Clinic and pharmacy strategies to vaccinate more Australians – the practicalities

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9th Annual Immunisation Forum
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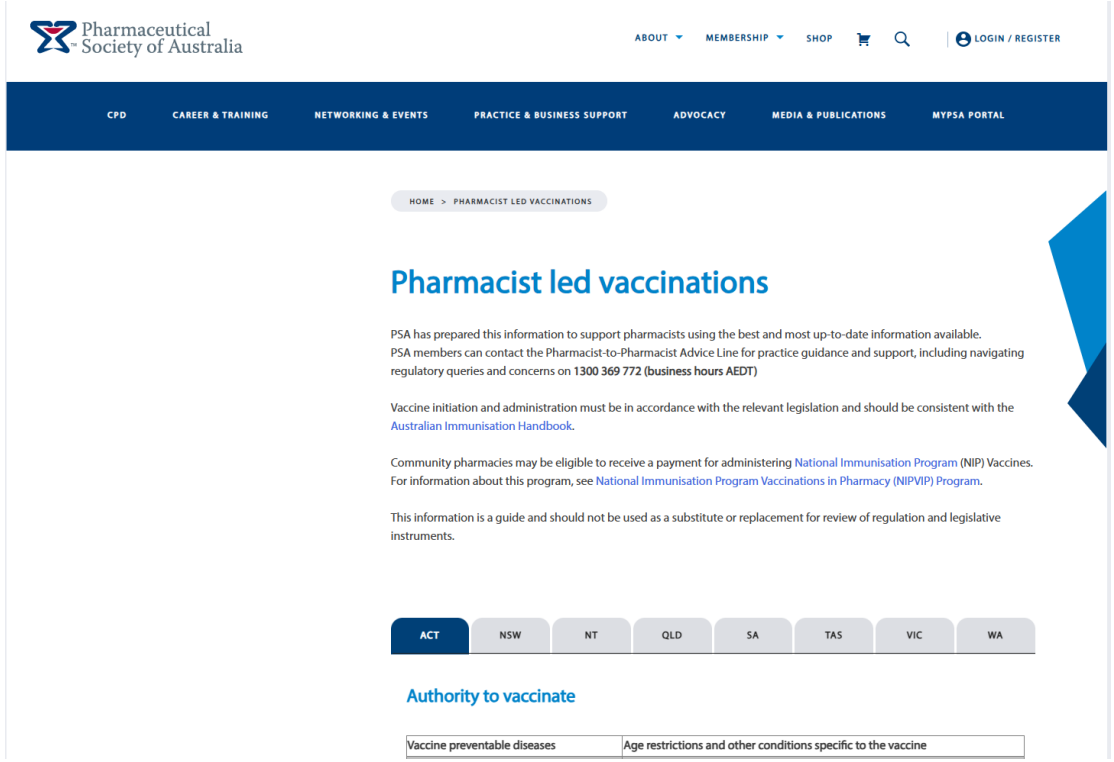
Overview

IMMUNISATION COALITION

- Background/NIP
- RSV prevention product indications and recommendations
- Maternal vaccination
- Travel
- Co-administration /technique
- AEFI reporting/ Vaccine administration error/prevention
- Practicalities/Education

Pharmacist led vaccinations



https://www.psa.org.au/state-vaccination-regulations/

National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program

Pharmacists have been providing immunisation services to Australians since 2014 – expanding scope of practice.

The National Immunisation Program Vaccinations in Pharmacy (NIPVIP) supports pharmacies in administering NIP vaccines (2024)

Some states are piloting expanded roles for community pharmacists, including administering a wider range of vaccines including some travel vaccines.

Vaccinations administered by pharmacists are recorded on the AIR, which helps track immunisation coverage

Authorisation of pharmacist immunisers varies by jurisdiction

Pharmacists are authorised to administer **RSV vaccines** to eligible patients

- Maternal RSV vaccine (Abrysvo) to pregnant women
- Arexvy vaccine to eligible adults.

Victorian Community Pharmacist Statewide Pilot

The statewide pilot aimed at testing an expanded role for community pharmacists.

National Immunisation Program (NIP)

IMMUNISATION COALITION

National Immunisation Program Schedule

Australian Government Department of Health and Aged Care | National Immunisation Program

Childhood vaccination

(also see vaccination for people with medical risk conditions)

