

Licensure - it's a go

Kia ora Koutou Katoa - Greetings to you all and welcome to Issue 3 of the MeNZB™ Vaccine Newsletter.

The announcement that the MeNZB™ vaccine has been granted licensure by MedSafe has been welcome news for those of us who have been working for months to prepare for the Meningococcal B School-Based Immunisation Programme.

The first children have been vaccinated in primary care and we are looking forward to bringing the vaccine to school-aged children.

Sadly the vaccine has come too late for the two babies who have contracted the disease in recent weeks. The publicity associated with their illness and the anguish it has caused their families and the medical professionals battling to save them, has strengthened our commitment to ensure that as many children and young people as possible in Counties Manukau and Auckland's Eastern Corridor are offered protection by immunisation against Meningococcal B.

The main purpose of this newsletter is to share with you our plans to ensure we achieve the 90% immunisation rate the medical researchers calculate is required to stop the current epidemic of Meningococcal B. So far the disease has claimed over 200 lives since the epidemic started in 1991 and left many more people disabled in some way.

Working with Schools

Children and young people are most at risk of getting Meningococcal B disease. The bacteria which causes the disease is present in the throats of one in five people. Most of us will have carried it at

some time but will never develop the disease. However, for those people who are vulnerable the bacteria spreads easily through droplet infection such as sneezing and coughing, sharing saliva and kissing e.g. mother and child. The school-based immunisation programme is therefore the obvious way of ensuring that as many parents/whanau as possible are offered the opportunity to protect their children against the disease.

Teacher Resources

Our experience with previous school-based Immunisation programmes has shown that when students understand something about the disease and the immunisation process they were:

- More likely to bring their completed consent form back to school.
- Better prepared to have the injection on the day.

With this in mind teachers from Wiri Central School in Manurewa worked with Kidz First Public Health Nurses to prepare a set of simple teaching resources for primary and intermediate schools.

The aim of the resource is to raise awareness of Meningococcal B disease and the importance of the consenting process, and to prepare students for immunisation.

We hope teachers will deliver the appropriate lessons before the consent forms go out and this will be followed by a subsequent lesson to prepare students for the immunisation day.

The Teacher Resource packs will be delivered to your school by your Public Health Nurse and will be collected after

the programme finishes so that we can pass them on to schools in other areas.

Meningococcal B Video

Don't Catch the Killer

The Meningococcal B Video

This video will be available to secondary schools prior to the consent forms being issued. The 20 minute video is both informative and hard-hitting, featuring young Australians whose lives have been changed following their experience of Meningococcal B disease. The video was made by the Amanda Young Foundation, following Amanda's sudden death from the disease.

Consenting

Although we have more than doubled the number of Public Health Nurses employed to around 100 and increased numbers of support staff, we cannot immunise any student unless we have a completed Meningococcal B immunisation consent form signed by the student's parent or guardian. We are therefore relying on the co-operation of teachers and school staff to help us achieve this mammoth task. We ask that you ensure the consent forms go home and come back within the time frames set by the school's Public Health Nurse.

The consent forms for each class will be handed to class teachers in a large envelope with a table on the outside which will enable easy identification of those students who have not brought back their consent forms.

We have been told that with previous school-based immunisation programmes some schools have offered to run inter-class competitions with a prize for the class (and the teacher) that gets all the consent forms back first.

Prizes offered by the schools vary, but ideas we have heard of include a shared lunch, being able to wear mufti or chocolates-for-the-teacher - always a bonus!

Timeframes & Scheduling

Timeframes are very tight because we are required by the Ministry of Health to complete the three injections for each student to ensure full immunity by December of this year. This will enable the vaccine to then be offered to children and young people at schools in other parts of the country in 2005. However, given that there are 226 schools with a total of 100,526 students in our area, we face a daunting task.

Nevertheless, we are confident that with the generous co-operation we are already receiving from our schools and the commitment and dedication of our staff we will be successful.

Key Dates

Primary and Intermediate students in the Counties Manukau and Eastern Corridor areas of Auckland, where cases of the disease are most prevalent, are being offered the immunisation first.

Secondary schools in the Counties Manukau and Eastern Corridor are scheduled to start early in Term 3. This is due to the necessity to complete three injections 4 weeks apart before senior students depart for exam leave in early November.

Your school Public Health Nurse will let you know the three dates scheduled for the immunisations at your school as soon as they are made available to them.

Whilst we acknowledge the inconvenience of the tight timeframes and the inflexibility of the scheduling, we hope you will appreciate the challenges we face in order to provide protection to as many students as possible in a very short time.

Koha - a donation

The Ministry of Health has provided a small donation (koha) to each school in recognition of your co-operation. It is our hope that schools will nominate a MeNZB Liaison person from their staff who can work closely with the Public Health Nurse.

The liaison person could work with the Public Health Nurse to maximise the systems and processes unique to that school in order to ensure that the work involved in the distribution and collection of consent forms goes as smoothly as possible.

The consenting process might be helped, for example, by ensuring that notices alerting parents to ask for and then return the completed consent forms are highlighted in the school newsletter.

In addition students and teachers are reminded about the consent forms by a count-down in the school's daily notices.

It is also likely that the school liaison person would be familiar with hard-to-reach children and their families and could assist Kidz First Public Health Nursing staff to find them.

On the immunisation day the school MeNZB Liaison person could provide invaluable assistance by working with the property manager, teachers and other school staff to ensure the programme runs safely and efficiently with minimal disruption to classes.

The MeNZB Immunisation Teams

Large teams of up to 15, including 13 registered nurses and allied support people, will work in each school to ensure that the immunisation process is as safe and efficient as we can possibly make it.

We are proud of the high quality of the professionals who have come forward to assist our regular staff with the programme. All staff have received professional development specifically designed to prepare them for the school-based immunisation programme.

The immunisation venue

Many schools will have already organised a suitable venue with their Public Health Nurse - be it the school assembly hall, gymnasium or adjoining classrooms. Because of the numbers of students involved it is imperative that the MeNZB staff arrive early to start setting up for the day so that immunising can begin as soon as school starts. Schools are therefore being asked to ensure that their property managers are informed and provision is made for the MeNZB team to gain early access to the venue on the immunisation day.

While it may be a challenge for some schools it is necessary to have somewhere for students to wait prior to the immunisation. During this time their identity is confirmed and consent form checked. Any students who appear unwell on the day or are unduly upset will be identified at this point and appropriate action taken. The nursing stations where the immunisation is given will be screened and made as private as possible. Following the immunisation all students will be carefully monitored by Public Health Nurses for 20 minutes before returning to class. Students will have the time of their immunisation written on their hand to facilitate this.

After Care

The safety record of the MeNZB vaccine is excellent. However, as with all vaccines, there can be side effects.

Following the immunisation each student will receive a leaflet to take home which will notify their parents/whanau that they have received a MeNZB injection and will also explain how to deal with any of the mild side effects which some students will experience.

The most common side effect is a sore arm at the injection site which can be alleviated by an ice pack. Nurses will leave instructions with school staff regarding this.

It is important that students take the after care leaflet home to their parents/whanau.

It will be standard practice for the MeNZB teams to finish immunising at a school no later than 45 minutes before the school finishes for the day. Public Health Nurses will remain for at least 40 minutes after the last injection has been given to monitor the safety of students who received the last injection that day.

Further information

For further information about Meningococcal B Disease and the School-Based Immunisation Programme check out the following resources:

The Ministry of Health Website on www.moh.govt.nz

The free Meningococcal B hotline on 0800 20 30 90

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