

Seasonal Respiratory Diseases - Immunisation annual update

Thursday 26 March 2026

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network, collaborating PHNs, partners and speakers would like to acknowledge the Traditional Custodians of the land on which our work takes place. We pay our respects to 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 – Zoom webinar



All attendees are muted



Please ask questions via the Q&A box only

- Q&A will be at the end of the presentation
- Questions will be asked anonymously to protect your privacy



This session is being recorded.

You will receive a link to this recording and copy of slides in post session correspondence.

Type your questions in the Q&A box.

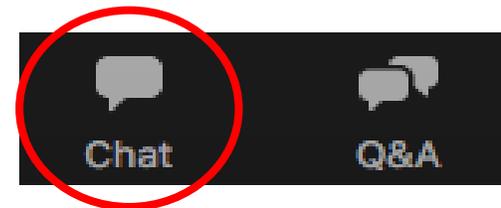
The screenshot shows the Zoom Q&A interface. At the top, there are three colored window control buttons (red, yellow, green) and the text 'Q&A'. Below this is a dark horizontal bar with two buttons: 'Chat' and 'Q&A'. The 'Q&A' button is circled in red. Below the bar, the text reads 'Welcome to Q&A' followed by 'Questions you ask will show up here. Only host and panelists will be able to see all questions.' At the bottom, there is a text input field with the placeholder 'Type your question here...'. Below the input field are three buttons: a checked checkbox labeled 'Send anonymously', a 'Cancel' button, and a 'Send' button. An orange arrow points from the bottom left towards the input field.

Housekeeping – Zoom webinar

Is your session name the same as your registration?

To ensure we can issue your certificates and CPD please ensure you have joined the session using the same name as your event registration (or phone number, if you have dialled in).

Not sure if your name matches, send a Chat message to 'NWMPHN Education' to identify yourself.



Cultural awareness training face-to-face

Saturday 28, 9am – 4pm.

This 7hr workshop, comprising of 6hr face-to-face and 1hr pre-session work, is designed to provide health care professionals with practical skills for engaging with Aboriginal and Torres Strait Islander clients. Participants gain insight into factors influencing First Nations patients and families, by exploring the enduring impact of history on Aboriginal health and mental wellbeing.

Led by respected Wiradjuri social worker AJ' Williams - Tchen, this training provides a comprehensive introduction to Aboriginal cultural safety. It helps participants develop a foundational understanding of Aboriginal and Torres Strait Islander peoples, identities, and cultures, alongside practical strategies for integrating cultural safety into your daily practice.

Attendance at this session will also assist practices to meet Closing the Gap PIP requirements, which require at least one general practitioner and two other staff members to complete RACGP approved cultural awareness training.

Register by going to nwmpnhn.org.au/resources-events/events/

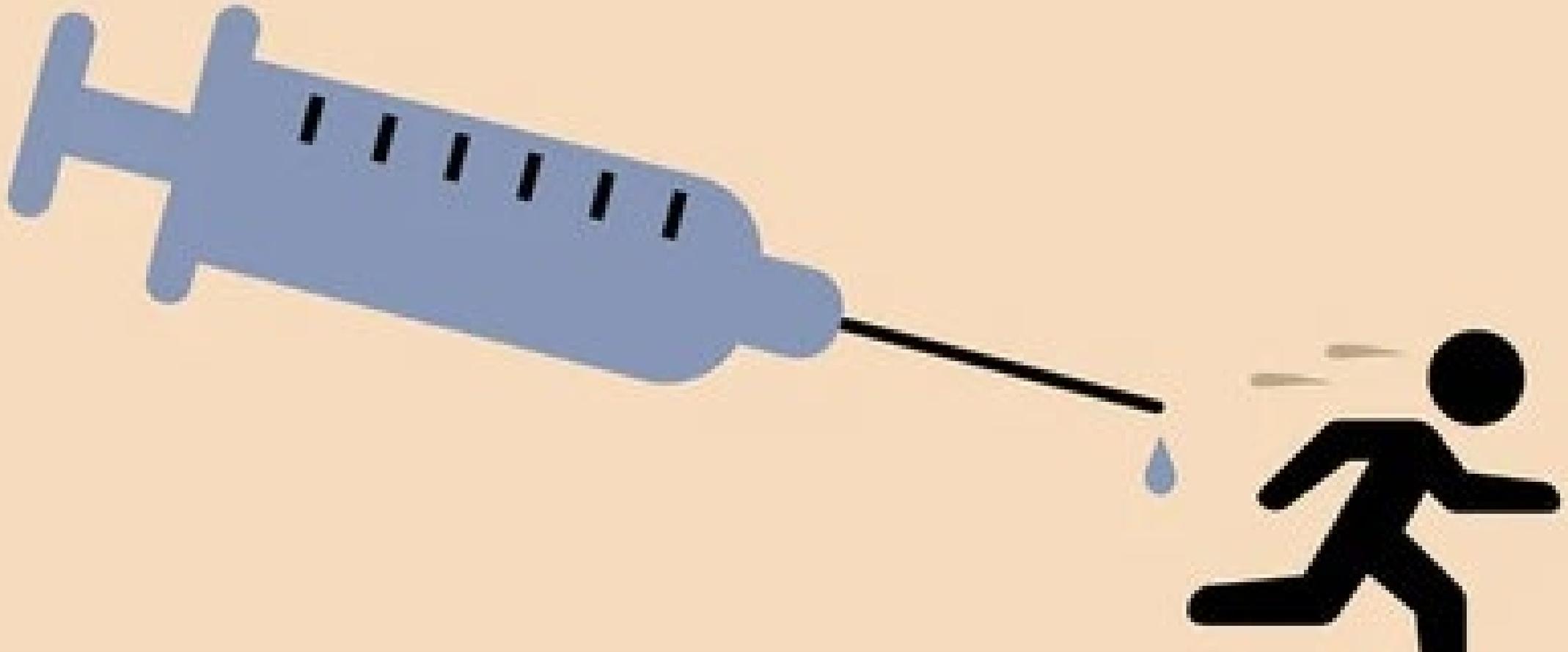


Speakers

Georgina Lewis, working with Victoria's vaccine safety service, SAEFVIC since 2007 and currently holds the position of Clinical Manager. She also works as a casual Nurse Immuniser with a local council. Her special interests include vaccine safety, surveillance, education and immunisation research.

Michelle Ryan, is a Clinical Nurse Coordinator in the Immunisation Clinic at the Royal Children's Hospital Melbourne, with extensive paediatric experience across immunisation, cardiac, and renal nursing. She leads special-risk immunisation initiatives including RSV prevention, has coordinated the RCH RSV program since 2025, and has delivered the National Immunisation Program in schools and travel clinics for over six years.

Sarah Crowe, Previously a Practice Manager working in general practice and allied health, Sarah worked for the Eastern Melbourne PHN in the GP Redesign team and practice support team, looking at how they can improve and strengthen general practice workflows. Sarah now works at the Western Vic PHN where she originally led the Remote Patient Monitoring Program and has since taken on the role of Digital Health Manager, writing a Digital Health Strategy for western Victoria, and supporting primary care to engage with digital health solutions in a meaningful way.



2026 INFLUENZA VACCINES & INCREASING UPTAKE IN PEOPLE WITH NEEDLE PHOBIA

MICHELLE RYAN- CLINICAL NURSE COORDINATOR RCH 2026

OVERVIEW

- Latest ATAGI influenza recommendations and changes to the program in 2026
- Uploading influenza vaccines to AIR, resources to assist
- Ordering influenza vaccines and how to subscribe for updates
- Barriers to the uptake of the influenza vaccine, Children and adults in 2025
- Identifying and managing needle phobia throughout the lifespan
- Increasing the uptake of vaccines in people with needle phobia, distraction tools and techniques
- Sedation pathway for patients with needle phobia

INFLUENZA VACCINES 2026

NEW VACCINES AND
RECOMMENDATIONS ACROSS
THE LIFESPAN

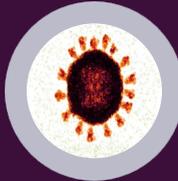


New in 2026



VACCINE FORMULATION CHANGE

Australia transitions from QIV to TIV for 2026, reflecting global recommendations after ongoing absence of B/Yamagata since 2020.
2 A strains, 1 B strain



CHILD DOSE RECOMMENDATIONS

Only 2 doses 4 weeks apart recommended for children < 2 years of age without medical conditions.



ENHANCED VACCINES > 65+

NIP funded >65+ = Fluad
Changes to age recommendations for private purchase



LIVE ATTENUATED INFLUENZA VACCINE

(LAIV; FluMist®)

Intranasal vaccine is available from age 2 - up until 18 years of age. Available for private purchase

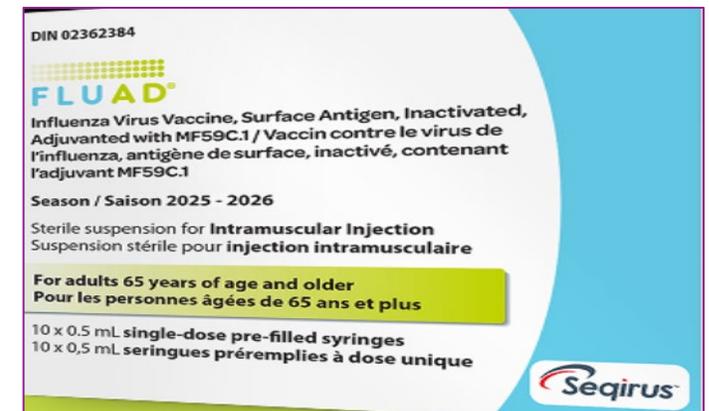
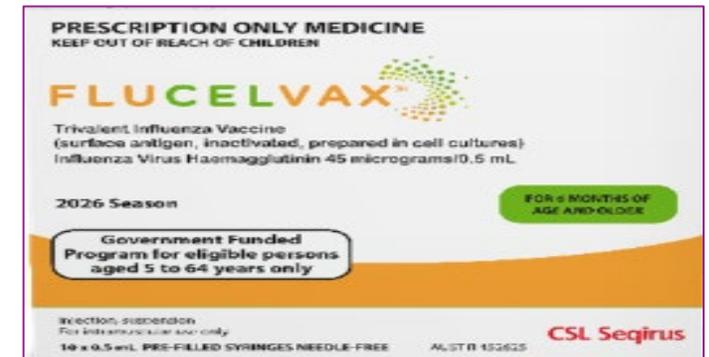
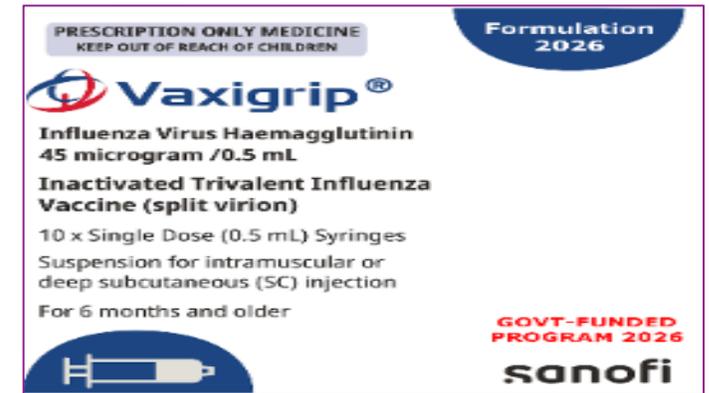
ATAGI recommendations

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2026, by age

Registered age group	Vaxigrip 0.5 mL (Sanofi)	Flucelvax 0.5 mL (CSL Seqirus)	Fluzone 0.5 mL (Sanofi)	Influvac 0.5 mL (Viatrix)	Fluad 0.5 mL (CSL Seqirus)	Fluzone High- Dose 0.5 mL (Sanofi)	Flumist 0.2 mL (AstraZeneca)
6 months to <2 years	✓ #	✓	✓	✓	X	X	X
≥2 to <5 years	✓ #	✓	✓	✓	X	X	✓
≥5 to <18 years	✓ **	✓ **	✓	✓	X	X	✓
≥18 to <50 years	✓ **	✓ **	✓	✓	X	X	X
≥50 to <60 years	✓ **	✓ **	✓	✓	✓	X	X
≥60 to <65 years	✓ **	✓ **	✓	✓	✓	✓	X
≥65 years	✓	✓	✓	✓	✓ #	✓	X

Ticks indicate age at which a vaccine is registered and available. Hashtags indicate availability for free under the NIP.

* NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.



ATAGI Statement on the administration of seasonal influenza vaccines in 2026 | Australian Government Department of Health, Disability and Ageing

Vaccine timing

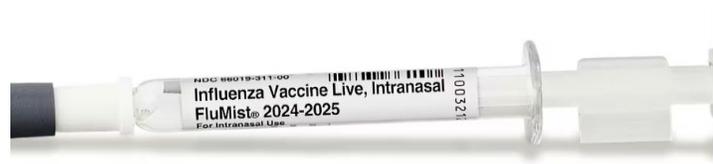


- Annual vaccination should ideally be administered before the start of influenza season when it becomes available (April 2026)
- Protection can be expected to last throughout the year, optimal protection occurs in the first 3 to 4 months following vaccination.
- If a 2025 influenza vaccine was administered towards the end of 2025 or early 2026, a dose of the 2026 formulation of influenza vaccine is recommended when it becomes available.



Live attenuated influenza vaccine (LAIV) FluMist®

- FLUMist (LAIV) is available in 2026 for the first time in Australia from 2 years of age up to 18 years
- It has been used safely and effectively in millions of children across the UK, USA and Canada for decades.
- Its considered to have equivalent efficacy as inactivated influenza vaccines (IIV) and no difference in serious adverse events
- LAIV is contraindicated for people with moderate or severe immunocompromise and for people taking salicylate therapy (give IIV instead)
- Pregnant women are not recommended LAIV out of precaution
- According to the Australian immunisation handbook (AIH) - a 2025 review of 24 studies involving more than 1.2 million people confirmed that LAIV and IIV have comparable safety for children with asthma or recurrent wheeze.
- Shorter shelf life - around 18 weeks



All influenza vaccines, including LAIV, can be given at the same time as, or at any interval before or after, other vaccines including RSV and covid

- ** NCIRS Webinar 5/3/2026 - comprehensive guide for administration and safety profile**

Inactivated influenza vaccine (IIV)

- Influenza vaccine is recommended for everyone from the age of 6 months
- Annual dose recommended
- *NIP funded <5, >65 years of age and for any person with a medical condition that increases their risk of severe influenza at any age. (see AIH for eligibility)*
- Children under 2 years receiving flu vaccine for the first time are recommended 2 doses four weeks apart
- Children 2-9 years of age without medical conditions no longer require 2 doses in the first year of receiving the flu vaccine
- Children 2-9 with a risk condition are still recommended 2 doses, 4 weeks apart in the first year
- People of any age receiving influenza vaccine for the first time after haematopoietic stem cell or solid organ transplant or CAR T-cell therapy should receive 2 doses, given 4 weeks apart.
- Adults 50 to 64 years of age can now purchase (Fluad®) through the private market
- Fluzone High Dose from 60 years through the private market
- Adjuvanted Influenza vaccine (Fluad) preferred for people aged > 65 years and funded on NIP

Australian Immunisation Register(AIR)

Recording & Troubleshooting

Individual Details

Record Encounter

Update Encounter

Payment Statements

Provider Menu

Reports

Record Encounter

New Encounter

Who performed this Immunisation Encounter: * I performed this encounter

This was performed at a School:

Date of Service: * 11/03/2026

This date of service applies for all episodes:

Was this individual pregnant at the time of vaccine administration? * Yes No

Episode Details

Vaccine/Brand: * Vaxigrip

Batch Number: * Please enter... Required

Antigens: Influenza

Vaccine Type: * Please Select Required

Route of Administration: Please Select +

- [Using the Australian Immunisation Register | Australian Government Department of Health, Disability and Ageing](#)
- [Manage immunisation records in AIR - Health professionals - Services Australia](#)
- [Using the Australian Immunisation Register \(AIR\) | NCIRS](#)

Ordering the Influenza vaccine and subscriptions

- Special bulletin – email released on 24/3/26 by the Victorian Department of Health
- Routine influenza ordering starts 31/3/2026

Routine influenza vaccine ordering

Online ordering for influenza vaccine via [Onelink](#) will open **31 March 2026**, with **weekly ordering** available throughout the winter respiratory season.

Providers are strongly advised to:

- Closely monitor communications from the Immunisation Program for updates.
- Regularly check your Onelink ordering template for changes or additional information, including order limits.
- Allow up to **seven business days** for delivery during the influenza season. There are no deliveries to rural areas on Mondays.

 **Tip:** if you wish to place an order on 31 March 2026, when online ordering for influenza vaccine first opens, you must not have placed an order since 23 March 2026.

Stay up to date

Stay informed with the latest clinical updates and guidance on the National Immunisation Program and Victorian-funded Immunisation Programs.

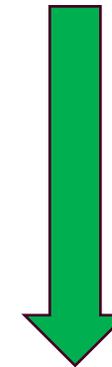
- **Subscribe** to the department's [monthly immunisation newsletter](#) to receive insights straight to your inbox.
- **Share** this bulletin with colleagues in your workplace.

Contact us

If you have any questions or need immunisation guidance, please reach out to the Immunisation Program at immunisation@health.vic.gov.au.

Subscribe to monthly immunisation newsletter

Subscribe to alerts and advisories



[Immunisation | health.vic.gov.au](https://immunisation.health.vic.gov.au)

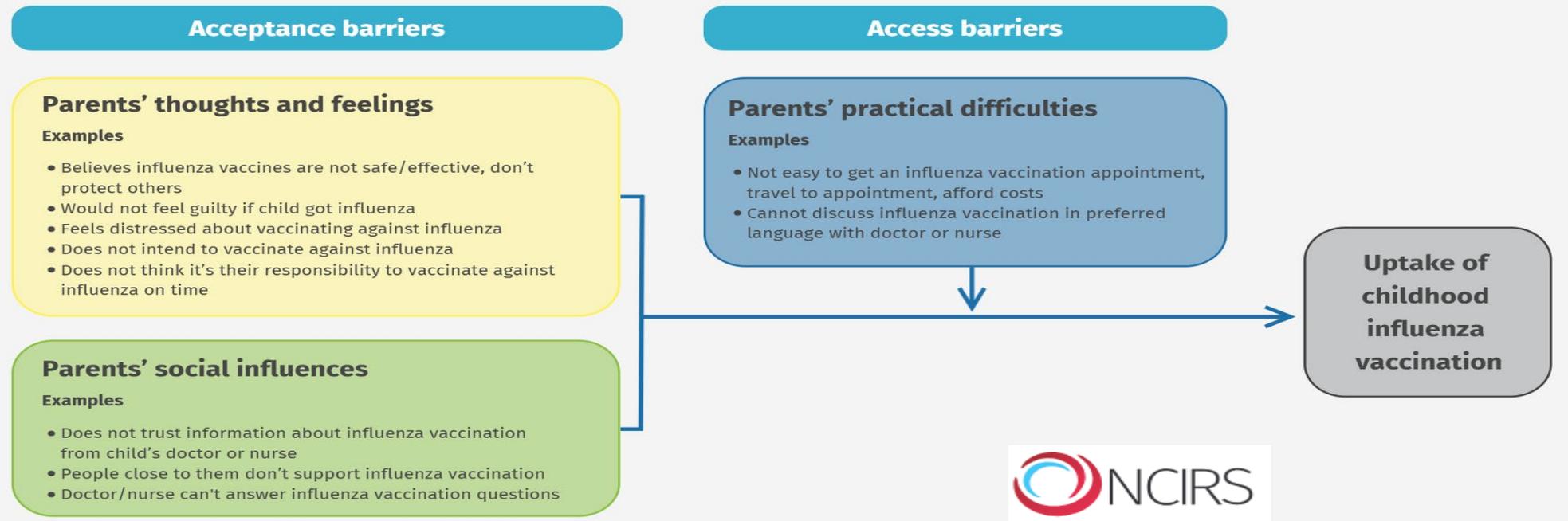
Barriers to vaccination in 2025

The most reported parental barriers to vaccinating children in 2025 was feeling distressed about vaccinating (32%).

This was followed by:

- not trusting information from a doctor or nurse (8.8%)
- not being able to afford costs associated with vaccination (8.6%)
- not prioritising vaccination appointments (8.6%)
- concerns about vaccine safety (8.3%)
- difficulty getting an appointment (7.7%).

Acceptance and access barriers to childhood influenza vaccination, as measured by the VBAT*



Adult barriers to flu vaccine in 2025



- 1 - Beliefs about personal health
- 2 - Beliefs about vaccines
- 3 - Decision-making influenced by others
- 4 - Previous vaccination processes and experiences
- 5 - Beliefs about the flu vaccine
- 6 - Medical reasons

[2025 national survey - adult influenza vaccination behavioural and social drivers | NCIRS](#)

NEEDLE PHOBIA

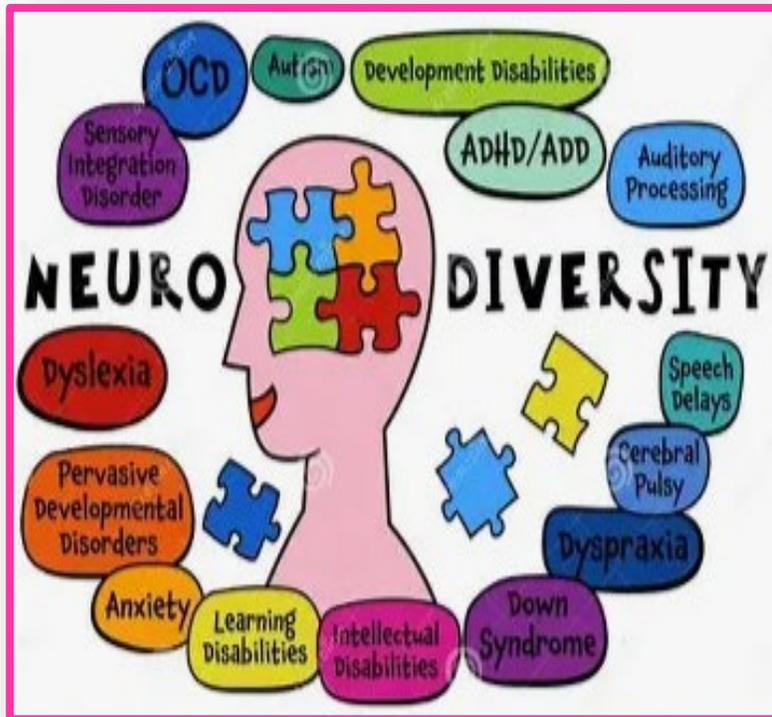
IDENTIFYING AND
MANAGING NEEDLE PHOBIA
IN CHILDREN, ADOLESCENTS
AND ADULTS



Needle phobia impact on the individual

- Many children, adolescents and adults find injections an uncomfortable experience
- As many as 2 in 3 children and 1 in 4 adults develop needle phobia (Trypanophobia)
- Individuals with needle phobia often avoid situations involving needles, including routine immunisations
- Avoiding vaccination increases the risk of vaccine-preventable diseases, which can cause serious illness and more medical procedures
- With support and intervention some people can learn to manage their needle phobia
- Managing needle phobia is important to assist with increasing vaccination rates in this population particularly the flu uptake in the winter months.

People with neurodiversity



- People with Autism spectrum disorder (ASD) or intellectual disability have diverse characteristics of varying complexity
- ASD can affect communication, auditory and sensory processing ability, motor skills and social interactions with other people
- Some people with ASD or intellectual disability often find vaccination challenging and are more susceptible to needle phobia
- There are many reasons for this:
 - Past negative experience with immunisations
 - Unfamiliar/overstimulating environments
 - Fear of medical procedures
 - Unfamiliar faces/communication
- A decreased rate of coverage in this group that often have other underlying medical conditions leaves them vulnerable to vaccine preventable diseases, particularly in the winter months

Recognizing Needle Phobia



Emotional Reactions

Needle phobia often causes intense fear, anxiety and panic at the sight, mention or thought of needles.



Physical Symptoms

Common symptoms:

Rapid heartbeat, sweating, dizziness, fainting, or nausea during or after vaccination



Avoidance Behaviors

Individuals often delay medical procedures or avoid health settings due to fear of needles. These behaviours can increase the risk of disease and serious illness that could be avoided

Distraction examples for all ages



Buzzy Bee



Cool Sense



Ipad/VR goggles



Local how to spell anaesthetic cream



Music/ headphones



Deep breathing/counting



CHILDREN

MANAGING NEEDLE PHOBIA

Distraction techniques for children

Distraction techniques will depend on their age and interests.

- Blowing bubbles, deep breathing and counting
- Drawing (before or after)
- Music or singing
- Star projector
- A tablet or phone
- Games (memory)
- Age-specific conversation: pets name
- Buzzy bee
- VR headset (> 4 years)
- Cool sense
- Local anaesthetic (numbing) cream





ADOLESCENTS

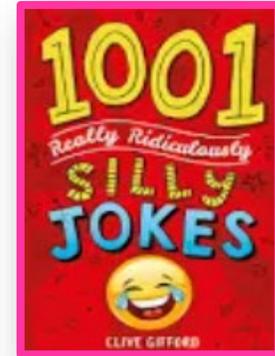
MANAGING NEEDLE PHOBIA

Distraction techniques for adolescents



Distraction Techniques

- I-pad/ VR headset
- Cool sense or Emla gel
- Buzzy bee
- Counting
- Telling jokes/ talking about hobbies, or pets
- Low lighting room (projector)
- Breathing exercises



Music and Videos

Activities like listening to music or watching videos on an I-pad or phone are popular choices for adolescents to help them focus on something other than the injection

DO



✓ **Be positive and validating**

Children need to feel validated

✓ **Choose a calm environment**

Reduces stress

✓ **Give them control**

Choice helps reduce anxiety.

✓ **Step by step process**

Particularly with neurodiverse individuals that can become easily overwhelmed

✓ **Explain clearly**

Provide straightforward information about why the vaccine is important .

✓ **Use effective distractions**

✓ **Consider numbing options**

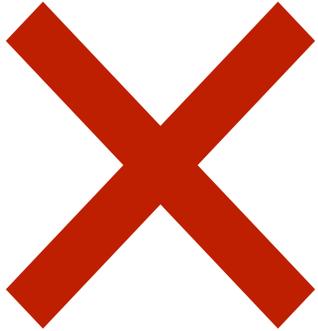
Can help if pain is the main concern

✓ **Reward and praise**

Lollipop post vaccination or a drink and observe for vasovagal symptoms



DON'T



✗ **Don't dismiss or joke about their fear**

✗ **Don't "trick" or sneak up with the needle**

it increases fear and breaks trust

✗ **Don't rush or force them**

sudden restraint creates further fear

✗ **Don't overcrowd & avoid overstimulation**

Noisy and crowded environment = increased anxiety

✗ **Don't remove control**

Not giving the adolescent a choice, never works well!

✗ **Don't show the needle or use the word "NEEDLE"**

Almost always worsens panic

✗ **Don't advise on how much they will feel or not feel**

Avoid "It won't hurt" or giving a 1/10 pain rating

✗ **Don't prevent stimming**

for a person with ASD, it can increase anxiety and decrease the safety of the procedure



ADULTS

MANAGING NEEDLE PHOBIA

Distraction techniques



- ✓ Position , some adults prefer to lie down
- ✓ Discuss what coping strategies have worked before to assist in the process,
- ✓ Offer Emla gel 40 min prior

- ✓ Be calm and reassuring
- ✓ Light conversation
- ✓ Cool sense
- ✓ Phone or music

Further support

Some people will learn coping strategies with support to overcome their needle phobia, others may require further assistance at a specialist clinic to receive vaccines under sedation

SEDATION

If x 2 immunisation attempts are unsuccessful in the community, a GP referral for vaccines to be administered under sedation should be considered

Nitrous oxide - otherwise known as 'happy gas' can reduce a child's anxiety,

Sedation is the only way to vaccinate some individuals without making it a traumatic experience

Sedation services

Victorian Paediatric services

- The Royal Children's Hospital - Referrals for this service can be sent to Nurse Practitioner Immunisation via **screferrals@rch.org.au**
- Monash Health - Referrals can be submitted as a HealthLink referral
- Family Immunisation and Travel Specialists (FITS) - An appointment can be made via webpage / web referral

Victorian adult services

- Monash Health - Referrals can be submitted as a HealthLink referral
- Travel Specialists (FITS)

If you are based in a rural or remote area, contact your local immunisation service for advice about accessing sedation.

(<https://mvec.mcri.edu.au>)

Case study

Background:

Annie is 4 years old, attending the GP clinic for flu and Infanrix-IPV vaccine after unsuccessful 1st attempt.

The first attempt was unsuccessful for many reasons:

- Due to Annie's needle phobia she was not told prior to the day by her parents
- Parents repeatedly telling Annie she had to have the "NEEDLE"
- Annie becoming more distraught, parents restraining her, Annie screaming and unsafe to proceed with vaccine.

Advice

- GP advised parents to come back on another day
- Discussed distraction techniques that may work for Annie (ipad, numbing cream)
- Discussed preparing Annie (resources available) and giving her choices (ie: pick her own band aid to put on)

Options:

- 1) LAIV & Infanrix IPV injection
- 2) Flu injection and Infanrix -IPV



Case study

Second attempt:

Annie appeared anxious and hesitant to enter the room.

- Child asked if they would like the buzzy bee? Demonstrated for Annie what it does.
- Emla removed from deltoid and explained to Annie that she needs some 4 year medicine and I am going to check her muscles.
- Distracted by I-pad and asking with questions about the show
- Parent holding Annie securely but not forcefully restraining
- Vaccines administered, Annie's special bandaid applied

Outcome:

Annie cried briefly after but was then distracted by the nurse blowing bubbles

Praised for her bravery

Stickers, lollipop supplied and Annie giving the nurse a high 5 and smiling as she left the clinic

Summary

Every needle-related experience will have an impact on future experiences.

Distraction is Key

Step by step process can help

Always be encouraging even if they are unable to be vaccinated on the day

Always explain in child friendly way
Answer their questions honestly

Avoid the word needle!

Don't restrain suddenly or sneak up/trick a person

Noise and crowds can increase the person's anxiety.

Prepare you child for vaccination. Look at video's MVEC & RCH
Distraction is Key

X2 attempts - its time to refer to a health professional with experience in childhood vaccinations.

References

❖ Immunisation Service : Immunisation Service

- <https://www.rch.org.au/immunisation/> (includes video to explain nitrous oxide and needle phobia)

❖ Needle anxiety and phobia - The Melbourne Vaccine Education Centre (MVEC)

- <https://mvec.mcri.edu.au/references/needle-phobia/>

❖ NCIRS

- [NCIRS fact sheets, FAQs and other resources | NCIRS](#)

- <https://ncirs.org.au/>

- <https://ncirs.org.au/resources>

❖ Australian Department of health

- [ATAGI Statement on the administration of seasonal influenza vaccines in 2026 | Australian Government Department of Health, Disability and Ageing](#)

- [Immunisation | health.vic.gov.au](#)

❖ The Australian Immunisation Handbook

❖ Immunisation Coalition

[2025 National Survey on Adult Influenza Vaccination – Key Insights - Immunisation Coalition](#)

❖ SKAI

NWMPHN Seasonal Respiratory Diseases - Immunisation annual update

Prevent, manage and report common error

Georgina Lewis - Clinical manager, SAEFVIC

26.03.2026



Overview

1. SAEFVIC reporting
2. Vaccine administration error
 - Trends
 - SAEFVIC experience
 - Common errors
 - Management
 - Strategies to minimise
3. Key messages
4. Questions



SAEFVIC (Surveillance of Adverse Events Following Vaccination in the Community)

- SAEFVIC is the vaccine safety service in Victoria for reporting any significant adverse events following immunisation (AEFI), including **vaccine administration error (VAE)**
- It is an integrated clinical and surveillance vaccine safety unit, supported by the Victorian Department of Health, based at MCRI
- Online reporting via the SAFEVAC website www.safevac.org.au
- Predominately passive reporting system with some integrated active surveillance
- All reports are automatically uploaded to the Therapeutic Goods Administration

The screenshot shows the SAFEVAC Reporting website. The header includes the text 'SAFEVAC Reporting Integrated Vaccine Safety' and a navigation menu with links for 'About', 'Register', 'Login', and state abbreviations: 'VIC', 'WA', 'TAS', 'ACT', 'NT', 'SA', 'NSW', 'QLD'. There is also a 'Login' button in the top right corner.

The main content area is titled 'SAFEVAC: Integrated Vaccine Safety' and contains the following text:

Welcome to SAFEVAC - an Australian database for reporting of Adverse Events Following Immunisation (AEFI) and associated clinical visits. Please note this is the same system previously used by reporters (formerly AEFI-CAN).

Currently AEFI reporting can only be completed via this website if the vaccine was administered in Victoria or Western Australia (reports followed up by SAEFVIC or WAVSS respectively).

The mission of SAFEVAC is to promote confidence in the National Immunisation Program through enhancing national vaccine safety monitoring and rapid signal detection.

To help us achieve this we encourage all immunisation providers and vaccinees including healthcare workers to report any unexpected, serious or unusual Adverse events following immunisation (AEFI) to their local surveillance body (see below).

Providers are encouraged to report all vaccine or Drug (program) errors as well.

Details of who you should report to are tabulated below.

State	Reporting Service	Phone	Website
Victoria	SAEFVIC	1 300 882 924 (option 1)	SAEFVIC
Western Australia	WAVSS	(08) 6456 0208	WAVSS
Australian Capital Territory	ACT Health Department	02 5124 9800	www.health.act.gov.au
New South Wales	Local Public Health Unit	1300 066 055	www.health.nsw.gov.au
Northern Territory	NT Department of Health	08 8922 8044	NT AEFI form
Queensland	Queensland Health	07 3328 9888	www.health.qld.gov.au
South Australia	SA Department of Health	1300 232 272	www.sahealth.sa.gov.au
Tasmania	TAS Department of Health	1800 671 738	www.health.tas.gov.au

At the bottom of the page, there are logos for 'SAFEVAC INTEGRATED VACCINE SAFETY' and 'SAEFVIC'.

Why Report?

- Timely reporting to SAEFVIC enables us to quickly detect any potential vaccine or system problems
- Any trends are notified and investigated quickly, with close liaison with Victorian and National Health Authorities
- Individualised clinical assistance for patients and families affected by an AEFI
- Maintaining the confidence of general public and immunisation providers in the national immunisation program.



What is a vaccine error?

Vaccine administration errors can occur when a vaccine is incorrectly stored, prepared or given outside the current clinical guidelines, **potentially** resulting in an AEFI.

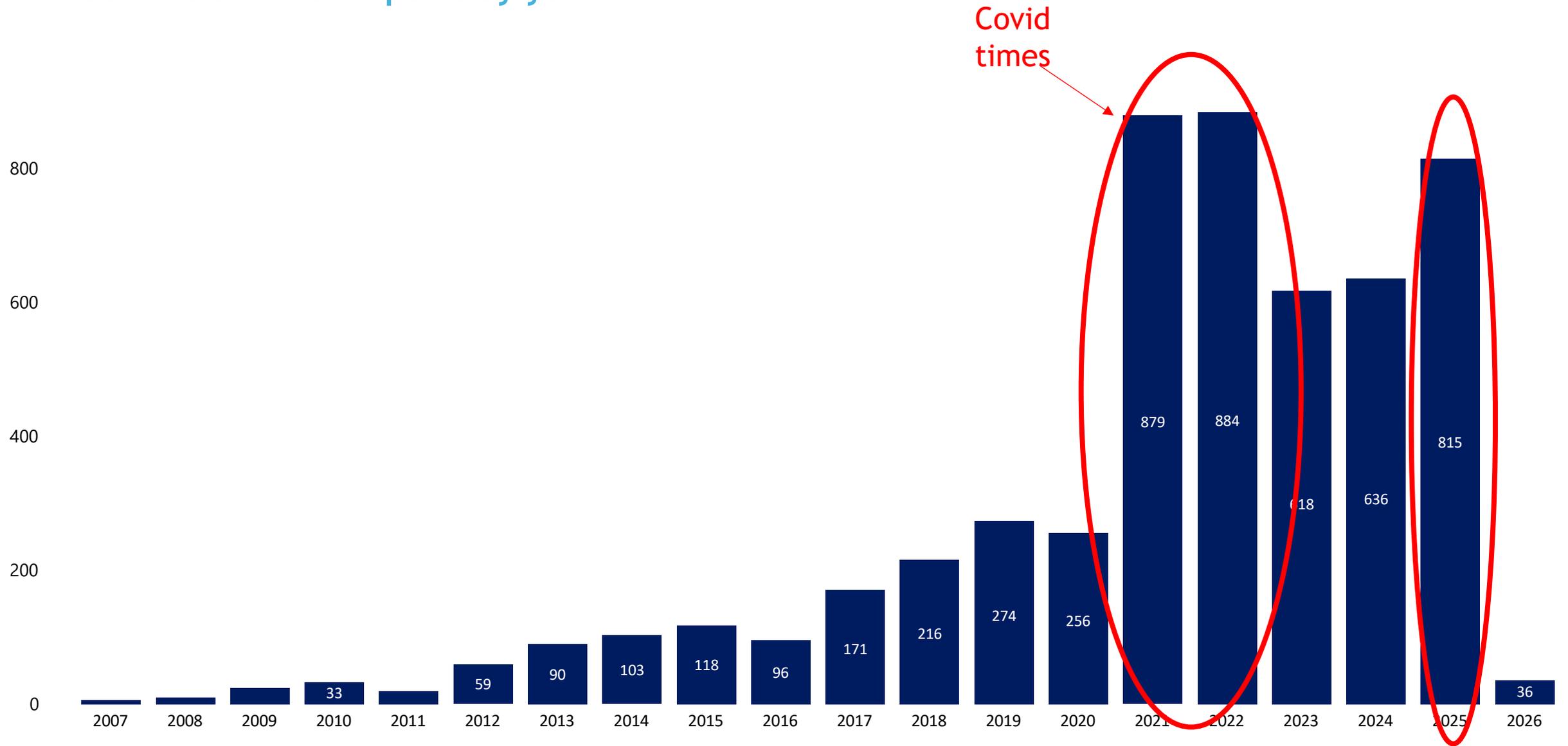
It may occur as a cluster or **bulk-error**, whereby the same error incident affects more than one patient.

Examples of vaccine administration errors include administering:

- expired vaccine
- vaccine compromised by a cold chain breach
- diluent only component of a vaccine
- vaccine that is contraindicated for an individual ie. Live vaccine - immunocompromised
- outside recommendation ie. wrong vaccine, wrong age, wrong formulation, interval
- duplicate dose of vaccine

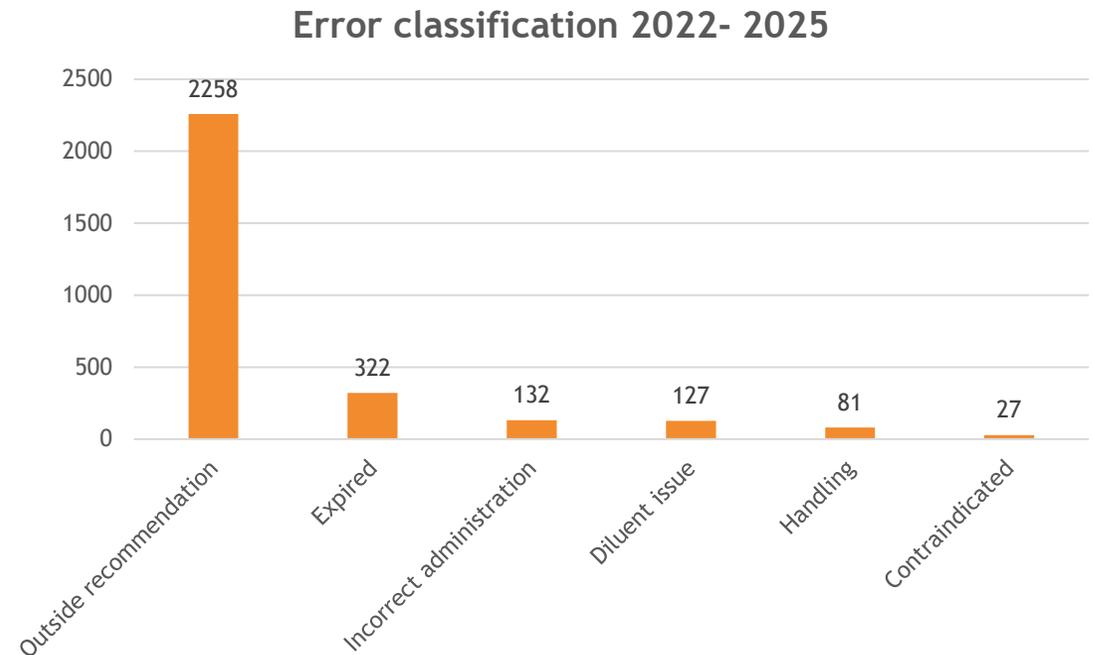


Vaccination error reports by year

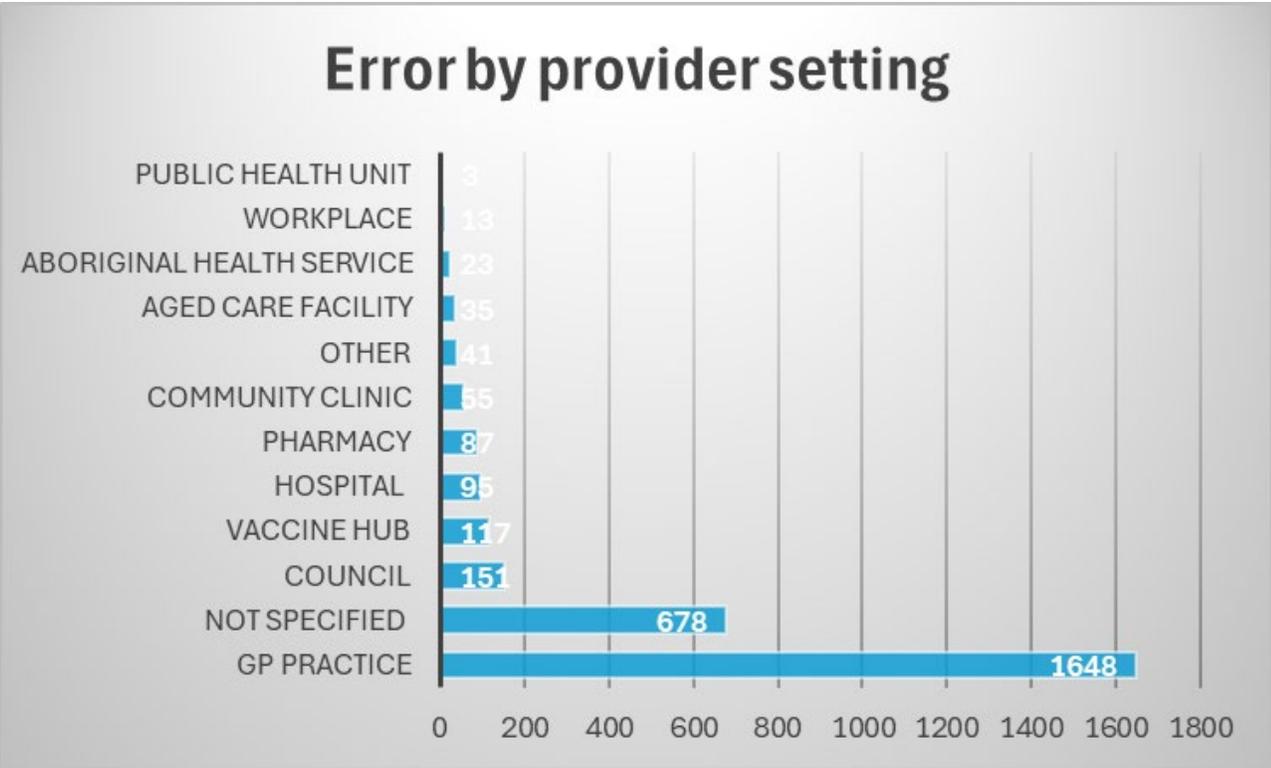


SAEFVIC experience

- Product confusion i.e RSV, DTPa formulations
- Wrong flu formulation for age i.e Fluvad < 65 yr
- Paediatric v adult formulation
- Incorrect schedule for age
- Wrong vaccine
- Extra doses
- Expired vaccines (includes dispensed vaccines)
- Incorrect technique
- Reconstitution
- Cold chain breach
- Live vaccines - contraindicated

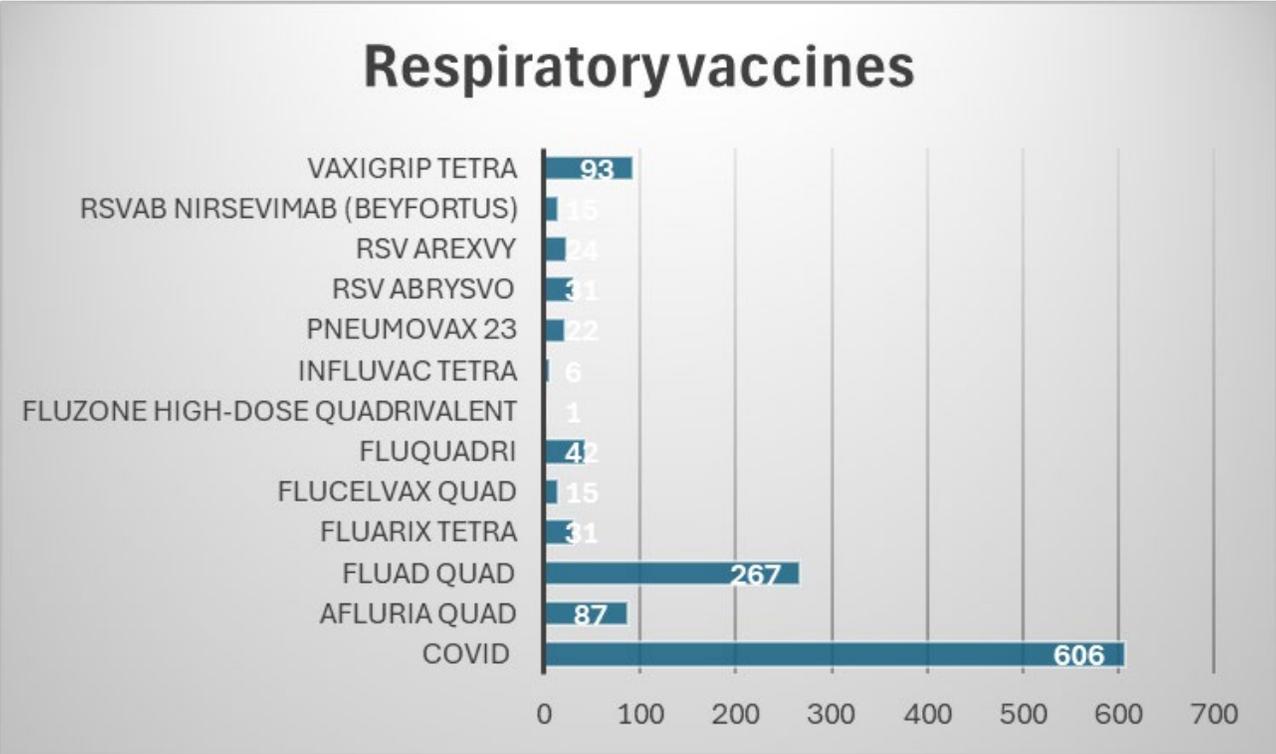


Error data 2022 - 2025



- New providers
- Multiple settings
- GP practice accounts for the majority (56%)
- Pharmacist led vaccinations

Error data 2022 - 2025



- 32% related to respiratory vaccines
- RSV products - formulation confusion
- Influenza - brands, ages, doses
- Pneumovax 23 - Pneumococcal formulations, intervals
- COVID -19 - recommendations, expiry



RSV prevention products and eligibility

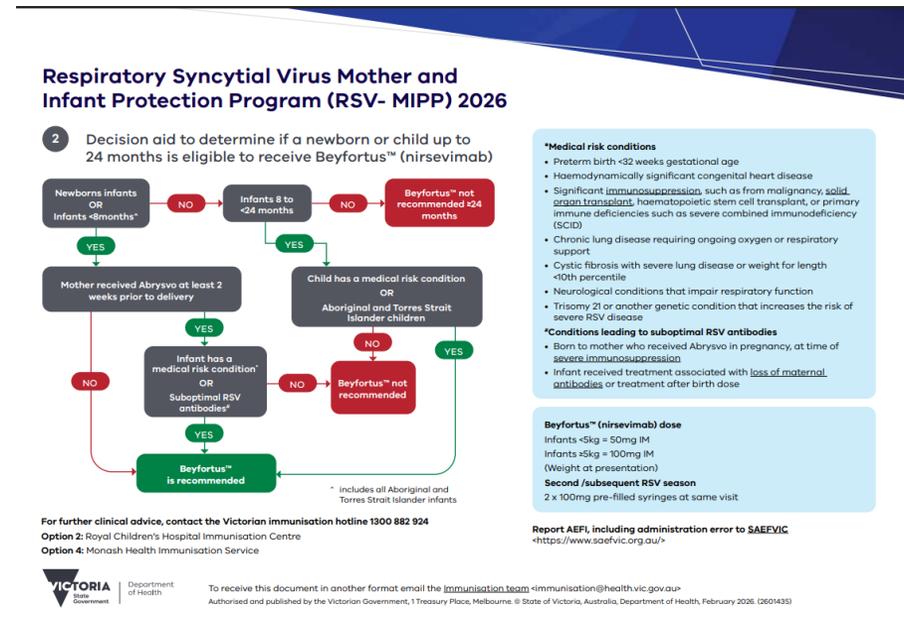
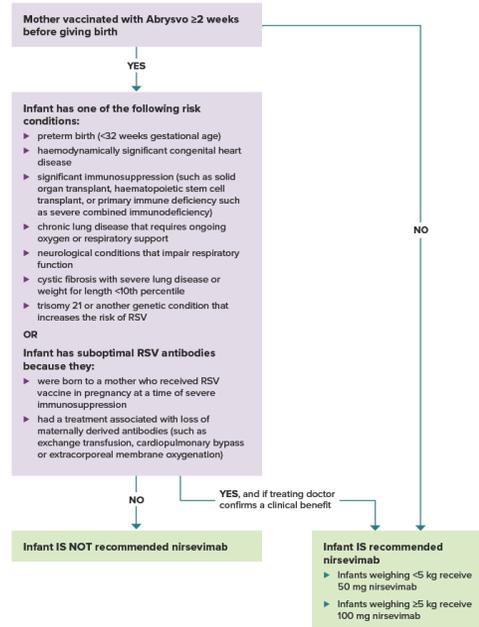
National RSV Mother & Infant Protection Program (RSV-MIPP)

The RSV-MIPP, commenced on 3 February 2025, providing pregnant women (28 to 36 weeks) with free access to the maternal RSV vaccine (Abrysvo®) under the National Immunisation Program (NIP).

States and territories are funding a complimentary infant RSV immunisation program with RSV specific long-acting monoclonal antibodies Beyfortus™ (nirsevimab) to protect infants most at risk from severe RSV disease, predominantly for infants who have not already received a maternal vaccine.

RSV vaccines and RSV monoclonal antibody by age group or cohort

Age group or cohort	Product		
	Abrysvo® 0.5mL (Pfizer)	Axevyo® 0.5mL (GSK)	Beyfortus™ (nirsevimab) 0.5/1.0 mL (Sanofi)
Women at 28 to 36 weeks pregnancy	NIP funded	DO NOT USE	DO NOT USE
Infants & children ≤24 months	DO NOT USE	DO NOT USE	State & territory funded
People 50-59 years with medical risk factors	DO NOT USE	Available privately based on clinical decision	DO NOT USE
All people ≥60 years including Aboriginal and Torres Strait Islander people	Available privately based on clinical decision	Available privately based on clinical decision	DO NOT USE



Adverse events following RSV products (as at Feb 2026)

Total reports received

103

Serious AEFI reports

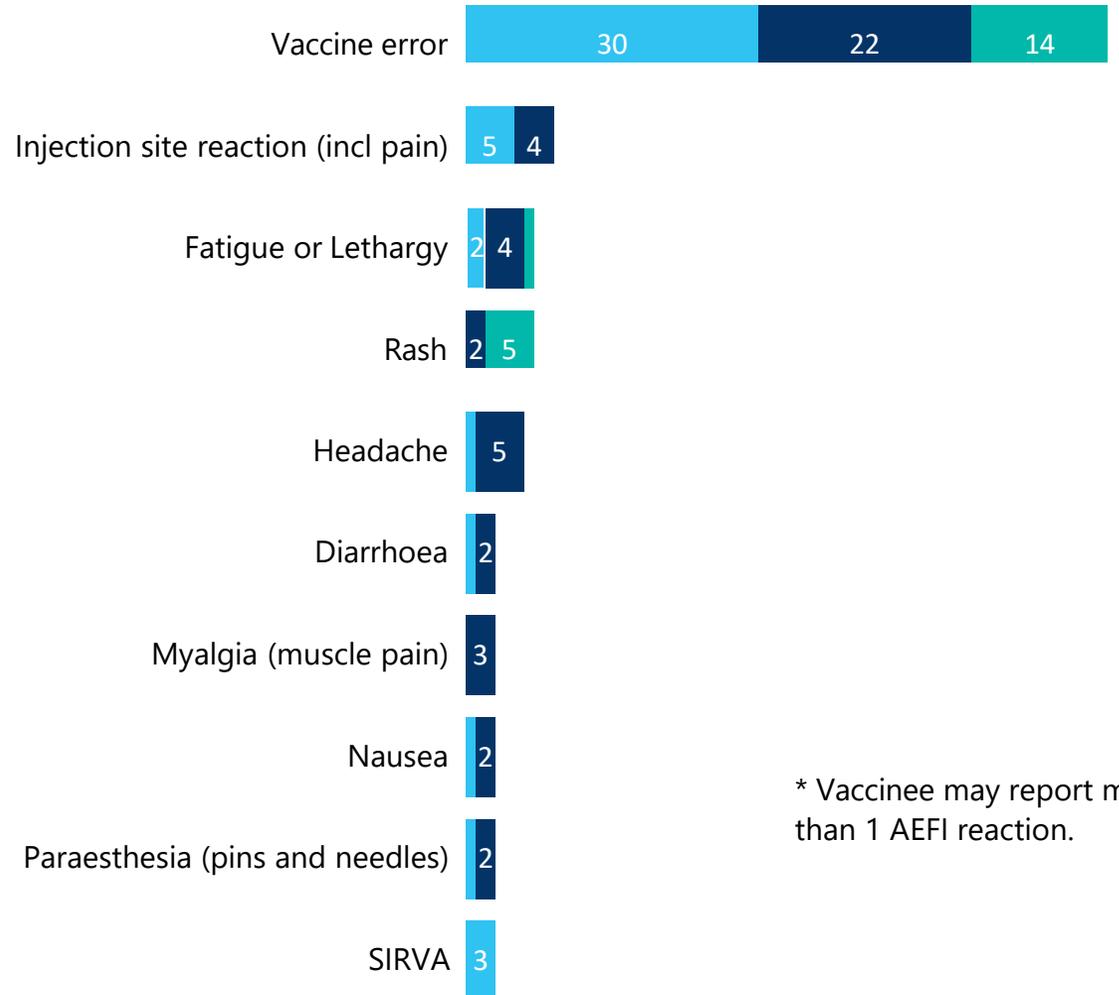
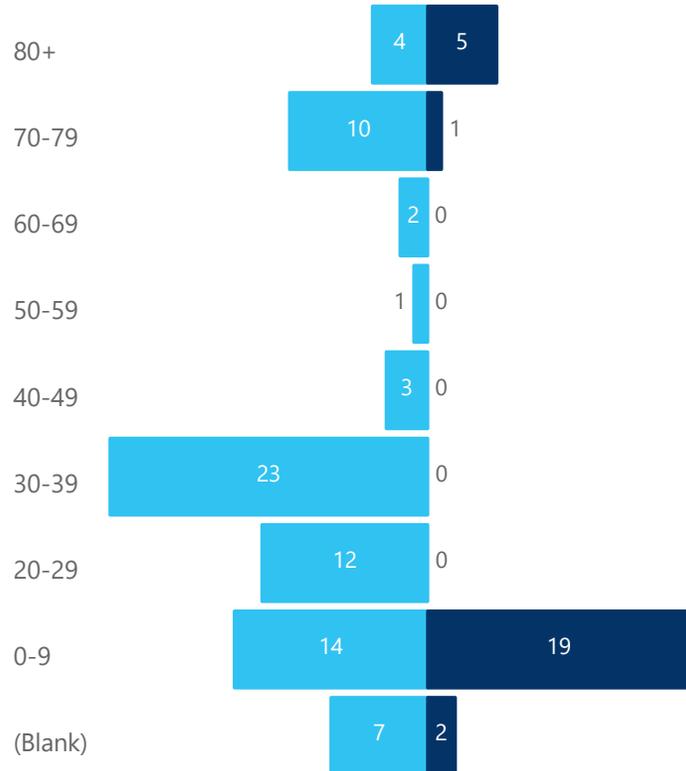
9

Top 10 most commonly described AEFI (count)

Vaccine ● Abrysvo ● Arexvy ● Nirsevimab (Beyfortus)

Reports by sex and age group

● Female ● Male

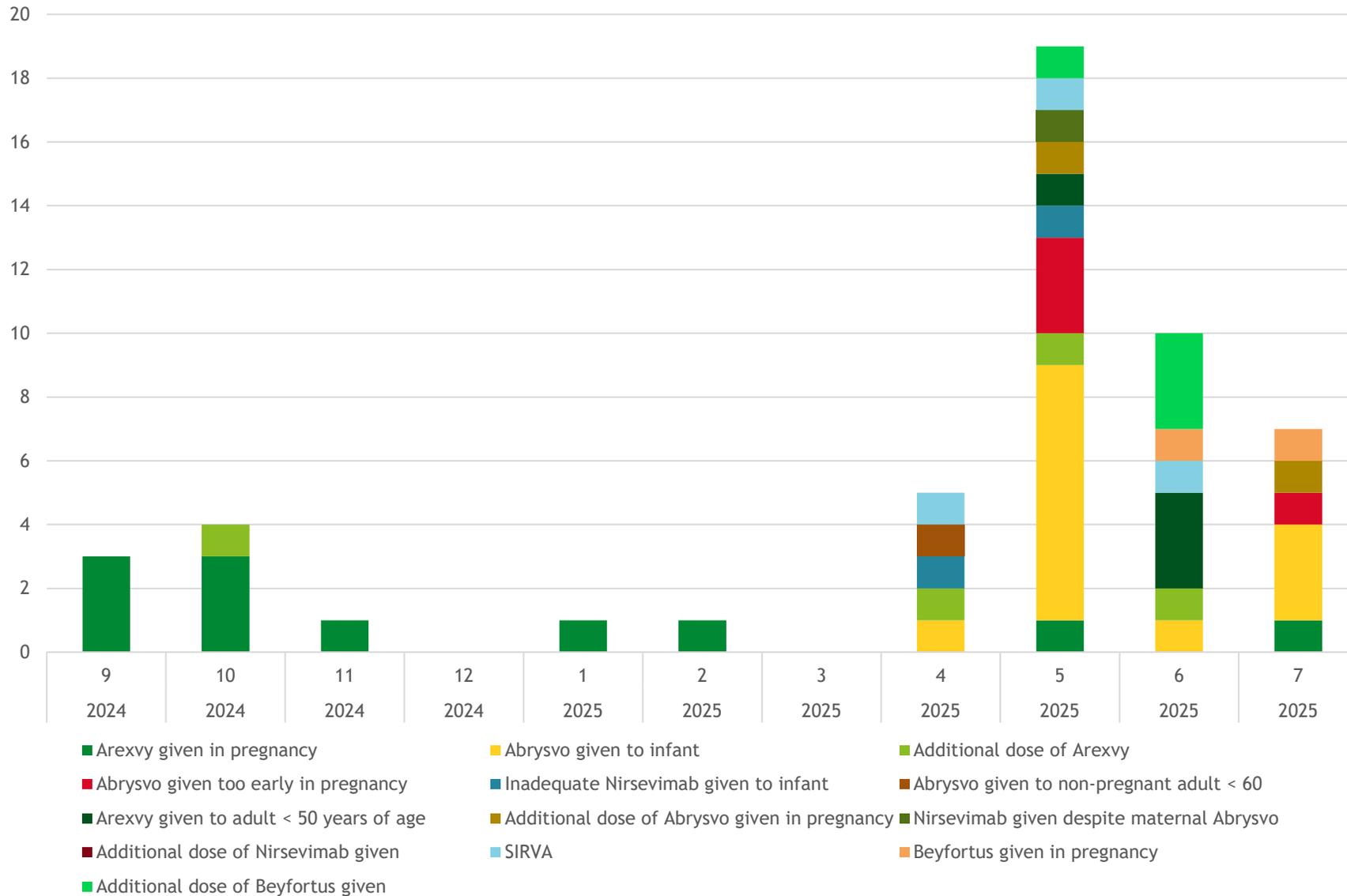


* Vaccinee may report more than 1 AEFI reaction.

RSV product administration errors - summary table

Type of error	GP clinic	Hospital	Pharmacy	ACCHO	Council	(blank)	Grand Total
Abrysvo given to infant	10	3					13
Abrysvo given to non-pregnant adult < 60	1						1
Abrysvo given too early in pregnancy	2	2					4
Additional dose of Abrysvo given in pregnancy	2						2
Additional dose of Arexvy	3			1			4
Additional dose of Beyfortus given	2	1			1		4
Arexvy given in pregnancy	9			2			11
Arexvy given to adult < 50 years of age	3			1			4
Beyfortus given in pregnancy	2						2
Inadequate Nirsevimab given to infant	1				1		2
Nirsevimab given despite maternal Abrysvo		1					1
SIRVA	1	2					3
(blank)							
Grand Total	36	9	4	1	1		51

RSV vaccination administration errors (2024 – 2025 July)



RSV vaccination administration errors - clinical guidance



Australian
Immunisation
Handbook

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[Home](#) > [Resources](#) > [Handbook tables](#)

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Table. Clinical guidance on RSV immunisation product administration errors

Type of error	Administration error	Repeat dose recommendation
Site/route	Incorrect site (i.e. site other than deltoid or anterolateral thigh)	Do not give a repeat dose.
	Incorrect route (i.e. subcutaneous or intradermal)	Do not give a repeat dose.
Incorrect immunisation product	Abrysvo or Arexvy vaccine administered to an infant or young child recommended to receive nirsevimab (monoclonal antibody)	Monitor for adverse events. Administer a dose of nirsevimab. This can be administered anytime from immediately after the error.
	Arexvy administered to a pregnant woman recommended to receive Abrysvo	Do not give Abrysvo during current pregnancy. Arexvy given during pregnancy is expected to provide protection to the infant; however, a dose of nirsevimab to the infant, either at birth or before their first RSV season, may be considered.
Immunisation product not clinically indicated	Product administered to a person who is of appropriate age but is not clinically indicated to receive the product. Examples include: <ul style="list-style-type: none"> nirsevimab given to an infant who is already adequately protected by maternal vaccination nirsevimab given to an infant who is in their second RSV season and is not recommended to receive a second-season dose 	Monitor for adverse events.
Incorrect age	Abrysvo or Arexvy administered to a person who is younger than the approved age registered for that vaccine. Examples include: <ul style="list-style-type: none"> Abrysvo given to a non-pregnant person aged under 60 years Arexvy given to a person aged under 50 years. 	Monitor for adverse events. Do not give a repeat dose at the scheduled age. The need for further doses has not been established; further advice will be given when data are available. See "incorrect immunisation product" above for Arexvy inadvertently administered to a pregnant woman.

There are currently **no RSV vaccines available for infants for active immunisation in Australia or internationally.**

Abrysvo® is the only RSV vaccine approved for use in pregnant women. Arexvy® should not be given to pregnant women.

<https://immunisationhandbook.health.gov.au/resources/tables/table-clinical-guidance-on-rsv-immunisation-product-administration-errors>

Adverse events following seasonal Influenza vaccination 2025 (April-October)

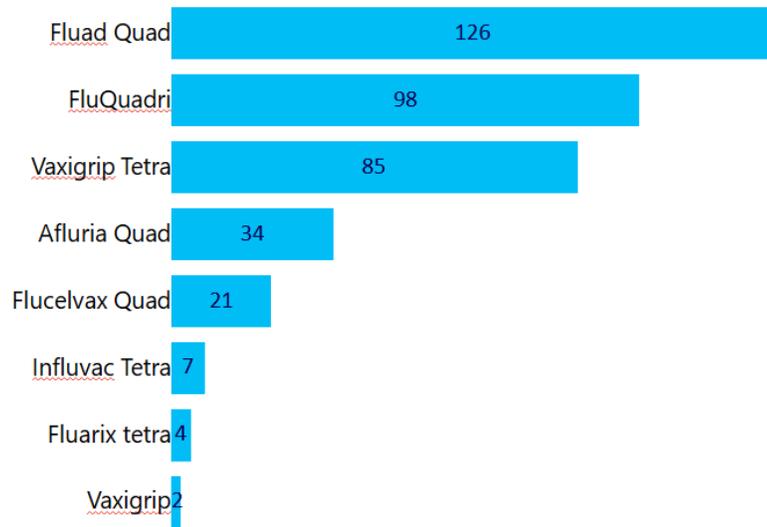
Total reports received

373

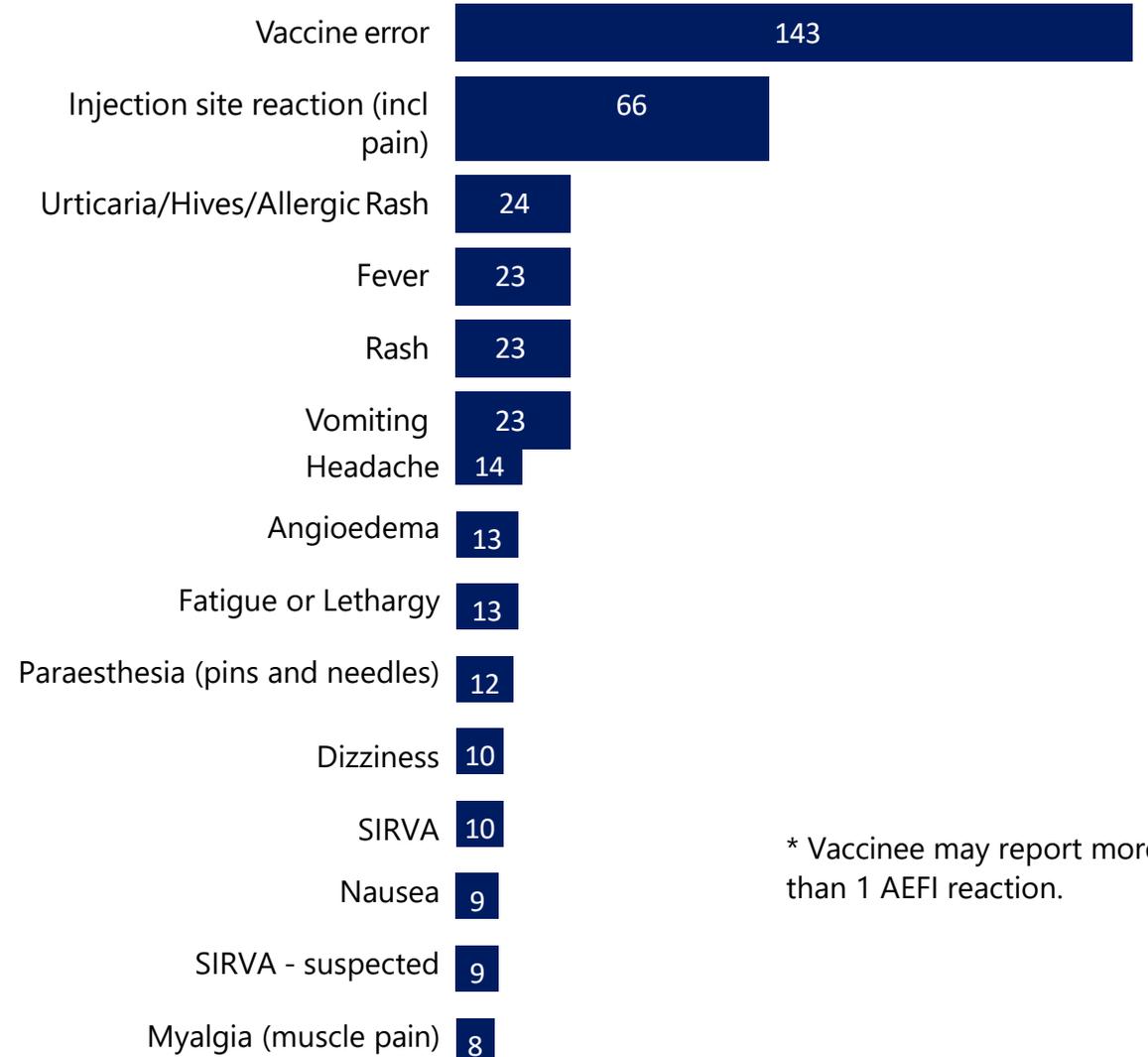
Rate per 100,000 doses

7.1

Reports by vaccine brand



Top 15 most commonly described AEFI



Watch out for

- Duplicate doses - check AIR
- Incorrect brand for age
- Intervals
- Expired vaccines

* Vaccinee may report more than 1 AEFI reaction.

ATAGI statement 2026

Key messages to avoid error!!!

- When receiving influenza vaccine for the first time, healthy children aged **6 months to less than 2 years** and those with a medical risk condition aged 6 months to less than 9 years, should receive 2 doses, given 4 weeks apart.
- Age-appropriate** influenza vaccines - see table
- Registration age for Fludax® has been extended to people 50 years of age and above (50-64 years through the **private market**)
- From 2026, LAIV is available for children aged 2 to less than 18 years on the **private market** and for free through some state-funded programs (not Victoria)
- LAIV is **contraindicated** for people with moderate or severe immunocompromise
- If a person had a 2025 influenza vaccine in late 2025 or early 2026, they are still recommended to receive a 2026 formulation of influenza vaccine when it becomes available.
- Watch out for **expiry dates**





Australian Government
Department of Health,
Disability and Ageing

AUSTRALIAN TECHNICAL ADVISORY
GROUP ON IMMUNISATION (ATAGI)

CLINICAL ADVICE

Issue date: 27 February 2026

STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2026

It is important to read this statement in conjunction with the [Australian Immunisation Handbook](#), available at [immunisationhandbook.health.gov.au](#)

Overview of key points and updates for 2026

- Annual vaccination is the most important measure to prevent influenza and its complications. It is recommended for all people ≥6 months of age.
- The importance of influenza vaccination should be **emphasised**. Healthcare provider recommendation is the strongest predictor of a person's decision to vaccinate.
- Age-appropriate influenza vaccines are listed in Table 1. Influenza vaccines are available on the National Immunisation Program (NIP) for certain age groups, Aboriginal and Torres Strait Islander people, pregnant women, and people with certain medical conditions (Table 3).
- In 2026, the intranasally administered live attenuated influenza vaccine (LAIV; **FluMist®**) will be available for the first time in Australia for children aged 2–17 years by private market and through state-based immunisation programs in New South Wales, Queensland, South Australia and Western Australia.
- LAIV is considered to have equivalent effectiveness to inactivated influenza vaccines (IIV).
- LAIV is contraindicated for people with moderate or severe immunocompromise. They should receive IIV instead.
- Most people **should** receive one dose of influenza vaccine each year.
- People of any age receiving influenza vaccine for the first time after **haematopoietic** stem cell or solid organ transplant or CAR T-cell therapy should also receive 2 doses, given 4 weeks apart.
- All influenza vaccines, including LAIV, can be given at the same time as, or at any interval before or after, other vaccines. Refer to the Australian Immunisation Handbook.
- Immunisation providers are reminded to ensure the correct injection site for vaccine administration to **minimise** the risk of adverse events such as Shoulder Injury Related to Vaccine Administration (SIRVA). Refer to the [Australian Immunisation Handbook](#).

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2026, by age

Registered age group	Vaxigrip 0.5 mL (Sanofi)	Fluceivax 0.5 mL (CSL Seqirus)	Fluzone 0.5 mL (Sanofi)	Influvac 0.5 mL (Viatris)	Fludax 0.5 mL (CSL Seqirus)	Fluzone High-Dose 0.5 mL (Sanofi)	Flumist 0.2 mL (AstraZeneca)
6 months to <2 years	✓*	✓	✓	✓	X	X	X
≥2 to <5 years	✓*	✓	✓	✓	X	X	✓
≥5 to <18 years	✓**	✓**	✓	✓	X	X	✓
≥18 to <50 years	✓**	✓**	✓	✓	X	X	X
≥50 to <60 years	✓**	✓**	✓	✓	✓	X	X
≥60 to <65 years	✓**	✓**	✓	✓	✓	✓	X
≥65 years	✓	✓	✓	✓	✓*	✓	X

Ticks indicate age at which a vaccine is registered and available. Hashtags indicate availability for free under the NIP.

* NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

COVID eligibility

For the latest information on COVID-19 primary course and additional doses advise, please refer to the [Australian Immunisation Handbook](#):

- All adults aged 18 years and over are recommended a single primary dose. Children and adolescents aged under 18 years are not routinely recommended a primary dose.

- People with severe immunocompromise conditions, who are over 6 months of age or older are recommended 2 primary doses and are eligible for a 3rd primary dose based on an individual risk-benefit assessment.

- Infants, children and adolescents aged 6 months to <18 years with conditions other than severe immunocompromise that may increase the risk of severe COVID-19 are eligible for primary dose(s) based on a risk benefit assessment



As of 15 November 2025

Pfizer (COMIRNATY) LP.3.1
6 months – <6 years
3 mcg/0.3 mL
concentrated suspension for injection multi-dose vial



Pfizer (COMIRNATY) LP.3.1
6 – <12 years
10 mcg/0.3 mL
suspension for injection single-dose vial



Pfizer (COMIRNATY) LP.3.1
12 years+
30 mcg/0.3 mL
suspension for injection single-dose glass prefilled syringes



CVAS naming convention	Pfizer (LP.3.1) 6 months – <5 years (Yellow)	Pfizer (LP.3.1) 5 – <12 years (Light Blue)	Pfizer (LP.3.1) 12 years+ (PFS)
Vaccine type	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)
Approved age	6 months – <5 years	5 – <12 years	12 years-and older
Dose volume	0.3 mL	0.3 mL	0.3mL
Doses per vial	3	1	1
Dilution required	Yes (1.1 mL)	No	No
ULT freezer storage time	18 months (shelf life) at -90°C to -60°C	18 months (shelf life) at -90°C to -60°C	DO NOT STORE
Freezer storage time (unopened)	DO NOT STORE at -25°C to -15°C	DO NOT STORE at -25°C to -15°C	DO NOT FREEZE
Refrigeration storage time (unopened) ¹	10 weeks (+2°C to +8°C) within the 18-month shelf life	10 weeks (+2°C to +8°C) within the 18-month shelf life	Expiry date printed on the carton and syringe label
Room temperature storage time (unopened)	24 hours pre- and post-dilution (up to +30°C)	24 hours pre- and post-initial puncture (up to +30°C)	12 hours (up to +30°C)
Storing opened vials	6 hours (up to +30°C)	6 hours (up to +30°C)	NA
Storing pre-drawn doses	1 hour (up to +30°C) or 6 hours (+2°C to +8°C)	1 hour (up to +30°C) or 6 hours (+2°C to +8°C)	NA
TGA Product Information (PI) and Consumer Medicine Information (CMI)	PI CMI	PI CMI	PI CMI

Notes:
For the latest information on COVID-19 primary course and additional doses advise, please refer to the [Australian Immunisation Handbook](#).

- All adults aged 18 years and over are **recommended a single primary dose**. Children and adolescents aged under 18 years are not routinely recommended a primary dose.
- People with severe immunocompromise conditions, who are over 6 months of age or older are recommended 2 primary doses and are eligible for a 3rd primary dose based on an individual risk-benefit assessment.
- Infants, children and adolescents aged 6 months to <18 years with conditions other than severe immunocompromise that may increase the risk of severe COVID-19 are **eligible** for primary dose(s) based on a risk benefit assessment.

If vaccines are stored or handled outside the conditions listed, complete the Cold Chain Breach (CCB) reporting form and email it to the Vaccine Operations Centre (VOC) COVID19VaccineOperationsCentre@health.gov.au.

It is mandatory under the [Australian Immunisation Register Act 2015](#) for vaccination providers to report all vaccinations administered in Australia to the AIR. For more information, please visit [Advice for COVID-19 vaccine providers and administrators](#).

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COVID eligibility

Primary course recommendations

	6 months to 5 years	5 years to 18 years	18 years and older
Without risk factors	Not eligible	Not eligible	Recommended a single primary dose
With risk factors*	Consider 2 primary doses	Consider a single primary dose	Recommended a single primary dose
With severe immunocompromise	Consider 2–3 primary doses	Consider 1–2 primary doses	Recommended 2 primary doses consider a third dose

* Includes those with a medical condition that increases the risk of severe COVID-19 illness (refer to [Australian Immunisation Handbook](#)).



Australian Immunisation Handbook

Home Contents Diseases Vaccines Catch-up vaccination Resources

Home > Table of contents > Vaccine preventable diseases

COVID-19

Information about COVID-19, vaccines and recommendations for vaccination from the Australian Immunisation Handbook.

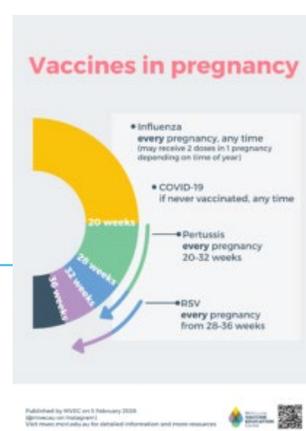
Booster dose recommendations

	Less than 5 years	5 to 17 years	18 to 64 years	65 to 74 years	75 years and older
Without severe immunocompromise	Not recommended	Not recommended	Consider a dose every 12 months	Recommended every 12 months and can consider a dose every 6 months	Recommended every 6 months
With severe immunocompromise	Not recommended	Consider a dose every 12 months	Recommended every 12 months and can consider a dose every 6 months	Recommended every 12 months and can consider a dose every 6 months	Recommended every 6 months

Maternal vaccination

- Influenza vaccine, at any time during pregnancy
- Pertussis-containing vaccine (dTpa – reduced antigen diphtheria-tetanus-acellular pertussis), between mid 2nd trimester and early 3rd trimester of **each** pregnancy (ideally at 20 and 32 weeks gestation)
- **COVID - 19** - Not routinely recommended in previously vaccinated women but can be considered on an individual basis. Unvaccinated women are recommended to receive COVID-19 vaccine. Vaccine can be given at any stage of pregnancy.
- **Respiratory syncytial virus (RSV)** The maternal RSV vaccine (Abrysvo®) is free under the [National Immunisation Program \(NIP\)](#) for women from 28 weeks gestation to protect their baby from birth through 6 months of age.
- Coadministration is generally considered safe (timing)

**All live-attenuated vaccines
are contraindicated during pregnancy**



Strategies to minimise VAE

- Understand new program and recommendations
- Don't rely on patient recall
- Check available immunisation records/AIR record for vaccination history
- Screening/Pre-immunisation checklist
- Clear labelling of vaccines
- Formulations (reconstitution, diluent, pre filled syringe)
- Dispensing - correct product, e-script, expiry
- Cold chain management
- 6 'rights' of administering medication
- Correct injection technique (SIRVA)



Pre-immunisation checklist

What to tell your immunisation provider before immunisation

Please tell your immunisation provider if the person about to be immunised:

- is unwell today
- has a disease which lowers immunity (eg. severe combined immunodeficiency (SCID), leukaemia, HIV, cancer) or is having treatment which lowers immunity (eg. oral steroid medicines such as cortisone and prednisone, disease-modifying anti-rheumatic drugs (DMARDs), radiotherapy, chemotherapy)
- is an infant of a mother who was receiving highly immunosuppressive therapy (for example biological disease modifying anti-rheumatic drugs (bDMARDs)) during pregnancy
- has had a severe reaction following any vaccine
- has any severe allergies (to anything)
- has had any vaccine in the past month
- has had an injection of immunoglobulin, or received any blood products, or a whole blood transfusion in the past year
- is pregnant
- is planning a pregnancy or anticipating parenthood
- is a parent, grandparent or carer of an infant aged up to six months
- has a past history of Guillain-Barre Syndrome
- was a preterm baby born at less than 32 weeks gestation, or weighing less than 2000 g at birth
- is a baby who has had intussusception, or a congenital abnormality that may predispose to intussusception
- has a chronic illness
- has a bleeding disorder
- does not have a functioning spleen
- lives with someone who has a disease which lowers immunity (for example, leukaemia, cancer, HIV), or lives with someone who is having treatment which lowers immunity (for example, oral steroid medicines such as cortisone and prednisone, disease modifying anti-rheumatic drugs (DMARDs) radiotherapy, chemotherapy)
- identifies as an Aboriginal and/or Torres Strait Islander person
- is planning travel
- has an occupation or lifestyle factor/s for which vaccination may be needed.

Before any immunisation takes place, your immunisation provider will ask:

- Do you understand the information provided to you about the immunisation/s?
- Do you need more information to decide whether to proceed?
- Did you bring your / your child's immunisation record with you?

Immunisation providers must report all vaccinations listed on the National Immunisation Program to the Australian Immunisation Register (AIR). The AIR is a national register that records vaccines given to people of all ages in Australia. You may obtain an Immunisation History Statement, a listing of all your vaccinations recorded on the AIR.

Scan this QR code to read about the Australian Immunisation Register
• <https://www.servicesaustralia.gov.au/australian-immunisation-register>



Comparison of the effects of diseases and the side effects of vaccines

Scan this QR code to read the comparison of the effects of diseases and the side effects of vaccines on the National Immunisation Program.

• <https://immunisationhandbook.health.gov.au/resources/tables/table-comparison-of-the-effects-of-diseases-and-the-side-effects-of-vaccines-on-the-national-immunisation-program>

To receive this document in another format email immunisation@health.vic.gov.au
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© State of Victoria, Australia, Department of Health, December 2004. (23102690)

Information on this fact sheet is adapted from the Australian Technical Advisory Group on Immunisation (ATAGI) and approved by the National Health and Medical Research Council (NHMRC) Australian Immunisation Handbook.
Australian Government Department of Health and Aged Care, 2024.
<https://immunisationhandbook.health.gov.au/>
For further information contact your immunisation provider.



Health Professional
Online Services

Australian Immunisation Register

- Home
- Claims
- Identify Individual
- Identify Individual
- Individual Details
- Record Encounter

Welcome

The AIR is a national register that records all vaccinations given to individuals of all ages, including National Immunisation 19 vaccines. The AIR is administered under the *Australian Immunisation Register Act 2015* and AIR data is protected under

Please ensure you are aware of the [Terms and conditions](#) of accessing this site.

The AIR site provides access to the following functions and information:

- **Identify Individual** - search for an individual
- **Individual Details**
 - view an individual's immunisation history and/or evidence of immunisation
 - record immunisation encounters
 - view and/or print an immunisation history statement

SIRVA

Shoulder Injury related to vaccine administration (SIRVA)

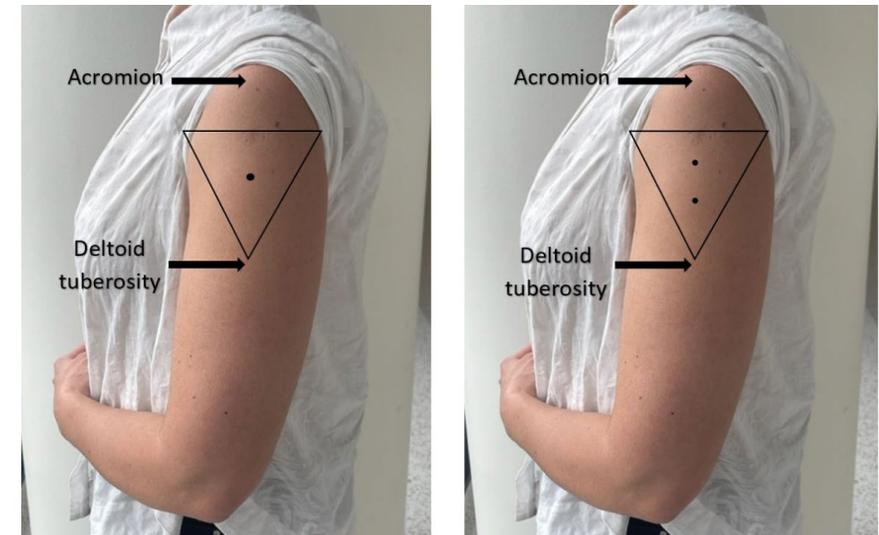
SIRVA is a rare but serious complication following suspected inadvertent administration of a vaccine too high in the deltoid or into the shoulder joint.

This may cause a local inflammatory response and potential trauma to local structures within the shoulder joint resulting in sudden onset shoulder pain and restricted movement.

How to prevent SIRVA

SIRVA can be prevented by following the recommended vaccination procedures for correct injection technique.

Expose	Identify	Imagine	Inject
Expose the whole upper arm	Identify upper and lower anatomical landmarks (acromion and deltoid tuberosity)	Imagine an inverted triangle 2-3 fingers below the acromion	Inject vaccine in the centre of the triangle into the deltoid muscle



Australian Immunisation Register (AIR)

It is **mandatory** for all vaccination providers to report immunisations to AIR

Vaccination encounters can be reported to the AIR by using pharmacy software if available, or the AIR website via PRODA via [Provider Digital Access \(PRODA\)](#)

Reporting vaccines administered during pregnancy to the AIR?

Software - updated to include the *antenatal indicator*. Vaccine type field and selecting 'Antenatal'

Using the AIR site: An *antenatal indicator* has been added to the Australian Immunisation Register (AIR) selecting 'Yes', 'No' or 'Unspecified'

Record Encounter

New Encounter

Who performed this Immunisation Encounter: *

This was performed at a School:

Date of Service: *

This date of service applies for all episodes:

Antenatal indicator: Yes No Unspecified

Resources - error management

Australian Immunisation handbook online

[Vaccine administration errors](#)

Guiding principles on vaccine administration errors are presented below. A risk/benefit discussion may be required with the individual to determine if a replacement dose is needed.

For all vaccine administration errors:

- inform the recipient/caregiver of the administration error, following the principles of open disclosure
- provide advice on monitoring for local and systemic adverse events, and when to seek medical attention
- review how the error occurred and consider implementing measures that could prevent it happening again
- report the error as an adverse event, even if no adverse event has occurred, either through your state or territory health department, or [directly to the TGA](#)
- if a dose is deemed to be invalid but has already been entered into the Australian Immunisation Register (AIR), you may need to advise the AIR. The best way to do this is by calling 1800 653 809.

Department of Health - Vaccine error management

The screenshot shows a webpage from the Department of Health. At the top, there is a navigation bar with the Department of Health logo and 'Hospitals & health services'. Below the navigation bar, the breadcrumb trail reads 'Home > Public health > Immunisation > Vaccine error management'. The main heading is 'Vaccine error management'. Underneath, there is a section for 'Community immunisation information' with a sub-heading 'Immunisation information on Better Health Channel'. A large callout box on the right side of the page is titled 'Open disclosure framework'. Below this, there is a section titled 'On this page' with a list of links: 'Prepare your health service to prevent vaccine errors', 'Six steps to prevent vaccine administration errors', 'Managing vaccine administration errors', and 'Common vaccine administration errors and management'. At the bottom right, there is a 'Key messages' section with a list of bullet points.

Open disclosure framework

On this page

- Prepare your health service to prevent vaccine errors
- Six steps to prevent vaccine administration errors
- Managing vaccine administration errors
- Common vaccine administration errors and management

Key messages

- The open disclosure process should occur whenever a patient has suffered an adverse event.
- Open disclosure includes an apology and explanation of an incident, without apportioning blame.
- Patients are to be provided with information about what happened in a timely, open and honest manner.
- Health services should ensure staff members are supported through the open disclosure process.

Melbourne Vaccine Education Centre



eLearnings All eLearnings

Vaccine Errors: Prevention, management and open disclosure

Vaccine Errors: Prevention, management and open disclosure

From time to time, vaccine administration errors can and do occur. Effective and prompt management ...

See more...

Use of Multi-dose Vials

Use of Multi-dose Vials

Multi-dose vials contain more than one dose of a medicine/vaccine in a single vial. Multi-dose vials...

See more...

Shoulder Injury Related to Vaccine Administration (SIRVA)

Shoulder Injury Related to Vaccine Administration (SIRVA)

SIRVA is a rare but serious complication following inadvertent administration of a vaccine too high in...

See more...

Webinars All Webinars

Clinical Vaccinology

COVID-19: infection and vaccines

Winter preparedness: COVID-19 and

Education Portal membership

To support MVEC, add an annual membership to your profile – access eLearnings, past webinar recordings and special prices for MVEC events.

Our eLearning courses are designed for immunisation providers to consolidate, evaluate and refresh technical skills and immunisation processes.

[Become a member](#)



Practicalities - key messages

- Prepare your health service to prevent vaccine errors
- Keep your knowledge up-to-date
- Complete the MVEC eLearning modules Vaccine errors, prevention, management and open disclosure
- There are SIX steps to prevent vaccine administration errors - **right person, right vaccine, right dose, right time, right route and site, right documentation**
- Manage the error/Open disclosure
- SAEFVIC are the central reporting service for all AEFI and Errors related to vaccination

All vaccine errors are preventable!!



Thank you

Questions?



My Health Record

Ensuring timely, accurate information follows the patient wherever they seek care

March 2026 - Sarah Crowe (Digital Health Manager)



What is My Health Record?



Online summary of an individual's key health information



Personally controlled



Part of a national system



Accessible at all times



Protected by legislation





What is My Health Record?



My Health Record documents

Healthcare provider documents

- Shared health summaries
- Discharge summaries
- Event summaries
- Prescription and dispense records
- Specialist letters
- Pharmacist Shared Medicines List
- Diagnostic Imaging reports
- Pathology reports
- Goals of care
- eReferrals
- Residential care transfer reason
- Residential care health summary
- Residential care medication chart



My Health Record

Medicare information

- Prescription information
- Australian Immunisation Register
- Australian Organ Donor Register
- Medicare Services -MBS and DVA items

Consumer entered information

- Personal health summary
- Personal health notes
- Advance Care Planning documents
- Emergency contacts

Shared with My Health Record

- Care and support plans
- MyMedicare registrations

Shared Health Summary

11 Jul 2024

Mr Caleb **DERRINGTON** DoB 15 Jun 1933 (91 years) SEX Male IHI 8003 6080 0004 5922

West End Medical Practice

Author Dr Terrance WALKER (General Medical Practitioner)
Phone 0716543542

Adverse Reactions

Adverse Reactions

Substance/Agent	Reaction Type	Reaction	Reaction Onset Date
Phenoxymethylpenicillin		• Urticaria	

Medications

Medications

Medication	Directions	Clinical Indication
Aspirin 100mg Tablet, enteric coated	1 Tablet Daily with meals.	Ischaemic heart disease
Avapro HCT 300/12.5 300mg;12.5mg Tablet	1 Tablet Daily.	Hypertension
Crestor 20mg Tablet	1 Tablet Daily.	Hyperlipidaemia
Escitalopram 10mg Tablet	1 Tablet Daily without regard to meals.	Depression
Madopar 200mg;50mg Tablet	1 Tablet Three times a day.	Parkinson's disease
Metformin 500mg Tablet	1 Tablet Twice a day with meals.	Diabetes Mellitus, Type 2

Medical History

- No Procedures are supplied

Medical History

Item	Date
Diabetes Mellitus, Type 2	26 Oct 2022 ->
Depression	Dec 2013 ->
Transient Ischaemic Attack	Sep 2013 ->
Hyperlipidaemia	Mar 2013 ->
Ischaemic heart disease	Mar 2013 ->
Hypertension	Oct 2008 ->

Immunisations

Immunisations - Administered Immunisations

Vaccine	Sequence Number	Date
Pneumovax 23	1	5 Jul 2017

Shared health summary

This is a summary of an individual's health status at a point in time, which can include medical conditions, medicines, allergies and adverse reactions, and immunisations.



Healthcare identifiers

HPI-I

Healthcare
Provider Identifier
Individual



**Healthcare
event**



IHI

Individual Healthcare
Identifier



HPI-O

Healthcare Provider
Identifier
Organisation

The right health information for the right individual at the point of care



Retrieving your HPI-I Number

To get a HPI-I you need to provide health care services and be either:

- registered with [Australian Health Practitioner Regulation Agency \(Ahpra\)](#)
- credentialed by a professional body with certain characteristics.

If you're registered with Ahpra, they'll assign you a HPI-I.

You can retrieve your HPI-I number by either

- Ringing the Healthcare Identifiers service on 1300 361 457 OR
- Ringing AHPRA directly on 1300 419 495.

Be sure to get your number and provide your organisation with this to be entered into the software



Privacy and access controls



A person can choose to restrict access to specific documents in their record



A person can restrict access to their entire record



A person can choose to receive an SMS or email alert when certain activity occurs (such as access by a new healthcare organisation)



A person can choose to remove documents from their record at any time



All instances of access to My Health Record are monitored and logged

Healthcare providers can't see any restricted information in a person's record unless the person gives the healthcare organisation access or provides an access code.



Implementing *My Health Record* in your practice

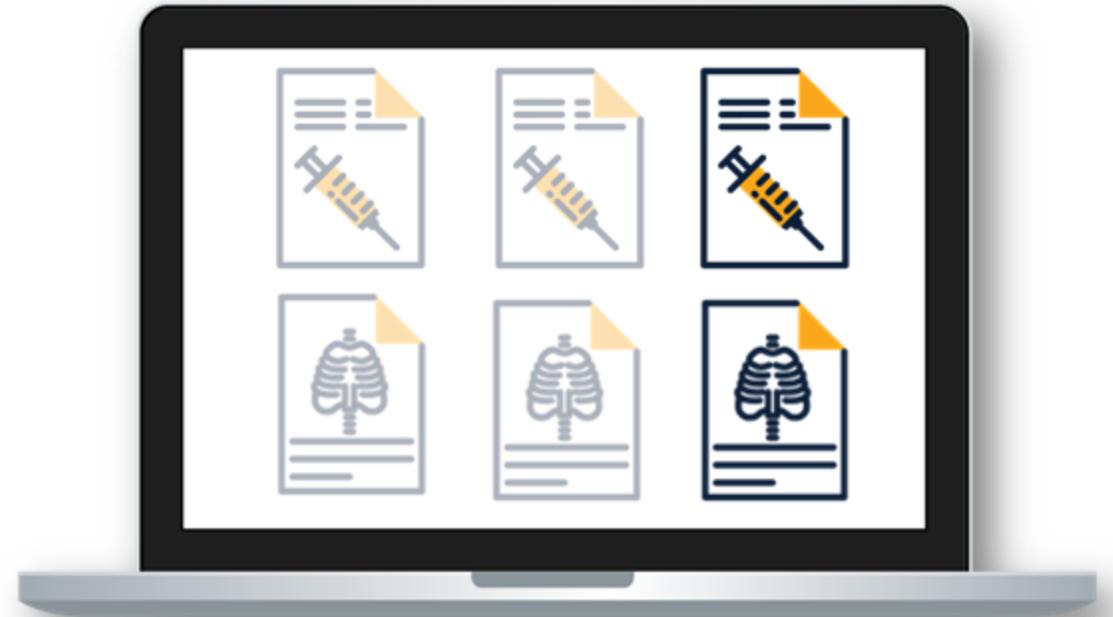
1. Policy in place and reviewed annually
2. Staff training (documented)
3. Upload and view



What is better and faster access?

Better access: introducing a legislative requirement for information to be shared with My Health Record by default, starting with pathology and diagnostic imaging reports.

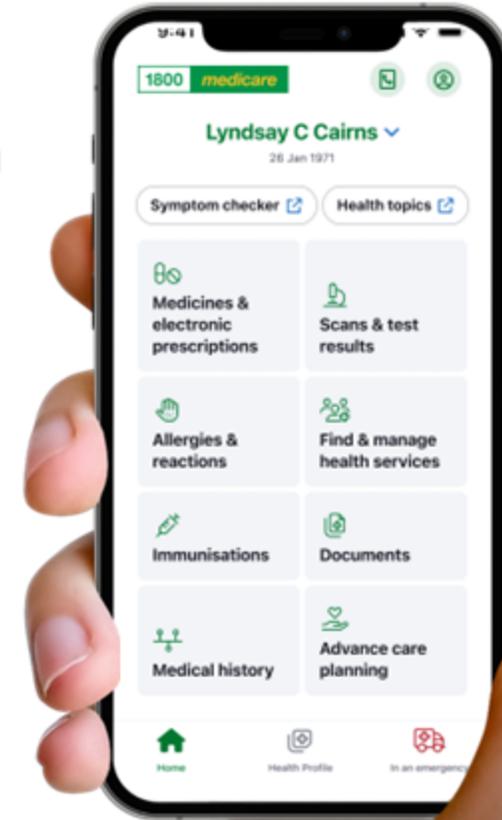
Faster access: amending the 7-day delay to provide consumers with access to most of their results as soon as they have been uploaded to My Health Record. For some categories of results, there will be a 5-day delay before consumers can access them (based on the test type, not the result).



What is the 1800MEDICARE app?

The 1800MEDICARE app can be used to view key health information in My Health Record

- The 1800MEDICARE app is a secure and convenient way to view key health information that consumers, their healthcare providers or representatives have uploaded to My Health Record.
- It gives individuals access to electronic prescriptions and their Active Script List (which pharmacists will know as MySL) and has other great features like find and book a health service, and much more.



Find an eLearning course in your area of practice



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Aged care



Allied health



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General practitioners



Pharmacy



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Free Online Training

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- Software summary sheets and resources relevant to your clinical area: <https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record#education-and-training>
- Explore the Australian Digital Health Agency YouTube channel: <https://www.youtube.com/@AuDigitalHealth>



Contact your Primary Health Network

Western Victoria PHN (WVPHN)

Digital Health:

email digitalheath@westvicphn.com.au

Murray PHN (MPHN)

Digital Health:

email digitalhealth@murrayphn.org.au

Eastern Melbourne PHN (EMPHN)

Digital Health: email digitalhealth@emphn.org.au

North Western Melbourne PHN (NWMPHN)

Digital Health and Practice Support: email

primarycare@nwmphn.org.au

South Eastern Melbourne PHN (SEMPHN)

Digital Health Support: email digitalhealth@semphn.org.au

Gippsland PHN (GPHN)

Digital Health and Integration: email

digital.health@gphn.org.au



Thank you for attending. What's next?

After this session you will receive:

1 Slides, resources and the recording of this session within the week

2 RACGP CPD hours will be uploaded within 14 days.

3 Attendance certificate will be received within 4-6 weeks.

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

Feedback - QR code

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

