

Immunisation Update for General Practice

Tracy Bladen
Nurse Unit Manager,
Public Health







As Nurses you are the heart of healthcare and the front line of protection and prevention in our communities. Your role in immunisation not only prevents disease – it saves lives, empowers families and builds healthier futures for generations.

Thank you for your dedication, commitment and vital role you play every day

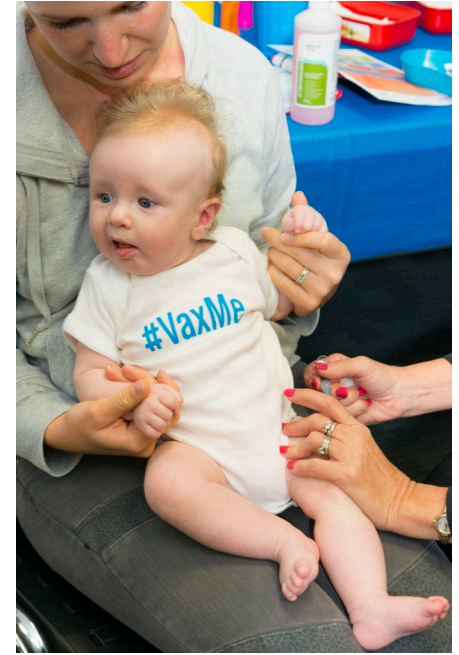
Overview

- Public Health and immunisation
- Immunisation coverage update
- Barriers and Enablers to immunisation
- Catch-up / Frequent Q's
- Adverse Events following Immunisation
- Vaccine administration errors (VAEs)
- Cold chain management



Public Health and Immunisation

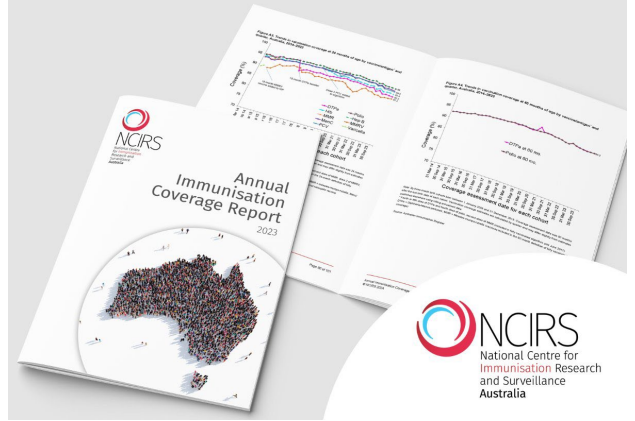
- Immunisation services:
 - School Immunisation Program: 59 schools (Y7 & Y10)
 - Community immunisation clinics (incl. pop-up clinics)
- Advice and support to vaccine service providers
 - Immunisation and schedule queries
 - Catch-ups
 - Adverse events following immunisation (AEFIs)
 - Vaccine administration errors (VAEs)
 - Cold chain breaches
- Research, QI activities, data quality, advocacy, education



Immunisation coverage update

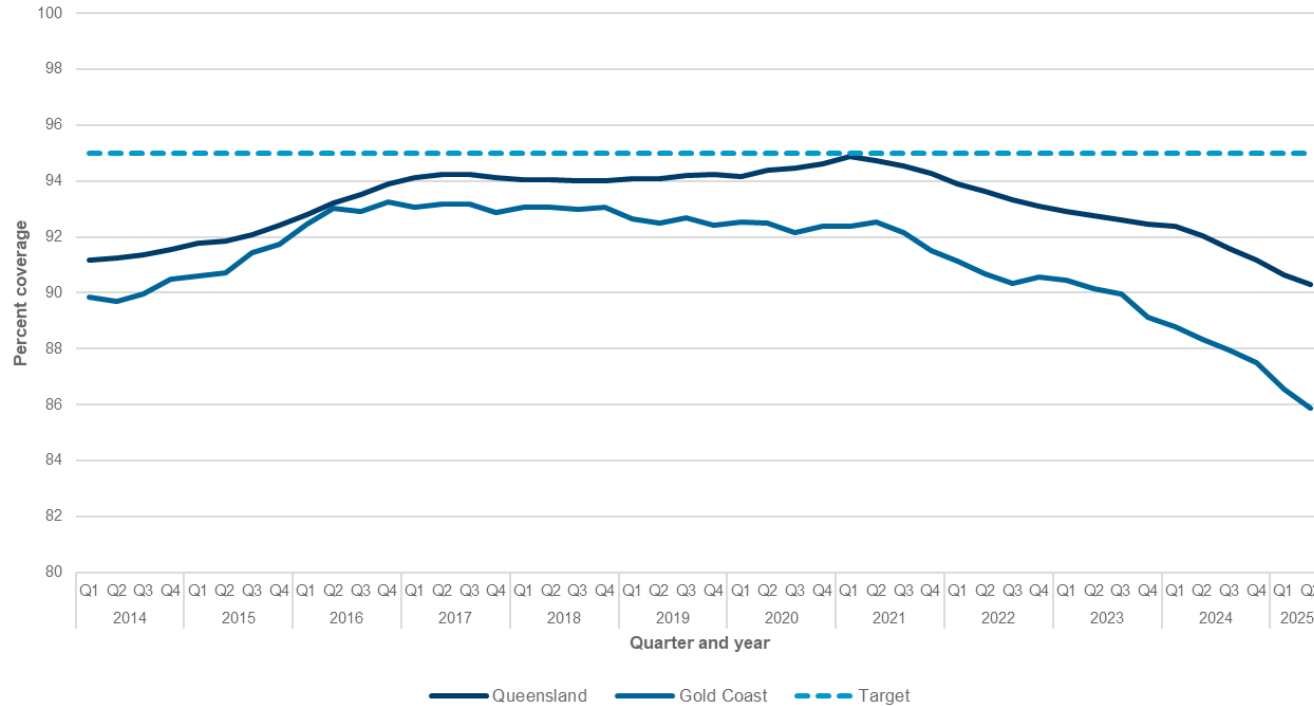
Why are childhood immunisation rates continuing to decline?

Measuring vaccination coverage for children, adolescents and adults in Australia



Childhood immunisation: 1 year

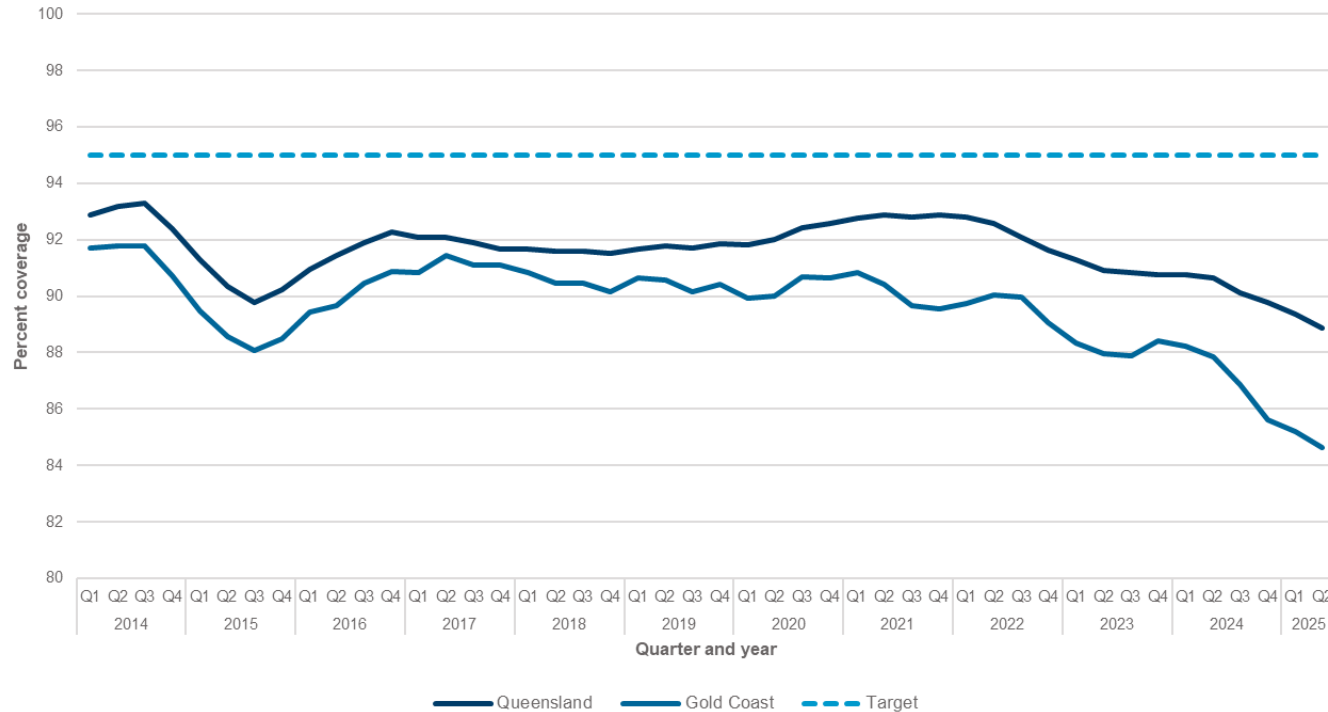
Rolling 4 quarters vaccination coverage for 1 year olds



