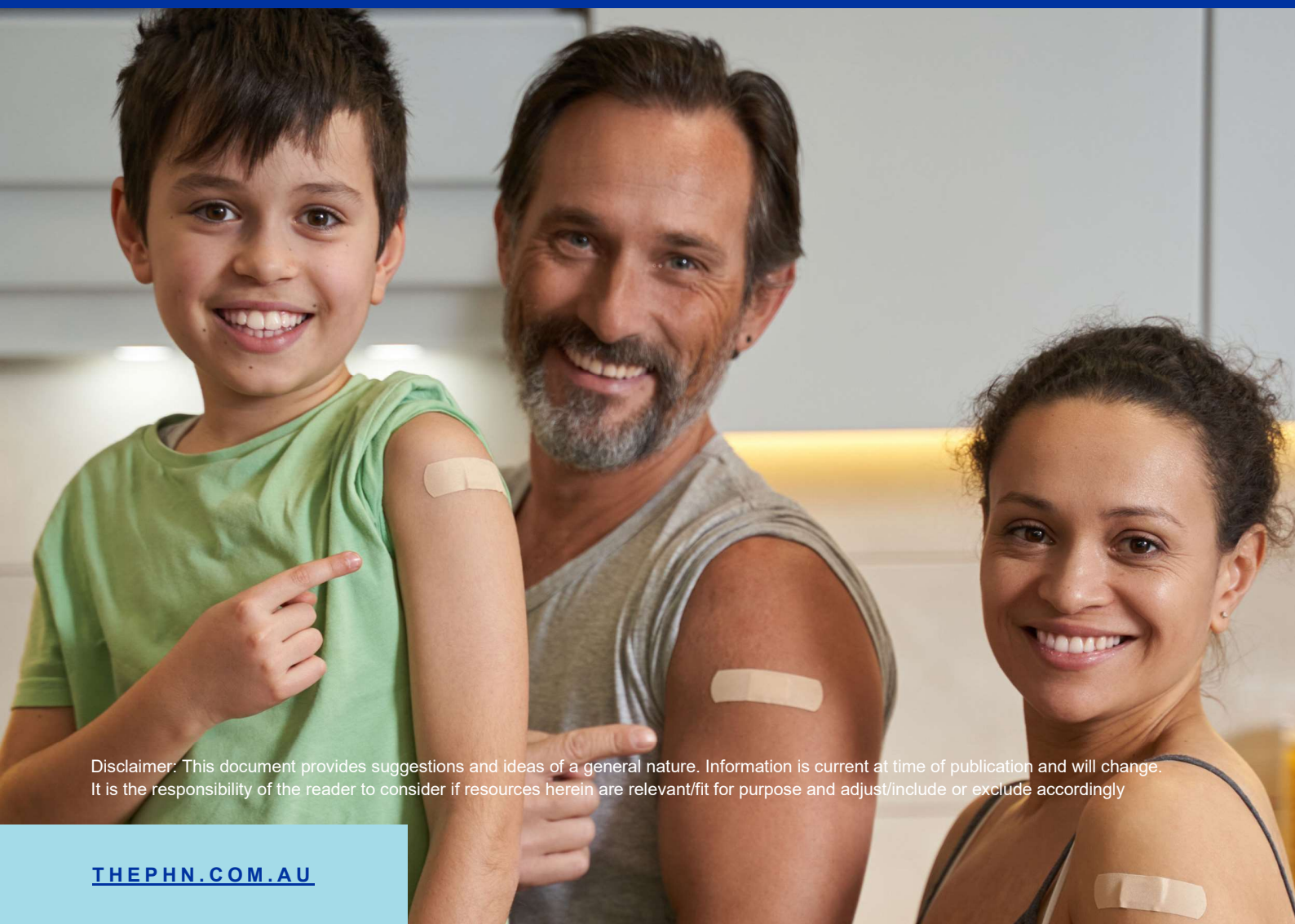




2024 Immunisation Strategy

COVID-19, INFLUENZA & NATIONAL IMMUNISATION PROGRAMS

This guide provides suggested processes to deliver safe and effective vaccine programs for vulnerable people living in the Hunter, New England and Central Coast region.



Disclaimer: This document provides suggestions and ideas of a general nature. Information is current at time of publication and will change. It is the responsibility of the reader to consider if resources herein are relevant/fit for purpose and adjust/include or exclude accordingly

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Highly successful vaccination programs require an organised and coordinated team approach. One way to approach increased immunisation for vulnerable people is by using a Quality Improvement (QI) cycle of Plan – Do – Study – Act (PDSA). For example:

PLAN

☐ Coordinate a communication strategy

The communication strategy will provide timely, transparent, and credible information to inform and educate your practice team and patients about available vaccines, including where to find further information.

