

Issue 1 – January 2022

## A stormy welcome to 2022

This year has greeted the ACT with a stormy surprise of cold chain events due to recent weather events. After returning to work after the shutdown period, the Vaccine Management Unit (VMU) tended to 15 cold chain breaches with the majority being caused by power outages. Working collaboratively with our immunisation providers, VMU were able to action these breaches within one week. We would like to thank all our immunisation providers for their help during this period.

As we move into the new year, it's time to reflect on what was a busy and productive 2021 for immunisation in the ACT.

The 2021 influenza season had low rate of influenza positive cases mostly due to public health measures in place for the COVID-19 pandemic. The Vaccine Management Unit at ACT Health delivered almost 120,000 flu vaccines to immunisation providers across the ACT!

The influenza immunisation education evening for healthcare workers continued to be very popular and well patronised. ACT Health will continue to offer immunisation education programs during 2022.

In addition to flu vaccines, the Vaccine Management Unit delivered over 130,000 vaccines to immunisation providers across the ACT for both National and ACT immunisation programs. The ACT continued to maintain high immunisation coverage rates over the 12-month period for the three childhood age cohorts reported by the Australian Immunisation Register (AIR).



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Whilst overall immunisation coverage rates in the ACT remain high, challenges continue in maintaining and increasing immunisation coverage for Aboriginal and Torres Strait Islander children. Improving immunisation coverage rates for Aboriginal and Torres Strait Islander people and other at-risk groups will be a priority for ACT Health during 2022.

# Can you safely store enough vaccines?

The new year is a good time to evaluate the capacity of your vaccine fridge! Expansion of both ACT and National Immunisation Programs as well as COVID-19 vaccination has resulted in more vaccines being stored in immunisation providers' fridges.

The National vaccine storage guidelines 'Strive for 5' (3<sup>rd</sup> edition) states the following:

- 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.

Consider using baskets that are clearly labelled for your vaccines. This helps reduce the time the fridge door remains open. We strongly encourage you to assess your fridge capacity to ensure it can safely store the vaccines your practice requires, so we can deliver adequate vaccine supplies to meet the needs of your business.

**The Vaccine Management Unit will not deliver all or part of your order if it cannot be safely stored in your refrigerator. This is particularly relevant during flu season. Due to increasing demand, delivery of urgent orders can take up to 10 business days.**

## Immunisation transcriptions from overseas

### COVID-19 vaccine

Australia has approved the following vaccines for use in Australia:

- Comirnaty (Pfizer)
- Vaxzevria (AstraZeneca)
- Spikevax or Takeda (Moderna)
- COVID-19 Vaccine Janssen (Janssen)

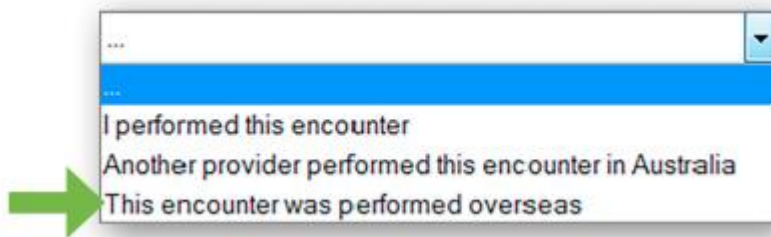
As of November 2021, we recognise the following vaccines for the purpose of travel to Australia:

- Coronavac (Sinovac)
- Covishield (AstraZeneca - Serum Institute of India)
- BBIBP-CorV for people under 60 years of age on arrival in Australia (Sinopharm China)
- Covaxin (Bharat Biotech).

## Australian Immunisation Register

The AIR can only accept information directly from a recognised vaccination provider in Australia, not from a member of the public. Recognised vaccination providers should report to the AIR all vaccinations they give to their patients in Australia. They should also record those given overseas if they have appropriate documentation. <https://www.health.gov.au/health-topics/immunisation/health-professionals/using-the-australian-immunisation-register#recording-vaccines-given-to-your-patients>

Overseas immunisation records can be recorded onto an individual's AIR record using the AIR encounter screen. On the 'Record Encounter' screen, select 'This encounter was performed overseas' or 'Another provider performed this encounter in Australia' in the drop-down box.



It is important to sight written documentation to determine previous vaccination. Make every effort to confirm previous vaccination and obtain documentation. If previous vaccination cannot be confirmed, assume that the person has not received the vaccine(s) they need.

The AIR has education modules on entering overseas data which can be found at <http://medicareaust.com/HTML/AIR/AIRM05.htm>

## Childhood vaccines

To ensure childhood coverage rates are accurate and family payments continue overseas immunisation histories should be entered onto the AIR.

