Queensland Health

# Immunisation Program Update

Issue No. 4
October 2016

## From the Manager:

Welcome to our fourth issue of *The Update*.

In this issue, we focus on the newly established Australian Immunisation Register (AIR), a national whole of life register which builds on the success of the Australian Childhood Immunisation Register (ACIR).

Zostavax® will be one of the first adult vaccines to be reported to AIR when it is added to the National Immunisation Program in November, 2016. Important information about this vaccine is also included in this issue.

Please continue to feedback your suggestions and comments which can be emailed to:

immunisation@health.qld.gov.au

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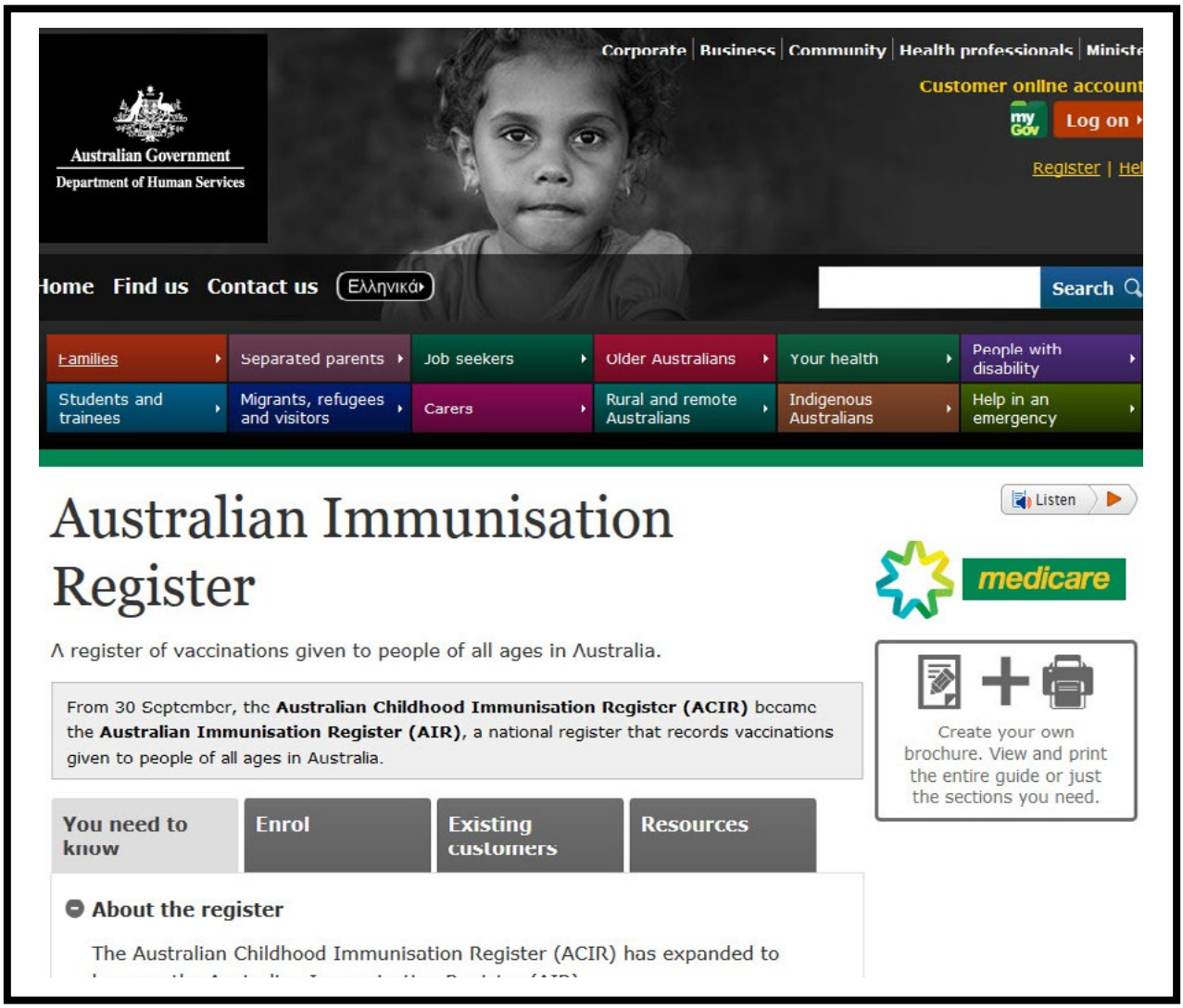
Manager, Immunisation Program

