



Flu Vaccine 2020 and Logistics During COVID-19

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Flu Vaccination Update 2020

This session will cover:

- Information on the **2020 flu vaccine strains**
- **Alternative Flu Clinic processes during the COVID-19 pandemic**
- Common questions surrounding **vaccine timing and the National Immunisation Program**
- **Billing considerations: Medicare vs private billing**
- **Practice resources and tips for safe patient flow**



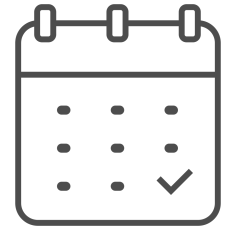
2020 Influenza Vaccine



Key messages

- All vaccines available in 2020 are quadrivalent influenza vaccines (QIVs).
- All children aged 6 months to less than 5 years are now eligible to receive free annual influenza vaccines under the National Immunisation Program (NIP)
- The dose of influenza vaccines for all ages is 0.5mL. *The 0.25mL dose for young children is no longer available*
- For adults aged ≥ 65 years the adjuvanted QIV, Fludax® Quad, is recommended over standard QIVs

2020 Influenza Vaccine



Timing of vaccination

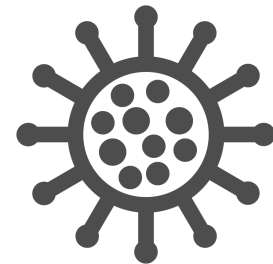
- **Optimal protection** against influenza occurs within the first **3 to 4 months** following vaccination
- **Peak influenza circulation** is typically **June to September** for most parts of Australia
- **Due to the current COVID-19 pandemic**, current recommendation is to **vaccinate as soon as stock is available**
- It is **never too late to vaccinate** since influenza can circulate all year round. Vaccination should continue to be offered as long as influenza viruses are circulating and a valid vaccine (**before expiration date**) is available

About the 2020 Flu Vaccine

Composition

- A (H1N1): an A/Brisbane/02/2018 (H1N1)pdm09-like virus*
- A (H3N2): an A/South Australia/34/2019 (H3N2)-like virus*
- B: a B/Washington/02/2019-like (B/Victoria lineage) virus*
- B: a B/Phuket/3073/2013 like (B/Yamagata lineage) virus

* New strain differs from 2019 vaccine



National Immunisation Program

Patients eligible for free flu vaccine:



- Everyone **65 years of age and over**
- All **pregnant women at any time during pregnancy**
- All **Aboriginal and Torres Strait Islander people 6 months and over**
- All **children 6 months to less than 5 years**
- All **persons aged ≥ 6 months who have certain medical conditions:**
 - Heart disease
 - Severe asthma (requiring frequent consultations or multiple medications)
 - Chronic lung conditions
 - Diseases of the nervous system which affect your breathing
 - Impaired immunity
 - Diabetes
 - Kidney disease
 - Haemoglobinopathies
 - Children aged six months to 10 years on long-term aspirin therapy

Seasonal influenza vaccines available for use in Australia in 2020, by age

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2020, by age






Vaccine Registered age group	FluQuadri 0.50 mL (Sanofi)	Vaxigrip Tetra 0.50 mL (Sanofi)	Fluarix Tetra 0.50 mL (GSK)	Afluria Quad 0.50 mL (Seqirus)	Influvac Tetra 0.50 mL (Mylan)	Fluad Quad 0.50 mL (Seqirus)
6 to 35 months (<3 years)	✓	✓	✓*	x	x	x
≥3 to <5 years	✓	✓	✓*	x	✓	x
≥5 to <65 years	✓*	✓*	✓*	✓*	✓	x
≥65 years	✓	✓	✓	✓	✓	✓†

Ticks indicate age at which a vaccine is registered and available. Shaded boxes represent funding under the NIP.

* Funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

† Adjuvanted QIV preferred over standard QIVs.

