South Eastern Sydney Local Health District

Improving vaccination coverage in residential aged care facility residents in South Eastern Sydney Local Health District

Final report

July 2025

NSW GOVERNMENT

Contents

Abbreviations

AIR	Australian Immunisation Register
ANI	Authorised Nurse Immuniser
CESPHN	Central and Eastern Sydney Primary Health Network
GFS	Geriatric Flying Squad
GP	General practitioner
KPI	Key performance indicator
MHR	My Health Record
NP	Nurse practitioner
PHU	Public Health Unit
PRODA	Provider Digital Access
RACF	Residential aged care facility
SESLHD	South Eastern Sydney Local Health District

Acknowledgements

We would like to express our gratitude for the initiation, funding and collaboration provided by the Central and Eastern Primary Health Network (CESPHN), which made this project possible.

We are grateful to the staff, residents and families of the residential aged care facilities in South Eastern Sydney Local Health District (SESLHD) who participated in this project, patiently explained their issues and were open to suggestions on how to improve processes to ensure the wellbeing of our older population. Special thanks to the Infectious Diseases, Immunisation and Administration teams in the SESLHD Public Health Unit who helped with the project despite their usual busy workload (and dealing with outbreaks!), and to Martha Koukomtzi, Pukkaporn (Fix) Sangvatanakul and Jodie McLeod from the Sydney Local Health District Infection Prevention and Control Team for their collaboration.

1 Executive Summary

The Central and Eastern Sydney Primary Health Network (CESPHN) initiated, funded and collaborated with the South Eastern Sydney Local Health District (SESLHD) Public Health Unit (PHU) to develop, implement and evaluate a project to improve the vaccination coverage of residents in residential aged care facilities (RACFs) in SESLHD between June 2024 to December 2024. The project focused on the four age-recommended and funded vaccines available for RACF residents – COVID-19, influenza, pneumococcal and herpes zoster (shingles) vaccines.

Information on the barriers and potential solutions to achieving high vaccination rates was obtained through surveys and semi-structured interviews with RACF staff (from 90 facilities), RACF residents and their families, general practitioners (GPs), SESLHD in-reach geriatrician and nursing teams. Key barriers identified by the project and solutions developed by the PHU are summarised in the table below. Additional identified barriers are described in this report.

Key barriers identified by the project	Solutions developed by the PHU
Lack of access to residents' immunisation histories, especially for the pneumococcal and herpes zoster vaccines, due to RACF staff inability to look up the Australian Immunisation Register (AIR) or My Health Record (MHR)	Downloaded the COVID-19, influenza, pneumococcal and herpes zoster vaccination histories for each resident in every participating RACF from AIR, and provided the information to each facility in a vaccination tracker spreadsheet Advocated to the NSW Ministry of Health to remove the requirement for RACFs to employ a permanent ANI to access AIR. At the national Jurisdictional Immunisation Coordinators meeting on 30 July 2024, the Associate Director of Immunisation at Health Protection NSW advocated for the RACF manager to have AIR access to look up records and record vaccinations in AIR. This proposal was agreed by all the other jurisdictions, and the Commonwealth implemented the change in May 2025.
Lack of an easy system to quickly assess when residents in a facility are due for the four vaccines	Developed the vaccination tracker, a dynamic spreadsheet that automatically updates to show when a resident is due for each of the four vaccines as soon as it is opened. Developed video explaining how to use the vaccination tracker spreadsheet (hosted on the PHU website).
Consent process is cumbersome and difficult to obtain, particularly where family is needed for consent.	Created a Microsoft Forms template vaccine consent form for all four vaccines with embedded information about each infection and vaccine that only needs to be completed once for the duration of

	a resident's stay in the facility. This is to assist RACFs to organise and deliver vaccination clinics and does not replace the responsibilities of vaccination providers administering vaccines. Developed video explaining how to use the Microsoft Forms vaccine consent form template (hosted on the PHU website)
Common issues experienced by most RACFs: - How to access AIR (via PRODA) - Finding alternative vaccination providers to GPs - Essential equipment and actions for maintaining cold chain compliance for facilities with vaccine fridges	Tailored a vaccination action plan for each RACF with practical solutions addressing each common major barrier Conducted two online forums to explain the vaccination action plan, vaccination tracker and Microsoft Forms vaccine consent form. The forums provided an opportunity for RACF staff to ask questions about the project resources. Developed video explaining how to read and use the vaccination action plan (hosted on the PHU website).
Difficulty educating families on vaccination and communicating with some vaccine-hesitant residents and families due to lack of translated vaccination resources	Created bespoke factsheets explaining each infection and vaccine (benefits and side effects), and asked facilities to provide these to residents and families as part of the consent process. Worked with SESLHD Multicultural Health Services to translate the factsheets into eight priority languages
General lack of RACF staff awareness of the eligibility criteria for the pneumococcal and herpes zoster vaccines	Raised RACF staff awareness of the eligibility criteria of the pneumococcal and herpes zoster vaccines during the assessment phase and in two education sessions run by SLHD and SESLHD
Infrequent use of vaccine fridges in RACFs with the risk of losing cold chain knowledge and skills	Educated RACF staff on appropriate cold chain management and cold chain breach reporting processes in the RACF education session. Conducted an audit of cold chain compliance for 88 facilities that either ordered the 2024 influenza vaccine or confirmed having a vaccine fridge in the staff questionnaire.
Difficulty in finding vaccination providers like general practitioners (GPs) and nurse practitioners (NPs)	Included a list of nearby pharmacist immunisers for RACFs within the vaccination tracker spreadsheet Continued cold chain auditing of pharmacies that order National Immunisation Program (NIP) vaccines (as part of the annual audit of all vaccine providers in SESLHD), to ensure cold chain management systems are robust and residents are receiving viable vaccines.

Resident vaccination rates for the four age-recommended and funded vaccines were calculated using the line lists provided by 85 RACFs from July to September 2024. Post-intervention vaccination uptake showed modest improvements: 8.2% for COVID-19, 4.4% for pneumococcal, and 20.8% for herpes zoster. The percentage of facilities meeting the KPI of achieving a 20% improvement in vaccination rates was 25% for COVID-19, 20% for pneumococcal, and 36% for herpes zoster. There was no change in influenza coverage which was expected due to the intervention period falling after influenza season.

The evaluation survey for the RACF vaccination project was distributed to 90 facilities between 5 December 2024 and 3 February 2025, with a 28% response rate. Respondents reported high satisfaction with the assessment process, with 100% satisfied with the method of assessment and 92% finding the vaccination tracker containing resident immunisation status (according to AIR) useful. The vaccination tracker also led 45% of respondents to discover missing vaccinations in AIR records. 64% found the online consent form useful, and 56% planned to use it, with positive feedback on its time-saving and user-friendly nature. 88% of respondents found the personalised vaccination action plans and video resources helpful. Overall, 84% of respondents were very satisfied with the vaccination project, highlighting its professionalism and positive impact on improving vaccination processes.

2 Background

Ensuring RACF residents are up to date with their recommended vaccinations offers protection for the individual person and for a vulnerable cohort by potentially preventing or limiting transmission in an outbreak in facilities. Despite four vaccinations recommended and funded by the Commonwealth for all older people (herpes zoster, pneumococcal, influenza and COVID-19, with the first three vaccines included on the National Immunisation Program schedule),[1] the proportion of RACF residents who have received their age-recommended vaccines is low. As of 8 May 2024, only 42.0% of NSW aged care residents received a COVID-19 vaccine in the last 6 months.[2] The rates for pneumococcal and herpes zoster vaccination are even lower - a study of invasive pneumococcal disease cases notified between 2018 – 2022 found that only 10% of invasive pneumococcal disease cases who were RACF residents in Sydney Local Health District had received their age-appropriate pneumococcal vaccination (personal communication, T. McNeill). The median resident pneumococcal and herpes zoster vaccination uptake was only 32.8% and 19.3% respectively in public sector RACFs in Victoria in 2022.[3]

The low vaccination coverage wass thought to be related to multiple factors such as lack of awareness of age-appropriate vaccinations for older people, failure to embed vaccination as routine medical care for residents, high RACF staff turnover, limited capacity in general practice to provide preventative health care services in RACFs, and issues with vaccine storage on site. However, there is scant literature on the barriers from the perspective of RACF staff and residents, and little evidence on how to overcome the barriers.

This project, undertaken in partnership between the SESLHD Public Health Unit and the Central and Eastern Sydney Primary Health Network (CESPHN), aimed to identify the reasons for low vaccination coverage in RACF residents in SESLHD from the perspective of the RACF staff, residents and their families, GPs, and the SESLHD geriatric team. Following this, practical solutions were developed to help RACF staff and residents address the barriers in a sustainable way.

3 Aims and objectives

Aim

To improve the age-recommended vaccination coverage of residents in SESLHD RACFs.

Objectives

1. Determine the barriers preventing RACF residents receiving their age-recommended vaccinations.
2. Develop practical and sustainable solutions for RACFs to overcome identified vaccination barriers.
3. Assist RACFs to implement tailored solutions to improve vaccination coverage of their residents.
4. Implement a process for RACFs to monitor the vaccination status of their residents and report on the vaccination coverage of residents in their facility.
5. Monitor and evaluate the effectiveness of implemented interventions.

4 Methods

(i) Survey of SESLHD geriatricians GFS staff

SESLHD geriatricians and GFS staff were invited to participate in an online survey created by the PHU (and hosted on the REDCap platform) on the barriers to vaccinating RACF residents, and the potential solutions. A link to the survey was emailed by the SESLHD Aged Care and Rehabilitation stream Clinical Nurse Consultant on 21 June 2024, with a closing date of 5 July 2024 (two weeks). The survey questions are in Appendix A.

(ii) Survey of GPs caring for RACF residents

An online (REDCap) survey link was advertised in the CESPHN newsletter on 19 June 2024 and 26 June 2024 followed by direct emailing of around 340 GPs by CESPHN on 1 July 2024. The survey closed on 12 July 2024 (three weeks). The survey explored GPs' perception of vaccination barriers for RACF residents and potential solutions. The survey questions are in Appendix B.

(iii) Interviews with RACF staff

All 97 RACFs in SESLHD were invited to participate in the project. This included facility managers, care managers, infection prevention and control practitioners and corporate level staff.

The PHU conducted on-site and teleconference semi-structured interviews with RACF staff between 9 July 2024 to 9 September 2024 (two months) to explore their experiences, perceptions, and challenges around providing age-recommended vaccinations to residents. The initial questionnaire was updated on 2 August 2024 in response to facility staff feedback. The updated questionnaire is in Appendix C. Their responses were recorded on the REDCap platform. RACFs unable to participate in the on-site or teleconference interviews were invited to complete the survey online.

(iv) Interviews with RACF residents and survey of families

A sample of permanent RACF residents were interviewed between 9 July 2024 and 9 September 2024 (two months) when the PHU conducted on-site interviews with RACF staff. The selection of residents was guided by RACF staff – they had to be permanent residents of the facility, cognitively aware, and preferably either vaccine-hesitant or refuse vaccinations (latter not always possible). The residents' questionnaire is in Appendix D. Resident responses were recorded on the REDCap platform.

The PHU requested RACF managers email the online survey link to RACF families on 14 August 2024. Questions in the family questionnaire are in Appendix E.

Both surveys explored residents' and families' perceptions of vaccines, concerns, and preferences.

(v) Determining vaccination coverage

The PHU requested an Excel spreadsheet from each participating RACF of all their:

- permanent residents' full names, dates of birth and Medicare card numbers
- most recent dates of COVID-19 and influenza vaccines received by each resident, and
- dates and brands of pneumococcal and herpes zoster vaccines received by each resident.

The PHU then downloaded the immunisation records of each resident from AIR using the AIR12A report, focusing on the COVID-19, influenza, pneumococcal and herpes zoster vaccines.

Due to the workload involved, the PHU did not require information about residents' vaccination status if the facility did not have that information readily accessible.

An Excel VBA macro was applied to the outputs from the AIR12A report, including individual and vaccination details, which generated the vaccination tracker and calculated baseline and follow up coverage for each vaccine for each facility. Calculations were based on the Australian Immunisation Handbook recommendations for age and Aboriginality. At baseline and follow up, residents were considered up to date for COVID-19 if they had received a dose within the previous 7 months, allowing for delays in organising vaccinations once residents became due.

Residents were considered up to date for the pneumococcal and herpes zoster vaccines at baseline and follow up if they had received one dose of Prevenar and one or more doses of Shingrix, irrespective of Aboriginality or medical conditions, since the project was less than six months duration and the dose interval for course completion can exceed this timeframe.

In early January 2025 the AIR12A reports were re-extracted and the follow up coverage for COVID-19, influenza, pneumococcal and herpes zoster vaccines was calculated.

Since cleaned line lists were used in the January extraction, residents who did not match to AIR when the data was re-extracted, were presumed to have passed away during the project and were excluded from the final coverage data.

Change in coverage was assessed for the entire participating resident cohort, and by facility.

RACFs with baseline coverage greater than 80% were excluded from the change in vaccination rates calculation, as they were unlikely to achieve the KPI of a 20% increase in uptake.

(vi) Running education sessions for RACF staff

The SESLHD PHU and the Sydney Local Health District Infection Prevention and Control Community of Practice (SLHD IPC CoP) Team ran education sessions for RACF staff using an established forum. Two sessions were run on 21 August 2024 and 18 September 2024, lasting one hour each session.

Topics covered in the sessions included:

- age-recommended vaccines for older adults
- supporting conversations with residents and families about vaccinations (using Sharing Knowledge Around Immunisation (SKAI) and National Centre for Immunisation Research and Surveillance (NCIRS) resources)
- barriers and enablers to vaccination
- strategies to improve vaccination rates
- vaccine delivery options in RACFs
- cold chain management and reporting of cold chain breaches
- accessing residents' immunisation histories using AIR and My Health Record
- Adverse Events Following Immunisation (AEFIs) and reporting to the Therapeutic Goods Administration (TGA)
- logistics of running a vaccination clinic.

At the end of each session, attendees were awarded a certificate of attendance (for Continuing Professional Development [CPD] points) and an opportunity to provide feedback on the session via an online survey.

(vii) Developing solutions to vaccination barriers

Iterative thematic analysis of the responses to the in-reach geriatrician and nursing staff survey, GP survey, family survey, RACF staff and resident interviews, was used to identify vaccination barriers and solutions.

The PHU then developed practical and sustainable solutions to address identified barriers as part of a tailored vaccination action plan for each RACF. To assist each RACF implement their action plan, the PHU developed videos to explain how to interpret their action plan, use the vaccination tracker and how to create an online vaccine consent form using the Microsoft Forms platform. These videos are hosted on the SESLHD PHU website for RACF staff to access at any time. The PHU held two online forums in October 2024 to explain the vaccination action plan, vaccination tracker spreadsheet and online vaccine consent form. The forums also provided an opportunity for RACF staff to ask questions about the project and associated resources.

5 Results

5.1 Survey of SESLHD of in-reach geriatrician and nursing staff

Seven staff (three geriatricians, two nurse practitioners and two nurses) responded to the survey.

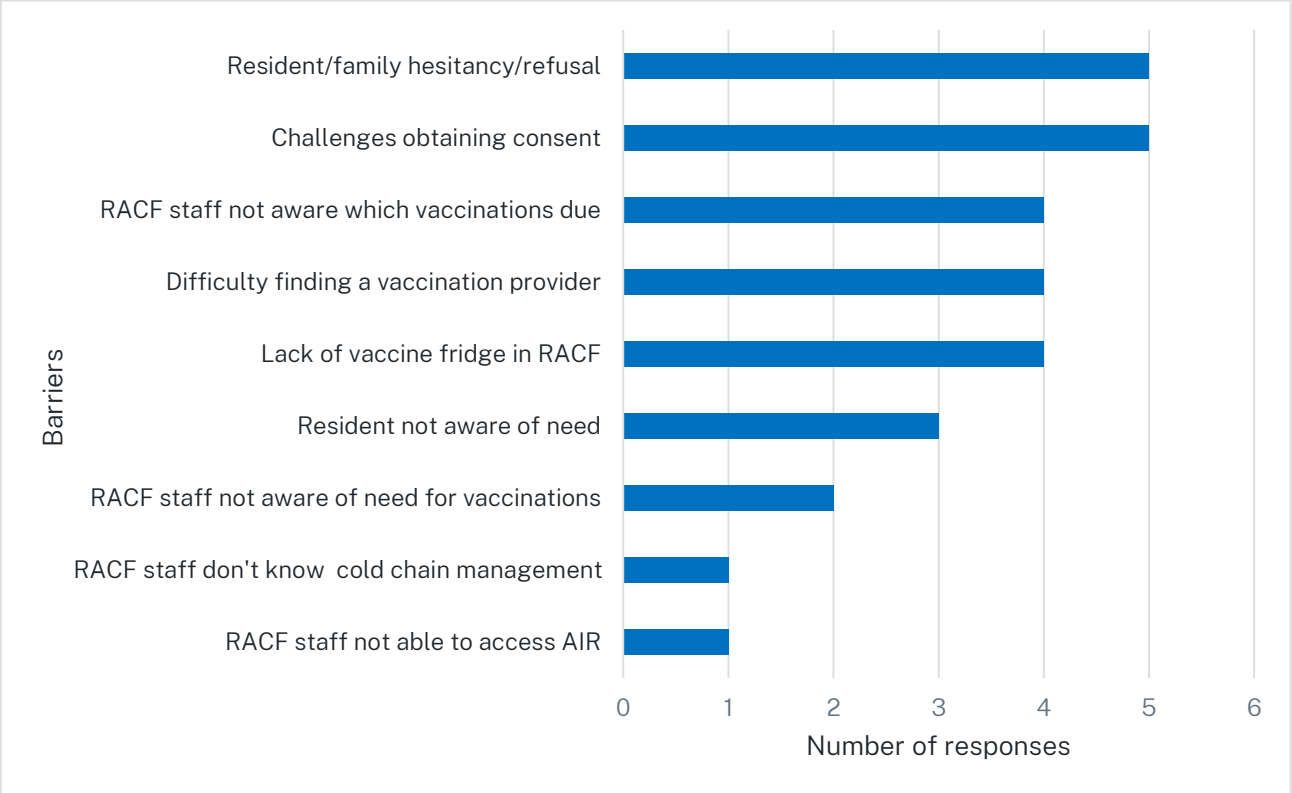
Routinely reminding RACF residents about age-recommended vaccines

- Only 43% (3/7) of respondents routinely reminded RACF residents about age-recommended vaccinations.
- The reasons include:
  - GFS consultations are usually performed for acutely unwell residents, and discussion of vaccination is inappropriate at that time
  - Many of the residents also have moderate-advanced dementia.

Vaccination barriers

- Major perceived barriers to vaccinating RACF residents (Figure 1) include:
  - Resident/family hesitancy/refusal (5/7 = 71%)
  - Challenges obtaining consent (5/7 = 71%)
  - RACF staff not aware which vaccinations are due (4/7 = 57%)
  - Difficulty finding a vaccination provider (4/7 = 57%).

Figure 1: SESLHD geriatrician and GFS staff perceived barriers to vaccinating RACF residents



Potential solutions to vaccination barriers

- Some of the potential solutions to overcoming the perceived barriers are listed in Table 1.

Table 1: Suggested solutions by SESLHD geriatricians and GFS to overcome vaccination barriers

Stakeholder	Suggested solutions

RACFs	• Implementing a system to remind RACF staff when vaccinations are due for each resident • Educating residents/family members on the importance of vaccination and answering questions/concerns to minimise hesitancy/refusal (GPs do not have time to provide education during consults) • Making vaccination a routine part of medical care • Greater use of pharmacists to administer vaccinations (especially bulk vaccination occasions for their residents), and ensuring consents for all their residents available
GPs	• Staff at GP practice to use the GP medical software to notify RACFs & GPs when an RACF resident is due for a vaccination • GPs to inform the RACF if they are happy for their patients to receive vaccinations from a pharmacist, and if their patients have any contraindications to any of the age-recommended vaccinations
Commonwealth	• Making the vaccination discussion with resident and family member a Medicare-billable encounter

5.2 Surveys of GPs caring for RACF residents

40 GPs responded to the survey which explored their perceptions of vaccination barriers for RACF residents and potential solutions.

Routinely reminding patients living in RACFs about age-recommended vaccines

- 67% (26/39) of respondents routinely reminded patients living in RACFs about age-recommended vaccinations.

System to track when vaccinations are due

- Only 46% (18/39) of respondents had a system to track when their patients are due for vaccinations.
- Of those who have a system:
  - 61% (11/18) use Best Practice
  - 22% (4/18) use Medical Director
  - 17% (3/18) use their own system.

Providing in-home vaccinations to patients living in RACFs

- 95% (37/39) provided in-home consults to patients living in RACFs.
- 86% (32/37) of respondents who provided in-home consults also administer in-home vaccinations to patients living in RACFs.

Reasons for not providing in-home vaccinations to patients living in RACFs

- Of those respondents who do not administer in-home vaccinations, the reasons provided include:
  - Difficulty bringing vaccines to the RACF: 67% (4/6)
  - Lack of Medicare reimbursement for vaccinating residents in RACFs: 33% (2/6)
  - Facilities organising their own in-home vaccination clinics with other providers: 33% (2/6)

Source of vaccines for GPs who administer vaccinations to patients living in RACF

- Of those GP who administered in-home vaccinations to patients living in RACFs, the vaccine sources include:
  - On-site at the RACF: 86% (24/28)
  - From their own GP practice: 60% (17/28).
- 87% (34/39) of respondents would be more likely to administer vaccinations to their patients living in RACFs if the vaccines were available on site at the facilities.

GP awareness of the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) program

- Only 44% (17/39) of respondents were aware that participating pharmacists can now administer vaccinations to RACF residents on-site.
- 54% (21/39) of respondents would recommend their patients living in RACF have their vaccinations by pharmacists.
- Reasons provided by respondents for not recommending pharmacists administer vaccinations to RACF residents include:
  - Complex medical histories of the RACF residents
  - Perception that pharmacists will not offer comprehensive care, and administer incorrect vaccines (e.g. not providing the adjuvanted influenza vaccine for those aged ≥ 65 years)
  - Patients are too frail to travel to the pharmacy.

Perceptions of vaccination barriers and suggested solutions for RACF residents

- Most respondents felt that RACFs should be responsible for:
  - tracking when residents are due for vaccinations
  - organising consent for vaccinations
  - supplying vaccines and other vaccinating equipment
  - administering the vaccines to their residents by the facility RN.
- Other perceived barriers and suggested solutions are listed in Table 2.

