2024 Winter Immunisation Toolkit for Tasmanian Immunisation Providers

March 2024

Department of Health

Tasmanian Government

Contents

Influenza Immunisation Campaign Provider Timeline

Due	Action	✓
March	Ensure all 2023 influenza vaccine stock has been discarded. Report discarded stock to the Public Health Immunisation Unit using the *Discarded Vaccine Report Form*	
	Review the *Australian Technical Advisory Group on Immunisation (ATAGI) statement on the administration of seasonal Influenza vaccines in 2024*	
	Review the *National Immunisation Program 2024 Influenza Vaccination- Program advice for health professionals*	
	Identify at-risk and eligible clients for National Immunisation Program (NIP) funded influenza vaccines and calculate how many vaccines are required for each cohort for your first order.	
	The number of orders per month for the flu vaccine is not restricted. Check your purpose-built vaccine fridge has capacity to store the vaccines.	
	Ensure *PRODA* access to the Australian Immunisation Register (AIR) is obtained for staff providing immunisations.	
	If providing vaccines off site ensure your Public Health Program Approval is up to date. For further information about the Program Approval process please contact the **Immunisation Team at Public Health on 1800 671 738** (choose the Immunisation option) or authorisedimmuniser@health.tas.gov.au	
	Check capacity and process to rebook any children requiring a second influenza vaccination. This only applies to children less than 9 years of age who are receiving influenza vaccine for the first time.	

April	Influenza vaccines can be ordered **after Easter** through your usual vaccine ordering portal Please note that during influenza season you will be able to place more regular orders. Consider ordering other vaccines that can be opportunistically given with the influenza vaccine.	
	The first NIP vaccine order delivered. Dispatches begin on **Wednesday 3 April 2024.**	
	Clearly label your influenza vaccine stock to minimize the risk of inappropriate administration using the basket labels supplied.	
	Send communications to **all** clients reminding them of the importance of having a flu vaccine and commencement of the program. Prioritise communications to NIP-eligible cohorts in the first instance. Have consumer *resources* available for clients to read.	
	Display influenza campaign posters in your clinic/pharmacy. These are available from *The Australian Department of Health Resources collection.*	
	Influenza vaccine campaign commences.	
	Report **all** immunisations to the Australian Immunisation Register (AIR).	

Mid - May	Review vaccine uptake – send reminders to pre-identified eligible clients who have not attended for immunisation and continue to order according to stock-on-hand and demand. Please do not overorder vaccine stock.	
	Consider using a waitlist for clients if vaccine demand exceeds your last order.	

Introduction

The Immunisation Team, Communicable Diseases Prevention Unit, Public Health Services have developed this toolkit to assist providers with managing the roll-out and implementation of their influenza vaccination program in 2024.

Annual influenza vaccination is the most important measure to prevent influenza and its complications. Everyone six months and older is recommended to get an influenza vaccine each year. The vaccine is funded under the NIP for people most at-risk of severe disease and is strongly recommended in these groups.

Typically, the period of peak influenza circulation is June to September in most parts of Australia, including Tasmania.

The Australian Technical Advisory Group on Immunisation (ATAGI) advises that optimal protection occurs within the first three to four months following vaccination.

General Practitioners (GP's) and council providers will be able to order NIP influenza vaccine for all NIP eligible cohorts. Pharmacist immunisers will be able to order NIP influenza vaccines for NIP eligible cohorts aged five years and older.

2024 Influenza Immunisation Campaign

Please prioritise those at highest risk of serious illness from influenza infection, namely those who are eligible for NIP funded vaccine, including children aged six months to less than five years, Aboriginal and Torres Strait Islander people aged six months and over, pregnant women at any stage of pregnancy, medically at-risk eligible people aged five to 64 years and people aged 65 years and over.

NIP Influenza vaccines

The Australian Government provides a free seasonal influenza vaccine to those most at risk of complications from influenza. Eligibility for NIP-funded influenza vaccines remains unchanged in 2024. Annual influenza vaccine is funded for:

- all children aged six months to less than five years
- all adults aged 65 years and older
- specific populations aged five to less than 65 years who are at increased risk of complications from influenza. That is, all Aboriginal and Torres Strait Islander people, people who have certain medical conditions (see Table 1) and pregnant women.

