

VACCINES FOR SENIORS



The Challenge:

Despite seniors sharing some of the same vulnerabilities as the paediatric population, including a higher incidence of most infectious diseases and a tendency to respond less well to treatment, we don't currently have either the public education or recall systems in place to achieve equivalent vaccination rates.

There's hope:

From late 2016, we transitioned from the Australian Childhood Immunisation Register to the Australian Immunisation Register, meaning we now capture vaccines across a person's whole life including private and travel vaccines.

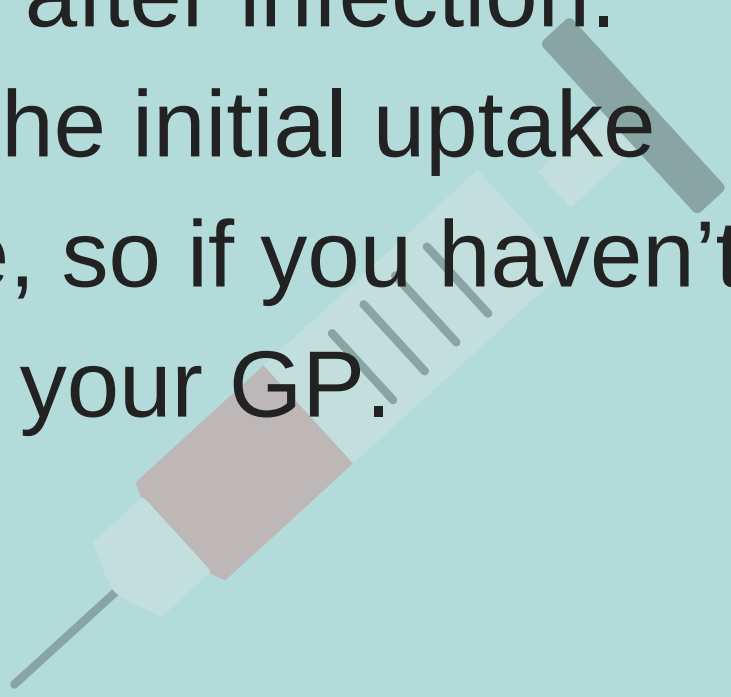


Which vaccines should I know about?

Shingles

Can cause a debilitating pain syndrome (post-herpetic neuralgia) and also associated with an increased risk of stroke for up to 6m after infection.

Zostavax became free for 70-79yo patients late 2016. The initial uptake rates were positive, but has significantly dropped off since, so if you haven't had yours and are in this age group, discuss with your GP.

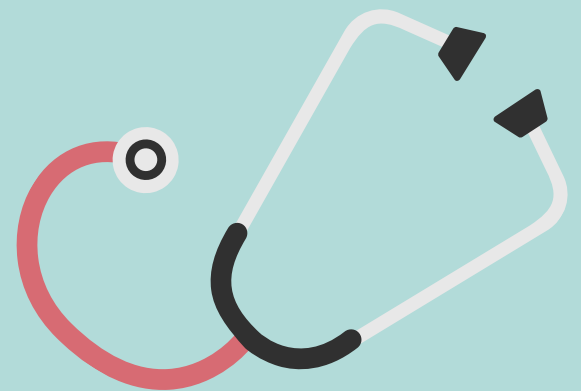


Pneumococcal

Seniors are more likely to acquire pneumococcal infection and to experience serious complications if infected.

By age 65yr all Australians should be offered a Pneumovax 23 vaccine. Some people (Indigenous Australians or those suffering with conditions that place them at greater risk of serious infection) may receive it at a younger age and require additional dose/s.

Influenza



Seniors are more vulnerable to complications of influenza, and evidence that immune system responds less effectively to the flu immunisation. In 2018 ≥ 65 yo received a higher potency vaccine to achieve a better immune response.

Whooping cough

Seniors are more vulnerable to complications of whooping cough. Recommended ≥ 65 yr if no booster in past 10yr.

Boosters also recommended if ≥ 10 yr since previous dose for travelling and for contacts and carers of infants < 6 m of age.

Tetanus

Tetanus booster recommended age 50yr if ≥ 10 yr since previous dose. Whenever receiving tetanus boosters, recommended to pair with whooping cough vaccine.



Meningococcal

3 peaks in of age are impacted – the young, adolescents and seniors.

While a Free State government vaccine program has commenced for ≤ 5 yo's and adolescents, no such program exists for seniors. Some vaccine experts advocate for seniors ≥ 65 yo, particularly with other disease vulnerabilities and with travel.

Travel

Retirement often brings an opportunity to travel regularly to far-off places, but occurs at an age where there is greater vulnerability to infectious diseases. Whenever planning an overseas trip, particularly to the developing world, check with your doctor about specific precautions to consider.



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