



Government of Western Australia  
Child and Adolescent Health Service



# Increasing comfort with needle anxiety and medically-at-risk vaccine delivery

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Compassion

Excellence

Collaboration

Accountability

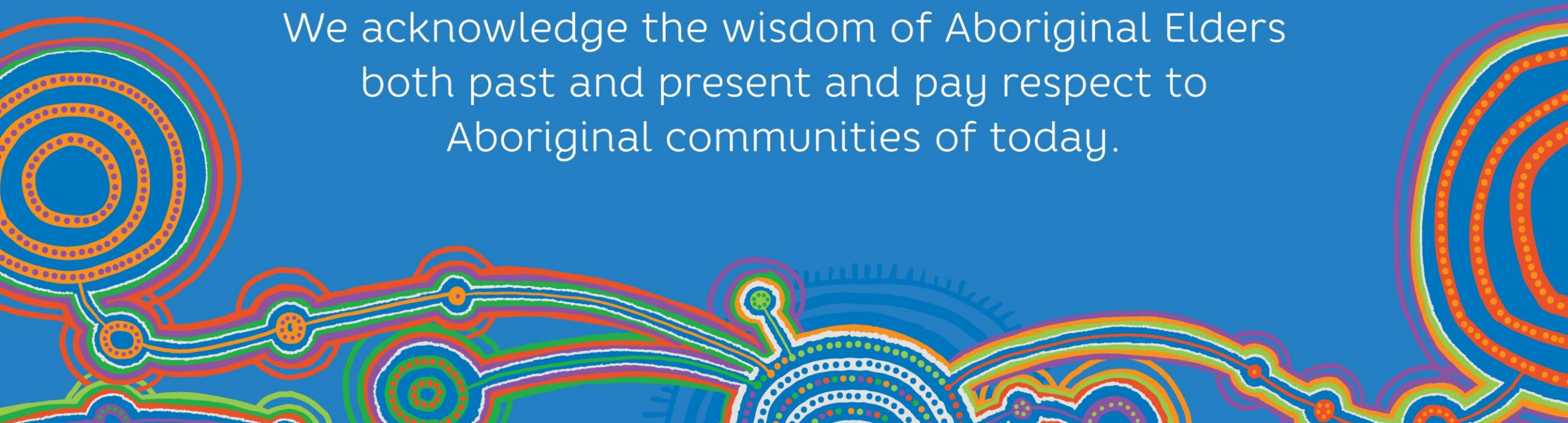
Equity

Respect

# Acknowledgement of Country

The Child and Adolescent Health Service acknowledge Aboriginal people of the many traditional lands and language groups of Western Australia.

We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.





# Stan Perron Immunisation service



## Objective:

- To improve immunisation coverage in WA
- To immunise children, particularly those at increased risk attending PCH
- To establish a multidisciplinary clinic to review:
  - Children at high risk of vaccine preventable diseases
  - Children and parents who are vaccine hesitant
  - Children with possible adverse events following vaccines
- To provide a highly visible focus for immunisation delivery, education and research

# Stan Perron Immunisation Centre Perth Children's Hospital (SPIC)



## Your child's immunisations

Childhood immunisations are **FREE**

For your child's immunisation check up, come and see us in the Stan Perron Immunisation Centre, Level 1 Clinic D.

The advertisement features several cartoon superheroes in various colors (red, purple, blue, yellow) and a photograph of a man kissing a baby on the cheek. The background is green.

### VISIT US:

Stan Perron Immunisation Centre, Level 1 Clinic D  
use the Pink or Yellow Lifts

Open  
Monday to Friday  
8:30am - 4:00pm  
(closed on public holidays)

Contact  
Reception: (08) 6456 3721

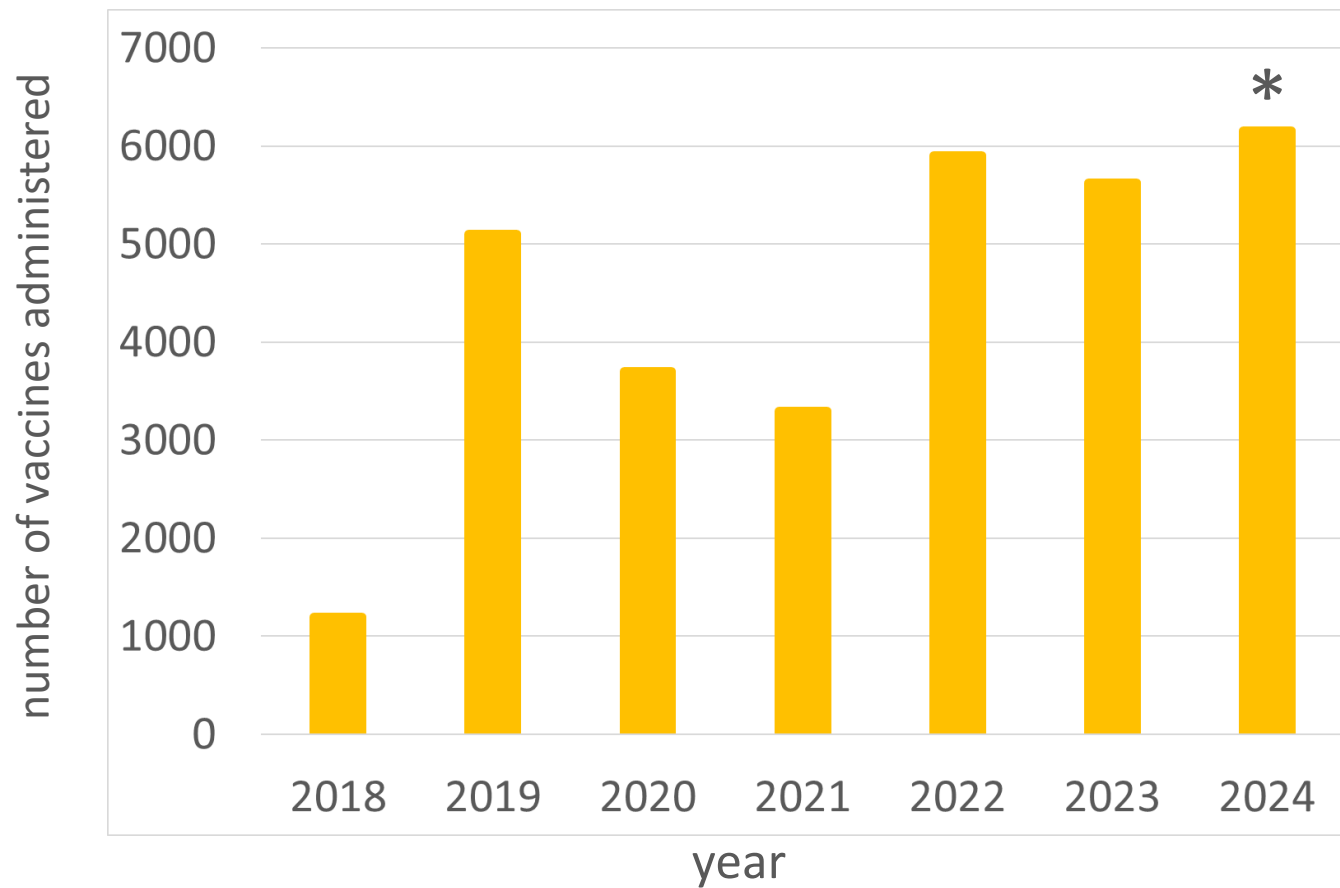
Website  
[pch.health.wa.gov.au/Our-services/Immunisation-Service](http://pch.health.wa.gov.au/Our-services/Immunisation-Service)

