



Immunisation Update

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Health
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Overview:

- NIP Changes July 2020
- Changes to AIR
- COVID vaccine
- Influenza 2020
- Occupational Health Policy
- Resources



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The PHU Immunisation Team



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Illawarra Shoalhaven
Local Health District

The PHU Immunisation Team



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Danijela Petkovic
School

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Immunisation
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Immunisation Coverage

Coverage 12 months	June 2020
Australia	93%
NSW	94%
Illawarra and Shoalhaven	95%



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Immunisation Coverage Cont

Coverage 24 months	June 2020
Australia	91.10%
NSW	92.70%
Illawarra and Shoalhaven	92.56%



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Immunisation Coverage Cont

Coverage 60 months	June 2020
Australia	97.30%
NSW	97.50%
Illawarra and Shoalhaven	100%



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National Immunisation Program (NSW) Schedule

Funded July 2020



AGE	DISEASE	VACCINE
CHILDHOOD VACCINES		
Birth	Hepatitis B	H-B-VAX-II OR ENGERIX B
6 weeks	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio Pneumococcal Rotavirus	INFANRIX HEXA PREVENAR 13 ROTARIX
4 months	Meningococcal B (Aboriginal children only) Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio Pneumococcal Rotavirus	BEXSERO INFANRIX HEXA PREVENAR 13 ROTARIX
6 months ²	Meningococcal B (Aboriginal children only) Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio	BEXSERO INFANRIX HEXA
12 months	Meningococcal ACWY Pneumococcal Measles, mumps, rubella Meningococcal B (Aboriginal children only)	NIMENRIX PREVENAR 13 MMV-II OR PRIORIX BEXSERO
18 months	Diphtheria, tetanus, pertussis Measles, mumps, rubella, varicella <i>Haemophilus influenzae</i> type b	INFANRIX OR TRIPACEL PRIORIX TETRA OR PROQUAD ACT-HIB
4 years ¹	Diphtheria, tetanus, pertussis, polio	INFANRIX-IPV OR QUADRACEL
ADOLESCENT VACCINES - SCHOOL VACCINATION PROGRAM		
Year 7	Diphtheria, tetanus, pertussis Human papillomavirus (2 doses)	BOOSTRIX GARDASIL 9
Year 10	Meningococcal ACWY	NIMENRIX
ADULT VACCINES		
Pregnant women	Influenza (Annually-any trimester) Pertussis (ideally between 20-32 weeks)	INFLUENZA BOOSTRIX OR ADACEL
Aboriginal people 50 years and over	Pneumococcal	PREVENAR 13 (at 50 years) PNEUMOCOCCAL 23 (2-12 months later) PNEUMOCOCCAL 23 (5-10 years later)
70 years	Zoster (Catch-up for 71-79 years until 31 October 2021) Pneumococcal (single dose funded for all people ≥70 years)	ZOSTAVAX PREVENAR 13
INFLUENZA VACCINES		
All children 6 months to < 5 years		
Aboriginal people 6 months and over		INFLUENZA
65 years and over	Influenza (annual)	
6 months and over with medical risk conditions		
Pregnant women		

¹ Catchup for Meningococcal B is available for all Aboriginal children < 2 until 30 June 2023. ² At risk children require an additional dose of pneumococcal (Prevenar 13). Aboriginal Children with at risk conditions require an additional dose of Meningococcal B. ³ At risk children diagnosed < 12 months require a dose of pneumococcal (Pneumovax 23). Refer to the Australian Immunisation Handbook for more information and additional at risk recommendations.



The Childhood Schedule from 1 July 2020

Birth	<input type="checkbox"/> Hepatitis B (usually offered in hospital)
2 months (Can be given from 6 weeks of age)	<input type="checkbox"/> Diphtheria, tetanus, whooping cough, hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Rotavirus <input type="checkbox"/> Meningococcal B—Aboriginal and Torres Strait Islander children
4 months	<input type="checkbox"/> Diphtheria, tetanus, whooping cough, hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Rotavirus <input type="checkbox"/> Meningococcal B—Aboriginal and Torres Strait Islander children
6 months	<input type="checkbox"/> Diphtheria, tetanus, whooping cough, hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) <input type="checkbox"/> Pneumococcal—Aboriginal and Torres Strait Islander children in Qld, NT, WA and SA
12 months	<input type="checkbox"/> Meningococcal ACWY <input type="checkbox"/> Measles, mumps, rubella <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Meningococcal B—Aboriginal and Torres Strait Islander children
18 months	<input type="checkbox"/> <i>Haemophilus influenzae</i> type b (Hib) <input type="checkbox"/> Measles, mumps, rubella, chickenpox <input type="checkbox"/> Diphtheria, tetanus, whooping cough <input type="checkbox"/> Hepatitis A—Aboriginal and Torres Strait Islander children in Qld, NT, WA and SA
4 years	<input type="checkbox"/> Diphtheria, tetanus, whooping cough, polio <input type="checkbox"/> Pneumococcal—Aboriginal and Torres Strait Islander children in Qld, NT, WA and SA <input type="checkbox"/> Hepatitis A—Aboriginal and Torres Strait Islander children in Qld, NT, WA and SA

Influenza vaccine is funded for:

- Children 6 months and over with specified medical risk conditions.
- All children aged 6 months to less than five years of age.
- Aboriginal and Torres Strait Islander children aged 6 months and over.

Additional meningococcal and pneumococcal vaccines are also NIP funded for people with specified medical risk conditions.

Have questions?

Visit health.gov.au/immunisation

Make an appointment with your GP or other vaccination provider.

Why changes?

- Best current clinical evidence
- Disease prevalence changes
- Simplify vaccination schedule, mainly for pneumococcal disease
- Further improve protection against meningococcal and pneumococcal diseases
- Making vaccines more readily available to give protection to people who are most at risk
- Ongoing review of recommendation and evaluation of immunisation programs



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Meningococcal B (Bexsero) Aboriginal and Torres Strait Islander infants

- Now funded for Aboriginal and Torres Strait Islander infants from 2 months of age
- 3 doses in total (6 weeks, 4 & 12 months)
- Catch up available until June 2023 for Aboriginal and Torres Strait Islander children <2yrs (up to 23months) of age

"I've seen cases where someone has been well at breakfast – and dead by dinner!"

— Dr Clayton Golledge, Microbiologist and Infectious Diseases expert.



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Meningococcal (MenB) vaccine continues to be strongly **recommended** but **not funded** under NIP for *these groups*

- Non-Indigenous children aged <2yrs
- All adolescents aged 15-19 years
- People living with HIV
- Stem cell transplant recipients
- Aboriginal and Torres Strait Islander children aged 2-14yrs
- Young adults aged 20-24yrs who are smokers or living in close quarters
- Occupational risk

Health

Meningitis B is rare but deadly. Parents who lost children to the disease wonder why no one mentioned a vaccine.

BY SARAH ELIZABETH RICHARDS
17 SEPTEMBER 2019 AT 05:15 · 6-MIN READ



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Paracetamol use and Bexsero

- Children <2 years are recommended to receive prophylactic paracetamol with every dose of Bexsero
 - *Give first dose (15mg/kg/dose) of paracetamol within 30 minutes before, or as soon as practicable after, receiving the vaccine, regardless of whether the child has a fever*
 - *This can be followed by 2 more doses of paracetamol given 6 hours apart*
- Bexsero can be given at the same time as other vaccines currently included in the NIP schedule



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Meningococcal B (Bexsero) and Meningococcal ACWY – At risk groups

- People with the following at risk conditions are now funded to receive Meningococcal B (Bexsero) and MenACWY vaccines:
 - Asplenia
 - Hyposplenia
 - Complement deficiency
 - Treatment with Eculizumab
- Recommended for people with HIV and Haematopoietic stem cell transplant *but not funded* (except for Aboriginal children less than 2 years)



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Age at start of vaccine course	MenB vaccine brand	Dose requirements for healthy people (without any medical conditions associated with increased risk of invasive meningococcal disease)
6 weeks to 5 months	Bexsero	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
6–11 months	Bexsero	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
12–23 months	Bexsero	2 doses (8 weeks between doses)

<https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/meningococcal-disease>

Table. Recommendations for MenB vaccine for people with a specified medical condition that increases their risk of invasive meningococcal disease

Age at start of vaccine course	MenB vaccine brand	Dose requirements for people with a specified medical condition associated with increased risk of meningococcal disease
6 weeks to 5 months	Bexsero	4 doses (8 weeks between doses; 4th dose at 12 months of age or 8 weeks after 3rd dose, whichever is later)
6–11 months	Bexsero	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
12 months to 9 years	Bexsero	2 doses (8 weeks between doses)
≥10 years	Bexsero	2 doses (8 weeks between doses)
	Trumenba	3 doses (at intervals of 0, 1 and 6 months)

MenACWY schedule for children without risk conditions

Age at start of vaccine course	MenACWY vaccine brand	Dose requirements for healthy people (without any medical conditions associated with increased risk of invasive meningococcal disease)
6 weeks to 5 months	Menveo ^a Nimenrix	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age)
6–8 months	Menveo Nimenrix	2 doses (2nd dose at 12 months of age or 8 weeks after 1st dose, whichever is later)
9–11 months	Menveo Nimenrix Menactra	2 doses (2nd dose at 12 months of age or 8 weeks after 1st dose, whichever is later)
12–23 months	Menveo	2 doses (8 weeks between doses)
	Nimenrix	1 dose
	Menactra	2 doses (8 weeks between doses)

Recommendations for MenACWY vaccine for people with a specified medical condition

Age at start of vaccine course	MenACWY vaccine brand	Dose requirements for people with a specified medical condition associated with increased risk of meningococcal disease
6 weeks to 5 months	Menveo Nimenrix	4 doses (8 weeks between doses; 4th dose at 12 months of age or 8 weeks after 3rd dose, whichever is later)
6–8 months	Menveo Nimenrix	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
9–11 months	Menveo Nimenrix Menactra	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
≥ 12 months	Menveo Nimenrix Menactra	2 doses (8 weeks between doses)
Booster doses for all ages	Menveo Nimenrix Menactra	<p>For people with ongoing increased risk of invasive meningococcal disease who completed the primary series at:</p> <ul style="list-style-type: none"> • ≤6 years of age — 3 years after completing the primary schedule, then every 5 years after that • ≥7 years of age — every 5 years after completing the primary schedule

What about Booster doses for Meningococcal vaccines?