Seasonal influenza vaccines available for use in Australia in 2020, by age (NIP)

2020 NIP-funded influenza vaccines by registered age group (✓ indicates both registered for age group and NIP funded)					
Registered age group	Quadrivalent influenza vaccines (QIVs)				
	Vaxigrip Tetra® 0.50 mL (Sanofi) 	FluQuadri® 0.50 mL (Sanofi) 	Fluarix® Tetra 0.50 mL (GSK) 	Afluria® Quad 0.50 mL (Seqirus) 	Flud® Quad 0.50 mL (Seqirus) 
<6 months	×	×	×	×	×
6 months to <5 years	✓	✓	✓ Only NIP-funded for: - Indigenous* children - Children with certain medical conditions	×	×
5 to <65 years	✓	✓	✓	✓	×
65 years and over	✓	✓	✓	✓	✓ (recommended)

*The term Indigenous is inclusive of Aboriginal and/or Torres Strait Islander people.

Dose recommendations

Most people should receive 1 dose of influenza vaccine each year, however the following people should receive 2 doses, 4 weeks apart:

- Children aged 6 months to <9 years receiving influenza vaccine for the first time
- People of any age receiving influenza vaccine for the first time after haematopoietic stem cell or solid organ transplant

The type of vaccine used depends on the person's age:

- People aged 6 months to <65 years should receive quadrivalent influenza vaccine (QIV)
- People aged ≥ 65 years should receive adjuvanted quadrivalent influenza vaccine (QIV), but may receive a standard QIV if the adjuvanted QIV is unavailable

Contraindications



The only **absolute** contraindications:

- Anaphylaxis following a previous dose of any influenza vaccine
- Anaphylaxis following any vaccine component

People with **known egg allergy**:

People with egg allergy, including a history of anaphylaxis, can be safely vaccinated with influenza vaccines.

Patients with a **history of egg allergy (non-anaphylaxis)** can receive an age-appropriate full dose of vaccine in any immunisation setting.

If there is **significant parental or health professional anxiety**, the vaccine may be administered in primary care settings with a **longer waiting period of 30 minutes**.

Side effects and reactions

Side effects may include:

- **Injection site reactions:**
pain/redness/swelling/hardenning of tissue (10%+)
- **Fever** (1-10%)
- **Muscle aches** (1-10%)
- **Tiredness** (1-10%)



Anaphylaxis is very rare, but very serious if it occurs

- Adrenaline and a suitably trained provider must always be readily available
- Patients should wait at least 15 minutes at the clinic after their vaccination

Other considerations



Post-vaccination side effects may mimic influenza symptoms.

None of the influenza vaccines available in Australia contain live influenza viruses, so they cannot cause influenza.

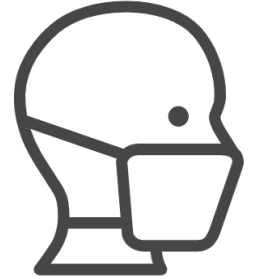
Repeat vaccination every year.

Report adverse events to TGA: www.tga.gov.au/reporting-problems-1

Adverse Medicines Events Line: 1300 134 237 (for patients)

Report influenza vaccination to the **Australian Immunisation Register**

Flu Clinic Considerations During the COVID-19 Pandemic



The priority this year is to immunise as many people as possible without increasing risk of COVID-19 crossinfection

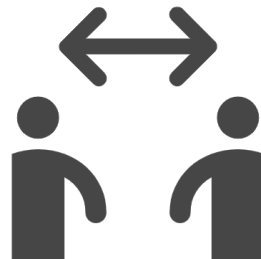
Key considerations:

- Promptly identify anyone with fever or respiratory symptoms or any coronavirus risk factors
- If current fever over 38.5C then postpone immunisation until well
- If current acute systemic illness consider postponing immunisation
- Run either separate low risk and higher risk flu clinics **OR** only low risk clinics

Low risk = no symptoms, no contact with neither known nor suspected cases, no travel interstate or overseas in the previous 14 days, no contact with someone who has travelled overseas or interstate in the last 14 days and not in a high risk area with high case numbers of confirmed coronavirus.

