

# 2020 Immunisation Update



## Q&A arising from the CESPHE Annual Immunisation Update

Hosted via webinar on 8 April 2020

### Contents

<b>INFLUENZA</b> .....	<b>3</b>
1. If a patient asks for a second dose of the flu vaccine – is it free?.....	3
2. If a patient is recommended to receive a second dose of the influenza vaccine (kid's first time or transplant patients, travelling to Northern Hemisphere at end of year etc) - is that free? .....	3
3. If an over 65yr patient had a standard flu vaccine at a pharmacy early (not Fluad Quad), should they still get the 65+ Fluad Quad from their GP and how long should they wait before getting it?.....	3
4. What is the difference between Fluad Quad and Afluria Quad? .....	3
5. Can patients aged 65 years and over be given standard quadrivalent vaccines if the enhanced quadrivalent vaccine (Fluad® Quad) is not available? .....	3
6. With the social distancing with Coronavirus, is it likely that we will have a mild influenza season? .....	3
7. Patients feel they may be protected without the vaccine (Natural immunity) – what are your thoughts?.....	3
8. How long after getting a flu shot are you protected?.....	3
9. Are obesity and hypertension part of medical risk conditions for eligibility funded influenza vaccine? .....	4
10. How about receptionists? Can they get free flu vaccine for free?.....	4
11. Are we able to give the flu vaccine and childhood immunisation in the same visit? .....	4
12. If a child had their first flu shot last year but forgot to come back for their second shot (as it was their first time last year so needed 2 shots), when they turn up this year for the flu shot do we give them 1 or 2 shots? .....	4
13. Can Flu vaccine be given to a patient in the general practice setting, who has had significant reaction to egg yolk in the past? .....	4
14. Any issues with Latex allergies and the flu vaccine? .....	4
15. If someone is to have 2 doses of flu vaccine in 2020 (e.g. pregnant woman) what would the recommended gap between the 2 doses be? .....	5
16. Eligibility to NIP finder influenza for those with medical risk factors: .....	5
17. If brachial neuritis occurred with a vaccination in the past, in an adult, and they have been avoiding vaccines since, what is the recommendation re flu vaccine.....	5

<b>PNEUMOCOCCAL .....</b>	<b>5</b>
18. Pneumovac 23vPPV- please clarify who should have one as an adult. Also why limit who has a booster? .....	5
19. Should we be giving a booster every 5 years for the Pneumococcal vaccine? .....	5
20. Can adults 65 yrs and above (who have certain medical conditions that put them at higher risk) get a 2nd dose of Pneumovax 23 vaccination for free?.....	5
21. Do newly diagnosed at risk patients receive Prevenar 13 followed by Pneumovax 23 for free under 65? .....	5
22. Is it safe to have Pneumovax, zostavax and Flud Quad in 1 visit?.....	6
23. Can patient receive pneumovax 23 if the patient is on methotrexate.....	6
24. Currently private pneumovax is not available since 09/2019. For patient with diabetes, can we offer free one if they are <65yo?.....	6
25. Are the different categories A, B, C defined in the section about Pneumovax 23 so we know which patients need which schedule .....	6
<b>AIR/PRODA.....</b>	<b>7</b>
26. If I am a GP, practice nurse or practice manager and work at multiple places. Do I need a separate PRODA account for each work place? .....	7
<b>OTHER .....</b>	<b>7</b>
27. Can Non-Medicare card holders access the 2020 NIP Influenza vaccines?.....	7
28. Will NSW get Bexsero vaccine on schedule for the infants the vulnerable group?.....	7
29. Should we use alcohol swabs to clean the skin before injections/vaccinations during the COVID-19 period?.....	7
30. Can Health workers/Clinical placement students receive free government flu vaccines and two doses of funded MMR vaccines? .....	8
31. With people who missed their HPV 2nd dose or 3rd dose for more than one year, do they need to start a dose 1 again?.....	8
32. For catch up immunisation: patient ( Between 7-15 years old) had 2 doses of MMR and 3 Doses Hep-B overseas, but serology shows no Immunity to measles and Hep-B, Does the patient need 2 more dose or just 1? .....	8
33. Is there a greater risk of febrile convulsions in children receiving the 12 month immunisations including prevenar?.....	8
34. Can PHNs supply practices with a list of their overdue children? .....	8