- Booster doses of MenB vaccines are not recommended currently
- Booster doses of MenACWY are recommended for people with ongoing increased risk of invasive Meningococcal disease

Booster doses for all ages	Menveo Nimenrix Menactra	For people with ongoing increased risk of invasive meningococcal disease who completed the primary series at: <ul style="list-style-type: none">• ≤ 6 years of age — 3 years after completing the primary schedule, then every 5 years after that• ≥ 7 years of age — every 5 years after completing the primary schedule
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Appendix. Risk conditions for which meningococcal, pneumococcal and *Haemophilus influenzae* type b vaccines are recommended

Condition	Recommended vaccine		
	Pneumococcal vaccines – 13vPCV and 23vPPV	Meningococcal vaccines – MenB and Men ACWY	Hib vaccine
Previous episode of invasive pneumococcal disease	✓		
Functional or anatomical asplenia, including			
– sickle cell disease or other haemoglobinopathies	✓	✓	✓*
– congenital or acquired asplenia (for example, splenectomy) or hyposplenia	✓	✓	✓*
Immunocompromising conditions, including			
– congenital or acquired immune deficiency, including symptomatic IgG subclass or isolated IgA deficiency	✓		
– haematological malignancies	✓		
– solid organ transplant	✓		
– haematopoietic stem cell transplant	✓	✓	✓
– HIV infection	✓	✓	
– immunosuppressive therapy, where sufficient immune reconstitution for vaccine response is expected; this includes those with underlying conditions requiring but not yet receiving immunosuppressive therapy	✓		
– non-haematological malignancies receiving chemotherapy or radiotherapy (currently or anticipated)	✓		
Proven or presumptive cerebrospinal fluid (CSF) leak, including			
– cochlear implants	✓		
– intracranial shunts	✓		
Chronic respiratory disease, including†			
– suppurative lung disease, bronchiectasis and cystic fibrosis	✓		
– chronic lung disease in preterm infants	✓		
– chronic obstructive pulmonary disease (COPD) and chronic emphysema	✓		
– severe asthma (defined as requiring frequent hospital visits or the use of multiple medications)	✓		
– interstitial and fibrotic lung disease	✓		
Chronic renal disease			
– relapsing or persistent nephrotic syndrome	✓		
– chronic renal impairment – eGFR <30 mL/min (stage 4 disease)	✓*		
Cardiac disease, including†			
– congenital heart disease	✓†		
– coronary artery disease	✓†		
– heart failure	✓†		
Children born less than 28 weeks gestation	✓†		
Trisomy 21	✓†		
Chronic liver disease, including†			
– chronic hepatitis	✓		
– cirrhosis	✓		
– biliary atresia	✓		
Diabetes	✓		
Smoking (current or in the immediate past)	✓	✓*	
Harmful use of alcohol†	✓		
Defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency		✓	
Current or future treatment with eculizumab (a monoclonal antibody directed against complement component C5)		✓	

Department of Health

https://www.health.gov.au/sites/default/files/documents/2020/06/atagi-clinical-advice-on-vaccination-recommendations-for-people-with-risk-conditions-from-1-july-2020_0.pdf

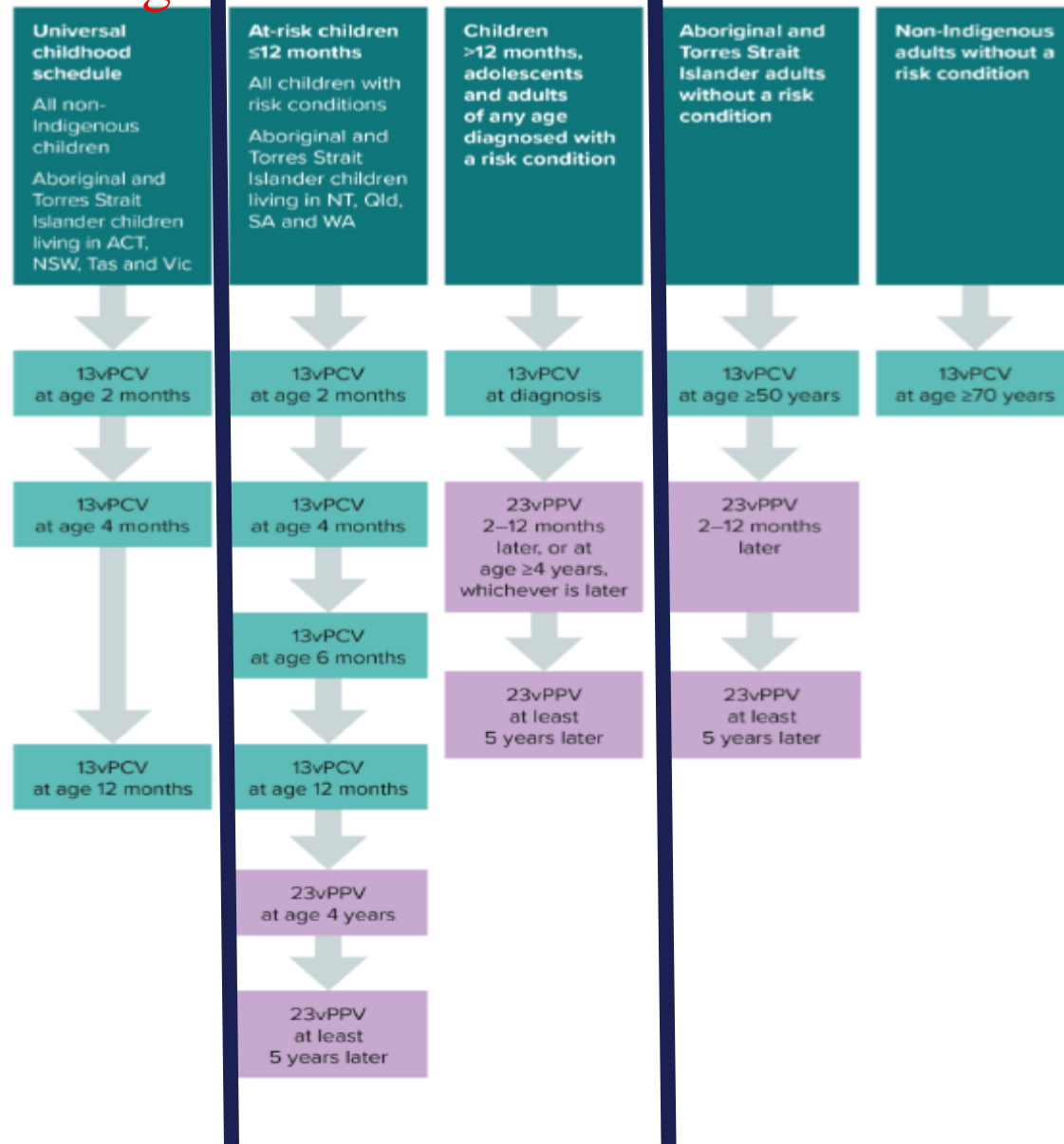


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Figure 1. Summary of revised recommendations for pneumococcal vaccination

To be used in conjunction with The Australian Immunisation Handbook.