Additional measures for infection control

- **Maintain social distancing of 2 metres between patients at all times**
- **Reduce unnecessary contact between patients and practice surfaces**
- **Use minimal equipment and chairs/furniture that can be easily cleaned/disinfected between patients**
- **Consider the best way to prevent patients from entering the clinic until it's time for their vaccination. (eg Getting patients to wait in their car and messaging/ringing them when the nurse/gp are ready)**



Additional measures for infection control

- Have a waiting area ready for observations for 15 minutes post immunisation, where patients are distanced appropriately
- Space out vaccination times to prevent overcrowding of the post-vaccine observation waiting area
- Streamline documentation: consider creating a shortcut or autofill text for your clinical software:

e.g. *“Patient was advised to stay in our designated observation area, while maintaining social distancing, for 15 minutes after immunisation.”*



Sample Flu Clinic Patient Flow

In this example of a clinic where a **vaccine** is given **ever 5 minutes**:

- The post vaccination waiting area must be able to **accomodate at least 4 patients with adequate social distancing** at any given time
- Providers need to **stay in the practice for at least 15min after the last patient** was immunised

Time	Patient being vaccinated	Patient waiting post vaccination (15min)
10:00	# 1	-
10:05	# 2	#1
10:10	# 3	#1 #2
10:15	# 4	#1 #2 #3
10:20	# 5	#2 #3 #4
10:25	# 6	#3 #4 #5
10:30	# 7	#4 #5 #6
10:35	# 8	#5 #6 #7
10:40	# 9	#6 #7 #8
10:45	# 10	#7 #8 #9
10:50	# 11	#8 #9 #10
10:55	# 12	#9 #10 #11
11:00	End of Vaccinations	#10 #11 #12
11:05	Wait post vaccine	#11 #12
11:10	Wait post vaccine	#12
11:15	End of clinic	-

Flu Clinic Types



At the practice

- Allocate **protected days/times for vaccination sessions** (*flu clinic appointment*)
- Consider **COVID-19 risk screening, and patient flow for safe social distancing and infection control**
- **Practice nurse can coordinate vaccination clinics**
- **Team approach of Nurse + GP** (GP could even do consult via Telehealth if not on site, with nurse on site doing vaccine administration)

Workplace/Corporate vaccinations

Assist with uptake and herd immunity

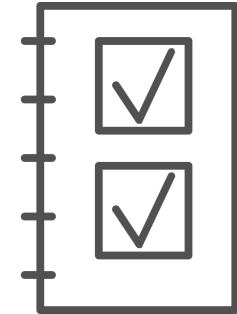
Challenges of off-site flu clinics (staff, equipment and cold chain logistics)

Pop-up/Mobile service

Outreach service

Preparing the practice

For safe & efficient patient flow



Opportunistic vs Planned approach to flu vaccines

Use clinical software to **get a list of eligible patients**

Allocate nurse/GP times, sessions or days when flu clinics will run

Decide if the practice will be **Bulk billing or Privately billing** consultants

Inform all staff of flu clinic process (*staff discussion or electronically*)

Ensure there's enough stock to meet demand

Discard stock from the previous season & check expiry dates

Check vaccine fridge temperatures are recorded daily and are within recommended range +2° to +8° C

Ensure there is adequate **equipment & staff for anaphylaxis management**

Preparing the practice

For safe & efficient patient flow

Recruit patients

Poster in the waiting room to **promote flu vaccination**

Proactively invite patients: *SMS Broadcast (with opt-out option), or via letter, phone call or social media posts*

Promote influenza vaccination **to all patients**

Immunise practice staff!!



HotDoc Flu Clinic Kit during COVID-19

Flu Clinic Kit COVID-19

A FREE kit of resources showing HotDoc clinics how to run a safe and successful flu clinic during COVID-19

What's included:

- Guides on how to prepare a COVID-19 flu clinic
- Posters, Facebook posts and email templates to help clinics communicate details to patients
- Preparation checklists for teams to work through



try.hotdoc.com.au/flu-clinic-kit-covid

HotDoc Flu Clinic Kit during COVID-19

Flu Clinic Considerations During the COVID-19 Pandemic



The priority this year is to immunise as many people as possible without exposing or increasing their risk of infection with COVID-19.