## INFLUENZA

### 1. If a patient asks for a second dose of the flu vaccine – is it free?

No, not unless they qualify for a second dose e.g. pregnancy spanning two flu seasons or they are a child aged 6 months to 9 years receiving the vaccination for the first time.

### 2. If a patient is recommended to receive a second dose of the influenza vaccine (kid's first time or transplant patients, travelling to Northern Hemisphere at end of year etc) - is that free?

No. Patients requesting a booster dose having received influenza vaccine earlier in the same season cannot receive a second NIP funded influenza vaccine. A second dose is only free if they qualify for a second dose (see [Australian Immunisation Handbook](#) for guidance regarding the need for more than one dose)

### 3. If an over 65yr patient had a standard flu vaccine at a pharmacy early (not Flud Quad), should they still get the 65+ Flud Quad from their GP and how long should they wait before getting it?

The [Australian Technical Advisory Group on Immunisation](#) advises that revaccination in the same year is not routinely recommended, however some people may benefit due to personal circumstances such as pregnancy or travel.

### 4. What is the difference between Flud Quad and Afluria Quad?

Flud® Quad is an adjuvanted quadrivalent (QIV) vaccine, newly registered for use in adults ≥65 years of age. Afluria Quad is a standard QIV and is registered for use in patients aged over 5 years. Flud® Quad is preferred for adults aged over 65 years over the standard QIVs including Afluria Quad. The adjuvanted quadrivalent (QIV) vaccine has been specially formulated to create a greater immune response amongst the elderly, who are known to have a weaker response to immunisation

### 5. Can patients aged 65 years and over be given standard quadrivalent vaccines if the enhanced quadrivalent vaccine (Flud® Quad) is not available?

Yes. However, people aged 65 and over should receive the enhanced quadrivalent vaccine (Flud® Quad) over other standard quadrivalent vaccines. However, if Flud® Quad is not available people aged 65 years and over can safely receive other standard quadrivalent influenza vaccines.

### 6. With the social distancing with Coronavirus, is it likely that we will have a mild influenza season?

We hope but we still need to be prepared and ensure flu vaccines are administered on time.

### 7. Patients feel they may be protected without the vaccine (Natural immunity) – what are your thoughts?

Annual influenza vaccination is recommended for all people ≥6 months of age. You need the vaccine unless you have come into contact with the virus this season already and recovered.

### 8. How long after getting a flu shot are you protected?

It takes approximately 2 weeks for your body to make antibodies in response to the vaccine. Immunity lasts 3-4 months then wanes.

## 9. Are obesity and hypertension part of medical risk conditions for eligibility funded influenza vaccine?

It is recommended for obesity (body mass  $\geq 30\text{kg/m}^2$  but not funded on the NIP, see NCIRS Influenza factsheet. The [Australian Immunisation Handbook](#) has advice for providers on persons who are strongly recommended to receive annual influenza vaccination but not eligible for NIP funded influenza vaccines

The ATAGI statement :

**Table 2. Medical conditions associated with an increased risk of influenza disease complications and for which individuals are eligible for free vaccination under the NIP\***

Category	Vaccination strongly recommended for individuals with the following conditions
Cardiac disease	Cyanotic congenital heart disease, congestive heart failure, coronary artery disease
Chronic respiratory conditions	Severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease, chronic emphysema
Chronic neurological conditions	Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders
Immunocompromising conditions	Immunocompromised due to disease or treatment, asplenia or splenic dysfunction, HIV infection
Diabetes and other metabolic disorders	Type 1 or 2 diabetes, chronic metabolic disorders
Renal disease	Chronic renal failure
Haematological disorders	Haemoglobinopathies
Long-term aspirin therapy in children aged 6 months to 10 years	These children are at increased risk of Reye syndrome following influenza infection

\* Please refer to The Australian Immunisation Handbook available at [immunisationhandbook.health.gov.au](http://immunisationhandbook.health.gov.au) for advice on persons who are strongly recommended to receive annual influenza vaccination but not eligible for NIP-funded influenza vaccines.

