PUBLIC HEALTH INVESTIGATION OF VACCINE COLD-CHAIN BREACH AT THE
DR DARREL AND BRINDA WEINMAN PRACTICE

Information for NSW General Practitioners and Practice Nurses

1. An investigation by the Sydney Local Health District (SLHD) Public Health Unit (PHU) has determined that, from 2010 onward, national standards for storage of vaccines were not met at the Dr Darrel and Brinda Weinman Medical Practice, 40 Lindsay Street, Burwood.
2. Patients who attended the practice and received vaccines at this practice between January 2010 and March 2019 are advised that they may need to be revaccinated for these doses.
3. This medical practice has now closed, we are therefore requesting that patients find a new GP to be revaccinated.

Background to the investigation

- An investigation by the SLHD PHU has found that vaccines stored at the Dr Darrel and Brinda Weinman Medical Practice were not being stored in accordance with the Australian National Vaccination Storage guidelines, and in some instances were expired.

Actions taken:

- An expert panel convened by NSW Health has recommended that all patients who have been vaccinated at this practice since 1 January 2010 be revaccinated.
- Patients for whom vaccination records were available from the Australian Immunisation Register have already been contacted and have been advised to discuss revaccination with a new GP according to the Australian Immunisation Handbook.
- Other patients known to have had clinical visits to this practice are now being contacted and advised to see a new GP to discuss revaccination if they believe they have been vaccinated at this practice since January 2010.

What should GPs and Practice Nurses do if a patient of the Dr Darrel and Brinda Weinman Practice presents to them?

- If a patient presents to you with a letter from the PHU, please consider their age, medical history, vaccination history if available and individual circumstances to determine which vaccines they may need. Please see the table below for specific considerations.
- Our investigation has demonstrated that National Immunisation Program vaccines have been affected, and that any vaccines that required prescription (i.e. private vaccines) were not affected. There is no evidence that travel vaccines were stored at the practice, so these DO NOT need to be repeated.
Is serology being recommended?

- The NSW Health expert panel has recommended revaccination as the preferred remedial action for affected individuals, unless there are current contraindications (especially regarding live vaccines such as MMR or Zostavax).
- The NSW Health expert panel does not recommend serology for the initial assessment of affected individuals, due to various limitations of the tests, and the potential disadvantage of requiring multiple visits and of missed opportunities for early completion of re-vaccination and protective benefits. For some vaccines, serology may have a role in guiding further actions in some complicated cases, such as if severe adverse effects developed after the first re-vaccination dose (e.g. tetanus/diphtheria-containing vaccines). If this is the case, you can contact your local Public Health Unit Immunisation team who can provide advice or discuss with the NSW Immunisation Specialist Service.
- If you are considering serology for your patient, a full panel of serology is unlikely to be helpful, so we would only recommend measles and rubella serology as a reasonable test of immunity. Interpretation of hepatitis B surface antibody (anti-HBs antibody) levels as an indicator of immunity may not be straightforward if several years have elapsed following the primary course of vaccination.
- Revaccination for any vaccine-preventable disease would occur as per recommendations in the Australian Immunisation Handbook.

Catch-up schedules

According to the current NSW Immunisation Schedule (updated April 2019), all adults aged 65 years and older should be offered initial (or repeat doses) of pneumococcal vaccine. Herpes zoster vaccine is nationally funded for adults 70 to 79 years of age. Revaccination for this group should be offered. If a compromised dose of MMR or pertussis-containing vaccine was thought to be administered in the timeframe of interest, this should also be repeated.

