



An Australian Government Initiative

# Gold Coast Primary Health Network Immunisation Update for Primary Care Nurses

**Wednesday 8 November 2023**



# Housekeeping

- Exits
- Restrooms
- Mobile phones on silent



# Acknowledgement to Country



*Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambah Language Region of South East Queensland and their Elders past, present and emerging.*

**Artist: NARELLE URQUHART, WIRADJURI WOMAN**

## Introduction & Agenda

Time	Item	Speaker
6:30pm	Welcome, Acknowledgement to Country & Housekeeping	Kim Zwegers, Program Coordinator (QI & Change Mgt)   GCPHN
6:35pm	Meningococcal B program	Laurelle Nelson, Clinical Nurse QHIP   QLD Health
7:00pm	Immunisation of our Lives	Dr Vicki Slinko, Public Health Physician   Gold Coast Public Health
7:25pm	GCPHN Immunisation Initiatives	Krystal Casey, Project Officer   GCPHN Deb Barnes, Project Officer   GCPHN
7:40pm	Nurse Scholarships	Janine Elborne, Enrolled Nurse Kellie Watson, Enrolled Nurse
8:00pm	Gold Coast Public Health Unit Immunisation Initiatives	Tracy Bladen, Nurse Unit Manager   Gold Coast Public Health
8:20pm	Q & A / Wrap up	Kim Zwegers, Program Coordinator (QI & Change Mgt)   GCPHN
8:30pm	Close	

# PHN Gold Coast

Queensland Health Men B program

Laurelle Nelson

8<sup>th</sup> November 2023



**Queensland**  
Government

# Qld Men B program



- On 4<sup>th</sup> August, the Minister for Health, Mental Health and Ambulance Services and Minister for Women announced:
- Queensland Government is making meningococcal B vaccines free for all infants and children under the age of two, and adolescents aged 15 to 19 years.
- The vaccines will be provided as part of routine childhood and school immunisation programs.
- This is the largest state-funded immunisation program in Queensland's history with initial funding of more than \$90 million, over three years.

# Program details

- The program will commence in first quarter of 2024, and will provide free meningococcal B (menB) vaccines to eligible Queensland infants, children and adolescents.
- Aboriginal and Torres Strait Islander children (less than 2 years of age) and people with specific medical risk factors for invasive meningococcal disease are currently eligible for free menB vaccine through the National Immunisation Program (NIP).
- The Queensland MenB Vaccination Program will make menB vaccines available for eligible infants, children and adolescents in addition to NIP eligible groups.



# Who will be eligible for the program

- The following Queenslanders who have not yet started or completed an age-appropriate course of menB vaccination will be eligible for Queensland MenB Vaccination Program.
- Infants, 6 weeks to 12 months of age.
- Catch up vaccination will be offered for children aged over 12 months to less than 2 years.
- Adolescents aged 15 to 19 years (inclusive).
- Once vaccination is commenced during the eligibility period, a person remains eligible for their second dose, regardless of age.





# Who will be eligible for the program

- Queensland residents only.
- Medicare eligible people.
- Visitors to Queensland are not eligible for the free program.
- Refugees and humanitarian entrants settled in Queensland are Medicare eligible and are therefore eligible to be vaccinated under this program.



# When will the implementation be?

- The first quarter of 2024, a date will be announced soon
- Adolescent program will commence via the Queensland Health School Immunisation Program – year 10 from February.
- SIP providers will arrange with schools to commence dose one to align with the men ACWY SIP program, most likely in term one.
- Bexsero® will be used for the infant and under 2 program and the adolescent program 15-19 years inclusive.



# Why are all young people not included?

- The Australian Technical Advisory Group on Immunisation (ATAGI) recommends menB vaccination for several at risk groups, in addition to those currently included under the NIP schedule.
- The implementation of a Queensland funded menB vaccination program for children and adolescents is in accordance with ATAGI's recommendations.
- The Queensland MenB Vaccination Program aims to remove financial barriers to vaccination, improve vaccine uptake, and improve the protection that menB vaccination provides against meningococcal disease .



# Dose schedules

<b>Age at start of vaccine course</b>	<b>MenB vaccine brand</b>	<b>Dose requirements for healthy people (without any medical conditions associated with increased risk of invasive meningococcal disease)</b>
6 weeks to 11 months	Bexsero	3 doses (8 weeks between 1st and 2nd doses; 3rd dose at 12 months of age or 8 weeks after 2nd dose, whichever is later)
12–23 months	Bexsero	2 doses (8 weeks between doses)



# Infant/baby schedule

- If a baby <2 years has commenced a schedule using private vaccine, they are eligible to complete the course using funded vaccine.
- Babies and children <2 are recommended to receive prophylactic paracetamol due to high incidence of fever post vaccination with Bexsero®.
- First dose of paracetamol should be 15mg/kg per dose is recommended within the 30 minute period prior to vaccination or as soon as practicable afterwards, regardless of presence of fever.
- Should be followed by 2 further doses given 6 hours apart regardless of presence of fever.



# Adolescent schedule

- 2 doses of Bexsero® at least 8 weeks interval.
- As long as the young person receives dose one prior to turning 20, they remain eligible to receive a funded dose 2.
- This cohort can report increased localised reactions – redness, swelling, and pain at injection site. Important to educate young people to expect some local side effects.
- Paracetamol not routinely recommended for this age cohort –advise to give if fever  $>38.5^{\circ}\text{C}$  or pain persists and to seek advise via 13HEALTH, GP or emergency dept if concerned.
- Report any AEFI via the Qld Health reporting form: [Adverse Event Following Immunisation Reporting Form \(health.qld.gov.au\)](https://www.health.qld.gov.au/health-education/immunisation/immunisation-reporting-form)

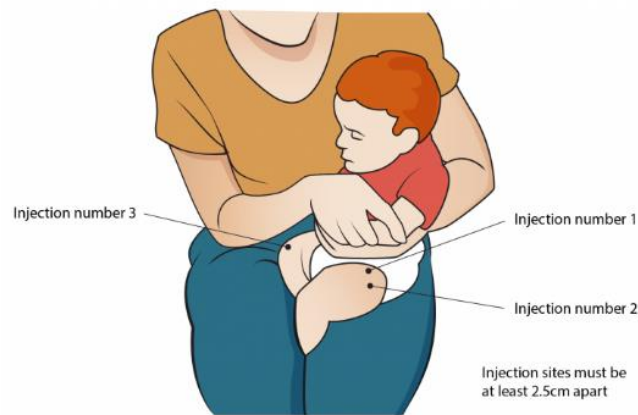


# Multiple vaccine sites for infant <12months

## Infants aged <12 months

Where only two vaccines are scheduled it is recommended to give one vaccine into each thigh. If more than two vaccines are recommended at the one visit, two vaccines may be given into each thigh ensuring they are separated by 2.5 cm.

**Figure. Recommended technique for giving multiple vaccine injections into the anterolateral thigh in an infant <12 months of age**



- For infants 2 and 4 months:
- give Infanrix hexa®/Vaxelis® (1<sup>st</sup>)
- and Prevenar 13® (2<sup>nd</sup>) in one thigh
- Bexsero® (3<sup>rd</sup>) separately in the other thigh
- Example sequence:
  - 1<sup>st</sup> vaccine - Left thigh upper – Infanrix hexa®/Vaxelis®
  - 2<sup>nd</sup> vaccine - Left thigh lower - Prevenar 13®
  - 3<sup>rd</sup> vaccine – Right thigh – Bexsero®

# Injection sites for children > 12 months, adolescents and adults

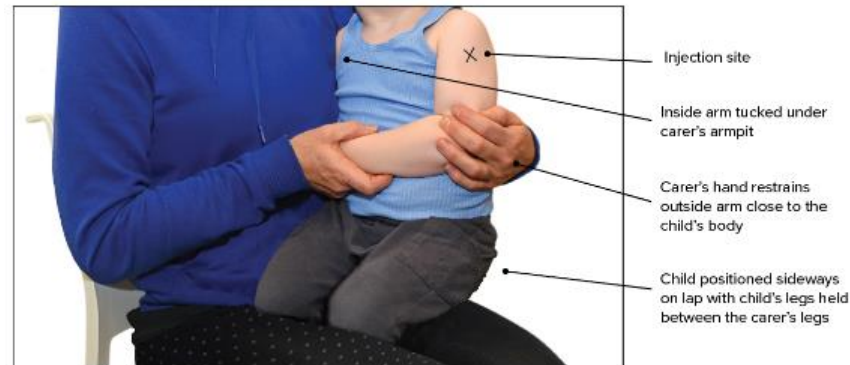
- Where only two vaccines are scheduled it is recommended to give one vaccine into each deltoid. If more than two vaccines are recommended at the one visit, the options will depend on the deltoid muscle mass.
- If the deltoid mass is large enough, give up to 2 injections into each deltoid muscle (separated by 2.5 cm).
- If the deltoid muscle mass is small give further injections into either anterolateral thigh (2.5 cm apart if 2 vaccines are given in the same thigh).





# Injection sites for children > 12 months, adolescents and adults

- For younger children, the cuddle or straddle positions (see Figure. Positioning an older child in the cuddle position and Figure. Positioning a child in the straddle position) can provide access to multiple limbs during a single vaccination encounter.



# Shingrix® NIP program



- Listed on the NIP from 1 Nov 2023, Shingrix® replaced Zostavax® for eligible people.
- The groups eligible to receive the free vaccine will also change. The NIP will fund a 2-dose course for eligible people.
- Shingrix® is a non-live vaccine. It's highly effective in the prevention of herpes zoster (shingles) and its complications, including post-herpetic neuralgia (PHN), in both immunocompetent and immunocompromised people



# Shingrix® eligibility

## NIP-funded shingles vaccination schedule from 1 November 2023

2-dose schedule with Shingrix® 0.5ml vial (GSK) given intramuscularly.

Eligible groups	Dosing schedule / Dose intervals
Adults aged 65 years and over (non-Indigenous)	Give 2-6 months apart in immunocompetent people
Aboriginal and Torres Strait Islander adults aged 50 years and over	Give 2-6 months apart in immunocompetent people
Immunocompromised adults aged 18 years and over with the following medical conditions: <ul style="list-style-type: none"><li>• haemopoietic stem cell transplant</li><li>• solid organ transplant</li><li>• haematological malignancy</li><li>• advanced or untreated HIV.</li></ul>	Give 1-2 months apart in people who are immunocompromised

REPORT all vaccinations to the Australian Immunisation Register (AIR) – both NIP and private vaccines.

Eligible people who have received one dose of Shingrix® vaccine privately can receive their second dose free under the NIP. There is currently no recommendation for booster doses of Shingrix® vaccine.



# Co-administration with other vaccines

- People can receive Shingrix® at the same time as other inactivated vaccines such as tetanus-containing vaccines, pneumococcal vaccines, influenza vaccines and COVID-19 vaccines.
- However, it is preferable that Shingrix® be given by itself where possible.\* There is potential for increased adverse events when more than one vaccine is given at the same time.

\*Vaccination should not be deferred or delayed if the person presents and other NIP vaccines including influenza are due.



# Shingrix® ordering

- Practices can place Shingrix® only orders if the VSP has recently ordered a regular monthly NIP order.
- If the practice is nearing their order date ie in the next week or two, QHIP will ask for a full stock count and supply this as well.
- Limited supply – QHIP will distribute to VSPs in an equitable manner until the Commonwealth supply is increased
- Please discard any remaining Zostavax®



# Queensland Free Influenza Program '24

- On 2<sup>nd</sup> November, the Minister for Health, Mental Health and Ambulance Services and Minister for Women announced that Qld would be providing free influenza vaccine in addition to NIP eligible groups from 2024
- 2022 and 2023 saw limited flu programs in response to increased reported numbers of confirmed flu
- Program details TBA – the 22/23 free flu blitz saw providers supplying and administering privately purchased influenza vaccine with the cost of vaccine and an administration fee reimbursed from Qld Health retrospectively.
- QHIP will provide information to VSPs when the program is finalised.



# Contact us

- For any questions on the Queensland Health men B program including expressing interest in becoming a Qld Health Vaccine Service Provider:
- [immunisation@health.qld.gov.au](mailto:immunisation@health.qld.gov.au)
- [QHIP-admin@health.qld.gov.au](mailto:QHIP-admin@health.qld.gov.au)



# Immunisations of our lives

Dr Vicki Slinko  
Public Health Physician  
Gold Coast Public Health Unit



# Immunisations of our lives



“Like sands through the hourglass....”





# Acknowledgement of Country



# Outline

- Immunisation schedule Queensland
- Coverage for children and adolescents
- GCPHU initiatives....more from Tracy later though
- Vaccine preventable diseases on the radar (that you might have forgotten about)
  - Measles
  - IMD
  - Pertussis
  - Diphtheria
  - Rabies/ABLV
- Questions

# National Immunisation Program (NIP): Queensland children

**Immunisation Schedule Queensland** July 2023

**CHILDREN**

**STOP** Before vaccinating:

- NIPQRIS shows the Australian Immunisation Register (AIR) to check the patient's previous immunisation history
- Check the online Australian Immunisation Handbook (the Handbook) or download the Handbook app for information about each vaccination, timing of vaccination for special risk groups at [immunisationhandbook.health.gov.au/](http://immunisationhandbook.health.gov.au/)
- Check the correct vaccine dose number has been recorded and report all vaccinations to AIR as soon as possible.

