SESLHD GUIDELINE COVER SHEET

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KEY TERMS	Opportunistic immunisation, vaccination, vaccine administration.
SUMMARY	Practical guideline to assist with opportunistic immunisation of patients both as inpatients and outpatients, including how to assess vaccination status, chart, order, administer and record vaccines.

SESLHD GUIDELINE COVER SHEET

Health
South Eastern Sydney
Local Health District

Opportunistic Immunisation of Patients and Clients

Section 1 - Background

The National Immunisation Program (NIP) sets out a schedule of vaccines funded by the Australian Government and recommended by the Australian Technical Advisory Group on Immunisation (ATAGI) to optimise population protection against a range of infectious diseases.

Timely adherence to the NIP Schedule reduces morbidity and mortality from infectious diseases, hence decreasing the burden on hospitals and maximising quality of life for the population.

NIP vaccines are available to the Local Health District (LHD) at no cost from the State Vaccine Centre (SVC).

Some vaccines not included in the NIP are recommended by ATAGI for specific risk groups, and where indicated, can be purchased by the District to reduce disease burden in these groups. They must be listed on the SESLHD Medicines Formulary to be prescribed and administered outside NIP approved indications.

Vaccines are prescription only (Schedule 4) medications. Under the Authority for Registered Nurses and Midwives, registered nurses and midwives who have undergone additional training to become authorised nurse immunisers (ANIs) are authorised to supply and administer vaccines without a medical officer prescription. Other registered nurses, midwives and enrolled nurses may administer vaccines prescribed by medical officers (or other authorised prescribers), as with any other medication. Some vaccines can also be provided under Standing Orders (see Section 6).

Since 2016 the Australian Immunisation Register (AIR) has allowed reporting of all vaccines (including Q fever from 2024) administered to people of any age, including those without Medicare eligibility. This provides all health providers the ability to review patients' vaccination status and enables monitoring of coverage at a population level. Since 2021 reporting of administered NIP vaccines to the AIR is mandatory.

NSW Immunisation Strategy 2024–2028

The NSW Immunisation Strategy emphasises the need for immunisation against vaccine-preventable disease through all stages of an individual's lifespan, from infancy through to adulthood.

One of the six priority areas of the Strategy is to "embed immunisation into routine healthcare", including to integrate immunisation into routine clinical care. This is particularly important for patients whose only interaction with health services may be through LHD facilities.

Opportunistic immunisation is an effective and cost-efficient measure to prevent disease and readmissions for patients.

Section 2 - Principles

Vaccinating patients according to national guidelines, as outlined in the Australian Immunisation Handbook, reduces their risk of developing vaccine preventable diseases, and thus their risk of readmission.

It is safe to vaccinate patients who are not acutely unwell but are in or visiting hospital for management of chronic conditions. It is also safe to vaccinate patients recovering from acute infections once they have been afebrile for 48 hours.

Vaccines may cause local or systemic reactions, including fever, headache, and myalgia. Where these reactions may cause diagnostic uncertainty for the underlying conditions being managed during an admission then vaccination should be deferred until discharge or recommended to the GP to provide after discharge.

Guideline caveats

- Routine childhood vaccination is beyond the scope of this guideline – please see the NSW Immunisation Schedule for recommended childhood vaccines.
- Passive vaccination e.g. immunoglobulin preparations and monoclonal antibodies are also outside the scope of this guideline.
- Vaccinations should not be administered to patients who are acutely unwell.

Section 3 - Definitions

Active immunisation:

- Active immunisation uses vaccines to stimulate the immune system to produce a protective immune response. This may include both humoral and cellular immunity.

Australian Immunisation Handbook (AIH):

- The AIH is the national best practice guidance on all vaccines available in Australia.
- The Handbook is managed by the National Centre for Immunisation, Research and Surveillance (NCIRS), and reflects advice from the Australian Technical Advisory Group on Immunisation (ATAGI).

Australian Immunisation Register (AIR):

- The AIR is a national register that records vaccines given to people in Australia.
- This includes those given under the National Immunisation Program (NIP), through school programs, in public hospitals and privately.

