

Immunisation Update

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

TOGETHER
ACHIEVING
BETTER HEALTH



Health
Nepean Blue Mountains
Local Health District

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;
 - 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 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	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.


JUDITH MACKSON
Chief Pharmacist
Delegate of the Director-General

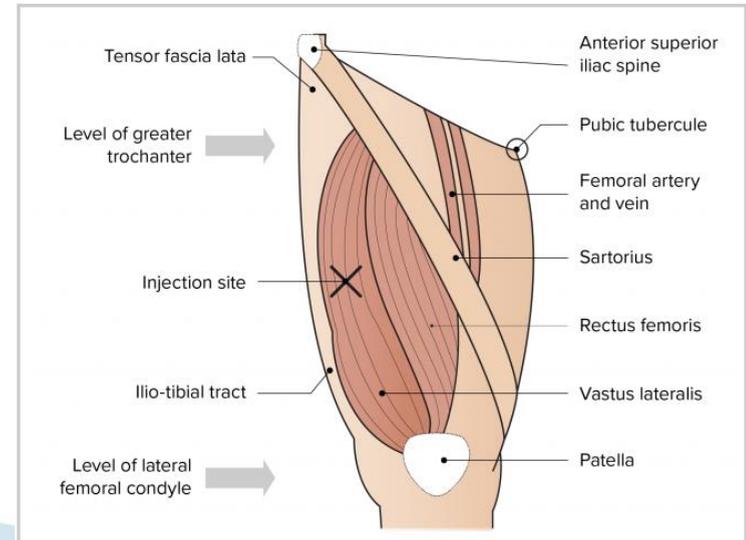
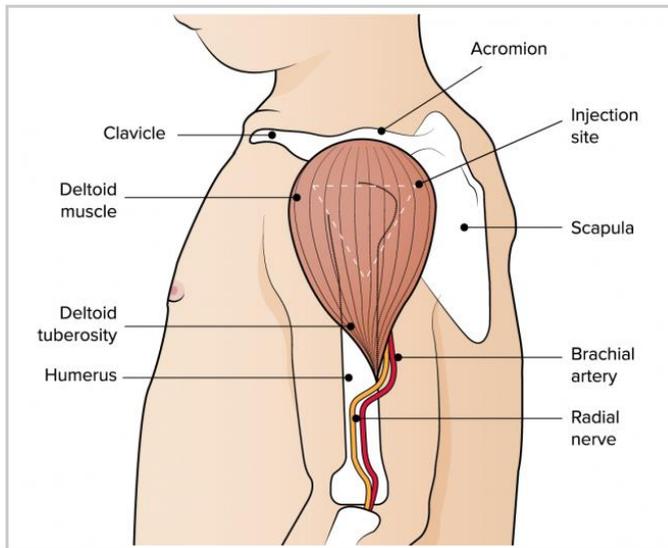
Ministry of Health, New South Wales
Sydney, 29 January 2014

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

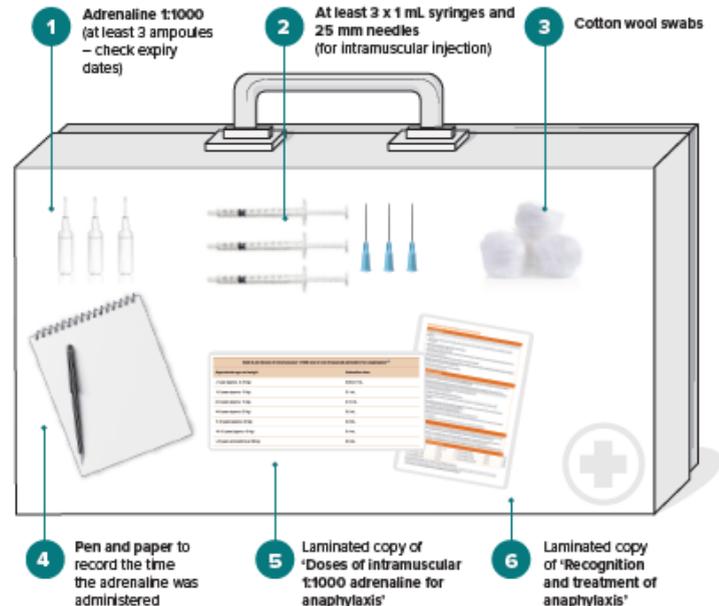
- Anaphylaxis: rare, potentially fatal
- Vasovagal (more common in adults and older children)
- Important to stay in the vicinity for at least 15 min

