

IMPROVING IMMUNISATION RATES: What's Available?

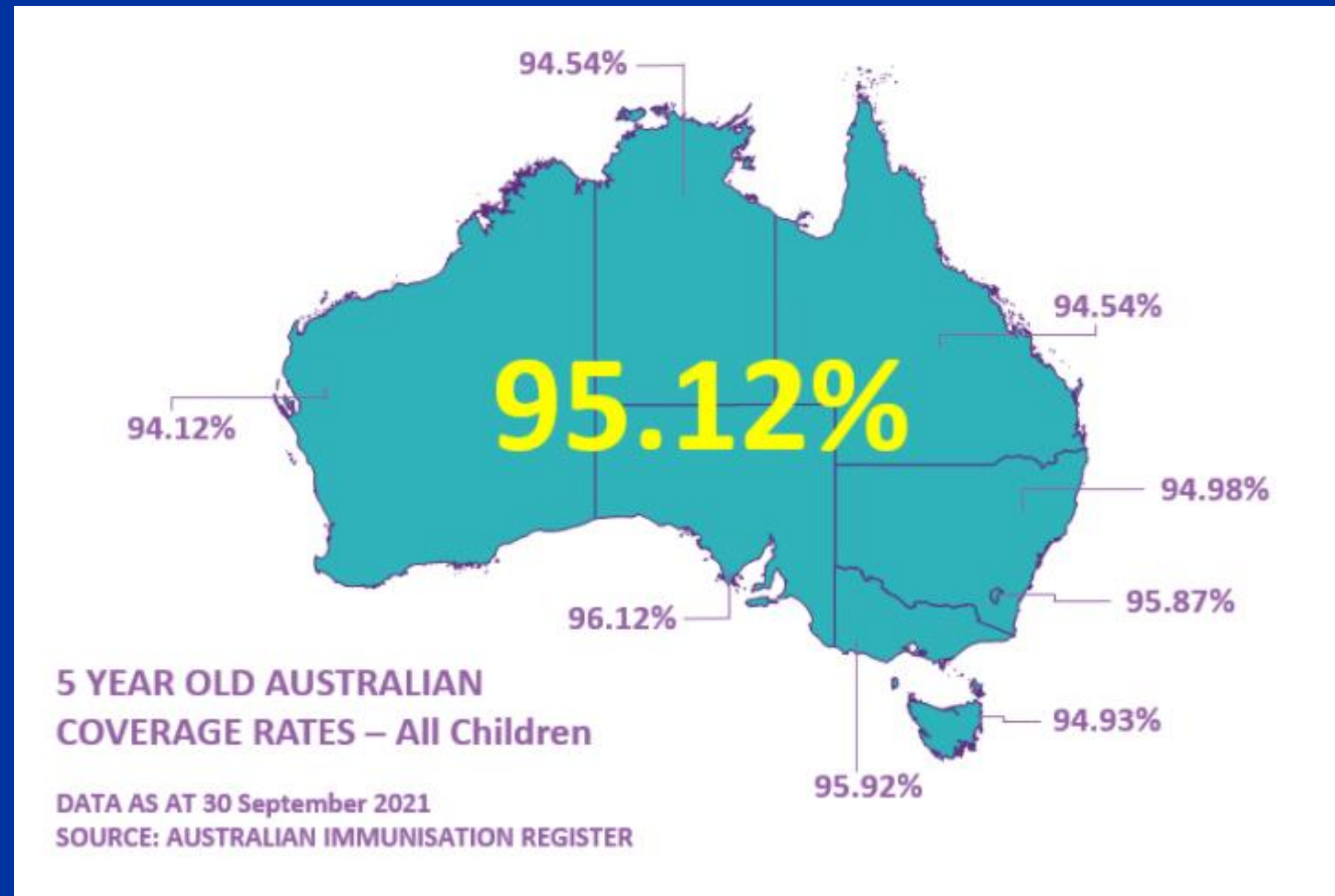
Kaycee Wisemantel

22 March 2021

WE ACKNOWLEDGE THE TRADITIONAL OWNERS & CUSTODIANS OF THE
LAND THAT WE LIVE & WORK ON AS THE FIRST PEOPLE OF THIS COUNTRY.



