

November 2020

1. Immunisation during COVID-19	2. Coverage rates by LGA
3. Prepare for 2021 Influenza Season	4. Vaccine administration errors
5. Injection sites & co-administration	6. Optimising NIP vaccine stock levels
7. Adult pneumococcal changes FAQ	8. Reminder letters for older Australians
9. Recording Indigenous status on AIR	10. Immunisation History Statements
11. Essential resources for general practice	12. Education: immunisation webinars
13. Key Project – Waverley LGA	14. Prepare for kindergarten 2021



www.cesphn.org.au/general-practice/help-my-patients-with/immunisation



immunisation@cesphn.com.au

1. Immunisation services during the COVID-19 pandemic

Immunisation providers should continue to offer immunisation services. It is important that vaccines are not delayed or spaced out as this can lead to children being unprotected for longer at an age when disease is most common or most serious.

Implementation of vaccination clinics

Immunisation services must be conducted with enhanced infection control measures with all possible steps taken to reduce the risk of transmission to staff and clients attending vaccination clinics.

These resources provide some practical advice on how to implement vaccination clinics during COVID-19 response:

- [Vaccination Clinics: Implementation during COVID-19 response](#)
- [Drive-in Immunisation Clinics Advice for providers during COVID-19 response](#)
- [ATAGI Guiding Principles for maintaining immunisation services during COVID-19 pandemic](#)

2. Immunisation coverage rates by LGA

Keep up to date with the quarterly immunisation coverage rates in your local government area (LGA). Quarterly coverage rates are determined from data on the Australian Immunisation Register and are released approximately 6 weeks after the end of each quarter.

Coverage rates in Central and Eastern Sydney PHN

Percentage of children fully immunised by age group – Quarter 2 (as at 30 June 2020)

SESLHD LGAs	1 yr	2 yrs	5 yrs	SLHD LGAs	1 yr	2 yrs	5 yrs
Botany Bay	98.1	92.0	92.4	Ashfield	95.1	90.4	91.8
Hurstville	97.9	90.7	92.4	Burwood	93.5	90.2	97.4
Kogarah	90.1	92.9	92.2	Canada Bay	93.2	90.0	94.3
Randwick	92.4	89.0	87.2	Canterbury	96.4	87.5	92.5
Rockdale	94.2	92.8	91.2	Leichhardt	97.3	95.1	93.7
Sutherland Shire	96.3	94.2	95.1	Marrickville	96.9	90.0	96.9
Sydney	93.6	89.1	87.9	Strathfield	96.2	90.7	92.8
Waverley	92.2	87.9	89.4				
Woollahra	95.4	89.5	88.9				
SESLHD Total	94.7	91.5	91.6	SLHD Total	95.4	89.7	93.0

Quarterly LGA data sourced from the relevant Local Health Districts.

Read more about [Waverley LGA immunisation coverage project](#).

3. Preparations for the 2021 Influenza Season

The COVID-19 pandemic led to an unprecedented level of demand for influenza vaccines in 2020 across all vaccine channels including GPs, pharmacies and other immunisation providers.

Private market influenza vaccines

The Department of Health is advising providers that now is the time to consider private market ordering requirements for 2021.

Strong demand for seasonal influenza vaccines was observed early in the 2020 season and remained consistent. Influenza vaccination will be more important than ever given the ongoing nature of the COVID-19 pandemic, and it is anticipated that demand for influenza vaccines will remain high next year.

Funded NIP influenza vaccines

NSW Health will communicate via usual channels to facilitate ordering and distribution of 2021 funded National Immunisation Program influenza vaccines and as such, no further action is required regarding these vaccines at this time.

Read [letter](#) from the Commonwealth Department of Health.

4. Vaccine administration errors

Children in NSW receive 15 or more vaccines on the childhood [National Immunisation Schedule](#) by the age of 4 years. Although measures are taken to prevent errors during administration, vaccine-related errors can still occur. Errors can include incorrect route of administration, incorrect age-specific formulation, administration of expired vaccines, or administration of vaccines already received (vaccine history not checked).

