



## Issue 3 – May 2020 – Special Edition

## Influenza vaccine deliveries

We appreciate the current high demands for patients wishing to access influenza vaccine and the challenges this can pose to immunisation providers. Immunisation staff, including vaccine delivery drivers and those answering the phones are working to capacity during an extremely busy and demanding time and are aiming to manage all requests in a timely manner.

*Please be respectful of all staff during this time. Instances of inappropriate behaviour, including verbal abuse towards staff will not be tolerated.*

### Reminders:

- Urgent orders can take up to 7 days (5 business days) for delivery.
- The Immunisation Unit review all orders and distribute vaccine quantities accordingly to ensure government funded stock is managed appropriately to all (approximately 200) immunisation providers.
- Vaccines will not be left at your practice if:
  - Your fridge is not within temperature range 2°C to 8°C as recorded by the ACT Health LogTag (data logger) located in your fridge.
  - Your fridge is overstocked and it is deemed that vaccines cannot be stored safely.
  - Vaccines are not being stored in a purpose built vaccine fridge.
- Wait for vaccines to be placed into your vaccine fridge by the Vaccine Management Unit (VMU) delivery driver. Do not remove vaccines from the esky whilst the driver is completing the delivery.

Thank you for your cooperation and understanding.

## Vaccination during COVID-19 response

In these uncertain times resulting from COVID-19, it is more important than ever to maintain high immunisation coverage rates to prevent outbreaks of vaccine preventable diseases in the community. It is essential that immunisation services are available and immunisation providers should continue to offer immunisations with enhanced infection control measures to reduce the risk of transmission of infection to staff and clients attending vaccination clinics.

It is important to continue delivery of the [National Immunisation Program including Childhood Immunisation](#).

Source: NSW Health - <https://www.health.nsw.gov.au/immunisation/Pages/vaccination-advice-during-covid-19.aspx>

### In this issue

- ❖ Influenza vaccine deliveries
- ❖ Vaccination during COVID-19 response
- ❖ Observation after vaccination—minimising risk of exposure to COVID-19
- ❖ Pneumococcal vaccine and coronavirus (COVID-19)

### Contact us

#### Health Protection Service Immunisation Unit

Phone: (02) 5124 9800

Fax: (02) 5124 9307



Information on planning and managing influenza vaccination during the COVID-19 pandemic is provided in the attached fact sheet. This information is relevant also for consideration of immunisation clinics to manage other immunisation programs.

## Schools Immunisation Program

The Schools Immunisation Program provided to adolescents in Year's 7 and 10 has been paused as a result of ACT schools currently remaining pupil free. In order to maintain vaccine coverage for adolescents during this time, please consider vaccinating as per the NIP schedule. It is important when vaccinating adolescents to:

- Check the clients vaccination history on the Australian Immunisation Register (AIR).
- Add any vaccines administered to the AIR.

## Observation after vaccination—minimising risk of exposure to COVID-19

The Australian Technical Advisory Group on Immunisation (ATAGI) have released a clinical statement on the '*Duration of observation after vaccination in the context of minimising risk of exposure to COVID-19 at Health Care Facilities*'.

The statement advises the current Australian Immunisation Handbook recommendation of 15 minutes observation following vaccination should be observed and remains the optimal protocol where adequate social distancing can be maintained.

Where adequate social distancing at the clinic is not possible, a post-vaccination observation period of at least 5 minutes may be sufficient, **if the vaccinee meets specific criteria (refer to ATAGI Statement attached)**.

[www.health.gov.au/resources/publications/atagi-clinical-statement-on-vaccination-observation-time](http://www.health.gov.au/resources/publications/atagi-clinical-statement-on-vaccination-observation-time)

## Pneumococcal vaccine and coronavirus (COVID-19)

Pneumococcal vaccines (Pneumovax 23 and Prevenar 13) will protect against disease such as pneumonia caused specifically by the bacterium *pneumococcus*. **Pneumococcal vaccines will not provide protection against COVID-19.** There is currently no evidence to suggest that pneumococcal vaccines provide protection against COVID-19 associated pneumonia.

Pneumococcal vaccination is not recommended for healthy adolescents and adults due to their low disease risk. Government funded vaccine should only be used for people particularly vulnerable to pneumococcal infection. These people include:

- Young children at 6 weeks, 4 months and 12 months of age, medically at-risk children should receive an additional dose at 6 months of age
- Aboriginal people 15 - 49 years with underlying risk conditions associated with pneumococcal disease.
- Aboriginal people 50 years and over
- Older adults 65 years and over

# Planning and managing influenza vaccination during the COVID-19 pandemic

ACT Health is issuing guidance to assist healthcare professionals with planning and managing influenza vaccination services during the COVID-19 pandemic. Immunisation providers are encouraged to implement enhanced infection control measures to ensure they can safely provide influenza vaccination services throughout the COVID-19 pandemic.