For this to happen we need to make some changes to the way we run immunisation sessions. This will **not** be a 'business as usual' year for flu vaccines.

Key considerations:

- Promptly identify anyone with fever or respiratory symptoms or any coronavirus risk factors such as recent travel, exposure to a known or suspected case or residing or working in a high risk area or setting
- If current fever over 38.5C then postpone immunisation until well
- If current acute systemic illness then postpone immunisation until well
- Run either separate low risk and higher risk flu clinics OR only low risk clinics (based on practice preference)

Low risk meaning: people with no symptoms, no contact with neither known nor suspected cases, no travel interstate or overseas in the previous 14 days, no contact with someone who has travelled overseas or interstate in the last 14 days and not in a high risk area with high case numbers of confirmed coronavirus.

Regardless of perceived risk, we need to observe additional measures for infection control including:

- Social distancing of 2 metres between patients at all times
- Reduce unnecessary contact between patients and practice surfaces
- Use chairs, surfaces and only minimal equipment that can be easily cleaned/disinfected between patient use
- Consider the best way for your practice to prevent patients from entering the clinic until it's time for their vaccination. This might be getting patients to wait in their car and messaging them or quickly ringing them when the nurse/gp are ready for them. The idea is they would walk straight into the vaccination area and avoid other common areas of the practice
- Have a waiting area ready for observations for 15 minutes post immunisation, where patients are distanced appropriately
- Space out vaccination times to prevent overcrowding of the post-vaccine observation waiting area
- Consider creating a shortcut or autofill for your clinical software indicating: "patient was advised to stay in the observation area, whilst maintaining social distancing practices, for 15 minutes after immunisation"

Even though this year's flu vaccination season brings new challenges for all healthcare providers, we are in a prime position to reduce the burden of disease and limit the number of deaths related to influenza in 2020.

For further advice, contact your local state/territory health unit.



Preparing for Flu Vaccine Season 2020 & Logistics During COVID-19



Key decisions on overall approach

- **Social distancing and COVID-19 considerations**
How will the clinic manage patient flow to ensure vulnerable patients are not unnecessarily exposed to COVID-19, and how will patients be triaged to ensure those who are potentially infectious are kept away from your vaccination sessions?
- **Government +/- Private Vaccines**
Will the clinic stock only Government funded vaccines (and refer private patients to fill a prescription) or use a combination of Government and Private stock?
- **Cost of private flu vaccine**
What will be the cost to the patient for private vaccines sold by the clinic?
- **Billing for vaccination procedure**
Will the clinic bulk bill, privately bill or use a mixed billing approach for the vaccination consult? E.g. Bulk bill all, privately bill all or mostly privately bill, with the exception of some patient groups to be bulk billed.

Prepare the Practice

Cold Chain

- ☐ Perform a **Cold Chain Audit** of the vaccine fridges to make sure they are working well
(See "Strive for 5 - Vaccine Storage Guidelines" p. 75)
- ☐ Ensure alert processes are in place in the event of a cold chain breach
- ☐ Check if your practice insurance policy includes cover for loss of private vaccine stock in the event of a fridge malfunction, power outage or cold chain breach
- ☐ Ensure you have an adequately sized eski(s), ice packs, and ice pack conditioning instructions to manage temporary or unexpected fridge or power outage issues
(See "Strive for 5 - Vaccine Storage Guidelines" p. 61)
- ☐ Discuss with your clinical team or with the designated team member in charge of cold chain management, how much stock can be safely kept within the practice vaccine fridges at any given time—to avoid over-ordering
- ☐ Ensure staff are consistently checking and recording fridge max/min temperatures at least twice daily
(See "Strive for 5 - Vaccine Storage Guidelines" p. 41)