**LEGEND**

- Notifiable
- Intubated
- Tuberculosis
- AL

AGE	DISEASE	VACCINE BRAND	ALL CHILDREN (see Aboriginal and Torres Strait Islander children with medical risk factors)	Aboriginal and Torres Strait Islander children	Children with medical risk factors	METHOD & SITE	IMPORTANT NOTES
<p><b>IMPORTANT:</b> Children diagnosed with medical risk factors for invasive pneumococcal disease are funded to receive multiple doses of Meningococcal ACWY (Nimenax) and Meningococcal B (Bexsero) vaccine. The number and timing of doses is dependent on the age at diagnosis. Refer to the Meningococcal chapter of the Handbook for further and timing of doses.</p>							
Birth	Hepatitis B	H B Vaxit pentavalent OR Bexsero B pentavalent	●			IM / AL, High	<ul style="list-style-type: none"> <li>• Give within 24 hours of birth. Can be given up to 7 days after birth</li> </ul>
	Tuberculosis	BCG <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>		▲		Subcutaneous / Deltoid	<ul style="list-style-type: none"> <li>• Aged &lt; 8 years living in Aboriginal and Torres Strait Islander communities. For further information regarding eligibility search 'BCG vaccination' on the Queensland Health website</li> </ul>
2 months (can begin from 1 month AGO)	DTaP4ahepIPV4b	Inferia Hexa <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span> OR Vaxelis	●			IM / AL, High	<ul style="list-style-type: none"> <li>• A primary series of DTaP4ahepIPV4b vaccination should be given using the same vaccine (Inferia Hexa or Vaxelis). If this is not possible, use the alternative brand of the same antigen combination to complete the series.</li> </ul>
	Pneumococcal	Pneumax 13	●			IM / AL, High	<ul style="list-style-type: none"> <li>• First dose must be given &lt; 11 weeks of age</li> <li>• Second dose must be given &lt; 23 weeks of age</li> </ul>
4 months	Rubella	Rubata	●			Oral / By mouth	
	Meningococcal B	Bexsero		▲		IM / AL, High	
6 months	DTaP4ahepIPV4b	Inferia Hexa <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span> OR Vaxelis	●			IM / AL, High	<ul style="list-style-type: none"> <li>• A primary series of DTaP4ahepIPV4b vaccination should be given using the same vaccine (Inferia Hexa or Vaxelis). If this is not possible, use the alternative brand of the same antigen combination to complete the series.</li> </ul>
	Meningococcal B (Indigenous children with specified medical risk conditions)	Bexsero		▲		IM / AL, High	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander children with medical risk factors for IMB (see Handbook)</li> </ul>
	Pneumococcal	Pneumax 13		▲	+	IM / AL, High	<ul style="list-style-type: none"> <li>• Medical risk factors for invasive pneumococcal disease (IPC) (see Handbook)</li> </ul>
	Influenza (Annually, 6 months to < 5 years)	Age appropriate as supplied	●			IM / Age appropriate administration site	<ul style="list-style-type: none"> <li>• Administer annually. In children aged 6 months to less than 9 years of age in the first year of administration, give 2 doses a minimum of 1 month apart. One dose annually in subsequent years. Information on age appropriate vaccination is available in the Immunisation Handbook or the annual AIGMG advice on seasonal influenza vaccines</li> </ul>
12 months	Measles-mumps-rubella	Proteo <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span> OR MMR10 <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>	●			IM or VC / Deltoid	
	Meningococcal ACWY	Nimenax <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>	●			IM / Deltoid	
	Pneumococcal	Pneumax 13	●			IM / Deltoid	<ul style="list-style-type: none"> <li>• Children diagnosed with medical risk factors for IPC at &lt; 12 months refer to the subsequent 6 months schedule for the number and timing of doses</li> </ul>
	Meningococcal B	Bexsero		▲		IM / Deltoid	
18 months	Hepatitis B	H B Vaxit pentavalent OR Bexsero B pentavalent			●	IM / Deltoid	<ul style="list-style-type: none"> <li>• Premature babies &lt; 12 weeks gestation or &lt; 3000g birthweight only</li> </ul>
	Measles-mumps-rubella-varicella	Proteo Tetra <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span> OR Proquad <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>	●			IM or VC / Deltoid	
	Haemophilic influenza type b	Act HIB <span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 10px; height: 10px;"></span>	●			IM or VC / Deltoid	
	DTaP4	Inferia OR Triptac	●			IM / Deltoid	
4 years	Hepatitis A	Vaxelis pentavalent		▲		IM / Deltoid	
	DTaP4-IPV	Inferia IPV OR Quad-aad	●			IM / Deltoid	
	Pneumococcal	Pneumax 23		▲	+	IM or VC / Deltoid	<ul style="list-style-type: none"> <li>• Medical risk factors for IPC (see Handbook)</li> <li>• &gt; 4 years of age with additional dose at least 1 years later</li> </ul>

<https://www.health.qld.gov.au/clinical-practice/child-representation/immunisation-schedule>

# NIP: Queensland adolescents/adults

## Immunisation Schedule Queensland – Adolescent and Adult Vaccination

01 November 2023



### BEFORE VACCINATING

- Always review the Australian Immunisation Register (AIR) to check the patient's previous immunisation history and record all vaccinations on AIR
- Check the online Australian Immunisation Handbook or download the Handbook app for information about catch-up vaccination, timing of vaccination for special risk groups at <https://immunisationhandbook.health.gov.au/>
- Check the correct details of all vaccinations are recorded correctly on the AIR as soon as possible after vaccines have been administered (mandatory)



Key: Aboriginal and Torres Strait Islander, Medical Risk, R Reconstitute, SC Subcutaneous, IM Intramuscular, DL Deltoid, AL Anterolateral Thigh

### Adolescent vaccination (also see vaccination for people with medical risk conditions)

Age	Disease	Vaccine Brand	Reconstitute	Method & Site	Notes
Year 7 students (or age equivalent)	• Human Papillomavirus (HPV)	Gardasil 9*		IM / DL	1 dose. Immunocompromised people require 3 doses given at 0, 2 and 6 months.
	• Diphtheria, tetanus and pertussis	Boostrix* or Adacel*		IM / DL IM or SC /DL	1 dose.
Year 10 students (eligible 15 to 19 years of age)	• Meningococcal ACWY	Nimenrix*	R	IM / DL	1 dose.
All ages	• Influenza	Age appropriate		Age appropriate	Influenza vaccine: Administer annually. For information on <b>age appropriate</b> vaccines or <b>specified medical risk conditions</b> , refer to the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.
	• Influenza	Age appropriate		Age appropriate	
	• Pneumococcal	Prevenar 13* Pneumovax 23*		Age appropriate	Pneumococcal vaccine: For people with specified medical risk conditions administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for dose intervals.

### Adult vaccination (also see vaccination for people with medical risk conditions)

Age	Disease	Vaccine Brand	Reconstitute	Method & Site	Notes
Born during or since 1966	• Measles, mumps, rubella	M-M-R, II or Priorix*	R R	IM / DL	2 doses. Minimum interval between doses is 4 weeks.
50 years and over	• Pneumococcal	Prevenar 13* and Pneumovax 23*		IM / DL	Administer a dose of 13vPCV, followed by first dose of 23vPPV 12 months later (2–12 months acceptable), then second dose of 23vPPV at least 5 years later. Shingrix* is a 2-dose course given 2–6 months apart.
65 years and over	• Shingles (herpes zoster)	Shingrix*	R	IM / DL	Administer annually. The adjuvanted influenza vaccine is recommended in preference to standard influenza vaccine. For information on age appropriate vaccines refer to the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines. Shingrix* is a 2-dose course given 2–6 months apart.
	• Influenza	Age Appropriate		IM / DL	
70 years and over	• Shingles (herpes zoster)	Shingrix*	R	IM / DL	1 dose.
	• Pneumococcal (non-Indigenous adults)	Prevenar 13*		IM / DL	
Pregnant women	• Pertussis (whooping cough)	Boostrix* or Adacel*		IM / DL IM or SC /DL	Pertussis vaccine: Single dose recommended each pregnancy, ideally between 20–32 weeks, but may be given up until delivery.
	• Influenza	As Appropriate		IM/DL	Influenza vaccine: In each pregnancy, at any stage of pregnancy.
All ages	• Influenza	Age appropriate		Age appropriate	Influenza vaccine: Administer annually. For information on <b>age appropriate</b> vaccines or <b>specified medical risk conditions</b> , refer to the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines. Pneumococcal vaccine: For people with <b>specified medical risk conditions</b> administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for <b>dose intervals</b> .
	• Influenza	Age appropriate		Age appropriate	
	• Pneumococcal (adults with specified medical risk conditions)	Prevenar 13* Pneumovax 23*		IM /DL IM or SC /DL	

# NIP: Queensland medical-at-risk people

## Immunisation Schedule Queensland – Additional vaccination for people with medical risk conditions

01 November 2023



### BEFORE VACCINATING

- Always review the Australian Immunisation Register (AIR) to check the patient's previous immunisation history and record all vaccinations on AIR
- Check the online Australian Immunisation Handbook or download the Handbook app for information about catch-up vaccination, timing of vaccination for special risk groups at <https://immunisationhandbook.health.gov.au/>
- Check the correct details of all vaccinations are recorded correctly on the AIR as soon as possible after vaccines have been administered (mandatory)



Key: R Reconstitute, SC Subcutaneous, IM Intramuscular, DL Deltoid, AL Anterolateral Thigh

Age	Disease	Vaccine Brand	Reconstitute	Method & Site	Notes
≥ 6 months (annually)	• Influenza	Age Appropriate		Age Appropriate	Administer annually. For people with <b>specified medical risk conditions</b> that increases their risk of complications from influenza. Refer to the Immunisation Handbook for information on age appropriate vaccines or the annual ATAGI advice on seasonal influenza vaccines.
< 12 months	• Pneumococcal	Prevenar 13 <sup>†</sup>		IM / AL	For people with <b>specified medical risk conditions</b> that increase their risk of pneumococcal disease, an additional (3rd) dose given at 6 months in infancy, followed by a routine booster dose at 12 months (as with other healthy children), then followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for dose intervals.
4 years	• Pneumococcal	Pneumovax 23 <sup>†</sup>		IM / DL	
≥ 12 months	• Pneumococcal	Prevenar 13 <sup>†</sup> Pneumovax 23 <sup>†</sup>		IM / DL IM / DL	For people with <b>specified medical risk conditions</b> that increase their risk of pneumococcal disease, administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for dose intervals.
12 months	• Hepatitis B	HB-VaxII paediatric <sup>†</sup> or Engerix B paediatric <sup>†</sup>		IM / DL	Preterm (<32 weeks gestation) and/or low birth weight (<2000g) infants should receive 5 doses of hepatitis B vaccine including an additional dose at 12 months of age.
≥ 5 years	• <i>Haemophilus influenzae</i> type B (Hib)	Act-Hib <sup>†</sup>	R	IM / DL	For people with asplenia or hyposplenia, a single dose is required if the person was not vaccinated in infancy or incompletely vaccinated. (Note that all children aged <5 years are recommended to complete Hib vaccination regardless of asplenia or hyposplenia).
≥ 18 years	• Shingles (herpes zoster)	Shingrix <sup>†</sup>	R	IM / DL	2 doses, 1–2 months apart. Immunocompromised people aged 18 years and older with the following medical conditions: haemopoietic stem cell transplant, solid organ transplant, haematological malignancies, advanced or untreated HIV.
All ages	• Meningococcal ACWY • Meningococcal B	Nimenrix <sup>†</sup> Bexsero <sup>†</sup>	R	Age appropriate Age appropriate	For people with asplenia, hyposplenia, complement deficiency and those undergoing treatment with eculizumab. Refer to the Immunisation Handbook for dosing schedule. The number of doses required varies with age.

- The National Immunisation Program (NIP) provides the above routine vaccinations free to infants, children, adolescents, and adults who have, or are eligible for a Medicare card.
- All Aboriginal and Torres Strait Islander children aged 6 months to less than 2 years of age are eligible for meningococcal B vaccines if missed at the recommended schedule points. Refer to the Immunisation Handbook for timing of doses.
- All people (including refugees and humanitarian entrants) less than 20 years of age are eligible for NIP vaccines missed in childhood, except for HPV which is available free up to and including age 25. The number and range of vaccines and doses that are eligible for NIP funded catch-up is different for people aged less than 10 years, and those aged 10–19 years. Refer to the Immunisation Handbook for timing of doses.
- Refugees and humanitarian entrants aged 20 years and over are eligible for the following vaccines if they were missed: diphtheria-tetanus-pertussis, chickenpox, poliomyelitis, measles-mumps-rubella and hepatitis B, as well as HPV (up to and including age 25). Refer to the Immunisation Handbook for timing of doses.

