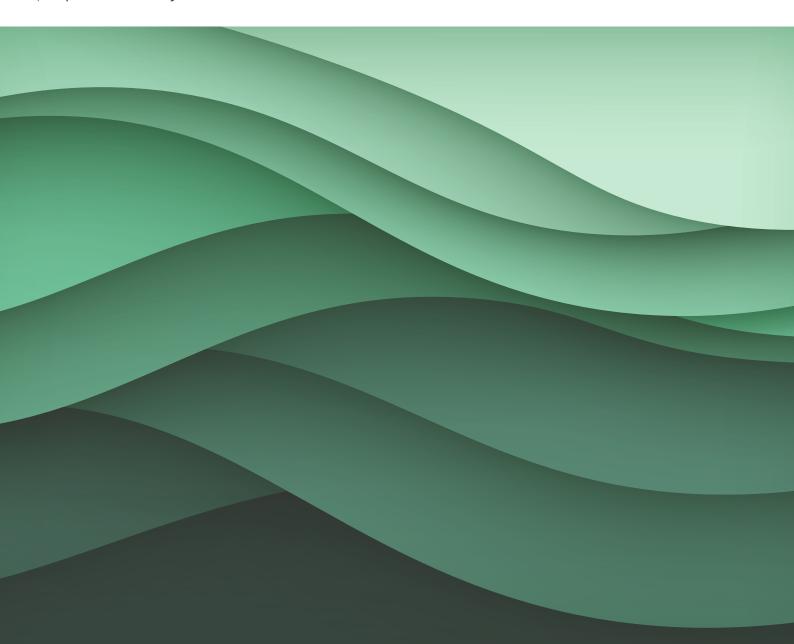


Influenza Vaccination Provider Toolkit

Updated February 2025



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Produced by: NSW Ministry of Health.

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SHPN (HP NSW) 250033

ISBN 978-1-74231-026-8

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February 2025

Checklist timeline

Due	Action	Complete √
Now	Obtain access to the Australian Immunisation Register (AIR) through <u>PRODA</u> , if you do not already have access.	
	Pharmacist immunisers must apply for an AIR provider number through NSW Health.	
	Immunisation providers who do not have a Vaccine Account Number (VAN) with the State Vaccine Centre will need to apply for one.	
Mid February	Discard previous year influenza vaccine stock and record on <u>online vaccine</u> <u>ordering system</u> (note some influenza vaccines expire before March).	
	Identify all children 6 months to < 5 years and at-risk patients eligible for NIP vaccination programs.	
	Check your fridge capacity to store the number of vaccines you will need.	
	Check for email (including junk folder) informing you it is time to:	
	(a) check your pre-allocation order (GPs, Pharmacies and Aboriginal Community Controlled Health Organisations), or	
	(b) order (other providers) on the online vaccine ordering system.	
	Acknowledge your pre-allocation order on the online ordering system and revise down if you do not have adequate fridge storage space. Call the NSW Vaccine Centre on 1300 656 132 to discuss any queries.	
	Contact wholesalers to order private market vaccines.	
1 April	Send communications to all patients reminding them of the importance of influenza vaccination from March/April onwards.	
Mid-April	Check that all staff are trained in vaccine <u>cold chain management</u> (including receipt of vaccine deliveries). The <u>NSW Health Vaccine Storage and Cold Chain Management online training module</u> should be used to facilitate staff education and equip staff to effectively manage the cold chain.	
	Only order enough stock for use in a maximum 4 week period. Check software to confirm the correct batch numbers correspond with batch numbers for vaccines received.	
	Send reminder messages to pre-identified patients advising of the influenza vaccination arrangements.	
	Display <u>influenza campaign posters</u> in your clinic.	
Late April	Commence influenza vaccination clinics.	
onwards	Report all vaccinations to the <u>AIR</u> .	
	Report all adverse events following immunisation to your local public health unit on 1300 066 055.	
Mid-May	Review patient vaccine uptake – send reminders to patients who have not attended for vaccination. Reorder vaccines according to stock on hand and residual demand, taking into consideration the amount of 2024 expired stock that you discarded at the end of last season. If demand for the vaccine exceeds your last order, create a wait list for patients, so they know they can be vaccinated when you receive your next delivery.	