Q2 2025 (Apr – Jun)	GC – all children	QLD – all children
1 year	84.8%	89.9%

Childhood immunisation: 2 years

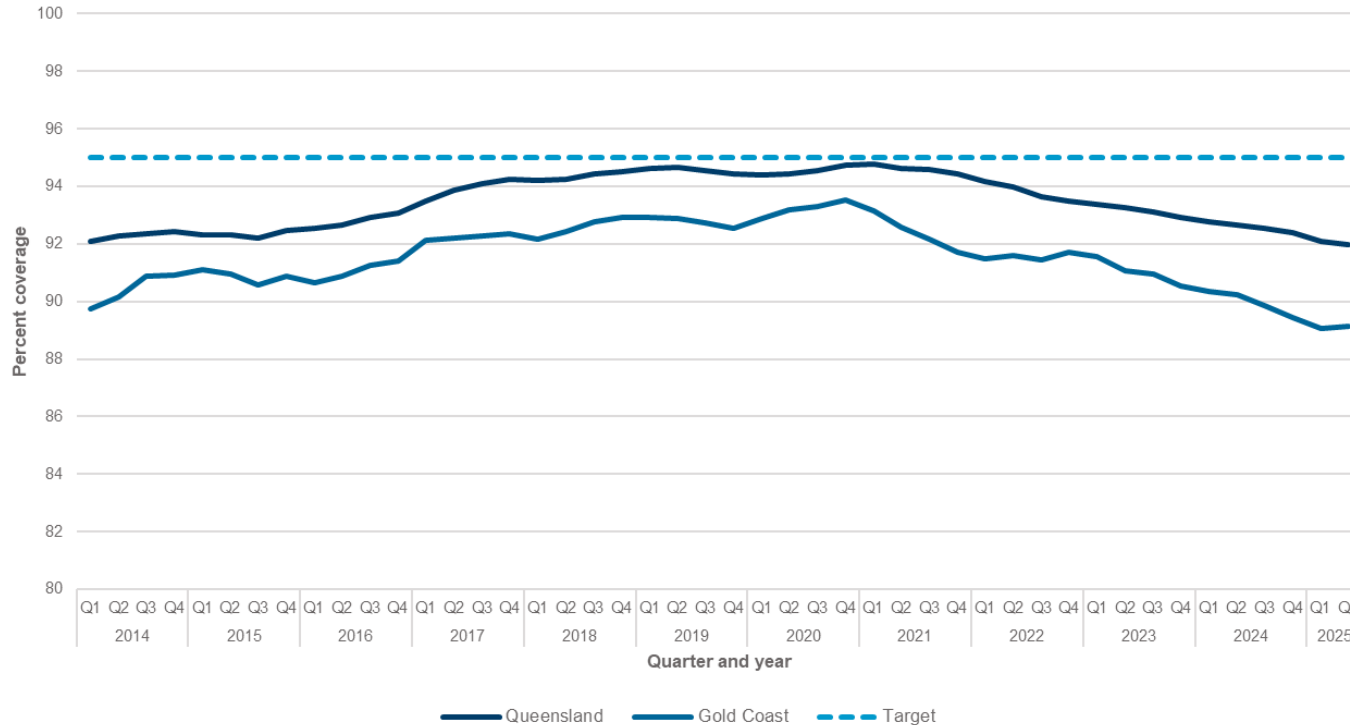
Rolling 4 quarters vaccination coverage for 2 year olds



Q2 2025 (Apr – Jun)	GC – all children	QLD – all children
2 years	84.7%	88.1%

Childhood immunisation: 5 years

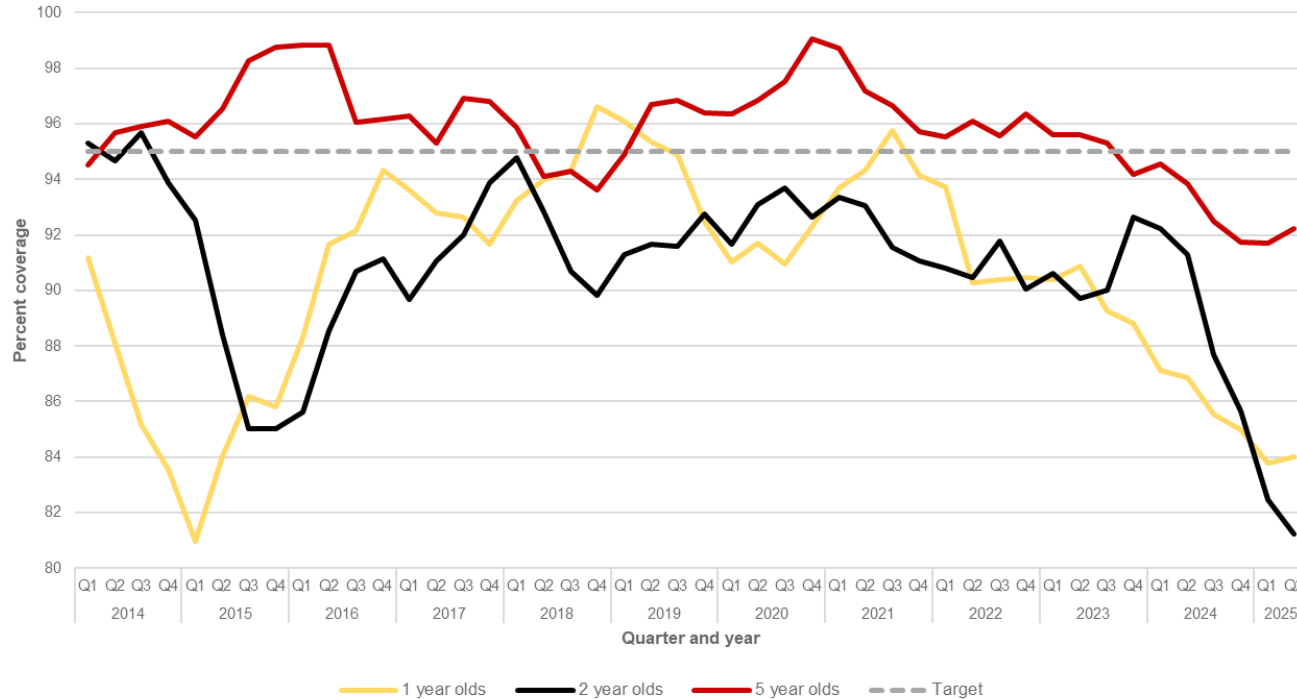
Rolling 4 quarters vaccination coverage for 5 year olds



Q2 2025 (Apr – Jun)	GC – all children	QLD – all children
5 years	89.7%	92.0%

Childhood immunisation: First Nations

Rolling 4 quarters vaccination coverage for Aboriginal and Torres Strait Islander children, Gold Coast HHS