No change Children Adults



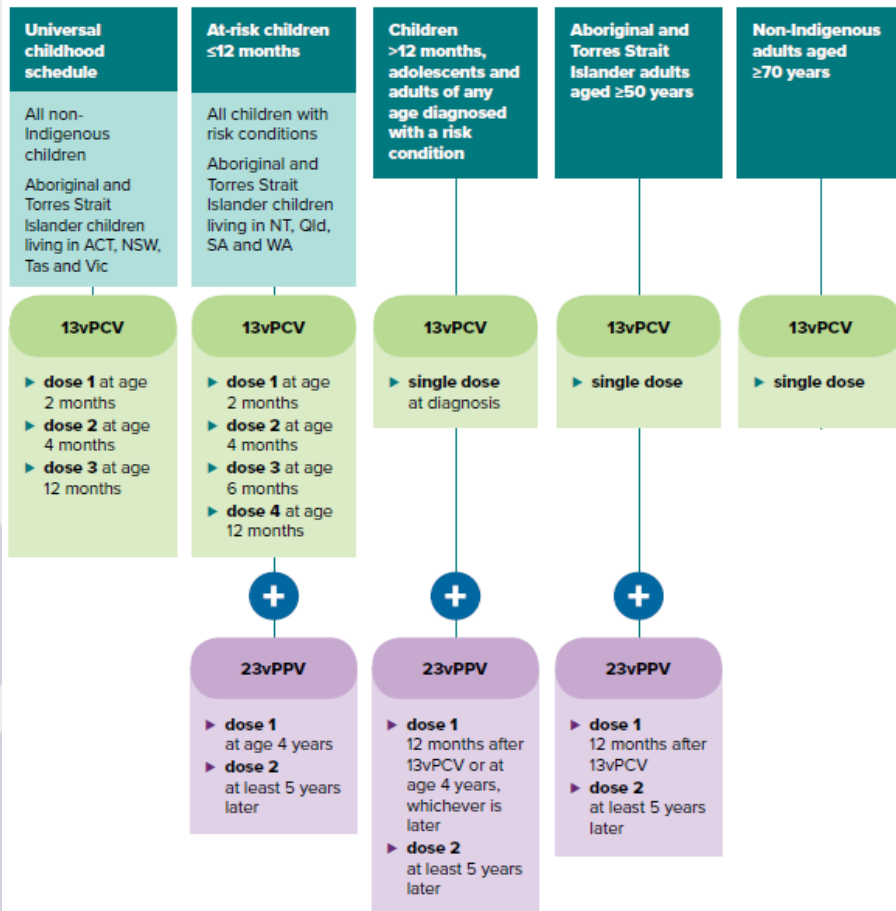
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Pneumococcal vaccination for all Australians

Pneumococcal disease is a rare but serious condition that can cause significant illness, disability and death.



These vaccines are funded under the National Immunisation Program. See the Australian Immunisation Handbook for the list of specified risk conditions that are eligible to receive free pneumococcal vaccines.

See the Australian Immunisation Handbook for more details.



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- Children diagnosed with risk conditions for pneumococcal diseases at ≤ 12 months of age who have received 4 doses of 13vPCV according to the existing recommendations do not require an additional 13vPCV dose
- Youngest age recommended for receiving the first dose of 23vPPV after the required dose of 13vPCV is 4 years



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Pneumococcal (23vPPV) Changes

- Pneumovax23 (23vPPV) is now limited to 2 lifetime doses
- If a person has already received at least 2 doses previously – no further doses of 23vPPV are to be given
- Review the Australian Immunisation Register (AIR)



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Interval between pneumococcal doses

- The recommended interval between 23vPPV doses is 5 years
- Interval between 13vPCV and 23vPPV is 12 months (an interval of at least 2 months is acceptable). This is when Prevenar13 is given first followed by 23vPPV.
- When 23vPPV given first followed by 13vPCV the interval is 12 months.



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Prevenar13 recommended at 70yrs

- The single dose of 13vPCV is NIP funded for those turning 70 years, regardless of whether the person has previously received a NIP funded dose of 23vPPV
- Those who are already 70 years of age or older on 1 July 2020 are also eligible for a single NIP funded dose of 13vPCV given opportunistically at a suitable clinical encounter



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Why are we giving PCV13 at 70yrs now?

- Previous Immunisation Schedule was 23vPPV at 65yrs
- 1. Incidence of IPD is much greater from 70 years of age than 65-69 years of age
- 2. Effectiveness of pneumococcal vaccines reduces over time so moving the age from 65-70 years will provide better protection as people get older with increased pneumococcal disease risk
- 3. The dose of 13vPCV is expected to reduce the burden of IPD and community acquired pneumonia



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13vPCV Vs 23vPPV

- Prevenar 13 is a conjugated vaccines, covering against 13 serotypes
- Pneumovax23 is polysaccharide vaccines, covering against 23 serotypes
- 23vPPV and 13vPCV contain 12 serotypes in common
- 23vPPV does not produce long term immunity and less immununogenic in children <2yrs
- Prevenar13 generates a higher quality immune response, resulting in adequate protection in young children and longer-term immunity



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Prevenar 13 now recommended at 50yrs for Aboriginal and Torres Strait Islander adults

- IPD incidence starts to increase at a younger age for Aboriginal and Torres Strait Islander adults and reaches a 13 fold higher rate than for non-Indigenous Australians
- Presence of risk conditions for pneumococcal diseases is also higher at younger ages in Aboriginal and Torres Strait Islander adults
- A considerable proportion of IPD in Aboriginal and Torres Strait Islander adults is still caused by serotypes that are included in the 23vPCV but not in the 13vPCV



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- The burden of IPD caused by serotypes that are included in 23vPPV but not included in 13vPCV is higher in non-Indigenous adults with risk conditions than those without risk conditions
- This is why people with specific risk conditions will receive both 13vPCV and 23vPPV to maximise protection against disease.



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Co-administration of vaccines

- 13vPCV can be given at the same time as the Zoster (Zostavax) and influenza vaccines at 70 years
- MenB and MenACWY vaccines can be co-administered at any age
- Bexsero and Prevenar13 give in the opposite limb



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Haemophilus influenza type B

- Single dose of ACT-HIB funded for people >5 years with
 - Asplenia
 - Hyposplenia

Recommended for those unvaccinated in infancy and for those with incomplete HIB vaccination course

- No boosters required for HIB vaccines
- Still recommended for people who receive haematopoietic stem cell transplants but not funded under the NIP



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The Australian Immunisation Handbook

Pneumococcal vaccination for children <5 years old

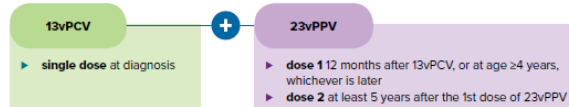
Pneumococcal disease is a rare but serious condition that can cause significant illness, disability and death.



Pneumococcal vaccination for people with risk conditions for pneumococcal disease

People with certain conditions have an increased risk of pneumococcal disease. They need extra doses of vaccines to optimise protection.

Anyone over 12 months of age who is diagnosed with a **risk condition** should receive:



Risk conditions for pneumococcal disease include:

- ▶ previous episode of invasive pneumococcal disease
- ▶ immunocompromising conditions, including asplenia
- ▶ CSF leak
- ▶ chronic respiratory disease
- ▶ chronic kidney disease
- ▶ chronic liver disease
- ▶ cardiac disease
- ▶ extremely premature birth
- ▶ trisomy 21
- ▶ diabetes
- ▶ smoking
- ▶ harmful use of alcohol

See the Australian Immunisation Handbook for the full list of risk conditions, including which conditions are funded under the National Immunisation Program.

Many children and adults with these risk conditions are eligible for funded doses of pneumococcal vaccines under the National Immunisation Program

Australia-wide



Adult schedule

13vPCV

- ▶ **dose 1** at age 2 months
- ▶ **dose 2** at age 4 months
- ▶ **dose 3** at age 12 months

Children with a risk condition for pneumococcal disease

13vPCV

- ▶ **dose 1** at age 2 months
- ▶ **dose 2** at age 4 months
- ▶ **dose 3** at age 6 months
- ▶ **dose 4** at age 12 months



23vPPV

- ▶ **dose 1** at age 4 years
- ▶ **dose 2** at least 5 years later



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AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI) | CLINICAL ADVICE

ATAGI CLINICAL ADVICE ON CHANGES TO VACCINE RECOMMENDATIONS AND FUNDING FOR PEOPLE WITH RISK CONDITIONS FROM 1 JULY 2020

It is important to read this statement in conjunction with The Australian Immunisation Handbook available at immunisationhandbook.health.gov.au and other related ATAGI statements on NIP schedule changes from 1 July 2020

Overview of key changes to recommendations for individuals with risk conditions

- From 1 July 2020, there are changes to the recommendations and vaccine doses funded by the National Immunisation Program (NIP) for individuals with risk conditions (refer to Appendix). These changes are designed to:
 - Further improve protection against meningococcal, pneumococcal and Haemophilus influenzae type b (Hib) diseases, and;
 - Make these vaccines more readily available to those who are at increased risk
- The vaccines that these changes apply to are:



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AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI) | CLINICAL ADVICE

Issue date: 1 July 2020

ATAGI CLINICAL ADVICE ON CHANGES TO VACCINE RECOMMENDATIONS AND FUNDING FOR OLDER NON-INDIGENOUS ADULTS FROM 1 JULY 2020

It is important to read this statement in conjunction with The Australian Immunisation Handbook available at immunisationhandbook.health.gov.au and other related ATAGI statements on NIP schedule changes from 1 July 2020

Overview of key changes to recommendations for the use of pneumococcal vaccines in non-indigenous adults from July 2020

- The recommended age for pneumococcal vaccination for non-Indigenous adults has been changed to **70 years** from 65 years of age. Refer to the [Australian Immunisation Handbook](#).



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AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI) | CLINICAL ADVICE

Issue date: 1 July 2020

ATAGI CLINICAL ADVICE ON CHANGES TO VACCINE RECOMMENDATIONS AND FUNDING FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE FROM 1 JULY 2020

It is important to read this statement in conjunction with The Australian Immunisation Handbook available at immunisationhandbook.health.gov.au and other related ATAGI statements on NIP schedule changes from 1 July 2020

Overview of key changes to vaccine recommendations for Aboriginal and Torres Strait Islander people

- From 1 July 2020, there are changes to the recommendations and vaccine doses funded by the National Immunisation Program (NIP) for Aboriginal and Torres Strait Islander people. These changes are designed to:
 - Further improve protection against meningococcal and pneumococcal disease;
 - Make these vaccines more readily available to those who are at increased risk of these diseases, and;
 - Facilitate timely administration of all recommended vaccine doses
- The vaccines that these changes apply to are,
 - Meningococcal B (MenB) vaccine (Bexsero®)
 - Meningococcal ACWY (MenACWY) vaccine (Nimenrix®)
 - 13-valent pneumococcal conjugate vaccine (13vPCV, Prevenar 13®)

Brochures and Posters

What if my baby still has a fever?