## 10. How about receptionists? Can they get free flu vaccine for free?

This is not funded by the government unless the receptionist has an underlying health condition, is aged  $\geq 65$  years, or Aboriginal or Torres Strait Islander (see Table in Q.2).

## 11. Are we able to give the flu vaccine and childhood immunisation in the same visit?

Yes. People can receive inactivated influenza vaccines at any time before or after, or with, any other vaccine. However, when children receive 13vPCV and inactivated influenza vaccine at the same time, there is one report of a small increased risk of fever and febrile convulsions, compared with receiving the vaccines separately. Further information is available in the [Australian Immunisation Handbook](#).

## 12. If a child had their first flu shot last year but forgot to come back for their second shot (as it was their first time last year so needed 2 shots), when they turn up this year for the flu shot do we give them 1 or 2 shots?

Just give 1 dose this year.

## 13. Can Flu vaccine be given to a patient in the general practice setting, who has had significant reaction to egg yolk in the past?

Yes, safe to receive. Visit the [NCIRS Influenza Frequently Asked Questions](#) for further information.

## 14. Any issues with Latex allergies and the flu vaccine?

Persons with a latex allergy can be safely given the influenza vaccines. In 2020, all influenza vaccines available on the National Immunisation Program and NSW Health programs are latex free. Visit the [NCIRS Influenza Frequently Asked Questions](#) for further information.

**15. If someone is to have 2 doses of flu vaccine in 2020 (e.g. pregnant woman) what would the recommended gap between the 2 doses be?**

Children under the age of 9 years need 4 weeks between influenza doses if they are receiving influenza vaccine for the first time. Pregnant women may only need 1 dose and this should be determined on a case by case assessment.

**16. Eligibility to NIP funded influenza for those with medical risk factors:**

Source: <https://www.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule#flu-influenza-vaccines>

[See ATAGI table in Q2](#)

**17. If brachial neuritis occurred with a vaccination in the past, in an adult, and they have been avoiding vaccines since, what is the recommendation re flu vaccine.**

Brachial neuritis is a form of peripheral neuropathy that affects the chest, shoulder, arm and hand. Information on the correct techniques to administer vaccines available in the online [Australian Immunisation Handbook](#). [In terms of re-vaccination in the subsequent year – discussion with an immunisation specialist is advisable prior to re-vaccinating. Specialist adverse events following immunisation clinics exist in state and their details are listed on the NCIRS website.](#)

## **PNEUMOCOCCAL**

**18. Pneumovac 23vPPV- please clarify who should have one as an adult. Also why limit who has a booster?**

A single dose of 23vPPV is recommended and NIP-funded for all non-Indigenous people aged 65 years. A dose of 23vPPV is recommended and NIP-funded for Aboriginal and Torres Strait Islander adults aged 50 years, followed by a 2nd dose 5 years later.

**19. Should we be giving a booster every 5 years for the Pneumococcal vaccine?**

A single dose of 23vPPV is recommended and NIP-funded for all non-Indigenous people aged 65 years. A dose of 23vPPV is recommended and NIP-funded for Aboriginal and Torres Strait Islander adults aged 50 years, followed by a 2nd dose 5 years later.

