

Nurse skill share - Immunisation

Wednesday 4 March 2026

The content in this session is valid at date of presentation



Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, the Wurundjeri Woi Wurrung People, the Boon Wurrung People and the Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



Housekeeping



Sign in

- Please ensure you have signed in using the sheet at the door.



Emergency Exits

- Do not use the elevator in case of an emergency we will walk down the stairs to exit building.



Kitchenette

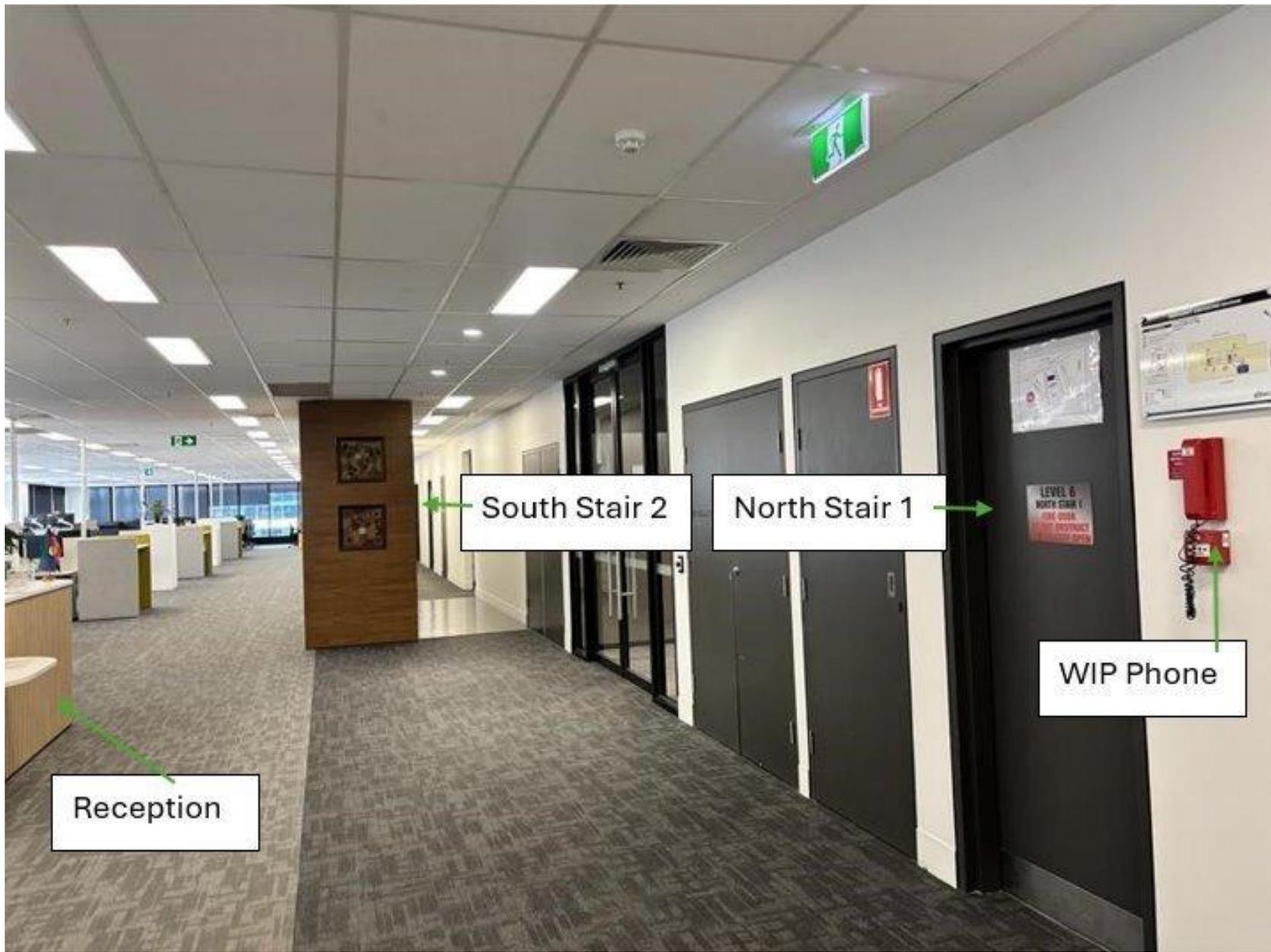
- Help yourself to water, tea, and coffee in the kitchenette



Toilets

- Follow the signs

Please do not enter the main office area and keep to training rooms and kitchens.



Reception

South Stair 2

North Stair 1

WIP Phone

Today's agenda

12.30PM – 12.40PM Welcome & Introduction (Michaela Lodewyckx – Manager, Workforce Development)

12.40PM – 1.40PM Sonia Elia presenting

- Immunisation Decision Making & Catch Up
- HALO framework for immunisation planning
- COVID-19, RSV, Pneumococcal & measles
- Childhood immunisations

1.40 PM -2.00PM Dr Claire Gordon and Dr Katherine Ong presenting

- NEPHU Measles Update – update on adult MMR campaign

2.00 PM – 2.25 PM - Q&A Panel - Sonia Elia, Dr Claire Gordon, Dr Katherine Ong and Max Garnery

2.25 PM – 2.30 PM Close

Speakers

Sonja Elia, Nurse practitioner, Austin Health

Dr Claire Gordon, Infectious diseases and public health physician, NEPHU

Dr Katherine Ong, Public health physician, NEPHU

Max Garnery, Enrolled Endorsed Nurse, Inner North Medical Clinic

NWMPHN webpage - Resources for nurses who are new to general practice

Visit the NWMPHN page where you will find education information and opportunities.

Practice nurses can greatly improve the quality and range of services available in a general practice. Working collaboratively with GPs and other members of the team, nurses can access free and low-cost resources to support their role, including:

- education, training and networking opportunities
- support for key work areas such as immunisation, chronic disease management, health assessments and wound care
- guidance on essential systems including HPOS, Medicare and MBS, and the Australian Immunisation Register
- access to education sessions, webinars, recorded resources and nurse networking opportunities

For more information visit [Nurses new to general practice - North Western Melbourne Primary Health Network](#)

NWMPHN Immunisation page

[Immunisation - North Western Melbourne Primary Health Network](#)

We support primary health care providers to increase immunisation rates by providing:

- local clinical and referral information on [HealthPathways Melbourne](#)
- advice on schedule updates and changes to immunisation programs
- [education sessions and webinars](#) on immunisation
- support with reporting to the Australian Immunisation Register (AIR)
- assistance to maintain high standards of cold-chain management in accordance with the [National Guidelines](#) to ensure vaccine efficacy
- mobile influenza services for hard-to-reach populations
- increased public awareness for immunisation through our [Immunise Melbourne campaigns](#).

The screenshot displays the 'Related resources' section of the NWMPHN Immunisation page. It features three resource cards: 'Australian Immunisation Handbook', 'Australian Immunisation Handbook – mobile app', and 'Supporting and understanding delegations in HPOS to enable access to the Australian Immunisation Register'. Below these is a 'Click for more resources' button. The news section shows two articles: 'Health systems and capacity building' with the NEPHU logo and the headline 'Think measles vaccination status at every health check' (dated 4 February 2025), and 'Prevention and management of chronic conditions' with a photo of a person's arm and the headline 'NWMPHN, NEPHU, EMPHN launch adult measles immunisation program' (dated 18 September 2025). A green curved line highlights the news section.

