ACT Immunisation Newsletter

ACT Government | ACT Health

Issue 3 – May 2021

Advice on Influenza and COVID-19 Vaccination

On 12 March 2021, the Australian Technical Advisory Group on Immunisation (ATAGI) released advice on the relative timing of administering influenza and COVID-19 vaccines in 2021.

- Routine scheduling and co-administration of an influenza vaccine with a COVID-19 vaccine on the same day is not recommended.
- The preferred minimum interval between a dose of seasonal influenza vaccine and a dose of Comirnaty (Pfizer) or COVID-19 Vaccine AstraZeneca is 14 days.
- There may be circumstances where co-administration or near administration (within days) of an influenza vaccine with a COVID-19 vaccine may be considered.
- There is no particular requirement regarding the order of receiving a dose of influenza vaccine and either the first or second dose of a COVID-19 vaccine.
- If an influenza vaccine has been inadvertently co-administered or given within a shorter interval than 14 days with a COVID-19 vaccine, revaccination with either vaccine is not considered necessary.

[i] Want more info? Head to the **@AustralianTechnicalAdvisoryGrouponImmunisation (ATAGI)**:

https://bit.ly/3m0esI4

Changes to AIR notifications

The Australian Immunisation Register (AIR) Amendment (Reporting) Act 2021 (Cwlth) received Royal assent in February 2021. **The amendments require all immunisation providers to report all administered vaccines to the AIR.**

In this issue

Contact us

Health Protection Service
Immunisation Unit
Phone: (02) 5124 9800
Fax: (02) 5124 9307
Email: immunisation@act.gov.au

Communicable Disease Control (CDC)
Phone: (02) 5124 9213
Fax: (02) 5124 9306
Email: cdc@act.gov.au

As of the 1 March 2021, influenza vaccinations have become mandatory to report to AIR. It is also mandatory to report COVID-19 vaccinations**. As of the 1 July 2021, all National Immunisation Program vaccinations will become mandatory.** For more information on the AIR reporting bill click here.

Influenza Vaccination Reminder

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.

So far in 2021, demand from providers for influenza vaccines have been slower to that of 2020. We remind providers that with social isolation restrictions easing we may start to see a rise in notifications of influenza within our community. The best protection against influenza is vaccination.

ATAGI clinical advice on the administration of seasonal influenza in 2021 recommends annual vaccination before the onset of each influenza season.

Revaccination later in the same year is not routinely recommended, but may benefit some individuals due to personal circumstances, such as travel or pregnancy.

It is recommended all people aged 6 months and over receive the influenza vaccine every year, and we encourage you to continue promoting influenza vaccination, particularly for the NIP funded priority groups:

- Children 6 months to under 5 years
- Pregnant women (at any stage of pregnancy)
- Aboriginal and Torres Strait Islander people aged 6 months and over
- Adults 65 years and over
- People with certain health conditions associated with an increased risk of influenza disease complications (visit Australian Immunisation Handbook (online).

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, that is, regardless of the vaccine.

By following recommendations on who should and who should not receive certain vaccines and filling out the pre-vaccination screening checklist, health practitioners minimise the risk of their patients having serious adverse effects from vaccination. More information can be found in The Australian Immunisation Handbook.

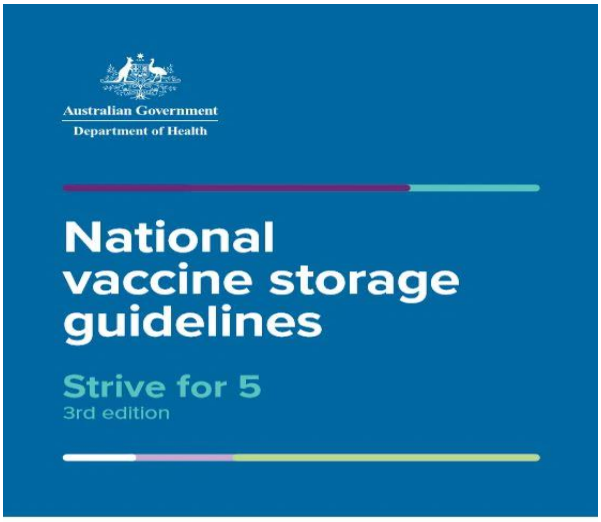
In the ACT, suspected AEFI should be reported to the Immunisation Unit, Health Protection Service using the Immunisation Adverse Event Reporting Form, or by contacting the Health Protection Service, Immunisation Unit on (02) **5124 9800**. The Immunisation Unit reports all notifications to the Australian Adverse Drug Reaction System (ADRS) at the Therapeutic Goods Administration (TGA). Australia-wide annual reports on AEFI surveillance are published by the Australian Government. For AEFI's 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

Can you safely store enough vaccines?

Over recent years, expansion of both the ACT and National Immunisation Programs and the increasing eligibility and demand for influenza vaccines has resulted in more vaccines being stored in immunisation provider fridges. Additionally, with COVID-19 vaccinations well under way, management of your vaccine fridge will be imperative.