HotDoc Flu Clinic Kit during COVID-19

Flu vaccines are now available at our practice



It's important to have a yearly flu vaccination to protect you against the new influenza 'flu strains'

Ask your doctor or nurse for more details

Resource by  **HotDoc**

We're offering flu vaccines from your car at our practice



1

When you arrive let us know by calling our clinic on:

2

Stay in your car/ outside the practice and at least 2m away from other people

3

We will then advise when the nurse/GP is ready to see you

Call our practice or book via  **HotDoc**

Provider resources



2020 NATIONAL IMMUNISATION PROGRAM (NIP) INFLUENZA VACCINES

Step 1: Ascertain whether your patient is eligible to receive a free influenza vaccine.

Step 2: Use the table below to identify the age-specific vaccines able to be provided to eligible patients for free under the NIP.

Individuals eligible to receive 2020 NIP-funded influenza vaccines:

- pregnant women (at any stage of pregnancy)
- people aged 65 years and over
- Aboriginal and Torres Strait Islander people aged 6 months and over
- people aged 6 months to <5 years
- people aged 6 months and over with medical conditions putting them at increased risk of severe influenza and its complications.

Important information prior to vaccination

- Before administering an influenza vaccine, **CHECK** you have the correct vaccine for the person's age. Ages are identified on the syringe.
- Children aged 6 months to <9 years require two doses of influenza vaccine (given at least 4 weeks apart) in the first year they receive the vaccine. One annual dose of influenza vaccine is required in following years even if only one dose was given in the first year.
- The QIV Flud[®] Quad (Seqirus) contains an adjuvant and is recommended for people ≥65 years of age over other available QIVs. However, if Flud[®] Quad is unavailable, vaccination with another QIV is preferable to providing no vaccination. In this case, Flud[®] Quad does not subsequently need to be provided.

2020 NIP-funded influenza vaccines by registered age group (✓ indicates both registered for age group and NIP funded)

Registered age group	Quadrivalent influenza vaccines (QIVs)				
	Vaxigrip Tetra [®] 0.50 mL (Sanofi)	FluQuadri [®] 0.50 mL (Sanofi)	Fluarix [®] Tetra 0.50 mL (GSK)	Afluria [®] Quad 0.50 mL (Seqirus)	Flud [®] Quad 0.50 mL (Seqirus)
<6 months	×	×	×	×	×
6 months to <5 years	✓	✓	Only NIP-funded for: - Indigenous* children - Children with certain medical conditions	×	×
5 to <65 years	✓	✓	✓	✓	×
65 years and over	✓	✓	✓	✓	✓ (recommended)

*The term Indigenous is inclusive of Aboriginal and/or Torres Strait Islander people.

REPORT all influenza vaccination to the Australian Immunisation Register (AIR).

All information in this fact sheet is correct as at March 2020. It is valid for the 2020 influenza season.

State and territory health department contact numbers:

ACT	02 6205 2300	SA	1300 232 272
NSW	1300 066 095	TAS	1800 671 738
NT	08 8922 8044	VIC	1300 882 008
WA	08 9321 1312	QLD	Contact your local Public Health Unit



2020 SEASONAL INFLUENZA VACCINES

Annual influenza vaccination is recommended for all people aged 6 months and over.

Influenza vaccines are provided free through the National Immunisation Program to the following groups due to their increased risk of complications from influenza:

pregnant women
(at any stage of pregnancy)

people aged 65 years
and over

Aboriginal & Torres Strait Islander people
aged 6 months and over

people aged 6 months
to less than 5 years

people aged 6 months & over with medical conditions

putting them at increased risk of severe influenza & complications, including:

- cardiac disease
- chronic respiratory conditions
- chronic neurological conditions
- immunocompromising conditions
- diabetes and other metabolic disorders
- renal disease
- haematological disorders
- children aged 6 months to 10 years on long term aspirin therapy.

Speak to your GP or other immunisation provider if you are unsure if you are eligible for a free influenza vaccine.