Following a vaccine administration error, immunisation providers must immediately contact their local [Public Health Unit](#) on **1300 066 055** for further advice.

Additional steps that should be taken:

- Follow all advice given by Public Health Unit on any necessary precautions to take and catch-up schedules for patient.
- Immediately advise the patient (or their parent) about the incident, being transparent about potential side effects and the [management of these side effects](#), as well as discussing catch-up schedules and next steps to take.
- Complete an incident report for insurance and/or accreditation purposes, stating in the report measures to be implemented to prevent recurrence. For example, two registered health professionals to check vaccine against the NIP schedule and expiry date, keep a signed monthly register to ensure all vaccines are in date, and annual immunisation education for all vaccine providers in the practice.
- The NSW Government [Health Care Complaints Commission](#) contact details should be given to the patient/parent/s in case they want to submit a complaint about this incident. Email: hccc@hccc.nsw.gov.au or phone: 1800 043 159 / 02 9219 7444.

5. Multiple injection sites and co-administration of vaccines

The [July 2020 National Immunisation Program schedule](#) changes has resulted in the need for multiple vaccines to be administered at certain schedule points. Clinical judgement should be used to determine appropriate injection sites at each consultation.

The PHN poster [Recommended sites for childhood vaccination in NSW](#) has been updated to reflect the July 2020 changes.

Meningococcal B (Bexsero) vaccine can be safely co-administered together with other NIP vaccines, however certain vaccines should not be administered in the same limb. Both Bexsero and Prevenar 13 vaccines cause a higher frequency of injection site reactions, so it is better to avoid giving these two vaccines in the same limb.

Providers need to ensure a 2.5 cm distance between any co-administered vaccines in the same limb. At age 12 months, the upper limb is preferred over the lower limb for administration of Bexsero or Prevenar 13.

Bexsero is funded for all Aboriginal and Torres Strait Islander infants under the NIP from July 2020, however **all infants and children aged <2 years** are recommended to receive meningococcal B vaccine.

Recommended sites for childhood vaccinations in NSW

JULY 2020 SCHEDULE

9 MONTHS AND 12 MONTHS

- Prevenar 13 (IM)
- Infanrix Hexa (IM)
- Prevenar 13 (IM)
- Prevenar 13 (IM)

12 MONTHS

- Prevenar 13 (IM)
- Infanrix Hexa (IM)
- Prevenar 13 (IM)
- Prevenar 13 (IM)

18 MONTHS

- Prevenar 13 (IM)
- Infanrix Hexa (IM)
- Prevenar 13 (IM)
- Prevenar 13 (IM)

4 YEARS

- Prevenar 13 (IM)
- Infanrix Hexa (IM)
- Prevenar 13 (IM)
- Prevenar 13 (IM)

Before Vaccination:

- Administer to healthy children.
- Check expiry date of vaccine.
- The vaccination should be given.
- Check for contraindications and allergies.
- Check child's immunisation history.
- Check if the vaccine needs to be refrigerated.
- Check if the vaccine needs to be reconstituted.

Post Vaccination:

- Child remains in clinic for 15 minutes.
- Observe for any allergic reactions.
- Child must be supervised for 24 hours.

At Risk Groups:

- Children 12 years of age and over who are immunocompromised or immunosuppressed.
- Children 12 years of age and over who are in contact with children in residential care facilities.
- Children 12 years of age and over who are in contact with children in long-term care facilities.
- Children 12 years of age and over who are in contact with children in aged care facilities.
- Children 12 years of age and over who are in contact with children in other residential facilities.
- Children 12 years of age and over who are in contact with children in other residential facilities.
- Children 12 years of age and over who are in contact with children in other residential facilities.
- Children 12 years of age and over who are in contact with children in other residential facilities.
- Children 12 years of age and over who are in contact with children in other residential facilities.
- Children 12 years of age and over who are in contact with children in other residential facilities.

