Queensland Health

Immunisation Unit

Immunisation Program Nurse Update

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14th October, 2025

The Queensland Government respectfully acknowledges the Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver healthcare to all Queenslanders and recognises the continuation of First Nations peoples’ cultures and connection to the lands, waters and communities across Queensland.

Overview

- Changes to the National Immunisation Program- Prevenar 20
- The Queensland Immunisation Program (Men B, Vaccination in pregnancy and nirsevimab for 2026, measles expansion, influenza in 2025, polio in the Torres, importance of catch-up), new Flumist program 2026
- The National Immunisation Strategy
- National Vaccine Storage Guidelines - Strive for Five 4th Ed
- VAE reporting and TGA requirements
- Changes to AIR (pregnancy status, mandatory requirement: JEV and all NIP)
- Extended Practice Authority for Registered Nurses and Midwives
- Resources (Prevenar and Abrysvo decision making tool, Visual tools, educational resources, modules, SKAI adolescent resources, Mpox resource kit)

Immunisation Unit

- **Distribution of vaccinations** to Queenslanders
- Ensuring **policies and processes** have been considered by the subject matter experts prior to implementation.
- The Immunisation Unit is responsible for delivering the **National Immunisation Program (NIP)** and other **state funded programs , policies and strategies and clinical guidance** across Queensland.
- The NIP provides vaccines for eligible individuals against **multiple disease groups**, ensuring those most at risk are **protected**.
- **Immunisation response** to outbreaks across Queensland.

BEFORE IMMUNISING

- Always review 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.
- Record the correct details of all immunisations on the AIR as soon as possible after they have been administered (this is a mandatory requirement).

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

Age	Disease	Brand	Reconstitute	Method & Site	Notes
Birth	Hepatitis B - usually offered in hospital	H-B-Vaxll paediatric or Engerix B paediatric		IM / AL	Should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours and must be given within 7 days.
	Respiratory Syncytial Virus (Nirsevimab)	Beyfortus		IM / AL	Infants who are protected through maternal RSV vaccination do not routinely require nirsevimab. For further information refer to the QPRSVP Program page. Nirsevimab: Note dose is weight and age dependent. Can be given at the same time as hepatitis B vaccine.
	Tuberculosis (<5 years living in Aboriginal and Torres Strait Islander communities)	BCG	R	Intradermal / DL	For further information refer to the Queensland Health BCG Vaccination page.
2 months (Can be given from 6 weeks) AND 4 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib)	Infanrix hexa Vaxelis	R	IM / AL	
	Rotavirus	Rotarix		Oral	The first dose must be given before 15 weeks of age. The second dose must be given before turning 25 weeks of age.
	Pneumococcal	Prevenar 20		IM / AL	
	Meningococcal B	Bexsero		IM / AL	Prophylactic paracetamol recommended. Refer to the Australian Immunisation Handbook.
6 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib)	Infanrix hexa Vaxelis	R	IM / AL	
	Pneumococcal (Aboriginal and Torres Strait Islander children)	Prevenar 20		IM / AL	An additional (3rd) dose of Prevenar 20 is recommended for Aboriginal and Torres Strait Islander children.
	Pneumococcal (specified medical risk conditions)	Prevenar 20		IM / AL	All children with specified medical risk conditions for pneumococcal disease. Refer to the Australian Immunisation Handbook.
	Meningococcal B (specified medical risk condtions)	Bexsero		IM / AL	Prophylactic paracetamol recommended. Refer to the Australian Immunisation Handbook.
6 months to <5 years (annually)	Influenza	Age appropriate		Age appropriate	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 4 weeks apart. One dose annually in subsequent years. Information on age appropriate vaccines is available in the Australian Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.
12 months	Meningococcal ACWY	Nimenrix	R	IM / DL	
	Measles, mumps, rubella	M-M-R II or Priorix	R	IM or SC / DL	Children from 6 months of age travelling to measles endemic countries or where measles outbreaks are occuring, both in Australia and overseas are recommended and funded to receive MMR vaccine. Refer to the Immunisation Schedule Queensland page.
	Meningococcal B	Bexsero		IM / DL	Prophylactic paracetamol recommended. Refer to the Australian Immunisation Handbook.
	Pneumococcal	Prevenar 20		IM / DL	
	Hepatitis B (Low birth weight (<2000g) and pre-term babies (<32 weeks gestation)	H-B-Vax II paediatric or Engerix B paediatric		IM / DL	Low birth weight (<2000g) and pre-term babies (<32 weeks gestation).
18 months	Haemophilus influenzae type b (Hib)	ActHIB	R	IM or SC / DL	
	Measles, mumps, rubella, varicella	Priorix-Tetra	R	IM or SC / DL	
	Diphtheria, tetanus, pertussis (whooping cough)	Infanrix or Tripacel		IM / DL	
	Hepatitis A (Aboriginal and Torres Strait Islander chidren)	Vaqta Paediatric		IM / DL	First dose of the 2-dose hepatitis A vaccination schedule if not previously received a dose.
4 years	Diphtheria, tetanus, pertussis (whooping cough), polio	Infanrix IPV or Quadracel		IM / DL	
	Pneumococcal (specified medical risk conditions)	Prevenar 20		IM / DL	Administer a single dose of Prevenar 20 at age 4 years, ONLY in Aboriginal and Torres Strait Islander children and children with specified medical risk conditions, who have not previously received a dose of Prevenar 20. Refer to the Australian Immunisation Handbook for specified risk conditions and more information.
	Pneumococcal (Aboriginal and Torres Strait Islander children)	Prevenar 20		IM / DL	
	Hepatitis A (Aboriginal and Torres Strait Islander children)	Vaqta Paediatric		IM / DL	
≥5 years Influenza	Influenza (specified medical risk conditions)	Age appropriate		IM / DL	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 4 weeks apart. One dose annually in subsequent years. Information on age appropriate vaccine is available in the Australian Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.
	Influenza (Aboriginal and Torres Strait Islander people)	Age appropriate		IM / DL	

Immunisation Schedule Queensland - Adolescent and Adult Immunisation

September 2025

BEFORE IMMUNISING

- Always review 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.
- Record the correct details of all immunisations on the AIR as soon as possible after they have been administered (this is a mandatory requirement).

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

Adolescent immunisation (also see Immunisation 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	Immunocompromised people require 3 doses given at 0, 2 and 6 months.
	Diphtheria, tetanus and pertussis (whooping cough)	Boostrix or Adacel		IM / DL IM / DL	
Year 10 students (or age equivalent)	Meningococcal ACWY	MenQuadfi	R	IM / DL	Meningococcal ACWY is funded for Year 10 Students (or age equivalent) AND adolescents aged 15-19 years inclusive.
	Meningococcal B	**Bexsero**		IM / DL	**2 doses administered a minimum of 8 weeks apart.** Meningococcal B is funded for Year 10 students (or age equivalent) AND adolescents aged 15-19 years inclusive.
All ages	Influenza (specified medical risk conditions)	Age appropriate		Age appropriate	**Administer annually. For information on age appropriate vaccines or specific medical risk conditions, refer to the Australian Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.**
	Influenza (Aboriginal and Torres Strait Islander people)	Age appropriate		Age appropriate	
	Influenza (funded for all people aged ≥6 months until 30 Sept 2025)	Age appropriate		Age appropriate	**Refer to the Queensland 2025 Free Flu Vaccination Program for more information.**
	Pneumococcal (specified medical risk conditions)	Prevenar 20		Age appropriate	For people under 18 years with specific medical risk conditions that increase their risk of pneumococcal disease, administer a single dose of Prevenar 20 at diagnosis.

Adult immunisation (also see Immunisation 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 (Aboriginal and Torres Strait Islander people)	Prevenar 13 and Pneumovax 23		IM / DL	Administer a dose of Prevenar 13, followed by first dose of Pneumovax 23 at 12 months later (2-12 months acceptable), then second dose of Pneumovax 23 at least 5 years later. Maximum 2 lifetime doses.
	Shingles (herpes zoster) (Aboriginal and Torres Strait Islander people)	Shingrix	R	IM / DL	2 doses given 2-6 months apart.
65 years and over	Influenza	**Age appropriate**		**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 Australian Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.**
	Shingles (herpes zoster)	**Shingrix**	R	**IM / DL**	**2 doses given 2-6 months apart.**
70 years and over	**Pneumococcal (non-Indigenous adults)**	**Prevenar 13**		**IM / DL**	
Pregnancy	Diphtheria, tetanus and pertussis (whooping cough)	**Boostrix or Adacel**		**IM / DL IM / DL**	**A single dose is recommended in pregnancy between 20-32 weeks, but may be given up until delivery.**
	Respiratory Syncytial Virus	**Abrysvo**	R	**IM / DL**	**A single dose is recommended in pregnancy between 28-36 weeks to protect the infant. Clinical advice on the need for repeat vaccination in subsequent pregnancies is not yet available.**
	Influenza	**As appropriate**		**IM / DL**	**A single dose is recommended in each pregnancy, at any stage of pregnancy.**
All ages	Influenza (specified medical risk conditions)	Age appropriate		Age appropriate	**Administer annually. For information on age appropriate vaccines or specific medical risk conditions, refer to the Australian Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.**
	Influenza (Aboriginal and Torres Strait Islander people)	Age appropriate		Age appropriate	
	Influenza (funded for all people aged ≥6 months until 30 Sept 2025)	Age appropriate		Age appropriate	**Refer to the Queensland 2025 Free Flu Vaccination Program for more information.**
	Pneumococcal (specified medical risk conditions)	Prevenar 13 Pneumovax 23		Age appropriate Age appropriate	For adults ≥18 years with specific medical risk conditions that increase their risk of pneumococcal disease, administer a dose of Prevenar 13 at diagnosis followed by 2 doses of Pneumovax 23. Refer to the Australian Immunisation Handbook for dose intervals.

Immunisation Schedule Queensland - Additional immunisation for people with medical risk conditions

September 2025

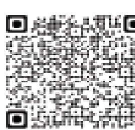
BEFORE IMMUNISING

- Always review 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.
- Record the correct details of all immunisations on the AIR as soon as possible after they have been administered (this is a mandatory requirement).