☐ Collect and review data

Data will assist in identifying high risk patients who may benefit from a direct invitation using CAT4 or clinical software – this will help guide you in planning your clinics to prioritise patients at highest risk.

☐ Staffing

Identify the number of staff required to participate in your vaccine clinics. If additional workforce is needed, recruit early as qualified staff are in high demand.

☐ Training

Ensure staff have completed the Cold Chain Management online training, and are familiar with the Australian Immunisation Handbook (online), COVID-19 Vaccination Training Program for the vaccines you have in stock, are familiar with the NSW Health Influenza Vaccination Provider Toolkit and Authorised Nurse Immunisers have met the requirements to maintain their authority. Save certificates of completion as evidence in practice records.

☐ Reporting

Ensure all clinical staff are aware of Australian Immunisation Register (AIR) mandatory reporting requirements, including vaccine type and route of administration and are confident in recording a clinical record of the encounter and can submit an immunisation encounter to AIR from your clinical software.

☐ Person Centred Care

Ensure your clinical staff are aware of decision-making tools available to assist with pre-vaccination counselling such as the NCIRS Sharing Knowledge About Immunisation (SKAI) website.

☐ Emergency Preparedness

Ensure Anaphylaxis kits are present in each room that immunisations are being administered per Strive for Five (3rd ed) guidelines. Encourage staff to complete anaphylaxis training.

☐ Cold Chain

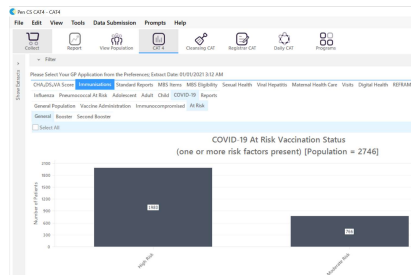
All staff involved in receiving, monitoring, handling and administering vaccines should complete Vaccine Management and Cold Chain Management training to ensure the efficacy of vaccines is maintained. Consider an uninterruptable power supply (UPS) to reduce risk of vaccine wastage.

DO

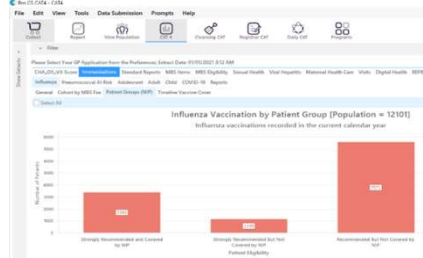
☐ Identify vulnerable patients

PenCS CAT4 Recipes:

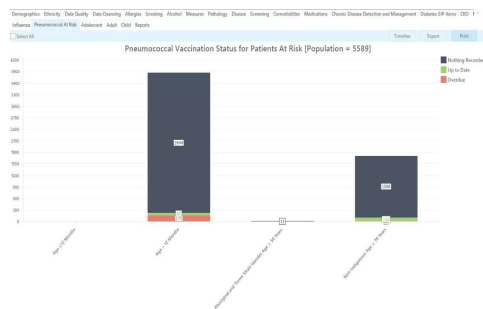
COVID-19 At Risk



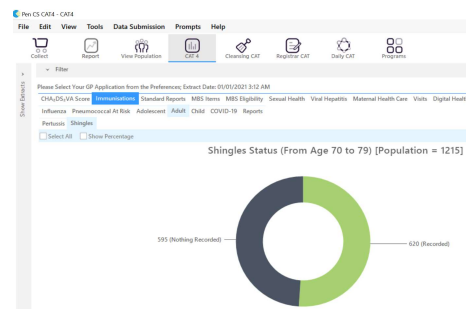
Influenza Vaccination by patient group



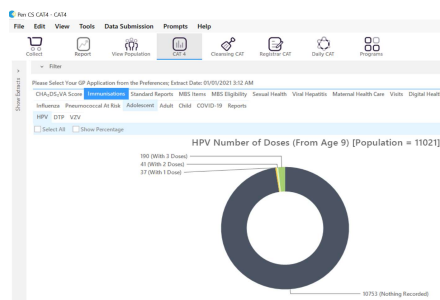
Pneumococcal At Risk



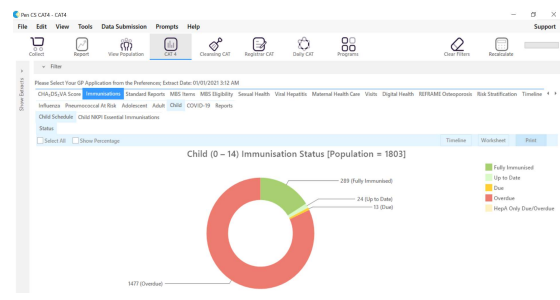
Adult Pertussis and Shingles



Adolescent vaccination



Childhood vaccine schedule



☐ Inform and invite vulnerable patient groups

Your child is due for 18mth immunisation, please call to book xx-xxxx-xxxx

Appointments are available for 2024 Flu vaccines. [Click here](#) to book online or call xx-xxxx-xxxx