Email  
[PCH.ImmunisationCentre@health.wa.gov.au](mailto:PCH.ImmunisationCentre@health.wa.gov.au)

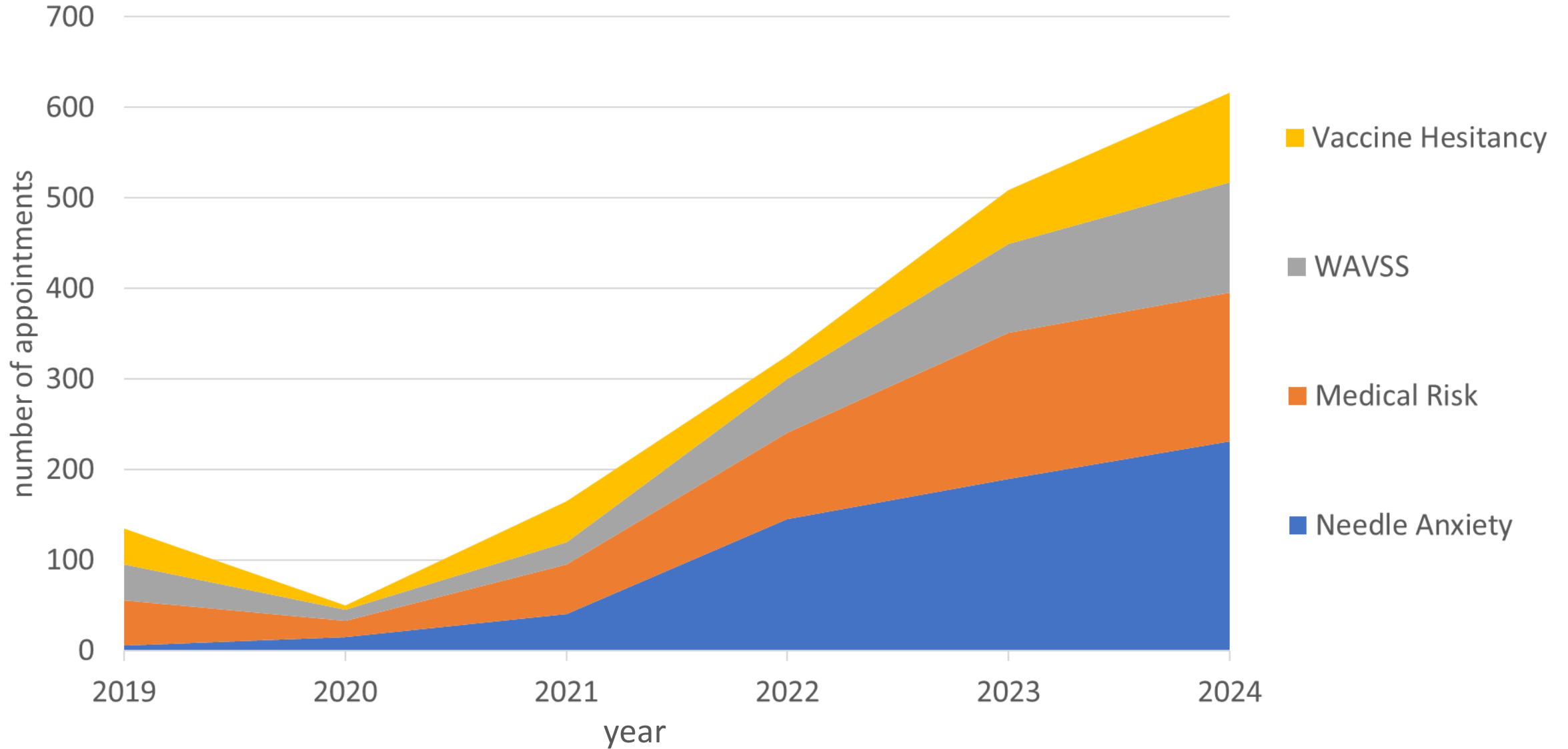


# Stan Perron Immunisation Centre (SPIC)

**Nurse-led administration of scheduled and seasonal vaccines**



# Specialist Immunisation Clinic activity





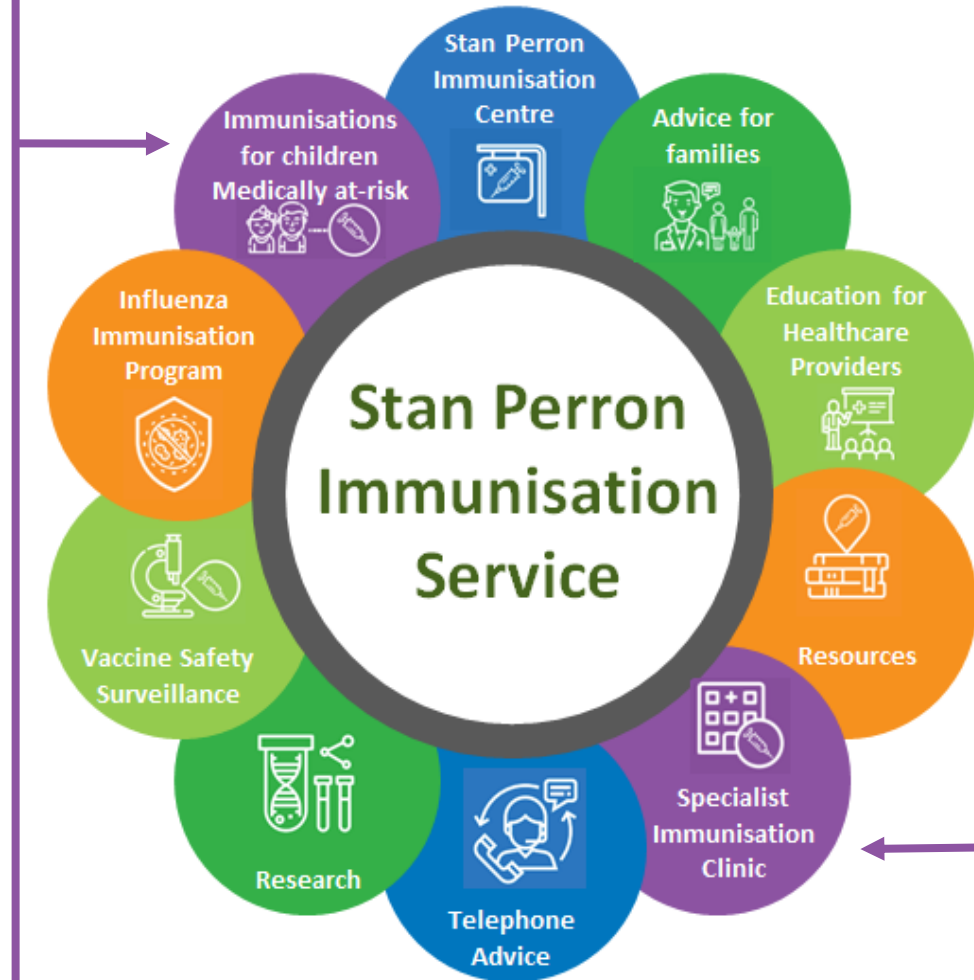
# Medically at risk

- Inpatient & Outpatient reviews
- Nurse for Aboriginal Families

(Est July 2023, initially funded for 12 months by CDCD)  
Review of Aboriginal patients attending Outpatient clinics

- Nurse for Refugee Health Immunisation

(Est Oct 2024, CDCD funded position)  
Supports the Refugee Health team, immunisation plans and immunisations administered



# Specialist Immunisation Clinic (SIC)

*Referral required*

- high-risk medical conditions - individualised immunisation plans