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Introduction

Over 2 million doses of National Immunisation Program (NIP) influenza vaccines were distributed during 2024 in NSW alone. NSW Health has developed this toolkit to assist providers with managing the roll-out and implementation of their influenza vaccination program. Everyone 6 months and older is recommended to get an influenza vaccine each year. The vaccine is funded under the National Immunisation Program (NIP) for people most at-risk of severe disease.

Influenza vaccines will be available on the private market and must be ordered through your wholesaler. General Practitioners (GP's) will be able to order NIP influenza vaccine for all NIP eligible cohorts. Pharmacist immunisers will be able to order NIP influenza vaccines for NIP eligible cohorts aged 5 years and older.

2025 NIP influenza vaccines

The Australian Government provides a free seasonal influenza vaccine to those most at risk of complications from influenza. There are no new eligibility cohorts for NIP influenza vaccines in 2025. The following table provides information on the age-appropriate NIP vaccines for 2025:

Figure 1. 2025 Influenza vaccines available under the NIP by age

2025 Influenza vaccines available under the NIP, by age



Before administering an influenza vaccine, CHECK you have the correct vaccine for the person's age. Ages are identified on the syringe.

	Quadrivalent (QIV) vaccines				
Registered age group	Vaxigrip Tetra® 0.50 mL (Sanofi)	Flucelvax® Quad 0.50 mL (Seqirus)	Fluad® Quad 0.50 mL (Seqirus)		
<6 months	X	X	X		
6 months to <5 years	✓	✓	X		
5-64 years	√1	√¹	Х		
65 years and over	✓	✓	√²		

Ticks indicate age at which a vaccine is registered and available. Shaded boxes represent funding under the NIP.

1 Funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

2 Adjuvant QIV preferred over standard QIVs.

Before administering an influenza vaccine, **check** you have the correct vaccine for the person's age at time of administration.

- Vaxigrip Tetra® can be used for people from 6 months of age and is for the universal 6 months to <5 year program, Aboriginal people, pregnant women and for NIP eligible medically at-risk patients 5 years to 64 years.
- Flucelvax® Quad is a cell-based influenza vaccine and is available under the NIP in 2025 for eligible cohorts aged 5 years to 64 years.
- The quadrivalent influenza vaccine (QIV) Fluad® Quad contains an adjuvant and is recommended for people ≥65 years of age over other available QIVs. In 2025, Fluad® Quad vaccine is the only influenza vaccine funded under the NIP for people aged 65 years and over and is not available for private purchase.
- Influenza vaccines are also available on the private market.

Transition from quadrivalent (QIV) to trivalent (TIV) seasonal influenza vaccines in Australia

The composition of influenza vaccines for the Southern Hemisphere is reviewed by the World Health Organization annually in September, and then subsequently determined by the Australian Influenza Vaccine Committee (AIVC).

Australia is transitioning from using quadrivalent influenza vaccine (QIV) to trivalent influenza vaccine (TIV) formulations for influenza immunisation. Refer to the <u>ATAGI statement</u> on the transition from quadrivalent to trivalent seasonal influenza vaccines in Australia for more information.

The AIVC recommended that the following viruses be used for influenza vaccines in the 2025 southern hemisphere influenza season:

Egg-based quadrivalent influenza vaccines:

- A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- A/Croatia/10136RV/2023 (H3N2)-like virus;
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell- or recombinant- based quadrivalent influenza vaccines:

- A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- A/District of Columbia/27/2023 (H3N2)-like virus;
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
- B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Both egg-based and cell-based vaccines will be available in Australia in 2025 under the NIP.