### In this issue



Queensland Government

# Introducing the Australian Immunisation Register (AIR)

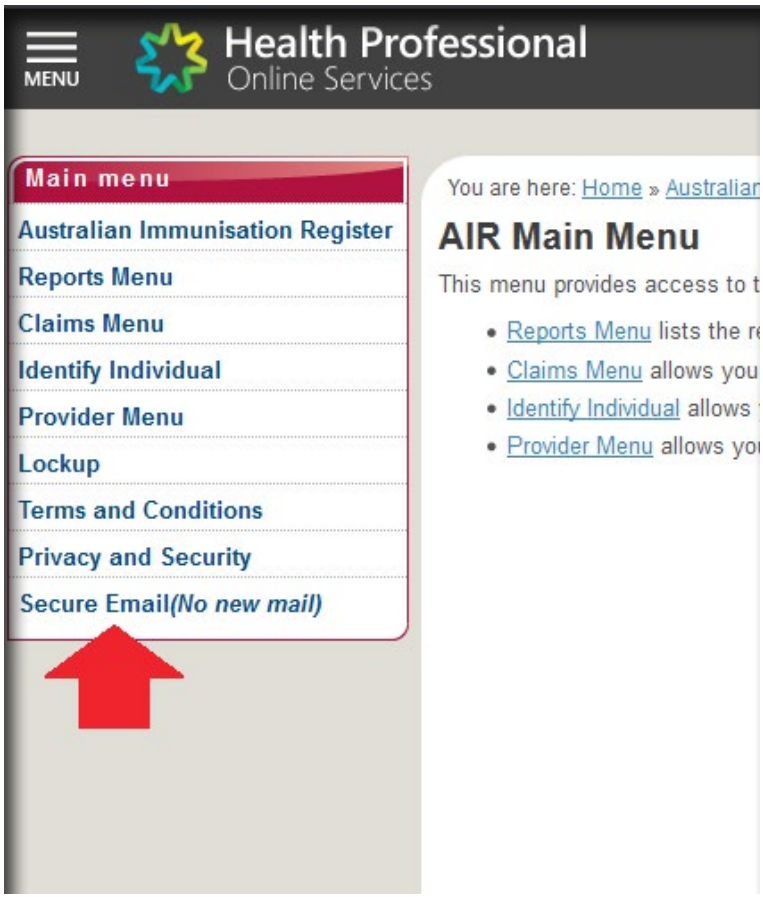



## Important points

- From 30 September 2016, records for all individuals registered with Medicare Australia (over 24 million people) will be automatically added to AIR.
- Records for people not registered with Medicare who receive a vaccination will be added to AIR if and when a vaccination record is submitted to AIR.
- AIR can record immunisation details for all babies, children, adolescents and adults in Australia. This information will be recorded if and when an immunisation provider reports it to AIR.
- **Vaccinations that were administered prior to 1996** will not be recorded on AIR. For example, a person born in 1985 will be registered on AIR, however only vaccinations administered after 1996 can be recorded on their AIR record and only if and when their immunisation provider reports these vaccinations to the register.
- AIR will not record information about immunisations given to adolescents in the School Immunisation Program (HPV, dTpa). Providers should continue to report any school immunisations to VIVAS/ Queensland Health in the usual way.
- Before vaccinating, immunisation providers should check the AIR and if necessary contact their local public health unit to enquire about any vaccinations received through the school immunisation program.
- Immunisation providers can request access to the AIR secure site at: www.humanservices.gov.au/health-professionals/services/medicare/australian-immunisation-register-health-professionals With access, providers can then use the 'identify individual' option to see immunisation history.
- Ongoing changes and upgrades to AIR are expected through to June 2018.

## What does this change mean for immunisation providers?

- New form for medical exemption/ natural immunity (IMM011.1609) www.humanservices.gov.au/sites/default/files/imo11-1609en.pdf
  - Notification for natural immunity only required for individuals under 20 years (linked to 'No Jab No Pay' eligibility criteria).
  - Medical exemption/natural immunity can be notified online – check the secure site for these changes.
- Mandatory recording of medical exemptions for:
  - Anaphylaxis, include anaphylaxis date
  - Pregnancy
  - Significantly immunocompromised
  - Laboratory testing, include testing date
  - Physician based clinical diagnosis, include diagnosis date.



