Immunisation Update

Denise Gibbons and Lisa Allchin Nepean Blue Mountains Public Health Unit August 2020





Authority for registered nurses and midwives

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;
 - The Department of Health Immunisation Accreditation Program for Registered Nurses, or
 - The immunisation education program administered by the Australian College of Nursing or its predecessors, or
 - 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 respective manufacturer's pack, and
- (6) During each vaccination clinic the registered nurse/midwife carries adrenaline for use in the treatment of anaphylaxis, and
- (7) The registered nurse/midwife ensures that procedures for the administration of adrenaline comply with the procedures specified in the current edition of *The Australian Immunisation Handbook*, and
- (8) The registered nurse/midwife reports each adverse event following immunisation to the local Public Health Unit, and
- (9) The registered nurse/midwife ensures that a medical officer is contactable for medical advice during the vaccination clinic, and
- (10) To maintain authority to immunise, the registered nurse/midwife annually reviews best practice policy for immunisation. This may be, but is not limited to, attendance at seminars on current practices. An annual statement of proficiency in cardio-pulmonary resuscitation must also be obtained, and
- (11) The administration of tuberculin purified protein derivative for tuberculosis skin testing or tuberculosis vaccine may only be administered by a registered nurse who has completed additional education in the use of these substances and if the registered nurse's record of education states that this additional education has been completed.





Authority for registered nurses and midwives

SCHEDULE

adrenaline

diphtheria toxoid

Haemophilus influenzae (type b) vaccine

hepatitis A vaccine hepatitis B vaccine

human papillomavirus vaccine

influenza vaccine

measles vaccine meningococcal vaccine

mumps vaccine

pertussis vaccine

pneumococcal vaccine

poliomyelitis vaccine

rotavirus vaccine

rubella vaccine

tetanus toxoid

tuberculin (purified protein derivative)

tuberculosis vaccine

varicella 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.

JUDITH MACKSON Chief Pharmacist

Delegate of the Director-General

Ministry of Health, New South Wales Sydney, 29 January 2014





Adverse Events Following Immunisation (AEFI)

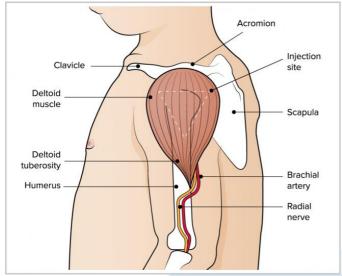
- An AEFI is any negative reaction that follows vaccination. It does not necessarily have a causal relationship with the vaccine.
- Preventing adverse events
 - Screening
 - Correct injection procedure

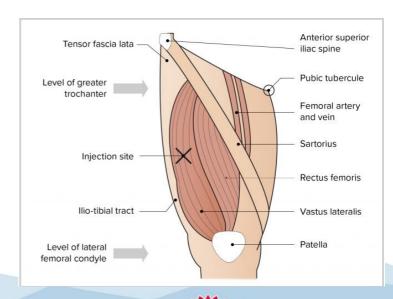




Sites of vaccination

- Sites for vaccination
 - Anterolateral thigh if < 12months
 - Deltoid if > 12months or adult
 - NEVER buttock!!!









Immediate AEFI

- Anaphylaxis: rare, potentially fatal
- Vasovagal (more common in adults and older children)
- Important to stay in the vicinity for at least 15 min

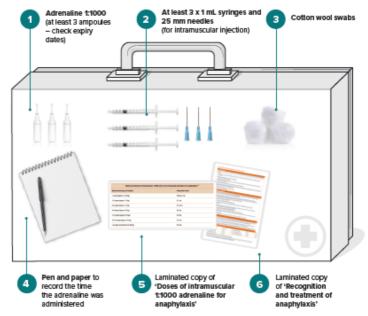


Preparing an anaphylaxis response kit



Before each vaccination session, check that you have the protocols, equipment and medicines to manage anaphylaxis.

Your anaphylaxis response kit should contain:



Keep an anaphylaxis response kit on hand at all times.

Check contents regularly to ensure they are up to date and not expired.

See the Australian Immunisation Handbook for more details.