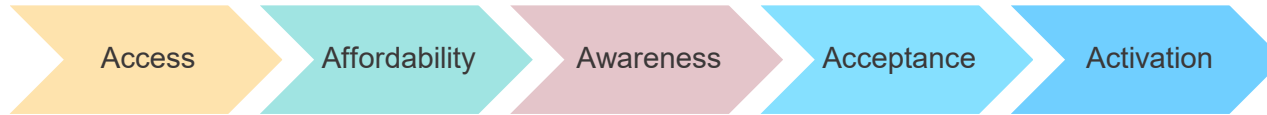


Q2 2025 (Apr – Jun)	GC – First Nations	QLD – First Nations
1 year	86.6%	87.7%
2 years	79.8%	85.9%
5 years	94.3%	93.3%

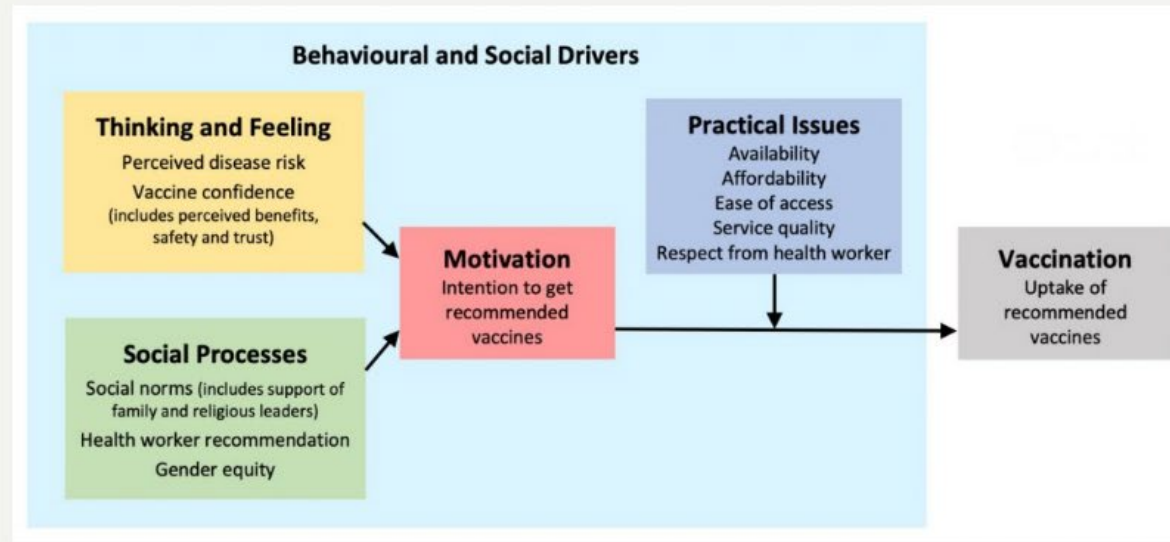
Barriers and enablers to immunisation



Immunisation barriers and enablers



Behavioural and social drivers of vaccination framework



Source: The BeSD working group. Based on Brewer et al. Psychol Sci Public Interest. (2017).

National Vaccination Insights Project

Most common vaccination barriers from **National Vaccination Insights project** survey of a nationally representative cohort of 2,000 parents were as follows:

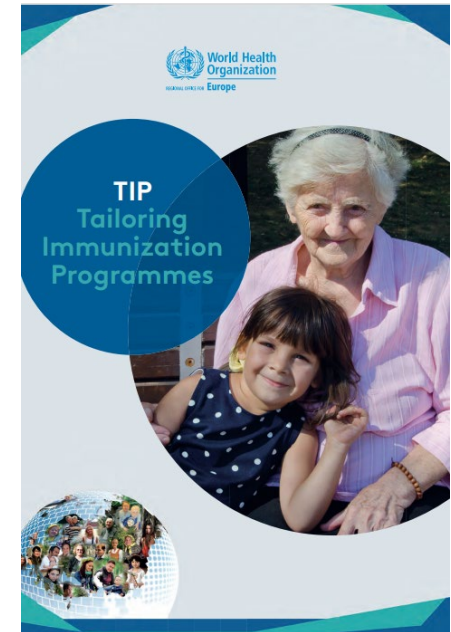
- Six in 10 (60.2%) parents reported feeling distressed when thinking about vaccinating their child
- More than 1 in 10 (11.0%) parents reported they cannot afford costs associated with vaccinating their child
- Almost 1 in 10 (9.3%) parents reported that it is not easy to get a vaccination appointment when their child's vaccination is due



Tailoring Immunisation Programmes in 4209

- **WHO ‘Tailoring Immunization Programmes’ (TIP)**
 - Postcode 4209
 - Barriers and enablers to immunisation
 - Surveys of parents (59 CIC, 266 HCC) and interviews
 - Interviews with 13 vaccine service providers (VSPs) and 7 community leaders

*CIC: Community Immunisation Clinic; HCC: Health Contact Centre;
VSP: Vaccine Service Provider*



Emerging themes from TIP in 4209

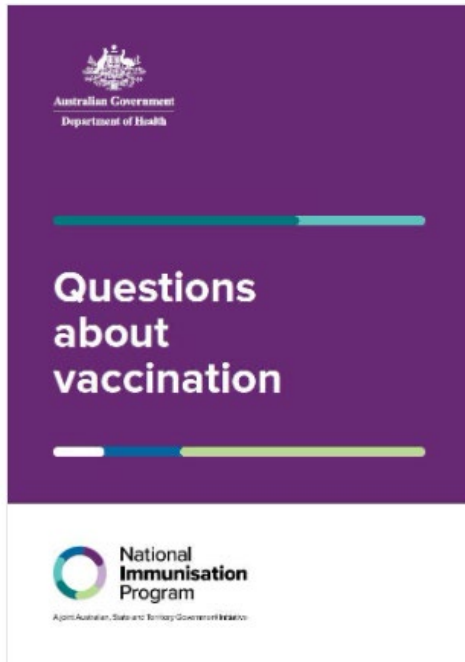
Barriers identified	Enablers identified
Practical issues (competing priorities, work schedules, sick children)	HCW conversations
Impact of COVID-19 and loss of trust	Pre-emptive appointment bookings
Migrants esp. from NZ: lack of awareness and understanding of Australian system and services	Reminders
Understanding of perceived disease risk	VSP data quality and recalls
Terminology (vaccination vs immunisation)	Communications (trust, culturally appropriate, information on diseases prevented, consistent)



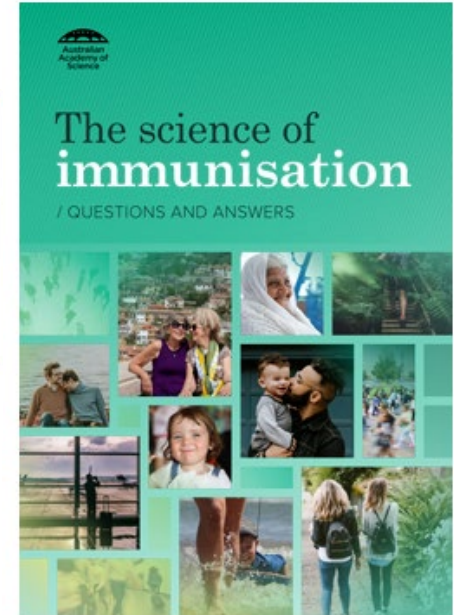
Use of “immunisation” in public facing resources, co-designing immunisation resource for NZ migrants, informed development of Broadbeach-Burleigh / Coolangatta initiatives, QLD Immunisation Strategy

Conversations with parents/patients

To help answer questions about vaccination:



Your Questions Answered



EMPOWERING
IMMUNISATION
CONVERSATIONS



Vaccination and Immunisation Matters

Pop-up/Outreach Immunisation- Vulnerable Communities

- Gold Coast NAIDOC Community Day
- Hairy Mary's LGBTQ+ community bar
- Connect2Home : People experiencing homelessness & Free Flu @ 7 venues (NFP support agency's)
- GC Multicultural Employment expo
- MMR – Southport Community Centre & Surfers Paradise Transit Centre



Leading the way in immunisation with nurse training program

The Gold Coast Public Health Unit (GCPHU) is the leading provider of immunisation services in Queensland. Our nurses are trained to provide immunisation services to vulnerable communities. This includes outreach immunisation services to people who are unable to attend a community immunisation clinic.

