Health
Hunter New England
Local Health District

Cold Chain Requirements in General Practice

-loving look after your vaccines

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The Cold Chain

- The ‘cold chain’ is the system of transporting and storing vaccines within the safe temperature range of +2°C to +8°C to ensure the vaccines remain potent and effective.
- COVID vaccines will be scares and precious we need to be able to manage our fridges and be able to report cold chain breaches.

Why is Vaccine Management Important?

- Vaccines are sensitive biological substances that can become less effective or even destroyed if they are frozen or exposed to temperatures outside the recommended range of 2°C to 8°C, and/or exposed to direct sunlight or UV or fluorescent light.

- The loss of vaccine effectiveness is cumulative and cannot be reversed.

What we will cover

- Storage
- Monitoring equipment
- Essential paperwork
- NSW Health Random Cold Chain Audit
- Cold Chain Breach Reporting

AstraZeneca storage highlights

- 2-8deg – maximum 6 months as per expiry date
- Do not freeze
- Original packaging
- Once opened -max 6 hours at room temperature
- Total 48 hours fridge storage once opened
- Can be returned to fridge after being open and at room temp for < 6 hours
- Vaccine Operations Centre 1800 318 208
- SHEOC on 9859 5690

Storage

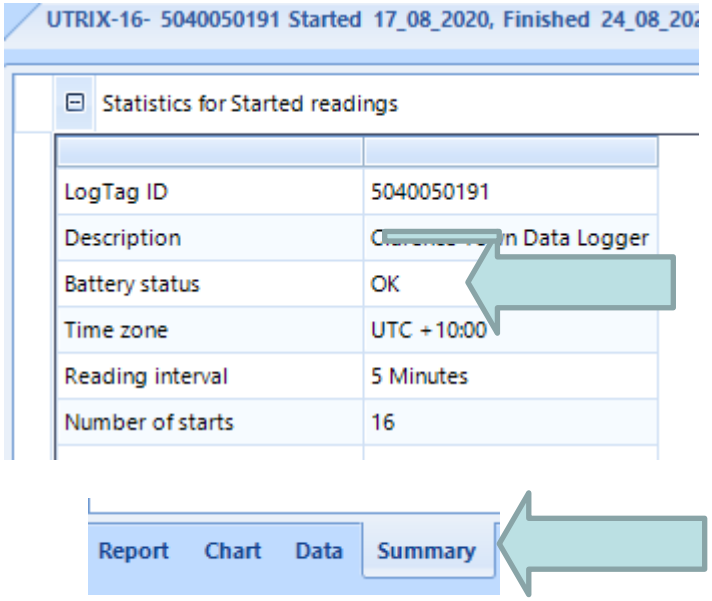
- Vaccines must be stored in a purpose built vaccines fridge
  - Fridge must be serviced every 12 months.
- All vaccines to be stored in original packaging (light sensitive)
- No vaccines to be stored on the bottom shelf – need to be raised
- No vaccines to be touching the sides
- Do not crowd your fridge
- Recommended to use open weave baskets

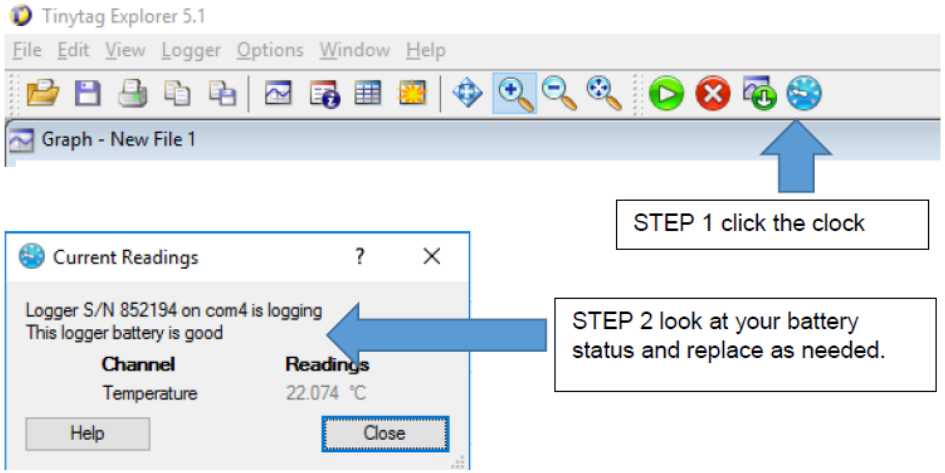
Monitoring Equipment's Data loggers

- Data logger Must be
  - set for 5 minute recording intervals and set to run continuously
  - downloaded & saved on your computer every week and when a breach suspected. Advisable to have on shared drive that all staff can access in you absence
  - serviced/calibrated/checked for accuracy every 12 months.
  - battery changed as per manufacturers instruction or when the battery life displayed on either the data logger on the set up screen shows low or every 12 months

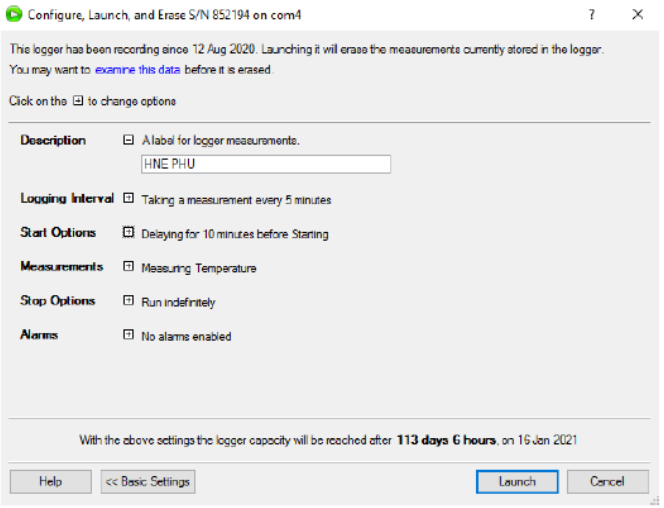
Checking battery on Logtag and TinyTag

Logtag – click on summary and check battery status. Anything other that OK needs replacing now





When you relaunch your data logger please ensure that you change your stop options from "when full" to "run indefinitely" This will prevent the data logger from stopping recording once full in case it is not downloaded one week.



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Monitoring equipment – min/max thermometer

- You **must have** a battery operated min/max thermometer for each vaccine fridge and each alternate cold storage. **This is in addition to the built in min/max thermometer on your fridge**
- Current, minimum and maximum temperatures must be recorded and plotted twice daily every day your practice is open
- Battery must be changed every 6-12 months
- Accuracy must be checked every 12 months

How to check accuracy of your thermometer

4.4 How to check the accuracy of a thermometer ('slush test')

1. Fill a polystyrene or plastic cup with cold water.
2. Place the cup in the refrigerator freezer until a fine layer of ice forms on the top and small sections of ice form within the fluid (this may take up to 2½ hours). The presence of ice is an indication that the temperature of the water has reached 0°C.
3. Place the temperature probe into the middle of the container (be careful not to let the probe touch the container).
4. Observe the temperature on the display screen after 2 minutes.
5. Document the date of the accuracy check.

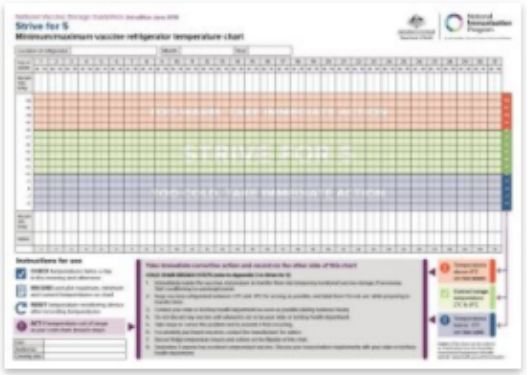
Essential paper work

- Stickers on your fridge, power point and meter box

- Certificates of completion of NSW Health Vaccination and Cold Chain Management online training
- Vaccine management policies that are reviewed every 12 months
- Written procedures for what to do during a power failure
- Daily temperature graph
- ANNUAL STRIVE FOR 5 SELF AUDIT/ QARS

NSW Health requires GP facilities to use this temperature chart

You need to **plot and record** the minimum, maximum and current temperatures on this chart



Vaccine storage troublesheet

Date	Time	Max./min. temperatures	Problem	Action taken	Results	Initials

Downloads

Strive for 5 — Vaccine Fridge Tem

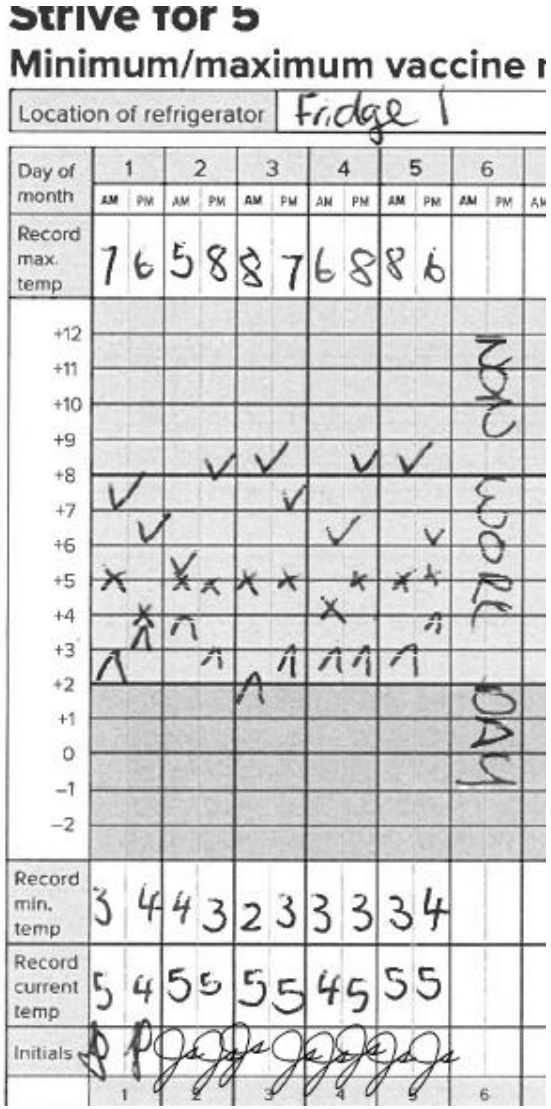
[Download PDF](#) - 114 KB , 2 pages
[Download Word](#) - 26 KB , 1 page

Order this resource

Order ID: IT0179

You can order this resource by contacting Nationa

- Email - health@nationalmailing.com.au
- Phone - 02 6269 1080



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NSW health facilities Vaccine Refrigerator protocol

NSW HEALTH
Vaccine Refrigerator Protocol

REFRIGERATOR MONITORING

- **CHECK** refrigerator temperatures twice a day during operational hours and **aim for 5° C**
- **RECORD** the minimum, maximum and current temperatures on the NSW Health vaccine refrigerator temperature chart
- **RESET** the thermometer after recording temperatures
- **ACT** if temperatures are outside of the recommended temperature range of +2°C to +8°C or the fridge has alarmed. Follow the cold chain breach protocol steps below.

COLD CHAIN BREACH STEPS

1. **Take corrective ACTION** where possible. Is the refrigerator door closed, refrigerator plugged in/turned on. Contact engineer if a refrigerator malfunction is suspected.
2. **ISOLATE affected vaccines**/medicines and label **'DO NOT USE'**. Ensure vaccines can continue to be stored between +2°C to +8°C. Vaccines may need to be transferred to an alternative monitored refrigerator or cooler.
3. **REPORT breach** immediately to your manager/delegate Ph:
4. **DOWNLOAD the data logger** or review the back to base or automated temperature monitoring system and investigate potential cause and duration of breach.
5. **NOTIFY the public health unit** (1300 066 055) if temperature is <+2°C or > +8°C (excludes fluctuations up to +12°C ≤15 mins e.g. vaccine delivery).
6. PHU will require cold chain breach reporting form, data logging and twice daily temperature readings to assess breach. **DO NOT DISCARD** vaccines until advice is received.

i **OTHER MEDICATIONS** - Notify facility Pharmacy Service provider. **Do NOT** use medications until advice is received from Pharmacy.

7. **DOCUMENT** all activity on the back of the *'NSW Vaccine Refrigerator Temperature Chart - Fortnightly,'* i.e. thermostat adjustment, restocking, power outage, data logger removal etc. **SUBMIT an IIMS/Ims+** for breaches resulting in vaccine wastage or patient recall and revaccination.

Order the *NSW Vaccine Refrigerator Temperature Chart – Fortnightly* from Toll Stream Direct. ORDER NUMBER: NH700227

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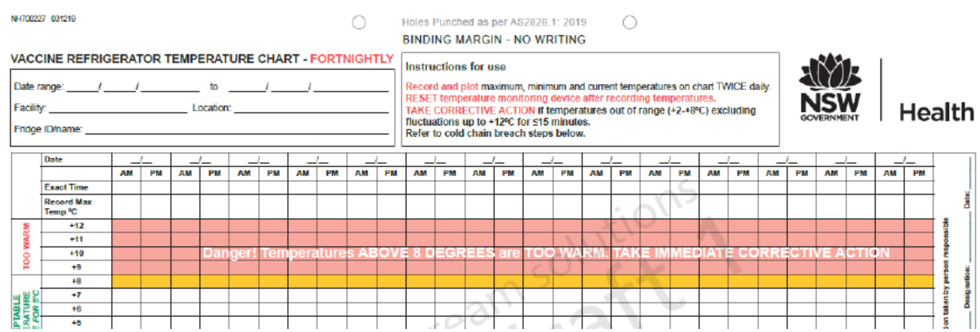
CLINICAL EXCELLENCE COMMISSION

Vaccine Storage and Cold Chain Management

Summary

13.4 NSW Health Vaccine Refrigerator Temperature Chart

Order the NSW Health Vaccine Refrigerator Temperature Chart via the Stream Direct Catalogue as a POD print item (item number NH700227)


NH700227 031219

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

VACCINE REFRIGERATOR TEMPERATURE CHART - FORTNIGHTLY

Date range: ___/___/______ to ___/___/______
Facility: __________ Location: __________
Fridge ID/name: __________

Instructions for use
Record and plot maximum, minimum and current temperatures on chart TWICE daily.
RESET temperature monitoring device after recording temperatures.
TAKE CORRECTIVE ACTION if temperatures out of range (+2-+8°C) excluding fluctuations up to +12°C for ≤15 minutes.
Refer to cold chain breach steps below.

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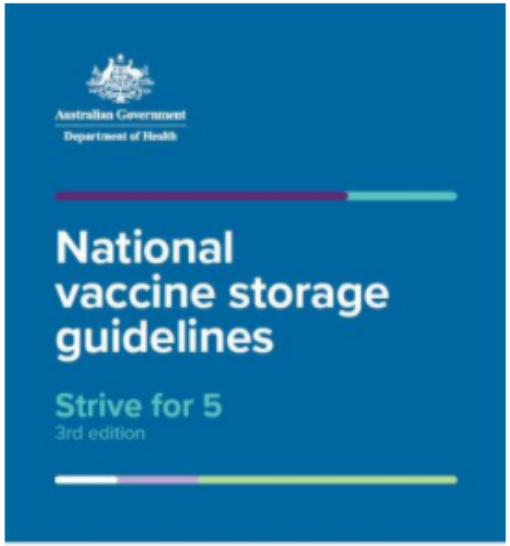
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	Date	_/_		_/_		_/_		_/_		_/_		_/_		_/_		_/_		_/_		_/_		_/_		_/_		_/_		_/_	
	Exact Time																												
	Record Max Temp °C																												
TOO WARM	+12																												
	+11																												
	+10	Danger! Temperatures ABOVE 8 DEGREES are TOO WARM. TAKE IMMEDIATE CORRECTIVE ACTION																											
	+9																												
	+8																												
ACCEPTABLE TEMPERATURE RANGE AIM FOR 5°C	+7																												
	+6																												
	+5																												

National Vaccine Storage Guidelines resource collection order resources here



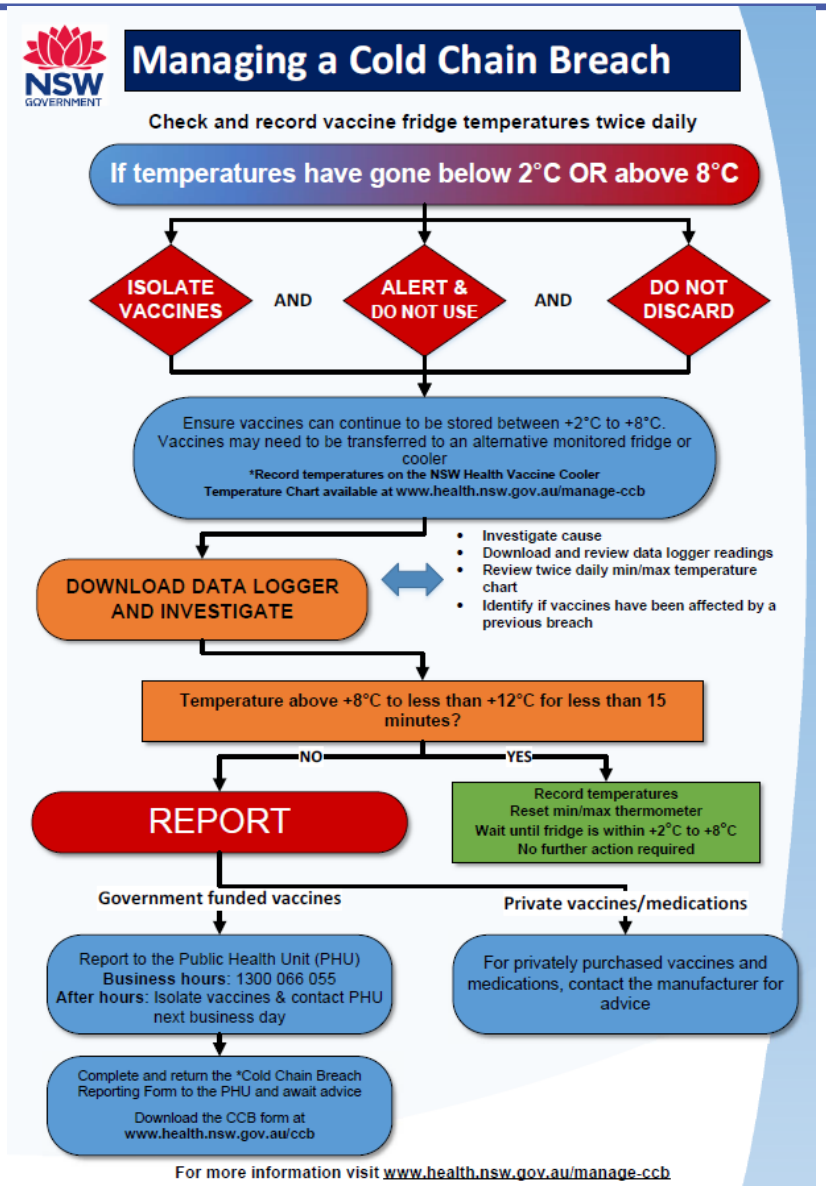
In this collection

Collection description

This collection provides links to the full set of our National Vaccine Storage Guidelines 'Strive for 5' resources.

'Strive for 5' refers to 5 degrees Celsius (°C) — the point midway between +2°C and +8°C which is the temperature range recommended for vaccine storage. Many vaccines are damaged or destroyed at temperatures outside this range.

Reporting a cold chain breach- do not discard any vaccines until you speak to the PHU



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NSW Health Cold chain audits

- Ensure surgeries at compliant with the requirements of Strive for 5 and NSW Cold Chain Toolkit for Immunisation Provider

- Conduct random cold chain audits on 50% of GP surgeries in HNE by December 2020

NSW Health resources

Home > Immunisation programs

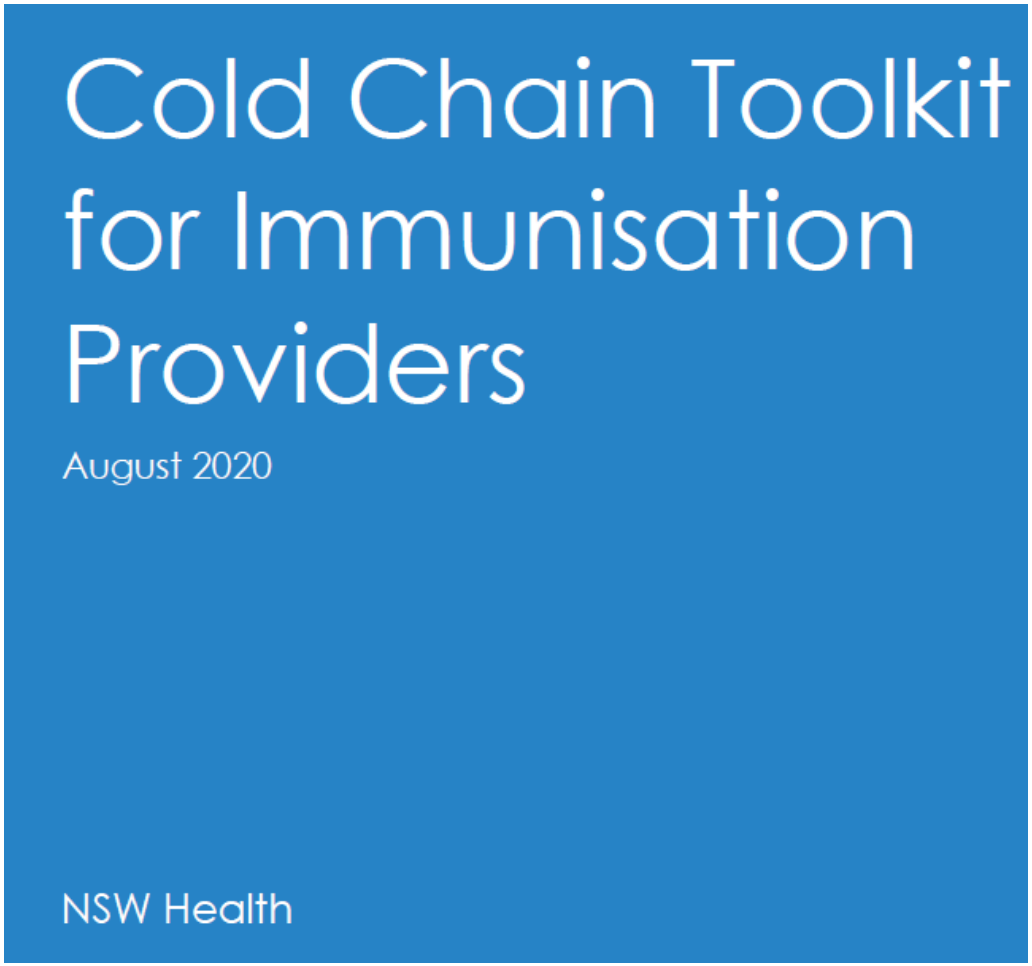
Immunisation programs

Alerts

- Immunisation Toolkit for GPs - NEW
- NSW Immunisation Schedule - 1 July 2020
- 2020 flu vaccine - information for providers
- Vaccination advice during COVID-19
- Pharmacist vaccination

Immunisation providers

- More information
- Immunisation Toolkit for GPs - NEW
- GP updates
- Public Health Units 1300 066 055
- Adverse events following immunisation
- Vaccine ordering link
- Cold chain management
- Cold chain learning module (with certificate of completion)



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Take home to do list – rotate your stock

- 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 or QARS
- 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

Additional resources

- NSW cold chain toolkit for Immunisation Providers
- Strive for 5
- Temperature Graph
- https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5-vaccine-fridge-temperature-chart-poster
- Safe Vaccine Storage Checklist
- https://www.health.nsw.gov.au/immunisation/Documents/safe-vaccine-storage-checklist.pdf

- **Better Health Centre: Email.** nslhd-bhc@health.nsw.gov.au **Fax.** 02 9887 5452

NSW Health Online Cold Chain Learning Module - https://nswhealth.seertechsolutions.com.au/public_content/HETICP/HETI/CCMWebv3/story_html5.html

NSW School Vaccination Program

NSW Health works in partnership with schools to offer vaccines recommended for adolescents by the National Health and Medical Research Council (NHMRC) in a school-based vaccination program

Parent information kits are sent home to parents early in the school year.

To consent to vaccination, parents are advised to read all the information provided, complete and sign the consent form for whichever vaccines they wish their student to receive, and return it to their child's school.

Parent information kit Year 7

NSW GOVERNMENT Health Population Health

Parent Information

PARENT INFORMATION SHEET

NSW School Vaccination Program

NSW Health works with schools to offer **human papillomavirus (HPV)** and **diphtheria-tetanus-pertussis (dTpa)** vaccines to Year 7 students in a school-based vaccination program. These vaccines are recommended by the National Health & Medical Research Council (NHMRC) and funded under the National Immunisation Program.

- Information about the vaccines and the diseases they protect against are included in this Parent Information Sheet.
- For your child to be vaccinated, consent for each vaccine must be provided by the parent /guardian on the enclosed Consent Form. The vaccines are only provided free at school if you complete, sign and return the Consent Form while your child is in Year 7.
- Consent can be withdrawn at any time by following the advice on page 2.
- If you do NOT wish your child to be vaccinated against a disease, do NOT sign your name next to that vaccine.
- A Privacy Statement that explains how the information you provide is collected and used is also included on page 4.

For more information, please contact your local public health unit on 1300 066 055 or visit **www.health.nsw.gov.au/immunisation**.

NSW GOVERNMENT

Frequently asked questions

Q. How do vaccines work?

Vaccines work by triggering the immune system to fight certain infections. If a vaccinated person comes into contact with these infections, their immune system is able to respond more effectively, preventing the disease developing or greatly reducing its severity.

Q. How safe are vaccines?

Vaccines used in Australia are safe and must pass strict safety testing before being approved by the Therapeutic Goods Administration (TGA). In addition, the TGA monitors the safety of vaccines once they are in use.

Q. What are the side effects of vaccination?

Side effects are commonly mild and usually involve pain, swelling and redness at the injection site. Serious side effects are extremely rare. NSW parents who were followed up in the days after HPV vaccination reported that 9% of students experienced mild side effects while only 0.4% required medical attention. More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination.

Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

Q. What is anaphylaxis?

Anaphylaxis is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. **It occurs very rarely after any vaccination**. The school immunisation nurses are fully trained in the treatment of anaphylaxis. Any history of anaphylaxis may mean that a student should not receive a certain vaccine.

Q. What if my child has asthma and takes cortisone or prednisone by a "puffer"?

The vaccines can be safely administered to someone who has asthma regardless of which medications they are taking.

Q. Should the vaccine be given to a female student who is or thinks she may be pregnant?

No. Any female student who is, or thinks she may be, pregnant should not be vaccinated. On the day of the clinic the vaccination nurse will ask female students if they are or could be pregnant. If a student answers yes to this question, she will not be vaccinated. The student will be urged to immediately discuss the issue with her parent/guardian and to seek medical help. She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

Q. Can I withdraw consent?

Consent can be withdrawn at any time by providing the school with written notification of the withdrawal of consent or telephoning the school to withdraw consent.