Authorised Nurse Immuniser (ANI):

- A registered nurse or midwife who has completed a nationally accredited course in immunisation, including continuing education to maintain currency of knowledge.
- ANIs may supply and administer vaccines independent of a medical officer order.

Cold chain:

- Procedures to ensure vaccines are stored and transported within the specified temperature range, usually 2 - 8°C, in accordance with the National Vaccine Storage Guidelines “Strive for Five”

eMeds:

- The electronic medication management system allows clinicians to prescribe, review, dispense and administer medications for inpatients, within the electronic medical record.
- Vaccines prescribed and administered on eMeds are automatically transcribed to AIR.

Immunocompromised:

- Patients may be immunocompromised due to congenital or acquired disorders, disease or immunosuppressive medical treatment.
- Vaccination is important for immunocompromised people as they may be more susceptible to vaccine preventable diseases than other patients.
- Immunocompromised people may not respond as well as others to vaccination, and sometimes additional doses are required. This is specified in the AIH.
- Some vaccines, typically live vaccines, are contraindicated in immunocompromised persons. Contraindications and precautions are described in the AIH.

Live vaccines:

- Live vaccines contain viruses or bacteria that can replicate, but in most people cause no or mild symptoms.
- Common examples of live vaccines include measles-mumps-rubella (MMR), varicella, and BCG.

Passive immunisation:

- Passive immunisation uses preformed immunoglobulins (manufactured or derived from blood donors) to provide temporary immunity to patients at high risk of infection.
- This guideline does not include passive immunisation.

Provider Digital Access (PRODA):

- PRODA is an online identity verification and authentication system.
- It allows secure access to government online services, including AIR.

Section 4 - Responsibilities

Managers are responsible for:

- Ensuring all staff managing vaccines have undertaken the My Health Learning course on Vaccine Storage and Cold Chain Management.
- Ensuring that any vaccines stored on the ward/department have the cold chain maintained as per the NSW Health Policy Directive PD2020_028 - Vaccine Storage and Cold Chain Management
- Designating a staff member to record vaccinations in AIR, where the use of paper charts or other medication management systems requires this.

Pharmacists are responsible for:

- Supporting wards/departments to monitor and maintain the cold chain
- Maintaining supplies of NIP vaccines from the SVC
- Where requested, assessing patient vaccination requirements and making recommendations to the treating team.

Admitting medical team is responsible for:

- Assessing patient vaccination requirements or reviewing recommendations provided by pharmacy, nursing, and/or allied health staff
- Prescribing indicated vaccines if and when medically appropriate (e.g. when available or around the time of discharge)
- Obtaining verbal consent from patients for recommended vaccines.

Authorised nurse immunisers are responsible for:

- In consultation with the treating medical team, assessing patient vaccination needs
- Obtaining verbal consent from patients for recommended vaccines
- Charting and administering indicated vaccines if and when medically appropriate
- Monitoring after vaccination for any adverse events and reporting these if they occur.

Registered nurses and midwives are responsible for:

- Where requested, assessing patient vaccination requirements and making recommendations to the treating team

- Maintaining vaccine cold chain
- Obtaining verbal consent from patients for recommended vaccines
- Administering prescribed vaccines per AIH guidelines
- Monitoring after vaccination for any adverse events and reporting these if they occur.

Section 5 - Assessing a patient's need for vaccines

Vaccine eligibility

All adult patients who are not acutely unwell should be assessed against the minimum vaccination requirements for COVID-19, influenza and pneumococcal disease as defined in Table 1 according to their age, Aboriginality and presence of significant underlying health conditions.

Table 1 – Vaccination requirements by age and underlying conditions

	Criteria	Dose
COVID-19 primary course	6 months & older if severe immunocompromise or other medical comorbities*, OR 18 years & older	Check AIH for latest recommendations
COVID-19 additional doses	75 years & older	1 dose every 6 months
	65 to 74 years without severe immunocompromise	1 dose every 12 months, can consider 1 dose every 6 months
	18 to 74 years with severe immunocompromise	1 dose every 12 months, can consider 1 dose every 6 months
	18 to 64 years without severe immunocompromise	Consider 1 dose every 12 months
	5 to 17 years with severe immunocompromise	Consider 1 dose every 12 months
	Check AIH for latest recommendations	
Influenza (standard)	6 months – 64 years	1 dose March or later each year
Influenza (adjuvanted)	65 years & older	1 dose March or later each year
Pneumococcal conjugate	70 years & older OR Aboriginal people 50 years & older OR 12 months & older with risk conditions	1 dose if not previously received. Aboriginal people and people with risk conditions require additional doses of pneumococcal vaccines. Request GP to provide additional doses per AIH recommendations.

