Influenza 2021

- Delivery date to confirmed
- Complete the email survey regarding 2020 influenza vaccines
- Order all vaccines online
- Review your pre allocation order – make sure you have enough space in your fridge

Vaccine Recommendations/eligibility

- all Aboriginal and Torres Strait Islander people aged 6 months and over

- Children aged less than 9 years of age who are receiving the influenza vaccine for the first time should receive 2 doses of the vaccine, 4 weeks apart. In subsequent years only one dose is required. Children who only received one dose in their first year of vaccination still only require one dose in subsequent year

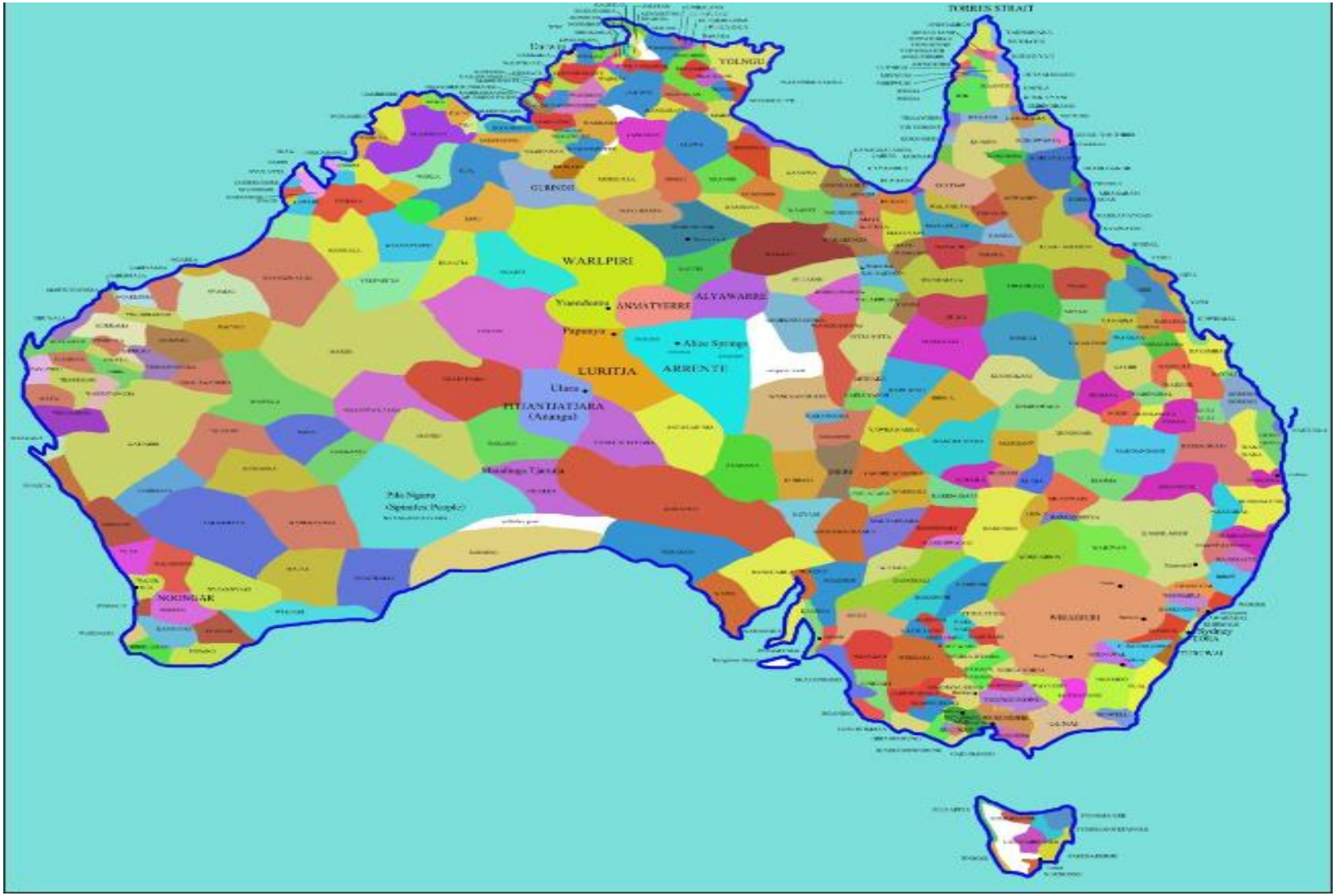
Cold Chain Requirements in General Practice

- -loving look after your vaccines

Take home to do list

- Ensure you have battery operated min/max thermometers
  - Batteries changed every 6-12 months
- Ensure your fridge is serviced every 12 months
- Ensure your data logger is set for 5 minute recording, battery is replaced and serviced as per manufacture instructions or every 12 months and is set to run continuously
- Ensure no vaccines a stored on the floor of your fridge and always in their original packaging
- Ensure you and another staff know how to down load your data logger AND attach this file to an email
- COMPLETE YOUR ANNUAL STRIVE FOR 5 SELF AUDIT
- Consider purchasing extra PBVF now if you need additional storage. This will need to be logger for 72 hours before vaccines can be stored in it

Always Was, Always Will Be



NSW Immunisation Schedule

Funded July 2020

NSW GOVERNMENT

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, *Haemophilus influenzae* type b, hepatitis B, polio	INFANRIX HEXA (IM)	ROTARIX: Dose 1 limited to 6-14 weeks of age BEXSERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
	Pneumococcal	PREVENAR 13 (IM)	
	Rotavirus	ROTARIX (Oral)	
	Meningococcal B (Aboriginal† children only)	BEXSERO (IM)	
4 months	Diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, hepatitis B, polio	INFANRIX HEXA (IM)	ROTARIX: Dose 2 limited to 10-24 weeks BEXSERO: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
	Pneumococcal	PREVENAR 13 (IM)	
	Rotavirus	ROTARIX (Oral)	
	Meningococcal B (Aboriginal children only)	BEXSERO (IM)	
6 months	Diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, hepatitis B, polio	INFANRIX HEXA (IM)	Children ≥6 months with at risk conditions for IPD‡ 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)	Bexsero: Prophylactic paracetamol recommended. Catch up available for Aboriginal children <2 until 30/06/2023
	Pneumococcal	PREVENAR 13 (IM)	
	Measles, mumps, rubella	MMR II **OR** PRIORIX (IM or SC)	
	Meningococcal B (Aboriginal children only)	BEXSERO (IM)	
18 months	Diphtheria, tetanus, pertussis	INFANRIX **OR** TRIPACEL (IM)	
	Measles, mumps, rubella, varicella	PRIORIX TETRA **OR** PROQUAD (IM or SC)	
	Haemophilus influenzae type b	ACT-HIB (IM OR SC)	
4 years	Diphtheria, tetanus, pertussis, polio	INFANRIX-IPV **OR** QUADRACEL (IM)	Children with at risk conditions for IPD‡ 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, hyposplenia, complement deficiency and treatment with eculizumab	Meningococcal ACWY	NIMENRIX (IM)	See AIH* for required doses and timing Additional groups are recommended to receive these vaccines but these are not funded
	Meningococcal B	BEXSERO (IM)	
>5 years with asplenia or hyposplenia	*Haemophilus influenzae* type b	ACT-HIB (IM or SC)	If incompletely vaccinated or not vaccinated in childhood
Year 7	Diphtheria, tetanus, pertussis	BOOSTRIX (IM)	
	Human papillomavirus	GARDASIL 9 (IM)	
Year 10	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
70 years	Pneumococcal	PREVENAR 13 (IM)	Pneumococcal funded for people ≥70
	Zoster	ZOSTAVAX (SC)	Zoster: Catch up available for 71-79 year olds until 31/10/2021
People with at risk conditions for IPD‡	See the online AIH* for conditions recommended to receive PREVENAR 13 and PNEUMOVAX 23		