Key: Aboriginal and Torres Strait Islander, Medical Risk, 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 **specified medical risk conditions** that increase their risk of complications from influenza. Refer to the Australian Immunisation Handbook for information on age appropriate vaccines or the annual ATAGI advice on seasonal influenza vaccines.
≥6 months	Pneumococcal	Prevenar 20		IM / AL	For people with **specified medical risk conditions** that increase their risk of pneumococcal disease, an additional dose of Prevenar 20 at age 6 months, followed by a routine booster dose at age 12 months (as with other healthy children). Refer to the Australian Immunisation Handbook.
≥12 months to <18 years	Pneumococcal	Prevenar 20		IM / DL	For people with **specified medical risk conditions** that increase their risk of pneumococcal disease, administer a single dose of Prevenar 20 at diagnosis.
≥18 years	Pneumococcal	Prevenar 13 Pneumovax 23		IM / DL IM / DL	For people with **specified medical risk conditions** that increase their risk of pneumococcal disease, administer a single dose of Prevenar 13 at diagnosis followed by 2 doses of Pneumovax 23. Refer to the Australian Immunisation Handbook for dose intervals.
12 months	Hepatitis B	HB-Vaxll paediatric or Engerix B paediatric		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.
8 to <24 months	Respiratory Syncytial Virus (Nirsevimab)	Beyfortus		IM / AL	Infants and young children with a condition associated with increased risk of severe RSV disease ahead of their 2nd RSV season. For further information refer to the QPRSVP Program page.
≥5 years	*Haemophilus influenzae* type B (Hib)	Act-Hib	R	IM OR SC / 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	R	IM / DL	2 doses, 1-2 months apart. Eligible people 18 years and over considered at increased risk of herpes zoster due to an underlying condition and/or immunomodulatory/immunosuppressive treatments* National Immunisation Program – Shingles program advice for vaccination providers (health.gov.au)
All ages	Meningococcal ACWY	Nimenrix	R	Age appropriate	For people with specified medical risk conditions that increase the risk of meningococcal disease. Refer to the Australian Immunisation Handbook for dosing schedule. The number of doses required varies with age.
	Meningococcal B	Bexsero		Age appropriate	

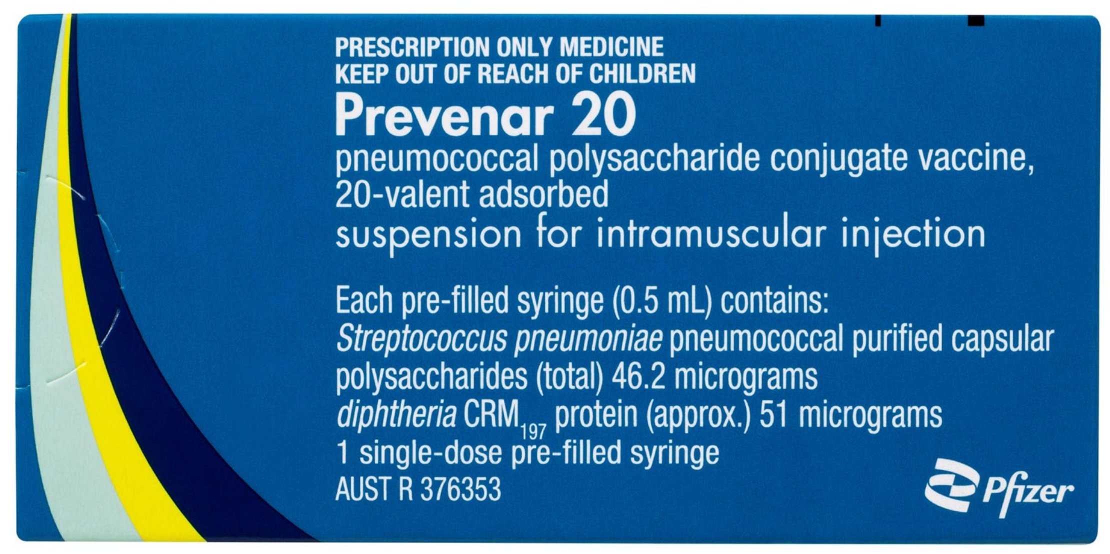
- The National Immunisation Program (NIP) provides the above routine vaccinations free to infants, children, adolescents, and adults who have, or are eligible for a Medicare card.
- All people (including refugees and humanitarian entrants) less than 20 years of age are eligible for NIP vaccines missed in childhood, except for HPV which is available free up to and including age 25. The vaccines and doses funded for catch-up is different for people aged less than 10 years, and those aged 10-19 years. Refer to the Australian 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 Australian Immunisation Handbook for timing of doses.
- If individuals have received Zostavax through the NIP, they will need to wait 5 years before accessing Shingrix for free. If individuals have received Zostavax privately, they are eligible to receive Shingrix. An interval of 12 months is recommended from the date of Zostavax vaccination.
- Japanese encephalitis vaccine and mpox vaccine are also funded in Queensland for certain individuals. Eligibility and criteria can be found on the Japanese encephalitis Health Condition Directory and the Mpox Health Conditions Directory.



Scan barcode to download the Immunisation Schedule at https://www.health.qld.gov.au/__data/assets/pdf_file/0031/989113/qld-immunisation-schedule-adolescent-adult.pdf

Changes to the NIP (as of 1st September)

- As of 1st September, Prevenar 20 is the only pneumococcal vaccine recommended for use in children ≤ 18 years of age
- For children eligible for pneumococcal vaccine at 4yrs (medically at risk or Aboriginal or Torres Strait Islander), PCV20 recommended as a single dose
- Single dose of Prevenar 20 at diagnosis of specified medical diagnosis
- Adults ≥ 18 years continue to be eligible for Prevenar 13 + 2 doses of Pneumovax 23 as per the pre-1st September schedule



NIP schedule changes continued

From 1 September 2025, **children** under 5 years, who have:

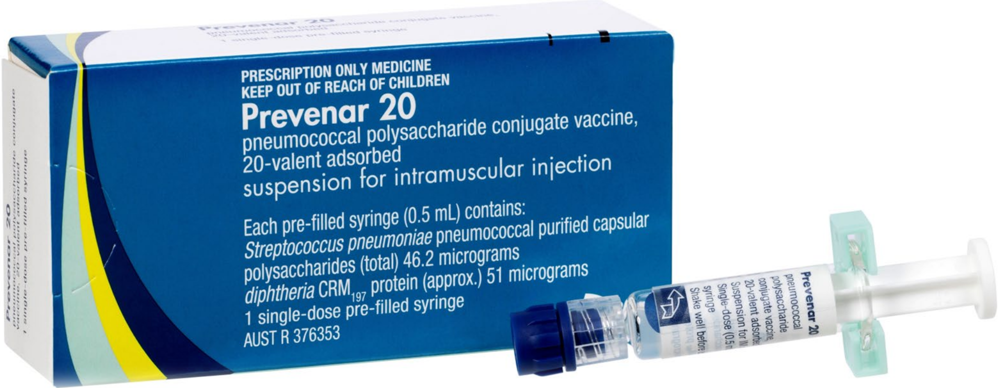
- not yet started their pneumococcal schedule should receive Prevenar 20
- previously received 1 or 2 doses of Prevenar 13 should receive Prevenar 20 for all subsequent doses to complete the recommended vaccination course (where required).
- already completed a Prevenar 13 vaccination course who are due for a Pneumovax 23 booster should receive 1 dose of Prevenar 20 instead.

Individuals that begin their Pneumococcal vaccination course with Prevenar 20, will no longer be required to receive Pneumovax 23 booster doses at 4 or 9 years

For full details please refer to The Australian Immunisation Handbook.

New Vaccine 20vPCV - Prevenar 20

- Administration route: Intramuscular injection
- Registered for use in people aged ≥6 weeks.
- 20vPCV - 20-valent pneumococcal conjugate vaccine.
- aluminium phosphate adjuvant



Reference: Australian Immunisation Handbook

QLD IPD Notifications By Age Group

Table 8: Notifications and rates of invasive pneumococcal disease in Queensland by age group in years and quarter (2025), and year-to-date (2024–2025)

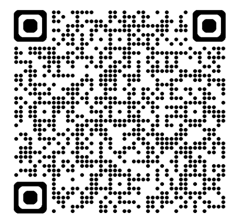
Age Group (years)	Number of notifications				Notification rate#	
	Q1 2025	Q2 2025	YTD 2025	YTD 2024	YTD 2025	YTD 2024
<1	4	4	8	6	26.4	19.8
1–4	10	8	18	28	14.3	22.3
5–14	2	8	10	10	2.9	2.9
15–24	2	6	8	9	2.5	2.8
25–44	16	11	27	26	3.9	3.7
45–64	22	28	50	43	7.9	6.8
65+	9	40	49	54	11.9	13.1
Total	**65**	**105**	**170**	**176**	**6.6**	**6.9**

Annual age specific rate per 100,000 population per year using ERP for 2024 and 2025 (ABS Catalogue no. 3235.0)

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** 20-valent pneumococcal conjugate vaccine	**Prevenar 13** 13-valent pneumococcal conjugate vaccine	**Pneumovax 23** 23-valent pneumococcal polysaccharide vaccine
Infants ≤12 months	**All infants*†**		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
	Aboriginal and Torres Strait Islander infants AND/OR infants with a medical risk condition*†		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*†**		Single dose at diagnosis	Not funded for use	Not funded for use
	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 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†**		Not funded for use	Single dose at diagnosis	Dose 1 - 1 year after Prevenar 13 Dose 2 - ≥5 years after Dose 1
	Aboriginal and Torres Strait Islander people ≥50 years		Not funded for use	Single dose	Dose 1 - 1 year after Prevenar 13 Dose 2 - ≥5 years after Dose 1
	All adults ≥70 years		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.