*conditions which increase the risk of severe COVID-19 or disability with significant or complex health needs.

Pregnancy

In addition to protection against influenza and COVID-19, pregnant women should receive a dose of diphtheria-pertussis-tetanus vaccine in each pregnancy between 20-32 weeks gestation. If a pregnant woman is identified as requiring a measles, mumps and rubella (MMR), it can be administered immediately after the baby is born. Pregnant women are also recommended to receive a dose of Abrysvo® (RSV) vaccine between weeks 28 – 36, and this

is expected to be funded under the NIP from February 2025[1]. These vaccines provide protection to the infant in the early months of life before they can be vaccinated.

Other underlying conditions and risk factors

Patients with particular conditions such as asplenia, hyposplenia, planned immunosuppression, transplantation, HIV, and chronic liver disease require additional vaccines specific to their condition. Other risk and lifestyle factors may also indicate a need for specific vaccinations, such as those for hepatitis B, human papillomavirus and mpox. Please see the AIH and Spleen Australia for detailed advice. People who have undergone haematopoietic stem cell transplantation, including bone marrow transplants, need revaccination. From May 2024, this revaccination is state funded in NSW. Information on vaccination requirements can be found on the Agency for Clinical Innovation Bone Marrow Transplantation Vaccination Card.

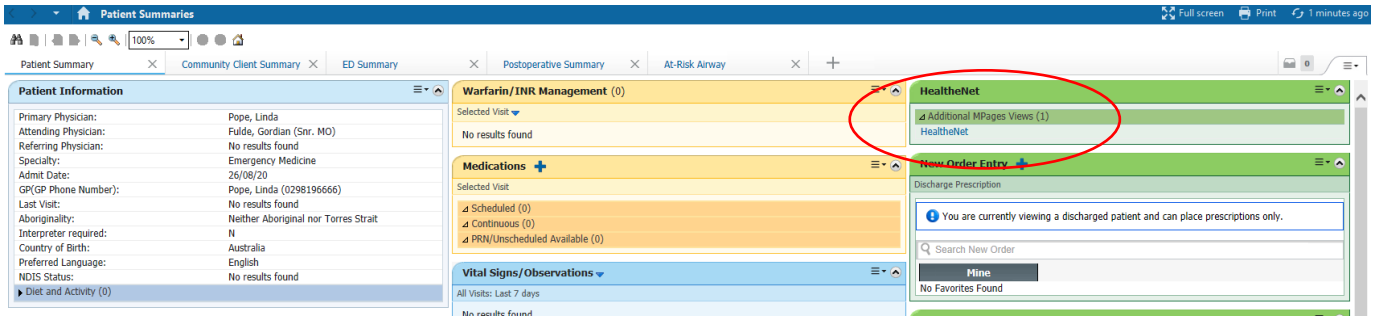
Aboriginal and/or Torres Strait Islander people

People who identify as Aboriginal or Torres Strait Islander have been recognised as a priority population for immunisation. This is because of a disproportionately high burden of vaccine preventable diseases and increased rates of medical risk conditions such as chronic kidney disease and diabetes. There are therefore differing recommendations for enhanced vaccination in this population, see the AIH for full details.