The PHN Immunisation Rates



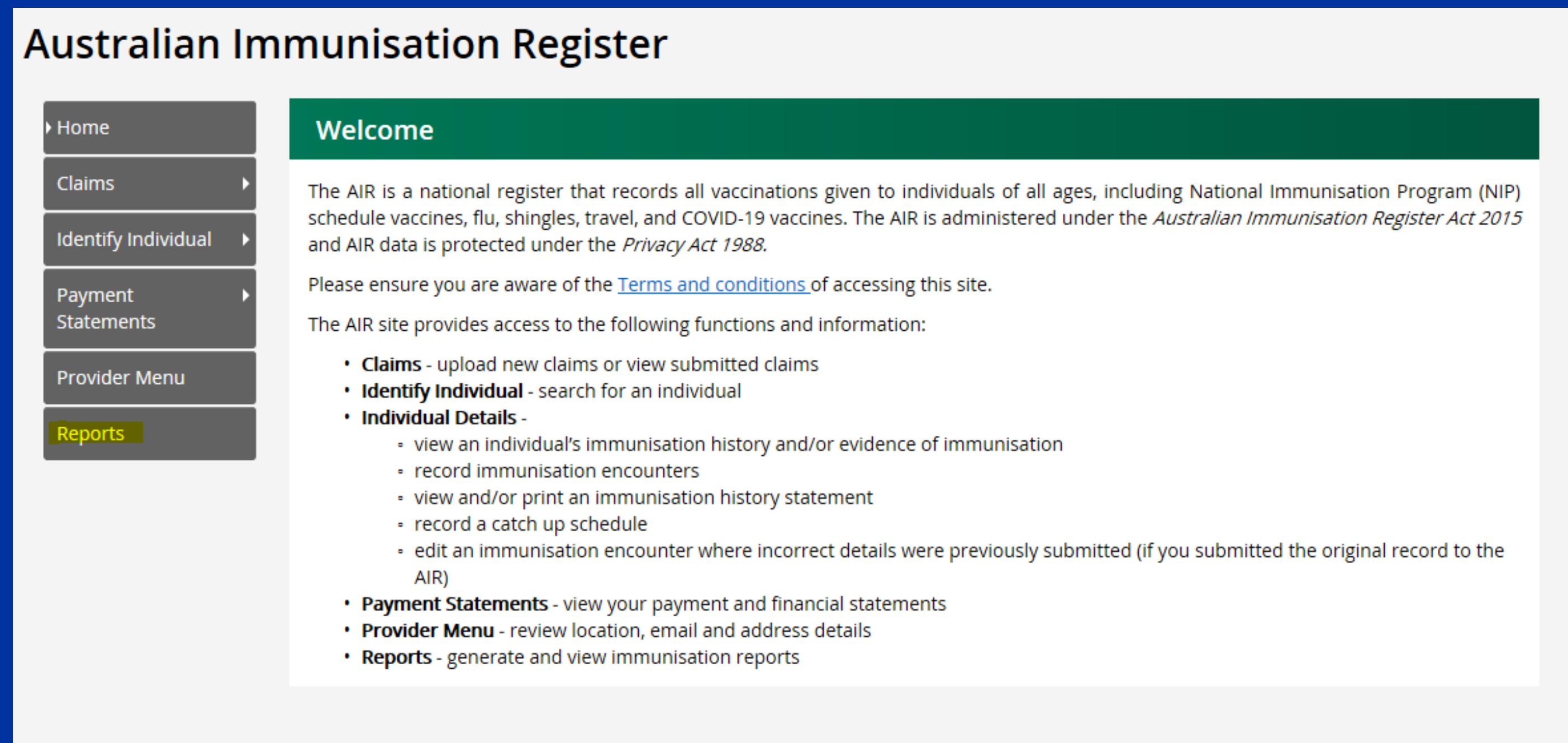
HNECCPHN coverage rates: 1 October 2020 – 30 September 2021		
PHN IMMUNISATION COVERAGE DATA		
Age	% Fully	Rank
1 year	95.61	5/31
2 year	94.40	4/31
5 year	96.53	5/31

AIR and PRODA

- **September 2021**
Authentication file access to the AIR turned off
- **July 2021**
Mandatory reporting of the National Immunisation Program Vaccines to the AIR
- **January 2022**
Changes to submitting AIR forms through Health Professional Service (HPOS)
New AIR COVID-19 Status Report
- **March 2022**
The AIR is transitioning to web services!! (What does this mean??)

AIR REPORTS

- AIR010A: Due/Overdue report by Immunisation Practice (accredited practices)
- AIR011B: Due/Overdue report by Vaccination Provider (non-accredited practices)
- AIR042A: COVID-19 Vaccination Status Report



The screenshot shows the Australian Immunisation Register (AIR) website. On the left is a navigation menu with buttons for Home, Claims, Identify Individual, Payment Statements, Provider Menu, and Reports (highlighted in yellow). The main content area has a green header with the word 'Welcome'. Below this, there is a paragraph explaining that the AIR is a national register for vaccinations, administered under the Australian Immunisation Register Act 2015, with data protected under the Privacy Act 1988. A link to 'Terms and conditions' is provided. A section titled 'The AIR site provides access to the following functions and information:' lists several key features: Claims (upload/view), Identify Individual (search), Individual Details (view history, record encounters, print statements, catch up schedule, edit encounters), Payment Statements (view), Provider Menu (review details), and Reports (generate/view).