Some babies may still develop fever after vaccination, even after having three doses of paracetamol. As fever after vaccination is common, it is okay to give paracetamol in line with dosage directions for up to 48 hours after the meningococcal B vaccine.

Keep your baby cool by making sure they don't have too many layers of clothes or blankets, and give them lots of fluids. If your baby is breastfed, the best fluid to give is breast milk.

If your baby still has a fever more than 48 hours after vaccination or you are concerned about your baby's health at any time, you should seek medical advice.

Your nurse, healthcare worker or doctor will give you more information about paracetamol at your vaccination appointment.



Infant meningococcal B vaccine

Vaccinate to protect your baby against meningococcal B

The meningococcal B vaccine is free for Aboriginal and Torres Strait Islander infants.



FREE Meningococcal B vaccine

For all Aboriginal and Torres Strait Islander kids under 2 years of age.

Talk to your Aboriginal Health Practitioner or Worker, GP or nurse about the vaccine.



Recent updates to the Australian Immunisation Register

1. Recording Indigenous status on the AIR
2. Catch up schedules to display on immunisation history statement
3. Pneumococcal rules and introduction of reminder letters for older Australians



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1. Recording Indigenous Status on the AIR

- Vaccination providers can now record Indigenous status directly on the AIR
- Will not be over ridden by their status recorded by Medicare
- Vaccination providers should seek consent from the person at the time of a vaccination encounter before recording their Indigenous status on the AIR. There is no change to how a person's Indigenous status is recorded on the AIR.



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2. Catch up schedule to display on Immunisation history statement

From February 2020, if a person is on an approved immunisation catch-up schedule registered on the AIR:

- catch-up schedule will display on the top of the immunisation history statement
- date it expires will also show



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3. Reminder letters

Letters will be sent to:

- people 70 years and 1 month of age who have not received pneumococcal and/or shingles vaccinations
- people aged 50 years and 1 month displaying an Indigenous status in the AIR who have not received their pneumococcal vaccination
- Commenced 21 September 2020



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These reminder letters will encourage people to contact their vaccination provider to:

- discuss any NIP funded vaccination/s they may be eligible for
- request the AIR be updated with any vaccines they have already received but have not been recorded on the AIR.



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CHANGES TO NSW VACCINE CENTRE ONLINE ORDERING PROCESS ALL IMMUNISATION PROVIDERS



Please distribute to all staff in your practice

1. The process for ordering vaccines has changed to improve vaccine ordering practices.
2. Expired vaccines must be reported on the [NSW Vaccine Centre](#) webpage.
3. Report all child, adolescent and adult vaccinations to the AIR to support vaccination program planning in NSW.

Why has the online vaccine ordering process changed?

National Immunisation Program vaccines are provided free for eligible patients. It is important that all vaccines that have been administered are reported to the Australian Immunisation Register (AIR) and that providers have efficient vaccine management processes in place to reduce vaccine wastage and leakage.

Following a trial in several practices, NSW Health has implemented new changes to the vaccine online ordering system to improve vaccine ordering processes and stock management.

What are the changes?

1. Expired vaccines must be reported on the NSW Vaccine Centre online ordering webpage before they are disposed of. There are two options for reporting expired vaccines:
 - a) When placing a new order, providers will be prompted to report any expired vaccine stock, and;
 - b) By logging onto the online ordering page at any time and selecting 'report expired stock'.
2. The process for calculating an order has also changed which means practices may be required to adjust the doses required when placing an order. If the adjusted order does not meet practice usage requirements there is a new option to '*request an order adjustment*' prior to confirming the order.

Accessing AIR using PRODA for Individuals



USER GUIDE

Version date: July 2020

Accessing AIR using PRODA for Organisations



USER GUIDE

Version date: July 2020

Mass vaccination – COVID 19



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COVID-19 vaccine development landscape

Global snapshot as of 30 September 2020



189

vaccine candidates



36

vaccine candidates in
human clinical trials



<http://ncirs.org.au/covid-19/covid-19-vaccine-development-landscape>

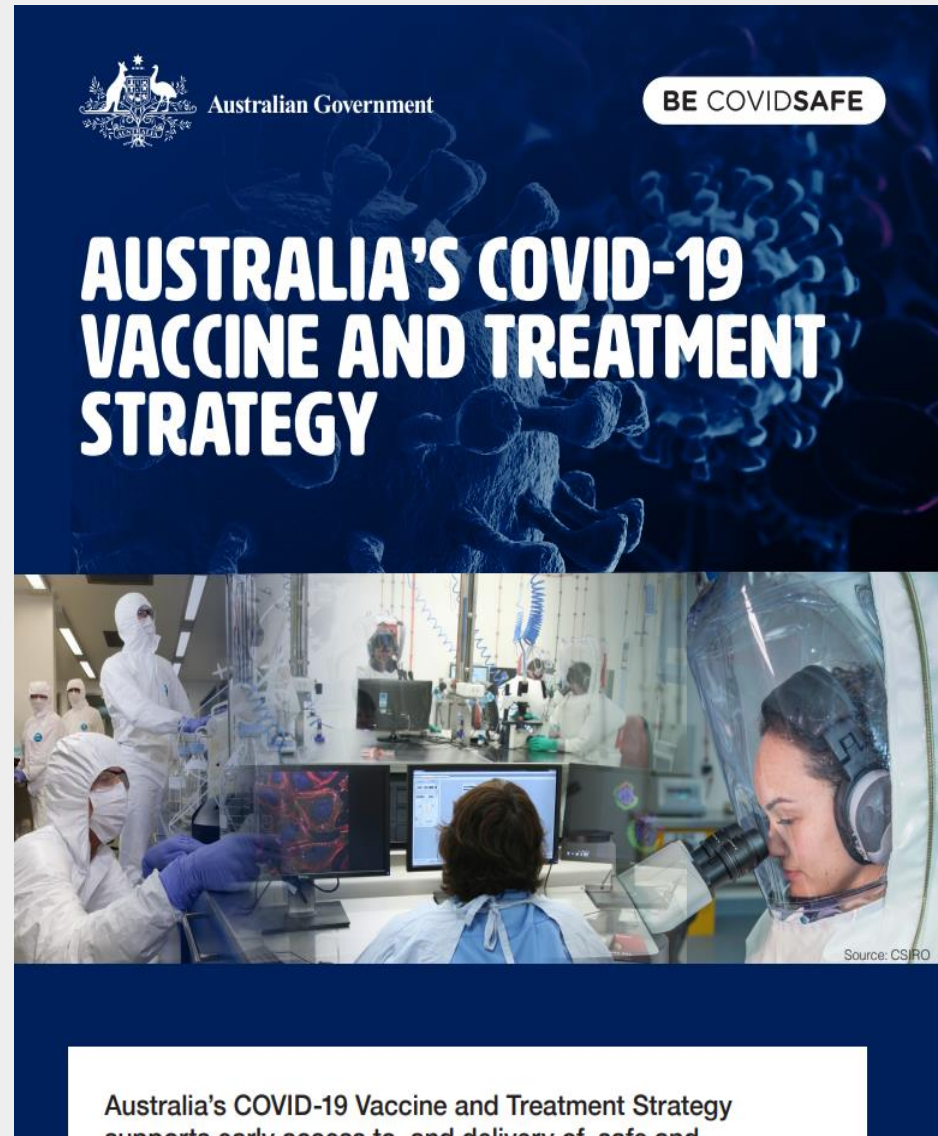


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Mass vaccination – How are we going to do it?

- The last mass vaccination in the world was smallpox
- Never done in Australia
- Currently we vaccinate 4million/yr – need to vaccinate 25million



Mass vaccinations cont.

- Need to train more nurse immunisers
- ?Drive through Vaccination Clinics
- Efficacy will determine required coverage and it will depend on our herd immunity
- Who are our priority groups ?
- Distribution of vaccines
- Manufacture of vaccines



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1 SEPTEMBER 2020

NINE IN TEN AUSTRALIANS WOULD GET COVID-19 VACCINE, SURVEY FINDS

- Nearly nine out of 10 Australians and three-quarters of people globally say they would get a COVID-19 vaccine if one were available, according to [a survey](#) done on behalf of the World Health Organisation.

The poll of nearly 20,000 adults from 27 countries found that nearly 60% of respondents don't expect a vaccine to become available this year, but 88% of Australians said they would get vaccinated; the third-highest figure after China and Brazil.