Get prepared for 2025

2025 Influenza Vaccination campaign

Government programs promoting the 2025 Influenza Vaccination Program from April/May onwards ensure that people in the community are protected before winter and that providers have access to vaccine supply. Providers may schedule clinics once supplies are received. All preparations may not be delivered at the same time.

Once vaccines are received, providers should prioritise vaccinating children aged 6 months to less than 5 years, Aboriginal and Torres Strait Islander people aged 6 months and over, pregnant women at any stage of pregnancy, medically at-risk eligible people aged 5 years to 64 years and people aged 65 years and over.

Government funded vaccine ordering

Based on provider feedback in 2024, the pre-allocation system for the first order will continue to be utilised for GPs, pharmacist immunisers and Aboriginal Medical Services.

Pre-allocation orders will be open for confirmation from **late February/early March 2025**. You must confirm the quantity of your first allocation through the <u>online</u> <u>ordering system</u>. **Only confirmed orders will be dispatched from the warehouse**.

Deliveries will commence when vaccine stocks have been received from suppliers, around late March.

Immunisation providers who do not have a Vaccine Account Number (VAN) with the State Vaccine Centre will need to apply for one. If you require assistance with your application, contact your public health unit on 1300 066 055. Faxed orders will not be accepted.

Due to the large volume of orders at the beginning of the season, it takes approximately 4 weeks for the NSW Vaccine Centre to deliver all first orders. The checklist timeline at the front of this toolkit will assist you to prepare for your influenza vaccination program.

Key points to consider when you confirm your pre-allocated order:

- Calculate how many vaccinations your service can provide each day. Review the average number of patients each GP, Nurse and pharmacist can vaccinate each day your practice and/or pharmacy is open, plus add a buffer of several days.
- 2. Check your vaccine fridge storage space. You may need to source an additional purpose-built vaccine specific fridge for additional storage space to maintain adequate vaccine stock during the influenza program. Check with the manufacturer about your fridge's vaccine storage capacity. Remember that vaccines must be protected from light and remain in their original cardboard packaging. If you are also administering other vaccines, ensure you have fridge capacity for all vaccines at the same time.
- 3. Review your patient cohort in general practice. For example, how many patients are aged 65 years and over, children aged 6 months to less than 5 years, Aboriginal people aged 6 months and over, pregnant, and medically at-risk individuals. Order vaccines appropriate to your patient cohorts. Pharmacy pre-allocations are based on equitable stock distribution. If this initial order is too large, you have the ability to reduce the amount during the confirmation process.
- 4. Consider the number of 2024 influenza vaccines your practice and/or pharmacy discarded.
- You will be able to confirm your allocation and you can reduce your allocation if you do not have fridge capacity to store the vaccines.

When placing subsequent orders

- Consider how many vaccines your practice and/or pharmacy can feasibly administer each week, and order regularly, thereafter, based on the number of remaining eligible patients.
- Only order sufficient vaccines for use in a maximum 4 week period. Remember that children aged 6 months to less than 9 years of age require 2 doses at least 4 weeks apart in their first year of influenza vaccination.
- Keep in mind that the demand for influenza vaccines will decrease after the first 4-6 weeks of the program.
- Providers should aim for no more than 2 orders per month.

Online ordering system messaging

Messages regarding changes to influenza vaccine stock availability and any ordering restrictions will be regularly posted on the <u>online vaccine ordering system</u>. It is important to regularly check for new messages during the influenza vaccination program.

Vaccine delivery

NIP Program

Deliveries of funded vaccine will commence around late March 2025, depending on the delivery of vaccines into the NSW Vaccine Centre. Advice on delivery dates for private market influenza vaccines should be sought directly from wholesalers.

Providers must clearly label their influenza vaccine stock to minimise the risk of inappropriate administration to an incorrect age-group. To support providers, vaccine basket stickers will be sent with influenza vaccine deliveries (Figure 2).