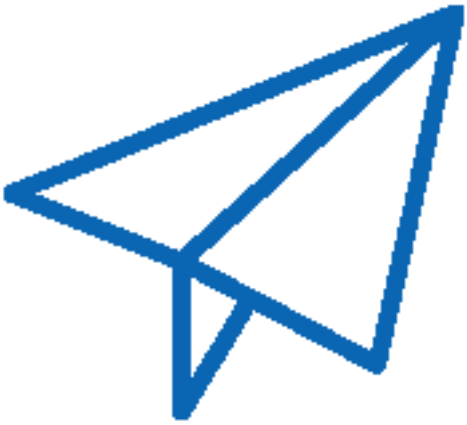

- New immunisation history form (IMM013.1609) http://www.humanservices.gov.au/sites/default/files/imo13-1609en.pdf
- Any incomplete or incorrect forms will be returned to the provider.
- **'Catch up'** can be recorded on a child's record only once and there is now **a limit of six months for catch up to be completed**. If a child's record does not become 'up to date' within this timeframe, family assistance payments that are linked to immunisation may be affected.
- Immunisation history statements will be available in two versions depending on the age of the individual.
- Immunisation providers should use the secure email option on the AIR secure site to contact AIR (see above). This can be used to request any changes or updates to records. You can also view a reply from AIR once your request has been actioned.

*cont. overleaf*

*cont. from overleaf*

## Vaccines that can be recorded on AIR

| Vaccine | Disease |
|---|---|
| Dukoral | cholera |
| Havrix / Twinrix / Vaqta Adult | hepatitis A |
| Imojev / Jespect | Japanese encephalitis |
| Menactra / Menveo | meningococcal A, C, W & Y |
| Bi Meningo | meningococcal A, C |
| Nimenrix | meningococcal A,C,W, & Y |
| Merieux / Rabipur | rabies |
| Stamaril | yellow fever |
| Td | diphtheria, tetanus |
| Tet-Tox | tetanus |
| Typherix / Typhim Vi / Vivitif Oral | typhoid |
| Vivaxim | hepatitis A, typhoid |
| Zostavax | herpes zoster |



## Sending immunisation records to AIR

- Immunisation providers should ensure their practice management software has the latest updates so all vaccines for all ages can be reported to AIR.
- Immunisation providers are strongly encouraged to send all immunisation records electronically to AIR using practice management software. As more vaccines are required to be reported to AIR, using software to record and transmit will be the most efficient use of provider time.
- Interruptions to data transmissions can occur through practice management software errors related to data entry or technical issues. Immunisation providers should persevere with sending data electronically rather than send paper records to VIVAS.
- Problems with practice management software should be referred back to the software provider.
- The following practice management software programs can transmit electronically to AIR. Immunisation providers should talk to their software provider about how to set this up.

*cont. overleaf*

*cont. from overleaf*

| Practice management software | Contact number |
|---|---|
| Best Practice | 07 4155 8800 |
| Communicare Systems | 08 6212 6900 |
| Genie Solutions | 07 3870 4085 |
| MMEx (ISA Healthcare Solutions) | 1300 722 926 |
| Medical Director / PracSoft (HCN) | 1300 788 802 |
| MedTech | 1800 148 165 |
| PractiX | 1300 364 747 |
| Stat Health | 1300 007 828 |
| The Practice Management Software Company (GP Complete) | 1300 794 471 |
| Zedmed | 1300 722 926 |

**If your practice management software is not listed above, go to: www.humanservices.gov.au/health-professionals/services/medicare/vendors-offering-medicare-online-claiming*

*for a complete list of software vendors offering Medicare online claiming and AIR compatibility.*

# Zostavax® funded for 70 year olds from November 2016

The National Shingles Vaccination Program will fund Zostavax® for all adults aged 70 years. A single catch up dose will be funded until October 2021 for adults aged 71-79 years.