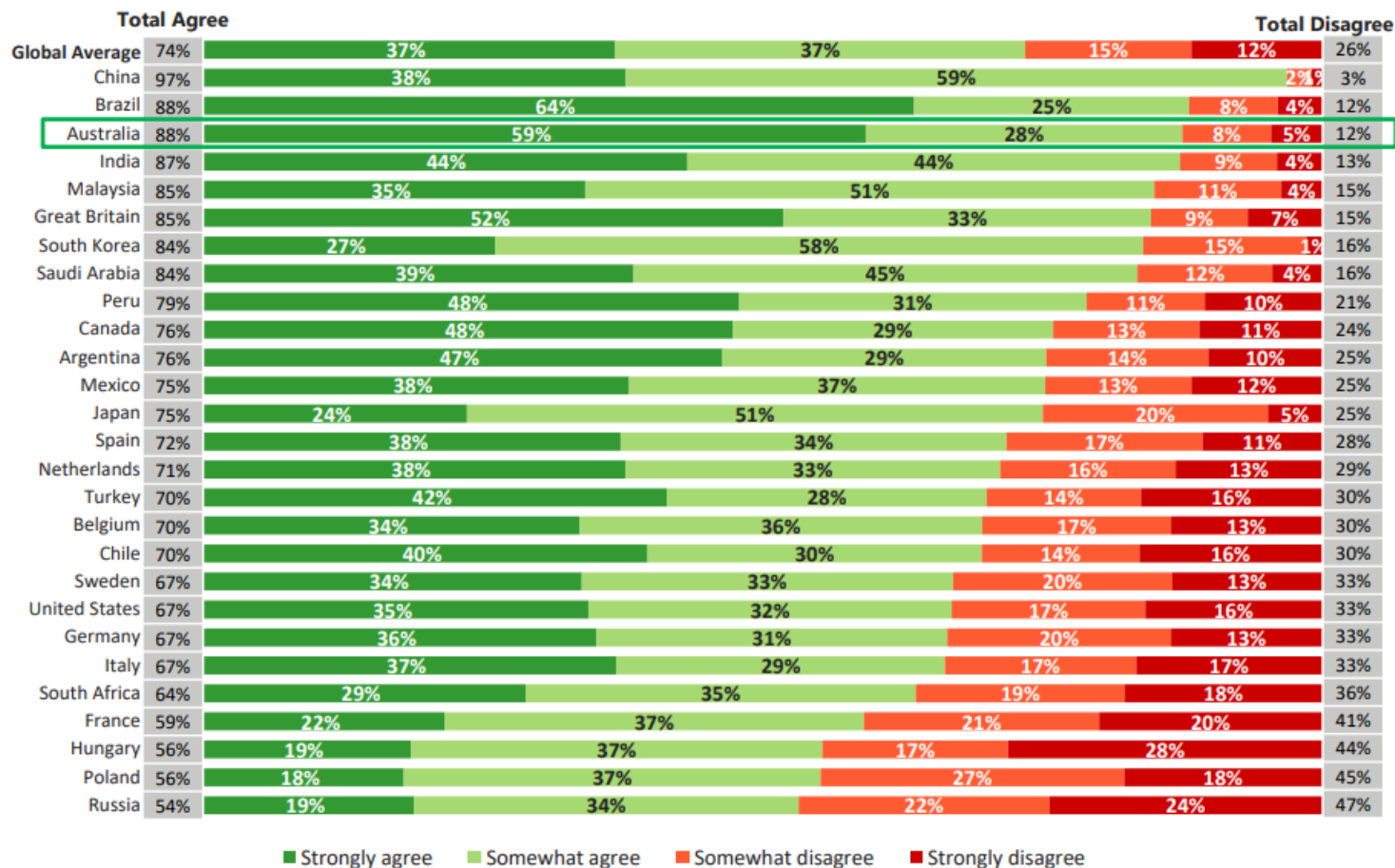
Among those who said they wouldn't get vaccinated, nearly half said it was because of concerns about side effects, one-quarter because of doubts about effectiveness, 18% because they perceived they weren't at enough risk of COVID-19, and another 18% because of general opposition to vaccines.



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If a vaccine for COVID-19 were available, I would get it



Base: 19,519 online adults aged 16-74 across 27 countries

<https://www.ipsos.com/en-au/9-10-australians-say-they-would-get-vaccinated-covid-19>



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What to say to someone who is hesitant about the potential COVID-10 vaccine?

- Acknowledge, listen and understand peoples' concerns
- Establish some rapport
- Show empathy & respect
- Address misinformation
- Share facts and science
- Act as a role model



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Public Health Act (Covid-19 Residential Aged Care Facilities) 2020

- All residential aged care staff, visitors & workers should be vaccinated by 1st May 2020
- Need to have written/print evidence
- All vaccinations to be uploaded to AIR (Australian Immunisation Register)



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Public Health Act

INFLUENZA VACCINE MEDICAL CONTRAINDICATION FORM



Date: / /

To whom it may concern

Request for access to a Residential Aged Care Facility (RACF) for reasons permitted under the NSW Public Health (COVID-19 Aged Care Facilities) Order (No 2) 2020 (the Order).

I am a registered medical practitioner.

I certify that, [] Date of birth: / / has the following medical contraindication to this season's influenza vaccine:

- ☐ anaphylaxis after a previous dose of any influenza vaccine
- ☐ anaphylaxis after any component of an influenza vaccine
- ☐ history of Guillain-Barré Syndrome whose first episode occurred within 6 weeks of receiving an influenza vaccine
- ☐ cancer immuno-oncology therapies (checkpoint inhibitors) – The patient has been advised to consult with their treating oncologist about the risks and benefits of influenza vaccination
- ☐ other medical contraindication: being []

*Note - Flud Quad and Afluria Quad state that people with egg allergy (non-anaphylaxis) can receive an age-appropriate dose and therefore will not qualify for a medical contraindication

I certify that the above mentioned person has a medical contraindication and is not required to have an up-to-date vaccination against influenza prior to entry into a RACF.

Clause 6(1) (a)-(c) of the Order still applies. In general, a person permitted to enter a RACF under the Order must not enter or remain on the premises of a RACF if:

- during the 14 days immediately before the proposed entry, the person arrived in Australia from a place outside Australia, or
- during the 14 days immediately before the proposed entry, the person had known contact with a person who has a confirmed case of COVID-19, or
- the person has a temperature higher than 37.5 degrees or symptoms of acute respiratory infection.

Medical practitioner details

Name: []

Address: []

Telephone: []

Email: []

Provider number: []

Signature: [] Date: / /

- Severe allergy to components of the vaccine
- Certain medical reasons (GBS, on checkpoint inhibitors)



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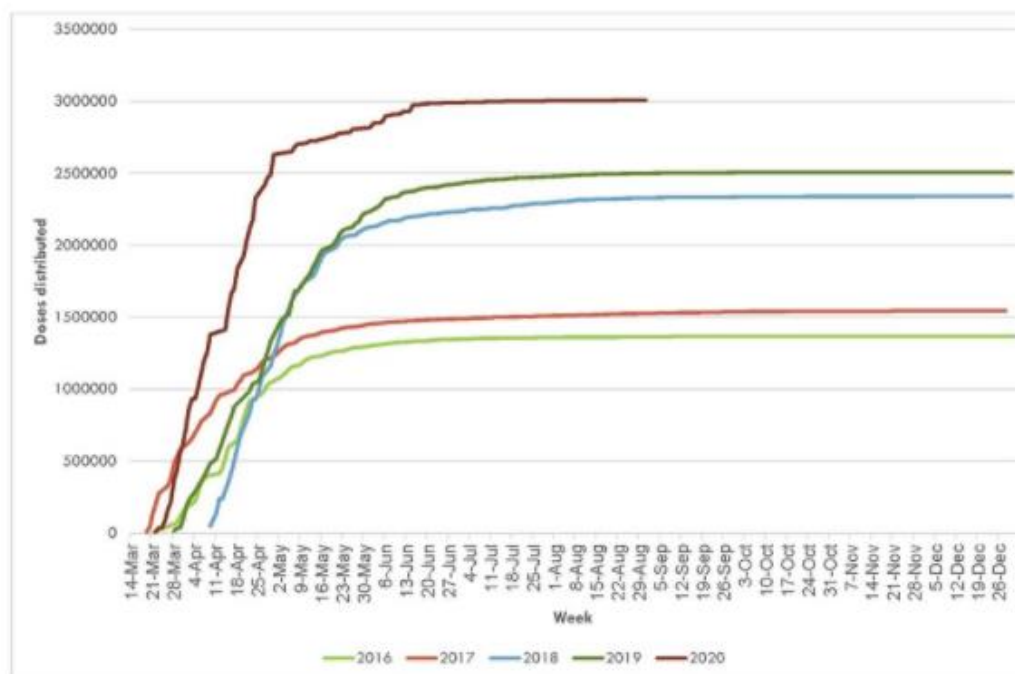
Seasonal Influenza vaccination 2020

- Over 3 million doses of government –funded influenza vaccine have been delivered in NSW
- Compare this to 2.5million doses for the whole of the 2019 flu season
- Started early 2020 (early March)



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Graph: Cumulative influenza vaccine distribution in NSW, 2016 to 2020