2025 INFLUENZA VACCINE

6 months – less than 5 years

Vaxigrip Tetra

2025 INFLUENZA VACCINE

6 months – less than 5 years

Vaxigrip Tetra

2025 INFLUENZA VACCINE

6 months – less than 5 years

Vaxigrip Tetra

2025 INFLUENZA VACCINE

6 months – less than 5 years

Vaxigrip Tetra

Privately Funded Influenza Vaccines

Privately Funded Influenza Vaccines

Privately Funded Influenza Vaccines

Privately Funded Influenza Vaccines

2025 INFLUENZA VACCINE

5 years – 64 years at risk

Vaxigrip Tetra and Flucelvax Quad

2025 INFLUENZA VACCINE

5 years – 64 years at risk

Vaxigrip Tetra and Flucelvax Quad

2025 INFLUENZA VACCINE

5 years – 64 years at risk

Vaxigrip Tetra and Flucelvax Quad

2025 INFLUENZA VACCINE

5 years – 64 years at risk

Vaxigrip Tetra and Flucelvax Quad

2025 INFLUENZA VACCINE

65 years and over

Fluad Ouad

2025 INFLUENZA VACCINE

65 years and over

Fluad Quad

2025 INFLUENZA VACCINE

65 years and over

Fluad Quad

2025 INFLUENZA VACCINE

65 years and over

Fluad Quad

Which patients should you target for funded vaccines?

Identify your at-risk and eligible patients and remind them about the importance of their annual influenza vaccination. In addition to your existing practice software recall/reminder process, consider using your practice and/or pharmacy webpage, social media (Facebook/X) and your practice and/or pharmacy noticeboards to promote your influenza vaccination program.

Aboriginal and Torres Strait Islander people

Influenza vaccine is funded under the NIP for **all** Aboriginal and Torres Strait Islander people from 6 months of age.

Aboriginal children under 9 years of age should have 2 doses at least one month apart in the first year they are vaccinated. Both doses are funded.

See Figure 1 for influenza vaccines available under the NIP, by age.

Pneumococcal (see NSW Immunisation Schedule) and Shingrix® (50 years and over and 18 years and over who are immunocompromised) vaccines should also be offered to eligible Aboriginal people at the time of their influenza vaccination. Refer to the Australian Immunisation Handbook for advice about co-administration.

Children 6 months to less than 5 years

Influenza vaccine is funded under the NIP for **all** children in this age group. 2 doses are recommended in the first year of vaccination (at least 4 weeks apart). Both doses are funded. The child should receive the relevant vaccine for the age they are at the time of vaccination.

Childhood vaccines: In 2025, Vaxigrip Tetra® will be available to order for universal childhood program 6 months to less than 5 years.

Even healthy children are vulnerable to catching influenza. In 2019, a large number of children who were hospitalised due to influenza, and those who died from influenza, had not been offered an influenza vaccine by their doctor or specialist. Since 2018, free influenza vaccine has been available for all children aged 6 months to less than 5 years.

In 2024 less than one quarter (24.1%) of children 6 months to less than 5 years in NSW were recorded on the AIR as having received at least one dose of influenza vaccine, a decrease from 2023 (27.1%). It is important to increase this uptake in 2025 to protect all young children.

Children who need a COVID-19 vaccine and influenza vaccine can have them at the same visit. The small increased risk of fever and febrile convulsions should be discussed with parents and carers, and the option provided of administering them at least 3 days apart.

Providers should pro-actively undertake initiatives to improve vaccine uptake in their child cohort. Use reminder/recall systems to send SMS messages or emails to parents of children in your practice advising them of the opportunity to have their child vaccinated, and the importance and benefits of vaccinating their child(ren) against influenza.

Visit the <u>Sharing knowledge about immunisation</u> (<u>SKAI</u>) webpage to help support conversations about immunisations with parents and carers.

Pregnant women

Influenza vaccination during pregnancy has been shown to be safe and effective. Vaccination during pregnancy protects pregnant women from influenza and its complications in pregnancy. It is also the best way to protect newborns against influenza during the critical early months of life.