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

 Australian Government Department of Health Therapeutic Goods Administration	TGA use only
	Date report received:
	Notification ID:

This form, when completed, will be classified as 'For official use only'.
 For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at
<https://www.tga.gov.au/treatment-information-provided-tga>.

National Adverse Events Following Immunisation (AEFI) reporting form

Vaccinated person's details	
Personal details	
Surname:	
First name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Date of Birth:	or
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 40 939 406 804
 Phone: 1800 020 653 Fax: 02 6203 1605 Email: info@tga.gov.au <https://www.tga.gov.au>

TGA Health Safety
 Regulation

Immunisation schedule

NSW Immunisation Schedule

Funded July 2020



CHILDHOOD VACCINES			
AGE	DISEASE	VACCINE	INFORMATION
Birth	Hepatitis B	H-B-VAX II OR ENGERIX B (IM)	Within 7 days of birth (ideally within 24 hours)
6 weeks	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio	INFANRIX HEXA (IM)	ROTARIX: Dose 1 limited to 6-14 weeks of age
	Pneumococcal	PREVENAR 13 (IM)	BEXSERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
	Rotavirus	ROTARIX (Oral)	
	Meningococcal B (Aboriginal* children only)	BEXSERO (IM)	
4 months	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio	INFANRIX HEXA (IM)	ROTARIX: Dose 2 limited to 10-24 weeks
	Pneumococcal	PREVENAR 13 (IM)	BEXSERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
	Rotavirus	ROTARIX (Oral)	
	Meningococcal B (Aboriginal children only)	BEXSERO (IM)	
6 months	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio	INFANRIX HEXA (IM)	Children ≥6 months with at risk conditions for IPD1 are recommended to receive an additional dose of PREVENAR 13 – see AIH* Aboriginal children ≥6 months with certain at risk conditions may require an additional dose of Bexsero – see AIH*
12 months	Meningococcal ACWY	NIMENRIX (IM)	
	Pneumococcal	PREVENAR 13 (IM)	Bexsero: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
	Measles, mumps, rubella	MMR II OR PRIORIX (IM or SC)	
18 months	Meningococcal B (Aboriginal children only)	BEXSERO (IM)	
	Diphtheria, tetanus, pertussis	INFANRIX OR TRIPACEL (IM)	
	Measles, mumps, rubella, varicella	PRIORIX TETRA OR PROQUAD (IM or SC)	
4 years	<i>Haemophilus influenzae</i> type b	ACT-HIB (IM or SC)	
	Diphtheria, tetanus, pertussis, polio	INFANRIX-IPV OR QUADRACEL (IM)	Children with at risk conditions for IPD1 are recommended to receive an additional dose of PNEUMOVAX 23 – see AIH*

AT RISK GROUPS, ADOLESCENTS AND ADULTS			
AGE/GROUP	DISEASE	VACCINE	INFORMATION
All people with asplenia, hypoplasia, complement deficiency and treatment with eculizumab	Meningococcal ACWY	NIMENRIX (IM)	See AIH* for required doses and timing
	Meningococcal B	BEXSERO (IM)	Additional groups are recommended to receive these vaccines but these are not funded
>5 years with asplenia or hypoplasia	<i>Haemophilus influenzae</i> type b	ACT-HIB (IM or SC)	If incompletely vaccinated or not vaccinated in childhood
Year 7	Diphtheria, tetanus, pertussis	BOOSTRIX (IM)	
Year 10	Human papillomavirus	GARDASIL 9 (IM)	
	Meningococcal ACWY	NIMENRIX (IM)	
Pregnant	Influenza	INFLUENZA	Influenza: Any trimester
	Pertussis	BOOSTRIX OR ADACEL (IM)	Pertussis: each pregnancy between 20-32 weeks
Aboriginal people ≥50 years	Pneumococcal	PREVENAR 13 (IM) then PNEUMOVAX 23 (IM)	Prevenar 13: ≥50 years Pneumovax 23: 2-12 months later Pneumovax 23: at least 5 years later
			Pneumococcal funded for people ≥70 Zoster: Catch up available for 71-79 year olds until 31/10/2021
70 years	Pneumococcal	PREVENAR 13 (IM)	
	Zoster	ZOSTAVAX (SC)	
People with at risk conditions for IPD1	See the online AIH* for conditions recommended to receive PREVENAR 13 and PNEUMOVAX 23		