Table 1. Medical conditions associated with an increased risk of influenza disease complications

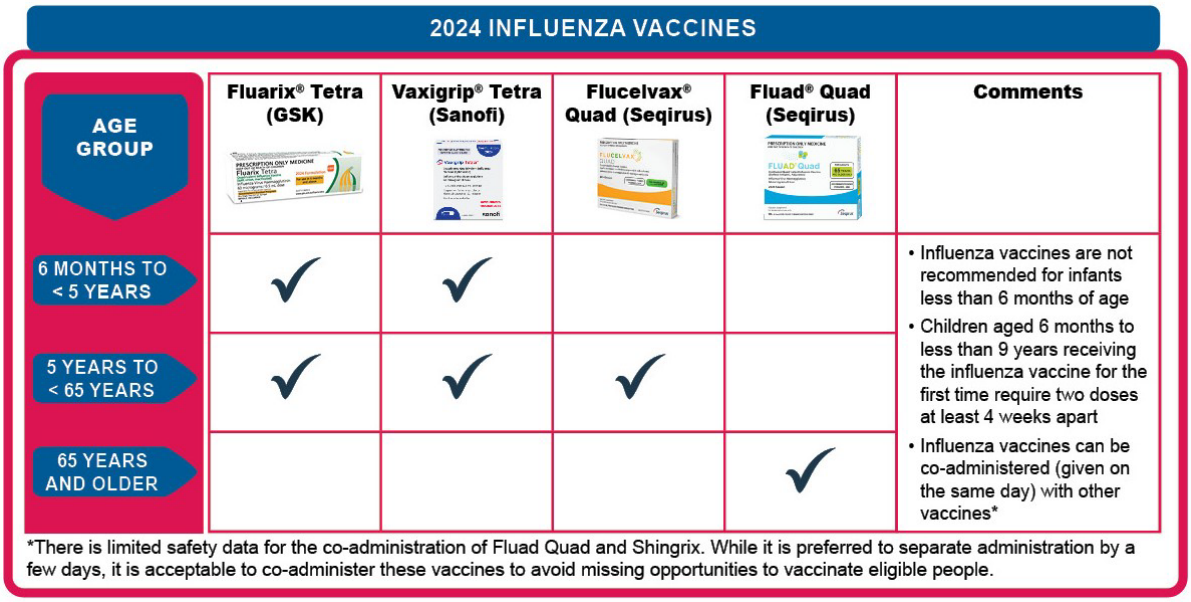
Category	Example medical condition	NIP funded
Cardiac disease	Congenital heart disease, congestion heart failure, coronary artery disease.	Yes
Chronic respiratory condition	Suppurative lung disease, bronchiectasis, cystic fibrosis, chronic obstructive pulmonary disease, chronic emphysema, severe asthma (requiring frequent medical consultation or the use of multiple medicines)	Yes
Immunocompromising condition	HIV infection, malignancy, immunocompromise due to disease or treatment, asplenia or splenic dysfunction, solid organ transplant, haematopoietic stem cell transplant, CAR-T cell therapy	Yes
Haematological disorder	Haemoglobinopathies	Yes
Chronic metabolic disorder	Type 1 or 2 diabetes, amino acid disorders, carbohydrate disorders, cholesterol biosynthesis disorders, fatty acid oxidation defects, lactic acidosis, mitochondrial disorders, organic acid disorders, urea cycle disorders, vitamin/cofactor disorders, porphyria	Yes
Chronic kidney disease	Chronic kidney disease stage 4 or 5	Yes
Chronic neurological condition	Hereditary and degenerative central nervous system diseases, seizure disorders, spinal cord injuries, neuromuscular disorders, conditions that increase respiratory infection risk	Yes
Long-term aspirin therapy in children aged 5 to 10 years	These children are at increased risk of Reye's syndrome following influenza infection	Yes
Chronic liver disease	Cirrhosis, autoimmune hepatitis, non-alcoholic fatty liver disease, alcoholic liver disease.	No
Obesity	Body mass index >30 kg/m2	No
Chromosomal abnormality	Trisomy 21	No
Harmful use of alcohol	Any harmful use of alcohol	No

Note: These examples are not exhaustive, and providers may include individuals with conditions similar to those listed above based on clinical judgement. See the Australian Immunisation Handbook for more detail.