## Importance of providing influenza vaccination services

- In 2020, the influenza season in the ACT will coincide with the COVID-19 pandemic.
- Influenza is a vaccine-preventable disease.
- Influenza vaccination is recommended for everyone aged 6 months and older
- In the ACT, influenza vaccine is free for people at higher risk of complications, including:
  - children aged 6 months to under 5 years
  - pregnant women
  - people aged 65 years and older
  - Aboriginal and Torres Strait Islander people aged 6 months and older
  - people aged 6 months and older with underlying medical conditions
- It is very important that we achieve high influenza vaccination coverage rates in the ACT in 2020 to protect the community and avoid placing additional burden on the healthcare system from influenza during a time where the system is under increased demand due to COVID-19.

## Recommendations for managing patients before they attend the clinic

- Designate specific times throughout the week for influenza vaccination clinics to ensure that only well patients are in the clinic during those times.
- Send reminders to eligible patients that they can now receive their influenza vaccine.
- Advise the patient or their guardian/carer that only one additional person can attend the clinic at the time of vaccination.
- Advise the patient or the guardian/carer that they must not attend for their vaccination if they have any symptoms of a respiratory infection, including fever, sore throat, runny nose, cough or shortness of breath.
- Ask patients not to arrive in advance of their scheduled vaccination to minimise the number of people that are in the clinic.

## Recommendations for managing patients when they arrive for their influenza vaccination

- Make a staff member available to manage social distancing (1.5m) for people attending the clinic. Options may include:
  - an appointment system for all vaccinations;
  - patients waiting outside (if safe to do so) or in their cars before vaccination; and
  - phoning patients when it's time to come into the clinic

Version 2 – 6 April 2020

- Arrange a process and a checklist to assess each patient as they arrive for their influenza vaccination prior to entering the practice. This could include keeping doors locked and asking patients to call once they are outside.
- Signage should be displayed at the entrances of all clinics offering influenza vaccination to inform patients and their guardian/carer of the following:
  - The clinic is taking additional measures to protect the community during the ongoing COVID-19 response.
  - You must follow these instructions to ensure we are all protected.
  - Only one parent/guardian or carer can accompany the person who will be vaccinated.
  - People must not enter the premises if they have symptoms of a respiratory infection (such as fever, sore throat, runny nose, shortness of breath or cough).
  - People must not enter the premises if they have been told to self-isolate after returning from overseas or after being in contact with a person who has confirmed COVID-19.
  - Use alcohol hand sanitiser provided at the entrance to the reception or waiting area.
- Also consider translating signage and messaging into other key community languages.

#### Infection control measures within the premises

- Remind staff that if they are unwell, they must not attend work.
- Make alcohol hand sanitiser or hand washing facilities available at the entrance to your practice/clinic area and ensure patients use these on entry and when leaving.
- Ensure administration, clinical and patient areas are wiped down frequently with detergent and disinfectant wipe/solution (according to normal infection prevention and control practice).
- Ensure there is a process to keep well patients separated from unwell patients, particularly those who are suspected cases of COVID-19.
- Minimise patient movement through the clinic as much as possible.
- Ensure that seating and standing queuing areas meet the current recommendations of social distancing. If standing, mark each standing position with an 'X'. If seated, chairs must be spaced appropriately to maintain social distancing and cleaned between use.
- Always sit clients 1.5 metres from administration staff desk on check in and 1.5 metres from other clients.
- Consider the size of the clinic area and apply the principles of social distancing (1 person per 4 square metres) to determine the number of patients that can attend the clinic at any one time.
- Remove all toys and magazines from your waiting room.
- Use alternative entrance/exit (where available) to avoid foot traffic in the administration area.

#### Vaccination procedures

- Minimise physical contact with client record document.
- Use a single-use pre-immunisation checklist for each client rather than a laminated re-useable version. Consider displaying a large pre-vaccination checklist in the queuing area.
- Ensure there is no more than one carer/guardian with the patient who is being vaccinated (unless there are extenuating circumstances).

Version 2 – 6 April 2020

- Consider a separate room for clients to wait post vaccination dependant on numbers at each session, ensuring social distancing between clients.
- There are no additional PPE requirements for your routine immunisation service. Standard and transmission-based precautions should be utilised as appropriate.
- Ensure that hand hygiene is performed between each patient.
- Use a separate pen supply for patients to sign consent forms, cleaning appropriately between use.