National Immunisation Program
A joint Australian, State and Territory Government Initiative

The National Vaccine Storage Guidelines 'Strive for 5' (3rd edition) states:

- Vaccine refrigerators must have the capacity to accommodate the facility's vaccine storage needs without overcrowding stock (including during influenza season).
- **Vaccines MUST be stored in their original packaging because this helps to protect them from temperature fluctuations and UV light.**
- Do not crowd the vaccines by overfilling the shelves, allow space between containers for air-circulation.
- Overstocking the refrigerator places all vaccines at risk. It impedes cold air circulation and reduces the likelihood of achieving consistent, stable temperatures throughout the refrigerator.

The Vaccine Management Unit will not deliver all or part of your order if the vaccines cannot be safely stored in your refrigerator. Any vaccines out of packaging and exposed to UV light will be removed and ultimately destroyed. This is particularly relevant during flu season when the number of vaccines to be stored increases significantly.

Varicella-Zoster Virus (VZV) Update

Varicella-zoster virus (VZV) is a notifiable disease under the *Public Health ACT 1997*. Surveillance of VZV is important to understand the epidemiology of the disease, determine risk factors, implement disease control measures, assess effectiveness of the chickenpox and shingles immunisation programs, and monitor adverse events following immunisation.

Clinicians may notice a new layout on the follow up information request form sent following a positive VZV notification. **Please note, that indicating 'chickenpox' or 'shingles' in the clinical notes of the pathology request form will allow for classification of cases without having to contact clinicians directly.**

It is the diagnosing clinician's responsibility to identify their patients' high-risk contacts.

High-risk contacts include:

- Immunocompromised people
- Non-immune pregnant women
- Neonates (<1 month old) or premature infants who are still hospitalised

Please refer any identified high-risk contacts to their healthcare provider as soon as possible for post-exposure prophylaxis assessment. These contacts may require Zoster immunoglobulin (ZIG) to be given within 4 days (max 10 days) from exposure.

Other non-immune contacts (particularly childcare or healthcare workers) may benefit from varicella vaccination within 3 days (max 5 days) of exposure. For more information refer to the Australian Immunisation Handbook or contact Communicable Disease Control on **5124 9213**.

ACT Immunisation mailing list

Immunisation providers are now able to subscribe to receive the latest immunisation information from the ACT Health Directorate. This subscription will allow Health Professionals to keep up to date with immunisation information, alerts and newsletters as they become available. To subscribe to this mailing list click here.

Ordering Government funded vaccines

- Orders must be received **at least two business days prior** to scheduled delivery.
- In the event an order is not received for the scheduled delivery, the Vaccine Management Unit will visit to undertake cold chain monitoring and inventory, but no vaccines will be delivered.
- Urgent deliveries may take up to **five business days** from when the order is placed.

Urgent delivery days:

South ACT Monday and Wednesday
North ACT Tuesday and Thursday
Note: Urgent orders are sorted and delivered in the order they are received.

*Please remember that VMU staff will retrieve/remove catch up vaccines for HPV9 (Gardasil) and Hepatitis B (Engerix B) if they are not used within 2 months.

To discuss any storage and ordering issues call the Vaccine Management Unit on (02) 5124 9800.

Reminders

Nurse and Midwife Immunisers

In 2020, the ACT Government made changes to the Medicines, Poisons and Therapeutic Goods Regulation 2008 to allow certain registered nurses and midwives to administer certain vaccines without a prescription or standing order. The regulation requires that nurses and midwives must complete a training course that meets the National Immunisation Education Framework for Health Professionals (December 2017)
For further information health.act.gov.au/health-professionals/pharmaceutical-services/nurse-and-midwife-immunisers or contact the Immunisation Unit on 5124 9800

Varicella-containing vaccine - one or two doses?

Under the National Immunisation Program (NIP) all children are recommended and offered one dose of varicella-containing vaccine at 18 months of age.
The Immunisation Handbook notes that a second dose of varicella-containing vaccine can provide extra protection against breakthrough varicella. The minimal interval between doses of varicella-containing vaccine is 4 weeks. This second dose is not funded under the NIP and needs to be purchased as a private vaccine.

M-M-R®II & ZOSTAVAX® vaccine

M-M-R®II & ZOSTAVAX® vaccine presentations are changing and **will be supplied in single packs and a five-pack presentation.** The reconstitution method has changed, refer to the ZOSTAVAX® or M-M-R®II Product Information. Visit Community Immunity website on http://www.communityimmunity.com.au/

Influenza Data

Collection of data on vaccines administered is required to evaluate programs and ascertain coverage rates. The influenza vaccine record form must be sent each fortnight to the Immunisation Unit **(fax: 5124 9307 or email: immunisation@act.gov.au).**

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.**

Influenza Vaccine Record Forms were delivered to providers with the roll out of influenza vaccines. If you require an additional book contact the Vaccine Management Unit on **5124 9800.**

Meningococcal B

Meningococcal B vaccine is provided free through the NIP for:

- Aboriginal and Torres Strait Islander infants as part of the routine childhood schedule at 2, 4 and 12 months of age.
- A catchup for Aboriginal and Torres Strait Islander children is available for kids up to 2 years of age
- People of all ages with medical conditions; asplenia and hyposplenia, complement deficiency and those receiving treatment with eculizumab.

Please complete the Meningococcal B Vaccine Order Form and send to the Immunisation Unit at least 2 business days before delivery Immunisation Unit (fax: 5124 9307 or email: immunisation@act.gov.au).

Zostavax Safety Advisory

A safety advisory was published on the 22nd 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