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Immunisations

Immunisations

HMP Immunisations - adult/child

Recommend[1]

- Utilise all clinical encounters to assess vaccination status and, when indicated, offer vaccines
- For further advice on immunisations contact your Public Health Unit
- Utilise the *Australian Immunisation Handbook (AIH)* immunisationhandbook.health.gov.au
- Some vaccines may be recommended but not funded. Refer to the National Immunisation Program (NIP) schedule and your state or territory immunisation schedule for funded vaccines

Related topics

Anaphylaxis, p. 82
Tetanus immunisation, p. 557

1. May present with[1]

- Requesting immunisation(s)
- Opportunistic immunisation eg:
  - during any clinical encounter
  - as part of child health check/chronic disease check
  - hospitalised patient
  - during antenatal visit. See Antenatal care, p. 364
  - during sexual health assessment
- Immunisation programs eg influenza, COVID-19, school
- Outbreak control response

2. Immediate management Not applicable

3. Clinical assessment[1]

- Ensure vaccination procedures are followed as per the ***Australian Immunisation Handbook*** **(AIH)**

Preparing for vaccination

- Obtain documented evidence of vaccines already given. Check as appropriate:
  - Australian Immunisation Register (AIR)
  - *My Health Record*
  - medical records
  - other clinics/GP practice where may have been vaccinated
  - Personal Health Record
  - other organisation or state government immunisation data base
- Assess which vaccines are due
- Consider:
  - occupational and lifestyle factors
  - special risk groups; behavioural risk factors
  - medically at risk
  - Aboriginal and Torres Strait Islander status
- Refer to the 'catch-up chapter' in the AIH as needed

Tables from AIH available at
https://immunisationhandbook.health.gov.au/resources/handbook-tables

- **Do pre-vaccination screen** using the AIH **'Table. Pre-vaccination screening checklist'**
  - if needed, seek advice from a specialist immunisation clinic, an MO/NP with expertise in vaccination or Public Health Unit
- **Obtain valid consent**:
  - sufficient information about the risks and benefits of the vaccines to be provided
  - see AIH **'Table. Comparison of the effects of diseases and side effects of vaccines on the NIPs'**
  - document consent
  - **note:** explicit verbal consent is required prior to subsequent vaccinations even when written consent has been recorded at previous vaccination encounters
- **Check**:
  - anaphylaxis response kit available and checked - protocols, equipment and medicines to manage anaphylaxis
  - cold chain for storage of vaccines has been maintained and monitored appropriately[2]
  - see ***National Vaccine Storage Guidelines 'Strive for 5'*** https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5

4. Management[1]

Giving the vaccine

- The dose, route and technique of administration of the vaccine(s) must be in accordance with the AIH

After vaccination

- Observe patient for 15 minutes
- Advise (preferably in writing):
  - date of next vaccination
  - management of any expected adverse events following immunisation
  - see AIH **'Table. Common side effects following immunisation for vaccines used in the NIPs'**
  - how to report a serious or unexpected adverse event following immunisation
- Check the vaccination status of other family members + offer vaccinations as appropriate
- Document vaccination details in:
  - Personal Health Record (hard copy or eHealth) to be retained by patient
  - medical record
  - AIR
  - clinic recall database if appropriate

Vaccines with special conditions

- Q Fever:
  - only to be administered under vaccination programs approved by the Chief Health Officer
  - clinicians must be experienced in skin testing and interpretation as per the AIH
- Tuberculosis (BCG):
  - only to be administered by specially trained clinicians who are authorised by a Queensland Tuberculosis Control Unit, and in accordance with the AIH

S4	Vaccines	Extended authority ATSIHP/IHW/IPN/MID/RIPRN/SRH
ATSIHP, IHW and RN must consult MO/NP		
IPN and RIPRN may proceed		
SRH may proceed with * only		
MID may proceed with # only. MID may proceed with Ω if completed an immunisation training course		
Antigens - may be used singularly or in combination form as available		
Diphtheria	Meningococcal C	
Tetanus	Meningococcal ACWY	
Pertussis	Pneumococcal	
Haemophilus influenzae type B (Hib)	Rotavirus	
Hepatitis A *	Varicella	
Hepatitis B #*	Varicella zoster	
Human papillomavirus *	Japanese encephalitis	
Poliomyelitis	Hepatitis B Immunoglobulin # ***Midwives only*** For babies of HBsAG positive mothers	
Influenza #Ω	Diphtheria-tetanus-acellular pertussis (dTpa) #Ω	
Measles, mumps, rubella #*	COVID-19 #*Ω	
Meningococcal B	Respiratory syncytial virus #*	
Note: Dose, route and timing interval of administration to be in accordance with the AIH		
Management of associated emergency: See Anaphylaxis, p. 82 [1]		