Q. What if I prefer to wait until my child is older?

These vaccines can only be provided at school by you returning the original consent form while your child is in Year 7. If you choose to wait until your child is older you will need to make arrangements with your GP and there may be costs involved.

Q. Will I receive a record of the vaccinations?

A record of vaccination will be given as a physical card or a text message sent to the mobile phone number you provide on the Consent Form. You should not assume that your child has been vaccinated if you do not receive a record of vaccination. Advise your GP that the vaccination has been given the next time you visit.

Q. What if my child missed out on the vaccine at school?

Every effort will be made to vaccinate your child at subsequent school clinics during the Year 7 school year. Where this is not possible, you will be advised of arrangements for catch-up vaccination.

Q. What will happen to my child's information?

The information you provide on the Consent Form is subject to strict confidentiality and privacy protections contained in NSW and Commonwealth legislation (see the enclosed Privacy Statement). The information will be entered into a NSW Health immunisation register and then uploaded to the Australian Immunisation Register (AIR) so it can be linked to your child's existing immunisation history and viewed on MyGov.

Female students receiving HPV vaccine – by signing the Consent Form, you are agreeing to disclose your child's health information for linkage to the National Cervical Screening Program Register in the future.

Q. Where can I find more information about immunisation?

More information is available:

- by contacting your local public health unit on **1300 066 055** or visiting the NSW Health website at www.health.nsw.gov.au/immunisation
- on the National Centre for Immunisation Research and Surveillance website at www.ncirs.org.au
- in the Australian Immunisation Handbook at www.immunise.health.gov.au
- on the Therapeutic Goods Administration's (TGA) website at www.tga.gov.au
- Australian Immunisation Register (AIR) website at www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register

Information about each of the vaccines

	Human Papillomavirus (HPV)	Diphtheria-Tetanus-Pertussis (dTpa)
What is the disease and how is it spread?	Human papillomavirus (HPV) is a common virus affecting both men and women. HPV is spread through genital contact during sex with someone who has the virus. The virus passes through tiny breaks in the skin and is not spread through blood or other body fluids. Condoms offer limited protection, as they do not cover all of the genital skin. Most sexually active people will have a genital HPV infection at some time in their lives. While the body usually clears the infection naturally and there are no symptoms, it can sometimes cause serious illness, including: • almost all cases of cervical cancer • 90% of anal cancers • 65% of vaginal cancers • 60% of oropharyngeal cancers (cancers of the back of the throat) • 50% of vulva cancers • 35% of penile cancers • almost all cases of genital warts Vaccinating males will prevent cancers and genital warts and will also help to protect females from cervical cancer.	**Diphtheria** is a contagious and potentially life- threatening bacterial infection that causes severe breathing difficulties, heart failure and nerve damage. People can get diphtheria by breathing in the bacteria after an infected person has coughed or sneezed, or from close contact with discharges from an infected person's mouth, nose, throat or skin. **Tetanus** is a severe, often fatal disease of the nervous system. The person suffers severe painful muscle spasms, convulsions and lockjaw. Even with modern intensive care about 1 in 10 people will die. Tetanus is caused by bacteria found in soil and infection may occur after major injuries or minor injuries (sometimes unnoticed punctures to the skin that are contaminated with soil, dust or manure). **Pertussis** (whooping cough) is a highly infectious bacterial disease that causes bouts of coughing. Adolescents and adults can have an annoying cough for up to 3 months. Severe bouts of coughing can cause vomiting, rib fractures, rupture of small blood vessels and hernias. About 1 in 125 babies aged less than 6 months who catch whooping cough from an infected person die from pneumonia or brain damage. Whooping cough is spread to other people by droplets from coughing or sneezing. Untreated, a person with whooping cough can spread it to other people for up to 3 weeks after the onset of cough.
Which vaccine will be used?	An HPV vaccine that protects against 9 types of HPV (6, 11, 16, 18, 31, 33, 45, 52 and 58) will be offered in a 2-dose course at least 6 months apart. The latest international evidence indicates that most* Year 7 students who receive 2 doses of any HPV vaccine at least 6 months apart are fully vaccinated and do not need a third dose. *Students with significantly impaired immune systems are still recommended to have 3 doses of HPV vaccine at their GP, defined as those with primary or secondary immune- deficiencies (B lymphocyte antibody and T lymphocyte complete or partial deficiencies); HIV infection; malignancy; organ transplantation; or significant immunosuppressive therapy (excluding asplenia or hyposplenia).	A combination diphtheria-tetanus-whooping cough vaccine (dTpa) will be offered as a single dose to provide protection against diphtheria, tetanus and whooping cough. This booster dose is essential for maintaining immunity into adulthood after the previous diphtheria-tetanus-whooping cough vaccines given in childhood. Children who have previously received a diphtheria-tetanus vaccine (ADT) should receive the dTpa vaccine to also protect them against whooping cough.
Who should be vaccinated?	All students in Year 7 should receive 2-doses of HPV vaccine (those with significantly impaired immune systems should arrange to have 3 doses of the vaccine at their GP – see above). **Regular cervical screening (previously called Pap smears) is still important for vaccinated women, as the HPV vaccine does not protect against all types of HPV that can cause cervical cancer. All women from 25 years of age who have ever been sexually active should have a Cervical Screening Test every 5 years, regardless of their HPV vaccination status.**	All students in Year 7 should receive 1 booster dose of dTpa vaccine.
Who should not be vaccinated?	HPV vaccine should not be given to people who: • are or may be pregnant • have had anaphylaxis following a previous dose of vaccine • have a history of anaphylaxis to yeast • have had anaphylaxis following any of the vaccine additives (see below)	dTpa vaccine should not be given to people who: • have had anaphylaxis following a previous dose of vaccine • have had anaphylaxis following any of the vaccine components (see below)
What additives does the vaccine contain?	The vaccine contains yeast, aluminium adjuvant, sodium chloride, L-histidine, polysorbate and sodium borate. These additives are included in very small amounts to either assist the vaccine to work or to act as a preservative.	The vaccine contains aluminium hydroxide and phosphate, traces of formaldehyde, polysorbate 80 and glycine and was exposed to bovine-derived materials during manufacture.
How effective is the vaccine?	The vaccine protects against high-risk HPV types that cause over 90% of cervical cancers in women and also protects against additional HPV types that cause cancers in men. The vaccine provides best protection when given at a younger age and when it is given to someone before they become sexually active. The latest research shows that the vaccine still offers close to 100% protection more than 10 years after it was given. As cervical cancer usually develops over 10 or more years, the role of the vaccine in reducing cervical cancer will not be evident for some time. However, there has been a 77% reduction in HPV types responsible for almost 75% of cervical cancer.	The vaccine is very effective in preventing diphtheria and tetanus and about 80% effective in preventing whooping cough.

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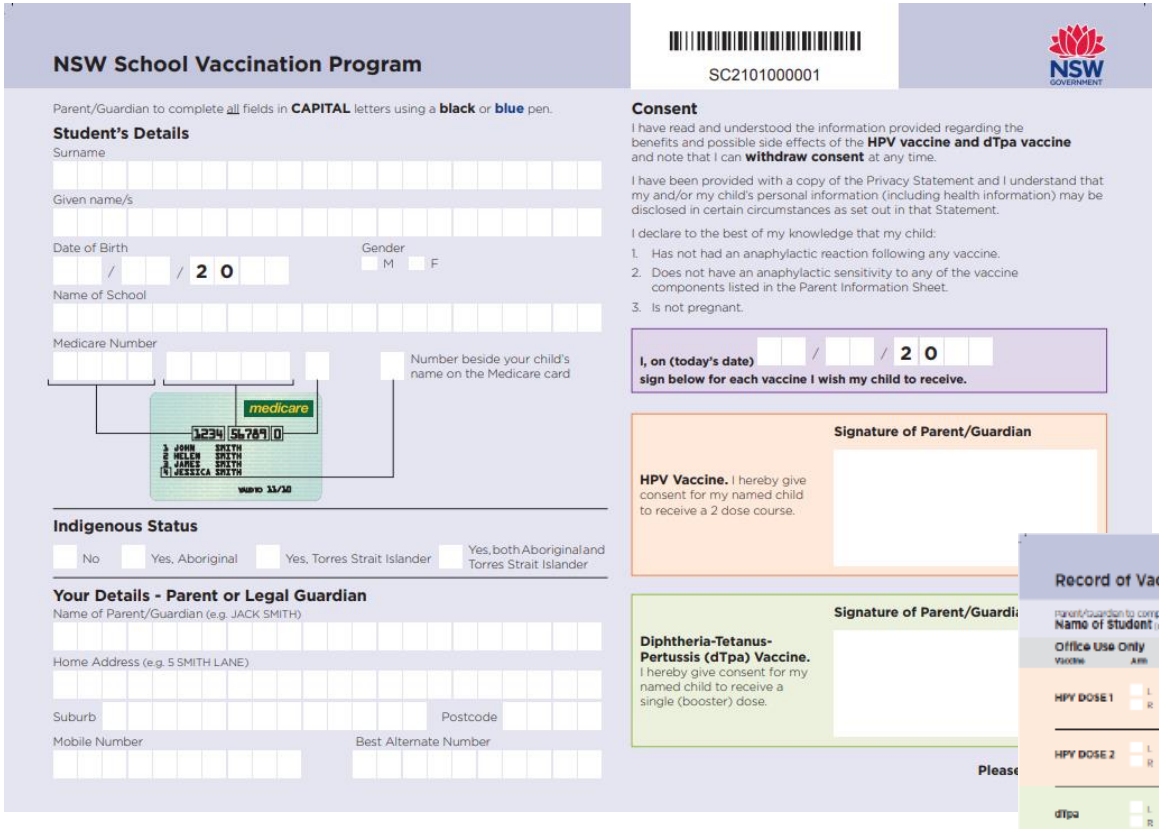
Year 7 consent form



NSW School Vaccination Program

SC2101000001

Parent/Guardian to complete all fields in **CAPITAL** letters using a **black** or **blue** pen.

Student's Details

Surname

Given name/s

Date of Birth / / 20

Gender M F

Name of School

Medicare Number

Number beside your child's name on the Medicare card

Indigenous Status

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Your Details - Parent or Legal Guardian

Name of Parent/Guardian (e.g. JACK SMITH)

Home Address (e.g. 5 SMITH LANE)

Suburb Postcode

Mobile Number Best Alternate Number

Consent

I have read and understood the information provided regarding the benefits and possible side effects of the **HPV vaccine and dTpa vaccine** and note that I can **withdraw consent** at any time.

I have been provided with a copy of the Privacy Statement and I understand that my and/or my child's personal information (including health information) may be disclosed in certain circumstances as set out in that Statement.

I declare to the best of my knowledge that my child:

1. Has not had an anaphylactic reaction following any vaccine.
2. Does not have an anaphylactic sensitivity to any of the vaccine components listed in the Parent Information Sheet.
3. Is not pregnant.

I, on (today's date) / / 20
sign below for each vaccine I wish my child to receive.

HPV Vaccine. I hereby give consent for my named child to receive a 2 dose course.

Signature of Parent/Guardian

Diphtheria-Tetanus-Pertussis (dTpa) Vaccine. I hereby give consent for my named child to receive a single (booster) dose.

Signature of Parent/Guardi

Please

Record of Vaccination

Name of Student (e.g. JACK SMITH)

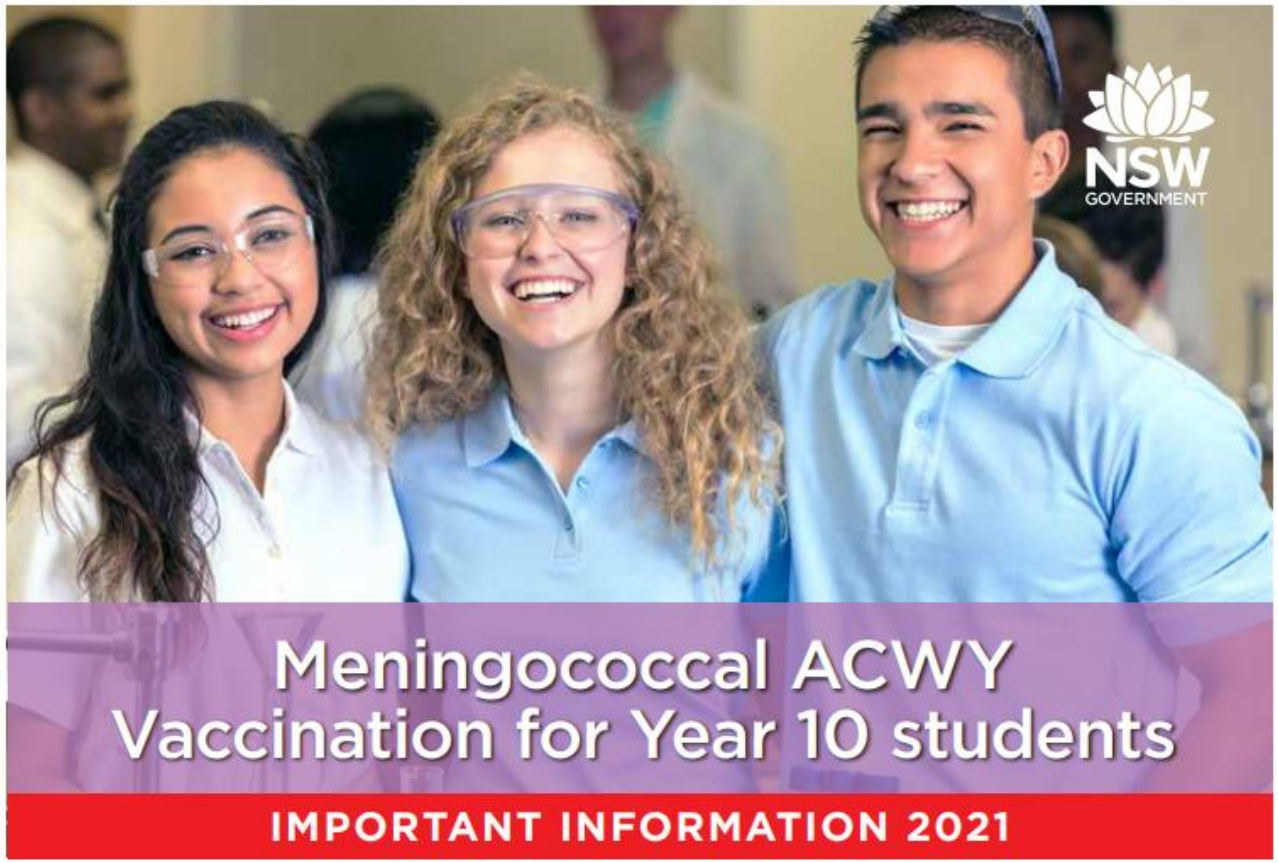
Office Use Only

Vaccine	Arm	Vaccine Batch Number	Dose Date (DD/MM/YY)	Time of Vaccination (24hr)	Nurse's Signature
HPV DOSE 1	L R		/ /	:	
HPV DOSE 2	L R		/ /	:	
dTpa	L R		/ /	:	

Nurse's Notes

Health Population Health

Parent information kit Year 10



Parent Information

MENINGOCOCCAL ACWY VACCINATION

Parent Information Sheet

NSW Health is offering vaccination against four types of meningococcal disease (given as one injection) through the school vaccination program. Signed parental/guardian consent must be provided.

Your next steps

- Carefully read this information sheet.
- If you would like your child to be vaccinated against meningococcal ACWY disease, complete the Consent Form where you see this symbol and give the signed Consent Form to your child to return to school.
- If you do NOT wish your child to be vaccinated against meningococcal ACWY disease, do NOT complete or return the Consent Form.

Q. What is meningococcal disease?

Meningococcal disease is a rare but serious infection that usually leads to meningitis (inflammation of the lining of the brain and spinal cord) and/or septicaemia (blood poisoning). Symptoms of meningococcal disease may be non-specific but may include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights, nausea and vomiting. Up to 10 per cent of meningococcal infections are fatal even with appropriate antibiotic treatment, and survivors may be left with long-term complications.

Q. How is meningococcal disease spread?

Meningococcal bacteria are passed between people in the saliva from the back of the nose and throat. This generally requires close and prolonged contact with a person carrying the bacteria who is usually completely well. An example of 'close and prolonged contact' is living in the same household or intimate (deep) kissing. Meningococcal bacteria are not easily spread from person to person and the bacteria do not survive well outside the human body.

Q. How do vaccines work?

Vaccines work by triggering the immune system to fight certain infections. If a vaccinated person comes into contact with these infections, their immune system is able to respond more effectively, preventing the disease developing or greatly reducing its severity.

Q. How effective is the meningococcal ACWY vaccine?

A single dose of meningococcal ACWY conjugate vaccine is very effective in providing protection against these four types of meningococcal disease. The vaccine does not protect against meningococcal disease caused by type B.

Q. Who should be vaccinated in this program?

All students in Year 10 in secondary schools, and those aged 15-19 years attending Intensive English Centres, should be vaccinated to be protected against meningococcal serogroups A, C, W and Y.

Q. Who should not be vaccinated?

Meningococcal ACWY vaccine should not be given to people who have had anaphylaxis:

- following a previous dose of meningococcal vaccine
- following any of the vaccine additives

People with a known hypersensitivity to diphtheria toxoid should also not be vaccinated with meningococcal ACWY vaccine.

Q. What is anaphylaxis?

Anaphylaxis is a severe allergic reaction that may result in unconsciousness and death if not treated quickly.

It occurs very rarely after any vaccination. The school immunisation nurses are fully trained in the treatment of anaphylaxis.

Q. Hasn't my child already received the meningococcal ACWY vaccine?

The Meningococcal ACWY vaccine has been included on the National Immunisation Program for children aged 12 months of age since July 2018. Your child may have previously received a meningococcal C vaccine which only protects against meningococcal C disease.

A small number of students with certain medical conditions (such as no spleen or immune deficiency) may have previously been given this vaccine. If so, please discuss with your GP or specialist if your child is due for a booster.

NSW GOVERNMENT Health
Population Health

Q. My child has already received a meningococcal C vaccine - is it safe to receive meningococcal ACWY vaccine?

Most children will have received meningococcal C vaccine as infants. In some countries an adolescent booster is recommended, and this ACWY vaccine will provide a booster dose against meningococcal C disease as well as protect against types A, W and Y. Some children will have received a dose of meningococcal C vaccine in 2015-2018 as part of the catch-up for No Jab, No Pay. Having a dose of meningococcal ACWY vaccine now is safe. It is preferable to leave at least 4 weeks between doses for optimal protection against all types.

Q. What are the other indications for this vaccine?

This vaccine is also recommended for people planning travel involving a greater risk of exposure to meningococcal disease, including the Hajj. The vaccine is also recommended for certain occupations, such as microbiology laboratory staff, and for people with certain medical conditions, such as not having a spleen.

Q. What additives does the meningococcal ACWY vaccine contain?

The vaccine may contain trometamol, sucrose and sodium chloride. Additives are included in very small amounts to either assist the vaccine to work or to act as a preservative.

Q. How safe are vaccines?

Vaccines used in Australia are safe and must pass strict safety testing before being approved by the Therapeutic Goods Administration (TGA). In addition, the TGA monitors the safety of vaccines once they are in use.

Q. What are the side effects of meningococcal ACWY vaccination?

Side effects are commonly mild and usually involve fever, headache, dizziness or pain, swelling and redness at the injection site. Injection site reactions generally resolve within 2-3 days. Serious side effects are extremely rare. More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination.

Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

Q. Should the vaccine be given to a female student who is or thinks she may be pregnant?

No. Any female student who is, or thinks she may be, pregnant should not be vaccinated. On the day of the clinic the vaccination nurse will ask female students if they are or could be pregnant. If a student answers yes to this question, she will not be vaccinated. The student will be urged to immediately discuss the issue with her parent/guardian and to seek medical help.

She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

Q. What if my child has asthma and takes cortisone or prednisone by a "puffer"?

Meningococcal ACWY vaccine can be safely administered to someone who has asthma regardless of which medications they are taking.

Q. Who can consent to vaccination and can consent be withdrawn?

Only parents/guardians can consent to vaccination for students less than 18 years of age. Students aged 18 years and over may consent to their own vaccination and should complete and sign the Consent Form where 'Parent/Guardian' is indicated. Consent can be withdrawn at any time by providing the school with written notification of the withdrawal of consent or telephoning the school to withdraw consent.

Q. What do I do if my child missed out on the vaccine because of illness or absence on the day of the nurses' visit?

Every effort will be made to vaccinate your child during the school year. Where this is not possible, you will be advised of arrangements for catch-up vaccination.

Q. Will I receive a record of the vaccination?

A record of vaccination will be given as a physical card or a text message sent to the mobile phone number you provide on the Consent Form. You should not assume that your child has been vaccinated if you do not receive a record of vaccination. Advise your GP that the vaccination has been given the next time you visit.

Q. What will happen to my child's information?

The information you provide on the Consent Form is subject to strict confidentiality and privacy protections contained in NSW and Commonwealth legislation (see the enclosed Privacy Statement). The information will be entered into a NSW Health immunisation register and then uploaded to the Australian Immunisation Register (AIR) so it can be linked to your child's existing immunisation history and viewed on MyGov.

Q. Where can I find more information about immunisation?

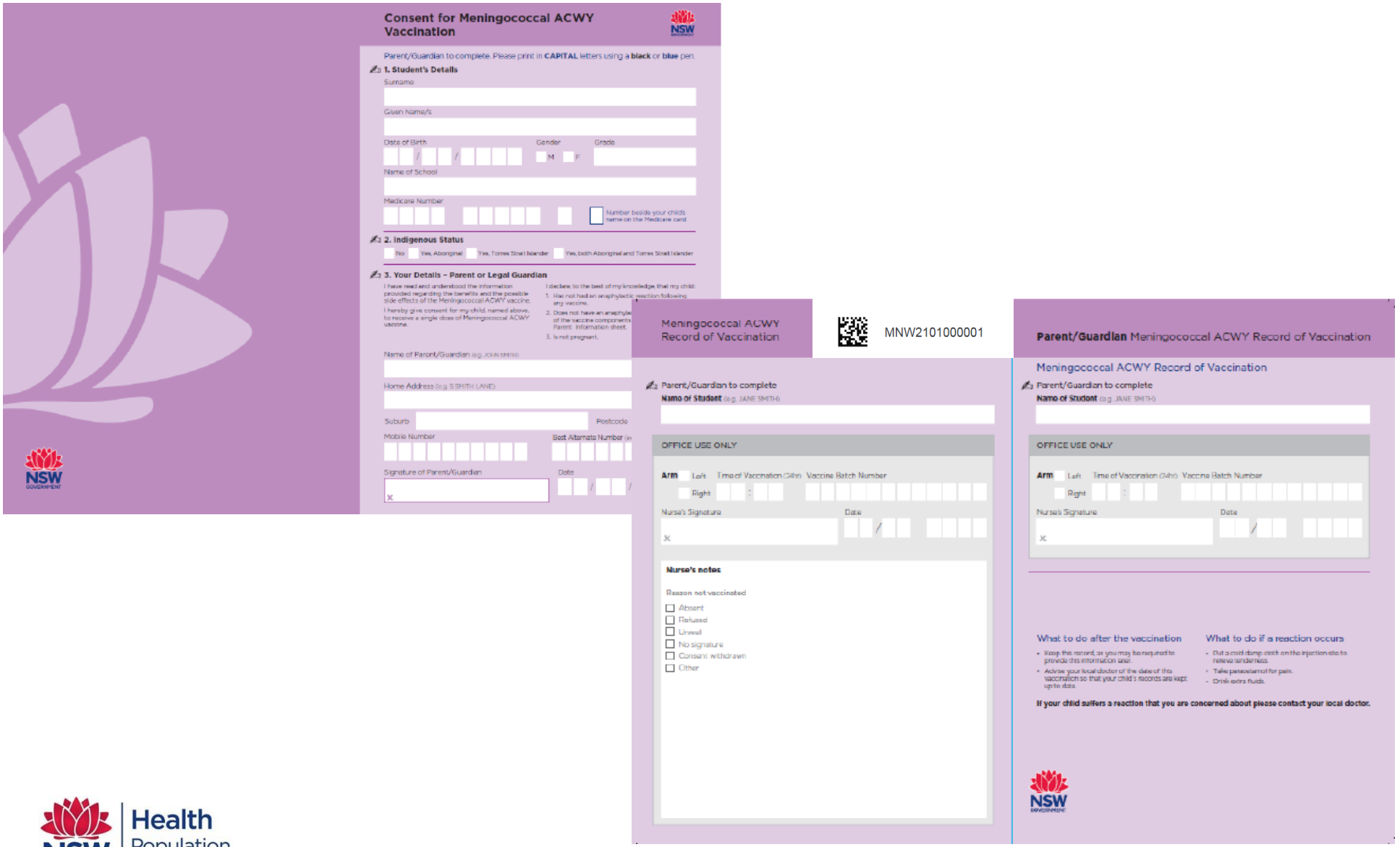
More information is available:

- by contacting your local public health unit on 1300 066 055 or visiting the NSW Health website at www.health.nsw.gov.au/meningococcalW
- on the National Centre for Immunisation Research and Surveillance website at www.ncirs.org.au
- in the Australian Immunisation Handbook at www.immunise.health.gov.au
- on the Therapeutic Goods Administration's (TGA) website at www.tga.gov.au
- Australian Immunisation Register (AIR) website at www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register

NSW GOVERNMENT

SHPN (HP NSW) 200369-1

Year 10 consent form



Consent for Meningococcal ACWY Vaccination

Parent/Guardian to complete. Please print in **CAPITAL** letters using a **black** or **blue** pen.

1. Student's Details

Surname

Given Name/s

Date of Birth / / Gender M F Grade

Name of School

Medicare Number — Number beside your child's name on the Medicare card

2. Indigenous Status

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

3. Your Details – Parent or Legal Guardian

I have read and understood the information provided regarding the benefits and the possible side effects of the Meningococcal ACWY vaccine.

I hereby give consent for my child, named above, to receive a single dose of Meningococcal ACWY vaccine.

I declare, to the best of my knowledge, that my child:
1. Has not had an anaphylactic reaction following any vaccine.
2. Does not have an anaphylac of the vaccine components Parent Information sheet.
3. Is not pregnant.

Name of Parent/Guardian (e.g. JOHN SMITH)

Home Address (e.g. 5 SMITH LANE)

Suburb Postcode

Mobile Number Best Alternate Number (

Signature of Parent/Guardian X Date / /

Meningococcal ACWY Record of Vaccination

MNW2101000001

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

Arm Left Right Time of Vaccination (24h) : Vaccine Batch Number

Nurse's Signature X Date /

Nurse's notes

Reason not vaccinated

- Absent
- Refused
- Unwell
- No signature
- Consent withdrawn
- Other

Parent/Guardian Meningococcal ACWY Record of Vaccination

Meningococcal ACWY Record of Vaccination

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

Arm Left Right Time of Vaccination (24h) : Vaccine Batch Number

Nurse's Signature X Date /

What to do after the vaccination

- Keep this record, as you may be required to provide this information later.
- Advise your local doctor of the date of this vaccination so that your child's records are kept up to date.