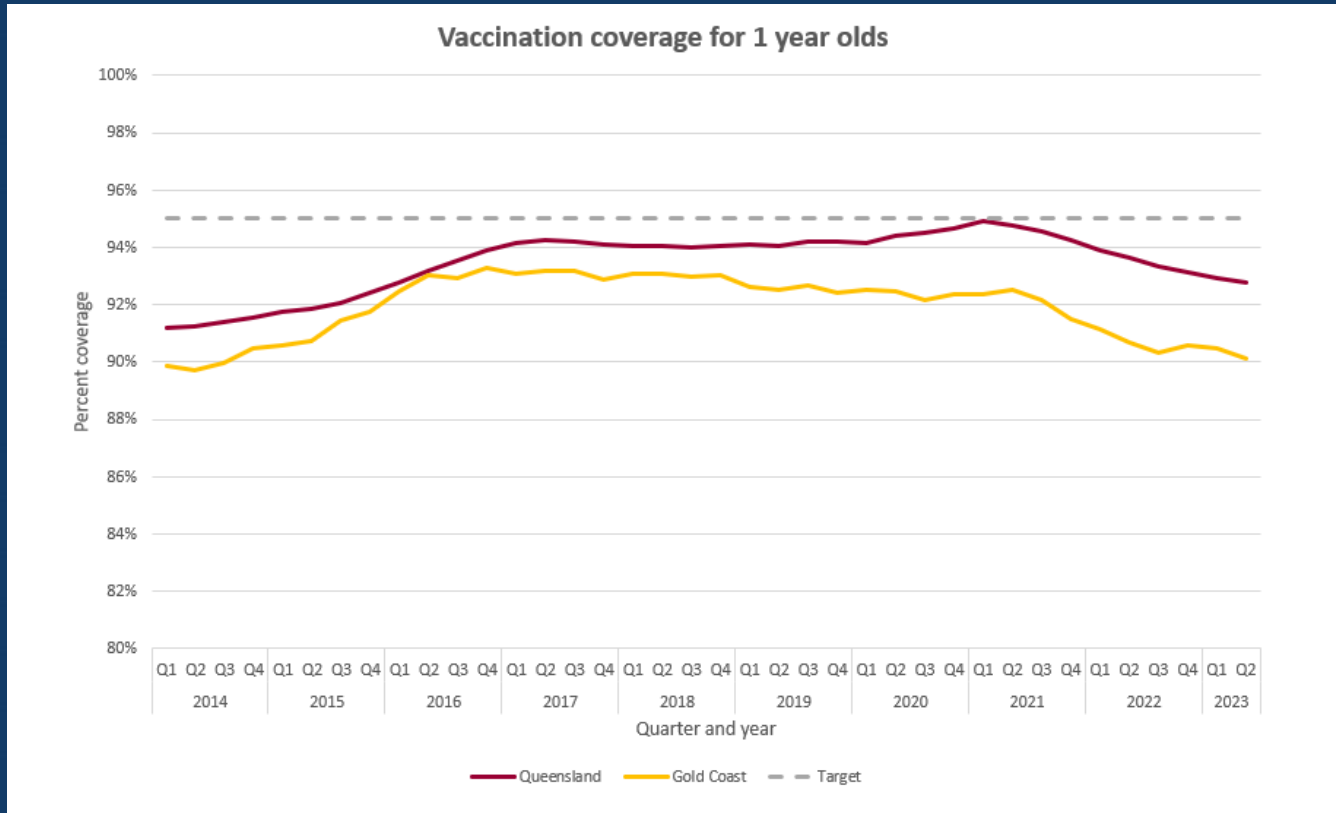


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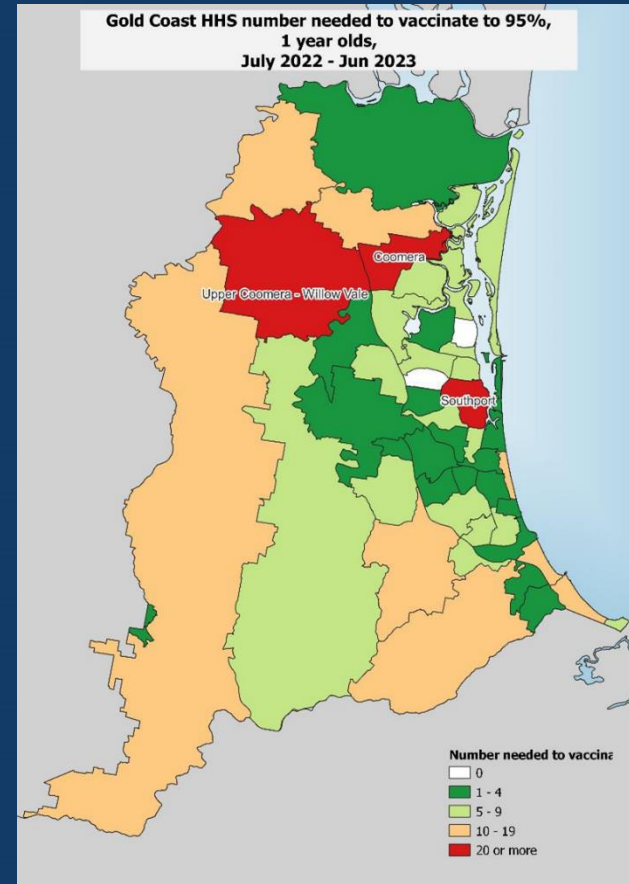
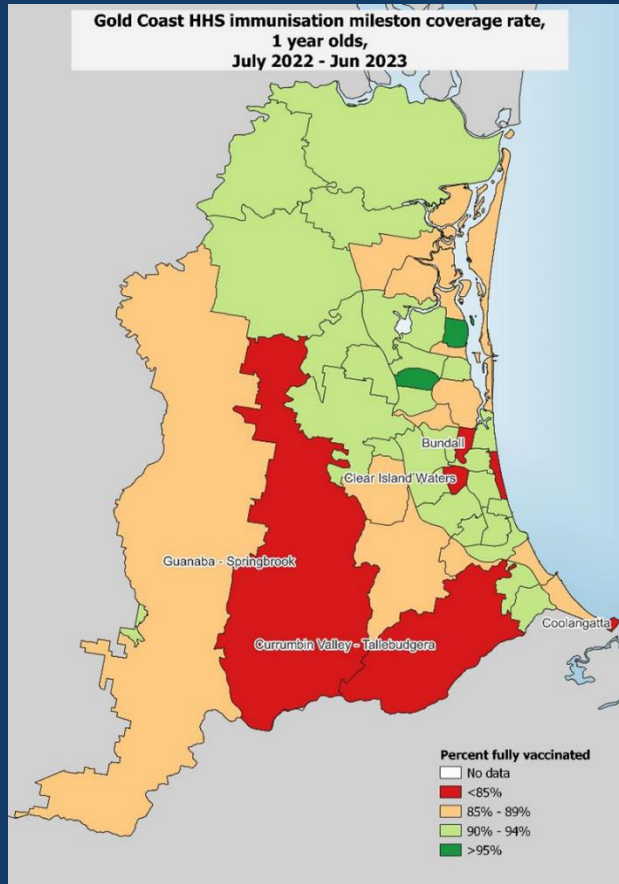
Scan barcode to download the Immunisation Schedule at <https://www.health.qld.gov.au/clinical-practice/guide-lines-procedures/diseases-infection/immunisation/schedule>



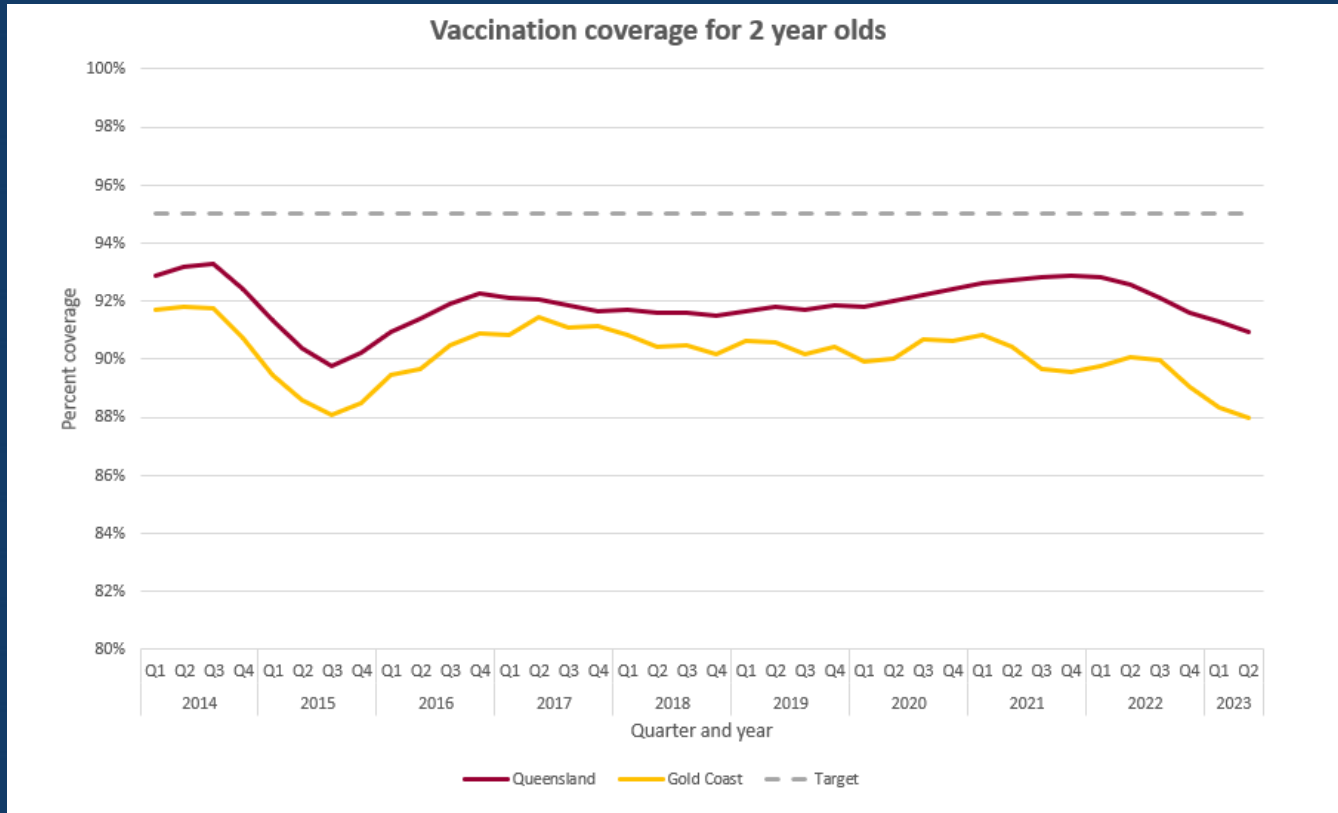
# Coverage: Gold Coast



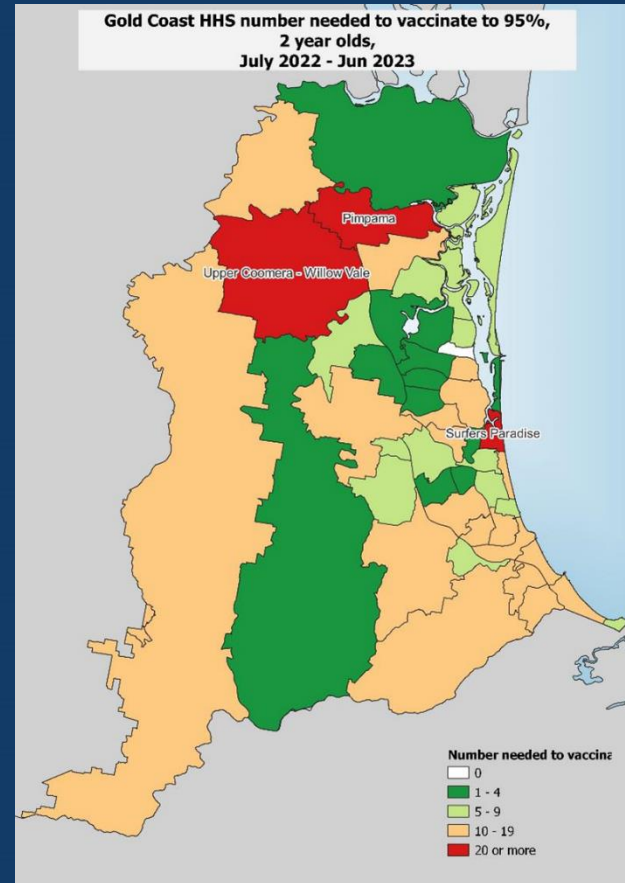
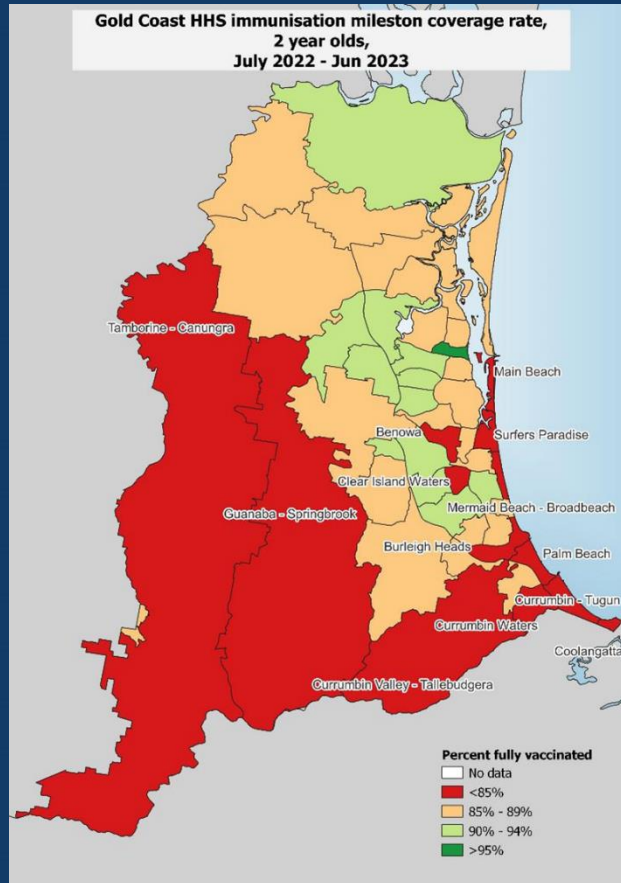
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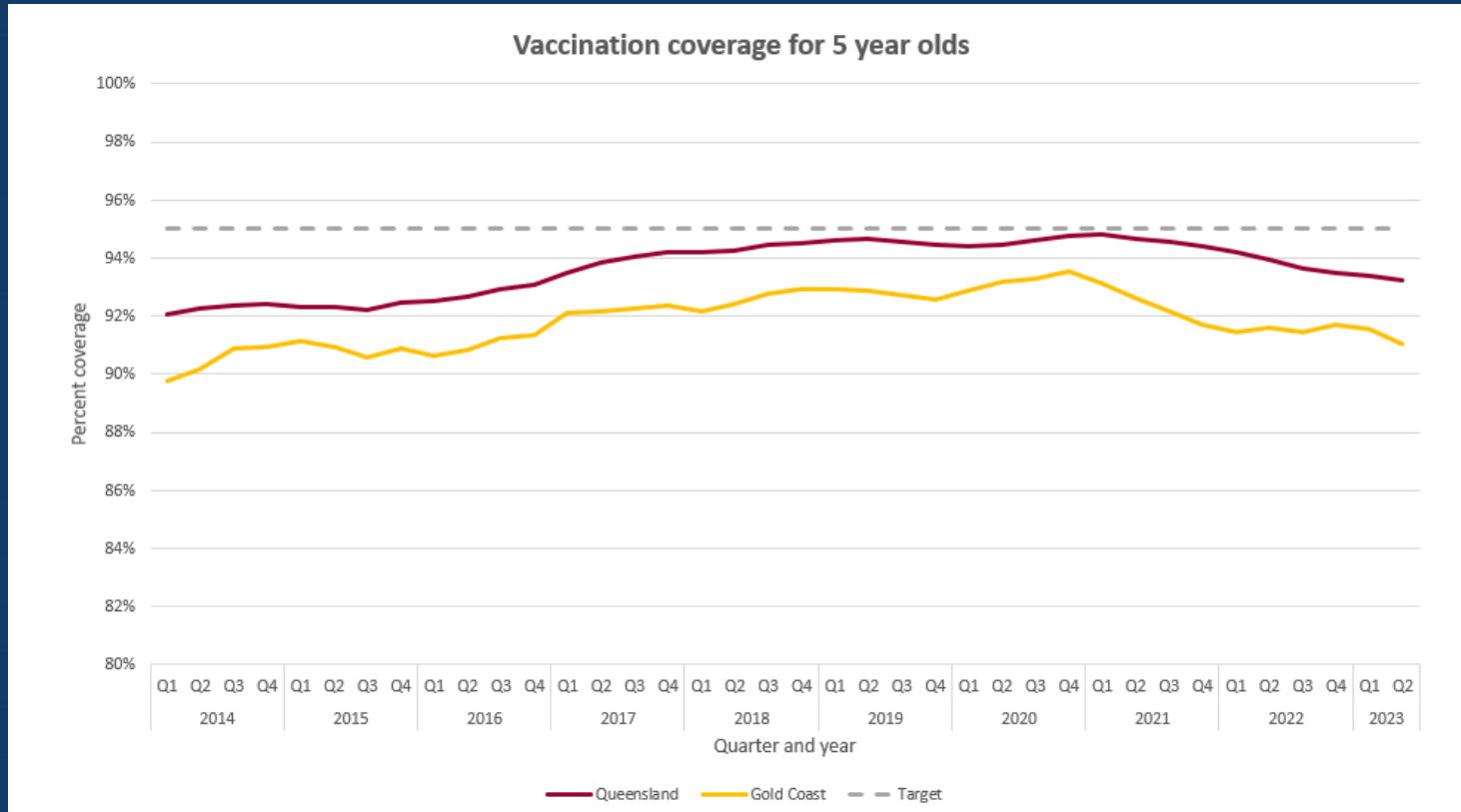
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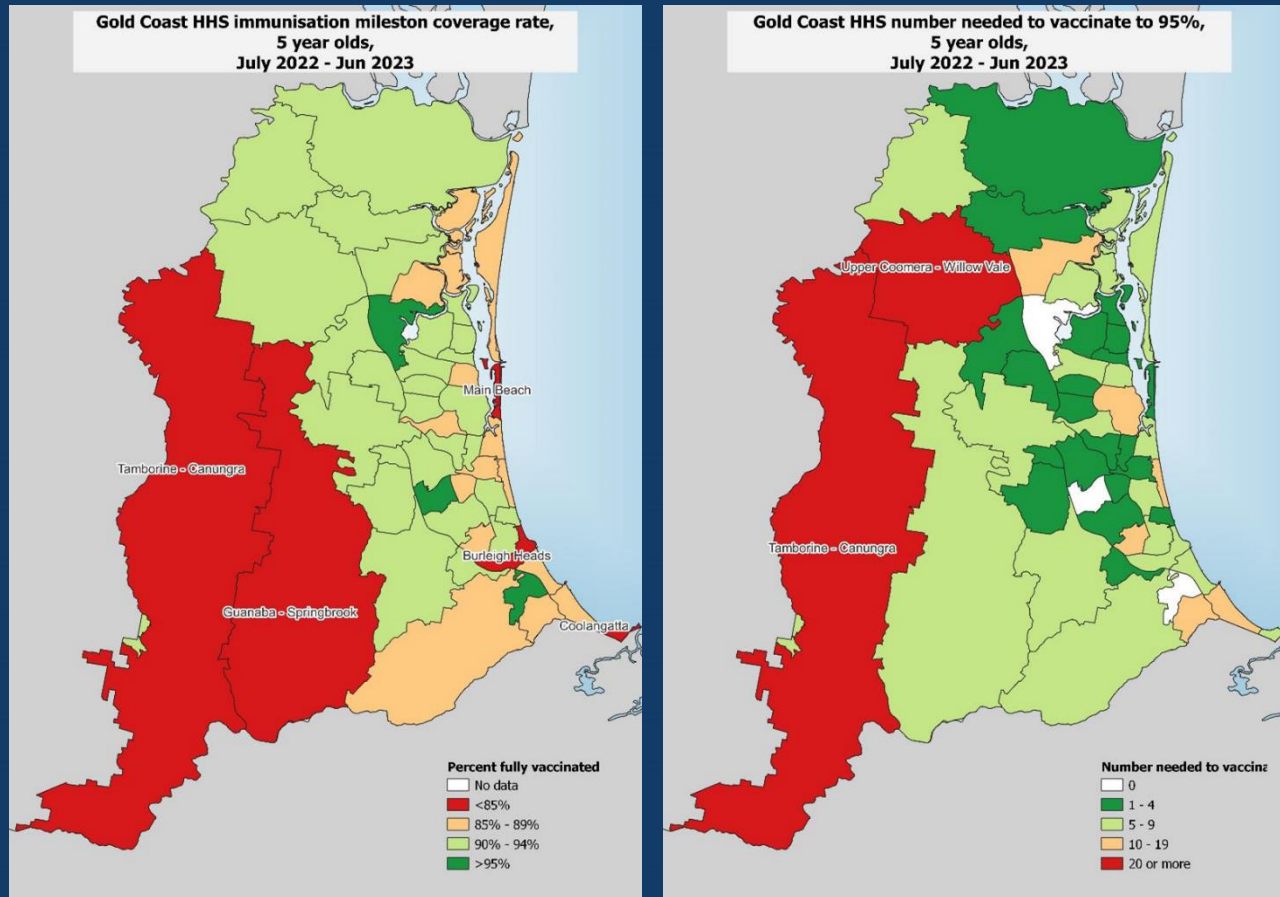
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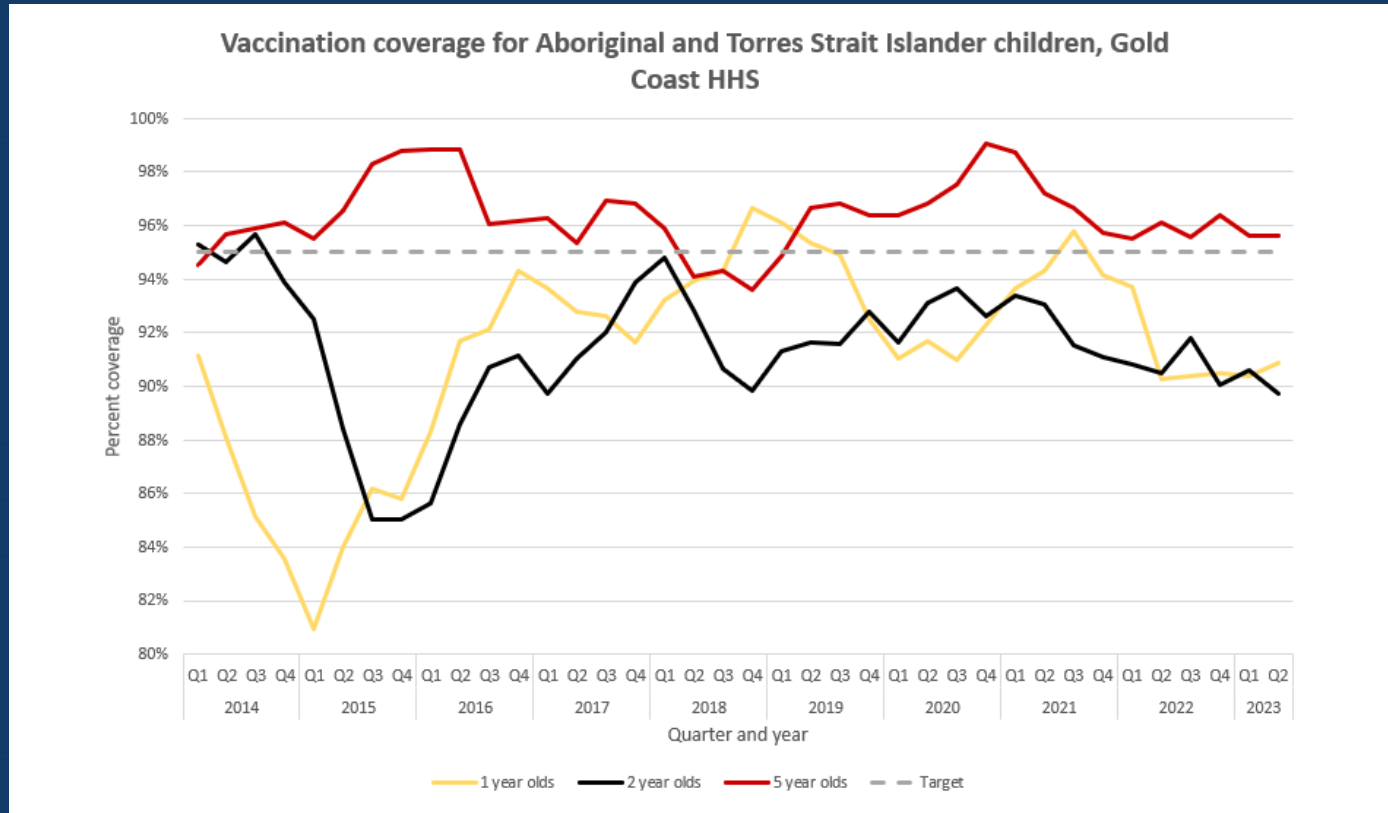
# Coverage: Gold Coast