Nurse Skill Share: Immunisation

04 March 2026

Your Clinical Management and Referral Resource



Localised Clinical Pathways

(Evidence-based guidance adapted for Melbourne clinicians)



Referral Information

(Clear referral instructions for local health services and hospitals)



Regular Updates

(Pathways reviewed and updated regularly by Clinical Editors)



CPD Hours

(Track and record CPD activities directly through Pathway page)



Collaborative Development

(Created by GPs, specialists, allied health and other health professionals)



Easy Access

(Web-based platform, mobile-friendly for point-of-care use)



Streamlined Workflow

(Quick navigation with Assessment, Management and Referral sections all in one place)



Free for Clinicians

(No cost access for all health professionals in North Western and Eastern Melbourne PHN catchments)

Find the Clinical Pathways You Need

Health Assessments

- [45 to 49 Year Old Health Check](#)
- [Comprehensive Medical Assessment \(CMA\) for RACFs](#)
- [Health Assessment for Aboriginal and Torres Strait Islander People \(MBS Item 715\)](#)
- [Health Assessment for People with an Intellectual Disability](#)
- [Health Assessment for Refugees and People Seeking Asylum](#)
- [Health Assessment for Older Adults \(≥ 75 Years\)](#)
- [Type 2 Diabetes Risk Evaluation - 40 to 49 Years Health Assessment](#)

Practice Incentive Programs

- [eHealth Practice Incentives Program \(ePIP\)](#)
- [Practice Incentives Program \(PIP\)](#)
- [Practice Incentives Program Indigenous Health Incentive \(PIP-IHI\)](#)
- [Workforce Incentive Program \(WIP\)](#)

MBS Items

- [Guide to MBS Items](#)
- [Chronic Disease Management Items \(CDM\)](#)
- [GP Mental Health Treatment Plan \(MHTP\)](#)

Infection Prevention and Control

- [Infection Prevention and Control](#)
- [Blood/Body Fluid Exposure](#)
- [Hand Hygiene](#)
- [Local Public Health Units \(LPHUs\)](#)
- [Notifiable Conditions in Victoria](#)

Immunisation and vaccines

- [Immunisation Services](#)
- [Adverse Events Following Immunisation \(AEFIs\)](#)
- [Immunisation - Childhood](#)
- [Immunisation - Adolescents](#)
- [Immunisation - Adults](#)
- [Immunisation - Pregnancy](#)
- [Immunisation Services](#)
- [Travel Vaccination](#)
- [COVID-19 Vaccination](#)
- [Vaccines](#)
- [Vaccine Supply, Storage, and Cold Chain Breaches](#)

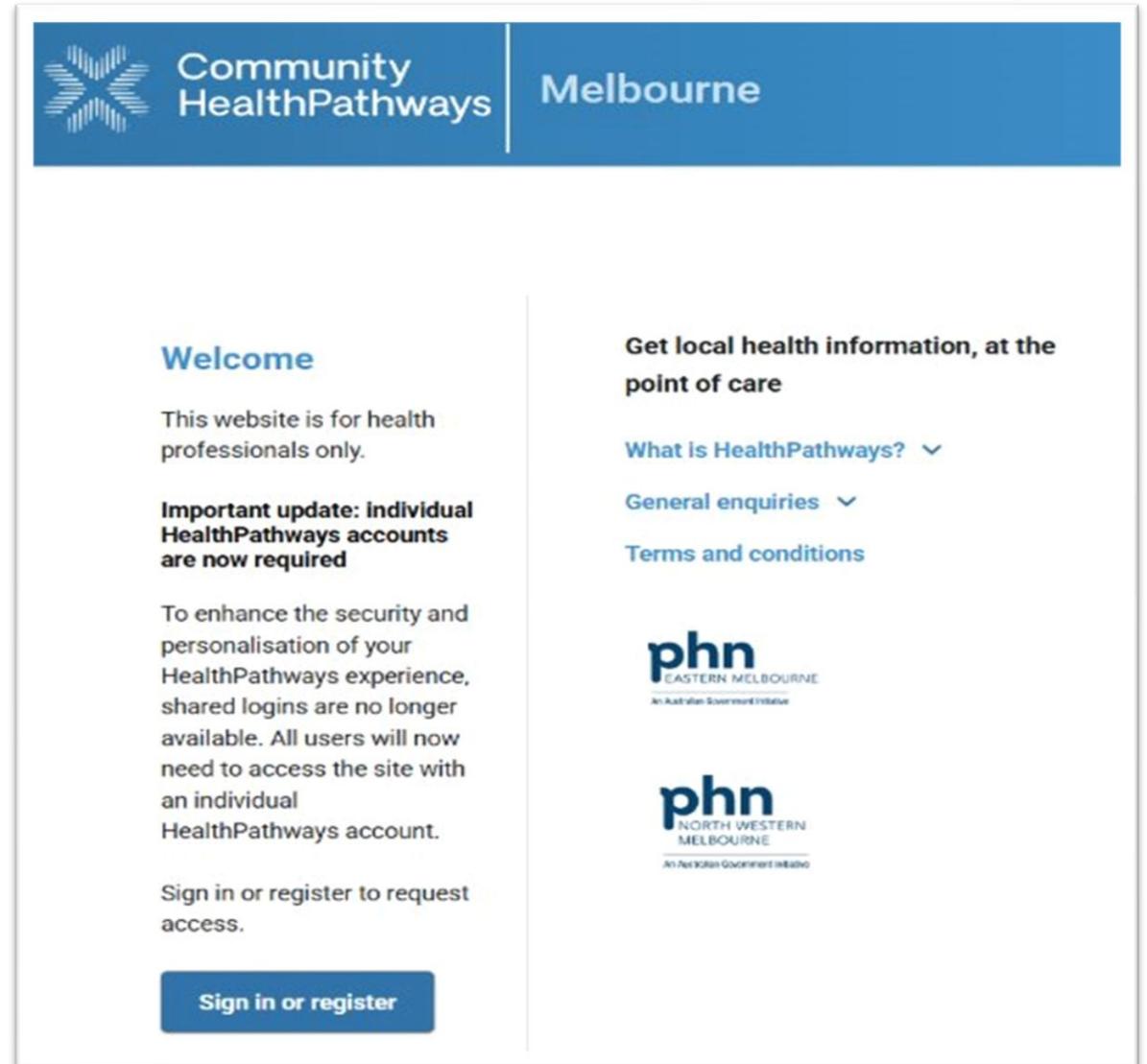
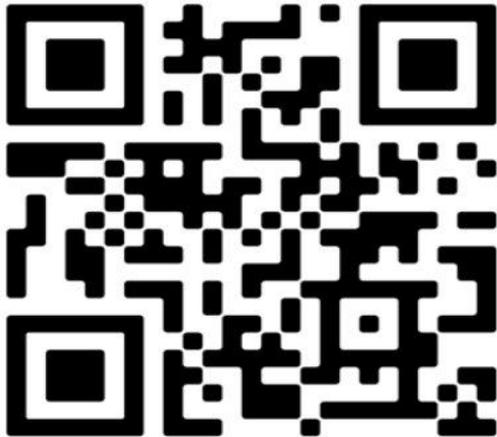
Basic skin and wound management

- [General Wound Care](#)
- [Infection and Bacterial Load in Wounds](#)
- [Lacerations](#)
- [Leg Ulcers](#)
- [Pressure Injuries](#)
- [Skin Tears](#)
- [Wound Management Products](#)
- [Specialist Wound Management Services](#)

Access Now: Sign In or Scan to Register

Please click on the [Sign in or register](#) button to create your individual account or scan the QR code below.

If you have any questions, please email the team info@healthpathwaysmelbourne.org.au



The screenshot shows the HealthPathways Melbourne website. At the top, there is a blue header with the HealthPathways logo and the text 'Community HealthPathways Melbourne'. Below the header, the main content area is divided into two columns. The left column features a 'Welcome' section with the text 'This website is for health professionals only.' followed by an 'Important update: individual HealthPathways accounts are now required' section. This update section explains that shared logins are no longer available and that users must now have individual accounts. At the bottom of this column is a blue button labeled 'Sign in or register'. The right column contains a section titled 'Get local health information, at the point of care' with three links: 'What is HealthPathways?', 'General enquiries', and 'Terms and conditions'. Below these links are two logos for 'phn' (Public Health Network), one for 'EASTERN MELBOURNE' and one for 'NORTH WESTERN MELBOURNE', both noted as 'An Australian Government Initiative'.