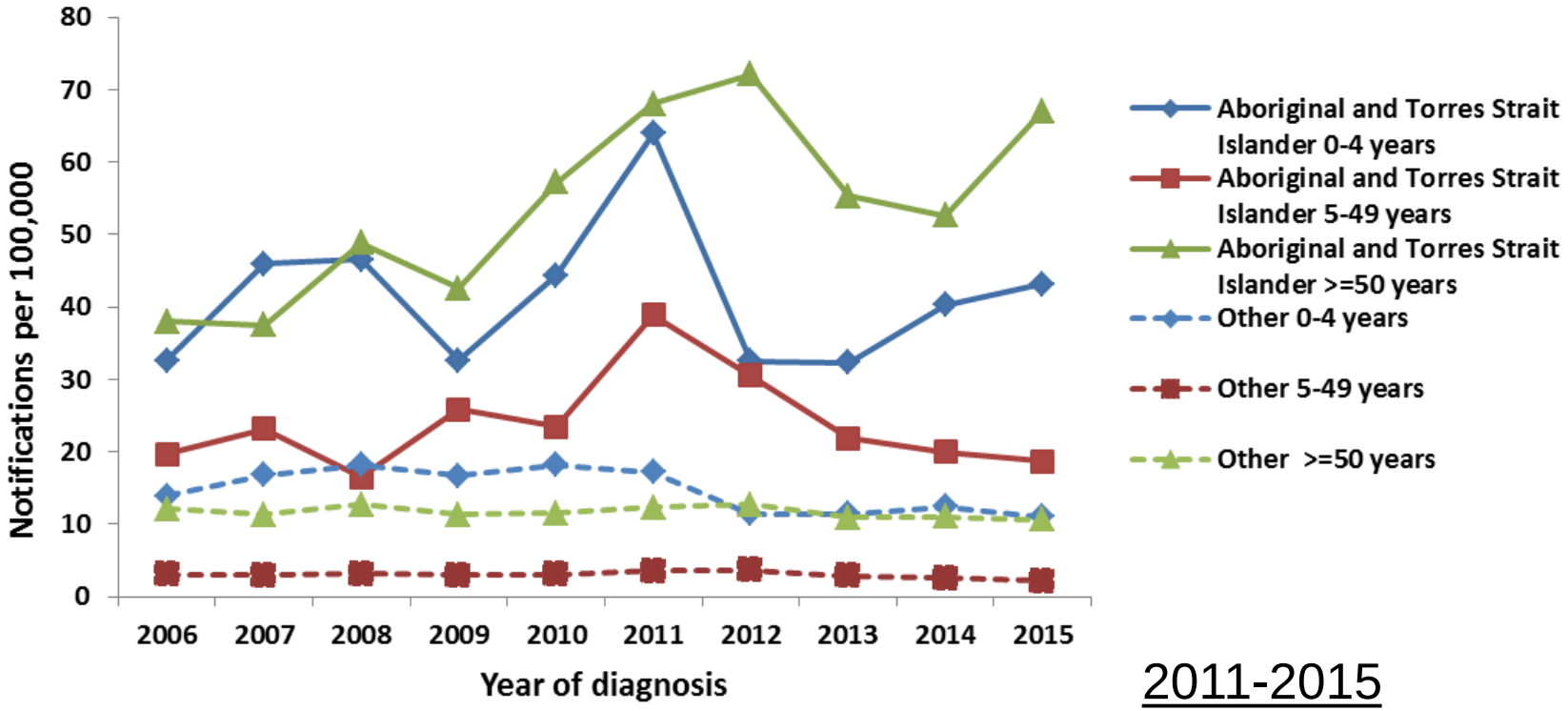
INFLUENZA

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

July2020 © NSW Health. SHPN (HPN:SW) 201027.

Invasive pneumococcal disease notifications by age and Indigenous status, Australia, 2006-2015



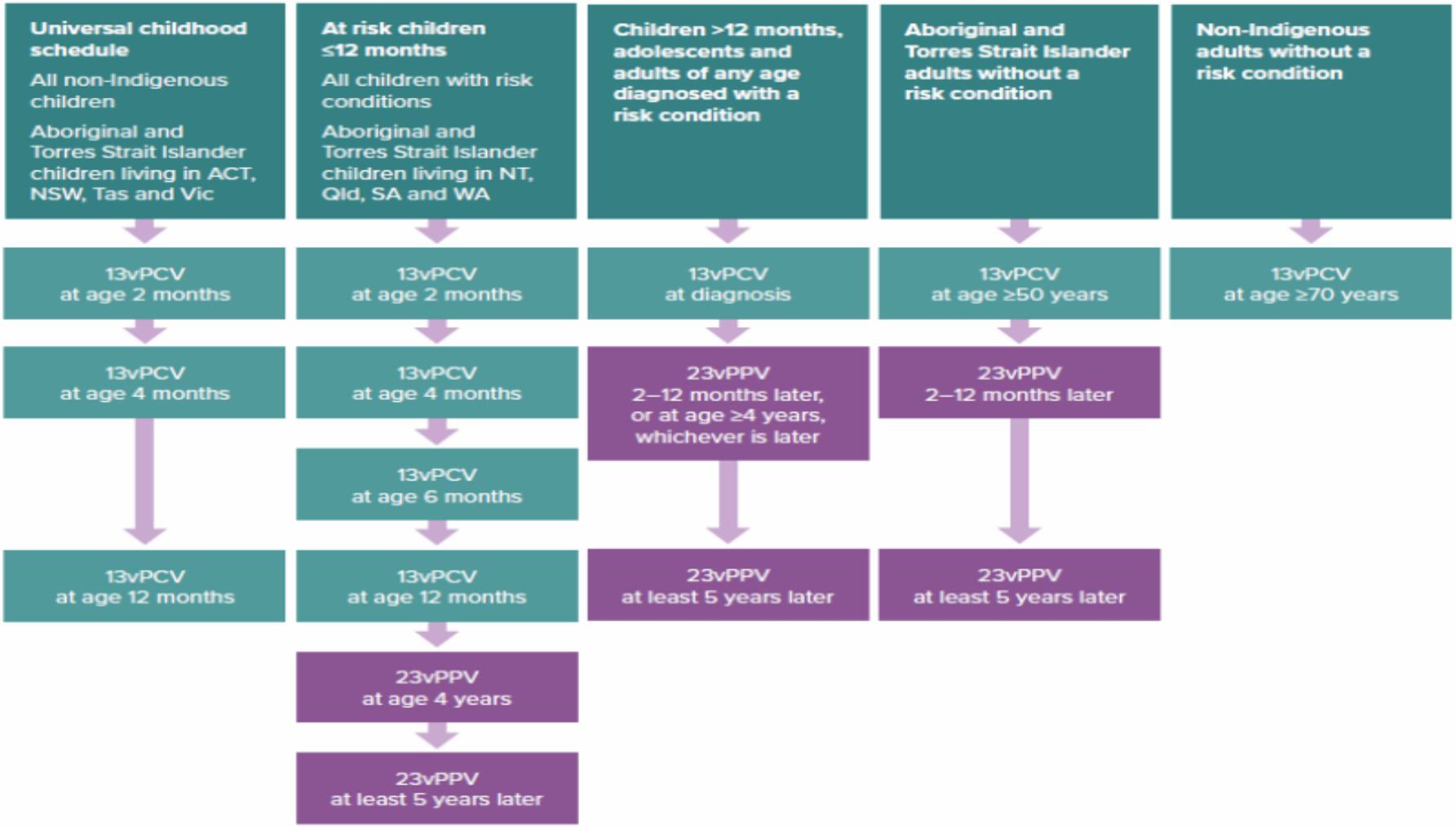
2011-2015

- 3x higher in <5yrs
- 10x higher in 5-49yrs
- 6x higher in ≥50yrs

New chart

Figure 1. NIP funded pneumococcal vaccine schedule from 1 July 2020

The list of risk conditions is set out in **Table 1** over the page. Some of these conditions are eligible for NIP funded doses of pneumococcal vaccine.