Table 2: GPs' perceived barriers and suggested solutions to vaccinating RACF residents

Stakeholder	Perceived barrier	Suggested solutions
RACF	• RACF registered nurses unable/decline to vaccinate residents (even if GP charts the vaccine)	• Educate and authorise registered nurses working in RACFs to administer vaccines

	• RACF staff unable to access AIR • AIR not integrated into RACF clinical record system • No system to monitor when vaccinations are due • Lack of focus on preventive health care in RACF • Difficulty getting consent from family • Lack of vaccine stock (no vaccine fridge) and vaccinating equipment (e.g. needles, sharps containers, band aids, cotton wool) at RACFs • Hard for GPs to keep track which RACFs organise vaccination clinics from an external vaccination provider and which do not	• Availability of vaccines and vaccinating equipment on-site in the RACFs • Including vaccination in RACF policy • RACF staff able to access residents' immunisation histories from AIR to inform GPs when each resident is due for each vaccine • RACF staff able to upload records of administered vaccines to AIR
GP	• GPs can only order a limited number of a particular vaccine • Unsure what Medicare item numbers can be used for a facility visit to administer vaccinations • Limited/no remuneration for high-quality preventive care • Shortage of GP time • Decreasing number of GPs doing home visits to RACF residents • Incentives paid to the GP practice, not to the individual GP	
Commonwealth		Providing incentives for RACFs to administer vaccines to their residents

5.3 Interviews with RACF staff

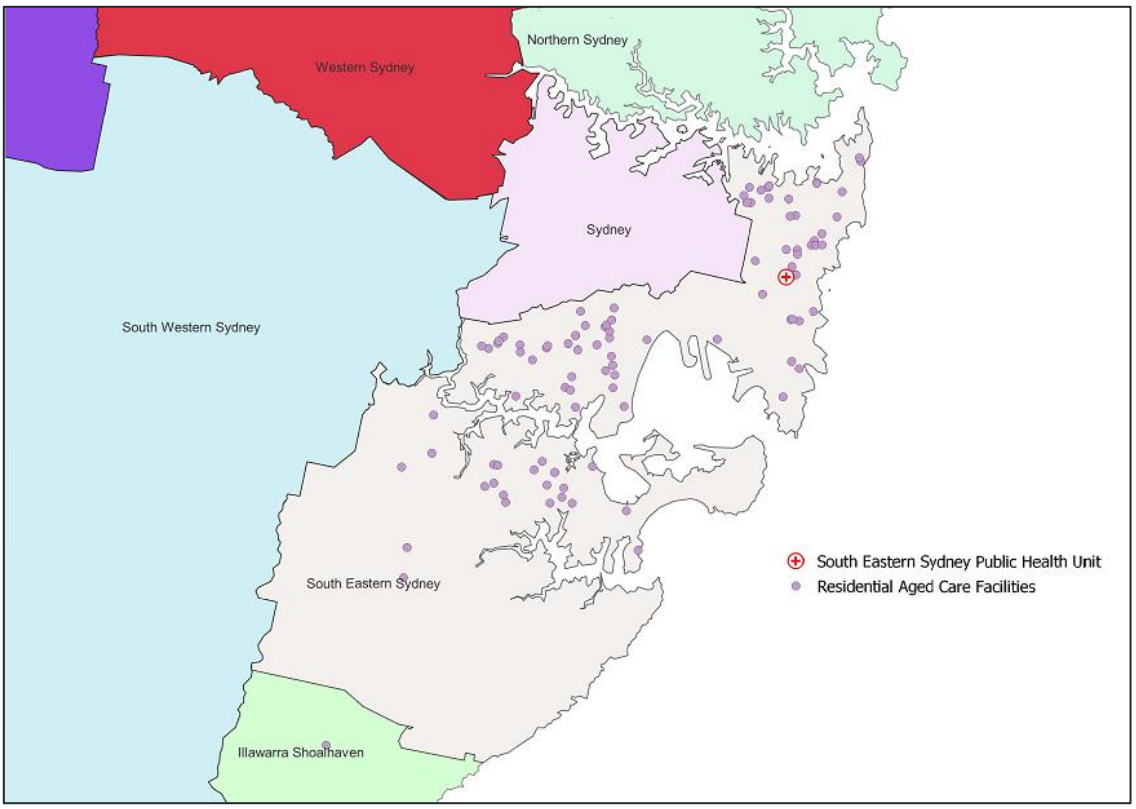
Staff from 90 RACFs were interviewed about their facility's vaccination practices, barriers and potential solutions.

- 53 % of interviews were conducted face to face
- 39% were completed in an online teleconference using Microsoft Teams
- 3% were conducted over the phone because of technical issues with connecting to the meeting via Microsoft Teams, and
- 5% were completed via the survey link emailed to facilities that indicated this preference.

*Note that the denominator for several questions was 59 (not 90) facilities as the RACF staff survey was amended on 2 August 2024 to include these questions. In addition, the total for these questions may not add up to 59 as not all facilities answered all questions.

The location of the 97 RACFs that fall under the jurisdiction of SESLHD can be seen in Figure 2.

Figure 2: Residential aged care facilities under the SESLHD jurisdiction



The seven facilities that declined to participate in the project, were been provided with the project resources developed by the PHU, including factsheets (English and translated), links to the instruction videos, the vaccination policy and personalised action plan templates.

Staff knowledge about age-recommended vaccines for older people

- All staff were aware of the eligibility criteria and frequency of the COVID-19 and influenza vaccines.
- There was variable knowledge among facility staff of the eligibility criteria for the pneumococcal (70/90 = 78%) and herpes zoster (72/90 = 80%) vaccines, and most were not aware of information sources.
- Staff in 91% (82/90) of the facilities were generally supportive of vaccinations for residents but frustrated by the logistics of having to organise consents prior to every vaccination clinic (usually related to having to chase families to return the consents), and the frequency of COVID-19 vaccinations. Some staff also did not see the value of the 6-monthly COVID-19 vaccinations as outbreaks still occur.

- 98% (88/90) and 99% (89/90) of the facilities tracked when their residents were due for their 6-monthly COVID-19 and annual influenza vaccines. However, only 46% (41/90) tracked when residents were eligible for the pneumococcal and herpes zoster vaccines.

Access to residents' immunisation history

- 90% (53/59) of facilities did not have direct access to residents' immunisation histories (and had to rely on residents' GPs and/or families to supply this information).

- 58% (34/59) of facilities were aware they can access residents' immunisation histories using AIR.
- Only 13% (12/90) of facilities had staff who could access AIR (using PRODA).
- Only 10% (9/90) of facilities had staff who could upload vaccinations to AIR.
- Reasons facilities were unable to access AIR (via PRODA) included:
  - 36% (32/90) of the facilities did not employ an authorised nurse immuniser (ANI) or nurse practitioner
  - staff were not aware they could access AIR if they employed an ANI
  - staff were not aware of the steps to take to access AIR if they employed an ANI.

My Health Record

- 41% (24/59) of facilities were aware they could access residents' immunisation histories using My Health Record.
- 20% (18/90) of facilities were registered for My Health Record.
- 11% (10/90) of facilities could access My Health Record.
- 2% (2/90) of facilities knew how to check a resident's immunisation history using My Health Record.

Organising vaccination consents

- Organising consents from families of residents unable to consent themselves was a major barrier for many facilities. This was related to:
  - A separate consent form for each vaccine
  - Consent emails lost in the many emails to families
  - Lack of prioritisation from families to return the consent forms
  - Lack of IT knowledge or scanner by families (unable to return signed consent forms by email).
- Most facilities then had to contact the families by phone to obtain the consents- a time-consuming process.
- Several facilities organised for the influenza vaccine consent forms to be completed at the beginning of the year. Despite this, several GPs asked for consent to be renewed prior to the vaccination clinic.
- Most facilities used a combination of the Commonwealth COVID-19 vaccine consent form and a generic influenza consent form.
- Most facilities did not routinely collect consent for the pneumococcal or herpes zoster vaccines.

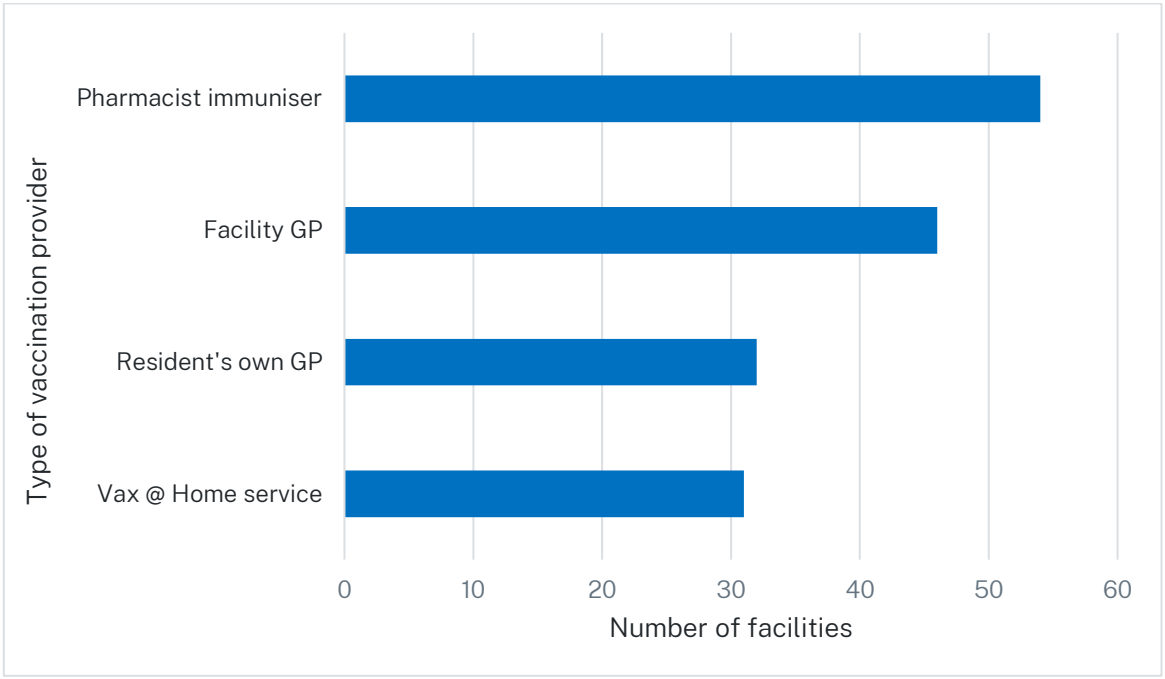
Tracking when vaccinations are due

- 86% (77/90) of facilities were able to track when each resident was due for their COVID-19 and influenza vaccines.
- Most of these facilities used a manual list or spreadsheet to track when residents were due.
- Some facilities used the BESTMED medication software system as a way of tracking when each resident was due. However, this still required staff to enter the immunisation histories of each resident into BESTMED.
- However, most facilities
  - did not have an efficient way of tracking when all their residents were due for all the age-recommended vaccines
  - did not routinely track when their residents were eligible for the pneumococcal and herpes zoster vaccines, relying on the residents' GPs to inform the resident or family when they were due.

Vaccination provider access

- Facilities employed a combination of vaccination providers to vaccinate residents in the facility (Figure 3):
  - external pharmacist immuniser: 60% (54/90)
  - facility GP: 51% (46/90)
  - residents' own GP: 36% (32/90)
  - CESPHN COVID-19 Vax @ Home service: 34% (31/90).

Figure 3: Vaccination providers used by RACFs in SESLHD to vaccinate residents

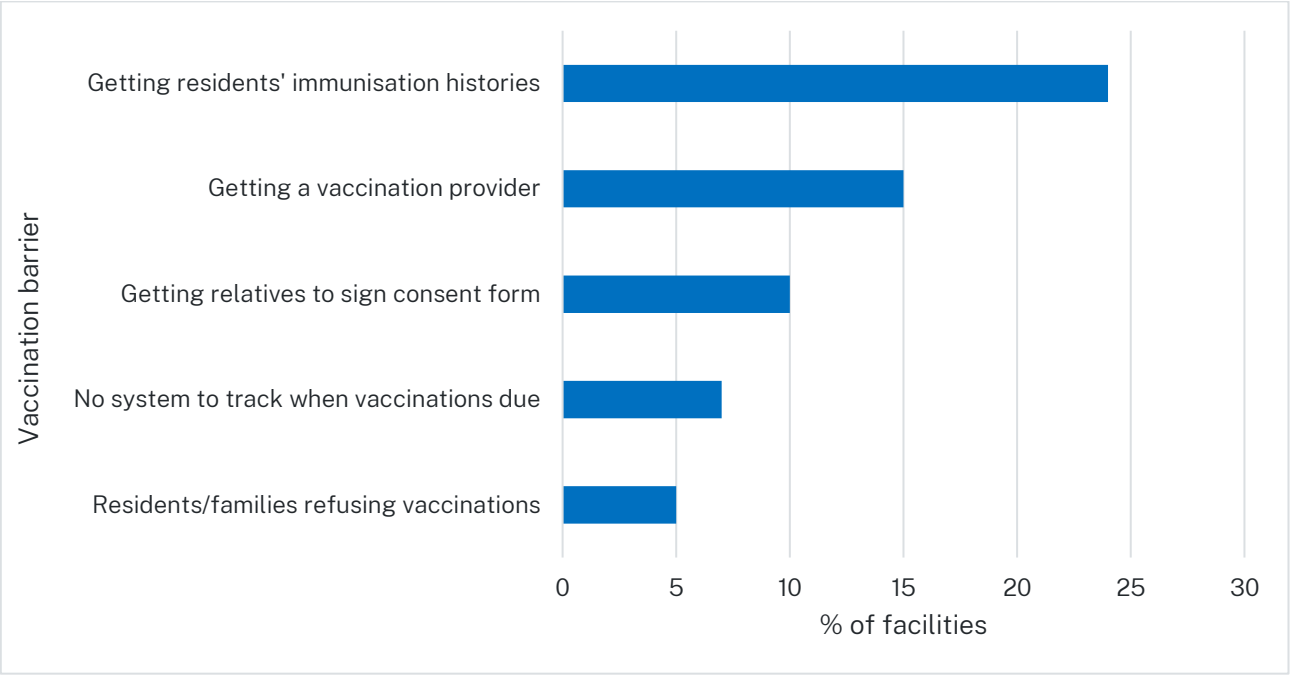


- 10% (9/90) of facilities had difficulty accessing a vaccination provider. These mainly related to the COVID-19 vaccination clinics run by external providers (difficulty getting the Commonwealth provider to schedule clinics) and if they relied on GPs (difficulty fitting clinics around the GPs' schedules). One facility noted their GP still waited six months after residents recovered from COVID-19 before vaccinating them, even though this was an outdated recommendation.
- 93% (84/90) of facilities were aware pharmacists participating in the NIPVIP program could administer vaccinations in facilities.
- 82% (74/90) of facilities knew how to organise pharmacists to run vaccination clinics at the facility.
- Many facilities were moving to external pharmacist immunisers running vaccination clinics on-site rather than having GPs vaccinate their residents. The reasons driving this transition included:
  - Many facilities having several GPs looking after all the residents, making it relatively inefficient to run vaccination clinics if GPs only wish to vaccinate their own patients
  - The considerable workload in administering vaccinations and then uploading to AIR for a single GP.
- All the facilities relied on the vaccination provider to upload administered vaccines to AIR.

Ranking of vaccination barriers

- Facilities ranked the five identified barriers in order (from most difficult to least difficult) (Figure 4):
  1. Difficulty getting residents' immunisation histories: 24% (14/59)
  2. Difficulty getting a vaccination provider: 15% (9/59)
  3. Difficulty getting relatives to sign the consent form: 10% (6/59)
  4. No system to monitor when vaccinations were due: 7% (4/59)
  5. Resident or family refusing vaccinations: 5% (3/59).

Figure 4: Main vaccination barriers according to RACFs



Cold chain requirements

- 89% (80/90) of facilities had a vaccine fridge on-site but most only ordered and stored influenza vaccines. (RACFs were no longer able to order COVID-19 vaccines.)
- Of the 80 facilities with a vaccine fridge:
  - 91% (73/80) reported they had a data logger
  - staff in 95% (76/80) of these facilities were trained in appropriate cold chain management procedures
  - staff in 79% (63/80) of these facilities had completed the HETI online cold chain management course.
- Most facilities relied on the external pharmacist immuniser or GP to bring in vaccine stock on the day of the vaccination clinics.
- Because of the infrequent use of the vaccine fridges, there was a risk of staff not maintaining their cold chain compliance knowledge and skills.

Determining and reporting RACF vaccination rates

- Most of the facilities were aware of how to calculate resident vaccination rates for COVID-19 and influenza vaccinations.
- 78% (70/90) and 68% (61/90) of facilities directly reported the facility's COVID-19 and influenza vaccination rates to the Commonwealth. The remaining facilities relied on their head office to report.
- Two facilities stated that the questions asked by the Commonwealth were not the right questions (e.g. clarification of booster vaccines).

Vaccination policy and procedures

- 78% (70/90) of facilities had vaccination policies or procedures. Most of these were run by large organisations.

Other barriers

- 28% (27/97) of facilities had a high proportion of residents from Chinese, Italian, Greek, Macedonian and Vietnamese backgrounds who were hesitant or refused to have certain vaccinations. Staff had difficulties finding translated vaccination resources when trying to explain the benefits and risks of vaccination.
- Many residents and their families were sceptical about the need for 6-monthly COVID-19 vaccinations but accepting of the other vaccinations.
- Facilities were no longer able to order COVID-19 vaccines directly and relied on external vaccination providers to bring the stock on-site.

5.4 Interviews with RACF residents and survey of families

Resident interviews

17 residents were interviewed from 11 different RACFs.

Not all respondents answered every question; therefore the total may not add up to 17.

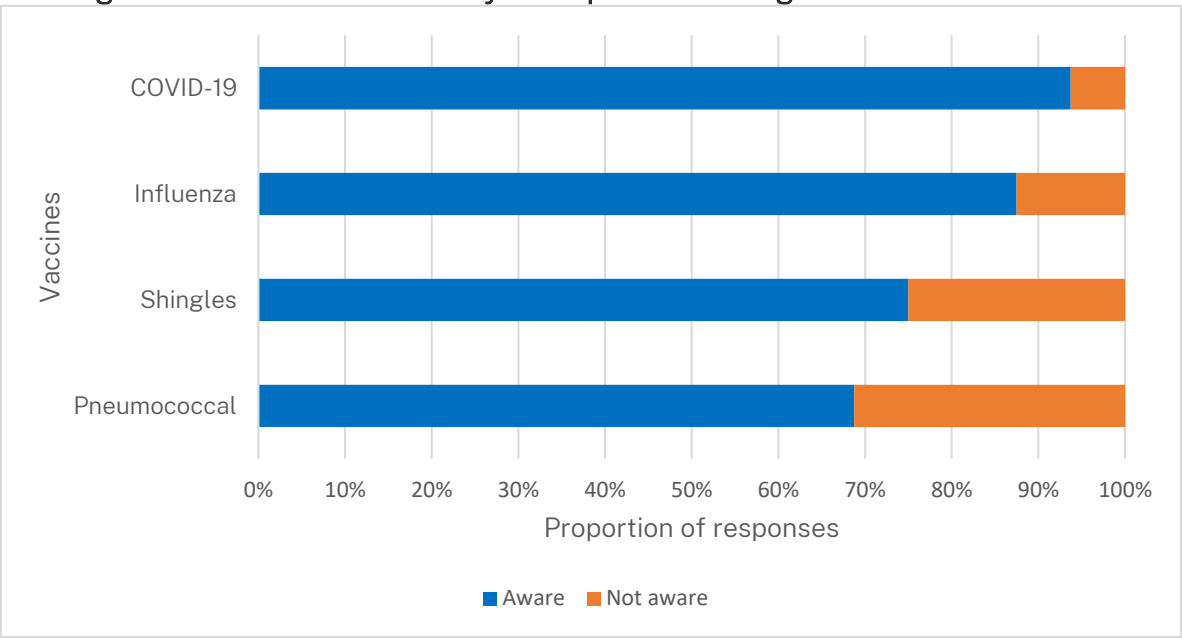
Respondents' demographics

- 11 female (63%) and 6 male (37%) residents were interviewed.
- 6% (1/17) identified as Aboriginal or Torres Strait Islander.
- 59% (10/17) were born in Australia. The remaining 41% (7/17) were born in China (2), India (1), England (2), Italy (1) and Iran (1).
- 29% (5/17) of residents spoke languages other than English including Cantonese (1), Mandarin (1), Hebrew (1), Hindi (1), Italian (1) and Farsi (1). One respondent, who only spoke Mandarin, was interviewed by a Mandarin-speaking PHU staff member.
- The median time the respondents had resided in a facility was 1 to 3 years, with a range of less than 6 months to more than 3 years.

Awareness of age-recommended vaccines

- The awareness rate of the four vaccines by 16 respondents are in Figure 5.

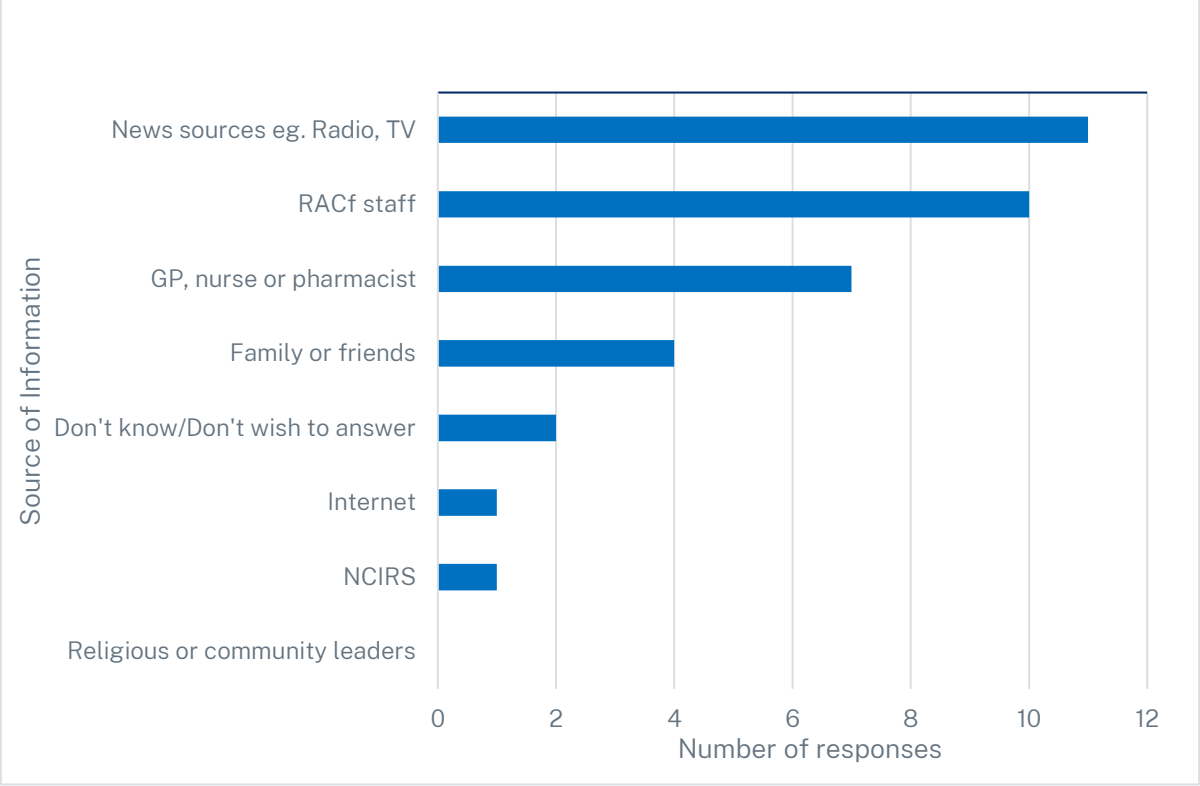
Figure 5: Vaccine awareness by 16 respondents living in 11 RACFs in SESLHD



Vaccine information sources

- Most residents relied on a combination of news sources (69%), RACF staff (63%) and healthcare providers (44%) for vaccination information (Figure 6).