Nurse Skill Share: HALO Immunisation

Sonja Elia
NP – Immunisation

Austin
HEALTH

Acknowledgement of Country



Session details

- What is an Error of omission
- Case examples – tetanus, pertussis, meningococcal, influenza, chickenpox and Respiratory Syncytial Virus (RSV)
- HALO Principle of vaccination
- Patient scenarios (group work)



Immunisation status of patients

- Every encounter with a health professional is an opportunity to review immunisation status
- Give due/overdue vaccines
- Use the Australian Immunisation Register (AIR)
 - Phone 1800 653 809
 - Via PRODA
- Nurses play an important role in maintaining high immunisation coverage – providing accurate and comprehensive information about vaccines



Error of omission

- A medical error of omission is an error resulting in an inappropriate increased risk of disease-related adverse event resulting from receiving too little treatment (Hayward et al. 2005)
- An example
 - **failing to tell a patient about a vaccine that might save their life**



Pertussis (whooping cough) – too young to die!

In the days and weeks following their daughter's death, Danny and his family were left with unanswered questions.

“We felt grief and then huge feelings of guilt. How could this have happened? Is there something we should have done?”

Danny scoured the web for information and learned that health authorities in his area had been running whooping cough awareness campaigns and sent letters to doctors recommending vaccination of expectant parents.

The Darche family had been planning to have a baby for three years. They had endured miscarriages and had frequent contact with health professionals. Yet they had never heard of pertussis. They checked with friends and colleagues who said they too had been unaware of the danger of whooping cough until the news came about Lore.

Danny said he is frustrated and saddened that no doctor passed on the information which could have made a vital difference. Likewise, he questioned whether staff in creches follow recommendations to be vaccinated against childhood illnesses.

Equally frustrating, he said, is the inconsistency among doctors on the vaccination of pregnant women against pertussis – something the Darche family have been advocating for – and the apparent lack of attention given to the disease which took their 83-day-old daughter.

The Darche family now know that during the first weeks of Lore's life one of them came home with a cough and contaminated other family members, including their new baby. If they had had booster shots, Danny says, things could have been different.

“Since then life goes on of course but every night we go to sleep with the knowledge that we contributed to the death of our own baby. That's a sentiment I wouldn't wish on my worst enemy,” says Danny.





**GUST,
1 MONTH OLD
AND ALREADY 4 MONTHS
PROTECTED AGAINST
WHOOPIING COUGH**

Whooping cough affects more and more young babies

**Pregnant?
Get your FREE vaccine and protect
your child**

Source : Zorg & Gezondheid.be (Flemish Agency for Care & Health)



Pertussis vaccine recommendations

The [Australian Immunisation Handbook](#) recommends whooping cough vaccination for [specific groups](#) including:

- routine vaccination in infants, children and adolescents
- routine booster vaccination in adults, including those in special risk groups or in contact with a special risk group, such as
 - women who are pregnant or breastfeeding
 - healthcare workers
 - early childhood educators and carers
 - people in close contact with infants
- vaccination of people who have missed doses of pertussis-containing vaccine.

The whooping cough combination vaccine is **free** under the [National Immunisation Program](#) for:

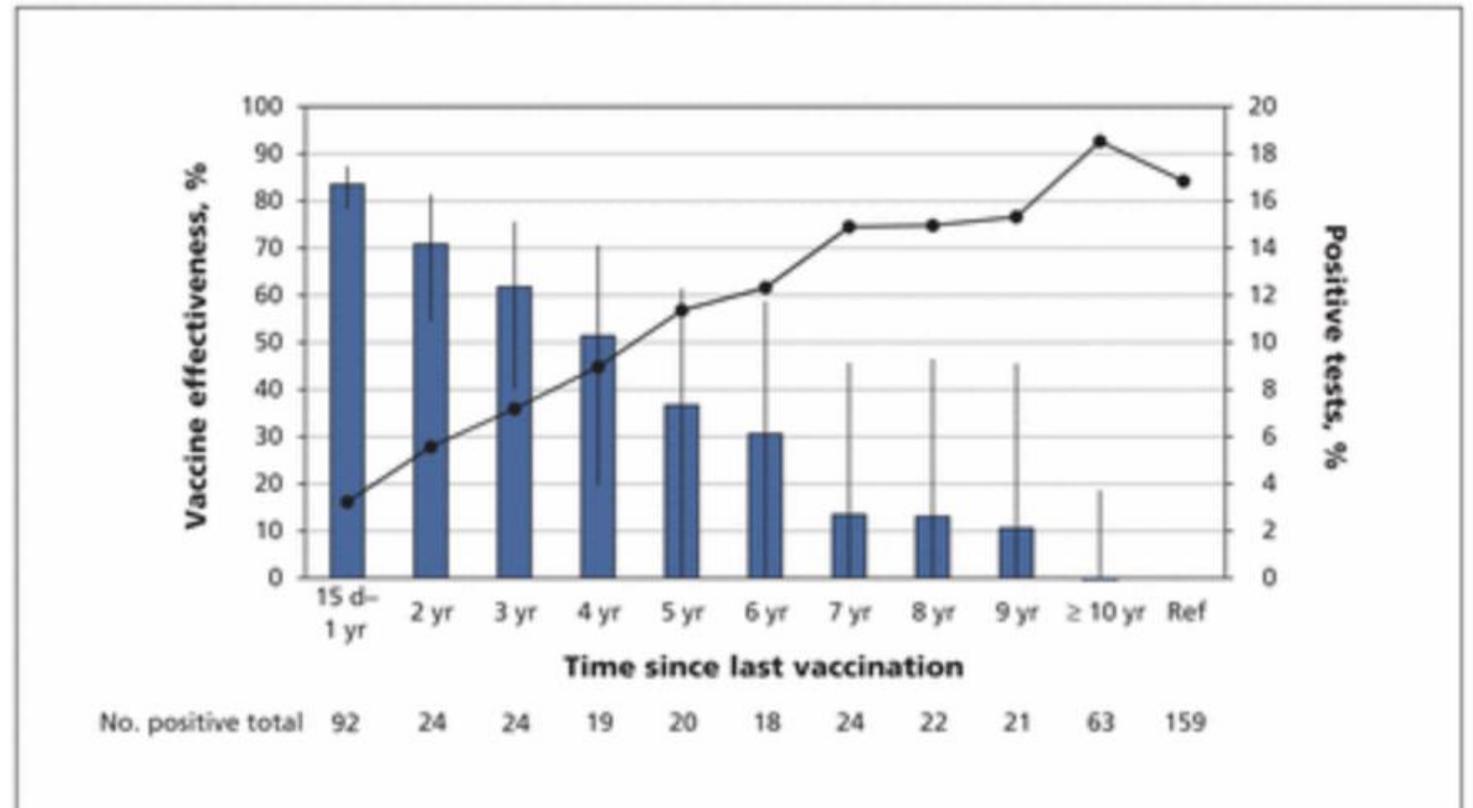
- children aged 2 months, 4 months, 6 months, 18 months and 4 years
- adolescents aged 12-13 years through school-based vaccination programs
- pregnant women (ideally between 20-32 weeks)

Aus. Govt. Dept. of Health, (2024)



Pertussis vaccine recommendations

- Recommended for every pregnancy (mother)
- Booster every 5-10 years



Tetanus – schoolies trip gone bad!

- Year 12 student went to Gold Coast for schoolies
- Dancing in nightclub, fell onto broken glass on the dancefloor
- Presented initially to hospital, long wait, went to medical centre
- "Are vaccinations up-to-date?"



Tetanus case

- Returned home from trip
- One week after returning – presented to parents in the middle of the night, unable to speak due to lockjaw
- Took her to hospital, intubated in ICU, given tetanus immunoglobulin
- Weeks of recovery – speech therapy, soft diet



Meningococcal – don't be rash!

