

Immunisation of Patients

Policy Number	1.245
Policy Function	Continuum of Care
Issue Date	6 October 2017
Summary	<p>Immunisation is one of the most successful and cost-efficient public health interventions. Immunisation is an integral part of all primary health care delivered by nurses and medical practitioners.</p> <p>This policy will guide immunisation for all Justice Health & Forensic Mental Health patients in custody.</p>
Responsible Officer	Executive Director, Clinical Operations
Applicable Sites	<p><input type="checkbox"/> Administration Centres</p> <p><input type="checkbox"/> Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)</p> <p><input checked="" type="checkbox"/> Health Centres (Adult Correctional Centres or Police Cells)</p> <p><input checked="" type="checkbox"/> Health Centres (Juvenile Justice Centres)</p> <p><input checked="" type="checkbox"/> Long Bay Hospital</p> <p><input checked="" type="checkbox"/> Forensic Hospital</p>
Previous Issue(s)	Policy 1.245 (Sept 2013; Dec 2010)
Change Summary	<ul style="list-style-type: none">• Policy changes in this revision are in line with The Australian Immunisation Handbook, 10th Edition 2013• Changes to the minimum intervals between hepatitis B vaccine• Updated recommendations for pertussis vaccination for pregnant women• New section/heading for Aboriginal or Torres Strait Islander patients• HPV vaccination recommendations for all young people in juvenile custody• s3.5 is updated from 'assessed daily' to 'assessed twice daily'• New section for Herpes Zoster (Shingles)
TRIM Reference	POLJH/1245
Authorised by	Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

The JH&FMHN Immunisation Policy and Immunisation Procedures [JH&FMHN Immunisation Procedures](#) are specific to patients in custody and comply with NSW Health policy directives. The Procedures must be read in conjunction with the current edition of [The Australian Immunisation Handbook](#) and the current edition of the [National Vaccine Storage Guidelines Strive for 5 \(2nd Edition\)](#).

This policy should also be read in conjunction with the NSW Health policy directive [PD2015 011 Immunisation Services - Authority for Registered Nurses and Midwives](#) and [PD2017 014 Vaccine Storage and Cold Chain Management](#).

2. Policy Content

2.1 Mandatory Requirements

- All patients must be offered appropriate immunisation according to the NSW [Immunisation Schedule](#).
- All patients must be offered hepatitis B vaccination as required.
- All Aboriginal and Torres Strait Islander patients must be offered vaccination and appropriately immunised according to the NSW Health Immunisation Schedule and the [National Indigenous Pneumococcal and Influenza Immunisation Program](#).
- At each clinical encounter, the patient's immunisation needs must be assessed and vaccination should be offered as required and in accordance with NSW [Immunisation Schedule](#).
- Vaccines must be administered in accordance with the current edition of [The Australian Immunisation Handbook](#) and NSW Health policy directive [PD2015 011 Immunisation Services - Authority for Registered Nurses and Midwives](#).
- All patients must be offered seasonal influenza vaccination during the annual Winter Immunisation Program. The Program must be delivered and monitored to ensure compliance with NSW Health targets and reporting requirements.
- Vaccines must be stored and monitored as specified in the [National Vaccine Storage Guidelines Strive for 5 \(2nd Edition\)](#).
- Patients with special vaccination requirements must be identified as recommended in the current edition of [The Australian Immunisation Handbook](#) and be offered appropriate vaccination for their individual condition, according to this policy, current National Health & Medical Research Council (NHMRC) immunisation guidelines, and in consultation with the Medical Officer or the patient's treating Medical Specialist.

These patient groups include:

- Aboriginal and Torres Strait Islander patients;
- Pregnant women;
- Individuals at increased risk of infection due to certain medical conditions, such as severe asthma, chronic lung disease, congenital heart disease; and

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- Individuals infected with the Human Immunodeficiency Virus (HIV) and individuals with impaired immunity due to disease or treatment including: asplenia, corticosteroid treatment, oncology/organ transplant patients.

JH&FMHN must administer NSW Health funded vaccines to eligible patients and will comply with NSW Health reporting requirements.

2.2 Implementation – Roles & Responsibilities

Service Director Population Health

- Strategic oversight of key performance indicators relating to patient immunisation.

Clinical Nurse Consultant Infection Prevention & Communicable Diseases, Population Health

- Responsible for providing advice about this policy and patient immunisation matters.

Network Director of Nursing & Midwifery Services and The Forensic Hospital Director of Nursing

- Must ensure that Authorised Nurse Immunisers are currently registered with the Australian Health Practitioner Regulation Agency and legally able to practice within the scope of their registration in NSW.
- Responsible for ensuring that all patients' immunisation needs are met.
- Responsible for ensuring safe and effective immunisation clinics are conducted in all health centres.
- Responsible for ensuring NSW Health reporting key performance indicators are met and reported on as required.
- Responsible for reporting on the number of Australian College of Nursing immunisation course scholarships to NSW Health annually.

Surveillance Officer, Population Health

- Responsible for the monitoring vaccine uptake, immunisation rates and vaccine preventable diseases surveillance.

Nurse Managers and Nursing Unit Managers

- Responsible for ensuring staff conduct safe and efficient immunisation clinics, including vaccine storage management according to the current edition of [The Australian Immunisation Handbook, PD2017 014 Vaccine Storage and Cold Chain Management](#) and [National Vaccine Storage Guidelines Strive for 5 \(2nd Edition\)](#).
- Responsible for ensuring that position descriptions of Authorised Nurse Immunisers are updated annually.

Authorised Nurse Immunisers

- Must be employed in connection with a vaccination program.
- Administer vaccines only in connection with that vaccination program, and only as specified in the current edition of [The Australian Immunisation Handbook](#) and in accordance with NSW Health policy directive [PD2015 011 Immunisation Services - Authority for Registered Nurses and Midwives](#).
- Responsible for ensuring they conduct safe and effective immunisation encounters with patients and comply with the requirements of this policy.

- Have a commitment to continuous self-education to ensure professional competence to practise as an immunisation service provider.
- NSW Health policy directive [PD2015 011](#) *Immunisation Services – Authority for Registered Nurses and Midwives* outlines the mandatory conditions which specially trained registered nurses and midwives must comply with to ensure an effective and efficient immunisation service delivery.

3. Procedure Content

3.1 Scope of Practice

Registered nurses may administer vaccines under the direction and authorisation of a medical officer. However, registered nurses who are authorised to immunise (known as Authorised Nurse Immunisers) and have a copy of their Immunisation Certificate in HPRM (see 3.1.1 of this Policy) may administer vaccines without a medical officer's prescription.

All health centres, wards and units must have access to [The Australian Immunisation Handbook](#). Staff must refer to the Handbook before administering any vaccine and ensure a pre-vaccination screening is conducted for every patient prior to vaccination. Refer to [JH&FMN Pre-vaccination Screening Checklist](#).

3.1.1 Authorised Nurse Immunisers

The Australian College of Nursing Immunisation Course for Registered Nurses and Midwives is the only accredited and accepted course in NSW. Any nurse that has completed an overseas or interstate immunisation course is required to apply to the College for recognition of prior learning.

Registered nurses who hold an Immunisation Accreditation Certificate are required to present their certificate to their Nursing Unit Manager and submit a copy to the Population Health Administration Officer (for their name and location to be added to the database of Authorised Nurse Immunisers and for their certificate to be filed in HPRM).

Only Authorised Nurse Immunisers may initiate a vaccination under the NSW [Poisons and Therapeutic Goods Act 1966](#) without a medical officer's prescription. Authorised Nurse Immunisers must not transfer their authority to a registered nurse or enrolled nurse to administer immunisations independently.

Authorised Nurse Immunisers have a professional accountability to ensure that they remain current and competent in their knowledge and practice as an immunisation service provider by having a commitment to continuous self-education and examine the up-to-date information in electronic version of [The Australian Immunisation Handbook](#).

3.1.2 Registered Nurses and Enrolled Nurses who do not hold an Immunisation Accreditation Certificate

Registered nurses and enrolled nurses who do not hold an Immunisation Accreditation Certificate (as described in 3.1.1 of this Policy) may only immunise under medical direction, that is, the nurse must obtain a written prescription or telephone order from a medical officer prior to administering the vaccine. Authorised Nurse Immunisers must not transfer their authority to a registered nurse or enrolled nurse to administer immunisations independently.

Enrolled nurses must work under the supervision of a registered nurse and may immunise only under medical direction. The enrolled nurse must obtain a written prescription or telephone order from a medical officer

prior to administering the vaccine and additionally be under the supervision of a registered nurse, according to the JH&FMHN Scope of Practice for Enrolled Nurses.

3.2 Registered Nurses or Enrolled Nurses Administering a Vaccine

All registered nurses or enrolled nurses administering a vaccine:

- Must successfully complete an annual cardiopulmonary resuscitation assessment.
- Must ensure that a medical practitioner is contactable for medical advice at all times.
- Must ensure a registered nurse is on the premises if vaccine administered by an enrolled nurse.
- Should ensure another registered nurse is on the premises unless in a sole practitioner site.
- Enrolled nurses may be supervised remotely as long as they have been assessed as competent to do so and the registered nurse has agreed to supervise the enrolled nurse remotely.
- Must ensure that they have other staff to call for assistance in an emergency in sole-practitioner sites where a second registered nurse or enrolled nurse is not available.
- Must ensure the storage, pre-vaccination assessment and administration of each vaccine follows the procedures and recommendations specified in the most recent edition of [The Australian Immunisation Handbook](#) and [National Vaccine Storage Guidelines Strive for 5 \(2nd Edition\)](#).
- Must have a JH&FMHN emergency bag containing adrenaline injection 1:1,000 and a current printed version of the Standing Orders for the Management of Anaphylaxis and the Administration of Adrenaline from the [JH&FMHN Adult Standing Order Protocols](#).
- Staff working in Adolescent Health centres must refer to the [JH&FMHN Adolescent Standing Order Protocols](#) available to them.

3.3 Health Record Requirements

- The Medical Officer must prescribe each vaccine on the Immunisation Record.
- All current and new health records must contain the current (and any earlier copies) of the Immunisation Record.
- The Immunisation Record/s must be transferred to any subsequent volumes of the health record.
- The patient's Immunisation Record must be regularly updated. All clinical staff should check their patient's Immunisation Record at every clinical encounter.

3.4 Consent

Informed patient consent must be obtained prior to any testing or vaccination. Patients must be informed of the benefits and potential side effects of vaccination. In the adult correctional centres, consent for vaccination is considered to be implied when the patient verbally agrees to have the vaccine. This must be documented in the patient's Health Record.

3.4.1 Consent for Adolescent Patients who are Being Vaccinated

NSW Health policy directive [PD2005 406](#) *Consent to Medical Treatment – Patient Information* requires guardian/primary carer consent for persons under the age of 14 years for non-emergency treatment, which includes vaccination.

Young people over the age of 16 years can give their own consent. Between the ages of 14 and 16 years, the young person may consent to their own treatment provided they adequately understand and appreciate the nature and consequences of the procedure.

All consents for vaccinations must be documented on the Adolescent Health Consent Form and filed in the young person's health record. For further information on consent refer to the NSW Health policy directive [PD2005 406](#) *Consent to Medical Treatment-Patient Information* and JH&FMHN Policy [1.085](#) *Consent to Medical Treatment – Patient Information*.

3.5 Vaccine Storage and Monitoring

Vaccines must be transported and stored with the recommended temperature range +2°C to +8°C. On receipt of all vaccines, the temperature must be recorded on the Vaccine Refrigerator Temperature Chart available on the intranet under Forms, Population Health [POP 610](#).

All vaccine refrigerators must have a minimum/maximum thermometer. The maximum and the minimum refrigerator temperatures **must** be recorded and assessed twice daily. The ideal storage temperature recommended by the NHMRC is 5°C.

The vaccine refrigerator and other aspects of vaccine handling must be maintained and monitored according to recommendations in [PD2017 014](#) *Vaccine Storage and Cold Chain Management*, the [National Vaccine Storage Guidelines Strive for 5 \(2nd Edition\)](#) and the [JH&FMHN Medication Guidelines](#).

Vaccines must not be administered if they have been transported or stored at a temperature that has potentially damaged them. If the transport temperature monitors are activated or if the refrigerator temperature drops below 2°C or above 8°C, nurses must contact the Surveillance Officer (by phone during business hours) or the After Hours Nurse Manager for assessment and advice. The vaccines must not be used and should be quarantined (labelled and stored in the vaccine refrigerator) until advice has been obtained and returned to Pharmacy.

In the event that a temperature damaged vaccine has been administered, the incident must be reported to the Nursing Unit Manager/Nurse in Charge (NIC), the Medical Officer and the Surveillance Officer, and reported on the Incident Information Management System (IIMS) as a medication error. The decision on the need for revaccination of the patient is made by NSW Health Immunisation Unit. Population Health will contact the NSW Health Immunisation Unit for advice on revaccination following administration of compromised vaccine to patients. The patient must be informed and managed as appropriate for the particular medication (vaccine) error.

All vaccines must be ordered using the JH&FMHN Vaccine Order Forms. Ensure that all sections of the form are completed prior to forwarding to the Pharmacy Department. Vaccines will be delivered directly to health centres from NSW Vaccine Centre.

The Vaccine Order Form is located on the intranet under 'Forms – Population Health' [Vaccine Order Form - Funded by the Ministry of Health](#).

3.6 Aboriginal and Torres Strait Islander Patients

All Aboriginal and Torres Strait Islander patients must be appropriately immunised according to the [NSW Immunisation Schedule](#) and [Section 3.1](#) *Vaccination for Aboriginal and Torres Strait Islander People*.

3.7 Hepatitis B Vaccination

The NHMRC recognises that people in custody and injecting drug users are at high risk of acquiring and transmitting hepatitis B infection, which is vaccine preventable. Therefore hepatitis B vaccination of patients must be a priority for all clinical staff. All patients, must be offered and where possible complete a 3-dose course of hepatitis B vaccination.

At every clinical encounter, all clinical staff must check every patient's 'Immunisation Record', located at the front of the health record. If a course of hepatitis B vaccine has been commenced, subsequent doses must be offered when due and documented provided it is prescribed by a medical officer or administered by an Authorised Nurse Immuniser

Patients who have no documented history of vaccination or immunity to hepatitis B must be offered vaccination. Authorised Nurse Immunisers may initiate the first dose. Registered nurses who are not authorised to immunise and enrolled nurses must obtain a written prescription or telephone order from a medical officer.

The standard adult (> 20 years) hepatitis B vaccination schedule is 0, 1, 6 months, however JH&FMHN may use the minimum intervals recommended by [The Australian Immunisation Handbook](#) which is 0, 1, 4 months; provided the minimum interval between dose 1 and 2 is one month; minimum interval between dose 2 and 3 is two months, and the minimum interval between dose 1 and 3 is four months.

If the recommended time intervals between doses are exceeded, there is no need to recommence the schedule or give additional doses. Interrupted vaccine courses can be completed at any time without having to restart the course.

Adult patients for screening and education to the Early Detection Program and, who have no history of completed hepatitis B vaccination course, must be given an initial dose of hepatitis B vaccine at the first encounter as well as serological testing for HBsAg+. Some patients will be offered the first dose of hepatitis B vaccine on their first visit prior to receipt of serology results. Clinical staff must refer to JH&FMHN Policy [1.363 Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections](#).

For vaccines that are recommended (or may be administered, if there are risk factors) during pregnancy, refer to Section 3.1.1 in this policy and in [Section 3.3 'Groups with special Vaccination Requirements'](#) of [The Australian Immunisation Handbook](#).

Post-vaccination antibody testing is not routinely performed. Post-vaccination antibody testing should be offered as described in [Section 3.3 'Groups with special Vaccination Requirements'](#) of [The Australian Immunisation Handbook](#).

Adolescent patients do not require serological screening prior to hepatitis B vaccination. Adolescent Health staff must use the minimum interval hepatitis B vaccination schedule for patients (> 20 years) which is 0, 1, 4 months; provided the minimum interval between dose 1 and 2 is one month; minimum interval between dose 2 and 3 is two months, and the minimum interval between dose 1 and 3 is four months. Alternatively the 2-dose adolescent hepatitis B vaccination schedule for 11-15 year olds at 0 and 4-6 months may be used.

3.7.1 Surveillance of Hepatitis B Immunisation in Adult Centres

Each month, health centres will complete and send a [Hepatitis B Vaccination Report Form](#) (available on the intranet under Population Health forms) to the Surveillance Officer. De-identified information is collated by the Surveillance Officer and submitted to NSW Health.

3.8 Hepatitis A Vaccination

Serological hepatitis A screening (IgG and IgM) will be offered only to patients in the identified categories in the Early Detection Program prior to the vaccine being administered. As a proportion of the population will already be immune to hepatitis A, vaccine will only be offered to a limited number of patients according to the criteria listed below.

Positive hepatitis A IgG test indicates immunity against hepatitis A virus infection due to past vaccination or previous or recent hepatitis A vaccination or previous or recent infection. Positive hepatitis A IgM confirms current infection with hepatitis A.

Only those individuals, in the identified categories, who are confirmed to be susceptible to hepatitis A infection, will be offered the vaccine:

- Patients who have a Work Health and Safety need for vaccination against hepatitis A; this applies to patients who work as plumbers or sewage workers.
- Patients who would be offered hepatitis A vaccination as a component of their health care in the community, that is, all patients who are HIV positive. See [Section 3.3 'Groups with special Vaccination Requirements'](#) of [The Australian Immunisation Handbook](#).
- Patients who are chronically infected with hepatitis B or hepatitis C and have known or suspected cirrhosis or evidence of liver failure on clinical, imaging or laboratory investigations.

3.9 Influenza Vaccination - Winter Immunisation Program for Patients

Population Health in conjunction with the Network Nursing and Midwifery Services will coordinate the Winter Immunisation Program. All patients will be offered seasonal influenza vaccine during the annual Winter Immunisation Program, which commences April/May (with mass vaccination clinics organised until late June) and finishes at the end of September.

Influenza vaccine is especially recommended for individuals at high risk – including all people aged ≥ 65 years, Aboriginal people (> 15 years and over), pregnant women, and all people who have medical conditions predisposing them to severe influenza.

To comply with NSW Health reporting requirements, health centres must report to the Surveillance Officer regarding the number of patients who are vaccinated by category during the Winter Immunisation Program. This de-identified data is required to be collated and submitted to NSW Health annually.

3.10 Pneumococcal Vaccination

Pneumococcal vaccination is part of the National Indigenous Pneumococcal and Influenza Program. The vaccine is also recommended for non-indigenous at risk patients. The pneumococcal vaccine will be offered to all patients with conditions associated with an increased risk of invasive pneumococcal disease.

Refer to [Section 4.13 'Pneumococcal Disease'](#) and the recommendations in [The Australian Immunisation Handbook](#) pneumococcal vaccination (23-valent pneumococcal polysaccharide vaccine; 23vPPV) is recommended as a single dose vaccine. A booster dose after five years should be considered for patients who are at increased risk as per NHMRC guidelines. Pneumococcal vaccine must not be given more frequently because of the increase risk of adverse events.

To comply with NSW Health reporting requirements, health centres must report to the Surveillance Officer, regarding the number of patients who are vaccinated in designated categories. This de-identified data is submitted to NSW Health annually.

3.11 Adolescent Immunisation

Adolescent Health clinical staff must use every possible opportunity to check their patient's immunisation status and offer vaccinations as required. Previous vaccinations should be verified on the National HPV Vaccination Program Register and/or the Australian Childhood Immunisation Register. Following a vaccination, the registers should be updated and vaccinations coded in PAS. Patients must be offered vaccines according to the NSW [Immunisation Schedule](#), including vaccines recommended on the NSW High School Vaccination Program which are: diphtheria, tetanus, pertussis-dTpa (*Boostrix*), HPV and catch-up as required for hepatitis B, MMR and varicella. Influenza vaccine is also offered and pneumococcal vaccine for individuals at medical risk.

Vaccination requirements of adolescents with uncertain or incomplete immunisation status and other catch-up vaccines should be discussed with the Service Director Population Health or Clinical Director Adolescent Health.

3.11.1 Hepatitis B

Refer to Section 3.7 Hepatitis B Vaccination in this policy.

Adolescent patients do not require serological testing prior to hepatitis B vaccination.

The recommended vaccination schedule is for three doses to be given at 0, 1 and 6 months. However, using the minimum intervals in custody, the three doses may be given at 0, 1 and 4 months.

3.11.2 Human Papilloma Virus (HPV) Vaccine

NSW Health recommends HPV vaccine for all young females and males aged > 9 years and older in Juvenile Justice Centres. The recommended vaccination schedule is for three doses to be given at 0, 1 and 6 months. However, using the minimum intervals in custody, the three doses may be given at 0, 1 and 4 months. HPV vaccine can be given at the same time as hepatitis B vaccine and varicella vaccine.

HPV vaccine must **not** be given during pregnancy.

3.12 Women (including Young Women in Juvenile Justice Centres)

3.12.1 Vaccines and Pregnancy

Staff should refer to the [JH&FMHN Immunisation Procedures](#) for serological screening for immunity of pregnant women and post-delivery vaccination.

The most appropriate time to offer recommended vaccination to pregnant women is at the first antenatal pathology screening and then followed up according to their due date.

Live attenuated vaccines are **contraindicated** during pregnancy.

The HPV vaccine is not recommended during pregnancy. Other vaccines such as hepatitis B, hepatitis A, meningococcal C conjugate and pneumococcal (23vPPV) vaccines are recommended for pregnant women if they are at increased risk. See [Section 3.3 'Groups with Special Vaccination Requirements' of *The Australian Immunisation Handbook*](#).

Influenza vaccine is recommended for pregnant women at any stage of their pregnancy (season dependent).

3.12.2 Pertussis Immunisation in Pregnant Women

Pertussis vaccine is recommended for pregnant women in the third trimester (at 28 weeks) of each pregnancy (including closely spaced pregnancies). The vaccine can be given during the third trimester up to delivery. NHMRC recommends offering antenatal pertussis vaccination to all pregnant women in the third trimester (preferably at 28 weeks) of every pregnancy. For every pregnancy where antenatal vaccination does not occur, vaccination should occur during the post-partum period, as soon as possible after delivery of the infant (preferably before hospital discharge).

3.12.3 Women who are Not Pregnant

Women of childbearing age should be screened for immunity to rubella, measles, mumps and varicella. Seronegative women should be offered measles-mumps-rubella (MMR) vaccine and varicella vaccine and advised not to become pregnant for 28 days following vaccination. Post-vaccination serology is not recommended.

3.13 Vaccination of Individuals with Impaired Immunity due to Disease, Treatment or who are at Increased Risk of Infection

Patients with impaired immunity due to disease or treatment (including asplenia, corticosteroid treatment, oncology/organ transplant patients) will be identified and offered appropriate vaccination for their individual condition, according to this policy, NHMRC guidelines and in consultation with the Medical Officer or the patient's treating specialist. In adults, daily doses of oral corticosteroids in excess of 60 mg of prednisolone (or equivalent) are associated with significant immunodeficiency. For detailed information on vaccination of immunocompromised patients, refer to [Section 3.3.3 'Vaccination of Immunocompromised Persons'](#) of [The Australian Immunisation Handbook](#).

3.13.1 Patients who are HIV Positive

Vaccination schedules for HIV-positive individuals are generally determined by the patient's age, degree of immunodeficiency (CD4 count) and their risk of infection in consultation with the patient's treating Specialist. Staff must refer to the JH&FMHN [HIV/AIDS Clinical Management Guidelines](#) and [The Australian Immunisation Handbook](#) for information on immunisation of patients with impaired immunity.

3.13.2 Patients who are Chronically Infected with Hepatitis B or C

Patients who are chronically infected with hepatitis B or C and have known or suspected cirrhosis or evidence of liver failure on clinical, imaging or laboratory investigations must be screened and offered hepatitis A vaccination if there is no evidence of immunity.

3.13.3 Patients with Functional or Anatomical Asplenia

These patients are at increased risk of fulminant bacteraemia, notably from pneumococcal infection. A range of vaccines are recommended for patients with functional or anatomical asplenia. Refer to [Section 3.3 'Groups with special Vaccination Requirements'](#) of [The Australian Immunisation Handbook](#).

3.13.4 Patients with Haemophilia

Intramuscular injections may lead to haematoma formation in patients with disorders of haemostasis. Refer to [Section 3.3.5 'Vaccination of Persons with Bleeding Disorders'](#) of [The Australian Immunisation Handbook](#).

3.13.5 Herpes Zoster (Shingles)

A single dose of herpes zoster (shingles) vaccine is recommended and funded for adults at 70 years of age. Adults 71-79 years of age are also eligible under a five-year catch up program until October 31, 2021.

Certain people may be unable to have the vaccine; particularly those who have a much weakened immune system. More information is available on the [Immunise Australia](#) website and in the [National Shingles Vaccination Program Questions and Answers](#) .

Authorised Nurse Immunisers must not independently initiate and administer herpes zoster vaccine (Zostavax) without medical authorisation, as [PD2015 011 Immunisation Services - Authority for Registered Nurses and Midwives](#) does not include herpes zoster (shingles) vaccine.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Legislation	Poisons and Therapeutic Goods Act 1966
JH&FMHN Policies, Procedures and Guidelines	1.085 Consent to Medical Treatment- Patient Information 1.363 Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections
	Adolescent Standing Order Protocols Adult Standing Order Protocols Pre-vaccination Screening Checklist HIV/AIDS Clinical Management Guidelines Immunisation Procedures Medication Guidelines
NSW Ministry of Health Policy Directives	PD2017 014 Vaccine Storage and Cold Chain Management PD2005 406 Consent to Medical Treatment - Patient Information PD2015 011 Immunisation Services - Authority for Registered Nurses and Midwives NSW Immunisation Schedule

Australian Government
Department of Health and
Aging

[*National Vaccine Storage Guidelines Strive for 5 \(2nd Edition\)*](#)

[*Immunise Australia*](#)

[*The Australian Immunisation Handbook*](#)

External Sources

[*National Indigenous Pneumococcal and Influenza Immunisation Program*](#)

[*Pregnant Women – Protect your newborn from whooping cough*](#)