Immunisations
Immunisations

HMP Immunisations - adult/child

**Recommend**

- 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

- 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

- 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
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

4. Management

**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
### Vaccines

<table>
<thead>
<tr>
<th>S4</th>
<th>Vaccines</th>
<th>Extended authority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ATSIHP, IHW and RN must consult MO/NP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPN and RIPRN may proceed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SRH may proceed with * only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MID may proceed with # only, MID may proceed with Ω if completed an immunisation training course and only in the antenatal setting</td>
<td></td>
</tr>
</tbody>
</table>

#### Antigens - may be used singularly or in combination form as available

- **Diphtheria**
- **Meningococcal B**
- **Tetanus**
- **Meningococcal C**
- **Pertussis**
- **Meningococcal ACWY**
- **Haemophilus influenzae** type B (Hib)
- **Pneumococcal**
- **Hepatitis A**
- **Rotavirus**
- **Hepatitis B**
- **Varicella**
- **Human papillomavirus**
- **Japanese encephalitis**
- **Poliomyelitis**
- **Hepatitis B Immunoglobulin**
- **Midwives only**
- **For babies of HBsAG positive mothers**
- **Influenza**
- **dTpa**
- **Measles, mumps, rubella**
- **Note:** Dose, route and timing interval of administration to be in accordance with the AIH

#### Management of associated emergency

- See Anaphylaxis, p. 82

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### 5. Follow up


### 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

   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

<table>
<thead>
<tr>
<th>Type of wound</th>
<th>Prior tetanus vaccines</th>
<th>Time since last dose</th>
<th>Tetanus vaccine recommended</th>
<th>TIG recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean, minor wound</td>
<td>≥ 3 doses</td>
<td>≤ 10 years</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 10 years</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; 3 doses or uncertain</td>
<td></td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>All other wounds</td>
<td>≥ 3 doses</td>
<td>≤ 5 years</td>
<td>no</td>
<td>no*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; 5 years</td>
<td>yes</td>
<td>no*</td>
</tr>
<tr>
<td></td>
<td>&lt; 3 doses or uncertain</td>
<td></td>
<td>yes</td>
<td>yes</td>
</tr>
</tbody>
</table>

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

4. Management
   - 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
### Tetanus vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Route</th>
<th>Age</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus acellular pertussis (DTPa) or a DTPa combination vaccine</td>
<td>IM</td>
<td>Paediatric formulation if &lt; 10 years</td>
<td>stat</td>
</tr>
<tr>
<td>Diphtheria, tetanus acellular pertussis (dTpa)</td>
<td></td>
<td>Adolescent/adult formulation if ≥ 10 years</td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus dT (ADT)</td>
<td></td>
<td>Adult formulation</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Dose, route and timing interval of administration to be in accordance with the AIH.

$\ddagger$dTpa provides added protection against pertussis and should be considered for adults - not funded

**Management of associated emergency:** See Anaphylaxis, p. 82

### Tetanus immunoglobulin (TIG)

<table>
<thead>
<tr>
<th>Form</th>
<th>Strength</th>
<th>Route</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection</td>
<td>250 units</td>
<td>IM</td>
<td>250 units if ≤ 24 hours since injury <strong>OR</strong> 500 units if &gt; 24 hours since injury</td>
<td>stat</td>
</tr>
</tbody>
</table>

**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

### 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](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

### 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