

Issue 4 – July 2021

# Aboriginal and Torres Strait Islander identification

## Quick Facts:

### In Australia between 2011-2015

- Notification rates for *Haemophilus influenzae* type b (Hib) were 10 times higher for Aboriginal and Torres Strait Islander people.
- Rates of Meningococcal B disease were 7 times higher in Aboriginal and Torres Strait Islander people.

***Aboriginal and Torres Strait Islander people are eligible for a number of extra funded vaccines on the NIP.***

## Why is it important to encourage patients to identify Indigenous status?

Aboriginal and Torres Strait Islander people have a different recommended immunisation schedule than non-Indigenous people. See the schedule [here](#).

Identifying Indigenous status enables healthcare workers to offer the recommended vaccines to eligible patients.

## What is the role of general practice in recording Indigenous status?

It is important to ask and record if a person identifies as Aboriginal and/or Torres Strait Islander.

A person's response to a question regarding their Aboriginal and Torres Strait Islander identification is the only requirement for recording Indigenous status and for providing access to Indigenous-specific health interventions and services—no further evidence is needed.

Choosing to disclose Aboriginal and Torres Strait Islander identification is **voluntary**.

Some people may or may not be prepared to disclose their Indigenous status depending on the situation; others may be discovering or acknowledging their Aboriginal and Torres Strait Islander identification for the first time.

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## Contact us

### Health Protection Service Immunisation Unit

Phone: (02) 5124 9800

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[immunisation@act.gov.au](mailto:immunisation@act.gov.au)

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Phone: (02) 5124 9213

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## How should you approach identifying Indigenous status?

- ❖ Be mindful that identification question should be asked respectfully and in private;
- ❖ Give a full explanation of how the information is to be used; and
- ❖ Highlight the benefits of identifying as Aboriginal and Torres Strait Islander.

## Three main themes contribute to the under identification of Aboriginal and Torres Strait Islander people (Schütze et al 2017):

- ❖ Suboptimal practice systems to identify and/or record patients' Indigenous status;
- ❖ A lack of practitioner/staff understanding of the need to identify Indigenous status;
- ❖ Practice environments that do not promote Indigenous status identification.

Remember to update the Australian Immunisation Register (AIR) to record Aboriginal and Torres Strait Islander identification.

You can complete the staff knowledge training tool for Indigenous identification developed by the Australian Institute of Health and Welfare.

## Adverse Event Following Immunisation

An Adverse Event Following Immunisation (AEFI) is an unwanted or unexpected event that follows vaccination that may be related to the vaccine itself, its handling or administration, or may occur by coincidence.

An AEFI is a notifiable condition under the *ACT Public Health Act 1997*. All uncommon, unexpected or serious AEFI should be reported to the Immunisation Unit, Health Protection Service using the Immunisation Adverse Event Reporting Form, or by contacting the Immunisation Unit on (02) **5124 9800**. The Immunisation Unit reports all AEFI notifications to the Therapeutic Goods Administration (TGA). For AEFI related to COVID-19 vaccination please report to the Immunisation Unit using the COVID-19 Vaccine Adverse Event Following Immunisation Reporting Form.

For more information:

- [COVID-19 Vaccine AEFI reporting for healthcare professionals \(FACT Sheet\)](#)
- National Centre for Immunisation Research and Surveillance - Vaccine Safety factsheet at <http://www.ncirs.org.au/public/vaccine-safety>
- ACT Health Adverse Event Following Immunisation factsheet at <https://www.health.act.gov.au/sites/default/files/2019-11/Adverse%20event%20following%20immunisation%20information%20sheet.pdf>.
- <https://www.ausvaxsafety.org.au/our-work/covid-19-vaccine-safety-surveillance>

# COVID-19 Vaccine Allergy Clinic and Special COVID-19 Vaccination Service

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Canberra Health Services is setting up a dedicated COVID-19 Vaccine Allergy Clinic based at the Canberra Hospital commencing from July 2021.

This clinic will assess any patient who has had:

- An anaphylactic reaction to a COVID-19 vaccination
- Immediate (within 4 hours) and generalised symptoms of a possible allergic reaction to a previous dose of a COVID-19 vaccination
- Generalised allergic reactions to polyethylene glycol (PEG) or polysorbate 80 in the past – this may include medications used for bowel preparation, steroid joint injections etc
- A prior history of anaphylaxis to vaccines or multiple drugs where polysorbate 80 or PEG may have been the cause

People with a history of severe allergy to foods, venom or medications, including latex, that don't contain the listed excipients should be able to be vaccinated in the community.