<https://www.servicesaustralia.gov.au/how-to-view-identified-reports-using-air-site-through-hpos?context=23401>

The Australian Immunisation Register (AIR) and the transition to web services

Web services is a technology that is available over the internet. It enables two-way communication between two devices on a network which means they can talk to each other securely and share data and services.

Benefits:

- Access to a patients' AIR record and identify vaccines due, within your clinical software in real time
- View patient history
- Download an immunisation history statement
- Save a vaccination from AIR into the patient record on the PMS
- View and record medical contraindications and natural immunity
- View vaccine trial information
- Record vaccines given elsewhere, including overseas and transmit these straight to the AIR
- Receive immediate notification if the vaccination encounter has an error or has not successfully transmitted to the AIR

Further information:

[Services Australia: web services and compatible PMS products](#)

[Accessing the AIR using a PRODA account](#)



Once completed, please email to the AIR team (not NSW Health):
air@servicesaustralia.gov.au

Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this Go to 1 skip to the question number shown. You do not need to answer the questions in between.

Provider type

1 Which provider type are you? **Tick ONE only**

- Aboriginal health worker – an individual that provides health services and programs to Indigenous people (grant-based).
- Aboriginal health service – an organisation that provides health services and programs to Indigenous people (fee-for-service).
- Commercial – a business entity that provides a vaccination service.
- Community health service – a public or registered non-profit, community-governed health organisation.
- Council – a local government organisation that runs immunisation clinics.
- Flying doctor service – an organisation that provides an aero-medical service.
- Hospital – an institution providing medical and surgical treatment. Private Public
- Pharmacy – a business that dispenses medicines.
- Public Health Unit – an organisation funded by local government that provides public health services.
- **Medical practice – two or more medical practitioners submitting AIR data for one practice number with one nominated bank account.**

Principal vaccination provider's Medicare provider number

Medical practice providers can submit this form directly to Services Australia without the approval of your state or territory health department.

Applicant's details

A principal vaccination provider for an organisation needs to be authorised to give vaccinations in the state/territory in which they are applying.