Checking vaccine records

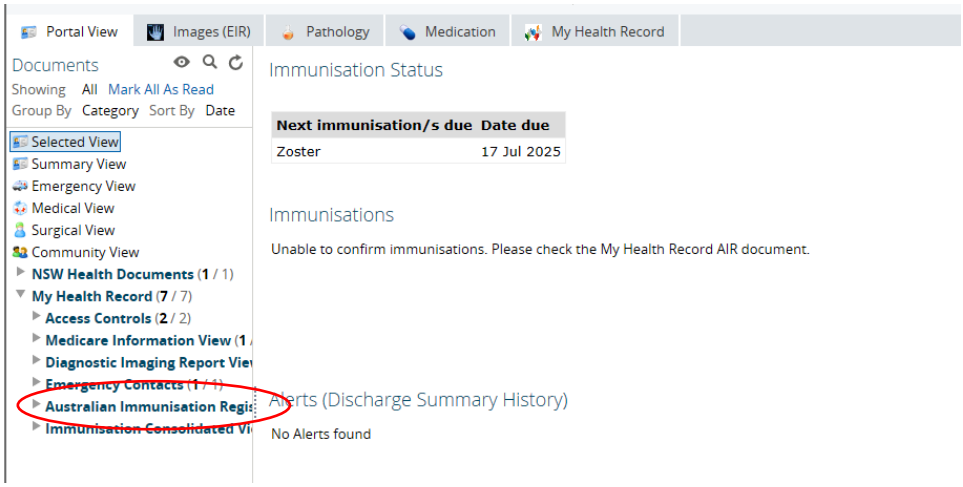
Wards/outpatient units should consider nominating a team member (registered nurse, pharmacist or RMO) to regularly assess all patients' vaccination requirements.

All NIP vaccines administered must be recorded in the AIR. The patient's AIR immunisation records can be accessed from Powerchart, using the HealtheNet link on the Patient Summary tab:



The HealtheNet link may display Immunisation Status and a list of immunisations. If not, use the My Health Record link on the left menu to access the AIR:

[1] Prior to February 2025 the patient would require an external prescription to purchase Abrysvo®.



If a patient's AIR records do not display via HealtheNet, their AIR record may not be linked to their eMR. In this case, their AIR record can be looked up directly via PRODA (requires PRODA access – see Section 8 on how to set up an account).

Section 6 - Obtaining consent, charting and ordering vaccines

Where a patient is assessed as being due for COVID-19, influenza or pneumococcal vaccines, first discuss with the medical team the appropriateness of vaccination during the current admission/outpatient visit.

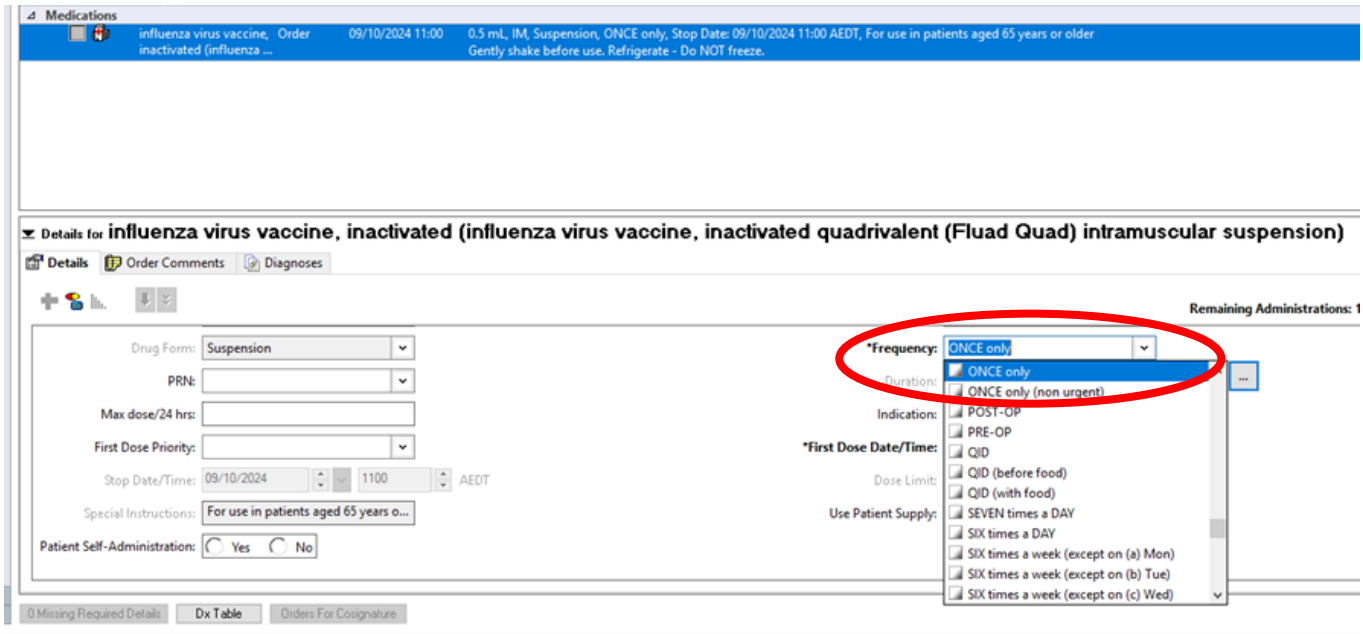
If the medical team support vaccination, discuss with the patient that:

- They are due for important vaccines to reduce their risk of future hospitalisation
- Which vaccines are indicated
- Potential side effects of the recommended vaccines
- That the vaccines administered will be reported to the AIR and to their GP (via the discharge summary, which automatically includes all vaccines charted through eMeds, or an outpatient letter).

For details, see the Valid consent section of the AIH recommendations on obtaining consent and a link to side effects for vaccines. For patients who identify as Aboriginal or Torres Strait Islander, consider involving an Aboriginal healthcare worker to participate in discussions around vaccination and consent.

If the patient agrees to receiving the recommended vaccines, and is assessed as appropriate to receive them, then they should be charted on eMeds, an approved medication management system in community settings, or paper chart in outpatients, by a member of the medical team, an ANI, or a registered nurse under a Standing Order. An order can then be placed to pharmacy.

Note that frequency for vaccines will automatically appear on eMeds as “once only (non-urgent)”. To ensure timely administration and appropriate alerts until this is done, “once only (non-urgent)” should be changed at the time of charting to “once only”, in the drop-down box as shown below.



For COVID-19 vaccination of inpatients, an Inpatient COVID-19 Vaccination Request Form needs to be submitted to the SESLHD Staff Health team. They are responsible for ordering, delivering and administering the vaccine and will liaise with the responsible clinical team regarding timing. The clinical team is still responsible for obtaining and documenting consent and charting the vaccine on eMeds.

For seasonal influenza vaccination, there is a SESLHD Standing Order under which registered nurses are authorised to administer the vaccine if specific requirements are met, including that the order is checked and signed by a medical officer within 24 hours. The most up-to-date approved standing order can be found on the SESLHD Drug and Therapeutics Committee Intranet page. Standing orders for other vaccines including hepatitis A and B, MMR and dTpa in pregnancy can also be found here.

Section 7 - Administering vaccines

When vaccines are ready to be picked up from the pharmacy, a nurse will need to collect them and bring them back to the ward/outpatient department. Vaccines should be stored between 2-8°C. Prior to removing the vaccines from the fridge, the pharmacist must check the current temperature and review the min-max temperature record to ensure the cold chain has been maintained.

Once removed from the fridge, the vaccine must be transported straight to the ward/outpatient department and given to the patient without delay.

Vaccines that are prescribed in eMeds may be administered by a registered nurse, midwife or enrolled nurse without a notation or restriction (i.e. they do not have to be an ANI).

Before administering the vaccine:

- Check the 7 Rs:
    1. Right patient
    2. Right time
    3. Right vaccine/s
    4. Right dose
    5. Right route, needle and technique
    6. Right injection site
    7. Right documentation
- Reconstitute the vaccine (if needed)
- Check for particulate matter or colour change

If any concerns with cold chain maintenance or vaccine appearance discuss with the pharmacist prior to administration.

See AIH for detail on vaccine administration, including vaccine site and giving multiple vaccines. An anaphylaxis response kit must be on hand at all times.

After administering the vaccine:

- Ensure the patient is observed for 15 minutes to monitor for any immediate adverse effects, and to provide rapid medical care if needed.
- Inform the patient, preferably in writing, of any expected adverse events following immunisation, and of the date of any next due vaccination(s).
- Document consent and administration, and record the vaccine details (see next section)

Section 8 - Recording vaccines

If a vaccine is charted on eMeds it will automatically be transmitted to the AIR and recorded in the discharge summary if administered whilst an inpatient. This is also the case for vaccines charted in some other systems including eRIC and MOSAIQ.