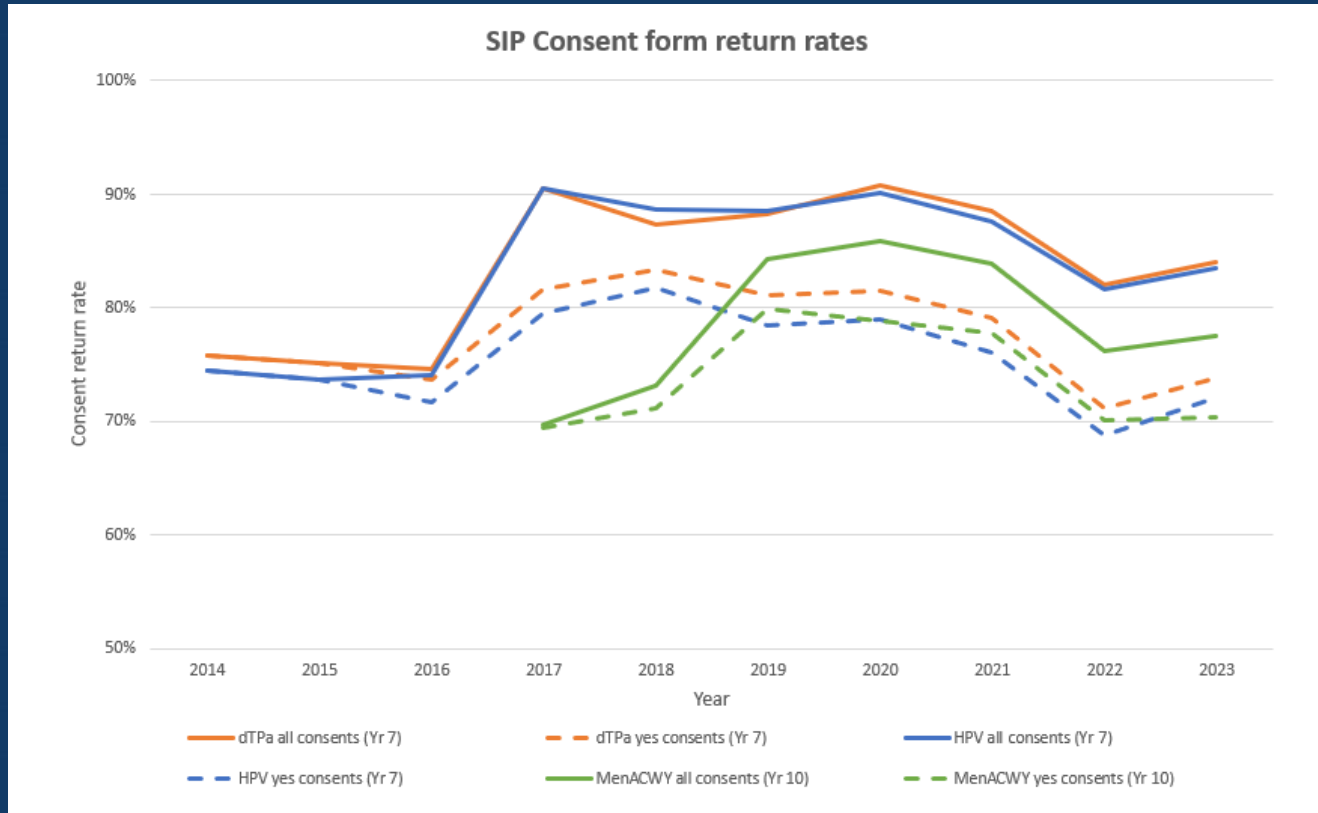
# Coverage: Gold Coast



# Coverage rates: Gold Coast

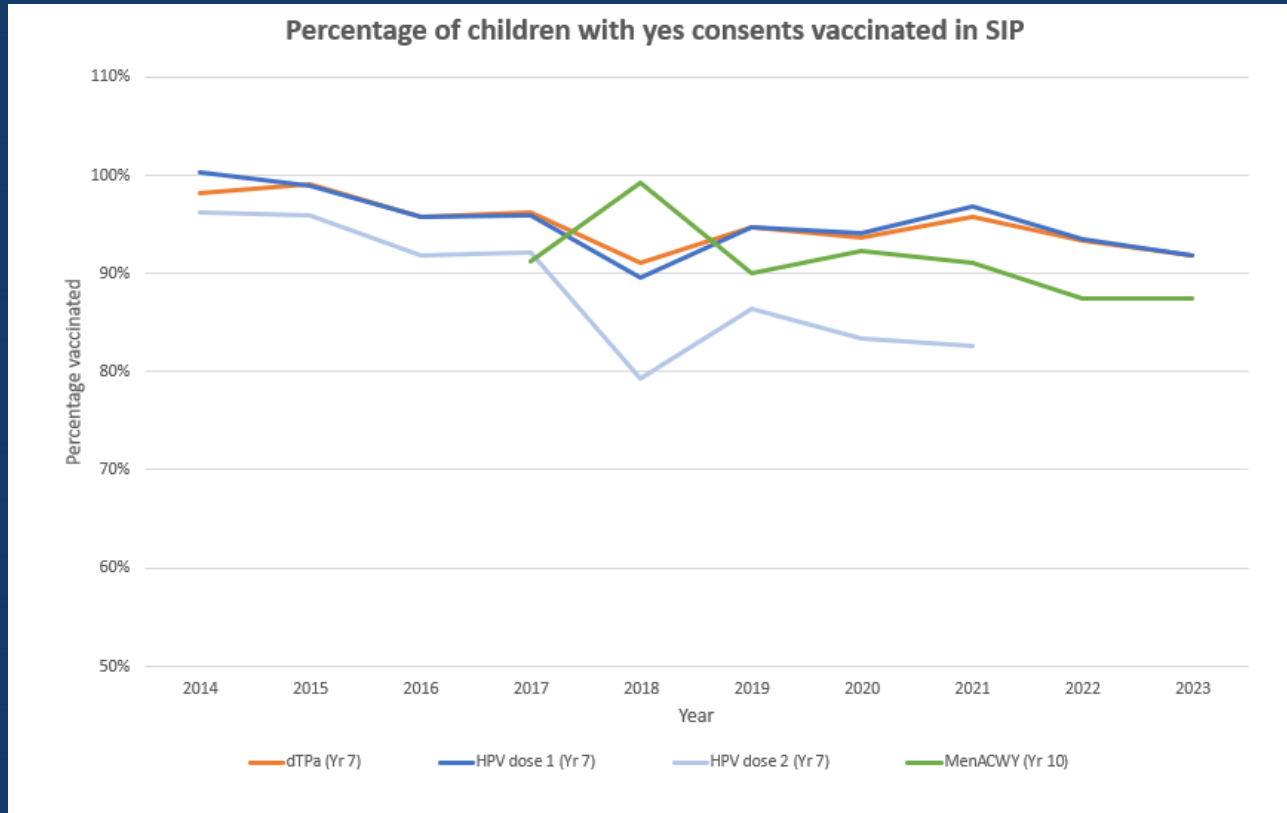


# Coverage rates: Gold Coast





# Coverage rates: Gold Coast



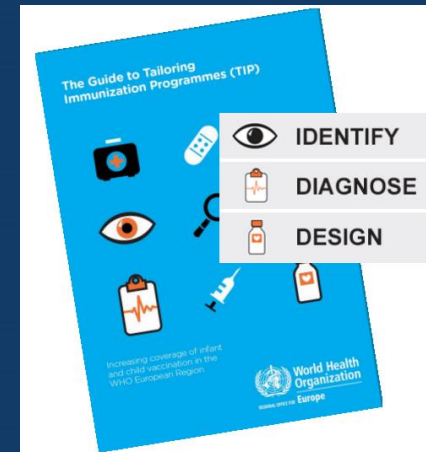
# GCPHU Initiatives in Immunisation

- Immunisation Collaborative Group
  - partnerships with PHN, GP, ACCHO, pharmacies, HCC, HHS departments, Homeless Connect, consumers
- School Immunisation Program
  - Electronic consent
  - 20,500 vax given in 2022
- Community Imm Team (CIT)
  - Regular community clinics
  - Ad hoc in outbreaks eg hepatitis A, flu
  - Homeless Connect
- Pharmacy VSP engagement
- Preterm infant immunisation reminders to GP
- Newborn parent SMS reminders
- Regular AIR data cleaning (with HCC)
- With PHN
  - Shadowing CIT for GP nurses
  - Improving recalls for vax (Primary Sense)
- Health Pathways
- TIP analysis for postcode 4209

