



COMMUNIQUE FOR ALL QUEENSLAND GPs (#3) PANDEMIC (H1N1) 2009 VACCINATION PROGRAM 30 September 2009

Delivery of Panvax® H1N1 to GPs

CSL has commenced delivery of the vaccine to all vaccine service providers, including GPs. GPs who indicated participation in the program and provided information on the number of vulnerable group patients who attend their practice on or before the morning of Monday 21 September 2009, should receive their supplies by Friday 2 October 2009. Those who provided this information by Wednesday 30 September 2009 will receive their vaccine by Wednesday 7 October 2009.

Reordering Panvax® H1N1 vaccine

A Panvax® H1N1 Order Form has been supplied with the first supply of this vaccine. Further orders may be placed as required after 5 October 2009. To avoid unnecessary delays, GPs will need to advise the number of vials of Panvax® H1N1 they hold in their vaccine refrigerator when they reorder.

Who can get vaccinated?

The Pandemic (H1N1) 2009 vaccine can be given to *anyone* 10 years and over wishing to be vaccinated. GPs are encouraged to actively promote the vaccination to all people, with a strong recommendation for vaccination to those in the priority groups.

NB TGA has advised that one dose (15 µg) of Panvax® H1N1 is sufficient for protection.

Medicare

The Australian Government Department of Health and Ageing (DoHA) has confirmed that temporary arrangements are in place with Medicare to allow GPs to bill Medicare for administration of Pandemic (H1N1) 2009 vaccine both in their own practice and in places other than their own practice, e.g. community halls or schools. These arrangements will be reviewed on 1 March 2010. Please see the attached document from DoHA for further information.

This document has been distributed by DoHA to peak GP bodies, including AMA, RACGP, AGPN, ACRRM and to the Australian Nursing Federation and the Royal College of Nursing Australia.

Consent

Valid consent must be obtained prior to giving any vaccine. In general, this requires the vaccinator to be comfortable that a consenting adult has been provided with sufficient information about the procedure, including the risks and benefits of having the vaccine, to make an informed choice. Comprehensive advice on obtaining valid consent can be found on page 12 of the *Australian Immunisation Handbook* 9th Edition, found at www.immunise.health.gov.au.

Integrity of bung in multi-dose vials

It is important that vaccinators monitor the integrity of the bung in the multi-dose vial. There are some early reports of some vials leaking after multiple penetrations, even with the use of an appropriate needle (21G or smaller). This may occur if too much air is injected into the vial when withdrawing vaccine. If a vial is starting to leak, vaccinators should consider drawing up the remaining doses immediately and not storing the vial. However, it is important to remember that once the vaccine is drawn up into a syringe it needs to be discarded after 4 hours if not used.

Further information for health professionals is available from:

Health Emergency website:

www.healthemergency.gov.au.

Queensland Health Vaccination website:

<http://www.health.qld.gov.au/swineflu/html/vacc.asp>

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Pandemic (H1N1) 2009 Vaccinations provided by Medical Practitioners and Practice Nurses/Registered Aboriginal Health Worker

Location

A medical practitioner may provide vaccinations at a place such as a school hall or community centre as well as at consulting rooms, residential aged care facilities and other specific institutions.

As is normally the case, when providing a professional service under Medicare, a medical practitioner must provide either his or her name and address, or provider number on the account, receipt or bulk billing agreement. Where a service is provided at a venue such as a school or community centre and the medical practitioner chooses to list his or her name and address, the medical practitioner need only provide his or her usual contact address - not the address at which the service is provided.

Medicare Australia has confirmed that *providing H1N1 vaccinations* under Medicare *temporarily* from a venue, such as a community hall or school that is not an address associated with a practitioner's Medicare-registered practice location, is acceptable under Medicare Australia's administrative rules. These arrangements will be reviewed on 1 March 2010.

This includes doctors who are accessing Medicare benefits under a location specific section 3GA program placement or section 19AB exemption.

Claiming for GP, Practice Nurse and Aboriginal Health Worker services

In terms of providing Medicare-eligible GP and practice nurse or registered Aboriginal health worker services to the same patient, the usual rules apply.

A vaccination can be provided by a practice nurse (MBS item 10993) or a registered Aboriginal health worker (MBS item 10988), for and on behalf of and under the supervision of a medical practitioner. The patient can receive a treatment under another Medicare item that is *additional* to a treatment under items 10993 or 10988 if the medical practitioner provides advice to the patient on another health related issue, over and above supervising the practice nurse or registered Aboriginal health worker who performs the immunisation.