



## Appendix 9: Victorian Specialist Immunisation Services (VicSIS) Clinic Referral Form

**Please note: VicSIS clinics strictly do not accept any requests for the Pfizer vaccine.**

The key purpose of the Victorian Specialist Immunisation Services (VicSIS) is to oversee and provide comprehensive specialist review and advice for those identified as *at-risk* of adverse events following immunisation (AEFI)\* or those who experienced an AEFI following a COVID-19 vaccine.

All COVID-19 vaccines approved in Australia are safe and most people should be able to be vaccinated without needing a referral to a specialist immunisation service, regardless of underlying comorbidities and this should be discussed with their treating GP and subspecialist as required.

### Which patients are eligible for referral to a VicSIS clinic?

Patients who experience a significant AEFI following a dose of a COVID-19 vaccine should be referred to a VicSIS clinic for further assessment. A notification of this AEFI should also be made to [SAEFVIC](#).

Individuals with a history of any of the following should be referred to VicSIS as they may be at higher risk of an AEFI:

- Previous cerebral venous sinus thrombosis (CVST), heparin-induced thrombocytopenia (HIT), idiopathic splanchnic (mesenteric, portal and splenic) venous thrombosis, anti-phospholipid syndrome with thrombosis or thrombosis with thrombocytopenia syndrome (TTS).
- **Previous capillary leak syndrome**
- Immediate (within **4 hours**) and generalised symptoms of a possible allergic reaction (e.g. hives) to a previous dose of a COVID-19 vaccine
- Anaphylaxis or generalised allergic reaction (without anaphylaxis) to any component of the COVID-19 vaccine to be administered (e.g. PEG (e.g. Movicol) in the Pfizer/BioNTech vaccine).
- A history of PEG or polysorbate related reactions and/or a history of multiple allergic reactions to other medications containing PEG or polysorbate. (Please check the ingredients of the patient's current/previously tolerated medications as they may contain PEG/polysorbate).
- A systemic mast cell activation condition with a raised tryptase who have been unable to tolerate previous intramuscular injections due to recurrent anaphylaxis. People with a systemic mast cell activation condition, with a raised tryptase that have tolerated previous intramuscular injections (i.e. influenza vaccine) without any adverse reactions, do not require a VicSIS referral - vaccination can be administered safely at a routine vaccination centre with a 30 minute observation period.

**Patient with other types of allergy (i.e. food, latex or venom allergies) do not require a VicSIS referral - vaccination can be administered safely at a routine vaccination centre.** More information on allergy can be found at the Melbourne Vaccine Education Centre (MVEC) [COVID-19 vaccine FAQs](#).

Please refer to the 'Clinician referral guide to the Victorian Specialist Immunisation Services (VicSIS)' and 'COVID-19 vaccine brand guidance' which can be found at: <https://mvec.mcri.edu.au/references/the-vicsis-victorian-specialist-immunisation-services-network/>

### How to refer to a specialist immunisation service

- All referrals to VicSIS must be sent via email using the referral form attached with all fields completed.  
**All referrals must be made by a Medical Practitioner.**
- All referrals from regional Victoria should be sent to the regional VicSIS clinic in Geelong (Barwon Health), who will conduct telehealth appointments and refer on for in person appointments as required. Metropolitan Melbourne referrals should be made to the client's closest geographical location or VicSIS site where they receive their regular medical care.
- Referrals should be made to only one VicSIS site. Referrals without clear rationale for a VicSIS referral and/or insufficient background medical history will not be triaged until more information is provided.

\*An Adverse Event Following Immunisation (AEFI) is any untoward medical occurrence that occurs following administration of a vaccine. An AEFI can be coincidentally associated with the timing of immunisation without necessarily being caused by the vaccine or immunisation process.