- experienced or at risk of Adverse Event Following Immunisation (AEFI).
- Children and adolescents with **Needle Anxiety (NA)**.
- Vaccine hesitant families (consultation and education)
- Children with medical comorbidities requiring travel health advice and immunisation.



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Child and Adolescent Health Service



# Needle Anxiety

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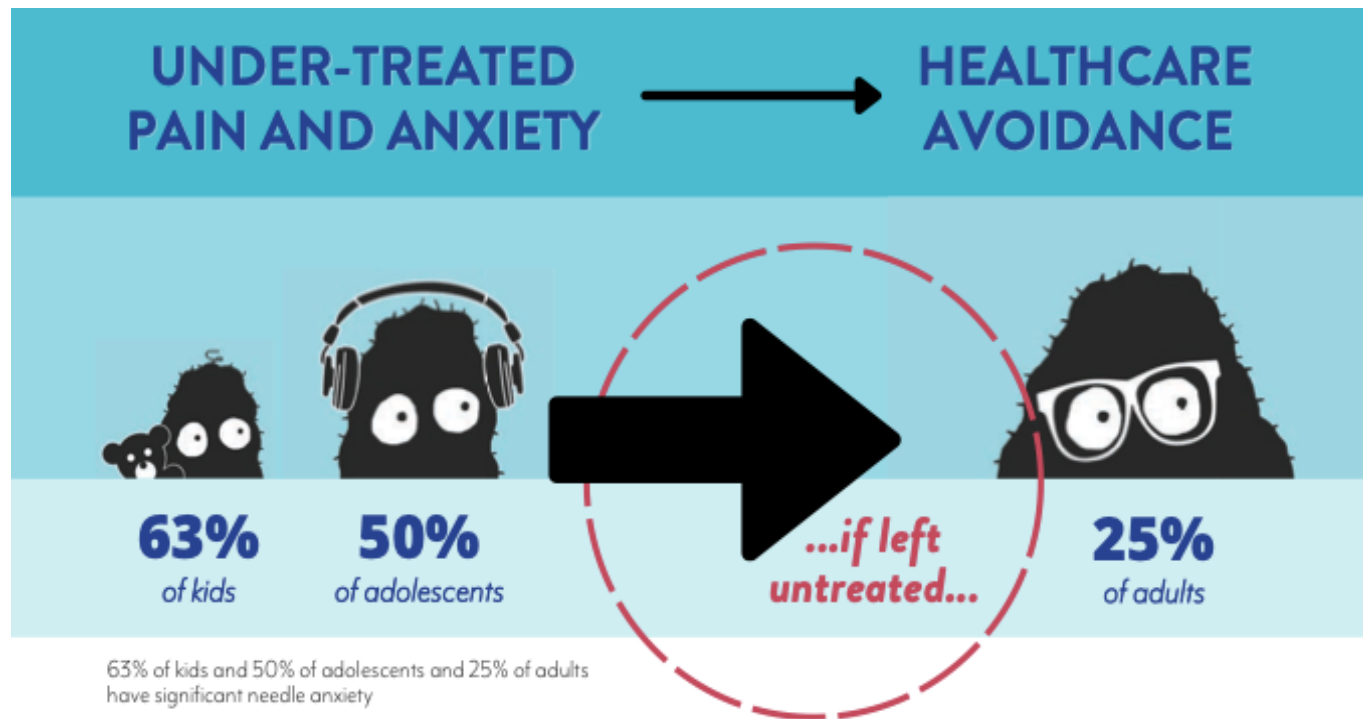
Equity

Respect



# Needle Anxiety Clinic

- The needle anxiety pathway was established at Perth Children's Hospital in February 2022
  - response to the rollout of the paediatric COVID vaccination program
- Most adolescents referred have moderate- severe needle anxiety with co-morbidities