Where additional doses are required to complete a vaccine course this should be documented in the discharge summary or outpatient letter for the GP's attention, and the patient should be advised in writing of what has been given and what is due.

In a situation where vaccines have been prescribed on paper medication charts (e.g. some outpatient clinics), they will need to be manually entered onto AIR within 24 hours. This is a legal requirement. It can be done by the vaccine provider or another nominated staff member, depending on the needs and staffing of the particular clinic or department.

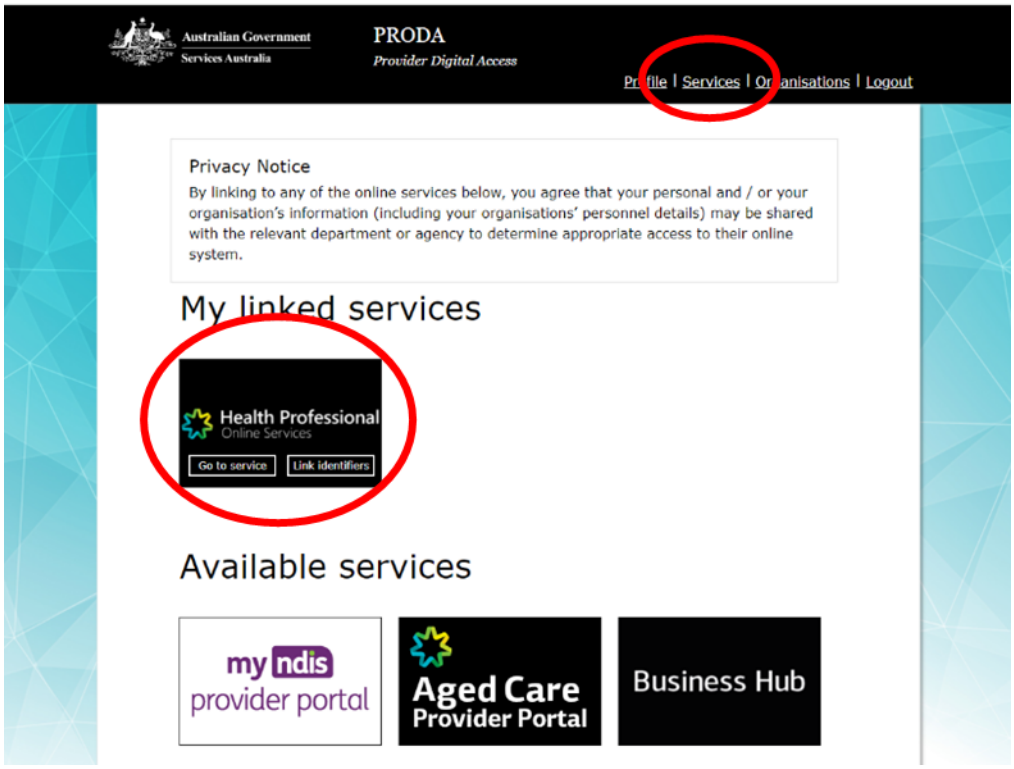
How to access AIR to enter vaccines on behalf of SESLHD:

The staff member designated to record paper-charted vaccines on AIR will need to request AIR access on behalf of SESLHD. This requires a Provider Digital Access (PRODA) account.