PneumococcalProductSelectionGuide_V1.1_20250811

QUEENSLAND CHILDHOOD IMMUNISATION VISUAL TOOL

BIRTH

Hepatitis B		Respiratory Syncytial Virus		Tuberculosis*	
H-B-VaxII paediatric or Engerix-B 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.	PRESCRIPTION ONLY MEDICINE H-B-VAX II engerix-B PAEDIATRIC	**Beyfortus (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.	Beyfortus (nirsevimab-alip) Injection 50 mg / 0.5 mL Beyfortus (nirsevimab-alip) Injection 100 mg/mL	**BCG** Children <5 years living in Aboriginal and Torres Strait Islander Communities.	BCG Vaccine AJV

2 MONTHS† & 4 MONTHS
†CAN BE GIVEN FROM 6 WEEKS

Diphtheria, Tetanus, Pertussis (Whooping Cough), Hepatitis B, Polio, Haemophilus Influenzae Type B (HIB)	Rotavirus		Pneumococcal	Meningococcal B
Infanrix hexa *OR* **Vaxelis** Infanrix hexa Vaxelis	**Rotarix** 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.	Rotarix	**Prevenar 20** Prevenar 20	**Bexsero** BEXSERO Multicomponent Meningococcal group B Vaccine (recombinant, adsorbed)

6 MONTHS

Diphtheria, Tetanus, Pertussis (Whooping Cough), Hepatitis B, Polio, Haemophilus Influenzae Type B (HIB)	Pneumococcal*		Meningococcal B*	
Infanrix hexa *OR* **Vaxelis** Infanrix hexa Vaxelis	**Prevenar 20** Aboriginal and Torres Strait Islander children and/ or children with specified medical risk conditions only.	Prevenar 20	**Bexsero** Children with specified medical risk conditions.	BEXSERO Multicomponent Meningococcal group B Vaccine (recombinant, adsorbed)

Serotype Comparison

Serotypes Contained in Current and New Pneumococcal Vaccines

	1	3	4	5	6A	6B	7 F	9V	14	18 C	19 A	19 F	23 F	22 F	33 F	8	10 A	11 A	12 F	15 B	2	9N	17 F	20
PCV13																								
PCV15																								
PCV20																								
PPSV23																								

- **PCV15 non-PCV13**: includes serotypes **22F and 33F**
- **PCV20 non-PCV13**: includes serotypes **22F, 33F, 8, 10A, 11A, 12F, and 15B**
- **PPSV23 non-PCV20**: includes serotypes **2, 9N, 17F, and 20**

Pneumococcal Vaccines

Facts and Myth Busting

Pneumovax23 is NOT better because it contains more serotypes!

Feature	PCV (i.e Prevenar 13 & 20)	PPV (i.e Pneumovax23)
Type	Conjugate	Polysaccharide
Serotype Coverage	Up to 20	23
Immune Memory	Yes	No/Poor
Effectiveness in <2yrs	High	Low/None
Duration of Protection	Up to 15 years (waning)	Up to 5 years (waning)
Herd Immunity	Yes	No
Use	Children & adults	Adults & high-risk groups
Lifetime dose limit	None	2 dose limit – causes large localised reactions
Which to give first?	Give first ("prime")	Give second – poor effect if not already primed with PCV

Reference: AIH, NCIRS Pneumococcal FAQ's

New resource: PneumoSmart Vaccination Tool

Co-administration with other vaccines

- Infants can and should receive Prevenar 20 at the same time as other vaccines or immunisation products, including influenza vaccine and RSV monoclonal antibodies i.e. nirsevimab , Bexsero (do not delay) and Infanrix Hexa/Vaxelis.

- Adults can receive pneumococcal vaccines (any pneumococcal conjugate vaccine or 23vPPV) with the herpes zoster vaccine, seasonal influenza vaccines, RSV vaccines and COVID-19 vaccines at the same time if required.

Bexsero can be safely given with other routine vaccines. Children <2 years of age are recommended to receive prophylactic paracetamol if they are receiving Bexsero at the same time as other routinely scheduled vaccines. However, this is not a contraindication to co-administration of Bexsero with other vaccines.

Table. Catch-up schedule for 20vPCV for Aboriginal and Torres Strait Islander children living in ACT, NSW, Tas or Vic, born before 1 March 2025, and children from all states/territories who do not have risk condition(s) for pneumococcal disease, aged <5 y

Number of PCV doses received previously	Age at presentation	Age at 1st dose of PCV	Age at 2nd dose of PCV	Age at 3rd dose of PCV	Number of primary 20vPCV dose(s) needed	Number of 20vPCV booster dose(s) at age ≥12 months
None	<12 months	na	na	na	2	1
	12–59 months	na	na	na	1	None
1	<12 months	<12 months	na	na	1	1
	12–59 months	<12 months	na	na	None	1
	12–59 months	≥12 months	na	na	None	None
2	<12 months	<12 months	<12 months	na	None	1
	12–59 months	<12 months	<12 months	na	None	1
	12–59 months	<12 months	≥12 months	na	None	None
3	<12 months	<12 months	<12 months	<12 months	None	1
	12–59 months	<12 months	<12 months	<12 months	None	None

na = not applicable

Table. Catch-up schedule for 20vPCV for Aboriginal and Torres Strait Islander children living in ACT, NSW, Tas or Vic, born before 1 March 2025, and children from all states/territories who do not have risk condition(s) for pneumococcal disease, aged

Table. Risk conditions for pneumococcal vaccination and eligibility for NIP funding | The Australian Immunisation Handbook

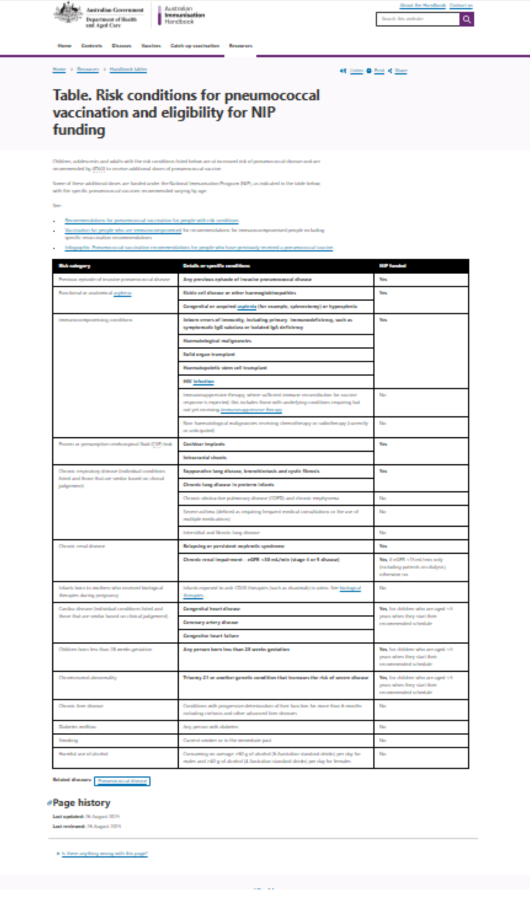


Table. Risk conditions for pneumococcal vaccination and eligibility for NIP funding

Page history

Pneumococcal scenarios

Aboriginal and Torres Strait Islander child presenting at 4 years of age.

- Has had four scheduled Prevenar 13 vaccines at 2,4,6 and 12 months.
- Due: one further dose of Prevenar 20 now along with other scheduled NIP and Qld schedule vaccines.

Aboriginal and Torres Strait Islander child presenting at 12 months, has received Prevenar 13 at 2,4,6 months of age

- Due one dose of Prevenar 20 now and no further doses of pneumococcal vaccine will be due in the future (not due at 4, or 9 years)

Common scenarios

Aboriginal and Torres Strait Islander child presenting at 9 years. Has received 3 doses of Prevenar 13 at various times in infancy. Has received one dose of Pneumovax 23 at 4 years.

- Due one dose of Prevenar 20 now, no further doses of Pneumovax 23 due.

Child with no medical at-risk factors and not Indigenous, presents at 12 months for scheduled vaccines. Has received 2 doses of Prevenar 13 at 2 and 4 months.

- Due Prevenar 20 now at 12 months

Common scenarios

Child presenting at 18 months with only one dose of Prevenar 13 given at 2 months.

- Due one dose of Prevenar 20 now and no further doses due

Child presenting at 18 months with two doses of Prevenar 13 given at 2 and 12 months

- No further doses due

Measles

- Expansion of MMR (from May, 2025) for infants travelling to areas where measles is endemic (including Australia). Additional dose (dose zero) recommended >6 -11 months (<12months). Clinician decision regarding eligibility.
- Parents and carers presenting for 6-month vaccination should be asked if there is any planned travel and appropriate counselling provided including measles risk. These are funded doses and should not be withheld if parents are seeking vaccination.
- Drop off in passive immunity from 4 months (Ong et. al. 2025) (article next slide)
- Possible review of the National Immunisation Program schedule point for 1st dose MMR
- If child receives state funded dose (dose 0) prior to 11 months, they require the scheduled NIP doses @ 12 months and 18 months (MMRV) to be considered up to date on the AIR
- Opportunity to provide MMR to parents/carers as well, many people do not know their status and may not have two documented doses of MMR. Two doses are funded for all people born during or since 1966.