Age	Diseases	Vaccine Brand	Notes
Birth	Hepatitis B (usually offered in hospital)	H-B-Vax® II Paediatric or Engerix B® Paediatric	Should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours and must be given within 7 days.
2 months (can be given from 6 weeks of age)	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, *Haemophilus influenzae* type b (Hib) Rotavirus Pneumococcal Meningococcal B (Aboriginal and Torres Strait Islander children)	Infanrix® hexa or Vaxelis® Rotarix® Prevenar 13® Bexsero®	Rotavirus vaccine: First dose must be given by 14 weeks of age. Meningococcal B vaccine: Prophylactic paracetamol recommended.
4 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, *Haemophilus influenzae* type b (Hib) Rotavirus Pneumococcal Meningococcal B (Aboriginal and Torres Strait Islander children)	Infanrix® hexa or Vaxelis® Rotarix® Prevenar 13® Bexsero®	Rotavirus vaccine: The second dose must be given by 24 weeks of age. Meningococcal B vaccine: Prophylactic paracetamol recommended.
6 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, *Haemophilus influenzae* type b (Hib) Pneumococcal (Children with specified medical risk conditions) Pneumococcal (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld) Meningococcal B (Aboriginal and Torres Strait Islander children with specified medical risk conditions)	Infanrix® hexa or Vaxelis® Prevenar 13® Prevenar 13® Bexsero®	Pneumococcal vaccine: An additional (3rd) dose of 13vPCV is required for Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld, and all children with specified medical risk conditions for pneumococcal disease. Refer to the Immunisation Handbook. Meningococcal B vaccine: Prophylactic paracetamol recommended.
6 months to <5 years (annually)	Influenza	Age appropriate	Administer annually. In children aged 6 months to less than 9 years of age in the first year of administration, give 2 doses a minimum of 1 month apart. One dose annually in subsequent years. Information on age appropriate vaccines is available in the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.
12 months	Meningococcal ACWY Measles, mumps, rubella Pneumococcal Meningococcal B (Aboriginal and Torres Strait Islander children)	Nimenrix® M-M-RII ® or Priorix® Prevenar 13® Bexsero®	Meningococcal B vaccine: Prophylactic paracetamol recommended.
18 months	*Haemophilus influenzae* type b (Hib) Measles, mumps, rubella, varicella (chickenpox) Diphtheria, tetanus, pertussis (whooping cough) Hepatitis A (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld)	Act-Hib® Priorix-Tetra® or ProQuad® Infanrix® or Tripacel® Vaqta® Paediatric	Hepatitis A vaccine: First dose of the 2-dose hepatitis A vaccination schedule if not previously received a dose.
4 years	Diphtheria, tetanus, pertussis (whooping cough), polio Pneumococcal (Children with specified medical risk conditions) Pneumococcal (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld) Hepatitis A (Aboriginal and Torres Strait Islander children in WA, NT, SA, Qld)	Infanrix® IPV or Quadracel® Pneumovax 23® Pneumovax 23® Vaqta® Paediatric	Pneumococcal vaccine: Administer first dose of 23vPPV at age 4 years, followed by second dose of 23vPPV at least 5 years later. Refer to the Immunisation Handbook for specified medical risk conditions. Hepatitis A vaccine: Not required if previously received 2 doses (first dose at age ≥12 months) at least 6 months apart.
≥ 5 years (annually)	Influenza (Children with specified medical risk conditions) Influenza (Aboriginal and Torres Strait Islander children)	Age appropriate Age appropriate	Administer annually. In children aged 6 months to less than 9 years of age in the first year of administration, give 2 doses a minimum of 1 month apart. One dose annually in subsequent years. Information on age appropriate vaccines is available in the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.

Adolescent vaccination

(also see vaccination for people with medical risk conditions)

Age	Diseases	Vaccine Brand	Notes
All ages	Influenza (adolescents with specified medical risk conditions) Influenza (Aboriginal and Torres Strait Islander adolescents) Pneumococcal (adolescents with specified medical risk conditions)	Age appropriate Age appropriate Prevenar 13® and Pneumovax 23®	Influenza vaccine: Administer annually. For information on an age appropriate vaccines or specified medical risk conditions refer to the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines. Pneumococcal vaccine: For people with specified medical risk conditions administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for dose intervals.
12–13 years (Year 7 or age equivalent)	Human papillomavirus (HPV) Diphtheria, tetanus, pertussis (whooping cough)	Gardasil®9 Boostrix® or Adacel®	HPV vaccine: Single dose recommended. Not required if previously received. If dose was missed and not previously received, a catch-up is available up to and including 25 years of age.
14–16 years (Year 10 or age equivalent)	Meningococcal ACWY	MenQuadfi®	

National Immunisation Program Schedule *(continued)*

Australian Government Department of Health and Aged Care | National Immunisation Program

Adult vaccination

(also see vaccination for people with medical risk conditions)

Age	Diseases	Vaccine Brand	Notes
All ages	Influenza (adults with specified medical risk conditions) Influenza (Aboriginal and Torres Strait Islander adults) Pneumococcal (adults with specified medical risk conditions) Shingles (herpes zoster) (adults with specified medical risk conditions)*	Age appropriate Age appropriate Prevenar 13® and Pneumovax 23® Shingrix®	Influenza vaccine: Administer annually. For information on age-appropriate vaccines or specified medical risk conditions refer to the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines. Pneumococcal vaccine: For people with specified medical risk conditions administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for dose intervals. Shingles vaccine: For immunocompromised people aged 18 and older with specified medical risk conditions administer 2 doses. Refer to the Immunisation Handbook for dose intervals.
50 years and over	Pneumococcal (Aboriginal and Torres Strait Islander adults) Shingles (herpes zoster) (Aboriginal and Torres Strait Islander adults)*	Prevenar 13® and Pneumovax 23® Shingrix®	Administer a dose of 13vPCV, followed by first dose of 23vPPV 12 months later (2–12 months acceptable), then second dose of 23vPPV at least 5 years later. Shingles vaccine: For Aboriginal and Torres Strait Islander people 50 years and older administer 2 doses. Refer to the Immunisation Handbook for dose intervals.
65 years and over	Influenza (annually) (non-Aboriginal and Torres Strait Islander adults) Shingles (herpes zoster) (non-Aboriginal and Torres Strait Islander adults)*	Age appropriate Shingrix®	Influenza vaccine: Administer annually. The adjuvanted influenza vaccine is recommended in preference to standard influenza vaccine. For information on age appropriate vaccines refer to the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines. Shingles vaccine: For people 65 years and older administer 2 doses. Refer to the Immunisation Handbook for dose intervals.
70 years and over	Pneumococcal (non-Aboriginal and Torres Strait Islander adults)	Prevenar 13®	
Pregnant women	Pertussis (whooping cough) Influenza Respiratory Syncytial Virus (RSV)	Boostrix® or Adacel® Age appropriate Abrysvo®	Pertussis vaccine: Single dose recommended each pregnancy, ideally between 20–32 weeks, but may be given up until delivery. Influenza vaccine: In each pregnancy, at any stage of pregnancy. Respiratory Syncytial Virus (RSV) vaccine: Single dose recommended between 28-36 weeks of pregnancy.