# Needle Anxiety Pathway

## 1 Referral & triage



**General Practitioners CRS-ID**



**e-Referrals**



**Community Health Nurses**




**E-Referral Meeting**

Triage of incoming patients

# Needle Anxiety Pathway

**2 Needle Anxiety Phone Clinic**

Needle Anxiety Proforma



Government of Western Australia Child and Adolescent Health Service | Perth Children's Hospital

Specialist Immunisation Clinic – Needle anxiety consult proforma

Date & time: \_\_\_\_\_

Healthcare worker name: \_\_\_\_\_ Designation: \_\_\_\_\_

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) name & email: \_\_\_\_\_  Phone  In person

**1. Immunisations due (Please correlate with AIR record)**

COVID vaccine dose 1  COVID vaccine dose 2

WA immunisation schedule vaccine/s  
Specify: \_\_\_\_\_

**2. Previous unsuccessful OR successful (circle) immunisation attempts**

Yes (number of attempts: \_\_)  No

**3. Location of previous immunisation attempts (if relevant):**

Community immunisation provider  Stan Perron Immunisation Centre/clinic  
Specify: \_\_\_\_\_

PCH conscious sedation pathway  BIIP facilitated Stan Perron Immunisation Centre/clinic  
Specify: \_\_\_\_\_

**4. Any previous syncopal episodes with immunisation attempts:**  Yes  No

**5. Medical comorbidities:**  Yes  No  
Specify: \_\_\_\_\_

**6. Neurodevelopmental comorbidities e.g. autism:**  Yes  No  
Specify: \_\_\_\_\_

**7. Mental health comorbidities e.g. phobias, generalised anxiety disorder:**  Yes  No  
Specify: \_\_\_\_\_

**8. Any known planned procedures under sedation/general anaesthetic:**  Yes  No  
Specify: \_\_\_\_\_

**9. Family history of needle anxiety or parental mental health issues:**  Yes  No  
Specify: \_\_\_\_\_

**10. Previous treatment for needle anxiety:**

None  SPIC/K Kind involvement  PCH BIIP  Robin Winkler UWA Clinic

Conscious sedation pathway  Private psychology  CAMHS

Other, Specify: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Patient's weight: \_\_\_\_\_

**Impression**

mild needle anxiety  moderate needle anxiety  severe needle phobia

**Plan**

Immunisations in SPIC

(send this proforma electronically to [PCH.ImmunisationCentre@health.wa.gov.au](mailto:PCH.ImmunisationCentre@health.wa.gov.au) and store in W drive W:\Immunisation\PMH\Patient Services\Patient Files + [Imm Catch-up Templates](#). Once an appointment time and date is communicated from SPIC [PCH.ImmunisationCentre@health.wa.gov.au](mailto:PCH.ImmunisationCentre@health.wa.gov.au) send an E referral to Occupational therapy (K KIND) with the proforma attached and appointment time and date for SPIC)

**Triage: category 1**  **category 2**  **category 3**

PCH blood injury injection program (BIIP)

Robin Winkler UWA Clinic

Other psychology service

Conscious sedation pathway

(eligibility criteria are recommended but not limited to: history or autism with severe needle phobia, attempts with SPIC/KIKIND and failed, multiple attempts in the community with distraction tools or other tools in place)

**Triage: category 1**  **category 2**  **category 3**

Wait and reassess in 6-12 months' time

Other, specify: \_\_\_\_\_

**Follow up**

\_\_\_\_\_

Compassion Excellence Collaboration Accountability Equity Respect



# Needle Anxiety Pathway

## 2 Needle Anxiety Phone Clinic

Needle Anxiety Proforma



### Treatment options assessed

- 1. Stan Perron Immunisation Clinic walk-in
- 2. Booked appointment – KKIND referral
- 3. Nitrous Oxide
  - consent for procedure
  - Day Treatment Unit
- 4. Procedural sedation service (PSS)
  - consent for procedure, referred to anaesthetics
  - ward 3C surgical short stay ward

# KKIND – keeping kids in no distress

All patients referred for Occupational Therapists for intake call

- KKIND (Keeping Kids in No Distress)

Additional history taken over the phone

Potential strategies to assist discussed

Patient attends booked appointment (1 hour new or 30 mins follow-up)

- Buzzy bee
  - Smiley scope
  - Fidget toys
  - Visualisation
- 
- Remember – come dressed to be immunised
  - All appointments should end positively
- 
- Two clinics per week: Immunisation nurse led (2 patients), KKIND and Immunisation nurse (2 patients)



# What can help?

- Individualised care for each child
- Parental knowledge
- Expectations
- Have a Plan
- Choices
- Social stories
- Have the time
- Language
- Information
- Positive reinforcement
- Being calm is contagious
- 'Helpers' – EMLA, Buzzy
- Distractions – Smileyscope
- Come dressed to be vaccinated



NAME: \_\_\_\_\_'S

## POKE PLAN

Choose all the things below that will help you be more calm and comfortable during your poke...

**HERE'S WHAT I WANT TO KNOW:**

- TELL me everything before you do it
- SHOW me everything before you do it
- I want a countdown
- Don't give me a countdown, just do it!
- Something else: \_\_\_\_\_

**I WANT MY GROWNUP TO:**

- Let me sit on their lap
- Sit or stand next to me
- Hold my hand
- Rub my head
- Something else: \_\_\_\_\_

**HERE'S WHAT I WANT TO USE TO HELP FEEL MORE COMFORTABLE:**

- Buzzy: vibration blocks the ouch signal
- Shotblocker: little nubs block the ouch signal
- Numbing Cream: it numbs my skin
- Breathing: deep breaths relax me and turn down pain signals
- Distraction: focusing on something else helps a lot!

