

# Immunisation Services

## 1. Purpose

This guideline provides recommendations on best immunisation practice to minimise outbreaks, illness, avoidable hospitalisations and deaths from vaccine preventable diseases.

Hospital and Health Services (HHSs) should strive to achieve the following outcomes:

- immunisation coverage rates maintained and/or improved for specified cohorts and in accordance with the National Partnership Agreement on Essential Vaccines;
- HHS immunisation services maintained and/or enhanced;
- provide access to free vaccines, and convenient, reliable and high-quality immunisation services for local communities;
- immunisation services delivered in response to local community needs; and
- mass vaccination programs provided during outbreaks, pandemic incidents and major disasters, as required.

## 2. Scope

This Guideline provides information for all Queensland public health system employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

## 3. Principles

The following key principles are to be considered by HHSs when developing and implementing local immunisation policies, services and other arrangements:

- Protection – maintaining high vaccination rates offers Queensland's population the best protection against contracting vaccine preventable diseases;
- Access – people in Queensland (including Aboriginal and Torres Strait Islander people, children in care, refugees, and those living in rural/remote communities) have access to free vaccines, and convenient, reliable and high-quality immunisation services;
- Equity – there are no barriers or prerequisites to immunisation services; national and state immunisation funded vaccines are provided free of charge;
- Quality and safety – high quality and safe immunisation services are available and delivered in accordance with governing legislation, policy, agreements and established standards;
- Education – providers should receive ongoing clinical advice, education and training on current immunisation recommendations and informed vaccination providers should:

- educate parents, guardians, caregivers and individuals about the benefits of immunisation; and
  - promote immunisation to the general public as having positive health benefits for the individual and the whole community.
- Collaboration – collaboration with key immunisation stakeholders (including the Department of Health) should occur to maintain and improve immunisation coverage rates; and

Data – high quality and accurate vaccination data should be routinely analysed, monitored, reported upon (when appropriate) and held on state and national immunisation databases.

## 4. School Immunisation Program

The Department will provide funding to the HHS for delivery of the School Immunisation Program (SIP) as outlined in the SIP Schedule (Appendix 1) and in accordance with the SIP HHS Funding Model (as communicated to Chief Executives). HHSs should:

- ensure that the SIP is delivered to eligible students in all state and non-state secondary schools and other schools (eg special schools) in the HHS' geographic area of responsibility, during each school year according to the Immunisation Schedule Queensland;
- provide an Annual Outcome Report (Appendix 2) by 28 February in the following calendar year detailing immunisation coverage rates achieved through the SIP;
- ensure the necessary assets, equipment, materials, services and staff (eg. purpose-built vaccine refrigerators, vehicles, coolers/portable fridges, resuscitation equipment and disposables) are available to deliver the SIP effectively and efficiently;
- ensure SIP service providers comply with the Immunisation Schedule Queensland, the current online edition of the Australian Immunisation Handbook, current Queensland's Health (Drugs and Poisons) Regulation 1996, the Department's SIP Resource Kit for Vaccine Service Providers and the National Vaccine Storage Guidelines;
- ensure "catch-up" vaccination services to students who missed school clinics are offered in various settings including schools and community health/immunisation clinics;
- ensure vaccination records and consent forms are kept in accordance with the Queensland Health (Clinical Records) Retention and Disposal Schedule;
- record and send all required SIP data to the Australian Immunisation Register (AIR) within four weeks of an individual being immunised through the SIP;
- participate in regular communication with the Immunisation Program, Department of Health, including, but not restricted to: bi-monthly teleconferences; scheduled video conferences; face to face and other incidental meetings as required;
- manage clinical incidents and adverse events; and
- work with the Department of Health to:
  - improve immunisation coverage rates for the SIP; and
  - improve program delivery.

