

1 March AIR requirements

Last Modified on 28/01/2025 11:57 am AEDT

On 1 March, AIR Transmissions will need to include Vaccine Type to be accepted by the Australia Immunisation Register. Zedmed v36.5 and later supported this requirement.

What do I need to do?

Upgrade to Zedmed v36.5 or later, which will include a mandatory Vaccine Type field in the Immunisation module. There is no change to the transmit to AIR process.

Doctor								
Branch:	Albany Road Cl	inic			~	C	Not Give	en Here
Name:	Phillip Davis			~	1	Adminis	tered Oversea	
Immunisation D	etails							
Brand/Vaccine:							-	Manual
[Include non-A	IR vacci	inations					
Date Given:	10/01/2024	-						
Dose:			School ID:				red only if istered at	immunisation
Batch Number:		~	Store	Batch No.		(availa		he <u>ACARA</u>
Site:		~				Austra	man serio	
Route: [Intramuscular	Sub	ocutaneous	Oral	🗌 Intra	dermal		
Vaccine Type: [Antenatal		or Commo	nwealth	Priva	te 🗌	State Pro	gram
Comment:								

What if I have not upgraded?

If you are not using Zedmed v36.5 or later by 1 March, there are 2 options available in HPOS.

Option 1- Submit using a form upload

Submit an immunisation encounter using the form upload function in HPOS Messages. The form must be lodged using the HPOS account of the health professional completing the form, or their nominated HPOS delegate, and it can take up to 14 days to update an individual's AIR record.

Download and complete the Australian Immunisation Register (AIR) - immunisation encounter form.

Return the completed form online using your PRODA account and the Form upload function in Health Professional Online Services (HPO). This form has been updated with the new Vaccine Type requirement. If you require help

with the form, please contact Servies Australia.

Option 2 - Submit using PRODA

Submit an immunisation encounter using HPOS (you'll need an individual PRODA account). If you need help linking your HPOS account to the AIR, call the AIR Internet helpdesk. For help with PRODA, call the PRODA helpdesk.

The New Encounter section includes the new V	Vaccine 7	Type requiremen ⁻	t.
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Individual Details	Record Encounter
Record Encounter	
Update Encounter	New Encounter
Payment Statements	Who performed v this Immunisation Encounter: *
Provider Menu	Country of immunisation: *
Reports	Date of Service: * dd/mm/yyyy Required
	This date of service applies for all episodes:
	Vaccine/Brand: * Batch Number: Type vaccine or antigen Please enter
	Vaccine Type: Please Select Please Select Please Select
	ADD CANCEL