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| Victorian Pharmacist-Administered Vaccination Program Expansion - Communique  |
| October 2022 |
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# What is changing in Victoria from 3 October 2022

Pharmacist immunisers in Victoria are authorised to administer approved vaccines through Secretary Approvals made under the *Drugs, Poisons and Controlled Substances Regulations* 2017.

Following a review of relevant evidence and clinical safety and a targeted consultation process, the Secretary Approval: Pharmacist Immuniser (the Secretary Approval) has been amended authorise pharmacist immunisers to administer the:

* human papillomavirus (HPV) vaccine to persons aged 12 years and older;
* diphtheria-tetanus-pertussis (DTP) vaccine to persons aged 12 years and older (lowered from 15 years and older);
* pneumococcal vaccine to persons aged 50 years and older; and
* herpes zoster (shingles) vaccine to persons aged 50 years and older.
* monkeypox vaccine to people aged five years and older who are recommended for vaccination as listed on the Victorian Department of Monkeypox webpage: <https://www.health.vic.gov.au/infectious-diseases/monkeypox>. Successful completion of a Monkeypox vaccination eLearning module is required prior to administration of the monkeypox vaccine. Additional training requirements apply depending on the administration route of the vaccine.

The Department of Health (the department) is implementing a multifaceted approach to support Victorians to receive their scheduled, delayed or missed vaccinations as a priority. This will include a focus on adolescent vaccines and important adult vaccines that prevent prevalent and serious illnesses in older adults.

Authorising pharmacist immunisers to administer the above vaccines will contribute to this work by improving access to delayed or missed vaccinations for the target cohort, enabling timely vaccinations in additional convenient and safe vaccination settings.

The amended [Secretary Approval was gazetted on 3 October 2022 (pp. 4-8)](http://www.gazette.vic.gov.au/gazette/Gazettes2022/GG2022S518.pdf) and came into force on the date of gazettal.

The Victorian Pharmacist-Administered Vaccination Program Guidelines (the Guidelines), which detail the program requirements, have also been updated to reflect the expansion.

The Secretary Approval and the Guidelines can be accessed from the Department of Health’s Pharmacist Immuniser webpage: <https://www.health.vic.gov.au/immunisation/pharmacist-immunisers>.

# Administering HPV and DTP vaccines to people aged 12 years and older

Immunisation coverage rates indicate that during the COVID-19 pandemic, many scheduled vaccines were delayed or missed, including those administered through the Secondary School Immunisation Program (SSIP) which was impacted in 2020 and 2021 by lengthy periods where schooling shifted to a remote and flexible learning model.

The proposed expansion to the Program seeks to complement, not replace, existing arrangements for routine or catch-up vaccines through general practice or local government immunisation services for those adolescents absent on the day of their SSIP appointment, those that do not attend a traditional school setting, and/or prefer not to receive an injection in the school environment.

The HPV vaccine is recommended for persons aged 9-18 years of age. The recommended schedule for adolescents aged 9–14 years is 2 doses, with a 6–12-month interval between doses, and for people aged ≥15 years the recommended schedule is three doses, with an interval of 2 months between dose 1 and dose 2, and 4 months between dose 2 and dose 3. Adolescents with major immunocompromising conditions require a 3 dose course.

Similar to HPV, the single-dose diphtheria-tetanus-pertussis (DTP) vaccine is administered as part of the SSIP, with the optimal age for administration of this vaccine being 11-13 years. Adolescents require this vaccine to provide immunity against diphtheria, tetanus and pertussis into adulthood[[1]](#footnote-2).

Pharmacist immunisers were previously authorised to administer the pertussis-containing vaccines to target cohorts of people aged 15 years and older for the purposes of adult vaccination against whooping cough. This change in authorisation enables the administration of the DTP vaccine to persons aged 12 years of age and older for the purposes of adolescent booster as well as adult vaccination against whooping cough.

# Administering the pneumococcal and herpes zoster (shingles) vaccine to people aged 50 years and older

#### Pneumococcal vaccination

Pneumococcal immunisation is recommended and funded under the National Immunisation Program (NIP) for adults with a medical risk factor, adolescent Aboriginal and Torres Strait Islander people with a medical risk factor, all Aboriginal and Torres Strait Islander people aged 50 years and older, and non-Indigenous people aged 70 years and older.

The recommended number and timing of doses, and the type of vaccine to be administered requires careful consideration of a range of factors including:

* the person’s age;
* their Aboriginal and Torres Strait Islander status;
* the state or territory they live in;
* whether they have pre-existing or newly diagnosed conditions that increase their risk of invasive pneumococcal disease; and
* whether they have received the 13vPCV (13-valent pneumococcal conjugate vaccine; Prevenar 13®) or the 23vPPV (23 valent pneumococcal polysaccharide vaccine; Pneumovax 23®) before.

