



# Merry Christmas and Happy New Year from the HNE PHU Immunisation team

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## TOPICS

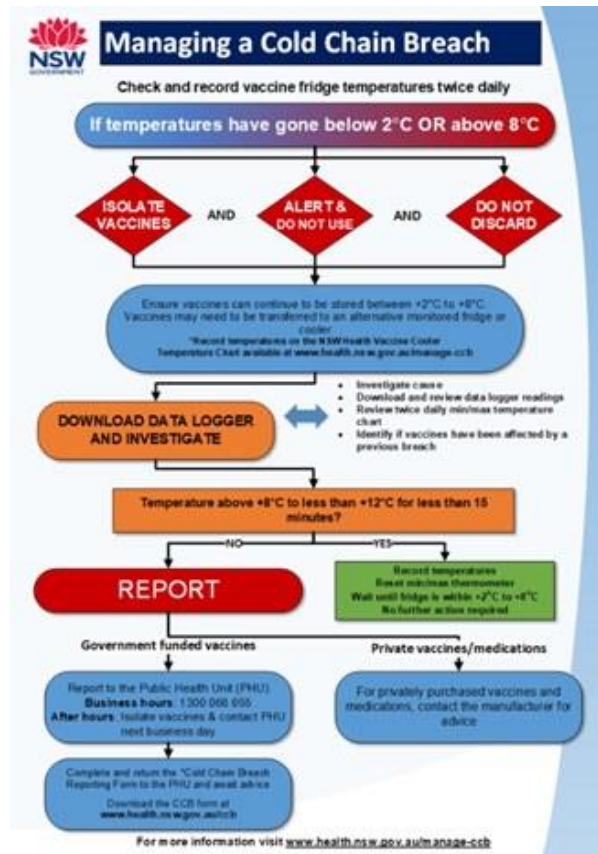
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- *Cold chain over Christmas*
  - *Current NSW Immunisation schedule*
  - *Japanese Encephalitis Virus vaccine recommendations*
  - *COVID-19 Vaccination recommendations*
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## Cold chain over Christmas

We anticipate storms and potential power outages over the Christmas period.  
 know your plan!

Be prepared and



Download the form below and make sure to SAVE it on your computer first, then complete the required information. Save the completed form with your surgery name and attach the completed form to your return email.

Download the [Cold Chain Breach Reporting Form](#) to report a cold chain breach. (disregard temperatures < 12 degrees for < 15 mins)

### ACTIONS

- Place sign on vaccine fridge stating DO NOT USE and DO NOT DISCARD
- Download data logger and save on your computer
- You will need to save the form on your computer first, then complete the required information. Save the completed form with your surgery name.
- You will need to attach it to your return email. Do not return printed or faxed copies of this reporting form.
- Ensure a detailed description of the CCB is provided in section 2 to assist with the assessment of the breach.
- In Section 4 you will need to report vaccines that have had a previous CCB. All vaccines exposed to a second breach (that is vaccines with cold chain breach stickers already applied) need to be reported in brackets. For example, today's breach has 7 doses of Priorix and 5 of those have a sticker from an earlier cold chain breach.

You will report:

- THEN return the following completed forms to Hunter New England PHU by email to [HNEUHD-PhImmunisation@health.nsw.gov.au](mailto:HNEUHD-PhImmunisation@health.nsw.gov.au)

- Completed Cold Chain Breach Reporting Form
- Data loggings for the duration of the cold chain breach. Preferably attached the "live" data logger file. That is the colour file that you save to your computer
- Vaccine refrigerator twice daily min/max temperature chart
- And any other attachments as per the Cold Chain Breach reporting form "Attachments Required"

Once all documents are returned the PHU will:

- complete section 4 and the PHU Use Only section advising your service which vaccines are to be retained and labelled, which vaccines are to be discarded and any other requirements.
- Submit your wastage report to the NSW Health State Vaccine Centre.