INFLUENZA		
AGE/AT RISK CONDITION	RECOMMENDATION	INFORMATION
All children 6 months <5 years		
Aboriginal people ≥6 months	ANNUAL INFLUENZA VACCINATION	For vaccine brands and eligibility see: www.health.nsw.gov.au/immunisation/Pages/flu.aspx
People with at risk conditions ≥6 months ≥65 years		
Pregnant women		

*The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people. †IPD1: Invasive pneumococcal disease. *AIH: Online Australian Immunisation Handbook.

July 2020 © NSW Health, SPH, (IPNSW) 2020.

NSW Immunisation Schedule

Funded July 2020



CHILDHOOD VACCINES			
AGE	DISEASE	VACCINE	INFORMATION
Birth	Hepatitis B	H-B-VAX II OR ENGERIX B (IM)	Within 7 days of birth (ideally within 24 hours)
6 weeks	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio	INFANRIX HEXA (IM)	ROTARIX: Dose 1 limited to 6-14 weeks of age
	Pneumococcal	PREVENAR 13 (IM)	BEXSERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
	Rotavirus	ROTARIX (Oral)	
	Meningococcal B (Aboriginal* children only)	BEXSERO (IM)	
4 months	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio	INFANRIX HEXA (IM)	ROTARIX: Dose 2 limited to 10-24 weeks
	Pneumococcal	PREVENAR 13 (IM)	BEXSERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
	Rotavirus	ROTARIX (Oral)	
	Meningococcal B (Aboriginal children only)	BEXSERO (IM)	
6 months	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type b, hepatitis B, polio	INFANRIX HEXA (IM)	Children ≥6 months with at risk conditions for IPD1 are recommended to receive an additional dose of PREVENAR 13 – see AIH* Aboriginal children ≥6 months with certain at risk conditions may require an additional dose of Bexsero – see AIH*
12 months	Meningococcal ACWY	NIMENRIX (IM)	
	Pneumococcal	PREVENAR 13 (IM)	Bexsero: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
	Measles, mumps, rubella	MMR II OR PRIORIX (IM or SC)	
18 months	Meningococcal B (Aboriginal children only)	BEXSERO (IM)	
	Diphtheria, tetanus, pertussis	INFANRIX OR TRIPACEL (IM)	
	Measles, mumps, rubella, varicella	PRIORIX TETRA OR PROQUAD (IM or SC)	
4 years	<i>Haemophilus influenzae</i> type b	ACT-HIB (IM or SC)	
	Diphtheria, tetanus, pertussis, polio	INFANRIX-IPV OR QUADRACEL (IM)	Children with at risk conditions for IPD1 are recommended to receive an additional dose of PNEUMOVAX 23 – see AIH*

