



Australian Government
Department of Health and Ageing

CHIEF MEDICAL OFFICER

General Practitioners

Dear Colleagues.

Thank you for your continuing support for the roll out of the pandemic (H1N1) 2009 influenza (swine flu) vaccine. I would like to update you on medical and scientific developments.

Firstly our experience with the first wave of this epidemic lasted around 18 weeks and the natural history of the illness is now quite clear. It was moderate in most with a hospitalisation rate above 1% (around 4800 admissions or 22/100 000 population), 13% of these (735) admitted to intensive care and sadly 185 deaths confirmed to be associated with the infection. This activity stretched our health system peaking in late July. Our national intensive care experience this winter has recently been reported in the *New England Journal of Medicine*¹. The next step in this epidemic remains unclear with the possibility of a second wave before next winter, a return next winter or the return of a more virulent form.

Secondly it has been speculated that the latex in the syringes supplied could lead to hypersensitivity reactions. We now have expert opinions from allergy specialists, the Therapeutics Goods Administration (TGA) and the Australian Technical Advisory Group on Immunisation (ATAGI) on this issue.

Latex is derived from the sap of the rubber tree that also contains a number of allergenic proteins. There is no latex in the Panvax[®] H1N1 vaccine or vaccine multi-dose vials. However the 1 mL syringes provided in the vaccination packs contain latex in the syringe plunger. The manufacturing process for this type of latex involves prolonged treatment at high temperatures resulting in degradation of the latex proteins responsible for sensitisation. In this form we are advised that latex is most unlikely to be allergenic. The plunger in the syringe is also coated with silicone and this provides an impervious barrier between the latex in the plunger and the contents of the syringe. The Therapeutic Goods Administration (TGA) has examined the syringes in the vaccination pack and confirms the integrity of the silicone barrier. There are many millions of syringes used in Australia each year. These have been used safely. These include syringes that are latex free and those with silicone-coated latex plungers.

The vaccination programs in the USA and UK routinely suggest the precautionary use of non latex equipment in individuals who have proven latex reactions. ATAGI advice is similar (attached). It is a reasonable and precautionary approach. Before vaccinating we would suggest checking for a history of hypersensitivity as per the ATAGI advice. Otherwise our best advice is that the syringes can continue to be safely used for all other people without latex sensitivity.

The vaccine product information advises that Panvax® H1N1 vaccine is contraindicated in anyone who has experienced anaphylaxis following a previous dose of any influenza vaccine, or who has experienced anaphylaxis following any vaccine component, including the antibiotics neomycin or polymyxin. Panvax® H1N1 vaccine should not be used in anyone who has experienced anaphylaxis to eggs or chicken protein. The non mandatory patient consent form contains a question that checks for any severe allergy of any kind. This would include severe allergy to latex. As with routine practice all syringes should be checked prior to use for faults or damage.

The vaccination program will continue over the next few months. The Department and I hope this information will be useful to you and we will continue to update you with any new information. Current information is updated on the internet at www.healthemergency.gov.au/

Yours sincerely



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¹ The ANZIC Influenza Investigators, **Critical Care Services and 2009 H1N1 Influenza in Australia and New Zealand** N Engl J Med 2009 0: NEJMoa0908481

<http://intl-content.nejm.org/cgi/content/full/NEJMoa0908481>

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