Points to note:

- Zostavax® must be reconstituted with the diluent before administration.
- Zostavax® is given as a subcutaneous injection.
- Zostavax® can be given at the same time as the influenza vaccine or pneumococcal polysaccharide vaccine, using separate syringes and injection sites.
- Zostavax® is safe for most older people, including those with common chronic diseases (arthritis, hypertension, chronic renal failure, diabetes, COPD and other similar conditions).
- Zostavax® is contraindicated in persons with significant immunocompromise due to either a primary or acquired medical condition or due to medical treatment.
- Zostavax® is not registered for the treatment of shingles or shingles related post-herpetic neuralgia (PHN). Individuals presenting with an acute illness should defer immunisation until they are fully recovered. A person who has had an episode of shingles is recommended to wait at least a year between recovering from the infection and having the vaccine.
- Consider vaccination of the catch up group first and prioritise Zoster® to those already 79 years of age.

## Who is at risk?

Overall, 20–30% of people will develop shingles in their lifetime, most after the age of 50 years. Almost all adults are at risk of developing shingles since more than 95% of the Australian population aged over 30 years has been infected with varicella-zoster virus (as chickenpox). The risk of developing shingles increases with age and is increased in people who are immunocompromised. The risk of developing PHN also increases with age and is highest in adults over 70 years of age.

Vaccination of other age groups (e.g. those aged 50–69 years or 80 years and over) can also occur if the patient wishes to purchase the vaccine (estimated vaccine cost $200) and is discussed in more detail in The Australian Immunisation Handbook.

## Can I vaccinate someone who has had shingles?

Yes, vaccination appears safe but the optimal time for administration following an episode of shingles is uncertain. It is suggested to wait at least 1 year, and potentially up to 3 years, following an episode of shingles, since the episode itself boosts immunity. In one study it was found that both cell-mediated immunity and antibody levels after an episode of shingles in an unvaccinated patient were comparable to immunity conferred by vaccination for up to 3 years.

## Do I need to check VZV serology prior to vaccination?

No, not unless there are special circumstances (e.g. HIV, pre-transplant). Of note, small studies have shown that Zostavax is well tolerated and immunogenic in VZV-seronegative adults. It is acceptable to give zoster vaccine in this context, although a 2-dose course of varicella vaccine is the recommended alternative in a VZV-seronegative adult eligible for zoster vaccine.

## Can I give zoster vaccine on the same day as other vaccines?

Yes, all inactivated or live vaccines (including any of the available pneumococcal vaccines) may be co-administered with zoster vaccine. If zoster vaccine is not given on the same day as other live viral vaccines (e.g. MMR, yellow fever) separate administration by 4 weeks.

## Can I vaccinate a patient who is currently taking antivirals?

Systemic (but not topical) antiviral agents may decrease vaccine effectiveness. When possible, antivirals (e.g. acyclovir) should be stopped at least 48 hours before vaccination and withheld for at least 14 days.

## Can patients receiving disease-modifying anti-rheumatic drugs (DMARDs) be vaccinated?

Some elderly patients are regularly taking corticosteroids and/or DMARDs. These include patients with rheumatoid arthritis, inflammatory bowel disease, dermatologic conditions, renal disease and other autoimmune or rare inflammatory conditions. Ensure that a detailed medication history is obtained prior to vaccination. As shown in the table below, zoster vaccination is usually contraindicated. However, patients taking low doses of specific DMARDs can be safely vaccinated.

For further information about DMARDs please refer to the online version of The Australian Immunisation Handbook

## Who should NOT receive zoster vaccine?

Zoster vaccine should NOT be given to people who are immunocompromised, pregnant women, or those who have previously had anaphylaxis to the vaccine (either Zostavax or varicella vaccine) or its components (including gelatin or neomycin).

Immunocompromising conditions that would contraindicate zoster vaccination include:


image by Dean Streiau

- Primary or acquired immunodeficiency
  - Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
  - Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
  - Immunocompromised due to primary or acquired (HIV/AIDS) immunodeficiency
  - Other significantly immunocompromising conditions
- Immunosuppressive therapy (current or recent)
  - Chemotherapy or radiotherapy or acquired immunodeficiency
  - Corticosteroids (short-term high dose, long-term lower dose)
  - All biologics and most disease-modifying anti-rheumatic drugs (DMARDs)

*Source: NCIRS Fact Sheet: October 2016*

## Vaccine supply

The initial supply of Zostavax® will be delivered to service providers prior to November. Re-orders can be placed **after 1 November 2016**.