Additional vaccination for people with medical risk conditions

Age	Diseases	Vaccine Brand	Notes
All ages	Meningococcal ACWY Meningococcal B	Nimenrix® Bexsero®	For people with specified medical risk conditions that increase their risk of meningococcal disease. Refer to the Immunisation Handbook for dosing schedule. The number of doses required varies with age.
≥ 6 months (annually)	Influenza	Age appropriate	For people with specified medical risk conditions that increases their risk of complications from influenza. Refer to the Immunisation Handbook for information on age-appropriate vaccines.
<12 months	Pneumococcal	Prevenar 13® and Pneumovax 23®	For people with specified medical risk conditions that increase their risk of pneumococcal disease, an additional (3rd) dose of 13vPCV in infancy, followed by a routine booster dose at age 12 months (as with other healthy children), then followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook.
≥12 months	Pneumococcal	Prevenar 13® and Pneumovax 23®	For people with specified medical risk conditions that increase their risk of pneumococcal disease, administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for dose intervals.
≥5 years	*Haemophilus influenzae* type b (Hib)	Act-Hib®	For people with asplenia or hyposplenia, a single dose is required if the person was not vaccinated in infancy or incompletely vaccinated. (Note that all children aged <5 years are recommended to complete Hib vaccination regardless of asplenia or hyposplenia).
≥18 years	Shingles	Shingrix®	For people with specified medical risk conditions that increase their risk of shingles disease. Refer to the Immunisation Handbook for information on eligibility requirements.

State and territory health departments may also fund additional vaccines. Check the immunisation schedule for your area.

State/Territory	Contact Information
Australian Capital Territory	(02) 5124 9800
New South Wales	1300 066 055
Northern Territory	(08) 8922 8044
Queensland	13 HEALTH (13 4325 84)
South Australia	1300 232 272
Tasmania	1800 671 738
Victoria	immunisation@health.vic.gov.au
Western Australia	(08) 9321 1312

- The National Immunisation Program (NIP) provides the above routine vaccinations free to infants, children, adolescents and adults who have, or are eligible for a Medicare card.
- All Aboriginal and Torres Strait Islander children aged 6 months to less than 2 years of age are eligible for meningococcal B vaccines if missed at the recommended schedule points. Refer to the Immunisation Handbook for timing of doses.
- All people (including refugees and humanitarian entrants) less than 20 years of age are eligible for the NIP vaccines missed in childhood, except for HPV which is available free up to and including age 25. The number and range of vaccines and doses that are eligible for the NIP funded catch-up is different for people aged less than 10 years and those aged 10-19 years. Refer to the Immunisation Handbook for timing of doses.
- Refugees and humanitarian entrants aged 20 years and over are eligible for the following vaccines if they were missed: diphtheria-tetanus-pertussis, chickenpox, poliomyelitis, measles-mumps-rubella and hepatitis B, as well as HPV (up to and including age 25). Refer to the Immunisation Handbook for timing of doses.
- National Immunisation Program Schedule current from 3 February 2025.
- *If individuals have received Zostavax® through the NIP, they will need to wait 5 years before accessing Shingrix® for free. If individuals have received Zostavax® privately, they are eligible for Shingrix®. An interval of 12 months is recommended from the date of Zostavax® vaccination.

MORE INFORMATION: health.gov.au/immunisation immunisationhandbook.health.gov.au

DT0003763

https://www.health.vic.gov.au/immunisation/immunisation-schedule-victoria-and-vaccine-eligibility-criteria

RSV prevention products and eligibility

RSV vaccines and products by cohort

Cohort	Vaccines and monoclonal antibodies		
	Abrysvo® 0.5mL (Pfizer)	Arexvy® 0.5mL (GSK)	Beyfortus™ (nirsevimab) 50/100mg (Sanofi)
Women at 28 to 36 wks pregnancy	NIP	DO NOT USE	DO NOT USE
Infants & children ≤24 months	DO NOT USE	DO NOT USE	State & Territory
People 60 to 74 years	Not funded	Not funded	DO NOT USE
People ≥75 years	Not funded	Not funded	DO NOT USE
First Nations ≥60 years	Not funded	Not funded	DO NOT USE
Medically at risk ≥60 years	Not funded	Not funded	DO NOT USE

Australian Government Department of Health and Aged Care | National Immunisation Program — A joint Australian, State and Territory Government Initiative


NCIRS

State and territory nirsevimab (Beyfortus) infant program summary 2025

On 3 February 2025, the National RSV Mother and Infant Protection Program (RSV-MIPP) commenced with the roll-out of the National Immunisation Program-funded RSV vaccine for pregnant women (Abrysvo). This comprehensive program provides multiple opportunities for infants and young children to be protected from severe RSV disease.

The other component of the RSV-MIPP is the state and territory-funded nirsevimab for infants program.

The following table outlines program dates, eligibility criteria (for both the overall nirsevimab program and catch-up programs) and administration locations.