Before administering an influenza vaccine, check you have the correct vaccine for the person's age at time of administration. Figure 1 outlines the age-appropriate NIP vaccines for 2024.

If a person had a 2023 influenza vaccine in late 2023 or early 2024, they are still recommended to receive a 2024 formulation of influenza vaccine when it becomes available. There should be a four-week minimum interval between doses.

Figure 1. 2024 Influenza vaccines funded under the NIP by age*



*See *Funded Influenza Immunisation Schedule – Tasmania*, for further information

Privately Purchased Influenza Vaccines

Influenza vaccines are available to purchase on the private market. Privately purchased influenza vaccines must be ordered through your vaccine wholesaler.

Influenza Vaccine Composition

The composition of influenza vaccines for the Southern Hemisphere is reviewed by the World Health Organization annually in September, and then subsequently the *Australian Influenza Vaccine Committee* (AIVC) provide advice to the Therapeutic Goods Administration (TGA).

The AIVC recommended that the following viruses be used for influenza vaccines in the 2024 southern hemisphere influenza season:

Egg-based quadrivalent influenza vaccines:

- an A/Victoria/4897/2022 (H1N1) pdm09-like virus
- an A/Thailand/8/2022 (H3N2)-like virus
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell- or recombinant- based quadrivalent influenza vaccines:

- an A/Wisconsin/67/2022 (H1N1) pdm09-like virus
- an A/Massachusetts/18/2022 (H3N2)-like virus
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Both egg-based and cell-based vaccines will be available in Australia in 2024 under the NIP.

Note: The chosen egg-based and cell-based viruses will sometimes differ if one virus cannot be used for both production systems. In this case, different viruses with similar properties are selected for vaccine production.

Influenza Vaccine Effectiveness

The effectiveness of the influenza vaccine varies each flu season because the vaccine viruses may not completely match the circulating influenza viruses.

In general, influenza vaccine effectiveness has been found to vary between 40-60 per cent. This means that on average, a vaccinated person is 40-60 per cent less likely to experience a negative health outcome associated with influenza, for example developing influenza and attending a GP practice or being hospitalised, than an unvaccinated person.

Vaccine effectiveness is generally lower in older people than in younger adults and children.

There is no evidence for the effectiveness or safety of giving two influenza vaccines in one season, except in very specific circumstances such as in children under nine years of age receiving vaccine for the first time, and post-transplant patients.

See notifications of influenza in the fortnigh*tly* *Tasmanian Respiratory Surveillance Reports.*

Considerations for vaccine timing

Pregnant women should be vaccinated at the earliest opportunity during pregnancy. In accordance with the *Australian Immunisation Handbook*, the 2024 influenza vaccine can be given to pregnant women if the 2023 vaccine was given earlier in the pregnancy.

People travelling to a country where influenza is circulating can be vaccinated two weeks before travel, at any time of the year if they haven't already received the 2024 vaccine.

Young children aged six months to under nine years require **two doses** in their first year of vaccination (given at least four weeks apart). **Both doses are funded** for the six months to less than five-year cohort, so ideally vaccinate children as soon as stock becomes available. Should a child not receive two doses in their first year, they only require one dose the following year.

Patients with Allergies

Egg allergy: is **not** a contraindication to any influenza vaccine. People with an egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccines (including egg-based and cell-based vaccines) unless they have previously reported a serious adverse reaction to influenza vaccines.

The minimum period of observation following vaccination for egg-allergic individuals is 15-20 minutes (*ASCIA guidance*).

People with a history of **anaphylaxis** to eggs should:

- Receive a **full** age-appropriate vaccine dose.
- If there is significant parental or health professional anxiety, the vaccine may be administered in primary care settings with a longer post vaccination observation period of 30 minutes.
- As for all vaccinations, it is recommended that clinic staff are able to recognise and treat suspected anaphylaxis, which includes administration of adrenaline (epinephrine).