**I WANT TO:**

- Watch the poke
- Look away / close my eyes
- Watch something on a phone / tablet
- Listen to music / headphones
- Something else: \_\_\_\_\_

**AFTER I'M ALL DONE I WANT TO:**

\_\_\_\_\_



# Nitrous Oxide

- co-ordinated with Day Treatment Unit staff availability.
- once triage phone calls completed, waitlist only a few weeks.
- quick onset – quick off
- need degree of patient compliance





# Procedural Sedation

- Aim for patient to be conscious
  - NOT a general anaesthetic



**PAEDIATRIC SHORT-STAY MEDICATION CHART** ..... of .....

Facility/Service: PCM

WARD/UNIT: 3C - PSS

ADDITIONAL CHARTS  
 IV Fluid  BGL/Insulin  Acute Pain/PCA  
 Inhalation  Chemotherapy  Palliative Care  
 Post op N&V  Other \_\_\_\_\_

**ONCE ONLY MEDICATIONS**

Date Prescribed	Medication (Print Generic Name)	Route	DOSE	Date/Time to be given	Prescriber		DOSE calc e.g. mg/kg per DOSE	Given by	Date/Time Given	Pharm
					Signature	Print Name				
11/6/24	HPV VACCINE (GARDASIL 9)	IM	0.5ml	18/6/24	[Signature]	Bennet		[Signature]	10/20 19/6	
18/6/24	Influenza vaccine (Vaxignip tetra)	IM	0.5ml	18/6/24	[Signature]	Bennet		[Signature]	10/20 19/6	
18/6	MIDAZOLAM	PO	20mg	0/4	[Signature]	HN		[Signature]	18/6/24 09/16	
18/6	PENTHYVERDINE	IN	200 mg	0/4	[Signature]			[Signature]	18/6/24 09/16	
18/6	emla	TOP x 2								stat nurse initiated

**PAEDIATRIC SHORT-STAY MEDICATION CHART** ..... of .....

Facility/Service: PCM

WARD/UNIT: 3C - PSS

ADDITIONAL CHARTS  
 IV Fluid  BGL/Insulin  Acute Pain/PCA  
 Inhalation  Chemotherapy  Palliative Care  
 Post op N&V  Other \_\_\_\_\_

**ONCE ONLY MEDICINES**

Date Prescribed	Medicine (Print Generic Name)	Route	DOSE	DOSE calc e.g. mg/kg per DOSE	Date/Time to be given	Prescriber		Given by	Date/Time Given	Pharm
						Signature	Print Name			
5/11	TEMAZEPAM	PO	20mg		30min	[Signature]	ho Lounney	[Signature]	05/11	
5/11	DEXMEDETOMIDINE	IN	200mcg		prior to	[Signature]	ho	[Signature]	06/11	
5/11	[Redacted]	IM	0.5ml		STAT	[Signature]	Bennet	[Signature]	10/11	
5/11	Meningococcal vaccine	IM	0.5ml		STAT	[Signature]	Bennet	[Signature]	10/11	
5/11	[Redacted]									
5/11	Influenza vaccine (Vaxignip tetra, Fluavix tetra)	IM	0.5ml		STAT	[Signature]	Bennet	[Signature]	10/11	
5/11	KETAMINE	PO	250mg		3-5mg/kg STAT	[Signature]	ho Lounney	[Signature]	10/11	
5/11	emla	TOP	x 4					[Signature]	08/11	

**TELEPHONE ORDERS** (To be signed within 24 hrs of order)

Date/Time	Medicine (Print Generic Name)	Route	DOSE	DOSE calc e.g. mg/kg per DOSE	Frequency	Nurse/Pharm/Physio	Dr Name	Dr Sign	Date	RECORD OF ADMINISTRATION		
										Received by	Received by	Time/Date
5/11/24	Ketamine	PO	200mg	3mg/kg	STAT	[Signature]	L. Lounney	[Signature]	5/11/24	1108	SM	
5/11	Ondansetron	PO	4mg		STAT	[Signature]	L. Lounney	[Signature]	6/30			

# Who do we see:

Patient demographics – Feb 2022 to Jan 2023, n=155

Age (years), median (IQR)		12.8 (11 – 14)
Sex female, n (%)		73 (47)
Severity of needle anxiety n (%)	Mild	17 (11)
	Moderate	62 (40)
	Severe	64 (41)
	Unknown/not recorded	12 (8)
Co-morbidities n (%)	≥2 of below conditions	54 (35)
	Nil	53 (34)
	Autism	51 (33)
	Attention deficit hyperactivity disorder	46 (30)
	Anxiety	43 (28)
	Depression	3 (2)
	Post-traumatic stress disorder	2 (1)
Vaccines due n (%)	Scheduled and COVID-19 vaccination and/or influenza	93 (60)
	COVID-19 vaccination and/or Influenza	37 (24)
	Scheduled (National Immunisation Program)	24 (16)

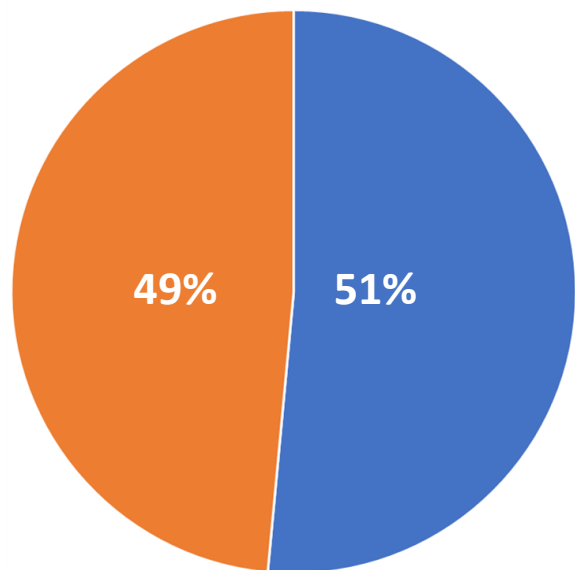
\* PCH Executive approval required for patient admission ≥16 years of age





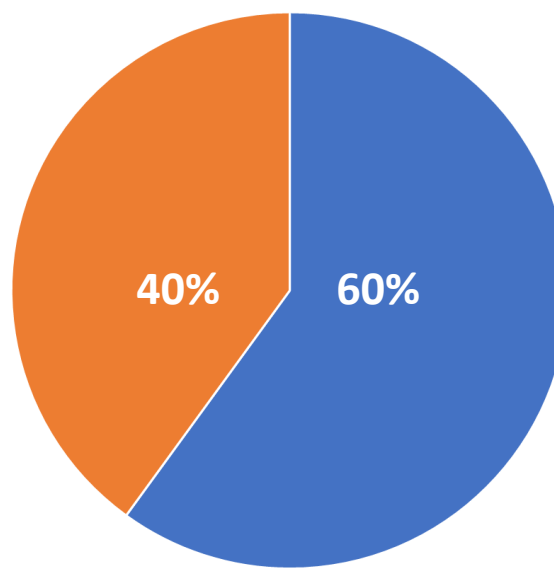
# Outcomes from Needle Anxiety pathways (2024)