INTRAMUSCULAR (IM) 90° to skin plane

Infant or Child: 0.5-1.5 cm (IM) 2.5-3.5 cm (IM)

Subcutaneous (SC) 45° to skin plane

Infant or Child: 0.5-1.5 cm (SC) 2.5-3.5 cm (SC)

ADMINISTERING 3-4 VACCINES AT ONE VISIT

- Ensure 2.5 cm between injections in the same muscle.
- If the child is receiving 3 or 4 vaccines at 12 months of age, the upper limb is preferred over the lower limb for administration of Bexsero and Prevenar 13 in the same limb.

Aboriginal is inclusive of Aboriginal and Torres Strait Islander people.
PHN refers to the Australian Immunisation Register and the Australian Immunisation Register.
PHN refers to the Australian Immunisation Register and the Australian Immunisation Register.
PHN refers to the Australian Immunisation Register and the Australian Immunisation Register.
PHN refers to the Australian Immunisation Register and the Australian Immunisation Register.

6. Optimising NIP vaccine stock levels

Immunisation providers are responsible for ordering vaccines and maintaining appropriate levels of stock to meet practice vaccination program requirements while minimising vaccine wastage and not exceeding the capacity of the refrigerator.

Ordering

Practices should aim for one routine vaccine order per month however practices can order up to **twice a month** if required. Calculate monthly ordering requirements using best practice guidelines: [Immunisation Toolkit](#). → → →

It is important not to over stock the fridge as this may increase the likelihood that vaccines will reach their expiry date and must be discarded.

To manage vaccine wastage:

- Allocate a staff member to check and rotate stock monthly to ensure vaccines with an earlier expiry date are used first.
- Be aware of vaccines that are nearing expiry, and proactively send out letters/SMS to recall patients who may be due for that vaccine.
- Report any expired vaccine to the State Vaccine Centre (via the [vaccine order page](#)). Note:
 - Vaccines with an expiry of MM/YYYY are valid and able to be used until the **last day** of the month (i.e. a vaccine with expiry of 08/2020 is valid until 31/08/2020)
 - Vaccines with a specific expiry date DD/MM/YYYY should be considered expired **on that date** and discarded
- Practices should also have a process in place for appropriate disposal of expired vaccines either through a local pharmacy or private pathology company (pre-agreement should be obtained).

How to calculate monthly vaccine ordering requirements

There is a simple formula that can help you assess how much vaccine you order from month to month:

Quantity to be ordered = Quantity used since last delivery - Quantity left over since last delivery + 10% of Quantity used since last delivery

For example, if you had 40 doses of DTPa delivered one month ago and only 35 were used, (that is, there are 5 left in the fridge):

$$\begin{aligned} \text{Quantity to be ordered} &= 35 \text{ used} \\ &- 5 \text{ left over} + 10\% \text{ of used (3.5)} \\ &= 35 - 5 + 3.5 \\ &= 33.5 \text{ doses} \end{aligned}$$

You should therefore order 34 doses (or the nearest number if ordering multiple packs).

This formula is based on international best practice. The additional 10% is a buffer, which allows for unexpected variation in demand.

7. Adult pneumococcal changes FAQ

Why has the schedule point changed from 65 years to 70 years?

The risk of pneumococcal disease associated mortality in Australian adults is considerably higher from 70 years of age than between 65 and 69 years of age. As the effectiveness of pneumococcal vaccines wanes over time, moving vaccination from 65 years of age to 70 years would ensure that these adults are sufficiently protected as they move into the older age groups. For Aboriginal and Torres Strait Islander adults, the recommended age for pneumococcal vaccination is unchanged, at 50 years of age, given the remarkably high disease risk seen at that age and beyond.

Why are we now offering Prevenar 13 instead of Pneumovax 23 for healthy adults?

Prevenar 13 (13vPCV) is now recommended because high-quality evidence is now available showing 13vPCV is efficacious in preventing severe (invasive) pneumococcal disease well as non-bacteraemic pneumonia that more commonly occur in adults. The efficacy of 13vPCV is higher than that of Pneumovax23 (23vPPV) particularly against non-bacteraemic pneumonia.

What is the recommended interval between 13vPCV and 23vPPV doses?