## GCPHU Initiatives in Immunisation

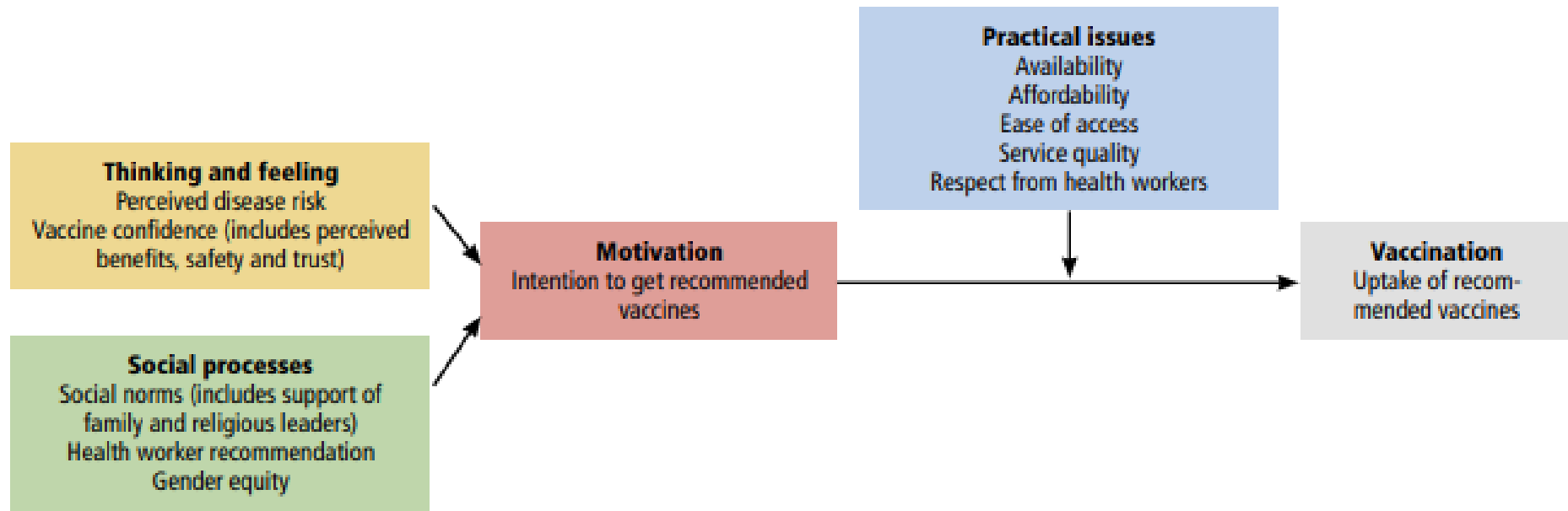
### Tailoring Immunisation Programs (TIP) analysis for children/parents of postcode 4209

- Developed by WHO Europe
- Structured, adaptable, and participatory process
- For under-vaccinated or hesitant target populations
- Based on a behavioural theoretical model, linking research to interventions with monitoring & evaluation
- Undertaken to understand enablers and barriers to vaccination
- To define and evaluate evidence-informed interventions to increase coverage



# Informing the TIP

Figure 1 **The WHO behavioural and social drivers of vaccination framework**  
 Figure 1 **Cadre OMS des facteurs comportementaux et sociaux de la vaccination**



# Health Pathways

- Web based platform
- Decision support tool
- Provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition
- Includes information about making requests to services in the local health system
- Evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice
- Serves to reduce unwarranted variation and accelerate evidence into practice



Gold Coast



# Gold Coast COMMUNITY HEALTHPATHWAYS

## Latest News

16 October

### GP education event - 18 November

Register for our latest GP education event hosted by Gold Coast Health – Musculoskeletal Update: GP Education Event [🔗](#)

10 October

### See why Gold Coast GPs Love HealthPathways

Dr Andrew Weissenberger and Dr Morgan Etienne from Hope Island Medical Centre share their story about using HealthPathways. [Watch now. 🔗](#)

22 September

### Increase in Pertussis cases

Consider Pertussis in children with a paroxysmal cough. Cases should be excluded from school until 5 days of appropriate antibiotic treatment, or 21 days from onset of cough. See Pertussis (Whooping Cough).

## Pathway Updates

**NEW – 17 October**

Basal and Squamous Cell Carcinoma (BCC and SCC)

**NEW – 16 October**

Menopause Hormone Therapy (MHT)

**Updated – 16 October**

COVID-19 Vaccination

**NEW – 16 October**

Primary Hyperparathyroidism (PHPT)

**NEW – 16 October**

Unexpected Deterioration in an Older Person

[VIEW MORE UPDATES...](#)

 GENERAL PRACTICE SUPPORT

 GENERAL PRACTICE LIAISON UNIT

 GP COLLEAGUE REFERRALS

 GP RESOURCES

 HEALTH PROVIDER PORTAL

 Q SCRIPT

 REFERRAL AND SERVICE PROVIDERS

 SMART REFERRALS SUPPORT

# Health Pathways

- Current live pathways
  - [Immunisation - Adults](#)
  - [Immunisation Support Services](#)
  - [Vaccine Storage and Cold Chain Breaches](#)
  - [Influenza Immunisation](#)
  - [Pneumococcal Vaccination](#)
- Live, updates in progress:
  - [Planning Immunisation Catch-ups \(?8 Nov\)](#)
  - [Adverse Events Following Immunisation \(AEFIs\)](#) (update is in progress).
- In draft (but not live):
  - Immunisation – Childhood
  - Reporting Adverse Events

immunisation

## Search results for immunisation

90 results found

### Immunisation

See also Australian Immunisation Handbook.

### Immunisation - Adults

This pathway is about immunisation for all adults, including older adults, immunisation for new immigrants, First Nations people, and during pregnancy. ...

### Influenza Immunisation

See also Influenza.

### HPV Immunisation

Page not yet adapted for this site

# Measles

- After polio, WHO has nominated measles as the next disease to be *eradicated* (smallpox was the first)
- Theoretically, Australia has *eliminated* measles
- One of the most contagious diseases: airborne transmission

Rank	Country	Number of Cases
1	India**	46,231
2	Yemen	23,035
3	Pakistan	9,924
4	Nigeria	8,522
5	Indonesia	5,103
6	Cameroon	5,067
7	Democratic Republic of the Congo (DRC)***	3,798
8	Ethiopia	3,796
9	Iraq	2,971
10	Kazakhstan	2,881

Provisional data based on monthly data reported to WHO (Geneva) as of early September 2023. Data covers February 2023 – July 2023.





# Measles

## NSW HEALTH Media Release



21 July 2023

### **PUBLIC HEALTH ALERT: MEASLES ALERT FOR INTERNATIONAL FLIGHT PASSENGERS, RANDWICK & ROSE BAY**

NSW Health is urging people to be alert for signs and symptoms of measles after being notified of two confirmed cases of measles. Both cases are from the same family and acquired their infections overseas.

The cases visited several locations in Sydney while infectious.

Dr Anthea Katelaris, A/Director, South Eastern Sydney Public Health Unit, said anyone who was in the same locations as the cases should be alert for signs and symptoms of measles until 7 August, and check their vaccination status.

People may have been exposed to the cases in the following locations

- Qatar Airways flight QR908 from Doha to Sydney departing Doha on Thursday 13 July at 8pm, arriving in Sydney on Friday 14 July at 5:10pm.
- Sydney Airport – Terminal 1 International Arrivals (including baggage claim and customs) on the evening of Friday 14 July between 5:10pm and 7pm
- TerryWhite Chemmart Gaslight Rose Bay 484 Old South Head Rd Rose Bay on Saturday 15 July between 11:00am and 11:45am.
- Prince of Wales Hospital Emergency Department on Wednesday 19 July

**Gold Coast Health**  
always care



# Measles

**NSW HEALTH**  
**Media Release**



Government of **Western Australia**  
Department of **Health**

13 September 2023

## State-wide measles alert for Western Australians

Western Australians should be alert to the risk of measles following a confirmed case in a returned traveller from Bali.

Infected while overseas, the person received care at a Perth metropolitan hospital, and has spent time in the Perth and Midwest regions while infectious.

The Health Department's Acting Director of Communicable Diseases Dr Jelena Maticevic said public health staff were contacting people who were exposed, where they are known.

"Measles is a highly contagious viral illness and anyone who has had a potential exposure to measles and who develops symptoms of measles should see a doctor," Dr Maticevic said.

Early symptoms include fever, cough, runny nose and sore eyes, followed by a red non-itchy rash three or four days later. The rash usually starts on the face and spreads to the rest of the body.

"It is important to wear a mask and call ahead before presenting at a clinic or Emergency Department so that they can isolate you from infecting other patients and staff when you arrive."

People who have visited an exposure location and times listed below should be vigilant for symptoms for 18 days after their exposure.

Location	Address	Date/times of exposure
Royal Mail Hotel, Meekatharra	Main Street, Meekatharra	3/09/2023 17:45 to 20:00

21 July 2023

### PUBLIC HEALTH ALERT: MEASLES ALERT FLIGHT PASSENGERS, RANDWICK

NSW Health is urging people to be alert for signs and symptoms notified of two confirmed cases of measles. Both cases acquired their infections overseas.

The cases visited several locations in Sydney while infectious.

Dr Anthea Katelaris, A/Director, South Eastern Sydney Health District, who was in the same locations as the cases should be notified of measles until 7 August, and check their vaccination status.

People may have been exposed to the cases in the following locations:

- Qatar Airways flight QR908 from Doha to Sydney 13 July at 8pm, arriving in Sydney on Friday 14 July
- Sydney Airport – Terminal 1 International Arrivals (customs) on the evening of Friday 14 July between 18:00 and 20:00
- TerryWhite Chemmart Gaslight Rose Bay 484 Collins Street on Saturday 15 July between 11:00am and 11:45am
- Prince of Wales Hospital Emergency Department

# Measles

## NSW HEALTH Media Release



Government of Western Australia  
Department of Health

## New measles case in Victoria

13 September 2023

### State-wide measles alert for Western Australia

Western Australians should be alert to the risk of measles following a confirmed case in a returned traveller who was infected while overseas, the person received care at a Perth metropolitan hospital, and has symptoms of measles while infectious.

The Health Department's Acting Director of Communicable Diseases Dr Jelena Maticevic said that the cases were exposed, where they are known.

"Measles is a highly contagious viral illness and anyone who has had a potential exposure to measles should see a doctor," Dr Maticevic said.

Early symptoms include fever, cough, runny nose and sore eyes, followed by a red non-itchy rash that starts on the face and spreads to the rest of the body.

"It is important to wear a mask and call ahead before presenting at a clinic or Emergency Department to avoid infecting other patients and staff when you arrive."

People who have visited an exposure location and times listed below should be vigilant for symptoms.

Location	Address	Date/times of exposure
Royal Mail Hotel, Meekatharra	Main Street, Meekatharra	3/09/2023 17:45 to 20:00



### Health alert

**Status:** Active  
**Alert number:** 230926  
**Date issued:** 26 Sep 2023  
**Issued by:** Dr Clare Looker, Chief Health Officer  
**Issued to:** Health professionals and the Victorian community

### Key messages

- A new case of measles has been identified in a returned overseas traveller.
- The case attended a single exposure site in Melbourne on 20 September 2023 while infectious.

21 July 2023

### PUBLIC HEALTH ALERT: MEASLES ALERT FLIGHT PASSENGERS, RANDWICK

NSW Health is urging people to be alert for signs and symptoms of measles. Both cases acquired their infections overseas.

The cases visited several locations in Sydney while infectious.

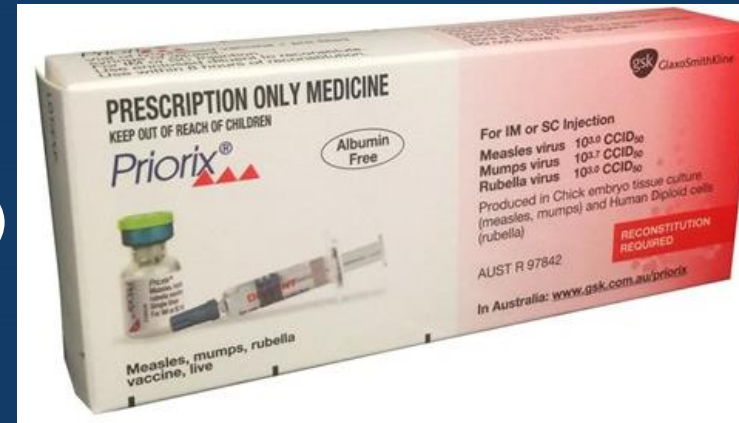
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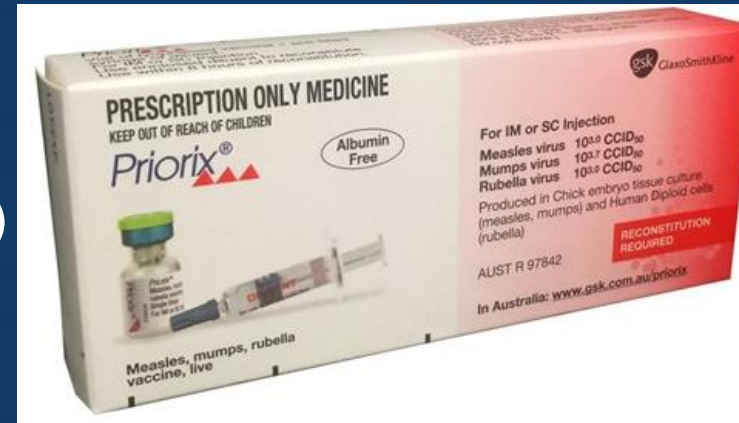
# Measles vaccine

- **Now** routinely given to children (since 2008)
  - At 12 months MMR (Priorix/MMRII)
  - At 18 months MMRV (Priorix Tetra)
- **Previously**
  - 1970 measles vax introduced at 12 months
  - 1982 measles-mumps vax introduced at 12 months
  - 1989 measles-mumps-rubella introduced at 12 months
  - Early 1990's outbreaks of measles in school aged children
    - > 1992 recommendations for 2<sup>nd</sup> dose of MMR
    - 1993-4 school based delivery of 2<sup>nd</sup> dose
    - 1998 2<sup>nd</sup> dose brought back to 5 years then 4 years
  - 2000: funded for all adults born during or after 1966



