From the manager

Australia’s National Immunisation Program (NIP) provides vaccines to protect vulnerable population groups from a wide range of vaccine-preventable diseases. These groups include children, the elderly, Aboriginal and Torres Strait Islander people and people medically at risk of serious complications associated with vaccine-preventable diseases.

The success of Australia’s NIP relies on the support of all immunisation providers. In Queensland, NIP vaccines are administered through general practice, Aboriginal and Torres Strait Islander community-controlled health organisations, local government, the Royal Flying Doctor Service, and Hospital and Health Services.

In this issue of the Immunisation Program Update, we provide information about recent changes to the NIP schedule. I trust you will find this edition of the Update helpful.

Please send your feedback including suggestions for topics to cover in future issues to: immunisation@health.qld.gov.au

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Important changes to the National Immunisation Program

On 1 July 2018, the National Immunisation Program schedule changed to include:

1. **Nimenrix®** (meningococcal ACWY) which replaces Menitorix® (meningococcal C and Hib) for children at 12 months of age. (There is no funded catch-up for meningococcal ACWY vaccine.)

2. **Act-HIB®** (Hib) for children at 18 months of age.

3. Changes to the timing of pneumococcal vaccination:
   - **Prevenar 13®** is now given at 2, 4 and 12 months of age (i.e. 3 doses) for non-Indigenous children.
   - **Prevenar 13®** is now given at 2, 4, 6 and 12 months of age (i.e. 4 doses) for Aboriginal and Torres Strait Islander children and medically at-risk children.

4. **Adacel® and Boostrix® (dTpa)** for pregnant women in the third trimester (preferably between 28 and 32 weeks). Both are now funded under the National Immunisation Program.

Questions about the new schedule?

Checking a child’s record on the Australian Immunisation Register (AIR) prior to vaccinating will help answer questions about their immunisation requirements. This check will minimise the risk of a child being vaccinated inappropriately and make sure their immunisation record is accurate.

1. If a child presents late for their 12-month-old vaccinations, what vaccines should be given?

   Children presenting for their 12-month-old vaccinations should be given Priorix® or MMRII®, Prevenar 13® and Nimenrix®. They will be due for Act-HIB® at 18 months of age.

2. A child presents for their 18-month vaccinations. What vaccines should be given?

   If the child is up-to-date (and received Menitorix® at 12 months of age) then they would be considered due for Priorix-Tetra®/Proquad® and Infanrix®/Tripace®

   If a child is not up-to-date, check the AIR as a catch up schedule may be required.

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3. If a child has received a previous dose of meningococcal ACWY vaccine, do they need a second dose?

   If the child was over 11 months of age when they received the first dose they do not require a second dose. Their immunisation status on AIR should indicate they are up-to-date for meningococcal vaccination.

   If the child received their first dose before 11 months of age they will require a second dose at 12 months of age or 8 weeks after the first dose, whichever is later. Children who were given their first dose of meningococcal vaccine prior to 11 months of age, will be assessed by AIR as due for a second dose at either 12 months of age or at 8 weeks after their first dose, whichever is later.

4. If a 12-month-old child has previously received 3 doses of Prevenar 13®, should a fourth dose be offered?

   From 1 July 2018, all children should be offered a dose of Prevenar 13® at 12 months of age. This 12-month dose is a booster dose. If a child who has already received three doses of Prevenar 13® (at 2, 4 and 6 months of age) does not receive a dose at 12 months it will not affect their immunisation status on AIR.

Resources for immunisation providers:

Updated schedules are currently being distributed. Three different schedules have been produced: one for children under 10 years; another for children and adolescents aged 10–19 years; and the third schedule is for adults.


The Australian Government Department of Health has also produced a range of resources to help providers with the new schedule. These resources can be accessed at [beta.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule](http://beta.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule).

Please discard any previous versions of the National Immunisation Program schedule.
High demand for influenza vaccine

There has been unprecedented national demand for influenza vaccine across Australia this year. This demand indicates that many people in the community have heeded the advice to better protect themselves and others from influenza through vaccination.

Due to this demand, wholesale suppliers of influenza vaccine exhausted stock supplies early in the 2018 influenza season. Immunisation providers have had difficulty sourcing influenza vaccines in the private market for their patients who are not eligible for funded vaccine under government programs.

Funded influenza vaccine for Queenslanders in the targeted population groups has also been in high demand. By mid-July 2018, the Immunisation Program had distributed approximately 25% more influenza vaccine compared with the same period in 2017.

Government funded influenza vaccine stock is being carefully managed to ensure it is only used for the people in the population groups for which it is intended. These population groups are:

- all children from six months to less than five years of age
- pregnant women at any stage of pregnancy
- all Aboriginal and Torres Strait Islander people 15 years of age or older
- all people aged six months or older with a medical condition that places them at increased risk of complications from influenza
- all people aged 65 years or older.