- Christmas night in 2017, Lily went to bed thinking she had the flu
- 45 minutes later, rushed to hospital and diagnosed with meningococcal
- ICU for 8 days, hospital for 3 weeks
- Went on to needing kidney transplant (donated by sister)



Meningococcal

3 PM



11 PM



Meningococcal

- Lily said more people need to understand they aren't immunised against all meningococcal strains.
- She said that knowledge can be the difference between life and death.



Influenza – fool me once!

- 3-year-old identified as Aboriginal and Torres Strait Islander
- tracheostomy dependent, tube fed, limited muscular movement
- Influenza B positive in 2015 (6 months of age, had not received flu vaccine)
 - **2 day PICU admission on BiPap with secondary pneumonia**
- Received flu vaccine in 2016, 2017



Varicella (chickenpox) – tennis star seeing spots!

Ireland

Lleyton Hewitt sidelined with chickenpox

World number one Lleyton Hewitt has been hit by chickenpox just 11 days before the start of the Australian Open.

Thu Jan 03 2002 - 00:00



World number one Lleyton Hewitt has been hit by chickenpox just 11 days before the start of the Australian Open.

The 20-year-old has withdrawn from the Hopman Cup in Perth after extensive tests revealed he has the virus.

Hewitt is due to be the top seed at the first Grand Slam tournament of the year at Melbourne Park from January 14th to 27th.

Hewitt was seen by Hopman Cup tournament doctor Peter Steele and infectious diseases specialist Miles Beamon yesterday.

READ MORE

Early test results released this morning suggested he did not have chickenpox but later results proved positive.

Hewitt's girlfriend - women's world number five Kim Clijsters - does not have the disease, having already suffered from it as a child, officials said.

LATEST STORIES >

'There's nowhere to go. It's a nightmare': Buncrana woman says she may lose rented home due to mica grants

'They are being robbed of their potential': Thousands of children with special needs waiting years for vital therapy

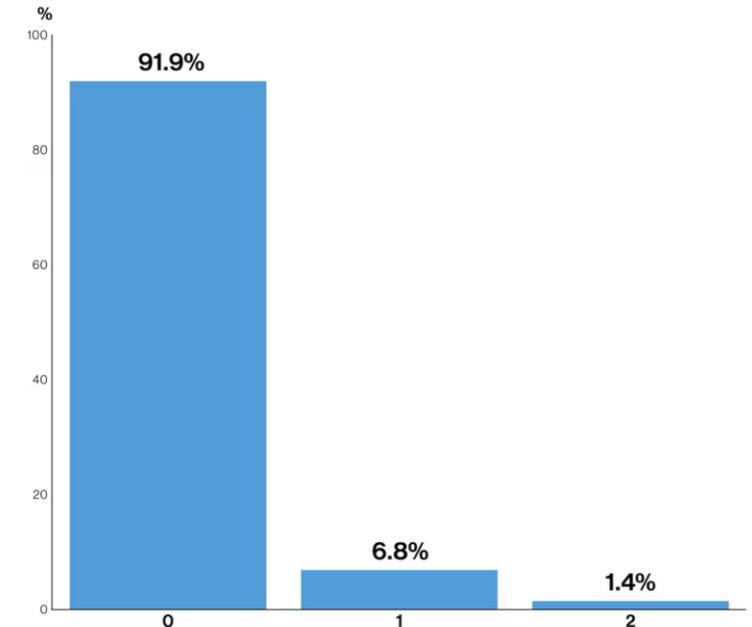
People don't set small businesses on fire because they love their country

Is Buffett turning bearish on stocks?

Organising a 'walking bus' can save time and money and improve kids' health

Chickenpox vaccine doses among patients in New York City outbreak

SEPT. 12, 2022 – MARCH 6, 2024



SOURCE: NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CDC



Chickenpox vaccine doses among patients in New York City outbreak
ABC News Photo Illustration



Varicella – is it really that bad?

- Eilish developed chickenpox (prior to vaccine on schedule)
- Developed ischaemic stroke with varicella infection (4 fold risk)
- Daily diary of activity (memory loss) and prostheses on leg (weakness)



HALO Principle of vaccination

- **Health** – health issues such as prematurity, asthma, diabetes, cardiac, respiratory, splenic or renal conditions
- **Age** – at different ages you need protection from different diseases
- **Lifestyle** – lifestyle choices like overseas travel, sport, sexual activity or smoking
- **Occupation** – some jobs expose you to a great risk of contact with disease



Case examples...

- Pertussis - **age** (infant most vulnerable), **lifestyle** (pregnancy)
- Tetanus - **lifestyle** (travel)
- Meningococcal - **age** (young adult)
- Influenza - **health** (risk group, trache dependent); **age** (infants)
- Chickenpox - **age; lifestyle/occupation** (sport)



Immunisation – deciding which vaccines you need

- Everyone's HALO is different

<https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-deciding-which-vaccines-you-need>



Health

- I want to avoid catching the flu (influenza) ▼
- I am not sure if I have been vaccinated or have missed some vaccines ✕
- I am pregnant ▼▼▼
- I am planning to get pregnant ◆✕
- I have an ongoing health issue ▼◆
- I have a defect or deficiency of complement components ●
- I have no spleen or a problem with my spleen ▼◆●◆
- I have had invasive pneumococcal disease ◆
- I have not had chickenpox ✕
- I am or will be on treatment with eculizumab ●
- I live with a person who has Hepatitis B ●
- I was born in a priority hepatitis B endemic country and arrived in Australia in the last 10 years ●
(Priority countries include China, Philippines, Malaysia, Vietnam, Afghanistan, Thailand, South Korea, Myanmar (Burma) Indonesia, Singapore, Hong Kong, Taiwan and Cambodia)
- I have Hepatitis B/C ✕/✕●
- I am, or care for, a person with developmental disabilities ▼✕●
- I have a BMI $\geq 40\text{kg/m}^2$ ▼
- I am immunocompromised ▼◆▼●
- I have a cochlear implant or intracranial shunt ◆

- ▼ Influenza (flu)
- ◆ Pneumococcal
- ▼ Respiratory Syncytial Virus
- ✕ Hepatitis A
- Hepatitis B
- ▼ Diphtheria-tetanus-whooping cough
- ◆ Measles-mumps-rubella
- ✕ Chickenpox
- Meningococcal
- ▼ Human papillomavirus

- ◆ Rabies
- ✕ Q Fever
- Shingles
- ▼ Diphtheria-tetanus
- ◆ *Haemophilus influenzae* type b
- ✕ Review the information over the page as a guide. Children and some adults are eligible for free recommended immunisations as per the Immunisation schedule Victoria¹.
- A detailed travel consultation should be undertaken to discuss all health risks.

¹ <https://www.health.vic.gov.au/public-health/immunisation/>



Age

- I am the parent/guardian of children aged 0–19 years ✖
- I was born since 1966 and have not had two measles-mumps-rubella vaccines ◆
- I am aged from 50 years ▼
- I am aged from 60 years ●
- I am aged from 65 years ▼▼●
- I am aged from 70 years ◆
- I identify as an Aboriginal and/or Torres Strait Islander person aged from 6 months of age and over ◆▼●
- I identify as an Aboriginal and/or Torres Strait Islander person aged from 50 years ◆▼●●

▼ Influenza (flu)

◆ Pneumococcal

▼ Respiratory Syncytial Virus

✖ Hepatitis A

● Hepatitis B

▼ Diphtheria-tetanus-whooping cough

◆ Measles-mumps-rubella

✖ Chickenpox

● Meningococcal

▼ Human papillomavirus

◆ Rabies

✖ Q Fever

● Shingles

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Lifestyle

- I plan to travel overseas soon ●
- I smoke tobacco ▼◆
- I have, or will soon have, close contact with a newborn baby ▼
- I have, or plan to have, a tattoo or body piercing ●
- I am a man who has sex with men ✕●▼●
- I inject drugs ✕●

▼ Influenza (flu)

