-up: The partially vaccinated patient, outlining a plan and engagement

Workshop 1: Case Study – Dr Anita Munoz

The Outbound Traveller: A *simplified* approach to making vaccine recommendations.

The scenario

- The Singh comes to see you regarding a planned trip they intend to take in 6 weeks' time. They will be travelling to Bali for 3 weeks including some time in a beachside resort and some time in a Balinese mountainous rural area. The Balinese rainy season finished 2 months ago. They are seeking advice on travel vaccinations. They mention that they will also be likely to return to India to visit relatives at the end of the year.
- The Singh family have lived in Australia for 4 years and are originally from India.

The Singh Family

- Their family's English is good, the father Nikitha, aged 34 has Type 2 diabetes requiring insulin and is well controlled and has occasional asthma treated with a prescribed inhaler. The mother Priya, aged 33 has no underlying medical conditions and is in good health. She has an Implanon in situ. They have two children Bindiya aged 6 and Prasanth aged 1. Bindiya is very needle phobic.
- Their local medical history is not well documented, as they have moved three times in the last 3 years and have visited multiple clinics. Their personal records have been misplaced.
- Bindiya remembers having Dengue fever about 8 years ago.

- Nikitha and Priya mention that they are taking their 78-year-old father Dinesh, who has been visiting for the last 4 months. He speaks broken English and is currently at home. They mention he has had cardiac problems, has several stents, is a chronic smoker, has a chronic cough and is short of breath when walking briskly. He is willing to pay out of pocket expenses to protect himself and his family.
- Both parents have been vaccinated against COVID-19 (Priya 3 doses and Nikitha, 4 doses). The children and also up to date with their COVID-19 vaccination. Dinesh thinks he's been vaccinated 3 times. Prior to this, the vaccine history is uncertain, and they cannot remember what they have been vaccinated against and when. They are travelling in 6 week's time.

How would you approach this situation?

Are there any investigations you should do before recommending a vaccination plan?

What conversations should you be having about their elderly father?

Considerations

How closely did your answers align with the case study's response?

Are there any key differences, and if so, how do you think those differences might impact the outcomes?

Are there any changes you would make to your answers above?

Case Answers

How would you approach this situation?

These consults will take time. To manage all 5 members of the family will require a consult for each member. Today's consult can be about planning for travel, and follow up consults for the vaccines and more detailed travel advice.

History

Exactly where to go in Bali, what sort of accommodation? Will the family be staying with relatives in Bali

What sort of food? Adults / kids

What kinds of activities? going to Monkey forest/monkey temple?

Rural ?walking? only lounging by the pool?

Travel insurance

What initial conversations should you be having with the parents regarding themselves and their children?

1. General Advice

They are likely to underestimate the risk

Need to have adequate supplies of their normal medications

Medical supplies & letter of authorization

Letter for dad and grandpa outlining medical history

Taking insulin on flights

2. Food Safety

What could go wrong? diet and insulin requirements

Food safety advice

Discuss gastro medical kit especially

ondansetron for kids with vomiting

medication for traveller's and parasitic diarrhoea

Mosquito safety advice Opportunity to talk about trips back to India and ongoing Dengue exposure if semi-regular return to India and TB exposure for unvaccinated children

Are there any investigations you should do before recommending a vaccination plan?

Investigate AIR record or Old vaccine records

Check parents' Hep A and B serology?

If can't figure out what they have had before it is safe to give extra but put on AIR

What conversations should you be having about their elderly father?

Dinesh needs to be brought to consultation later with medications, past vaccination records

He might need Prevenar, DTPa, Shingrix, covid booster, influenza

Needs antibiotics in case gets sick

Wear N95 mask on plane

What do you recommend for each family member?