Did you know?

Offering vaccine, or recommending vaccination, by an antenatal care provider is one of the strongest predictors of vaccine uptake by pregnant women and should be a routine part of antenatal care.

There are 3 maternal vaccines recommended in pregnancy, influenza, pertussis and respiratory syncytial virus (RSV) vaccines.

The timing of vaccination depends on the time of the year, vaccine availability and the anticipated duration of immunity. Influenza vaccine can be given at any stage of pregnancy and can be given at the same time as pertussis vaccination (between 20 and 32 weeks) and the maternal RSV vaccine recommended year round between 28 to 36 weeks gestation. The influenza vaccine may be given earlier and should not be delayed.

Ensure that the influenza vaccine is recorded on the woman's antenatal record card and AIR. See Figure 1 for vaccines available under the NIP. Women who receive influenza vaccine before becoming pregnant should be revaccinated during pregnancy to protect the unborn infant.

Refer to the digital <u>Australian Immunisation</u> Handbook for more information.

Medically at-risk patients

Influenza vaccine is funded under the NIP for all individuals 5 years and over with medical risk factors such as severe asthma, lung or heart disease, low immunity or diabetes. Refer to the digital <u>Australian Immunisation Handbook</u> for more information.

Children under 9 years of age should have two doses at least 4 weeks apart in the first year they are vaccinated. See figure 1 for vaccines available under the NIP, by age.

People aged 65 years and over

In 2025 Fluad® Quad, an adjuvanted quadrivalent vaccine, is the only vaccine provided under the NIP for people ≥65 years of age. Fluad® Quad has been specifically designed to create a greater immune response in people 65 years and over, who are known to have a weaker response to immunisation.

Fluad® Quad is a quadrivalent vaccine that contains an adjuvant which boosts the immune system's response to the vaccine and provides better protection for people aged 65 years and over.

If a person aged 65 years and over has been vaccinated with another QIV in the same year, revaccination with Fluad® Quad is not routinely recommended.

The risk of mild to moderate injection site reactions may be greater for those aged 65 years and over receiving Fluad® Quad. Fluad® Quad is not registered for use in people younger than 65 years.

The product information for Fluad® Quad recommends for the vaccine to be gently shaken before use. After shaking, the normal appearance of Fluad® Quad is a milky-white suspension.

Did you know?

Fluad® Quad should be given in preference to other available QIVs as it has been specifically designed to create a greater immune response in people 65 years and over, who are known to have a weaker response to immunisation.

Once-off Prevenar® 13 and Shingrix® vaccines should also be offered to eligible people at the time of their influenza vaccination.

Health care workers and students

NSW Health policy directive PD2024_015 Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases requires health care workers and students in Category A positions to receive the influenza vaccine annually by 1 June. NSW Health employees will be offered vaccine in their workplace, however if they choose to be vaccinated by their GP or pharmacist immuniser they will need to purchase private vaccine unless they are eligible for NIP vaccine. For more information refer to section Annual Influenza Vaccination Program of the policy directive.

Other patients

All patients aged 5 years to 64 years who are not eligible for funded influenza vaccine should be advised that they can purchase private market influenza vaccine. These vaccines are available from GPs and pharmacist immunisers.

NSW Health has additional resources and information available such as <u>frequently asked questions about</u> <u>influenza vaccination for health professionals, influenza fact sheet, posters and patient brochures.</u>

Optimum time for vaccination

Annual vaccination before the onset of each influenza season is recommended. Historically, influenza circulation in NSW has been typically between June and September. COVID-19 has impacted influenza epidemiology globally and since the pandemic influenza circulation in NSW has commenced earlier. In 2025, influenza circulation may continue this pattern or return to more typical timing.

The <u>Australian Technical Advisory Group on</u>
<u>Immunisation</u> (ATAGI) advises that optimal protection occurs within the first 3-4 months following vaccination.