Some studies suggest maternal antibodies for measles drop at 4 months

Measles Seroprevalence in Infants Under 9 Months of Age in Low- and Middle-Income Countries: A Systematic Review and Meta-analysis

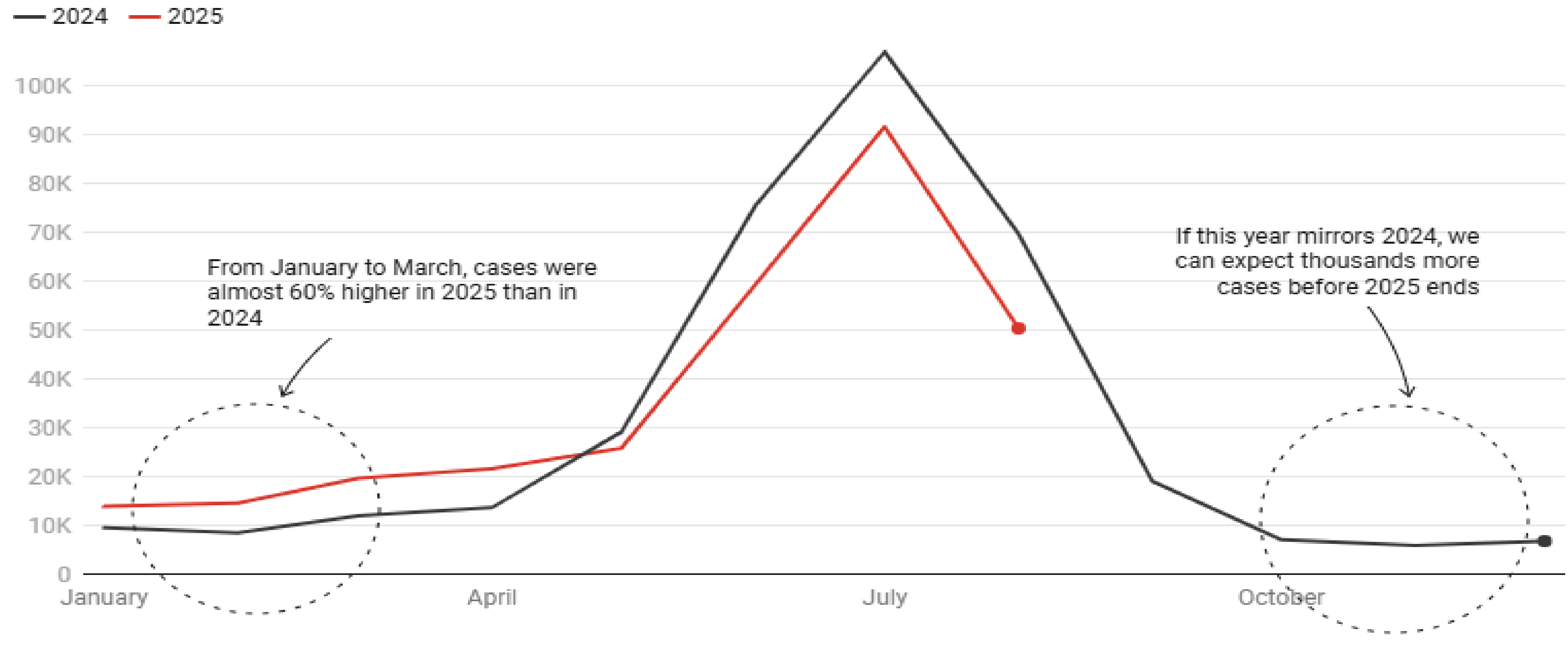
Darren Suryawijaya Ong, Claire von Mollendorf, Kim Mulholland, Lien Anh Ha Do ✉

Author Notes

The Journal of Infectious Diseases, Volume 232, Issue 2, 15 August 2025, Pages 316–326,
https://doi.org/10.1093/infdis/jiaf177

Free Influenza Vaccine Program 2025

- Free QIV ceased September 30th, 2025 in Queensland (all people >6 months eligible for free QIV currently) – (2026 program TBA)
- **Continue to offer QIV while within expiry date**
- NIP eligibility esp < 5years and pregnant women


How's this year's flu season tracking?
Laboratory confirmed cases of influenza
2024
2025
100K
90K
80K
70K
60K
50K
40K
30K
20K
10K
0
January
April
July
October
From January to March, cases were almost 60% higher in 2025 than in 2024
If this year mirrors 2024, we can expect thousands more cases before 2025 ends
Chart: The Conversation • Source: National Notifiable Disease Surveillance System • Get the data • Embed • Download image • Created with Datawrapper

2025 Flu Season

This year to date, Queensland has recorded 71,407 cases. Of these cases:

- 85 per cent of confirmed cases are not vaccinated.
- 6,864 were admitted to hospital – 80 per cent were not vaccinated.
- There have been 163 flu related deaths reported this year (1 January – 7 Sep 2025), compared with 175 deaths during the same period last year (1 January – 7 Sep 2024). (Queensland Health 2025 Influenza vaccination advice)

Snapshot of the latest 2025 influenza vaccination coverage* data in Australia

All persons

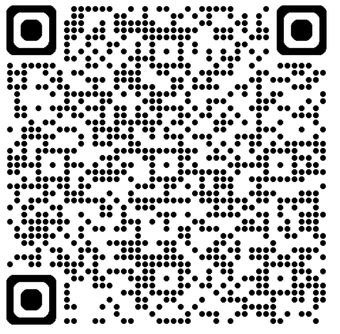
	ACT	NSW	Vic	Qld	SA	WA	Tas	NT	AUS
6 mo–<5 yrs	47.7	24.1	30.1	19.8	27.2	22.8	29.1	34.2	25.4
5–<15 yrs	24.2	13.3	16.0	13.1	15.3	15.2	14.8	12.4	14.5
15–<50 yrs	32.6	19.4	23.6	18.1	23.5	18.7	23.3	21.1	20.8
50–<65 yrs	44.2	30.0	34.1	31.3	36.1	30.9	39.3	25.1	32.2
≥65 yrs	66.1	58.2	61.9	60.4	66.6	59.9	67.9	34.8	60.6

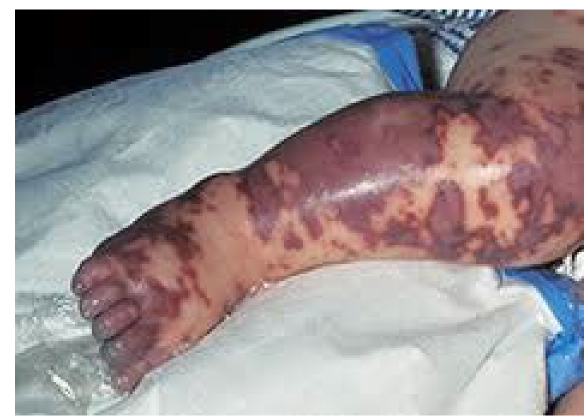
** Year-to-date (YTD) coverage calculated using vaccinations given 1 March–23 August 2025 (inclusive). AIR data as at 24 August 2025.*

Coverage data in these tables may differ slightly from estimates published elsewhere due to differences in calculation methodologies and/or the AIR data being used in the calculation having been downloaded on different dates.

Queensland Meningococcal B Program

- Largest state-funded immunisation program ever implemented in Queensland
- Catch up to 2 years (eligible for second dose if first dose given)
- Prophylactic paracetamol <2 years
- Adolescent program through SIP and 15-19 years of age
- Adolescents can still and *are recommended* to receive 2 doses if previous Men B vaccination given. Healthy adolescents aged 15–19 years are recommended to receive 2 doses of MenB vaccine | The Australian Immunisation Handbook





Meningococcal B

Since Feb 2024,

- 131,000 people aged 0-<2 years

-103,000 people aged 15-<20 years

have been vaccinated

Most recent coverage at 12 months:

- First Nations: nearly 90%

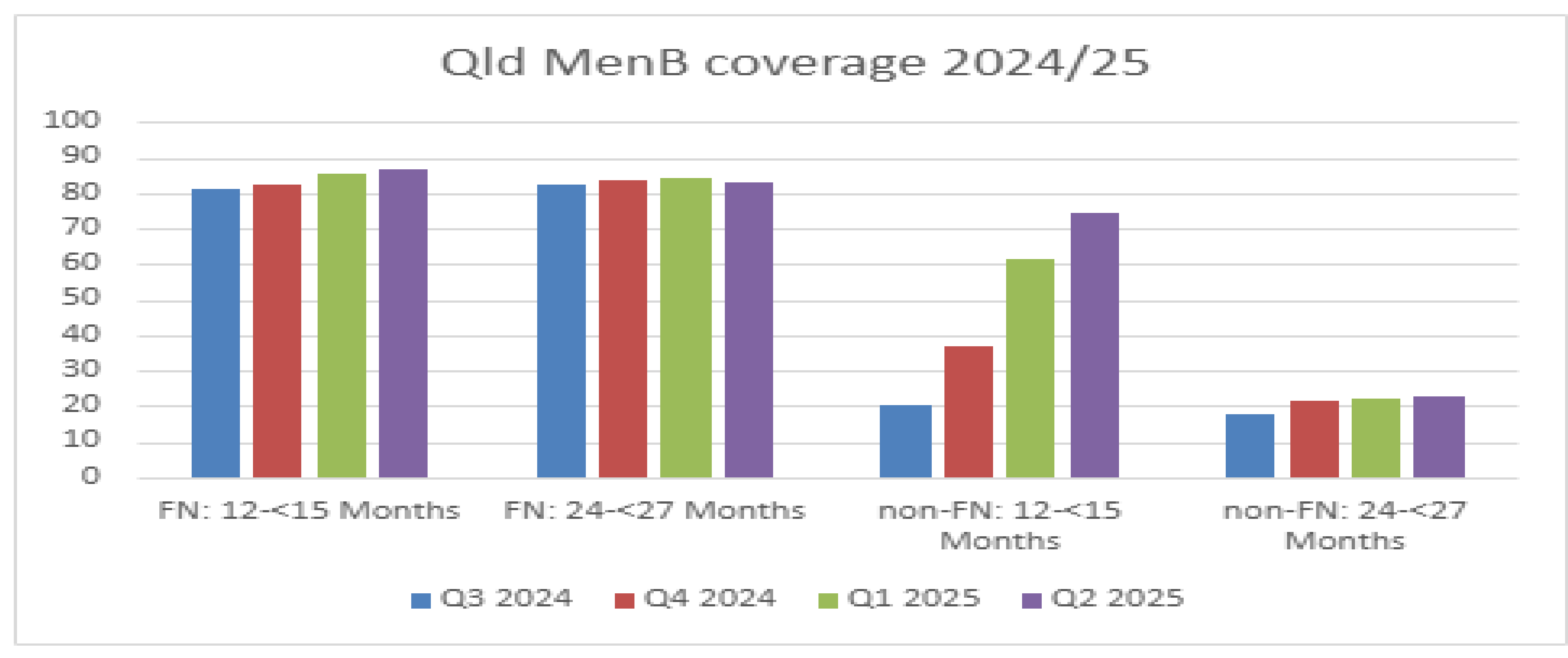
-non-First Nations: around 75%

MenB uptake in the School Immunisation Program (SIP):

- 62% for first dose and - 51% for second dose

(but many catch ups occur outside the SIP).