State/territory	Year-round/seasonal; program commencement date	Eligibility criteria for infants born from commencement of program	Catch-up for infants born before the program commences	Administration locations*
Australian Capital Territory	• Year-round • From 17 March 2025		Infants up to 8 months of age born from 1 October 2024 to 16 March 2025 who: • are not protected through maternal RSV vaccination; and • did not receive nirsevimab at birth; and • meet one of the following eligibility criteria: – premature infants born less than 37 weeks gestation – Aboriginal and Torres Strait Islander infants – infants with risk conditions^ for severe RSV disease	• Hospitals with birthing services • Hospitals with paediatric services • General practice • Aboriginal medical services
New South Wales • For the general public • For health professionals	• Year-round • From 17 March 2025	Criteria align with Australian Immunisation Handbook (AIH). see Additional notes		• Hospitals with birthing services • Hospitals with paediatric services • General practice • Aboriginal medical services • Community health services

State and territory nirsevimab (Beyfortus) infant program summary 2025 | © NCIRS | Last updated: 20 February 2025 1

([State and territory nirsevimab (Beyfortus) infant program summary 2025](#))

Older adults

A single dose of RSV vaccine (**Arexvy**® or **Abrysvo**®) is recommended by ATAGI and available **privately** for

- people aged 75 years and over
- First Nations people aged 60 years and over
- Adults aged 60 years and over with conditions that increase their risk of severe RSV disease.

No brand preference, both can be given at any time of the year

The TGA has recently extended the approval of the RSV vaccine **Arexvy** to people aged 50 – 59 years and over with medical conditions that increase their risk of severe RSV disease

National RSV Mother & Infant Protection Program (RSV-MIPP)

The RSV-MIPP, commenced on **3 February 2025,** providing pregnant women (28 to 36 weeks) with free access to the maternal RSV vaccine (**Abrysvo**®) under the **National Immunisation Program (NIP).**

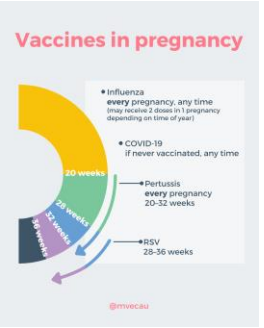
States and territories are funding a complimentary infant RSV immunisation program with RSV specific **long-acting monoclonal antibodies** Beyfortus™ (nirsevimab) to protect infants most at risk from severe RSV disease, predominantly for infants who have not already received a maternal vaccine.

There are currently **no RSV vaccines available for infants** for active immunisation in Australia or internationally.

Nirsevimab is not administered at community pharmacies

https://www.health.gov.au/resources/publications/respiratory-syncytial-virus-rsv-products-program-advice-for-health-professionals?language=en

Maternal vaccination



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- **Influenza vaccine**, at any time during pregnancy
- **Pertussis**-containing vaccine (dTpa — reduced antigen diphtheria-tetanus-acellular pertussis), between mid 2nd trimester and early 3rd trimester of **each** pregnancy (ideally at 20 and 32 weeks gestation)
- **COVID - 19** - Not routinely recommended in previously vaccinated women but can be considered on an individual basis. Unvaccinated women are recommended to receive COVID-19 vaccine. Vaccine can be given at any stage of pregnancy.
- **Respiratory syncytial virus** (RSV) The maternal RSV vaccine (Abrysvo®) is **free under the National Immunisation Program (NIP)** for women from 28 weeks gestation to protect their baby from birth through 6 months of age.

Abrysvo® is the only RSV vaccine approved for use in pregnant women. **Arexvy®** should not be given to pregnant women.

All live-attenuated vaccines are contraindicated during pregnancy

Travel

In some states, pharmacists are authorised to administer certain travel vaccines to eligible individuals which may also be an opportunity for collaboration with other health care providers.

Scenarios

- **GP** prescribes vaccine for travel – i.e Hepatitis A and dispensed by **pharmacist**. Pharmacist possibly authorised to administer – convenience, decrease risk of cold chain - advise GP, record AIR
- Travel advice sought through **pharmacist** – presents an opportunity if within permitted scope (depending on travel destination) to check vaccination status and offer vaccination with referral back to GP/travel specialist as appropriate (recognise limitations)

Early vaccines for travel?

The National Immunisation Program (NIP) Schedule is tailored to suit the Australian context. Depending on the timing of vaccination, **early dose(s)** may be considered as either the scheduled NIP dose or an additional dose – meaning all the remaining scheduled NIP doses will still be needed when the child returns to Australia.

What about MMR?

Measles outbreaks are present across the globe with several countries currently experiencing large outbreaks. Individuals born during or since 1966 are advised to have evidence of two doses of measles-containing vaccine Early MMR may be recommended for infants as young as 6 months of age if travelling to high-risk area – discuss with GP

https://ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/travel-vaccination-frequently-asked-questions-faqs

Co-administration

Adult Vaccine **Coadministration** is generally considered safe

Older adults can receive **RSV vaccines** at the same time as other vaccines, such as COVID-19, influenza, zoster and pneumococcal vaccines.

- The likelihood of local and systemic adverse events may increase with co-administration when RSV vaccine (Arexvy) was given at the same time as adjuvanted quadrivalent influenza vaccine/Shingrix - risk:benefit assessment

Pregnancy and first 8 months of infancy – busy immunisation schedule

Co-administration with NIP vaccines permitted for both RSV products (Abrysvo and mAb)

- Important to maintain coverage for other vaccines
- Understanding **safety** an important part of vaccine confidence, integrating RSV products within schedule

https://immunisationhandbook.health.gov.au/resources/tables/table-vaccines-that-are-routinely-recommended-in-pregnancy-inactivated-vaccines

Recommended injection sites

IMMUNISATION COALITION

Adolescents and adults

The deltoid muscle is the recommended site for intramuscular vaccination in adolescents and adults (and **Children aged ≥ 12 months)**

Shoulder Injury related to vaccine administration (SIRVA)

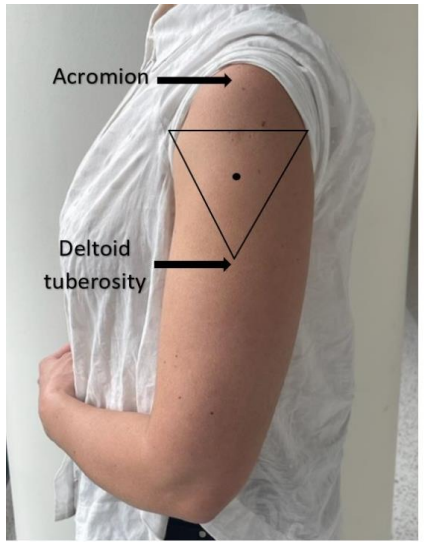
SIRVA is a rare but serious complication following suspected inadvertent administration of a vaccine too high in the deltoid or into the shoulder joint.