2 Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

3 Date of birth
 / /

4 Organisation/business name (if applicable)

5 Australian Business Number (ABN) (if applicable)

6 Business address

 Postcode

7 Postal address (if different to above)

 Postcode

8 Business phone number
 ()

9 Are you a Commercial, Pharmacy or Public Health Unit provider type?
 No Go to next question
 Yes Go to 11

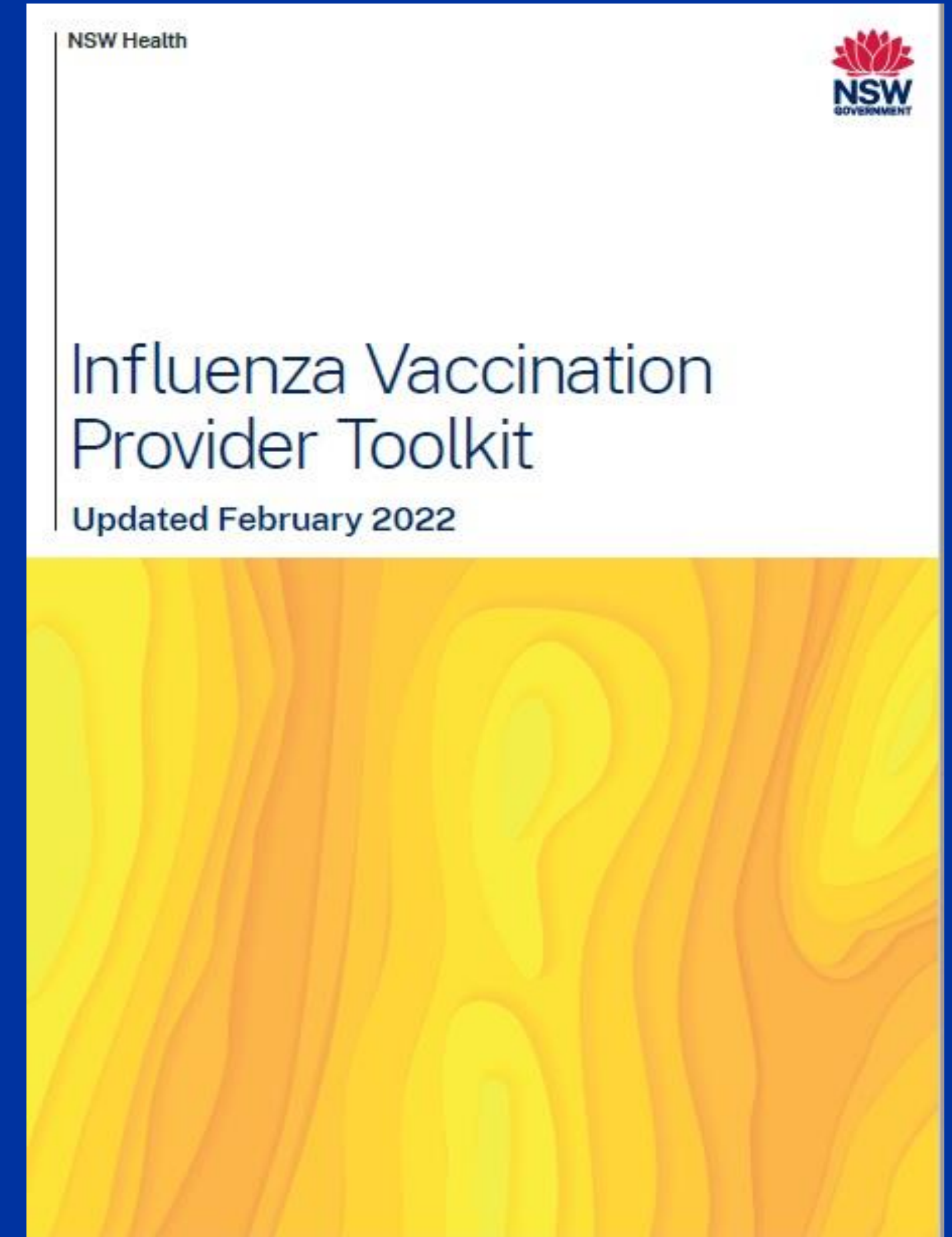
M004.2202 1 of 2

FLU SEASON 2022



<https://www.health.nsw.gov.au/immunisation/Publications/flu-provider-toolkit.pdf>

HNECCPHN.COM.AU



**PRIMARY
HEALTH
NETWORK**

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST
An Australian Government Initiative

Recommended action, in this example to vaccinate

Vaccinate for Influenza

link to AIR web portal

Check Status in AIR

Patient Overview

Age: 40

Diabetes Mellitus - Type II **Patient history**

Heart failure - Left

Mental Health Care Plan

free text entry

Asthma

History

28/05/2018 - INFLUVAC TETRA **Patient vaccination history**

07/03/1999 - INFLUENZA

18/04/1997 - INFLUENZA


Patient Recommendation NIP status

NIP Patient eligible for free vaccine

Strongly recommended but not NIP Eligible

Recommended but not NIP Eligible

Patient Materials



[Download information for your patient](#)

Patient information resource

NIP Eligibility Eligibility for patient currently open in CIS

6 months and over with certain medical risk factors **①**

All children aged 6 months to less than 5 years

All Aboriginal and Torres Strait Islander people 6 months and over

65 years and over

Pregnant women

PIP QI Measures Relevant PIP QI measure if applicable

Aged 65 and over and immunised against influenza

Diabetes and immunised against influenza

COPD and immunised against influenza

Australian Immunisation Handbook Recommendation

The Australian Department of Health recommends annual influenza vaccine for all people aged > 6 months. Children aged 6 months to < 9 years receiving influenza vaccine for the first time, and people of any age receiving influenza vaccine for the first time after haematopoietic stem cell or solid organ transplant, should receive 2 doses, 4 weeks apart.

This application is informed by information from the patient record, and should be verified by the Healthcare Provider.

Suggested practice coverage target for this population, based on national targets for USA **①**

Medically at-risk (MAR) adults aged 18 to 64 year

90%

Defer

Decline

Option to defer prompt or to record patient declining the vaccine



<https://help.pencs.com.au/display/TUG/Using+the+FLU+App>

First Nations Immunisation

National Immunisation Program Schedule 1 July 2020 For all Indigenous people



Age	Disease	Vaccine Brand
Indigenous children (also see influenza vaccine)		
Birth	Hepatitis B (usually offered in hospital) ²	HB-Vax [®] II Paediatric or Engerix B [®] Paediatric
2 months Can be given from 6 weeks of age	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) Rotavirus ³ Pneumococcal Meningococcal B	Inferrix [®] hexa Rotaris [®] Prevenar 13 [®] Bexsero [®]
4 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) Rotavirus ³ Pneumococcal Meningococcal B	Inferrix [®] hexa Rotaris [®] Prevenar 13 [®] Bexsero [®]
6 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib)	Inferrix [®] hexa
Additional dose for children in WA, NT, SA, Qld and children with specified medical risk conditions ^c	Pneumococcal	Prevenar 13 [®]
Additional dose for children with specified medical risk conditions ^c	Meningococcal B	Bexsero [®]
12 months	Meningococcal ACWY ⁴ Measles, mumps, rubella Pneumococcal Meningococcal B	Nimetric [®] M-M-R [®] II or Priorix [®] Prevenar 13 [®] Bexsero [®]
18 months	Haemophilus influenzae type b (Hib) Measles, mumps, rubella, varicella (chickenpox) Diphtheria, tetanus, pertussis (whooping cough)	ActiHB [®] Priorix-Tetra [®] or ProQuad [®] Inferrix [®] or Triptacel [®]
Additional vaccine for children in WA, NT, SA, Qld ^d	Hepatitis A	Vaqta [®] Paediatric
4 years	Diphtheria, tetanus, pertussis (whooping cough), polio	Inferrix [®] IPV or Quadriacel [®]
Additional dose for children in WA, NT, SA, Qld and children with specified medical risk conditions ^c	Pneumococcal ^e	Pneumovax 23 [®]
Additional vaccine for children in WA, NT, SA, Qld ^f	Hepatitis A	Vaqta [®] Paediatric

