

Recent IMMUNISATION Q&As for practice nurses and GPs

- Q: How to enter Hep B for adults when we need to give 2 doses of JUNIOR Hep B due to shortage?
- A: Record it as one dose of adult vaccine same brand. MoH have raised it with the AIR and they said that they cannot record the same antigen given on the same day to the same person, without one of the doses being considered invalid.

- Q: For patients who are Medicare eligible, when immunisations are entered in medical software, (and electronically transmitted) does a) the AIR create a record for the person, and b) will next round of immunisations be added to already created record?
- A: a) No, firstly only vaccinations given by the provider are transmitted, the rest are just bringing their software up to date. If the patient does not have a record, the immuniser will have to create one and add the history themselves or send the information to the AIR for them to complete. The first method is the preferred option and will be quicker for the patient if they need a history statement.
- A: b) yes because once they have a record, they have a record!

- Q: When entering overseas immunisations for children, how do you create a record on AIR?
- A: If patient has a Medicare card and other details align, patient will have an AIR record.

- Q: Entering overseas immunisations for children, for those who do not have a Medicare number, how do you create a record on AIR?
- A: Check they do not have a record on the AIR already. Search by first and last name and date of birth. If sure no record exists create a new record (under identify individual)

- Q: AIR reason codes and how long it takes for them to be adjusted and accepted/cleared
- A: AIR does not publish an external use document, however the most common reason codes, are as follows:
 - 103/102 - a duplicate antigen dose has been given
 - 100 - administered too early; under age
 - 24 - if address and post code do not match
 - 106 - if a higher (later) dose no. has been already processed or paed/adult dose already given
 - 107/108 - dose is a higher numbered dose than correct for age (given too soon)
 - 110 - vaccine period/interval is less than required - unlikely to see this one



Phone: (02) 9432 8250
Email: info@snhn.org.au
Address: Level 1, Building B
207 Pacific Highway, St Leonards NSW 2065
Post: PO Box 97, St Leonards NSW 1590
ABN: 38 605 353 884
www.snhn.org.au

- 300 - duplicate antigen dose - unlikely to see this one

Each of these reason codes do get fixed/ accepted manually which is why they may appear to sit there for a while. If you require urgent adjustment, you can call AIR and they will address faster.

- Q: What report can a non-accredited (no PIP no) practice order?
 - A: See instructions- choose a 11B report
- Q: How do you obtain yellow fever vaccination accreditation?
 - A: Immunisation providers wishing to become an approved yellow fever vaccination clinic must contact their local Public Health Unit on **1300 066 055**. Only those providers who are approved by the Public Health Unit, and are issued an individually numbered stamp, are authorised to provide yellow fever vaccination.
- Q: How do we get children off our overdue lists if they are no longer our patients
 - A: 1. If they have moved overseas notify the AIR to that effect via AIR secure email.
 - 2. They are linked to the last provider to vaccinate them. Once they are vaccinated by another provider they will leave your list.
 - 3. If reminders are returned tick the "return mail indicator" box
- Q: What is the dose number for the 12 month pneumococcal vaccine
 - A: Dose 3 (if child has received 2 previous and is receiving 12 month schedule dose as per schedule changes 1 July 2018)
 - Dose 4 (if child has received 3 previous doses and parent/carer wants 12 month schedule dose or at risk of IPD or Aboriginal or Torres Strait Islander)
- Q: If a child has already received Prevenar 13 at 2, 4 and 6 months do they still need the 12 month dose?
 - A: Yes. All children born after 1 January 2017 are required to have a booster dose of Prevenar 13 at 12 months. This booster dose is expected to reduce the incidence of breakthrough disease in children over 12 months of age that Australia has been experiencing with the 3 dose primary schedule, compared to countries with a schedule that has a booster dose at 12 months.
- Q: If a child had their 6 month Prevenar 13 dose late at 11 months, do they still need the 12 month booster?
 - A: Yes, they still need to receive a booster dose over 12 months of age to provide protection against breakthrough disease however as they received their last dose of Prevenar 13 at 11 months of age, a minimum interval of 8 weeks between doses needs to be maintained and so the 12 month booster will need to be given at 13 months of age.



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- Q: If a child receives a 4th dose of Hib vaccine anytime between 12 and 18 months are they considered up-to-date?
- A: Yes, a child (born after 1 January 2017) will be considered up-to-date if they've receive their 4th dose of Hib anytime between 12 and 18 months. For AIR assessing purposes and family assistance payments, a child (born after 1 January 2017) will not require additional doses of Hib (at 18 months), if they've received their 4th dose of Hib at 12 months.
- Q: How soon before the 12 month milestone can Nimenrix be administered and accepted for a child to be considered up-to-date?
- A: Where a meningococcal conjugate vaccine is administered to a child after 11 months of age, no further doses will be due/overdue. If Meningococcal is administered before 11 months of age, further doses of meningococcal will be required.
For more information on the changes refer to the [NCIRS Pneumococcal vaccines FAQ](#), [NCIRS Meningococcal vaccines FAQ](#), [Haemophilus influenzae type b vaccines FAQ](#).



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