Our nurse training program is a 12-week program that provides nurses with the skills and knowledge to provide immunisation services to vulnerable communities. The program is delivered by experienced immunisation nurses and is available to nurses who are currently employed in Queensland.

The program has been successful in providing nurses with the skills and knowledge to provide immunisation services to vulnerable communities. This includes outreach immunisation services to people who are unable to attend a community immunisation clinic.



Gold Coast Public Health Unit Mpxv Vaccination Clinics



Don't Let MPOX

Rain on your Parade

Vaccination is free and your details are private.

Going to Gold Coast? Free outreach clinic tonight at Hairy Mary's 6:30-9:30pm

GET PROTECTION FROM MPOX WITH TWO FREE VACCINES*

QC, Gold Coast Public Health is partnering with The Den & Hairy Mary's to bring you a free mpxv clinic. This clinic will run from 6:30pm to 9:30pm tonight.

More than an STI, but it can be transmitted when you are hooking up, so it is important to be aware of the signs and symptoms if you are attending dance parties, sex parties, saunas or first yourself in other fun places.

There continues to be local mpxv cases notified in Queensland.

Unlike most diseases, and only require 2 vaccines to get maximum protection. Most vaccines are safe and effective, and currently free for gay/bi men, any men who have sex with men, their sexual partners & sex workers. Checkmate about your health? Professionals can ensure that your mpxv vaccine dose is not recorded on the Australian Immunisation Register (AIR). Let your vaccine provider know if you haven't got your 2nd Mpxv vaccine yet, you can get the 2nd dose after your first vaccine. Check out our site before you arrive to familiarise yourself with symptoms, prevention and vaccination centres. See a doctor immediately if you have symptoms.

Ask for clinic details >

Thursday, 12 June

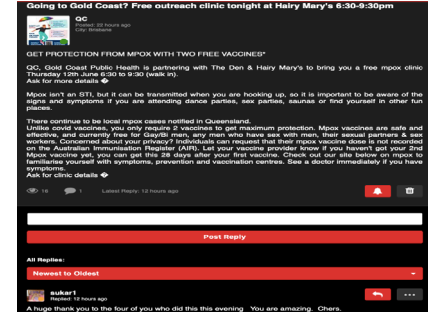
Hairy Mary's
7 Surfers Avenue,
Mermaid Beach, QLD

6.30pm – 9.30pm

For more information scan the QR code or visit bit.ly/3Esbj0K



Gold Coast Public Health Unit



Catch-ups

Gold Coast Health | Public Health Unit
Immunisation History & Catch Up Worksheet


Male Female Other: _____
 Aboriginal or Torres Strait Islander
 Medical condition Preterm
 Reason for catch-up:
 Overdue Migrant Refugee


Medicare No.: _____ Ref: DOB: ____/____/____ Age: _____
 Family Name: _____ Given Names: _____
 Address: _____ Suburb: _____ Postcode: _____

Vaccine	Birth	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Total vaccines needed at current age	# Doses due now for this catch-up	Catch-up schedule timeframe
BCG										
DTPa (dTPa >10yrs)										
IPV or OPV										
Hib										
Hepatitis B										
PCV										
Rotavirus										
Men B										
Men C / Men ACWY										
MMR										
Varikix										
Hep A										
Pneumovax 23										
HPV										

Ensure two IPN Nurse have reviewed the original records and planned the catch-up schedule. By signing below you certify that the information is true, based on proof of vaccination.

Nurse 1 Name (print): _____ Signature: _____ Date: ____/____/____
 Nurse 2 Name (print): _____ Signature: _____ Date: ____/____/____

Gold Coast Health  always care. June 2024
immunage@health.qld.gov.au

 Queensland Government

Planning Catch-up Schedules (<20 years)

1. Check the patient's immunisation history (AIR, personal health record, patient's own records)
 - Do not use serological testing to assess for catch-up immunisation (exceptions: hep B screening in migrants from high-risk countries, rubella screening in pregnant women)
2. Update AIR with any vaccination administration not already recorded
3. Determine current antigen needs – use combination vaccines where possible
4. Plan catch-up schedule (useful resources to follow!)
5. If the schedule has been interrupted, do not repeat previous doses
6. Ensure catch-up doses are recorded with correct dose (sequence number) for AIR purposes



Australian Government
Department of Health

Australian Immunisation Handbook

Catch-up vaccination for children <10 years old

Catch-up vaccination aims to provide the best protection against disease as quickly as possible by completing a child's recommended vaccination schedule.

1. Confirm the child's vaccination history
 - Review the child's vaccination history to determine whether they are up to date.
 - If you cannot confirm previous vaccination, assume the child has not received that vaccine. Children can only receive most vaccines at additional doses.
 - If you are not sure how to plan the catch-up schedule, or if the catch-up is complicated, seek further advice from your state or territory health authority.
2. Plan a catch-up schedule
 - Consider laboratory testing for immunity to some diseases
 - Consider laboratory testing to guide catch-up vaccination for:
 - Hepatitis A and B
 - MMR1
 - varicella
 - Do not use laboratory testing for any other diseases.
 - Do not use blood donation to guide the catch-up schedule.
 - Consider catch dates
 - Check that any previous doses were recorded at the correct age and dosing intervals.
 - In almost all cases, do not repeat valid doses – count from the start of the schedule.
 - Refer to catch-up resources
 - Use the catch-up resources in the Australian Immunisation Handbook to help plan a catch-up schedule.
3. Start the catch-up schedule
 - Discuss the catch-up schedule with the parent or carer before starting.

See the Australian Immunisation Handbook for more details.

Frequent Q's

- **Men B** should be offered & administered at same time as 6-week immunisations (not being offered or encouraged to separate)
 - Free for all children under 2 years : 2 , 4, 6 (specific medical conditions) 12 months
 - Should be offered to adolescents between 15 to 19 years
- **Aboriginal and Torres Strait Islander people** : 6-month pneumococcal vaccine often missing, extra vaccines not being offered or recorded in baby book
- **Pregnancy:** Some mums advised not to have RSV as season is over – baby can have in next RSV season .
 - Safe to have in pregnancy
- **No Medicare** : All NIP available for children <10 yrs
 - Record vaccines administered in practice software
- **Hepatitis B** is aged related : Note age groups overlap, & this is an either /or, not both (Paediatric / Adult)
- Using the **catch up calculator** \$ = purchase / private script
 - All recommended 2 dose varicella if D1 <14 years. D2 to be purchased
- **Adolescents:** year 7 (or age equivalent) offer boostrix / adacel
 - Immunisations may be overdue but are not reflected as overdue on AIR history

Useful resources for developing catch-ups

- Department of Health and Aged Care resources:
 - [Immunisation calculator](#)
 - [Catch-up worksheet](#)
 - [Catch-up vaccination guidelines](#)
- Queensland Health resources:
 - [Immunisation Schedule Queensland](#)
 - Immunisation Visual Tools & Product Selection
 - [Funded Immunisation catch-up schedule for people aged from 10 years - Queensland Immunisation Program](#)
- HealthPathways:
 - [Planning Immunisation Catch-ups](#)
- Gold Coast Public Health Unit resources:
 - [Immunisation History and Catch-up Worksheet](#)
 - [Handy Hints: Clinical Age Limits for Vaccine Usage \(Not Funding Related\)](#)



Immunisation Schedule Queensland - Childhood Immunisation May 2025

STOP NOTICE: Always check the Australian Immunisation Register (AIR) to check the patient's previous immunisation history. Check the online Australian Immunisation Handbook or download the handbook app for information about catch-up immunisation, timing of immunisation for specific risk groups or other special situations. Report any change in circumstances to your GP or pharmacist. For further information refer to the Queensland Health website. Note that the age and gender of the patient may affect the catch-up schedule.

