

WINTER PREPAREDNESS IN RESIDENTIAL AGED CARE

Dear Chair,

Thank you for yours, your Board's and your organisation's efforts to ensure the safety and wellbeing of older people in Australia.

As winter approaches, it is crucial for us to increase vaccination rates in residential aged care homes for COVID-19 and influenza to the highest level possible.

Older age is one of the biggest risk factors for serious illness from COVID-19 or influenza. Regular vaccination is the best way to reduce the risk of getting seriously ill, needing hospital care or even dying from these diseases.

With winter approaching, we are writing to you as the Chairperson of the Board seeking yours and the Board's support in undertaking its responsibilities of:

- ensuring residents have access to recommended vaccine doses when they are eligible, and
- maintaining up-to-date records of vaccination activities.

Aged care vaccination rates

COVID-19 vaccination rates in residential aged care are relatively low, with 45.8% of aged care residents over 75 years of age having received a COVID-19 vaccination in the past 6 months. The Australian Technical Advisory Group on Immunisation (ATAGI) recommends people over the age of 75 receive a COVID-19 vaccination every 6 months.

There are currently 1,380 aged care homes with less than 50% of their residents fully vaccinated for COVID-19. This compares to 75% of aged care residents being vaccinated for influenza last year, highlighting the disparity with COVID-19 vaccine uptake. The Department of Health and Aged Care collects data on vaccination rates for aged care homes, and this information is available on the [Department's website](#).

Since the protection offered by COVID-19 and influenza vaccinations wanes over time, it's important for aged care residents to keep up to date with vaccinations throughout the year through proactive planning. Residents who are eligible but not yet vaccinated should receive a COVID-19 and influenza vaccination as soon as possible. Ideally, vaccination would occur from mid-April, before the peak of respiratory illness in winter. Aged care providers are strongly encouraged to organise co-administration of COVID-19 and influenza vaccines as these can be administered at the same time.

Arrange a vaccination clinic

Now is the ideal time for you to organise a vaccination clinic. Providers can contact their usual vaccination provider or explore other options including through:

- contacting the local [Primary Health Network](#) (PHN) which can help in arranging a GP, pharmacist or primary care provider to deliver vaccinations, or
- considering using the [Vaccine Administration Partners Program](#), which can assist with COVID-19 vaccinations where primary care providers are unavailable.

To encourage vaccination uptake, aged care providers are encouraged to:

- promote the benefits of vaccinations to residents and staff, advising that both COVID-19 and influenza vaccinations can be given at the same time
- provide regular access to vaccinations for staff and residents
- keep records of resident and staff vaccinations, and
- follow the correct process to proactively discuss, obtain and record [consent](#) from residents for vaccinations.

Keep up to date on vaccination information

Aged care providers can keep up to date with the guidelines for COVID-19 and influenza vaccines on the [department's website](#). Given the protection benefits of vaccination, people aged 75 and over are eligible to receive influenza vaccine each year through the [National Immunisation Program](#) (NIP).

ATAGI has recently updated its COVID-19 vaccination guidelines, which is available at: [ATAGI statement on the administration of COVID-19 vaccines in 2025 | Australian Government Department of Health and Aged Care](#).

Plan ahead for oral antiviral treatments

COVID-19 [oral antiviral treatments](#) save lives. They are safe, effective and available to all people aged 70 and over and those in high-risk groups. Aged care residents should be assessed for oral antiviral treatments before testing positive for COVID-19, and treatment should begin within 5 days of symptoms starting or testing positive for COVID-19. The earlier an oral antiviral treatment is given, the more effective it will be.

Obligations under the Aged Care Quality Standards

Governing bodies and executive leaders are required to exercise appropriate oversight of how their residential aged care providers are managing Infection Prevention Control. This includes managing COVID-19 related risks, consistent with the Aged Care Quality Standards. Thank you for your work to date in supporting this oversight.

Your Board is accountable for ensuring systems are in place in all your residential aged care homes, including oversight of:

- infection prevention and control (IPC) processes, including audit and monitoring
- disease outbreak prevention, detection and management
- access to vaccines, immunisation recordings, antiviral therapy access and timely access to medical services
- monitoring and facilitation of staff education and competency training
- systems and processes that track and record vaccinations, and
- workforce planning and management strategies so that sufficient numbers of staff work at the service and are supported with ongoing and up to date IPC training and practices.

The Aged Care Quality and Safety Commission looks for evidence that providers have good infection prevention control practices that support the prevention and management of COVID-19, influenza and other infectious diseases. The [IPC governance self-assessment checklists](#) can help governing bodies ask critical questions of the approved provider's key personnel. Additional [IPC resources](#) are available on the Commission's website.

Under *Aged Care Quality Standard 3: Personal care and clinical care*, aged care providers should offer staff influenza vaccinations and keep records of these vaccinations. We acknowledge the partnership between your Board and your executive leadership team, who should continue working together to ensure across your residential aged care homes:

- an outbreak management plan is in place, to help prepare for and respond to outbreaks
- risk assessments are conducted to support the safety and wellbeing of your residents and staff

- an [effective IPC program](#) is in place including relevant staff training, promoting good hand hygiene practices and appropriate use of personal protective equipment, and
- an IPC Lead advises on and oversees the IPC measures in place to prevent and respond to [infectious diseases](#).

Support access to visitors

We understand enabling visitors to attend aged care homes is vital for the wellbeing of residents. Social interactions and maintaining connections with family and friends is important and plays a significant part in the mental and emotional health of residents. It is important to balance these benefits with the need to protect residents from infectious diseases. One way to do this is to ensure appropriate protocols are in place to allow visitors to visit their loved ones safely. These protocols should align with the [Industry Code for Visiting in Aged Care Homes](#).

We thank you for your preparation and vigilance to minimise risks from COVID-19 and influenza in your aged care home.

Yours sincerely



Professor Anthony Lawler
Chief Medical Officer
11 April 2025



Liz Hefren-Webb
Aged Care Quality and Safety Commissioner
11 April 2025