# VicSIS Clinic Referral Form

Date of Referral: DD / MM / YYYY

<b>Patient Details</b>			
Name: _____		Date of Birth: DD / MM / YYYY	
Address: _____		Email: _____	
Medicare: _____ Ref: _____		Phone Number: _____	
<b>Referrer Details:</b> Referrals will only be accepted from medical practitioners and must be sent from a hospital or practice email address. Referrals from private or no-reply email addresses or with incomplete referrer details will not be accepted.			
Practitioner Name: _____		Phone: _____	
Practice Address: _____		Practice email: _____	
Practitioner signature: _____		Provider Number: _____	
<b>Reason for referral (please tick one):</b> Please refer to Clinician Referral Guide to VicSIS to ensure meets referral criteria			
<input type="checkbox"/> <b>Pre-vaccination:</b>			
<input type="checkbox"/> Previous HIT, CVST, idiopathic splanchnic venous thrombosis or anti-phospholipid syndrome with thrombosis, capillary leak syndrome		<input type="checkbox"/> Meeting allergy criteria listed on page 1 of this form (other types of allergy do not need a VicSIS referral)	
<input type="checkbox"/> Previous adverse event following immunisation (AEFI)		<input type="checkbox"/> Systemic mast cell disorder with raised tryptase and inability to tolerate IM injections	
<input type="checkbox"/> Other (please indicate): _____			
<input type="checkbox"/> <b>Post-vaccination:</b>		SAEFVIC report made? <input type="checkbox"/> No <input type="checkbox"/> Yes, ref. no _____	
<b>Dose 1</b>		<input type="checkbox"/> AstraZeneca <input type="checkbox"/> Pfizer	<b>Vaccination date:</b> DD / MM / YYYY
<b>Dose 2</b>		<input type="checkbox"/> AstraZeneca <input type="checkbox"/> Pfizer	<b>Vaccination date:</b> DD / MM / YYYY
<b>Please provide further details including medical history (mandatory) - attach medical summary/medications, relevant investigations, specialist correspondence:</b> Please note referrals with insufficient information will not be accepted.			
_____			
_____			
<b>Which VicSIS clinic is this referral for (please refer to ONE clinic only)</b>			
<input type="checkbox"/> Alfred Health	<input type="checkbox"/> Austin Health*	<input type="checkbox"/> Barwon Health	<input type="checkbox"/> Monash Health*
<input type="checkbox"/> Northern Health	<input type="checkbox"/> Peter MacCallum Cancer Centre	<input type="checkbox"/> Royal Melbourne Hospital	<input type="checkbox"/> Sunshine Hospital
<b>Is an interpreter required?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, language: _____		<b>Is patient aware of referral?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

\* Indicates clinic has specialist allergy services

## VicSIS Clinic Contact Details

- *VicSIS referrals should be made to the patient's closest geographical clinic unless they receive regular care at another VicSIS site or are being referred to a dedicated VicSIS allergy clinic\* because they meet the indications above.*
- *All referrals from regional Victoria should be sent to the regional VicSIS clinic located at Barwon Health.*

### **Alfred Health**

Email: [specialistimmunisationservice@alfred.org.au](mailto:specialistimmunisationservice@alfred.org.au)

### **Northern Health**

Email: [SpecialImmunisationService@nh.org.au](mailto:SpecialImmunisationService@nh.org.au)

### **Austin Health\***

Email: [COVIDvaccineallergy@austin.org.au](mailto:COVIDvaccineallergy@austin.org.au)

### **Sunshine Hospital**

Email: [COVIDvaccinationSIS@wh.org.au](mailto:COVIDvaccinationSIS@wh.org.au)

### **Barwon Health (Regional Service)**

Email: [VicSIS@barwonhealth.org.au](mailto:VicSIS@barwonhealth.org.au)

### **Royal Melbourne Hospital**

Email: [SpecialistImmunisationService@mh.org.au](mailto:SpecialistImmunisationService@mh.org.au)

### **Monash Health\***

Email: [Vicsis@monashhealth.org](mailto:Vicsis@monashhealth.org)

### **Peter MacCallum Cancer Centre**

Email: [SpecialistImmunisationService@petermac.org](mailto:SpecialistImmunisationService@petermac.org)