The recommended interval between the doses of 13vPCV and 23vPPV is **12 months**. However, when 23vPPV is given after 13vPCV, as in individuals with newly diagnosed risk conditions, a minimum interval of two months is acceptable. This is to ensure that vaccination opportunities are not missed and that extended protection provided by 23vPPV against additional serotypes is not delayed.

When 13vPCV is given after 23vPPV, as would occur in people aged ≥ 65 years or in those with pre-existing risk conditions who have had previous doses of 23vPPV as part of the pre-July 2020 recommendations, it is important to follow an interval of at least **12 months** between the 13vPCV dose and the most recent 23vPPV dose. Thereafter if a repeat dose of 23vPPV is indicated, it needs to be given at least two months after the 13vPCV dose and 5 years after the previous 23vPPV dose, whichever is later.

For more details and answers to frequently asked questions, see NCIRS factsheets:

- [Pneumococcal vaccines - FAQs](#) – NCIRS
- [Pneumococcal vaccines for Australians](#) – NCIRS

8. Reminder letters for older Australians

On 1 July 2020, the recommended age for older Australians to receive the NIP pneumococcal vaccine changed from 65 to 70 years. For Aboriginal and Torres Strait Islander people, this is recommended from 50 years.

Zostavax and Prevenar 13 co-administration

Vaccination against shingles (Zostavax) is still recommended for people from 70 years of age and can be **co-administered at the same time** as pneumococcal vaccine.

Note that Zostavax is contraindicated for use in significantly immunocompromised people. Please assess your patients' current circumstances and refer to the [Australian Immunisation Handbook](#) to check whether vaccination is appropriate, or use The Department of Health pre-vaccination checklist [Zostavax vaccine screening form](#).

[Reminder letters](#) will be sent to people who are eligible for a pneumococcal and/or shingles vaccination from Services Australia to:

- people aged **70 years and 1 month** who have not received pneumococcal and/or shingles vaccinations
- people aged **50 years and 1 month** displaying an **Indigenous status** in the AIR who have not received their pneumococcal vaccination.

Immunisation providers are reminded to upload all adult vaccines records to the AIR to avoid patients incorrectly receiving overdue letters from the AIR. Vaccine records can be uploaded to the AIR using practice software or recording directly on the online AIR site.

These reminder letters will encourage patients to contact their vaccination provider to:

- discuss any NIP funded vaccination/s they may be eligible for
- request the AIR be updated with any vaccines they have already received but have not been recorded on the AIR.

Vaccine requirements for adults 50+ years

Adults >50 years old are at increased risk of some vaccine-preventable diseases and of serious complications from these diseases, even if they are otherwise healthy.

The online Australian Immunisation Handbook offers a variety of resources to assist providers identify vaccine requirements for adults. Download updated [Vaccination for healthy ageing](#) poster.

Vaccination for healthy ageing

Adults >50 years old are at increased risk of some vaccine-preventable diseases and of serious complications from these diseases, even if they are otherwise healthy.

Was the person born during or since 1966?

- ▶ Check to see if they have received any MMR vaccines.
- ▶ Offer 2 doses of MMR vaccine, 1 month apart, if they have not already received them.

Is the person 50 years old or more?

- ▶ Check to see if they need any of the following:

Booster doses

Immunity to some diseases can start to wane in older people, and they may need booster doses of some vaccines.

- ▶ Offer adults aged 50 years a booster dose of dTpa vaccine to protect against diphtheria, tetanus and pertussis, if their last dose was more than 10 years ago.
- ▶ Offer adults aged ≥65 years a booster dose of dTpa vaccine if their last dose was more than 10 years ago.

Herpes zoster (shingles)

The incidence of herpes zoster increases with age, as does the incidence of serious complications such as post-herpetic neuralgia.

- ▶ Give adults aged 70–79 years a dose of zoster vaccine if they have not already received one. Do not give zoster vaccine to adults who are immunocompromised.

Pneumococcal disease

Pneumococcal disease is more prevalent in older adults.

