

# How to complete the Australian Childhood Immunisation Register Immunisation encounter form (2005)

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## Important information

- The Australian Childhood Immunisation Register (the ACIR) records details of vaccinations administered to children under seven years of age who live in Australia.
- The Immunisation encounter form (IMMU-2) is used to inform the ACIR about vaccinations you have given. Vaccinations given by another provider can be reported to the ACIR using the Immunisation history form (IMMU-13).
- The ACIR only records information for children who are under seven years of age.
- Please send your encounter forms to the ACIR on a weekly basis to ensure applicable Australian Government family assistance payments are not affected by late notification.

## Distribution

The Immunisation encounter form is produced in duplicate:

- Please send the **IMMUNISATION REGISTER COPY** to Medicare Australia, GPO Box M933, PERTH WA 6843.
- Retain the **PROVIDER COPY** for your own records.

## Replacement stationery

You can get additional copies of the Immunisation encounter form and Immunisation encounter header form by contacting the ACIR's stationery suppliers on 1800 067 307. Please quote form number IMMU-2 for the Immunisation encounter form, and IMMU-1 for the Immunisation encounter header form.

## Privacy note

The information provided by you on this form will be used to update the ACIR. The ACIR may disclose this information to the Commonwealth Services Delivery Agency (Centrelink), to a parent or guardian of the stated child, and to authorised immunisation providers and bodies as authorised by law.





## 5. Provider initials and immunisation service date

- Recording of provider initials is optional.
- It is important to include the date of service of the immunisation being reported in the **Immunisation service date** boxes.

## 6. Vaccines

- Vaccines listed on the Immunisation encounter form

Vaccine brand names	Diseases covered
Infanrix Hexa	Diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, Hib
Infanrix IPV, Quadracel	Diphtheria, tetanus, pertussis, poliomyelitis
Infanrix Penta	Diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B
Pediacel	Diphtheria, tetanus, pertussis, poliomyelitis, Hib
Prevenar	Pneumococcal
Comvax	Hib, hepatitis B
PedvaxHIB, Hiberix	Hib
Meningitec, NeisVac-C, Menjugate (conjugate vaccines)	Meningococcal C
Varilrix, Varivax	Varicella-zoster (chicken pox)

- Vaccines able to be recorded in the **Other vaccines** boxes

Vaccine brand names	Diseases covered
Infanrix HepB	Diphtheria, tetanus, pertussis, hepatitis B
Infanrix, Tripacel	Diphtheria, tetanus, pertussis
Poliacel	Diphtheria, tetanus, pertussis, poliomyelitis, Hib
Polio Sabin (Oral vaccine), IPOL (Inactivated vaccine)	Poliomyelitis
HibTITER, ActHIB, ProHIBit	Hib
Pneumovax23	Pneumococcal
Engerix-B, H-B-Vax II	Hepatitis B
Vaqta Paed Adol, Avaxim, Havrix Junior	Hepatitis A
Twinrix Junior	Hepatitis A and B
BCG	Tuberculosis
JE-VAX	Japanese Encephalitis
Menomune, Mencevax ACWY (polysaccharide vaccines)	Meningococcal
Fluvax, Vaxigrip, Fluarix, Fluvirin	Influenza

## 7. Vaccine dose

- Vaccine dose boxes are included against each vaccine brand name on the form and correspond to the age schedule recommended by the National Health and Medical Research Council (NHMRC). Write an **X** in the relevant box to indicate which dose of a vaccine the child has received.
- If a child is receiving a different vaccine brand to what they have previously received, write an X in the box relevant to the antigen dose given—for example, if a child has previously been administered with Tripacel and OPV dose 1,2,3 and then receives Infanrix-IPV, this should be recorded in the dose 4 box of Infanrix-IPV.
- If the child is following a catch-up schedule, write an **X** in the box relevant to the dose given rather than the child's age at vaccination—for example, if a child has been given their first dose of Prevenar at 6 months of age, this should be recorded in the dose 1 box.
- If the child has received a vaccine not listed by name on the form, write the vaccine name in the **Other vaccines** box and specify the dose number where indicated.

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## Immunisation encounter header form (IMMU-1)

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- The Immunisation encounter header form records the immunisation provider's details.
- Each set of Immunisation encounter forms (IMMU-2) must be batched under cover of an Immunisation encounter header form (IMMU-1).
- Up to 99 Immunisation encounter forms can be submitted under one Immunisation encounter header form.
- If all recorded episodes were administered on the same day you may choose to write the date of service on the Immunisation encounter header form only.
- If the recorded episodes were administered on different days you must write the date of service on each individual Immunisation encounter form.

**Return completed forms to:**

**Medicare Australia  
GPO box M933  
PERTH WA 6843**

For more information please call the ACIR enquiry line on 1800 653 809.