



# Well Child Tamariki Ora (WCTO) Provider Update

August 2017

From the WCTO Promotion Team at the Immunisation Advisory Centre



## Well Child Tamariki Ora Symposium, Wellington Rydges Hotel, 10<sup>th</sup> November 2017, 9:30 am to 4:30 pm

We are pleased to announce an opportunity for Well Child Tamariki Ora providers and related service providers working within the primary health sector to come together for a day focussed on well child health. The day will include:

- Opening address from the Children's Commissioner
- Ministry of Health update on the Well Child Tamariki Ora Programme
- Influencing change for children in challenging environments
- Nutrition / allergies and feeding models
- Talking immunisation with clients and changes to the Immunisation Schedule
- And more!

**We will circulate information about the cost and registration in the next two weeks.**

\*\*Please note: this was promoted in a previous newsletter on November 3<sup>rd</sup>. The date has been changed to November 10<sup>th</sup>.

### WCTO Resource Evaluation Survey summary



Earlier this year we conducted two online surveys to gauge the acceptability of the resources and the perceived usefulness in promoting the WCTO services. See below for a summary and conclusions.

Participating resource centres distributed resources widely. The resources were well received by providers, and anecdotally, by parents. Despite the reach of the resources, some participants had not received any.<sup>1</sup> Unlike last year, among participants who received resources, none volunteered surprise at receiving them. Perception of how well the resources promoted the WCTO Programme was overall very high, with the calendar being popular with everyone. The Journey card had less broad appeal and could potentially be mislaid or discarded, although some parents reportedly found the visual layout of the WC journey useful. Fridge magnets were most commonly suggested for a future resource. Resources were best received when they were functional and visible, as well as containing useful information. Many providers reported participating in WC Week promotion.

<sup>1</sup> We are endeavouring to link providers who did not receive resources, with their DHB resource centre.

Overall, the feedback suggests:

- We should continue to work with resource centres in informing providers about the availability of resources, to extend the reach and promote even wider resource distribution.
- The WCTO calendars should be regular resource. This resource combines visual appeal, functionality and useful information.
- The Journey cards continue to appeal to some but not all. If we continue to use this resource, applying a magnet to the back so they might be attached to the fridge would make them more visible and useful.
- We should consider developing a new fridge magnet for a future resource.
- The language used on any resource should be as inclusive as possible of the diverse groups the resource may reach. We should consider producing the resource in other languages. This will be largely dependent on costs.
- Reports of using WC Week to promote the WCTO Programme was more frequent than last year and supports the continuation of the Week.

In line with survey feedback, we are currently developing a new WCTO resource (a fridge magnet) for distribution in September.



#### Survey participant winners

We are very happy to announce the winners of our draw of those who returned our survey evaluating the WCTO resources. They are Barbara Hillocks (Public Health Nurse) and Sue Burgess (one of our DHB resource centre contacts). Barbara and Sue received a \$50 retail voucher.

#### Changes to the National Immunisation Schedule

From 1<sup>st</sup> July 2017, there have been some significant changes to the National Immunisation Schedule. This includes funding of new vaccines, brand changes, and changes to eligibility. The vaccine brand changes are expected to occur in mid-August as stocks of the previous brands run out.

#### Varicella (chickenpox) vaccine

In New Zealand, about 50,000 cases of varicella are reported each year. Of those, several hundred people, mostly children, are admitted to hospital, and occasionally the disease will lead to long term disabilities or death.

As of 1<sup>st</sup> July 2017, Varilrix<sup>®</sup> (varicella vaccine) was included on the National Immunisation Schedule. Eligible children are those born **on or after 1<sup>st</sup> April 2016**, this is scheduled at the 15 month immunisation event.



If a child has previously received a purchased varicella vaccine, they are eligible for a funded dose at 15 months of age, providing there is a 6 week minimum interval between vaccine doses.

This will mean there will be four injections to be administered at the 15 month immunisation event. It is recommended that the vaccines are given at the same visit. One injection can cause pain and distress but increasing the number of injections doesn't always mean additional distress. An additional visit to spread the injections over two visits is more likely to cause increased stress making it a more painful experience for the child.



Children who turn **11 years on or after 1<sup>st</sup> July 2017** and who have not previously had the chickenpox disease or a dose of varicella vaccine are also eligible for a funded dose.

### Rotavirus vaccine



Rotavirus vaccine was introduced in New Zealand in 2014. Prior to its introduction, it is estimated that 1 in 5 children under the age of 5 years sought medical treatment for rotavirus and 1 in 43 were hospitalised.

The rotavirus vaccine will be changing from RotaTeq<sup>®</sup> to Rotarix<sup>®</sup>. Both vaccines are similar and are interchangeable; however, the upper age limit for administration and the number of doses to complete a course is different.

Rotarix<sup>®</sup> is administered over a **two dose course at ages 6 weeks and 3 months**. The first dose must be given before the child reaches 15 weeks of age (up to 14 weeks and 6 days). If the child does not receive the first dose before turning 15 weeks old (up to 14 weeks and 6 days), no Rotarix<sup>®</sup> vaccine can be administered. The second dose must be given before the child reaches 25 weeks old (up to 24 weeks and 6 days). If the child does not receive a second dose before 25 weeks of age, they cannot complete the course. The interval between Rotarix<sup>®</sup> doses must be more than 4 weeks.

### Human papillomavirus (HPV)

From 1<sup>st</sup> January 2017, the human papillomavirus (HPV) vaccine type and eligibility criteria changed on the National Immunisation Schedule. The new vaccine (HPV9) covers nine serotypes. This includes the seven most common high-risk cancer serotypes, plus the two most common low-risk types that cause genital warts. The HPV9 vaccine is now funded for **males and females from 9 years of age until 27 years of age**. In general, a two dose course is required for those under the age of 15 years and a three dose series required for those aged between 15 and 27 years of age.

### Vaccination during pregnancy



Unvaccinated pregnant women are at a higher risk from influenza, even when they are fit and well. Influenza during pregnancy increases the risk of premature birth, low birth weight, miscarriage, stillbirth or birth defects. The influenza vaccine, Inluvac<sup>®</sup> is funded for pregnant women at any time during their pregnancy. Inluvac is now available from **March until 31<sup>st</sup> December** and is also offered at some pharmacies.

Pertussis vaccination should be encouraged during each pregnancy and continues to be funded between weeks 28 and 38 of gestation. The vaccine protects the mother and the antibodies pass to the fetus, which provides postnatal protection to the infant during the initial weeks.

### Pneumococcal disease

PCV10 (Synflorix) has replaced PCV 13 on the Schedule. PCV13 will continue to be funded and available for special groups who meet the eligibility criteria as outlined in the Immunisation Handbook (2017). Prevenar<sup>®</sup> 13 will also be available as a purchased vaccine for those individuals who do not meet the eligibility criteria.

### Key points about immunisation

- To be best protected, babies, children and adults need to be immunised on time, every time.
- While it's best to immunise on time every time, you can always catch up

## Upcoming events & notable dates

- World Breastfeeding Week: 1<sup>st</sup> – 7<sup>th</sup> August
- International Day of Indigenous People: 9<sup>th</sup> August
- Father's Day: 3<sup>rd</sup> September
- Asthma Awareness Week: 4<sup>th</sup> – 8<sup>th</sup> September
- Māori Language Week: 11<sup>th</sup> – 17<sup>th</sup> September
- Well Child Provider Symposium, Wellington: 3<sup>rd</sup> November



### Updating your contact information

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If you know other providers who do not receive our newsletter or updates, you can forward this link (<http://eepurl.com/KpORP>) to them to register.