Nikitha 34

Check on DTPa within 10 years? May have had with the last baby. If having a DTPa, consider adding polio

Likely assume MMRV ok from prior residence in India, but if unclear, you may check serology

Needs flu if not had it and Prevenar 23 if not had it

Typhoid likely yes

Hepatitis A if not immune

Hep B if no clear evidence of vaccination

Dukoral not likely to be recommended

JE must be discussed – likely use mosquito avoidance only

Rabies must be discussed likely use rabies awareness unless going to monkey temple- best advice is avoid exposure because of small kids

TB – likely had BCG in childhood

COVID – consider if > 6mths from disease or latest vaccine

Priya 33

Check on DTPa within 10 years? May have had with the last baby. If having a DTPa, consider adding polio

Likely assume MMRV ok from prior residence in India

Needs flu if not had it

Typhoid likely yes

Hepatitis A if not immune

Hep B if no clear evidence of vaccination

JE must be discussed – likely use mosquito avoidance only

Rabies must be discussed likely use rabies awareness unless going to monkey temple- best advice is avoid exposure because of small kids

TB – likely had BCG in childhood

COVID – consider if > 6mths from disease or latest vaccine

Bindiya, aged 6 - assume routine child vaccines

Polio – will be OK

DTPa – will be OK

MMR will be ok

Varicella – needs second dose if not had it

Needs flu if not had it

Typhoid likely yes

Hepatitis A likely yes

Hepatitis B – will be OK

JE must be discussed – likely use mosquito avoidance

Rabies must be discussed likely use rabies awareness unless going to monkey temple- best advice is avoid exposure because of small kids

TB – likely had BCG in childhood in India 4 years ago

COVID – if she has had her initial course, further vaccination not recommended

Boy, aged 1 assume routine childhood vaccines

Polio – will be OK

DTPa – will be OK

MMR will likely be OK but care with age ? 18 month vaccines will interfere with BCG

Varicella – will remind parents he needs a second dose before school

Needs flu vaccine if not had two for first year and one yearly after that

Typhoid can't have - too young - better to be super careful with food and continue breastfeeding if that is still ongoing

Hepatitis A - yes

Hep B – will be OK

Men B – discuss with parents

JE must be discussed – likely use mosquito avoidance only

Rabies must be discussed - likely use rabies awareness unless going to monkey temple- best advice is avoid exposure because of small kids

TB – NEEDS BCG now for return trips to India – care with other live vaccines

Should you consider vaccinating at your clinic or referring to a vaccination centre, or both?

Likely need to refer for BCG as few clinics give it

Don't give any live vaccines until get appointment as if have live vaccines will delay BCG and BCG takes 3 months to take effect so want to do sooner rather than later

Needle phobic child needs to be managed very carefully, consider severity/ history, where did it come from what has been tried, etc – need for specialized advice. Sometimes seeing parent model having a vaccine is sufficient

What should you do for the Dinesh, if anything?

Encourage to come and see you to get seniors vaccines – see earlier answer

Workshop 2: Case Study - Dr Deb Mills

The Outbound Traveller: Making decisions on patients with underlying diseases, medical conditions and Rx medications

Situation

- **DORIS 59 PRESENTS FOR A REPEAT SCRIPT FOR HER BP PILLS.**
 - **WHILE SHE IS THERE.....**
 - **MENTIONS SHE & HUSBAND FRED 69 ARE**
 - **GOING ON A LUXURY CRUISE**
 - **IN A FEW MONTHS TIME**
-
- **PANAMA CANAL**
 - **A FEW DAYS IN IGUACU**
 - **4 DAY SIDE TRIP TO MACHU PICCHU**

- **FRED WANTS TO HAVE A NICE CRUISE BEFORE HE COMES BACK AND HAS PROSTATE SURGERY.**
- **THEY BOTH SEE THEMSELVES AS BEING IN GREAT HEALTH**
- **AND THAT THIS IS A 'SAFE TRIP'**

How would you approach this situation?

Is there any important historical information you should ask?

Are there any investigations you should consider before recommending a vaccination plan?
And how would you prioritise any vaccine options?

What vaccinations should you consider and when?

What other issues should be discussed as part of the travel plan?

What resources are available to help you develop a plan?

Considerations

How closely did your answers align with the case study's response?

Are there any key differences, and if so, how do you think those differences might impact the outcomes?