What to do if a reaction occurs

- Put a cold damp cloth on the injection site to relieve tenderness.
- Take paracetamol for pain.
- Drink extra fluids.

If your child suffers a reaction that you are concerned about please contact your local doctor.

NSW GOVERNMENT Health Population Health

2021 Program Schedule

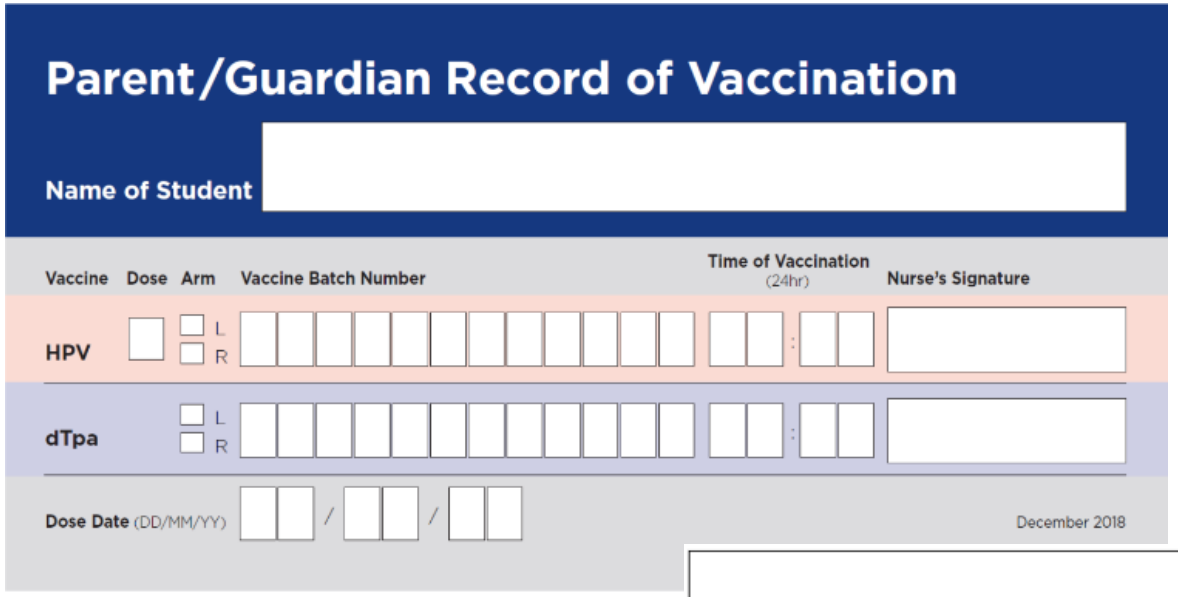
Year	Disease	Vaccine	No. of doses	Gap
7	HPV – Human Papillomavirus	Gardasil 9	2	6 months
	Diphtheria/Tetanus/ Pertussis	Boostrix	1	
10	Meningococcal ACWY	Nimenrix	1	

Catch up

Catch-up vaccinations are offered within the school program in Year 8 & Year 11 when:

Year 8 – ONLY if the consent form was signed and returned to school in Year 7
Year 11 – ONLY if the consent form was signed and returned to school in Year 10

Record of Vaccination card



Parent/Guardian Record of Vaccination

Name of Student

Vaccine	Dose	Arm	Vaccine Batch Number	Time of Vaccination (24hr)	Nurse's Signature
HPV		L R		:	
dTpa		L R		:	

Dose Date (DD/MM/YY) / /

December 2018

Why you have been given this card

- This record has been provided so that you know which vaccine/s have been given to your child at school.
- The vaccination details will be uploaded to the Australian Immunisation Register (AIR) to provide a complete immunisation history for your child.
- You should advise your GP of the date of this vaccination so that your child's records are kept up to date.

What to do if a reaction occurs

- Put a cold damp cloth on the injection site to relieve tenderness.
- Take paracetamol for the pain.
- Drink extra fluids.
- Please contact your local GP if your child suffers a reaction that you are concerned about.

Reactions to vaccination are commonly mild and usually involve pain, swelling and redness at the injection site. Serious reactions are extremely rare. **NSW Health may contact you by SMS to check if your child has had a reaction.**

NSW GOVERNMENT

NSW GOVERNMENT Health Population Health

SV Program in Hunter New England

- Schools → 145
- Students → Year 7 = 12,142
  Year 10 = 10,952
- Teams → 25
- Nurses → 196

THANK YOU!

NSW GOVERNMENT

Health

Hunter New England
Local Health District

Immunisation Authority

This order also authorises the Authorised Persons who has completed additional training referred to at clause 2(2) and clause 2(3), respectively, to supply:

Poison or restricted substance	
Tuberculin (purified protein derivative)	Tuberculosis (BCG) vaccine
SARS-COV-2 (COVID-19) vaccine	

2021 Influenza Vaccine
presentation and free vaccine eligibility

NSW GOVERNMENT

6 MONTHS TO LESS THAN 5 YEARS

Vaxigrip Tetra® and Fluarix® Tetra

Registered for use in people aged 6 months and over:

- For universal 6 months to less than 5 years influenza vaccination program
- Give two doses one month apart for children aged 6 months to less than 5 years if first year of receiving flu vaccine
- Available in 10 and single packs
- Children should receive a full dose (i.e. not a half dose)
- NIP vaccines do NOT contain latex

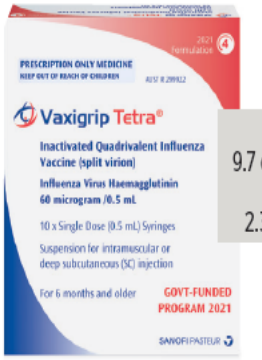
Ten pack dimensions:
9.7 cm (L) x 11.8 cm (H) x 4.48 cm (W)
Single pack dimensions:
2.35 cm (L) x 10.1 cm (H) x 2.15 (W)

Ten pack dimensions:
17.8 cm (L) x 10.4 cm (W) x 4.2 cm (H)
Single pack dimensions:
13.3 cm (L) x 4.3 cm (W) x 2.4 cm (H)

5 YEARS TO 64 YEARS

Vaxigrip Tetra®, Fluarix® Tetra and Afluria® Quad

- People 5 years and over with medical risk factors predisposing to severe influenza
- All Aboriginal persons 5 years to 64 years of age
- Pregnant women
- Give two doses one month apart for children aged 5 years to less than 9 years if first year of receiving flu vaccine
- Vaxigrip Tetra and Fluarix Tetra are available in 10 and single packs. Afluria Quad is only available in a 10 pack
- **Children should receive a full dose (i.e. not a half dose)**
- **NIP vaccines do NOT contain latex**
- **Do not use Afluria Quad for children less than 5 years of age**



Ten pack dimensions:
9.7 cm (L) x 11.8 cm (H) x 4.48 cm (W)
Single pack dimensions:
2.35 cm (L) x 10.1 cm (H) x 2.15 (W)

Ten pack dimensions:
17.8 cm (L) x 10.4 cm (W) x 4.2 cm (H)
Single pack dimensions:
13.3 cm (L) x 4.3 cm (W) x 2.4 cm (H)

Ten pack dimensions:
9.4 cm (L) x 12.5 cm (H) x 6.1 cm (W)

Add

65 YEARS AND OVER

Fluad® Quad

- Adjuvanted quadrivalent vaccine
- All persons aged 65 years and over
- Milky-white suspension
- Available in 10 packs
- NIP vaccines do NOT contain latex
- Do not use in pregnant women or children

Ten pack dimensions:
15.4 cm (L) x 13 cm (H) x 2.3 cm (W)

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2021, by age

Vaccine / Registered age group	Vaxigrip Tetra 0.5 mL (Sanofi)	Fluarix Tetra 0.5 mL (GSK)	FluQuadri 0.5 mL (Sanofi)	Influvac Tetra 0.50 mL (Mylan)	Afluria Quad 0.5 mL (Seqirus)	Flucelvax Quad 0.5 mL (Seqirus)	Fluad Quad 0.5 mL (Seqirus)
6 to 35 months (<3 years)	✓	✓	✓	X	X	X	X
≥3 to <5 years	✓	✓	✓	✓	X	X	X
≥5 to <9 years	✓*	✓*	✓	✓	✓*	X	X
≥9 to <65 years	✓*	✓*	✓	✓	✓*	✓	X
≥65 years	✓	✓	✓	✓	✓	✓	✓

Ticks indicate age at which a vaccine is registered and available. Shaded boxes indicate the vaccine is funded under the NIP for eligible people.

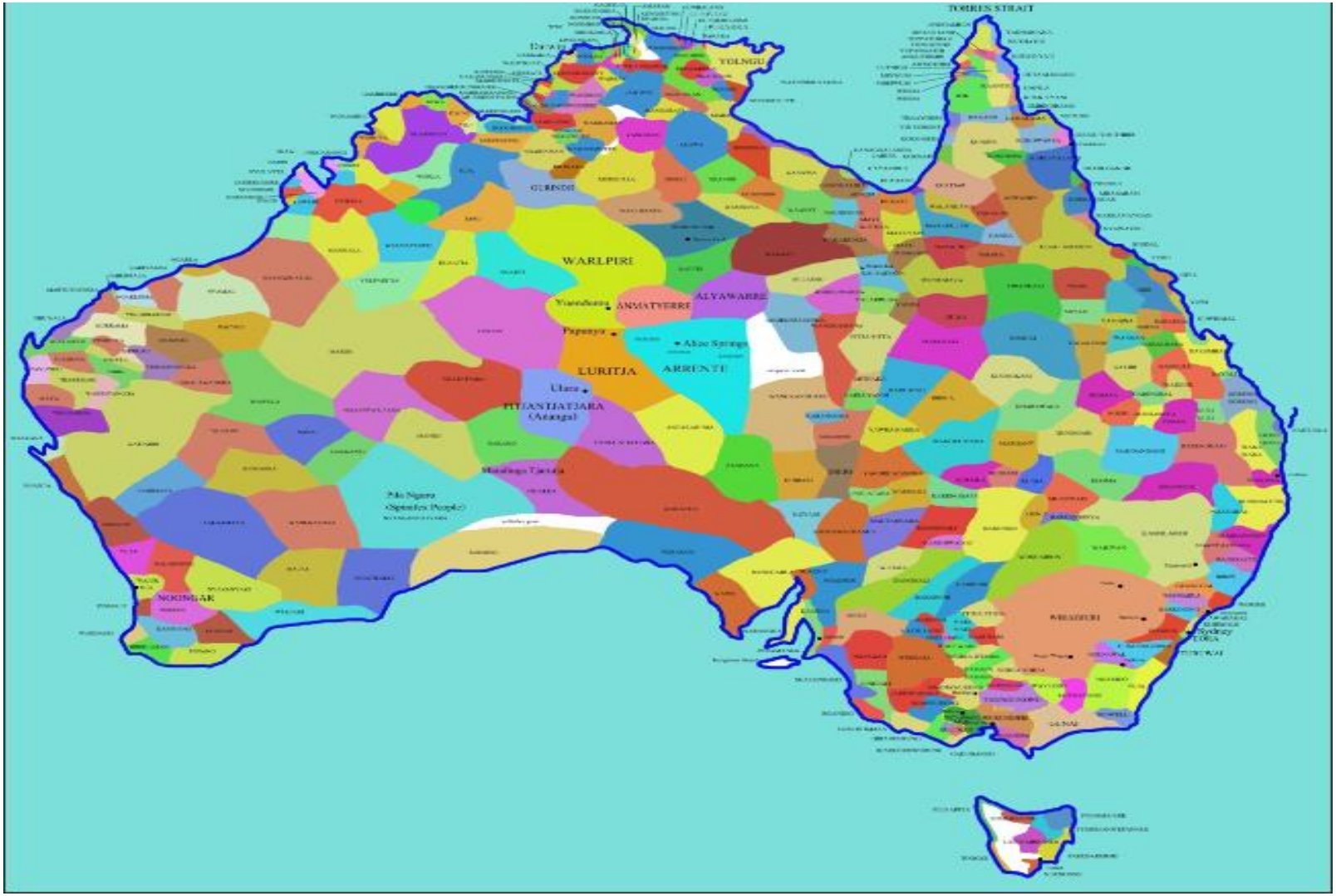
* NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

Co-administration with COVID-19 vaccines

- The preferred minimum interval between influenza vaccine and a dose of COVID-19 vaccine is 14 days.
- Influenza vaccine can be given before or after any dose of a COVID-19 vaccine, with a minimum interval of 14 days.

- When scheduling influenza and COVID-19 vaccines, consider the following principles:
- – People in phase 1a for COVID-19 vaccination should receive the COVID-19 vaccine as soon as it is available to them, and then receive their influenza vaccine.
- – People in later phases for COVID-19 vaccination should receive their influenza vaccine as soon as it is available, and then receive their COVID-19 vaccine when it becomes available to them.

Always Was, Always Will Be



Health
Hunter New England
Local Health District

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 ecullizumab	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		

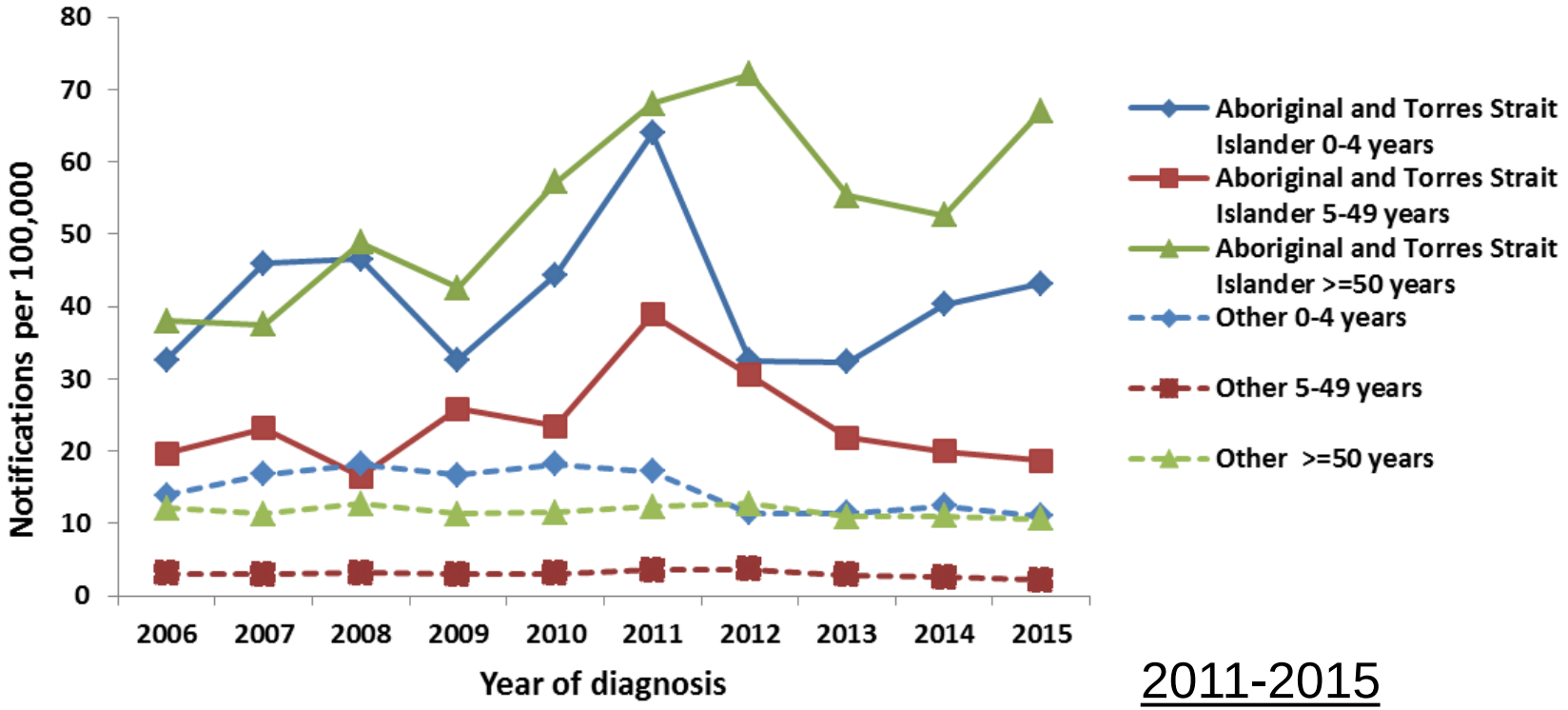
INFLUENZA

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



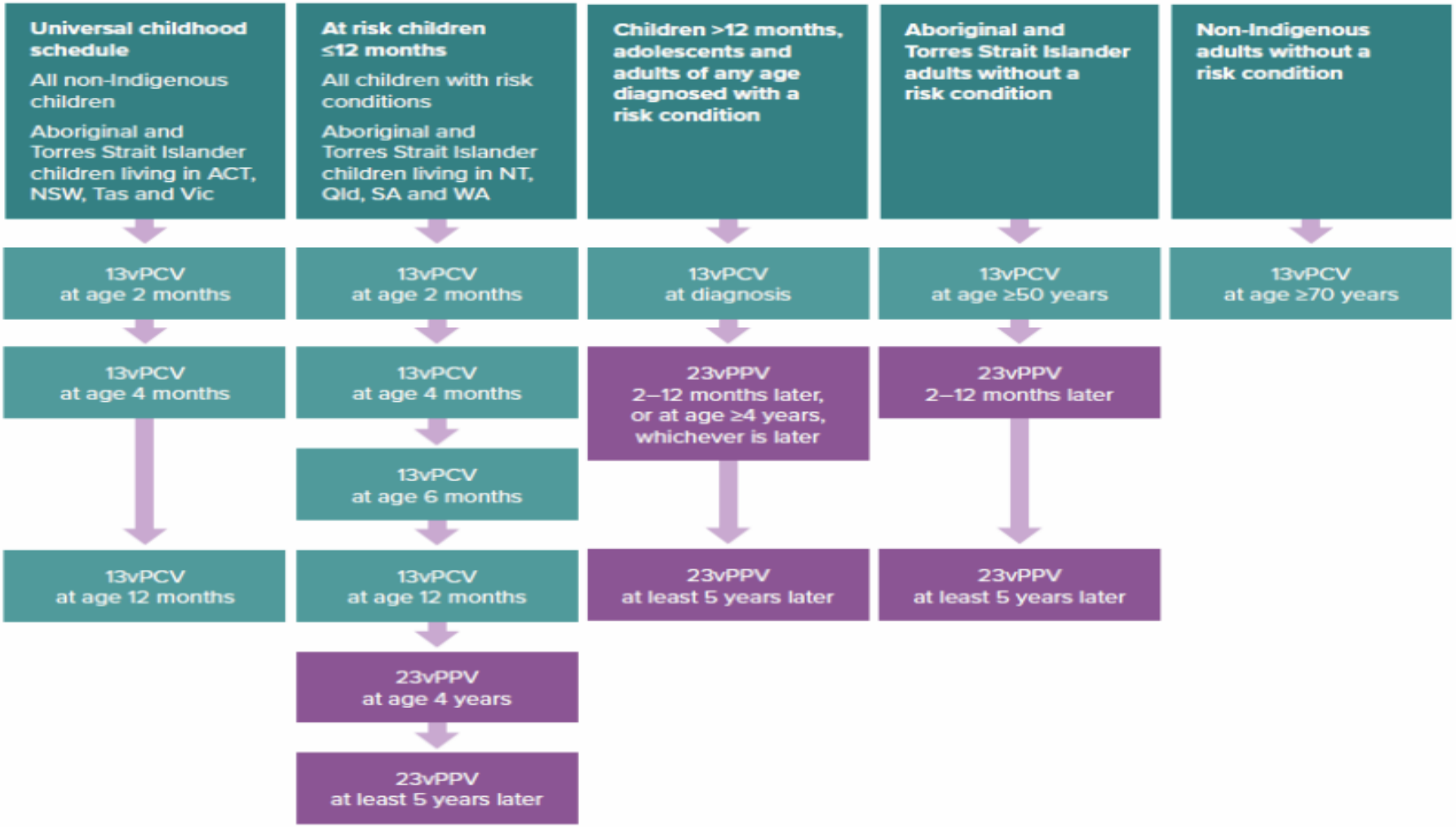
2011-2015

- 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:

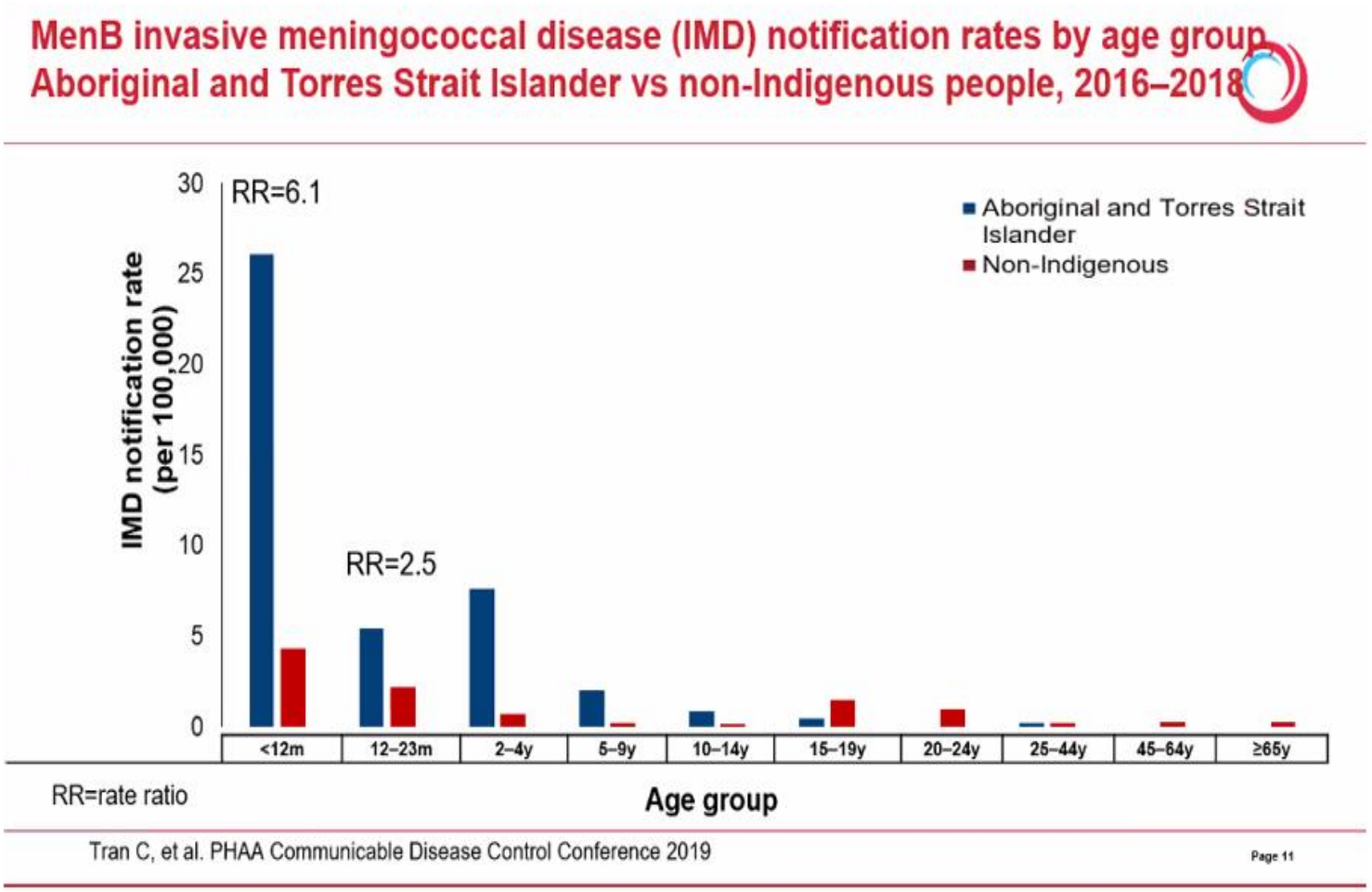
- previous episode of invasive pneumococcal disease
- immunocompromising conditions, including asplenia
- CSF leak
- chronic respiratory disease
- chronic kidney disease
- chronic liver disease
- cardiac disease
- extremely premature birth
- trisomy 21
- diabetes
- smoking
- harmful use of alcohol

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

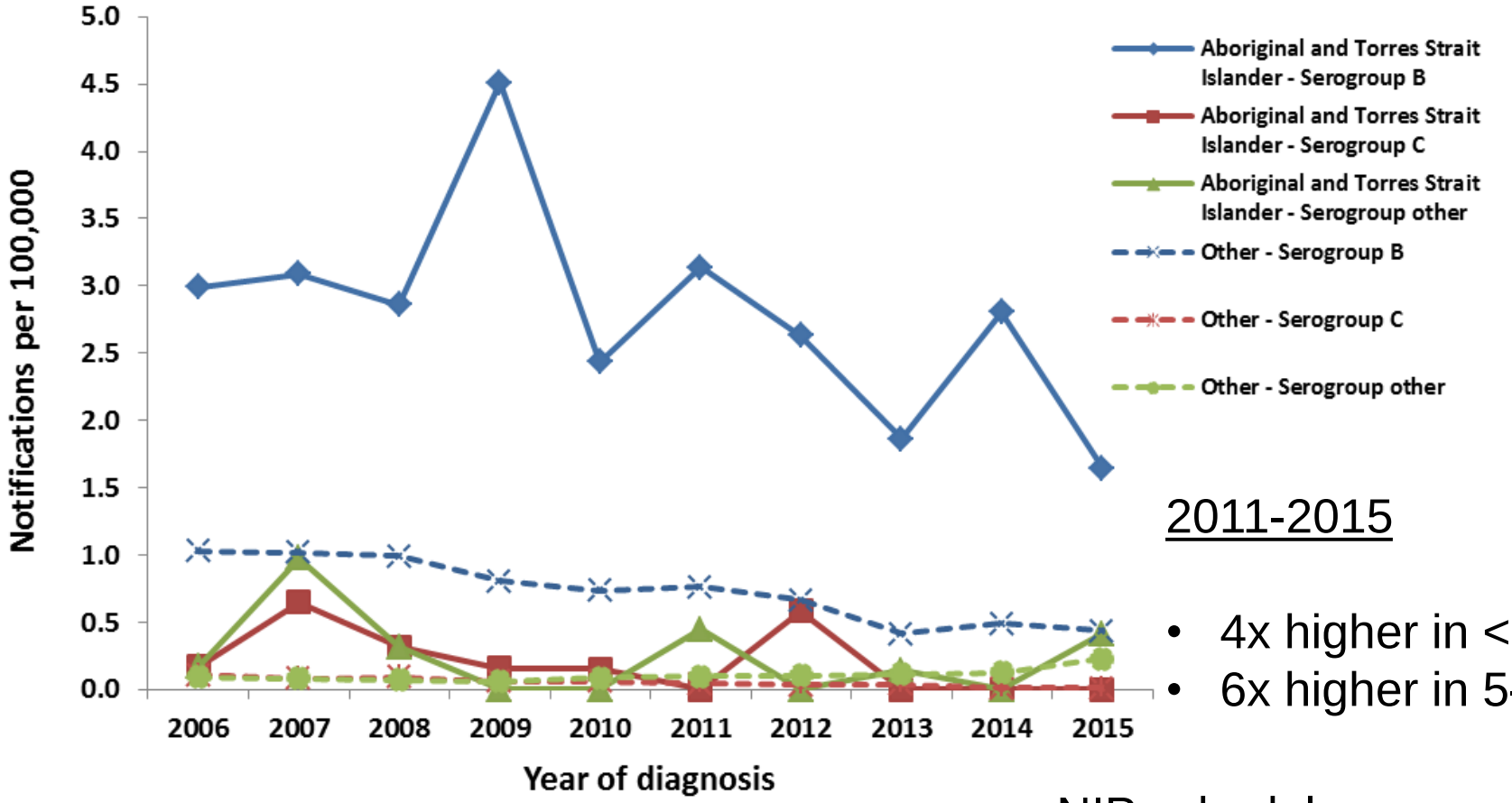
Meningococcal B –Aboriginal children

- 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.

