phn TASMANIA
An Australian Government Initiative

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Immunisation Update for Winter 2024

This webinar will start shortly.

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Immunisation Update for Winter 2024

Zoom webinar – 20 March 2024

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

Some housekeeping

- Tonight's webinar is being recorded
- Please use the Zoom Q&A feature to ask questions
- At the end of the webinar your browser will automatically open an evaluation survey. We appreciate you taking the time to complete this to help us improve our events programme
- Please don't forget to register for your next webinar at: https://www.primaryhealthtas.com.au/for-health-professionals/events/

Presenter(s)

- **Dr Shannon Melody** – Specialist Medical Advisor – Health Protection, Public Health Services
- **Ingrid Hartog** – Clinical Nurse Consultant (Immunisation), Public Health Services
- **Dr Katie Flanagan** – Infectious Diseases Specialist, Launceston General Hospital
- **Nicola Mulcahy** – Clinical Nurse Consultant (Immunisation), Public Health Services

March 2024

Winter Immunisation Update for 2024

Influenza, COVID-19 and RSV

Department of **Health**

Tasmanian Government

- Dr. Shannon Melody – Specialist Medical Advisor – Health Protection, Public Health Services
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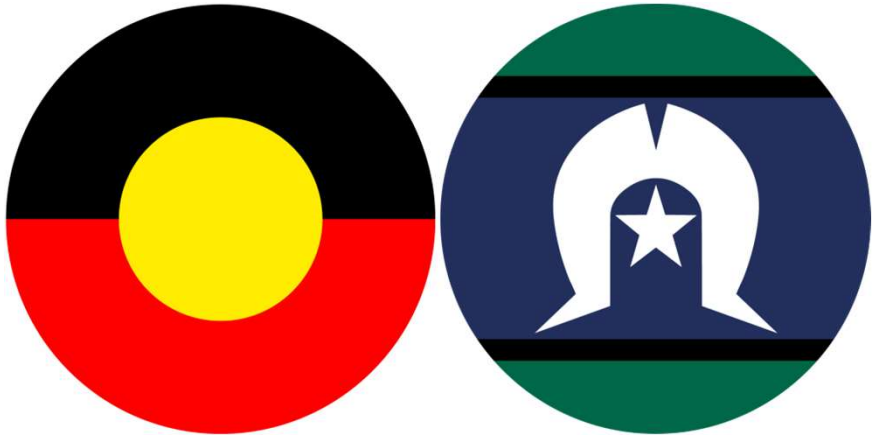
Acknowledgement of Country



In recognition of this island's deep history and culture, we would like to acknowledge and pay our respect to all Tasmanian Aboriginal people: the traditional Owners of the Lands upon which we are meeting.

Disclaimer

Please note that all information in this presentation is **correct as of March 2024.**

Immunisation advice is **frequently updated** and should be checked regularly from the following resources:

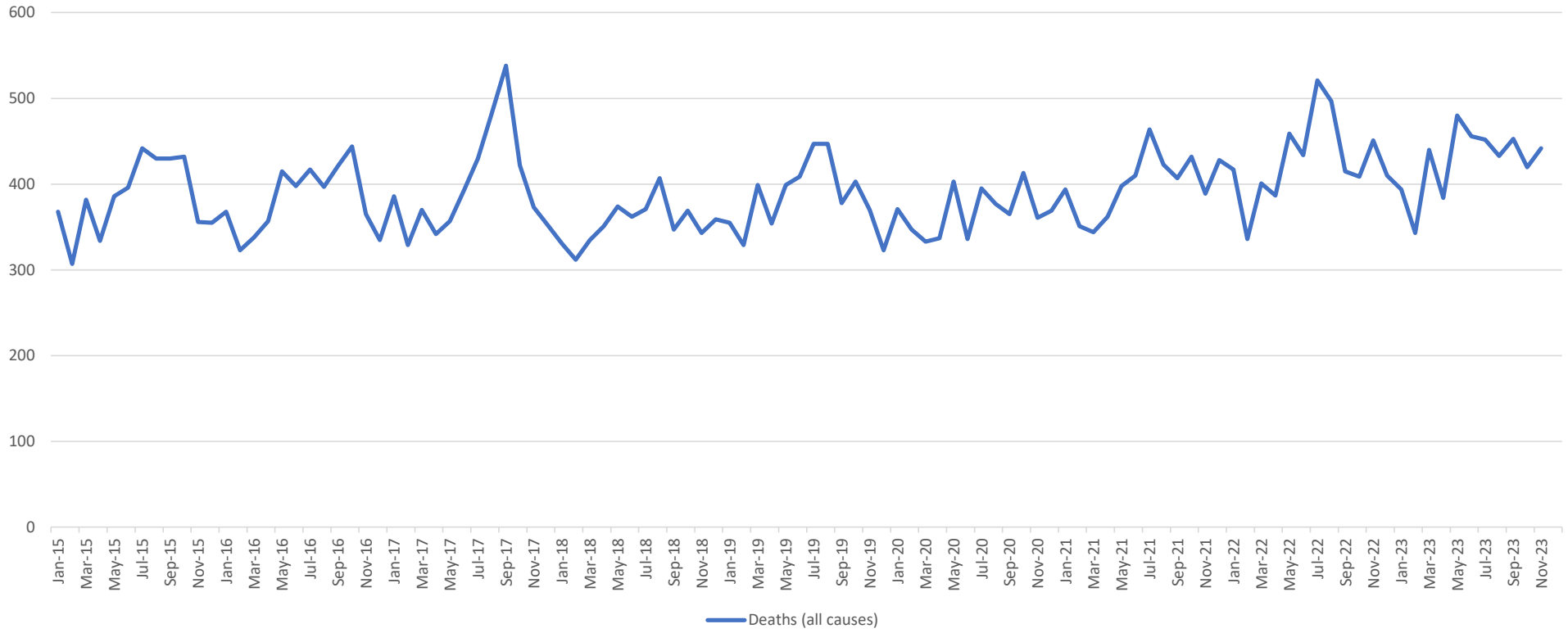
- ✓The **Australian Immunisation Handbook** (health.gov.au)
- ✓Australian Technical Advisory Group on Immunisation **(ATAGI)** | Australian Government Department of Health and Aged Care
- ✓National Centre for Immunisation Research and Surveillance | **NCIRS**

Learning objectives

1. Describe the **epidemiology of influenza, COVID-19 and RSV** in the Tasmanian and Australian context
2. Identify the **priority groups for winter vaccinations** as well as eligibility for funded vaccines
3. Understand the **2024 Influenza vaccine and some considerations for ordering**
4. Understand the **clinical guidance for COVID-19 and RSV vaccines in 2024**
5. Describe what an **adverse event following immunisation** is and how to report it.
6. Know which vaccines patients can **access at their local pharmacy**
7. Find the answers to **frequently asked questions** and know where to find resources

Epidemiology of COVID-19, Influenza and RSV

Provisional mortality data, Tasmania, 2015 to Nov 2023, Australian Bureau of Statistics