# Measles vaccine

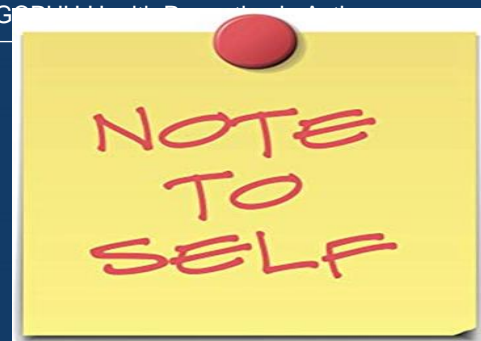
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  - **2000: funded for all adults born during or after 1966**



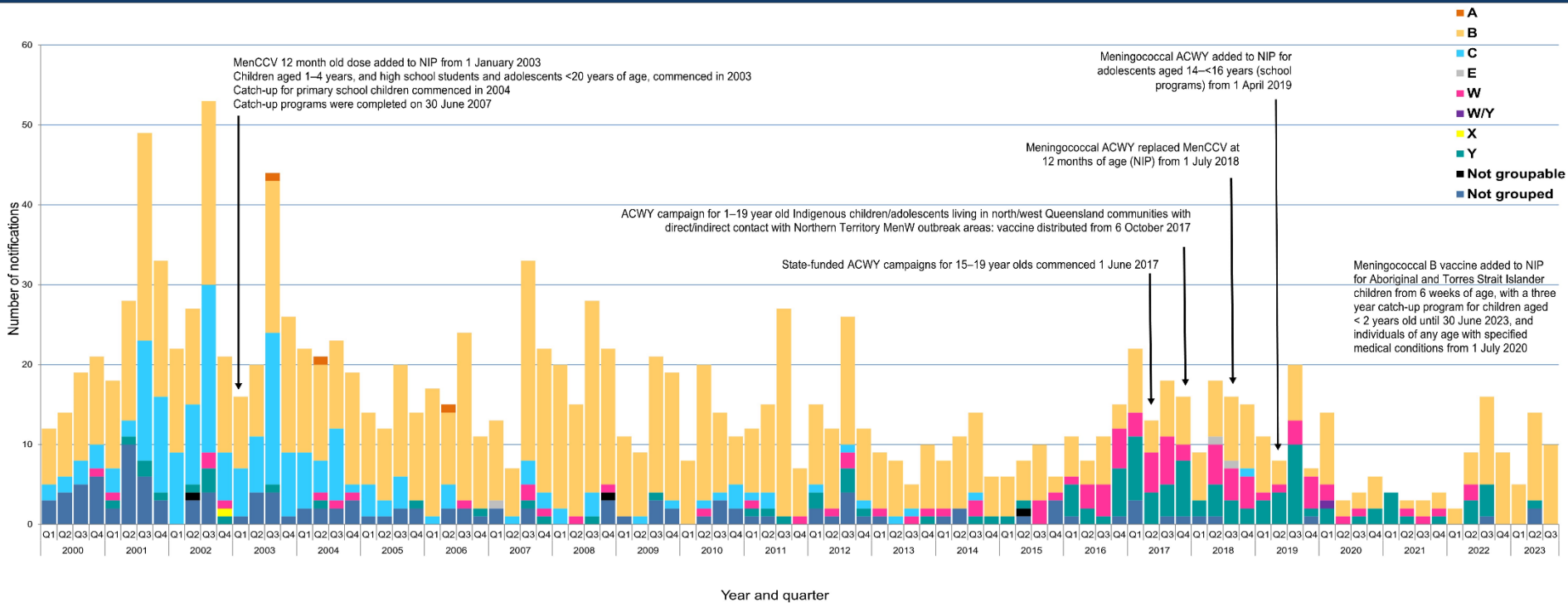
## Measles vaccine

- Give MMR to anyone if they can't prove they've had 2 MMR in the past
  - Aged over 28-30 years OR
  - Born 1966 or after
  - Particularly if travelling overseas

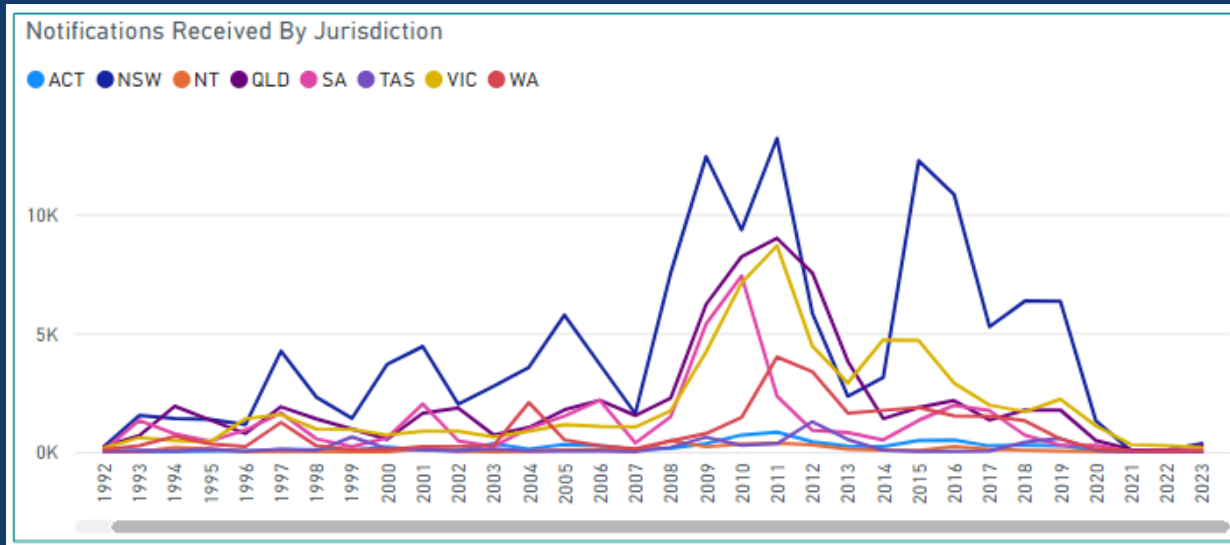
NB Check AIR and update if only physical records of previous vax



# Invasive meningococcal disease (IMD)



# Pertussis: NNDSS data

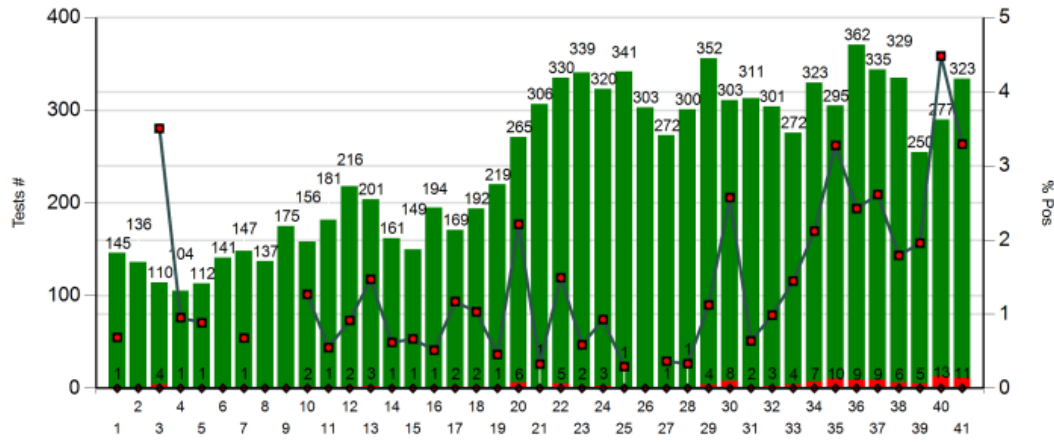


State	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
ACT	1	713	829	429	238	233	487	506	254	274	271	51	11	8	14
NSW	1	9,340	13,188	5,836	2,342	3,134	12,242	10,826	5,269	6,349	6,334	1,322	42	85	350
NT	6	328	379	298	108	83	59	224	110	68	36	15	4	3	3
QLD	8	8,215	8,987	7,521	3,813	1,400	1,865	2,157	1,343	1,763	1,767	490	99	54	285
SA	1	7,404	2,354	908	813	505	1,332	1,961	1,742	705	285	287	32	39	72
TAS	1	280	351	1,277	522	68	31	30	39	416	569	68	6	3	8
VIC	8	7,101	8,669	4,449	2,903	4,720	4,688	2,892	1,970	1,692	2,218	1,102	309	258	190
WA	7	1,451	3,991	3,375	1,637	1,749	1,866	1,520	1,508	1,312	548	125	47	31	37
<b>Total</b>	<b>3</b>	<b>34,832</b>	<b>38,748</b>	<b>24,093</b>	<b>12,376</b>	<b>11,892</b>	<b>22,570</b>	<b>20,116</b>	<b>12,235</b>	<b>12,579</b>	<b>12,028</b>	<b>3,460</b>	<b>550</b>	<b>481</b>	<b>959</b>



# Pertussis

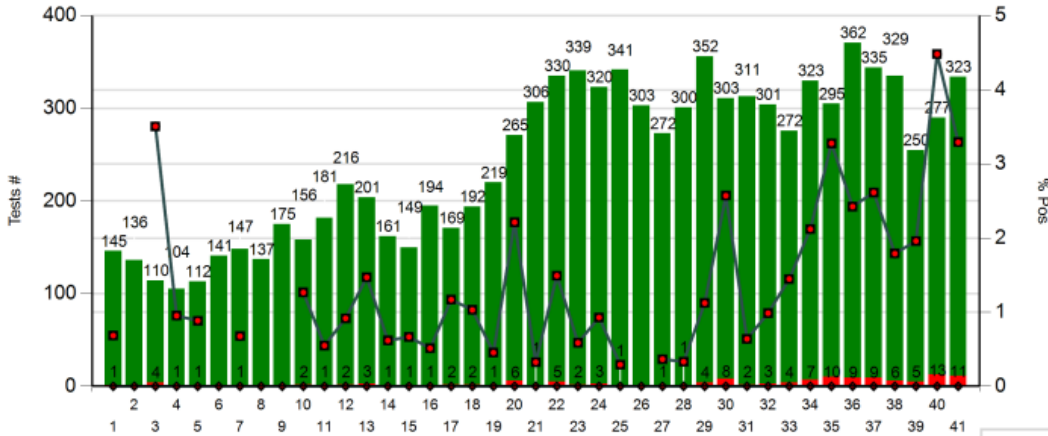
1. All pertussis PCR tests (reported as positive and negative) by week and current year.



SNP testing and positives 2023

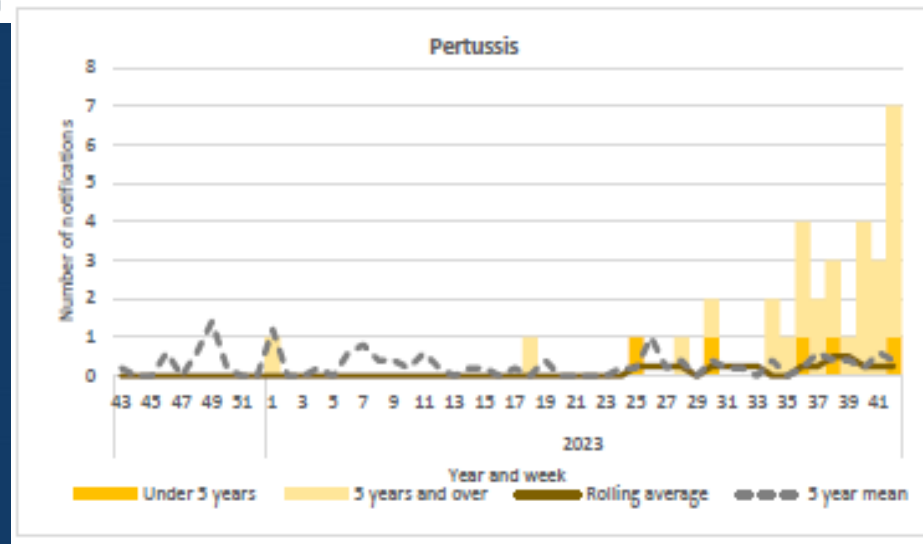
# Pertussis

1. All pertussis PCR tests (reported as positive and negative) by week and current year.



SNP testing and positives 2023

GCPHU pertussis notifications for the last 12 months



Two children diagnosed with first cases of diphtheria of the throat in NSW this century

Unvaccinated two-year-old and six-year-old from northern NSW diagnosed with potentially deadly bacterial infection

# Diphtheria

- Toxoid vaccines protect against toxin effects of the bacteria
  - Children: 2, 4, 6 months (Infanrix Hexa/Vaxelis)  
18 months (Infanrix/Tripacel)  
4 years (Infanrix IPV/Quadracel)
  - Adolescent: 11-13 years (Boostrix/Adacel)
  - Adults: 50 years or with tetanus prophylaxis (ADT/Boostrix/Adacel)
- Can present as respiratory or cutaneous disease
- Rare: in Australia 1999-2019 46 cases (8 resp, 38 cutaneous)
- 2020-2022 single clone of toxin-gene carrying diphtheria spread across Nth Qld: 29 linked cases
  - 22 cutaneous, 7 respiratory (3 classical and 4 mild)
  - 86% identified as Aboriginal/Torres Strait Islander peoples



## Potential rabies/Australian bat lyssavirus exposures

- All mammals are susceptible to infection with lyssavirus: in countries with rabies and all bats
- Transmitted from saliva and neural tissue through
  - Bites
  - Scratches
  - Mucous membrane contamination
  - NOT from blood, urine or faeces
- “Invariably fatal”
- Vaccine preventable
  - Pre-exposure prophylaxis (rabies vax day 0, 7 and 21-28)
  - Post exposure prophylaxis required after ALL potential exposures



## Rabies/ABLV

- More pre-exposure prophylaxis needs to be provided to travellers
  - If **any** likely contact with
    - Mammals in rabies endemic countries (particularly children)
    - Bats
- Any potential exposures:
  - **CONTACT Gold Coast PHU**
    - 5667 3200 (0830-1700)
    - 5687 0000 and ask for PH oncall (after hours)
    - GCPHU-CDC@health.qld.gov.au