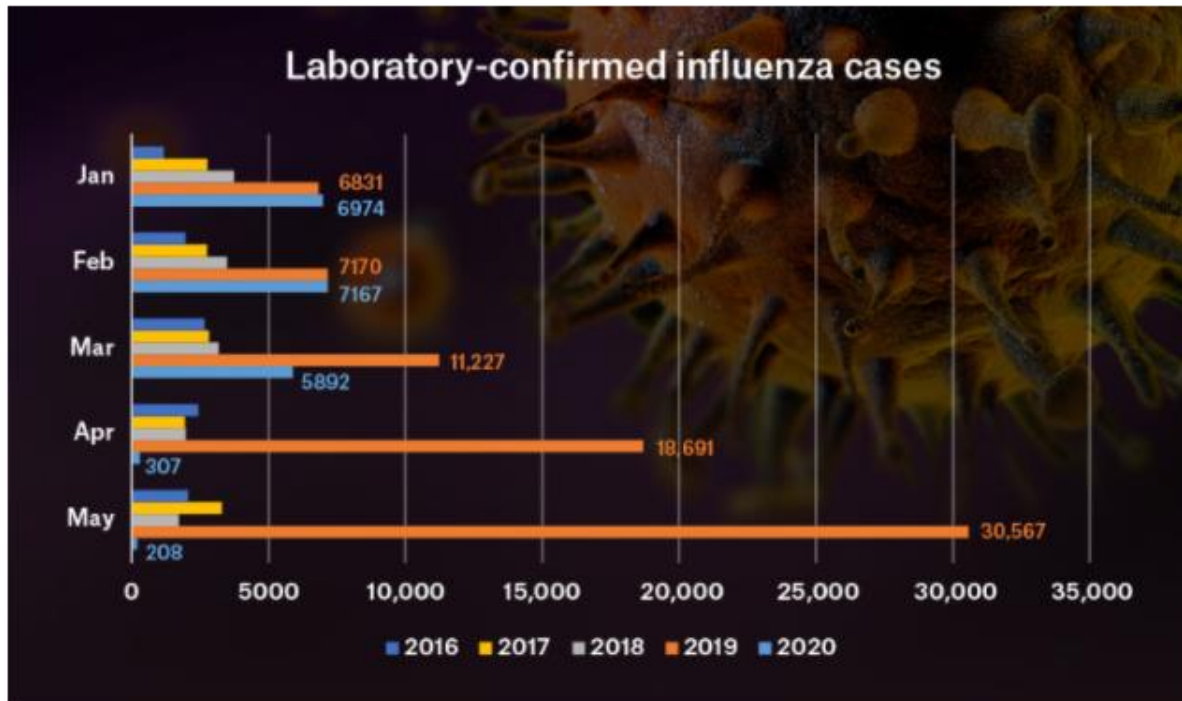


Note: Vaccine distribution data will be updated weekly.



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Impact of COVID on Influenza notifications



Statistics from the National Notifiable Diseases Surveillance System show Australia was experiencing above average flu numbers before social distancing.

Reasons....

- School Closures early on
- Maintaining physical distancing
- Good hand hygiene
- Border closures/limited travel
- Avoiding mass gatherings
- Higher influenza vaccination coverage (2 million more doses being administered)
- Unwell people and children staying home



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2020 Influenza vaccines

- It's not too late to get vaccinated
- Department of Health

It's not too late to vaccinate and protect yourself and others against influenza.



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Health Care Worker Students

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

APPENDICES



Appendix 4 Checklist: Evidence required from Category A Applicants

Workers, new recruits, other clinical personnel and students should take this checklist (and relevant sections of this policy directive referred to in this checklist) to their immunisation provider and discuss their screening and vaccination requirements.

Acceptable evidence of protection includes a written record of vaccination signed, dated and stamped by the medical practitioner/nurse immuniser on the NSW Health vaccination record card for health care workers and students and/or serological confirmation of protection, and/or other evidence, as specified in this table. An air transcript is also acceptable evidence of vaccination.

Diseases	Vaccination Evidence	Serology Evidence	Other Acceptable Evidence	Comments
Diphtheria, Tetanus & Pertussis	One adult dose of dTpa vaccine within the last 10 years	N/A. Serology will <u>not</u> be accepted	NIL	<ul style="list-style-type: none"> dTpa booster is required 10-yearly DO NOT use ADT vaccine
Hepatitis B	History of age-appropriate hepatitis B vaccination course	AND Anti-HBs \geq 10mIU/mL	OR Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+	<ul style="list-style-type: none"> A completed <i>Hepatitis B Vaccination Declaration</i> (Appendix 9) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained Positive HBcAb and/or HBsAg result indicate compliance with this policy A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures
Measles, Mumps & Rubella (MMR)	2 doses of MMR vaccine at least one month apart	OR Positive IgG for measles, mumps and rubella (Rubella immunity is provided as a numerical value with immunity status as per lab report)	OR Birth date before 1966	<ul style="list-style-type: none"> Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy. Do <u>not</u> compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be

				<p>followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected.</p> <ul style="list-style-type: none"> DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated Serology is <u>not required</u> following completion of a documented two dose MMR course. Those born before 1966 do <u>not</u> require serology
Varicella	2 doses of varicella vaccine at least one month apart (or evidence of 1 dose if the person was vaccinated before 14 years of age).	OR Positive IgG for varicella	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox	<ul style="list-style-type: none"> Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age; two doses administered at least one month apart is required when aged 14 years or more when vaccinated. DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years) Evidence of one dose of Zostavax in persons vaccinated over 50 years of age
Influenza	One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	N/A Serology will not be accepted	NIL	<ul style="list-style-type: none"> Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Appendix 1 <i>Risk Categorisation Guidelines</i> (see Section 4) Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students.
Tuberculosis	N/A	Refer to Section 3.5	Refer to Section 3.5	<ul style="list-style-type: none"> Refer to Section 1.2 <i>Key Definitions</i> Refer to Section 3 <i>TB Assessment and Screening</i>

Further detailed information can be found in the 'NSW Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases' Policy Directive:

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_017

Resources



Australian Government
Department of Health

National Immunisation Program: **Free catch-up vaccines for all individuals aged 10 to 19 years (ongoing)**

VACCINATION PROVIDER FACT SHEET

- ✓ From 1 July 2017 all individuals (including refugees and humanitarian entrants) 10 to 19 years of age are eligible for free catch-up vaccines through the National Immunisation Program (NIP).
- ✓ The expansion will enable free access to a nationally consistent catch-up schedule for recommended early childhood vaccines.

Australian Government
Department of Health

Australian
Immunisation
Handbook

Meningococcal vaccination for people in a special risk group

Meningococcal disease is a rare but serious disease that can cause significant illness and death. Some people are at increased risk of meningococcal disease. Vaccines are recommended for these people, but is not funded under the National Immunisation Program.

No single vaccine protects against all serogroups

3 vaccines protect against serogroups A, C, W and Y

2 vaccines protect against serogroup B only

2 vaccines protect against serogroup C only

MenC vaccine as

Risk group

People with medical conditions that increase their risk of invasive meningococcal disease include those:

- ▶ with a complement deficiency
- ▶ being treated with eculizumab
- ▶ with functional or anatomical asplenia
- ▶ with HIV
- ▶ who have had a haematopoietic stem cell transplant

Recommendation

▶ MenB and MenACWY

Number of doses depends on the vaccine brand and the person's age when they start the vaccination course.

▶ MenB (2 doses)

▶ MenACWY (1 dose)

▶ MenACWY

Number of doses depends on the vaccine brand and the person's age when they start the vaccination course.

✓ Yes, if the risk is ongoing

Laboratory workers who work with *Neisseria meningitidis*

Travellers to areas where meningococcal disease is more common

Young adults living in close quarters (such as military recruits and people in student residences)

Young adults who smoke

Immunisation

GET THE
FACTS

PHN IMMUNISATION
SUPPORT PROGRAM

NCIRS National Centre for
Immunisation Research
and Surveillance

NPS
MEDICINEWISE

About Submit content Contact Log out

HOME NEWS FORUM RESOURCE & EDUCATION LIBRARY EVENTS DIRECTORY LINKS FAQ SEARCH

Your PHN Immunisation Support community

Welcome to the PHN Immunisation Support Program website. We aim to create a community of practice by providing the latest news, useful resources and enabling shared knowledge between PHNs and other key stakeholders.

▶ About the program

Latest news

- ▶ Best Practice Software - advice regarding immunisation schedule changes 1 July 2018
- ▶ Updated NCIRS fact sheets and immunisation schedule tables
- ▶ ZedMed practice software upgrade incorporating changes to the immunisation schedule - July 2018

Latest resources

- ▶ Northern Territory - catch up vaccines for all ages and additional vaccines due to increased medical risk (additional notes) - July 2018
- ▶ Northern Territory pneumococcal vaccination and revaccination schedule - July 2018
- ▶ Northern Territory adult and special groups vaccination schedule - July 2018

DIRECTORY

- ▶ PHN contacts
- ▶ Key stakeholders
- ▶ Program team

Sharing Knowledge About Immunisation



SKAI

Sharing Knowledge About Immunisation



NCIRS National Centre for
Immunisation Research
and Surveillance
Australia

Immunisation Handbook App

- The Australian Immunisation Handbook is now available as a mobile application (Handbook App or the Australian Immunisation Handbook App)
- Accessible on Smart Phones and/or tablets
- Download now !

The official Handbook App can be downloaded from either the:

- Apple App Store
<https://apps.apple.com/au/app/immunisationhandbook/id1484584970> ↗ ; or
- Google Play Store
https://play.google.com/store/apps/details?id=au.gov.health.immunisationhandbook.immunisation_handbook ↗.

You will need either an Apple or Google account to access these app stores.