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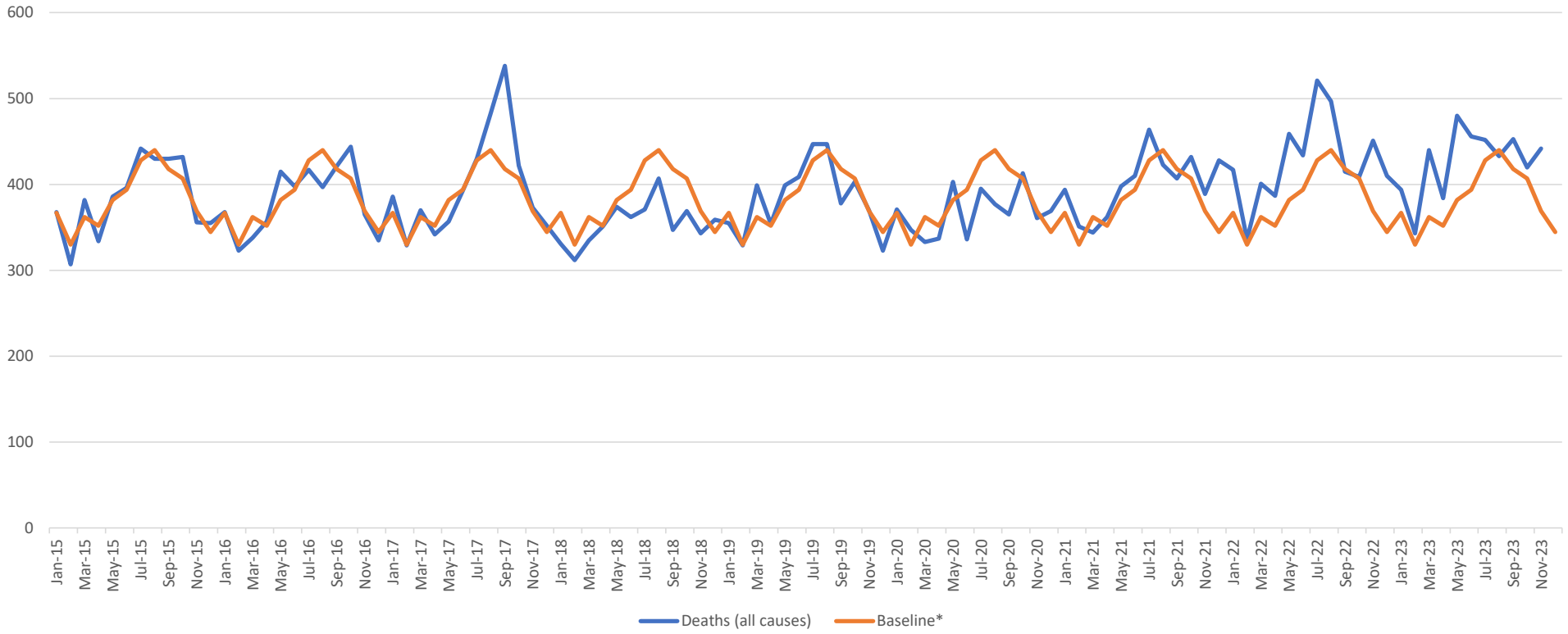
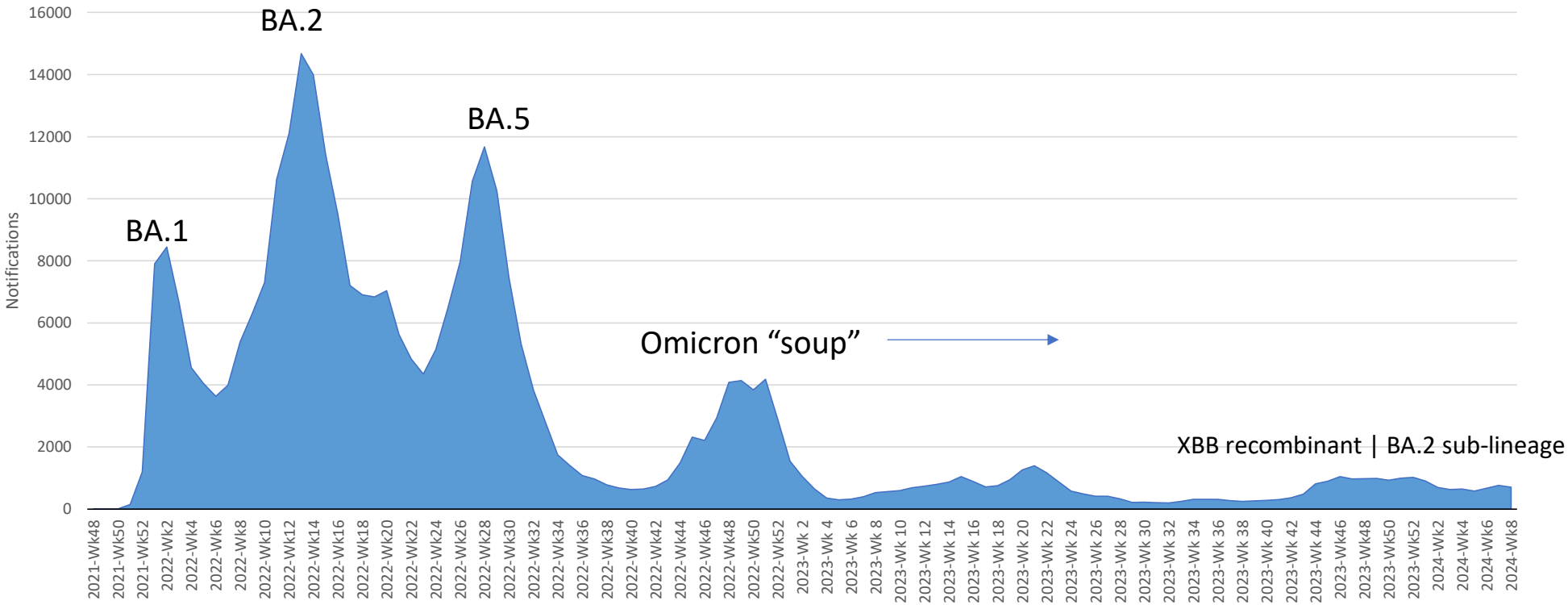


Baseline: 2017-19, 2021

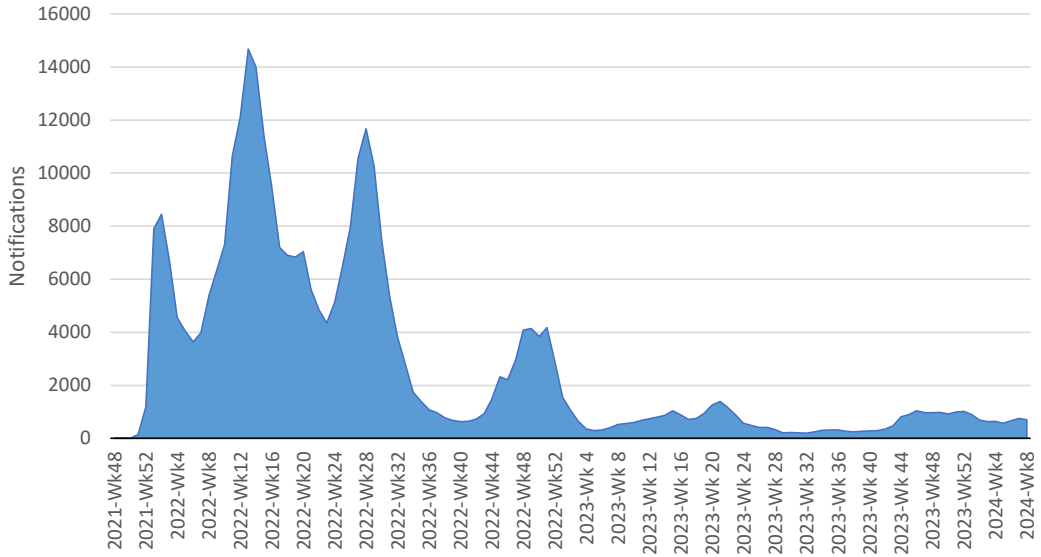
COVID-19 Epidemiology in Tasmania



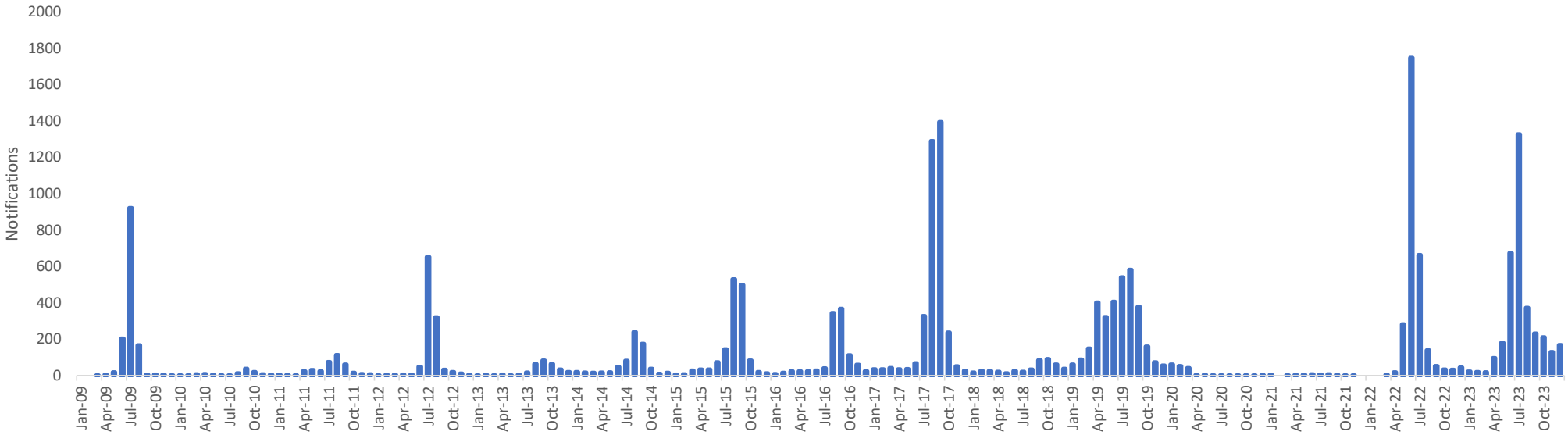
Source: Tasmanian Notifiable Diseases Surveillance System