Additional stocks of Afluria Quad became available in mid-July 2018. This vaccine can only be administered to people aged 18 years to 65 years. Afluria Quad can be ordered in monthly vaccine orders after mid-July.

It is very important that all influenza vaccinations are reported to the Australian Immunisation Register (AIR) so that coverage for the influenza program can be accurately calculated for various age groups and to support ordering adequate stocks of influenza vaccine for the following year. If it’s not reported, it can’t be counted.
Reporting adverse events following immunisation

Remember that under the Public Health Act 2005, immunisation providers are required to report all adverse events following immunisation (AEFI) directly to Queensland Health. Reporting an AEFI is an important part of surveillance to monitor vaccine and immunisation program safety.


Email or fax reports to: CDIS-NOCS-Support@health.qld.gov.au or (07) 3328 9434

Using the Australian Immunisation Register (AIR)

All immunisation providers should routinely check an individual’s immunisation history on AIR prior to vaccinating. This is a very important step because:

1. The person may have been vaccinated by another provider and the vaccination you are about to give may not be necessary.
2. The person may have missed vaccinations. This will be your opportunity to provide catch-up vaccinations. This is especially important for children and adolescents who might be assessed as overdue on AIR.
3. The person may have an error on their AIR record or may have missing information. As an immunisation provider you can request AIR to make corrections and update a person’s record.

For information about how to access AIR, visit www.humanservices.gov.au/organisations/health-professionals/enablers/accessing-air-using-hpos or call the AIR Internet Helpdesk on 1300 650 039.
All Queensland immunisation providers can report immunisations directly to AIR. Reporting immunisations to AIR is quick and easy. Here are the reporting options:

1. Using practice management software – It is important to have the latest version or upgrade otherwise schedule changes will not be included and your software may not report vaccinations for all ages. Contact your software vendor if you require assistance.


3. Completing the ‘AIR Immunisation Encounter Header’ form and ‘AIR Immunisation Encounter’ form and sending them to AIR.


**New AIR features**

- Did you know that you can now print a person’s immunisation history statement directly from AIR? Once the person’s immunisation record has been located on AIR, there is a ‘button’ for printing a pdf version of the statement. See screenshot below.

- You can now easily report to AIR when a child is placed on a catch-up program. First, locate the child or adolescent’s record on AIR and tick the ‘Planned catch up for overdue vaccines’ box and then click on ‘save’. As highlighted in yellow only one catch-up schedule can be recorded per individual. If a child or individual is already on a catch-up, this will be displayed on their AIR record as shown below in the screenshot.
‘How to use AIR’ videos

Ten videos have been developed by Queensland Health to provide stand-alone guidance on individual functions of AIR. The short videos can be watched individually and can be accessed at: www.health.qld.gov.au/usingAIR.

The ten video topics are:

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<td>How to record and update records for individuals under 20 years</td>
<td>10</td>
<td>How to reconcile your immunisation data with AIR</td>
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Immunise Seniors

In November 2016, Zostavax®, a vaccine to prevent herpes zoster (shingles) was included on the National Immunisation Program for people aged 70 years. A catch-up program for people aged 71 to 79 years will be in place until 2021.

NB: Zostavax® is a live vaccine which contains more than 14 times the amount of virus contained in the childhood varicella vaccine.


A Queensland Health review of records on AIR in January 2018 indicated that more than 10,000 eligible Queenslanders did not have a record of receiving herpes zoster vaccine.

Immunise Seniors is a Queensland Health initiative designed to remind older Queenslanders about their eligibility for the shingles vaccine. Immunise Seniors utilises the resources and technology of the Queensland Department of Health, Health Contact Centre.

In March 2018, a letter from Queensland’s Chief Health Officer, Dr Jeannette Young, was mailed to eligible seniors notifying them that their AIR record indicated they had not received their shingles vaccination. The letter recommended recipients discuss the shingles vaccine with their doctor.
A review of records on AIR after the mailout showed that the AIR records for 33.5% (n=3,631) of the 10,850 letter recipients showed a change in immunisation status. Given the promising results, the initiative will be continued on a quarterly basis.

A simplified referral process to Spleen Australia

Spleen Australia maintains a state-wide registry and provides a range of vital support services to Queenslanders living without a functioning spleen and their doctors. Together with Queensland Health, Spleen Australia has recently updated and simplified their referral processes.

Clinicians can now provide Spleen Australia with the name and contact details of eligible patients via the Spleen Australia website. Following receipt of these details, Spleen Australia will make contact with patients via phone or mail and manage the consent process to include them in the registry. If at this stage a patient declines the services of Spleen Australia, the personal details provided will be removed from the registry.


For more information, contact the Spleen Australia team on 1800 SPLEEN (1800 775 336) or visit the website https://spleen.org.au