Pneumococcal vaccination for people with risk conditions for pneumococcal disease

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

13vPCV

- **single dose** at diagnosis

+

23vPPV

- **dose 1** 12 months after 13vPCV, or at age ≥4 years, whichever is later
- **dose 2** at least 5 years after the 1st dose of 23vPPV

Risk conditions for pneumococcal disease include:

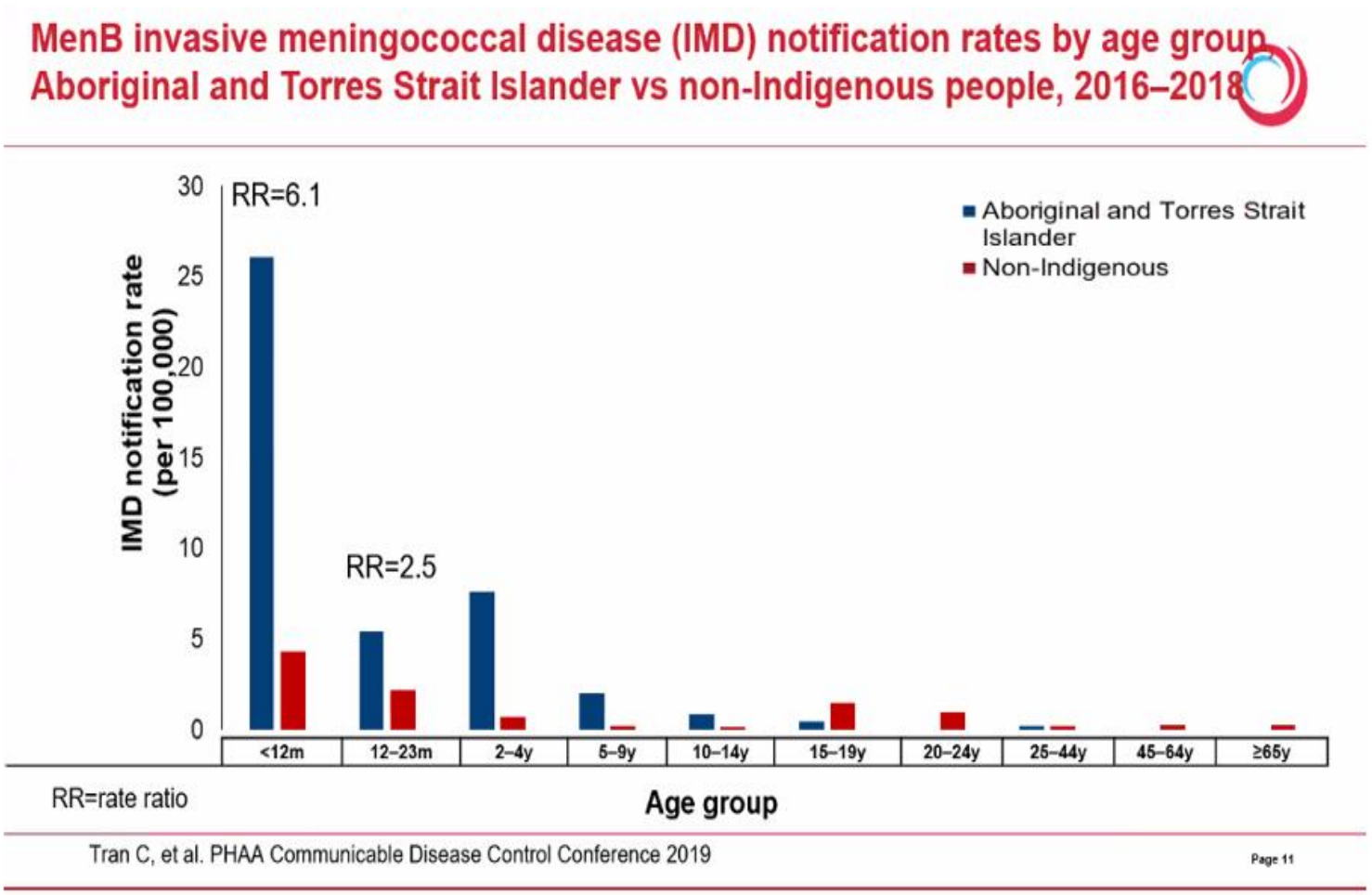
- previous episode of invasive pneumococcal disease
- immunocompromising conditions, including asplenia
- CSF leak
- chronic respiratory disease
- chronic kidney disease
- chronic liver disease
- cardiac disease
- extremely premature birth
- trisomy 21
- diabetes
- smoking
- harmful use of alcohol