Meningococcal B



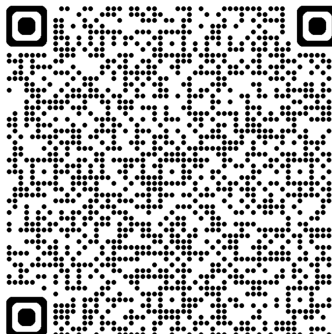
Vaccine recommendations during Pregnancy

Recommended gestational age for vaccination

	Trimester 1	Trimester 2	Trimester 3
Week of gestation	1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16 17 18 19 20 21 22 23 24 25 26	27 28 29 30 31 32 33 34 35 36 37 38 39 40
Antibody			
Influenza vaccine – Vaxigrip Tetra or Flucelvax Quad*	**Recommended** anytime during pregnancy		
Pertussis (whooping cough) vaccine – Boostrix or Adacel		**Recommended** at 20–32 weeks**	
Respiratory syncytial virus (RSV) vaccine – Abrysvo			**Recommended** from 28 weeks#
COVID-19 vaccine – Comirnaty##	Primary course recommended for unvaccinated women. Further dose **recommended** for previously vaccinated women with severe immunocompromise and can be **considered** for other previously vaccinated women.##		

NCIRS For health professionals For the public Our work Publications News & events About us

NCIRS:
Vaccine Recommendations in Pregnancy



Pertussis and Influenza Vaccination in Pregnancy Uptake

Vaccination in pregnancy

80%
70%
60%
50%
40%
30%
20%
10%
0%

45.5% 45.4% 43.7%

70.9% 70.7% 70.0%

Influenza

Pertussis

2022 2023 2024

Respiratory Syncytial Virus

RSV is the most significant pathogen in early childhood; common cause of bronchiolitis and pneumonia in infants <6 months.

- Abrysvo® is recommended and funded for pregnant women between 28 to 36 weeks gestation

- Nirsevimab (Beyfortus®) is recommended and free for babies up to less than 8 months of age if Abrysvo was not given 14 days prior to birthing, and all infants with complex medical conditions with associated increased risk of RSV- despite maternal Abrysvo up to less than 24 months of age
- Vaccination is free for infants (up to 8 months and those with complex medical conditions up to 24 months)

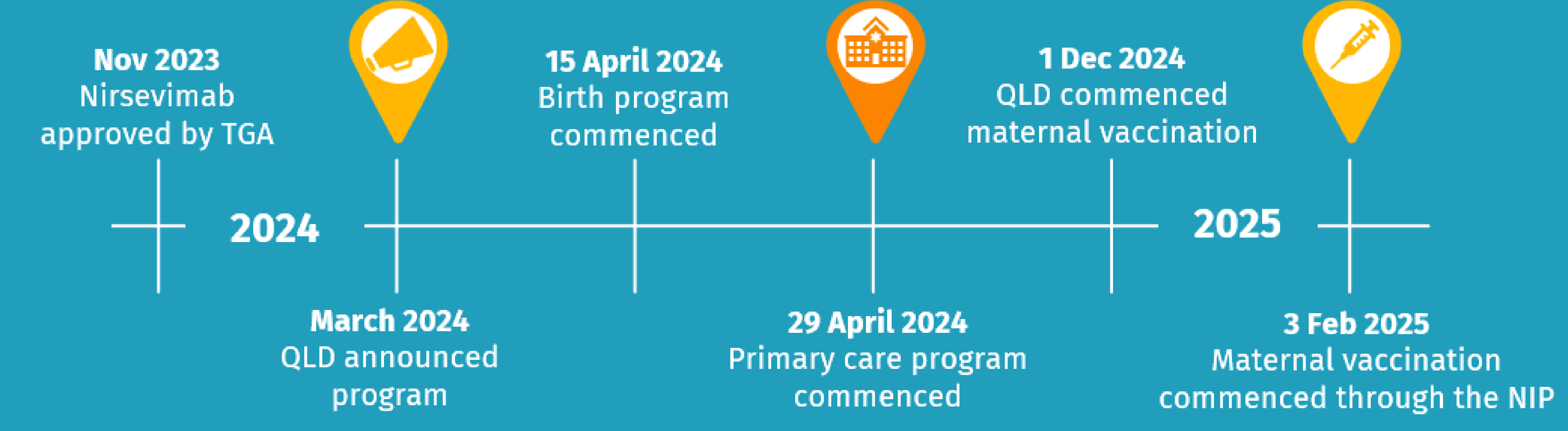
RSV paediatric vaccinations has been successful in reducing childhood hospitalisations by 75% in Queensland. The program will continue in 2026.

[Queensland Paediatric Respiratory Syncytial Virus Prevention Program | Queensland Health]

Queensland Health

Immunisation Unit

Queensland Paediatric RSV Prevention Program:
Update and Program impact



Program outcomes

49% reduction in RSV hospitalisations for infants under 6 months by end of 2024 (vs. same period 2023)

79% reduction in RSV hospitalisations for infants under 6 months by 13 July 2025 (vs. same period 2023)

More than 1000 RSV hospitalisations avoided for infants under 6 months of age since the RSV program commenced in QLD

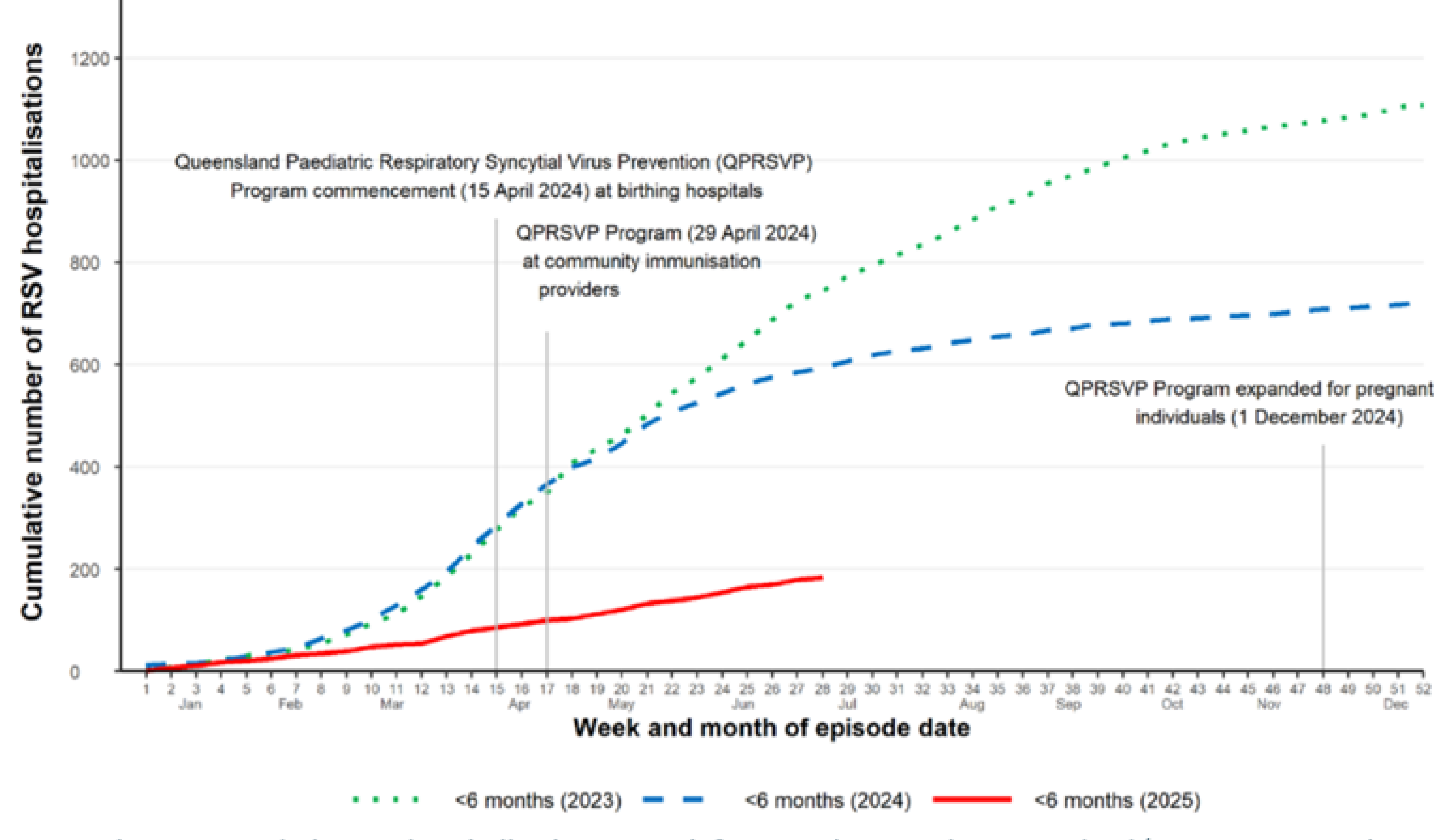


Figure 1: Cumulative RSV hospitalisation among infants aged <6 months, Queensland (1 Jan 2023 to 13 July 2025)
Source - Queensland Acute Respiratory Infection Surveillance Report

RSV

Since April 2024,
- 44,000 infants under 8 months
-450 children aged 8 months<2 years
have been vaccinated