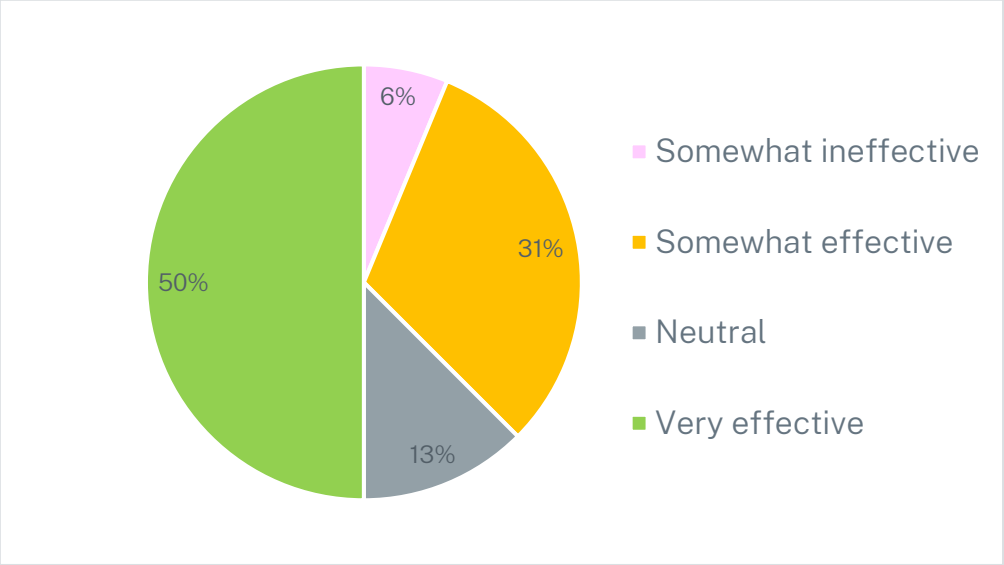
Figure 6: Sources of vaccination information for respondents living in RACFs in SESLHD



Acceptance of vaccination

- 53% (8/16) of respondents thought vaccines were very effective, and 31% thought vaccines were somewhat effective (Figure 7).

Figure 7: RACF residents' views on vaccine effectives



- 31% (5/16) of respondents understood vaccines may not prevent infection but will help prevent serious illness and hospitalisation.
- 53% (9/17) reported an adverse effect after previous vaccinations. 18% (3/17) reported injection site pain or swelling. The remaining 6 did not disclose the nature of their adverse effect.
- 76% (13/17) of respondents reported they were willing to have the herpes zoster and pneumococcal vaccines, while 82% (14/17) were willing to have the COVID-19 and influenza vaccines.

Vaccination barriers

- The main barriers to vaccine uptake as identified by the respondents are summarised in Table 3.

Table 3: Vaccination barriers identified by RACF residents (number of respondents in brackets)

Type of barrier	Barriers identified by respondents	Suggested solutions
Practical	• Physical limitations making it hard to go off-site to seek vaccines (4) • Too much medical jargon (1)	• On-site vaccination clinics • Factsheets and resources in plain language, including translated information

Thinking and feeling	• Fear of vaccine side effects (2) • Preference for minimal intervention (2) • Too many vaccines	• Further discussions about vaccine safety and effectiveness using SKAI and NCIRS resources by a trusted healthcare provider (e.g. GP or pharmacist)
Family	• When family members made decisions on behalf of residents (1) • Absence of supportive family (1)	• Further education and engagement with family members using SKAI and NCIRS resources

Suggested enablers to support resident vaccination

- The main reasons respondents would be more willing to be vaccinated are summarised in Figure 8 and Table 4.

Figure 8: Reasons RACF residents would be more willing to be vaccinated

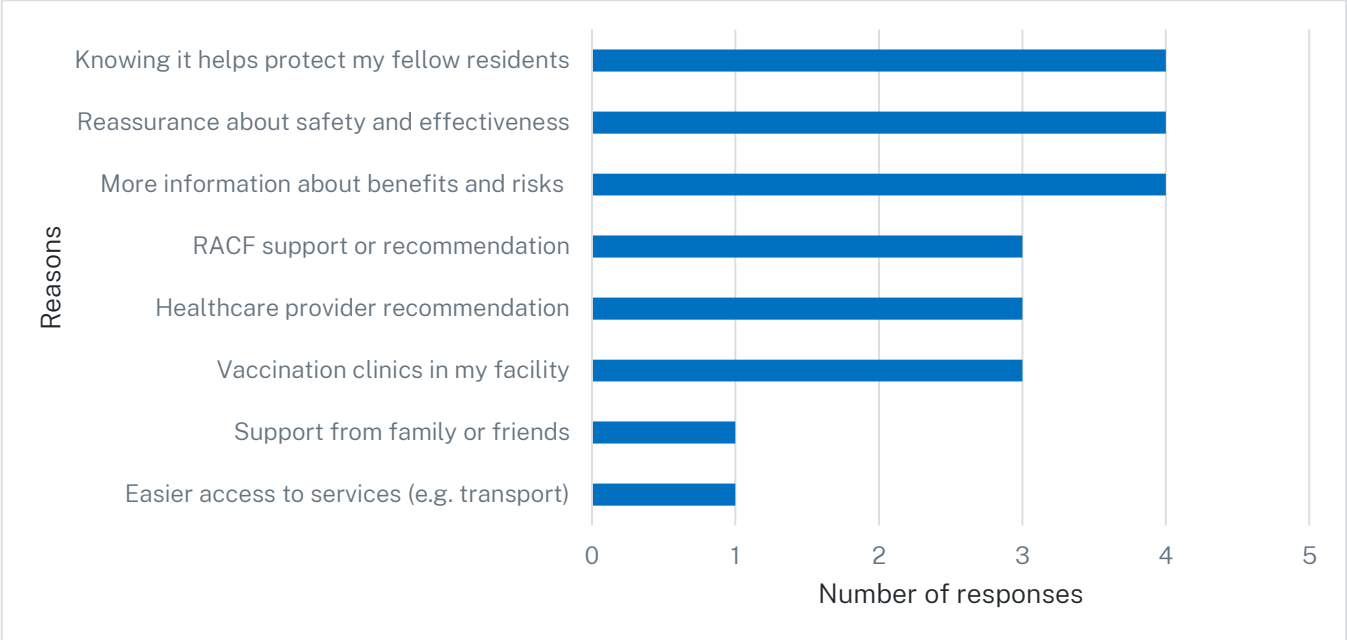


Table 4: Ways RACF staff can encourage resident vaccination as identified by residents

Enabler	Points identified by residents
RACFs facilitating vaccination	• Making it convenient • Regular reminders to residents
Talking about vaccinations	• More information and discussions about vaccines • The right person speaking to residents • Open and gentle conversations • Be kind • Speaking in layman terms

	• One on one discussions about consent • Vaccine 'jingles' (songs) to start conversations • More education to relatives so they don't refuse vaccines on behalf of the residents

Family survey

84 family members responded to the online survey, from at least 15 different facilities.

Not all respondents answered every question; therefore the total may not add up to 84.

Respondents' relationship to residents

- 74% (61/82) reported to be a son or daughter, 12% (10/82) a spouse and 14% (11/82) had another relationship with the resident, including brother/sister (6), niece/nephew (4) and daughter in law (1).

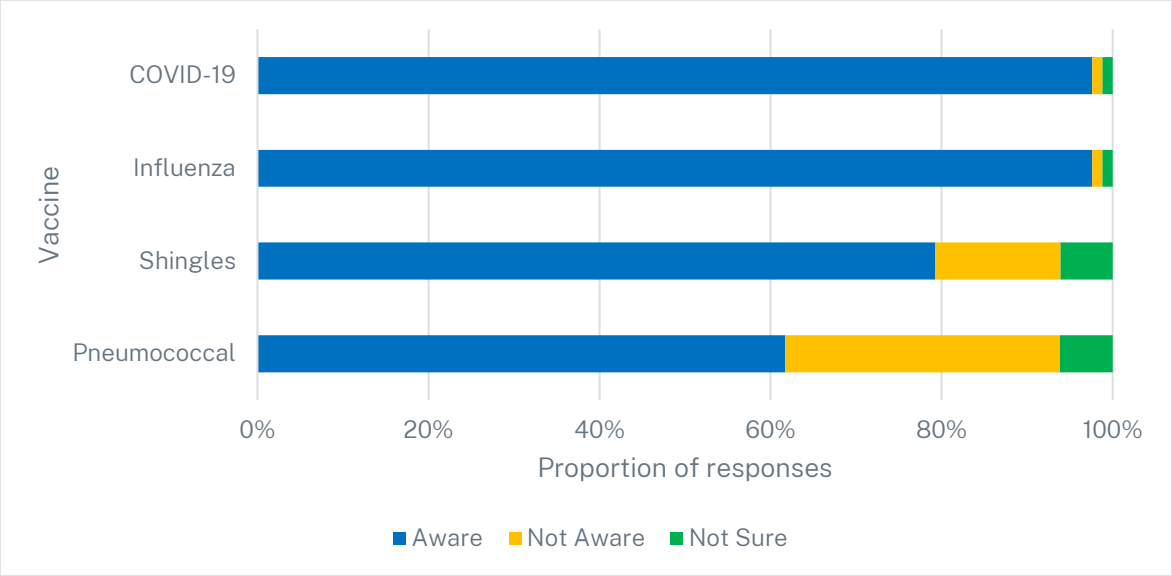
Demographics of respondents' family members

- 78% (64/82) of the respondents' family members living in RACFs were female.
- No respondents identified their family member to be Aboriginal or Torres Strait Islander.
- 50% (42/84) of the residents were born in Australia. Countries of birth for residents born elsewhere included China (7), United Kingdom (4), Greece (3), South Africa (3), Germany (2), Romania (2), Poland (2), India (1), Egypt (1), Fiji (1), Italy (1), Malaysia (1), and Vietnam (1).
- 88% (71/80) of the residents spoke English and 26% (21/80) also spoke a language other than English, including Greek (5), Cantonese (5), Mandarin (5), French (2), German (1) and Italian (2).
- The median time residents had lived in a facility was 1 to 3 years, with a range of less than 6 months to more than 3 years.

Awareness of age-recommended vaccines

- The family member awareness rate of the 4 vaccines can be seen in Figure 9.

Figure 9: Family member awareness rates of the four age-recommended vaccines

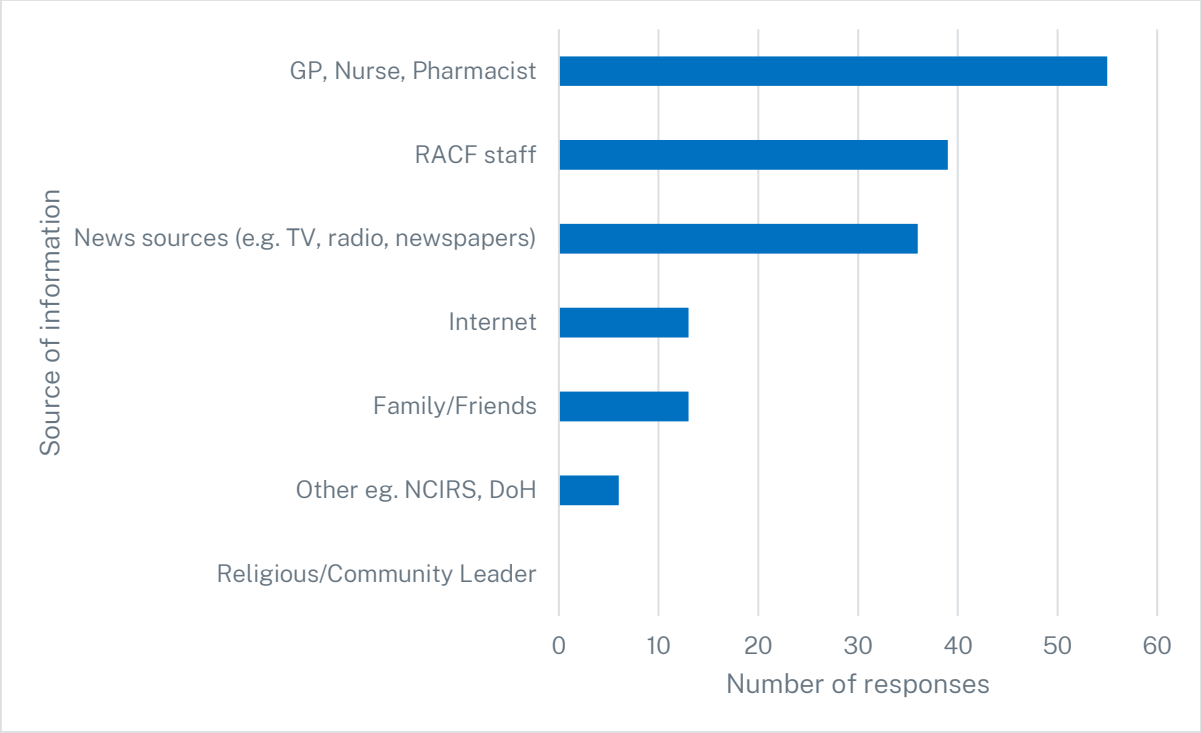


- 94% (78/83) of family members were aware that most vaccines recommended for older adults are free.
- 60% (49/81) would be willing to pay for vaccines for their family member if required.

Vaccine information

- 88% (60/68) of family members felt they received enough information about vaccines when providing consent for residents.
- 74% (61/82) felt very confident, 20% (20/82) felt somewhat confident and 1% (1/82) did not feel confident in the information they were provided by RACF staff prior to consenting to vaccines.
- Most family members reported that they relied on healthcare providers (67%), RACF staff (48%) and news sources like TV, radio and newspapers (44%) for vaccine information (Figure 10).

Figure 10: Sources of vaccination information for family members of SESLHD RACF residents



- Table 5 contains additional comments from families about vaccine information.

Table 5: **Family perceptions and concerns about vaccines**

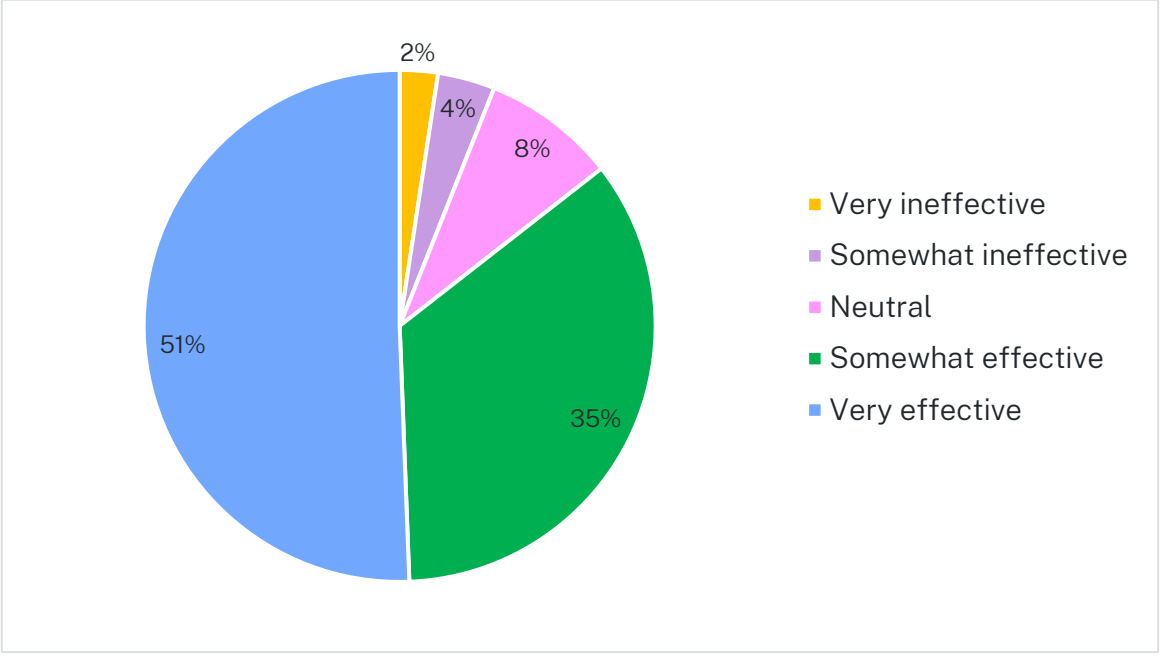
Theme	Comments
Thinking and feeling	• *"I think scare tactics are used in the media to encourage vaccination"* • *"A healthy lifestyle negates the need for vaccinations"* • *"More likely to consent to vaccines if doctors provide the recommendation"* • *"As a healthcare worker, I am concerned that the needle is not aspirated when giving the vaccination in RACFs"*
Practical	• Will provide consent but expect to be asked for confirmation in advance • Detailed communication about vaccination providers and the exact vaccine (brand/version) they will be giving • Details on procedures for handling anaphylaxis, with concerns that staff may not be trained appropriately
Education	• More education and information on pneumococcal and herpes zoster illnesses and vaccines for families

	• Where a vaccine is not annual or if the recommended vaccine changes, it is not always easy to know whether the latest version should be taken (e.g. Prevenar 13 vs. Pneumovax)
Misinformation	• *"From my readings, I don't think the COVID-19 vaccine is effective and may do more harm than good"* • *"My daughter is still suffering severe side effects from the COVID vaccination, with considerable evidence of this"* • *"Regrettably, the information regarding COVID vaccines has included false statements and vague generalisations. It has been difficult to obtain genuinely honest information, with concerns about exaggerated death statistics and understated adverse effects."*

Acceptance of vaccination

- 51% of family respondents thought vaccines were very effective, and 35% thought vaccines were somewhat effective (Figure 11).

Figure 11: Respondents views on vaccine effectiveness



- 81% (67/82) of respondents believed vaccines were effective at reducing serious illness and hospitalisation.
- A small number of family members demonstrated their understanding that vaccines reduce the severity of illness but do not prevent the illness (7 respondents).
- A small amount of scepticism and uncertainty on vaccine effectiveness was raised by some family members:

- *"No one knows if vaccines are effective; there is no concrete evidence"*
- Disbelief that COVID-19 and/or influenza vaccines are proven to work
- *"Not sure if it is the vaccine or the antivirals that made the difference"*
- *"Are ALL the staff and other residents in the facility vaccinated?"*

- 86% (70/81) of family respondents reported no side effects for their family member after previous vaccinations. 4% (3/81) reported injection site reactions, and 5% (4/81) reported systemic symptoms.
- 66% (55/83) of respondents reported that they make decisions regarding the resident's vaccination. 27% (22/83) make joint decisions with the resident, and 4% (3/83) indicated that the resident makes the decision independently.
- 66% (38/58) consulted with other family members and 29% (17/58) consulted with healthcare providers when making decisions about vaccinations.
- The hypothetical consent rates for each vaccine were:

- 95% (79/83) for the influenza vaccine
- 92% (76/83) for the COVID-19 vaccine
- 91% (75/82) to the herpes zoster vaccine, and
- 88% (71/81) to the pneumococcal vaccine.

Vaccination barriers

- The main barriers to vaccinating RACF residents according to family respondents are summarised in Figure 12 and Table 6.

Figure 12: Reasons family members do not consent to vaccines for RACF residents

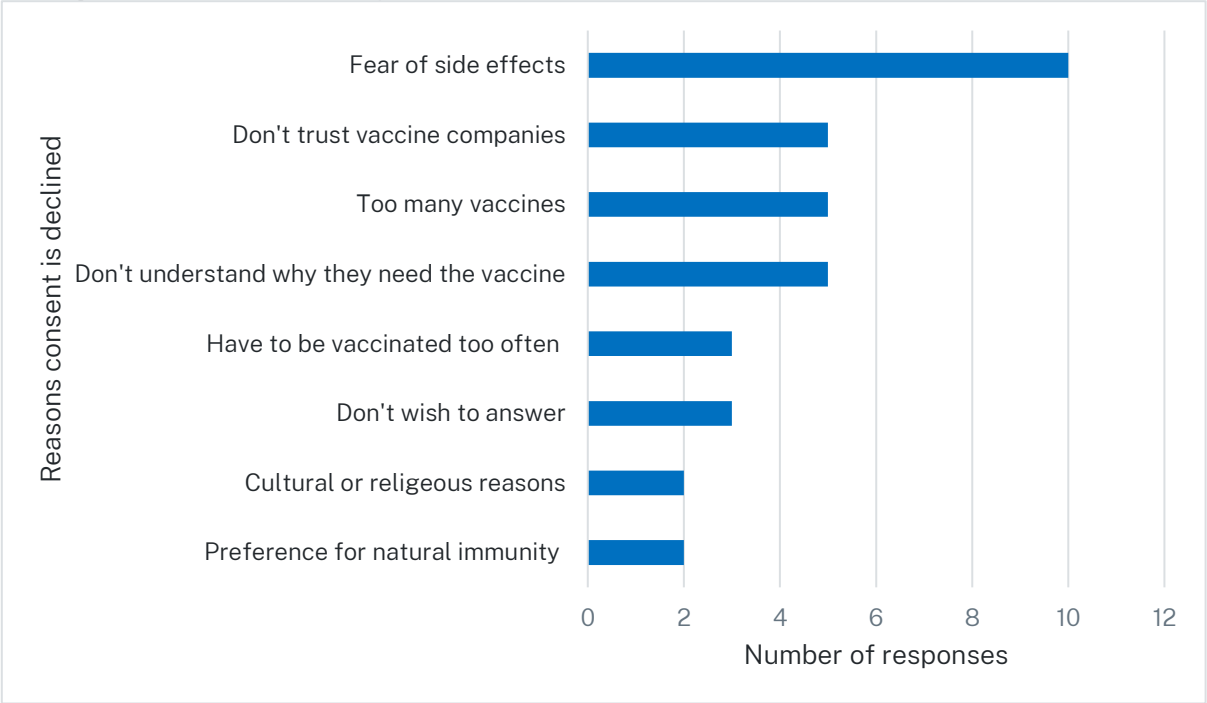


Table 6: Family members' perspectives on vaccination barriers for RACF residents

Type of Barrier	Barrier	Suggested solutions
Thinking and feeling	• Lack of trust or desire to forgo further medical intervention • The COVID-19 vaccine interval is too short; a preference for annual recommendations like influenza vaccines	• Education and SKAI resources
Practical	• Travel and mobility concerns • Tedious consent process • Poor in-house systems for vaccination tracking and recording • Lack of clarity around who arranges vaccines i.e. family vs RACF • Dementia or behavioural concerns at time of vaccine administration	• Onsite vaccination clinics • Single online consent form for all vaccines • Vaccination tracker • Increased communication by RACF staff around timing of vaccination clinics
Misinformation	• Families may not fully understand the implications of not vaccinating • Families not aware of change in recommendations e.g. no need to wait 6 months after COVID-19 infection	• Clear communication between RACF and family

Vaccination enablers

- 79% (66/83) of respondents reported residents would be more likely to get their vaccinations on time if someone reminded the families
- 88% (69/78) would be more willing to consent for the resident to be vaccinated if the facility routinely recommended it
- Other enablers are summarised in Figure 13 and Table 7.