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

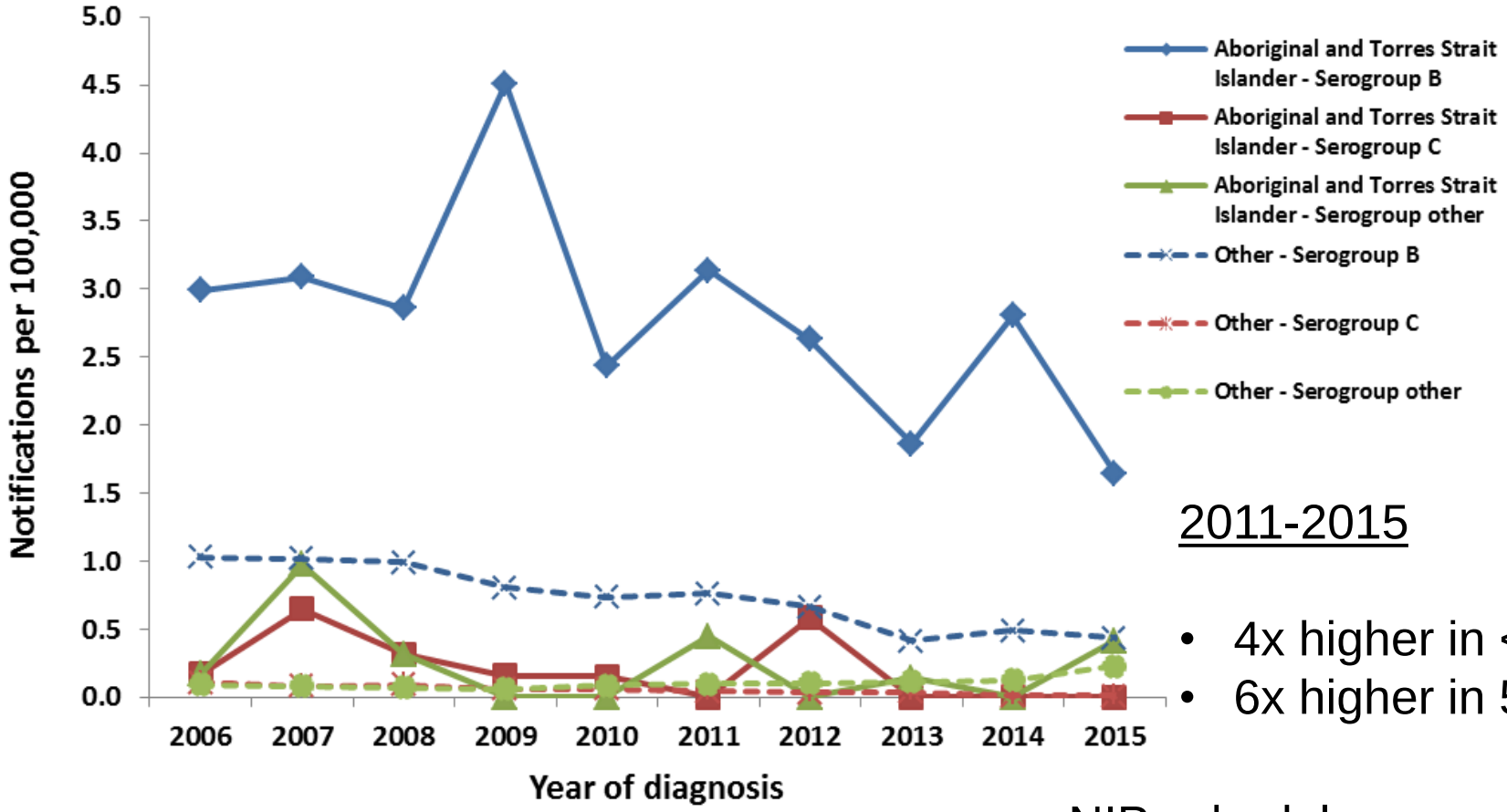
Meningococcal B –Aboriginal children

- Bexsero is on the routine childhood schedule for Aboriginal children at 6 weeks, 4 months and 12 months
- Catch up funded for children <2 years of age until 30 June 2023, number of doses required is age specific,
- Paracetamol is recommended for children less than 2 years of age prior to and post vaccination
- Not included in “up to date” calculations for purposes of payments i.e. “No Jab, No Pay”

Men B Increased risk



Meningococcal disease notification rates (all ages) by serogroup & Indigenous status, Australia, 2006-2015



2011-2015

- 4x higher in <5yrs
- 6x higher in 5-14yrs

NIP schedule gaps:

- Men ACWY gap 5-14yrs

Additional doses

Meningococcal B vaccine for Aboriginal and Torres Strait Islander children

No changes to handbook recommendations, but new NIP funding for MenB vaccine:

- Meningococcal B vaccine (Bexsero®) will be NIP funded for Aboriginal and Torres Strait Islander infants.
  - 2, 4 and 12 months of age with no medical risk conditions (3 doses)
  - 2, 4, 6 and 12 months of age with risk conditions for IMD (4 doses)

List 1. Risk conditions for invasive meningococcal disease that are eligible for both MenACWY and MenB NIP-funded* vaccines

- 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)
- Functional or anatomical asplenia, including sickle cell disease or other haemoglobinopathies, and congenital or acquired asplenia

* Please refer to The Australian Immunisation Handbook available at immunisationhandbook.health.gov.au for advice on persons who are strongly recommended to receive meningococcal vaccination but not eligible for NIP funded MenB and MenACWY vaccines

Pediatr Infect Dis J. 2020 Jan;39(1):78-80. doi: 10.1097/INF.0000000000002507.

Prophylactic Paracetamol After Meningococcal B Vaccination Reduces Postvaccination Fever and Septic Screens in Hospitalized Preterm Infants

Magali Dubus [1], Shamez Ladhani [2], Vimal Vasu [1]

Affiliations + expand

PMID: 31815841 DOI: 10.1097/INF.0000000000002507

Abstract

Background: Following the introduction of the 4CMenB (Bexsero, GlaxoSmithKline, Rixensart, Belgium) vaccine against Meningococcal B into the UK vaccination schedule, Public Health England advised paracetamol to be given prophylactically with the vaccine. This was based on observations of increased postvaccination febrile reactions in term infants. Evidence in preterm infants was lacking. We aimed to evaluate whether (i) 4CmenB is associated with an increase in adverse events (AEs) in the 48 hours after vaccination in preterm infants and (ii) the impact of prophylactic paracetamol on AEs.

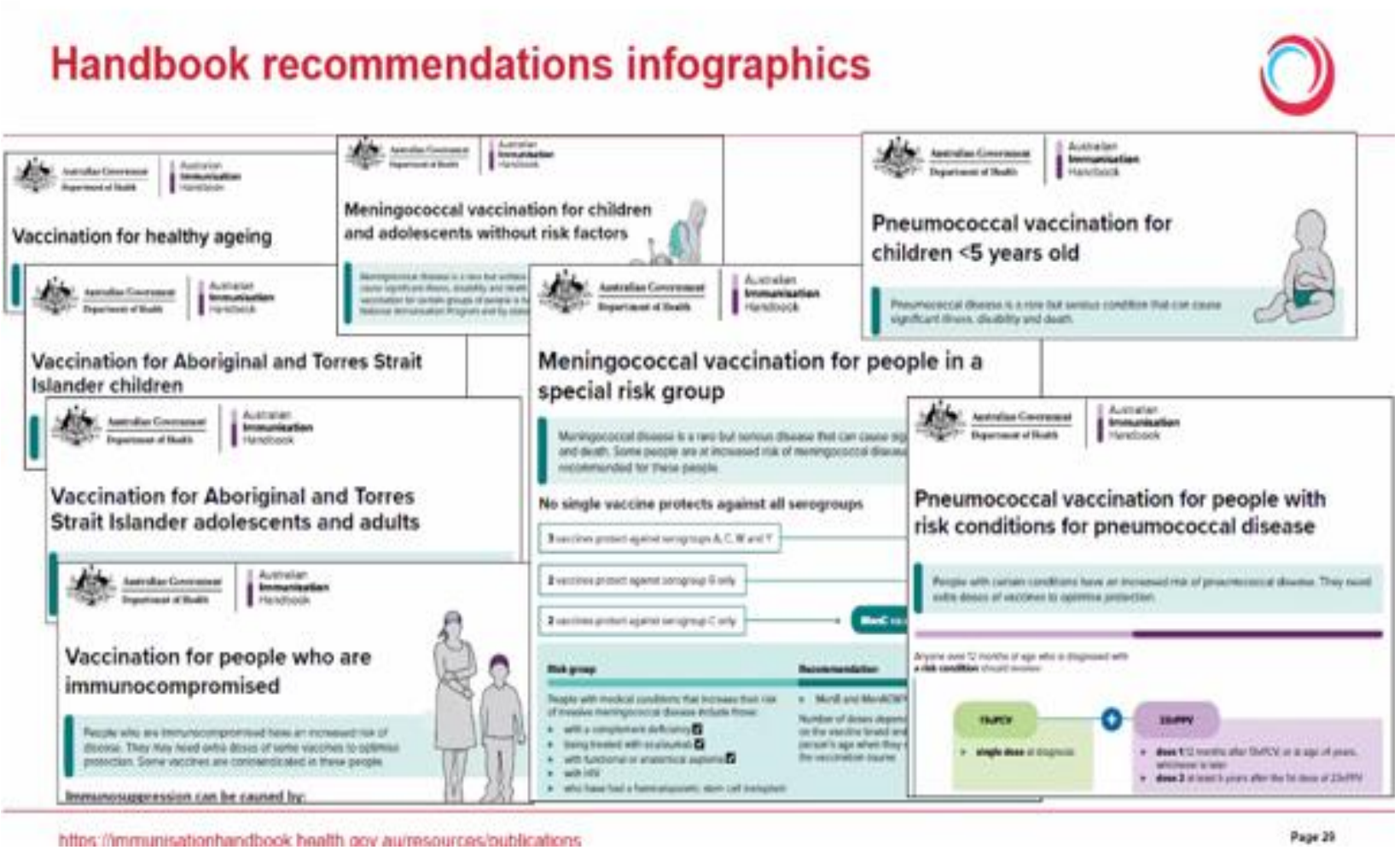
Conclusions: 4CMenB is associated with AEs in hospitalized preterm infants. Prophylactic paracetamol administration attenuates this.