It is never too late to vaccinate since influenza can circulate all year round. Vaccination should continue to be offered as long as influenza viruses are circulating, and a valid vaccine (before expiration date) is available. Some vaccine brands now have an expiry date of February 2026.

Other considerations for vaccine timing:

- pregnant women should be vaccinated at the earliest opportunity during pregnancy. In accordance with the <u>Australian Immunisation Handbook</u>, the 2025 influenza vaccine can be given to pregnant women if the 2024 vaccine was given earlier in the pregnancy. Women under the care of a private obstetrician should have their influenza vaccination status assessed as they may not have received it from their obstetrician.
- people travelling to a country where influenza is circulating can be vaccinated two weeks before travel, at any time of the year if they haven't already received the 2025 vaccine.
- young children aged 6 months to under nine years
 require two doses in their first year of vaccination
 (given at least four weeks apart). Both doses are
 funded for the 6 month to less than 5 year cohort, so
 ideally vaccinate children as soon as stock becomes
 available. Should a child not receive two doses in their
 first year, they only require one dose the following year.

ATAGI advice on influenza and COVID-19 vaccines

Influenza vaccines and COVID-19 vaccines can be administered on the same day.

Refer to the digital <u>Australian Immunisation Handbook</u> for more information.

Reporting to the Australian Immunisation Register

Mandatory reporting of all Influenza, COVID-19 and NIP vaccines to the AIR has been in place since 2021. This will ensure complete vaccination records for your patients including the availability of this information in their My Health Record.

How to report influenza vaccinations to the AIR

There are two ways to record information on the AIR:

- use your practice and/or pharmacy management software. The details you enter will be able to be transferred from your PMS to the AIR. Make sure you are using the latest version of your PMS, so you have up to date vaccine codes and batch numbers (contact your software vendor for further information). Ensure you select the correct vaccine that has been given to the patient.
- 2. use the AIR website via PRODA.

PRODA

Each individual that works in the organisation and requires AIR access will also need to register for an individual PRODA account so they can be linked to the organisation in PRODA.

For further information, visit <u>How to register an</u> organisation in PRODA.

To register as a vaccination provider with the AIR:

Medical practitioners, midwives and nurse practitioners with a Medicare provider number are automatically recognised as an immunisation provider and authorised to record or access immunisation data on the AIR.

Other providers: Complete the <u>IM004 form</u> and submit the form to MOH-vaccreports@health.nsw.gov.au

Pharmacists: Follow the steps in the link below to register as a vaccination provider with the AIR:

1. review the NSW Pharmacist Vaccination Standards.

- 2. the Principle Pharmacist Immuniser to complete the form IM004 Australian Immunisation Register Application to Register as a Vaccination Provider, to register the pharmacy.
- 3. complete the <u>NSW Pharmacist Declaration Form</u> with the Australian Immunisation Register. Each pharmacist that will be administering vaccinations at the pharmacy must complete this form.
- 4. submit the completed IM004 form and NSW Pharmacist Declaration form of the Principle Pharmacist Immuniser to MOH-vaccreports@health.

 nsw.gov.au for processing. NSW Health will submit the approved applications to Services Australia.

Pharmacist immunisers must apply for an AIR provider number through NSW Health.

Influenza vaccine effectiveness

Vaccine effectiveness refers to improving a range of clinical outcomes such as disease incidence, hospitalisation or attendance at a GP practice.

The effectiveness of the influenza vaccine varies from season to season for a variety of reasons, mainly related to the match with the circulating influenza viruses that are infecting people.

In general, influenza vaccine effectiveness has been found to vary between 40-60%. This means that on average, a vaccinated person is 40-60% less likely to experience a negative health outcome, for example developing influenza and attending a GP practice or being hospitalised, than an unvaccinated person. The effectiveness of the vaccine may depend on other factors such as the age group affected, and the health outcome being measured (e.g., hospitalisation or attendance at a GP).

Vaccine effectiveness is generally lower in older people than in younger adults and children.