■ Vaccinated ■ Unvaccinated

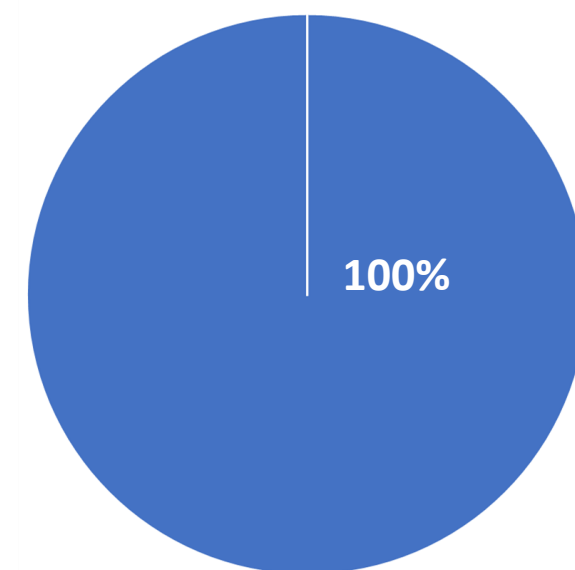


**Occupation Therapy and Specialist Immunisation nursing**  
(n=68)

- Waitlist currently March 2025 for triage call, then few weeks for nitrous, and few months for KKIND/SPIC



**Inhaled nitrous oxide**  
n=20



**Oral Procedural sedation**  
n=14

- further 11 patients waitlisted
- service suspended July to October due to winter surge
- clinics now fortnightly
- new bookings ~March 2025

# Resources



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Find content, people, services



## Perth Children's Hospital

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MY INFORMATION HUB: Perth Children's Hospital

Immunisation

### Needle phobia

↳ Stan Perron Immunisation Centre

↳ Specialist Immunisation Clinic

↳ Immunisation A - Z

↳ WA Immunisation Schedule

↳ Immunisation guidelines and policies

↳ The Australian Immunisation handbook (external link)

↳ Immunisation Education

↳ Back up to Infectious Diseases Department

↳ Immunisation service at PCH

Vaccination is a common procedure performed in our community and for most, the discomfort is short lived. Needle phobia is an extreme fear of medical procedures involving injections and the true incidence of this condition is unknown.

The DSM-IV classifies needle phobia as part of a group of specific phobias of blood-injection-injury (B-I-I) type. This group is classified as a discrete subtype of phobia owing to the very high familial links, and often extreme vasovagal response to the stimuli<sup>1</sup>.

Needle phobia without the vasovagal response has often arisen from a situation where classical conditioning has occurred<sup>1</sup>. For example, a patient who recalls being held down as a child while receiving vaccinations, will have learned a paired association of 'needles plus doctor/nurse equals pain and distress'<sup>1</sup>.

The Specialist Immunisation Clinic and the Keeping Kids in No Distress (**KKIND**) service at Perth Children's Hospital take referrals for children with severe needle phobia who are unable to be vaccinated in the community. The Specialist Immunisation Clinic requires a medical referral using the E referral system.

Useful resources for needle phobia and anxiety

- App for practicing mindfulness: [Stop, Breathe & Think Kids](#)
- [Hack The Vax | Strategies to Reduce Stress of the COVID-19 Vaccine](#)
- [Meg Foundation \(megfoundationforpain.org\)](#)
- [ImaginAction\(stanford.edu\)](#)
- [Needle phobia -The Melbourne Vaccine Education Centre \(MVEC\) \(mcrci.edu.au\)](#)
- [The Conversation: Is your child frightened of needles? Here's how to prepare them for their COVID vaccine](#)
- Having a [poke plan](#) or a [procedural support plan](#) may assist
- [Buzzy Bee](#) ★
- [PCH\\_KKIND kit - distraction items](#)
- [CAHS 692 At the Hospital Helping your Child Cope](#)
- [CAHS 693 At the Hospital Helping your Teen Cope](#)
- [PCH Clinical Holding guideline](#)



# Resources



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**Creating positive medical experiences for children and young adults through Effective Peri-Procedural Communication (EPIC).**

**Parents & Caregivers**

[VIEW RESOURCES](#)



**Children & Young Adults**

[VIEW RESOURCES](#)



**Health Professionals**

[VIEW RESOURCES](#)







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Child and Adolescent Health Service



# Medically at Risk

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# Identifying Medically at Risk patients in the hospital

- **Inpatient Immunisation Reviews**  
opportunistically identifying medically at risk patients, review <5yrs
- **Outpatient Immunisation Reviews.**  
Targeted review of patients attending appointments at PCH: Cardiology, Cystic Fibrosis, Bronchiectasis, Pre-term, Trisomy 21, Renal.
- **Stan Perron Immunisation Centre.** Pre-vaccination checklist, chronic medical conditions

# Medically at risk targeted programs

- Developing targeted programs to identify under vaccinated children with:
  - Asplenia
  - Cochlear implants
  - Oncology/post transplant setting
  - Chronic lung disease
  - Trisomy 21
  - Immunodeficiency

Contents lists available at ScienceDirect

**Vaccine**

ELSEVIER journal homepage: www.elsevier.com/locate/vaccine

A quality improvement study: Optimizing pneumococcal vaccination rates in children with cochlear implants

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**Nurse-led improved use of additional pneumococcal vaccines in children with cochlear implants from 12% to 49%**

**1. Introduction**

Cochlear implants (CI) are neural prostheses implanted into the cochlea to provide direct electrical stimulation to the auditory nerve fibers [1]. The device allows children with moderate to profound sensorineural hearing loss to achieve improvements in hearing, thereby facilitating development of verbal communication [1]. *Streptococcus pneumoniae* is a common commensal organism which can cause invasive pneumococcal diseases (IPD) including pneumococcal meningitis, mastoiditis and sepsis. The incidence of *S. pneumoniae* meningitis in children with CIs is reported to be 16 to 30 times higher than the age-matched general population [2]. Variables contributing to this increased risk include the close proximity of the CI to the meninges, allowing bacterial translocation and biofilm formation to occur [2–3], as well as the increased frequency of cochleovestibular malformations in CI recipients. Since IPD is principally vaccine-preventable, and children with CI are at increased risk, national and international guidelines recommend additional pneumococcal vaccines for this group [4–5]. This study aimed to examine the pneumococcal immunization status and rate of IPD in children with CIs at a tertiary paediatric hospital over a 12-year period. Additionally, we assessed the impact of vaccination reminders and a dedicated immunization clinic on pneumococcal vaccination rates for CI recipients at our institution.