Zostavax® currently has a shorter expiry date than other vaccines so immunisation providers will need to closely monitor the expiry dates of this vaccine.

A new Vaccine Order Form will be supplied with Zostavax® order deliveries and will also be available online: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/manage/default.asp Please use this form for all future orders.

**Refrigerator capacity may become an issue, particularly once influenza season commences in 2017. Please review your service/clinics ongoing capacity to safely store your vaccine supply.**

## Recording Zostavax® on AIR

Zostavax® should be recorded using practice management software and transferred to AIR. Immunisation providers who do not have practice management software, should record and send information to VIVAS in the usual way.

# Adverse events following immunisation (AEFI)

An adverse event following immunisation (AEFI) is a serious, uncommon or unexpected event following immunisation. These events may be caused by the vaccine or may occur by chance after immunisation (i.e. it would have occurred regardless of vaccination).

Mild events, such as fever, pain or redness at the site of injection, can commonly occur after vaccination and should be anticipated.

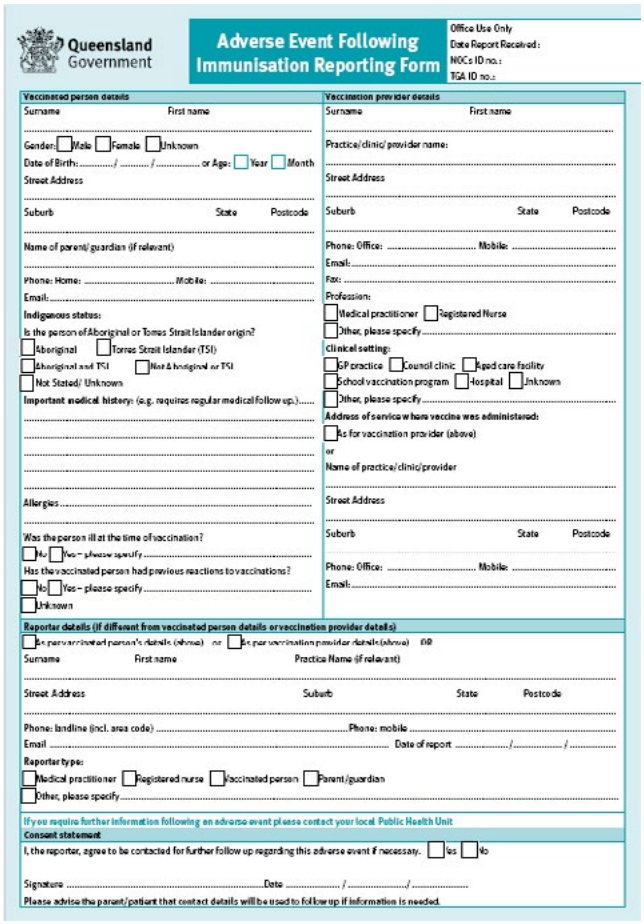
## Public Health Act 2005 requirement

The *Public Health Act 2005* requires that all immunisation providers report any adverse events following immunisation directly to Queensland Health. Reporting an AEFI is an important part of surveillance to monitor vaccine and immunisation program safety.

## How to notify AEFI to Queensland Health

Complete the form at:

www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/aefi-reporting-form.pdf



Queensland Government

**Adverse Event Following Immunisation Reporting Form**

Office Use Only
Date Report Received:
NOCs ID no.:
TGA ID no.:

**Vaccinated person details**

Surname First name

Gender: Male Female Unknown

Date of Birth: ... / ... / ... or Age: Year Month

Street Address

Suburb State Postcode

Name of parent/ guardian (if relevant)

Phone: Home: ... Mobile: ...

Email: ...

Indigenous status:

Is the person of Aboriginal or Torres Strait Islander origin?

Aboriginal Torres Strait Islander (TSI)

Aboriginal and TSI Not Aboriginal or TSI

Not Stated/ Unknown

Important medical history: (e.g. requires regular medical follow up.) ...

Allergies ...

Was the person ill at the time of vaccination?

No Yes – please specify ...

Has the vaccinated person had previous reactions to vaccinations?

No Yes – please specify ...

Unknown

**Vaccination provider details**

Surname First name

Practice/ clinic/ provider name: ...

