



message stick

National Indigenous Immunisation message stick (NIIMS) August 2016

A vaccine preventable diseases newsletter for health
services



Protect Indigenous kids from serious disease by getting their vaccinations on time



Why is immunisation important

Immunisation is highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. Childhood vaccination for diphtheria was introduced in Australia in 1932 and use of vaccines to prevent tetanus, pertussis (whooping cough) and poliomyelitis became widespread in the 1950s, followed by vaccines for measles, mumps and rubella in the 1960s. In more recent years, vaccines have been included for hepatitis B, Haemophilus influenzae type b (Hib), pneumococcal disease, meningococcal C, varicella (chicken pox), rotavirus, human papillomavirus (HPV) and influenza. Vaccines have been effective in reducing the disease disparities between Indigenous and non-Indigenous populations, despite differences in the socio-economic circumstances of these populations.

Coverage and timeliness

Achieving good immunisation coverage reflects the strength and effectiveness of primary health care. Immunisation coverage for Aboriginal and Torres Strait Islander children is high. There are still gaps in coverage at 1 year of age; however, Indigenous and non-Indigenous children have similar coverage at ages 2 and 5 years. Disparities in the timeliness of vaccinations between Indigenous and non-Indigenous children are obvious. There remains a lot to do regarding the timeliness of immunisations for Indigenous kids.





Process evaluation of the Hepatitis A vaccination program

Hepatitis A vaccination has been provided to Aboriginal and Torres Strait Islander children in the Northern Territory, Queensland, South Australia and Western Australia since 2005. In 2014, The National Centre for Immunisation Research and Surveillance undertook an evaluation of the program.

Process

Between February and December 2014, 19 key stakeholders undertook an in-depth telephone interview on the implementation of the hepatitis A immunisation program. Stakeholders included jurisdictional immunisation program managers, public health physicians, Aboriginal Health Workers, Medicare Local immunisation coordinators, immunisation nurses and representatives from the Aboriginal Community Controlled Health Service sector.

Analysis

Interview responses were analysed to identify the major themes and issues that stakeholders raised

Outcomes

The hepatitis A immunisation program for Aboriginal and Torres Strait Islander children has now been well incorporated as a successful targeted approach included in the National Immunisation Program (NIP). Stakeholders perceived



that the program as low profile and promotion is mainly by personal communication with parents of eligible children. Stakeholders supported the targeted program as it was reaching those most at risk. The targeted program was however seen as less successful in urban locations, where eligible children may be more difficult to identify and reach. Stakeholders felt that it was important to keep promoting the hepatitis A immunisation program to Aboriginal and Torres Strait Islander communities in a culturally safe way. It is necessary to maintain control of hepatitis A in remote communities, and to encourage uptake of the vaccination in urban settings. Read the full report at:

<http://www.ncirs.edu.au/assets/Uploads/Hepatitis-A-report-to-DoH-30-November-2015.pdf>

Increased access to Australian Indigenous health literature

The Australian Indigenous Health *Bibliography*, produced by Health *InfoNet*, is the most comprehensive, up-to-date reference library on Australian Indigenous health and is now also one of the largest.

Rapid improvement in the collection of bibliographic information from internet sources has enabled the collection of a greater number of publications than was previously available. The online search facility of the Australian Indigenous Health *Bibliography* gives users instant access to over 25,000 publications in the bibliography database.

Publications include journal articles, reports, theses and „grey“ literature to assist users in work or study. Grey literature includes reports, conference papers and PhD theses which can also add an accurate perspective and data to the knowledge base on Australian Indigenous health.

The Australian Indigenous Health *Bibliography* is free to access at <http://www.healthinfonet.ecu.edu.au/key-resources/bibliography>





Receive regular updates to a free HealthInfoNet peer review online journal

HealthInfoNet's online journal the *HealthBulletin* brings together relevant news and information about Indigenous health. Keep up to date about what's new at <http://www.healthbulletin.org.au/just-in>. For weekly notifications of the latest news, articles and reports about Australian Indigenous health sign up in the subscribe section on the bottom right hand side of any page and choose to receive updates by email, RSS feed or Twitter. <http://healthbulletin.org.au/just-in/> The *HealthBibliography* and *HealthBulletin* provide access to up-to-date, relevant, high quality information about Australian Indigenous health. All are encouraged to share these comprehensive free resources with colleges and students to assist them in their work and studies.

Influenza vaccination program for young children at Wadeye

The 2016 National Indigenous Influenza Vaccine Program was rolled out with great success in the remote community of Wadeye in the Northern Territory. Run by Top End Health Service health staff from the Wadeye Primary Health Care (PHC) centre, the program prioritised Aboriginal and Torres Strait Islander children aged 6 months to 5 years of age and any child with a medical condition that increased their susceptibility to Influenza infection.

For a second consecutive year, three Aboriginal staff from the PHC centre have facilitated community and home visits with cultural connection and sensitivity. As representatives of their community at the health centre, they were very proud of the outcome which achieved 75% vaccination coverage of the relevant population. Their collaboration with the Child Health Nurses was invaluable to the successful and ongoing delivery of the program. This is a successful example of a primary health care program which promotes local ownership and leadership and Aboriginal cultural safety.





Aboriginal Immunisers in Western Australia

In Western Australia (WA) 22 Aboriginal Health Workers (AHWs) have graduated a program that teaches them how to administer immunisations. The Aboriginal Health Council of Western Australia (AHCWA) has been providing the program in Partnership with the Communicable Diseases Control Directorate (CDCD) at the Department of Health WA since March 2015. To date the program has been operating at various sites including Perth, Port Headland, Roebourne and Broom.

This training has ensured Cultural Safety to Aboriginal children and parents by gaining the trust of the Aboriginal community while administering immunisations and providing much needed education about the importance of vaccinations including discussion about good herd immunity. Figures have been released by the state government indicating that the program is increasing vaccinations among Aboriginal people in WA. The data show Aboriginal immunisations rates in 5 year olds has climbed to 94.3% of Aboriginal kid's now immunised and exceeds that of the non-Aboriginal children in WA.

The success of the program has led to plans to provide the program in several remote locations in WA later in 2016. Aboriginal Medical Service's have provided an overwhelming response to the program, they see the value of having AHWs trained to administer vaccinations that will further assist in closing the Gap.



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