For further information please refer to the *Australian Immunisation Handbook* and the Australasian Society of Clinical Immunology and Allergy (ASCIA), *Vaccination of the Egg-allergic Individual Guidelines.*

Please note that anaphylaxis after a previous dose of any influenza vaccine or *anaphylaxis* after any component of an influenza vaccine is a contraindication to vaccination. Seek specialist advice.

Latex allergy: all influenza vaccines supplied under the NIP in 2024 are latex-free. For further information please refer to the *Australian Immunisation Handbook.*

Ordering of NIP Influenza Vaccines

General Practice and Local Council Providers

General Practice and Local Council providers can place orders on the vaccine online ordering system **after Easter**.

Please note that the Tasmanian vaccine warehouse is situated in Victoria and deliveries will never arrive on a Monday.

When placing influenza vaccine orders, you will be asked to report how many influenza vaccines you have in stock. You **do not** need to count all other NIP vaccines in your fridge if you are only placing an influenza vaccine order.

You should consider the following when placing your influenza vaccine orders:

1. Calculate how many vaccines your service can provide each day and estimate how many vaccines are needed to maintain stock levels until the next delivery.
2. Check your vaccine fridge storage capacity.
3. Order vaccine brands appropriate for your patient age cohorts, ensuring those aged 65 years and older receive Fluad® Quad vaccine, an adjuvanted vaccine recommended for this age group.
4. Only order sufficient vaccines for use in a maximum four-week period.
5. Keep in mind that the demand for influenza vaccines will decrease after the first four to six weeks of the program.
6. Providers should aim for no more than two orders per month.

Pharmacy Providers

NIP Influenza vaccine stock can be ordered through *Sigma Healthcare* with vaccines available to **order after Easter**.

Pharmacies who took part in the program in 2023 will not be required to reapply to access NIP influenza vaccines in 2024. A new application is only required if NIP influenza vaccines are not included in the pharmacy's current vaccination program approval. Refer to the *Immunisation Provider Portal (IPP)* for further information, or to apply for a new program approval.

Vaccine Name	Sigma Product Code	Ordering Cap per week
Fluad® Quad	10033911	50 doses
Vaxigrip® Tetra	10033936	20 doses
Flucelvax® Quad	10033909	20 doses

Please be mindful that NIP influenza vaccine orders will be capped, particularly early in the season, to ensure an even and equitable distribution of vaccines and to minimize wastage.

There will be no cost to the pharmacy for the NIP influenza vaccine or for delivery of the vaccine.

Contact your *Sigma* sales representative with any enquiries related to your *Sigma* vaccine account. If you do not have a *Sigma* sales representative or require further information, please direct enquiries to fluvaccine@sigmahealthcare.com.au

Other Winter Immunisations

If a patient presents for an influenza vaccine, it is a good opportunity to ensure they are up to date with other vaccines recommended for their age, including COVID-19, RSV, pneumococcal vaccines and others.

COVID-19

Vaccination remains the most important measure to protect those at risk of severe disease from COVID-19.

Timing of COVID-19 vaccine doses by age group and risk status*

Age	With severe immunocompromise#	Without severe immunocompromise#
≥ 75 years	Recommended every 6 months	
65-74 years	Recommended every 12 months and can consider a dose every 6 months	
18-64 years	Recommended every 12 months and eligible for a dose every 6 months	Eligible for a dose every 12 months
5-17 years	Eligible every 12 months	Not recommended
<5 years	Not recommended	

*For further information please refer to the February 2024 ATAGI Clinical Advice

Updated Primary Course Advice

Advice concerning COVID-19 primary courses have been reviewed and updated for 2024:

- All adults aged 18 years and over are recommended a single primary dose.
- People aged six months and over with severe immunocompromise are recommended to receive two primary doses and are eligible for a third primary dose based on an individual risk-benefit assessment.
- Children and adolescents aged less than 18 years of age are not routinely recommended a primary dose.
- Those aged six months to less than 18 years with medical conditions that may be associated with an increased risk of severe COVID-19 are eligible for a primary course based on an individual risk-benefit assessment.