Meningococcal B –At risk groups

- People with the following at risk conditions are now funded to receive Meningococcal B (Bexsero) vaccine

- Asplenia / Hyposplenia
- Complement deficiency
- Treatment with Eculizumab

Handbook


Handbook recommendations infographics
Vaccination for healthy ageing
Meningococcal vaccination for children and adolescents without risk factors
Pneumococcal vaccination for children <5 years old
Vaccination for Aboriginal and Torres Strait Islander children
Meningococcal vaccination for people in a special risk group
Vaccination for Aboriginal and Torres Strait Islander adolescents and adults
No single vaccine protects against all serogroups
Pneumococcal vaccination for people with risk conditions for pneumococcal disease
Vaccination for people who are immunocompromised
https://immunisationhandbook.health.gov.au/resources/publications
Page 20

COVID-19 vaccination rollout in remote Indigenous communities may fail unless more consultation is sought, experts say

"It's just that it's new and I guess they need some more time to be reassured that it's safe and of benefit."

Aunty B said she was "very willing" to receive the COVID-19 vaccination, however many Indigenous people were fearful about having no choice in the matter.

"One of the issues for generations of Aboriginal people is being forced to do things that they haven't clearly understood what is happening and the consequences of those actions being taken," she said.

A 'fear' of the unknown

Charles Darwin University Larrakia academic-in-residence and elder Aunty Bilawara Lee is an expert in cross-cultural communication.

COVID-19 vaccination rollout in remote Indigenous communities may fail unless more consultation is sought, experts say (msn.com)

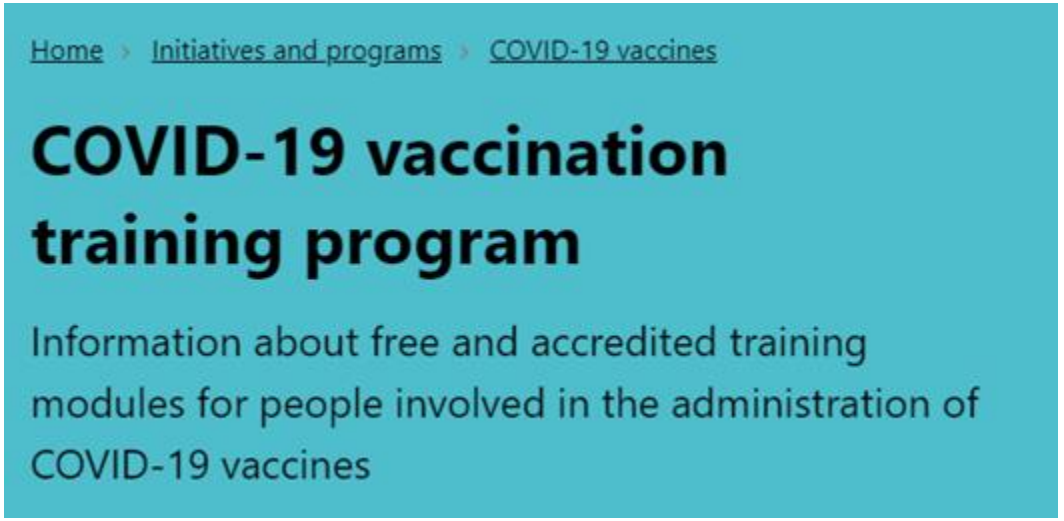
AHW

For Aboriginal and Torres Strait Islander Health Workers and Practitioners, the following table shows the current scope of practice regarding administering and supplying COVID-19 vaccines. This table is up–to date as at 1 February 2021 and may only be applicable in specified locations to people who have completed all other requirements. The table should only be used as a guide.

Table 1. Aboriginal and Torres Strait Islander Health Workers and Practitioners supplying and administering COVID-19 vaccines.

Jurisdiction	Professional title	Can administer	Can supply
ACT, NSW, SA & VIC	Aboriginal and Torres Strait Islander Health Practitioner	X	X
	Aboriginal and Torres Strait Islander Health Worker	X	X

Training



- [COVID-19 vaccination training program | Australian Government Department of Health]

Australia's COVID-19 vaccination schedule

Vaccination roll-out by group and estimated population covered.

Phase 1A
1.4 million doses

- Quarantine and border workers
- frontline health care workers
- aged care and disability care staff and residents.

Phase 1B
14.8 million doses

- Indigenous people aged 55 and over
- non-Indigenous people aged 70 and over
- all other health care workers
- younger adults with underlying medical conditions or disabilities
- critical and high risk defence, police, fire, emergency services and meat processing workers.

Phase 2A
15.8 million doses

- Indigenous people aged between 18 and 54
- non-Indigenous people aged 50 and over
- other critical and high risk workers.

Phase 2B
16 million doses

- Balance of population aged 16 and over
- follow-up of any adults missed in previous phases.

Phase 3
13.6 million doses

- Children under 16 (if recommended, Pfizer vaccine only).

Astra Zeneca Covid-19 Vaccine

Multi Dose Vial

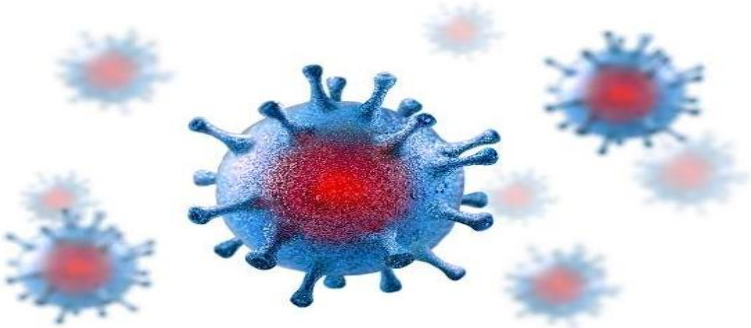
Vaccination with the COVID-19 Vaccine AstraZeneca will not affect a polymerase chain reaction (PCR) swab test used to detect COVID-19. Results may be altered for serum antibody tests if they detect the spike protein antibodies (AstraZeneca, 2021).

Each multi-dose vial (MDV) contains either **4 mL or 5 mL** of liquid depending on where the vial was manufactured. Each dose is 0.5 mL, meaning there are either **8 or 10 doses** in each MDV. There are 10 MDVs in a box (AstraZeneca, 2021).

Supply Route	Dose volume	Vial Size	Doses per Vial
Local CSL	0.5 mL	5 mL	10 doses per vial
Imported Stock type 1	0.5 mL	5 mL	10 doses per vial
Imported Stock type 2	0.5 mL	4 mL	8 doses per vial

If a full dose cannot be drawn up from the remaining liquid in the MDV, it must be discarded as doses cannot be drawn from multiple MDVs and combined (AstraZeneca, 2021).

When handling the vaccine vial, ensure you do not shake the vial (AstraZeneca, 2021).