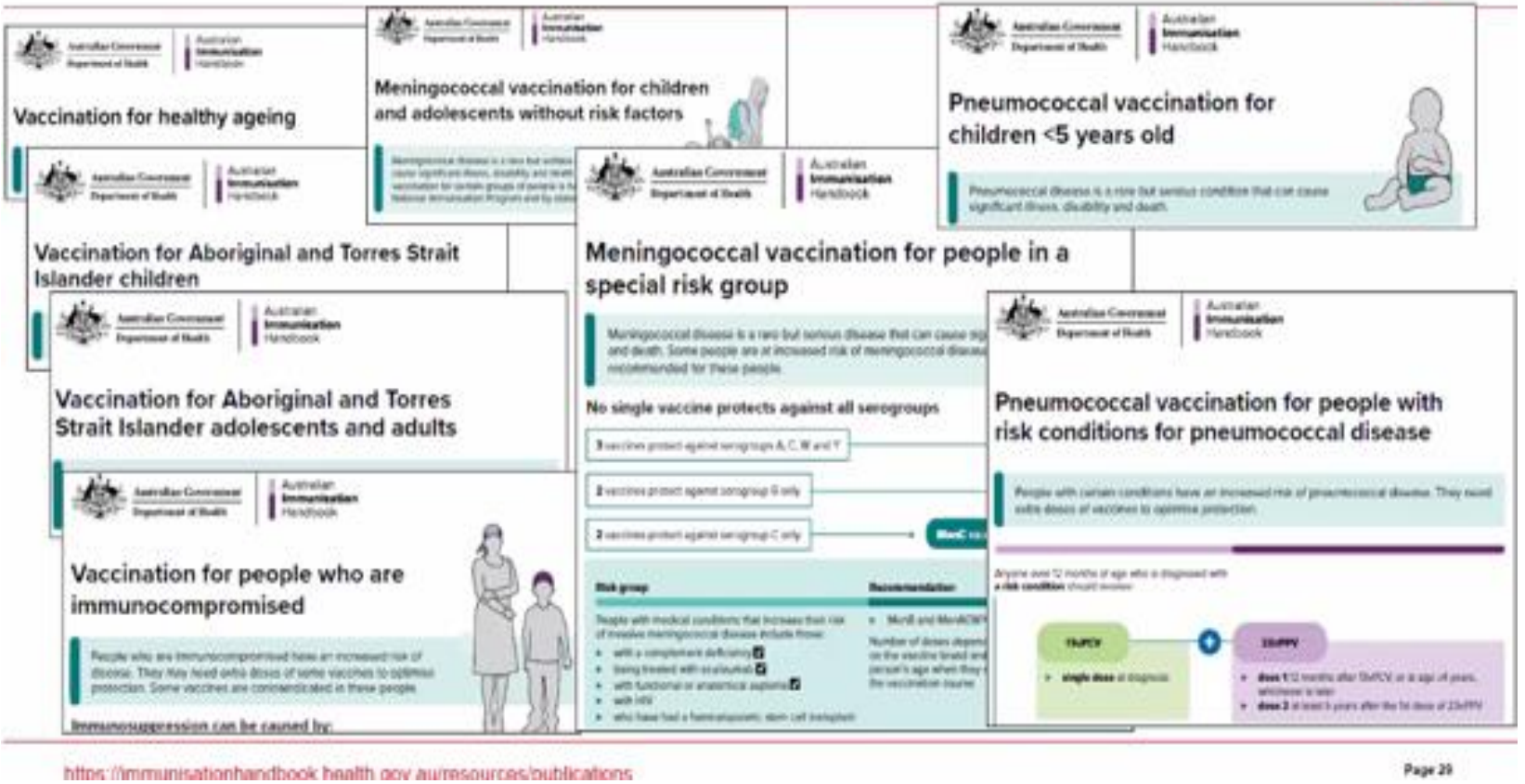
Meningococcal B –At risk groups

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

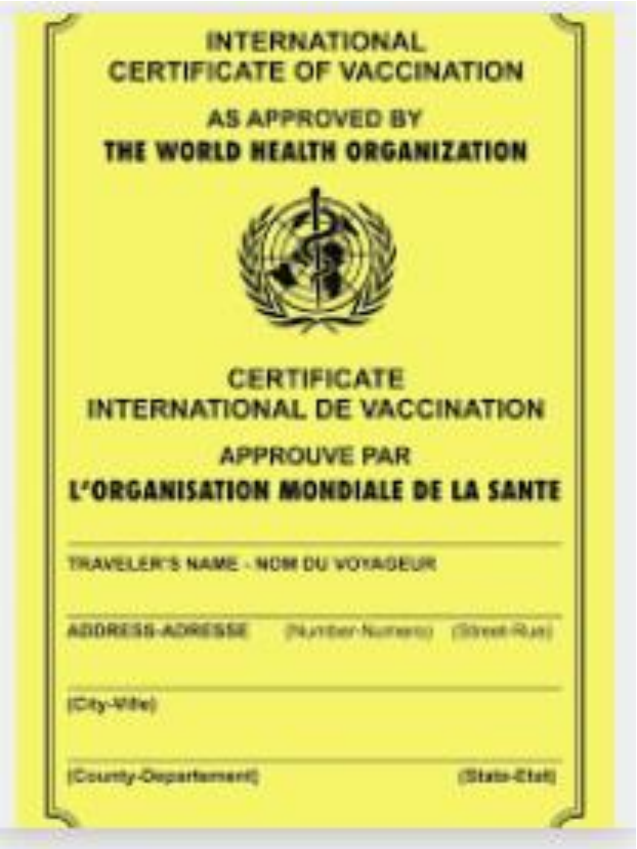
- Asplenia / Hyposplenia
- Complement deficiency
- Treatment with Eculizumab

Handbook

Handbook recommendations infographics



Vaccination for travel



INTERNATIONAL
CERTIFICATE OF VACCINATION

AS APPROVED BY
THE WORLD HEALTH ORGANIZATION

CERTIFICATE
INTERNATIONAL DE VACCINATION

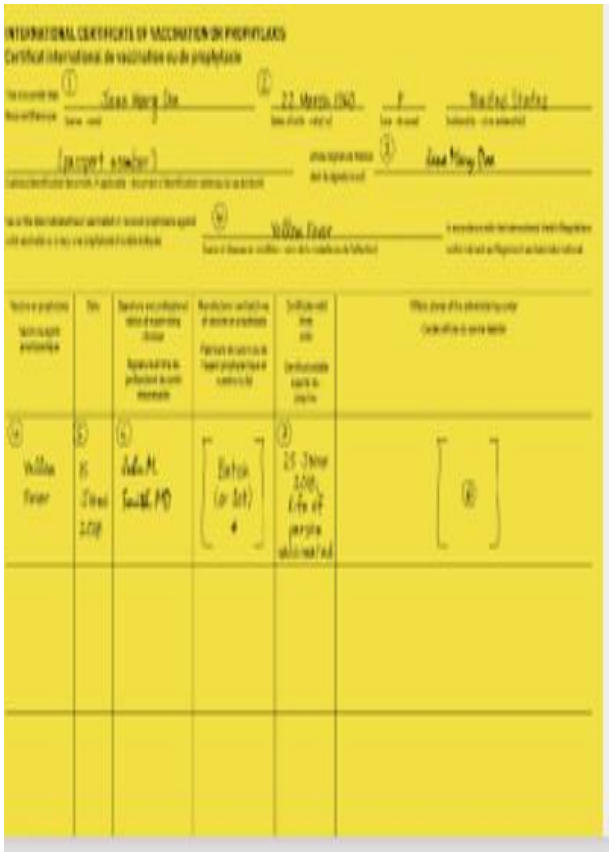
APPROUVE PAR
L'ORGANISATION MONDIALE DE LA SANTE

TRAVELER'S NAME - NOM DU VOYAGEUR

ADDRESS-ADRESSE (Number-Numero) (Street-Rue)

(City-Ville)

(County-Department) (State-Etat)



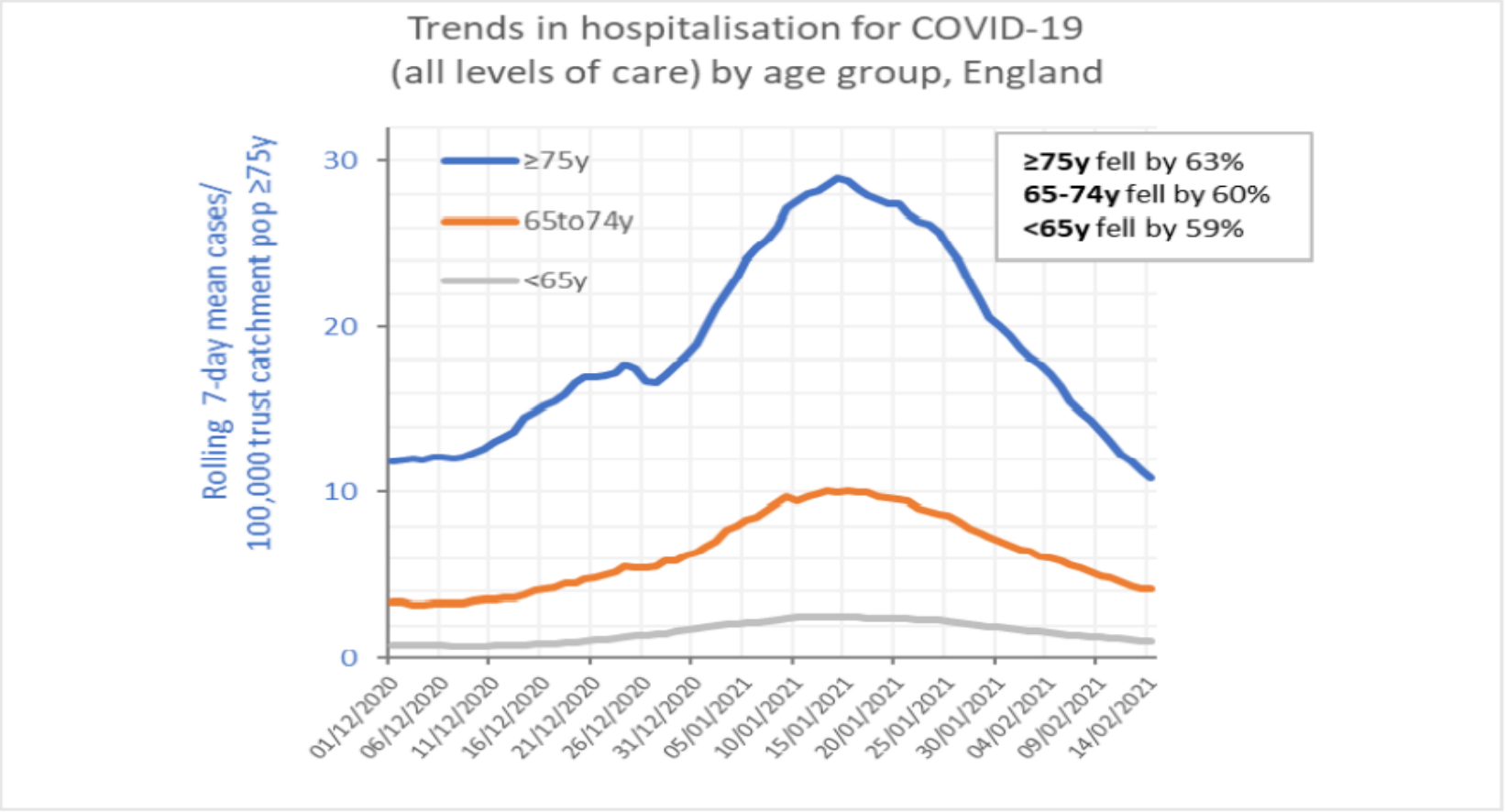
Public Health England

Protecting and improving the nation's health

PHE monitoring of the early impact and effectiveness of COVID-19 vaccination in England

22 February 2021

Figure 2a: Trends in weekly rate of hospitalisations for COVID by age group December 2020- February 2021 (source - SARI-Watch)



NSW GOVERNMENT

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."

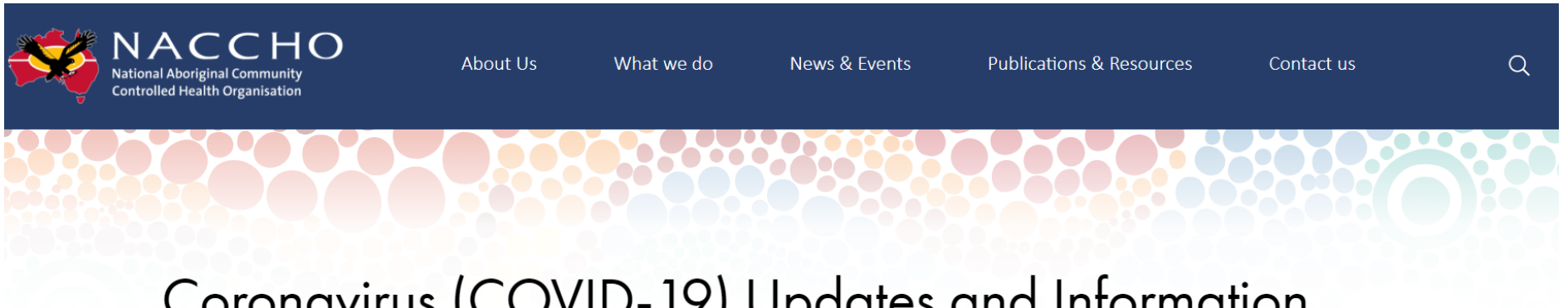
Aunty B said she was "very willing" to receive the COVID-19 vaccination, however many Indigenous people were fearful about having no choice in the matter.

"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)



Coronavirus (COVID-19) Updates and Information

Coronavirus (COVID-19) is an evolving global health concern. This page will be updated with the latest information as it becomes available.

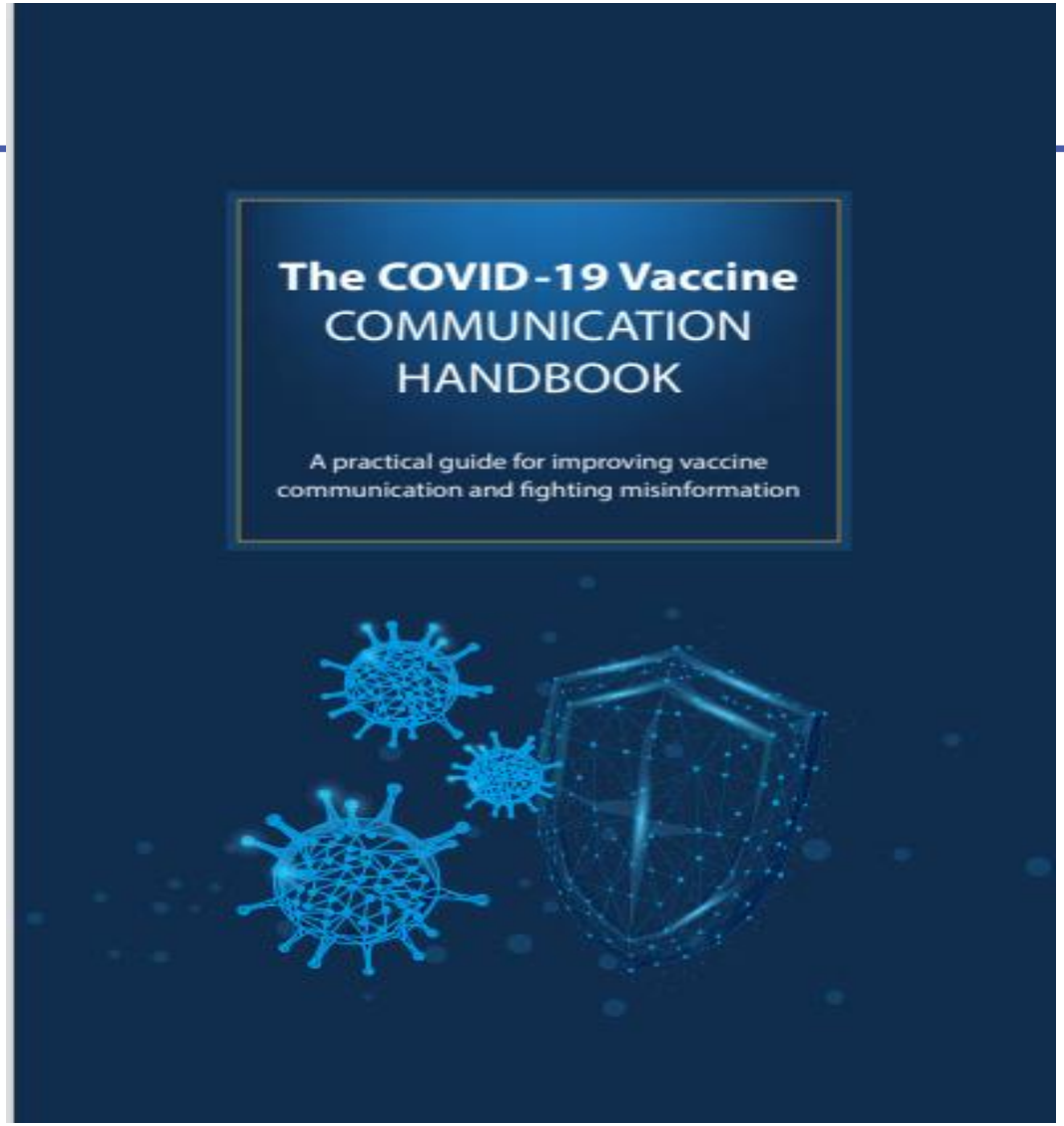
For up-to-the-minute targeted information for Aboriginal and Torres Strait Islander peoples, visit the **Australian Federal Government Department of Health (DoH) website.**

For latest news and information on the COVID-19 vaccines **click here.**

Important COVID-19 resources and updates:

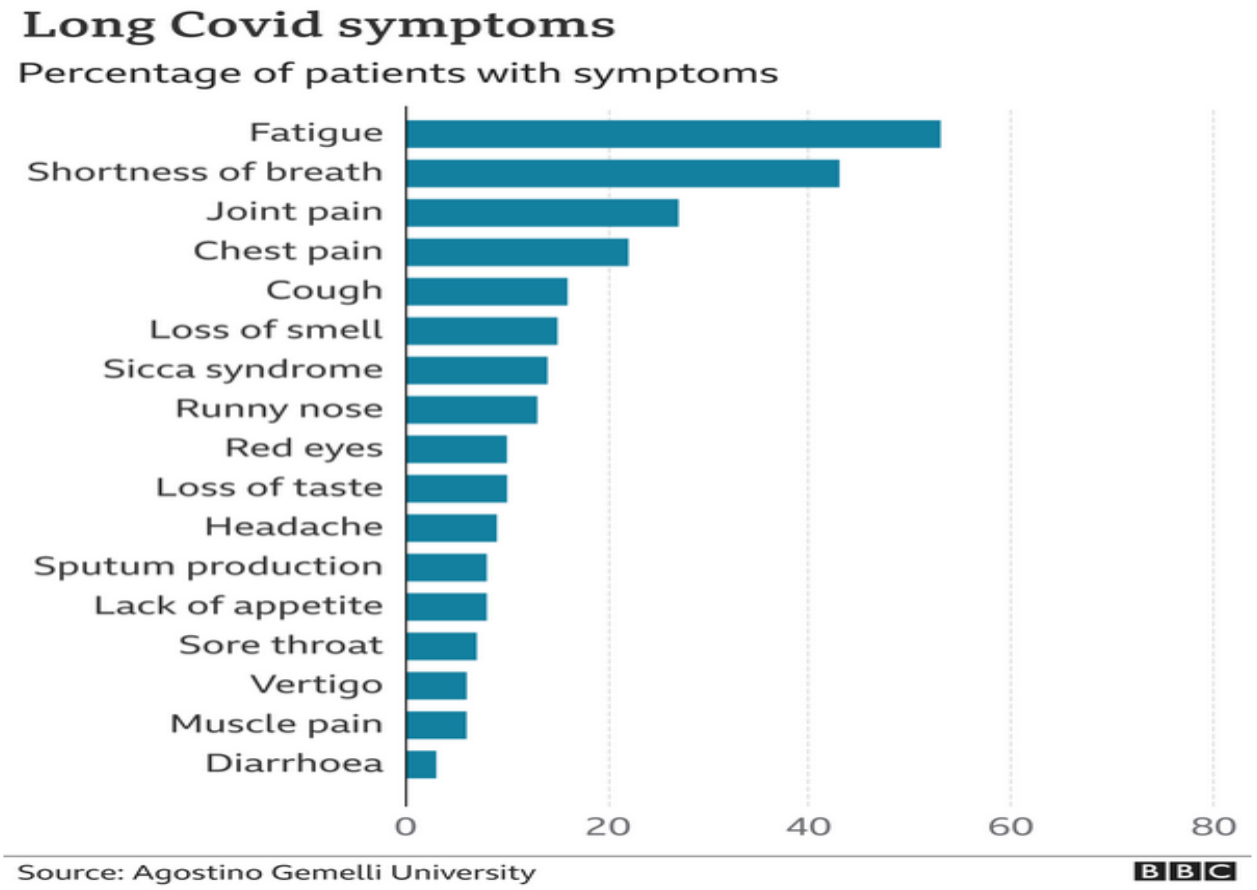
- **COVID-19 Vaccines common questions**

COVID-19 Updates and Information (naccho.org.au)



[The COVID-19 Vaccine Communication Handbook.pdf]

Long Covid

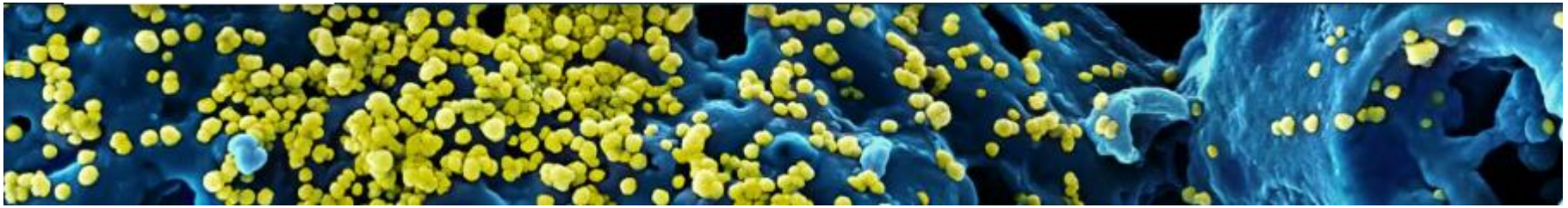


However, such studies focus only on the minority of people who end up needing hospital treatment.

The **Covid Symptom Tracker App** - used by around four million people in the UK - found 12% of people still had symptoms after 30 days. Its latest, unpublished data, suggests as many as one in 50 (2%) of all people infected have long-Covid symptoms after 90 days.

https://www.bbc.com/news/health-54296223

Coronaviruses



- Hundreds of corona viruses – animals
- Jump to humans – spillover
- 7 corona viruses cause human disease
- 4 mild disease 229E, OC43, NL63 and HKU1
- SARS (severe acute respiratory syndrome)
- MERS (Middle East respiratory syndrome
- SARS-CoV-2 causes Covid-19

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

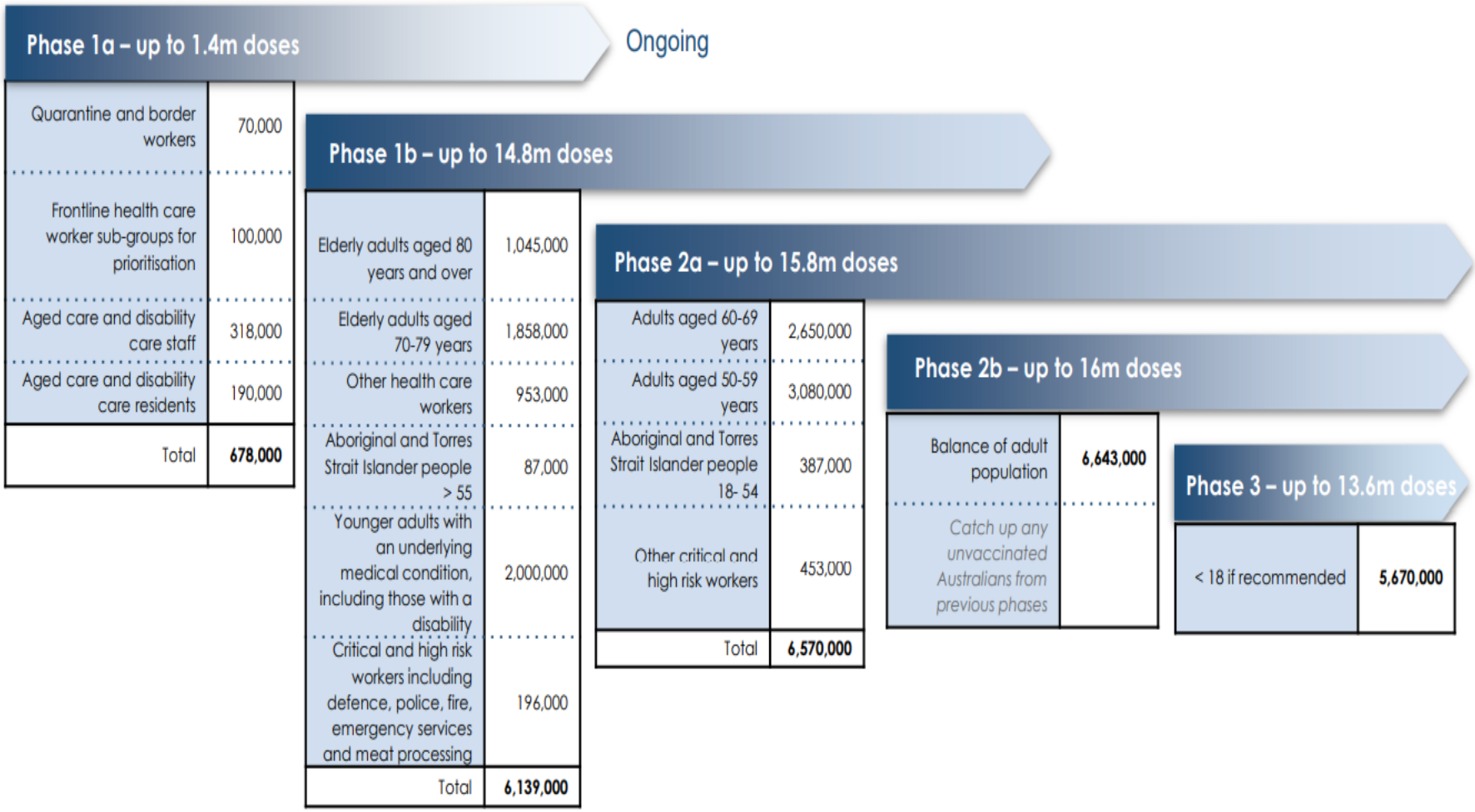
- Children under 16 (if recommended, Pfizer vaccine only).