Immunisation catch up calculator

- Now available
- Only for children under <10yrs
- Risk factors not incorporated

[https://www.health.gov.au/immunisation/catch-up-calculator](#)


What's changed

Assessing immunisation status

Principles of catch-up vaccination

Catch-up resources

Use these resources to help plan a catch-up schedule:

- [online catch-up calculator](#)
- [World Health Organization online list of overseas immunisation schedules](#) 
- [Catch-up worksheet for children <10 years of age for National Immunisation Program vaccines](#)
- [Table. Minimum acceptable age for the 1st dose of scheduled vaccines in infants](#)
- [Table. Number of vaccine doses the child should have received by their current age](#)
- [Table. Minimum acceptable dose intervals for children <10 years of age](#)

Handbook quicklinks



Vaccine preventable
diseases



Vaccination for special
risk groups



Catch-up vaccination



National Immunisation
Catch-up Calculator

NSW Health

www.health.nsw.gov.au/immunisation/Pages/default.aspx

Immunisation programs



Alerts

- › [NEW - Vaccination by pharmacists](#)
- › [NSW Immunisation Schedule \(1 July 2018\)](#)
- › [2018 Influenza Vaccination, including for children under 5](#)
- › [Childcare vaccination requirements from 1 January 2018](#)
- › [Meningococcal W Vaccination Program](#)



Immunisation providers

- › [More information](#)
- › [Public Health Units 1300 066 055](#)
- › [Adverse events following immunisation](#)
- › [Shortage of adult hepatitis B vaccine](#)
- › [Vaccine ordering link](#)
- › [Cold chain training module for all providers](#)
- › [Additional Commonwealth and NSW funded free vaccines](#)



Immunisation Campaigns

- › [Save the Date to Vaccinate campaign and phone app](#)
- › [Resource Order Form](#)
- › [Brochures and Posters](#)
- › [Get the facts - Immunisation Saves Lives \(Commonwealth\)](#)



Aboriginal immunisation

- › [Aboriginal Immunisation Health Care Worker Program](#)
- › [MJA article - Closing the vaccination coverage gap](#)
- › [Stage 2 Evaluation Report](#)
- › [Stage 1 Evaluation Report](#)
- › [Annualised coverage rates](#)
- › [Whatchya Gunna Do? video](#)



Childhood vaccination

- › [Why vaccinate?](#)
- › [NSW Immunisation Schedule](#)
- › [Child care enrolment](#)
- › [Primary & secondary school vaccination requirements from 1 April 2018](#)
- › [Vaccination coverage](#)
- › [Protecting Your Family \(Bengali video by Sydney Local Health District\)](#)
- › [Myths & Realities](#)
- › [Factsheets and resources](#)



Adolescent vaccination (school based)

- › [NEW - HPV vaccination changes](#)
- › [Which vaccines are offered?](#)
- › [Withdrawal of consent](#)
- › [Consent materials, including translations](#)
- › [Managing school vaccine reactions](#)
- › [Vaccination coverage](#)
- › [Background to the NSW School Vaccination Program](#)
- › [Secondary school enrolment](#)



Adult vaccination

- › [Measles, Mumps & Rubella](#)
- › [Whooping cough \(pertussis\)](#)
- › [Pneumococcal disease](#)
- › [Influenza](#)
- › [Yellow fever](#)
- › [Q fever](#)
- › [Shingles](#)
- › [Vaccine Administration Record Card for Adults](#)



Health care worker vaccination

- › [Revised Policy Directive](#)
- › [Frequently Asked Questions \(FAQ\)](#)
- › [Key points about the policy \(Powerpoint presentation\)](#)
- › [Countries with a high incidence of TB](#)

Immunisation Toolkit for GP

- Updated in August 2020
- Very detailed and it contains all the information you require
- Includes the schedule, vaccination programs, vaccines for specific groups and lot more useful information
- NSW Immunisation Webpage

A decorative graphic in the bottom-left corner consisting of several overlapping, stylized leaf or petal shapes in shades of light blue and white.

**Immunisation
Toolkit for General
Practices**

Following vaccination— what to expect and what to do

All vaccinations may cause the following reactions:



Mild fever that doesn't
last long <38.5°C



Where the needle was given:
Sore, red, burning, itching or
swelling for 1–2 days and/or
small, hard lump for a few weeks



Grizzly, unsettled,
unhappy and sleepy



Teenagers/adults fainting
and muscle aches

SEE BACK PAGE FOR ADDITIONAL COMMON REACTIONS SPECIFIC TO EACH VACCINE

What to do at home:



If baby/child is hot don't have
too many clothes or blankets on



Breast feed more frequently
and/or give extra fluids



Put a cold wet cloth on the
injection site if it is sore



For fever or pain
give paracetamol. Follow
instructions on the packaging

When to seek medical advice:

See your doctor or
immunisation provider,
or go to hospital if:



Pain and fever are not relieved
by paracetamol (eg. Panadol®)



The reactions are bad
away or getting worse
and you are worried at



Order this resource

Order ID: IT0258

You can order this resource by contacting National Mailing and Marketing:

- Email - health@nationalmailing.com.au
- Phone - [02 6269 1080](tel:0262691080)

Quote the order ID number above, the quantity of the resource you wish to order and provide your delivery address.

How to report an adverse reaction:

Significant events that occur following immunisation should be reported to your doctor or va. Alternatively you can report directly to the Therapeutic Goods Administration (www.tga.com) or by phone to a pharmacist from NPS MedicineWise on **1300 134 237**.

You can also report adverse events following immunisation to your state or territory health service.

Rare reactions requiring immediate medical attention

As with any medication, on rare occasions, an individual may experience a severe reaction. Seek medical attention if any of the below are experienced and inform of recent vaccination.

- There is a very small risk of a severe allergic reaction occurring within a few minutes to a few hours after receiving the first dose of rotavirus vaccine, and a smaller risk after the second vaccine dose.
- The baby has bouts of crying, looks pale, gets very irritable and

Vaccines from community pharmacy – at a glance

Q. What are the vaccines that I may be able to receive from a community pharmacy, and do I have to pay for them?

A. This varies across the country and is controlled by the legislation of the state or territory. It also depends on your age, whether you are pregnant and your eligibility for vaccines funded under the National Immunisation Program (NIP). The summary table below provides a guide.*

State/Territory	Vaccines that can be administered by a pharmacist immuniser†	Who can receive vaccinations administered by a pharmacist?‡	Is the vaccine free if I get it from a community pharmacy?‡	Would the same vaccine be free if I get it from a GP, local medical centre or an Aboriginal medical service?#
Australian Capital Territory	Influenza	10 years and older	Yes , for people aged 65 years and older (NIP-funded); otherwise No	Yes , if you meet any condition for a NIP-funded dose – Refer to Notes
	Diphtheria-tetanus-pertussis (dTpa)	16 years and older	No	
	Measles-mumps-rubella (MMR)	16 years and older	No	Yes , for people born in 1966 and onwards (state-funded), or if you meet any condition for a NIP-funded dose – Refer to Notes
New South Wales	Influenza	10 years and older	No	Yes , if you meet any condition for a NIP-funded dose – Refer to Notes
	Diphtheria-tetanus-pertussis (dTpa)	16 years and older	No	
	Measles-mumps-rubella (MMR)	16 years and older	No	Yes , for people born in 1966 and onwards (state-funded), or if you meet any condition for a NIP-funded dose – Refer to Notes
Northern Territory	Influenza	10 years and older	No	Yes , if you meet any condition for a NIP-funded dose – Refer to Notes
	Diphtheria-tetanus-pertussis (dTpa)	16 years and older	No	
	Measles-mumps-rubella (MMR)	16 years and older	No	Yes , for people born in 1966 and onwards (territory-funded), or if you meet any condition for a NIP-funded dose – Refer to Notes
Queensland	Influenza	10 years and older	No	Yes , if you meet any condition for a NIP-funded dose – Refer to Notes
	Diphtheria-tetanus-pertussis (dTpa)§	16 years and older	No	
	Measles-mumps-rubella (MMR)	16 years and older	No	Yes , for people born in 1966 and onwards (state-funded), or if you meet any condition for a NIP-funded dose – Refer to Notes
	Cholera	16 years and older	No	No
	<i>Haemophilus influenzae</i> type B	16 years and older	No	
	Hepatitis A	16 years and older	No	
	Meningococcal ACWY	10 years and older	No	Yes , for catch up of missed doses for all people aged <20 years
	Pneumococcal	16 years and older	No	Yes , if you meet any condition for a NIP-funded dose – Refer to Notes
	Poliomyelitis	16 years and older	No	Yes , for catch up of missed doses for all people aged <20 years, all refugees and other

Authority to Immunise



NSW Health

PUBLIC PROFESSIONALS HEALTHY LIVING ABOUT MEDIA PU

SAVE THE DATE TO VACCINATE

Home > Immunisation Programs > Immunisation providers

Immunisation providers

Vaccination authorities

- > [Authority for registered nurses and midwives](#)
- > [Expansion of NSW pharmacist vaccination program](#)
- > [Authority for residential facilities](#)

Immunisation registers

- > [Australian Immunisation Register \(AIR\)](#)
- > [Accessing the AIR secure site](#)
- > [Application to register as a vaccination provider with the AIR](#)
- > [Pharmacist vaccination - Application to register with AIR - additional information](#)

Vaccine ordering

- > [Vaccine ordering website](#)
- > [How to order vaccines online](#)
- > [Receiving a vaccine delivery](#)
- > [Order forms](#)