The stability of the vaccine after drawing it up into a syringe has not been studied and it therefore should be **administered immediately after being drawn up** (AstraZeneca Pharmaceuticals LP, 2021).

Thermostability

The vaccine can be stored in cold chain conditions of +2°C to +8°C for a **maximum of 6 months** as per the expiry date printed on the vial. **Do not freeze the vaccine.**

Once opened, the MDV can be used until one of the following has been reached:

6 hours total time has passed with the vaccine at room temperature, up to 30°C.	48 hours total time since opening (vial penetrated by a needle) and stored in cold chain conditions of +2°C to +8°C. (A vial can be re-refrigerated after being opened and in room temperature for less than 6 hours).

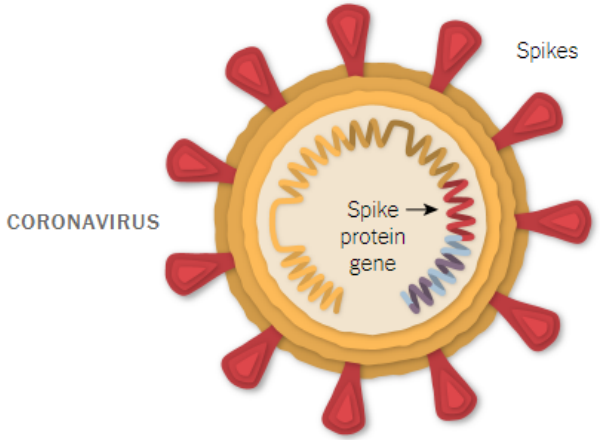
(AstraZeneca, 2021)

If either of these time limits have been reached, then the vial must be discarded in the

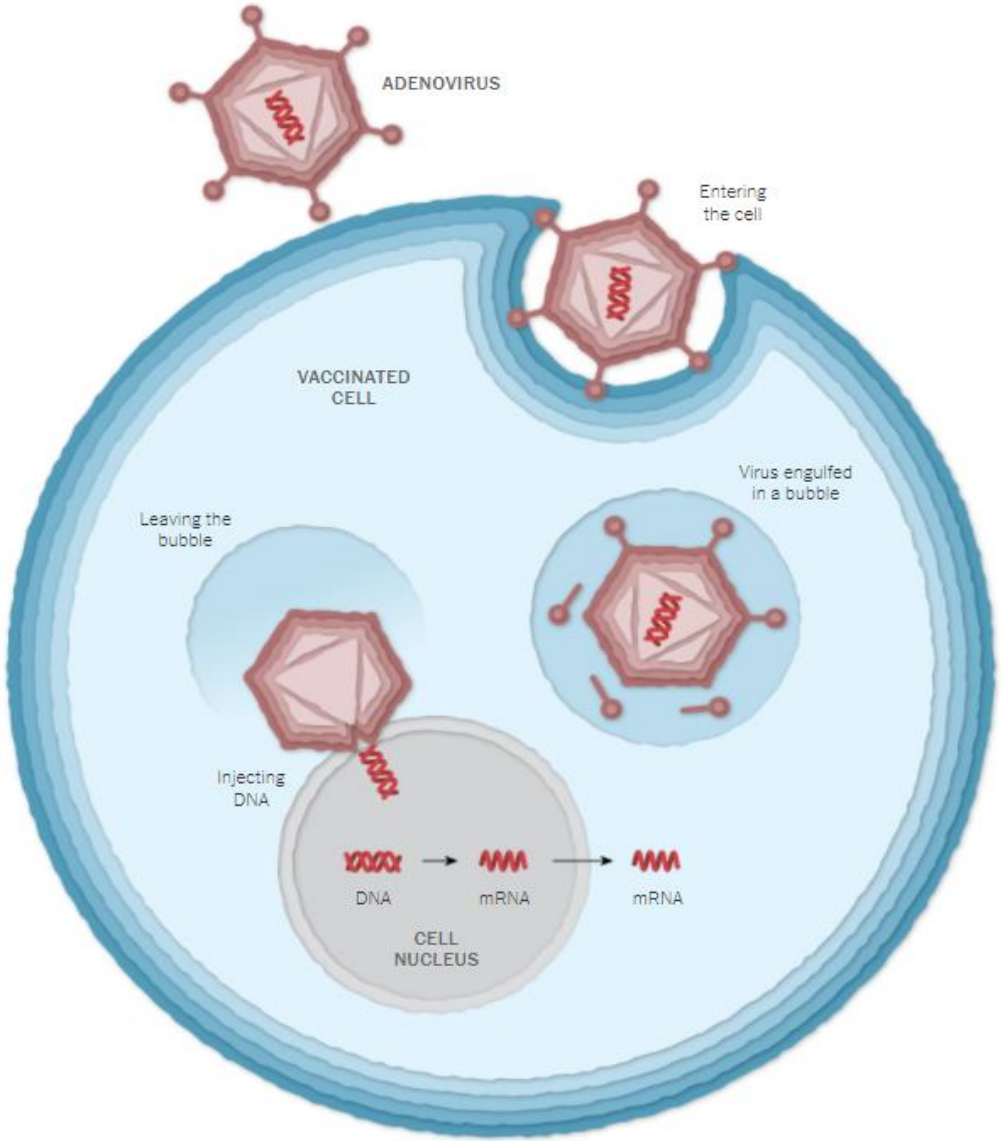
Chimp adenovirus (ChAdOx1 nCoV-19) S protein (now called AZD1222)

A Piece of the Coronavirus

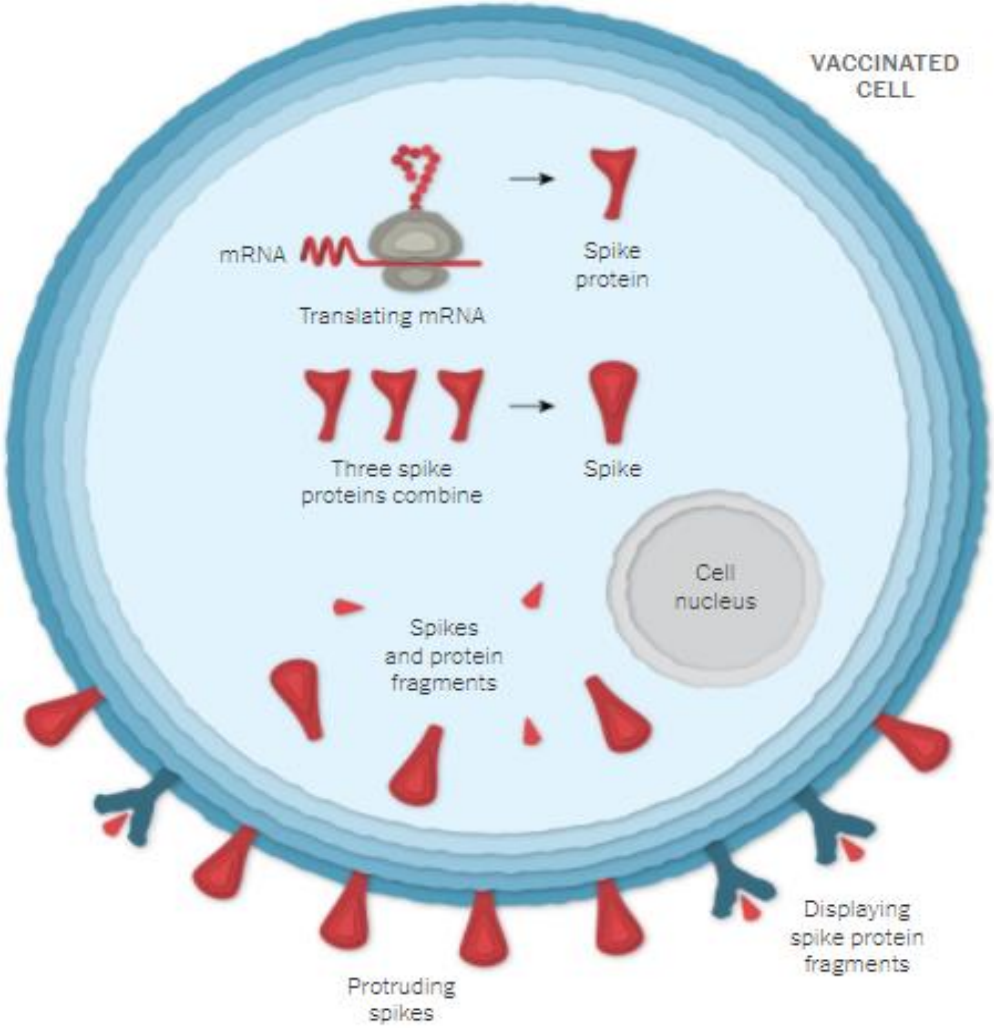
The SARS-CoV-2 virus is studded with proteins that it uses to enter human cells. These so-called spike proteins make a tempting target for potential vaccines and treatments.