Epidemiological context for COVID-19

- **Community transmission:** established
- **Susceptibility of the population:** Highly immune population (infection, vaccination)
- **Case ascertainment:** Changes in testing and health-seeking behaviour
- **Public health activities and advice:** focus on at-risk individuals

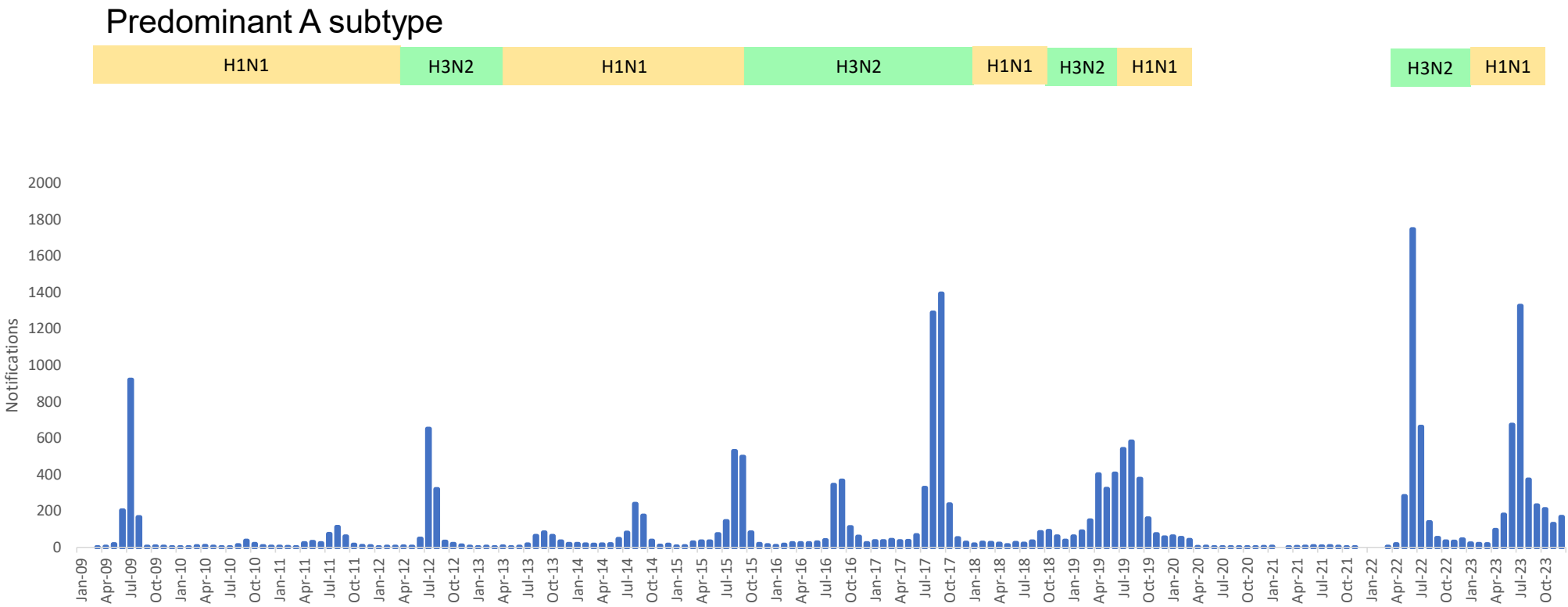


Influenza notifications, Tasmania 2009 to Dec 2023



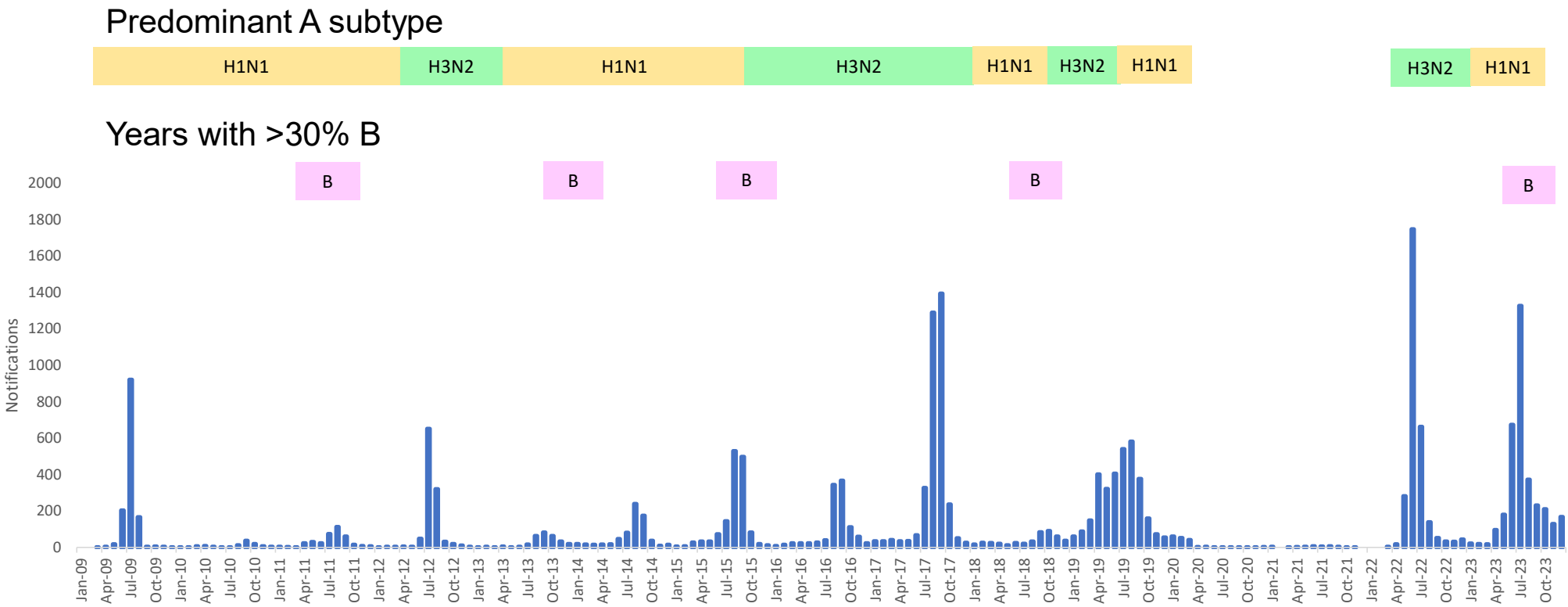
Source: Tasmanian Notifiable Diseases Surveillance System

Influenza notifications, Tasmania 2009 to Dec 2023



Source: Tasmanian Notifiable Diseases Surveillance System

Influenza notifications, Tasmania 2009 to Dec 2023



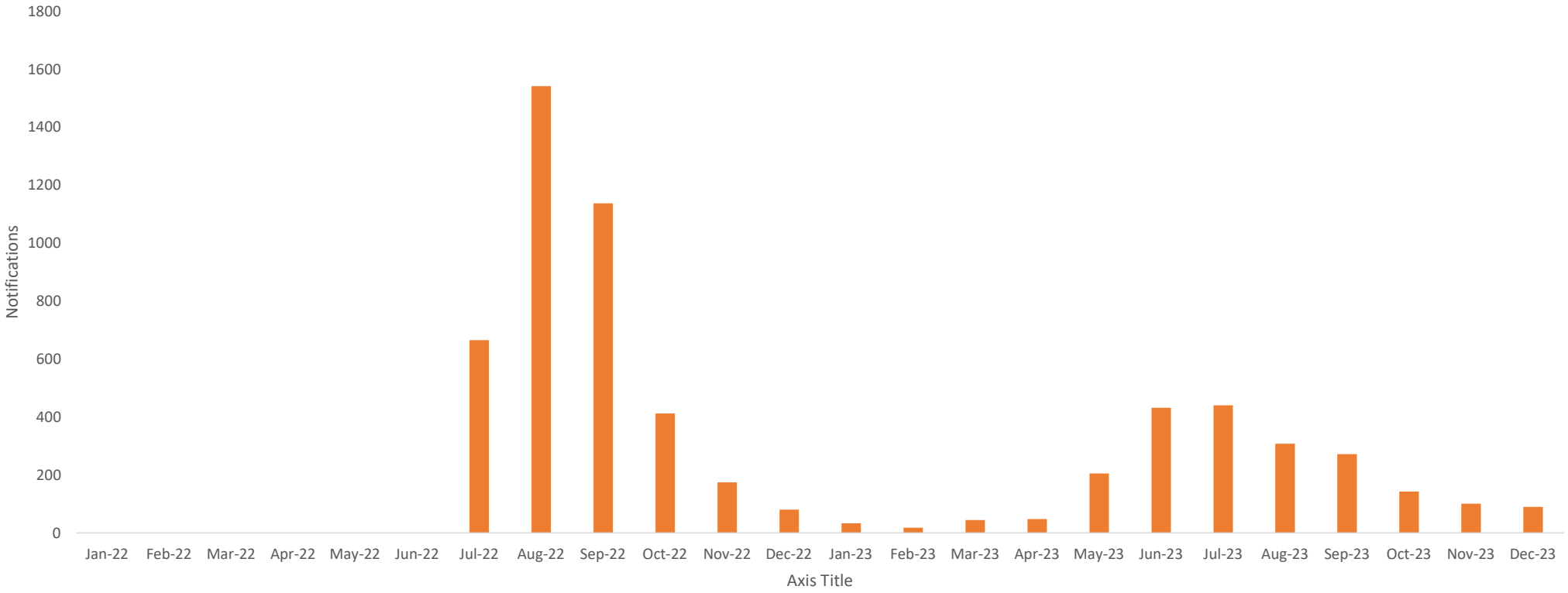
Source: Tasmanian Notifiable Diseases Surveillance System