◆ Pneumococcal

▼ Respiratory Syncytial Virus

✕ Hepatitis A

● Hepatitis B

▼ Diphtheria-tetanus-whooping cough

◆ Measles-mumps-rubella

✕ Chickenpox

● Meningococcal

▼ Human papillomavirus

◆ Rabies

✕ Q Fever

● Shingles

▼ Diphtheria-tetanus

◆ *Haemophilus influenzae* type b

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Occupation

- I work with children ▼◆✕▼✖
- I am a healthcare worker ▼●▼◆✕
- I work in an emergency service or essential community service ▼●▼/▼◆
- I work in a residential care facility ▼◆✕
- I care for, or live with, someone with reduced or impaired immunity ▼
- a) I work in an abattoir or with farm animals or breed cats and dogs ▼✖
- I am a plumber or sewerage worker ✖▼/▼
- I am a sex industry worker ✖●
- I may handle Australian bats ◆
- I am exposed to blood and body fluids or human tissue at work ●

▼ Influenza (flu)

◆ Pneumococcal

▼ Respiratory Syncytial Virus

✖ Hepatitis A

● Hepatitis B

▼ Diphtheria-tetanus-whooping cough

◆ Measles-mumps-rubella

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Group work – Patient scenarios

- Patient scenario
- Using the HALO principle of immunisation, determine the vaccination needs of the patient
- Present findings to participants



Patient Scenario 1

- Darren is a 59-year-old with type II diabetes due to obesity. He volunteers with the State Emergency service and is looking forward to welcoming his first grandchild. What vaccines would you recommend for Darren?



Patient Scenario 1 (answers)

1. MMR serology (born before 1966)
2. Hep B vaccine
3. dTpa (cost)
4. Influenza (funded)
5. Pneumococcal (cost)



Rationale

1. MMR serology (born before 1966) – so likely had natural infection
2. Hep B – won't have had vaccine (not on NIP), work with SES at risk
3. dTpa – new grandparent, won't want to catch/pass on pertussis
4. Influenza – diabetic and obese
5. Pneumococcal - diabetic



Patient scenario 2

- Richard is a 65-year-old with a history of asthma and frequent pneumonia infections. He has just retired and is planning a 4-week European vacation with his wife, travelling to Italy, France, England and Germany. What vaccines would you recommend for Richard?



Patient scenario 2 (answers)

1. Influenza (funded)
2. Shingles (funded)
3. dTpa (at cost)
4. Pneumococcal (at cost)
5. RSV vaccine (at cost)



Rationale

1. Influenza - history of asthma and pneumonia
2. Shingles - National Immunisation program
3. dTpa - asthma and pneumonia history, pertussis could be deadly
4. Pneumococcal - history of pneumonia (free at 70 years)
5. RSV vaccine - medical history



Patient Scenario 3

- Sophie is a 13-year-old with a history of inflammatory bowel disease and is currently taking azathioprine. She is currently in Year 7 at school and vaccines are up-to-date according to the NIP to 4 years of age inclusive. What vaccines would you recommend for Sophie?



Patient Scenario 3 (answers)

1. HPV (3 doses, funded)
2. dTpa (funded)
3. MMR, varicella and Hep B serology
4. Meningococcal B and ACWY (at cost)
5. Pneumococcal (funded)
6. Influenza (funded)



Rationale

1. HPV – Year 7 NIP (3 doses because of immunosuppression)
2. dTpa – Year 7 NIP
3. MMR, varicella and Hep B serology – immunosuppressed, can't have live vaccines need to check immune
4. Meningococcal B and ACWY – immunosuppressed and young adult
5. Pneumococcal – immunosuppressed
6. Influenza – immunosuppressed



Patient Scenario 4

- Tom is a gay first year university student who will be boarding on campus. He is studying a Bachelor of Science in Medical laboratory technology. What vaccines would you recommend for Tom?



Patient Scenario 4 (answers)

1. Check HPV vaccination status and Men ACWY
2. Hepatitis A (at cost)
3. Hepatitis B (check serology, free if non-immune)
4. Meningococcal B (at cost)
5. Influenza (at cost)
6. Mpox (funded)



Rationale

1. Check HPV vaccination status – gay, bisexual or men who have sex with men (GBMSM) at increased risk of HPV
2. Check Men ACWY status – living on campus at increased risk of meningococcal as well as future laboratory worker
3. Hepatitis A - GBMSM at increased risk of Hep A
4. Hepatitis B - GBMSM at increased risk of Hep B
5. Meningococcal B - as above (Men ACWY)
6. Influenza – potential to negatively affect studies
7. Mpox – GBMSM at risk of exposure to Mpox



Questions?

THE BEST PART ABOUT GETTING
VACCINATED ISN'T THE LOLLIPOP.



IT'S THE PART WHERE YOU
DON'T GET SICK AND DIE.



References

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Response to measles outbreak: Adult measles immunisation program

Dr Katherine Ong, public health physician

Dr Claire Gordon, ID and public health physician

Lily Buch, Measles Immunisation Program Lead

March 2026

Acknowledgement of Country

NEPHU acknowledges the Traditional Custodians of the land on which we work, live and play on. We pay our deepest respects to their Elders, past and present. We recognise and honour the enduring connection that Aboriginal and Torres Strait Islander peoples have to this land, water and Community.



Artwork: The Gathering
Artist: Rubii Red

North Eastern Public Health Unit (NEPHU)

*Dr Claire Gordon, Infectious Diseases and Public Health Physician,
NEPHU*

Local public health units in Victoria

Loddon Mallee

- Loddon Mallee covers the most amount of area across the state out of all LPHUs.
- Population: 330,490
- Area: 57,426km²

Grampians

- The region consists of relatively remote farming communities.
- Population: 246,000
- Area: 47,457km²

Barwon

- Barwon PHU was the first of nine LPHUs to be stood up in June 2020.
- Population: 459,390
- Area: 31,835km²

WPHU

- This region has the greatest number of functions to consider following integration which include Ports of entry, Melbourne Airport, Vaccination centres and testing.
- Population: 1,344,100
- Area: 1,419km²

Goulburn Valley

- Goulburn Valley initiated Victoria's first mobile vaccine hub, named 'Jabba the Bus'.
- The Goulburn Valley catchment spans across 22,710km² serving over 195,000 people across its communities

Ovens Murray

- Formally known as Albury Wodonga PHU.
- Resides on the border with services spanning across 17 sites across North-East Victoria and Southern New South Wales.
- Population: 108,690
- Area: 17,582km²

Gippsland

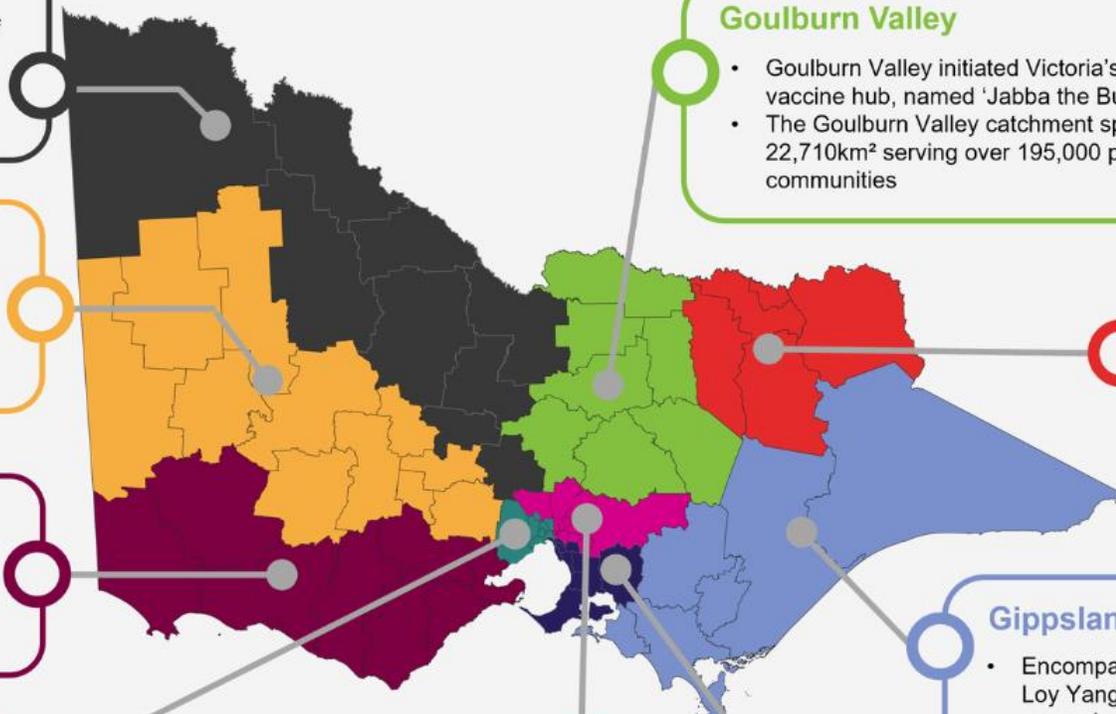
- Encompasses 14 national parks and the Loy Yang power station supplying approximately 30% of Vic power supply.
- Population 295,500
- Area: 41,512 km²