ACT Health staff can transcribe overseas records if there are no other options, the vaccines are recognised by the Therapeutic Goods Association (TGA) and if the child is less than 10 years of age. Parents can request a transcription of their child's vaccination records by completing the Request for Transcription of Immunisation Records online form or contacting the Immunisation Unit on 5124 9800. The Immunisation Unit will not transcribe vaccines for those older than 10 years of age. This responsibility remains with the usual immunisation provider of the patient.

# Adverse Event Following Immunisation reporting

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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. AEFIs are notifiable conditions in the ACT.

In the ACT, suspected AEFI should be reported to the Immunisation Unit, Health Protection Service using the [Immunisation Adverse Event Reporting Form \(online form\)](#), or by contacting the Health Protection Service, Immunisation Unit on [\(02\) 5124 9800](tel:0251249800). The new online form makes it much more convenient for staff or patients to report adverse events to the Immunisation Unit.

Please remember that as a medical professional, you have an obligation to report an AEFI regardless of whether you were the one to give the vaccination.

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>

## Recommendation for people with risk conditions

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### **Meningococcal, pneumococcal and *Haemophilus influenzae* type b vaccines**

Vaccinations for people with risk conditions can be difficult to identify. Vaccine recommendations were made for meningococcal, pneumococcal and *Haemophilus influenzae* type b vaccines in July 2020 by the Australian Technical Advisory Group on Immunisation (ATAGI). This clinical advice for immunisation providers can be found at [atagi-clinical-advice-on-vaccination-recommendations-for-people-with-risk-conditions-from-1-july-2020\\_0.pdf \(health.gov.au\)](#). ATAGI also developed an easy to read table about risk conditions for which meningococcal, pneumococcal and *Haemophilus influenzae* type b vaccines are recommended and noted what vaccines are funded under the National Immunisation Program (NIP) and what vaccines need to be purchased on a private script. This table can be seen at the end of this newsletter in [Attachment A](#).

## Adacel product presentation change

Sanofi® has advised ACT Health that Adacel vaccine will be moving from vials to pre-filled syringes (PFS) starting in 2022. Please read product information leaflet inside the box for more information.



## Reminders

### 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](#).



### PRODA

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. A reminder that if you administer vaccines that it is a requirement to upload the details to the Australian Immunisation Register (AIR). ACT Health Immunisation Unit cannot enter data on behalf of another provider.



### Aboriginal and Torres Strait Islander Person Identification

Aboriginal and Torres Strait Islander people are eligible for additional NIP funded vaccines to protect against preventable diseases. All Aboriginal and Torres Strait Islander children up to two years of age are eligible to receive funded Meningococcal B vaccine (Bexsero®).

Identification as an Aboriginal and/or Torres Strait Islander is therefore important for delivering holistic health care. This disclosure is voluntary and identification questions should be asked respectfully and in private.

## Influenza Vaccination for Pregnant Women

It is recommended pregnant women receive the influenza vaccine during pregnancy and at any stage of pregnancy. The influenza vaccine is free for pregnant women as part of the National Immunisation Program (NIP). Influenza vaccines can continue to be used until the expiry date.

Pregnant women are more vulnerable to the influenza virus and are more likely to be hospitalised with severe influenza-related complications, which can result in premature labour.

## Rabies and Australian Bat Lyssavirus

Pre-exposure vaccination against rabies virus is recommended for anyone who regularly handles or cares for bats or anyone intending to travel to rabies-enzootic regions. Advice on rabies-enzootic countries can be found at: [https://www.who.int/health-topics/rabies#tab=tab\\_1](https://www.who.int/health-topics/rabies#tab=tab_1)

Anyone who sustains a bite, scratch, or a lick on an open wound from a bat in Australia or overseas, or from a terrestrial animal overseas, should be assessed for post-exposure (PEP) rabies treatment. To enquire about accessing PEP please contact the Health Protection Service, Immunisation Unit on 51249800 or the Communicable Disease Control on call officer after hours on 9962 4155.

## Year 7 High School Immunisation Program Reschedule



Due to the Canberra lockdown commencing on the 12<sup>th</sup> August 2021, the year 7 High School Immunisation Program has been rescheduled and a **Year 8 catch up program will be conducted in Term 1 2022**. This will run in conjunction with the Year 7 and 10 High School Immunisation Programs.

The Year 8 catch-up program means that catch-up requests submitted for **HPV will not be approved for students that are in Year 7 in 2021 until April 2022 when the High School Immunisation Program is completed**. This will ensure that students have a chance to receive both their HPV and dTpa vaccines at school.