Figure 13: Family members' strategies to make it easier for residents to be vaccinated in SESLHD RACF residents

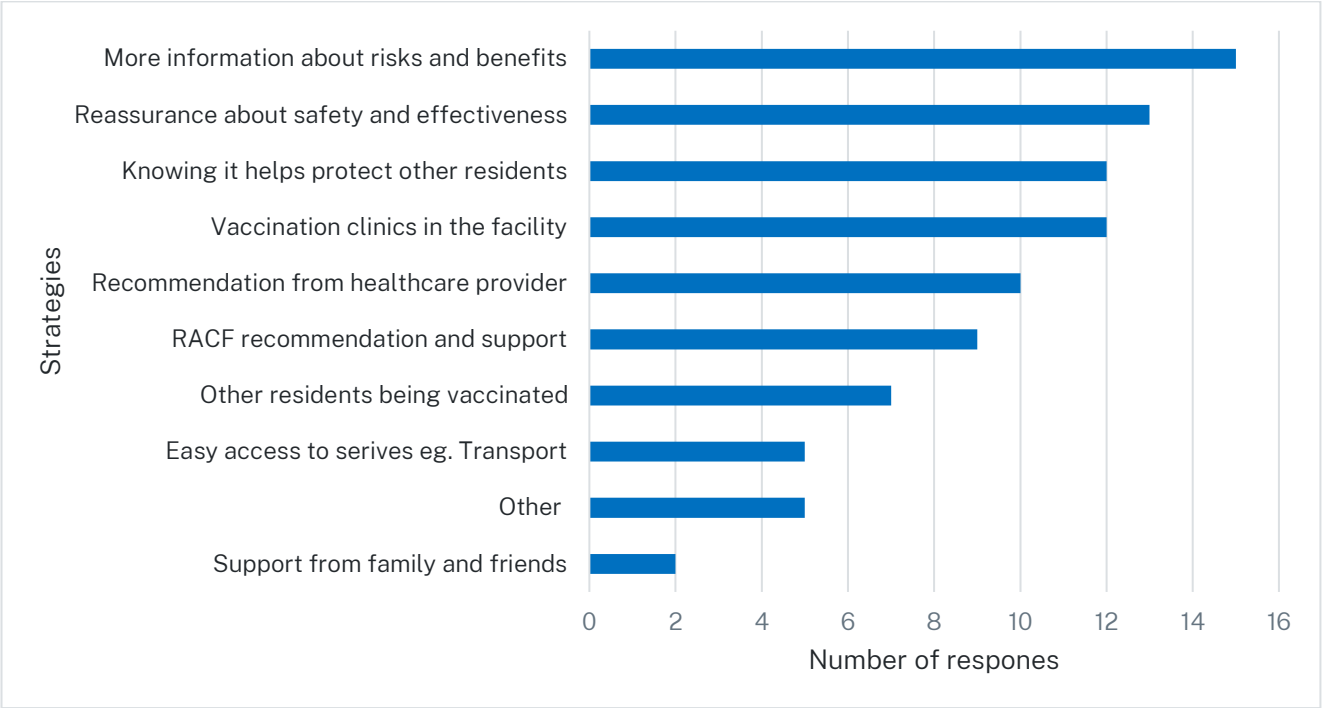


Table 7: Ways family members think RACF staff can encourage resident vaccination

Type of enabler	Enabler
Thinking and feeling	• "Qualified" providers giving the vaccine • Would like the facility to advise family once vaccines have been given • Collaborative decision making between GP, RACF staff and family/resident • Positive peer influence
Practical	• Providing vaccinations onsite • Streamlined consent process e.g. web-based form rather than paper • GP and RACF staff recommending the vaccines and keeping track of when they are due • Nurse practitioner on staff • Clear information and communication from the RACF
Other	• Honest and specific information about each version of the vaccines – "It is recommended and very safe" is not enough detail

5.5 RACF residents' immunisation histories according to AIR

A total of 86-line lists were received, 85* from RACFs who participated in the project and one additional line list from a non-participating facility who was referred to the PHU by the PHN to assist in finding nearby pharmacist immunisers. Since they did not participate in the project, their vaccination coverage was not included in the below rates for each vaccine.

*Please note that two facilities submitted their list of residents on a single line list, as they are located next to each other and share the same facility manager. To ensure accurate data, the denominator was reduced to 84 RACFs, as including their data twice would distort the results.

Most of the participating RACFs did not have information on their residents' pneumococcal or herpes zoster vaccination status.

Median vaccination rates for each vaccine

- COVID-19: 62% (range 0.0% to 93.2%)
- Influenza: 74.7% (range 1.4% to 98.3%)
- Pneumococcal: 14.2% (range 2.2% to 76.2%)
- Herpes zoster: 5.0% (range 0.0% to 84.0%)

Between 7 and 10th January 2025, data was re-extracted from AIR and using the same resident line lists. This was used to calculate the changes in vaccination coverage for the RACFs who participated in the project and provided a line list.

5.6 Education sessions and online forums for RACF staff

98 RACF staff attended the education session on 21 August 2024 and 60 RACF staff attended the session on 18 September 2024.

41 attendees responded to the post-education survey on 21 August 2024 and 25 attendees responded on 18 September 2024. Respondents were requested to assess the usefulness of the educational content using a 5-star rating scale (5 stars meaning very useful), which was applied to a set of key indicators. They were also asked to describe 3 key learnings from the session that they plan to put into practice in their facility.

Results from the 21 August 2024 session are in Figure 14 and Figure 15.

Figure 14: RACF staff rating of education session on 21 August 2024 (n= 41)

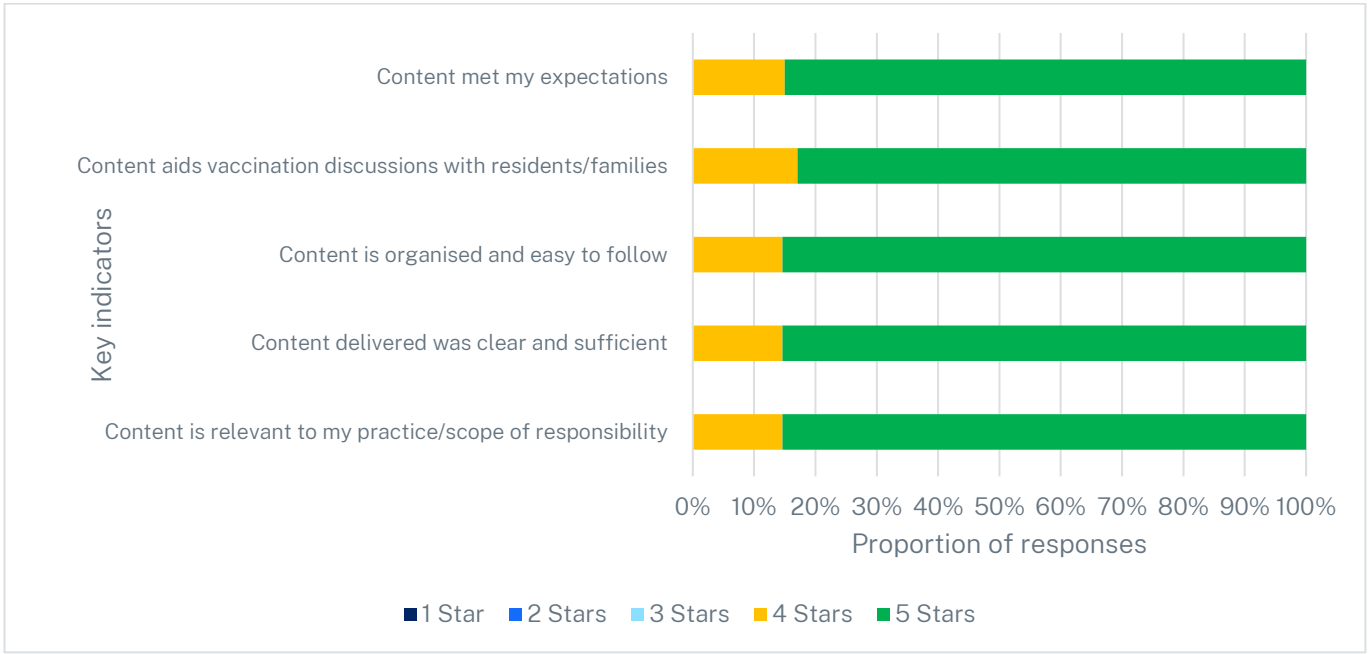
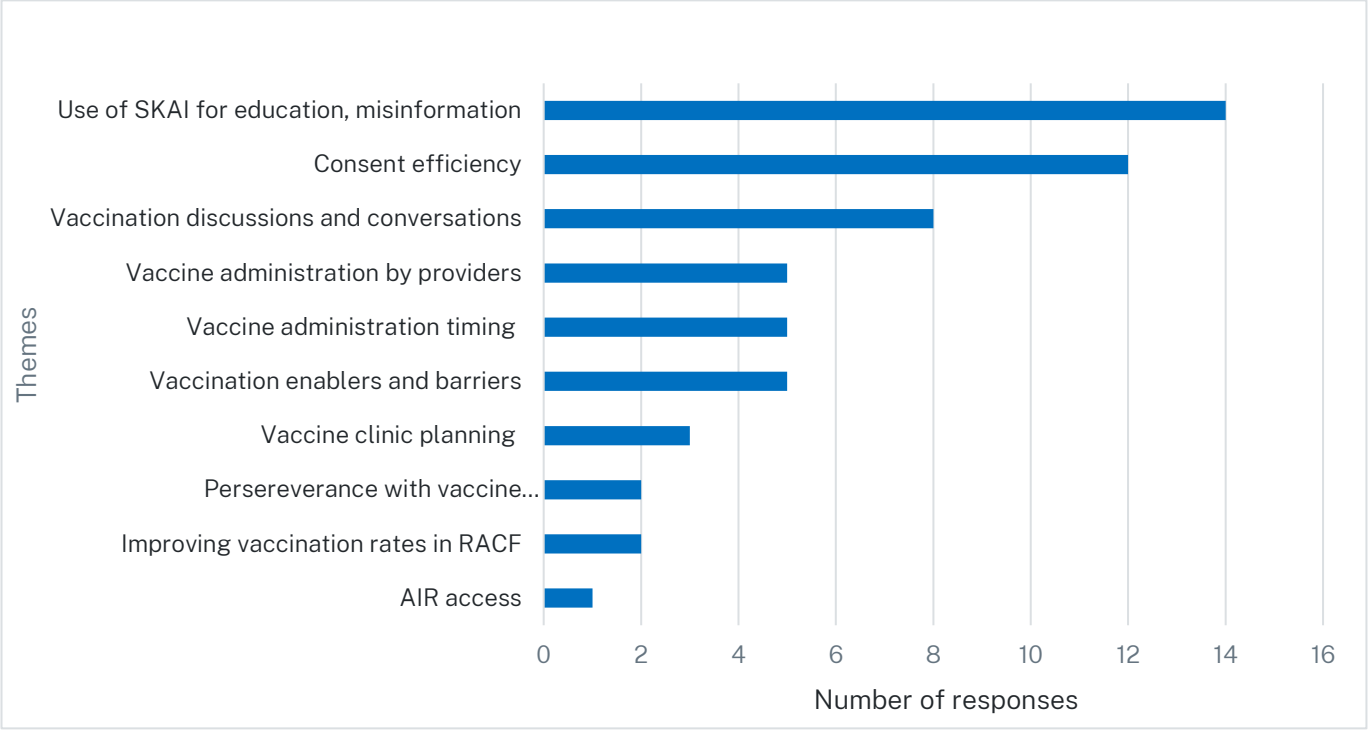


Figure 15: Key learning themes identified by RACF staff from education session on 21 August 2024



Results from the 18 September 2024 are in Figure 16 and Figure 17.

Figure 16: RACF staff rating of content in education session on 18 September 2024 (n = 25)

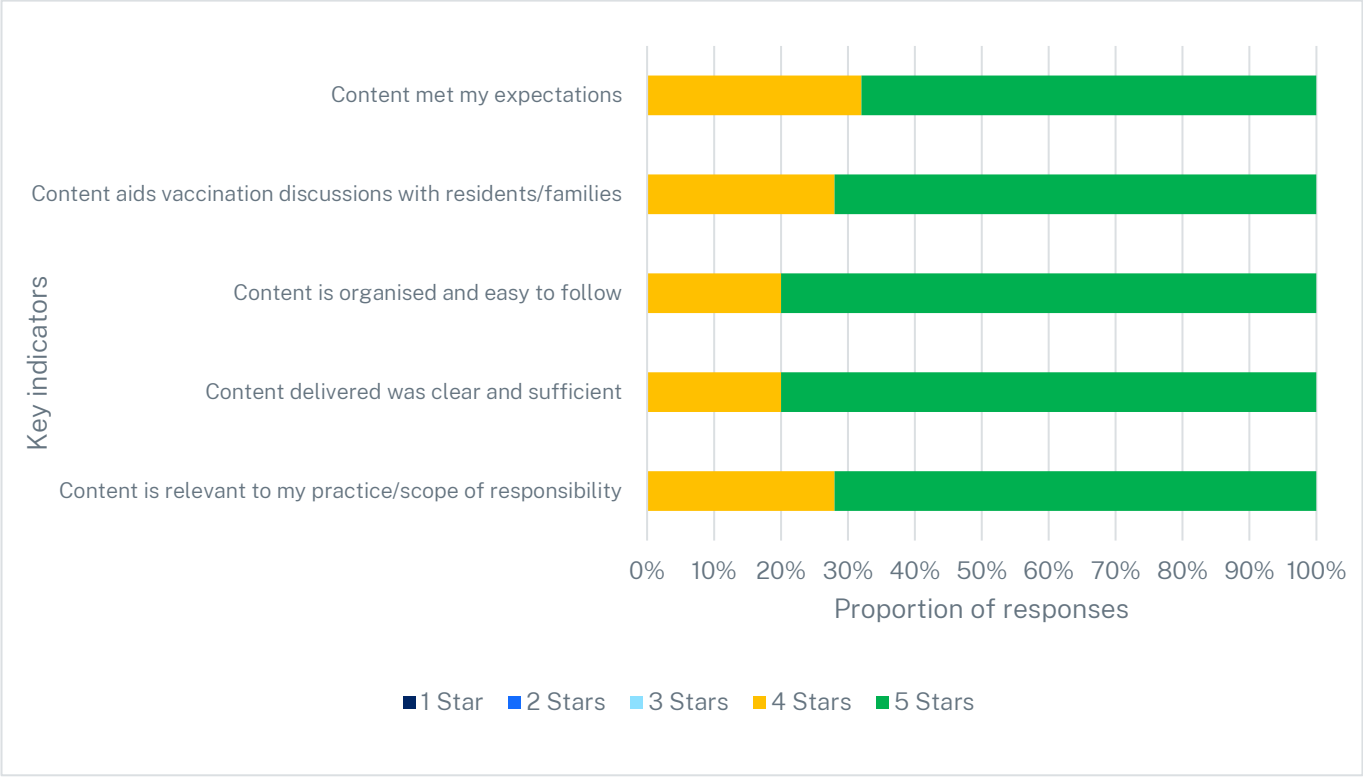
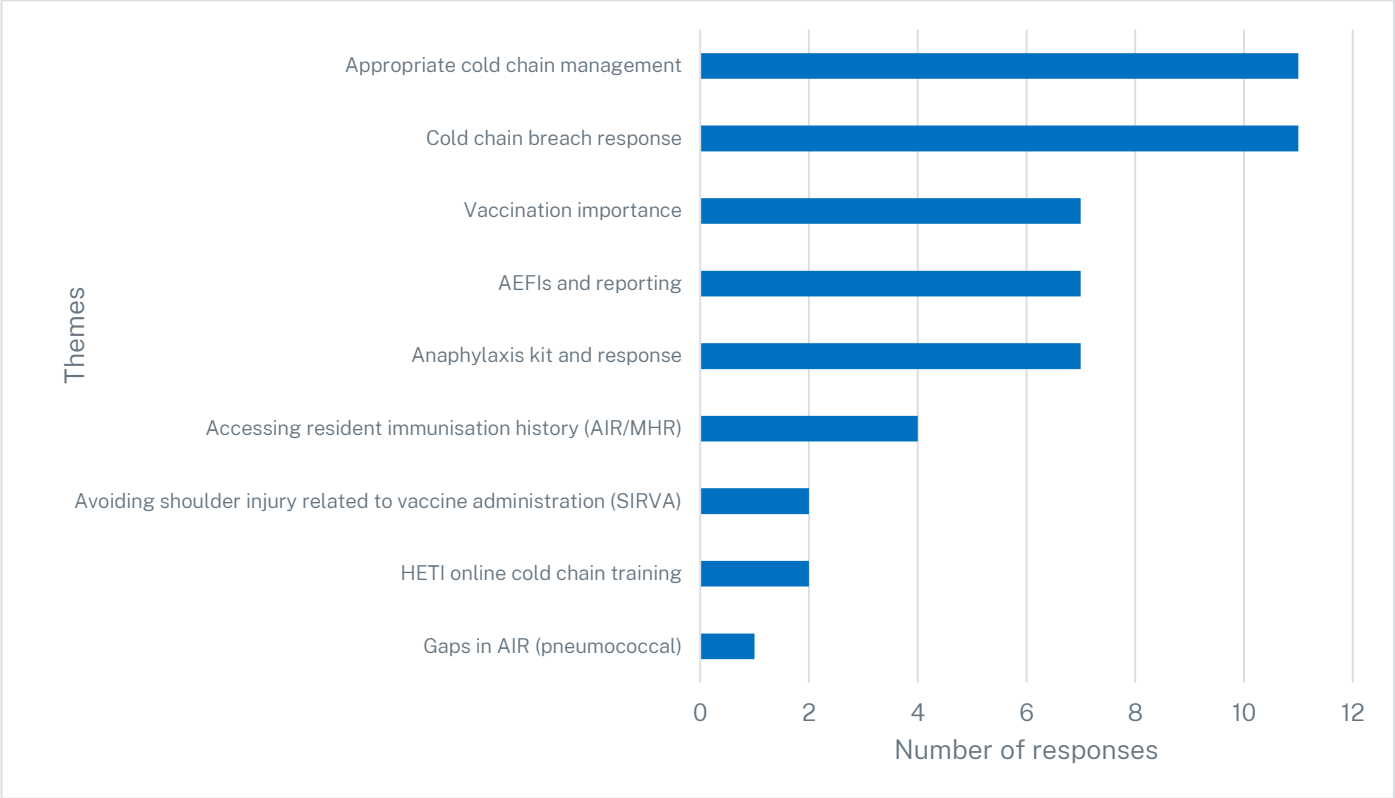


Figure 17: Key learning themes identified by RACF staff from education session on 18 September 2024



Two online forums were held on 15 October 2024 and 30 October 2024 to discuss the project's objectives and provide an overview of the developed resources, including the personalised vaccination action plans, vaccination tracker spreadsheet, and online consent form. PHU specialist immunisation staff participated in these sessions to address technical vaccination questions.

The forums offered RACF staff the opportunity to share their experiences, ask questions about vaccinations, and learn more about the new resources. The PHU also used these sessions to introduce the planned cold chain compliance audits.

A total of 51 RACF staff participated across the two sessions, with 29 attendees on 15 October 2024 and 22 attendees on 30 October 2024.

To help RACFs prepare for the 2024/2025 festive season, the PHU created a newsletter (Appendix F) offering guidance on how to get ready for and reduce the risk of illness during this time.

6 Resources and actions

Table 8 lists the major barriers identified in Section 5 and the solutions developed by the PHU.

Table 8: Major barriers to vaccinating RACF residents identified by the project and solutions developed by the PHU

Major barriers identified by the project	Solutions developed by the PHU
Lack of residents' immunisation histories, especially for the pneumococcal and herpes zoster vaccines due to RACF staff inability to look up AIR or My Health Record	Downloaded the COVID-19, influenza, pneumococcal and herpes zoster vaccine histories for each resident in 86 facilities from AIR and put the information for all the residents into vaccination tracker spreadsheets. Advocated to the NSW Ministry of Health to remove the requirement for RACFs to employ a permanent ANI to access AIR. At the national Jurisdictional Immunisation Coordinators meeting on 30 July 2024, the Associate Director of Immunisation at Health Protection NSW advocated for RACF managers to have AIR access to look up records and record vaccinations in AIR. This proposal was agreed by all the other jurisdictions, and the Commonwealth implemented the change in May 2025.
Lack of an easy system to quickly assess when residents in a facility were due for the four vaccines	Developed the vaccination tracker, a dynamic spreadsheet that automatically updates to show when a resident is due for each of the four vaccines as soon as it is opened. Developed video explaining how to use the vaccination tracker (hosted on the PHU website)
Consent process is cumbersome and difficult to obtain, particularly where family is needed for consent.	Created a Microsoft Forms template vaccine consent form for all four vaccines with embedded information about each infection and vaccine that only needs to be completed once for the duration of a resident's stay in the facility. This was to assist RACFs to organise and deliver vaccination clinics and does not replace the responsibilities of vaccination providers administering vaccines. Developed video explaining how to use the Microsoft Forms vaccine consent form (hosted on the PHU website).
Common issues experienced by most RACFs: - How to access AIR (via PRODA) - Finding alternative vaccination providers to GPs - Essential equipment and actions for maintaining cold chain compliance for facilities with vaccine fridges	Tailored a vaccination action plan for each RACF with practical solutions addressing each major barrier. Developed video explaining how to read and use the vaccination action plan (hosted on the PHU website). Conducted two online forums to explain the vaccination action plan, vaccination tracker and Microsoft Forms vaccine consent form. The forums

	provided an opportunity for RACF staff to ask questions about the project resources.
Several smaller RACFs (not run by large organisations) requested an example of a vaccination policy	Developed a template RACF resident vaccination policy.
Difficulty educating families on vaccination and communicating with some vaccine-hesitant residents and families due to lack of translated vaccination resources	Created bespoke factsheets explaining each infection and vaccine (benefits and side effects), and asked facilities to provide these to residents and families as part of the consent process. Worked with SESLHD Multicultural Health Services to translate the factsheets into eight priority languages
General lack of RACF staff awareness of the eligibility criteria for the pneumococcal and herpes zoster vaccines	Raised RACF staff awareness of the eligibility criteria of the pneumococcal and herpes zoster vaccines during the assessment phase and in the two education sessions run by SLHD and SESLHD.
Infrequent use of vaccine fridges in RACFs with the risk of losing cold chain knowledge and skills	Educated RACF staff on appropriate cold chain management and cold chain breach reporting processes in the RACF education session. Conducted an audit of cold chain compliance for 88 facilities that either ordered the 2024 influenza vaccine or confirmed having a vaccine fridge in the staff questionnaire.
Difficulty in finding vaccination providers like general practitioners (GPs) and nurse practitioners (NPs)	Included a list of nearby pharmacist immunisers for RACFs within the vaccination tracker spreadsheet. Continued with cold chain auditing of pharmacist immunisers (as part of the annual audit of all vaccine providers in SESLHD), to ensure cold chain management systems are robust and residents receive viable vaccines.
Misinformation about vaccines among families	Included references to SKAI and NCIRS resources in the RACF staff education sessions and each action plan to help facilitate conversations about vaccine misinformation and hesitancy.
Perceptions and suggestions from resident and family data	Provided RACF managers with deidentified feedback from resident interviews and family surveys for their awareness so they could implement communication changes with residents and families in their processes

Each of the solutions is described in further detail below.

6.1 Creating a vaccination tracker for each RACF

As described in the Methods section, the PHU obtained spreadsheets of permanent residents from 86 RACFs and verified the residents' immunisation histories (for COVID-19, influenza, pneumococcal and herpes zoster vaccines) against AIR.

Formulae were then inserted into the spreadsheets to automatically determine if a resident was up to date, overdue or too young for each of these vaccines. The rules determining the immunisation status for each vaccine are listed in Table 9.