Age	Disease	Brand	Recurrence	Method & Site	Notes
Newborn	Hepatitis B (usually offered in hospital)	Heb B (Infantina or HepBiv 2)	IM 1, 2, 3	IM 1, 2, 3	Should be given at intervals not less than 4 weeks after each dose. The second dose is given within 24 hours and the third dose is given within 7 days.
	Rotavirus (single dose (Recombivac))	Rebivac	IM 1, 2	IM 1, 2	Children who are not fully vaccinated should receive a second dose. For further information refer to the Queensland Health website. Note that the age and gender of the patient may affect the catch-up schedule.
2 months	Tetanus (10 years young in Queensland and Torres Strait Islands (not included))	BCG	IM 1, 2	IM 1, 2	
	Diphtheria, tetanus, pertussis (containing diphtheria, tetanus, and acellular pertussis antigens) (type 3 dose)	Infanrix Hexa or Imovax	IM 1, 2	IM 1, 2	
4-6 months	Diphtheria, tetanus, pertussis (containing diphtheria, tetanus, and acellular pertussis antigens) (type 3 dose)	Infanrix Hexa or Imovax	IM 1, 2	IM 1, 2	The first dose must be given by 6 weeks and 6 days. The second dose must be given by 25 weeks and 6 days.
	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)	Polio	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
9 months	Diphtheria, tetanus, pertussis (containing diphtheria, tetanus, and acellular pertussis antigens) (type 3 dose)	Infanrix Hexa or Imovax	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)	Polio	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
18 months to 5 years (various)	Diphtheria, tetanus, pertussis (containing diphtheria, tetanus, and acellular pertussis antigens) (type 3 dose)	Infanrix Hexa or Imovax	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)	Polio	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
10 years (various)	Diphtheria, tetanus, pertussis (containing diphtheria, tetanus, and acellular pertussis antigens) (type 3 dose)	Infanrix Hexa or Imovax	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)	Polio	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
15 months	Meningococcal ACWY	Menveo	IM 1, 2	IM 1, 2	Children from 15 months of age (up to 16 years) should receive one or more doses unless already vaccinated. Both inactivated and conjugate vaccines are recommended and funded for routine MMR vaccine. Refer to the Queensland Health website for further information.
	Meningococcal B	MenB	IM 1, 2	IM 1, 2	Children from 15 months of age (up to 16 years) should receive one or more doses unless already vaccinated. Both inactivated and conjugate vaccines are recommended and funded for routine MMR vaccine. Refer to the Queensland Health website for further information.
18 months	Meningococcal ACWY	Menveo	IM 1, 2	IM 1, 2	Children from 15 months of age (up to 16 years) should receive one or more doses unless already vaccinated. Both inactivated and conjugate vaccines are recommended and funded for routine MMR vaccine. Refer to the Queensland Health website for further information.
	Meningococcal B	MenB	IM 1, 2	IM 1, 2	Children from 15 months of age (up to 16 years) should receive one or more doses unless already vaccinated. Both inactivated and conjugate vaccines are recommended and funded for routine MMR vaccine. Refer to the Queensland Health website for further information.
20 months	Meningococcal ACWY	Menveo	IM 1, 2	IM 1, 2	Children from 15 months of age (up to 16 years) should receive one or more doses unless already vaccinated. Both inactivated and conjugate vaccines are recommended and funded for routine MMR vaccine. Refer to the Queensland Health website for further information.
	Meningococcal B	MenB	IM 1, 2	IM 1, 2	Children from 15 months of age (up to 16 years) should receive one or more doses unless already vaccinated. Both inactivated and conjugate vaccines are recommended and funded for routine MMR vaccine. Refer to the Queensland Health website for further information.
5 years	Diphtheria, tetanus, pertussis (containing diphtheria, tetanus, and acellular pertussis antigens) (type 3 dose)	Infanrix Hexa or Imovax	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)	Polio	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
11 years (various)	Diphtheria, tetanus, pertussis (containing diphtheria, tetanus, and acellular pertussis antigens) (type 3 dose)	Infanrix Hexa or Imovax	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)
	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)	Polio	IM 1, 2	IM 1, 2	Poliovirus (inactivated) (containing inactivated poliovirus type 1, 2 and 3)

Catch-up Schedules

- Give it a go!
The experienced GCPHU Public Health Nurses are happy to review your plans and provide feedback
- Make use of the catch-up resources available (e.g. GCPHU catch-up worksheet and handy hints, Planning Immunisation Catch-ups HealthPathway)
- Be aware of minimum intervals
- Overseas schedules can be tricky
- For children and young people with complex immunisation needs outside of PHU capabilities, contact the Queensland Specialist Immunisation Service (QSI)
- Migrants, refugees and people seeking asylum are eligible for funded catch up

Queensland Immunisation Program

Funded Immunisation Catch-up Schedule for people aged from 10 years

Gold Coast Health | Public Health Unit
Immunisation History & Catch Up Worksheet


Male Female Other: _____
 Aboriginal or Torres Strait Islander
 Medical condition Preterm
 Reason for catch-up:
 Overdue Migrant Refugee

Medicare No.: _____ Ref: DOB: ____/____/____ Age: _____
 Family Name: _____ Given Name(s): _____
 Address: _____ Suburb: _____ Postcode: _____


Vaccine	Birth	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Total vaccines needed at current age	# Doses due now for this catch- up	Catch-up schedule timeframe
BCG										
DTPa (dTpa >10yrs)										
IPV or OPV										
Hib										
Hepatitis B										
PCV										
Rotavirus										
Men B										
Men C / Men ACWY										
MMR										
Varix										
Hep A										
Pneumovax 23										
HPV										

Ensure two IPN Nurse have reviewed the original records and planned the catch-up schedule. By signing below you certify that the information is true, based on proof of vaccination.

Nurse 1 Name (print): _____ Signature: _____ Date: ____/____/____
 Nurse 2 Name (print): _____ Signature: _____ Date: ____/____/____

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June 2024
Immunisego@health.qld.gov.au

 Queensland Government

HANDY HINTS

Catch-Up Immunisations (children under 10yrs of age)

Overseas Immunisation Records

- Patient's responsibility to have their records translated into English
 - Free translation service through Dept of Home Affairs for certain visas
- Use generic antigens **not** brand names when adding to AIR
- Organise a follow up appointment soon (i.e. the next week)
- Develop a catch-up plan using the resources available
- On the day of the appointment, discuss the catch-up plan and administer the required vaccines
- Book future appointments if required . [Please do not refer clients to GCPHU community clinics for upload of history to AIR](#)

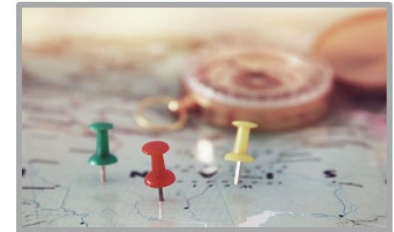
 Australian Government
Department of Home Affairs

About this service

Welcome to the

Free Translating Service

This service allows holders of certain types of visas to get key personal documents translated for free.



Overseas immunisations

This module explains how vaccination providers submit overseas immunisation information on the Australian Immunisation Register (AIR) site.