Contact the Immunisation Unit on (02) 5124 9800 if you require further information or visit our website - <https://www.health.act.gov.au/services-and-programs/immunisation/adolescents>

## Shingles Catch-up Extension



**The Department of Health has extended the NIP shingles (herpes zoster) vaccine catch-up program for a further 2 years to 31<sup>st</sup> October 2023.** Shingles vaccination with the Zostavax® vaccine is free under the NIP for people aged 70. The catch-up program offered to people aged 71-79 years has been extended.

We are encouraging providers to identify any patients aged 70-79 who have not yet received the shingles vaccine.

In people who are or have recently been immunocompromised due to a medical condition or medical treatment, consider the safety of giving zoster vaccine on a case-by-case basis.

- [National Immunisation Program: Shingles vaccination catch-up program extended](#)
- [More time to get vaccinated against shingles](#)

## MMR vaccine free for adults

The Measles, Mumps and Rubella vaccine (MMR) is government funded for anyone born during or since 1966 who has not previously received two measles-containing vaccines. The MMR-II or Priorix stock in your vaccine fridge may be used.

A measles vaccination catch-up guide for Australian immunisation providers has been developed by the [National Centre for Immunisation Research and Surveillance \(NCIRS\)](#).

## Attachment A

### Appendix. Risk conditions for which meningococcal, pneumococcal and *Haemophilus influenzae* type b vaccines are recommended

Condition	Recommended vaccine		
	Pneumococcal vaccines – 13vPCV and 23vPPV	Meningococcal vaccines – MenB and Men ACWY	Hib vaccine
Previous episode of invasive pneumococcal disease	✓		
<b>Functional or anatomical asplenia, including</b>			
– sickle cell disease or other haemoglobinopathies	✓	✓	✓§
– congenital or acquired asplenia (for example, splenectomy) or hyposplenia	✓	✓	✓§
<b>Immunocompromising conditions, including</b>			
– congenital or acquired immune deficiency, including symptomatic IgG subclass or isolated IgA deficiency	✓		
– haematological malignancies	✓		
– solid organ transplant	✓		
– haematopoietic stem cell transplant	✓	✓	✓
– HIV infection	✓	✓	
– immunosuppressive therapy, where sufficient immune reconstitution for vaccine response is expected; this includes those with underlying conditions requiring but not yet receiving immunosuppressive therapy	✓		
– non-haematological malignancies receiving chemotherapy or radiotherapy (currently or anticipated)	✓		
<b>Proven or presumptive cerebrospinal fluid (CSF) leak, including</b>			
– cochlear implants	✓		
– intracranial shunts	✓		
<b>Chronic respiratory disease, including<sup>†</sup></b>			
– suppurative lung disease, bronchiectasis and cystic fibrosis	✓		
– chronic lung disease in preterm infants	✓		
– chronic obstructive pulmonary disease (COPD) and chronic emphysema	✓		
– severe asthma (defined as requiring frequent hospital visits or the use of multiple medications)	✓		
– interstitial and fibrotic lung disease	✓		
<b>Chronic renal disease</b>			
– relapsing or persistent nephrotic syndrome	✓		
– chronic renal impairment – eGFR <30 mL/min (stage 4 disease)	✓*		
<b>Cardiac disease, including<sup>†</sup></b>			
– congenital heart disease	✓†		
– coronary artery disease	✓†		
– heart failure	✓†		
Children born less than 28 weeks gestation	✓†		
Trisomy 21	✓†		
<b>Chronic liver disease, including<sup>†</sup></b>			
– chronic hepatitis	✓		
– cirrhosis	✓		
– biliary atresia	✓		
Diabetes	✓		
Smoking (current or in the immediate past)	✓	✓#	
Harmful use of alcohol <sup>‡</sup>	✓		
Defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency		✓	
Current or future treatment with eculizumab (a monoclonal antibody directed against complement component C5)		✓	

Note: ✓ Recommended; shaded boxes indicate eligibility for NIP funding.

¶ Individual conditions listed beneath or those that are similar based on clinical judgment

\* Funded under the NIP for eGFR <15 mL/min only (including patients on dialysis)

† Funded under the NIP only for children aged <5 years at diagnosis of the condition

# Recommended for young adults aged 15–24 years

‡ Defined as consuming on average ≥60 g of alcohol (6 Australian standard drinks) per day for males and ≥40 g of alcohol (4 Australian standard drinks) per day for females)

§ Only for those who were not fully vaccinated in early childhood according to the Hib vaccination recommendations for infants and children