Reminders

COVID-19 vaccines can be co-administered (given on the same day) with any other vaccine for people aged five years and over.

COVID-19 vaccinations are funded for all eligible individuals, including those without a Medicare card.

For further information please see the *ATAGI advice on COVID-19 immunisation* recommendations for 2024.

Respiratory Syncytial Virus (RSV)

RSV is a virus transmitted by respiratory secretions. It is a common cause of upper and lower respiratory tract infections. The highest burden of RSV disease is among very young children and elderly people.

Arexvy® is an adjuvanted recombinant RSV vaccine. In 2024 Arexvy® is available on the private market for those aged 60 years and older to prevent illness and severe complications associated with RSV infection.

A single dose of Arexvy®, given at any time of the year, is recommended for:

- all adults aged over 75 years
- aboriginal and/or Torres Strait Islander people aged 60 to 74 years
- adults aged 60 to 74 years with medical conditions that increase their risk of severe disease due to RSV.

RSV vaccines can be co-administered with other vaccines for older adults, such as COVID-19, influenza, pneumococcal and recombinant zoster (Shingrix®) vaccines.

There is an increased likelihood of local and systemic adverse events if Arexvy® is co-administered with other vaccines, but the benefits of co-administration should be weighed against this (see Adjuvanted Vaccines section below).

The need for further doses in the future has not yet been established.

Do not administer Arexvy® RSV vaccine to pregnant women or infants.

The only absolute contraindications to Arexvy® vaccine are:

- anaphylaxis after a previous dose of the same RSV vaccine
- anaphylaxis due to any active substance or component of an RSV vaccine.

Please refer to the latest *ATAGI advice on RSV immunisation* recommendations.

Adjuvanted Vaccines

An adjuvant is a substance that enhances the body's immune response to a vaccine. There is a potential for an increase in mild to moderate local and systemic reactions when administering two adjuvanted vaccines on the same day (eg Fluad Quad, Shingrix or Arexvy).

Administration may be separated by a few days, although it is also acceptable to co-administer these vaccines to avoid missing opportunities to vaccinate eligible people.

Adjuvanted vaccines that are given on the same day should ideally be administered in separate anatomical sites.

See the *Australian Immunisation Handbook* for more details.

Reporting Adverse Events Following Immunisation

An adverse event following immunisation (AEFI) is any untoward medical occurrence which follows immunisation, and which does not necessarily have a causal relationship with the vaccine. It may be related to the vaccine itself or to its handling or administration.

All immunisation providers should report AEFIs to the Immunisation Section of the CDPU in the Tasmanian Department of Health. The *AEFI reporting form* may be completed and emailed to tas.aefi@health.tas.gov.au.

Alternatively, to report an AEFI, providers may phone the Immunisation team at Public Health on 1800 671 738 (choose the Immunisation option) or directly to 6166 0632.

Additionally, *AusVaxSafety* is an active vaccine safety surveillance system that monitors the safety of vaccines in Australia (Information and weekly updates are available on (*AusVaxSafety*).

Reporting to the AIR

The AIR is a national register that records vaccines given to all people in Australia. This includes COVID-19 vaccines, vaccines given under the NIP, and vaccines given privately, such as for seasonal influenza or travel.

Under the *Australian Immunisation Register Act 2015* it is mandatory for all vaccination providers to report the administration of COVID-19, influenza, NIP and Japanese encephalitis virus (JEV) vaccines to the AIR.

Under the 'vaccine type' field, vaccination providers should choose one of the following options:

- Antenatal
- NIP/Commonwealth
- Private
- State program

The antenatal option should be selected when the person presenting is pregnant at the time the vaccine is administered, regardless of whether the vaccine is funded privately, under the NIP or under a state program.

Reporting timely, high quality and accurate vaccination information to the AIR allows monitoring of immunisation coverage and administration across Australia. This will ensure complete vaccination records for your patients including the availability of this information in their *My Health Record*.

Vaccination providers can report vaccination information through the AIR site in HPOS, or through clinical software.