Are there any changes you would make to your answers above?

Case Answers

How would you approach this situation?

- **WHERE GOING**
- **WHAT DOING**
- **MEDICAL HISTORY**
- **MEDICATIONS**
- **WHAT CAN GO WRONG**
- **VACCINE HISTORY**
- **WHICH VACCINES / & WHEN / PRIORITISE**
- **MEDICAL SUPPLIES / LETTER AUTHORIZATION**
- **DOCUMENTATION IN CASE SICK**
- **OTHER ISSUES**

Is there any important historical information you should ask?

IMPORTANT PARTS OF HISTORY

BEEN BEFORE? WHERE ? WHEN?

PROBLEMS WHILE AWAY?

MEDICAL HISTORY / MEDICATIONS

THIS TRIP

- **WHERE**
- **WHEN**
- **WHY**
- **HOW LONG**
- **WHAT ACTIVITIES / ACCOMMODATION/ FOOD**
- **WITH WHO**

HOW TO FIND OUT VACCINE HISTORY

- **AIR**
- **VACCINE BOOKS**
- **SEROLOGY**
- **GUESS??**

Are there any investigations you should consider before recommending a vaccination plan? And how would you prioritise any vaccine options?

INVESTIGATIONS?

- **OUTSTANDING PROBLEMS?**
- **SEROLOGY FOR MMRV HEP A/B RABIES ?**
- **WHAT IF NOT SURE AND GIVE EXTRA?**

HOW TO PRIORITISE ?

- **SIDE EFFECTS?**
- **COST VS VALUE**
- **HOW MUCH IS TRIP COSTING ?**

What vaccinations should you consider and when?

	NEED	0		2 wks before	6mths
Polio	? Ipv	*			
Tet/Dip/Pert	Adacel	*			
Chickenpox	Shingrix	*			*
Influenza	Flu? Extra? which		*		
Pneumonia	Prevenar		*		
Typhoid	?				
Hepatitis A	?	*			*
Yellow Fever	?				
Cholera	?				
Rabies	?				
COVID	?			?	

OTHER ISSUES TO DISCUSS

- USUAL MEDICAL PROBLEMS DETERIORATING?
- DVT
- JETLAG
- ALTITUDE / DIAMOX
- SEASICKNESS
- TRAVELLERS DIARRHOEA ESP CRUISES — PREVENTION/ TREATMENT
- MULTIDRUG RESISTANT GERMS ON RETURN
- MASKS / COVID TEST KITS / ? PAXLOVID /
- MOSQUITO DISEASES
- FALLS/ INJURIES
- ASPIRIN FOR MI
- STI?

Workshop 4: Case Study - Lynne Addlem

Vaccine Catch-up: The incoming migrant family

Situation

CASE STUDY

- A family of 4 visits your clinic. They have recently migrated to Australia from India where both the parents and their two children were born.

The family consists of-

- Father, 38yrs, Plumber
 - Nil medical conditions/Allergies/Medications
- Mother, 32yrs, Homemaker
 - Thyroid dysfunction on Thyroxine
 - Nil allergies or other medications
- Child A, Female 3.5 yrs, DOB: 20/03/2020
 - Nil medical conditions/Allergies/Medications
- Child B, Male 14months, DOB: 11/5/2022
 - Egg anaphylaxis, carries Epipen
 - Nil other medical conditions/medications

- The family have visited the clinic today as they are looking to enroll child A into kinder and child B into childcare. They have been informed that the children require their vaccination records to be uploaded onto the Australian Immunisation Register and a certificate provided to allow for enrollment.

- According to the parents, both children have been vaccinated as per the Indian immunisation schedule, they have provided stamped and dated vaccination cards.