Table 9: Rules determining immunisation status of RACF residents for the COVID-19, influenza, pneumococcal and herpes zoster vaccines in the vaccination tracker

Vaccine	Variable	Immunisation status
COVID-19	Age < 65 years	Too young-Review with GP
	No date in COVID-19 column	Overdue
	Date in COVID column ≥180 days (6 months)	Overdue
	Date in COVID column ≥150 days (5 months)	Due soon after [dd/mm/yyyy]
	Not fulfilling any of the above variables	Up to date
Influenza	Age < 65 years and not Indigenous	Too young- Review with GP
	No date in Influenza column	Overdue
	Date in Influenza column ≥365 days (12 months)	Overdue
	Date in Influenza column ≥335 days (~11 months)	Due soon

	Not fulfilling any of the above variables	Up to date until [yyyy]
Pneumococcal	Age <70 years and non-Indigenous Age <50 years and Indigenous	Too young-Review with GP Too young-Review with GP
	Age ≥70 years, non-Indigenous and 1 Prevenar dose	Up to date
	Age ≥50 years, Indigenous, 1 Prevenar and 2 Pneumovax doses	Up to date
	Age ≥50 years, Indigenous or Age ≥70 years, non-Indigenous, and 1 or 2 Pneumovax doses	Prevenar dose due approximately [dd/mm/yyyy]
	Age ≥50 years, Indigenous, 1 Prevenar	First dose of Pneumovax 23 due on [dd/mm/yyyy]
	Age ≥50 years, Indigenous, 1 Prevenar and 1 Pneumovax dose	Second dose of Pneumovax 23 due on [dd/mm/yyyy]
	Not fulfilling above criteria / only Pneumovax 23 doses recorded	Overdue for Prevenar 13
Zoster	Age ≥65 years, non-Indigenous and 2 Shingrix doses	Up to date
	Age ≥50 years, Indigenous and 2 Shingrix doses	Up to date
	Age ≥65 years, non-Indigenous and 1 Shingrix dose	Second dose Shingrix due between [dd/mm/yyyy] and [dd/mm/yyyy]
	Age ≥50 years, Indigenous and 1 Shingrix dose	Second dose Shingrix due between [dd/mm/yyyy] and [dd/mm/yyyy]
	Age ≥65 years, non-Indigenous and 0 Shingrix dose	Overdue for 2 doses of Shingrix
	Age ≥50 years, Indigenous and 0 Shingrix dose	Overdue for 2 doses of Shingrix
	Age <65 years and non-Indigenous	Too young-Review with GP

	Age <50 years and Indigenous	Too young-Review with GP

The spreadsheet with the formulae was named the vaccination tracker and was provided to facility staff as an easy tool to monitor when residents become due for each of these four vaccines, in a single location.

The vaccination tracker was provided to all participating RACFs by September 2024. RACFs were encouraged to organise vaccination clinics for their residents based on this information. Nearby pharmacies with state vaccine account numbers (VAN) were also provided in a separate tab in the vaccination tracker to assist RACFs looking for pharmacist immunisers. A video explaining how to use the vaccination tracker was also created for RACF staff and is hosted on the PHU website.

After providing the vaccination tracker to RACFs several of them realised their immunisation providers had not uploaded resident vaccinations to AIR. The PHU liaised with the PHN and RACFs to address these problems.

As of 3 February 2025, the facilities who prepared a line list and participated in the project, were provided with a second vaccination tracker containing updated vaccination information from AIR, primary COVID-19 vaccination course details and a list of nearby pharmacies that hold a state VAN, who may be able to provide vaccination services. Due to the changes in this tracker, an updated video was created and distributed to facilities. This is hosted on the PHU website, alongside other project resources.

6.2 Creating a template Microsoft Forms vaccine consent template

According to facility staff and family members, the key issues with vaccination consent forms included:

- Different consent forms for each vaccine
- Having to complete the form every 6 months for the COVID-19 vaccine
- Long and cumbersome vaccine consent forms (particularly, the Commonwealth COVID-19 vaccine consent form)
- Difficulties returning a scanned copy of the completed form to the facility.

To overcome these difficulties, the PHU created a template consent form that

- Included all four age-recommended and National Immunisation Program (NIP) funded vaccines
- Has tailored information about each infection, vaccine, benefits and side effects of each vaccine embedded in the consent form (residents and families can click on the links)
- Included the frequency of each vaccine (e.g. every 6 months for COVID-19 vaccine, every 12 months for the influenza vaccine)
- Is a Microsoft Form that allows residents and families to easily tick the option of providing or declining their consent, without the need to print, sign then scan a paper consent form to email back to the facility.

Facility staff were provided with instructions (video and written) on how to duplicate the Microsoft Forms consent form, add their facility's details to it, and monitor when residents and families return the consent form. The consent form was designed to be completed once for the duration of the resident's stay in the facility. Moving from and opt-in to an opt-out approach. The questions asked in this consent form are in Appendix G.

Feedback about this form was positive – the Senior Quality Manager of Infection Prevention & Control at Anglicare Aged Care and Community Services requested approval to implement the consent form template across all 24 of their facilities in New South Wales. Additionally, they have asked to collaborate with the team at Best Health Solutions, trading as BESTMED, to integrate the consent form into their medication management software for RACFs. CESPHN worked with Anglicare and Best Health Solutions to facilitate this integration.

The online consent form was designed to assist RACFs to organise and deliver vaccination clinics and does not replace the usual responsibilities of vaccination providers administering vaccines.

6.3 Developing vaccination action plans for RACFs

In response to the common barriers to vaccinating RACF residents based on the findings from interviews with RACF staff and residents, and surveys of SESLHD geriatricians, GPs and families, the PHU developed practical and sustainable solutions and incorporated them into a vaccination action plan.

The plan addressed the following issues:

- Accessing residents' immunisation history using AIR (via PRODA) or My Health Record
- Using the PHU's vaccination tracker
- Conversations about vaccination with vaccine-hesitant residents and families
- Obtaining consent for vaccination
- How to look for vaccination providers and the logistics of running a vaccination clinic
- Maintaining cold chain requirements for vaccine fridges
- Managing adverse events following immunisation (AEFI).

The vaccination action plan is tailored to each RACF and includes a summary from the PHU assessment of each facility's vaccination practices.

Vaccination action plans were provided provided to all 90 RACFs that were assessed by 30 September 2024.

A video explaining how to use the vaccination action plan was also created for RACF staff and is hosted on the PHU website.

6.4 Creating a template vaccination policy

22% (20/90) of the RACFs assessed did not have a resident vaccination policy. Several of these facilities requested an example of a vaccination policy. To help these facilities focus on the critical aspects, the PHU created a template vaccination policy which included the following topics:

- Roles and responsibilities of key staff
- Vaccination recommendations for older adults
- Accessing residents' immunisation histories using AIR (via PRODA) and My Health Record
- Monitoring when residents are due for vaccinations
- Obtaining consent for vaccinations
- Vaccination providers
- Cold chain requirements for vaccine fridges
- Management of cold chain breaches
- Running vaccination clinics
- Managing adverse events following immunisation (AEFI), including anaphylaxis.

6.5 Developing translated vaccine factsheets and online consent form

One of the major identified barriers was the lack of translated vaccination information for RACF residents.

In response, the PHU created factsheets explaining the infections, benefits, and side effects of the COVID-19, influenza, pneumococcal and herpes zoster vaccines, and collaborated with SESLHD Multicultural Health to organise translation of the factsheets into eight priority languages (as identified by the RACF assessments). These included:

- Arabic
- Chinese – simplified
- Chinese – traditional
- Greek
- Italian
- Macedonian
- Vietnamese and
- Russian

The English versions of the factsheets are in Appendices G-J.

The factsheets are hosted on the PHU website and have been shared widely within SESLHD and with the SLHD vaccination project team.

In addition, evaluation survey feedback suggested the Microsoft Forms online consent form be translated into both Simplified and Traditional Chinese. Once again, the PHU worked with SESLHD Multicultural Health to complete this translation.

6.6 Cold chain compliance – pharmacies and RACFs

The PHU continued its annual cold chain audit of pharmacies which order National Immunisation Program (NIP) vaccines.

In January 2025, the PHU initiated an audit of cold chain management practices for 88 RACFs that either ordered the 2024 influenza vaccine from the NSW State Vaccine Centre or indicated in the project's staff questionnaire that they had a vaccine fridge. These facilities were selected to undergo the PHU audit either through face-to-face visits or via an online survey hosted on the REDCap platform.

The PHU worked together with the PHN to conduct onsite audits, which provided an opportunity to deliver simultaneous education and guidance to facility staff on cold chain management and associated processes. As of 31 July 2025, 38 RACFs have decommissioned their vaccine fridges and closed their VAN accounts. This decision follows some RACFs outsourcing all vaccination clinics for residents to external providers, such as pharmacists, GPs, and specialised vaccination companies that supply and manage the cold chain for the clinics, making the onsite vaccination fridge unnecessary.

6.7 Using project findings to advocate for policy change

Advocating for all RACFs to have access to AIR

The PHU reported relevant project findings to the NSW Ministry of Health to advocate for removal of the requirement for RACFs to employ a permanent ANI to access AIR.

At the national Jurisdictional Immunisation Coordinators meeting on 30 July 2024, the Associate Director of Immunisation at Health Protection NSW advocated for RACF managers to have AIR access to look up records and record vaccinations in AIR. This proposal was agreed by all the other jurisdictions, and the Commonwealth implemented these changes in.

Increasing the limit of pneumococcal and herpes zoster vaccines ordered by GPs and pharmacists

The PHU successfully advocated for the limit on the number of pneumococcal and herpes zoster vaccines ordered by small GP practices and pharmacies to be raised (from 10 to 50) to allow for GPs and pharmacists to run vaccination clinics for RACF residents more efficiently.

Instructions on how to achieve this were sent to RACFs to provide to their immunisation providers, since the PHU did not collect this information.

Increasing the limit of herpes zoster vaccines ordered by RACFs

The PHU successfully advocated for the limit on the number herpes zoster vaccines ordered by RACFs (from 100 to the required amount) to allow for RACFs to directly order vaccinations for their clinics, which reduces the risk of cold chain breaches due to decreased handling and transport of vaccines.

The process to achieve this was the same as for small GPs practices and pharmacists, and the facilities have been provided with the instructions.

Advocating for RACFs to be able to directly order COVID-19 vaccines

At the request of the PHU, CESPHN advocated to the Vaccine Operations Centre (VOC), to onboard RACFs to the program, to allow direct ordering of COVID-19 vaccines for RACFs. As of 31/07/2025, the VOC are working on processes to onboard RACFs.

7 Outcomes

7.1 Change in resident vaccination rates

Resident vaccination rates for the four age-recommended and funded vaccines were calculated for the facilities that provided the resident line lists in 2024. The difference between the vaccination rate for each vaccine from the initial line list (i.e. pre-intervention) and the final line list (i.e. post-intervention) was calculated as the absolute difference in vaccination rate for each facility (similar method used to calculate the improvement in childhood vaccination rates).

The time interval between the date the initial vaccination tracker was provided to RACFs and date the post intervention data was extracted from AIR was between 3-4 months, depending on the facility. As a result, RACFs faced constraints due to the limited timeframe for the intervention.

Table 10 shows a comparison of the pre- and post-intervention vaccination uptake across all SESLHD RACFs which provided a line list.

Table 10: Pre- and post-intervention vaccination uptake across SESLHD RACFs

Vaccine	Pre-intervention vaccination coverage	Post-intervention vaccination coverage	% change
COVID-19	Median: 62.0%	Median: 70.2%	+8.2%
	Range: 0.0% to 93.2%	Range: 0.00% to 97.8%	
Influenza	Median: 74.7%	Median: 77.5%	+2.8%
	Range: 1.4% to 98.3%	Range: 0.8% to 98.0%	
Pneumococcal	Median: 14.2%	Median: 18.6%	+4.4%
	Range: 2.2% to 76.2%	Range: 2.4% to 87.2%	
Herpes zoster	Median: 5.0%	Median: 25.8%	+20.8%
	Range: 0.0% to 84.0%	Range: 0.0% to 89.3%	

Points to note about the calculations:

- For the COVID-19 and influenza vaccines, residents who were “up to date” are included in the calculations. Up to date calculations were based on annual influenza vaccination and six monthly** COVID-19 vaccination, irrespective of resident age.

  **Note: During the project, the PHU became aware that RACFs were waiting until more than six months had lapsed before offering the next dose of COVID-19. Given this, for coverage purposes, residents were counted as being “up to date” until seven months had passed since their last dose of COVID-19. Pre-intervention calculations were completed on AIR data that

was extracted between July and September 2024 and post-intervention calculations were conducted on AIR data extracted between 7 to 10 January 2025.

- For the pneumococcal vaccine, non-Indigenous residents (≥70 years) and Aboriginal and Torres Strait Islander residents (≥50 years) were considered "up to date" in the pre- and post-intervention coverage data if they had received one or more dose of any pneumococcal vaccine. We used this approach because the project was less than six months, and it can take six years for Indigenous people or those who are medically at risk***, to become fully vaccinated for pneumococcal based on the schedule in the Australian Immunisation Handbook (a dose of a pneumococcal conjugate vaccine (13vPCV, 15vPCV or 20vPCV) at age ≥50 years, a dose of 23vPPV 12 months later, and a 2nd dose of 23vPPV at least 5 years later)[1].

  *** Note: Since we did not request individual resident medical histories, we were unable to determine the number of residents who were not Aboriginal or Torres Strait Islander but might have be eligible for additional pneumococcal vaccine doses.

- For the herpes zoster vaccine, residents were included in the pre- and post-intervention coverage data as "up to date" if they had received one more dose of the Shingrix vaccine. This was because the time-period for the project was less than six months, and Shingrix is a 2-dose schedule, recommended 2–6 months apart[1].

- The post-intervention vaccination coverage rates were calculated using the initial line lists of residents. This approach was chosen to minimise the burden on RACFs, which had already faced the time-consuming task of providing the initial line lists in 2024 and given the short duration of the intervention (less than six months). While we acknowledge that this method may not account for residents who passed away during the intervention period, we were able to address this in the unmatched data report produced by AIR as part of the AIR12A report. The unmatched records for each RACF were manually checked against AIR, and if records were no longer available, residents were presumed to have passed away. A total of 90 unmatched residents were excluded from the post-intervention data, with a median of seven and a range from zero to 36 per RACF.

Table 11: Change in vaccination rates and facilities meeting KPI (excluding facilities with pre-intervention rates ≥80% coverage)

Vaccine	Number of RACFs (denominator)	Median change in vaccination rate for all facilities	Minimum change in vaccination rate for all facilities	Maximum change in vaccination rate for all facilities	% of facilities which achieved a minimum 20% improvement in vaccination rate
COVID-19	73	6.9%	-63.8%	+88%	25%
Influenza	52	0.9%	-6.3%	+13.8%	0%
Pneumococcal	84	1.1%	-4.7%	+79.0%	20%
Herpes zoster	83	5.8%	-5.4%	+85.8%	36%

Points to note about the calculations

- RACFs with baseline coverage greater than 80% were excluded from Table 11, as they were unlikely to achieve the KPI of a 20% increase in uptake. This approach aligns with the NSW Health Immunisation Strategy 2024-2028, which set- a target of 80% coverage for the influenza and herpes zoster vaccines in these age groups.[4]

7.2 Evaluation of RACF staff satisfaction with project

The evaluation survey was emailed to the RACF project distribution list on multiple occasions between 5 December 2024 and 3 February 2025.

A total of 25 RACF staff members completed the survey, representing at least 19 different facilities (note that not all respondents specified their RACF). If each response came from a different RACF, the response rate for facilities in the evaluation survey was a maximum 28% (25 out of 90 facilities).

The evaluation survey questions can be found in Appendix L.

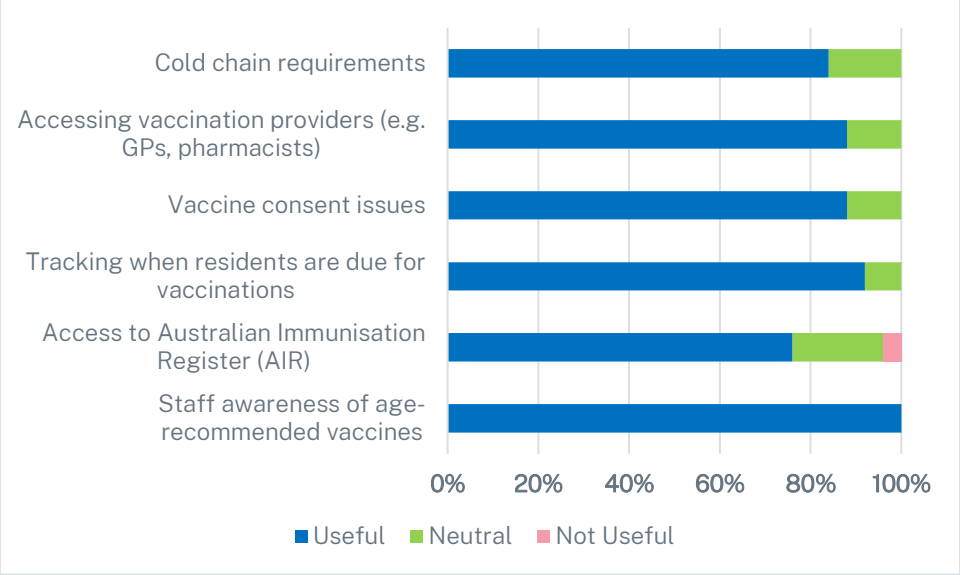
RACF assessment process

- 15.6% (15/25) of respondents reported completing the project assessment face to face, 6.2% (6/25) via video teleconferencing (Microsoft Teams), 3.1% (3/25) over the phone and 1.4% (1/25) self-completed the assessment online.
- 100% (25/25) of respondents were satisfied with the method of assessment.
- One respondent commented "*I felt the vaccination project was conducted professionally and was both informative and helpful in the areas most RACFs needed support*. "

Topics discussed during the assessment process

- Staff respondents indicated overwhelmingly positive results for the usefulness of topics discussed during the project assessment period, with only 1/25 respondent indicating that discussing access to AIR was not useful.
- 100% (25/25) of respondents indicated that discussing staff awareness of age-recommended vaccines was useful.
- The reported usefulness of the topics discussed according to RACF staff respondents is shown in Figure 18.

Figure 18: Usefulness of topics discussed with RACF staff during assessment

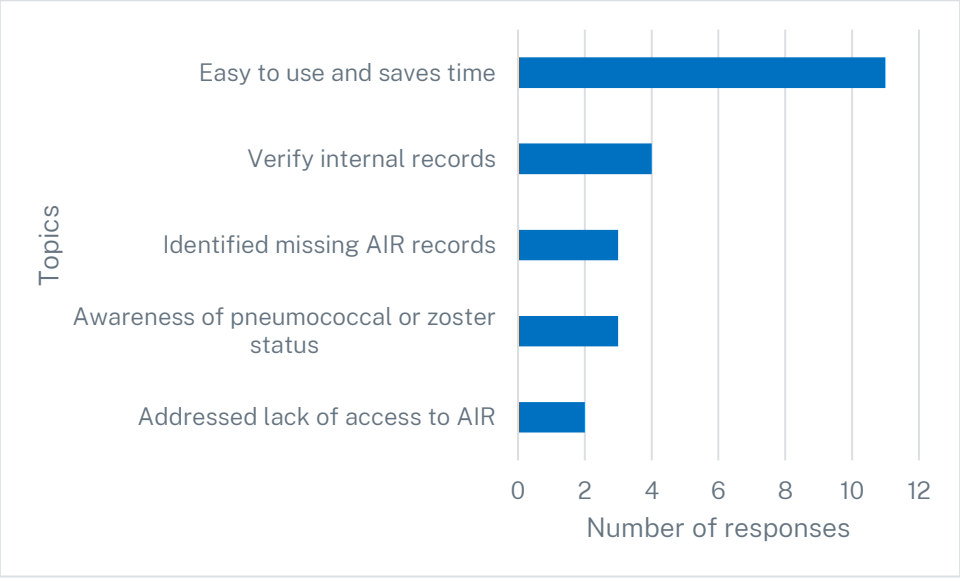


Interventions and resources developed by the PHU

Vaccination tracker containing the list of residents with immunisation status verified against AIR

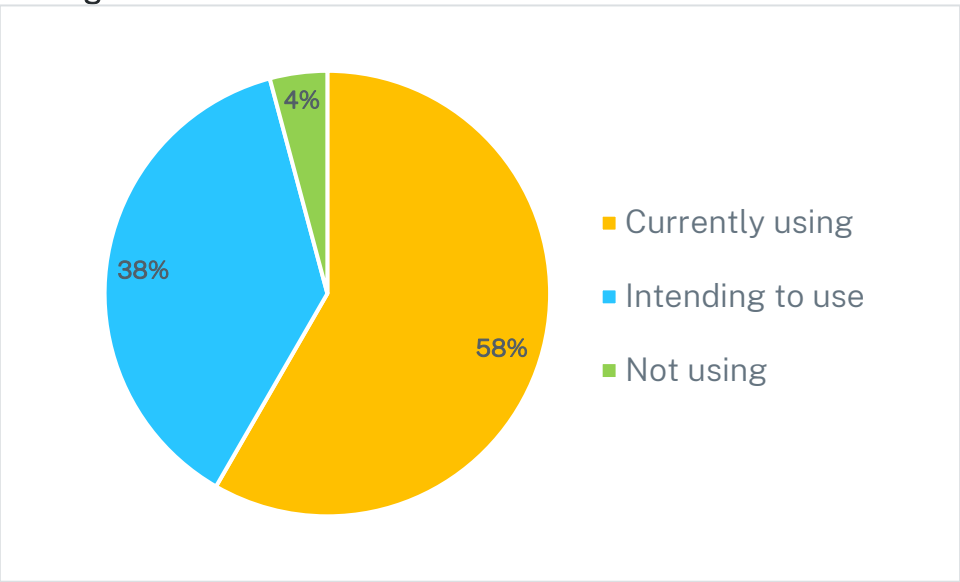
- 92% (23/25) of respondents reported the list of residents with immunisation status verified against AIR was useful. 1/25 respondents reported it was not useful since the facility keeps their own records and uses specific software to generate reports on residents' vaccination status.
- 100% respondents indicated that the vaccination tracker created by the PHU was useful to track when residents were due for vaccinations
- The reasons the vaccination tracker containing resident vaccination status verified against AIR was useful can be seen in Figure 19.

Figure 19: How the vaccination tracker containing a line list of residents with immunisation status verified against AIR were useful to SESLHD RACFs



- Utilisation of the vaccination tracker can be seen in Figure 20.

