

Book review

The Australian Immunisation Handbook

7th edition, May 2000

National Health and Medical Research Council
(NHMRC), Commonwealth of Australia 2000
Australian Government Publishing: Canberra

The National Health and Medical Research Council (NHMRC) recently released the 7th edition of the *Australian Immunisation Handbook*. This guide is regularly updated to provide current information on vaccination and vaccine-preventable infectious diseases. There have been some notable changes from the previous (1997) edition in relation to:

- Types of vaccines.
- Standard vaccination schedules.
- Administration of vaccines/changes of procedures.
- Format of the handbook.

Types of vaccines

In an effort to reduce the number of childhood vaccinations, two new combination vaccines have been endorsed by the NHMRC. These are:

- diphtheria-tetanus-acellular pertussis-hepatitis B (DTPa-hepB).
- *Haemophilus influenzae* type b (PRP-OMP)-hepatitis B (Hib-hepB).

Use of the vaccine combinations varies somewhat between states, with two options (Pathways) available for immunisation at 2, 4, 6 and 12 months of age. Queensland, New South Wales, South Australia and the Northern Territory follow Pathway 1 which uses the DTPa-hepB combination with separate administration of Hib(PRPO-OMP) and oral Sabin. Victoria, Western Australia and Tasmania follow Pathway 2 which uses combination Hib(PRPO-OMP)-hepB vaccine, with separate administration of DTPa and oral Sabin. Combination vaccines are used only in the primary vaccination schedule from 2 to 12 months of age.

There are a number of new travel vaccines available, including cholera, yellow fever and typhoid vaccine.

Varicella vaccine has been approved by NHMRC for use in children aged 12 months of age or older. This is not currently included in the Australian Standard Vaccination Schedule. Trials of a combination MMR-varicella vaccine are currently underway in Australia.

Standard vaccination schedule

The Australian Standard Vaccination Schedule is valid for 2000-2002. The changes include:

- *Haemophilus influenzae* type b (PRPO-OMP) is now administered to all children at 2, 4 and 12 months.
- Vaccination of all infants against hepatitis B commencing with a dose at birth followed by three further doses. This program commenced on 1 May 2000 using a monovalent vaccine.
- Booster doses of hepatitis B vaccine after a primary course are no longer generally recommended, regardless of when and why the primary course was administered. Numerous studies have shown that immunity is long-lasting in immuno-competent individuals. This applies to adults, children and all sub-groups including health care workers. Booster doses are still recommended for immuno-suppressed people. Post-vaccination serological testing is recommended for health care workers (among other groups) at 3 months following the third dose of vaccine.
- In the case of maternal hepatitis B carriage, the infant must be given Hepatitis B Immuno-globulin (HBIG) preferably within 12 hours after birth. The Standard Vaccination Schedule then applies from the age of 2 months.
- Tetanus and diphtheria boosters are "no longer recommended every 10 years". There are a variety of scenarios noted in the book on establishing and maintaining immunity. However, guidance to tetanus prophylaxis in wound management has not changed.
- Because of the (minimal) risk of vaccine-associated flaccid paralysis following administration of Oral Polio Vaccine (OPV), practitioners can opt to use inactivated poliomyelitis vaccine (IPV) as an acceptable alternative. However, OPV remains as the publicly funded vaccine. These vaccines can be used interchangeably.
- The number of risk groups for whom influenza vaccine is recommended has increased to include children with cystic fibrosis, people with severe asthma and pregnant women if their second and third trimester coincides with the influenza season.

Administration of vaccines/changes of procedures

- Important changes to the dosage and administration of adrenaline in the management of anaphylaxis have been made, including administering adrenaline every 5 minutes until improvement occurs.
- The list of adverse reactions has increased and the time limit for reporting them has been removed.
- There are a number of changes to managing vaccine-associated side effects noted in this edition. Tepid sponging and routine administration of paracetamol prior to vaccination are no longer recommended.
- More information on 'cold-chain' (transportation and storage of vaccines) management has been included in this edition in the interests of maintaining vaccine efficacy.

Format of the handbook

The handbook continues to be a popular, user-friendly, desk reference for health care professionals. The flow of topics is logical, with vaccines now listed in alphabetical order. Information is well-indexed and there is good use of cross-referencing.

The size and layout of the book make it easy to access information. For instance, the recent changes to the vaccination schedule are summarised on the fold-out front cover. There is convenient reference to managing common vaccine-related adverse events as well as ready access to emergency measures on the fold-out back cover. The section on questions commonly asked by parents and vaccine providers presents information for practitioners in a useful manner. There is good use of tabular, diagrammatic and graphic detail to augment the text and clarify particular points, such as injection administration. The tabular guide to planning catch-up schedules is easier to use and more informative than in the previous edition. Detail on special risk groups is helpful and a new section on the immunisation needs of Aboriginal and Torres Strait Islanders has been included.

This book covers a wide range of issues likely to be encountered by practitioners and represents a practical guide to the safe provision of a wide variety of vaccines. It is available through the Immunisation Hotline (1 800 671 811) or you can view the book and the new schedule at <www.immunise.health.gov.au>.

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Therapeutic Guidelines: Antibiotic 2000-2001

Version 11, 2000

Therapeutic Guidelines Ltd, North Melbourne

Australia's own antibiotic guidelines

The 11th edition of *Therapeutic Guidelines: Antibiotic 2000-2001*, produced by Therapeutic Guidelines of Melbourne, Victoria, has been completed recently. The first edition of this publication was produced in 1978, with revision occurring approximately every 2 years. The publication is endorsed by a large number of national and state bodies, for example the Commonwealth Department of Health and Aged Care, Australian General Practice Accreditation Limited and the Australasian Society for Infectious Diseases, to mention but a few. With each new edition, feedback has been encouraged to ensure publications of high quality.

The guidelines are based on a review of the previous edition conducted by a writing group of individuals drawn from around Australia. Another group of experts is then asked to review the final draft. Both groups contain representatives from the fields of infectious diseases, microbiology, pharmacology, pharmacy, paediatrics, epidemiology, dentistry, sexual health, gastroenterology and general practice. The result of this extensive review process is a publication with increasing influence and impact within Australia and overseas. The guidelines are now regarded as a very reliable source of information on antibiotic prescribing and are frequently quoted as the definitive opinion in resolving antibiotic prescribing controversies and dilemmas.

The book grows larger with each edition but is still intended as a pocket-sized manual. Many other countries produce their own similar guidelines. However, unlike the American *Samford Guide*, the Australian version does not require a magnifying glass or strong lenses to enable it to be read!

The guidelines cover the principles of antibiotic use, provide a brief description of individual antimicrobial agents and have 18 chapters based on systems (e.g. gastrointestinal) or individual organisms (e.g. HIV). This is followed by 11 appendices covering a range of topics including drug reactions and interactions, antimicrobial resistance, intravenous administration and monitoring of serum drug levels.

The chapter on the principles of antimicrobial use is full of valuable, basic information, which should be mandatory