Adverse Events Following Immunisation (AEFIs)



Vaccinated person details		Vaccination provider details	
Surname	First name	Surname	First name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, please specify		Practice/clinic/provider name:	
Date of Birth		Street Address	
Street Address		Suburb	State Postcode
Suburb	State Postcode	Phone Office	Mobile
Name of parent/guardian/substitute decision maker (if relevant)		Email	
Phone Home	Mobile	Fax	
Email		Profession	
Indigenous status Is the person of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not Stated/Unknown		<input type="checkbox"/> Medical practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other, please specify	
Important medical history (e.g. requires regular medical follow up)		Clinical setting <input type="checkbox"/> GP practice <input type="checkbox"/> Aged care facility <input type="checkbox"/> School Immunisation Program <input type="checkbox"/> Hospital <input type="checkbox"/> Community Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other, please specify	
Allergies		Address of service where vaccine was administered <input type="checkbox"/> As for vaccination provider (above) or Name of practice/clinic/provider	
Was the person ill at the time of vaccination? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify		Street Address	
Has the vaccinated person had previous reactions to vaccinations? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify <input type="checkbox"/> Unknown		Suburb	State Postcode
		Phone Office	Mobile
		Email	
Reporter details (if different from vaccinated person details or vaccination provider details)			
<input type="checkbox"/> As per vaccination provider details (above) OR <input type="checkbox"/> As per vaccinated person's 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 <input type="checkbox"/> Medical practitioner <input type="checkbox"/> Registered nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Vaccinated person <input type="checkbox"/> Parent/guardian/substitute decision maker <input type="checkbox"/> Public Health Unit <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name		Date	
Please advise the person/parent/guardian/substitute decision maker that contact details will be used to follow up if information is needed.			

Examples and responding to an AEFI

- Any negative reaction that follows vaccination (not necessarily causal)
- Can be immediate or delayed
e.g., anaphylaxis, Guillain-Barré Syndrome, disseminated varicella zoster, febrile convulsions, myocarditis, suspected complex regional pain syndrome
- Notifiable to Queensland Health then sent to TGA
- Assess and manage the patient
- Discuss the AEFI and safety for subsequent vaccinations with the patient
- Queensland Specialist Immunisation Services (QSIG)

Queensland Government		Adverse Event Following Immunisation Reporting Form January 2025		Office Use Only Date Report Received GP ID no. IGA ID no.	
Vaccinated person details			Vaccination provider details		
Surname		First name		Surname	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <small>Other, please specify</small>		Practice/clinic/provider name		Street Address	
Date of Birth		Suburb		State Postcode	
Street Address		Phone Office		Mobile	
Suburb		State		Postcode	
Name of parent/guardian/substitute decision maker (if relevant)		Email		Fax	
Phone Home		Mobile		Parasites	
Email		<input type="checkbox"/> Medical practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Pharmacist		<input type="checkbox"/> Other, please specify	
Indigenous status		<input type="checkbox"/> Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> Aboriginal or Torres Strait Islander	
<input type="checkbox"/> Aboriginal or Torres Strait Islander		<input type="checkbox"/> Aboriginal or Torres Strait Islander		<input type="checkbox"/> Hospital <input type="checkbox"/> Community Clinic <input type="checkbox"/> Pharmacy	
<input type="checkbox"/> Not Aboriginal or Torres Strait Islander		<input type="checkbox"/> Not Aboriginal or Torres Strait Islander		<input type="checkbox"/> Other, please specify	
Important medical history (e.g. require regular medical follow up)		Address of service where vaccine was administered		<input type="checkbox"/> As for vaccination provider	
Allergies		Name of practice/clinic/provider		Street Address	
Was the person ill at the time of vaccination?		Suburb		State Postcode	
<input type="checkbox"/> No <input type="checkbox"/> Yes - please specify		Phone Office		Mobile	
Has the vaccinated person had previous reactions to vaccination?		Email		Unknown	
<input type="checkbox"/> No <input type="checkbox"/> Yes - please specify		Report details (if different from vaccinated person details or vaccination provider details)		As vaccination provider details (above) OR	
Unknown		As vaccinated person's details (above) OR		Practice Name (if relevant)	
Surname		First name		Street Address	
Street Address		Suburb		State Postcode	
Phone landline (incl. area code)		Phone mobile		Date of report	
Email		Date of report		Report type	
<input type="checkbox"/> Medical practitioner <input type="checkbox"/> Registered nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Vaccinated person <input type="checkbox"/> Parent/guardian/substitute decision maker		<input type="checkbox"/> Public Health Unit <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Name _____ Date _____	
Please advise the person/parent/guardian/substitute decision maker that contact details will be used to follow up if information is needed.					



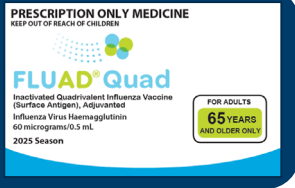
Vaccine Administration Errors (VAEs)

Do not use this form for Vaccine Administration Errors that have resulted in an Adverse Event Following Immunisation (AEFI). For such cases, complete an AEFI form only.

Vaccinated person details	Vaccination provider details
Surname <input type="text"/> First name <input type="text"/>	Surname <input type="text"/> First name <input type="text"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, please specify <input type="text"/>	Practice/clinic/provider name: <input type="text"/>
Date of Birth <input type="text"/>	Street Address <input type="text"/>
Street Address <input type="text"/>	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>	Phone Office <input type="text"/> Mobile <input type="text"/>
Name of parent/guardian/substitute decision maker (if relevant) <input type="text"/>	Email <input type="text"/>
Phone Home <input type="text"/> Mobile <input type="text"/>	Fax <input type="text"/>
Email <input type="text"/>	Profession <input type="checkbox"/> Medical practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other, please specify <input type="text"/>
Indigenous status Is the person of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not Stated/Unknown	Clinical setting <input type="checkbox"/> GP practice <input type="checkbox"/> Aged care facility <input type="checkbox"/> School Immunisation Program <input type="checkbox"/> Hospital <input type="checkbox"/> Community Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other, please specify <input type="text"/>
Important medical history (e.g. requires regular medical follow up) <input type="text"/>	Address of service where vaccine was administered <input type="checkbox"/> As for vaccination provider (above) or Name of practice/clinic/provider <input type="text"/>
Allergies <input type="text"/>	Street Address <input type="text"/>
Was the person ill at the time of vaccination? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify <input type="text"/>	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Has the vaccinated person had previous reactions to vaccinations? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify <input type="text"/> <input type="checkbox"/> Unknown	Phone office <input type="text"/> Mobile <input type="text"/>
	Email <input type="text"/>
Reporter details (if different from vaccinated person details or vaccination provider details)	
<input type="checkbox"/> As pervaccination provider details (above) OR <input type="checkbox"/> As pervaccinated person's details (above) OR	
Surname <input type="text"/> First name <input type="text"/>	Practice Name (if relevant) <input type="text"/>
Street Address <input type="text"/>	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Phone landline (incl. area code) <input type="text"/>	Phone mobile <input type="text"/>
Email <input type="text"/>	Date of report <input type="text"/>
Reporter type	
<input type="checkbox"/> Medical practitioner <input type="checkbox"/> Registered nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Vaccinated person <input type="checkbox"/> Parent/guardian/substitute decision maker <input type="checkbox"/> Public Health Unit <input type="checkbox"/> Other, please specify <input type="text"/>	
If you require further information following a vaccination administration error, please contact your local Public Health Unit.	

VAE - examples

FLUADQuad administered to < 65 years

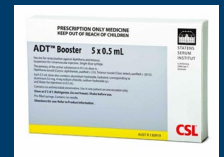


Pregnant woman administered Beyfortus (nirsevimab) instead of Abrysvo



2-week-old receiving 6-week vaccinations

dT administered instead of dTpa to an adult seeking pertussis vaccination



Only diluent administered (not reconstituted)

Infanrix hexa administered with Hib component left out (not reconstituted)



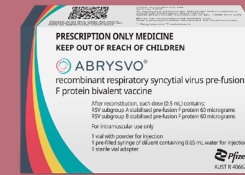
18-month-old administered Adacel instead of Infanrix



Infanrix instead of Infanrix hexa administered to a 4-month-old



Administering Abrysvo to a post-partum woman instead of the prescribed MMR

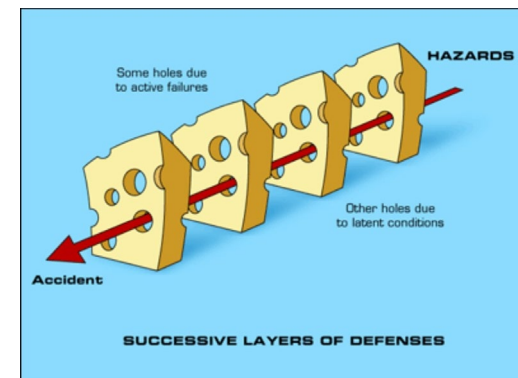


Responding to a VAE

- Complete the QH [VAE form](#) – now separate to AEFI form
- Contact GCPHU for advice on 5667 3200 or GCPHU-CDC@health.qld.gov.au
- Undertake a systematic review (e.g., Root Cause Analysis)
 - ✓ Learn from errors, improve systems, prevent recurrence

Do not use this form for Vaccine Administration Errors that have resulted in an Adverse Event Following Immunisation (AEFI). For such cases, complete an AEFI form only.