Potential COVID-19 Vaccines

- **Pfizer/BioNTech**
  - 2 doses required, Commonwealth has purchased 10M doses
  - Store at -70°; reactogenic; watch for anaphylaxis (11 per million doses); high efficacy
  - *Likely approval and in country mid-February 2021*
- **Oxford/AstraZeneca**
  - 2 doses required, Commonwealth has purchased 53.8M doses
  - Store at 2-8°; moderate efficacy
  - *Likely approval and in country March 2021*
- **Novavax**
  - 2 doses required, Commonwealth has purchased 51M doses
  - Store at 4-8°
  - *Undergoing Phase 3 clinical trials, if successful likely approval and in country June/July 2021*

COVID-19 vaccine national roll-out strategy

COVIDSAFE



Phase 1a – up to 1.4m doses

Quarantine and border workers	70,000
Frontline health care worker sub-groups for prioritisation	100,000
Aged care and disability care staff	318,000
Aged care and disability care residents	190,000
Total	**678,000**

Ongoing

Phase 1b – up to 14.8m doses

Elderly adults aged 80 years and over	1,045,000
Elderly adults aged 70-79 years	1,858,000
Other health care workers	953,000
Aboriginal and Torres Strait Islander people > 55	87,000
Younger adults with an underlying medical condition, including those with a disability	2,000,000
Critical and high risk workers including defence, police, fire, emergency services and meat processing	196,000
Total	**6,139,000**

Phase 2a – up to 15.8m doses

Adults aged 60-69 years	2,650,000
Adults aged 50-59 years	3,080,000
Aboriginal and Torres Strait Islander people 18- 54	387,000
Other critical and high risk workers	453,000
Total	**6,570,000**

Phase 2b – up to 16m doses

Balance of adult population	**6,643,000**
Catch up any unvaccinated Australians from previous phases	

Phase 3 – up to 13.6m doses

< 18 if recommended	**5,670,000**

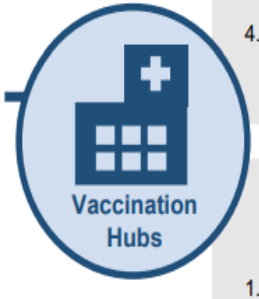
COVIDSAFE

First priority populations

The Australian COVID-19 vaccination program will commence with priority populations including aged care and disability care residents and workers, frontline healthcare workers and quarantine and border workers.

Vaccine doses will be available through 30 - 50 hospital sites across Australia - in metro and regional areas (pending advice from states and territories) plus in residential aged care and disability care facilities.

Doses quarantined in Hub based on readiness checklist information by facilities and picked up by contracted workforce on scheduled date(s) for vaccination day.



Aged care and disability care residents

1. Communications to facilities to advise of priority groups, locations and rollout plans
2. Patient consent coordinated by contracted workforce in consultation with facility
3. Vaccination date(s) communicated
4. Vaccination doses received

Residential aged care and disability care workers

1. Communications to facility staff to advise of priority groups, locations and rollout plans
2. Coordinate schedule of first and second doses by facility
3. Facilities to provide readiness checklist including staff numbers on vaccination date(s) to inform dose requirements
4. Vaccination date(s) communicated
5. Vaccination doses received

Priority frontline healthcare workers

1. Communications through states and territories and peak bodies to advise of priority groups, locations and rollout plans
2. Vaccination date(s) scheduled and communicated to individual
3. Schedule and doses coordinated within State Governments to align with shifts and rosters
4. Vaccination doses received as per steps outlined below - proof of eligibility, consent and clinical screening conducted on check-in at vaccination Hub

Priority quarantine and border workers

1. Communications to advise of priority groups, locations and rollout plans
2. Scheduling coordinated through State Government and communicated to individual
3. Individual attends Hub for vaccination at advised time by employer if applicable
4. Vaccination doses received as per steps outlined below- proof of eligibility, consent and clinical screening conducted on check-in at vaccination Hub

Day of vaccination - First dose

Patient screening → Vaccination dose given → Follow up information provided → Vaccination record entered into AIR (and relevant systems) → Post vaccination monitoring

Reminder of second dose - scheduled date(s) and location

Second dose

Repeat steps for first dose process

Phase 1a vaccination sites in NSW

- **Sydney**
  - Camperdown (Royal Prince Alfred)
  - Westmead
  - Liverpool
  - Hornsby*
  - Kogarah (St George)*
  - Nepean*

- **Regional (primary hubs to be determined, with potential for outreach spokes)**
  - Newcastle*
  - Wollongong*
  - Coffs Harbour*
  - Dubbo*
  - Wagga Wagga*
  - Further primary regional hubs may be determined as required and feasible

ACT to assist with Queanbeyan and surrounding region

Vaccination clinic planning

- **Immunisation workforce**
  - Not anticipated to be a rate-limiting step
  - At least 1,500 nurse immunisers in NSW Health; other nurses supporting under standing orders
  - Approximately 500 nurse immuniser scholarships provided
  - 50 additional nurse immunisers to be employed through NSLHD (EOIs closed 10 January)
  - Need to consider supporting staff including admin, security, crowd control, pharmacy, medical and plan to operate vaccination clinics 7 days per week.

- **Training and education**
  - Vaccine storage and cold chain management education module (already live on HETI).
  - NCIRS shoulder injury related to vaccination presentation (already live on NCIRS website).
  - Multi-dose vial education module (due to go live 15 January 2021 on HETI and CEC website).
  - Anaphylaxis education module (due to go live 15 January 2021 on HETI and CEC website).
  - eLearning platform on vaccination procedures (already live on MVEC website).

- **NSW Health COVID-19 Vaccination Policy and Guidelines**
  - Vaccination Policy drafted.
  - COVID-19 Mass Vaccination Clinics Guideline drafted.

ICT enhancements

- **Enhancements to VaxLink include:**
  - Additional screens and reports to record COVID-19 vaccinations and report on vaccine uptake/refusal (likely live in February).
  - An interface capability with the Australian Immunisation Register (AIR) (likely go live week of 11 January).
  - Online consent and record management process (now live).
  - Interface to Vaxtracker to support active surveillance of adverse events following immunization (AEFI) (now live).

- **Reviewing availability of iPads at proposed phase 1a vaccination clinic sites to support online registration and consent**

- **Processes for registration of non NSW Health staff underway to link with the Australian Immunisation Register (AIR)**

PRIMARY HEALTH NETWORK

RACF Preparation

- RACFs will be advised of their vaccination date/s and should ensure that maximum number of residents are available. There will be little room for changing or amending vaccination timetables. Consider utilizing sister facilities to help with staffing on the day

- Consents will be responsibility of RACF's and the usual GP's. A consent template has been developed and is available. If you are using your own template ensure consent is understood as being provided for the two doses of the same vaccine. Action these as quickly as possible
- consent form

- Visit the Department of Health's website for more information or to read the consent form in other languages

- RACFs will be responsible for communicating with residents, families, staff and other in-scope visitors in relation to the vaccine program arrangements especially GPs

PRIMARY HEALTH NETWORK

RACF Preparation

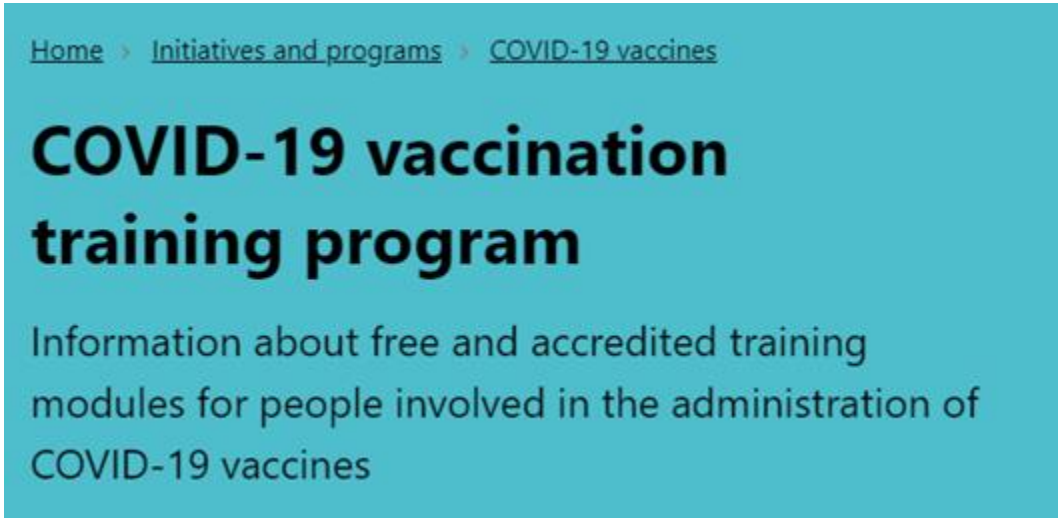
- Workforce will bring or deliver prior -all the equipment and supplies including consumables.

- RACF's will need to provide appropriate space for the vaccinations.

Link to the Toolkit

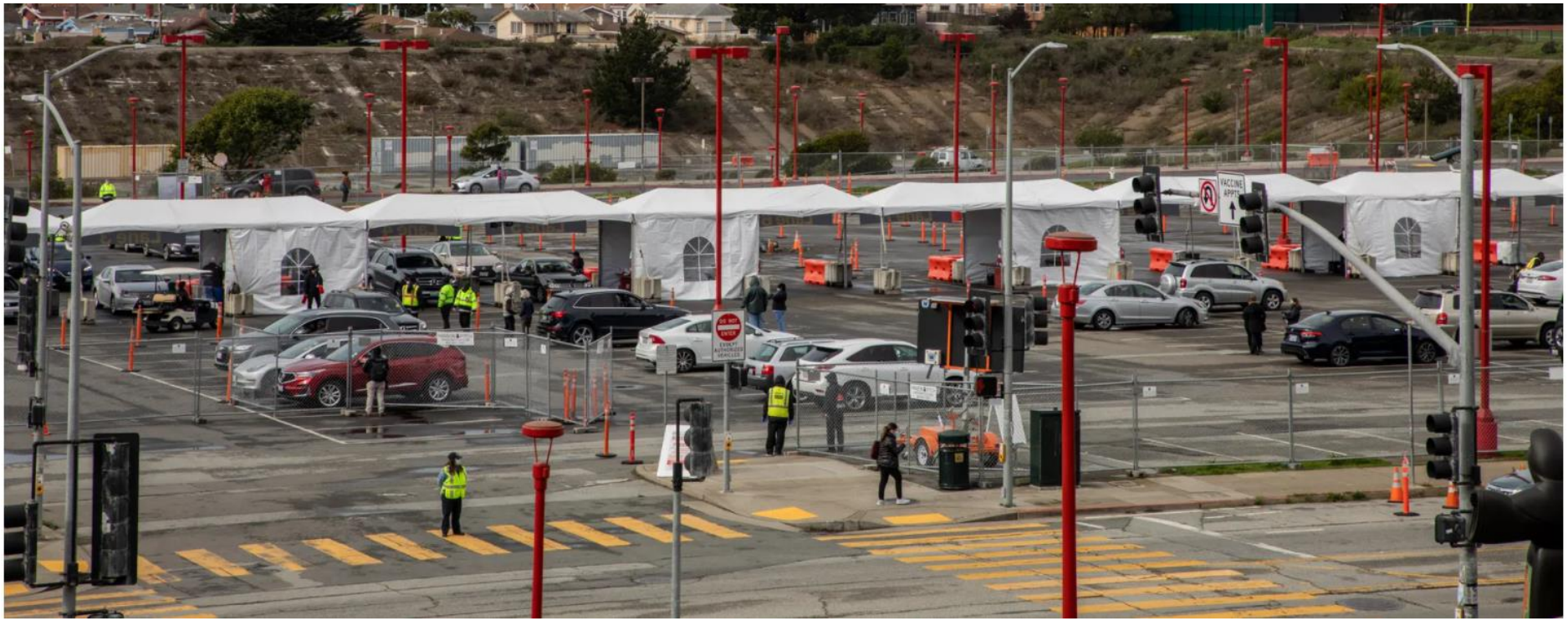
COVID-19 vaccine aged care readiness toolkit

Training

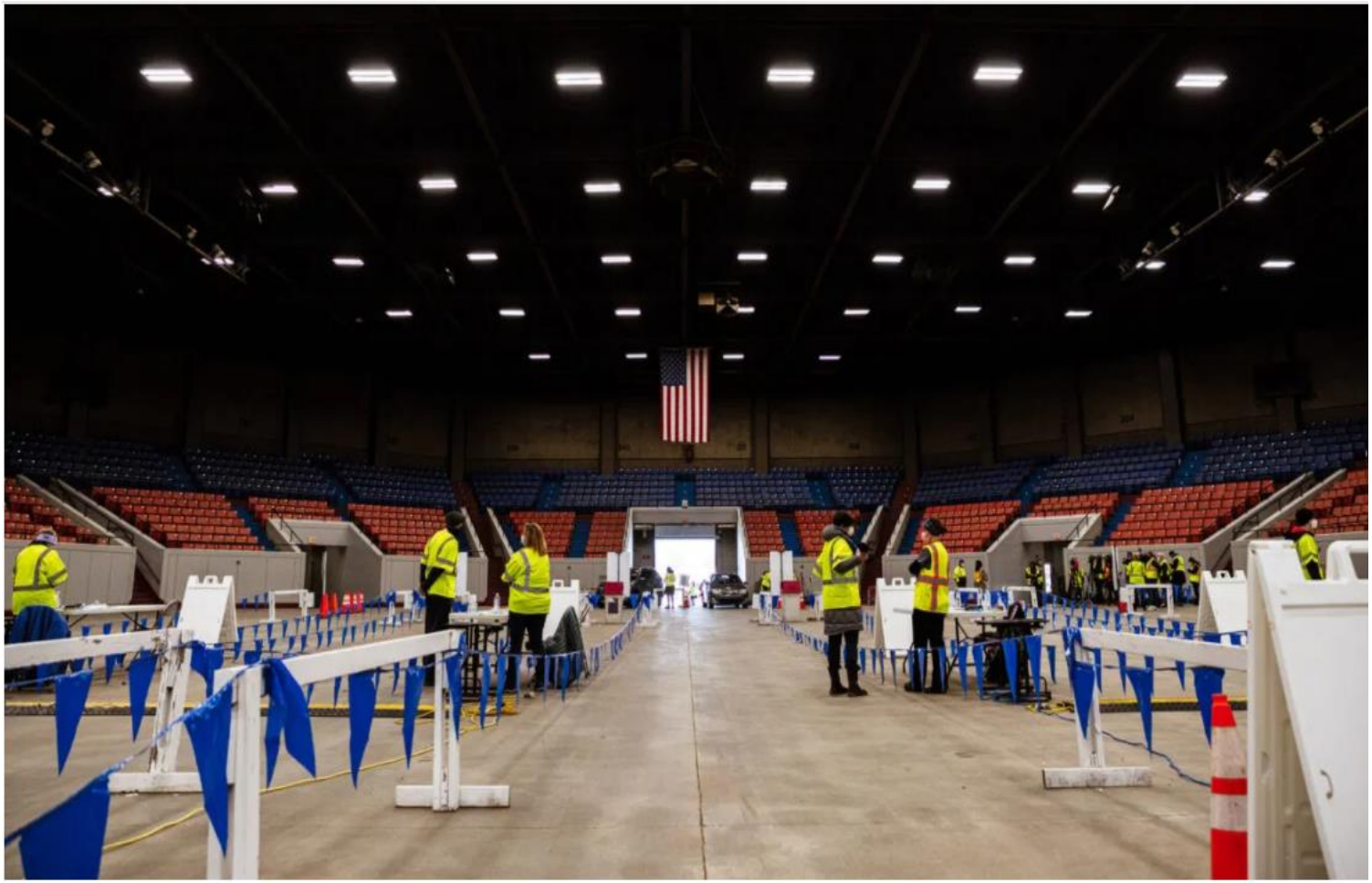


- [COVID-19 vaccination training program | Australian Government Department of Health]

Mass Clinics

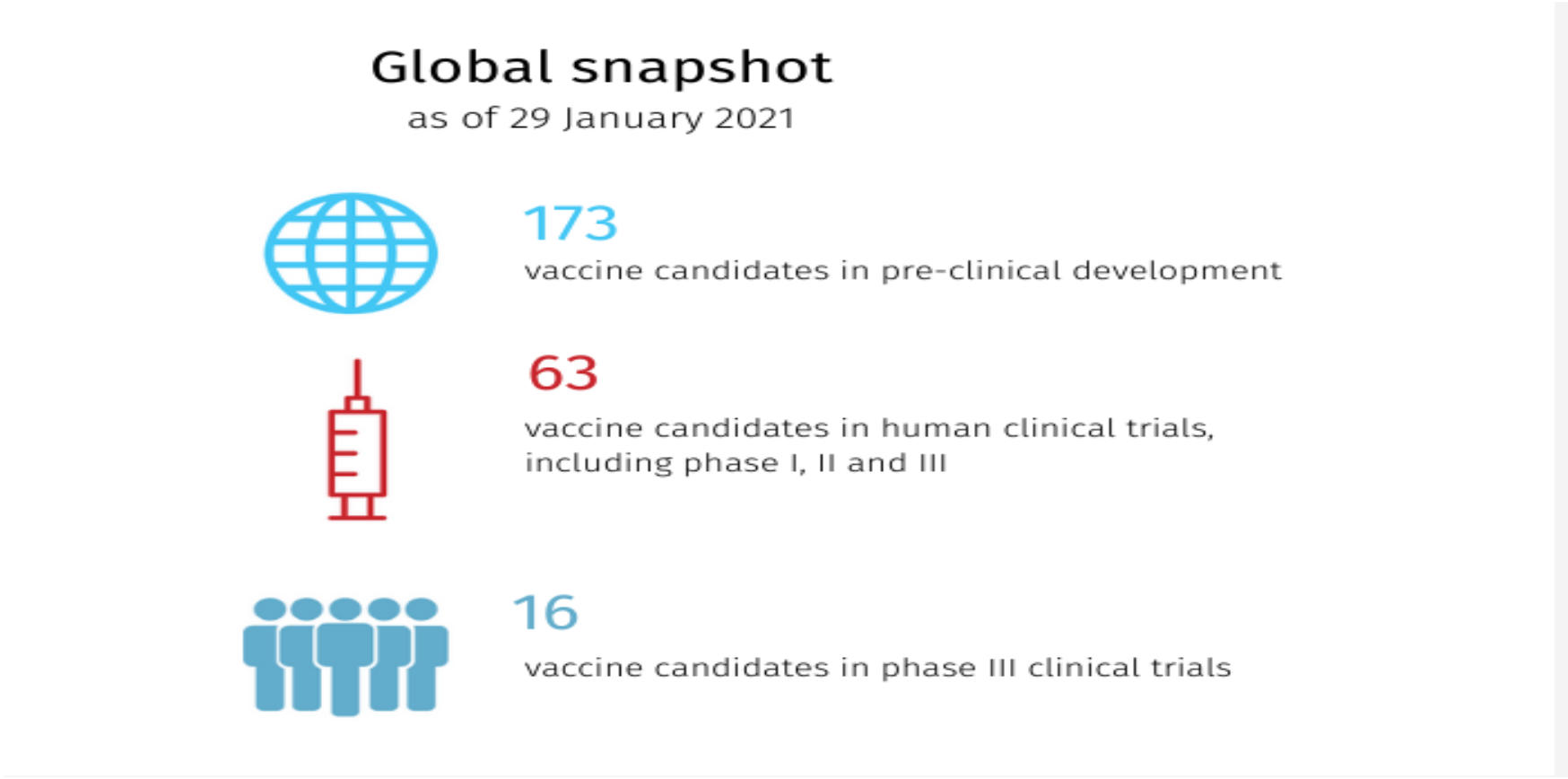


Moderna's COVID-19 vaccine is administered at City College of San Francisco, the city's first mass vaccination site, on Jan. 22.



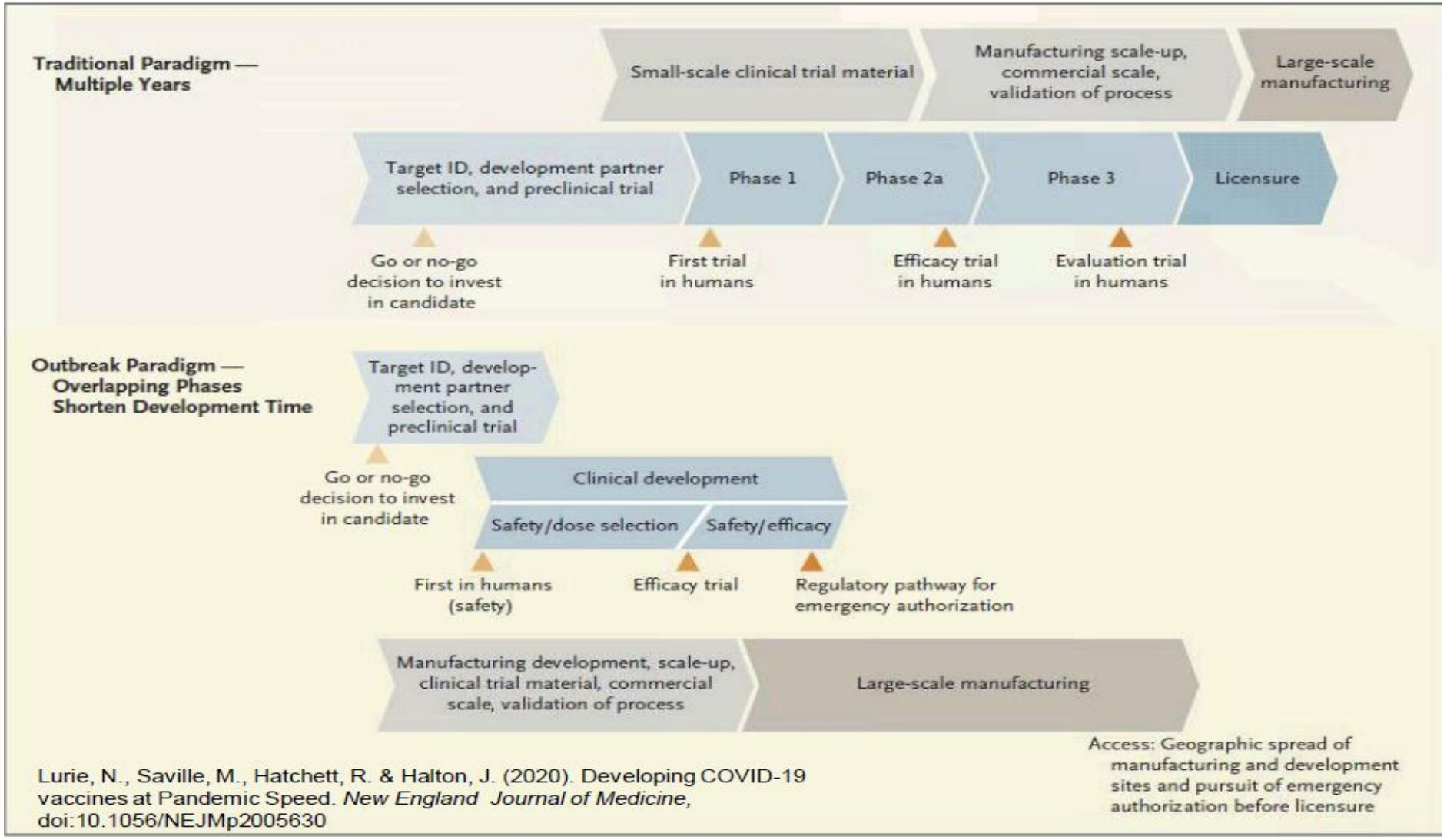
Supersites for COVID-19 vaccinations are opening in various locations across the country. Jon Cherry/Getty Images

Covid has moved the case for vaccine development



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

Vaccine development



Lurie, N., Saville, M., Hatchett, R. & Halton, J. (2020). Developing COVID-19 vaccines at Pandemic Speed. *New England Journal of Medicine*, doi:10.1056/NEJMp2005630

Vaccines in Phase 3

Phase III

Vaccine	Developer	Clinical trial in	Vaccine platform	Number of participants	Age range
ChAdOx1 nCoV-19	University of Oxford	Brazil	Viral vector	5,000	≥18 years
CoronaVac	Sinovac Biotech	Brazil	Inactivated	8,870	≥18 years
CoronaVac	Sinovac Biotech	Turkey	Inactivated	13,000	18-59 years
Unnamed	Wuhan Institute of Biological Products	United Arab Emirates, Bahrain, Egypt and Jordan	Inactivated	45,000	≥18 years
Unnamed	Beijing Institute of Biological Products	United Arab Emirates, Bahrain, Egypt and Jordan	Inactivated	45,000	≥18 years
Unnamed	Beijing Institute of Biological Products	Argentina	Inactivated	3,000	≥18-85 years
mRNA-1273	Moderna	USA	RNA	30,000	≥18 years
BNT162b2	BioNTech/Pfizer	USA	RNA	43,998	≥18 years
CoronaVac	Sinovac Biotech	Indonesia	Inactivated	1,620	18-59 years
AZD1222/ChAdOx1 nCoV-19	AstraZeneca/University of Oxford	USA	Viral vector	40,051	18-130 years
Gam-COVID-Vac	Gamaleya Research Institute	Russia	Viral vector	40,000	18-111 years
Ad5-nCoV	CanSino Biologics	Russia	Viral vector	500	18-85 years
Ad5-nCoV	CanSino Biologics	Pakistan	Viral vector	40,000	≥18 years
Ad26.CoV2.S	Janssen	Three continents	Viral vector	60,000	≥18 years
NVX-CoV2373	Novavax	UK	Protein	10,000	18-84 years
Gam-COVID-Vac	Gamaleya Research Institute	Belarus	Viral vector	100	18-60 years
Unnamed	Beijing and Wuhan Institute of Biological Products	Peru	Inactivated	6,000	18-60 years
CoronaVac	Sinovac Biotech	China	Inactivated	1,040	≥18 years