Influenza – features of annual epidemics

- Onset
  - Rarely March-April
  - Typically (60%) May-June
  - Occasionally July-August
- Peak
  - Typically late August
  - Varies mid-July to early-Oct
  - 2022 was early mid-June

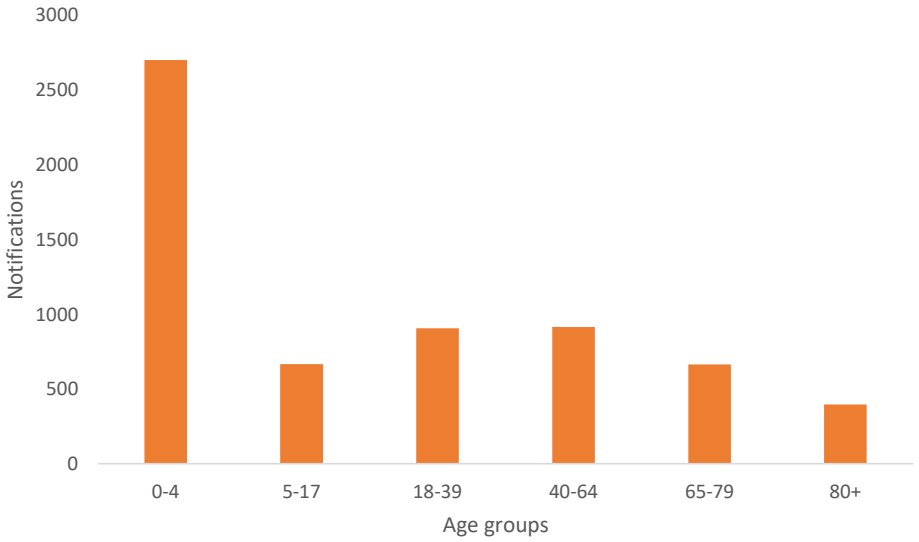
- Ascertainment
  - Annual attack-rate est. 10%
    - Higher among young children
  - Proportion of infections diagnosed & notified is low (<<10%)

Respiratory Syncytial Virus (RSV) notifications, Tasmania, 2022 to 2023



Source: Tasmanian Notifiable Diseases Surveillance System

Respiratory Syncytial Virus (RSV) notifications, Tasmania, 2022 to 2023



- 0-4 years old: 32 per 1, 000
- 80 years and older: 8.9 per 1, 000
- True burden likely substantially higher

Source: Tasmanian Notifiable Diseases Surveillance System

Respiratory Syncytial Virus (RSV)-associated burden of disease

- Children under 6-months carried the greatest burden of disease with approximately 2,200 hospitalisations per 100,000 population
- Within this group, the birth to 2-month subgroup accounted for the highest incidence at 2,800 per 100,000 population.
- In people older than 5 years, the highest hospitalisation incidence was observed in older adults (aged ≥ 65 years).
    - Hospitalisation rate estimated at 20 per 100, 000.
    - However, trend of increase over time.

A global study aiming to characterise medical utilisation for adults diagnosed with influenza, RSV and hMPV found that

- RSV patients had longer duration of inpatient stay than influenza participants.
- Readmission rates were higher in RSV and hMPV participants than influenza.
- In-hospital death occurred in 2.5% of RSV, 1.6% of influenza and 2% of hMPV participants.
- 40% of participants that were interviewed 3 months post RSV or influenza infection did not return to usual health

RSV Epidemiology

- Notifiable by labs from July 2022
- Onset of annual epidemic
  - Typically: May-June
  - Occasionally: earlier
- Peak
  - Typically: June-August
- Annual attack-rate
  - High among infants
  - Affects all ages

Public Health Response to Acute Respiratory Infections (ARI)

Aim: monitor and limit the impact of acute respiratory infections (ARI) in the Tasmanian community

Routine public health advice		
Audience		Public health messaging
Individuals	General community	- keep up to date with vaccinations (COVID-19, flu and RSV) - stay home while unwell (and avoid high risk settings) - exercise respiratory etiquette
	Additional advice for those at risk of severe illness	- have a testing and treatment plan with GP to enable access to timely treatment when unwell with respiratory symptoms - consider wearing a mask in crowded indoor spaces
Organisations	High risk settings	- follow standard infection prevention and control practices - have plans in place to prevent, identify and respond to respiratory outbreaks
	Businesses	- have business continuity plans to respond to increased transmission and absenteeism

Additional public health advice in response to increased activity and/or illness severity
- mask wearing, activate plans aimed at limiting the introduction and spread of infection in high-risk settings, activate business continuity plans, broader public health and social measures

Vaccination coverage – how are we performing in Tasmania?

COVID-19 vaccination uptake

- 1.6 million COVID-19 vaccine doses have been administered in Tasmania.
- Vaccinated against COVID-19 in the last six months*:
- 65 to 74 years: 26%
- 75 years and older: 40%
- Lower in Aboriginal and/or Torres Strait Islanders
- **Residential aged care facility (RACF) residents:**
  - 2 000 residential aged care residents in Tasmania have received a COVID-19 booster vaccination in the last six months
  - **45.7 per cent** of those eligible, compared with 35.1 per cent for Australia as a whole.

Data as at 7 February 2024

Influenza vaccine coverage in 2023

- 6 months to < 5 years old: 32.9%
  - Australia: 28.3%
- 65 years and older: 70.1%
  - Australia: 63.1%
- Aboriginal and/or Torres Strait Islanders:
  - 6 months to < 5 years old: 27.0%
  - 65 years and older: 74.9%
- Other groups?

Source:

https://www.health.gov.au/topics/covid-19/reporting

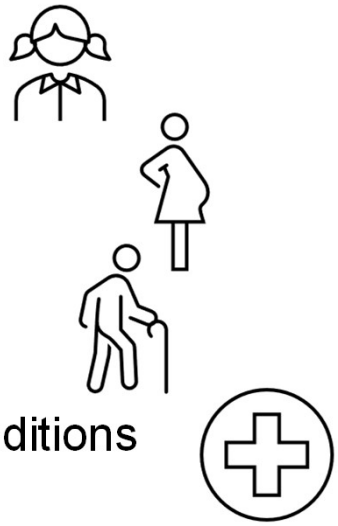
https://ncirs.org.au/influenza-vaccination-coverage-data

Priority groups for Influenza vaccination

Annual vaccination is the most important measure to prevent influenza and its complications. It is recommended for all people ≥6 months of age.

Influenza vaccine is **funded by the National Immunisation Program (NIP)** for those at greatest risk of severe outcomes from influenza:

- All children aged ≥ 6 months and < 5 years old
- All pregnant women – at any stage of pregnancy
- All Aboriginal and Torres Strait Islanders
- All adults aged ≥ 65 years
- Anyone aged ≥ 6 months with selected medical conditions



Children aged 6 months to less than 5 years old

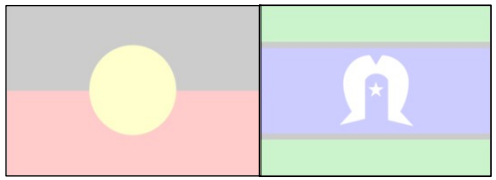
- Children under five are at **higher risk of developing flu-related complications**, yet across Australia, in **2023 only 28.3% of children aged under 5** years of age were recorded as receiving at least one dose of influenza vaccine (NCIRS 2023).
- All children six months to under nine years of age should have **two doses** at least four weeks apart **in the first year** of receiving the influenza vaccine.
- In subsequent years, **one dose** of vaccine per year is required.
- Influenza vaccine is **funded from six months to less than five years of age**.