Pharmacist immunisers will consult the Australian Immunisation Handbook[[2]](#footnote-3) for identification of people at increased risk and dosing schedule.

Pharmacist immunisers are required to check the Australian Immunisation Register (AIR) records for previous doses, record any doses administered in AIR within the required timeframes, and ensure that patients (and their carers) are provided with suitable information about completing the full schedule of vaccines.

Decision making tools to support pharmacist immunisers administering the pneumococcal vaccine include:

* [The National Immunisation Program - Pneumococcal vaccination schedule from 1 July 2020 – Clinical decision tree for vaccination providers](https://www.health.gov.au/resources/publications/national-immunisation-program-pneumococcal-vaccination-schedule-from-1-july-2020-clinical-decision-tree-for-vaccination-providers) (issued by the Commonwealth Government)
* The [PneumoSmart Vaccination Tool](https://www.immunisationcoalition.org.au/pvt/) and [Pneumococcal disease guide](https://www.immunisationcoalition.org.au/resources/pneumococcal-disease-guide/) (issued by the Immunisation Coalition).

If the pharmacist immuniser is in any doubt of the completeness or veracity of any information provided, the **vaccination should not take place** and the patient should be referred to their medical practitioner for further assessment and care.

Authorising pharmacist immunisers to administer the pneumococcal vaccine to persons aged 50 years and older aligns with the recommended age to receive the vaccine under the NIP and provides these people with improved access to the vaccine.

#### Herpes zoster (shingles) vaccination

People aged 70 to 79 years are expected to benefit most from herpes zoster vaccination. The Australian Technical Advisory Group on Immunisation (ATAGI) recommend that adults aged 60 years of age and older who have not yet received a shingles vaccine should do so. Adults aged 50 years and older who are household contacts of a person who is immunocompromised are also recommended to receive the vaccine. Otherwise, adults aged 50 years and older are not routinely recommended to receive the vaccine, but may choose to be vaccinated to reduce their risk of shingles2.

The shingles vaccine is currently available in two formulations:

* Zostavax® - which is funded through the NIP as a single dose vaccine for persons aged 70 years and older and includes a catch-up program for Victorian adults aged 71-79 years until October 2023.
* Shingrix® - is not available through the NIP. This is currently a ‘private prescription only’ vaccine. Out-of-pocket costs for the vaccine are approximately $400-500/course, with a 2-dose schedule required.

The Zostavax® vaccine is a live herpes zoster vaccine. It is contraindicated in people with current or recent severe immunocompromising conditions from a primary or acquired medical condition, or medical condition. If the immuniser is uncertain about the person’s level of immunocompromise and whether vaccination is safe, they should **not** vaccinate with the Zostavax® vaccine.

The Shingrix® vaccine is not a live vaccine and is safe to use in immunocompromised, or shortly expected to be immunocompromised persons aged 50 years and older[[3]](#footnote-4).

Where this information is not complete or the veracity of information is uncertain, the **vaccination should not take place** and the patient should be referred to their medical practitioner for further assessment and care.

Authorisation of pharmacist immunisers to administer the herpes zoster vaccine to persons aged 50 years and older increases access for people who are recommended for vaccination.

# Administering the monkeypox vaccine to people recommended for vaccination

Since May 2022, there has been a global increase in monkeypox infections in multiple countries where the illness is not usually seen. Monkeypox was first reported in Australia in May 2022 and declared by the World Health Organization as a Public Health Emergency of International Concern on 23 July 2022. On 28 July 2022, Australia’s Chief Medical Officer declared monkeypox a Communicable Disease of National Significance[[4]](#footnote-5).

A comprehensive whole of government response to the monkeypox virus is currently underway in Victoria which includes distribution of the monkeypox vaccine through select sexual health centres, health services and Local Public Health Units.

While the monkeypox vaccine is in high demand and very short supply globally, authorisation and training of pharmacist immunisers to administer the monkeypox vaccine to people recommended for vaccination[[5]](#footnote-6), aged five years and older, will align with the minimum age group that is within the pharmacist immuniser’s scope of practice in case of an expansion to the groups recommended for vaccination, and ensure that Victoria is prepared and well positioned when more vaccine becomes available and it is determined that additional models of care involving partnerships with primary care partners (including community pharmacies) need to be established.

The list of persons may be updated from time to time in response to changing circumstances, so pharmacist immunisers are required to be aware of the priority target groups recommended for vaccination. **Please note** that individuals requesting the monkeypox vaccine can self-identify that they meet the current eligibility criteria. They do not need to identify which criteria they meet, nor provide any proof of eligibility. The website is available at: <<https://www.health.vic.gov.au/infectious-diseases/monkeypox>>.

Vaccine supply is limited and controlled centrally through the department. **At present, supply is prioritised for select sexual health services, health services and Local Public Health Units**. Any updates to the models of care and vaccine distribution will be communicated via the department’s Monkeypox webpage, or as arranged through the department or a Local Public Health Unit.

Compliance with the *Victorian monkeypox vaccination program guidelines[[6]](#footnote-7)* is a condition of the Secretary Approval: Pharmacist Immuniser when administering the monkeypox vaccine to people recommended for vaccination.

#### Additional training required for monkeypox vaccine administration

Pharmacist Immunisers who are administering the monkeypox vaccine to individuals recommended for vaccination in Victoria must first complete the *Monkeypox vaccination eLearning module* that has been approved by the Deputy Chief Health Officer – Communicable Disease. This training takes approximately 30 minutes to complete and can be accessed free from <<https://www.health.vic.gov.au/immunisation/programs-of-study>>. Completion of this training is a condition of authorisation.

The training includes information on the JYNNEOS® vaccine, as the preferred monkeypox vaccine in Victoria, and therefore Pharmacist Immunisers only have the required knowledge, skills and training within their individual scope to administer the JYNNEOS® vaccine. Patients requiring ACAM2000™ vaccine should be referred to a medical practitioner or nurse practitioner for vaccination.

Standard administration of JYNNEOS® vaccine is by subcutaneous injection however, JYNNEOS® vaccine may also be administered via the intradermal route to people without immunocompromise. This technique must only be used by trained and competent immunisers to minimise inadvertent underdosing, leakage or subcutaneous injection.

An *Intradermal injection skills and competencies checklist* has been developed as a guide to verify that immunisers are deemed clinically skilled and competent in the technique of intradermal injection. This checklist must be completed and issued by an appropriately experienced clinician (for example, a medical practitioner, nurse practitioner or other specialist clinician) proficient in intradermal injection technique who can oversee the assessment of the clinical skills and competencies of an immuniser.  The checklist is available within the *Victorian monkeypox vaccination program guidelines[[7]](#footnote-8)*.

# More information

### Refresher training

A requirement of the approval is the need to undertake continuing professional development and refreshers on NIP and other approved vaccines to ensure currency and competency in delivering safe vaccination services.

### Vaccine supply/ordering

Pharmacist immunisers will need to consider whether there are identified cohorts within the community that may be eligible for newly authorised vaccines prior to ordering. This will minimise wastage due to expired unused stock.

### Australian Immunisation Handbook

The [Australian Immunisation Handbook](https://betahealth.govcms.gov.au/news-and-events/news/the-digital-australian-immunisation-handbook)[[8]](#footnote-9) is available on the Commonwealth’s Department of Health website and provides a single, up-to-date clinical reference guide for health care providers administering vaccines in Australia.

### Victorian Government Department of Health

If you have any queries about this matter please email the Immunisation Unit Immunisation@health.vic.gov.au

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1. Australian Government, Department of Health and Aged Care, Australian Immunisation Handbook, accessed at: <https://immunisationhandbook.health.gov.au/> [↑](#footnote-ref-2)
2. Australian Government, Department of Health and Aged Care, Australian Immunisation Handbook, accessed at: <https://immunisationhandbook.health.gov.au/> [↑](#footnote-ref-3)
3. Australian Government, Australian Technical Advisory Group on Immunisation, 2022, accessed at: <https://www.health.gov.au/sites/default/files/documents/2022/05/statement-on-the-clinical-use-of-zoster-vaccine-in-older-adults-in-australia-statement-on-the-clinical-use-of-zoster-vaccine-in-older-adults-in-australia.pdf> [↑](#footnote-ref-4)
4. [Monkeypox (MPX) | Australian Government Department of Health and Aged Care](https://www.health.gov.au/diseases/monkeypox-mpx) [↑](#footnote-ref-5)
5. Recommended for vaccination as listed on the Victorian Department of Health’s *Monkeypox* webpage, available at <https://www.health.vic.gov.au/infectious-diseases/monkeypox>. [↑](#footnote-ref-6)
6. Victorian monkeypox vaccination program guidelines, available at <https://www.health.vic.gov.au/infectious-diseases/monkeypox>. [↑](#footnote-ref-7)
7. Available from: <https://www.health.vic.gov.au/infectious-diseases/monkeypox> [↑](#footnote-ref-8)
8. Available at: <https://immunisationhandbook.health.gov.au/vaccination-procedures/preparing-for-vaccination> [↑](#footnote-ref-9)