The Oxford-AstraZeneca vaccine is based on the virus's genetic instructions for building the spike protein. But unlike the Pfizer-BioNTech and Moderna vaccines, which store the instructions in single-stranded RNA, the Oxford vaccine uses double-stranded DNA.


ADENOVIRUS
Entering the cell
VACCINATED CELL
Virus engulfed in a bubble
Leaving the bubble
Injecting DNA
DNA
mRNA
mRNA
CELL NUCLEUS

Building Spike Proteins



London, UK

Cite this as: *BMJ* 2021;372:n326
http://dx.doi.org/10.1136/bmj.n326
Published: 03 February 2021

Covid-19: New data on Oxford AstraZeneca vaccine backs 12 week dosing interval

Jacqui Wise

The UK's approach of leaving an interval of three months between doses of the Oxford AstraZeneca covid-19 vaccine has been supported by new data, with the Oxford University researchers also saying the vaccine "may have a substantial impact on transmission."

The paper, a preprint currently under review at the *Lancet*, is an analysis of additional data from trials involving 17 177 participants in the UK, Brazil, and South Africa.[1] It includes the results of a further month of data collection with 332 cases of symptomatic covid-19—an additional 201 cases than were previously reported.[2]

reassures us that people are protected from 22 days after a single dose of the vaccine."

Commenting on the study, Paul Hunter, professor in medicine at the University of East Anglia, said, "Taking all this evidence together, the 12 week gap between first and second dose is clearly the better strategy as more people can be protected more quickly and the ultimate protective effect is greater. Given the poor efficacy at preventing asymptomatic infections, the vaccine will not stop transmission of covid but will still go a long way to reduce the R value and transmission because there will be far fewer symptomatic infections and people who are

Efficacy

- No COVID-19-related hospital admissions occurred in ChAdOx1 nCoV-19 recipients, whereas ten (two of which were severe) occurred in the control groups.
- Vaccine efficacy for the prespecified primary analysis against the primary endpoint of COVID-19 occurring more than 14 days after the second dose was 70·4%

Oxford–AstraZeneca COVID-19 vaccine efficacy - The Lancet

VOLUME 397, ISSUE 10269, P72-74, JANUARY 09, 2021

Adverse Events

The following list identifies the frequency of very common adverse events following immunisation (AEFI) in completed clinical trials:

- Injection site tenderness (>60%), pain (>50%), warmth (>15%) and itch (>10%).
- Headache (>50%).
- Fatigue (>50%).
- Myalgia/muscle pain (>40%).
- Malaise (>40%).
- Pyrexia/fever and chills (>30%).
- Arthralgia/joint pain (>20%).
- Nausea (>20%).

(AstraZeneca, 2021)

Most common AEFIs are mild and self-limiting for 1 to 2 days. To help manage pain and swelling, a cold compress or icepack wrapped in a cloth can be used on the injection site. Paracetamol and ibuprofen are not routinely recommended to be taken post COVID-19 vaccination. However, they can be taken to alleviate pain and swelling adverse events if required (ATAGI, 2021c).

Receive vaccine & Stock – report Online

Australian Government Oxford-AstraZeneca Vaccine Acceptance Form

Overview

This 'AZ Vaccine Acceptance Form' has been developed for locations (**Sites**), which receive deliveries of AstraZeneca vaccines (**AZ Vaccines**) to complete when taking delivery of AZ Vaccine to ensure that:

- AZ Vaccines are received, stored and handled appropriately
- key obligations are managed,
- the AZ Vaccines are delivered as expected, and
- the Department of Health (**Health**) is notified of receipt of the AZ Vaccines or any issues that arise.

Responsibility

This AZ Vaccine Acceptance Form **must** be completed at the time that you receive the AZ Vaccine at the Site and sent to Health **by no later than 9pm (local time) on the day of delivery**. However, if there are any issues with the AZ Vaccines delivered, Health **must** be notified immediately (and in any event, within 2 hours of the delivery) by calling the Vaccine Operations Centre on 1800 318 208 **and then** by providing this AZ Vaccine Acceptance Form by email to COVID19VaccineAcceptance@health.gov.au **as soon as possible** following that call.

To complete this AstraZeneca Vaccine Acceptance Form, you must complete every section of this form.

Closes 23 Mar 2022
Opened 1 Mar 2021

Contact
1800 318 208
COVID19VaccineAcceptance@health.gov.au

Complete Form

Click to start completing the AstraZeneca Vaccine Acceptance Form ›

Australian Government Department of Health

Search consultations

Consultation Hub | Find Consultations | We Asked, You Said, We Did

Australian Government Vaccine Stock Management Form (For Pfizer and AZ)

Overview

This Vaccine Stock Management Form should be completed no later than 9 pm each day (local time) during the period that a vaccine is held by an administration site. It is critical that cold-chain storage and handling requirements for the Vaccines are maintained at all times and are not breached during the stocktake process.

If there is any issue, Health must be notified immediately (and in any event, within 2 hours of the delivery) by calling the Vaccine Operations Centre on 1800 318 208 and then by completing this Stock Management Form as soon as possible following that call. If you have any other queries (not urgent) regarding stock management, please email the Vaccine Operations Centre COVID19VaccineStock@health.gov.au

Closes 16 Feb 2022
Opened 18 Feb 2021

Contact
1800 318 208
COVID19VaccineStock@health.gov.au

Complete Form

Click to start completing the Vaccine Stock Management Form ›

Wastage Report online

Australian Government Vaccine Wastage Report

Overview

This form must only be completed where a wastage occured exceed the threshold (5 or more vials in one incident). All other wastage must be reported on the daily stock management form. Please read further information below.

In the event of a potential wastage incident, or actual wastage incident (e.g. damaged vials, breach of cold chain requirements), that **exceeds the threshold of 5 or more vials at a time**, each Administration Site or other location which receives deliveries of Vaccines (**Pfizer Hub**) must **notify Health immediately** by calling VOC on 1800 318 208 (including, if the wastage occurred in transit, indicating whether the Product was delivered to the Pfizer Hub or Administration Site).

Following the call to VOC, please complete this *Vaccine Wastage Report* with any details of the call with Health and submitting it immediately.