Pregnant women

- Influenza immunisation during pregnancy is **safe and effective**.
- Immunisation during pregnancy **directly protects pregnant women** from influenza and its complications in pregnancy and **indirectly protects newborns** against influenza during the early months of life.
- Influenza vaccine can be **given at any stage of pregnancy**. It can be given at the same time as the pertussis vaccine.
- The 2024 influenza vaccine can be given to pregnant women if the **2023 vaccine was given earlier in the pregnancy.**
- If a woman received a **2024 influenza vaccine before falling pregnant**, they should be offered another 2024 vaccine during their pregnancy.
- There should be a **4-week minimum interval** between these doses.

Aboriginal & Torres Strait Islanders

- **All Aboriginal and Torres Strait Islander people from six months of age** and over are eligible and recommended to receive a funded influenza vaccine under the NIP.
- **Offer other appropriate vaccines** at the same time, for example, Bexsero (children under 2 years of age) and Prevenar 13 /Pneumovax 23 (50 years and over).



People aged over 65 years

- In 2024 **Fluad Quad®,** an adjuvanted quadrivalent vaccine, will be the only vaccine provided under the NIP for people ≥ 65 years of age.
- Fluad Quad® has been specifically designed to **stimulate a greater immune response** amongst the elderly, who are known to have a weaker response to immunisation.
- The risk of mild to moderate **injection site reactions may be greater** for those receiving Fluad Quad®.
- Fluad Quad® is **not registered for use in people younger than 65 years** – its effectiveness and safety have not been assessed in younger populations.
- **Fluzone High Dose Quadrivalent** is also available for people aged over 60 years but is not NIP funded.

Medically at-risk patients

- Influenza vaccine is funded under the NIP for children and adults with **medical risk factors** such as severe asthma, lung or heart disease, low immunity, or diabetes.
- Refer to the **Australian Immunisation Handbook** for full details on the eligible medical conditions.

Category	Example medical conditions
Cardiac disease	Congenital heart disease, congestive heart failure, coronary artery disease
Chronic respiratory condition	Suppurative lung disease, bronchiectasis, cystic fibrosis, chronic obstructive pulmonary disease, chronic emphysema, severe asthma (requiring frequent medical consultations or the use of multiple medicines)
Immunocompromising condition	HIV infection, malignancy, immunocompromise due to disease or treatment, asplenia or splenic dysfunction, solid organ transplant, haematopoietic stem cell transplant, CAR-T cell therapy
Haematological disorder	Haemoglobinopathies
Chronic metabolic disorder	Type 1 or 2 diabetes, amino acid disorders, carbohydrate disorders, cholesterol biosynthesis disorders, fatty acid oxidation defects, lactic acidosis, mitochondrial disorders, organic acid disorders, urea cycle disorders, vitamin/cofactor disorders, porphyria
Chronic kidney disease	Chronic kidney disease stage 4 or 5
Chronic neurological condition	Hereditary and degenerative central nervous system diseases, seizure disorders, spinal cord injuries, neuromuscular disorders, conditions that increase respiratory infection risk
Long-term aspirin therapy in children aged 5 to 10 years	These children are at increased risk of Reye's syndrome following influenza infection

https://www.health.gov.au/resources/publications/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2024?language=en

The 2024 Influenza vaccine

2024 Vaccine Composition

All funded influenza vaccines in the 2024 program:

- ✓ are **quadrivalent** vaccines (QIV)
- ✓ contain viruses for **two influenza A and two influenza B** strains
- ✓ are both **egg-based and cell-based** vaccines

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Victoria/4897/2022 (H1N1)pdm09-like virus	A/Wisconsin/67/2022 (H1N1)pdm09-like virus
A/Thailand/8/2022 (H3N2)-like virus	A/Massachusetts/18/2022 (H3N2)-like virus
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	B/Austria/1359417/2021 (B/Victoria lineage)-like virus
B/Phuket/3073/2013 (B/Yamagata lineage)-like virus	B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

Note: The chosen egg-based and cell-based viruses will sometimes differ if one virus cannot be used for both production systems. In this case, different viruses with similar properties are selected for vaccine production.

https://www.health.gov.au/resources/publications/2024-influenza-vaccination-program-advice-for-health-professionals?language=en

2024 NIP Funded Influenza Vaccines

National Immunisation Program influenza vaccines by age group

Check you have the correct vaccine for your patient's age.

2024 NIP-funded eligibility

Age group	Quadrivalent influenza vaccines (QIVs)			
	Fluad® Quad 0.50 mL (Seqirus) 	Fluarix® Tetra 0.50 mL (GSK) 	Flucelvax® Quad 0.50 mL (Seqirus) 	Vaxigrip Tetra® 0.50 mL (Sanofi) 
6 months to <5 years	DO NOT USE	✓	NOT FUNDED	✓
5 to <65 years	DO NOT USE	✓	✓	✓
65 years and over	✓	NOT FUNDED	NOT FUNDED	NOT FUNDED

https://www.health.gov.au/resources/publications/2024-influenza-vaccination-program-advice-for-health-professionals?language=en

Ordering considerations

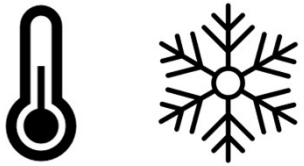
General practice and local council

- The Influenza vaccines will be available to order from **Tuesday April 2nd 2024**.
- Influenza vaccines can be **ordered weekly** over the influenza season, but providers should aim for no more than 2 orders per month.
- When placing influenza vaccine orders, you will be asked to report how many influenza vaccines you have in stock. **You do not need to count all other NIP vaccines in your fridge if you are only placing an influenza vaccine order.**
- The Tasmanian vaccine warehouse is situated in Victoria, so vaccine deliveries will never occur on a Monday.

Pharmacy

- NIP Influenza vaccine stock to be ordered through ***Sigma Healthcare***
- Vaccines will be available to order from **Tuesday 2nd April 2024**.
- Pharmacies that took part in the program in 2023 will not be required to reapply to access NIP influenza vaccines in 2024.
- A **new application** is only required if NIP influenza vaccines are not included in the pharmacy's current vaccination program approval.
- Refer to **the *Immunisation Provider Portal (IPP)*** for further information, or to apply for a new program approval.

- To assist us in **reducing wastage**, due to cold chain breaches and vaccine expiry, please do not over-order.
- Keep in mind **fridge capacity** and the need to keep influenza **vaccines in their original packaging.**
- **Check all orders immediately** upon receipt to ensure cold chain requirements have been maintained and that your order has been packed correctly and is complete.
- If a **cold chain breach** has occurred, or there are any other irregularities with your order, please contact the immunisation team immediately on **1800 671 738** or **immunisation@health.tas.gov.au**



COVID-19 vaccinations

ATAGI Key points 2024

- Vaccination remains the most important measure to protect those at risk of severe disease from COVID-19.
- COVID-19 vaccines remain funded for eligible individuals.
- COVID-19 vaccines are recommended every 6 to 12 months for older adults and adults with severe immunocompromise due to their ongoing risk of severe COVID-19.
- Recommendations for people who require a ‘primary course’ have been updated.
- XBB.1.5-containing vaccines are preferred over other COVID-19 vaccines.
- COVID-19 vaccines can be given with any other vaccine for people aged ≥5 years.
- All vaccinations must be recorded on the Australian Immunisation Register (AIR).

Adults aged over 75 years:
ATAGI **recommends** adults aged over 75 years receive a dose of COVID-19 vaccine every **six months**.

Adults aged between 65 to 74 years, or 18 to 64 years with severe immunocompromise:
ATAGI **recommends** you receive a dose of COVID-19 vaccine every **12 months**, and to **consider** a dose every **6 months**, based on a risk-benefit assessment with your GP, pharmacist or other healthcare provider

Adults aged between 18 to 64 years, or children and adolescents aged five to 17 years with severe immunocompromise:
ATAGI recommends you **consider** a COVID-19 vaccine every **12 months**, based on a risk-benefit assessment with your GP, pharmacist or other healthcare provider.