National Immunisation Program Schedule 1 July 2020 For all Indigenous people



Age	Disease	Vaccine brand
Indigenous adolescents (also see influenza vaccine)		
12–13 years (School programs) ^g	Human papillomavirus (HPV) ¹ Diphtheria, tetanus, pertussis (whooping cough)	Gardasil [®] 9 Boostrix [®]
14–16 years (School programs) ^g	Meningococcal ACWY	Nimetric [®]
Indigenous adults (also see influenza vaccine)		
50 years and over^h	Pneumococcal	Prevenar 13 [®] and Pneumovax 23 [®]
70–79 yearsⁱ	Shingles (herpes zoster)	Zostavax [®]
Pregnant women	Pertussis (whooping cough) ² Influenza ³	Boostrix [®] or Adacel [®]
Funded annual influenza vaccination⁴		

All Aboriginal and Torres Strait Islander people 6 months and over

² Hepatitis B vaccine: Should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours, and must be given within 7 days.
³ Rotavirus vaccine: First dose must be given by 14 weeks of age, the second dose by 24 weeks of age.
⁴ Risk conditions are specified in the ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020.
⁵ First dose of the 2-dose hepatitis A vaccination schedule if not previously received a dose. The second dose is now scheduled at 4 years.
⁶ Administer first dose of ZPPPV at age 4 years, followed by second dose of ZPPPV at least 5 years later.
⁷ Not required if previously received 2 doses (first dose at age >12 months) at least 6 months apart.
⁸ Contact your state or territory health services for school grades eligible for vaccination.
⁹ Observe Gardasil9 dosing schedules by age and at risk conditions. 2 doses: 0 to <15 years—6 months minimum interval. 3 doses: >15 years and/or have certain medical conditions—0, 2 and 6 month schedule. Only 2 doses funded on the NIP unless a 12–16 year old has certain medical risk factors.
¹⁰ Administer a dose of DTPaCV, followed by first dose of ZPPPV 12 months later (2–12 months acceptable), then second dose of ZPPPV at least 5 years later.
¹¹ All people aged 70 years old with a catch-up program for people aged 71–79 years until 31 October 2023.
¹² Single dose recommended each pregnancy, ideally between 20–32 weeks, but may be given up until delivery.
¹³ Refer to one of ATAGI advice on seasonal influenza vaccines.

Updated October 2021

All people aged less than 20 years are eligible for free catch-up vaccines. The number and range of vaccines and doses that are eligible for NIP funded catch-up is different for people aged less than 10 years and those aged 10–19 years. Refer to NIP catch-up fact sheets. Adult refugees and humanitarian entrants are eligible for free catch-up vaccines.

- Meningococcal B vaccine catch-up is available for all Aboriginal and Torres Strait Islander children <2 years of age for three years until 30 June 2023. Refer to the Australian Immunisation Handbook (the Handbook) for dose intervals.
- People >12 months of age with conditions that increase their risk of pneumococcal disease require a dose of DTPaCV at diagnosis followed by 2 doses of ZPPPV. Refer to the Handbook for dose intervals. Not all risk conditions are funded under the NIP. For eligibility refer to the ATAGI clinical advice on changes to vaccine recommendations and funding for people with risk conditions from 1 July 2020.
- The NIP also funds vaccines for people of all ages with the following specified medical conditions refer to the Handbook for dosing:
 - asplenia/hyposplenia (MecB, MenACWY, pneumococcal, and Hib if required)
 - complement deficiency (MenB, MenACWY)
 - undergoing treatment with eculizumab (MenB, MenACWY)
- Contact your State and Territory Health Department for further information on any additional immunisation programs specific to your State or Territory.