# Gold Coast Primary Health Network

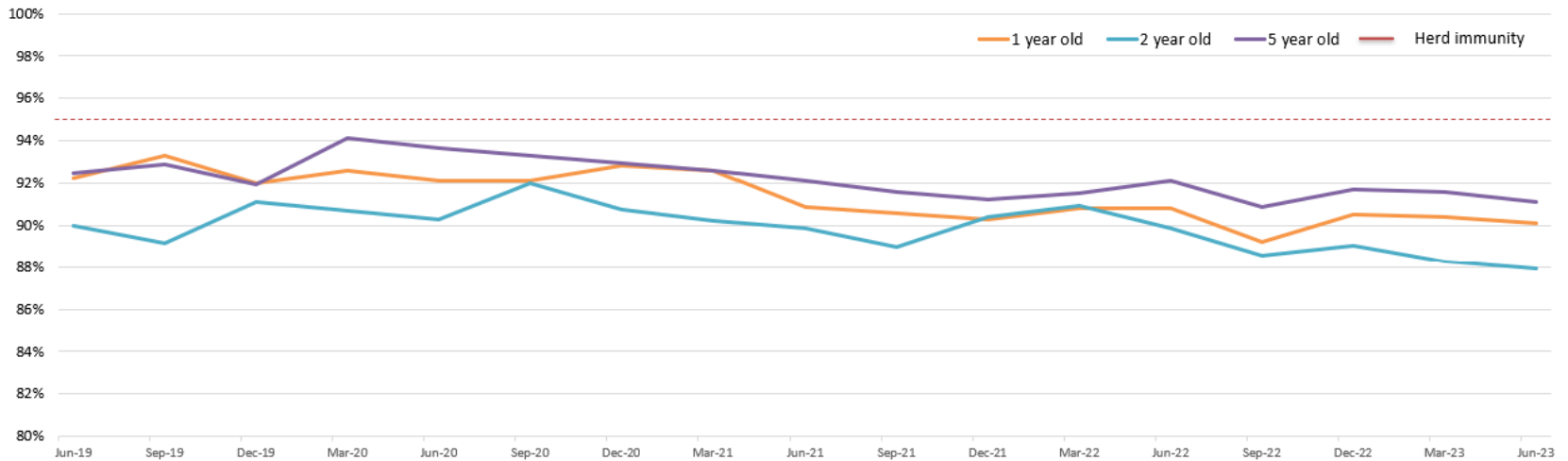
## Immunisation Initiatives

Deb Barnes - Project Officer (PHC Engagement and Digital Health)

Krystal Casey - Project Officer (Change Management and Quality Improvement)

# Immunisation Projects – Why?

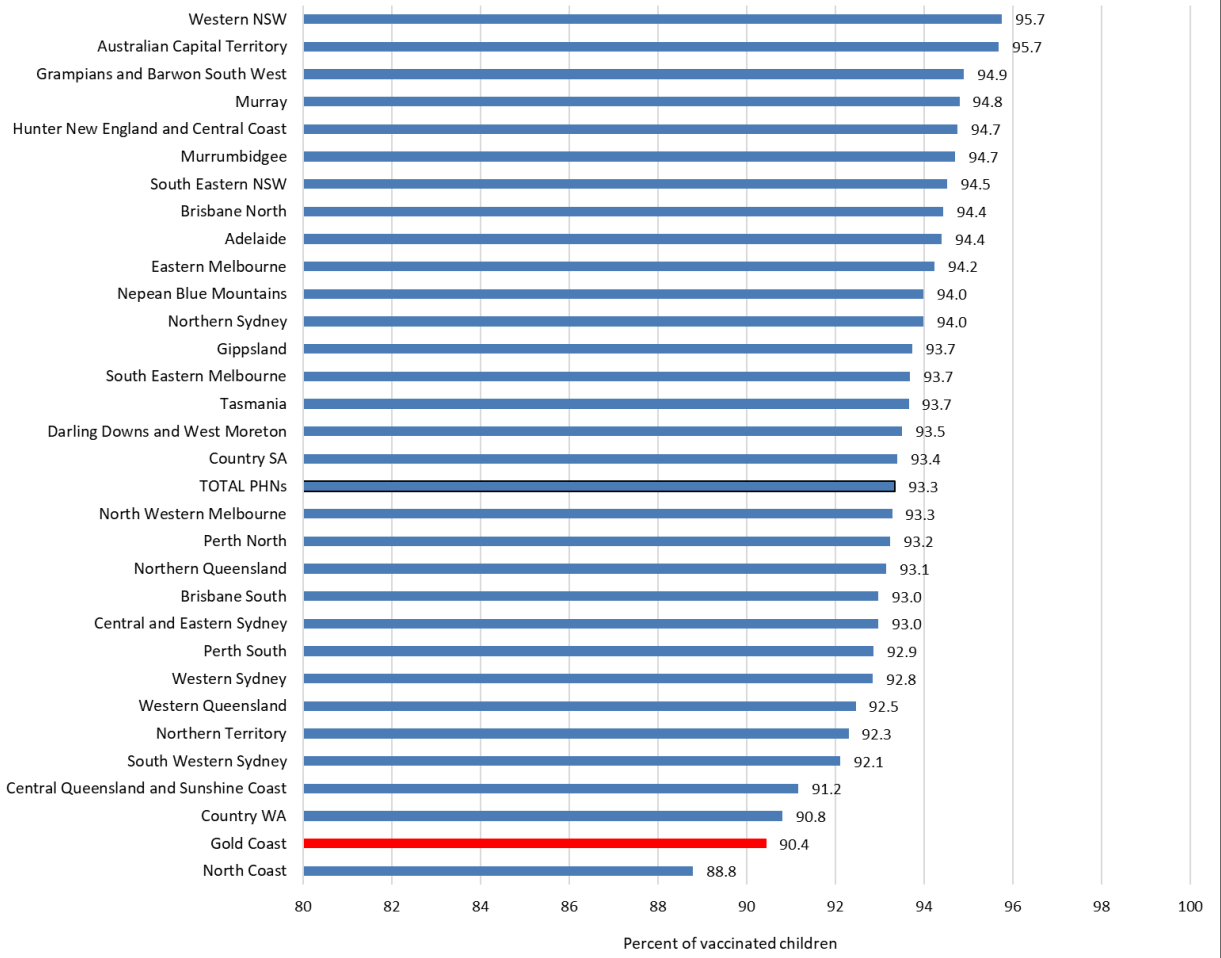
Fully immunised children aged 1, 2 and 5; Gold Coast



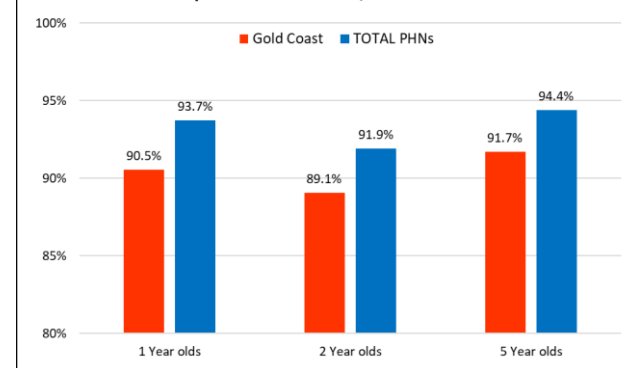


# Immunisation Projects – Why?

Childhood immunisation rates - all children



Fully immunised children, December 2022



In December 2022, the Gold Coast rate of immunised children was 90.4%.

This placed Gold Coast on second last place among the 31 PHNs nationally.

Gold Coast rates of fully immunised children were also below national average for 1, 2 and 5 year olds.

Source: DOHaC; 2022 PHN Childhood immunisation coverage data (December 2022 annualised data)

# Immunisation Projects: GCPHN funded



## March

Childhood Immunisation CQI  
activity begins



## April

Round 1 Nurse Scholarships begin



## September

Round 2 Nurse Scholarships begin



## November

Round 1 Nurse Scholarships finish



## December

Round 2 Nurse Scholarships and  
Childhood Immunisation CQI  
Activity finish

# Childhood Immunisation CQI Activity

## 5 general practices

SA3 - Ormeau /Oxenford area

Project timeline March – December 2023

Childhood Immunisation Toolkit & QI Action Plan

Initial support/onboarding meeting, regular touchpoints, evaluation meeting

The **aim** of the activity is to support practice staff to increase vaccination rates 0-5yrs through the development AIR 10A reports to identify children with missing and overdue vaccinations, invite them to attend the practice for vaccination and/or update clinical information system records to accurately capture vaccination status.

# Nurse Immunisation Scholarships – Round one

23 general practice nurses – 20 RN / 3 EN

Project timeline April – November 2023

Representation across 18 general practices on the Gold Coast

Nurse shadowing opportunity with Gold Coast Public Health Unit

Choice of 5 education providers to complete immunisation course

QI activity population focus on overdue/missing vaccinations from 0 – 5 years.

21 recipients have successfully completed the scholarship

# Nurse Immunisation Scholarships – Round two

30 general practice nurses – 20 RN / 10EN

Project timeline September – December 2023

Representation across 23 general practices on the Gold Coast

Nurse shadowing opportunity with Gold Coast Public Health Unit

Australian College of Nursing (ACN) selected choice of education provider

Choice of 4 population groups for the QI activity

All recipients are on track to finish in December

## Education and Training:

- Face to face (whole day) immunisation fundamentals workshop
- Interactive online ‘catch-up’ masterclasses

## Consumer Awareness:

- Animated video in Gold Coast cinema’s
- Influenza vaccination radio advertisement
- Immunisation ads via Spotify



# Immunisation Projects – GCPHN funded



<https://www.youtube.com/watch?v=oF1QQld1xfc>

## **Education:**

- Improved catch-up knowledge & understanding
- Nurse shadowing opportunity
- Empowerment & confidence to speak to patients about immunisations
- Navigation of the Australian Immunisation Handbook

## **Data:**

- Increased skills to generate AIR-10A reports
- Confidence to generate other AIR reports for immunisation tracking

## **Processes:**

- Process/policy changes implemented into the practice from QI action plan

## **Feedback:**

- 100% would recommend a nurse immunisation scholarship to their colleague
- Would like to attend another shadowing opportunity with the Public Health Unit



# Barriers from GCPHN Immunisation Projects

## Resources:

- Knowledge and capacity to complete the QI action plans

## Funding:

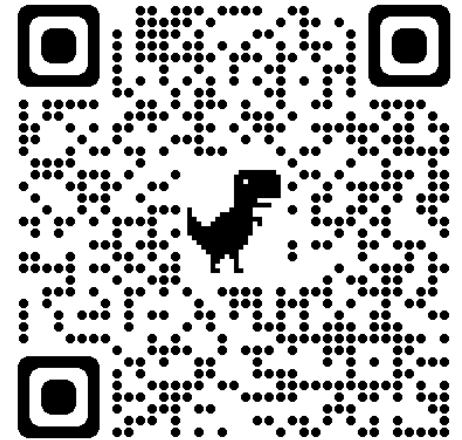
- Upfront cost for round one nurse scholarship recipients

## Data:

- GP's not registered in PRODA
- Limited knowledge/access to AIR to generate the AIR-10A report.
- 6 week vaccinations not recorded on AIR



- Development of a Primary Sense report – childhood immunisation (TBA release date)
- March 2024 – Animated video in GC cinemas
- Availability for Benchmark 'catch-up' masterclass on 28 November
- AIR 10A report – to identify children and other age cohorts due/overdue
- AIR42A – COVID
- Write up evaluation report GCPHN



## Sharing Knowledge About Immunisation (SKAI)

- ✓ E-Learning program, Conversation guides, factsheets



## National Centre Immunisation Research Surveillance (NCIRS)

- ✓ The Weekly Jab (subscribe to newsletter to receive a summary of the latest resources, news, media, events, publications) [NCIRS newsletter | NCIRS](#)
- ✓ Education and training (eg Webinars)
- ✓ Resources and fact sheets for HCP's and consumers
- ✓ Immunisation data coverage and reports



## Immunisation Coalition

- ✓ Educational resources
- ✓ Scientific meetings and educational forums



## Services Australia Resources

- ✓ [Health Professional Education Resources](#)
- ✓ [Australian Immunisation Register Resources](#)



## Gold Coast PHN

- ✓ Nursing in General Practice (NiGP) [email network \(subscription\)](#)
- ✓ GP and General Practice News (subscribe to receive updates)
- ✓ Primary Sense reports (Pregnant & vaccinations, Winter Wellness – Fluvax/Pneumovax/COVID)
- ✓ CQI toolkits / action plan templates available on the [website](#).



# Nurse Scholarships

**Janine Elborne**

# GCPHU Immunisation Initiatives

Tracy Bladen  
NUM  
Gold Coast Public Health



## Aim

- Immunisation Program Objectives
- Strategic Priorities
- Immunisation Initiatives
- Operational Challenges
- Summary



## Immunisation Program Objectives

- State-wide protection from vaccine-preventable disease.
- 95% immunisation coverage rate for children at one, two and five years of age.
- 85% adolescent immunisation coverage rate achieved through the School Immunisation Program.
- Access to vaccination services and information.
- Improved education and communication with a focus on target populations.
- Program policy, planning and service delivery is supported by accurate immunisation data.



# Strategic Priorities

Develop, implement and evaluate strategies to improve immunisation coverage

Activities to enhance immunisation coverage rates

Re-establish immunisation stakeholder engagement – GCHHS Collaborative Group

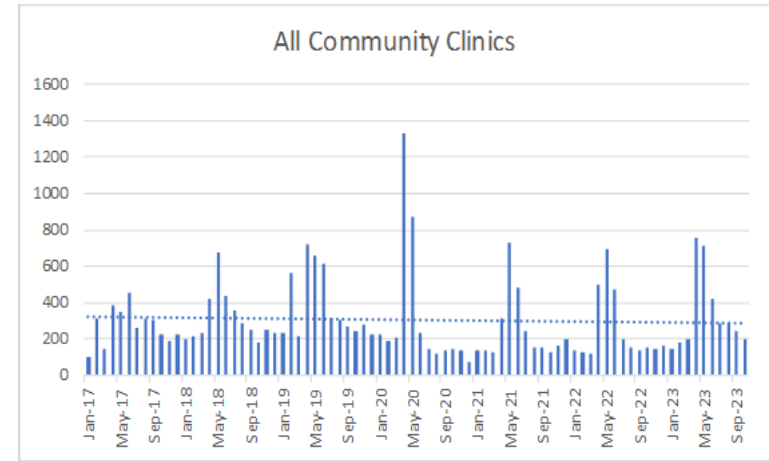
Partnerships

End-to-end electronic SIP consent / vaccination process

Community engagement – homeless connect , Tailoring Immunisation Program , post code 4209

# Community Clinics

- Nurse Led : opportunistic education, support and linkage to other health services
- GC residents can access free NIP vaccines
- No appointment necessary
- 7 clinics per month, 84 clinics per year
- 3 728 attending Community Clinics over the past 12 months



Patients and visitors • Hospitals and centres • Research • Our services • Get involved • Join our team • About us • Health professionals • COVID-19

## Immunisation on the Gold Coast

**Free Community Immunisation Clinics**

Gold Coast residents can access free family-friendly community immunisation clinics run by Gold Coast Public Health and nominated GP Clinics as outlined in the calendar schedule.

No appointments are required, simply turn up with your Medicare card and your child's vaccination record or personal health record.

Vaccines on the National Immunisation Program Schedule Queensland are provided for free for the following community members:

- Persons aged below 20 years and who missed school vaccines or other scheduled vaccines, refugees and other humanitarian entrants aged 20 years and older with no documented history of vaccination.

