

Immunisation Update

29 February 2024

Inside this issue

- NCIRS vaccine coverage report
- Be measles alert
- Catching up on the HPV vaccine
- Order Shingrix® vaccines now
- New AIR fields mandatory from 1 March 2024

NCIRS reports low childhood vaccine coverage nationally

Childhood vaccination coverage has been decreasing since 2020 and is detailed in this recent report from the **National Centre for Immunisation Research and Surveillance**; [NCIRS study confirms decline in childhood vaccination coverage throughout COVID-19 pandemic](#) | [NCIRS](#)

Vaccine providers can help increase vaccine uptake by:

- Checking immunisation records for children and offering vaccination
- promoting vaccination, including sending reminders when due
- addressing families questions and concerns during clinic visits
- offering all vaccines due at the same time if appropriate.

Below are some resources to guide vaccination providers

- [Multiple vaccinations for children resource](#)
- [Childhood immunisations-Your questions answered](#)
- [Why is the schedule the way it is?](#)
- [Routine Childhood Immunisation-health professionals' kit](#)
- [Catch-up Calculator | The Australian Immunisation Handbook \(health.gov.au\)](#)



Health provider message to parents

It is safe for children to have more than one vaccine at once. A child's immune system is very strong, and so having more than one vaccine at the same appointment does not overwhelm it.

Most side effects following vaccination are mild and resolve within a few days – and vaccinating on time gives children the best protection.

For immunisation catch-up support call 89228315

Be Measles Alert

There have been several measles cases already in Australia this year from people returning from overseas travel. **Outbreaks of measles have been recently reported in Asia (including Indonesia and India), Africa, Europe, the Middle East and the USA.**

Measles Prevention

The best protection against measles is vaccination with a measles containing vaccine.

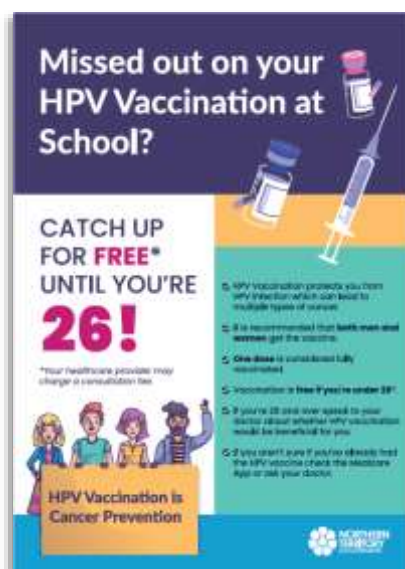
- Children receive their **1st dose of MMR vaccine at 12 months and 2nd dose at 18 months.**
- **Children travelling overseas to high risk areas before 12 months** can have a MMR vaccine from 6 months of age followed by 2 age appropriate MMR vaccines.
- The measles vaccination schedule changed in the 1990's and some adults may have only received 1 MMR vaccine. **Adults born during or since 1966** are recommended to receive **2 doses of measles containing vaccines.**



For more information see the NT Health Measles Fact Sheet [Measles \(nt.gov.au\)](https://www.nt.gov.au/health/nt-health-fact-sheet-measles)

HPV Vaccine catch-up

Some adolescents and young adults may have missed their HPV vaccine at school, but can still receive it up to the age of 26 years.



Health professionals are encouraged to recommend young people to receive the funded vaccine as part of their regular health checks.

- The **Gardasil 9®** vaccine protects people from HPV infection which can lead to many types of cancers.
- One dose of **Gardasil 9®** is considered fully vaccinated.
- Both **males and females** are recommended to get the vaccine.
- Young people age **12-26 are eligible for the free vaccine.**

Access the **HPV vaccine promotional posters** to display in your clinic from our [Immunisation program | NT Health](#) webpage (under the tab [Resources and posters for health professionals](#))

Order Shingrix® vaccines now

The shingles vaccine Shingrix® has been available on the NIP since November 2023

Vaccination providers are advised to promote the vaccine with their clients and order the Shingrix® vaccines through your usual vaccine ordering channels.

A 2-dose course of Shingrix® is available for free for:

- people aged 65 years and older
- First Nations people aged 50 years and older
- immunocompromised people aged 18 years and older with the following medical conditions:
 - haemopoietic stem cell transplant
 - solid organ transplant
 - haematological malignancy
 - advanced or untreated HIV.



Promotional material is available from:

[Shield yourself from shingles – Resources collection | Australian Government Department of Health and Aged Care](#)

New mandatory reporting fields in AIR from 1 March 2024

From **1 March 2024**, it will be mandatory for all vaccination providers to report to the Australian Immunisation Register (**AIR**) the following:

➤ Batch number

The batch number is now **mandatory for COVID-19, flu, NIP and JEV vaccines**.

Note: It is recommended to record the batch number for all vaccines.

➤ Vaccination Type

Most vaccines given will be classed as **NIP/Commonwealth** however, under the **Vaccine Type** field, vaccination providers will be able to select only one option from the following:

- **Antenatal** – any vaccine given in the antenatal period (select this option regardless of whether the vaccine is funded privately or under NIP or state program)
- **NIP/Commonwealth** – any National Immunisation Program funded vaccine including childhood, some adult, refugees and other humanitarian entrants & COVID-19 vaccines
- **Private** – privately purchased vaccines (i.e. travel and not NIP funded influenza vaccines)
- **State Program** – funded by the NT (i.e. Hepatitis B for Aboriginal adults, MMR if born during or after 1966 and not given as part of the childhood program).

➤ Route of Administration

The **Route of Administration** field is **mandatory only for Japanese encephalitis vaccine** but clinically recommended for all vaccines as part of the vaccination record.

AIR resources: [Submitting information to the AIR](#)

Centre for Disease Control
Public Health Division

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Scan here for our Immunisation Program webpage



Issued by: Immunisation Program, Centre for Disease Control, Public Health Division, NT Health

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