However, if there is concern, these people can be considered for vaccination in the specialist COVID-19 vaccination service at the Garran COVID-19 mass vaccination clinic. Referrals should be made by the same process.

At this stage, referrals for either the COVID-19 vaccine allergy clinic or the specialist COVID-19 vaccination service at the Garran COVID-19 mass vaccination clinic should be referred to the [Department of Immunology at the Canberra Hospital](#), by fax ((02) 5124 5543) or email ([immunisation@act.gov.au](mailto:immunisation@act.gov.au)).

More information can be found on the ACT Health website [www.covid19.act.gov.au/vaccineclinicians](http://www.covid19.act.gov.au/vaccineclinicians) and continues to be updated regularly.

## Using PRODA to access the AIR

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To access Australian Immunisation Register (AIR) providers must use a PRODA account starting July 2021. To create a personal PRODA use the following link: [www.humanservices.gov.au/proda](http://www.humanservices.gov.au/proda)

PRODA (provider digital access) is an online identity verification and authentication system. It lets you securely access government online services. To access available services using PRODA, you need to register as an individual to get your own account.

To access a PRODA on behalf of an organisation, you may need to register the organisation in PRODA. The service will let you know if you need to register your organisation.

# Influenza and COVID-19 June Update

Remember, although the cold weather has hit, it's not too late to vaccinate against influenza. Influenza vaccine can be given at any time if the vaccine is in the fridge and within expiry date.

The Australian Technical Advisory Group on Immunisation (ATAGI) has issued updated advice on the relative timing of administering influenza vaccines and COVID-19 vaccines in 2021.

The preferred minimum interval between a dose of influenza vaccine and a dose of either Pfizer/AstraZeneca vaccine is now 7 days (previously 14 days). In some situations, a shorter interval (including co-administration) is acceptable.

To read more visit: <https://www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2021>



## Health Professionals Webpage

The Health Professional webpage has had a recent update and is up and running with a new look. Please browse the page using the following link: [Health professionals | Health \(act.gov.au\)](https://health.act.gov.au)



### Clinical Information

- [Schedules](#)
- [Catch-up vaccinations](#)
- [Adverse Events Following Immunisation](#)
- [Australian Immunisation Register](#)
- [Influenza](#)
- [Rabies](#)
- [Yellow Fever](#)
- [COVID-19](#)

### Cold Chain Monitoring

- [Vaccine audits](#)
- [What is cold chain?](#)
- [National Vaccine Storage Guidelines: 'Strive for 5'](#)
- [What is a cold chain breach?](#)
- [What to do if there is a cold chain breach](#)
- [Using ACTH LogTag Data Loggers](#)

### Resources

- [Immunisation Schedules](#)
- [Fact Sheets/Handouts](#)
- [Policies/Guidelines](#)
- [Forms](#)

# General Practice Software and batch numbers

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A recent incident reported by a General Practice, where some 2020 influenza stock was found among 2021 influenza stock, prompted the Australian Government Department of Health (the Department) to investigate a range of circumstances that may have led to this, including checking data reported to AIR. This investigation concluded that there was no 2020 stock in state and territory vaccine warehouses, however there were a high number of vaccines, with 2020 influenza batch numbers, reported to the AIR as being administered this influenza season (2021).

Further investigation has found that the issue was due to incorrect batch number information being reported to the AIR. The Department has been advised that some clinical information software systems store and/or auto-fill previously entered information, which can lead to data entry errors when this old information is being used and not confirmed to be current, prior to submission to the AIR.

We ask that you:

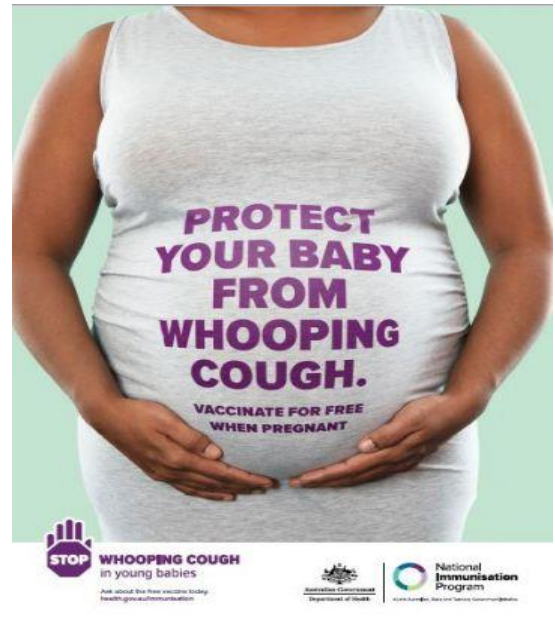
- Remind all staff to double check expiration dates of vaccines prior to administration.
- Inform Vaccine Management Unit (VMU) of expired or near expired NIP stock to arrange pick up.
- Dispose of out-of-date private stock appropriately.
- Encourage all staff at your practice to double check the information being reported to the AIR is correct prior to submitting it to AIR.
- Delete all old batch numbers stored in your practice software systems, regardless of which platform you use.