If you have any other queries (not urgent) regarding vaccine wastage, please email the Vaccine Operations Centre
COVID19VaccineWastage@health.gov.au

Closes 16 Feb 2022
Opened 19 Feb 2021

Contact
1800 318 208
COVID19VaccineWastage@health.gov.au

Complete Form

Click to start completing the Vaccine Wastage Report ›

NSW GOVERNMENT Health
Hunter New England
Local Health District

Mandatory Report to AIR

PRODA and Health Professional Online Services (HPOS)

To access the AIR through the hosting site, Health Professional Online Services (HPOS), you will need to first sign up for a free Provider Digital Access (PRODA) account for individuals (as of 7 December 2020).

Please click the 'Start' button below for further information.

START >

PRODA and Health Professional Online Services (HPOS)

A PRODA authentication login can also be used to access other health provider services that you are eligible for, including but not limited to:

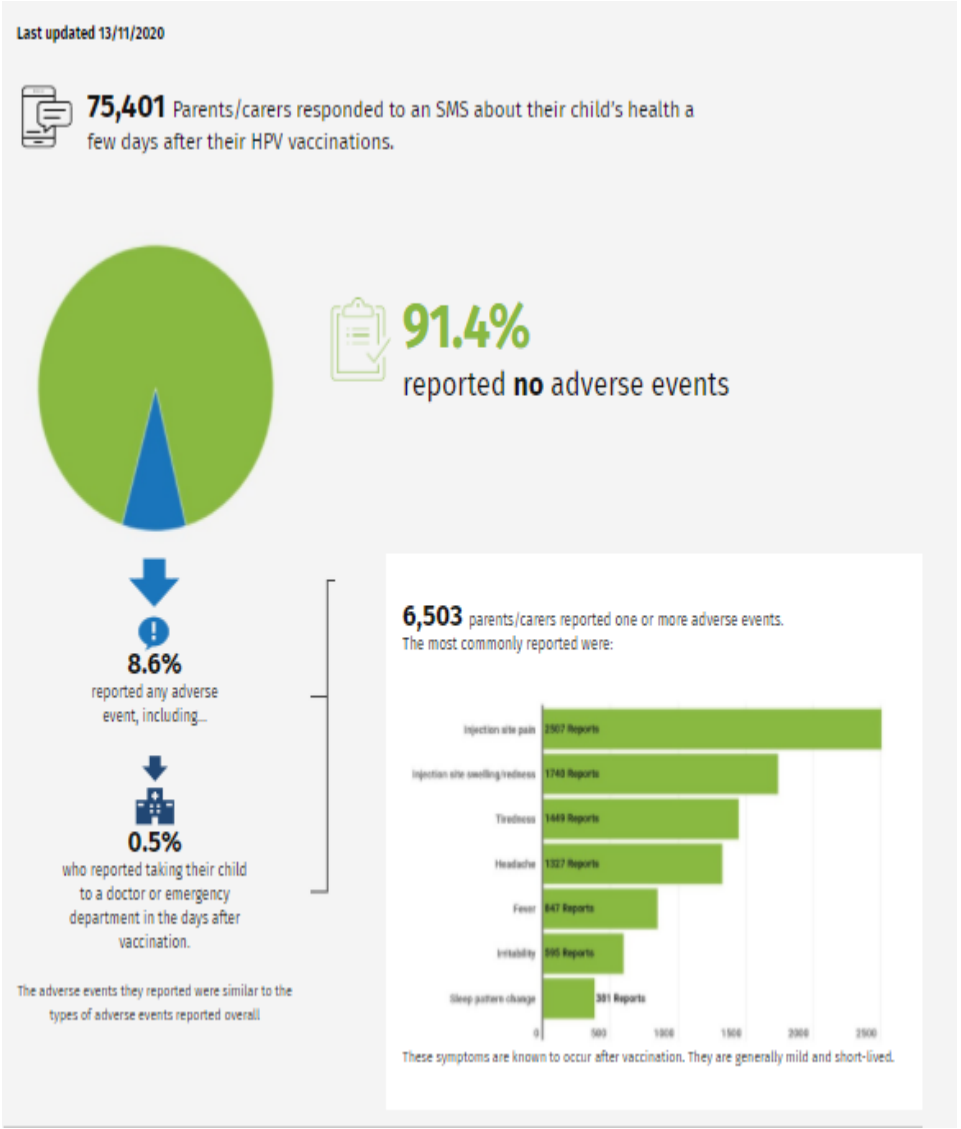
- Medicare online.
- Pharmaceutical Benefits Scheme (PBS) online.
- Aged Care Provider Portal.
- Practice Incentives Program (PIP).

Use your PRODA account to log in to the AIR through HPOS using this link. Confirm the person's details and check their vaccination history. After the new vaccination encounter has been entered, double-check the information.

Vaccine Safety – Phase 4

Vaxtracker
Monitoring Vaccine Safety

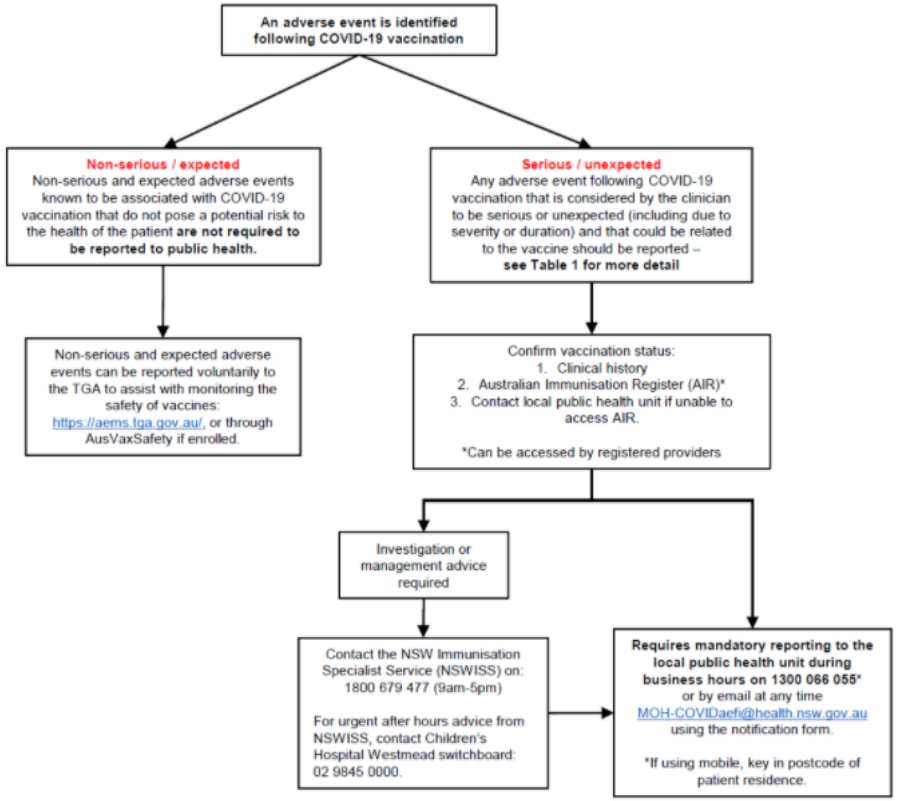
AusVaxSafety
An NCIRS led collaboration



NSW GOVERNMENT Health
Hunter New England
Local Health District

AEFI Reporting to PHU

Summary of reporting requirements and pathways for adverse events identified following COVID-19 vaccination



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:	☐ Male ☐ Female ☐ 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	

NSW GOVERNMENT Health
Hunter New England Local Health District