<table>
<thead>
<tr>
<th>Adult Vaccines</th>
<th>Catch-up schedules</th>
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</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>Influenza (Annually-any trimester)</td>
</tr>
<tr>
<td>65 years and over</td>
<td>Pertussis (ideally between 20-32 weeks)</td>
</tr>
<tr>
<td>65 years and over</td>
<td>Influenza (Annually)</td>
</tr>
<tr>
<td>65 years and over</td>
<td>Pneumococcal (One dose, unless medical risk conditions exist)</td>
</tr>
<tr>
<td>70 years (catch-up for 71-79 years until 31 October 2021)</td>
<td>Zoster</td>
</tr>
</tbody>
</table>

- Some individuals, including some aged younger than 65 years, might have received additional vaccines that are recommended and funded for those with specific medical conditions, such as those with increased risk of pneumococcal disease.
- **We recommend that for each patient, the GP develops an individualised plan of revaccination with appropriate intervals using the Immunisation Handbook, which is the most definitive and up to date source of information for catch-up vaccinations.**
- Please see a screenshot below of the relevant sections of the handbook. You can access these resources by visiting: https://immunisationhandbook.health.gov.au/ → (1) Contents → (2) Catch-up vaccination → (3) Catch-up schedules for people ≥ 10 years.
**Important considerations**

- Consider appropriate grouping and spacing of immunisations as per the [Australian Immunisation Handbook](#).

Previous years’ influenza vaccines do not need to be readministered; however, please consider recommending annual influenza vaccination, as per the [Australian Immunisation Handbook](#).

**Will the cost of vaccines be covered?**

- Vaccination stocks can be replenished through the NSW Vaccine Centre. Please do not charge patients for these repeat vaccines as your stock can be replaced using the online ordering system.
- Due to a shortage of adult hepatitis B vaccine, all orders must be requested from your local PHU Immunisation Team.

**Entering repeated vaccinations on the Australian Immunisation Register (AIR):**

- We have been advised by AIR that any repeated vaccinations should be entered as a new vaccination course.

**Vaccine storage:**

- If this raises questions for you relating to storage of vaccines, please consult the [Australian National Vaccine Storage Guidelines ‘Strive for 5’](#). This is an opportunity to familiarise yourself with these guidelines and ensure that your practice meets relevant standards.
Further information:

- Please note the medical practitioner or nurse immuniser seeing the patient should develop a revaccination plan using the [Australian Immunisation Handbook](https://www.immunise.org.au) for guidance.
- The Public Health Unit will continue to be available to provide specific advice on complicated cases or specific issues arising from re-vaccination, such as issues with minimum intervals or co-administration of vaccines.
- If you have further questions about revaccination after consulting the Australian Immunisation Handbook, please call 1800 960 866.
Table: Potential considerations in preparation for catch-up and revaccination
For a full range of considerations and schedules please consult the Australian Immunisation Handbook, available online: https://immunisationhandbook.health.gov.au/

| Pre-vaccination checks | • Age and health status  
|                        | • Check which vaccine(s) are indicated, including any missed or compromised vaccine doses  
|                        | • Check any available vaccination history, e.g. patient-held vaccination records  
|                        | • Consider whether the person needs alternative or additional vaccines  
|                        | • Check whether there are any contraindications or precautions for the vaccines the person will be receiving  
|                        | • Ensure that the person to be vaccinated is at the appropriate age for the vaccines they are receiving  
|                        | • Check that the correct minimum time interval has passed since the person received any previous vaccine(s) or blood products  
|                        | Consider completing a pre-vaccination checklist.  
| Pre-term birth | Depending on gestational age, weight and medical condition, premature infants may require extra doses of vaccination. See online handbook section: Vaccination for special risk groups.  
| Pregnancy | Consider reviewing guidelines for pre-pregnancy and pregnancy vaccines. See online handbook section: Vaccination for special risk groups.  
| Immunocompromised people | Consideration of the nature of immunocompromise should take place prior to revaccination. See online handbook section: Vaccination for special risk groups.  
| Occupation | Certain occupations are at higher risk of vaccine-preventable disease. See handbook section: Vaccination for people at occupational risk.  
| Minimum intervals | Minimum acceptable dose intervals are required for certain vaccinations, and need to be considered when a catch-up schedule is planned. The Australian Immunisation Handbook has a useful table, available online using the search function within the handbook - the search term is ‘table minimum acceptable dose intervals’.  
|                   | If a combination vaccine is given, each antigenic component must meet the minimum interval timeframe. |