Since Dec 2024, more than 24,000 women have been vaccinated in pregnancy

**Coverage data are not yet available*

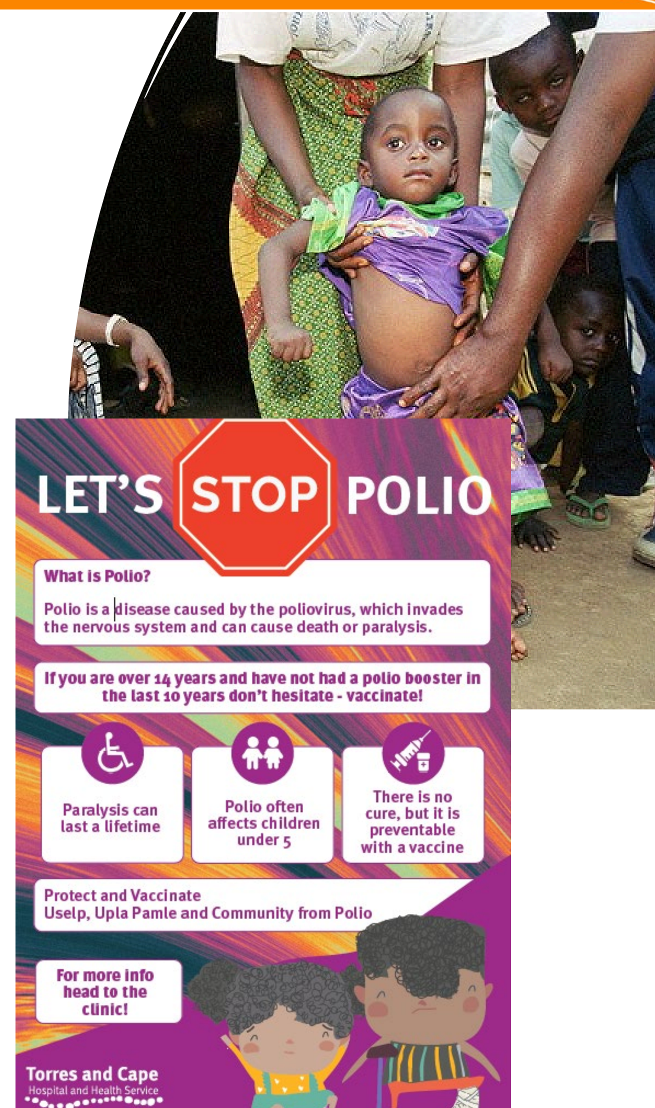
Polio

- Outbreak of polio in the outer islands of PNG and Torres Straits
- Australia Polio free from 2000
- Spreads via the faecal-oral route
- Virus spreads to infect and replicate in the cells of the central nervous system
- Can lead to paralytic polio- asymmetrical permanent paralysis of the legs

- Inactivated Polio Vaccine recommended and funded under the National Immunisation Program
- IPV used for all polio vaccination since 2005
- Torres and Cape PHU leading a program response for PNG nationals in the outer Islands as well as others with no documented evidence of Polio vaccination
- Ensure up to date for polio and reinforce need for vaccination

Vaccines

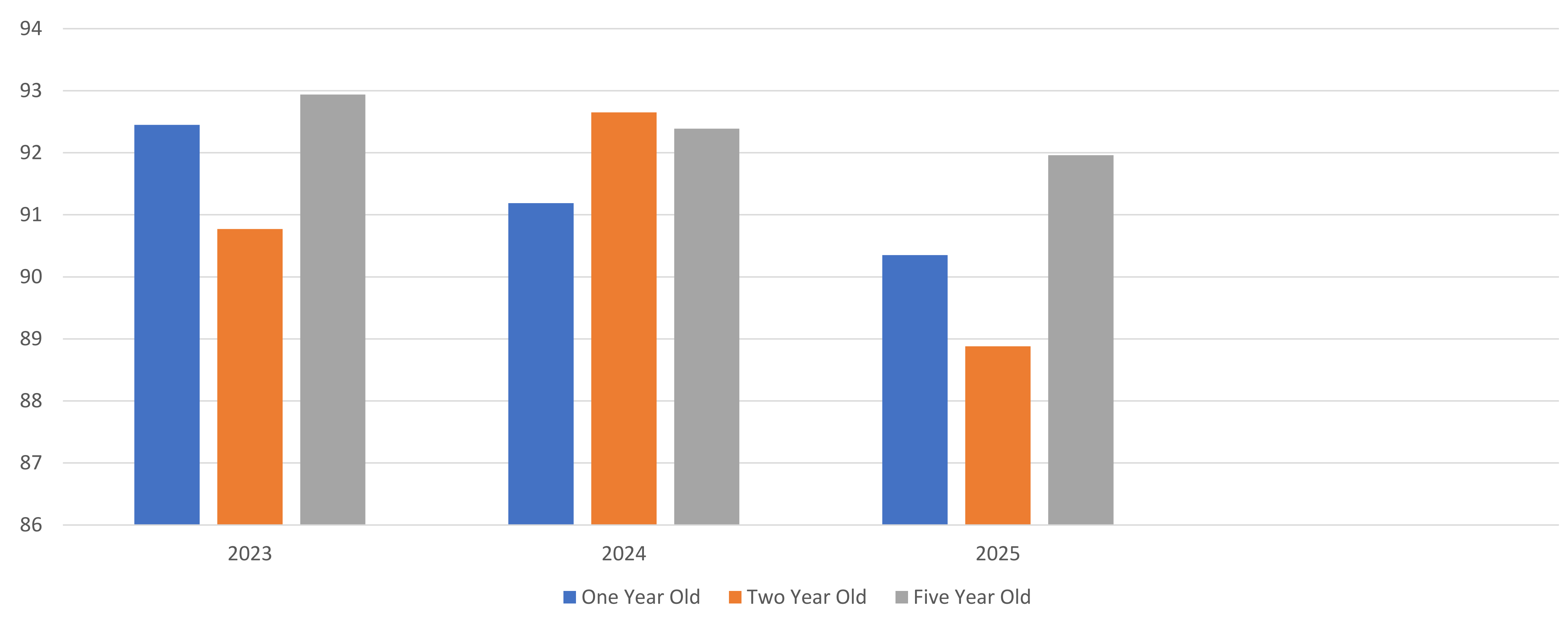
- In Australia trivalent inactivated polio vaccine (IPOL)- three strains of poliovirus types (since 2005)
- IPV does not contain live virus, cannot cause vaccine associated paralytic polio (VAPP)
- Funded under the NIP for 3 dose primary course with booster at 4 years (if Dose 3 given >4 years dose 4 not required) plus catch-up<20yrs and refugees/humanitarian entrants of any age.



National Due and Overdue Rules for immunisation

- National due and overdue rules for immunisation November 2023
- Determines what is due and overdue for individuals on the AIR
- Use in conjunction with other resources, AIH, Qld schedule and personal health records.
- Helps with catch-up

Queensland Childhood Immunisation Coverage



Importance of **Catch-up**

Check:
AIR
PHR (Red book) or other handheld records/medical software records
Medical hx (immunocompromise, pregnancy etc)
Indigenous Status

Use:
Qld immunisation schedule and Australian Immunisation Handbook
Due and Overdue Rules
Australian Immunisation Register

Importance of catch-up- funding to <20 years, less than 26 years for HPV, refugees and humanitarian entrants

Importance of checking QLD schedule for additional vaccines

Cocooning for parents and grandparents- pertussis, measles, QIV, pneumococcal, Shingrix, Immunocompromised

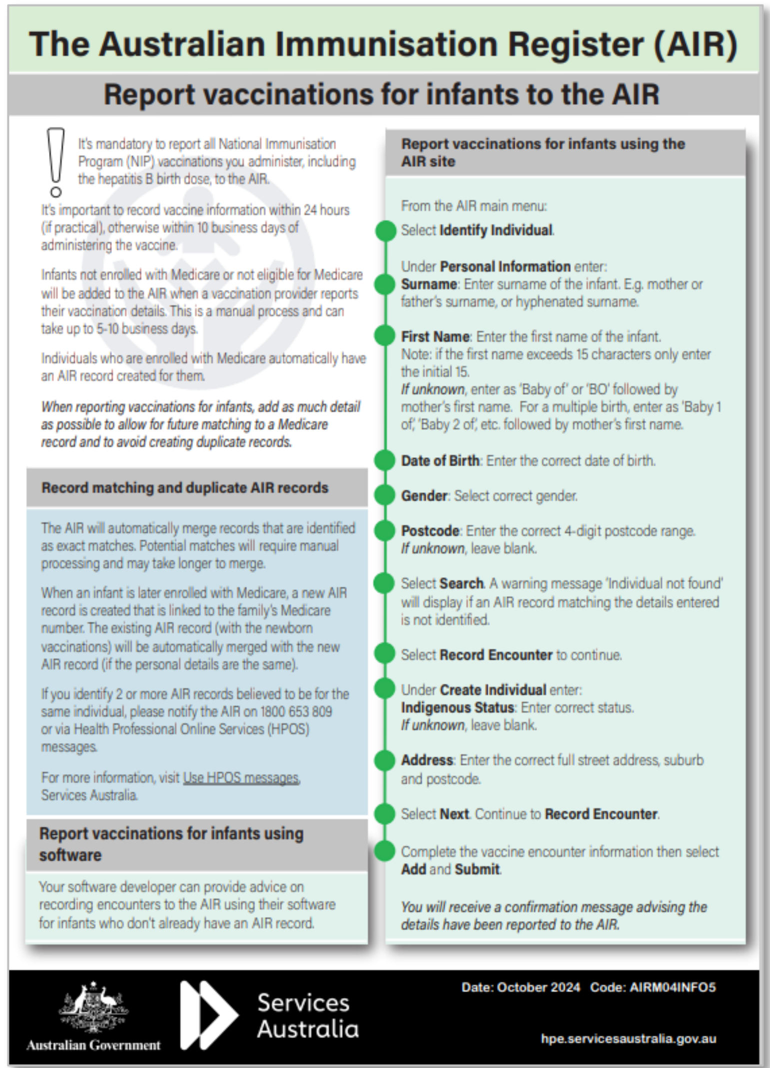
Not using AIR as the only resource for catch-up (adults)

National Vaccine Storage Guidelines version 4 – Strive for 5

- National Vaccine Storage Guidelines ‘Strive for 5’ | Australian Government Department of Health, Disability and Ageing
- Reviewed by all State and Territories and has gone to all peak bodies in Australia
- Version 4 - released in September, 2025
- Online – no printed copies
- Succinct language – duplications removed
- Room for interpretation removed
- Has been condensed from 106 pages to 50 pages

Reporting to the Australian Immunisation Register

- From 1 March 2025, it is a mandatory requirement to report information whether an individual was pregnant at the time of vaccine administration
- Administration of vaccines must be reported to the AIR within 24 hours, and no more than 10 working days after the vaccination
- A Medicare number is not required to report vaccines to the AIR
- Mandatory to report: NIP vaccines, COVID-19 vaccines, Influenza vaccines, JEV vaccines



The Australian Immunisation Register (AIR)

Report vaccinations for infants to the AIR

It's mandatory to report all National Immunisation Program (NIP) vaccinations you administer, including the hepatitis B birth dose, to the AIR.