If you're not eligible for a free influenza vaccine, you can still get the vaccine from your GP (with a private prescription), a pharmacy immunisation clinic, or another immunisation provider.

Essential Resources

For safe & efficient patient flow

- **Waiting room poster, social media post and/or practice website promotion** of your flu vaccination service
- **Invitation SMS/email/letter**
- **Patient fact sheet/consent form:** consider electronic format or printed in large size (eg A3) so patients can read it while they wait and then provide verbal consent
- **Clinical reference to have ready access to:**
 - The Australian Immunisation Handbook (online)
 - Age/brand/dosage table (ATAGI)
 - Anaphylaxis management dose table (Immunisation Handbook)

Nurses' scope of practice

RN Div 1 or Med-endorsed EN Div 2

Influenza vaccines are Schedule 4 drugs

The vaccine must be initiated/authorised by a GP prior to administration

A GP must be readily available (at the clinic) in case of anaphylaxis
(including until the last patient's 15min waiting time is up)

The authorising/ordering GP must make an entry in the patient file

Credentialed Nurse Immunisers

May initiate influenza vaccines as per the National Immunisation Schedule

GP intervention is not required

Nurse must have CPR and anaphylaxis management skills up to date

Billing considerations

Bulk billing vs Private billing



MBS Items:

3 or Telehealth equivalent– Brief. Must include a GP consult & entry in patient file

23 or Telehealth equivalent - Standard (up to 20min). Must include a GP consult & file entry

10997 – Nurse Monitor/Support. Patient must have a GPMP in place. Consult should include a documented element of monitoring or support of the patient's chronic illness as per the patient's GPMP beyond simply "giving the jab"

Private billing without a Medicare rebate

Private fee for nurse consult (\$5 - \$15+)

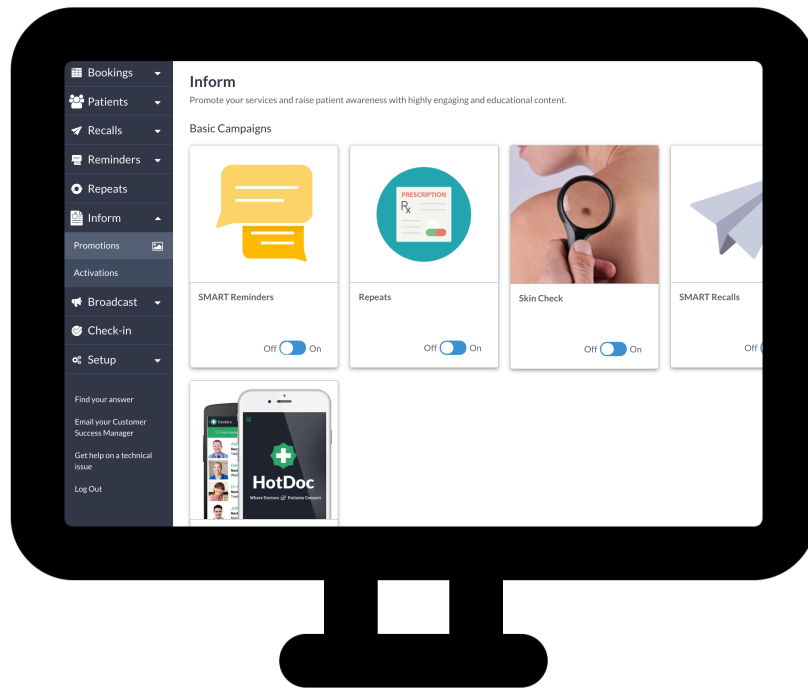
Private fee for vaccine if not eligible for government supply (\$10 - \$25+)