You should update to the latest version of your clinical software to make sure you meet reporting requirements. If these fields are not yet available in your clinical software, you can still report vaccinations to the AIR. You will be required to record the new fields through the AIR site using the 'update encounter' function as soon as practical.

PRODA

Each individual that works in the organisation and requires AIR access will also need to register for an individual *PRODA account*.

Information for organisations about PRODA can be found here.

Further information for health professionals in regard to the AIR can be found here.

Vaccine Storage and Cold Chain Management

The Immunisation team at Public Health is responsible for all NIP vaccines.

Vaccines must be stored in a purpose-built vaccine fridge, within the recommended temperature range of +2°C to +8°C. Correct storage and handling of vaccines is vital to maintaining vaccine potency and ensuring vaccines are safe and effective for patient administration.

All vaccine refrigerators should have a permanent data logger in place to continuously measure the refrigerator temperature at preset five-minute intervals. The data should be downloaded at least weekly, in addition to twice-daily minimum/maximum recordings. The data logger can be a portable digital data logger or may be built into the refrigerator.

As a NIP vaccine immunisation service provider, you must adhere to *The National Vaccine Storage Guidelines: Strive for 5* which provide information and advice for vaccine storage management.

If the vaccine storage temperatures for NIP and state-funded vaccines have been outside the recommended range of +2°C to +8°C for greater than 15 minutes you **must** contact the Immunisation team at Public Health on 1800 671 738 (choose the Immunisation option). There is a public health nurse on-call seven days a week.

Please note:

- For data loggers that run on mains power and/or Wi-Fi:
  - know the duration of battery backup in the event of a power outage
  - backup with a battery-operated data logger in the fridge for extended power outages.
- Ensure that **all** staff involved in vaccine transport, storage, and administration are **trained in vaccine management** so that the vaccines remain effective and potent.
- Ensure plans are in place for a prompt **response to cold chain breaches and power failures**.
- You will be provided with advice regarding vaccine disposal and cold chain management. Do **not** dispose of, or administer, NIP-funded vaccines that have been exposed to a cold chain breach, until advised to do so by the Immunisation team at Public Health.
- Vaccine fridges should be **serviced every 12 months.**
- A Vaccine Storage Self Audit should be **undertaken at least every 12 months.**

Useful Resources

Influenza Immunisation Provider Resources

- **Department of Health, National Immunisation Program**
  www.health.gov.au/resources/publications/2023-influenza-vaccination-program-advice-for-vaccination-providers?language=en
- **Australian Technical Advisory Group on Immunisation (ATAGI) statement 2024**
  www.health.gov.au/resources/publications/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2024?language=en
- **National Centre for Research and Surveillance (NCIRS) website**
  www.ncirs.org.au/health-professionals

Influenza Immunisation Consumer Resources

- **2024 influenza (flu) vaccination – Consumer fact sheet**
  www.health.gov.au/resources/publications/2024-influenza-flu-vaccination-consumer-fact-sheet?language=en
- **Australian Government Department of Health**
  www.health.gov.au/resources/publications/questions-about-vaccination
- **AusVaxSafety website**
  www.ausvaxsafety.org.au
- **NCIRS – Influenza vaccine fact sheet**
  www.ncirs.org.au/sites/default/files/2021-03/Influenza-fact-sheet_31%20March%202021_Final.pdf
- **Department of Health, Tasmania**
  www.health.tas.gov.au/health-topics/flu-influenza
- **Australian Government Department of Health website**
  www.health.gov.au/topics/immunisation

COVID-19 Immunisation

- **ATAGI advice on COVID-19 immunisation**
  www.health.gov.au/resources/publications/atagi-statement-on-the-administration-of-covid-19-vaccines-in-2024

Respiratory Syncytial Virus (RSV) Immunisation

- **ATAGI advice on RSV immunisation**
  www.health.gov.au/resources/publications/atagi-statement-on-the-clinical-use-of-arexvy-rsv-pre-f3-vaccine-for-rsv

Contact the Immunisation team at Public Health on 1800 671 738 (choose the Immunisation option) to speak to an Immunisation Clinical Nurse Consultant.