## 5. Managing Vaccination Data

HHSs should:

- analyse local vaccination data on the AIR to identify and rectify:
  - incorrect vaccination data;
  - duplicate records; and
  - incomplete vaccination data.
- upon request from providers, supply them with accurate and up-to-date vaccination data to assist in the administration of recommended vaccinations (and prevent over vaccination) for individual children;
- routinely interrogate local vaccination data to identify children who are overdue for vaccination or have additional vaccination needs such as Aboriginal and Torres Strait Islanders, refugees and medically at-risk children;
- undertake follow up of children overdue for vaccination;
- identify individuals' vaccination status to assist in the management of outbreaks of vaccine preventable disease;
- educate providers on the requirements for providing high quality vaccination data;
- provide technical data support to providers to ensure accurate, up-to-date and comprehensive data is stored and transmitted for individual patient records;
- review and respond to regular immunisation coverage data reports provided by Queensland Health;
- report vaccination data to AIR; and
- identify geographical areas and providers with low coverage and undertake data interventions to improve vaccination rates.

## 6. Related documents

### Related or governing legislation, policy and agreements

- Australian Immunisation Register Act 2015
- Health (Drugs and Poisons) Regulation 1996 (Qld)
- Health Services Act 1991 (Qld)
- Hospital and Health Boards Act 2011 (Qld)
- Public Health Act 2005 (Qld)
- Workplace Health and Safety Act 2011 (Qld)
- Queensland Immunisation Strategy 2017-22
- Hospital and Health Services Service Agreements
- Drug Therapy Protocols (specifically for Immunisation Program Nurses)
- National Privacy Principles (Privacy Act 1988)
- National Healthcare Agreement
- National Partnership Agreement on Essential Vaccines
- National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

## Standards, procedures, guidelines

- Australian Immunisation Handbook, current edition (Published online by NHMRC)
- Immunisation Schedule Queensland, current edition
- National Vaccine Storage Guidelines ‘Strive for Five’, current edition
- Guidelines for Managing Adverse Events Following Immunisation
- Guideline for the Storage, Transportation and Handling of Refrigerated Medicines, Vaccines, and Blood in Queensland Health Facilities
- School Immunisation Program: Resource Kit for Vaccine Service Providers
- Queensland Health (Clinical Records) Retention and Disposal Schedule
- Additional information may be sourced from the Department of Health’s Immunisation Program website at [www.health.qld.gov.au/immunisation](http://www.health.qld.gov.au/immunisation) or contact Queensland Health Immunisation Program on 3328 9888

## Forms, templates

- Adverse Event Following Immunisation – Reporting Form
- Clinical Sequence of Events Form
- School Immunisation Program (SIP) Vaccine Request Form
- School Immunisation Program – Annual Outcome Report
- Vaccination Consent Forms

## 7. Definitions of terms used in the guideline

Term	Definition / Explanation / Details	Source
Adverse Event Following Immunisation	An Adverse Event Following Immunisation refers to any untoward medical occurrence that follows immunisation, whether expected or unexpected, and whether triggered by the vaccine or only coincidentally occurring after receipt of a vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.	The Australian Immunisation Handbook
Catch-up Vaccinations	Students who miss a dose or doses of vaccine at school are eligible to receive their “catch-up” vaccinations up to the end of the following calendar year.	Department of Health
Eligible Secondary School Students	Eligible secondary school students are those for whom free vaccine is provided in accordance with the Department of Health.	Department of Health
Free vaccines	Those vaccines funded for and provided to eligible cohorts as part of the National Immunisation Program (Commonwealth) or targeted state programs. (Administration of the free vaccine may involve a consultation fee if given through General Practice)	Department of Health
School immunisation coverage rate	The school immunisation coverage rate is defined as: the percentage of students as recorded in the annual school enrolment census data, vaccinated in specific year cohorts.	Department of Health Immunisation Program
Childhood immunisation coverage rate	The childhood immunisation coverage rate is defined as: the percentage of children vaccinated in specific age cohorts. The rates are reported regularly by the Australian Immunisation Register and the Department of Health’s Communicable Diseases Branch.	Australian Immunisation Register
Immunisation Program Nurse	An Immunisation Program Nurse is a registered nurse who: <ul style="list-style-type: none"> <li>• immediately before 1 July 2010, held an annual licence</li> </ul>	Health (Drugs and Poisons) Regulation