Figure 20: SESLHD RACF utilisation of the vaccination tracker

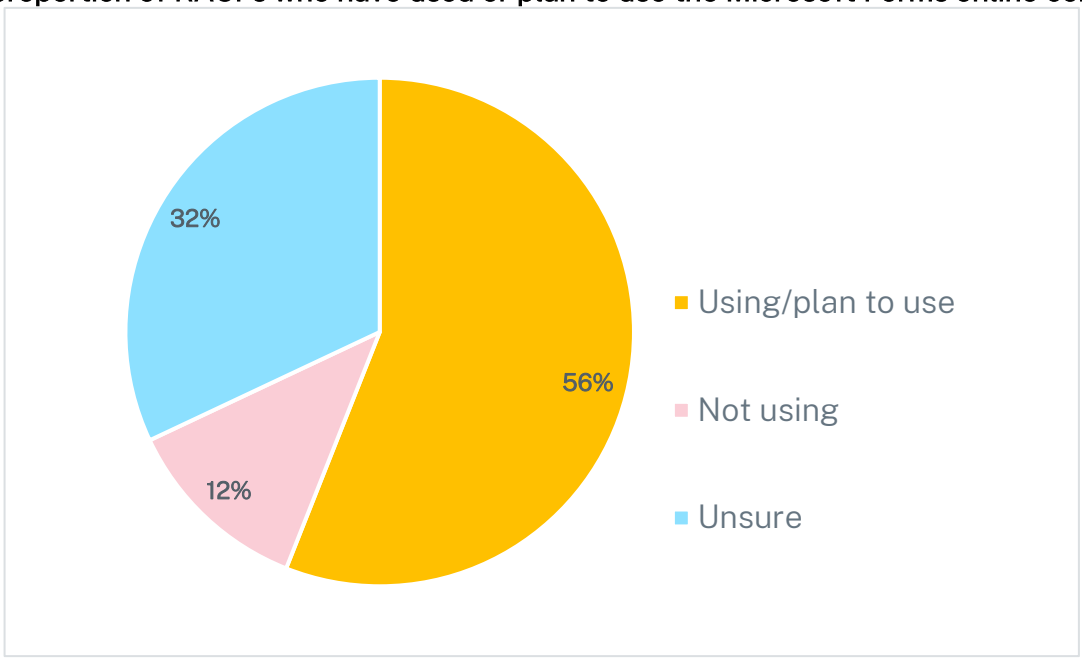


- 92% (23/25) of respondents stated they arranged a vaccination clinic as a direct result of receiving the vaccination tracker with resident immunisation records according to AIR.
- After receiving the vaccination tracker with resident immunisation records, **45% (11/24) of respondents discovered that their external vaccination provider (GP or pharmacist immuniser) had not recorded resident vaccinations in the AIR**. Of the 24 respondents, 3 reported the issue to the PHU for assistance, and 2 out of 3 confirmed the issue was resolved, while 1 out of 3 was uncertain if it had been resolved. No RACFs requested additional support with this issue at the time of the evaluation survey completion.

Online consent form

- 64% (16/25) of respondents found the online consent template useful, 32% (8/25) were uncertain, and 1/25 considered it not useful, preferring to continue with their original fillable PDF format.
- One facility requested the consent form be translated in simplified and traditional Chinese and the project team worked with the SESLHD multicultural Health team to achieve this.
- RACFs found the consent form useful because it saved time, was easy to use, provided clear information, and captured consent for all four vaccines in a single form.
- 56% (14/25) of respondents had used or planned to use the online consent form template, 32% (8/25) were unsure, and 3/25 will not use it (Figure 21).

Figure 21: The proportion of RACFs who have used or plan to use the Microsoft Forms online consent template



Personalised vaccination action plan

- 88% (22/25) of respondents indicated that the personalised action plans were useful.
- Some reasons RACFs considered the personalised action plans useful included assisting in updating internal policies and procedures, providing training for new staff overseeing vaccinations, and offering a clear plan to improve resident vaccination rates.

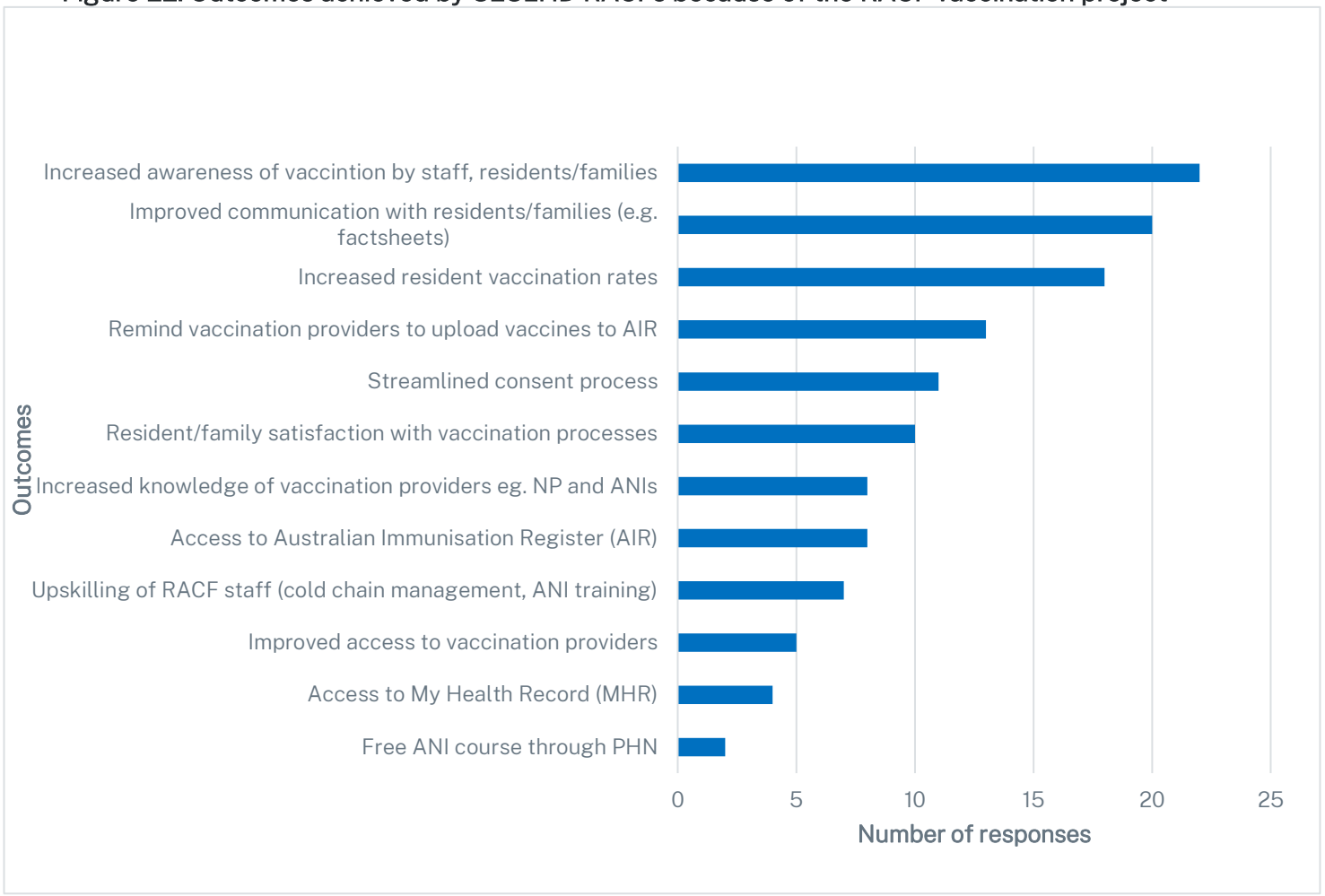
Video resources (of vaccination tracker, online consent form, vaccination action plan)

- 88% (22/25) of respondents reported that the videos were useful to explain and use the resources developed as part of the RACF vaccination project.

Implementation of interventions by RACFs

Figure 22 illustrates the outcomes achieved by SESLHD RACFs as a direct result of this project.

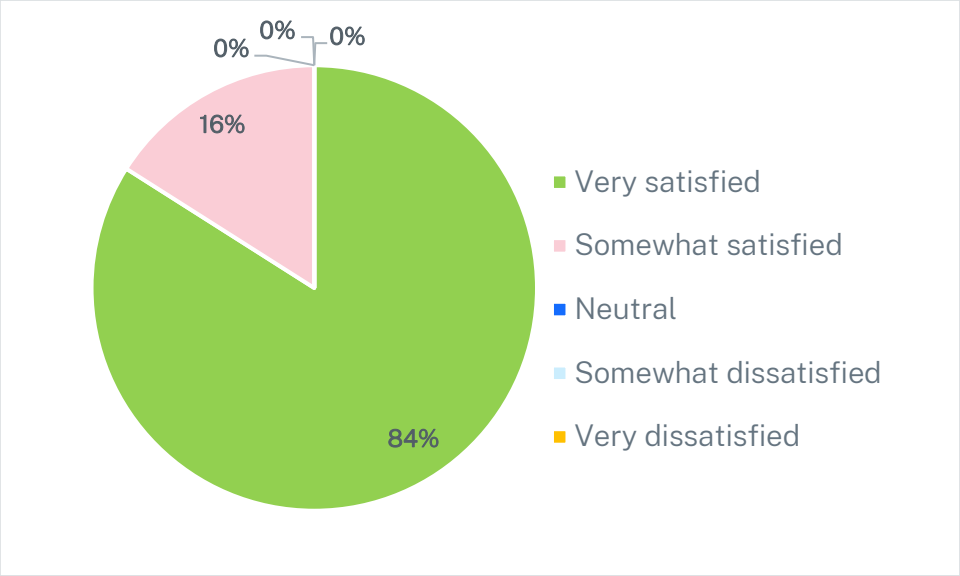
Figure 22: Outcomes achieved by SESLHD RACFs because of the RACF vaccination project



Overall satisfaction of RACF vaccination project

- Overall, 84% (21/25) of respondents were very satisfied with the vaccination project, 16% (4/25) were somewhat satisfied, and none of the respondent's expressed dissatisfaction with the RACF vaccination project (Figure 23).

Figure 23: Overall staff satisfaction with the RACF vaccination project



8 Key performance indicators

KPI	Progress
All 97 RACFs in SESLHD offered an assessment by 31 December 2024	**Achieved:** All 97 RACFs in SESLHD invited to participate
100% of RACFs in SESLHD assessed by 31 December 2024	**Achieved:** 100% of RACFs in SESLHD which ***agreed to participate in the project*** assessed by 30 September 2024
2 education sessions delivered to RACF staff by 31 December 2024	**Achieved:** 2 education sessions delivered to RACF staff on 21 August 2024 and 18 September 2024
50% of RACFs assessed show at least 20% improvement in resident coverage of age-appropriate vaccines (specifically, COVID-19, influenza, pneumococcal and herpes zoster) by 31 December 2024	**Not achieved** • COVID-19 vaccine: Minimum 20% improvement in 25% of facilities • Pneumococcal vaccine: Minimum 20% improvement in 20% of facilities • Herpes zoster vaccine: Minimum 20% improvement in 36% of facilities • Influenza coverage changes not assessed due to intervention falling after influenza season.

90% of RACFs assessed provided a tailored vaccination plan by 31 December 2024	**Achieved:** 100% (90) of RACFs assessed provided a tailored vaccination plan by 30 September 2024

9 Limitations

General limitations

- To collect information on residents' family perspectives, the original plan was to conduct interviews with family members during onsite visits to RACFs; however, this approach did not result in any family interviews, given the onsite visits were during business hours and family members were not available at that time. As a result, the PHU requested RACF managers to share the survey link with family distribution lists for completion. The questionnaire was designed for PHU project staff to read and guide the questions during an interview, which led to the inclusion of some terminology, such as "RACF," that was unclear to respondents. As a result, certain questions, including the one asking which facility their family member resided in, were left unanswered by some respondents, making it hard to track which facilities distributed the family survey link. To overcome this, a question was included in the staff evaluation survey, however the response rate was very low at 28% (25/90 participating RACFs), hence the results do not yield further insights.
- 51 RACF staff attended the online forums which explained the projects resources. A total of 90 RACFs in the district participated in the project, meaning that at least 39 facilities may not have been captured in these sessions. The sessions were not recorded as they were designed to be interactive, inviting facility participation and sharing of experiences. We did not feel it was appropriate to record and further share this information.
- The personalised action plans for each RACF were detailed and provided suggested solutions for several common barriers to vaccinating residents in RACFs, however after facility feedback and upon reflection, may have been too long and overwhelming. To overcome this, the PHU created a video explaining how to read the action plan.

Vaccination tracker

- After distributing the initial vaccination tracker spreadsheets in 2024, it was found that some vaccination providers had not recorded immunisation encounters in AIR, despite the mandatory reporting requirements. The PHU advised RACFs to request that their providers retrospectively report the vaccinations to AIR; however, this was not consistently carried out. As a result, some providers were referred to the PHN for additional education and support on this process. These discrepancies may have impacted the vaccination rates for certain facilities, as the AIR12A report was used to assess coverage data.
- The vaccination trackers offered a snapshot of the vaccinations recorded in AIR for each resident on the initial line list at a specific moment in time. Since it was not linked to AIR, it cannot account for new admissions or vaccine encounters with reporting delays. The tracker is editable, enabling RACFs to update it as needed based on the information available to them.
- Following the provision of the vaccination tracker, many facilities conducted vaccination clinics for herpes zoster and pneumococcal vaccinations. During this period, the PHU received two confirmed reports of vaccine administration errors for residents who were given a third Shingrix vaccination. Both instances occurred because the administering GPs did not

check the AIR data before vaccinating the individuals, which is the usual responsibility of vaccination providers. In both cases, the GPs were instructed to report the error to the TGA by completing the AEFI form, following standard procedures. This highlighted a potential issue when external parties, such as the PHU, provide AIR records, which may lead RACFs or external vaccination providers to rely on these records rather than conducting their own due diligence in reviewing the data.

Ordering vaccines

- The PHU successfully advocated for the limit on the number of pneumococcal and herpes zoster vaccines ordered by small GP practices and pharmacies to be raised (from 10 to 50) to allow for GPs and pharmacists to run vaccination clinics for RACF residents more efficiently. However, instructions detailing how to order more vaccines than the usual limits were sent directly to RACFs, with a request to pass on these instructions to their own immunisation providers. Therefore, the PHU is unsure if the vaccination providers were provided with these instructions.

Reporting on KPIs

- The project intervention began in July 2024, towards the end of the winter months, after most RACFs had already conducted their influenza vaccination clinics for the 2024 flu-season. Due to this, baseline coverage of the influenza vaccine was already high with a median of 74.7% and range of 1.4% to 98.3%. This explains why no facilities met the KPI of a 20% improvement in influenza vaccination coverage.
- In 30% (22/73) of RACFs, a decline in COVID-19 vaccination coverage was observed. This may reflect the challenges RACFs face in keeping residents up to date when the dose interval is short (every 6 months). RACFs reported that they typically wait until after six months to administer the next COVID-19 dose. Additionally, the decrease in rates could also be attributed to the timing of the post-intervention data being collected during the peak of the festive season, when resident events and staff leave may have delayed the organisation of COVID-19 vaccination clinics. This is why a seven-month interval was used in the calculations for COVID-19 coverage rates.
- For the 28% of participating RACFs who responded to the evaluation survey, after receiving the vaccination tracker 45% of them discovered that their external vaccination provider (GP or pharmacist) had not recorded resident vaccination encounters in AIR. It is reasonable to suggest that these same issues have been experienced by RACFs who did not respond to the evaluation survey, and may in some instances, explain the very low 2024 influenza coverage rates for some RACFs (seven facilities had <15% 2024 influenza coverage post-intervention according to AIR data). The PHU collaborated with RACFs and CESPHN to address this potential issue.
- The AIR12A report contains a list of unmatched records, which may have resulted from incorrect Medicare details, name misspellings, or the inclusion of a middle name in the input data obtained from resident line lists. The data was cleaned and reprocessed during the pre-intervention phase to ensure accurate baseline coverage information. Due to the short turnaround time, and the significant responsibility placed on facilities to provide an accurate list of current residents, the same resident line list was used to determine the post-intervention coverage rates. Residents who were unmatched in the second extraction were assumed to be deceased and excluded from the data. This exclusion may have affected the individual facility's coverage rates due to changes in the denominator.

Intervention period

- The intervention period for facilities was very short. Initial vaccination trackers containing baseline vaccination coverage rates and a list of overdue residents were sent to RACFs in August and September of 2024. The data was re-extracted from AIR between 7 and 10

January 2025 to determine changes in vaccination coverage. This provided a short 3-to-4-month timeframe for facilities to implement changes to their procedures and arrange vaccination clinics, and in some instances, the dosing interval falls outside this timeframe, especially given the time taken to arrange vaccination clinics.

10 Recommendations

General Practitioner education (CESPHN)

- Increase GP awareness there is no need to wait after a COVID-19 infection to proceed with the next COVID-19 vaccine.
- Increase GP awareness of the eligibility criteria for the pneumococcal and herpes zoster vaccines.
- Offer continuous education to GPs and other vaccination providers on the processes related to AIR when vaccinating residents, including the need to assess immunisation history in advance and comply with mandatory reporting requirements.
- Provide ongoing education to small GP practices and pharmacies about the enhanced ability to order herpes zoster and pneumococcal vaccines for use in RACF vaccination clinics.
- Support and promote opportunistic vaccinations for residents in RACFs.

RACF support

- CESPHN to continue to offer ANI scholarships to RACF nursing staff.
- CESPHN and PHU continue to educate RACFs on how to access and use services like My Health Record and the AIR.
- CESPHN and PHU continue to work with RACFs to address gaps in AIR data reported by external vaccination providers.
- CESPHN and PHU continue to support RACFs to gain direct access to AIR, under the new administrative arrangements because of advocacy efforts from this project.

Policy and advocacy

- CESPHN continue to work with RACFs and the Commonwealth Vaccine Operations Centre (VOC) to facilitate RACFs directly ordering COVID-19 vaccinations onsite.
- CESPHN advocate to the Commonwealth to make vaccinating RACF residents (and the accompanying administrative work of uploading vaccinations to AIR) and discussing vaccinations with RACF residents and families Medicare-billable encounters, with the financial incentive paid directly to the GP (not to the GP practice).

Future projects

- CESPHN to consider additional collaboration and funding to extend the RACF vaccination project timeline to allow for assessment of vaccination uptake over a longer period. This would account for the seasonality and dose intervals of recommended vaccines, providing a more comprehensive understanding of the impact of the interventions introduced on vaccination rates in RACFs. Additionally, the extended timeframe would enable further

investigation into why coverage for the herpes zoster vaccine improved at a higher rate than the pneumococcal vaccination rate.

- PHU and CESPHN to collaborate and expand the immunisation project scope to other vulnerable population groups including people living in Independent Living Units (ILUs), disability group homes, as well as people accessing the Commonwealth Home Support Programme (CHSP) as per the Vulnerable Persons Vaccination project 2025-2027 proposal the PHU submitted to CESPHN in December 2024.

11 References

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12 Appendix

12.1 Appendix A: Survey of SESLHD geriatricians and GFS staff

RACF resident vaccination project - Survey for SESLHD geriatricians & GFS

Thank you for your opinions on the barriers and potential solutions to vaccinating residential aged care facility (RACF) residents. Your perspectives will help the Public Health Unit develop practical solutions to help RACF staff ensure their residents receive age-recommended vaccines in a timely way.

Your participation in this survey is voluntary, and your responses are confidential and anonymous.
If you do not wish to answer a question, please leave it blank.

If you have any questions about this survey or comments, please contact Karen Chee at the Public Health Unit (karen.chee@health.nsw.gov.au).

Thank you very much.

I consent to participating in this survey.	◯ Yes ◯ No
What is your role in SESLHD?	◯ Nurse ◯ Geriatrician ◯ Other
Please specify role:	_____
Do you routinely remind your patients who live in RACFs (or their family members) to obtain their age-recommended vaccinations (i.e. COVID-19, influenza, pneumococcal and shingles)?	◯ Yes, all age-recommended vaccinations ◯ Yes, some of the age-recommended vaccinations ◯ No
Why do you routinely remind your patients of some age-recommended vaccinations only?	◯ Not aware of all the age-recommended vaccinations ◯ Don't have time to discuss all the vaccinations ◯ Other
What is/are your other reason(s)?	_____
What prevents you from routinely reminding your patients about vaccinations?	_____

What do you think prevents RACF residents from receiving their vaccinations? (Please select all that apply)	☐ Lack of RACF staff awareness of need for vaccination ☐ Lack of resident awareness of need for vaccination ☐ Resident or family hesitancy or refusal ☐ RACF staff not aware which vaccinations a resident is due for ☐ RACF staff not able to access Australian Immunisation Register ☐ Challenges in obtaining consent ☐ Difficulty finding a vaccination provider (e.g. GP) ☐ Lack of vaccine fridge in RACF ☐ Lack of RACF staff knowledge in cold chain management ☐ Other
Can you please explain?	_____
What do you think are the major barriers to vaccinating RACF residents that the Public Health Unit can work on?	_____
Can you suggest ways to overcome some of the barriers?	_____
Do you have any other comments on vaccinating RACF residents?	○ Yes ○ No
Can you please explain?	_____

12.2 Appendix B: Survey of GPs caring for RACF residents

Vaccinating residential aged care facility residents - Survey for GPs

Thank you for your opinions on the barriers and potential solutions for ensuring residential aged care facility (RACF) residents receive their age-recommended vaccinations.

Your perspectives will help the Public Health Unit develop practical solutions to help RACF staff ensure their residents are vaccinated in a timely way.

Your participation in this survey is voluntary, and your responses are confidential and anonymous.
If you do not wish to answer a question, please leave it blank.

If you have any questions about this survey or comments, please contact Dr Karen Chee at the Public Health Unit (karen.chee@health.nsw.gov.au).

Thank you very much.

I consent to participating in the survey.	◯ Yes ◯ No
Do you provide in-home consults to patients who live in residential aged care facilities (RACF)?	◯ Yes ◯ No
Do you routinely remind your patients who live in RACFs (or their carers) to obtain their age-recommended vaccinations (e.g. COVID-19 every 6-12 months, influenza annually, herpes zoster at age 65, and pneumococcal at age 70)?	◯ Yes ◯ No
Do you have a system that tracks when patients are due for their vaccinations?	◯ Yes ◯ No
What is the name of the system or software you use?	_____
Do you administer vaccinations to your RACF patients in their home?	◯ Yes ◯ No
What are the reasons for not administering vaccinations in RACFs? (Please select all that apply)	☐ I do not provide in-home visits ☐ It is difficult for me to bring the vaccine(s) to the RACF ☐ The patient is usually too unwell to have a vaccination when I review them in their home ☐ No Medicare reimbursement for vaccinating RACF residents ☐ Other

What are the other reasons?	_____
Where do you source the vaccinations for your RACF patients on the day of vaccination?	☐ From own practice ☐ From a pharmacy close to the RACF ☐ Available on-site at the RACF ☐ Other
Where else do you source your vaccines from?	_____
If vaccines were available on-site in RACFs, would you be more likely to administer vaccinations to your patient(s)?	◯ Yes ◯ No ◯ Don't know
Do you know that participating pharmacists can now administer vaccinations to RACF residents?	◯ Yes ◯ No
Would you recommend your patients have their vaccinations at pharmacies if they were unable to obtain them from your practice (e.g. no available appointments when vaccine is due)?	◯ Yes ◯ No
Can you explain why you would not recommend your patients have their vaccinations administered at pharmacies?	_____
Do you have other suggestions on why it is difficult to keep RACF residents up to date with their recommended vaccinations?	_____
Do you have any suggestions on how to ensure RACF residents receive their age-recommended vaccinations on time? (e.g. GP incentives from the Commonwealth)	_____

12.3 Appendix C: RACF staff questionnaire

RACF resident vaccination project - Survey for RACF staff

PROVIDE THE INFORMED CONSENT LETTER.

The Public Health Unit is hoping to find out from people who work in aged care facilities what the issues and possible solutions are in making sure residents receive their recommended vaccinations on time.

Thank you for agreeing to take part in the interview.

Your answers are confidential, and will not be shared with other staff or residents at your facility.

You do not have to answer any questions if you do not wish to.

You can stop the interview at any time.

Do you have any questions before we start?