Based on preliminary data, the 2024 influenza vaccine significantly reduced the risk of hospitalisation with influenza. Estimated vaccine effectiveness against general practice attendance was 62% (95% Confidence Interval CI: 45%, 74%). Estimated vaccine effectiveness against hospitalisation was 56% (95% CI: 48%, 63%).

A full report is available from the Commonwealth Department of Health, <u>National Influenza Surveillance</u> Scheme (NISS) annual report.

Patients with allergies

Egg allergy is **not** a contraindication to influenza vaccine. People with an egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccines including egg-based and cell-based vaccines unless they have reported a serious adverse event following any vaccine. People with a history of anaphylaxis to egg should receive a full age-appropriate vaccine dose; do not split the dose into multiple injections (for example, a test and then the rest of the dose).

If a patient has significant anxiety about their allergy, they can attend a medical facility with staff who are experienced in recognising and treating anaphylaxis and remain under supervision for a longer period of time.

For further information please refer to the Australasian Society of Clinical Immunology and Allergy (ASCIA), Vaccination of the Egg-allergic Individual Guidelines.

For children with severe egg allergy, vaccination under medical supervision can also be arranged at the NSW Immunisation Specialist Service (NSWISS) by calling 1800 679 477.

Latex allergy: All influenza vaccines supplied under the NIP in 2025 are latex-free.

An **influenza vaccination decision aid** is available at Appendix 1 to assist you with conducting pre-vaccination assessment with your patients.

Reporting adverse events following immunisation

An adverse event following immunisation (AEFI) is any untoward medical occurrence which follows immunisation, and which does not necessarily have a causal relationship with the usage of the vaccine. It may be related to the vaccine itself or to its handling or administration. AEFIs are notifiable conditions under the NSW Public Health Act (2010). Suspected cases are to be notified by medical practitioners and other health professionals on diagnosis to your local public health unit.

To report a suspected <u>AEFI</u>, please download the <u>National Adverse Events Following Immunisation</u> (<u>AEFI</u>) <u>Reporting Form</u> and contact your local Public Health Unit on 1300 066 055.

NSW Health sends daily reports to the Therapeutic Goods Administration (TGA) of all adverse event reports received.

To assist you to identify which patients experience an adverse event following immunisation, <u>SmartVax</u> is a program that extracts data from your practice software and sends SMS messages to your patients following vaccination.

Information is also available on the NSW Health website.

Influenza vaccine safety

Data on the safety of influenza vaccines is continuously monitored by the TGA and <u>AusVaxSafety</u>. There is extensive surveillance that demonstrates that the influenza vaccines now used in Australia have an excellent safety profile. Weekly updates are available on the <u>AusVaxSafety website</u>.

A useful Australian Government resource Questions about vaccination.

Vaccine storage and cold chain management

Vaccines must be stored within the recommended temperature range of +2°C to +8°C and protected from light at all times. Correct storage and handling of vaccines is vital to maintaining vaccine potency and ensuring vaccines are safe and effective for patient administration.

The National Vaccine Storage Guidelines: <u>Strive for 5</u> (current edition) provides information and advice for vaccine storage management.

In the event that vaccine storage temperatures have been outside of the recommended range of +2°C to +8°C, you must follow your cold chain breach protocol.

Vaccines may lose potency if exposed to direct sunlight or ultraviolet (UV) light. Vaccines must be stored in the purpose-built vaccine refrigerator inside their original cardboard packing to protect them from light exposure. Do not remove vaccines from their original packaging.

All cold chain and light-exposure breaches must be reported to your local public health unit on 1300 066 055. Your public health unit will provide advice regarding vaccine disposal and cold chain management.

For further information and resources on managing vaccine storage and cold chain breaches, including a cold chain training module for all providers, visit the NSW Health website: <u>Vaccine storage and cold chain management</u>.