### Please Note:

- Do not attempt to reorder vaccines until this cold chain breach is finalised.
- For advice on private vaccines- you will need to contact the vaccine manufacturer.

Thank you for your cooperation.

1 - Check and record vaccine fridge temperatures twice daily when your service is open.

Ensure you download and review your datalogger when your service reopens prior to administering any vaccines!

If temperatures have been below 2 degree Celsius or above 8 degree Celsius you need to report this as a cold chain breach.


Report form is on our website under Cold Chain Breach [Information for Health Professionals | HNE Health \(nsw.gov.au\)](http://www.health.nsw.gov.au/information-for-health-professionals)

# The Current NSW Immunisation schedule October 2023 is pink and blue

[nsw-immunisation-schedule.pdf](#)

**NSW Immunisation Schedule**  
Updated October 2023

Vaccines funded under the National Immunisation Program



Childhood vaccines			
Age	Disease	Vaccine	Information
Birth	Hepatitis B	H-B-VAX II (IM) OR ENGENIX B (IM)	Within 7 days of birth (ideally within 24 hours)
6 weeks	Diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b	INFANRIX HEXA (IM) OR VAXELIS (IM)	Rotarix: Dose 1 limited to 6-14 weeks of age Bexsero: Recommended for other children (see AHP). Prophylactic paracetamol recommended
	Pneumococcal	PREVENAR 13 (IM)	
	Rotavirus	ROTARIX (Oral)	
	Meningococcal B (Aboriginal <sup>1</sup> children only)	BEXSERO (IM)	
4 months	Diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b	INFANRIX HEXA (IM) OR VAXELIS (IM)	Rotarix: Dose 2 limited to 10-24 weeks Bexsero: Recommended for other children (see AHP). Prophylactic paracetamol recommended
	Pneumococcal	PREVENAR 13 (IM)	
	Rotavirus	ROTARIX (Oral)	
	Meningococcal B (Aboriginal <sup>1</sup> children only)	BEXSERO (IM)	
Annual influenza vaccination	Diphtheria, tetanus, pertussis, hepatitis B, polio, Haemophilus influenzae type b	INFANRIX HEXA (IM) OR VAXELIS (IM)	Children ≥ 6 months with at risk conditions for IPD <sup>3</sup> are recommended to receive an additional dose of Prevenar 13 (see AHP)
	Meningococcal ACWY	NIMENRIX (IM)	Aboriginal <sup>1</sup> children ≥ 6 months with certain at risk conditions may require an additional dose of Bexsero (see AHP)
	Pneumococcal	PREVENAR 13 (IM)	
	Measles, mumps, rubella	MMR II OR PROTRIX (IM or SC)	
	Meningococcal B (NIP funded for Aboriginal <sup>1</sup> children only)	BEXSERO (IM)	Bexsero: Recommended for other children (see AHP). Prophylactic paracetamol recommended
	Diphtheria, tetanus, pertussis	INFANRIX OR TRIPICEL (IM)	
	Measles, mumps, rubella, varicella	PRIORIX TETRA (IM or SC)	
	Haemophilus influenzae type b	ACT-HIB (IM or SC)	
	Diphtheria, tetanus, pertussis, polio	INFANRIX_PV OR QUADRACEL (IM)	Children with at risk conditions for IPD <sup>3</sup> are recommended to receive an additional dose of Pneumovax 23 (see AHP)
At risk groups, adolescents and adults			
Age/group	Disease	Vaccine	Information
All people with asplenia, hyposplasia, complement deficiency and treatment with eculizumab	Meningococcal ACWY	NIMENRIX (IM)	See AHP <sup>4</sup> for required doses and timing. Additional groups are recommended to receive these vaccines but these are not funded
	Meningococcal B	BEXSERO (IM)	
≥ 5 years with asplenia or hyposplasia	Haemophilus influenzae type b	ACT-HIB (IM or SC)	If incompletely vaccinated or not vaccinated in childhood
≥ 18 years	Zoster	SHINGRIX (IM)	Only immunocompromised people ≥ 18 years with certain medical conditions (see AHP)
Year 7	Diphtheria, tetanus, pertussis	BOOSTRIX OR ADACEL (IM)	
	Human papillomavirus	GARDASIL 9 (IM)	
Year 10	Meningococcal ACWY	NIMENRIX (IM)	
Pregnant	Influenza	INFLUENZA	Influenza: Any trimester Particell: each pregnancy between 20-32 weeks
	Pertussis	BOOSTRIX OR ADACEL (IM)	
Aboriginal <sup>1</sup> people ≥ 50 years	Pneumococcal	PREVENAR 13 (IM) then PNEUMOVAX 23 (IM)	Prevenar 13 ≥ 50 years Pneumovax 23 ≥ 12 months later (see AHP) Pneumovax 23 at least 5 years later Shingrix ≥ 50 years
≥ 65 years	Zoster	SHINGRIX (IM)	Shingrix: Funded for people ≥ 65 years
≥ 70 years	Pneumococcal	PREVENAR 13 (IM)	Pneumococcal funded for people ≥ 70 years
People with at risk conditions for IPD <sup>3</sup>		See the online AHP <sup>4</sup> for conditions recommended to receive Prevenar 13 and Pneumovax 23	
Influenza			
Age/at risk condition	Recommendation	Information	
All children ≥ 6 months to + 5 years	ANNUAL INFLUENZA VACCINATION	Discuss influenza vaccination with other present family members	
Aboriginal <sup>1</sup> people ≥ 6 months		Children aged less than 9 years of age who are receiving the influenza vaccine for the first time should receive 2 doses of the vaccine, 4 weeks apart	
People with at risk conditions ≥ 6 months			
≥ 65 years			
Pregnant women			For vaccine brands and eligibility see: <a href="http://www.health.nsw.gov.au/immunisation/Pages/flu.aspx">www.health.nsw.gov.au/immunisation/Pages/flu.aspx</a>