Common AEFI

- Most common AEFI
 - Pain, redness, itching,
 swelling or burning at injection
 site
 - Low grade fever and malaise
- Expected, generally mild and usually last for 1 to 2 days.
- Injection site nodules are also relatively common







Reporting AEFI

- All immunisation providers should report AEFI to Public Health
- Call Public Health on 47342022



TGA use only
Date report received:
Notification ID:

National Adverse Events Following Immunisation (AEFI) reporting form

Vaccinated person's details					
Personal details					
Surname:					
First name:					
Gender:	Male Female Unknown				
Date of Birth:	ог				
Age:	Months or Years				
Street address:					
Suburb:					
State:					
Postcode:					
Name of parent/guardian: (if relevant)					
Phone: Landline (inc. area code) or mobile					

PO Box 100 Woden ACT 2606 ABN 40 939 405 804
Phone: 1800 020 653 Fax: 02 6203 1605 Email: info@tga.gov.au https://www.tga.gov.au







Immunisation schedule

NSW Immunisation Schedule

Funded July 2020



			CHILDHO	OD VAC	CINES		
AGE		DISEASE		VACCII	NE	INFORMATION	
Birth	Hepatitis B				H-B-VAX II Within 7 days of birth (ideally within 24 hours)		
6 weeks		iphtheria, tetanus, pertussis, Haemophilus fluenzae type b, hepatitis B, polio		INFANRIX HEXA (IM)		ROTARIX: Dose I limited to 6-14 weeks of age	
	Pneumocoo	cal		PREVEN	IAR 13 (IM)	BEXSERO: Prophylactic paracetamol recommended. Catch up available for	
	Rotavirus			ROTARI		Aboriginal children <2 until 30/06/2023	
		cal B (Aboriginal)		BEXSER		3.50	
	Diphtheria, tetanus, pertussis, Haemophilus influenzae type b. hepatitis B, polio			IX HEXA (IM)	ROTARIX: Dose 2 limited to 10-24 weeks BEXSERO: Prophylactic paracetamol recommended. Catch up available for		
	cal	cal		AR 13 (IM)			
				ROTARI		Aboriginal children <2 until 30/06/2023	
6 months	Meningococcal B (Aboriginal children or Diphtheria, tetanus, pertussis, <i>Haemoph</i> <i>influenzae</i> type b, hepatitis B, polio		Haemophilus	BEXSERO (IM) INFANRIX HEXA (IM)		Children 26 months with at risk conditions for IPD1 are recommended to receive an additional dose of PREVENAR 13 - see AIH* Aboriginal children 26 months with certain at risk conditions may require an additional	
12 months	Maningara	VALOA Icac		NIMENRIX (IM) PREVENAR 13 (IM) Bexsero: Prophylactic paracetam	dose of besself - see All I		
12 months	Meningococcal ACWY Pneumococcal					Revenue Drophylastic paracetamol	
		imps, rubella					
	riedsies, iiic	arrips, rubella		(IM or St		Aboriginal children <2 until 30/06/2023	
	Meningacoo	cal B (Aboriginal	children only)	BEXSER		recommended. Catch up available for Abortiginal children 2 util 30/06/2025 MD Children 26 months with at risk conditions for IPD1 are recommended to receive an additional dose of PREVENAR I3 - see AH* Abortiginal children 26 months with certain at risk conditions may require an additional dose of Descero - see AH* Descero - see AH* Descero - see AH* Abortiginal children - 2 util 30/06/2023 RESCO Children with at risk conditions for IPD1 are recommended to receive an additional dose of PREMOVAX 23 - see AH*	
18 months		tetanus, pertussis	omioron only	INFANR			
io monana	Measles, mumps, rubella, varicella		TRIPACE	L (IM) TETRA OR			
	Measles, Multips, rubella, Varicella			AD (IM or SC)			
	Haemophilu	s influenzae type	ь	ACT-HIB	(IM OR SC)		
4 years	Diphtheria, tetanus, pertussis, polio		polio	INFANRIX-IPV OR QUADRACEL (IM)		recommended to receive an additional dose	
		AT DICK	CROUDE AF	-		DI PINEUMU VAA 25 - See AIM	
				OI ECCE	NITE AND A	DUILTE	
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		DIS	EASE	VACCI	NE		
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NSW Immunisation Schedule