Term	Definition / Explanation / Details	Source
	<p>certificate endorsed under the Nursing Act 1992 (and issued by the Queensland Nursing Council) that authorised the registered nurse to practise in an immunisation program; or</p> <ul style="list-style-type: none"> <li>• has obtained a qualification in immunisation approved by the Chief Executive of the Department of Health.</li> </ul>	1996
Immunisation Services	<p>Critical immunisation services provided by HHSs include:</p> <ul style="list-style-type: none"> <li>• childhood immunisations through community / primary health centres;</li> <li>• opportunistic vaccination in paediatric and other appropriate settings (such as outpatients and maternity wards);</li> <li>• delivery of the School Immunisation Program;</li> <li>• Immunisation Program Nurse course training and updates;</li> <li>• refugee immunisation services; and</li> <li>• work undertaken by Public Health Unit staff including: <ul style="list-style-type: none"> <li>- the provision of current and accurate expert clinical advice;</li> <li>- implementing changes to the National Immunisation Program;</li> <li>- monitoring immunisation coverage rates;</li> <li>- working with providers to improve immunisation coverage rates;</li> <li>- educating providers, community members and promoting immunisation to the general public;</li> <li>- participating in Immunisation Program Nurse course training;</li> <li>- ensuring high quality vaccination data;</li> <li>- monitoring and following-up Adverse Events Following Immunisation;</li> <li>- investigating breaches of vaccine management guidelines; and</li> </ul> </li> <li>• mass vaccination programs during outbreaks, pandemic incidents and major disasters.</li> </ul>	Department of Health
Immunisation Schedule Queensland	<p>The Immunisation Schedule Queensland includes both National Immunisation Program funded vaccines and state funded vaccines for identified at risk populations to reduce the incidence of vaccine preventable diseases and provide protection for the community against these diseases.</p>	Department of Health
Opportunistic Vaccination	<p>Opportunistic vaccination is the practice of checking the vaccination status of all people at every opportunity (admission and throughout care) and vaccinating when appropriate. The Australian Immunisation Register now provides vaccination status for whole of life.</p>	Department of Health
Providers	<p>Providers are individuals, organisations or other entities (including general practitioners, hospitals, community agencies and local councils) registered with the Queensland Department of Health to administer state and commonwealth funded vaccines.</p>	Department of Health
Specified Cohorts	<p>Specific cohorts include:</p> <ul style="list-style-type: none"> <li>• non-Indigenous children aged 12 months;</li> <li>• Indigenous children aged 12 months;</li> <li>• non-Indigenous children aged 60 months;</li> <li>• Indigenous children aged 60 months;</li> <li>• children aged 24 months;</li> <li>• students vaccinated through the School Immunisation Program;</li> <li>• adolescents;</li> <li>• older Australians &gt;65 years; and</li> <li>• Aboriginal and Torres Strait Islander people.</li> </ul>	Department of Health
Vaccine Management	<p>Vaccine management is the system of transporting and storing vaccines within the safe temperature range of +2°C to +8°C.</p>	National Vaccine Storage Guidelines:

Term	Definition / Explanation / Details	Source
	This begins when the vaccine is manufactured, through distribution until the vaccine is administered.	'Strive for Five'  Guideline for the storage, transportation and handling of refrigerated medicines and vaccines for all vaccine providers

## 8. Document approval details

### Document custodian

Medical Director, Immunisation Program and BBVSTI Unit, Communicable Diseases Branch

### Approval officer

Chief Health Officer, Prevention Division

**Approval date:** 25 June 2019

## 9. Version control

Version	Date	Prepared by	Comments / reason for update
1	23 June 2014	Regulatory Instruments Unit	New document
2	3 July 2014	Communicable Diseases Unit	Minor editorial changes
3	10 May 2019	Immunisation Program	Revisions of document terminology and Section 6 and 7 to reflect current related documents and terminology. Insertion of Appendix 1 and Appendix 2 to clearly describe SIP deliverables, funding, performance indicators and reporting.