AT RISK GROUPS, ADOLESCENTS AND ADULTS			
AGE/GROUP	DISEASE	VACCINE	INFORMATION
All people with asplenia, hypoplasia, complement deficiency and treatment with eculizumab	Meningococcal ACWY	NIMENRIX (IM)	See AIH* for required doses and timing
	Meningococcal B	BEXSERO (IM)	Additional groups are recommended to receive these vaccines but these are not funded
>5 years with asplenia or hypoplasia	<i>Haemophilus influenzae</i> type b	ACT-HIB (IM or SC)	If incompletely vaccinated or not vaccinated in childhood
Year 7	Diphtheria, tetanus, pertussis	BOOSTRIX (IM)	
Year 10	Human papillomavirus	GARDASIL 9 (IM)	
	Meningococcal ACWY	NIMENRIX (IM)	
Pregnant	Influenza	INFLUENZA	Influenza: Any trimester
	Pertussis	BOOSTRIX OR ADACEL (IM)	Pertussis: each pregnancy between 20-32 weeks
Aboriginal people ≥50 years	Pneumococcal	PREVENAR 13 (IM) then PNEUMOVAX 23 (IM)	Prevenar 13: ≥50 years Pneumovax 23: 2-12 months later Pneumovax 23: at least 5 years later
			Pneumococcal funded for people ≥70 Zoster: Catch up available for 71-79 year olds until 31/10/2021
70 years	Pneumococcal	PREVENAR 13 (IM)	
	Zoster	ZOSTAVAX (SC)	
People with at risk conditions for IPD1	See the online AIH* for conditions recommended to receive PREVENAR 13 and PNEUMOVAX 23		

INFLUENZA		
AGE/AT RISK CONDITION	RECOMMENDATION	INFORMATION
All children 6 months <5 years		
Aboriginal people ≥6 months	ANNUAL INFLUENZA VACCINATION	For vaccine brands and eligibility see: www.health.nsw.gov.au/immunisation/Pages/flu.aspx
People with at risk conditions ≥6 months ≥65 years		
Pregnant women		

*The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people. †IPD1: Invasive pneumococcal disease. *AIH: Online Australian Immunisation Handbook.

July 2020 © NSW Health, SPH, (IPNSW) 2020.

TOGETHER
ACHIEVING
BETTER HEALTH



Health
Nepean Blue Mountains
Local Health District

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



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.

[REDACTED]

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

(Page 1 of 2)

* 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

(Page 2 of 2)

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



The screenshot shows the login page for the NSW Vaccine Centre. At the top, it features the NSW Government logo and the text 'NSW Vaccine Centre' with the phone number '1300 656 132'. Below this is a navigation bar with 'Home > Online Ordering System Login'. The main content area is titled 'Online Ordering System Login' and contains a form with fields for 'username:' and 'password:', a 'LOGIN' button, and links for 'Forgot password?' and 'Click here to register'.

Vaccine storage cold chain audit

NSW Health Random Cold Chain Audit for General Practices			
Public Health Unit details:			
Contact person:		Date audit issued:	
Contact number:		Email:	
General Practice details:			
Date audit completed:		Vaccine account number:	
Practice name:			
Practice address:			
Email address:		Phone number:	
Name, signature and position of person completing the audit:			
Instructions:			
Once completed, please forward the completed NSW Health Cold Chain Audit and required attachments (refer to section 4) to your local PHU at the email above <u>within 14 days of receiving the audit</u> .			
Audit Questions	Yes	No	Response/ Comment:
Staff education and training			
1	Has at least one staff member completed the online NSW Health Cold Chain Learning Module? <i>It is however recommended that ALL staff complete the online learning module to ensure staff are competent in cold chain management.</i>		
2	Has a vaccine storage self-audit been completed in the last 12 months? <i>Note: Refer to the 'Strive for 5' vaccine storage self-audit</i>		If yes, date of last self-audit:
Reporting vaccinations to the AIR			
3	Does the Practice report all administered vaccinations (childhood, adolescent & adult) including influenza vaccinations to the Australian Immunisation Register?		If no, are any vaccines reported to the AIR? (Please specify)
Please submit the following to your local public health unit with the 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)		
4.4	72 hrs data logging for each vaccine fridge (for the 3 days prior to receiving this audit)		
4.5	A copy of the current twice daily temperature chart of each vaccine fridge(s) <i>Note: Refer to the 'Strive for 5' — Vaccine Fridge Temperature Chart</i>		
Thank you for completing the NSW Health Cold Chain Audit. Your local public health unit may contact you if further information is required. If you have any questions about items in this audit, please call your PHU on 1300 066 055.			
Outcome (PHU use only)			
Date Audit received:		Reviewer details:	
Practice compliant at time of audit: <input type="checkbox"/> YES <input type="checkbox"/> NO (consider site visit)			
Date of site visit (if applicable):			
Practice now compliant (following PHU/PHN support) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Comments:			

Questions?