Those with highest risk of IPD also require a dose of 13vPCV; the 13vPCV dose should precede the 1st dose of 23vPPV by 2 months. See [NCIRS Pneumococcal factsheet](#)

**20. Can adults 65 yrs and above (who have certain medical conditions that put them at higher risk) get a 2nd dose of Pneumovax 23 vaccination for free?**

Doses are also NIP-funded for Aboriginal and Torres Strait Islander people with specified conditions which increase their risk of invasive pneumococcal disease (IPD) and subsidised under the PBS for non-Indigenous people with specified conditions which increase their risk of IPD.

**21. Do newly diagnosed at risk patients receive Prevenar 13 followed by Pneumovax 23 for free under 65?**

Those with highest risk of IPD also require a dose of 13vPCV; the 13vPCV dose should precede the 1st dose of 23vPPV by 2 months. See [NCIRS Pneumococcal factsheet](#)

## 22. Is it safe to have Pneumovax, zostavax and Fluad Quad in 1 visit?

Adults can receive Zostavax with other inactivated vaccines (such as tetanus-containing vaccines, influenza vaccine<sup>18</sup> and pneumococcal polysaccharide vaccine<sup>19-21</sup>), either:

- a. at the same time, or
- b. at any time after

If a person needs both Zostavax and another live parenteral vaccine (such as measles-mumps-rubella or yellow fever), they can receive the vaccines either:

- a. on the same day, or
- b. at least 4 weeks apart

Further information is contained in the [Australian Immunisation Handbook](#).

## 23. Can patient receive pneumovax 23 if the patient is on methotrexate

Yes

## 24. Currently private pneumovax is not available since 09/2019. For patient with diabetes, can we offer free one if they are <65yo?

No. At the moment only a single dose of 23vPPV is recommended and NIP-funded for all non-Indigenous people aged 65 years. A dose of 23vPPV is recommended and NIP-funded for Aboriginal and Torres Strait Islander adults aged 50 years, followed by a 2nd dose 5 years later.

The PBAC is currently finalising recommended changes to the pneumococcal guidelines which are due for release later in 2020.

## 25. Are the different categories A, B, C defined in the section about Pneumovax 23 so we know which patients need which schedule

For children ≤5 years of age, recommendations for pneumococcal vaccination are the same whether the child's condition is in Category A (the highest risk) or Category B (an increased risk).

For children >5 years of age, adolescents and adults, recommendations for pneumococcal vaccination depend on whether the person's condition is in Category A (the highest risk) or Category B (an increased risk).

**Category A: Conditions associated with the highest increased risk of invasive pneumococcal disease**

**Category B: Conditions associated with an increased risk of invasive pneumococcal disease**  
Further information online [Immunisation Handbook](#)

## AIR/PRODA

### **26. If I am a GP, practice nurse or practice manager and work at multiple places. Do I need a separate PRODA account for each work place?**

No. Each person will only be issued one PRODA account. The PRODA account will move with you wherever you are employed. You need to notify your employer of your RA (registration) number and surname so that they can delegate you permission to access services on behalf of the organisation or delegating health professional e.g. HPOS and the AIR. You will log onto PRODA using your account details and nominate the organisation or the health professional on whose behalf you are acting at that time.

Visit [Services Australia](#) for more information.

## OTHER

### **27. Can Non-Medicare card holders access the 2020 NIP Influenza vaccines?**

All vaccines listed in the NIP Schedule including seasonal influenza vaccines are funded vaccines provided by the Commonwealth. Eligibility for free vaccines under the NIP is linked to [eligibility to access Medicare benefits \(including a Medicare card\)](#). If a client is not eligible to receive Medicare services, they cannot access the funded NIP vaccines (including seasonal influenza vaccine). These clients are required to purchase vaccines on script or purchase directly from immunisation providers who have vaccines available to sell onto the public.