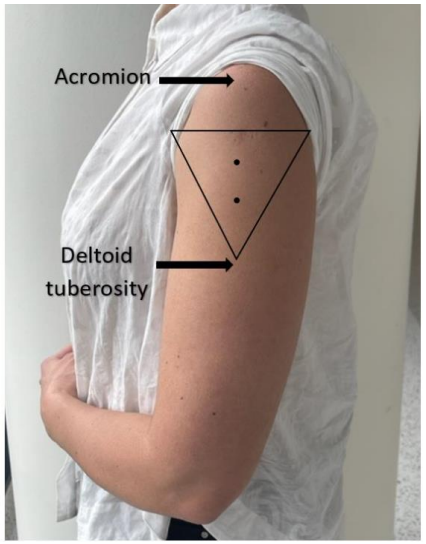
This may cause a local inflammatory response and potential trauma to local structures within the shoulder joint resulting in sudden onset shoulder pain and restricted movement.

How to prevent SIRVA

SIRVA can be prevented by following the recommended vaccination procedures for correct injection technique.

Expose	Identify	Imagine	Inject
Expose the whole upper arm	Identify upper and lower anatomical landmarks (acromion and deltoid tuberosity)	Imagine an inverted triangle 2-3 fingers below the acromion	Inject vaccine in the centre of the triangle into the deltoid muscle





https://mvec.mcri.edu.au/references/shoulder-injury-related-to-vaccine-administration/

Australian Immunisation Register (AIR)

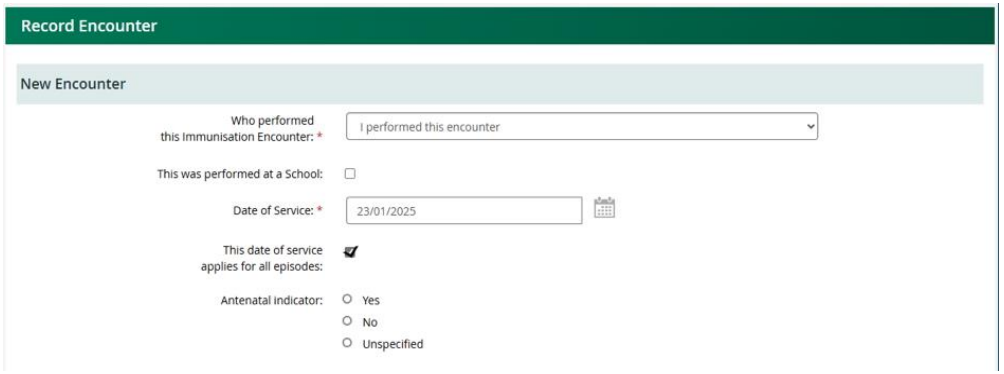
It is **mandatory** for all vaccination providers to report immunisations to AIR

Vaccination encounters can be reported to the AIR by using pharmacy software if available, or the AIR website via PRODA via **Provider Digital Access (PRODA)**

Reporting vaccines administered during pregnancy to the AIR?

Software - updated to include the *antenatal indicator*. *Vaccine type* field and selecting 'Antenatal'

Using the AIR site: An ***antenatal indicator*** has been added to the Australian Immunisation Register (AIR) selecting 'Yes', 'No' or 'Unspecified'



https://ncirs.org.au/using-australian-immunisation-register-air/air-tip-12-february-2025

Reporting Adverse Events Following Immunisation

Vaccination providers can report an AEFI via the TGA website

You should also report AEFIs and **Vaccine Administration Error** to State and Territory contacts:

- **ACT**: ACT Health 02 6205 2300
- **NSW**: NSW Health 1300 066 055 (to connect to your local public health unit)
- **NT**: NT Health 08 8922 8044
- **QLD**: Queensland Health 07 3328 9888, or complete an AEFI initial report form on the Queensland Health website
- **SA**: SA Health 1300 232 272 (Immunisation section)
- **TAS**: TAS Health 1800 671 738, or complete an AEFI initial report form on the TAS Health website
- **VIC**: SAEFVIC 1300 882 924 or the SAEFVIC website
- **WA**: WA Department of Health website

SAEFVIC (Surveillance of Adverse Events Following Vaccination in the Community) is the vaccine safety service in Victoria for reporting any significant Adverse events following immunisation, including **vaccine administration error (VAE)**