For more information
health.gov.au/immunisation

State/Territory	Contact Number
Australian Capital Territory	(02) 5124 9800
New South Wales	000 066 055
Northern Territory	(08) 8922 8044
Queensland	13 HEALTH (13 4325 84)
South Australia	000 232 272
Tasmania	1800 671 738
Victoria	000 882 008
Western Australia	(08) 9321 1312



www.racgp.org.au/the-racgp/faculties/nswact/nsw-ministry-of-health-gp-information-portal/module-to-enhance-the-cultural-awareness-of-gps

Scenarios for billing



70 year old seen by GP for Flu and Zostavax vaccines – eligible for bulk billing or private billing, no cost for the NIP vaccines

4 year old seen by an Authorised Nurse Immuniser for childhood immunisation – private billing for service (no GP attendance), no cost for NIP vaccine

44 year old seen by GP for travel vaccines administered by Nurse – eligible for bulk billing or private billing, patient pays privately for all vaccines not on the NIP

82 year old seen by Authorised Nurse Immuniser for Flu vaccine – private billing for service (no GP attendance), no cost for NIP vaccine

28 year old pregnant patient seen by Authorised Nurse Immuniser for Pertussis and Covid-19 vaccine – private billing for service (no GP attendance), clearly explain there is no cost for the vaccines

Workplace flu vaccination provided by your Authorised Nurse Immuniser - private billing for service (no GP attendance and mass vaccination), private billing for vaccines

Scope of Practice

Authorised Nurse Immuniser

Registered Nurse or Midwife who has completed and attained appropriate training as outlined in the NSW Authority. ANI's can assess suitability and administer vaccines.

Registered Nurse

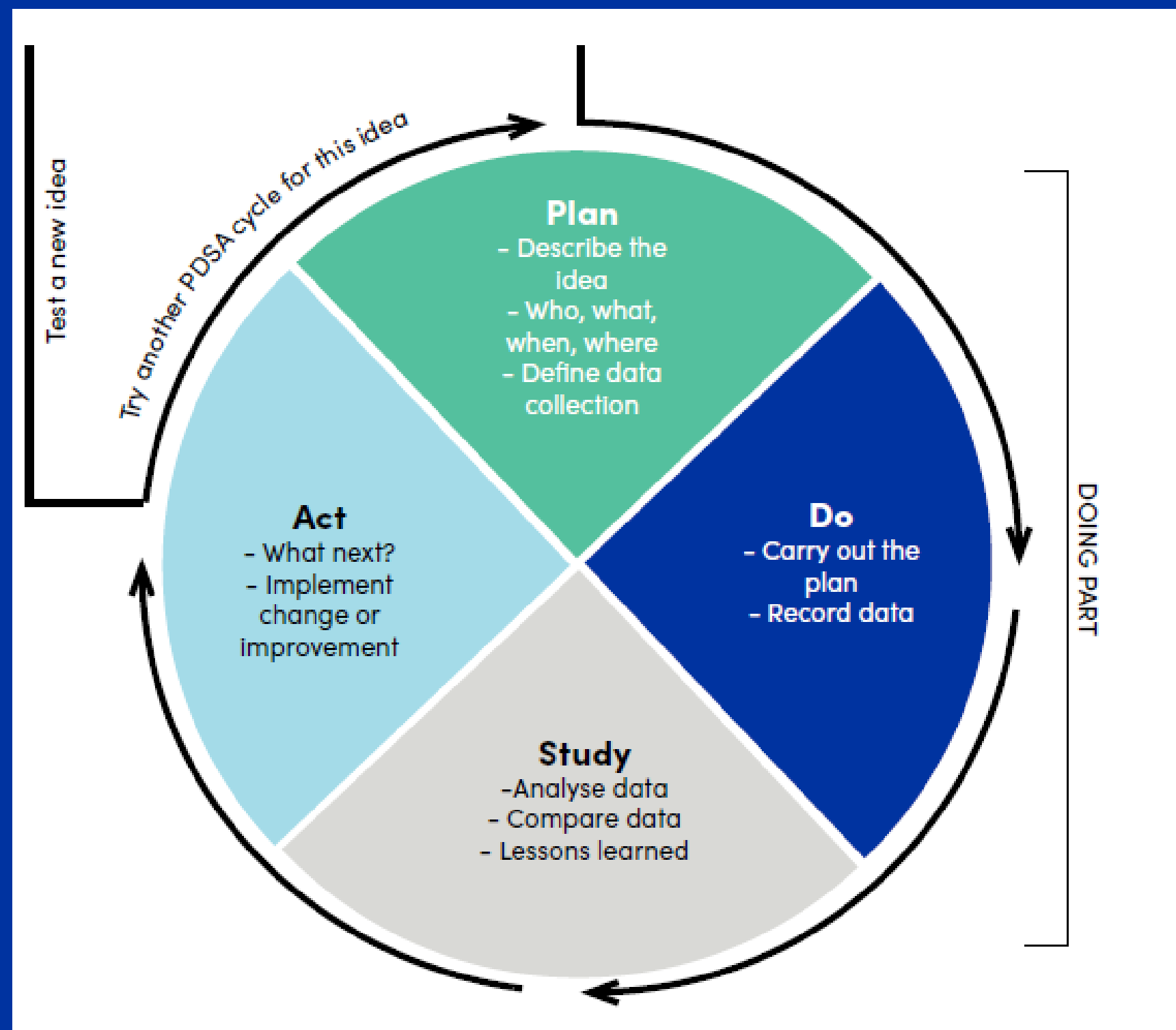
A Registered Nurse who is not an Authorised Nurse Immuniser is able to administer vaccines when a suitability for vaccination assessment is completed by a medical practitioner and with a documented medication order.