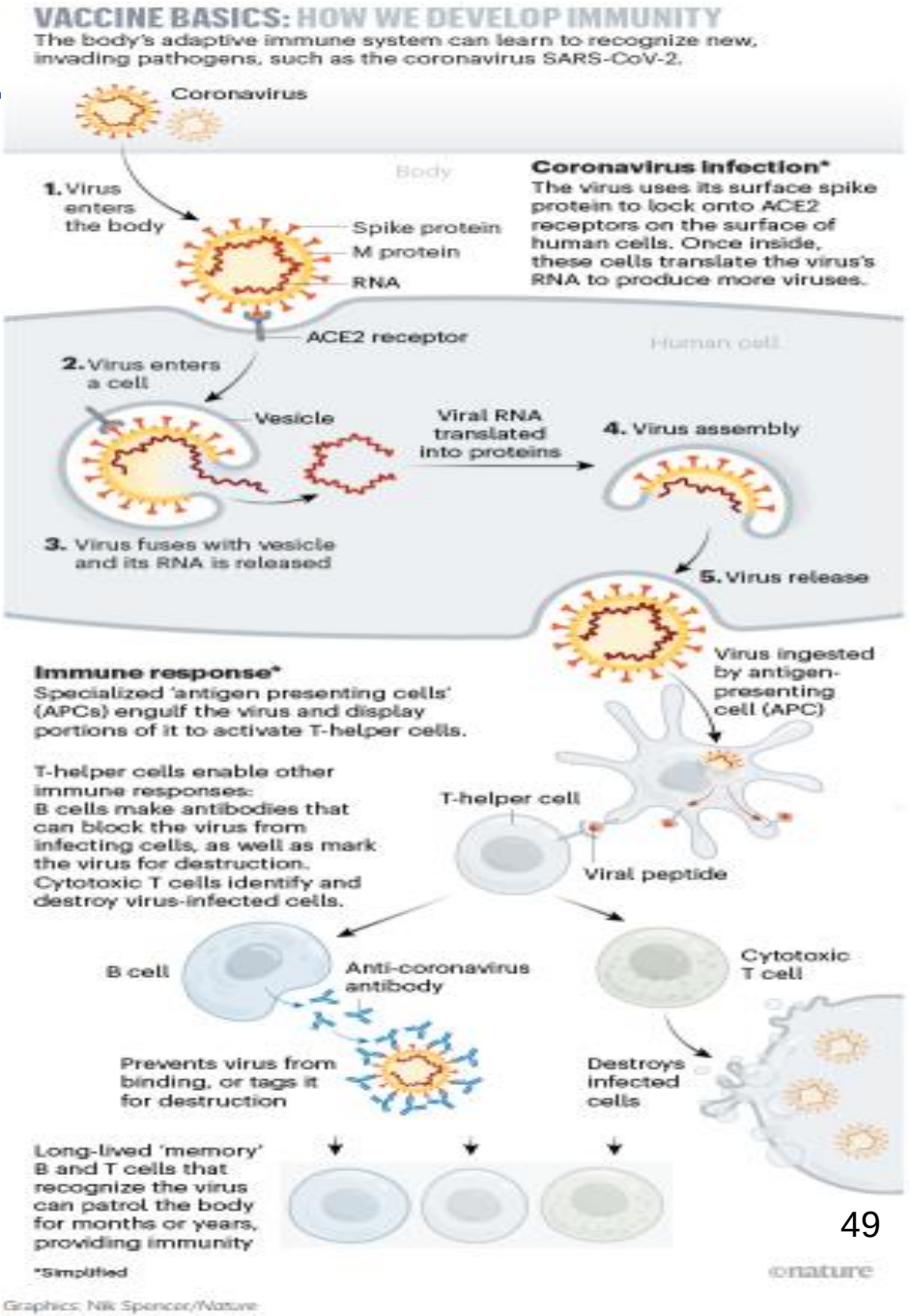
NEWS FEATURE · 28 APRIL 2020

The race for coronavirus vaccines: a graphical guide

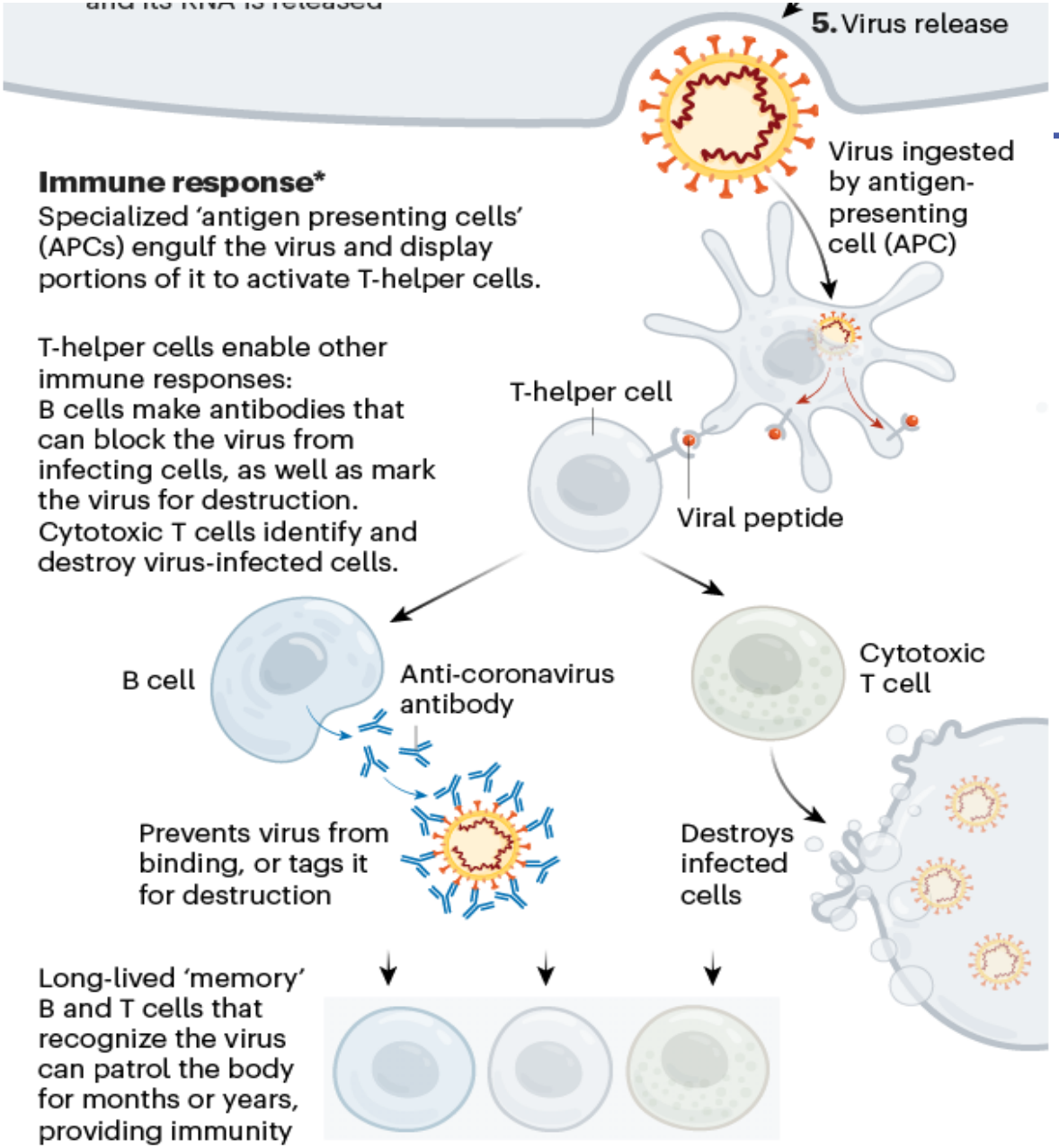
Eight ways in which scientists hope to provide immunity to SARS-CoV-2 .

Ewen Callaway

https://www.nature.com/articles/d41586-020-01221-y

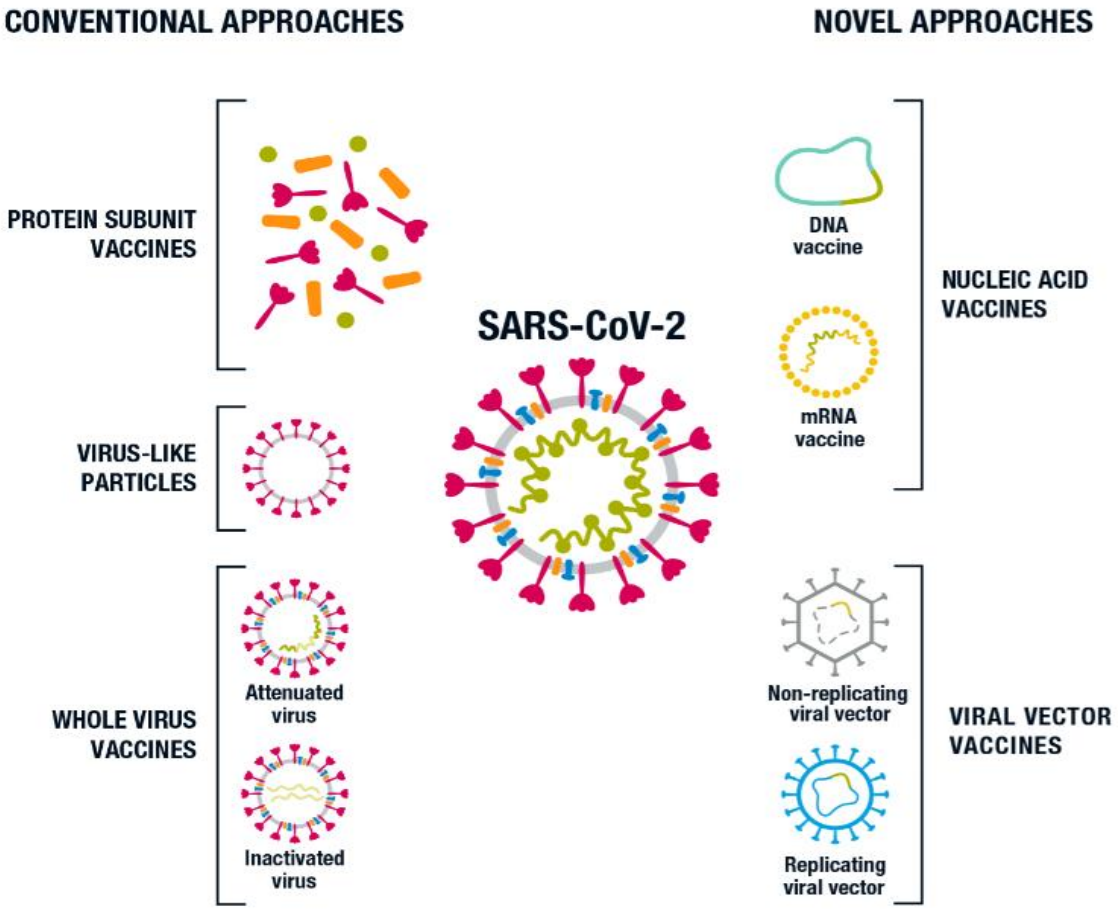


NSW GOVERNMENT Health
Hunter New England
Local Health District

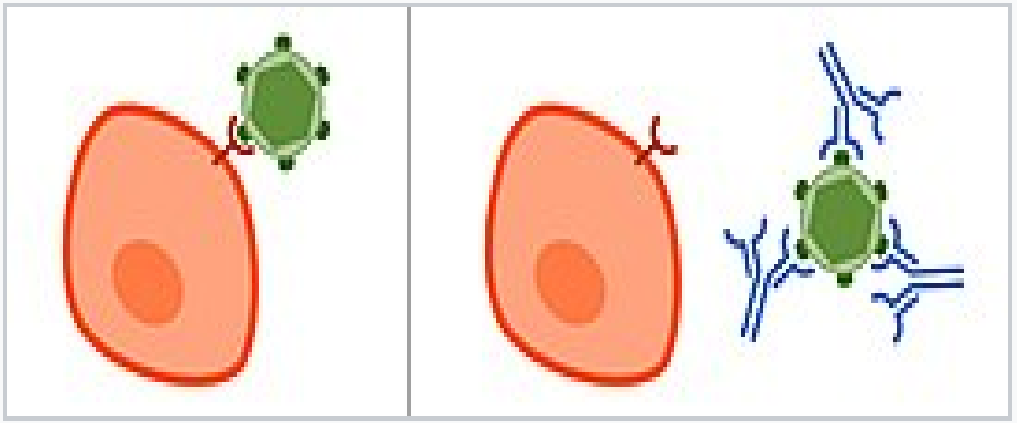


Graphics: Nik Spencer/*Nature*

Vaccinology

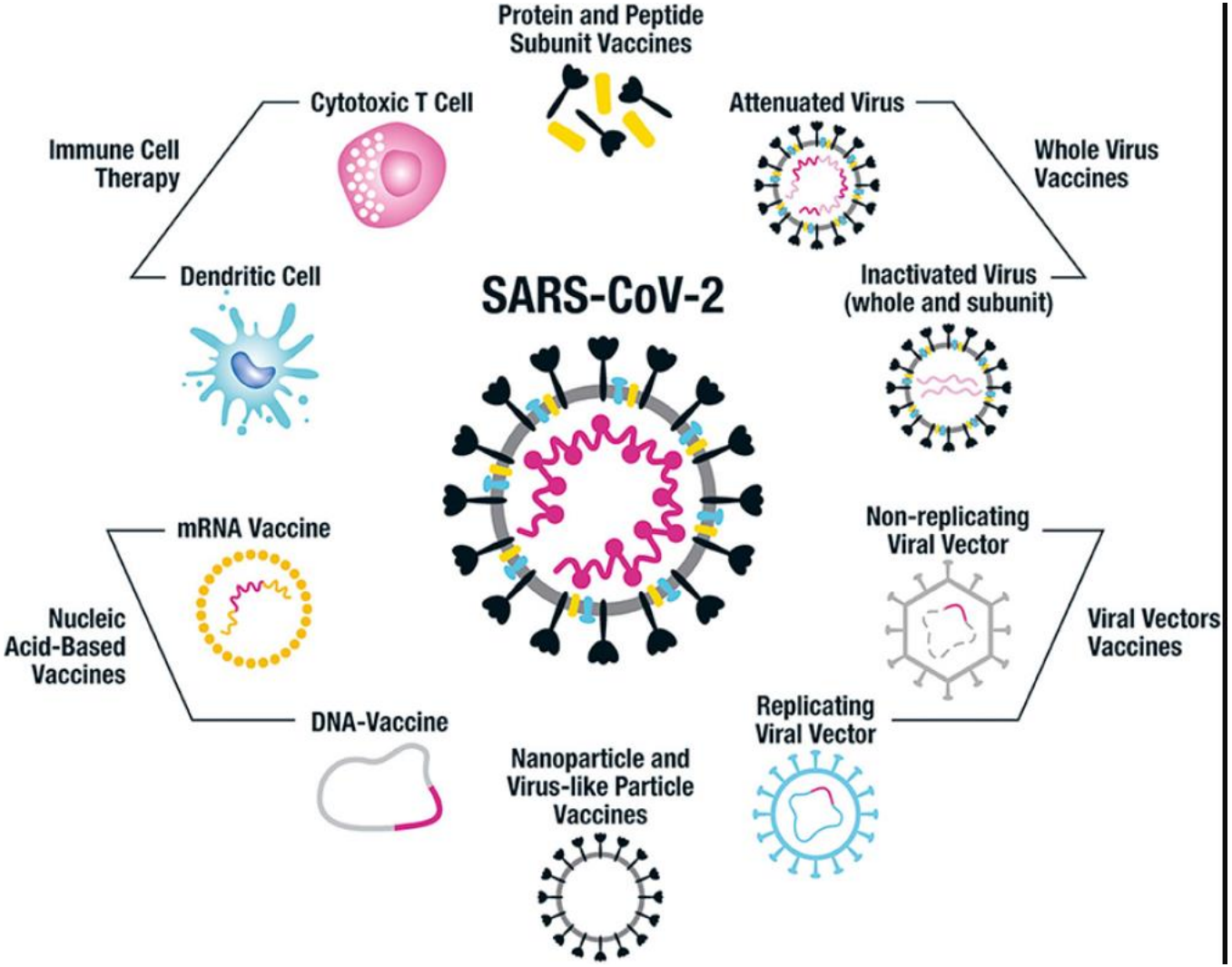


Neutralising Antibodies



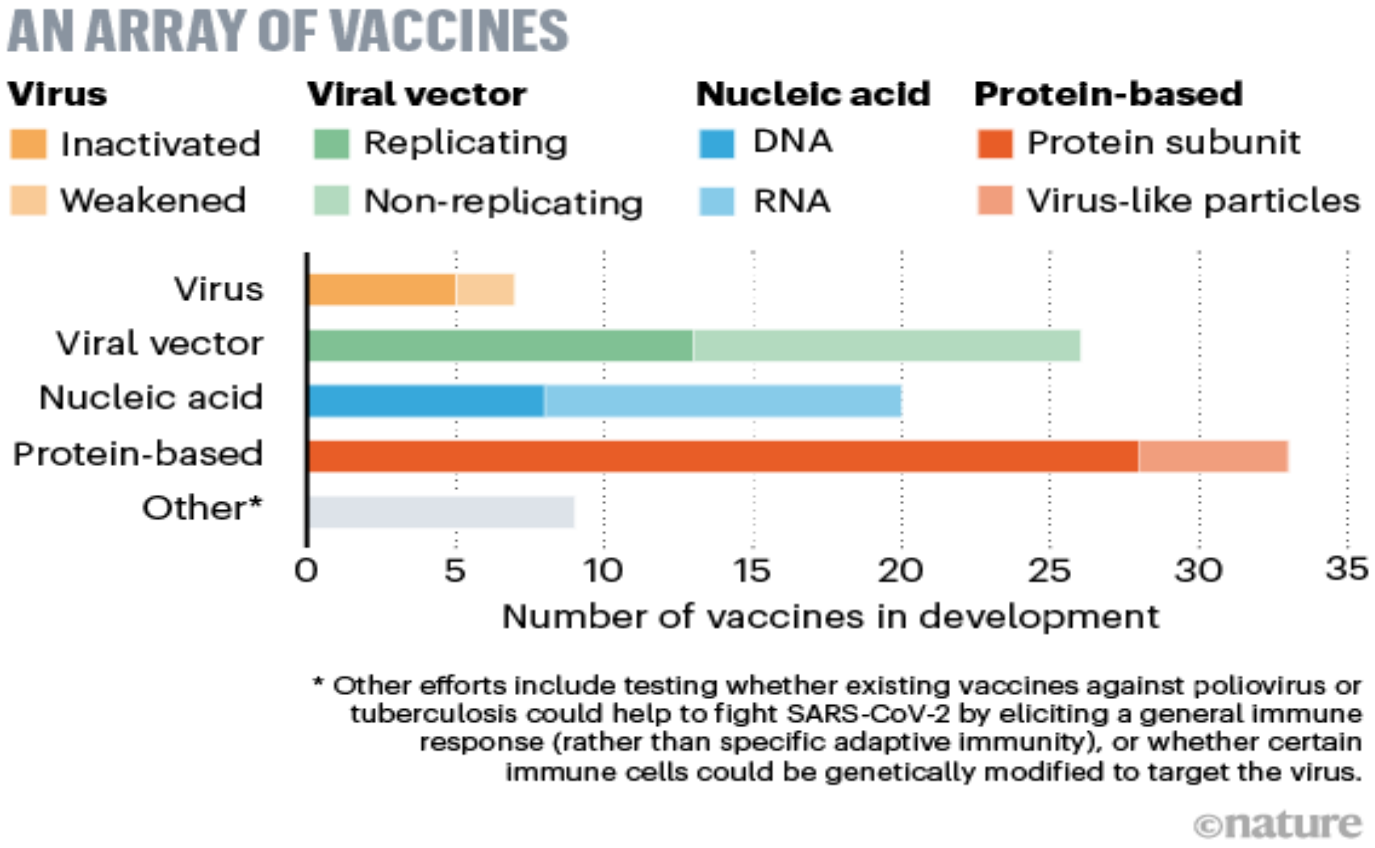
Covering an antigen in antibodies make it less infectious and less pathogenic. In the image on the right, virus entry to the cell is prevented by neutralizing antibodies binding to the virus.

Vaccine platforms being employed for SARS-CoV-2 vaccine design



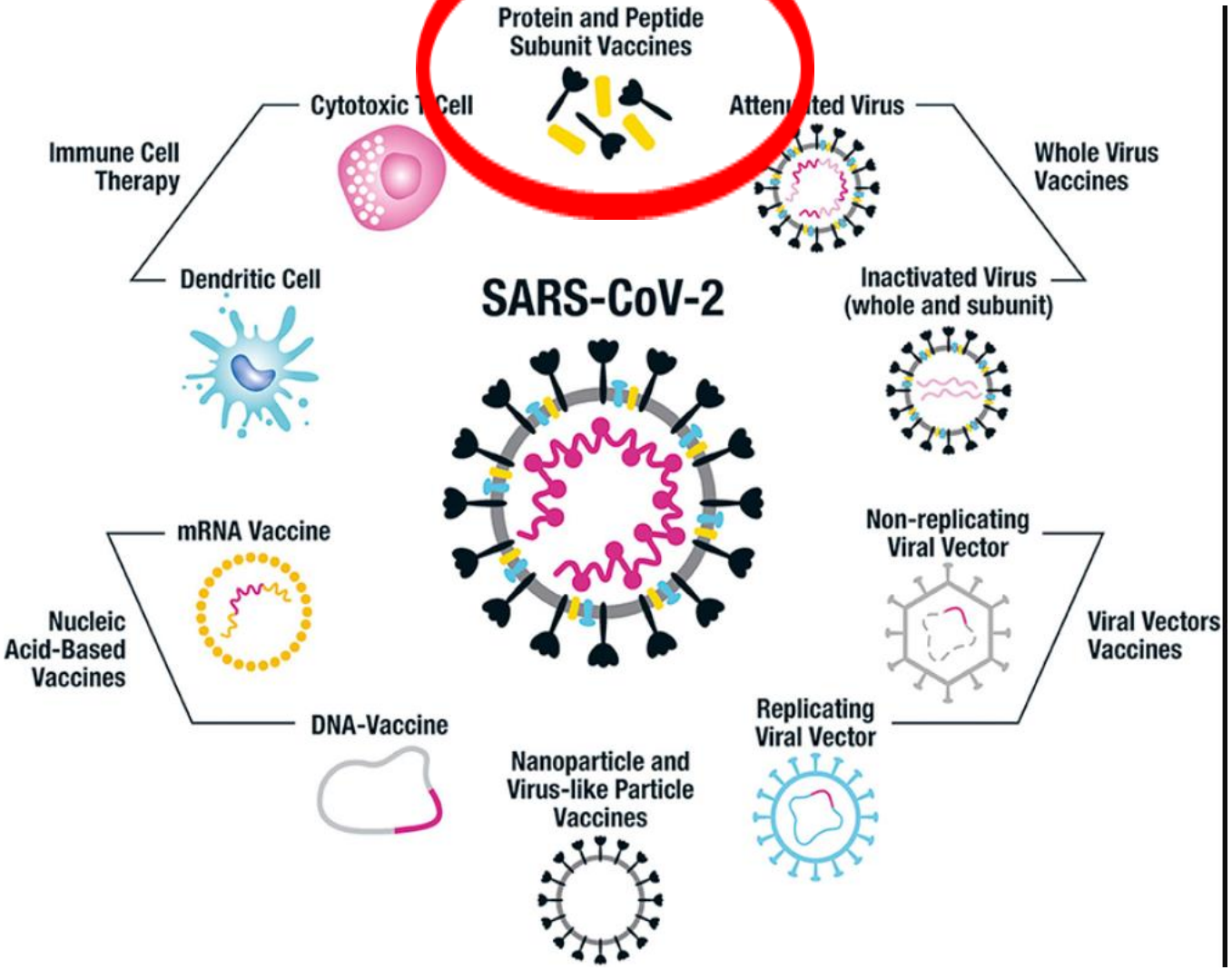
Flanagan KL, Best E, Crawford NW, Giles M, Koirala A, Macartney K, Russell F, Teh BW and Wen SCH (2020) Progress and Pitfalls in the Quest for Effective SARS-CoV-2 (COVID-19) Vaccines. Front. Immunol. 11:579250. doi: 10.3389/fimmu.2020.579250

Types of Vaccines



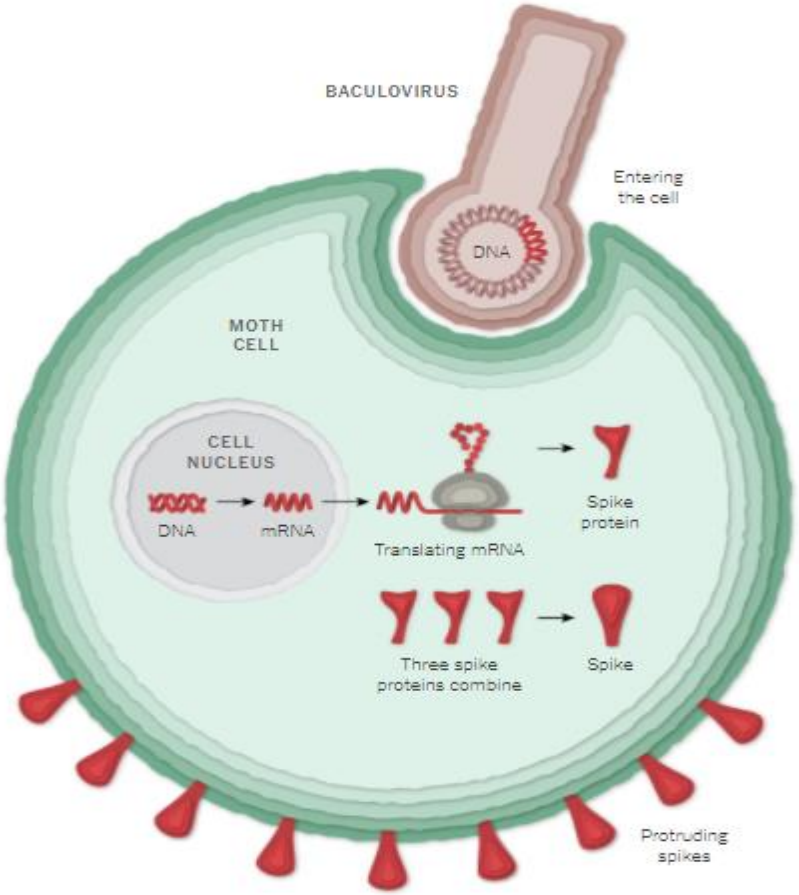
Sources: *Nature* analysis based on: WHO COVID-19 Vaccine Landscape/Milken Institute COVID-19 Treatment and Vaccine Tracker/T. Thanh Le *et al. Nature Rev. Drug. Disc.* http://doi.org/ggrnbr (2020)/F. Amanat & F. Krammer *Immunity* **52**, 583–589 (2020)/W. Shang *et al. npj Vaccines* **5**, 18 (2020).