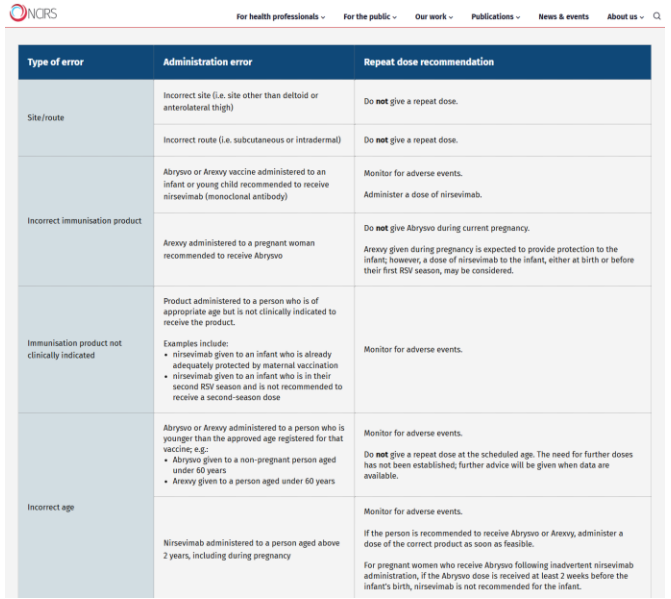
Vaccine administration errors

NCIRS clinical guidance on RSV immunisation product administration errors

ncirs.org.au/ncirs-clinical-guidance-rsv-immunisation-product-administration-errors

Examples

- RSV product confusion i.e inadvertent administration of Arexvy in pregnancy instead of Abrysvo
- Wrong flu formulation for age i.e Fluad < 65 yr
- Paediatric v adult formulation
- Incorrect schedule for age
- Wrong vaccine
- Extra doses
- Product confusion (DTPa)
- Expired vaccines (includes dispensed vaccines)
- Incorrect technique



Type of error	Administration error	Repeat dose recommendation
Site/route	Incorrect site (i.e. site other than deltoid or anterolateral thigh)	Do **not** give a repeat dose.
	Incorrect route (i.e. subcutaneous or intradermal)	Do **not** give a repeat dose.
Incorrect immunisation product	Abrysvo or Arexvy vaccine administered to an infant or young child recommended to receive nirsevimab (monoclonal antibody)	Monitor for adverse events. Administer a dose of nirsevimab.
	Arexvy administered to a pregnant woman recommended to receive Abrysvo	Do **not** give Abrysvo during current pregnancy. Arexvy given during pregnancy is expected to provide protection to the infant; however, a dose of nirsevimab to the infant, either at birth or before their first RSV season, may be considered.
Immunisation product not clinically indicated	Product administered to a person who is of appropriate age but is not clinically indicated to receive the product. Examples include: • nirsevimab given to an infant who is already adequately protected by maternal vaccination • nirsevimab given to an infant who is in their second RSV season and is not recommended to receive a second-season dose	Monitor for adverse events.
Incorrect age	Abrysvo or Arexvy administered to a person who is younger than the approved age registered for that vaccine; e.g.: • Abrysvo given to a non-pregnant person aged under 60 years • Arexvy given to a person aged under 60 years	Monitor for adverse events. Do **not** give a repeat dose at the scheduled age. The need for further doses has not been established; further advice will be given when data are available.
	Nirsevimab administered to a person aged above 2 years, including during pregnancy	Monitor for adverse events. If the person is recommended to receive Abrysvo or Arexvy, administer a dose of the correct product as soon as feasible. For pregnant women who receive Abrysvo following inadvertent nirsevimab administration, if the Abrysvo dose is received at least 2 weeks before the infant's birth, nirsevimab is not recommended for the infant.

Australian Government Department of Health and Aged Care

ATAGI Australian Technical Advisory Group on Immunisation

ATAGI Clinical Guidance on COVID-19 Vaccine Administration Errors

Version 2.2

Updated: 8 August 2024

What's changed: Removal of vaccine formulations that are no longer available.

A vaccine administration error occurs when a COVID-19 vaccine is given outside the current clinical recommendations available in the Australian Immunisation Handbook . Immunisation providers should ensure that best practice is followed and training undertaken to minimise the risk of errors occurring.

The table below provides advice on management of a range of possible COVID-19 vaccine administration errors, including when a replacement (repeat) dose is recommended. Note that a risk/benefit discussion may be required with the individual to determine if a replacement dose is needed.

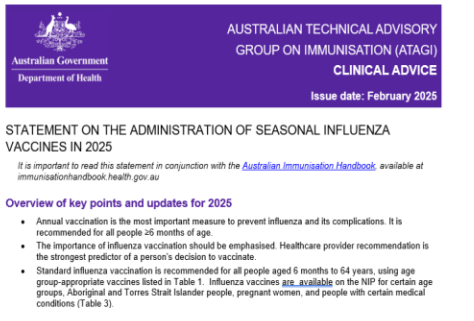
For all vaccine providers:

When a vaccine administration error occurs:

- inform the recipient (open disclosure)
- follow the advice below
- then, continue as per the relevant COVID-19 vaccination schedule, unless otherwise indicated
- review how the error occurred and, if required, implement procedures to prevent it happening again
- report the error as an adverse event, even if no adverse event has occurred – you can do this through your state or territory health department, or directly to the TGA at www.tga.gov.au/reporting-problems
- if a dose is deemed to be invalid but has already been entered into the Australian Immunisation Register (AIR), you may need to advise the AIR. The best way to do this is by calling 1800 653 809.

Type of error	Administration error	Replacement dose recommendation
Site/route	Incorrect site (site other than deltoid or	Do **not** give a replacement dose.

ATAGI clinical guidance on COVID-19 vaccine administration errors



Australian Government Department of Health

AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI)

CLINICAL ADVICE

Issue date: February 2025

STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2025

It is important to read this statement in conjunction with the Australian Immunisation Handbook, available at immunisationhandbook.health.gov.au

Overview of key points and updates for 2025

- Annual vaccination is the most important measure to prevent influenza and its complications. It is recommended for all people ≥6 months of age.
- The importance of influenza vaccination should be emphasised. Healthcare provider recommendation is the strongest predictor of a person's decision to vaccinate.
- Standard influenza vaccination is recommended for all people aged 6 months to 64 years, using age group-appropriate vaccines listed in Table 1. Influenza vaccines are available on the NIP for certain age groups, Aboriginal and Torres Strait Islander people, pregnant women, and people with certain medical conditions (Table 3).