It's important to record vaccine information within 24 hours (if practical), otherwise within 10 business days of administering the vaccine.

Infants not enrolled with Medicare or not eligible for Medicare will be added to the AIR when a vaccination provider reports their vaccination details. This is a manual process and can take up to 5-10 business days.

Individuals who are enrolled with Medicare automatically have an AIR record created for them.

When reporting vaccinations for infants, add as much detail as possible to allow for future matching to a Medicare record and to avoid creating duplicate records.

Record matching and duplicate AIR records

The AIR will automatically merge records that are identified as exact matches. Potential matches will require manual processing and may take longer to merge.

When an infant is later enrolled with Medicare, a new AIR record is created that is linked to the family's Medicare number. The existing AIR record (with the newborn vaccinations) will be automatically merged with the new AIR record (if the personal details are the same).

If you identify 2 or more AIR records believed to be for the same individual, please notify the AIR on 1800 653 809 or via Health Professional Online Services (HPOS) messages.

For more information, visit Use HPOS messages, Services Australia.

Report vaccinations for infants using software

Your software developer can provide advice on recording encounters to the AIR using their software for infants who don't already have an AIR record.

Report vaccinations for infants using the AIR site

From the AIR main menu:

- Select **Identify Individual**.
- Under **Personal Information** enter:
  Surname: Enter surname of the infant. E.g. mother or father's surname, or hyphenated surname.
- **First Name**: Enter the first name of the infant.
  Note: if the first name exceeds 15 characters only enter the initial 15.
  If unknown, enter as 'Baby of' or 'BO' followed by mother's first name. For a multiple birth, enter as 'Baby 1 of', 'Baby 2 of', etc. followed by mother's first name.
- **Date of Birth**: Enter the correct date of birth.
- **Gender**: Select correct gender.
- **Postcode**: Enter the correct 4-digit postcode range.
  If unknown, leave blank.
- Select **Search**. A warning message 'Individual not found' will display if an AIR record matching the details entered is not identified.
- Select **Record Encounter** to continue.
- Under **Create Individual** enter:
  Indigenous Status: Enter correct status.
  If unknown, leave blank.
- **Address**: Enter the correct full street address, suburb and postcode.
- Select **Next**. Continue to **Record Encounter**.
- Complete the vaccine encounter information then select **Add** and **Submit**.

You will receive a confirmation message advising the details have been reported to the AIR.

Australian Government | Services Australia

Date: October 2024 Code: AIRM04INFO5

hpe.servicesaustralia.gov.au

Source: AIRM04INFO5 - Report vaccinations for infants to the AIR

Extended Practice Authorities

RNs (7th April 2025)

- scope of regulated activities with regulated substances which a registered nurse is authorised to carry out
- The current Australian Immunisation Handbook is the Health Management Protocol
- Appendix 4 lists immunisation medicines which can administered independently by a suitably qualified registered nurse

EPARN at a snapshot

- EPARN consists of all extended practice nurse activities
- 31 pages long- can be quite difficult to understand
- Immunisation Part D – can read it in condensed way to understand legislation and scope for immunisation nurses

Pages 2 & 3 – Section 1, general conditions

Extended Practice Authority 'Registered Nurses'

This extended practice authority (EPA) has been made under section 232 of the *Medicines and Poisons Act 2019* (Qld) by the Deputy Director-General, Queensland Public Health and Scientific Services, Queensland Health, as a delegate of the chief executive, Queensland Health. It states the scope of the regulated activities with the regulated substances which a registered nurse is authorised to carry out for the purposes described in column 3 of the table under Schedule 7, Part 3, Division 2 of the Medicines and Poisons (Medicines) Regulation 2021 (Qld).

A term used in this EPA that is defined in the *Medicines and Poisons Act 2019* or the Medicines and Poisons (Medicines) Regulation 2021, has the meaning stated in the *Medicines and Poisons Act 2019* or Medicines and Poisons (Medicines) Regulation 2021.

1. Conditions – general

The following general conditions apply to a registered nurse in addition to any specific conditions, as applicable, under Parts A, B, C and D of this EPA, except for circumstances that apply to naloxone as a S3 medicine.

1.1. The registered nurse must ensure they have access to their applicable health management protocol as described in Appendix 1 of this EPA, *Australian Immunisation Handbook* and current guidelines, manuals or protocols adopted or established by their employer when acting under this EPA.

1.2. The registered nurse must act in accordance with a current health management protocol that applies to the dealings of the registered nurse and that complies with the requirements specified in Appendix 1.

1.3. The registered nurse must not give a treatment dose of a monitored medicine unless stated otherwise in this EPA.

1.4. The registered nurse is authorised to give a purchase order for a medicine listed under the relevant Part/s that they are authorised, for the registered nurse to use.

1.5. Before administering or giving a treatment dose of a medicine the registered nurse must be familiar with the contra-indication(s) and known side effect(s) of the medicine and advise the patient accordingly.

1.6. For the requirements for administration of immunisation medicines, including for patient selection, patient consent, administration, documenting immunisation and follow up care, the registered nurse must act in accordance with:

1.6.1. the current online edition of the *Australian Immunisation Handbook*; or

1.6.2. the current recommendations issued by the Australian Technical Advisory Group on Immunisation (ATAGI); or

1.6.3. the product information approved by the Therapeutic Goods Administration (TGA); or

1.6.4. the current recommendations provided on the *Immunisation Schedule Queensland*.

Extended Practice Authority 'Registered Nurses' - Version 6 Page 2 of 31

1.7. Before immunisation medicines are administered, the registered nurse must ensure the equipment and procedures detailed in the current online edition of the *Australian Immunisation Handbook* are in place.

1.8. Prior to performing a Tuberculin Skin Test (TST) or administering a bacillin Calmette-Guerin (BCG) vaccination for Tuberculosis (TB), registered nurses must demonstrate that they have completed the specified training and been assessed by a clinician as required by the *Health Services Directive – Tuberculosis Control* and the *Health Service Directive Protocol for the Control of Tuberculosis*.

1.9. When immunisation medicines are in the possession of the registered nurse, the registered nurse must ensure that the storage and transport of the medicines is in accordance with the *National vaccine storage guidelines: Strive for 5*.

1.10. The registered nurse who administers an immunisation medicine must ensure:

1.10.1. the immunisation is recorded on the Australian Immunisation Register (AIR) as soon as practicable and ideally at the time of immunisation

1.10.2. any adverse events occurring following immunisation must be notified using the Adverse Event Following Immunisation (AEFI) form published on the Queensland Health website.

1.11. If Consumer Medicine Information (CMI) is available for a particular medicine, the registered nurse must, where reasonably practicable, offer the information to each person to whom the registered nurse administers or gives a treatment dose of the medicine.

Schedule 2 and 3 medicines

A registered nurse is authorised under Schedule 7, Part 3, Division 2 of the Medicines and Poisons (Medicines) Regulation 2021 to *administer* an S2 or S3 medicine without an extended practice authority.

This EPA authorises registered nurses to *give a treatment dose* of:

- Naloxone as a S3 medicine for the management of opioid overdose, and
- S2 or S3 medicines under the circumstances specified in the EPA.

2. Part A – specified services to address health and community need

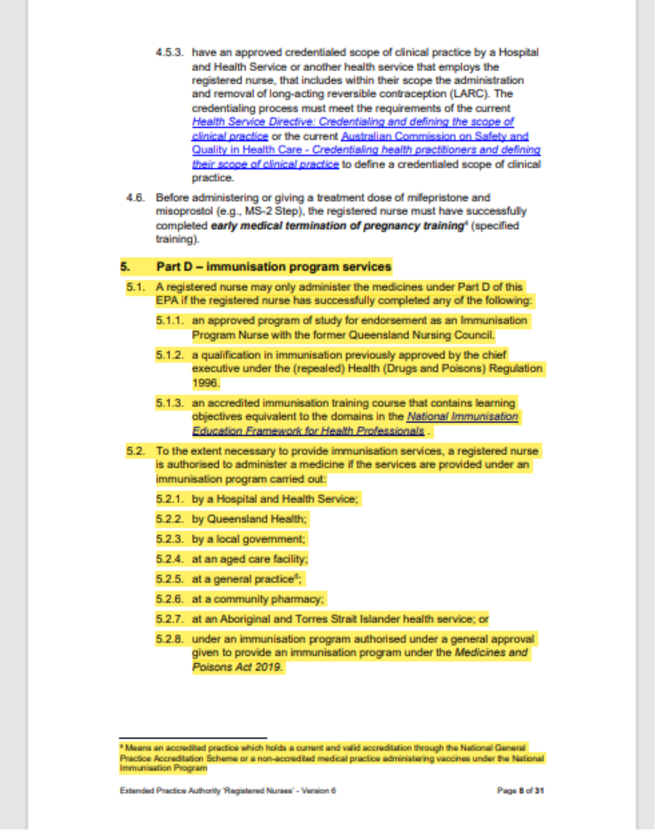
2.1. A registered nurse may only administer or give a treatment dose of medicines under Part A of this EPA if the registered nurse is working for a Hospital and Health Service that uses a credentialing process meeting the requirements of the current *Health Service Directive: Credentialing and defining the scope of clinical practice* or the current Australian Commission on Safety and Quality in Health Care Standard for Credentialing and Defining the Scope of Clinical Practice to define a ***credentialed scope of clinical practice***.