## 10. Appendix 1 – SIP Schedule

The School Immunisation Program (SIP) Services to be either directly provided by the Hospital and Health Service (HHS) or via an HHS contracted Service Provider<sup>1</sup> are as follows:

1. Project scope and objectives:

An annual adolescent School Immunisation Program (SIP) to be offered to Queensland state and non-state secondary school students within the geographic area of the Hospital and Health Service (HHS).

2. Deliverables:

a) Provision of free National Immunisation Program (NIP) Queensland adolescent vaccinations via the School Immunisation Program (SIP) consisting of<sup>2</sup>:

(i) For Year 7 students:

- One booster dose of adult/adolescent formulation diphtheria-tetanus-pertussis (dTpa) vaccine for all Year 7 students who have not received a booster dose of dTpa vaccine.
- Two doses of human papillomavirus (HPV) vaccine GARDASIL<sup>®</sup>9 (given at zero and at least six months after the first dose) for all Year 7 students who have not previously completed a HPV vaccination course.

(ii) For Year 10 students:

- One dose of meningococcal ACWY vaccine for all Year 10 students who have not received the vaccine.

b) Storage of consent forms:

Following completion of each annual School Immunisation Program, the Service Provider is required to store completed consent forms, in confidential storage for:

- ten years from the patient/client attaining 18 years of age; and
- ten years after last patient/client service provision or medicolegal action.

c) Schools:

(i) The Service Provider agrees to deliver the School Immunisation Program to all state and non-state secondary schools, during each school year.

(ii) The Service Provider agrees to access parent and student details from any or all schools to follow up with parents of eligible students who don't return a consent form as permissible under Chapter 5 Part 4 of the Queensland *Public Health Act 2005*.

d) Vaccination teams:

The Service Provider must ensure that each vaccination team consists of:

- (i) Registered Nurses who are authorised in accordance with Section 175(3) or Section 175(5) of the *Health (Drugs and Poisons) Regulation 1996*; **or**
- (ii) A registered and qualified Medical Practitioner and Registered Nurses.

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<sup>1</sup> Hereafter 'service provider' refers to either the HHS delivered program or an HHS contracted program.

<sup>2</sup> The schedule may vary from year to year dependent on the NIP and outbreak response.

e) Catch-up vaccinations:

Students who miss any doses of vaccine at school are eligible to receive their “catch-up” vaccinations in the current school year and up to the end of the following calendar year. The Service Provider agrees to offer catch-up vaccinations through:

- (i) An additional or subsequent school visit;
- (ii) The Service Provider’s routine immunisation clinics; and/or
- (iii) Special immunisation clinics established to provide catch-up vaccinations.

f) In addition, the Service Provider agrees to:

- (i) Where 2d. (i) applies, develop a Health Management Protocol in accordance with the *Health (Drugs and Poisons) Regulation 1996*;
- (ii) Provide all disposables necessary for the provision of vaccinations, including syringes, needles, wool swabs, sharps containers and contaminated waste bags and clear rubbish bags;
- (iii) Provide a purpose-built vaccine refrigerator for the storage of vaccines when not being used for clinics;
- (iv) As a minimum standard, provide a hard sided cooler with insulated lid and body for transporting and storing vaccines for a school vaccination clinic;
- (v) Negotiate with schools regarding arrangements and timeframes for delivery of vaccination programs at each school;
- (vi) Distribute consent forms and other resources as provided by the Department of Health to schools prior to each vaccination program commencing;
- (vii) Document school clinic dates and student numbers at the commencement of each school year;
- (viii) Comply with National Health and Medical Research Council (“NHMRC”) guidelines, the current online edition of the *Australian Immunisation Handbook* and the *National Vaccine Storage Guidelines* with regards to:
  - (a) Protocols, resuscitation equipment and drugs necessary for the management of anaphylaxis;
  - (b) Maintaining and monitoring the vaccine cold chain within the temperature range of between +2°C to +8°C during storage, handling, transportation and administration of the vaccine;
  - (c) Providing appropriate information about the risks and benefits of vaccination and the risks of vaccine preventable diseases;
  - (d) Obtaining valid consent;
  - (e) Performing a pre-vaccination assessment of students;
  - (f) Ensuring dose, route and technique of administration of vaccine are in accordance with the NHMRC guidelines;
  - (g) Disposing of clinical and related waste in accordance with standard infection control guidelines, the Environmental Protection (Waste Management Policy) Act 2000 and the Environmental Protection (Waste Management) Regulation 2000;
  - (h) Providing a written record of vaccination to each student who is vaccinated;
  - (i) Keeping vaccinated students in a properly supervised area nearby to the clinical area for the recommended period of observation after vaccination;
  - (j) Promptly reporting any significant adverse event following immunisation, and complete and submit an Adverse Event Form to the Department of Health; and



- (k) Transmitting vaccination data electronically to the Australian Immunisation Register (AIR) within one month after the vaccination clinic.

g) Ordering vaccines:

The Service Provider agrees to place vaccine orders with the Department of Health Immunisation Program a minimum of two weeks prior to the school vaccination clinic. Orders can be made via e-mail on [SBVP@health.qld.gov.au](mailto:SBVP@health.qld.gov.au) or fax on 3328 9720. Vaccine Request Forms can be obtained from Queensland Health's website. To facilitate efficient processing of vaccine orders, quantities of on-hand vaccine stock with expiry dates must be included in the order.

For enquiries about vaccine ordering, the Service Provider may contact the Immunisation Program by phone on 3328 9888.

h) Vaccination recording:

The Service Provider is required to keep a record of all vaccinations given in accordance with item 2 (a) and provide information to parents/guardians upon written request for their child's details and/or assist them or their child to access their Immunisation History Statement from the AIR.

3. Timeframes and milestones:

a) Timeframes: 1 January 2019 to 31 December 2021.

b) Milestones:

- (i) The SIP is delivered at each state and non-state secondary school during the school years 2019, 2020 and 2021.
- (ii) The Service Provider administers vaccines in accordance with the recommended dosage intervals outlined in the current online edition of The Australian Immunisation Handbook. To achieve this, the Immunisation Program recommends that:
  - (a) dose 1 of the GARDASIL®9 HPV vaccine be administered to Year 7 students at the initial school visit. It is also highly recommended that the dTpa vaccine be administered to Year 7 students at the same visit;
  - (b) dose 2 of the GARDASIL®9 HPV vaccine be administered to Year 7 students at the second school visit, which should be at least six months after the initial school visit; and
  - (c) meningococcal ACWY vaccine be administered to Year 10 students at either the first or second visit or at a third school visit, if deemed required by the Service Provider.

4. Key performance indicators/performance standards:

a) Performance indicators:

- (i) The SIP is delivered in accordance with item 2 (a) at each secondary school during the school year.
- (ii) Catch-up vaccination services for students who missed the School Immunisation Program session are offered in accordance with item 2 (e).
- (iii) Vaccination data is transmitted electronically to the Australian Immunisation Register (AIR) within one month after the vaccination clinic.

b) Performance standards:


The Service Provider agrees to:

- (i) Maintain knowledge and awareness of current immunisation practice and Queensland Health recommendations for the SIP;
- (ii) Negotiate in good faith with the Department of Health, provision of clinical supervision for nurses seeking endorsement as part of an approved Nurse Immuniser Course, if requested by Queensland Health;
- (iii) Ensure that there is an accountable, trained vaccine officer available to receive all vaccine deliveries. In situations where deliveries are not directly to the Service Provider's facility, the Service Provider agrees that it is responsible for ensuring that vaccine management procedures are adhered to;
- (iv) Ensure that there is sufficient vaccine refrigerator storage space to store the quantities of vaccines required for school clinics in a two week ordering cycle;
- (v) Rotate vaccine stock after each delivery of new stock, to ensure that vaccines with the earliest expiry date are used first;
- (vi) Not to take vaccines out of packaging during transportation from base to clinic;
- (vii) Monitor vaccines according to the National Vaccine Storage Guidelines at base, during transport and at clinic;
- (viii) Only draw up vaccines onsite at the school clinic, unless otherwise approved by the SIP Coordinator. In the event of large or frequent quantities of vaccine being wasted due to having been drawn up and not used, the Department of Health may seek reimbursement of associated costs;
- (ix) Permit the Department of Health to conduct quality improvement reviews for the purposes of ensuring optimal clinical and/or vaccine management practices are being followed; and
- (x) Undertake audits of returned SIP consent forms.

5. The Department of Health will provide:

- a) The funding required to meet the delivery of the SIP in accordance with the agreed funding model;
- b) The necessary vaccines to the Service Provider for use in the implementation of the SIP;
- c) Consent forms for use in the implementation of the SIP. These consent forms must be used by the Service Provider providing SIP vaccination clinics;
- d) An Information for Schools Booklet; and
- e) Upon request, a SIP Resource Kit for Vaccine Service Providers.

## 11. Appendix 2: SIP Annual Outcome Report

 <p><b>SCHOOL IMMUNISATION PROGRAM</b></p> <p><b>ANNUAL OUTCOME REPORT</b></p>		<p><b>Submitted annually by: 28 February</b>                  Queensland Health Immunisation Program: <a href="mailto:immunisation@health.qld.gov.au">immunisation@health.qld.gov.au</a></p>									
		Select from drop down list									
Hospital and Health Service:											
Year:											
Service Provider		Number of schools		SIP delivered to all schools		Region/Town(s)					
1											
2											
3											
<b>YEAR 7 AND YEAR 10 SCHOOL IMMUNISATION PROGRAM</b>										<b>CATCH UP - YEAR 8 AND YEAR 11</b>	
Vaccine	Year Level	TOTAL COHORT (A)	TOTAL number of remote enrolments	TOTAL number of consent forms returned	TOTAL Number YES to vaccination (C)	TOTAL Number NO to vaccination	Total Vaccinated (B)	TOTAL COHORT Vaccinated (%) (B/A)	YES consent Vaccinated (%) (B/C)	YEAR 8 Number of catch-ups for previous Year 7's	YEAR 11 Number of catch-ups for previous Year 10's
HPV (Dose 1)	7							#DIV/0!	#DIV/0!		
HPV (Dose 2)	7							#DIV/0!	#DIV/0!		
dTpa	7							#DIV/0!	#DIV/0!		
Men ACWY	10							#DIV/0!	#DIV/0!		
<b>Definitions:</b>											
<b>Total Cohort:</b> Student enrolments reported by the Department of Education, the Association of Independent Schools Queensland and the Queensland Catholic Education Commission at February census date. The data will be sourced by the Department of Health and are usually available in August.											
<b>Year 7 and Year 10 Total Vaccinated:</b> Total number of students vaccinated includes the number of vaccinations given to eligible students who missed scheduled school clinics during the <b>current</b> school year.											
<b>Year 8 and Year 11 Catch Up:</b> The number of catch-up vaccinations given to students (by the SIP provider) who missed the previous year's program. These vaccinations are not to be included in the "Total Vaccinated".											
<b>Remote enrolments:</b> Number of student enrolments in Aria plus (Category A) and Aria plus (Category B)											