NEPHU

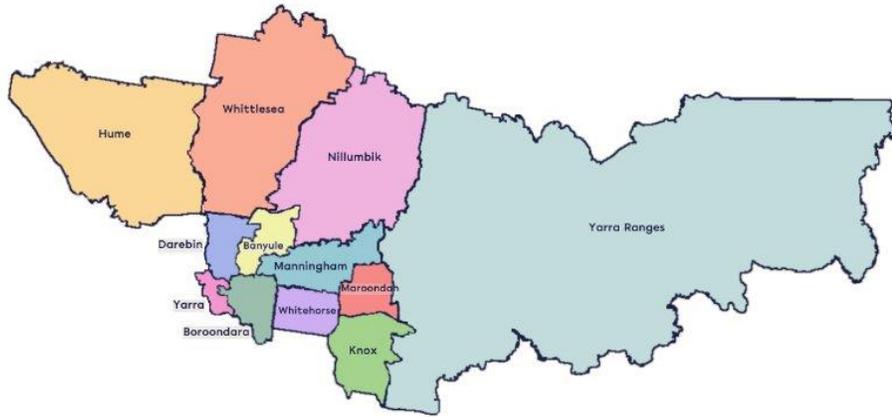
- One of the most culturally and linguistically diverse regions in Australia.
- Population: 1,856,440
- Area: 4,443 km²

SEPHU

- Encompasses the Southeast Suburbs and the Peninsula.
- Population: 1,811,620
- Area: 2,972 km²



Local public health units in Victoria



Banyule City Council

City of Bororoondara

City of Darebin

Hume City Council

Knox City Council

Manningham Council

Maroondah City Council

Nillumbik Shire Council

Whitehorse City Council

City of Whittlesea

Yarra City Council

Yarra Ranges Council

- LPHU boundaries do not directly overlap with PHNs

- Measles immunisation content is general and still applicable to all Victorian primary care practices

- Some initiatives being promoted in other LPHU catchments will not apply in the NEPHU catchment

Why is measles important?

What is measles?

Viral respiratory disease

Symptoms

- Fever
- Cough
- Coryza
- Conjunctivitis
- Koplik spots
- Rash: 3-5 days after onset, fever present, starts on head and descends, maculopapular non-itchy

Presentation is atypical if some prior immunity (“attenuated measles”)

There is no antiviral treatment for measles



Complications

About 1 in 4 will be hospitalised

<5yo and >20yo are at risk

Common: Ear infection, diarrhoea

Severe: pneumonia, encephalitis

Long term: subacute sclerosing panencephalitis

Death: 1-2 per 1,000

How is measles spread?

Mode of transmission – Airborne or on surfaces

One of the most contagious diseases (R_0 12-18)

Transmission can occur from just being in the same room as case as well as after case has left

Infectious period – 24 hours before symptom onset (or 4 days before rash onset if uncertain symptom onset) to 4 days after rash appeared

Incubation period – 7-18 days



2025 Victorian outbreak

Victorian outbreak - early 2025

- Multiple incursions, particularly from Vietnam and Thailand
- Undetected local transmission
- Greater spread than previously, likely due to lower herd immunity

News > Victoria

BREAKING

Measles alert for Chadstone Shopping Centre, metro trains

Chadstone Shopping Centre has become a measles exposure site after a confirmed case worked at a popular make-up store, and visited other shops, while infectious. [SEE THE FULL LIST.](#)

Sarah Booth [Follow](#)

[@sarahbooth_14](#) 2 min read May 23, 2025 - 3:44PM

Herald Sun



Current measles situation

Sharp increase in measles cases over last two weeks

- 9 cases
 - 1 local transmission from unknown source (same genotype as NSW case)
 - 8 overseas travel to India and Indonesia
 - Many exposures in south metro area
- Any overseas travel is a risk factor

Measles 'likely' circulating in Sydney as outbreak grows

 By Patrick Brischetto | 3:45pm Feb 28, 2026

Why the 'canary in the coalmine' of infectious diseases is on the rise in Australia

More than a decade after it was wiped out, one of the world's most contagious diseases is on the rise again in Australia.



Natalie Brown [Follow](#)

[X](#) @natalieisbrown ⌚ 4 min read February 28, 2026 - 3:52PM [news.com.au](#)

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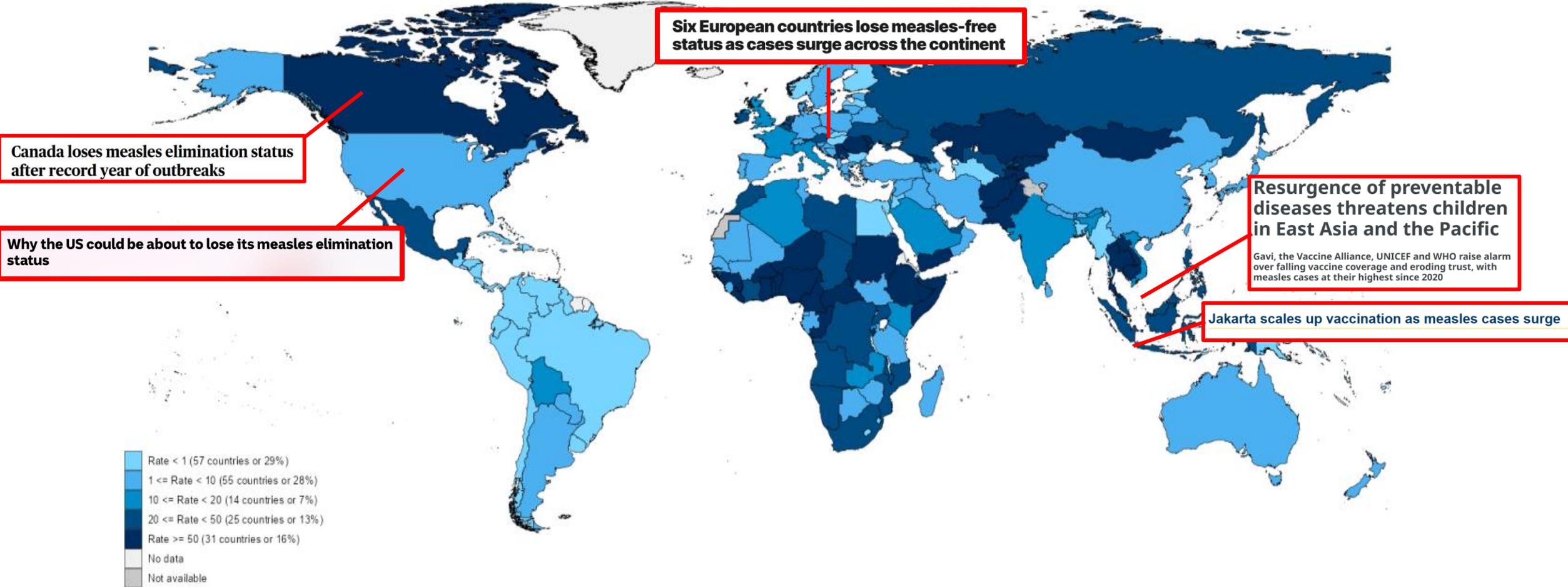


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Why is measles a problem right now?