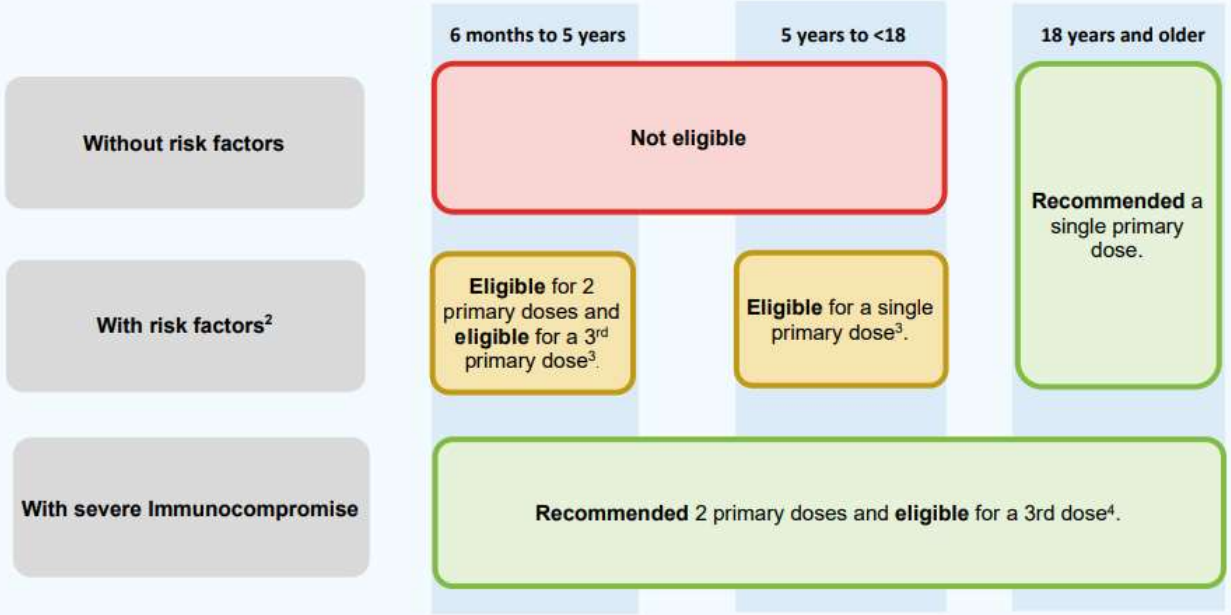
Children and adolescents five – 17 years:
ATAGI **does not recommend** that children and adolescents aged 5 to 17 years receive a COVID-19 vaccine in 2024.

COVID-19 vaccines can be given on the same day as any other vaccine for people aged 5 years and older.

Recommended COVID-19 vaccine doses[1]

Primary course recommendations

COVID-19 VACCINATION



Notes:

1. Monovalent Omicron XBB.1.5 vaccines are preferred; for ages in which a monovalent XBB.1.5-containing vaccine is not available, use other vaccines approved for that age group.
2. Includes those with a medical condition that increases the risk of severe COVID-19 illness (refer to Australian Immunisation Handbook) or those with disability with significant or complex health needs or multiple comorbidities which increase the risk of poor outcomes from COVID-19.
3. Consider dose based on an individual risk benefit assessment with an immunisation provider.
4. People with severe immunocompromise, who are over 6 months of age, are recommended 2 primary doses and are eligible for a 3rd primary dose based on an individual risk-benefit assessment. Please refer to the Australian Immunisation Handbook for further information.

Information current as of 1 March 2024.

https://www.health.gov.au/sites/default/files/2024-03/recommended-covid-19-vaccine-doses.pdf

Recommended COVID-19 vaccine doses[1]

COVID-19 Booster dose recommendation

COVID-19 VACCINATION

Notes:

1. Monovalent Omicron XBB.1.5 vaccines are preferred; for ages in which a monovalent XBB.1.5-containing vaccine is not available, use other vaccines approved for that age group.
2. Consider dose based on an individual risk benefit assessment with an immunisation provider.
3. People with severe immunocompromise, who are aged between 18 to 64 years, are recommended a dose every 12 months and are eligible for a dose every 6 months based on an individual risk-benefit assessment. Please refer to the Australian Immunisation Handbook for further information.
4. People aged between 65 and 74 years are recommended a dose every 12 months and are eligible for a dose every 6 months based on an individual risk-benefit assessment. Please refer to the Australian Immunisation Handbook for further information.

Information current as of 1 March 2024.

https://www.health.gov.au/sites/default/files/2024-03/recommended-covid-19-vaccine-doses.pdf

Respiratory Syncytial Virus (RSV) vaccinations

RSV vaccines

- Arexvy, a non-live vaccine, is the only RSV vaccine currently registered for use in Australia. It is approved for use in people aged 60 years and over only.
- The Therapeutic Goods Administration (TGA) is currently evaluating two other RSV vaccines for registration for use in older adults;
  - one of these is also being evaluated for use in pregnant women for protection of their infants.
  - None of these RSV vaccines are for use in infants or young children.
- Passive immunisation of infants is possible using monoclonal antibodies that contain pre-made antibodies and can prevent severe RSV disease.
- Beyfortus (nirsevimab) is a new long-acting monoclonal antibody product that has recently been registered by the TGA for use in: (i) infants from birth (as a single injection); and (ii) children in the second year of life who have risk conditions for severe RSV. Another monoclonal antibody, Synagis (palivizumab), which is given as a monthly injection, has been available for many years.
- RSV monoclonal antibody products are not registered for use in older adults.
- Access to all RSV prevention products is currently limited; none are part of the NIP

ATAGI recommendations for Arexvy (RSV Pre-F3) vaccine for older adults

- The Arexvy (GlaxoSmithKline) vaccine is currently available on the private market in Australia for adults aged 60 years and over to prevent illness and severe complications associated with RSV infection
- Arexvy RSV vaccine is not currently funded under the NIP.
- A single dose of Arexvy RSV vaccine is recommended for the following groups:
  - All adults aged 75 years and older, who have the highest burden of RSV hospitalisation and are likely to have the greatest benefit from vaccination.
  - Aboriginal and/or Torres Strait Islander peoples aged 60 to 74 years, who have a rate of RSV associated hospitalisation that is similar to non-Indigenous Australians aged 75 years and older.
  - Adults aged 60 to 74 years with medical conditions that increase their risk of severe disease due to RSV.
- Other adults between 60 to 74 years of age can consider a RSV vaccination, although the benefits of vaccination may be less due to the lower burden of RSV disease in this group.
- **Do not administer Arexvy RSV vaccine to pregnant women or infants**.

RSV vaccines

Table 2: Efficacy of RSV vaccines in adults aged 60 years and over

This table provides a summary of how well RSV vaccines performed against severe outcomes in clinical trials in adults aged 60 years and over. It only includes those vaccines in the final stages of development or approval globally; it also indicates their current status in Australia.

RSV vaccine (company)	Study trial population	Schedule and dose	Main efficacy findings against severe outcomes	Current status in Australia
Arexvy (GSK)	Vaccination of healthy adults aged ≥60 years	1 dose	VE against severe^ LRTD = **94.1%** (95% CI 62.4, 99.9)	Approved by the TGA for adults aged 60 years and over. Not currently available for use
Abrysvo (Pfizer)	Vaccination of healthy adults aged ≥60 years	1 dose	VE against MA† LRTD = **84.6%** (95% CI 32.0, 98.3)	Under evaluation by the TGA
mRNA-1345 (Moderna)	Vaccination of healthy adults aged ≥60 years*	1 dose	VE against LRTD with 3 or more symptoms = **82.4%** (96.3% CI 34.8, 95.3)	Under evaluation by the TGA

CI=confidence interval; LRTI/LRTD=lower respiratory tract infection/disease; MA=medically attended; MALRI=medically attended lower respiratory infection; RSV=respiratory syncytial virus; VE=vaccine efficacy

* May have one or more clinically stable chronic medical conditions

^ Severe disease was determined in accordance with either of two case definitions: (1) on the basis of clinical signs or investigator assessment; or (2) on the basis of receipt of supportive therapy.
† Medically attended, RSV-associated LRTD was defined as LRTD prompting any healthcare visit such as hospitalisation, emergency department visit, home health care services, general practitioner visit, specialist visit, other visit or telehealth consultation.