Funded July 2020



			HOOD VAC			
AGE		DISEASE	VACCI		INFORMATION	
Birth	Hepatitis B		H-B-VA OR ENG	X II SERIX B (IM)	Within 7 days of birth (ideally within 24 hours)	
6 weeks		tetanus, pertussis, Haemophilus ype b, hepatitis B, polio	INFANE	RIX HEXA (IM)	ROTARIX: Dose 1 limited to 6-14 weeks of age	
	Pneumocoo		PREVE	NAR 13 (IM)	BEXSERO: Prophylactic paracetamol	
	Rotavirus		ROTAR	IX (Oral)	recommended. Catch up available for Aboriginal children <2 until 30/06/2023	
	Meningoco	cal B (Aboriginal* children only)			Aboriginal children <2 until 30/06/2023	
4 months	Influenzae t	phtheria, tetanus, pertussis, Haemophilus fluenzae type b, hepatitis B, polio		RIX HEXA (IM)	ROTARIX: Dose 2 limited to 10-24 weeks	
	Pneumococcal			WALL IS (II-I)	BEXSERO: Prophylactic paracetamol	
	Rotavirus			IX (Oral)	recommended. Catch up available for Aboriginal children <2 until 30/06/2023	
		ccal B (Aboriginal children only)	BEXSE		Theoriginal crimares 12 artis 50, 50, 2025	
6 months	Diphtheria, tetanus, pertussis, Haemophilius Influenzae type b, hepatitis B, polio		INFANE	RIX HEXA (IM)	Children 26 months with at risk conditions for IPD1 are recommended to receive an additional dose of PREVENAR 13 – see AIH* Aboriginal children 26 months with certain at risk conditions may require an additional dose of Bexero – see AIH*	
12 months	Meningoco	cal ACWY	NIMEN		dose of pensero secreti	
	Pneumocoo			NAR 13 (IM)	Revsero: Prophylactic paracetamol	
	Measles, mumps, rubella			OR PRIORIX	exsero: Prophylactic paracetamol ecommended. Catch up available for boriginal children <2 until 30/06/2023	
		cal B (Aboriginal children only)	BEXSE			
18 months Diphthe	Diphtheria,	tetanus, pertussis	INFANF TRIPAC			
		Measles, mumps, rubella, varicella		X TETRA OR IAD (IM or SC)		
		mophilus influenzae type b		B (IM OR SC)		
4 years	Diphtheria,	tetanus, pertussis, polio		RIX-IPV OR RACEL (IM)	Children with at risk conditions for IPD1 are recommended to receive an additional dose of PNEUMOVAX 23 – see AIH*	
		AT RISK GROUPS.	ADOLESCI			
AGE/GRO	UP	DISEASE	VACC	INE	INFORMATION	
All people with aspienia, hypospienia, complement deficiency and treatment with eculizumab		Meningococcal ACWY		RIX (IM)	See AIH* for required doses and timing	
		Meningococcal B	BEXSE	RO (IM)	 Additional groups are recommended to receive these vaccines but these are not funded 	
>5 years with		Haemophilus Influenzae type	b ACT-H	IB (IM or SC)	If incompletely vaccinated or not vaccinated in childhood	
Year 7		Diphtheria, tetanus, pertussis	BOOST	TRIX (IM)		
		Human papillomavirus	GARDA	ASIL 9 (IM)		
Year 10		Meningococcal ACWY	NIMEN	RIX (IM)		
Pregnant		Influenza	INFLU		Influenza: Any trimester	
_		Pertussis	BOOST	TRIX OR ADACE		
			(IM)		20-32 weeks	
Aboriginal people ≥50 years		Pneumococcal		NAR 13 (IM) ther 10VAX 23 (IM)	Pneumovax 23: 2-12 months later	
					Pneumovax 23: at least 5 years later	
70 years		Pneumococcal		NAR 13 (IM)	Pneumococcal funded for people ≥70	
		Zoster	ZOSTA	VAX (SC)	Zoster: Catch up available for 71-79 year olds until 31/10/2021	
People with conditions for					PREVENAR 13 and PNEUMOVAX 23	
			NFLUENZ			
	ISK CONDI 6 months <5		NDATION	INFORMATI	ON	
	eople ≥ 6 mo		UAL			
		ions ≥6 months INFLU		For vaccine brai	nds and eligibility see:	
>65 years		VACCIN		www.neartn.nsv	r.gov.au/immunisation/Pages/flu.aspx	

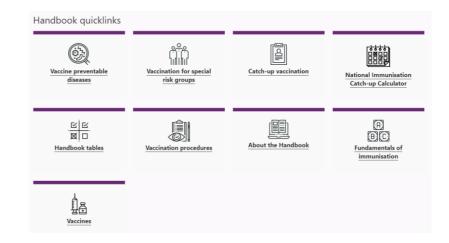
† The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people. ‡ IPD: Invasive pneumococcal disease. *AIH: Online Australian Immunisation Handbook.





National Immunisation Catch-up Calculator

- The National Immunisation Catch-up calculator is now available
- It can be used if:
 - Child is aged less than 10 years
 - previous vaccinations were administered in Australia
- A link to the calculator can be found on the Australian Immunisation Handbook Website







National Immunisation Catch-up Calculator



Immunisation Handbook Version 1.02 (11 February 2020)

Catch-up schedule

Note: If the person does not present on the date/s recommended in this catch-up schedule, a new calculation should be undertaken at each visit to ensure that minimum intervals between antigen doses are met and the recommended schedule remains current.

This is a catch-up schedule. Once the person has caught up, they may need more recommended NIP vaccines in the future.