### **28. Will NSW get Bexsero vaccine on schedule for the infants the vulnerable group?**

The PBAC recommended the listing of multicomponent meningococcal group B vaccine (4CMenB, Bexsero®), on the NIP, for the prevention of invasive meningococcal disease (IMD) in Aboriginal and Torres Strait Islander children and the implementation of a catch-up program for Aboriginal and Torres Strait Islander children up to 2 years of age. The PBAC also considered 4CMenB was likely to be cost-effective in children and adults with medical conditions associated with increased risk of IMD (specifically, people with asplenia and hyposplenia, complement deficiency and those undergoing treatment with eculizumab) and recommended listing on the NIP for routine vaccination of this population.

The PBAC did not recommend listing for a broader population of infants or for adolescents due to the remaining uncertainties regarding the magnitude of clinical effectiveness of 4CMenB, and the lack of any herd protective effects, which inform the cost effectiveness.

Further information is available on the [PBS website](#) and further information about these recommendations will be available once further details are known.

### **29. Should we use alcohol swabs to clean the skin before injections/vaccinations during the COVID-19 period?**

There is no evidence regarding the use of an alcohol swab during COVID-19.

[The Australian Immunisation Handbook](#) advises that if the skin is visibly clean, there is no need to wipe it with an antiseptic (such as an alcohol wipe).

If you use alcohol or other disinfecting agents to clean skin that is visibly dirty, the skin must be allowed to dry before injecting the vaccine. This prevents inactivation of live vaccines and reduces the likelihood of irritation at the injection site.<sup>10</sup>



**30. Can Health workers/Clinical placement students receive free government flu vaccines and two doses of funded MMR vaccines?**

MMR is funded by jurisdictions for people without 2 documented doses born after 1966. Eligibility for NIP funded vaccines for influenza is outlined in the [ATAGI Seasonal Influenza 2020 statement](#). Some workplaces provide free influenza vaccines and workers should check with their employee.

**31. With people who missed their HPV 2nd dose or 3rd dose for more than one year, do they need to start a dose 1 again?**

No, do not restart the schedule. 1 dose is counted as a valid dose, then carry on with the schedule. Further information is available in the [Australian Immunisation Handbook](#).

**32. For catch up immunisation: patient ( Between 7-15 years old) had 2 doses of MMR and 3 Doses Hep-B overseas, but serology shows no Immunity to measles and Hep-B, Does the patient need 2 more dose or just 1?**

A non-responder is a person who is not infected with hepatitis B virus; has a documented history of an age-appropriate primary course of hepatitis B vaccine; has a current level of antibody to hepatitis B surface antigen (anti-HBs) of <10 mIU per mL

People who do not respond to the primary vaccination course, and in whom chronic hepatitis B virus infection has been excluded, should be offered further doses.

People can receive a single booster dose (4th dose) of vaccine to confirm non-responder status. See [Serological testing](#) after hepatitis B vaccination.

People who are non-responders after receiving the booster should be tested for hepatitis B virus infection. If negative, they are recommended to receive 2 more doses of hepatitis B vaccine 1 month apart. Count the 4th booster dose as the 1st of the 3 repeat doses. Re-test the person for anti-HBs levels at least 4 weeks after the last dose.

**Measles**

Serological testing for immunity to measles (and mumps, rubella and varicella) is not recommended before or after routine administration of the 2-dose childhood schedule of these vaccines.

However, serological testing for measles immunity can be done and further advice is detailed in the [Australian Immunisation Handbook](#).

**33. Is there a greater risk of febrile convulsions in children receiving the 12 month immunisations including prevenar?**

People can receive inactivated influenza vaccines at any time before or after, or with, any other vaccine. However, when children receive 13vPCV and inactivated influenza vaccine at the same time, there is one report of a small increased risk of fever and [febrile](#) convulsions, compared with receiving the vaccines separately. Further information is available in the [Australian Immunisation Handbook](#).

**34. Can PHNs supply practices with a list of their overdue children?**

No, however we can assist you to learn how to access this list yourself from the AIR. Useful step by step instructions can be found on the PHN immunisation webpage.

[How to Request an AIR10A Due/Overdue Practice Report](#)

[How to Analyse an AIR10A Due/Overdue Practice Report](#)