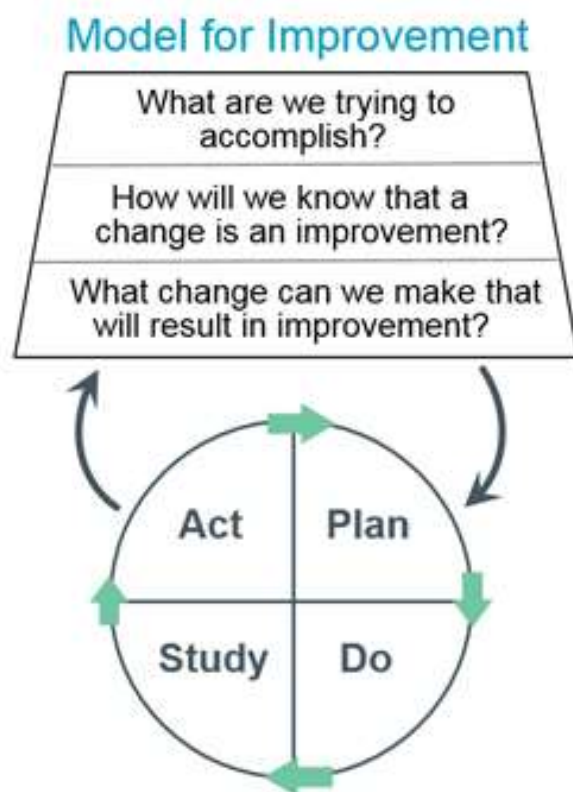
A 2024 COVID-19 vaccine booster is recommended for your age group 6mths after last Covid vaccine or positive test. www.practicenname.com

STUDY

- ☐ Analyse your data to measure change
- ☐ Seek feedback from team members and patients
- ☐ If it didn't work as well as you had hoped, Wwhat changes will you make in future?
- ☐ If it did work, are you ready to embed the change in your practice as business as usual?

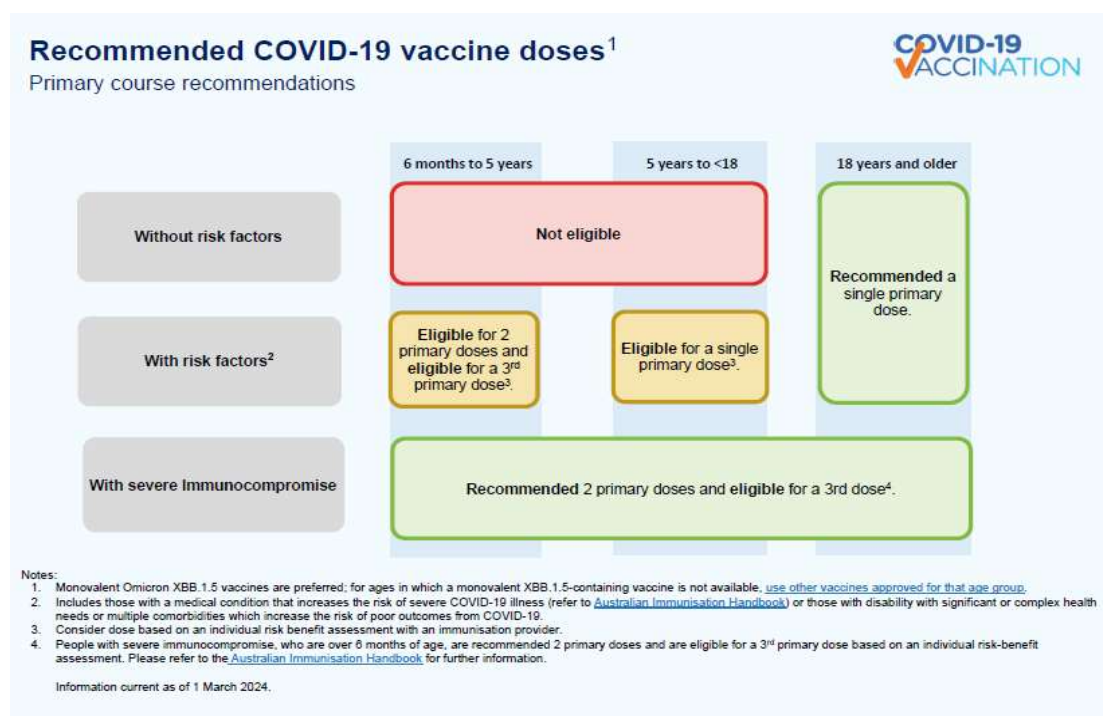
ACT

- ☐ Share final reflections as a team
- ☐ Conclude whether to adopt, adapt or abandon change idea