- ▶ For healthy non-Indigenous adults aged ≥70 years, give 1 dose of 13vPCV if they have not already received a dose. Give 13vPCV at least 12 months after any previous dose of 23vPPV.
- ▶ For healthy Aboriginal and Torres Strait Islander adults aged ≥50 years, give 1 dose of 13vPCV, 1 dose of 23vPPV 12 months later, and a 2nd dose of 23vPPV at least 5 years later.

Influenza

Influenza-associated mortality rates are highest among older adults and Aboriginal and Torres Strait Islander people.

- ▶ Each year, give non-Indigenous adults aged ≥65 years a dose of seasonal influenza vaccine.
- ▶ Each year, give Aboriginal and Torres Strait Islander adults of any age a dose of seasonal influenza vaccine.

= vaccine funded under the National Immunisation Program

See the Australian Immunisation Handbook for more details.

9. Recording Indigenous Status on the AIR

Recent update to AIR

Vaccination providers can now record Indigenous Status **directly on the AIR** and it will not be overridden by their status recorded by Medicare.

Update Individual

Indigenous Status

Notification of an Indigenous status is voluntary. The existing status recorded on the AIR will not be updated if no selection is made.

Indigenous

Non-Indigenous

Save Cancel

Why is it important?

Recording of Indigenous status on the AIR helps vaccination providers to identify and give the clinically [correct vaccination schedule](#).

Improving the health of Aboriginal and Torres Strait Islander peoples is a national priority. Additional vaccines provided on the NIP will help to improve the health of Aboriginal and Torres Strait Islander people and help close the gap in health and life expectancy.

Consent

Vaccination providers should seek consent from the person at the time of a vaccination encounter before recording their Indigenous status on the AIR. AIR Indigenous status will not be recorded on any other government database and it does not need to be the same as Medicare.

10. AIR Immunisation History Statements

A patient's immunisation history statement will show all vaccines recorded on the AIR.

Patients may need their immunisation history statement for family tax benefit payments, childcare enrolment, employment, travel or entry to some places (e.g. nursing homes). COVID-19 guidelines require all people entering aged care facilities to show they had the flu vaccine.

To meet the requirements for family tax benefit payments (No Jab No Pay), a child must be either:

- immunised according to the NIP childhood schedule
- on an approved catch-up vaccination schedule
- have a valid exemption

Catch-up schedule now displayed on statements

Catch-up vaccination aims to protect people against disease as quickly as possible by helping people get up to date with their vaccination schedule in the shortest, but most effective, time frame.

From Feb 2020, if a person is on an approved immunisation catch-up schedule registered on the AIR:

- catch-up schedule will **display on the top** of the immunisation history statement
- and the date it **expires** will also show (**6 months** from date of catch-up commencement).

This helps to provide a complete picture of a patient's immunisation status. It gives parents and guardians evidence of a child's vaccination status for childcare or school entry. It also lets other vaccination providers know how a person's vaccination needs are being managed.

Immunisation history statement	
As at:	18 May 2020
For:	HIND SMITH
Date of birth:	01 February 2020
Immunisation status:	up to date - Catch up schedule active until 18 Nov 2020

Patients can get their immunisation history statement from:

- their GP – print from the online AIR site
- their [Medicare online](#) account through myGov
- the [Express Plus Medicare](#) mobile app

Payments for vaccination providers

Vaccination providers can receive an "Information Payment" for recording vaccinations on the Australian Immunisation Register (AIR).

The information payments are:

- up to \$6 per completed immunisation schedule for children under 7 years old
- \$6 per completed catch-up schedule for children under 7 years old.

Immunisation providers can get an information payment for:

- completing a National Immunisation Program Schedule for a child under 7 years old and recording it on the AIR
- following up and vaccinating a child under 7 years old who's more than 2 months overdue for their childhood vaccinations under the National Immunisation Program Schedule and recording it on the AIR.

Payments are made to providers monthly, on the second last Tuesday of each month.

For information on how to receive payments, see the [Services Australia website](#) or email our team at immunisation@cesphn.com.au for support.