Vaccinated person details		Vaccination provider details	
Surname	First name	Surname	First name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, please specify		Practice/clinic/provider name:	
Date of Birth		Street Address	
Street Address		Suburb	State Postcode
Suburb	State Postcode	Phone Office	Mobile
Name of parent/guardian/substitute decision maker (if relevant)		Email	
Phone Home	Mobile	Fax	
Email		Profession	
Indigenous status Is the person of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Not Stated/Unknown		<input type="checkbox"/> Medical practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other, please specify	
Important medical history (e.g. requires regular medical follow up)		Clinical setting <input type="checkbox"/> GP practice <input type="checkbox"/> Aged care facility <input type="checkbox"/> School Immunisation Program <input type="checkbox"/> Hospital <input type="checkbox"/> Community Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other, please specify	
Allergies		Address of service where vaccine was administered <input type="checkbox"/> As for vaccination provider (above) or Name of practice/clinic/provider	
Was the person ill at the time of vaccination? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify		Street Address	Suburb State Postcode
Has the vaccinated person had previous reactions to vaccinations? <input type="checkbox"/> No <input type="checkbox"/> Yes - please specify <input type="checkbox"/> Unknown		Phone office	Mobile
		Email	
Reporter details (if different from vaccinated person details or vaccination provider details)			
<input type="checkbox"/> As per vaccination provider details (above) OR <input type="checkbox"/> As per vaccinated person's 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 <input type="checkbox"/> Medical practitioner <input type="checkbox"/> Registered nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Vaccinated person <input type="checkbox"/> Parent/guardian/substitute decision maker <input type="checkbox"/> Public Health Unit <input type="checkbox"/> Other, please specify			
If you require further information following a vaccination administration error, please contact your local Public Health Unit.			



Preventing VAEs

When administering any vaccine, please remember to check the **6 Rights**:

1. **Right patient**
2. **Right time**
3. **Right drug**
4. **Right dose**
5. **Right route**
6. **Right documentation**



More tips:

- ✓ Double check with another nurse or doctor to help pick up a potential error before administration
- ✓ Use labelled baskets in your vaccine fridge
- ✓ One at a time

QUEENSLAND CHILDHOOD IMMUNISATION VISUAL TOOL

BIRTH	Hepatitis B	Respiratory Syncytial Virus	Tuberculosis*	
<p>H-S-Vax II paediatric or Engerie S paediatric Newborns should receive the birth dose as soon as they are medically stable, and preferably within 24 hours of birth, but the vaccine can be given within the first 7 days of life.</p> <p>PRESCRIPTION ONLY MEDICINE engerie S PAEDIATRIC</p> <p>H-S-Vax II Paediatric Newborns should receive the birth dose as soon as they are medically stable, and preferably within 24 hours of birth, but the vaccine can be given within the first 7 days of life.</p>	<p>Beiyfortus (nirsevimab) Only recommended for infants from birth to less than 8 months of age if they meet the eligibility criteria. Nirsevimab dose is weight and age dependent.</p> <p>Beiyfortus Nirsevimab</p>	<p>Beiyfortus Nirsevimab</p> <p>Beiyfortus Nirsevimab</p>	<p>BCG Children <5 years living in Aboriginal and Torres Strait Islander Communities.</p> <p>B.C. Vaccine A.T.</p>	
<p>Diphtheria, Tetanus, Pertussis (Whooping Cough), Hepatitis B, Polio, Haemophilus Influenzae Type B (HIB)</p> <p>Infanrix hexa OR Vaxelis</p>	<p>Rotavirus The first dose must be given by 14 weeks and 6 days of age. The second dose must be given by 24 weeks and 6 days. Do not administer dose 2 if dose 1 was missed.</p> <p>Rotarix</p>	<p>Pneumococcal</p> <p>Prevenar 20</p>	<p>Meningococcal B</p> <p>Bevaxo</p>	
<p>Diphtheria, Tetanus, Pertussis (Whooping Cough), Hepatitis B, Polio, Haemophilus Influenzae Type B (HIB)</p> <p>Infanrix hexa OR Vaxelis</p>	<p>Pneumococcal*</p> <p>Prevenar 20 Aboriginal and Torres Strait Islander children and/or children with specified medical risk conditions only.</p>	<p>Meningococcal B*</p> <p>Bevaxo Children with specified medical risk conditions.</p>		
<p>6 MONTHS TO 5 YEARS</p> <p>Influenza</p> <p>Quadrivalent Influenza Virus (QIV) vaccine 2025 Formulations: Vaxigrip Tetra OR FluQuadril</p> <p>Administer annually. For children aged 6 months to less than 9 years of age in the first year of administration, give 2 doses at a minimum of 4 weeks apart. Give one dose annually in subsequent years.</p>	<p>Respiratory Syncytial Virus</p> <p>Beiyfortus (nirsevimab) Infants or young children with a condition associated with increased risk of severe RSV disease are eligible for an additional dose from 8 months to less than 24 months of age, ahead of their second RSV season. The dose of nirsevimab for older children entering their second RSV season is 200mg, given as 2 intramuscular injections.</p> <p>Beiyfortus Nirsevimab</p>			
<p>12 MONTHS</p> <p>Meningococcal ACWY</p> <p>Nimenrix</p>	<p>Measles, Mumps, Rubella</p> <p>M-M-R-II OR Priorix</p>	<p>Meningococcal B</p> <p>Bevaxo</p>	<p>Pneumococcal</p> <p>Prevenar 20</p>	<p>Hepatitis B*</p> <p>H-S-Vax II paediatric or Engerie S paediatric Low birth weight (<2000g) OR pre-term babies (<32 weeks gestation).</p> <p>PRESCRIPTION ONLY MEDICINE engerie S PAEDIATRIC</p>
<p>18 MONTHS</p> <p>Haemophilus Influenzae Type B (HIB)</p> <p>Act-HIB</p>	<p>Measles, Mumps, Rubella, Varicella</p> <p>Priorix-Tetra</p>	<p>Diphtheria, Tetanus, Pertussis (Whooping Cough)</p> <p>Infanrix OR Triptacel</p>	<p>Hepatitis A*</p> <p>Vaxigrip PAEDIATRIC Aboriginal and Torres Strait Islander children.</p>	
<p>4 YEARS</p> <p>Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio</p> <p>Infanrix IPV OR Quadracel</p>	<p>Pneumococcal*</p> <p>Prevenar 20 ONLY in Aboriginal and Torres Strait Islander children and/or children with specified medical risk conditions who have not previously received Prevenar 20.</p>	<p>Hepatitis A*</p> <p>Vaxigrip PAEDIATRIC Aboriginal and Torres Strait Islander children.</p>		
<p>15 YEARS</p> <p>Quadrivalent Influenza Virus (QIV) vaccine 2025 Formulations: Vaxigrip Tetra and FluQuadril Quad</p> <p>Administer annually. For children aged 6 months to less than 9 years of age in the first year of administration, give 2 doses at a minimum of 4 weeks apart. Give one dose annually in subsequent years.</p>	<p>Influenza*</p> <p>Quadrivalent Influenza Virus (QIV) vaccine 2025 Formulations: Vaxigrip Tetra and FluQuadril Quad</p>			

*REF: Aboriginal and Torres Strait Islander Medically at risk

Queensland Health Immunisation Program

From 1 September 2025

NIP Funded Pneumococcal Vaccines Product Selection Guide



This product selection guide is to be used in conjunction with the Immunisation Schedule Queensland and the Australian Immunisation Handbook.