IMMUNISATION HISTORY

Child A

21/3/2020

- BCG
- Hep B
- Oral Polio

4/5/2020 (6 weeks)

- DTwP
- HIB
- IPV
- Hepatitis B
- Pneumococcal
- Rotavirus

1/6/20 (10 weeks)

- DTwP
- HIB
- IPV
- Hepatitis B
- Pneumococcal
- Rotavirus

2/7/20 (14 weeks)

- DTwP
- HIB
- IPV
- Rotavirus

25/09/2020 (6 months)

- Oral Polio
- Hepatitis B

18/12/2020 (9 months)

- Oral Polio
- MMR

23/3/2021 (12 months)

- Hepatitis A

30/6/2021 (15 months)

- MMR
- Varicella
- Pneumococcal

25/09/2021 (18 months)

- HIB
- IPV
- Hepatitis A
- Typhoid

Child B

11/05/2022

- BCG
- Hepatitis B
- Polio

23/6/2022 (6 weeks)

- DTP/HepB/IPV/HIB
- Oral Polio
- Pneumococcal
- Rotavirus

23/7/2022 (10 weeks)

- DTP/HepB/IPV/HIB
- Pneumococcal
- Rotavirus

- 22/8/2022 (14 weeks)
- DTP/HepB/IPV/HIB
- Oral Polio

15/02/2023 (9 months)

- Measles
- Oral Polio

13/05/2023 (12 months)

- Hepatitis A
- Pneumococcal

How would you approach this situation?

What resources are available to help you develop a catch-up vaccination plan for the children?

Are there any investigations you should consider before recommending a vaccination plan?

What conversations and/or investigations should you consider having with the father? He is planning to pursue a career in Plumbing in Australia.

Should any investigations or vaccines be considered for the Mother? The family are considering further children in the future.

What do you recommend for:

- Father
- Mother
- Child A, 3.5yrs
- Child B, 14 months

Should you consider vaccinating at your clinic or referring to a vaccination center, or both?

Who is provided with free vaccines in Australia?

Considerations

How closely did your answers align with the case study's response?

Are there any key differences, and if so, how do you think those differences might impact the outcomes?

Are there any changes you would make to your answers above?

Case Answers

Child A- Catch up recommendations

- Due Now- DTP/IPV, MMR, Meningococcal ACWY
- Consider that 4yo Infanrix IPV is able to be given from 3.5yrs of age, this will rule out needing to give 18m dose of Infanrix.
- Early MMR given at 9 months does not count as dose one as <12m of age. A 3rd dose is required.
- Some countries give multiple doses of polio. AIR will not accept dose given at birth.
- AIR will also not accept HIB dose 3 when given at 14 weeks of age as too young. Contact AIR to accept this.

Child B- Catch up recommendations

- Due now- MMR, Hepatitis B booster, Meningococcal ACWY
- Consider- 9 month dose of Measles does not count as valid dose
- Hepatitis B dose 3 given too early at 14 weeks, minimum age is 24 weeks and minimum 8 weeks post dose 2
- HIB dose 3- AIR likely to reject as given <6 months of age. This needs to be cleared by contacting AIR. Is valid dose
- Due at 18 months
- MMRV, HIB, DTPa
- Due at 4yrs
- DTPa-IPV

RECOMMENDATIONS

How would you approach this situation?

- Take a slow approach
- Use available resources to assist
- Some histories can be difficult to read, transcribe dates onto another document

What resources are available to help you develop a catch-up vaccination plan for the children?

- Immunisation Catch-up calculator
- Catch up worksheet
- Immunisation hotline
- RCH immunisation service

RECOMMENDATIONS

- Are there any investigations you should consider before recommending a vaccination plan?
 - Not usually
 - If a child has none or an incomplete history and parents are confident of full immunisation status consider serology
 - MMRV, Hepatitis B SAb
 - AIR natural immunity exemption
 - All other serology unreliable and not acceptable
- Should you consider vaccinating at your clinic or referring to a vaccination center, or both?
 - Any vaccination provider can complete catch-up vaccination
 - However, its ok to ask advice or for help
- Who is provided with free vaccines in Australia?
 - Children <19yrs of age are provided with free catch-up vaccination
 - Refugees and humanitarian entry visas are provided with free catch-up vaccination

Workshop 5: Case Study – Dr Anita Munoz

Vaccine Catch-up: The partially vaccinated patient, outlining a plan and engagement