Some vaccines not on the Immunisation Schedule Queensland are available for purchase. View vaccines price list here.

**Upcoming Clinics**

Please find a list of clinics over the next two months. For more information about the clinic's location information including where to park, view the clinic details below this table.

**Consent Forms**

- Immunisation Consent Form (6 weeks to 10 years)
- Immunisation Consent Form (10 years and over)

**Contact Us**

immunisation@health.qld.gov.au  
1800 940 750

Gold Coast Public Health Unit

**GCHHS COMMUNITY IMMUNISATION CLINIC**

You are required to pay for your **immunisation** vaccine prior to your appointment.

Please scan the below QR Code and follow the prompts to pay for your vaccines.

\*QR code does not work, go to [www.goldcoast.qld.gov.au/1438985](https://www.goldcoast.qld.gov.au/1438985)

Please ensure you enter a valid email address to receive the receipt.

Use Reference Number to administrative office prior to your appointment/transaction.

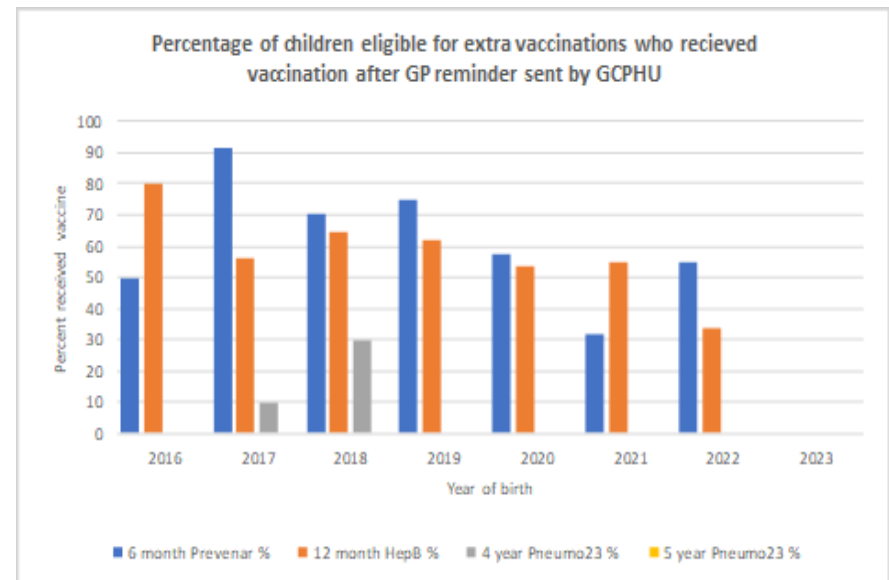
# School Immunisation Consent System (SICS)

- GCHHS created the SICS in 2021 as a direct-to-parent, on-line consent and vaccination tracking system to preplace the state-wide School Immunisation Program ( SIP) paper-based consent forms
- SICS is totally paperless, easy to use and compatible with most electronic devices
- Two component system , incorporating a live system allowing parents access to consent right up until the time of vaccination and a user friendly on the day system for vaccination staff to access up to date consent information on site at the vaccination clinic
- GCPHU delivers the SIP each year to approximately 20 000 year 7 and 10 students across 58 schools
- Positive feedback from EQ and parents regarding accessibility and ease of use .
- SICS provides clear, concise consent information that expedites the immunisation process , ensuring safe, timely administration of vaccines

The screenshot displays the SICS web interface. At the top, there are navigation tabs: Students, Contacts, Yeargroups (highlighted), Schools, Clinics, On the day, Reports, Messaging, and Expo. Below this is the 'Yeargroup Management' section for 'New Horizons (2023) - Gold Coast Christian College - 2023-0'. The 'Main details' section shows the yeargroup name, school, and year. The 'Vaccines to be consented' section lists HPV (dose 1, 2, 3) and Meningococcal ACWY (Nimenrix) with checkboxes. The 'Scheduling' section shows dates for dTpa and HPV (dose 1). The 'Linked students' section lists names like Cracker, Poly, Latta, Finny, etc. Below this is a 'School Immunisation Program: Notification of immunisation' email from GCHHS Immunisation Team to a parent. The email contains information about HPV vaccination, including a link to a PDF document and a 'View consent form' link.

## Preterm Infant Additional Vaccines

- Established QI activity since 2012 with GCHHS Special Care Nursery.
- CN and PHP determines appropriate additional vaccines related to birth weight and gestation.
- Pre and post due-date AIR is checked for immunisation history.
- GP contacted about additional vaccines.



# Newborn Parent Vaccine Reminder

- Automated vaccination reminder text message to new mums/parents.
- Planning commenced February 2022. Up and running January 2023.
- Message media – Alpha Tag 'GCHealth' nil reply option.
- Verbal consent recorded in HBCIS after birth.
- Complaints managed via GCHHS processes.
- Data extracted 28 days post birth
- 1 949 SMS from 30 Dec 22 – 25 May 23
- Analysis is ongoing.

## **GCHEALTH**

*Hello [mum's name if available], your child [child's name and DOB if available] will be eligible for free vaccinations under the National Immunisation Program from six weeks of age.*

*On-time vaccination is the most effective way to protect your baby from serious diseases.*

*No appointments are required; visit our website to find a community immunisation drop-in clinic near you [www.health.qld.gov.au/immuniseqc](http://www.health.qld.gov.au/immuniseqc), or contact your GP.*

## GC Immunisation Collaborative Group

- The purpose of the group is to provide strategic oversight and direction around immunisation in the Gold Coast Region.
- Group members involved in the delivery, support and promotion of immunisation.
- Maintain or enhance immunisation coverage rates.
- Consumer representative.
- Terms of Reference

# Partner with important stakeholders to deliver vaccine initiatives

- Primary Health Network:
  - increased public communication, recall for vaccination through GP by upgrading GP/PHN software (Primary Sense) based in WA, Health Pathways [Home - Community HealthPathways Gold Coast](#)
- Kalwun Aboriginal Health Service - catchup education sessions
- General Practice VMP audit
- Homeless Health Outreach Team - Mental Health: 8 Clinics delivered in 2023
- GCUH: ED, Paediatrics, Maternity, Pharmacy
- Community Engagement
  - GC Multicultural Women's Health Expo
  - Nerang Elderly Expo
  - Global Village Festival

Gold Coast

Community HealthPathways

Gold Coast

Gold Coast Public Health Unit

Immunisation

Adverse Events Following Immunisation (AEFIs)

Australian Bat Lyssavirus (ABLV)  
Potential Exposure or Rabies  
Potential Exposure

Immunisation - Adults

Immunisation Support Services

Immunising Healthcare Workers and Students

Immunoglobulin Administration

Planning Immunisation Catch-ups

Tetanus-prone Wound Management

Vaccines

Vaccine Storage and Cold Chain Breaches

Infection Prevention and Control

Home and Land Contamination

Gold Coast Public Health Unit

Lifestyle Modification Programs

Physical Activity - Adults

Disaster Management in General Practice

Post-natural Disaster Health

Public Health Updates

Smoking Cessation

Notifiable Diseases

Physical Activity Requests

Homes and Heating Support



WHOOPIING COUGH VACCINE  (months/years)

GIVE FROM 20 WEEKS EVERY PREGNANCY

Whoooping cough vaccine information provided

Flu vaccine given  Flu vaccine declined

VACCINE ENTERED IN AIR

DATE REASON

INFLUENZA VACCINE

GIVE EACH YEAR AT ANY TIME DURING PREGNANCY

Flu vaccine given  Flu vaccine declined

VACCINE ENTERED IN AIR

DATE REASON

# Practice Nurse – CIT Clinic Shadowing

- Positive, enthusiastic engagement
  - *“ I gained so much information that I can take back with me “*
- Some IPN courses have limited support so nurses appreciative of practical component to support the theory
- Confident approach, revision of best practice / current recommendations through evaluation achieved ie ( needle size, age-appropriate site of vaccination )

*“We often use legs for 12-18 month old – we thought their arms weren’t big enough”*
- Increased awareness of co administration of vaccines, additional information to provide to parents
- Correct resources utilised ie AIH , NCIRS, GCPHU handy hints, fact sheets, catch up vaccinations
- Communication challenges in GP practice reaching nurses





## Community Child Health Engagement

- **Identified Gap:** Immunisation and child health services are separate.
- Early customer feedback data suggests co-location would be beneficial
- Preliminary discussions with child health
- Looking for opportunities i.e Queensland Children's and Youth Clinical Network



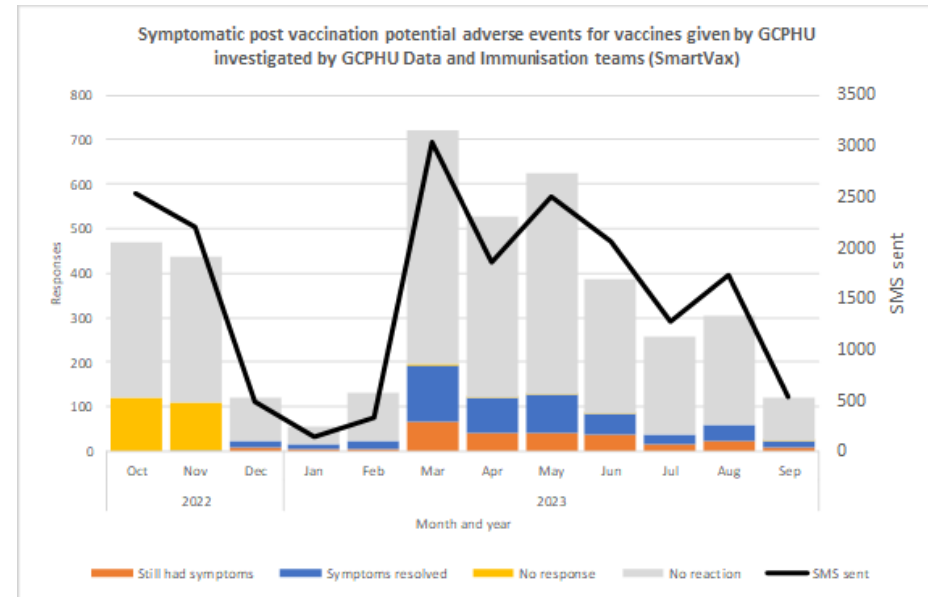
# TIP in postcode 4209 (Upper Coomera, Pimpama, Coomera)

- Survey of parents/carers
  - Community Immunisation Clinics (March – September)
  - Health Contact Centre (July – September)
    - \$20 grocery voucher offered
- Interview
  - Parents/carers if consent given in surveys
  - Vaccine Service Providers (6xGP clinics including Kalwun and GCPHU CIC team)
  - Community leaders
    - New Zealand and Pasifika (10% of 4209 population)
    - Nepalese community
    - Indian community
    - Multicultural Families Organisation



# SmartVax & Data Analysis

- All GC children, students and adults vaccinated by GC Community Immunisation Team.
- Receive a survey 3 days post-vaccine to ask if they had any reactions.
- All 'yes' response data copied to immunisation record held on WinVaacs.
- All 'yes' responses that indicate ongoing symptoms at time of survey are telephoned by a clinical nurse.
- AEFI initiated if clinically indicated.
- Weekly Data cleaning - AIR 11A report



SmartVax @GOLDSCOAST

## VACCINE SURVEY

This is a short survey to ask if your child had any reactions to the 3 doses of their vaccination.

This survey is prepared by Australia's national vaccine safety centre, Australian Drug and Therapeutics Committee, to monitor the safety of vaccines used in Australia. Thank you for your input!

Response(s) received: **Did you have any reaction(s) in the 3 days after your last vaccination?**

Yes

No

Medical attention: **Did you need to seek medical care/advice for any of your symptoms?**

Yes

No

Please select all the reaction(s) that you experienced in the 3 days after vaccination.

**Local reaction (pain, redness, swelling, itching at or near the injection site)**

Yes

No

**Fever**

Yes

No

**Rash (not at injection site)**

Yes

No

**Chills (shivering and feeling cold)**

Yes

No

## Key Achievements

- Leading QLD for delivery of School Immunisation Program (SIP)
  - End-to-end electronic consent forms
- Community engagement:
  - Homeless Health Outreach
  - NAIDOC influenza vaccinations
  - Multicultural community engagement
  - Outreach / Pop Up clinics
- Community Vaccination clinics
- Research into vaccine attitudes : - Tailoring Immunisation Program – postcode 4209



## Operational Challenges

- Decreasing immunisation coverage rates – declined to levels previously seen in 2016-2017
- Workload expansion - COVID 19 related activities as BAU (RACF outbreaks)
  - Increased Vaccine Service Providers – Pharmacy's
- Ensure adequately skilled workforce
- New emerging conditions - Disease outbreaks – return of overseas travel
- Changes to NIP schedule
- Community engagement – Improved community confidence

## Looking Forward

- GPs and other health professionals remain the key influence on childhood immunisation for parents.
- Targeted media campaign needed to reinforce the strong positives of childhood immunisation and ongoing research into hesitant populations and finding the enablers and barriers to vaccination specific to community groups
- Revised resources provided on government platforms to promote health
- Ongoing vigilance – every healthcare interaction is an opportunity to ask about vaccination status and offer catch ups.

# References

- Wolstenholme,A ; Smith,C , 'Community Attitude Research on Childhood Immunisation 2022', Research Report , Snapcracker research and strategy, Department of Health
- Queensland Immunisation Strategy 2017-2022
- National Immunisation Strategy for Australia 2019 – 2024
- National Vaccine Storage Guidelines ' Strive for Five' 3<sup>rd</sup> Edition
- CDNA guidelines
- The Australian Immunisation Handbook  
<https://www.health.gov.au/resources/publications/the-australian-immunisation-handbook>

# Questions





# Evaluation Survey

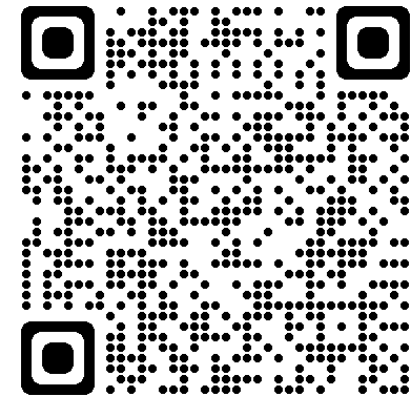
Evaluation Survey Immunisation  
Update | 8 November 2023



# APNA Workforce Survey 2023



- The 2023 APNA Workforce Survey gives primary health care nurses the chance to let decision makers know how they really feel.
- With the Scope of Practice review and primary health care reform to support multidisciplinary care on the horizon, there has never been a more critical time for primary health care nurses to have a voice.
- Entry into a draw to win a \$1,000 Red Balloon voucher.





# Questions



An Australian Government Initiative

***Building one world class health service for the Gold Coast***

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[www.gcphn.org.au](http://www.gcphn.org.au)

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