Source: Summary of RSV immunisation product efficacy and safety.pdf (ncirs.org.au)

Vaccines available in pharmacy

Pharmacy Program

- Changes to the Tasmanian Pharmacy Vaccination Program came into effect from 3 January 2024
- This has been a major change to the vaccination services that Community Pharmacy can now provide to the public
- Authorised Pharmacists Immunisers (API) can administer an expanded range of vaccines to individuals from 10 years of age, where required training has been completed
- COVID-19 and influenza vaccines can be administered to individuals from 5 years of age, where additional paediatric training has been completed
- Approved pharmacies can access additional National Immunisation Program and state funded vaccines

Pharmacy Program

- The Tasmanian Pharmacist Immunisation Program Guidelines detail approved vaccines and the conditions under which they may be administered by API's. Information, links and FAQ's are available on our webpage
- https://www.health.tas.gov.au/news/articles/expanded-vaccination-scope-practice-community-pharmacy
- API's should administer vaccines in accordance with Australian Immunisation Handbook and ATAGI recommendations
- API's should refer a person to a medical practitioner if they have contraindications to vaccination, have experienced an adverse event after vaccination, or have complex medical needs

Vaccines in scope:

Vaccines approved for administration by Authorised Pharmacist Immunisers				
COVID-19	Diphtheria-Tetanus-Pertussis (acellular)	Hepatitis A	Hepatitis B	Human Papillomavirus
Influenza	Japanese Encephalitis*	Measles-Mumps-Rubella	Meningococcus	Pneumococcus
Poliomyelitis	Rabies*	Typhoid*	Varicella	Herpes Zoster

*APIs can administer ***only*** upon receipt of a prescription from a medical or nurse practitioner

Restricted Scope (orange only)

Full Scope (blue + orange)

Excluded vaccines:

Vaccines that are outside of scope for administration by Authorised Pharmacist Immunisers	
Haemophilus influenzae type b (Hib)	Q fever
Rotavirus	Smallpox (mpox)
Tuberculosis	Yellow fever

Workforce in 2024

- Pharmacists have been gradually completing their training, and updating their authorisations through the new portal
- As of March 2024, 190 Pharmacist Immunisers are now authorised to administer the full scope of vaccines in an approved pharmacy
- There are 66 pharmacies across the state now approved to administer the full scope of vaccines, and this number continues to increase.
- This provides a great resource for members of the public to easily access vaccines that they may otherwise have missed. We see opportunities for-:
  - pregnant women to access their dTpa
  - adolescents who missed their school vaccinations to access dTpa, HPV and meningococcal vaccines
  - the elderly who may wish to access Shingrix and pneumococcal vaccines

Eligible, consider or recommend?

Decision making

HALO principle helps to assess which vaccines adults need based on their risk factors

Health (+ History)

Age

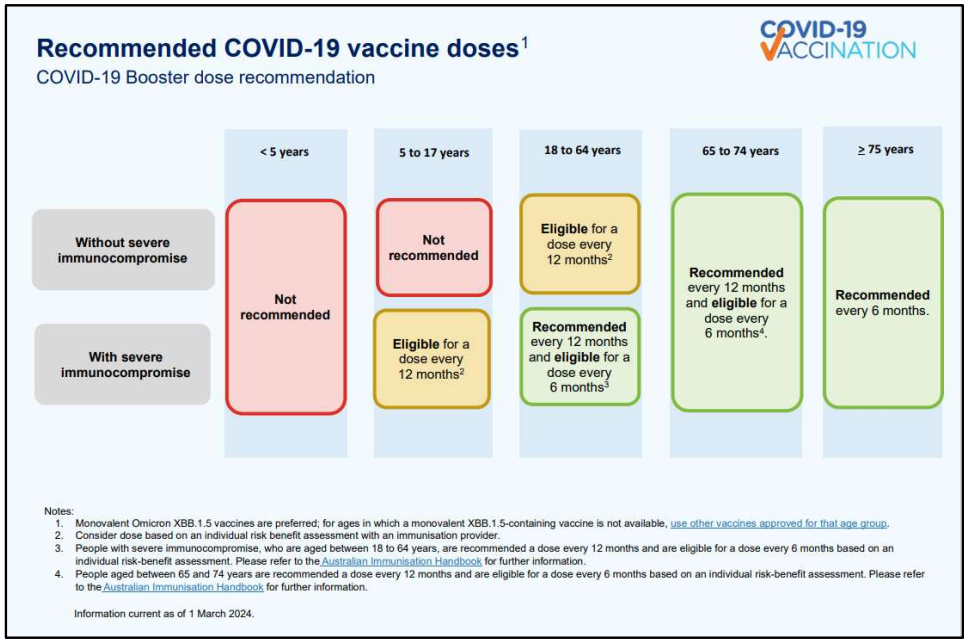
Lifestyle

Occupation

Eligible – funding

Recommended/consider/not recommended – clinical advice

Scope of practice - AI's must follow ATAGI/AIH clinical recommendations



Adverse Events Following Immunisation (AEFI)

An adverse event following immunisation (AEFI) is **any untoward medical occurrence** that follows immunisation.

The event may be related to the **vaccine itself** or **its handling** or **administration** and does not necessarily have a causal relationship with the vaccine.

This may be due to:

- An **individual's reaction** to a vaccine product
- **Errors in handling and/or administration** of the vaccine
- **Quality issues with the vaccine** itself or the label or accompanying Product Information and Consumer Medicines Information documents
- **Arise from anxiety** about the immunisation

Vaccines rarely cause serious adverse reactions; most are minor and resolve with no treatment or sequelae.

Process of reporting an AEFI

1. Adverse Events Following Immunisation (AEFI) reports are to be **made directly to CDPU**.
2. **AEFI forms** are available on the DoH website.
3. **Email** to tas.aefi@health.tas.gov.au
4. AEFI reports received by CDPU are also **forwarded to the TGA**.

Benefits of reporting AEFIs to CDPU:

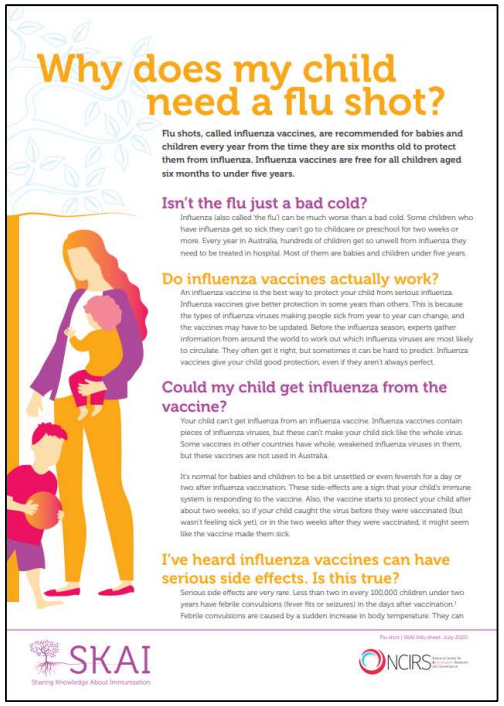
- **Monitoring rates within Tasmania** in real-time at a local level, allowing **early investigation** of potential safety issues.
- Detecting and assisting in **responding to errors** related to vaccine administration.
- Maintaining **vaccine provider and public confidence** in vaccines in Tasmania.

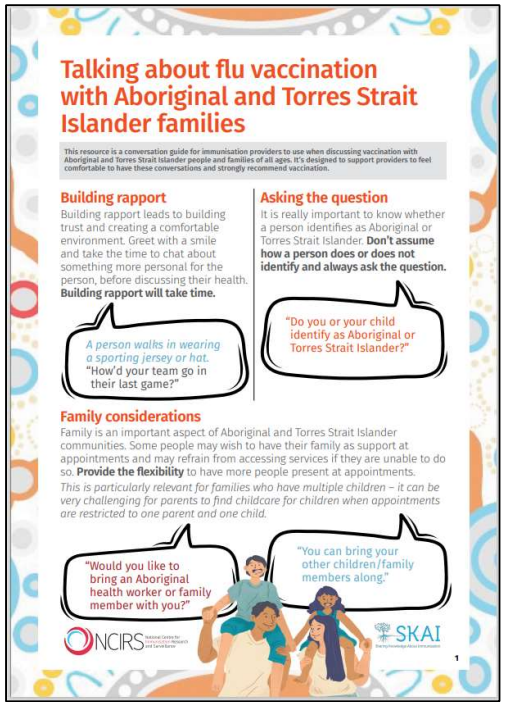
German case study

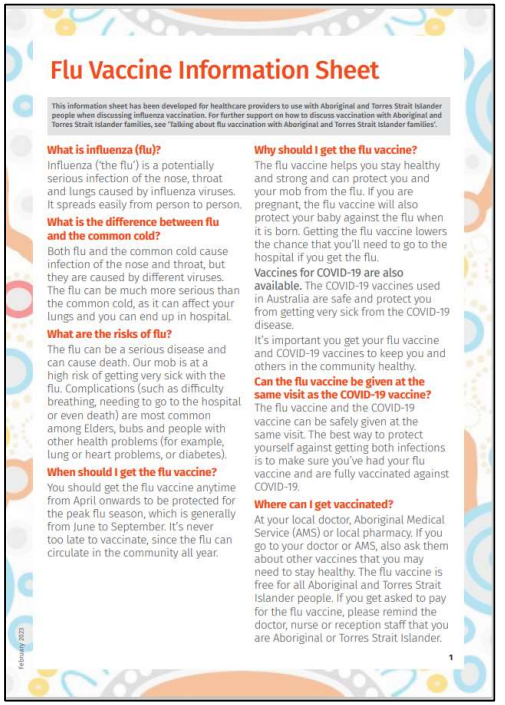
- German case study: COVID vaccine: The effects of 217 jabs on one man's body | SBS News
- A man in Germany had over 200 COVID-19 vaccines within 2 ½ years.
- He then allowed researchers to study his immune response to see whether if there were any adverse events
- While the man’s immune response was found to have responded well to the vaccines, the team do not endorse hyper-vaccination

