

Immunisations

Immunisations

HMP Immunisations - adult/child

Recommend¹

- 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 with¹

- 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 assessment¹

- 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 appropriately²
 - see **National Vaccine Storage Guidelines 'Strive for 5'** <https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5>

4. Management¹

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

S ₄	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
<i>Haemophilus influenzae</i> 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		
Note: Dose, route and timing interval of administration to be in accordance with the AIH. For COVID-19 the clinician must have also completed an approved COVID-19 vaccination training course		
Management of associated emergency: See Anaphylaxis, p. 82		

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5. Follow up¹

- 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 assessment¹

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. Management¹

- 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 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 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 ①. 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