2024 IMMUNISATION SCHEDULES

COVID-19 Vaccination: Booster doses



2024 Influenza Vaccines

National Immunisation Program

2024 COVID-19 VACCINATION

COVID-19 vaccine advice and recommendations for 2024


Updated Resources

- [ATAGI Temporary medical exemption relevant for COVID-19 vaccines](#) – updated 12 January 2024. What's changed: Removal of vaccine formulations that are no longer available and addition of new formulations.
- [ATAGI COVID-19 Vaccine Administration Errors](#) – updated 12 January 2024. What's changed: Removal of vaccine formulations that are no longer available and addition of new formulations.

Billing for Covid-19 Vaccine Suitability Assessment

From 1 February 2023, the vaccine suitability assessment MBS items were streamlined and simplified to reflect integration of these services into routine care. There are no longer different item numbers for first, and second and subsequent doses and the booster incentive has been incorporated into the new fee. The benefits for these items have been adjusted so that no vaccine suitability assessment service will receive a lower MBS benefit than under the previous arrangements.

Medicare Support for COVID-19 Vaccinations



Find a COVID-19 vaccine clinic



Download the new my health app today!

Secure and convenient access to My Health Record on your mobile.






- View your medical history
- Check pathology results, including COVID-19
- Manage vaccinations & immunisations
- Track allergies & reactions
- View hospital discharge summaries
- Keep track of care planning documents
- View multiple records, yours & your family's
- View medicine information
- Find a health service

2024 INFLUENZA VACCINATION

Each year, there is the possibility of a serious flu season. For some people, the flu can cause serious illness, and it can also be deadly. Flu strains are continually changing, so it's important that our most at risk people get vaccinated against the flu each year to protect themselves and others. [Influenza vaccines](#) are fully funded for [eligible people](#). To assist providers with the management, roll-out and implementation of 2024 flu vaccine clinics, the [Influenza Vaccination Provider Toolkit](#) is available.

* Annual influenza vaccination is recommended for children aged 6 months to less than 5 years

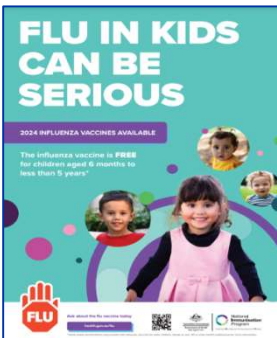

6 Months

12 Months

18 Months

4 Years

The [NSW Immunisation Schedule](#) and the [NSW Childhood Immunisation Poster](#) recommend influenza vaccination of children 6 months to less than 5 years of age. Please consider using active initiatives to increase uptake of funded Influenza vaccines in children aged 6 months to less than 5 years of age who have historically had lower coverage rates than other at-risk groups.

Influenza		
Age/at risk condition	Recommendation	Information
All children ≥ 6 months to < 5 years	ANNUAL	Discuss influenza vaccination with other present family members Children aged less than 9 years of age who are receiving the influenza vaccine for the first time should receive 2 doses of the vaccine, 4 weeks apart For vaccine brands and eligibility see: www.health.nsw.gov.au/immunisation/Pages/flu.aspx
Aboriginal* people ≥ 6 months	INFLUENZA	
People with at risk conditions ≥ 6 months	VACCINATION	
≥ 65 years		
Pregnant women		

*Note: See the [Australian Immunisation Handbook](#) (available at immunisationhandbook.health.gov.au) for advice on people who are strongly recommended to receive annual influenza vaccination but not eligible for NIP-funded influenza vaccines.