I consent to participating in this survey.	○ Yes ○ No
What is the name of the RACF?	_____
Name of RACF staff member interviewed (optional)	_____
Role of RACF staff member interviewed (select all that apply):	☐ Facility manager ☐ Registered nurse ☐ Assistant in nursing or carer ☐ Infection and prevention control practitioner ☐ Corporate level staff ☐ Other ☐ Care Manager
What is their role?	_____
Date of interview	_____
Name of PHU staff completing the interview	_____

Do you know that adults need 4 specific vaccinations when they turn a certain age?

- **COVID-19 (due every 6 months for ≥75 yo; 6-12 months for 65-74 yo)**
- **Influenza (due annually at 65 yo for non-Indigenous adults or any age for Indigenous adults)**
- **Pneumococcal (due at 70 yo for non-Indigenous adults, or 50 yo for Indigenous adults)**
- **Shingles (due at 65 yo for non-Indigeneous adults, or 50 yo for Indigneous adults)**

	Yes	No
COVID-19	○	○
Influenza	○	○
Pneumococcal	○	○
Shingles	○	○

Further comments:

_____

Do you have residents under the age of 65 living in your facility?
(If yes, provide the Factsheet for Vaccinations recommended for people under 65 with medical conditions)

○ Yes
○ No

How do staff feel about vaccinations for their residents?

	Very positive	Positive	Neutral	Negative	Very negative
Staff opinion on vaccinations for residents	○	○	○	○	○

Further comments

_____

Is there a staff member in the facility allocated to record resident consent for vaccinations?

	Yes	No	Don't know
Every 6 months for the COVID-19 vaccine	○	○	○
Every year for the influenza vaccine	○	○	○
When a resident turns a certain age for the shingles vaccine	○	○	○
When a resident turns a certain age for the pneumococcal vaccine	○	○	○

Further comments (optional):

_____

How does your facility obtain consent for vaccinating residents? (Select all that apply)	☐ Consent form developed by the facility ☐ Generic consent form ☐ Other ☐ Don't know
Comments for obtaining consent (if applicable):	_____
What other method(s) does your facility use to obtain consent to vaccinate residents?	_____
Do you use any Commonwealth or NSW Health vaccination resources for RACFs (e.g. consent flowchart)? (Show examples of resources)	◯ Yes - Commonwealth resources ◯ Yes - NSW Health resources ◯ Yes - Commonwealth and NSW Health resources ◯ No ◯ Don't know
Which ones?	_____
Further comments (optional)	_____
Is the resident's vaccination history and consent included in their medical histories?	◯ Yes ◯ No ◯ Don't know
In what form is the vaccination consent? (Select all that apply)	☐ Paper ☐ Electronic ☐ Other ☐ Don't know
Any other comments about vaccination history (if applicable):	_____
What other form is the vaccination consent?	_____
If a resident is not capable of giving consent, how do you obtain consent from their family or representative? (Select all that apply)	☐ Over the phone ☐ By email ☐ Other
What other way do you obtain consent from a resident's family or representative?	_____
How do staff manage the situation if residents or their families are unsure if they wish to have a vaccination or say they are fed up with having so many vaccines?	_____

What other problems do you have when obtaining resident consent for vaccination?	_____
Do you find consent issues cause big problems when vaccinating residents?	◯ Yes ◯ No ◯ Don't know
Further comments (optional):	_____
Are resident's vaccination status routinely recorded when they are admitted to the facility?	◯ Yes ◯ No ◯ Don't know
Any other comments about recording vaccination status (if applicable):	_____
Are your residents' Indigenous status recorded?	◯ Yes ◯ No ◯ Don't know
Does your facility have a vaccination policy?	◯ Yes ◯ No ◯ Don't know
Any comments about facility's vaccination policy (if applicable):	_____
Can you provide a copy of the policy?	_____
Does your facility have an infection prevention and control (IPC) lead?	◯ Yes ◯ No ◯ Don't know
Is your IPC lead involved in resident vaccination?	◯ Yes ◯ No ◯ Don't know
How is your IPC lead involved in resident vaccination?	_____
Does a pharmacist visit the facility for face to face medication reviews with either the resident or their family?	◯ Yes ◯ No
Do staff want direct access to residents' immunisation history?	◯ Yes ◯ No ◯ Don't know

Are you aware that staff can access residents' immunisation history using either the Australian Immunisation Register (AIR) or My Health Record (MHR)?

	Yes	No	Don't know
Australian Immunisation Register	○	○	○
My Health Record	○	○	○

Is your facility registered for My Health Record?
- ○ Yes
- ○ No
- ○ Don't know

Can your facility software access My Health Record?
- ○ Yes
- ○ No
- ○ Don't know

Do staff know how to look up residents' immunisation history using My Health Record?
- ○ Yes
- ○ No
- ○ Don't know

What clinical software does your facility use?

_____

Do you have staff registered to access the Australian Immunisation Register using PRODA?
- ○ Yes
- ○ No
- ○ Don't know

Do these staff know how to look up residents' immunisation history in the Australian Immunisation Register?
- ○ Yes
- ○ No
- ○ Don't know

Do these staff know how to upload vaccinations that have been given to residents into the Australian Immunisation Register?
- ○ Yes
- ○ No
- ○ Don't know

Further comments about PRODA/AIR:

_____

How do you find out a resident's vaccination history if they don't have a Medicare card?

_____

Do your residents have their individual GPs or are there a few GPs who look after all the residents in your facility?
- ○ Each resident has their own GP
- ○ A few GPs look after all the residents in the facility
- ○ Other

Can you please explain?

_____

How many GPs look after all the residents in your facility?

_____

Do the GPs visit the facility to routinely review the residents (i.e. not just when the residents are acutely unwell)?	◯ Yes ◯ No ◯ Other
Can you please explain?	_____
Can you please provide a list of the GPs who review the residents in your facility?	_____
Who normally administers vaccinations to your residents? (Select all that apply)	☐ Resident's own GP ☐ Facility GP ☐ RACF nurse ☐ Authorised nurse immuniser (ANI) working at the RACF ☐ Pharmacist ☐ Other ☐ Don't know
Who else administers vaccinations to your residents?	_____
Are vaccinations given in the facility or off-site?	◯ Mainly off-site ◯ Mainly in the facility
Can residents receive vaccinations in the facility?	◯ Yes ◯ No ◯ Don't know
What vaccinations are administered in the facility to your residents?	☐ COVID-19 ☐ Influenza ☐ Pneumococcal ☐ Shingles
What is your facility's process for providing a vaccination on-site? E.g. signed consent form prior to day of vaccination, designated room to administer vaccinations, vaccination clinics by contractor, system to monitor for side effects	_____
Does your facility have a qualified Authorised Nurse Immuniser (ANI - registered nurse who can administer vaccines without a doctor present) or nurse practitioner?	◯ Yes - ANI ◯ Yes - nurse practitioner ◯ No ◯ Don't know
Does the ANI feel confident to administer vaccinations in the facility?	◯ Yes ◯ No ◯ Not applicable ◯ Don't know
Further comments about ANI? (optional)	_____

Do you have difficulties accessing vaccination providers (e.g. GPs)?	◯ Yes ◯ No ◯ Don't know
Why is that?	_____
Are you aware that participating pharmacies can administer vaccinations?	◯ Yes ◯ No
Do you know how to arrange vaccinations from these pharmacies?	◯ Yes ◯ No
Further comments (pharmacies):	_____
Does your facility report to the Australian Immunisation Register when a resident has received a vaccination?	◯ Yes ◯ No - the vaccination provider does this ◯ Don't know
Are your staff confident to report to the Australian Immunisation Register?	◯ Yes ◯ No
Does your facility have a vaccine fridge on site?	◯ Yes ◯ No ◯ Don't know
Does the vaccine fridge have a data logger?	◯ Yes ◯ No ◯ Don't know
Are staff trained in appropriate cold chain management procedures? E.g. cold chain requirements, vaccine fridge monitoring requirements, how to manage cold chain breaches	◯ Yes ◯ No ◯ Don't know
Have all relevant staff members completed the HETI Cold Chain Management online course?	◯ Yes ◯ No ◯ Don't know
Does your facility have a system to track when residents' vaccinations are due?	◯ Yes ◯ No ◯ Don't know
What is your system of tracking when vaccinations are due?	_____
Are staff able to work out a catch-up immunisation schedule for a resident if needed?	◯ Yes ◯ No ◯ Don't know

Do you report your facility's resident vaccination rates to the Commonwealth government for these vaccinations?

	Yes	No	Don't know
COVID-19	○	○	○
Influenza	○	○	○
Pneumococcal	○	○	○
Shingles	○	○	○

How do you work out or calculate your residents' vaccination rate for these vaccinations?
eg. manually, run a report using software, for COVID-19 are rates determined by 6-monthly booster recommendations? etc.

_____

From the following list, please rank in order which issues are causing the most difficulties for your facility when vaccinating residents (from 1 to 5, 1=most most difficult, and 5=least difficult):

	1	2	3	4	5	Not applicable
Difficulty getting residents' immunisation history	○	○	○	○	○	○
No system to monitor when residents' vaccinations are due	○	○	○	○	○	○
Difficulty getting relatives to sign consent form	○	○	○	○	○	○
Resident or family refusing vaccination	○	○	○	○	○	○
Difficulty getting a vaccination provider	○	○	○	○	○	○

What do you think are the major issues stopping residents from getting vaccinated?

_____

What do you think helps residents get their vaccinations on time?

_____

Key points/issues identified during survey (PHU to complete):

_____

12.4 Appendix D: RACF resident questionnaire

RACF resident vaccination project - Resident interview

The Public Health Unit is interested to find out from people who live in aged care facilities what they think about vaccinations.

Your responses are valuable in helping us understand and address the barriers to vaccination in aged care facilities.

Your answers are confidential, and will not be shared with staff or other residents at your facility.

You do not have to answer any questions if you do not wish to.

You can stop the interview at any time.

Do you have any questions before we start?

I consent to participating in this survey.	◯ Yes ◯ No
Name of the RACF:	_____
Interview date:	_____
PHU staff member completing the survey:	_____
Resident's initials (optional)	_____
How old are you?	◯ Under 65 ◯ 65-69 ◯ 70-74 ◯ 75-79 ◯ 80+ ◯ Prefer not to say
What is your gender?	◯ Female ◯ Male ◯ Other
Do you identify as Aboriginal or Torres Strait Islander?	◯ Yes ◯ No ◯ Prefer not to say
What country were you born in?	_____

What language(s) do you speak?
(Select all that apply)

- ☐ English
- ☐ Other

What other languages do you speak?

_____

How long have you been in this facility?

- ○ Less than 6 months
- ○ 6 months to 1 year
- ○ 1-3 years
- ○ More than 3 years

Do you have any of these medical conditions?
(Select all that apply)

- ☐ Heart disease
- ☐ Lung disease
- ☐ Diabetes
- ☐ Weak immune system
- ☐ Cancer
- ☐ None of the above
- ☐ Don't know

Are you aware of the following vaccine recommendations for older adults?

• COVID-19 vaccine every 6-12 months for adults aged 65-74 years, and every 6 months for adults aged 75 years and over

• Influenza (flu) vaccine every year for non-Indigenous adults from 65 years and any age for Indigenous adults

• Pneumococcal vaccine at 70 years for non-Indigenous adults, and 50 years for Indigenous adults

• Shingles vaccine at 65 years for non-Indigenous adults, and 50 years for Indigenous adults

	Yes	No
COVID-19	○	○
Influenza	○	○
Pneumococcal	○	○
Shingles	○	○

Where do you usually get information about vaccinations?
(Select all that apply)

- ☐ GP, nurse or pharmacist
- ☐ Family or friends
- ☐ RACF staff
- ☐ News sources (e.g. TV, radio, newspapers)
- ☐ Religious or community leaders
- ☐ Internet
- ☐ Other
- ☐ Don't know
- ☐ Don't wish to answer

Where else do you get information about vaccinations?

_____

Have you ever received a vaccination in this facility?

- ○ Yes
- ○ No

How did facility staff obtain consent for your vaccination?

_____

Did staff give you enough information about vaccinations when getting your consent?
- ◯ Yes
- ◯ No

What other information would you have liked?

_____

If you get these infections (COVID-19, influenza, pneumococcal disease or shingles) as an older person, do you think you are likely to be more unwell (compared to a younger person)?
- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Don't wish to answer

How effective do you think vaccines are in preventing you from falling sick from the infection?

	Very effective	Somewhat effective	Neutral	Somewhat ineffective	Very ineffective
Effectiveness of vaccine	◯	◯	◯	◯	◯

Do you think vaccines protect you from needing hospital admission or from serious illness if you catch the infection?
- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Don't wish to answer

Have you ever had any bad experiences after previous vaccinations?
- ☐ No
- ☐ Pain/swelling/redness at the injection site
- ☐ Systemic symptoms (e.g. fever)
- ☐ Scared of needles
- ☐ Other
- ☐ Don't wish to answer

What was the reaction?

_____

Are you happy to consent to the facility and receive all four vaccinations recommended for your age?

	Yes	No	Don't know	Don't wish to answer
COVID-19	◯	◯	◯	◯
Influenza	◯	◯	◯	◯
Pneumococcal	◯	◯	◯	◯
Shingles	◯	◯	◯	◯

If you are not willing to receive one or more of the four vaccinations, can you please explain why? (Select all that apply)

- ☐ Don't understand why I need the vaccination
- ☐ Too many vaccines
- ☐ Have to be vaccinated too often
- ☐ Don't trust vaccine companies
- ☐ I prefer natural immunity (from getting the infection)
- ☐ I worry about the possible side effects of vaccination
- ☐ I don't know where to get vaccinated
- ☐ Hard to go to the GP to get the vaccination
- ☐ It is too much trouble to get vaccinated
- ☐ Cultural or religious reasons
- ☐ Other
- ☐ Don't wish to answer

What are the other reasons?

_____

What would make you more likely to get a vaccination? (Select all that apply)

- ☐ More information about the benefits and risks of vaccination
- ☐ Reassurance about the safety and effectiveness of vaccination
- ☐ Easier access to vaccination services (e.g. transport)
- ☐ Vaccination clinics in my facility
- ☐ Support from family or friends
- ☐ Recommendation from a healthcare provider
- ☐ Recommendation or support from my facility
- ☐ Knowing it helps protect my fellow residents
- ☐ Other residents getting the vaccination
- ☐ Other

What other reasons would make you more likely to get a vaccination?

_____

Where have you gotten your vaccinations in the past? (Select all that apply)

- ☐ GP
- ☐ At my facility
- ☐ Pharmacy
- ☐ Other
- ☐ Don't know
- ☐ Don't wish to answer

Where else do you get your vaccinations?

_____

How convenient is it for you to get your vaccination at these locations?

	Convenient	Not convenient	Don't know
GP	○	○	○
Facility	○	○	○
Pharmacy	○	○	○

Did you know that some pharmacists can also give you vaccinations?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Don't wish to answer

Would you be willing to have your vaccinations from your local pharmacist?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Don't wish to answer

Why not?

_____

What makes it hard for you to get a vaccine? (Select all that apply)

- ☐ I can't go on my own (I have a physical limitation)
- ☐ I don't know where to go to get vaccinated
- ☐ I'm not eligible or due to get a vaccine
- ☐ I have a medical reason for not getting vaccinated (e.g. allergy to vaccine)
- ☐ It is difficult to find or make an appointment
- ☐ Other

What other reasons make it hard for you to get vaccinated?

_____

What would make it easier for you to get vaccinated? (Select all that apply)

- ☐ Transport
- ☐ Vaccination clinics in my facility
- ☐ Family support
- ☐ More information about the benefits and risks of vaccination
- ☐ Reassurance of safety and effectiveness of vaccine
- ☐ Recommendation from my GP
- ☐ Other
- ☐ Don't wish to answer

What other ways will make it easier for you to get your vaccinations?

_____

Did you know that most of the vaccinations recommended for older adults are free?

- ◯ Yes
- ◯ No
- ◯ Don't wish to answer

Would you be willing to get vaccinations if you had to pay for them? (In general)

- ◯ Yes
- ◯ No
- ◯ Depends on the cost
- ◯ Don't know
- ◯ Don't wish to answer

Would you be more likely to get your vaccinations on time if someone reminded you?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Don't wish to answer

Would you be more willing to have vaccinations if your facility routinely recommended it?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Don't wish to answer

Do you have any other comments on what stops you or your fellow residents from getting vaccinated?

_____

Do you have any other comments on what helps residents get vaccinated?

_____

12.5 Appendix E: RACF family questionnaire

RACF resident vaccination project - Family interview

The Public Health Unit is interested to find out from families of people who live in aged care facilities what they think about vaccinations.

Your responses are valuable in helping us understand and address the barriers to vaccination in aged care facilities.

Your answers are confidential, and will not be shared with staff or residents at the facility.

You do not have to answer any questions if you do not wish to.

You can stop the interview at any time.

Do you have any questions before we start?

I consent to participating in this survey.	◯ Yes ◯ No
Name of the RACF:	_____
Interview date:	_____
PHU staff member completing the survey:	_____
Interviewee's initials (optional):	_____
What is your relationship to the resident?	◯ Spouse ◯ Daughter or son ◯ Other
What is your relationship?	_____
How old is your family member?	◯ Under 65 ◯ 65-69 ◯ 70-74 ◯ 75-79 ◯ 80+
What is your family member's gender?	◯ Female ◯ Male ◯ Other ◯ Prefer not to answer

Do they identify as Aboriginal or Torres Strait Islander?
- ◯ Yes
- ◯ No
- ◯ Prefer not to answer

What country were they born in?

_____

What language(s) do they speak? (Select all that apply)
- ☐ English
- ☐ Other

What other languages do they speak?

_____

How long has your family member lived at this facility?
- ◯ Less than 6 months
- ◯ 6 months to 1 year
- ◯ 1-3 years
- ◯ More than 3 years

Does your family member have any of these medical conditions? (Select all that apply)
- ☐ Heart disease
- ☐ Lung disease
- ☐ Diabetes
- ☐ Weak immune system
- ☐ Cancer
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ None of the above

Are you aware of the following vaccines recommended for older adults?

• COVID-19 vaccine every 6-12 months for adults aged 65-74 years, and every 6 months for adults aged 75 years and over

• Influenza (flu) vaccine every year for non-Indigenous adults from 65 years and any age for Indigenous adults

• Pneumococcal vaccine at 70 years for non-Indigenous adults, and 50 years for Indigenous adults

• Shingles vaccine at 65 years for non-Indigenous adults, and 50 years for Indigenous adults

	Yes	No	Don't know
COVID-19	◯	◯	◯
Influenza	◯	◯	◯
Pneumococcal	◯	◯	◯
Shingles	◯	◯	◯

Where do you usually get your information about vaccinations? (Select all that apply)
- ☐ GP, nurse or pharmacist
- ☐ Family or friends
- ☐ RACF staff
- ☐ News sources (e.g. TV, radio, newspapers)
- ☐ Religious or community leaders
- ☐ Internet
- ☐ Other
- ☐ Don't know
- ☐ Don't wish to answer

Where else do you get information about vaccinations?

_____

Has your family member ever received a vaccination in their facility?

- ◯ Yes
- ◯ No
- ◯ Don't know

How did the facility staff obtain consent from you to vaccinate your family member?

_____

Did staff give you enough information about vaccination when getting your consent?

- ◯ Yes
- ◯ No
- ◯ Don't know

What other information would you have liked?

_____

If your relative caught these infections (COVID-19, influenza, pneumococcal disease or shingles) as an older person, do you think they are more likely to become very unwell (compared to a younger person)?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Don't wish to answer

How effective do you think vaccines are in preventing residents in RACFs from falling sick from the infection?

	Very effective	Somewhat effective	Neutral	Somewhat ineffective	Very ineffective
Effectiveness of vaccine	◯	◯	◯	◯	◯

Do you think vaccines protect the resident from needing hospital admission or becoming seriously unwell if they catch the infection?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Don't wish to answer

Has your family member ever had any bad experiences after previous vaccinations?

- ☐ No
- ☐ Pain/swelling/redness at the injection site
- ☐ Systemic symptoms (e.g. fever)
- ☐ Scared of needles
- ☐ Other
- ☐ Don't know
- ☐ Don't wish to answer

What was the reaction?

_____

Who decides if your family member is vaccinated?

- ◯ Me (family member)
- ◯ Joint decision between me and the resident
- ◯ Other

Who makes the decision?

_____

How did you decide for your family to be vaccinated or not?

Did you discuss your decision with anyone else? (Select all that apply)

- ☐ Family member
- ☐ Healthcare worker
- ☐ Other

Who did you discuss your decision with?

How confident are you that you have all the information to decide if your family member should be vaccinated?

- ○ Very confident
- ○ Somewhat confident
- ○ Not confident

Would you provide consent to the facility for your family member to receive all four vaccinations recommended for their age?

	Yes	No	Don't know	Don't wish to answer
COVID-19	○	○	○	○
Influenza	○	○	○	○
Pneumococcal	○	○	○	○
Shingles	○	○	○	○

If you are not willing to consent for your family member to receive one or more of the four vaccinations, can you please explain why? (Select all that apply)

- ☐ Don't understand why they need the vaccine
- ☐ Too many vaccines
- ☐ Have to be vaccinated too often
- ☐ Don't trust vaccine companies
- ☐ I prefer natural immunity (from getting the infection)
- ☐ I worry about the possible side effects of vaccination
- ☐ I don't know where the resident can get vaccinated
- ☐ Hard to go to the GP to get the vaccination
- ☐ It is too much trouble to get vaccinated
- ☐ Cultural or religious reasons
- ☐ Other
- ☐ Don't wish to answer

What are the other reasons?

What makes it hard for your family member to get a vaccine? (Select all that apply)	☐ They can't go on their own (e.g. physical limitation, can't drive) ☐ They don't know where to get vaccinated ☐ They are not eligible or due to get a vaccine ☐ They have a medical reason for not getting vaccinated (e.g. allergy to vaccine) ☐ It is difficult to find or make an appointment ☐ Other
What other reasons make it hard for them to get vaccinated?	_____
What would make it easier for your family member to get vaccinated? (Select all that apply)	☐ Transport ☐ Vaccination clinics in the facility ☐ Family support ☐ More information about the benefits and risks of vaccination ☐ Reassurance of safety and effectiveness of vaccine ☐ Recommendation from the resident's GP ☐ Other ☐ Don't wish to answer
What other ways will make it easier for your family member to get vaccinated?	_____
Did you know that most of the vaccinations recommended for older adults are free?	◯ Yes ◯ No ◯ Don't wish to answer
Would you be willing for the resident to be vaccinated if you had to pay for them? (In general, for any vaccine, if required)	◯ Yes ◯ No ◯ Depends on the cost ◯ Don't know ◯ Don't wish to answer
Would your family member be more likely to get their vaccinations on time if someone reminded you?	◯ Yes ◯ No ◯ Don't know ◯ Don't wish to answer
Would you be more willing to consent for your family member to be vaccinated if the facility routinely recommended it?	◯ Yes ◯ No ◯ Don't know ◯ Don't wish to answer
Do you have any other comments on what stops residents from being vaccinated?	_____
Do you have any other comments on what helps residents become vaccinated?	_____

What would make you more likely to consent for your family member to be vaccinated?
(Select all that apply)

- ☐ More information about the benefits and risks of vaccination
- ☐ Reassurance about the safety and effectiveness of vaccination
- ☐ Easier access to vaccination services (e.g. transport)
- ☐ Vaccination clinics in the facility
- ☐ Support from family or friends
- ☐ Recommendation from a healthcare provider
- ☐ Recommendation or support from the facility
- ☐ Knowing it helps protect other residents in the facility
- ☐ Other residents getting the vaccination
- ☐ Other

What other reasons would make you more likely to consent for them to be vaccinated?