Street Address

Suburb State Postcode

Phone: Office: ... Mobile: ...

Email: ...

Fax: ...

Profession:

Medical practitioner Registered Nurse

Other, please specify ...

Clinical setting:

GP practice Council clinic Aged care facility

School vaccination program Hospital Unknown

Other, please specify ...

Address of service where vaccine was administered:

As for vaccination provider (above)

or

Name of practice/clinic/provider

Street Address

Suburb State Postcode

Phone: Office: ... Mobile: ...

Email: ...

**Reporter details (if different from vaccinated person details or vaccination provider details)**

As per vaccinated person's details (above) or As per vaccination provider details (above) OR

Surname First name Practice Name (if relevant)

Street Address Suburb State Postcode

Phone: landline (incl. area code) ... Phone: mobile ...

Email ... Date of report ... / ... / ...

Reporter type:

Medical practitioner Registered nurse Vaccinated person Parent/guardian

Other, please specify ...

If you require further information following an adverse event please contact your local Public Health Unit

**Consent statement**

I, the reporter, agree to be contacted for further follow up regarding this adverse event if necessary. Yes No

Signature ... Date ... / ... / ...

Please advise the parent/patient that contact details will be used to follow up if information is needed.

**Vaccine details**

| Vaccine (brand name) | Dose no. | Batch no. | Date given | Time given | Route of administration | Injection site |
|---|---|---|---|---|---|---|
| | | | | | O IM SC ID IN U | RA LA U RL LL NA |
| | | | | | O IM SC ID IN U | RA LA U RL LL NA |
| | | | | | O IM SC ID IN U | RA LA U RL LL NA |
| | | | | | O IM SC ID IN U | RA LA U RL LL NA |
| | | | | | O IM SC ID IN U | RA LA U RL LL NA |

**Adverse event details**

Onset of event: Date ... / ... / ... Time ...

Description of events, including timeline of occurrences (please provide a separate page if needed):

**Management of event:** (tick as many as apply)

Nurse assessment Medical assessment

Hospital emergency department

Hospital admission: number of days (if applicable) ...

date of discharge ... / ... / ...

None Unknown Other, please specify ...

Please specify the treatment / care provided (eg antibiotics, adrenaline, advice, counselling, etc):

**Outcome:**

Have the symptoms resolved?

Yes – By what date/ time?

Date ... / ... / ... Time ...

No – Symptoms are ongoing as of

Date ... / ... / ... Time ...

Please describe ongoing symptoms ...

Unknown

Once completed, immediately send the form to:
Email: CDIS-NOCS-Support@health.qld.gov.au
OR Fax: 3328 9434

Email

*It is important that Adverse Event Following Immunisation reports are reported promptly.*

**Office use only - Public Health Unit**

Is follow-up of the patient required? No Yes Timeframe for follow up Same day Next working day Next 6 days

Details: ...

Signature ... Date ... / ... / ...

**Privacy statement**

The *Information Privacy Act 2009* sets out the ways in which a health agency can collect personal information for the purpose of reporting Adverse Events Following Immunisation (AEFI). The Public Health Act 2005 requires Queensland Health to record the reporting of AEFI to Queensland Health for inclusion on a state register. If further follow up is required following an adverse event the information stored on the Notifiable and Other Conditions register will be used. Adverse Events Following Immunisation (AEFI) may include details such as the vaccinated person's name, contact information and relevant health information. Details pertaining to the adverse event, important medical history relevant for follow up following the adverse event, details of the provider who administered the vaccine, reporter details and vaccination details are requested and recorded for each AEFI report. Authorised Queensland Health staff may access the information for the purpose of clinical follow up and monitoring. Personal information will not be accessed by or given to any other person or organisation without permission unless permitted or required by law. For information about how Queensland Health protects personal information, or to learn about the right to access your own personal information, please see our website at www.health.qld.gov.au

All reports are provided to the Therapeutic Goods Administration (TGA) to be entered into the TGA's Australian Adverse Drugs Reactions System (the ADRS). Information about how the TGA uses adverse event information that is reported is available at www.tga.gov.au/safety/problem.htm.

You do not need to complete a Therapeutic Goods Administration (TGA) form. Queensland Health will notify the TGA to enable monitoring and reporting of AEFI.