The following resources are also available for Immunisation Providers:

Printed Influenza vaccine resources:

- Influenza resource [order form](#) (available in other languages)
- Immunisation resource [order form](#)

NCIRS

- [Supporting conversations about vaccinations with Aboriginal and Torres Strait Islander people](#)

NIP resources:

- ATAGI statement – [ATAGI statement - administration of seasonal influenza vaccines in 2024](#)
- NIP fact sheet – [2024 influenza vaccination – Program advice for health professionals](#)

NSW Health resources:

- website – [2024 seasonal influenza vaccination information](#)

Sharing Knowledge About Immunisation (SKAI):

- conversations with [parents of young children](#)
- conversations around [influenza vaccination and pregnancy](#)

CHILDHOOD IMMUNISATION

Australia has observed concerning downward trends in childhood immunisation coverage rates over the past two years, particularly for First Nations children. [Immunisation coverage rates for all children](#)

A health professionals kit has been designed for immunisation providers to support you in conversations with parents and carers about childhood immunisation. [Routine Childhood Immunisation – health professionals' kit](#)

Research shows that a consistent recommendation from a healthcare professional plays an important role in parents' decisions about childhood vaccination. Health professionals are vital for communicating the benefits and safety of routine childhood immunisation and to counter misinformation.

The NSW Health RSV vulnerable babies program commenced on 25 March 2024. It will run from March 2024 to September 2024. Read more [here](#).

Recognise that parents may be more nervous when booking and presenting for their children's vaccinations. Consider ways to make clinics for children in this age group relaxed and inviting, for example playing child-friendly music, bubble machine, balloons, colourful band-aids and stickers, allowing children to use their devices for distraction, positioning of children and their accompanying adult for comfort.

SKAI Sharing Knowledge About Immunisation provides evidence-based information for parents



Injection site

Inside arm tucked under carer's armpit

Carer's hand restrains outside arm close to the child's body

Child facing the carer with legs straddled over the carer's lap with carer hugging the child on their chest



ADOLESCENT IMMUNISATION

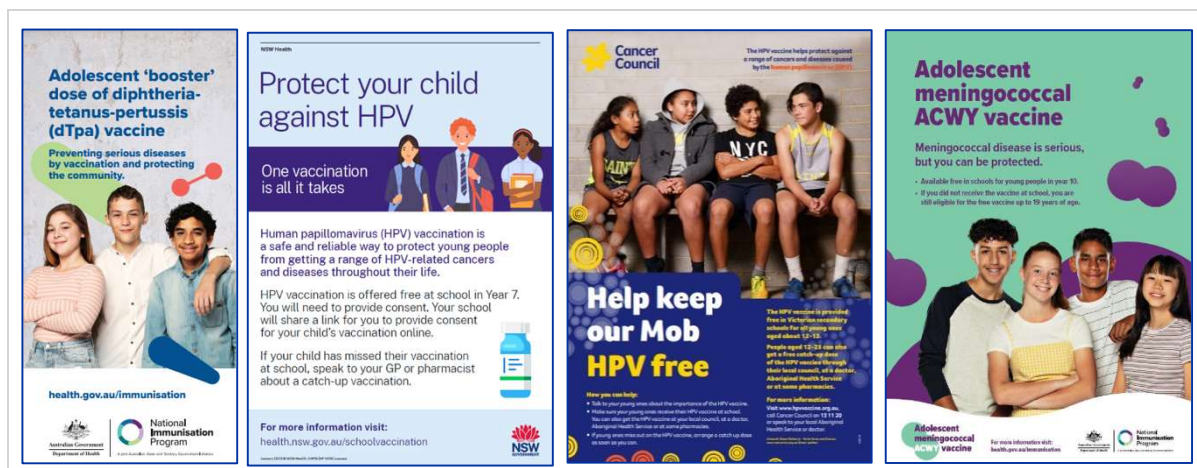
The following vaccines are provided free to adolescents. The vaccines are primarily delivered through school-based immunisation programs but can be administered in General Practice for children who missed out or would prefer not to receive vaccines at school.

AGE	DISEASE	MORE INFORMATION
12–13 years Usually offered in year 7.	Diphtheria, tetanus, pertussis (whooping cough)	<ul style="list-style-type: none"> – Diphtheria – Tetanus – Pertussis – Diphtheria, tetanus and pertussis (dTpa) vaccine
12–13 years Usually offered in year 7.	Human papillomavirus (HPV)	<ul style="list-style-type: none"> – Cancer Council - HPV – Human papillomavirus (HPV) vaccine – HPV vaccine safety – 11 years of HPV vaccine safety.
14–16 years Offered to students in year 10.	Meningococcal ACWY	<ul style="list-style-type: none"> – Meningococcal disease – Meningococcal ACWY vaccination

Further information and relevant resources:

[Preventing human papillomavirus \(HPV\) cancers and diseases by vaccination](#)

[Immunisation for adolescents](#)




ADULT IMMUNISATION

Millions of Australian adults are unvaccinated and it's increasing the disease risk for all. [Immunisation for Adults](#) promotes free routine vaccinations for adults. A booster dose may be needed for some vaccines to maintain high levels of protection.