Australian Immunisation Handbook - Pneumococcal chapter	Queensland Health - Immunisation Schedule Queensland	Childhood and adolescent pneumococcal provider advice	Prevenar 20	Prevenar 13	Pneumovax 23
			20-valent pneumococcal conjugate vaccine	13-valent pneumococcal conjugate vaccine	23-valent pneumococcal polysaccharide vaccine
Infants ≤12 months	All infants**				
	Aboriginal and Torres Strait Islander infants AND/OR infants with a medical risk condition**				
			Dose 1 at age 2 months (can be from 6 weeks) Dose 2 at age 4 months Dose 3 at age 12 months	Not funded for use	Not registered for use
			Additional dose at age 6 months	Not funded for use	Not registered for use
Children and adolescents <18 years	Children and adolescents aged >12 months to <18 years with a newly diagnosed medical risk condition**				
	Aboriginal and Torres Strait Islander people AND/OR people with a medical risk condition at 4 years of age OR 5 years after first Pneumovax 23 dose**				
			Single dose at diagnosis	Not funded for use	Not funded for use
			Single dose ONLY required if child has not previously received a dose of Prevenar 20	Not funded for use	Not funded for use
Adults ≥18 years	Adults ≥18 years with a newly diagnosed medical risk condition*				
	Aboriginal and Torres Strait Islander people ≥50 years				
			Not funded for use	Single dose at diagnosis	Dose 1 - 1 year after Prevenar 13 Dose 2 - ≥5 years after Dose 1
			Not funded for use	Single dose	Dose 1 - 1 year after Prevenar 13 Dose 2 - ≥5 years after Dose 1
			Not funded for use		
			Not funded for use	Single dose	Not funded for use

*Prevenar 20 is the only pneumococcal vaccine funded for individuals under the age of 18 years. **Refer to the Australian Immunisation Handbook for more information.

Seasonal Influenza (Flu)

Recommended at any time during pregnancy

<p>Vaxigrip Tetra*</p>	OR	<p>FlucelvaxQuad*</p>	<p>Administration</p> <ul style="list-style-type: none"> Intramuscular - deltoid Does not require reconstitution
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*Quadrivalent Influenza Virus (QIV) vaccine 2025 formulations

Pertussis (Whooping cough)

Recommended at 20-32 weeks

Single dose recommended in each pregnancy between 20-32 weeks, but may be given up until birth

<p>Boostrix</p>	OR	<p>Adacel</p>	<p>Administration</p> <ul style="list-style-type: none"> Intramuscular - deltoid Does not require reconstitution
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Respiratory Syncytial Virus (RSV)

Recommended from 28 weeks

<p>Abrysvo*</p>	<p>Administration</p> <ul style="list-style-type: none"> Intramuscular - deltoid Requires reconstitution <p>Infants protected through maternal RSV immunisation do not routinely require nirsevimab at birth. For further information refer to the QPRSP Program page by scanning the QR code above.</p>
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*Abrysvo is the only RSV vaccine registered for use in pregnancy

COVID-19

During pregnancy, those who have previously been immunised are not routinely recommended to have a further dose of COVID-19 immunisation. However, they can consider a further dose of COVID-19 immunisation based on presence of underlying risk conditions and/or personal preference.

Preconception immunisation health check	All immunisations recommended in pregnancy are FREE, however a consultation fee may apply. It is safe to give all three immunisations at the same time.	
Hepatitis B		
Measles		
Mumps		
Rubella		
Varicella		
COVID-19		

Where can patients receive immunisations in pregnancy?		
Antenatal clinic*	Council clinics*	Community pharmacy*
GP**	Hospital Clinics*	Community Clinic*

*only available at some services ** A consultation fee may apply

To find a local immunisation service provider call 13 HEALTH (13 43 25 84) or visit HealthDirect by scanning the QR code.

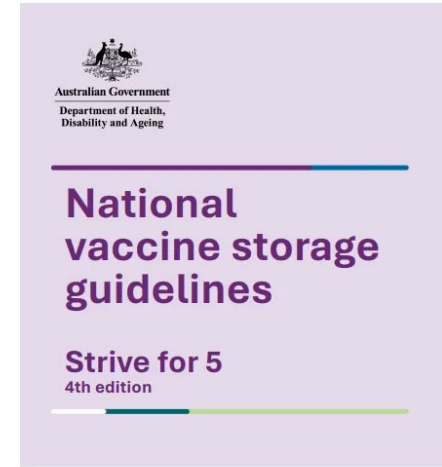
Queensland Health Immunisation Program Queensland Paediatric RSV Prevention Program Product Selection Guide

	Australian Immunisation Handbook – RSV Chapter 	Queensland Paediatric RSV Prevention Program webpage 	Abrysvo RSV Vaccine	Nirsevimab (Beyfortus) RSV-specific monoclonal antibody	Arexyv Adjuvanted RSV Vaccine
Pregnancy 		Between 28 to 36 weeks gestation* <small>*Can be given after 36 weeks if missed, refer to Australian Immunisation Handbook for more information</small>	 Recommended and funded under the National Immunisation Program	 Not registered for use	 Not registered for use
Infants 		Birth to less than 24 months* <small>*Refer to eligibility criteria prior to administration via the Queensland Paediatric RSV Prevention webpage</small>	 Not registered for use	 Recommended and funded under the Queensland Paediatric RSV Prevention Program	 Not registered for use
Adults 50 years and above 		50 years and above with increased risk of RSV disease <small>*Refer to the Australian Immunisation Handbook for more information</small>	 Not registered for use	 Not registered for use	 Registered* but NOT funded
		All adults 60 years and above <small>*Refer to the Australian Immunisation Handbook for more information</small>	 Registered* but NOT funded	 Not registered for use	 Registered* but NOT funded

Product Selection Guide #16_20250902

Cold Chain Management

Gold Coast Health
always care



Immunisation Medicine Management

Ensure you have in place at your practice:

- An up-to-date Immunisation Management Protocol (IMP) that is accessible to staff, complete the self audit tool
- All staff involved in immunisation medicine management have completed training
- Free courses available through the Cunningham Centre in collaboration with QHIP
- A back-up plan in the event of a power outage that has been tested
- Know your temperature recording devices – data logger placement, set up notifications if available (New Vaccine PBVR need to be notified to QHIP/ GCPHU – 48 hours of stable temps
- Refer to the National Vaccine Storage Guidelines – **Strive for 5 (4th edition) guidelines**



Disasters and Cold Chain Management

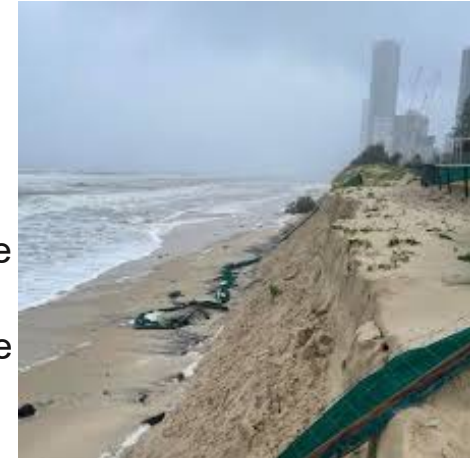
Gold Coast has experienced two natural disasters in the last 17 months:

- Christmas storm 2023 – 75 cold chain breaches reported
- Ex-TC Alfred 2025 – 105 cold chain breaches reported



Cold chain management learnings from these events:

- Staff safety is the priority, do not attend the practice unless safe to do so
- If your IMP back-up plan is not viable, keep the vaccines in your vaccine fridge
- Do not discard any QHIP-funded vaccines without GCPHU advice. Some vaccines are robust even in prolonged cold chain breaches
- Quirks AQ Box data logger battery backup lasts around 8 hours, have a portable battery-powered min/max thermometer in your vaccine fridge
- **DO NOT** place vaccines in a domestic fridge (including camping fridges) – these are not suitable for vaccine storage
- If transferring vaccines into eskies, ensure to monitor and record temperature



Thank you and any questions?