NSW MINISTRY OF HEALTH POISONS AND THERAPEUTIC GOODS ACT 1966 Authorisation to Supply Poisons and Restricted Substances

Under the provisions of clauses 170 and 171 of the Poisons and Therapeutic Goods Regulation 2008, I, Judith Mackson, Chief Pharmacist, a duly appointed delegate of the Director-General of NSW Health, do hereby issue AUTHORITY to registered nurses and midwives, hereby specified as a class of persons, to supply those poisons and restricted substances listed in the Schedule hereunder either singly or in combination, pursuant to clauses 17 and 53 of the Regulation, subject to the following conditions:

- (1) The registered nurse/midwife is employed in connection with a vaccination program, and
- (2) The registered nurse/midwife administers a vaccine only in connection with that vaccination program, and
- (3) The registered nurse/midwife has successfully completed;
 - a) The Department of Health Immunisation Accreditation Program for Registered Nurses, or
 - b) The immunisation education program administered by the Australian College of Nursing or its predecessors, or
 - c) An interstate or overseas immunisation education program that conforms to the National Guidelines for Immunisation Education for Registered Nurses, as approved by the Australian College of Nursing.
- (4) The secure storage, pre and post-vaccination assessment and administration of each vaccine is undertaken in accordance with the procedures specified in the current edition of the National Health and Medical Research Council's *The Australian Immunisation Handbook*, and
- (5) The poisons and restricted substances are stored at the temperature stated on the

SCHEDULE

adrenaline	pertussis vaccine
diphtheria toxoid	pneumococcal vaccine
<i>Haemophilus influenzae</i> (type b) vaccine	poliomyelitis vaccine
hepatitis A vaccine	rotavirus vaccine
hepatitis B vaccine	rubella vaccine
human papillomavirus vaccine	tetanus toxoid
influenza vaccine	tuberculin (purified protein derivative)
measles vaccine	tuberculosis vaccine
meningococcal vaccine	varicella vaccine
mumps vaccine	

Previous authorisations to supply restricted substances dated 15 July 2005, 29 May 2007, 6 May 2008 and 4 June 2008 published in the New South Wales Government Gazette Nos. 94, 76, 50 and 66 respectively are hereby revoked.



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Zostavax **not to be given** to people with compromised immune system

Zostavax vaccine

Safety advisory - not to be used in people with compromised immune function

6 July 2020

The Therapeutic Goods Administration (TGA) has previously advised that Zostavax should not be used in people with compromised immune function, as it is associated with a risk of mild to serious complications (including death) from infection with the vaccine virus.

Consumers and health professionals are advised that the TGA has received a report of a new case involving this adverse event in a patient on low doses of immunosuppressive medicine.

The patient, who at the time of vaccination was taking hydroxychloroquine and a low dose of prednisolone to treat arthritis, died 3 weeks after receiving Zostavax.

The TGA investigation found that Zostavax was used in line with existing recommendations. However, it is important for health professionals to be mindful of the potential for this very rare adverse event.

Zostavax is a live, attenuated varicella-zoster virus vaccine that is used to prevent shingles in patients aged 50 years and older and prevention/treatment of nerve pain associated with the virus in patients aged 60 years and older.

Zostavax is included on the National Immunisation Program ² for people aged 70 to 79 years.

Zostavax is included on the National Immunisation Program for people aged 70 to 79 years.



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Vaccination for people who are immunocompromised

People who are immunocompromised have an increased risk of disease. They may need extra doses of some vaccines to optimise protection. Some vaccines are contraindicated in these people.



Immunosuppression can be caused by:

- ▶ autoimmune conditions
- ▶ therapy such as corticosteroids or DMARDs
- ▶ cancer and cancer therapy
- ▶ HIV
- ▶ solid organ transplant or haematopoietic stem cell transplant
- ▶ functional or anatomical asplenia

Give

- ✓ ▶ Influenza
- ▶ Pneumococcal (13vPCV and 23vPPV)
- ▶ Other inactivated vaccines as required

? People on immunosuppressive therapy and people who have received a transplant may need extra doses of some vaccines either before or after treatment.

Avoid live vaccines

✗ **DO NOT** give live vaccines to people who are **severely** immunocompromised.

? People who are less severely immunocompromised **may** be able to receive live vaccines, depending on their level of immunocompromise:

- ▶ MMR
- ▶ MMRV
- ▶ Rotavirus
- ▶ Zoster
- ▶ Yellow fever

DO NOT give:

- ▶ BCG
- ▶ Oral typhoid

Household contacts should be fully vaccinated to protect the person who is immunocompromised. Household contacts can safely receive live vaccines.



If unsure about whether to vaccinate, check with the person's treating physician or an immunisation specialist.

See the Australian Immunisation Handbook for more details.

Vaccinating residents at RACFs with Zostavax

- GPs need to assess eligibility and determine any contraindication (compromised immunise system)
- Transfer vaccines using Eskies/portable Min/Max thermometers – in accordance with National Guidelines
Strive for Five




Health

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ISLHD Immunisation Newsletters

- Monthly
- Emailed to your inbox
- Most up to date immunisation information
- If you want to be added to the distribution list – get in contact



VACCINATION IS IMPORTANT FOR THE WHOLE FAMILY

ISLHD Immunisation Newsletter - September

CONTENTS

- Injection Site Reactions
- The use of Foetal Tissue in Vaccine Development
- Cold Chain Management
- Immunisation Toolkit for General Practices
- Following Immunisation – what to expect and what to do

Injection site reactions (ISRs)

Injection site reactions (ISRs) are one of the most common adverse events following immunisation. ISRs include pain, itching, swelling or redness at the site of injection. Most ISRs are mild and usually last for 1-2 days. However, some ISRs can be more severe with swelling extending from joint to joint (e.g. shoulder to elbow) and can often be confused with cellulitis. ISRs do not require antibiotics or antihistamines. Treatment should focus on symptom relief with oral pain relief and cold compress as required. ISRs may occur after administration of any vaccine but are more common after booster doses of diphtheria, tetanus and pertussis (DTaP/dTpa). They are not a contraindication to further vaccination with the same or another vaccine.

NCIRS has resources available to assist providers, including an [injection site reaction fact sheet](#) and a [list of specialist immunisation services](#). Further information is also available in the Vaccination Procedure section and After Vaccination section of the [online Australian Immunisation Handbook](#).

Cold Chain Management

Below are some tips for managing your cold chain with regard to data logging:

It is imperative that practice staff download **AND** check their data logger readings **BEFORE** or **AFTER** seeing patients after the practice has been closed either during the week or over the weekend.

The data logger should be checked **ANY** time there is a temperature excursion identified on the fridge min/max to ensure the exclusion period for cold chain breach (up to 12°C for <15mins) has not been overstepped.

Immunisation Toolkit for General Practices

This Toolkit has been developed to support general practices to implement the NSW Immunisation Program. The toolkit includes information about:

- the NSW Immunisation Program
- the NSW Immunisation schedule and recent changes
- reporting to the Australian Immunisation Register (AIR)
- vaccine recommendations
- cold chain management
- vaccine safety and adverse event reporting
- vaccine ordering and management

<https://www.health.nsw.gov.au/immunisation/Pages/immunisationtoolkit.aspx>

The Use of Foetal Tissue in Vaccine Development

There has been attention in the media recently regarding the use of foetal cell lines by the Oxford Vaccine Group to develop their COVID-19 vaccine candidate.

Cell lines are currently used to manufacture many vaccines including varicella, hepatitis A, rabies and MMR vaccines.

The link below from the Children's Hospital of Philadelphia (CHOP) discusses the background behind using these cell lines in vaccine development as well as any potential ethical or religious concerns surrounding this.

<https://www.chop.edu/center-programs/vaccine-education-center/vaccine-ingredients/fetal-tissue>

Here is a link to the 'Foetal Embryonic Cells Utilised in Vaccine Development Platform' fact sheet from the Melbourne Vaccine Education Centre that might be helpful to give to patients with questions:


<https://mvece.mcri.edu.au/immunisation-references/foetal-embryonic-cells-utilised-in-vaccine-development>

Contact your Public Health Unit for immunisation enquiries:

Phone: 1300 066 055

Fax: 4221 6759

Email: islhd-phu-immunisation@health.nsw.gov.au



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Immunisation Team – Intranet Page

Immunisation

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Immunisation

'Vaccination is important for the whole family'

Immunisation has proven to be one of the safest and most cost effective public health measures used for disease prevention. An important strategy for the Illawarra Shoalhaven Public Health Unit is to increase immunisation coverage and to provide the community with protection against vaccine preventable diseases.

Immunisation related information for:



The Public



NSW School Vaccination Program



The Australian Immunisation Handbook



In this section

[Environmental Health](#)

[Immunisation](#)

[Immunisation2](#)

[Free Childhood Immunisation Clinic](#)

[Immunisation monthly newsletter](#)

[Immunisation Education](#)

[Aboriginal Immunisation](#)

[Immunisation for the Public](#)

[Immunisation for Health Professionals](#)

[Maintaining Authority to Immunise](#)

[News & Alerts](#)

[NSW School Vaccination Program](#)

[Infectious Diseases](#)



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PHU details

- Phone: 1300 066 055 or 4221 6700
- Email: ISLHD-PHU-Immunisation@health.nsw.gov.au
- Located in Warrawong



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