Vaccine platforms being employed for SARS-CoV-2 vaccine design

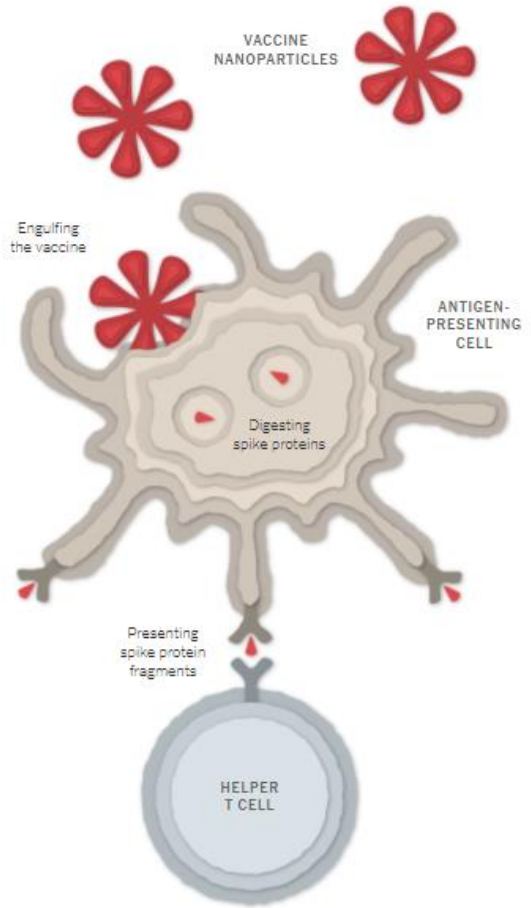


Novavax

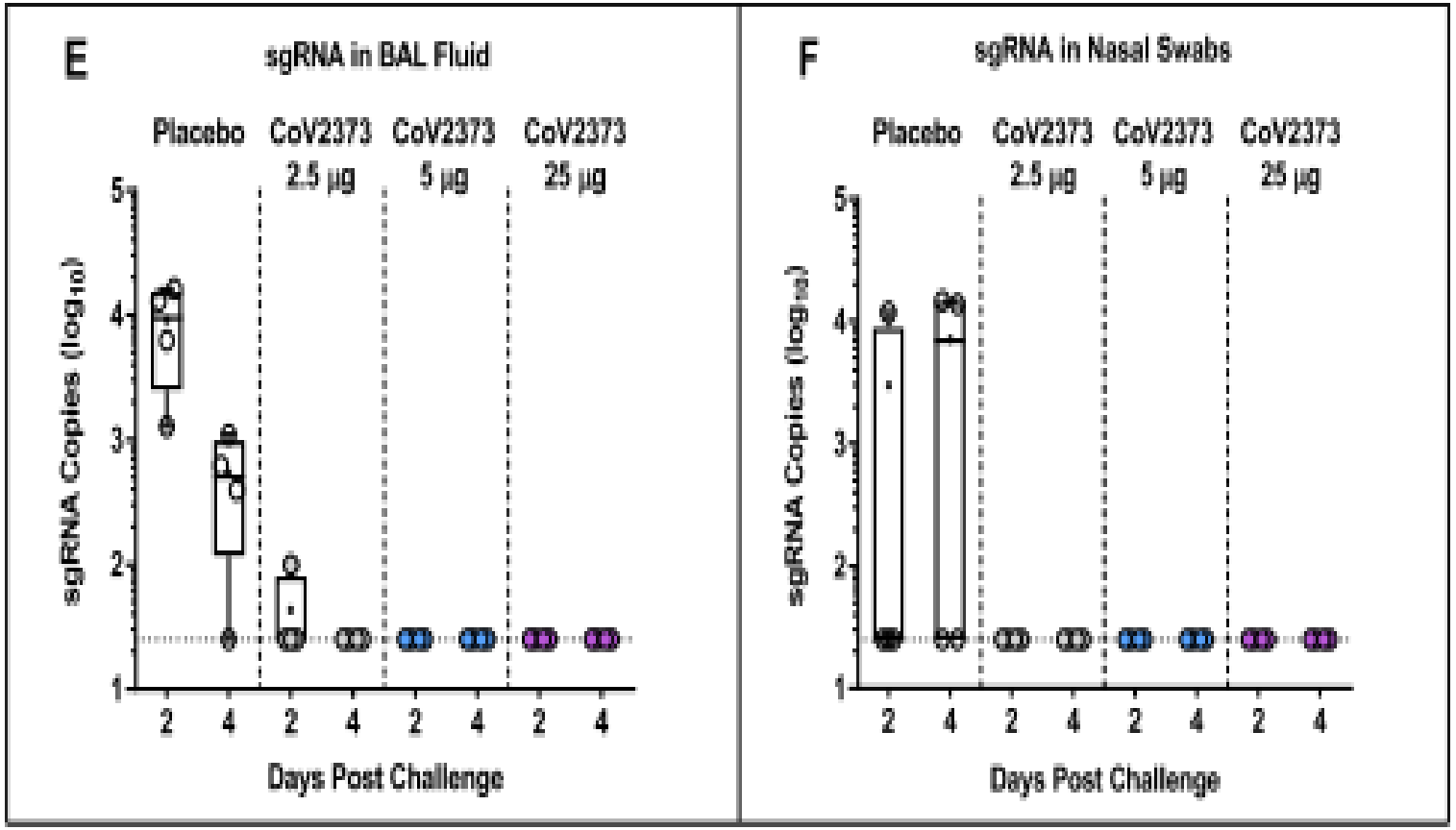
Similar to HPV vaccine – harvesting viral proteins



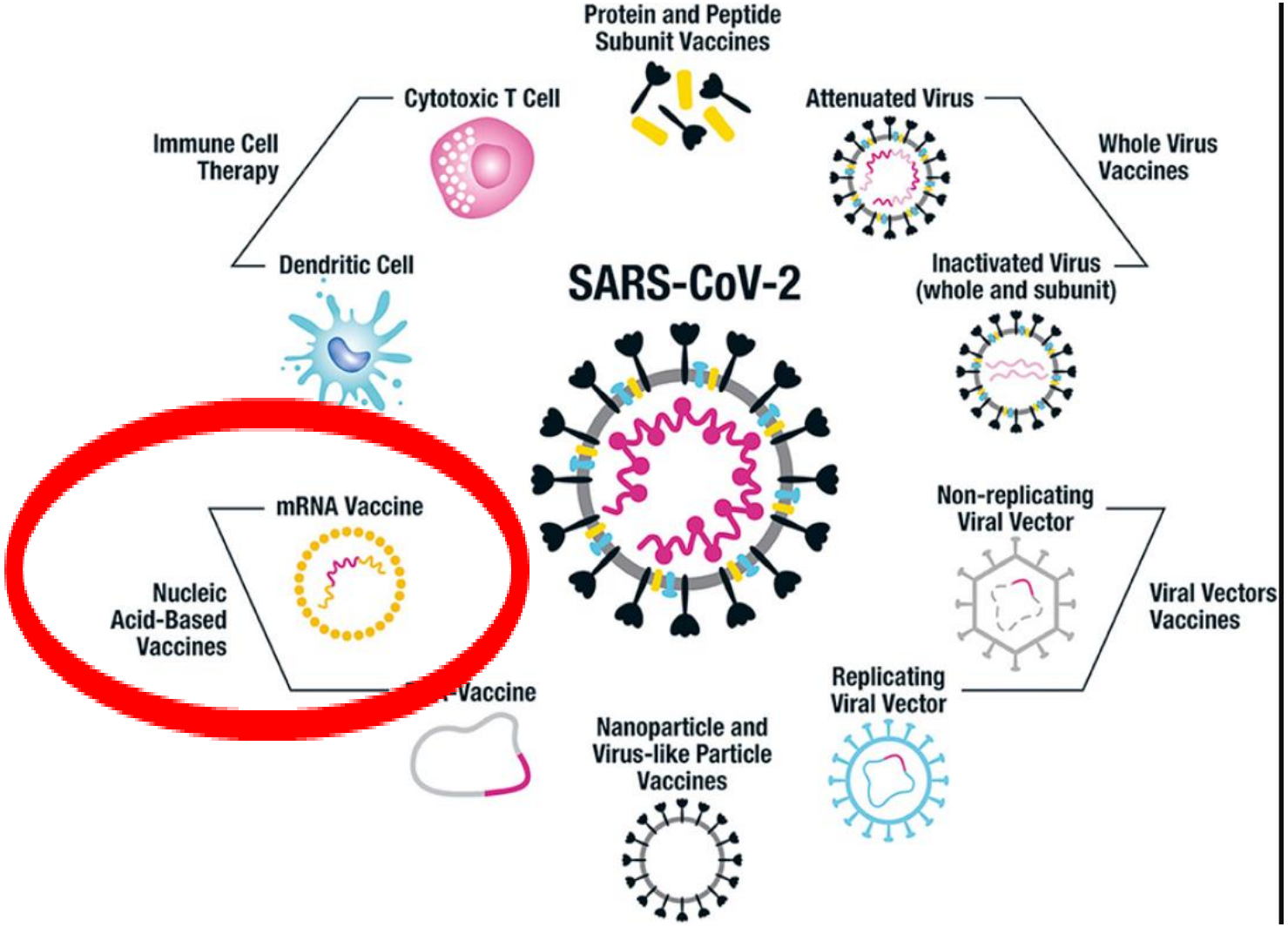
Novavax


VACCINE
NANOPARTICLES
Engulfing
the vaccine
ANTIGEN-
PRESENTING
CELL
Digesting
spike proteins
Presenting
spike protein
fragments
HELPER
T CELL

Novavax (NVX-CoV2373)



Vaccine platforms being employed for SARS-CoV-2 vaccine design



mRNA vaccines

Strong immune response for some
Easier design
Rapid manufacture

Efficacy?

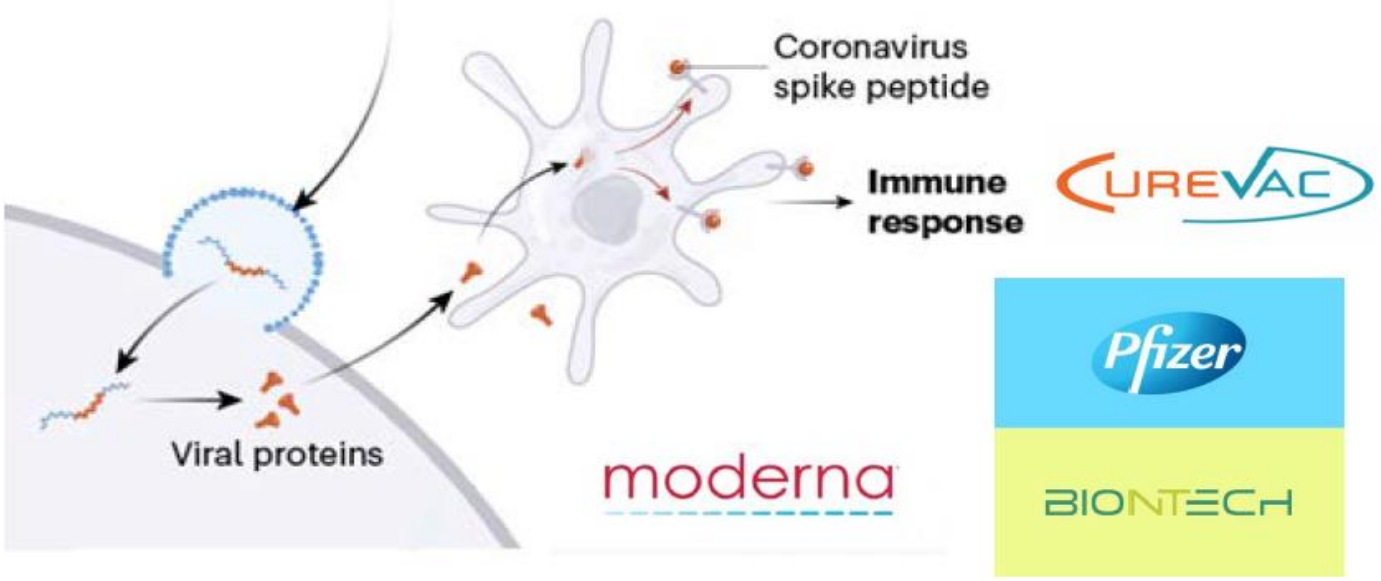


Diagram: Callaway, E. (2020). The race for coronavirus vaccines: a graphical guide. *Nature*, https://www.nature.com/articles/d41586-020-01221-y
Image from the Noun Project

Deep freezers

A worker passes a line of freezers holding coronavirus disease (COVID-19) vaccine candidate BNT162b2 at a Pfizer facility in Puurs, Belgium in an undated photograph. Pfizer/Handout via REUTERS

https://www.reuters.com/article/us-health-coronavirus-freezers/u-s-states-race-to-buy-ultra-cold-vaccine-freezers-fueling-supply-worries-idINKBN27T2S6

Pfizer's thermal shipper

https://edition.cnn.com/2020/11/10/health/pfizer-vaccine-distribution-cold-chain/index.html

Pizza Boxes

New stability data show the BioNTech/Pfizer vaccine can be kept at normal medical freezer temperatures of minus 15C to minus 25C for up to two weeks © Ronny Hartmann/AFP/Getty

BioNTech/Pfizer Covid vaccine no longer needs ultra-cold storage | Financial Times (ft.com)

NSW GOVERNMENT

health.nsw.gov.au

Management of COVID-19 Pfizer (COMIRNATY™) vaccine from refrigerator to administration

Delayed Large Local Reactions to mRNA-1273 Vaccine against SARS-CoV-2 | NEJM

Last updated: 19 February 2021

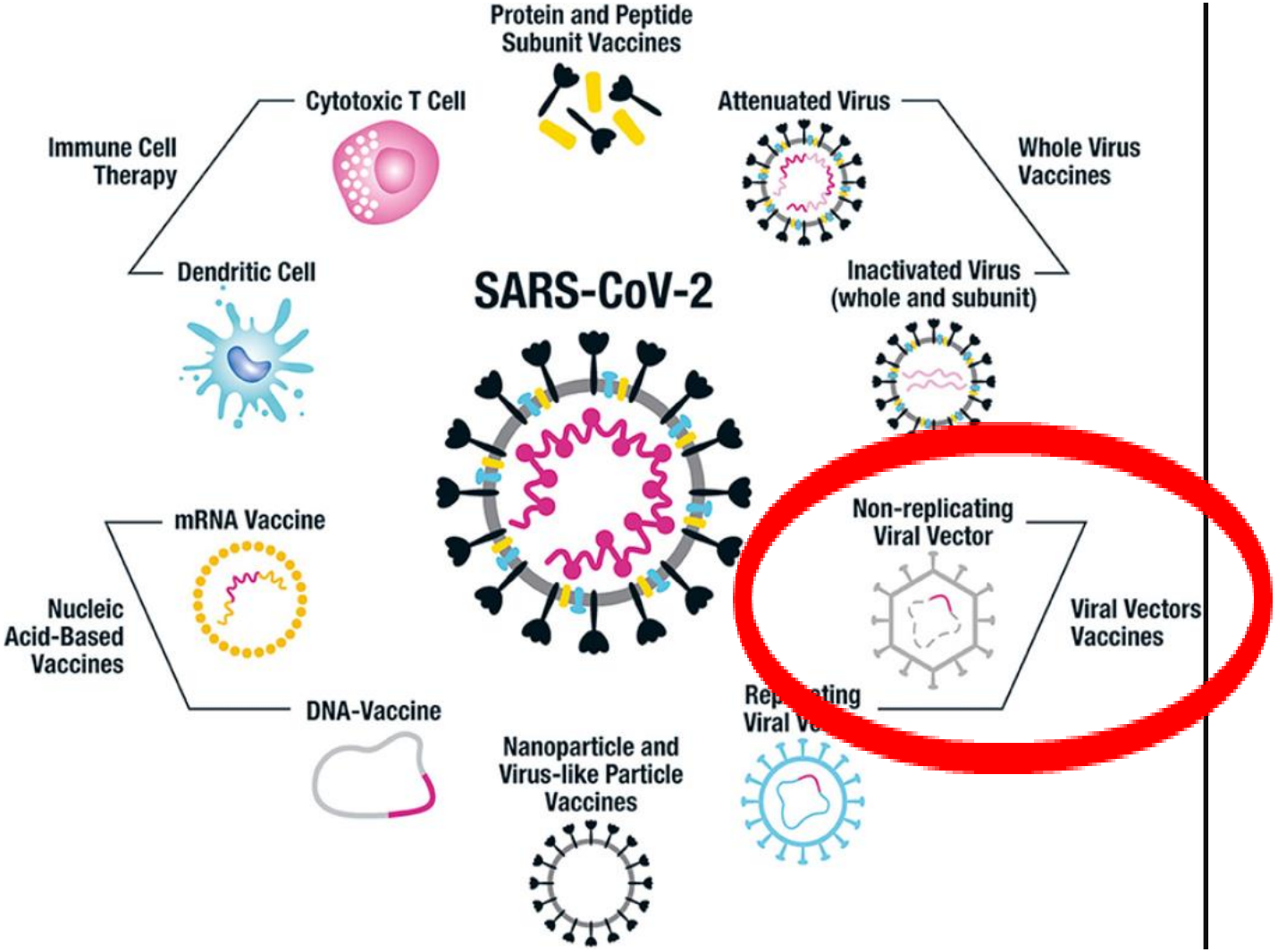
Responsibility

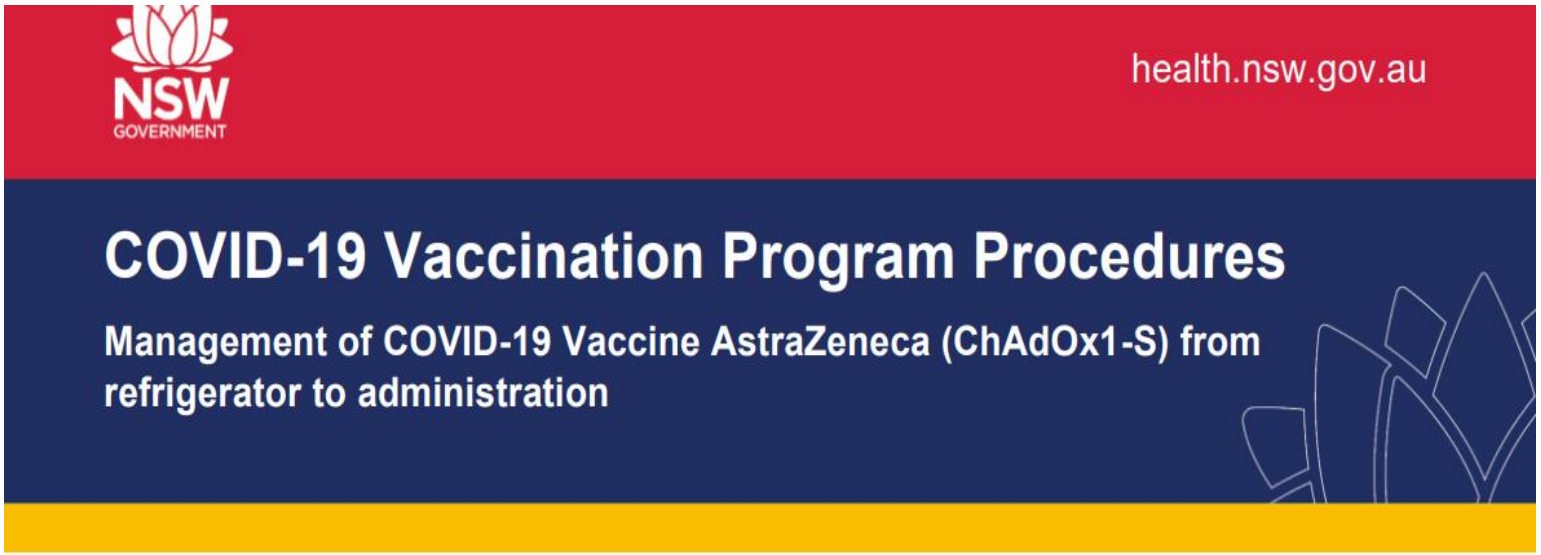
Staff preparing the refrigerated COMIRNATY™ vaccine for administration must follow this procedure. When working in pairs, it is the responsibility of both people to continue to follow this procedure and observe all local COVID-19 precautions, including maintaining social distancing where possible.

Overview

The COVID-19 Pfizer/BioNTech (COMIRNATY™) vaccine must be thawed before use following removal from an ultra-low temperature storage environment. Refer to Management of COVID-19 Pfizer (COMIRNATY™) vaccine from freezer to fridge for information on this procedure.

Vaccine platforms being employed for SARS-CoV-2 vaccine design





Last updated: 9 March 2021

Purpose

This Procedure describes the process of receipting, storing, transporting and drawing up the COVID-19 Vaccine AstraZeneca (ChAdOx1-S) in NSW Health clinics.

This procedure MUST NOT be used for any other COVID-19 vaccine.

Responsibility

Staff preparing the refrigerated COVID-19 Vaccine AstraZeneca (ChAdOx1-S) for administration must follow this procedure. When working in pairs, it is the responsibility of both people to continue to follow this procedure and observe all local COVID-19 precautions, including maintaining social distancing where possible.

Astra Zeneca Covid-19 Vaccine

Multi Dose Vial

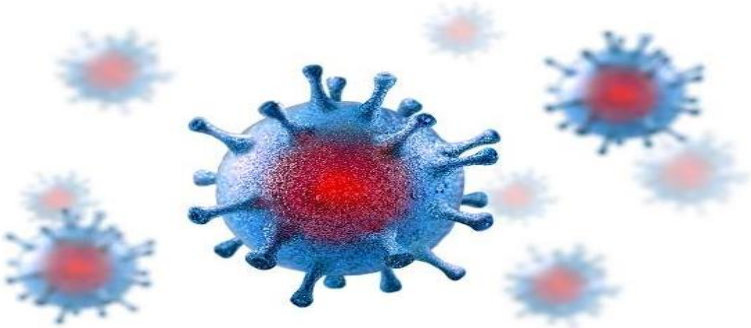
Vaccination with the COVID-19 Vaccine AstraZeneca will not affect a polymerase chain reaction (PCR) swab test used to detect COVID-19. Results may be altered for serum antibody tests if they detect the spike protein antibodies (AstraZeneca, 2021).

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).

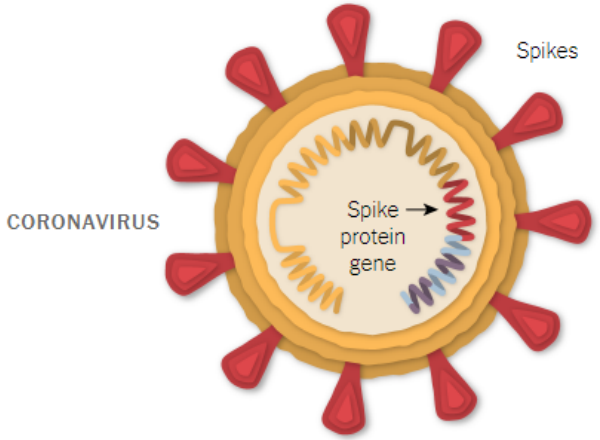
(AstraZeneca, 2021)

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

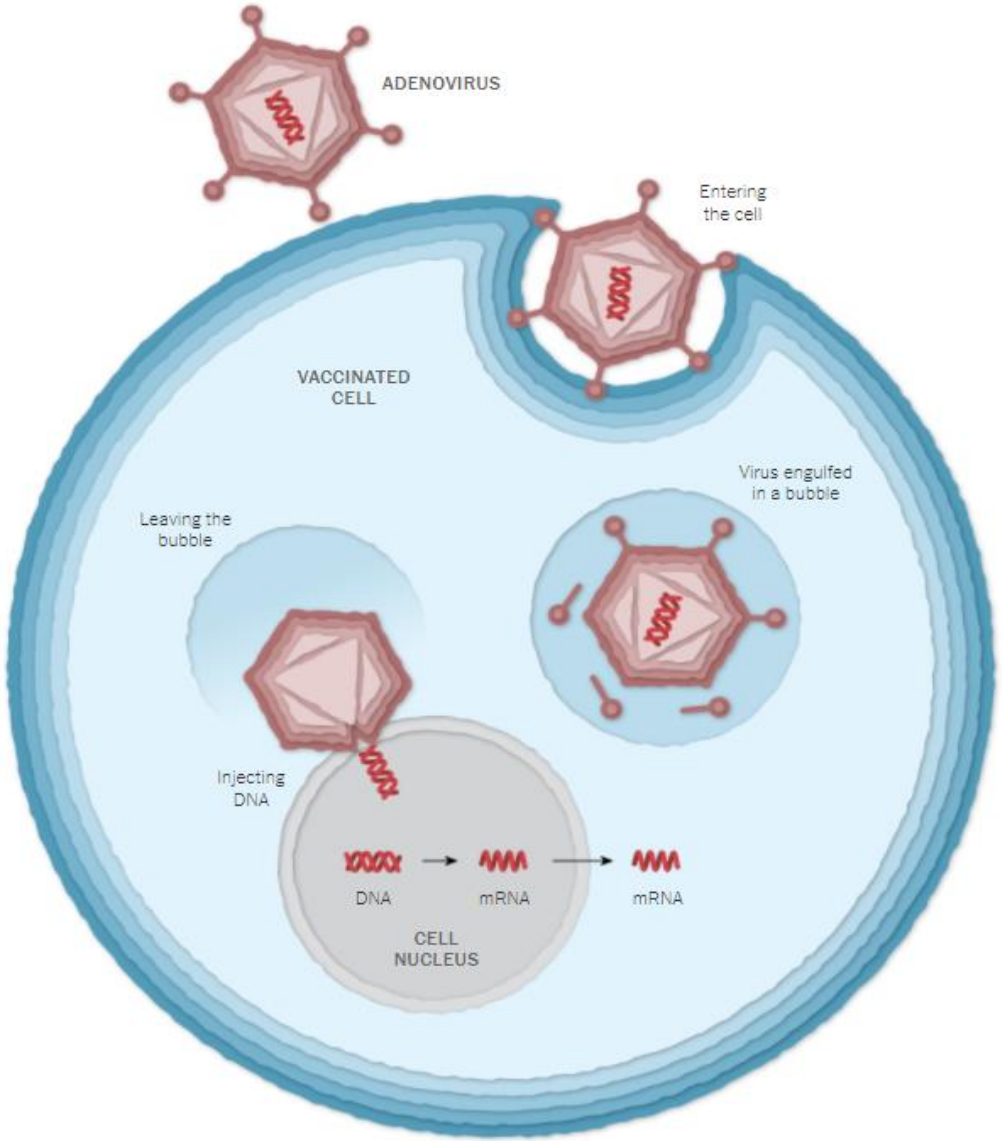
Chimp adenovirus (ChAdOx1 nCoV-19) S protein (now called AZD1222)

A Piece of the Coronavirus

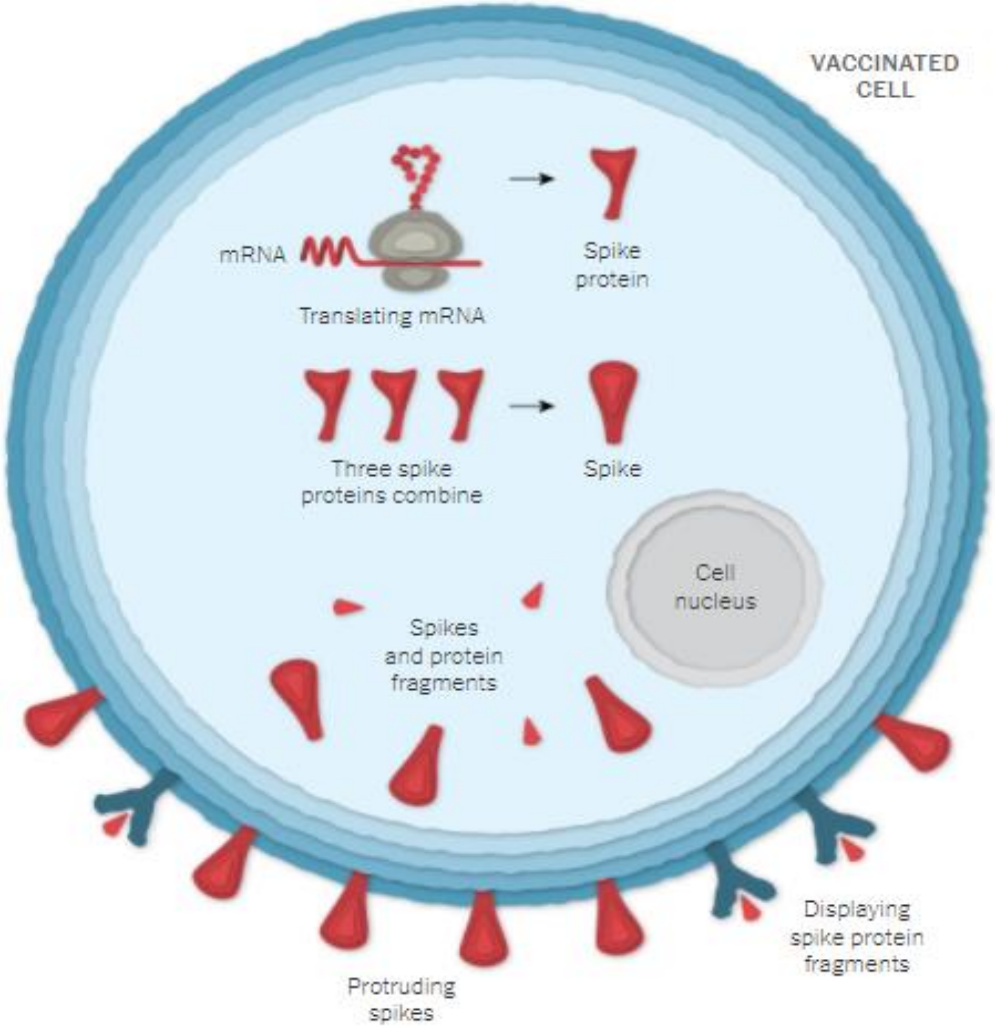
The SARS-CoV-2 virus is studded with proteins that it uses to enter human cells. These so-called spike proteins make a tempting target for potential vaccines and treatments.