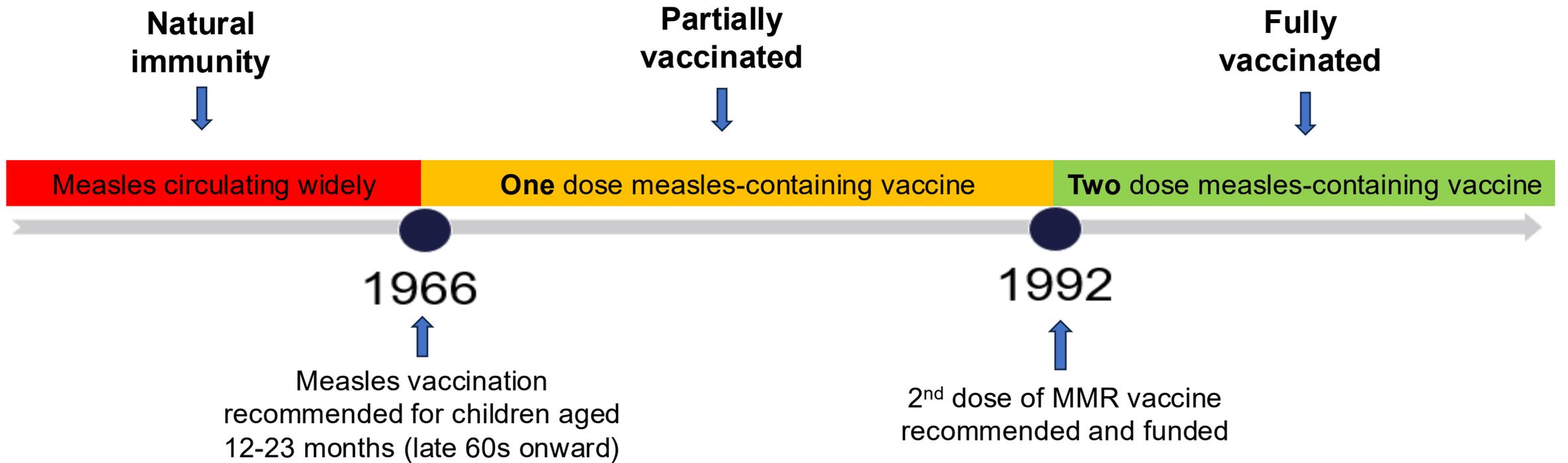
Measles is increasing globally

Measles Incidence Rate per Million (Last 12 months)



Source: WHO Measles and Rubella Global Update October 2025

Vaccine schedule timeline – Australia



Measles-containing vaccines

- National vaccination programs vary widely between countries
- Many adults may have only one dose of measles-containing vaccine, or are unsure of their vaccination status

Country	Dose 1 introduced	Dose 2 introduced
China	1978	1986
New Zealand	1969	1992
Australia	1968	1992
Italy	1979	~1993
England	1968	1996
Sri Lanka	1984	2001
Iraq	~1985	~2001
Malaysia	1982	2004
Vietnam	1981	2006
India	1985	2010



820,000

The estimated number of adults potentially eligible for catch-up MMR vaccination within the NEPHU catchment

What could happen?

Best case

- Multiple incursions with low grade transmission within the community
- GP clinic and health service exposures

Worst case

- Imported case(s) with amplification in an unvaccinated group or large exposures leading to widespread transmission
- Many infections during a protracted outbreak including severe illness and death
- Many GP clinic and health service exposures with significant impacts on service delivery
- Australia loses WHO measles elimination status

Increasing measles vaccination coverage

Dr Katherine Ong, Senior Public Health Physician, NEPHU

Victorian Enhanced Measles Response Program

Goal: Increase MMR coverage of adults

Born during or after 1966 without two doses of measles vaccine or unsure of vaccination status

- **State-funded program by Victorian Department of Health**
- **Programs to be developed and delivered via Local Public Health Units**
 - Will be differences but same goal to increase population immunity
- **Free MMR vaccine for eligible adults 20-59 years:**
 - Born during or after 1966 without two documented doses of measles containing vaccine
 - Unsure of vaccination status
- **Out of scope:** < 20yo who are eligible for catchup MMR under NIP

NEPHU Measles Immunisation Program

Partnering to promote the uptake of free MMR vaccine in **primary care settings** for under-immunised adult cohorts



- ✓ Utilising existing pathways
- ✓ Opportunistic – Building immunity checks and measles vaccination into routine primary care touchpoints
- ✓ Equitable and sustainable
- ✓ Maximising long term impacts

Other Local Public Health Units may be promoting MMR uptake via different avenues other than primary care

- Promotion of immunisation through primary care is a general approach applicable to any GP practice across Victoria (not specific to NEPHU)

NEPHU Measles Immunisation Program

Priority Groups

Born between 1966 and 1992
(i.e. aged 33-59 years)
Partially immunised as per schedule

Pre-travel overseas

**Born overseas with undocumented
vaccination history**

**Aboriginal and/or Torres Strait Islander
People**

Opportunistic Touchpoints in Primary Care

Pre-travel consultations

At health checks
e.g. Chronic conditions
45-49 year old health assessment

**When bringing children for
childhood vaccinations**

With annual flu vaccines
(or other vaccines)

After a local measles exposure

Targeted waves of communication

Born 1966-1992
Nov 2025 onwards

Pre-travel
Dec 2025

Health checks
Feb-Apr 2026

Flu vaccination
Mar-Jun 2026

Measles exposure
Timing as needed

Each phase has associated promotional materials, communications and messaging.

NEPHU are focusing on opportunistic vaccine delivery through primary care services. Other LPHUs may utilise different methods.

Example of promotional materials

Were you born between 1966 and 1992?

Even if you had your childhood vaccines, you might not be fully protected against measles.

Measles is circulating in our community. You need two doses of the measles vaccine to be fully protected. If you were born before 1992, you might have had only one dose as the second dose wasn't added to Australia's vaccine schedule until 1992. People born before 1966 are usually considered immune.

Lost your childhood vaccine record? **It's safe to get another dose if you're unsure about your history.**

Check your vaccination status and book your free measles vaccine with your GP today!



Were you born between 1966 and 1992?

A free measles vaccine may be available.

If you'd like, you can check your immunisation history or talk with a health worker about what you need.

Strong community starts with strong health

Getting a flu shot?

Ask your healthcare provider about a **measles** vaccine at the same time.

- You may need a catch up measles vaccine if you:
- were born between 1966 to 1992 when only one dose was on the childhood vaccine schedule
 - messed or did not complete all your childhood vaccinations

It is safe to get a measles vaccine at the same time as your flu shot, and if you have lost your vaccination record, it is safe to get an additional dose.



Learn more about measles



Here for your child?

Don't forget about **your** health too

If you were born before 1992, you might have had only one dose as the second dose wasn't added to Australia's vaccine schedule until 1992. People born before 1966 are usually considered immune.

Measles is circulating in our community. You need **two doses** of the measles vaccine to be fully protected.

If you are unsure of your vaccination history, it is safe to request an additional measles-mumps-rubella (MMR) vaccination.

Ask to confirm availability and if there are any out of pocket administration costs.

The MMR vaccine is a live vaccine and **cannot** be given during pregnancy

Book in a **measles** vaccine at your GP now!