\* Corresponding author at: Immunisation Service, Department of Infectious Diseases, Perth Children's Hospital, Locked Bag 2010, Nedlands, Western Australia 6909, Australia.  
E-mail address: SiuMin.Tay@health.wa.gov.au (S. Tay).

<https://doi.org/10.1016/j.vaccine.2022.06.022>  
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Childhood

Age and eligibility	Antigen/Antibody	Brand(s)	Important information
<b>Birth to &lt;7 days</b>	Nirsevimab	Beyfortus®	Babies born 1/5/24 to 31/3/25 and residing in, or about to imminently reside in, the Kimberley or Pilbara region
	Hepatitis B	H-B-Vax® II Paed or Engerix®B Paed	
<b>6-8 weeks</b>	DTPa-hepB-IPV-Hib	Infanrix® hexa or Vaxelis®	
	13vPCV	Prevenar® 13	
	Rotavirus	Rotarix®	Oral dose 1: Must be given by 14 weeks of age
<b>Aboriginal and/or MRC</b>	MenACWY	Nimenrix®	
<b>Aboriginal and/or MRC</b>	MenB	Bexsero®	Prophylactic paracetamol recommended
<b>4 months</b>	DTPa-hepB-IPV-Hib	Infanrix® hexa or Vaxelis®	
	13vPCV	Prevenar® 13	
	Rotavirus	Rotarix®	Oral dose 2: Must be given by 24 weeks of age
<b>Aboriginal and/or MRC</b>	MenACWY	Nimenrix®	
<b>Aboriginal and/or MRC</b>	MenB	Bexsero®	Prophylactic paracetamol recommended
<b>6 months</b>	DTPa-hepB-IPV-Hib	Infanrix® hexa or Vaxelis®	
<b>Aboriginal and/or MRC</b>	13vPCV	Prevenar® 13	
<b>MRC</b>	MenB	Bexsero®	Prophylactic paracetamol recommended
	MenACWY	Nimenrix®	
<b>12 months</b>	MMR	MMRII® or Priorix®	
	13vPCV	Prevenar® 13	
	MenACWY	Nimenrix®	
<b>Aboriginal and/or MRC</b>	MenB	Bexsero®	Prophylactic paracetamol recommended
<b>MRC</b>	Hepatitis B	H-B-Vax® II Paed or Engerix® B Paed	<32 weeks gestation or <2000g birth weight
<b>18 months</b>	DTPa	Infanrix® or Tripacel®	
	Hib	ActHIB®	
	MMRV	Priorix-Tetra®	Do not administer MMRV as dose 1 of a measles-containing vaccine if <4 years of age
<b>Aboriginal</b>	Hepatitis A	Vaqta® Paed/Adol	Dose 1 of 2. Dose 2 to be administered at least 6 months after dose 1
<b>&lt;2 years</b>	Catch-up for MenB is available for Aboriginal children <2 years of age		
<b>Aboriginal</b>			
<b>4 years</b>	DTPa-IPV	Quadracel® or Infanrix®IPV	
<b>Aboriginal</b>	Hepatitis A	Vaqta® Paed/Adol	Not required if previously received 2 doses (first dose at age ≥12 months) at least 6 months apart
<b>Aboriginal and/or MRC</b>	23vPPV	Pneumovax23®	Dose 1 (if not previously administered). Dose 2 should be administered at least 5 years later

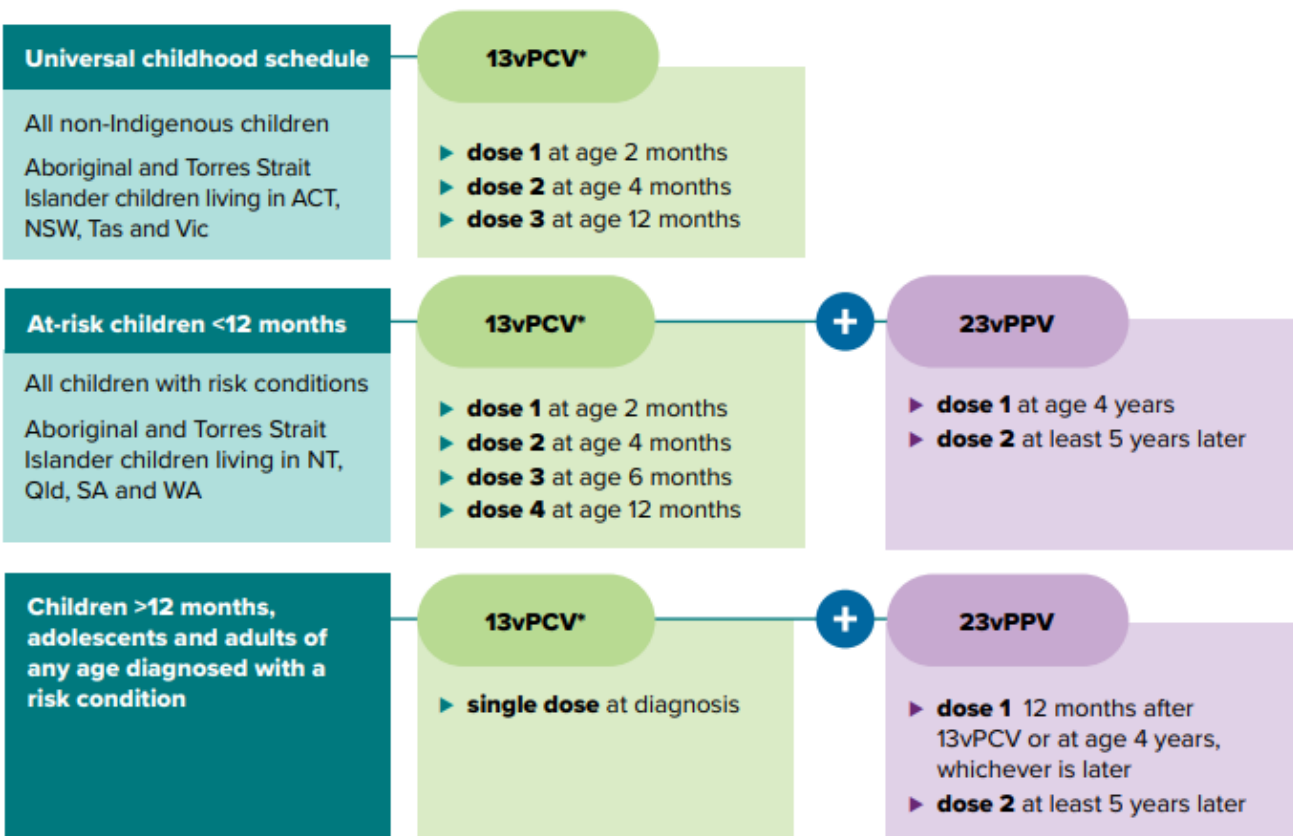
# Additional vaccines for MRC

- pneumococcal vaccine
- meningococcal vaccines
- hepatitis B
  - (preterm < 32 weeks, low birth weight)
- influenza
- nirsevimab (second year cohort)



# pneumococcal vaccination for MRC

People with certain conditions have an increased risk of pneumococcal disease. They need extra doses of vaccines to optimise protection.