5. Follow up[1]

- All serious or unexpected adverse events following immunisation (AEFI) must be promptly reported ✆. In Qld complete an AEFI form https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/adverse-event. If outside of Qld refer to local reporting systems

6. Referral/consultation

- As needed, consult with a specialist immunisation clinic, an MO/NP/IPN with expertise in vaccination, Public Health Unit, or the immunisation section within your state or territory health authority. See the AIH for contact details

HMP Tetanus immunisation - adult/child

1. May present with

- Suspected tetanus prone wound

2. Immediate management Not applicable

3. Clinical assessment[1]

Identify if the wound is tetanus prone

- Any wound other than a clean, minor cut is tetanus prone:
  - tetanus may occur after a seemingly trivial injury, such as from a rose thorn
  - it is also possible to have no obvious signs of injury
- In particular:
  - compound fracture
  - bite
  - deep penetrating wound
  - wound containing foreign body, especially wood splinters
  - wound complicated by pyogenic (pus) infection
  - wound with extensive tissue damage eg contusions or burns
  - any superficial wound obviously contaminated with soil, dust or horse manure, especially if topical disinfection is delayed more than 4 hours
  - re-implantation of an avulsed (knocked out) tooth
  - depot injections (subcut or intradermal) in people who inject drugs

Tetanus prone

Not tetanus prone - no further treatment

Check if a tetanus booster ± tetanus immunoglobulin (TIG) is recommended

Type of wound	Prior tetanus vaccines	Time since last dose	Tetanus vaccine recommended	TIG recommended
Clean, minor wound	≥ 3 doses	≤ 10 years	no	no
		› 10 years	yes	
	‹ 3 doses or uncertain		yes	
All other wounds	≥ 3 doses	‹ 5 years	no	no*
		≥ 5 years	yes	no*
	‹ 3 doses or uncertain		yes	yes

*unless person has immunodeficiency. See AIH immunisationhandbook.health.gov.au

4. Management[1]

- All tetanus prone wounds must be disinfected and, where appropriate, have surgical treatment:
  - do this even if the person has up-to-date tetanus vaccinations
- If a tetanus booster ± TIG is recommended:
  - ensure standard vaccination procedures are adhered to as per the AIH
  - See Immunisations, p. 554 for **Preparing for vaccination**, **Giving the vaccine**, **After vaccination**

S4	Tetanus vaccines	Extended authority ATSIHP/IHW/IPAP/IPN/RIPRN
ATSIHP, IHW, IPAP and RN must consult MO/NP		
IPN and RIPRN may proceed		

Vaccine	Route	Age	Duration
Diphtheria, tetanus acellular pertussis (DTPa) or a DTPa combination vaccine	IM	Paediatric formulation if < 10 years	stat
Diphtheria, tetanus acellular pertussis (dTpa)		Adolescent/adult formulation if ≥ 10 years‡	
Diphtheria, tetanus dT (ADT)		Adult formulation	

Note: Dose, route and timing interval of administration to be in accordance with the AIH.
‡dTpa provides added protection against pertussis and should be considered for adults - not funded

Management of associated emergency: See Anaphylaxis, p. 82 [1]

S4	Tetanus immunoglobulin (TIG)	Extended authority ATSIHP/IHW/IPAP/IPN/RIPRN
ATSIHP, IHW, IPAP and RN must consult MO/NP		
IPN and RIPRN may proceed		

Form	Strength	Route	Dose	Duration
Injection	250 units	IM	250 units if ≤ 24 hours since injury **OR** 500 units if > 24 hours since injury	stat

Note: TIG is supplied from the Australian Red Cross Service. Dose, route and timing interval of administration of TIG to be in accordance with the AIH

Management of associated emergency: See Anaphylaxis, p. 82 [1]

5. Follow up

- If primary tetanus course not completed, catch-up schedule may be required. Arrange next visit(s) to complete course
- All serious or unexpected adverse events following immunisation (AEFI) must be promptly reported ✆. In Qld complete an AEFI form https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/adverse-event. If outside of Qld refer to local reporting systems

6. Referral/consultation

- As needed, consult with a specialist immunisation clinic, an MO/NP/IPN with expertise in vaccination, Public Health Unit, or the immunisation section within your state or territory health authority. See the AIH for contact details