2.2. The registered nurse must be credentialed to perform a ***specified service***[1] and must have a document stating and approving their credentialed scope of clinical practice for the specified service.

[1] Specified service means a service provided by a Hospital and Health Service to meet a health and community need that is being facilitated by the extended practice authority.

Extended Practice Authority 'Registered Nurses' - Version 6 Page 3 of 31

Pages 8 & 9 Part D immunisation program services



4.5.3. have an approved credentialed scope of clinical practice by a Hospital and Health Service or another health service that employs the registered nurse, that includes within their scope the administration and removal of long-acting reversible contraception (LARC). The credentialing process must meet the requirements of the current *Health Service Directive: Credentialing and defining the scope of clinical practice* or the current Australian Commission on Safety and Quality in Health Care - *Credentialing health practitioners and defining their scope of clinical practice* to define a credentialed scope of clinical practice.

4.6. Before administering or giving a treatment dose of mifepristone and misoprostol (e.g., MS-2 Step), the registered nurse must have successfully completed ***early medical termination of pregnancy training***[4] (specified training).

5. Part D – immunisation program services

5.1. A registered nurse may only administer the medicines under Part D of this EPA if the registered nurse has successfully completed any of the following:

5.1.1. an approved program of study for endorsement as an Immunisation Program Nurse with the former Queensland Nursing Council.

5.1.2. a qualification in immunisation previously approved by the chief executive under the (repealed) Health (Drugs and Poisons) Regulation 1996.

5.1.3. an accredited immunisation training course that contains learning objectives equivalent to the domains in the *National Immunisation Education Framework for Health Professionals* .

5.2. To the extent necessary to provide immunisation services, a registered nurse is authorised to administer a medicine if the services are provided under an immunisation program carried out:

5.2.1. by a Hospital and Health Service;

5.2.2. by Queensland Health;

5.2.3. by a local government;

5.2.4. at an aged care facility;

5.2.5. at a general practice[5];

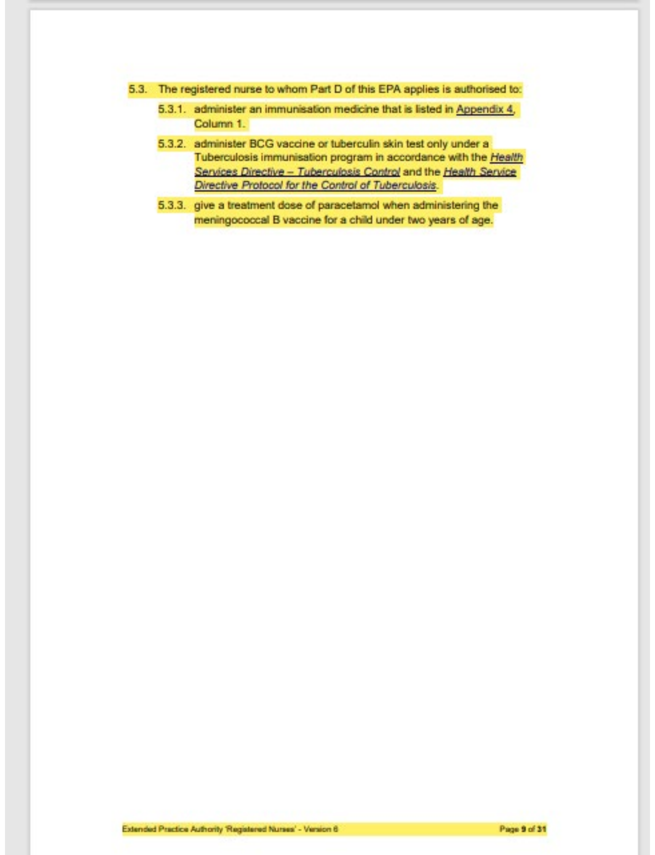
5.2.6. at a community pharmacy;

5.2.7. at an Aboriginal and Torres Strait Islander health service; or

5.2.8. under an immunisation program authorised under a general approval given to provide an immunisation program under the *Medicines and Poisons Act 2019*.

[5] Means an accredited practice which holds a current and valid accreditation through the National General Practice Accreditation Scheme or a non-accredited medical practice administering vaccines under the National Immunisation Program

Extended Practice Authority 'Registered Nurses' - Version 6 Page **8** of **31**



5.3. The registered nurse to whom Part D of this EPA applies is authorised to:

5.3.1. administer an immunisation medicine that is listed in Appendix 4, Column 1.

5.3.2. administer BCG vaccine or tuberculin skin test only under a Tuberculosis immunisation program in accordance with the *Health Services Directive – Tuberculosis Control* and the *Health Service Directive Protocol for the Control of Tuberculosis*.

5.3.3. give a treatment dose of paracetamol when administering the meningococcal B vaccine for a child under two years of age.

Extended Practice Authority 'Registered Nurses' - Version 6 Page **9** of **31**

Page 10 – appendix HMPs

Appendix 1 – Requirements for health management protocols

1. The current *Australian Immunisation Handbook* is the health management protocol for dealings with immunisation medicines listed in this EPA. Where an immunisation medicine is not included in the Australian Immunisation Handbook, the current recommendation issued by ATAGI may be used as the health management protocol. In all other circumstances, the requirements below must be met.
2. A health management protocol is a document approved and dated by the ***chief executive*** [7] of a Hospital and Health Service or the Chief Executive Officer[8] of an employing organisation that provides a health service, other than Queensland Health or a Hospital and Health Service, that details the clinical use of medicines for services provided by a registered nurse under this EPA for patients of the Hospital and Health Service or other employing organisations.
3. A health management protocol must have been reviewed and endorsed by an inter-disciplinary health team comprising, at a minimum, a medical practitioner, a registered nurse and a pharmacist, and may include other identified professional personnel (an ***inter-disciplinary team***).
4. A health management protocol details the clinical use of medicines that may be administered or given as a treatment dose by a registered nurse under Appendix 2 or 3 of this EPA, and must include the following:
   a. The procedures for clinical assessment, management, and follow up of patients, including the recommended medicine for the relevant clinical problem.
   b. For each medicine in the health management protocol:
      i. a clinical indication or time when medical referral/consultation must occur for that condition;
      ii. the name, form and strength of the medicine and the condition/situation for which it is intended and any contraindication(s) to the use of the medicine;
      iii. the recommended dose of the medicine, the frequency of administration (including rate where applicable) and the route of administration of the medicine;
      iv. for a medicine to be administered, the maximum dose of a medicine that may be administered or maximum duration of administration allowed without a prescription from an authorised prescriber;
      v. for a medicine to be given as a treatment dose, the maximum quantity of or duration of treatment with a medicine that may be given without a prescription;
      vi. the type of equipment and management procedures required for management of an emergency associated with the use of the medicine.
   c. When to refer to a higher level of care for intervention or follow-up.

[7] Refer to *Hospital and Health Services Boards Act 2011*
[8] Chief Executive Officer means the highest-ranking executive or administrator in charge of the management of an organisation.

Appendix 4 page 31

Appendix 4 – Immunisation medicines

Column 1 Regulated substance/antigen	Column 2 - Part A (Health & Community need), B (Rural & Isolated Practice Areas) and D (Immunisation)	Column 3 - Part C (Sexual & Reproductive Health)
	Restrictions/Conditions for place or circumstance	
Cholera	Administer	Not permitted
COVID-19	Administer	Administer
Diphtheria	Administer	Administer
Haemophilus influenzae type b	Administer	Not permitted
Hepatitis A	Administer	Administer
Hepatitis B	Administer	Administer
Human Papillomavirus	Administer	Administer
Influenza	Administer	Administer
Japanese encephalitis	Administer	Not permitted
Measles	Administer	Administer
Meningococcal	Administer	Administer
Mpox	Administer	Administer
Mumps	Administer	Administer
Nirsevimab	Administer	Not permitted
Pertussis	Administer	Administer
Pneumococcal	Administer	Administer
Poliovirus	Administer	Not permitted
Rabies	Administer - Pre-exposure only	Not permitted
Respiratory syncytial virus (RSV)	Administer	Administer
Rotavirus	Administer	Not permitted
Rubella	Administer	Administer
Tetanus	Administer	Administer
Tetanus immunoglobulin	Administer	Not permitted
Typhoid	Administer	Not permitted
Varicella (chickenpox)	Administer	Not permitted
Zoster (herpes zoster)	Administer	Not permitted

Extended Practice Authority 'Registered Nurses' - Version 6 Page 31 of 31

FluMist 2026 –announced 16 Sep 2025

LIVE ATTENUATED NASAL INFLUENZA VACCINE

LICENSED FOR <17 YEARS

QLD PROGRAM 2-4 YEARS INCLUSIVE

Flumist

- Used in UK as primary influenza vaccination program for primary and high school children for years
- Needle-free delivery
- Supply secured for the 2,3,4 year cohort
- Currently Qld's under 5 influenza vaccine uptake is amongst the lowest nationally

Links

- Immunisation Schedule Queensland | Queensland Health
- 2026 Queensland Nasal Spray Flu Immunisation Program | Queensland Health
- 2026 Queensland Nasal Spray Flu Immunisation Program - Frequently Asked Questions for Consumers

Queensland Health

Immunisation Unit

Education and Resources

- Queensland Health Education Page for Immunisation Providers (Link to Modules, Multiple vaccine administration, Clinical guidelines, resources
- QHIP Newsletter- 3 monthly
- Education for immunisation service providers | Queensland Health
- Australian Immunisation Handbook (Pneumococcal Chapter)
- QHIP Modules (RSV, Meningococcal B, Influenza, 2025)

Questions:

- Diphtheria | The Australian Immunisation Handbook
- Vaxelis | NCIRS
- Queensland MenB Vaccination Program | Queensland Health
- Queensland Meningococcal B (MenB) Vaccination Program
- Queensland Meningococcal B (MenB) Vaccination Program - Provider information sheet

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