Parents wishing to learn more about vaccination during pregnancy can be referred to SKAI for evidence-based information to make decisions about vaccination in pregnancy and for their baby after delivery: [Pregnancy & Newborn vaccinations](#) | [Sharing Knowledge About Immunisation](#) | [SKAI](#)

AGE	DISEASE / CONDITION
Pregnant women	Influenza and pertussis Immunisation and pregnancy
Indigenous adults 50 years and over	Pneumococcal
People ≥65 years	Influenza Zoster
People 70 years	Pneumococcal

A vertical poster titled 'Adult Vaccinations' with a green background. It features a photograph of an older man with glasses and a white t-shirt. Text on the poster includes 'Information about free vaccines to protect you against harmful diseases.' and the website 'health.gov.au/immunisation'. At the bottom, it displays the Australian Government Department of Health and Aged Care logo and the National Immunisation Program logo.

Overseas vaccines and catch-up schedules

Refugees and other humanitarian entrants of any age can receive National Immunisation Program vaccines for free if they did not receive the vaccines in childhood and the vaccines are still clinically recommended. The [Catch-up Calculator](#) | [The Australian Immunisation Handbook](#) is for Australian children who are less than 10 years of age, it also covers vaccinations given overseas.

Additional funded vaccines for NSW Adults

In addition to Commonwealth funded vaccines on the National Immunisation Program, eligible people can receive free Hepatitis B, Japanese encephalitis, Mpox, MMR and Rabies vaccines in NSW and post-exposure treatment for Australian bat lyssavirus or rabies. [Additional Commonwealth and NSW-funded free vaccines - Immunisation programs](#)

Vaccination providers and other interested stakeholders can subscribe to [National Immunisation Program updates](#) from the Department of Health and Aged Care.

VACCINE CLINIC WORKFLOW EXAMPLE

VACCINE PROVIDERS

Prior to patient consult –

- Ensure cold chain is per Strive for 5 guidelines, between 2°C – 8°C
- Check anaphylaxis kit is complete, in date and nearby
- All vaccines must be stored in original packaging in fridge to protect from light
- Prepare drawing up area according to infection control standards

Procedure – clinician to complete BEFORE administering a vaccine

- Ask patient for their three (3) identifiers; name, address, date of birth
- Discuss risks and benefits of the vaccine with the patient
- Ensure allergies and medical history are recorded in the patient file
- Check immunisation history on the Australian Immunisation Register to ensure the minimum interval between vaccines is per ATAGI advice
- Ensure patient has given informed consent and this has been documented
- Using aseptic technique, prepare the vaccine per product instructions
- It is recommended that all vaccines are checked by 2 staff members
- Monitor vaccine fridge temperature between consults

Procedure – clinician to complete AFTER administering a vaccine

- Ensure MBS record keeping requirements are met
- Record the vaccine/s given in clinical software for transmission to the Australian Immunisation Register, including vaccine type
- Provide patient with post vaccine information and discuss indications for seeking prompt medical assistance if any concerns of adverse side effects
- Advise the patient of recommended wait time post vaccination
- Clean area prior to bringing next patient in

Mandatory Reporting to the Australian Immunisation Register (AIR)

It is mandatory for vaccination providers to report all vaccines given to the AIR.

Reporting vaccinations to the AIR means that the register contains a complete and reliable dataset and monitors immunisation coverage and administration. It also allows individuals to have a complete record of their vaccinations.

POST CLINIC WORKFLOW EXAMPLE

PRACTICE MANAGER / ADMIN / NURSE

Ensure appropriate billing has been advised by the supervising Doctor

Ensure transmission of the vaccine to the AIR within two (2) working days if this is a manual process for your practice

Any cold chain breach of immunisation fridge must be reported to your local Public Health Unit as per usual protocol: [NSW Health cold chain breach reporting form](#).

If COVID-19 vaccines are affected by a cold chain breach, sites also need to contact the Vaccine Operations Centre (VOC) as soon as possible:

COVID19VaccineOperationsCentre@health.gov.au

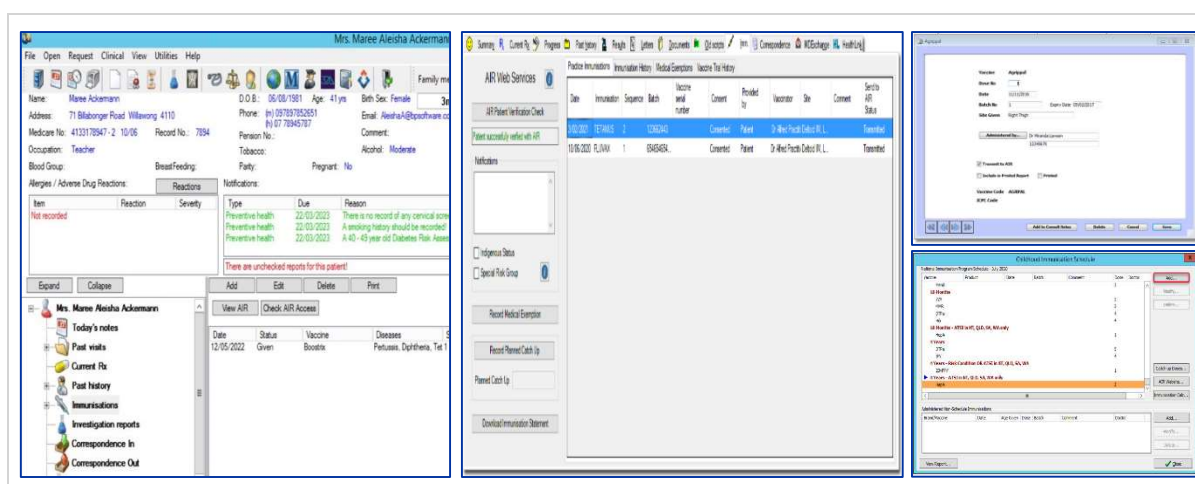
Any Adverse Events Following Immunisation (AEFI) should be reported to your local Public Health Unit. Phone: 1300 066 055

Creating progress note shortcuts in clinical software

To make it easier on the day to record your clinical notes, you may wish to create a shortcut in your clinical software. The shortcut could include things such as:

- AIR checked for eligibility to receive vaccination
- Checked and updated allergies in patient file
- Checked for potential contraindications and recorded relevant medical history
- Discussion of any pre-vaccination screening checklists
- Explained the risks/benefits of vaccination to the patient
- Patient offered opportunity to ask questions
- Obtained and recorded patient consent
- Checked the patient was well to receive an immunisation
- Advised the patient to remain in practice for 15 minutes post-vaccination

Immunisations must be recorded in the correct field of clinical software:



BILLING FOR IMMUNISATIONS AND NURSE-LED CLINICS

NCIRS Administration of vaccines – Scope of practice for healthcare professionals

VACCINE	ATTENDANCE	BULK BILLING ELIGIBILITY	PRIVATE BILLING ELIGIBILITY
Flu/NIP vaccine only	Assessed by GP Administered by GP or Nurse (ANI/RN/EN) with GP order	Yes, consult can be bulk billed a GP attendance item +/- 10997/10987 for Nurse visit if Flu/NIP vaccination is consistent with goals of GPMP/ TCA/ 715HA	Yes, vaccine consult can be privately billed (+cost of vaccine if patient not eligible for funded vaccine)
Flu/NIP vaccine only	Assessed and administered by Authorised Nurse Immuniser (ANI) Does not see GP	Cannot be bulk billed as no GP attendance +/- 10997/10987 for Nurse visit if Flu/NIP vaccination is consistent with goals of GPMP/ TCA/ 715HA	Yes, vaccine consult can be privately billed (+cost of vaccine if patient not eligible for funded vaccine)
Covid vaccine only	Assessed by GP Administered by GP or Nurse (ANI/RN/EN) with GP order	Yes, Covid vaccine MUST be bulk billed See Medicare Support for COVID-19 Vaccination	Not permitted
Covid vaccine only	Assessed and administered by Authorised Nurse Immuniser (ANI) on behalf of GP per MBS requirements Does not see GP	Yes, Covid vaccine MUST be bulk billed See Medicare Support for COVID-19 Vaccination	Not permitted
Flu/NIP vaccine & Covid vaccine co-administered	Assessed by GP Administered by GP or Nurse (ANI/RN/EN) with GP order	Covid vaccine suitability assessment MUST be bulk billed Yes, Flu/NIP consult can be bulk billed a GP attendance item +/- 10997/10987 for Nurse visit if Flu/NIP vaccination is consistent with goals of GPMP/ TCA/ 715HA	No charge for Covid vaccine consult permitted Yes, Flu/NIP consult can be privately billed (+cost of vaccine if patient not eligible for funded vaccine)
Flu/NIP vaccine & Covid vaccine co-administered	Assessed and administered by Authorised Nurse Immuniser (ANI) on behalf of GP per MBS requirements Does not see GP	Covid vaccine suitability assessment MUST be bulk billed Cannot be bulk billed for Flu/NIP consult as no GP attendance +/- 10997/10987 for Nurse visit if Flu/NIP vaccination is consistent with goals of GPMP/ TCA/ 715HA	No charge for Covid vaccine consult permitted Yes, Flu/NIP consult can be privately billed (+cost of vaccine if patient not eligible for funded vaccine)