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



Check for updates

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 Oxford Astra-Zeneca

- 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

Pfizer Vaccine: NEJM paper, dec, 2020.

- Enrolled from age 16 up, 21,700 each arm (placebo arm v vax)
- 2 doses, 21 days apart, transport at -70°C, but stable at 4°C for 6 days
- Assessed @ 7 days after doses 1 & 2.
- 9 infections vax group, 169 in placebo (95% efficacy), <effect elderly (~82%)
- 10 cases of severe COVID, but only 1/10 vax recipient (protect severe Δ)
- Lab studies suggest Abs will block UK/SA variants (no human data yet)

Limits of study: Most patients USA; effect measure least 7 days after 2nd dose.

95% efficacy at this time; 50% if measure 1wk after first dose

Side effects

- After 1,893,360 doses of Pfizer-BioNTech in USA, 4,393 (0.2%) Sig adverse events.
- 175 of the 4,393 reported severe allergy: 21 were anaphylaxis (11/million) at review
- All occurred within 13 minutes, no deaths
- Most often fatigue, fever, headache myalgia, local reactN at injection site (~50%)

Early effectiveness of COVID-19 vaccination with BNT162b2 mRNA vaccine and ChAdOx1 adenovirus vector vaccine on symptomatic disease, hospitalisations and mortality in older adults in England

Jamie Lopez Bernal et al

- Conclusion
- Vaccination with either a single dose of BNT162b2 or ChAdOx1 COVID-19 vaccination was associated with a significant reduction in symptomatic SARS-CoV2 positive cases in older adults with even greater protection against severe disease. Both vaccines show similar effects. medRxiv preprint doi: maintained for the duration of follow-up (>6 weeks).
- A second dose of BNT162b2 provides further protection against symptomatic disease but second doses of ChAdOx1 have not yet been rolled out in England. There is a clear effect of the vaccines against the UK variant of concern.

https://doi.org/10.1101/2021.03.01.21252652;

Real world effectiveness

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Mass Vaccination Setting

Noa Dagan, M.D., Noam Barda, M.D., Eldad Kepten, Ph.D., Oren Miron, M.A., Shay Perchik, M.A., Mark A. Katz, M.D., Miguel A. Hernán, M.D., Marc Lipsitch, D.Phil., Ben Reis, Ph.D., and Ran D. Balicer, M.D.

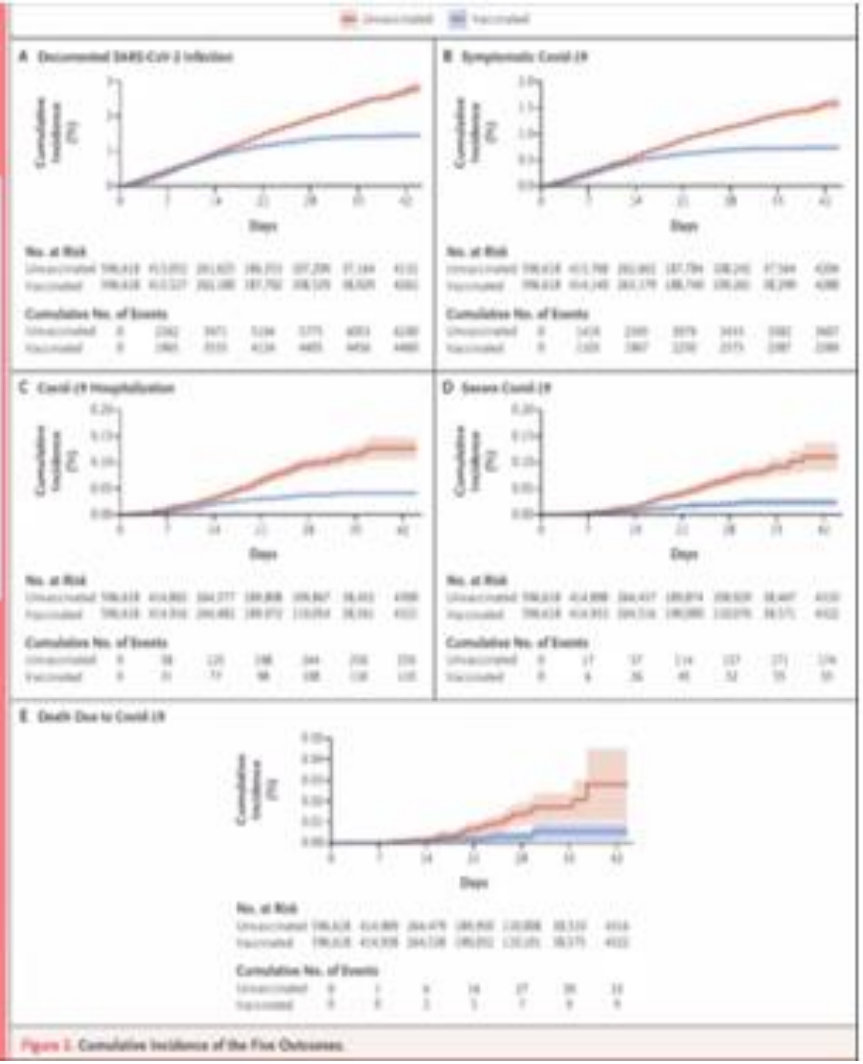


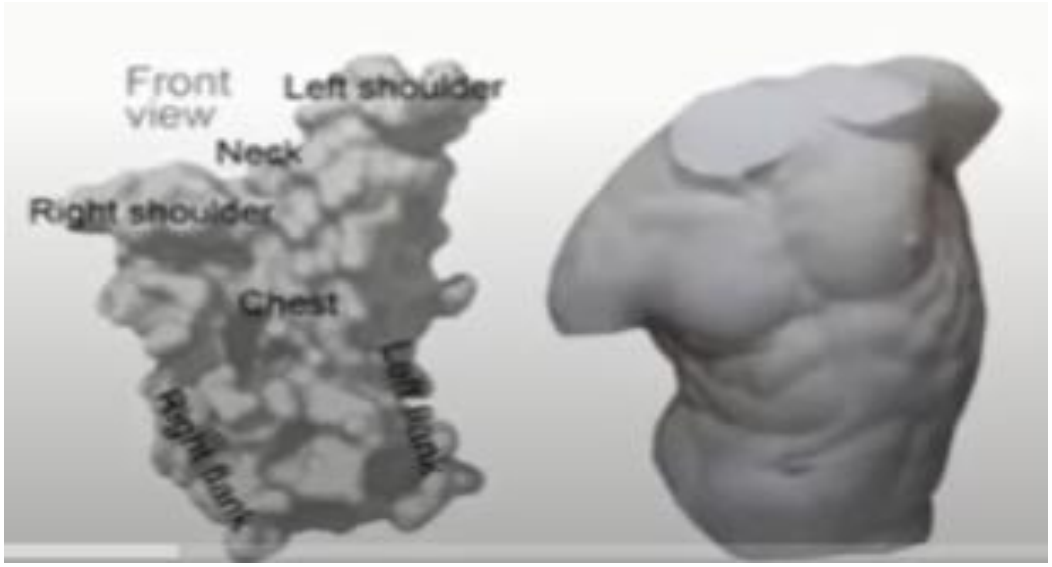
Figure 1. Cumulative Incidence of the Five Outcomes.

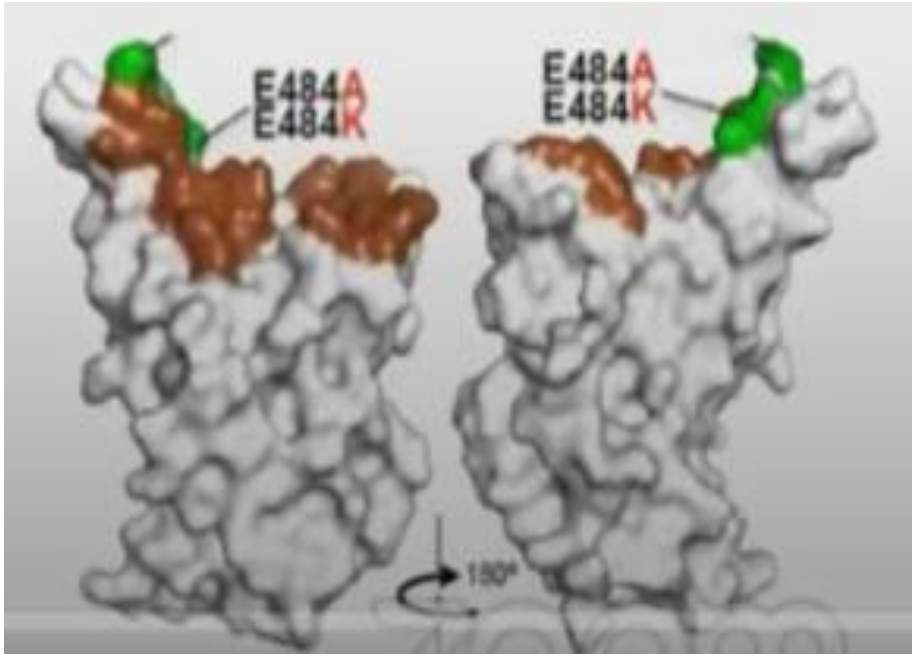
Varients

Name (Pangolin)	Name (Nextstrain)	First Detected	Cases in the US	Countries Reporting Cases	Key Mutations	Transmissibility Rate
B.1.1.7	20I/501Y.V1	United Kingdom	Y	70	• 69/70 deletion • 144Y deletion • N501Y • A570D • D614G • P681H	~50% increase [14,15]
P.1	20J/501Y.V3	Japan/ Brazil	Y	>4	• E484K • K417N/T • N501Y • D614G	Not determined
B.1.351	20H/501.V2	South Africa	Y	>30	• K417N • E484K • N501Y • D614G	Not determined

Immune responses target 2 main areas of the spike protein:

- **Receptor-binding domain (RBD)**
- **N-terminal domain**





[Prof Salim Abdool Karim
Scientific panel discussion on the new variant, 501Y.V2. - YouTube]

UK Variant

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 ›

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:

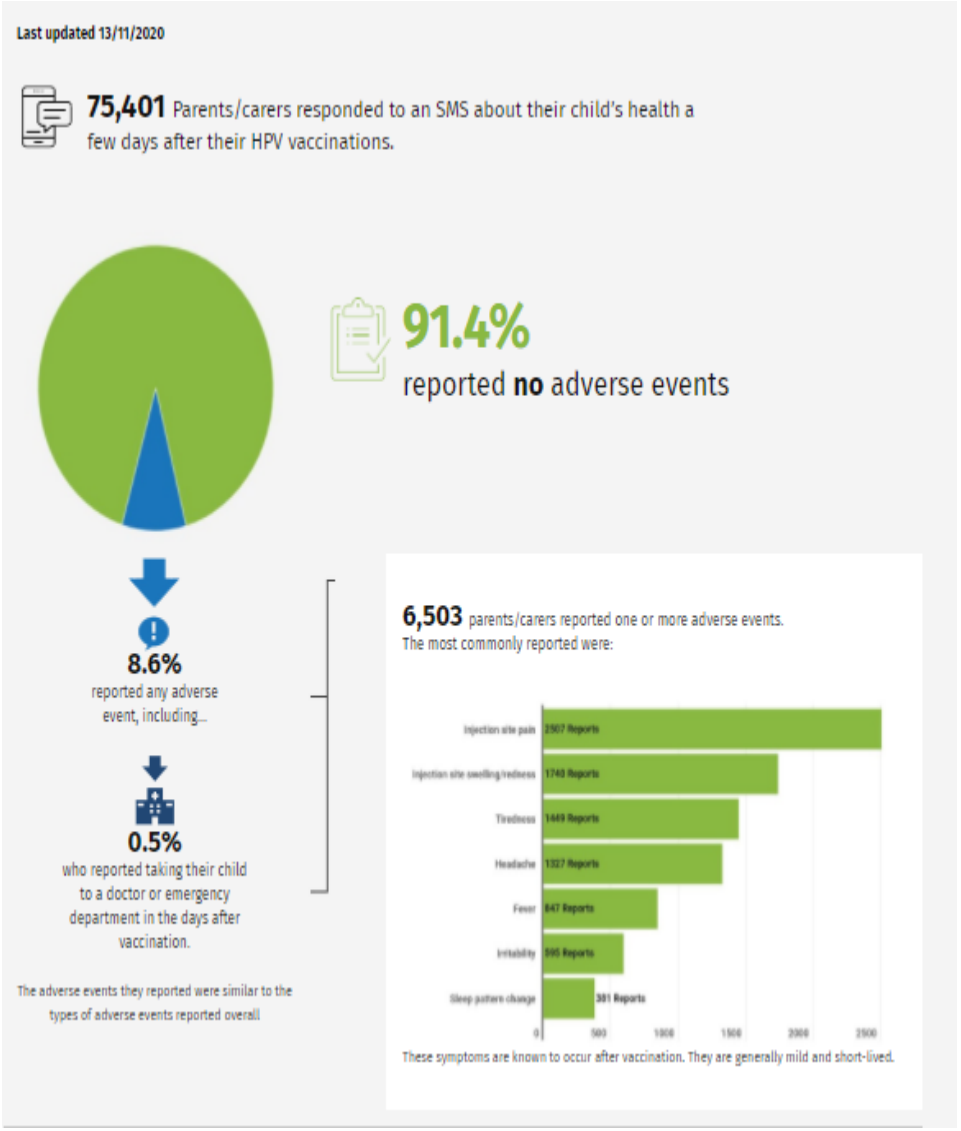
- Medicare online.
- Pharmaceutical Benefits Scheme (PBS) online.
- Aged Care Provider Portal.
- Practice Incentives Program (PIP).

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

COVID-19 vaccine weekly safety report #1 - 03-03-2021

Active surveillance

AusVaxSafety is an active vaccine safety surveillance system that complements the TGA's enhanced safety surveillance activities. Active vaccine safety surveillance uses SMS and a short survey to collect reports of AEFI directly from a subset of people receiving the vaccines. AusVaxSafety is an Australian Government-funded system that shares its findings with the TGA to assist our safety investigations and responses.

AusVaxSafety surveillance data to 28 February 2021:

There were 11,079 surveys sent in six of the eight states and territories, with 7397 people responding (67% response rate).

Of those who responded:

- 64% reported no adverse event
- 36% reported one or more adverse events
- 0.7% reported visiting a doctor or emergency department as a result of their adverse event.

The most commonly reported reactions were:

- injection site pain
- fatigue
- headache.

AusVaxSafety | Vaxtracker

AusVaxSafety's ACTIVE follow-up after your COVID-19 vaccination

AusVaxSafety monitoring vaccine safety of COVID-19 vaccines

AusVaxSafety is a national system for monitoring vaccine safety in Australia. In partnership with the Australian state and territory health departments, AusVaxSafety is following up people who receive a COVID-19 vaccine by sending them an SMS or email with a short survey that asks if they experienced any adverse event following vaccination.

How does it work?

Day 0
You receive a COVID-19 vaccine at a participating immunisation clinic

Day 3
You will get the first survey from your state/territory health department or your immunisation provider

Day 8
You will get the 2nd survey from your state/territory health department or your immunisation provider

6 weeks
after your 2nd dose of COVID-19 vaccine you will get the final survey

Sign up now to participate at this clinic by scanning the QR code

Your participation will contribute to the national COVID-19 vaccine safety surveillance that AusVaxSafety is conducting. Depending on your survey responses, your state/territory health department may contact you to collect more details. While your state/territory health department will have your personal data from the survey, it will be de-identified before being included in the national surveillance data.

Visit: **www.ausvaxsafety.org.au** to read more about AusVaxSafety

NSW GOVERNMENT Health
Hunter New England Local Health District

AusVaxSafety An NCIRS led collaboration | Vaxtracker Monitoring Vaccine Safety

DEMO USE ONLY

HNE Demo Clinic uses Vaxtracker to monitor COVID vaccine safety.

Please scan the code using your camera to register for follow-up.

You will get an SMS or email link to the first survey in three days.

NSW GOVERNMENT Health

HNE Demo Clinic
COVID-19 (NSW)
Static Signup Poster

AEFI

REUTERS

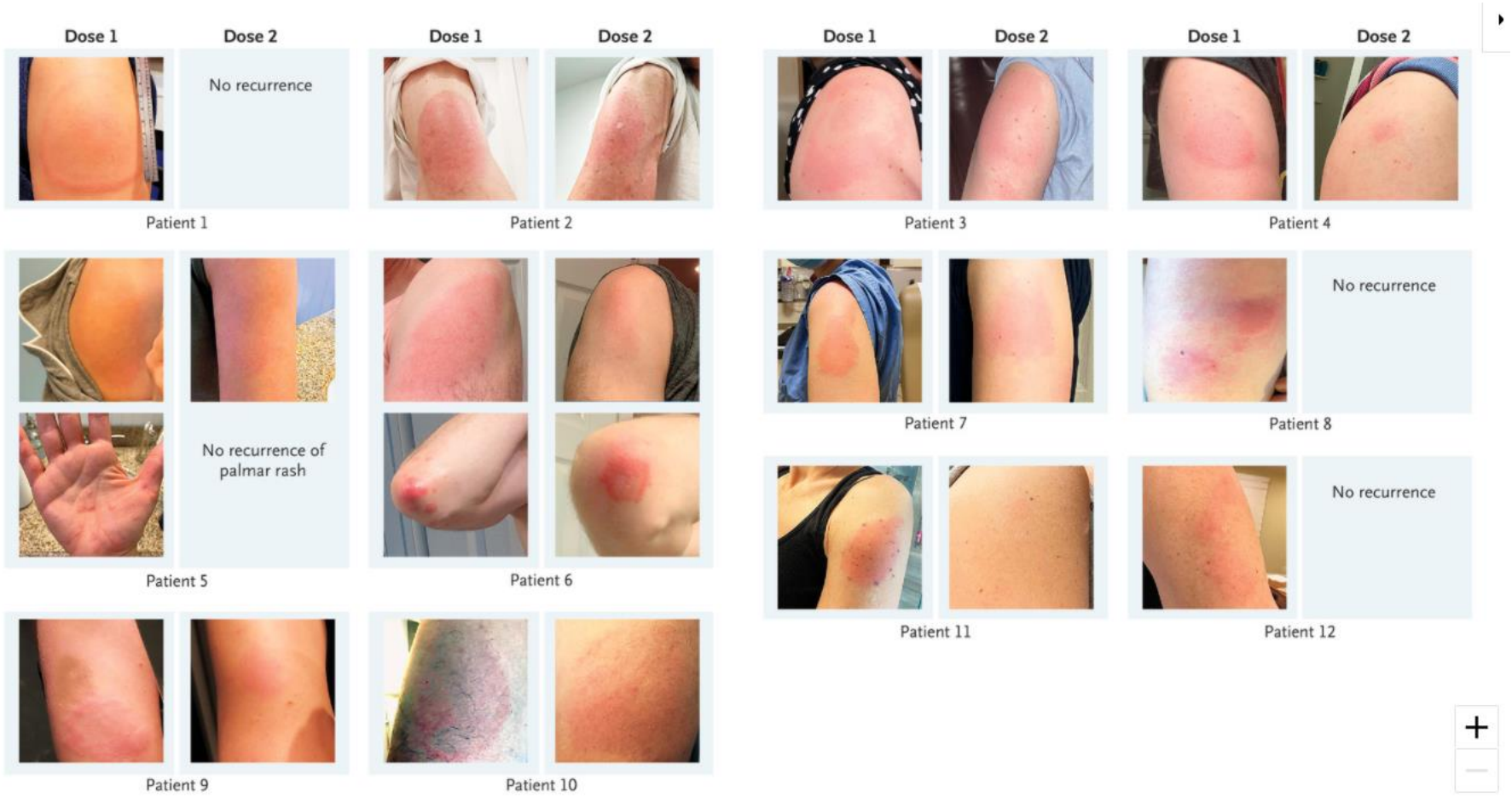
Australia health minister in hospital after vaccination but link ruled out

Australian Minister of Environment Greg Hunt signs the Paris Agreement on climate change held at the United Nations Headquarters in New York

Pfizer-BioNTech and Moderna vaccine trials

- Combining data from both trials, among nearly 40000 vaccine arm participants, there were seven Bell's palsy cases compared with one Bell's palsy case among placebo arm participants.
- This estimated rate ratio of roughly 7·0, suggests vaccination might be associated with Bell's palsy (p=0·07).
- Bell's palsy and SARS-CoV-2 vaccines (thelancet.com)

Figure 1. Delayed Cutaneous Reactions to mRNA-1273 Vaccine.



[Delayed Large Local Reactions to mRNA-1273 Vaccine against SARS-CoV-2 | NEJM]

Commentary

Chilblain-like lesions on feet and hands during the COVID-19 Pandemic

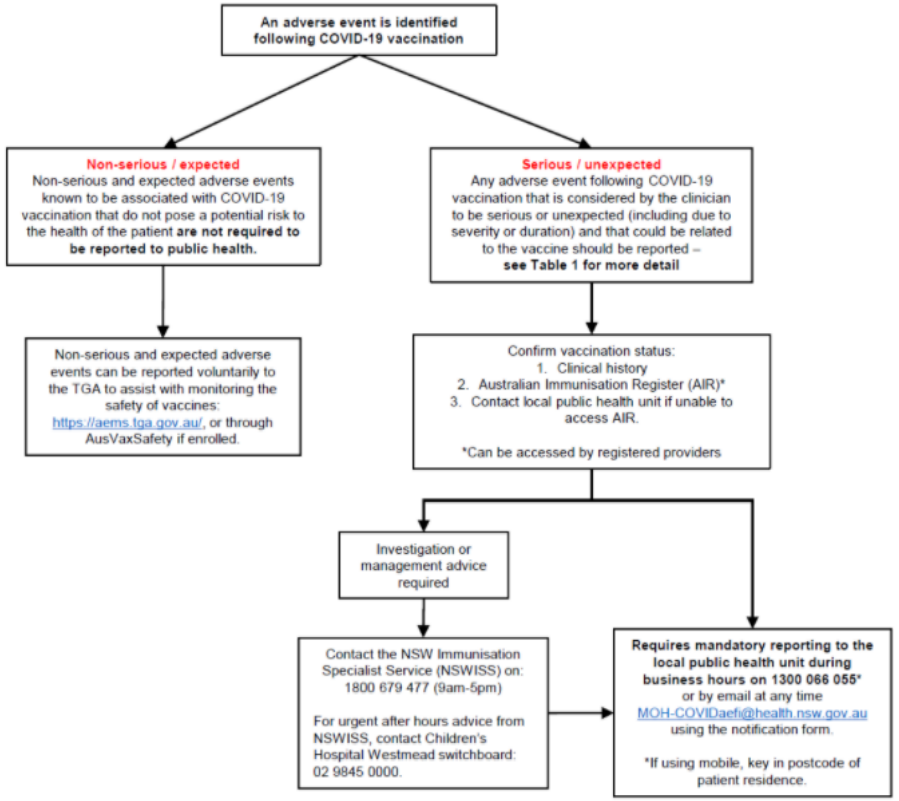
Nerea Landa[1], MD, Marta Mendieta-Eckert[1], MD Pablo Fonda-Pascual[2], MD and Teresa Aguirre[3], MD

[1]Department of Dermatology, Dermitek Clinic - Grupo stop, Bilbao, Spain; [2]Department of Dermatology, Hospital Gómez Ulla, Madrid, Spain; and [3]Primary Care Physician, Centro Bombero Echaniz, Bilbao, Spain

Figure 1 (a) chilblain lesions on toes (b) detail of the toe lesions (c) similar lesions on heel

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

The COVAX facility

Global procurement for COVID-19 Vaccines

Co-led by Gavi, CEPI and WHO

Goal:

- To vaccinate the most vulnerable 20% of the population of every country that participates, regardless of income level by the end of 2021
- To deliver two billion doses of safe, effective vaccines that has passed regulatory approval and/or WHO prequalification by 2021

There are:

- 92 COVAX AMC-eligible countries
- 78 potentially self-financing countries that have expressed written interest in the COVAX facility

https://www.gavi.org/covid19/covax-facility

Australia's commitments to the COVAX Facility

- The Australian Government has made 2 financial commitments to Gavi's COVAX Facility for the supply of safe and effective COVID-19 vaccines:
- An upfront payment of $123.2 million to allow the purchase of over 25,000,000 doses of COVID-19 vaccines for the Australian population. This would be sufficient for 50 percent of the population to receive a 2 dose regimen.
- A further $80 million to support vaccine access for up to 94 lower-income countries through the Facility's Advanced Market Commitment.