## Vaccination in Pregnancy

**Whooping cough (pertussis)** vaccine is recommended from 20 to 32 weeks gestation but can be given anytime up to the birth of the baby. Pertussis vaccination of pregnant women is an effective way to prevent pertussis disease in newborn babies. This occurs via the transfer of maternal antibodies in utero.

Resources are available to order from the commonwealth website: [Maternal vaccination campaign \(whooping cough\)](#)

**Influenza Vaccination** is also the most effective way to protect yourself and your baby against becoming ill with the influenza virus. The influenza vaccine can be given at any stage of pregnancy. More information can be found on the ACT Health website <https://www.health.act.gov.au/services-and-programs/immunisation/influenza-flu/free-flu-vaccination>



New advice is out for **COVID-19 vaccination** for pregnant or breastfeeding women. On 9 June 2021, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and ATAGI [released a joint statement](#) recommending that pregnant women are routinely offered Pfizer mRNA vaccine (Cominarty) at any stage of pregnancy.

## Reminders

### Influenza Data

Immunisation providers are required to provide data to the ACT Health Immunisation Unit on government funded vaccines administered. This helps with stock control, program evaluation and ascertainment of coverage rates. The Influenza Vaccine Record Form and General Practice Staff Influenza Program Data should be completed and sent each fortnight to the Immunisation Unit. If you require any further information, please contact the Vaccine Management Unit on **5124 9800**.

The Pharmacy Guild of Australia will submit an electronic report on behalf of its members who use compatible software for recording vaccination events. **Those pharmacies who are not part of the Pharmacy Guild of Australia will need to submit the Influenza Vaccine Record Form.**

**Fax** (02) 5124 9307

**Email** [immunisation@act.gov.au](mailto:immunisation@act.gov.au)

## ACT Immunisation Mailing List

Please sign up to the immunisation mailing list to receive all the latest news from ACT Health immunisation using this [link](#).



## Shingles vaccine catch-up ends October 31<sup>st</sup>

Under the NIP, a free vaccine is offered to protect against shingles for people at 70 years of age. A catch-up program for 71-79 year old ends on October 31<sup>st</sup>, 2021.

To promote the program and ensure all eligible people are protected against shingles, providers should now:

- Follow up with patients 70 to 79 years old who would benefit from the vaccine and who may have missed out earlier in the program
- Promote the vaccine to eligible people 70 to 79 years old through displaying the program posters and brochures in your clinic or health care facility
- Report vaccinations to the Australian Immunisation Register (AIR).

Please keep in mind the safety advisory for Zostavax.

A safety advisory was published on the 22<sup>nd</sup> December 2020 on the *Therapeutic Goods Administration* (TGA), reminding health professionals that Zostavax should not be used in people with compromised immune function. Healthcare professionals should carefully assess patients for potentially immunocompromising conditions. More information can be found at:

- <https://www.tga.gov.au/alert/zostavax-vaccine-1>
- [Statement on the Clinical use of Zoster vaccine in older adults in Australia | Australian Government Department of Health](#)
- [Table. Live shingles vaccine \(Zostavax\) screening for contraindications | The Australian Immunisation Handbook \(health.gov.au\)](#)
- [Zoster vaccine for Australian adults fact sheet\\_13 July 2021\\_Final.pdf \(ncirs.org.au\)](#)

## Catch-up Vaccine Orders

Please ensure that when ordering [Meningococcal B](#), [HPV](#) or [Hepatitis B](#) vaccines, that you use the appropriate catch up vaccine order form. These forms must be emailed or faxed two business days prior to your scheduled monthly delivery to ensure that the VMU staff have enough time to process and compile your request. The vaccines will be delivered (if approved and are eligible) in a plastic sleeve with a label displaying the patients name, date of birth, practice name, and dose details. These vaccines will be retrieved by VMU staff if not administered within 3 months of delivery date.