

## Immunisation Update

Issued: 14 Nov 2024  
Issued to: Vaccine providers

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### NT Meningococcal B Vaccination Program

Meningococcal B is a rare but serious bacterial disease. The symptoms include fever, headache, confusion, neck stiffness, rash, vomiting and photophobia. It can be prevented by vaccination.

The NT funded Meningococcal B vaccination program will commence 2<sup>nd</sup> of January 2025

#### Childhood program

- **Infants** - 6 weeks to 12 months of age - at 6 weeks, 4 months and 12 months - **3 doses**
- **Catch-up** - children aged 12 months to less than 2 years - **2 doses**

#### Adolescent program

- **Year 9 students** - **2 doses** as part of School Based Immunisation Program
  - **Catch-up** - 15-19 year old adolescents - **2 doses**
- Minimal interval between all Meningococcal B doses is 2 months.
- The catch-up program will be available for 2 years and cease on 31 December 2026

#### Vaccine distribution

Meningococcal B vaccines can be ordered from hospital pharmacies using the **vaccine order form** found on the [Immunisation program | NT Health](#) webpage. Further advice will be sent to clinics/practices in December 2024.

#### Promotional material

Promotional material will be available for distribution soon.

**FREE**  
**Meningococcal B**  
**vaccine**

#### Planning for 2025

Vaccine providers should start planning now for extra immunisation clinics/appointments for eligible children and adolescents commencing January 2025

## Respiratory Syncytial Virus (RSV) and Nirsevimab

### What is RSV?

RSV is a **highly contagious viral infection** that can cause serious illness in children which can result in hospitalisations for bronchiolitis and pneumonia in the first 6 months of life. October 2024 NT data showed **258 cases of RSV in NT children under 1 year with 45% hospitalised.**

### Protection against RSV

There are two ways to protect infants from RSV - by giving the infant a **long-acting monoclonal antibody** or by **maternal vaccination** to provide passive antibodies to the infant.

### Nirsevimab -Beyfortus®

**Nirsevimab** - provides long-acting antibodies - known as monoclonal antibodies - and is delivered by injection to infants.

This medication binds to RSV and remains in the body for up to five months.

In a key clinical trial, nirsevimab was shown to reduce RSV lower respiratory tract infections requiring medical attention by about 79%. [Efficacy of nirsevimab against respiratory syncytial virus lower respiratory tract infections in preterm and term infants - PMC \(nih.gov\)](#)

The NT is now funding nirsevimab for all Aboriginal babies at birth and babies with at risk medical conditions under six months of age who were born after 1 August 2024.

### Abrysvo® RSV maternal vaccination

Maternal transplacental antibodies resulting from third trimester immunisation can help protect infants.

A national funded maternal RSV vaccine, Abrysvo®, given in pregnancy, will be introduced in early 2025 to protect all babies from RSV. Currently this is available on private script.

For additional information on RSV immunisation please review resources from the Australian Immunisation Handbook [Respiratory syncytial virus \(RSV\) | The Australian Immunisation Handbook \(health.gov.au\)](#)

Consumer resources can be found on the NT Health website [Respiratory Syncytial Virus \(RSV\) | NT Health](#)

**Respiratory syncytial virus (RSV)**

RSV is a highly contagious viral infection that infects upper airways and lungs, mostly in infants and young children.

Symptoms of RSV include:

- Fever
- Wheeze
- Runny nose
- Sneezing
- Cough
- Breathing hard or fast
- Feeding problems

Babies less than 6 months old may be unsettled, less active, feeding less and breathing hard and fast.

For more information, visit your doctor or scan the QR code

HEALTH.NT.GOV.AU

NORTHERN TERRITORY GOVERNMENT

Centre for Disease Control  
Public Health Division

☎ Immunisation Program (08) 8922 8315  
✉ [ImmunisationProgram.TEHS@nt.gov.au](mailto:ImmunisationProgram.TEHS@nt.gov.au)

## NT Cold Chain Management Toolkit

The Immunisation Program has developed the **NT Cold Chain Management Toolkit** to assist NT vaccine service providers, health care professionals and administration staff in the safe storage and management of vaccines.

This resource is to be used in conjunction with the [National Vaccine Storage Guidelines 'Strive for 5' | Australian Government Department of Health and Aged Care](#) and can be found on the website [Immunisation program | NT Health](#) under the **cold chain management** tab.



## Influenza

### Influenza continues to circulate in the community

There are ongoing influenza cases in the NT. Continue to promote and administer influenza vaccinations to your clients.

The influenza vaccine is free under the National Immunisation Program for the following groups;

- children aged 6 months to less than 5 years
- Pregnant women in all trimesters
- Aboriginal people aged 6 months and over
- People aged 6 months and over with medical risk conditions
- People aged 65 years and over

Influenza vaccines can be co-administered with other vaccines (including Covid-19 vaccines).  
[Flu vaccination | NT.GOV.AU](#)

**Centre for Disease Control**  
Public Health Division

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## National Annual Immunisation Coverage Report

The [Annual Immunisation Coverage Report 2023 | NCIRS](#) has just been released. It examines Australian Immunisation Register data for children, adolescents and adults and provides a detailed summary of changes in vaccination coverage rates in Australia between 2022 and 2023.

The report shows that fully vaccinated coverage in children and adolescents again **decreased** across Australia and NT, for the **third consecutive year**.

### HPV vaccine coverage in adolescents

Coverage of at least one dose of HPV vaccine in adolescents turning 15 years of age in 2023 was 78.3% in NT girls (81.6% in 2022) and 72.5% in NT boys (78.3% in 2022) which is below the WHO 90% target for national cervical cancer elimination.

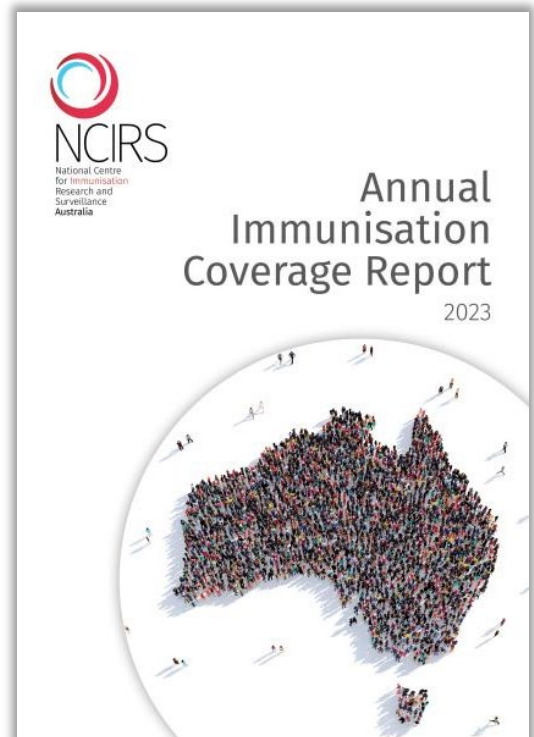
### Fully vaccinated coverage on children

Fully vaccinated coverage for children overall and Indigenous children **decreased** at all three standard age milestones (12 months, 24 months and 60 months of age).

Researchers have found that some issues surrounding the decline in childhood vaccine coverage are timeliness of getting vaccinated, cost of appointments and access to vaccines.

### [National Vaccination Insights project | NCIRS](#)

continues to research the social determinates around vaccination, to provide insights on vaccination barriers and inform strategies to improve vaccination uptake across Australia.



## Vaccinate on time every time

Scan below for more of our Immunisation Updates



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