ATAGI statement influenza vaccines 2025

Strategies to minimise VAE

- Knowledge of the NIP
- Understand new program and recommendations
- Check available immunisation records/AIR record for vaccination history
- Screening/Pre-immunisation checklist (pregnancy)
- Clear labelling of vaccines
- Formulations (reconstitution, diluent, pre filled syringe)
- Dispensing – correct product, e-script, expiry
- Cold chain i.e COVID-19
- 6 'rights' of administering medication
- Correct injection technique (SIRVA)

Pre-immunisation checklist

What to tell your immunisation provider before immunisation

Please tell your immunisation provider if the person about to be immunised:

- is unwell today
- has a disease which lowers immunity (eg, severe combined immunodeficiency (SCID), leukaemia, HIV, cancer) or is having treatment which lowers immunity (eg, oral steroid medicines such as cortisone and prednisone, disease-modifying anti-rheumatic drugs (DMARDs), radiotherapy, chemotherapy)
- is an infant of a mother who was receiving highly immunosuppressive therapy (for example, biological disease modifying anti-rheumatic drugs (bDMARDs) during pregnancy
- has had a severe reaction following any vaccine
- has **any** severe allergies (to anything)
- has had any vaccine in the past month
- has had an injection of immunoglobulin, or received any blood products, or a whole blood transfusion in the past year
- is pregnant
- is planning a pregnancy or anticipating parenthood
- is a parent, grandparent or carer of an infant aged up to six months
- has a past history of Guillain-Barre Syndrome
- was a preterm baby born at less than 32 weeks gestation, or weighing less than 2000 g at birth
- is a baby who has had intussusception, or a congenital abnormality that may predispose to intussusception
- has a chronic illness
- has a bleeding disorder
- does not have a functioning spleen
- lives with someone who has a disease which lowers immunity (for example, leukaemia, cancer, HIV), or lives with someone who is having treatment which lowers immunity (for example, oral steroid medicines such as cortisone and prednisone, disease modifying anti-rheumatic drugs (DMARDs) radiotherapy, chemotherapy)
- identifies as an Aboriginal and/or Torres Strait Islander person
- is planning travel
- has an occupation or lifestyle factor/s for which vaccination may be needed.

Before any immunisation takes place, your immunisation provider will ask:

- Do you understand the information provided to you about the immunisation/s?
- Do you need more information to decide whether to proceed?
- Did you bring your / your child's immunisation record with you?

Immunisation providers must report all vaccinations listed on the National Immunisation Program to the Australian Immunisation Register (AIR). The AIR is a national register that records vaccines given to people of all ages in Australia. You may obtain an Immunisation History Statement, a listing of all your vaccinations recorded on the AIR.

Scan this QR code to read about the Australian Immunisation Register
< https://www.servicesaustralia.gov.au/australian-immunisation-register>

Comparison of the effects of diseases and the side effects of vaccines

Scan this QR code to read the comparison of the effects of diseases and the side effects of vaccines on the National Immunisation Program.
<https://immunisationhandbook.health.gov.au/resources/tables/table-comparison-of-the-effects-of-diseases-and-the-side-effects-of-vaccines-on-the-national-immunisation-program>

To receive this document in another format email immunisation@health.vic.gov.au
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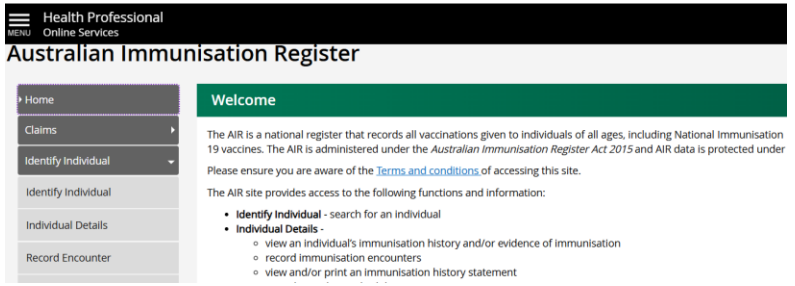
Information on this fact sheet is adapted from the Australian Technical Advisory Group on Immunisation (ATAGI) and approved by the National Health and Medical Research Council (NHMRC) Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, 2024.
https://immunisationhandbook.health.gov.au>
For further information contact your immunisation provider.

VICTORIA State Government — Department of Health



https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/respiratory-syncytial-virus-rsv

Practicalities – key messages

Check immunisation records/patient notes/AIR record for vaccination history

Don't rely on **patient recall**

Promote **benefits** of vaccines appropriately, **cultural** sensitivity

Screening/Pre-immunisation checklist

Opportunistic moment to offer **co-administration**

Staff education, upskilling

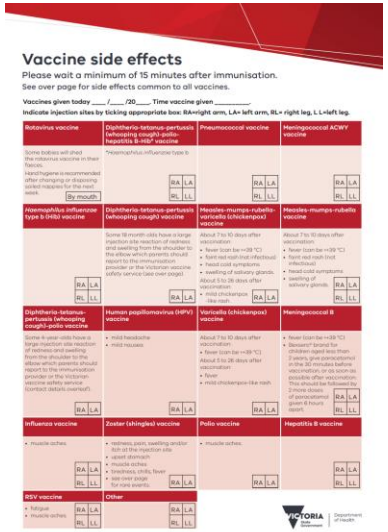
Documentation is essential/Reporting to AIR

Employ strategies to **minimise** vaccine administration errors – clear labelling, fridge location, staff education