Where you can find more information

Australian Government Immunisation website

NCIRS website

NSW Immunisation Specialist Service (NSWISS) website

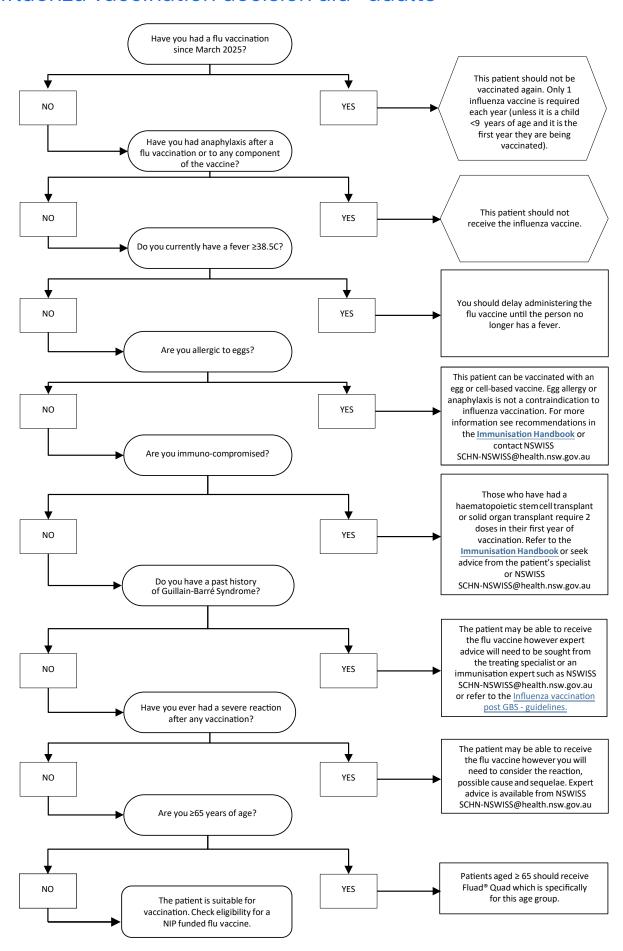
ATAGI statements

NSW Health influenza page

Public Health Unit contact number 1300 066 055 (this will connect you to the PHU in the area you are calling from).

Appendix 1

Influenza vaccination decision aid-adults



Appendix 2

2025 Influenza information sheet

2025 influenza vaccine presentation and free vaccine eligibility



6 Months to less than 5 years

Vaxigrip Tetra®

Registered for use in people aged 6 months and over:

- · All children 6 months to less than 5 years
- Give two doses one month apart for children aged 6 months to less than 5 years if first year of receiving flu vaccine
- · Vaxigrip Tetra is only available in 10-dose packs.
- Children should receive a full dose (i.e. not a half dose)
- · Does not contain latex



5 Years to 64 years

Vaxigrip Tetra® and Flucelvax® Quad

- People 5 years and over with medical risk factors predisposing to severe influenza
- All Aboriginal persons 5 years to 64 years of age
- · Pregnant women
- Give two doses one month apart for children aged 5 years to less than 9 years if first year of receiving flu vaccine
- Vaxigrip Tetra and Flucelvax® Quad are only available in a 10 pack.
- Children should receive a full dose (i.e. not a half dose)
- Does not contain latex



65 years and over

Fluad® Quad

- · Adjuvanted quadrivalent vaccine
- · All persons aged 65 years and over
- Milky-white suspension
- Available in 10 packs
- Does not contain latex
- Do not use in pregnant women or children

Fluad® Quad pack dimensions:

15.4 cm (L) x 13 cm (W) x 23 cm (H)

PRESCRIPTION ONLY MEDICINE

FOR ADULTS

65 YEARS

AND CUPROCELY

AND CONTROLL TO CHEDRIN

FOR ADULTS

65 YEARS

AND CUPROCELY

AND CONTROLL TO CHEDRIN

COVERNMENT FUNDED PROGRAM - 2025

PROGRAM - 2025

AND CONTROLL TO CHEDRIN

AND CONTROLL TO CONTROLL

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