

To the Point

HNELHD Immunisation Newsletter

October 2021

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MRNA vaccines are fragile

Handle with care: Do not shake vial, or tap syringe to eject air bubbles.

All staff administering COVID-19 vaccines must have completed the Australian Government Department of Health Training

If it's been a while since you did your COVID-19 vaccine online training, it might be a good time to update yourself. The information changes regularly and can be accessed here:

[COVID-19 vaccination training program | Australian Government Department of Health](#)

New & Updated information is easily identified with

NEW & UPDATED

This enables you to skip through what you already know and read about anything new.

Catch-up for shingles vaccine extended for 2 more years till 31 October 2023

[shingles-provider-fs.pdf \(health.gov.au\)](#)

- [Program extended till Oct 2023](#)
- [Zoster vaccine for Australian adults - Fact sheet](#)
- [Zoster vaccine for Australian adults - FAQs](#)
- [Zoster vaccine screening form for contraindications](#)



Use your practice software to identify patients in this age group who have not received a vaccine, remember an unfunded, inactivated shingles vaccines is available for those who the live zoster vaccine is contraindicated.

Mandatory COVID-19 vaccination & exemptions

An excellent article in the Conversation by Margie Danchin - Paediatrician at the Royal Childrens Hospital and Associate Professor and Clinician Scientist, University of Melbourne and MCRI, Murdoch Children's Research Institute.

[Who can't have a COVID vaccine and how do I get a medical exemption?](#)

Contact your PHU for Immunisation enquiries

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WHAT'S NEW

ATAGI statement on the use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised

[Note the reference of 3rd primary dose, this is to distinguish it from a booster dose, for which there is no current recommendation](#)



[COVID-19 and Children FAQs -](#)

Efficacy and Safety of Molnupiravir

[Efficacy and Safety of Molnupiravir \(MK-4482\) in Non-Hospitalized Adult Participants With COVID-19 \(MK-4482-002\) - Full Text](#)

Updates to the COVID-19 Vaccine Eligibility Checker are now live and include:

- Pregnant women prioritised to receive Pfizer
- Updated content to prioritise Registered Aged Care Facility workers getting vaccinated
- Updated eligibility to include 12-15year olds with underlying medical conditions and Aboriginal and Torres Strait Islander people to enable them to access Pfizer
- Removed reference to COVID-19 vaccine intervals on different vaccine types with the updated advice from ATAGI on intervals being more flexible in outbreak areas

Visit the [Vaccine Eligibility Checker](#) for further information.

Using the eligibility checker to book a 3rd primary dose is not available as yet, however these should be offered to eligible patients.

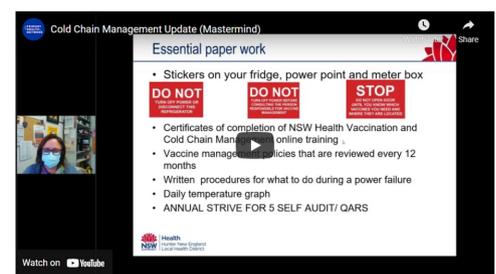
Did you see Jody's excellent talk on cold Chain Management on 12 October? The link is here: [Cold Chain Management Update \(Mastermind\) - Primary Health Network \(thepnh.com.au\)](#)

While we are talking about vaccine storage;

When doing weekly data logger downloads, ensure that you are checking temperatures are visible and within range

We know of an issue involving cloud based monitoring. A CCB had been suspected however when the data logger was download no temperatures could be seen. No alerts were sent. The logger had been regularly downloaded, however there was no visual check to ensure temperatures were being recorded. Unfortunately with the move to cloud based monitoring of fridge temps staff are assuming that this process is foolproof, obviously it's not. This is why we still insist on recording of twice daily manual graphing of min/max temps that have been visualised.

Cold Chain Management Update (Mastermind)



[PRES Jody Stephenson Vaccine Cold Chain Requirements in General Practice 12.10.2021](#)

[Closure of Australian Immunisation Register \(AIR\) authentication files – Instructions on how to access the AIR](#)

If you are wondering why you can no longer log onto the AIR using your old method of Provider number and authentication file, check this link above.

There are many new people being administering COVID-19 vaccines

It is important to understand the science behind vaccination procedures.

We know there have been many queries regarding practice around the administration of vaccine, especially around the fact that swabbing the arm with an alcohol swab prior and not wearing gloves.

VACCINATION ADMINISTRATION TIPS

GLOVES - a regular complaint from the public is that nurses weren't wearing gloves when they were vaccinated.

The Australian Immunisation Handbook states: Gloves are not routinely recommended for immunisation providers. However, the person administering the vaccine should wear gloves and eyewear if they are at risk of coming into contact with body fluids or if they have open lesions on their hands.¹⁸ Although gloves not required routinely for vaccination there will be clinical settings during the pandemic where PPE is required.

SWABBING WITH ALCOHOL WIPE - No need to swab injection site if skin is visibly clean

Skin cleaning - this has been a large area of concern from the public, with some people suggesting it increases the risk of infection. Studies do not support this and suggest that there is no increased risk of infection when injections were given in the absence of skin preparation. See references [Hutin0703.pdf \(who.int\)](#) - page 494

The Australian Immunisation Handbook states: If the skin is visibly clean, there is no need to wipe it with an antiseptic (such as an alcohol wipe).

If you use alcohol or other disinfecting agents to clean skin that is visibly dirty, the skin **must** be allowed to dry before injecting the vaccine. This prevents inactivation of live vaccines and reduces the likelihood of irritation at the injection site. [Intramuscular injections - To swab or not to swab \(inmo.ie\)](#)

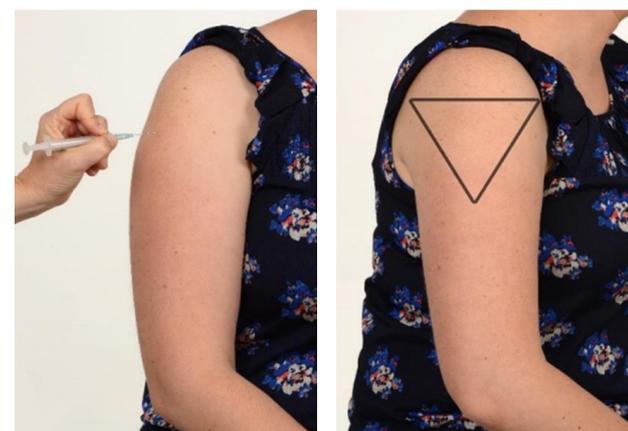
ASPIRATION PRIOR TO INJECTION

There is no need to draw back on syringe to check for blood. [WHO research](#) concludes that the benefits of no aspiration include shorter contact time with the needle and reduced potential for lateral movement (wiggling) of the needle, leading to less pain.

The report also noted that: If the anatomical site for injection is chosen correctly, aspiration is not necessary; this is because recommended injection sites are not near major vessels. It is important to note that slight bleeding after withdrawal of the needle does not indicate penetration of blood vessels, as minor surface vessels can be perforated during injection.

You **CANNOT** draw up leftover content from more than one vial of the same vaccine to make a single dose. If the vial does not contain the required dose, then the vial must be discarded.

Avoiding shoulder injury - SIRVA [Shoulder-Injury-Related-to-Vaccine-Administration-SIRVA.pdf \(mcri.edu.au\)](#)



Correct injection site

TOO HIGH



TOO LOW