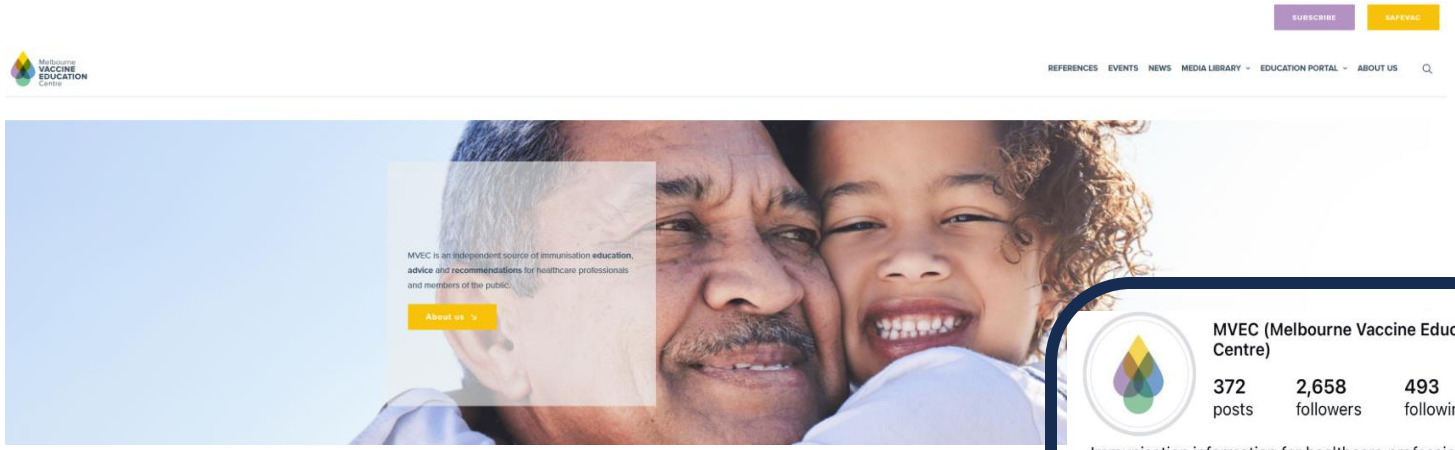
Monitoring/AEFI reporting for your state/territory

Resources for education (i.e. posters), handouts

Offer recall for vaccines

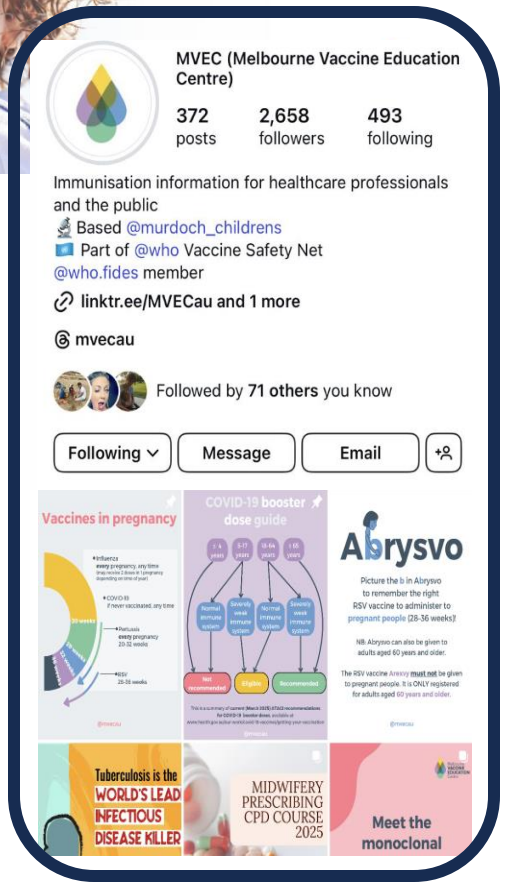


Melbourne Vaccine Education Centre



Melbourne VACCINE EDUCATION Centre

https://mvec.mcri.edu.au/



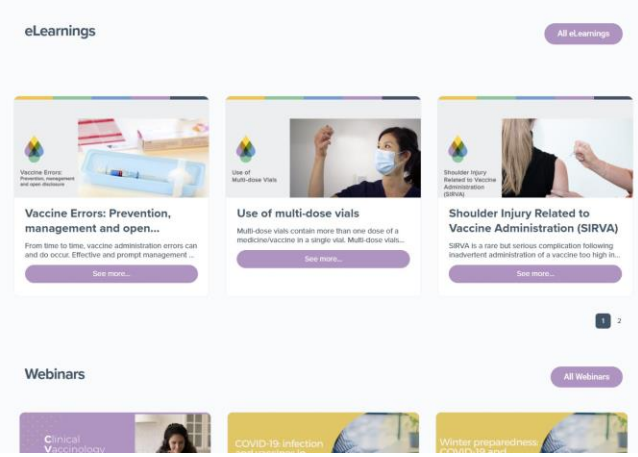
Education Portal membership

To support MVEC, add an annual membership to your profile – access **eLearnings**, **past webinar recordings** and **special prices** for MVEC events.

Our eLearning courses are designed for immunisation providers to **consolidate**, **evaluate** and **refresh** technical skills and immunisation processes.

Become a member

https://education-mvec.mcri.edu.au/become-a-member/



Resources

IMMUNISATION COALITION

PSA state-vaccination-regulations

Australian Immunisation handbook online

Department of Health, Immunisation section

National Centre for Immunisation Research and Surveillance (NCIRS)

Melbourne Vaccine Education Centre

Sharing Knowledge About Immunisation (SKAI)

IMMUNISATION COALITION

Q & A