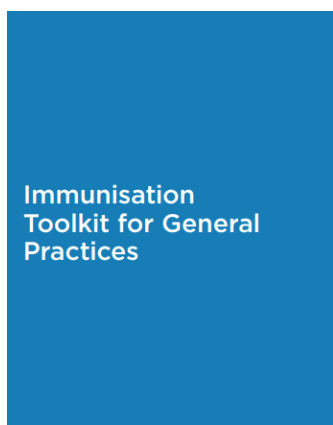
11. Essential resources for NSW general practices

NSW Health online module

The NSW Health Vaccine Storage and Cold Chain Management **compulsory [online training module](#)** should be used to facilitate staff education to equip staff to effectively manage the cold chain. Practices must retain certificates of completion for accreditation and NSW Health audit purposes.

Immunisation providers are responsible for ensuring **all staff** are trained in vaccine storage and cold chain management.

NSW Health Toolkits



The online module is complemented by the **new [Cold Chain Toolkit](#)** (August 2020) developed to assist all NSW immunisation providers, health care professionals and administration staff in the safe storage and management of vaccines. → →

← ← A new **[Immunisation Toolkit](#)** (August 2020) has been developed to support general practices to implement the NSW Immunisation Program. Over 90% of all childhood vaccinations in NSW are given in general practices, and this toolkit will help immunisation providers stay up to date with current issues in immunisation to provide accurate information to patients.



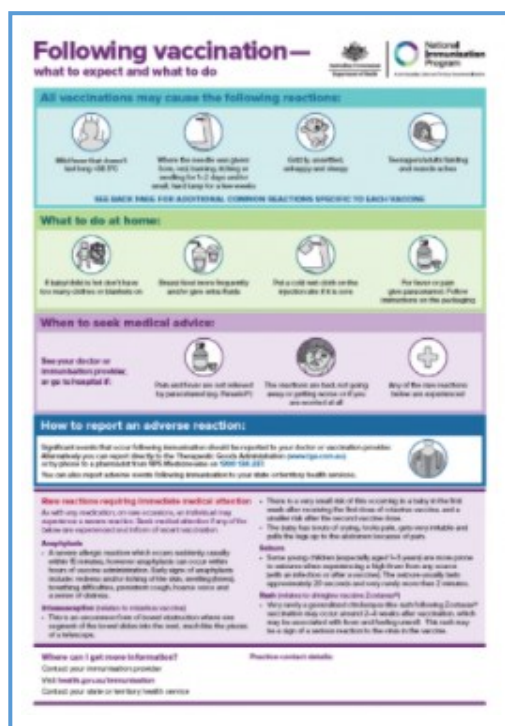
National Guidelines

The NSW resources above should be used in conjunction with the National Vaccine Storage Guidelines, [Strive for 5 \(3rd edition\)](#). This includes the [annual self-audit](#) required to be completed by immunisation service providers at least once every 12 months, and documentation retained for audit purposes.

PHN and LHD resources

- South Eastern Sydney LHD: [SESLHD Immunisation website](#)
- Sydney LHD: [SLHD Immunisation website](#)
- Central and Eastern Sydney PHN: [CESPHN Immunisation website](#)

Adverse Events Following Immunisation



Recent additions to the Adverse Events following Immunisation (AEFIs) information on the NSW Health website include new resources about vaccine safety, how to reduce the risk of AEFIs and updated AEFI Data. [Adverse Events Following Immunisation.](#)

Updated resource:

The resource “[Following vaccination – what to expect and what to do](#)” has recently been updated to reflect the July 2020 changes to the National Immunisation Program.

This tear off pad provides easy-to-read information to give to parents on common reactions that may occur after vaccinations, and can be ordered free from the [Department of Health website.](#)

12. Education: Immunisation Webinars

Immunisation providers are required to stay up to date with immunisation information via self-directed learning. Immunisation related education **webinars** and **online learning modules** can be accessed via our [Immunisation Education page](#). Some recent webinar recordings include:

Meningococcal disease update	Transmission of SARS-CoV-2 in NSW educational settings	Pneumococcal disease update
<p><i>Discusses advances in providing meningococcal disease prevention in children and particular population groups at increased risk of infection.</i></p> <p>Sept 2020 - Imm Coalition</p>	<p><i>Discusses COVID-19 cases in schools and early childhood education and care services.</i></p> <p>Sept 2020 - NCIRS</p>	<p><i>Provides the latest information on pneumococcal disease vaccination guidelines for 2020 and the Pneumococcal Vaccination Tool.</i></p> <p>July 2020 - Imm Coalition</p>
National Immunisation Program schedule updates	National Immunisation Program changes	SARS-CoV-2 vaccine development
<p><i>Discusses the changes to the NIP, the rationale for these changes and their clinical impact, and where further information and clinical advice can be sought.</i></p> <p>July 2020 – RACGP</p>	<p><i>Provides information about some important changes to the (NIP) and recommendations for pneumococcal, meningococcal and hepatitis A vaccination that took effect from 1 July 2020.</i></p> <p>June 2020 – NCIRS</p>	<p><i>Discusses the latest developments in the journey towards COVID-19 vaccines – for both Australia and the world.</i></p> <p>Upcoming Nov 2020 – NCIRS</p>

13. Key project: Waverley LGA immunisation coverage rates

Whilst the overall immunisation coverage rates for the CESP HN region are encouraging, there are some areas that have consistently low or declining coverage rates. The Waverley LGA is the focus for our PHN after relatively low rates were identified through data from the Australian Immunisation Register (AIR).

A comprehensive strategy was developed that aims to improve coverage rates in the Waverley LGA with a particular focus on the 4-5 year old age group for the completion of the childhood NSW Immunisation Schedule.

The South Eastern Sydney Public Health Unit contacted families of overdue children where possible, however this proved difficult with inaccurate or incomplete contact details available through the AIR data.

The PHN undertook the task of providing general practices in the area with monthly reports of their overdue patients, listing children who were overdue for their scheduled immunisations. The reports were backed with extensive support to ensure practices had the tools and guidance to action these reports. Catching up overdue children, amending data errors and identifying children who had left the country were the key actions undertaken.

Day care centres, preschools and primary schools in the area are also involved with the provision of immunisation awareness materials for inclusion in new enrolment and kindergarten orientation packs, as well as posters and brochures to put on display.

Waverley LGA	Q1 2020	Q2 2020	Q3 2020
1 year olds	93.7%	92.2%	TBA
2 year olds	86.6%	87.9%	TBA
5 year olds	84.2%	89.4%	TBA



Our mini helper distributing brochures to daycare centres

The quarterly results are promising with increases in coverage rates noted in Quarter 2. Quarter 3 results are expected to be released in early November.

What can you do in your practice to minimise overdue children?

- Implement robust recall/reminder systems using SMS messaging services, reminder letters and phone calls, and ensuring reminder prompts are utilised consistently in your practice software.
- Ensuring immunisation encounters are recorded accurately and uploaded electronically to AIR in a timely manner – using your practice software to do this is the most efficient method.
- Regularly review overdue reports – practices can access their overdue reports directly from the AIR. The “10A report” groups all providers at a practice into a single report (for accredited practices) and the “11B report” provides reports per individual GP. CESP HN has instructions for [how to access](#) and [how to analyse](#) the 10A reports on our website.

General practices play a significant role in ensuring the success of the National Immunisation Program.

The PHN would like to thank practices for their involvement in these activities in the past months and continuing into the months to come. Ensuring our patient population is fully vaccinated is critical to the overall health and protection of the community.

14. Kindergarten 2021 - Ensuring children's vaccines are up to date

With parents finalising enrolments for their children into kindergarten for 2021, now is the time to remind families to ensure their children have completed their childhood immunisation schedule before commencing school in the new year. From uniforms to lunch bags and everything in-between, parents have a lot to do when preparing their children for their big start. Ensuring their child has the best protection against preventable infectious diseases is one of the most important things they can do to prepare for the new school year.

Ensure all children are opportunistically checked for immunisation completion at every visit to the practice.

Posters – the PHN has a stock of childhood immunisation posters available for distribution to practices. The shown 4 year old reminder poster is a great one to display in your practice to remind these children and families. Contact us on immunisation@cesphn.com.au if you would like a copy for your practice.