THE SCENARIO

- Baxter is a 2yrs 9 month old boy who presents today with his mother Sue.
- Baxter is the second child to Sue and Tim. Their older son Thomas 5yrs is fully vaccinated, and was diagnosed with level 2 ASD when he was 3 years of age.
- Sue discusses that both her and Tim have always been pro vaccination, however after Thomas was diagnosed with ASD, they begun researching vaccination and its links with the development of ASD. She feels they went down the 'black hole', which saw them stop vaccinating Baxter when he was 4 months old.
- Thomas has recently started seeing a new paediatrician, and the Dr has helped Sue regain some confidence in vaccination, which has coincided with Baxter commencing kinder next year. Sue understands that he will need to be vaccinated up to date to commence kinder. She has visited today to discuss a catch-up vaccination plan for Baxter.

BAXTER'S HISTORY

- Although Sue feels ready to re-commence vaccination, she would like an alternate schedule, where Baxter only receives the vaccines he requires for kinder entry. She would like to complete only one vaccine at a time.
- On the AIR, Baxter has received the 2- and 4-month vaccines only-
 - Infanrix Hexa x 2
 - Prevenar 13 x 2
 - Rotarix x 2

How would you approach this situation?

Where could you refer Sue to for a vaccination consultation?

Are the vaccines free for Baxter? Given that he won't be following the NIP?

What initial conversations should you be having with them – what are important parts of the history?

Which vaccines would you consider prioritizing/scheduling and how would you go about talking to them?

Considerations

How closely did your answers align with the case study's response?

Are there any key differences, and if so, how do you think those differences might impact the outcomes?

Are there any changes you would make to your answers above?

Case Answers

How would you approach this situation?

- Gently, Don't judge.
- Be open to a slow schedule
- Take every vaccine given as a win
- Hesitant families like when their concerns are heard. Listen and give options

Where could you refer Sue to for a vaccination consultation?

- Local Tertiary Immunisation Service

Are the vaccines free for Baxter? Given that he won't be following the NIP?

- Yes, all catch up vaccination free <19yrs

What initial conversations should you be having with them – what are important parts of the history?

- What made her feel that Thomas's ASD was caused by vaccines?
- What information have the parents been reading?
- Offer some website for further reading
- SKAI, MVEC, CHOP, NCIRS
- Consider referral to specialist immunisation service for further discussion.
- Explain that ideally Baxter should be caught up as quickly as possible to protect them and that is your preference. However, if parental preference is a slow schedule that is ok and you can facilitate that.

Which vaccines would you consider prioritising and how would you go about talking to them?

- Discuss with Sue the incidence of VPD and how many more doses are required of each vaccine.
- Allow her to choose which vaccine to start with.
- Keep spacing between vaccines minimal 2-4 weeks

Develop a catch up plan for Baxter? Which vaccines are required and dose numbers.

DTPa x 2

DTPa/IPV at 4yrs

Hepatitis B x 1

HIB x 1

Polio x 1

MMR x 2

Varicella x 1

Meningococcal ACWY x 1

Prevenar 13 x 1 (not required but recommended)

Consider

- By giving an Infanrix Hexa once Baxter is >3yrs of age, will remove the need for second dose of DTPa, able to proceed straight to 4yo vaccine at 3.5years
- Minimum 6 months required between dose 3 and 4 of DTPa
- Offer serology post first MMR, if immune to all 3 components, natural immunity exemption to AIR, no second dose.
- Always strongly recommend Prevenar 13 due to incidence of disease, however, comes off AIR after 2yrs of age.

Example of a slow catch up schedule

Visit 1- Now
Nimenrix

Visit 2- 2 weeks
MMR

Visit 3- 2 weeks
Prevenar 13

Visit 4- After 3yrs of age
Infanrix Hexa
MMR serology if requested

Visit 5- After 2 weeks
MMRV if serology negative or no serology
Varicella if positive

Visit 6- Minimum 6 months post visit 4. After 3.5yrs of age
Infanrix IPV