

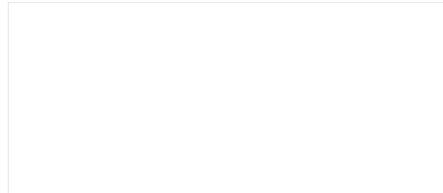
Question No : 304

Question : Hib Vaccination Program

Question Date : 12/10/92

Member : Mrs HICKEY

To : MINISTER for HEALTH and COMMUNITY SERVICES



1. How will the Hib vaccination program be administered, for example, will vaccinations be supplied to Health Clinics.
2. Is there a timetable for implementation of the program community by community.
3. Are there variations in the vaccine type because of the variations in conditions by locality and state of health of the children.
4. Have arrangements for this program been made between the Northern Territory and Commonwealth governments.
5. If the answer to question 4 is yes, do protocols and/or agreements have to be signed; if so, what are the contents of those agreements and have they all been signed.
6. Have vaccinations received to date been cold chain monitored.
7. If the answer to question 6 is yes, were any of the cold chain monitors triggered or activated to suggest that the vaccinations had been subject to incorrect temperatures; if so, what was the percentage of those vaccinations.
8. If the answer to question 7 is yes, at what point in the cold chain did these monitors activate.
9. If the answer to question 7 is yes, what was done with the vaccinations that were shown to have a break in the cold chain.
10. Will cold chain monitoring be performed through the entire process of this program; if so, will health clinics monitor this.
11. What proposed sero-conversion studies are intended to

evaluate the success of this program.

ANSWER

1. Hib vaccine is supplied to all government community care/health centres, paediatricians, participating general practitioners and independent health services.
2. No, Hib vaccination was incorporated into the routine childhood vaccination program on 1 April 1993 throughout the Northern Territory and is reviewed monthly. We are monitoring the catch-up program via sentinel communities. We are on target.
3. Yes, 2 Hib vaccines were selected for use in the Northern Territory and national programs. The decision to use 2 different vaccines was a logical one based on the best available scientific information.

Both vaccines are equally effective in preventing Hib disease. However, they are not identical with each having areas of strength and weakness. One produces an antibody response after a single dose at 2 months of age and is used for children who are at high risk of disease at this early age. The second vaccine has been shown to give a sustained antibody response when boosted and is the choice for children who are at risk of disease at an older age. Both produce a good response after one dose in children 6 months and older.

4. Yes, arrangements have been made between the Northern Territory and the Commonwealth governments.
5. Yes, an agreement with attached conditions was required, and the agreement has been signed.
6. Yes, all Hib vaccines received to date have been cold chain monitored. Strict cold chain monitoring parameters are an initiative of Disease Control, Darwin for the national Hib program. Thus cold chain monitoring is a requirement for the national tender.
7. Yes, the freeze indicator was activated with one consignment of Hib vaccine in transit to the RDH Pharmacy. This indicated that 100% of the consignment had been exposed to temperatures that were too cold.
8. The monitors activated in transit from the Australian distributor to the Northern Territory.
9. The Hib vaccine so exposed was reported to the distributor and set aside for return and disposal by the distributor.
10. An NT-wide cold chain strategy was implemented in the NT in

July 1991 and includes every level of the NT cold chain from the pharmacy to the administration site be it in a health centre or outstation. The strategies were the result of the first investigative study of cold chain in Australia by Nan Miller, Disease Control, Darwin as the major project requirement for her Master of Public Health.

11. Sero-conversion studies are ongoing in the Top End and conducted in the Centre with Aboriginal and Caucasian infants to evaluate the success of the Hib vaccination program.