Risk conditions for pneumococcal disease include:

- ▶ previous episode of invasive pneumococcal disease
- ▶ immunocompromising conditions, including asplenia
- ▶ CSF leak
- ▶ chronic respiratory disease
- ▶ chronic kidney disease
- ▶ chronic liver disease
- ▶ cardiac disease
- ▶ extremely premature birth
- ▶ trisomy 21
- ▶ diabetes
- ▶ smoking
- ▶ harmful use of alcohol

See the Australian Immunisation Handbook for the full list of risk conditions, including which conditions are funded under the National Immunisation Program.

# How to identify MRC in the community

- pre-vaccination check list including MRC
- Aboriginal or Torres Strait Islander background
- seek opportunistic encounters

\***nirsevimab** - greatest coverage in birth cohort immunised before discharge home, and those presenting for NIP vaccines



Child and Adolescent Health Service  
Perth Children's Hospital

PRE-VACCINATION CHECKLIST

Med Rec. No: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Forename: \_\_\_\_\_  
Gender: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parent / legal guardian please answer the following questions and sign. Return to the Immunisation Nurse once complete.

Patient Name (print): \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEDICARE NUMBER:

--	--	--	--	--	--	--	--	--	--

Does your child have any of the following?	YES	NO	N/A	DETAILS
A fever today (38.5 degrees or more)				
A medical condition or is on treatment which lowers immunity?				
A history of a severe reaction following any previous vaccine?				
Any severe allergies to anything?				
Any medical condition or chronic illness?				
A bleeding disorder?				
A history of Guillain-Barré syndrome?				
A history of intussusception (the bowel telescoping into itself) or other congenital bowel problems?				
Born at less than 32 weeks gestation OR with a birth weight of less than 2000 grams?				
If less than 12 months of age, was there any medication taken during pregnancy that lowered immunity?				
Received any blood products or immunoglobulin within the past year?				
Received the measles / mumps / rubella or varicella vaccine in the previous 4 weeks?				
If of reproductive age, is there a possibility of pregnancy?				
Does your child identify as Aboriginal or Torres Strait Islander?				
Is your child under guardianship of the Department of Child Protection? If so, have you evidence of consent?				
Has your child received Paracetamol today?				

Do you understand the information provided to you?  YES  NO

PARENT / LEGAL GUARDIAN

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

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PRE-VACCINATION CHECKLIST

MR303.00

# Risk conditions for which meningococcal, pneumococcal and Hib vaccines are recommended and funded

Condition	Recommended vaccine			Condition	Recommended vaccine		
	Pneumococcal vaccines – 13vPCV and 23vPPV	Meningococcal vaccines – MenB and Men ACWY	Hib vaccine		Pneumococcal vaccines – 13vPCV and 23vPPV	Meningococcal vaccines – MenB and Men ACWY	Hib vaccine
Previous episode of invasive pneumococcal disease	✓			<b>Chronic renal disease</b>			
<b>Functional or anatomical asplenia, including</b>				– relapsing or persistent nephrotic syndrome	✓		
– sickle cell disease or other haemoglobinopathies	✓	✓	✓§	– chronic renal impairment – eGFR <30 mL/min (stage 4 disease)	✓*		
– congenital or acquired asplenia (for example, splenectomy) or hyposplenia	✓	✓	✓§	<b>Cardiac disease, including†</b>			
<b>Immunocompromising conditions, including</b>				– congenital heart disease	✓†		
– congenital or acquired immune deficiency, including symptomatic IgG subclass or isolated IgA deficiency	✓			– coronary artery disease	✓†		
– haematological malignancies	✓			– heart failure	✓†		
– solid organ transplant	✓			Children born less than 28 weeks gestation	✓†		
– haematopoietic stem cell transplant	✓	✓	✓	Trisomy 21	✓†		
– HIV infection	✓	✓		<b>Chronic liver disease, including†</b>			
– immunosuppressive therapy, where sufficient immune reconstitution for vaccine response is expected; this includes those with underlying conditions requiring but not yet receiving immunosuppressive therapy	✓			– chronic hepatitis	✓		
– non-haematological malignancies receiving chemotherapy or radiotherapy (currently or anticipated)	✓			– cirrhosis	✓		
<b>Proven or presumptive cerebrospinal fluid (CSF) leak, including</b>				– biliary atresia	✓		
– cochlear implants	✓			Diabetes	✓		
– intracranial shunts	✓			Smoking (current or in the immediate past)	✓	✓¶	
<b>Chronic respiratory disease, including‡</b>				Harmful use of alcohol‡	✓		
– suppurative lung disease, bronchiectasis and cystic fibrosis	✓			Defects in, or deficiency of, complement components, including factor H, factor D or properdin deficiency		✓	
– chronic lung disease in preterm infants	✓			Current or future treatment with eculizumab (a monoclonal antibody directed against complement component C5)		✓	
– chronic obstructive pulmonary disease (COPD) and chronic emphysema	✓						
– severe asthma (defined as requiring frequent hospital visits or the use of multiple medications)	✓						
– interstitial and fibrotic lung disease	✓						

Note: ✓ Recommended; shaded boxes indicate eligibility for NIP funding.



\*MRC as listed in Aust. Immunisation Handbook.







Government of Western Australia  
Child and Adolescent Health Service

# Acknowledgements

Slide content:

Dr Catherine Jepp

Bridie Watson

Gillian Griffiths

Simone Young

Stan Perron Immunisation team:

Judy Matthew

Brydie Campbell

Maria Xavier

Anne Bourke

Anna Pham

Melissa Falzon

Naomi Henderson

Carla Drake Brockman

and the PCH Infectious Diseases team

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