_____

Where has your family member gotten their vaccinations?
(Select all that apply)

- ☐ GP
- ☐ At their facility
- ☐ Pharmacy
- ☐ Other
- ☐ Don't know
- ☐ Don't wish to answer

Where else do they get their vaccinations?

_____

Is it convenient for your family member to get their vaccination at these locations?

	Convenient	Not convenient	Don't know
GP	○	○	○
Facility	○	○	○
Pharmacy	○	○	○

Did you know that some pharmacists can also give vaccinations?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Don't wish to answer

Would you be happy for the local pharmacist to give vaccinations to your family member?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Don't wish to answer

Why not?

_____

12.6 Appendix F: RACF Vaccination Project Newsletter

South Eastern Sydney Local Health District

RACF vaccination project newsletter

Greetings to RACF managers and care teams!

Welcome to our summer festive season newsletter with some helpful tips to see you though the festive season.

Last summer, many RACFs in South Eastern Sydney were inundated with acute respiratory illness (ARI) outbreaks. It was exhausting for your staff and meant your residents could not fully enjoy the festivities.

To help, we have put together some helpful tips to see you through the festive season.

This summer, let's be better prepared!

THE STAFF AT THE PHU WISH YOU A SAFE AND HAPPY FESTIVE SEASON AND A VERY PROSPEROUS NEW YEAR!

PHU HOURS
8.30AM - 6.30PM
MONDAY TO FRIDAY
PH: 9382 8333

AFTER HOURS
WEEKENDS
PUBLIC HOLIDAYS
PH: 9382 2222

PREPARING FOR THE FESTIVE SEASON AND HOLIDAYS

- Schedule COVID-19 vaccination clinics for residents who have not had their COVID-19 vaccination in the last six months
- Ask your GPs to pre-assess your residents for COVID antivirals and Tamiflu before their surgeries close for the holidays. The pre-assessment forms are available here
- Ensure you have adequate stock of Tamiflu and COVID-19 antivirals on-site to cover the holidays. (Tamiflu can be ordered from the NSW Vaccine Centre)
- Carefully monitor your residents for symptoms, especially in the few days after a group event or family outing. Check if your pathology company will be open over the public holidays.
- Have adequate stock of PPE, hand sanitiser, RAT kits and PCR swabs
- Communicate with families that COVID-19 can be active over the summer months. Any visitor with symptoms should not enter the facility. If the level of COVID-19 (or other respiratory viruses) in the community is moderate or high, it would be ideal to ask visitors to perform a RAT on arrival and ask them to wear a mask for the duration of the visit
- If the level of COVID-19 (or other respiratory viruses) in the community is moderate or high, conduct symptom check and RATs on all staff, including casual staff, contractors, performers, and entertainers, before they enter the facility. Exclude any staff who display symptoms or test positive for a minimum of five days. If possible, organise a pool of staff who can cover sick leave. This will hopefully ensure staff will stay home when unwell
- Educate staff, especially new and casual staff, on infection control best practice, including hand hygiene and cleaning of environmental surfaces

FAMILY AND SOCIAL GATHERINGS

Many of your residents may be visiting and staying with their families over the festive period.

Encourage your residents and families to have gatherings outdoors if possible.

Consider asking your residents returning from such gatherings to settle in their rooms for two days
and RAT them on day three before they join in larger group activities.

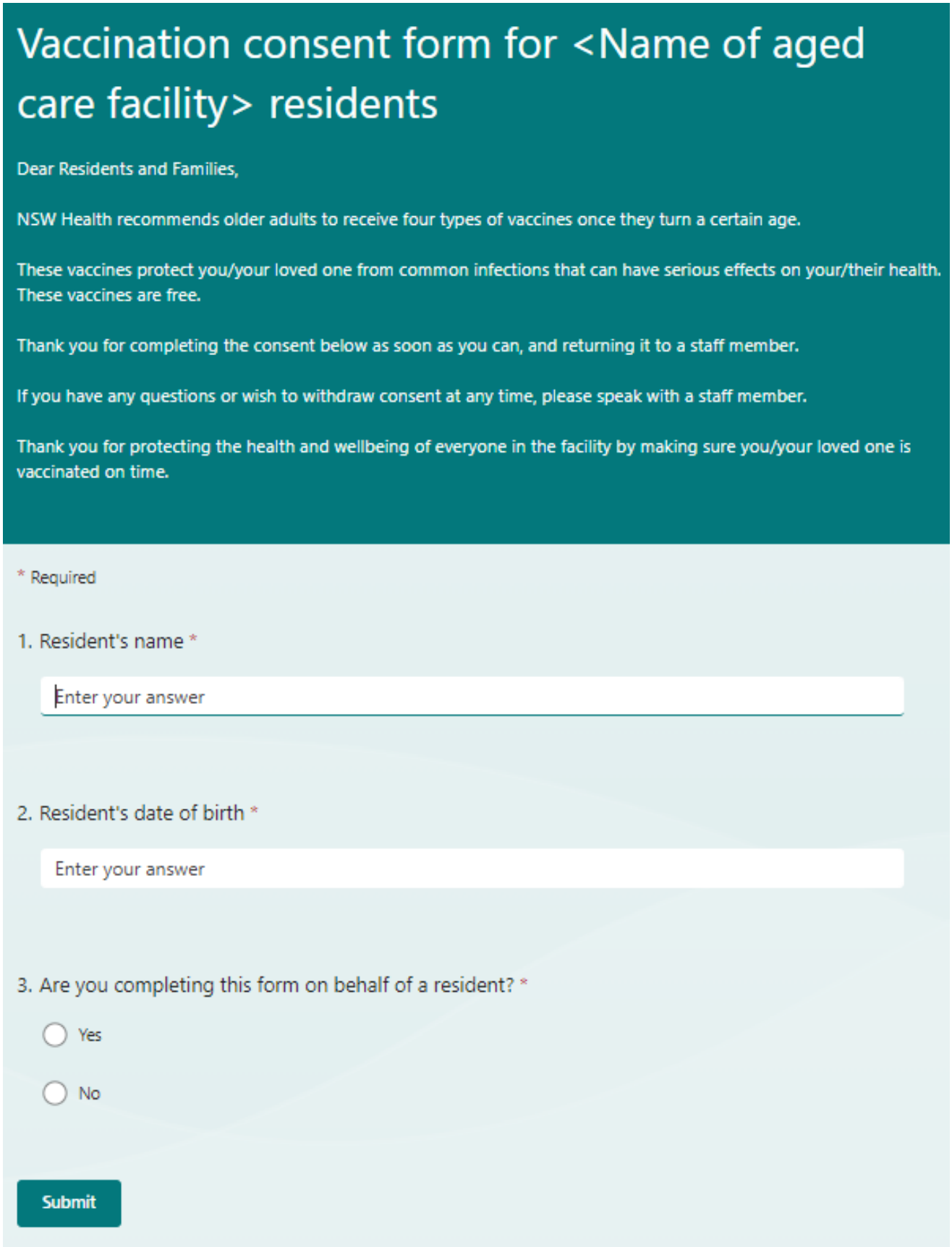
Implementing these processes to detect respiratory infections early may avoid an outbreak.

AVOIDING FOODBORNE ILLNESS AT SUMMER GATHERINGS

- Family feasts, eating outdoors and the warmth of summer are ideal for bacteria to grow in food. The tips below can help prevent food poisoning.
- Make sure staff and families follow the Four Golden Rules of Food Safety
- To keep popular foods from spoiling, follow advice by the NSW Food Authority
- Print the "Choose food safety this summer" for staff.
- Allocate staff to serve food and drink to residents (rather than residents helping themselves).

ALL RACF RESOURCES CAN BE FOUND HERE
INFORMATION FOR RESIDENTIAL AGED CARE FACILITIES (RACF)

12.7 Appendix G: Template online vaccination consent form



Vaccination consent form for <Name of aged care facility> residents

Dear Residents and Families,

NSW Health recommends older adults to receive four types of vaccines once they turn a certain age.

These vaccines protect you/your loved one from common infections that can have serious effects on your/their health. These vaccines are free.

Thank you for completing the consent below as soon as you can, and returning it to a staff member.

If you have any questions or wish to withdraw consent at any time, please speak with a staff member.

Thank you for protecting the health and wellbeing of everyone in the facility by making sure you/your loved one is vaccinated on time.

* Required

1. Resident's name *

Enter your answer

2. Resident's date of birth *

Enter your answer

3. Are you completing this form on behalf of a resident? *

- Yes
- No

Submit

If the resident is completing the consent form themselves,

4. I consent to receiving the COVID-19 vaccine every 6 months.

   Please refer to information on COVID-19 infection and the vaccine here: https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/COVID-19%20infection%20and%20vaccination.pdf
   *

   ○ Yes

   ○ No

5. I consent to receiving the influenza vaccine every year.

   Please refer to information on influenza infection and the vaccine here: https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/Influenza%20infection%20and%20vaccination.pdf
   *

   ○ Yes

   ○ No

6. I consent to receiving the pneumococcal (Prevenar or Vaxneuvance) vaccine (if not already received).

   Please refer to information on pneumococcal infection and the vaccines here: https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/Pneumococcal%20infection%20and%20vaccination.pdf
   *

   ○ Yes

   ○ No

7. I consent to receiving the two pneumococcal (Pneumovax 23) vaccines (if eligible and not already received).

   Please refer to information on pneumococcal infection and the vaccines here: https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/Pneumococcal%20infection%20and%20vaccination.pdf
   *

   ○ Yes

   ○ No

8. I consent to receiving the two shingles (Shingrix) vaccines (if not already received).

Please refer to information on shingles and the vaccine here:
https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/Shingles%20infection%20and%20vaccination.pdf
*

- ○ Yes
- ○ No

9. Your signature *

Enter your answer

10. Date of signature *

Enter your answer

Submit

If a relative is completing the consent form,

4. Your name (if completing the consent on behalf of a resident) *

Enter your answer

5. Your contact number (if completing the consent on behalf of a resident) *

Enter your answer

6. Your email (if completing the consent on behalf of a resident) *

Enter your answer

7. I consent to my relative/the resident receiving the COVID-19 vaccine every 6 months.

Please refer to information on COVID-19 infection and the vaccine here: https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/COVID-19%20infection%20and%20vaccination.pdf *

- ◯ Yes
- ◯ No

8. I consent to my relative/the resident receiving the influenza vaccine every year.

Please refer to information on influenza infection and the vaccine here: https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/Influenza%20infection%20and%20vaccination.pdf *

- ◯ Yes
- ◯ No

9. I consent to my relative/the resident receiving the pneumococcal (Prevenar or Vaxneuvance) vaccine (if not already received).

   Please refer to information on pneumococcal infection and the vaccines here: https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/Pneumococcal%20infection%20and%20vaccination.pdf
   *

   ◯ Yes

   ◯ No

10. I consent to my relative/the resident receiving the two pneumococcal (Pneumovax 23) vaccines (if eligible and not already received).

    Please refer to information on pneumococcal infection and the vaccines here: https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/Pneumococcal%20infection%20and%20vaccination.pdf
    *

    ◯ Yes

    ◯ No

11. I consent to my relative/the resident receiving the two shingles (Shingrix) vaccines (if not already received).

    Please refer to information on shingles and the vaccine here: https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Public_Health_Unit/RACF/Shingles%20infection%20and%20vaccination.pdf
    *

    ◯ Yes

    ◯ No

Submit

12.8 Appendix H: COVID-19 infection and vaccine factsheet for RACF residents

South Eastern Sydney Local Health District

NSW GOVERNMENT

COVID-19 INFECTION AND VACCINATION

How does COVID-19 affect me?

- COVID-19 can cause chest infection with fever, difficult breathing, muscle or body aches.
- Older people are more likely to go to hospital if they get COVID-19.

How does the COVID-19 vaccine help?

- Getting the COVID-19 vaccine every 6 months means you are less likely to need to go to hospital if you get the infection.

When can I get the COVID-19 vaccine?

- 65 to 74 years old: Every 12 months (every 6 months if you live in an aged care home)
- 75 years and older: Every 6 months

What are common side effects of the COVID-19 vaccine?

- Pain, swelling or redness at the injection site, fever and muscle aches are common after the vaccine.
- These go away by themselves after 2 to 3 days.
- Paracetamol can help with the pain, fever and muscle aches.

Why do I need a COVID-19 vaccine every 6 months?

- Protection from the vaccine gets less as time passes.
- For good protection, older people should have the vaccine every 6 months.

Where can I find out more information?

- Speak to your GP.
- Frequently asked questions on COVID-19 vaccines are also available (in English only) – please scan the QR code:

12.9 Appendix I: Influenza infection and vaccine factsheet for RACF residents

South Eastern Sydney Local Health District

NSW GOVERNMENT

INFLUENZA INFECTION AND VACCINATION

How does influenza affect me?

- Influenza causes fever and body pain.
- Older people are more likely to also get a chest infection and need to go to hospital if they get influenza.

How does the influenza vaccine help?

- Getting the vaccine makes it less likely that you will get a chest infection or need to go to hospital.
- The vaccine may not stop you from getting influenza BUT it will protect you from becoming very unwell.

When can I get the free influenza vaccine?

- 65 years and older

What are common side effects of the influenza vaccine?

- 1 in 10 people may have swelling or pain at the injection site for 2 to 3 days.
- Paracetamol can help with this pain.
- Sometimes a lump may happen at the injection site and last for a few weeks or months – no treatment is needed.
- People can also get fever, headache and muscle ache after the vaccine but these go away after 2 to 3 days. Some people mistake these for influenza infection but these side effects are much less severe than the infection.
- 1 in one million people who get the vaccine may have a problem with their nerves. This is temporary, and can also happen in people who get influenza.

Can the influenza vaccine give me influenza?

- No. The vaccine cannot give you influenza because there is no live virus in the vaccine.

Why do I need an influenza vaccination every year?

- The influenza virus changes every year so, you need a new vaccine every year to protect you.

Should I still get the influenza vaccine after I have the infection?

- Yes. You are less likely to get sick from other strains of the virus if you get the vaccine.
- Wait until you are better before you get the vaccine.

Where can I get more information?

- Speak to your GP.
- Frequently asked questions on influenza vaccines are also available (in English only) – please scan the QR code:

12.10 Appendix J: Pneumococcal infection and vaccine factsheet for RACF residents

South Eastern Sydney Local Health District

NSW GOVERNMENT

PNEUMOCOCCAL INFECTION AND VACCINATION

How does pneumococcal infection affect me?

- It can cause infection of the blood, brain, chest or other parts of the body.
- Older people are more likely to get the infection, and be more unwell.
- 3 in 10 people with a pneumococcal brain infection will die.

How does the pneumococcal vaccine help?

- Getting the vaccine means you are less likely to have the serious blood, brain and chest infections.

What are the different pneumococcal vaccines?

- There are two types of pneumococcal vaccines – the brand names are
  - Prevenar
  and
  - Pneumovax.
- Prevenar gives you stronger protection that lasts for a longer time.
- Pneumovax protects you from more strains of the germ.

When can I get the pneumococcal vaccine?

- 70 years old and older: 1 dose of Prevenar
- Ask your doctor if you also need Pneumovax (2 doses).

What are common side effects of the pneumococcal vaccine?

- About 1 in 5 people will have swelling, redness or pain at the injection site or fever – these go away by themselves after 2 to 3 days.
- Sometimes a lump develops at the injection site and may last for a few weeks or months – this does not need treatment.
- Paracetamol can help with the pain and fever.

Where can I get more information?

- Speak to your GP.

- Frequently asked questions on pneumococcal vaccines are also available (in English only) – please scan the QR code:

12.11 Appendix K: Shingles infection and vaccine factsheet for RACF residents

South Eastern Sydney Local Health District

NSW GOVERNMENT

SHINGLES INFECTION AND VACCINATION

How does shingles affect me?

- Shingles causes a painful rash or blisters on one side of the face or body.
- It is caused when the virus that causes chickenpox becomes active again.
- Older people are more likely to get shingles. 1 in 2 people who live to 85 years old will get shingles.
- The rash usually goes away after 15 days.
- Sometimes the rash can affect the eye, and can lead to blindness.
- Up to 1 in 5 people will develop very bad nerve pain at the site of the rash. This pain can last for more than 3 months. This pain is difficult to treat.
- People over 70 years old are more likely to have the bad pain after shingles.

How does the shingles vaccine help?

- The vaccine will protect you from getting shingles. Around 9 in 10 older people will not get shingles if they have the vaccine.
- If you still get shingles after the vaccine, you are very unlikely to get the bad nerve pain.

What is the shingles vaccine used now?

- Shingrix is the vaccine used now.
- Zostavax is not given any more.

When can I get the Shingrix vaccine?

- Shingrix should be given once you turn 65 years old or older.
- You need to get the vaccine two times.

What are common side effects of the Shingrix vaccine?

- 8 in 10 people may get swelling, redness or pain at the injection site.
- 6 in 10 people may have fever, tiredness, vomiting, headache, shivering or muscle pain.
- These side effects will go away by themselves after 2 to 3 days.
- Paracetamol can help with the pain, fever, headache or muscle pain.

Should I get the Shingrix vaccine if I was given Zostavax before?

- Yes. Getting Shingrix gives you stronger protection that lasts for a longer time.
- You must wait 12 months after Zostavax before getting Shingrix.

Should I get the Shingrix vaccine if I already had shingles?

- Yes. You may get shingles again. Up to 1 in 20 people will get shingles again.
- Wait 12 months after you recover from shingles before you get the vaccine.

Should I get the Shingrix vaccine if I never had chickenpox?

- Yes. It is safe to get the vaccine even if you cannot remember having chickenpox.

Where can I get more information?

- Speak to your GP.
- Frequently asked questions on shingles vaccine are also available (in English only) – please scan the QR code:

12.12 Appendix L: RACF project staff evaluation questionnaire

Confidential

Improving vaccination coverage in RACF residents - Evaluation survey

The Public Health Unit is hoping to find out how staff in aged care facilities found the vaccination assessment process by the Public Health Unit (PHU), and how useful the solutions developed by the PHU are.Your answers are confidential, and will not be shared with other staff, residents or families at your facility.You do not have to answer any questions if you do not wish to.Thank you for agreeing to complete this survey.Your responses will help the PHU improve the vaccination rates in aged care facility residents.

I consent to participating in this survey.	◯ Yes ◯ No
What is the name of the RACF you work at? (optional)	_____
What is your name or initials? (optional)	_____
What is your role at the RACF?	◯ Facility manager ◯ Care manager ◯ IPC lead/coordinator ◯ Corporate level staff ◯ Registered nurse ◯ Other
What is your role?	_____
Date completing the survey	_____

This section asks about your initial assessment interview (or survey) by the Public Health Unit.

How was your initial assessment interview (or survey) with the Public Health Unit conducted?	◯ Face to face ◯ Video conferencing (using Microsoft Teams) ◯ Over the phone ◯ Completing online survey
Was this way of assessment satisfactory?	◯ Yes ◯ No
Please explain why not	_____
Did you email the family survey link to your family distribution list?	◯ Yes ◯ No ◯ Don't know
What was the reason you did not email the family survey link? For example, too busy, forgot, did not feel like the families would want to participate, other.	_____

Were the topics discussed during the assessment useful?

	Useful	Neutral	Not useful
Staff awareness of age-recommended vaccines	○	○	○
Access to Australian Immunisation Register (AIR)	○	○	○
Tracking when residents are due for vaccinations	○	○	○
Vaccine consent issues	○	○	○
Accessing vaccination providers (e.g. GPs, pharmacists)	○	○	○
Cold chain requirements	○	○	○

If you found any of the topics "not useful", please explain why?

What other topics would you have liked to discuss?

This section asks about the solutions developed by the Public Health Unit to overcome vaccination barriers.

Was it useful for the Public Health Unit to provide a spreadsheet of the dates and vaccines received by each of your residents (COVID-19, influenza, pneumococcal and shingles vaccines) according to the information in the Australian Immunisation Register (AIR)?

○ Yes
○ No
○ Don't know

How was it useful?

Why was it not useful?

Is the vaccination tracker developed by the Public Health Unit useful to track when your residents are due for their vaccinations?

○ Yes
○ No
○ Don't know

How is it useful?

Why is it not useful?

Is your facility currently using or intending to use the vaccination tracker?	◯ Currently using ◯ Intending to use ◯ Not using ◯ Not intending to use ◯ Don't know
Will your facility be able to update the vaccination tracker when new residents are admitted or when residents receive vaccinations?	◯ Yes ◯ No ◯ Don't know ◯ We need more support
Please explain why you won't be able to use the vaccination tracker for new residents.	_____
Did the information provided to you in the vaccination tracker spreadsheet prompt you to arrange a vaccination clinic for either the COVID-19, influenza, shingles or pneumococcal vaccines?	◯ Yes ◯ No ◯ Don't know
After being provided with the vaccination tracker, did you find that your usual vaccination provider (for example, GP or pharmacist) had not recorded resident vaccinations in the Australian Immunisation Register (AIR)?	◯ Yes ◯ No ◯ Don't know
Did you tell the PHU about the missing data in AIR?	◯ Yes ◯ No ◯ Don't know
Has this issue been addressed and resolved?	◯ Yes ◯ No ◯ Don't know
If you would like further assistance from the PHU to address these issues, please provide the name and contact details of your vaccination provider.	_____
Is the online consent form for all four age-recommended vaccines useful?	◯ Yes ◯ No ◯ Don't know
How is it useful?	_____
Why is it not useful?	_____
Have you or will you be using the online consent form?	◯ Yes ◯ No ◯ Don't know
Can you tell us why you won't be using the online consent form?	_____

Is the vaccination action plan useful?	◯ Yes ◯ No ◯ Don't know
How is it useful?	_____
Why is it not useful?	_____
Are the videos showing how to use the vaccination tracker, online consent form and vaccination action plan useful?	◯ Yes ◯ No ◯ Don't know
Why are they not useful?	_____

Can you rank how useful the solutions are (1 = Most useful; 5 = Least useful)?

	1	2	3	4	5
Vaccination tracker	◯	◯	◯	◯	◯
Template online consent form	◯	◯	◯	◯	◯
Vaccination action plan	◯	◯	◯	◯	◯
Translated vaccine factsheets for residents	◯	◯	◯	◯	◯
Vaccine factsheets for residents and families	◯	◯	◯	◯	◯

What other resources or support would you have liked?	_____
Which outcomes occurred for your facility as a result of this project? (please select all options that apply)	☐ Increased resident vaccination rates ☐ Increased awareness of vaccination by staff, residents and families ☐ Improved communication with residents and families (e.g. vaccination factsheets) ☐ Streamlined consent process ☐ Access to Australian Immunisation Register (AIR) ☐ Access to My Health Record (MHR) ☐ Increased knowledge of vaccination providers eg. nurse practitioners, staff who are authorised nurse immunisers (ANI) ☐ Improved access to vaccination providers ☐ Resident/family satisfaction with vaccination processes ☐ Upskilling of RACF staff (cold chain management, ANI training) ☐ Free authorised nurse immuniser (ANI) course through the Primary Health Network (PHN) ☐ Remind GPs or other vaccination providers to upload administered vaccines to AIR

How satisfied are you with the entire process (assessment, feeding back results, communication by the Public Health Unit)?	◯ Very satisfied ◯ Somewhat satisfied ◯ Neutral ◯ Somewhat dissatisfied ◯ Very dissatisfied
Can you explain why you are not satisfied with the process?	_____
Do you have any suggestions on how to improve future projects?	_____

South Eastern Sydney Local Health District Public Health Unit

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