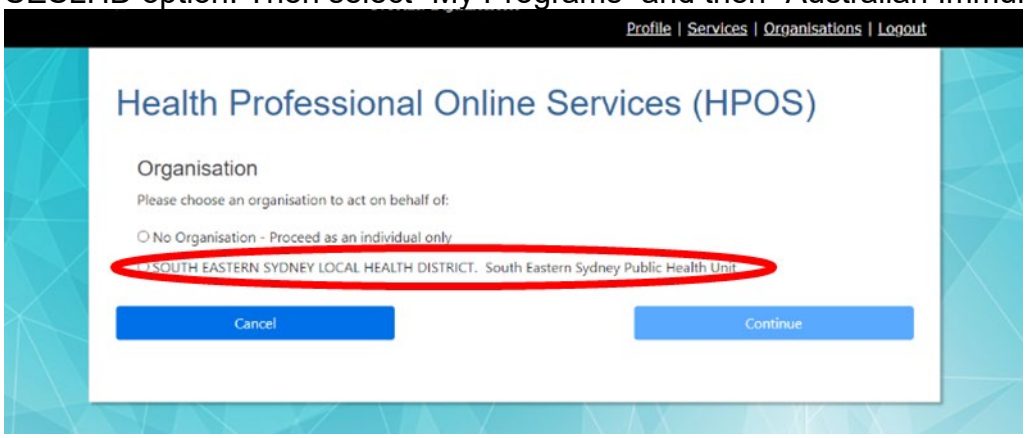
To set up an individual PRODA account go to: https://www.servicesaustralia.gov.au/organisations/business/services/provider-digital-access-proda/how-register-individual-account . You'll need to have documents ready to verify your identity online and complete the registration process.

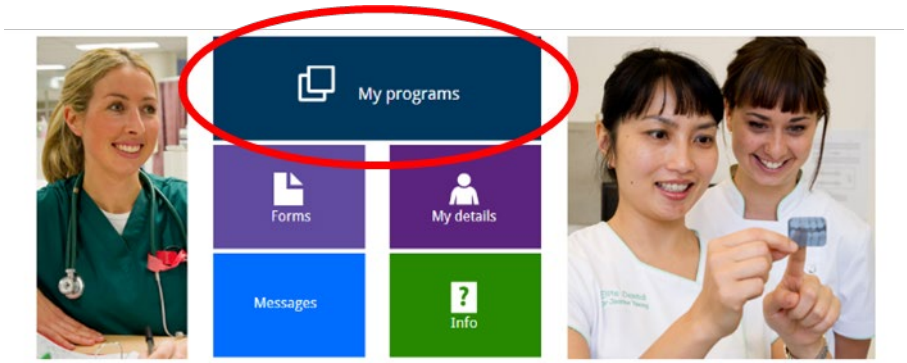
You will receive a Registration Authority (RA) number when you set up your PRODA account, which can be found under the "Profile" tab. You need to provide this number and request to be added to the SESLHD AIR account. Requests and RA numbers should be emailed to the eHealth AIR team at EHNSW-AIRIntegrationSupport@health.nsw.gov.au .

Once you have been delegated access, you need to link your PRODA account to the Health Professional Online Services. Select "Services" from the PRODA header, and then "Health Professional Online Services" from the "My Linked Services" page.



When you click on Health Professional Online Services, "Go to service", you may be asked to select whether you want to proceed as an individual, or on behalf of SESLHD. Select the SESLHD option. Then select "My Programs" and then "Australian Immunisation Register".





The Services Australia website has detailed instructions on how to record and update immunisation details on AIR.

Section 9 - Adverse events following immunisation

An adverse event following immunisation (AEFI) is defined in the Australian Immunisation Handbook as "any untoward medical occurrence that follows immunisation. It does not necessarily have a causal relationship with the vaccine". AEFIs are notifiable conditions under the *Public Health Act 2010* (NSW) (Schedule 1).

All AEFI notifications are required to be reported to the Therapeutic Goods Administration (TGA). To report a suspected AEFI, complete the online Adverse Event Reporting Form and submit to the TGA.

Further information regarding AEFIs is available on the NSW Immunisation AEFI webpage.

If an AEFI occurs at the time of vaccination e.g. anaphylaxis, a report must be made on IMS+.

References

- Australian Immunisation Handbook
- NSW Health Immunisation webpage
- NSW Health Policy Directive PD2020_028 - Vaccine Storage and Cold Chain Management
- Vaccine Storage & Cold Chain Management online training; My Health Learning course code: 155469768
- National Vaccine Storage Guidelines 'Strive for 5'
- NSW Immunisation Strategy 2024 - 2028

Version and Approval History

Date	Version	Version and approval notes
10 March 2025	1.0	New document approved at SESLHD Drug and Therapeutics Committee and SESLHD Patient Safety and Quality Committee.