Date of birth: 14/01/2020

Gender: Female

Aboriginal or Torres Strait Islander: No Immunisation record(s) viewed: Birth record Prescription immunosuppressive medication: No

State: NSW

Date created: 24 July 2020 Age: 6 months, 10 days

Vaccination history

03 March 2020

Diphtheria, Tetanus, Pertussis

Hepatitis B

Haemophilus Influenzae Type B

Polio

Pneumococcal

Rotavirus

Vaccinations due

Due immediately

24 July 2020 Infanrix Hexa (*)

* Diphtheria, Tetanus, Pertussis

* Hepatitis B

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* Haemophilus Influenzae Type B

* Polio

Pneumococcal

Next appointment

18 September 2020 Infanrix Hexa (*)

* Diphtheria, Tetanus, Pertussis

* Hepatitis B

* Haemophilus Influenzae Type B

* Polio

Future appointment(s)

14 January 2021

Pneumococcal

Meningococcal ACWY

Measles, Mumps, Rubella

14 July 2021

Diphtheria, Tetanus, Pertussis

Haemophilus Influenzae Type B

Measles, Mumps, Rubella

Varicella

14 January 2024

Diphtheria, Tetanus, Pertussis

Polio

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Light exposed vaccines

Vaccines are sensitive to light

- The National Vaccine Storage Guidelines, 'Strive for 5' states that all vaccines MUST be stored
 - in their original cardboard packaging to protect against:
 - exposure to sunlight and UV light







Light exposed vaccines

- Vaccines must not be removed from their original packaging to make additional space in the refrigerator
- If you become aware of vaccines which have been exposed to light, do not use or discard vaccines until you have received advice from your local public health unit
- Label the vaccines 'Do not use' and isolate them from other vaccines





Vaccine Wastage

- Vaccine centre will trial a new vaccine ordering system
- Providers will now be required to report any expired vaccine stock prior to placing their order
- New process for calculating the number of doses required to try and prevent overstocking of vaccine fridges

	NSW Vaccine Centre	NSW GOVERNMENT Health
Login	Home > Online Ordering System Login Online Ordering System Login username: password: LOGIN Forgot password? Click here to register	CONCERNENT CONTENT





Vaccine storage cold chain audit

NSW Health Random Cold Chain Audit for General Practices					NSW
Public He	ealth Unit details:				SALES PROPERTY.
	Contact person:	Date a	audit	issued:	
Contact number:		Email:			
General	Practice details:				
	Date audit completed:	Vaccin	ne acc	ount number:	
	Practice name:	•			
	Practice address:				
	Email address:	Phone	e nun	nber:	
	Name, signature and position				
	of person completing the audit:				
Once co	Instruction Inspleted, please forward the completed NSW Health Cold 4) to your local PHU at the email above <u>wit</u> t	Chain A			ection
Audit Qu				Response/ Comment:	
101011	Staff education and			ncoponacy commenc	
	Has at least one staff member completed the online				
	NSW Health Cold Chain Learning Module? It is however recommended that ALL staff complete the online learning module				
1	to ensure staff are competent in cold chain management. Has a vaccine storage self-audit been completed in the			If yes, date of last self-audit:	
2	last 12 months?			ii yes, date oi iast seir-addit.	
	Note: Refer to the 'Strive for 5' vaccine storage self-audit Reporting vaccination	ns to the	ΔΛIR		
	Does the Practice report all administered vaccinations	is to the	EAIN	If no, are any vaccines reported to the	AIR?
	(childhood, adolescent & adult) including influenza			(Please specify)	
3	vaccinations to the Australian Immunisation Register?				
	Please submit the following to your local public health	unit wi	ith the	e completed audit questionnaire	
4.1	Certificate(s) of completion of the online NSW Health Cold Chain Learning Module				
4.2	Most recent annual vaccine storage self-audit				
4.3	Photo of the inside and outside of the vaccine fridge(s)				
	72 hrs data logging for each vaccine fridge (for the 3				
4.4	days prior to receiving this audit) A copy of the current twice daily temperature chart of	\vdash	_		
	each vaccine fridge(s)				
	Note: Refer to the 'Strive for 5' — Vaccine Fridge				
4.5 Thank yo	Temperature Chart ou for completing the NSW Health Cold Chain Audit. Your loca	l public l	health	unit may contact you if further informa	ation is
	required. If you have any questions about items in this			tall your PHU on 1300 066 055.	
	Outcome (PHU u	•			
	tit received:	Revie	wer d	etails:	
	compliant at time of audit: YES NO (consider site	e visit)			
1	ite visit (if applicable):	I NO			
Practice now compliant (following PHU/PHN support) YES NO Comments:					
COMMENCS.					





Questions?