Enrolled Nurse

An Enrolled Nurse (who does not have a notation on AHPRA stating they are unable to administer medications) is able to administer vaccines when a suitability for vaccination assessment is completed by a medical practitioner and with a documented medication order and where appropriate RN supervision is in place.



Quality Improvement and Immunisation



Plan: Increase recording of ethnicity for children aged 0-2

Do: Place signs in reception, treatment room and GP rooms to encourage identification. Ask every patient (parent), every visit

Study: Recording of ethnicity for 0-2 improved by 50% over the 12 weeks

Act: We will leave the signs in place and embed ethnicity recording in business as usual

<https://thephn.com.au/primarycaresupport/quality-improvement-framework>

PenCS has developed an [immunisations guide](#) to help with reports, recipes and guides.

Japanese Encephalitis Virus (JEV)



<https://www.health.gov.au/resources/publications/cdna-advice-regarding-vaccination-against-japanese-encephalitis-virus>

Resources and tools



www.immunisationcoalition.org.au/pvt/



www.ncirs.org.au/covid-19-decision-aid-for-adults

PRIMARY CARE SUPPORT > FOCUS AREAS

Immunisation

Immunisation of the population is key to ensuring that vaccine preventable diseases are effectively controlled. General Practices have a key role in the national vaccine strategy. This work is supported by the PHN through a range of activities.

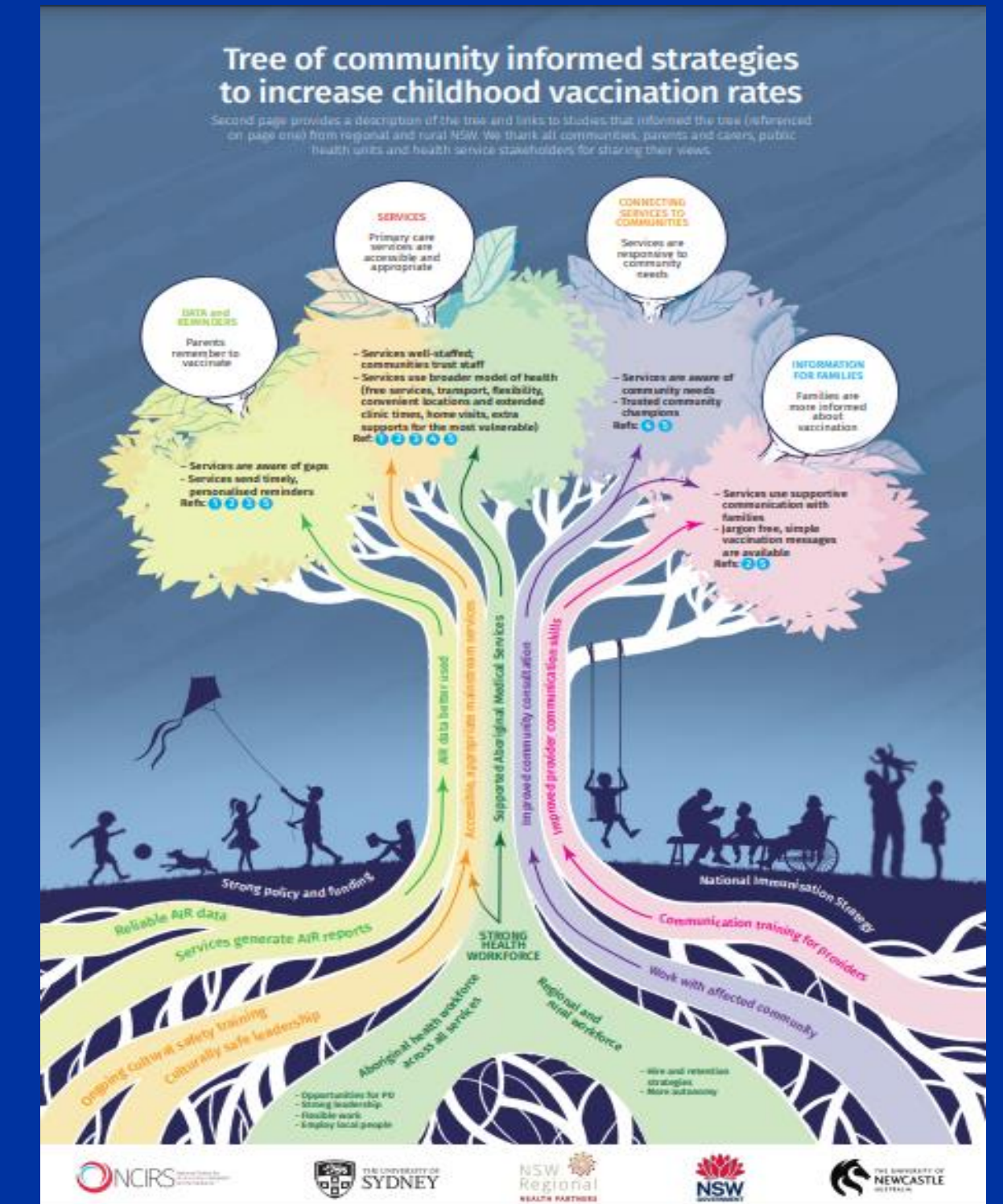
Increasing Immunisation coverage is a national priority and the PHN works with primary health care providers and stakeholders to maintain and increase our region's coverage rate.