Must use private stock if charging for vaccines

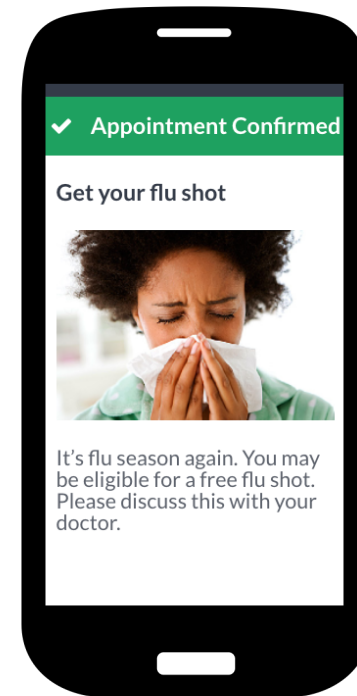
Effective tools to help your practice

HotDoc Inform Promotions

Dashboard



Patient Message

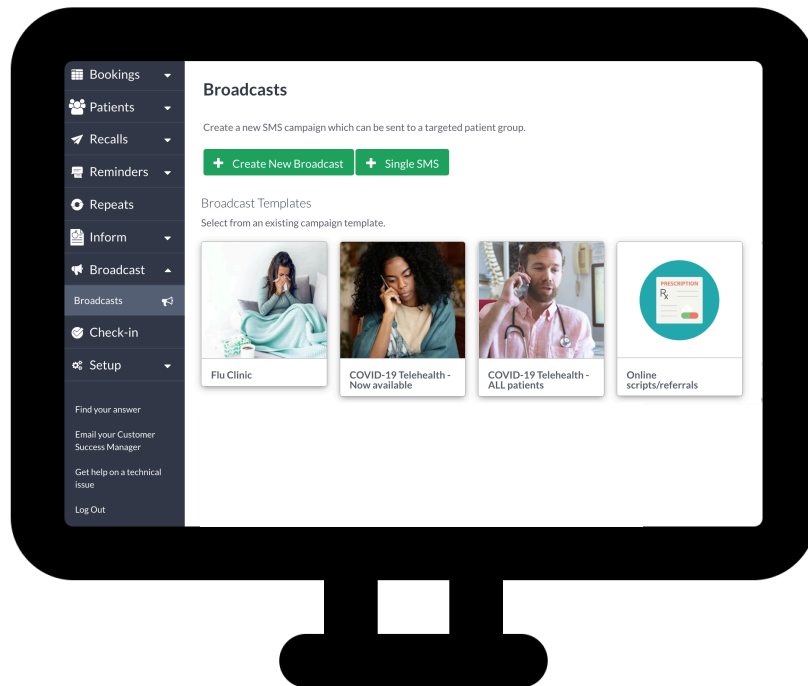


Contact the HotDoc team: 1300 468 362

Effective tools to help your practice

Broadcast

Dashboard



Filter query by:

Patient age

Gender

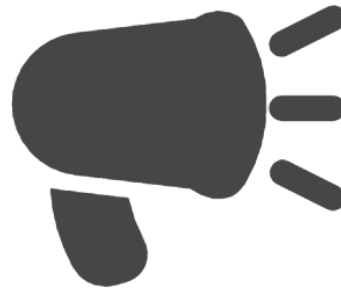
Or

Use a CSV export from
your clinical software or Audit Tool
(eg Pen CAT or POLAR GP)

Contact the HotDoc team: 1300 468 362

Helping practices communicate with patients

- 1,000 Free SMS credits to let your patients know you now offer Telehealth Services
- 8c SMS for any other Broadcast campaigns sent in April



Upcoming webinar...Register Now!

<https://www.hotdoc.com.au/practices/blog/chronic-disease-care-plans-telehealth/>



WEBINAR 1 CPD

GENERAL PRACTICE ESSENTIALS SERIES

Chronic Disease Management and Care Plans using Telehealth in General Practice

Wednesday 6th May at 12:30pm AEST



Presented by
Magali De Castro
Clinical Director at HotDoc



Join over 2,500+ Healthcare Professionals

Our community is also a great resource & support space during the COVID-19 pandemic



Join our Facebook Group “For the Love of Healthcare”
Request to join here <https://www.facebook.com/groups/fortheloveofhealthcare>