Immunisation resources

Resources – patients







Sharing Knowledge About Immunisation (SKAI)
https://skai.org.au/healthcare-professionals

Resources – Health Professionals

1. **Australian Immunisation Handbook**
   https://immunisationhandbook.health.gov.au/
2. **Influenza – 2024 ATAGI recommendations**
   https://www.health.gov.au/resources/publications/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2024?language=en
3. **COVID-19 – 2024 ATAGI recommendations**
   https://www.health.gov.au/sites/default/files/2024-03/recommended-covid-19-vaccine-doses.pdf
4. **Respiratory Syncytial Virus (RSV) – 2024 ATAGI recommendations**
   https://www.health.gov.au/resources/publications/atagi-statement-on-the-clinical-use-of-arexvy-rsv-pre-f3-vaccine-for-rsv?language=en
5. **NCIRS**
   National Centre for Immunisation Research and Surveillance | NCIRS
6. **Department of Health, Tasmania**
   Tasmanian Department of Health | Tasmanian Department of Health

Summary

- Vaccination is an important measure to prevent morbidity and mortality associated with acute respiratory infections
- Priority groups
- Use encounters to consider other vaccines the individual may be recommended to receive & plan for access to antivirals (COVID-19)
  - E.g. older individuals: seasonal flu, COVID-19 booster, RSV vaccine,Shingles, pneumococcal, diphtheria-tetanus-pertussis

Questions?

Department of **Health**
GPO Box 125
Hobart TAS 7001

1300 135 513

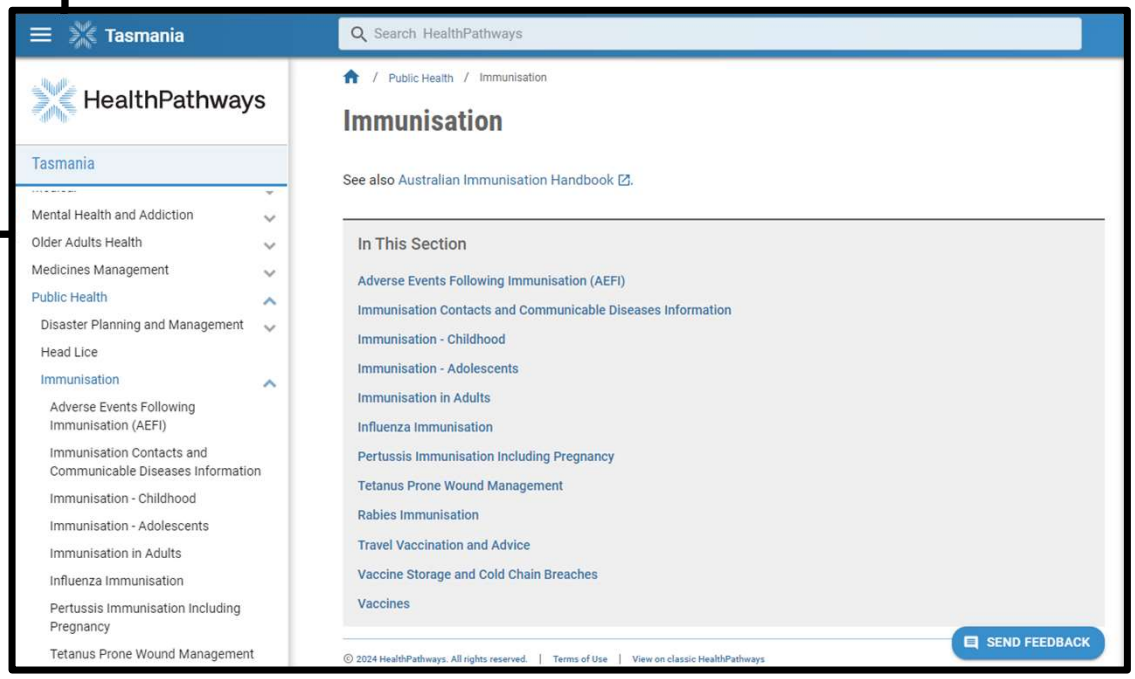
www.health.tas.gov.au

Tasmanian HealthPathways

Tasmanian HealthPathways is a web-based information portal developed by Primary Health Tasmania. It is designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.

tasmania.communityhealthpathways.org
Email: healthpathways@primaryhealthtas.com.au to register

Tasmanian HealthPathways



tasmania.communityhealthpathways.org

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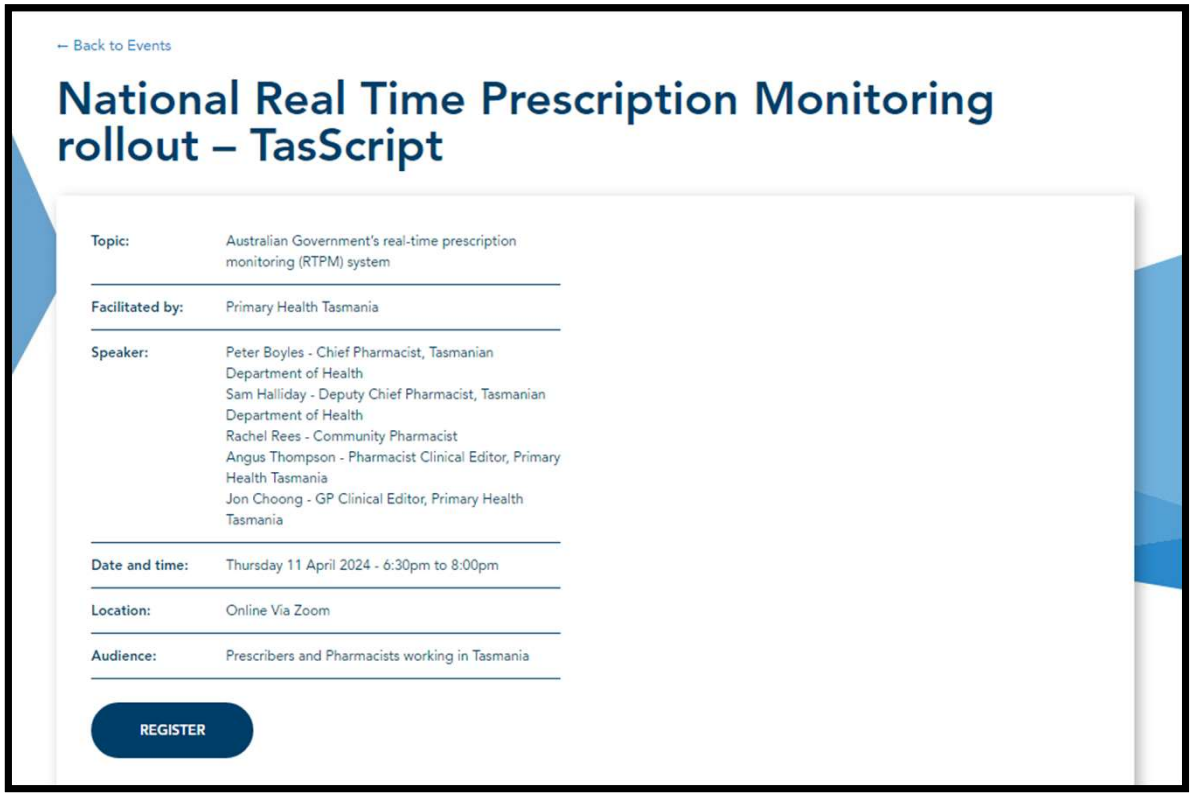
Upcoming education



← Back to Events

National Real Time Prescription Monitoring rollout – TasScript

Topic:	Australian Government's real-time prescription monitoring (RTPM) system
Facilitated by:	Primary Health Tasmania
Speaker:	Peter Boyles - Chief Pharmacist, Tasmanian Department of Health Sam Halliday - Deputy Chief Pharmacist, Tasmanian Department of Health Rachel Rees - Community Pharmacist Angus Thompson - Pharmacist Clinical Editor, Primary Health Tasmania Jon Choong - GP Clinical Editor, Primary Health Tasmania
Date and time:	Thursday 11 April 2024 - 6:30pm to 8:00pm
Location:	Online Via Zoom
Audience:	Prescribers and Pharmacists working in Tasmania

REGISTER

- Zoom webinar – 11 April 2024, 6:30 – 8:00pm
- An introduction to TasScript which will be replacing DORA, Australia's first real-time prescription monitoring system

Scan the QR code for more information on upcoming events:

Some final words

- After this webinar end, your browser will open a link to an evaluation survey.
- Statements of attendance will be emailed to participants.
- For event queries, please contact events@primaryhealthtas.com.au

Thank you

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