The PHN supports General Practices by providing appropriate and timely information to Immunisation providers. Resources to assist optimising Immunisation rates and improving patient health outcomes can be found here.

Kaycee Wisemantel is the PHN support lead for Immunisation. Kaycee can be contacted via email at kwisemantel@thephn.com.au or through your Primary Care Improvement Officer.


- Data and Dashboard
- Quality Improvement
- The Patient
- Community of Practice
- Resources


<https://thephn.com.au/primarycaresupport/focus-areas/immunisation>



https://www.ncirs.org.au/sites/default/files/2022-02/Tree%20of%20community%20informed%20strategies%20to%20increase%20childhood%20vaccination%20rates_Feb%202022.pdf





Catch-up Vaccinations

 Australian Government
Department of Health




 Australian
Immunisation
Handbook

Catch-up vaccination for children <10 years old



Catch-up vaccination aims to provide the best protection against disease as quickly as possible by completing a child's recommended vaccination schedule.

- 1 Confirm the child's vaccination history**
 -   Review the child's vaccination history to determine whether they are up to date.
 -  If you cannot confirm previous vaccination, assume the child has not received that vaccine. Children can safely receive most vaccines as additional doses.
 -  If you are not sure how to plan the catch-up schedule, or if the catch-up is complicated, seek further advice from your state or territory health authority.
- 2 Plan a catch-up schedule**



Consider laboratory testing for immunity to some diseases

 -  Consider laboratory testing to guide catch-up vaccination for:
 - ▶ hepatitis A and B
 - ▶ MMR
 - ▶ varicella
 -  Do not use laboratory testing for any other diseases.
 -  Do not use past infection to guide the catch-up schedule.

Consider valid doses

 -  Check that any previous doses were received at the correct age and dosing intervals.
 -  In almost all cases, do not repeat valid doses — count them as part of the schedule.

Refer to catch-up resources

 -  Use the catch-up resources in the Australian Immunisation Handbook to help plan a catch-up schedule.
- 3 Start the catch-up schedule**
 -  Discuss the catch-up schedule with the parent or carer before starting.

See the Australian Immunisation Handbook for more details.

Planned Catch up

Planned Catch up for Overdue Vaccines

Tick this box if you would like to commence a planned catch up for the individual as you:

- were unable to administer all overdue vaccines today; or
- are waiting on results to support testing of natural immunity; or
- need to order in additional required vaccines.

Please note an individual can only ever have **one catch up schedule** recorded on the AIR.

You should **not** tick the box if:

- you have vaccinated the individual and they are no longer overdue for any vaccines, or
- you feel the parent/guardian does not intend to vaccinate the individual.

<https://immunisationhandbook.health.gov.au/catch-up-vaccination>



Health
Central Coast
Local Health District



Health
Hunter New England
Local Health District

PRIMARY
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Coast to Country Protecting us all

IMMUNISATION 2022 CONFERENCE NSW CENTRAL COAST

This biennial conference continues the series of successful Immunisation conferences, with our last one being attended by more than 500 in August 2019.

Build on your skills and knowledge around vaccines, vaccine communication, current research and Australia's place in the global scene.

Listen, learn, interact and network with like-minded peers from across Australia.

- WHO** Nurses, Doctors, Aboriginal and Torres Strait Islander Health Professionals, Medical/Nursing Students and Pharmacists
- WHEN** Friday 21st & Saturday 22nd October
- WHERE** Friday - Crowne Plaza Hotel, Terrigal beach
Saturday - EV Centre, Terrigal Drive, Erina
- RSVP** SAVE THE DATE, registration link to follow.

If we are unable to have a face to face conference due to COVID-19 we will proceed with an online format.
Immunisation conference 2021 presented by Hunter New England & Central Coast Primary Health Network
in conjunction with Hunter New England and Central Coast Local Health Districts

THEPHN.COM.AU



Save the date!!



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An Australian Government Initiative

Questions

?

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Answers

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