#### Alternate vaccination clinic models can be considered

- Alternate locations for vaccination clinics may also be considered if practicable, such as a practice car park or other outdoor area.
- Conducting vaccination clinics in an alternate location could also include combining and sharing resources and staff with other practices in your local area.
- Consider offering home vaccination for vulnerable people.
- Points to consider for alternate models include:
  - Social distancing and enhanced infection control requirements.
  - Patient and staff safety and comfort e.g. consideration of the weather and nearby traffic.
  - Requirements to maintain confidentiality and undertake pre-vaccination assessments.
  - Appropriate cold chain management.
  - Pre-vaccination waiting and post vaccination observation areas that provide social distancing.
  - Facilities/area to manage adverse events.
  - Maintaining vaccination records.
  - Bathroom and break facilities for staff.
  - Messaging to patients.

#### Where to go for more information

- ACT Health Winter Wellbeing and Flu: <https://www.health.act.gov.au/about-our-health-system/population-health/winter-wellbeing-and-flu>
- COVID-19 related information:  
<https://www.covid19.act.gov.au/>  
<https://www.health.gov.au/health-topics/novel-coronavirus>

#### Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: [www.health.act.gov.au/accessibility](http://www.health.act.gov.au/accessibility)

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Version 2 – 6 April 2020



Australian Government

Department of Health

## AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI) | CLINICAL ADVICE

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### STATEMENT ON THE DURATION OF OBSERVATION AFTER VACCINATION IN THE CONTEXT OF MINIMISING RISK OF EXPOSURE TO COVID-19 AT HEALTHCARE FACILITIES

The Australian Immunisation Handbook currently recommends that individuals who receive a vaccination should remain under observation for at least 15 minutes for possible immediate adverse events and to receive rapid medical care if needed.<sup>1</sup> Immediate adverse events are rare and may include anaphylaxis (0.65–1.53 per million vaccine doses)<sup>2,3</sup> and vasovagal syncope (fainting).<sup>4,5</sup> Most syncopal episodes occur early (>50% within 5 minutes, and 80% by 15 minutes);<sup>4</sup> these can be rendered less likely by taking simple measures in syncope-prone individuals.<sup>6</sup>

In the current context of increasing risk of community-transmitted COVID-19 disease, the risk of exposure to potentially infected patients in medical practices/immunisation clinics may be increased. If this risk cannot be completely controlled in the clinic setting, the benefit of minimising the post-vaccination observation period to reduce COVID-19 exposure risk may outweigh the small risk of reduced detection of immediate rare post-vaccination adverse events at the clinic.

Therefore, in the context of the ongoing COVID-19 pandemic, ATAGI advises that:

- a) where an immunisation clinic (including waiting area, treatment rooms, etc) is separate or allows adequate social distancing from others (staff or other patients), the standard 15-minute observation period should be observed, and this remains the optimal protocol.
- b) where adequate social distancing at the clinic is not possible, a post-vaccination observation period of at least **5 minutes** (typically the time taken to apply pressure to and cover the injection site, for the vaccinee to re-dress and for vaccination record documentation) may be sufficient, **if the vaccinee meets the following criteria:**
  - 1) no history of severe allergic reactions or immediate post-vaccination reactions, such as syncope
  - 2) assessment at around 5 minutes after vaccination shows no evidence of any immediate adverse reactions
  - 3) a parent/carer (for children) or another responsible adult is capable of supervising for the first 15 minutes post vaccination
  - 4) it is possible for the vaccinee to sit or lay down safely if they feel unwell
  - 5) the vaccinee does not drive or operate machinery for the first 15 minutes after vaccination
  - 6) the vaccinee (or the parent/carer/responsible adult) is aware of when and how to seek post-vaccination advice, and have ready access to assistance and emergency services, if required.

*It is important to read this statement in conjunction with The Australian Immunisation Handbook available at [immunisationhandbook.health.gov.au](https://immunisationhandbook.health.gov.au).*

#### References

1. Australian Government Department of Health. [Australian Immunisation Handbook. Vaccination Procedures - After Vaccination](#). 2020. (Accessed 31/03/2020).
2. Bohlke K, Davis RL, Marcy SM, et al. Risk of anaphylaxis after vaccination of children and adolescents. *Pediatrics* 2003;112:815-20.
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4. Centers for Disease Control and Prevention. Syncope after vaccination--United States, January 2005-July 2007. *MMWR; Morbidity and Mortality Weekly Report* 2008;57:457-60.
5. Crawford NW, Clothier HJ, Elia S, et al. Syncope and seizures following human papillomavirus vaccination: a retrospective case series. *Medical Journal of Australia* 2011;194:16-8.
6. [Centers for Disease Control and Prevention. Fainting \(Syncope\)](#). 2015. (Accessed 31/03/2020).