NCIRS – Vaccination from a community pharmacy

WHERE TO DIRECT IMMUNISATION ENQUIRIES

Public Health Units

For queries relating to:

- Cold Chain management and Strive for 5 (3rd ed)
 - Questions regarding vaccines, immunisation schedules and clinical advice
 - Reporting of any adverse events following immunisation (AEFI)
- Phone: 1300 066 055 – this will direct to your local Public Health Unit in NSW
Website: www.health.nsw.gov.au/Infectious/Pages/phus.aspx

NSW Immunisation Specialist Service (NSWISS)

For queries relating to:

- Clinical advice and support for clinicians immunising people with complex medical needs
- Website: www.ncirs.org.au/nswiss
Email: SCHN-NSWISS@health.nsw.gov.au

Hunter New England and Central Coast Primary Health Network (PHN)

For queries relating to:

- Immunisation resources and fact sheets
 - Quality Improvement activities
- Phone: 1800 859 028

The PHN Immunisation Community of Practice (CoP)

The PHN's Immunisation CoP is your opportunity to find resources, get answers, share ideas and build your professional network regarding Immunisation.

Website: <https://peoplebank.hneccpn.com.au/immunisation-cop>

Australian Government Covid-19 Vaccine Operations Centre (VOC)

For queries relating to:

- CVAS login, updating users/email contact
 - Vaccine and consumables ordering and deliveries
 - Vaccine wastage and cold chain breach affecting COVID-19 vaccines
- Phone: 1800 318 208
Email: covid19vaccineoperationscentre@health.gov.au

PHN Vaccine Support

For queries relating to:

- Commencement or withdrawal of Covid-19 vaccine program
- Email: vaccine@thepn.com.au

REFERENCES AND USEFUL CONTACTS

[Australian Immunisation Register for Health Professionals - Services Australia](#)

[Anaphylaxis response kit preparation](#)

[Australian Immunisation Handbook](#)

[COVID-19 vaccine campaign materials](#)

covid19vaccinationtraining.org.au

HealthPathways Central Coast: <https://centralcoast.communityhealthpathways.org/>

HealthPathways Hunter New England: <https://hne.communityhealthpathways.org/>

[MBS Online](#)

[National Health Services Directory](#) – Health Direct

[NCIRS – Strategies to increase vaccination uptake](#)

[PRODA Registration](#)

[PRODA Training - Services Australia](#)

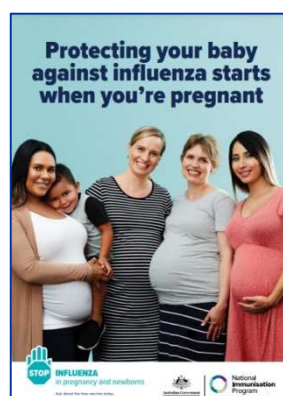
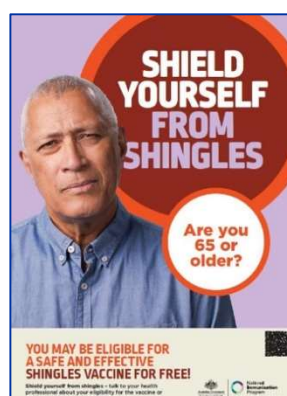
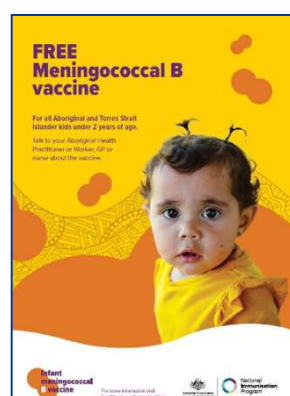
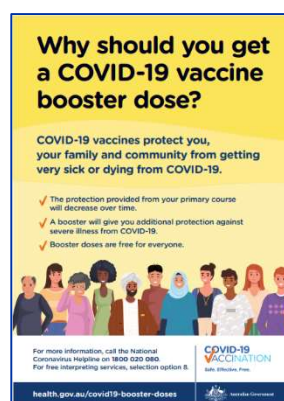
[Public Health Unit - Central Coast](#)

[Public Health Unit - Hunter New England](#)

[Strive-for-5 3rd edition](#)

[Sharing Knowledge About Immunisation \(SKAI\)](#)

The PHN [Immunisation Community of Practice \(CoP\)](#)



 **PRIMARY
HEALTH
NETWORK**

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative