

Barwon Health 2024 inpatient immunisation for influenza and COVID-19

In order to reduce missed seasonal influenza vaccinations and COVID-19 boosters for eligible patients, the following vaccination strategy will be implemented.

1. Pharmacist identifies the following patients for

influenza vaccine eligibility:

- Aboriginal and Torres Strait Islander people aged 6 months and over
- Pregnant women at any stage of pregnancy
- People aged 65 years or over
- People aged 6 months or over who have medical conditions that mean they have a [higher risk of getting serious disease](#):
 - cardiac disease
 - chronic respiratory conditions
 - immunocompromising conditions
 - haematological disorders
 - chronic metabolic disorder
 - chronic kidney disease
 - chronic neurological condition
 - long term aspirin therapy in children aged 5 to 10 years.

COVID-19 vaccine eligibility

- 6 months since last dose:
 - adults aged ≥75 years
 - adults aged 65-74 with multiple comorbidities
 - adults aged 18—64 years with severe immunocompromise*
- 12 months since last dose
 - Adults aged 65—74 years without multiple comorbidities

2. Pharmacist advises clinical (medical) team who then consent patient/NOK for the vaccinations and chart them on the Medication Chart

3. Patient eligible, consented and charted for **influenza vaccine ONLY**:

a. This can be administered by nursing staff on ward

b. Ward staff send details to immunisation team vaccine@barwonhealth.org.au

(Patient identification sticker is adequate as long as it contains Medicare Number)

- Name
- **Medicare Number**
- Address
- date of birth
- gender
- The day of the vaccination;
- The brand, dose number and batch number of the administered vaccine (vaccine vial sticker
- may be used to document batch number)

See [Recording Vaccinations in the Australian Immunisation Register](#) for further details

4. Patient eligible, consented and charted for **influenza vaccine AND COVID-19 vaccine; or COVID-19 ONLY**

a. Email immunisation team vaccine@barwonhealth.org.au with these details:

- Name
- Date of Birth

- **Medicare Number**
- Ward, Bed number
- Expected Discharge Date *Whilst every effort will be made to ensure patients are immunised prior to discharge it may not always be feasible*

*severe immunocompromise:

Condition	Example conditions or treatments
Haematological malignancies (treated and untreated)	Leukaemia, lymphoma, other lymphoproliferative disorder, plasma cell dyscrasia
Malignancy, solid organ transplantation, autoimmune, and inflammatory conditions currently treated with:	<ul style="list-style-type: none"> ● haematopoietic stem cell transplant or CAR-T therapy within the last 24 months ● conventional chemotherapy ● conventional immunosuppressive agent at significant doses, e.g.: <ul style="list-style-type: none"> ○ ≥20mg/day of prednisone for ≥14 days in a month ○ high dose methotrexate ≥20mg per week ○ azathioprine ≥3.0mg/kg/day ○ 6-mercaptopurine ≥1.5mg/kg/day ○ mycophenolate ≥1g/day ○ tacrolimus and other systemic calcineurin inhibitors ○ sirolimus and other mTOR inhibitors ○ cyclophosphamide ● rituximab or other B-cell, and T-cell, targeted monoclonal antibody ● JAK inhibitor or other small molecule targeted therapy ● fingolimod or other immunomodulatory drug ● eculizumab ● monotherapy with infliximab or other anti-TNF alpha monoclonal antibody or anakinra, tocilizumab or other anti-interleukin monoclonal antibody are not considered severely immunocompromising for the purposes of COVID-19 vaccine recommendations
HIV with CD4+ cell count <200	
Inborn errors of immunity (primary immunodeficiency)	Severe Combined immunodeficiency (SCID), other combined disorders, humoral, phagocytic disorders, complement defects
Chronic kidney disease on dialysis	