<sup>1</sup> The term Aboriginal is inclusive of Aboriginal and Torres Strait Islander people. <sup>2</sup> IPD inclusive pneumococcal disease. AHP<sup>4</sup> Online: Australian Immunisation Handbook, October 2022 © NSW Health, SHPS (P) NSW 220793.

## Japanese encephalitis virus vaccination

[Japanese encephalitis vaccination - Japanese encephalitis virus \(nsw.gov.au\)](http://nsw.gov.au)

*Japanese encephalitis virus (JEV) is transmitted to humans and other animals by the bite of infected mosquitoes. A number of pig properties have recently been identified with JE virus infection. Pigs are important in JEV transmission because pigs develop high levels of viremia sufficient to infect mosquitoes (amplifying host).*

*The Japanese encephalitis vaccine is safe and effective for people aged 2 months and older. Vaccination is recommended for those at the highest risk of catching Japanese encephalitis.*

Once fully vaccinated, it can take between **2 to 4 weeks** for your body to develop a protective immune response to the disease, so if you're eligible, you should get vaccinated as soon as possible.

## Vaccination

There are two safe and effective vaccines for JE:

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1. · **Imojev:** Live attenuated vaccine given by subcutaneous injection. Primary course is one dose. Registered for use in people aged  $\geq 9$  months.
  2. · **JEspect / Ixiaro:** Inactivated Japanese encephalitis vaccine given by intramuscular injection. Primary course is two doses. Available for use in infants and children aged  $\geq 2$  months, immunocompromised people, and pregnant women.
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## Who is eligible for a free Japanese encephalitis virus vaccination?

NSW Health has expanded access to JE vaccine - refer to [Information on people recommended to be vaccinated against Japanese encephalitis](#) for the most current advice.

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## COVID Vaccination recommendations

Review the Australian Immunisation Handbook and the National Centre for Immunisation Research and Surveillance COVID-19 vaccines: Frequently asked questions (FAQs)

[COVID-19 vaccines: Frequently asked questions \(FAQs\) | NCIRS](#)