Free resources can be printed and mailed to practices located in NEPHU catchment

Order at: nephu.org.au/news-and-events/new-measles-immunisation-program/



General resources for clinicians



Webpage

Frequently asked questions: Measles adult immunisation program

What is the NEPHU measles immunisation program?

NEPHU is working with EMPHN and NWMPHN to promote the uptake of free MMR vaccine in primary care settings for under-immunised adult cohorts within the catchment. The Victorian Department of Health is providing free state-funded measles mumps rubella (MMR) vaccine to adults, to complement the Commonwealth-funded childhood and catch up vaccinations provided as part of the National Immunisation Program (NIP). The program is in response to increasing measles cases globally, with recurrent local incursions risking local outbreaks. Primary care practices can support this initiative to help prevent spread of measles within North-Eastern Melbourne.

Similar initiatives are being implemented across Victoria via other Local Public Health Units as part of the Enhanced Measles Vaccination Program. Other regions may be facilitating MMR uptake via different avenues than is being promoted within the NEPHU catchment in primary care.

What is measles?

Measles is a highly infectious viral illness that causes fever, flu-like symptoms and a classic rash. Measles can cause serious illness and complications, however is preventable with immunisation. More information about measles, clinical presentation and management is available on the [Better Health Channel webpage](#).

What is the global epidemiology of measles?

Australia was declared free of endemic measles in 2014. However, measles cases are rising globally across all continents with many countries experiencing active outbreaks. See the CDC website for more information: [Global Measles Outbreaks | Global Measles Vaccination | CDC](#). This presents a risk for non-immune Australian travelers visiting these countries, who are at risk of catching measles and bringing the disease back when they return.

Who is at risk of measles?

Measles is highly contagious and people are at risk of catching measles if they are susceptible (not immune) when exposed. People are immune to measles if:

- They have had measles previously (most people born before 1966 fall into this category).
- They have been immunised with two doses of MMR vaccine from the age of 12 months.
- They have documented serological evidence of measles immunity.

For more information, email us via healthprotection.nephu@austin.org.au

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FAQ

The adult measles immunisation initiative

The North Eastern Public Health Unit (NEPHU) in collaboration with Eastern Melbourne Primary Health Network (EMPHN) and North Western Primary Health Network (NWMPHN) are launching a drive to promote measles vaccine uptake in under-immunised adult cohorts within primary care settings.

Many Australian adults born between the years of 1966 and 1992 are not fully immunised against measles but are not aware of this. This is because they likely only had one measles vaccine as a child, in line with the recommended schedule at that time. However, we now know that two doses of the measles-mumps-rubella (MMR) vaccine is the most safe and effective way to protect against measles. This cohort therefore presents a vulnerability in Australia's herd immunity, on a background of a global surge in measles cases resulting in recurrent local incursions and outbreaks.

In response to this risk, the Victorian Department of Health has launched the Enhanced Measles Vaccination program to increase the coverage of measles vaccination amongst adults in Victoria. The Department is providing free state-funded MMR vaccine, to complement the Commonwealth-funded childhood and catch-up vaccinations provided as part of the National Immunisation Program (NIP).

Primary care practices are encouraged to support this initiative by offering free state-funded catchup measles vaccine to **all adults born on or after 1966 who are missing two doses of MMR or are unsure of immunity**. This particularly applies to:

1. People born between 1992 and 1966 (i.e. aged 33 to 60 years), and
2. In addition to above, other adults aged < 33 years and born overseas

There is no need to check measles serology prior to vaccination.

Measles-containing vaccines are live attenuated vaccines and are contraindicated in pregnant women and people who are severely immunocompromised.

The National Immunisation Program (NIP) funds measles vaccination for people aged < 19 years if eligible for Medicare benefits, and refugees and humanitarian entrants of any age.

For more information on how primary care practices can support MMR vaccination, please see [NEPHU measles immunisation program](#).

For more information about measles, please see on the [Better Health Channel webpage](#) and [Department of Health - measles](#)

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Information sheet

Free resources can be printed and mailed to practices located in NEPHU catchment
Order at: nephu.org.au/news-and-events/new-measles-immunisation-program/

Focus on priority populations

- The program will identify target communities based upon local epidemiology
- A targeted engagement plan will be worked up for each priority group

Migrant populations, especially those born in countries where 2nd MMR was introduced after 1992 (e.g. India, Malaysia, Vietnam, Iraq, Iran)

Aboriginal and Torres Strait Islander population

Other vulnerable populations such as people who inject drugs, people experiencing housing insecurity, people living with a disability

Key messages

- Measles is increasing globally
- Victoria's Enhanced Measles Vaccination program aims to increase the measles vaccination coverage in adults
- Primary care practices are encouraged to offer free state-funded catchup measles vaccine to **all adults born on or after 1966 who are missing two documented doses of measles-containing vaccine or are unsure of vaccination status**
 - Many adults born between 1966 and 1992 have only had one dose but are not aware of this

Call to Action

- **Start offering catch-up MMR vaccination to eligible adults**
- **Add state-funded MMR vaccine to your next fortnightly OneLink order**
- **Download or order promotional resources here:**
<https://nephu.org.au/news-and-events/measles-immunisation-program-launched/>
- **Record in AIR:** select ***State Program*** under Vaccine Type



Monitoring and evaluation

- Monitor MMR administration and ordering uptake
- Updates in NEPHU and PHN newsletters

Questions and feedback can be emailed at any time to
healthprotection.nephu@austin.org.au

Questions and discussion

Further information

Lily's email:

Lily.buch5@austin.org.au

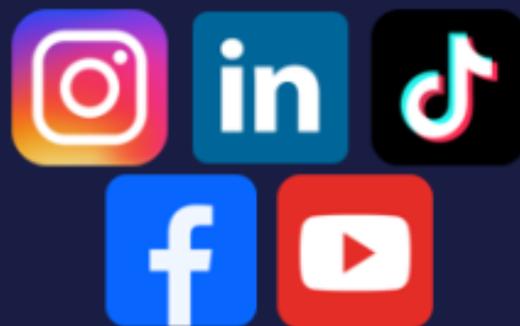
NEPHU website:

<https://nephu.org.au/news-and-events/measles-immunisation-program-launched/>

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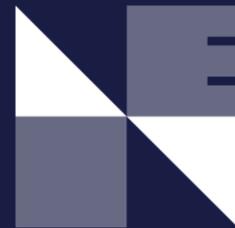
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Opportunities for nurses to engage in PHN activity

Looking for a Practice nurse to join our General Practice Expert Advisory Group

NWMPHN is seeking a practice nurse from the local government areas of Darebin, Hume or Macedon Ranges to join its [General Practice Expert Advisory Group \(GPEAG\)](#)

Meet with your peers 4 times a year to discuss key challenges impacting general practice in the region. For more information visit [Expression of Interest: Practice nurse to join our General Practice Expert Advisory Group - North Western Melbourne Primary Health Network](#)



Join the Greater Choices steering committee

Would you like to contribute your expertise to help shape a more coordinated and patient-centred approach to palliative care in the community?

NWMPHN receives Commonwealth funding to deliver the [Greater Choice for At Home Palliative Care](#) (GCfAHPC) program. This initiative boosts palliative care coordination and integration to support people who have a known life-limiting condition and want to die at home, by improving choice and quality of care and support in the home.

NWMPHN is seeking a practice nurse to join our Greater Choice for At Home Palliative Care Steering Committee.

The Committee meets quarterly (online) and provides guidance to the development and implementation of palliative care activities, ensuring they are tailored to primary care audiences working in the region.

Thank you for attending. What's next?

After this session you will receive:

- 1** *Slides and resources from this session within the week*
- 2** *Participants are eligible to self report hours from this session*
- 3** *Attendance certificate will be received within 4-6 weeks.*

- **Register for more education sessions here:**
nwmpnh.org.au/resources-events/events
- **Past education sessions can be found here:**
nwmpnh.org.au/resources-events/resources

Feedback - QR code

We welcome your feedback.
Let us know if you got what
you needed from this session.

