



Welcome to the National Indigenous Immunisation message stick (NIIMS)

January 2014

A vaccine preventable diseases newsletter for health
services

Wishing you all a wonderful New Year



What's new in Indigenous Immunisation?

National Aboriginal and Torres Strait Islander Immunisation Network update

The role of the National Aboriginal and Torres Strait Islander Immunisation Network (NATSIIN) is to provide policy and program advice to the National Immunisation Committee (NIC) on matters related to the immunisation of Indigenous people, and to communicate with the Indigenous immunisation workforce about policy and evidence.

The NATSIIN includes members from Indigenous Doctors, Indigenous Nurses, GP networks, Public Health Units and Medicare Locals.

Over the past 12 months the NATSIIN has provided advice on various Indigenous specific immunisation issues to the NIC. These include barriers to the



implementation of an influenza vaccination program for all Indigenous people, and a discussion paper on the benefits of the second dose of seasonal influenza and hepatitis A vaccines in children. The discussion paper examined the evidence for the importance of the second doses of these vaccines to assist in maximising protection for Indigenous children. In addition, advice to NIC on implementation issues regarding human papillomavirus (HPV) vaccination for Indigenous girls and boys was prepared including comments on Indigenous HPV communication and promotional materials (posters, brochures and comic books).

If you have an issue that you would like to raise about immunisation and Indigenous people, email Brendon Kelaher at Brendon.kelaher@health.nsw.gov.au



Brendon Kelaher

Definition of 'Fully Immunised' and Family Tax Benefit Part A Supplement payments

The following is an important message for Indigenous families and immunisation providers. From 1 July 2013, the definition of 'fully immunised' was expanded to include the meningococcal C, pneumococcal conjugate and varicella vaccines, which are currently listed on the National Immunisation Program Schedule but have not previously been an eligibility requirement for Family Tax Benefit Part A Supplement payments. Data on the Australian Childhood Immunisation Register (ACIR) will be used to assess children's immunisation status, so it is important that immunisation providers ensure the child's ACIR record is up to date to facilitate payment for families. All those working in Immunisation in Australia need to communicate the above to Aboriginal families at every point of contact.

For further information please visit the Immunise Australia website www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/faq-related-payments or phone 1800 671 811.



Increased access to Australian Indigenous health literature

The Australian Indigenous Health *Bibliography*, produced by HealthInfoNet, 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 www.healthinonet.ecu.edu.au/key-resources/bibliography



Receive regular updates to a free HealthInfoNet peer review online journal

HealthInfoNet's online journal the Health*Bulletin* is now in its 31st year and brings together relevant news and information about Indigenous health.

Keep up to date about what's new at 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.



The Health*Bibliography* and Health*Bulletin* 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.

A long-awaited name change

The Australian Vaccination Network (AVN) will be forced to change its name after the Administrative Decisions Tribunal decided that its name is misleading.

There have been a series of legal battles between the AVN and various arms of the NSW government as they sought to prevent the AVN from spreading misinformation about vaccines. The controversial group claims that vaccines cause autism and cancer.

The Tribunal ruled that the name 'Australian Vaccination Network' was likely to mislead parents into thinking it provides fair and balanced information about vaccination.

The NSW Fair Trading Minister and representatives of the group Stop the Australian Vaccination Network and the Australian Medical Association NSW have welcomed the decision.

Read more at www.smh.com.au/national/health/antivaccination-group-forced-to-change-name-20131125-2y5bx.html#ixzz2mSssNzC2



Updated NCIRS fact sheets

The National Centre for Immunisation Research and Surveillance (NCIRS) have recently updated two fact sheets:

Pertussis vaccines for Australians – www.ncirs.edu.au/immunisation/fact-sheets/pertussis-fact-sheet-November-2013.pdf

Rotavirus vaccines for Australian children – www.ncirs.edu.au/immunisation/fact-sheets/rotavirus-fact-sheet-November-2013.pdf



National Indigenous Immunisation Workshop 2013

Lessons learnt and future directions, 7th & 8th November, Perth

The Telethon Institute for Child Health Research hosted this very successful national workshop in November at the Esplanade Hotel in Fremantle, in conjunction with the NHMRC CRE in Immunisation in Under Studied and Special Risk Populations and the National Centre for Immunisation Research and Surveillance.

The workshop brought together vaccine researchers with policymakers, service providers and interested stakeholders to present recent and current work in this



field, to discuss research priorities, and to foster collaboration and research translation.

A very big thank you to Dr Tom Snelling and his team for putting together a very productive 2-day workshop.

Tom Snelling can be contacted for enquiries via NIIRW2013@ichr.uwa.edu.au.

See this storify which includes all tweets from the workshop:

www.storify.com/JulieLeask/national-indigenous-immunisation-research-workshop-1?utm_medium=sfy.co-twitter&utm_campaign=&utm_source=t.co&awesm=sfy.co_tIZU&utm_content=storify-pingback

Highlights from the workshop

Immunisation training for Aboriginal Health Workers in Western Australia

Congratulations to Lorraine Hansen, Roslyn Yarran, Joanna Clinch, Wendy Skellern and Gail Yarran who are now certified immunisation providers after completing a pilot Aboriginal Health Worker (AHW) immunisation course conducted by WA Health's Communicable Disease Control Directorate.

AHW immunisation training has been conducted in regional WA, namely in the Wheatbelt and Goldfields regions. The Regional Immunisation Coordinators in these areas are committed to improving vaccination rates among the local Aboriginal community and offer tremendous support to the AHW in their regions.

Aboriginal communities report significantly higher rates of vaccine-preventable disease than non-Aboriginal communities in Western Australia, and a lower 83.1% child immunisation rate compared to the state rate of 91.2%. The Communicable Disease Control Directorate, with support from the Aboriginal Health Council of Western Australia, designed and implemented the course to encourage more Aboriginal Health Workers to be trained to administer immunisations.

WA Health's Public Health Physician, Paul Effler explained, "This approach is part of our focus on 'closing the gap' in immunisation rates between Aboriginal communities and the general population. Our goal is to raise Aboriginal immunisation rates and contribute to the health and wellbeing of Aboriginal communities across the state."

The five successful Aboriginal Health Workers were awarded their certificates for successful completion of the course in October 2013.

Hunter New England Local Health District Aboriginal Immunisation Program



In 2010, the Hunter New England Local Health District (HNELHD) in NSW had a 7% gap between Indigenous and non-Indigenous immunisation rates for children at 12 months of age. The HNE Aboriginal Health Partnership requested and sanctioned action to close this gap. A part-time Aboriginal Immunisation Officer was employed and a new strategy was developed.

The HNE Population Health (HNEPH) program began a pre-call system of contacting families of children due for immunisation using a purpose-built database.

The Aboriginal Immunisation Officer noticed that often Indigenous identification was not reflective of the community. The LHD implemented a whole-of-health solution to improve identification whereby new mothers are asked whether the newborn would be identifying as Aboriginal and/or Torres Strait Islander. This data is separately entered into the infant's file rather than the previous system of defaulting to the mother's identification.

With advocacy the employment of Aboriginal Immunisation Officers has now become a NSW state-wide project with 16 Aboriginal Immunisation Officers cross NSW. HNELHD now has 2.6 FTE Aboriginal Immunisation Officers and is continuing the pre-call strategy supported by text messaging reminders. It is also facilitating links with local Aboriginal Medical Services and other immunisation providers.

Through this initiative HNEPH has reduced the gap of immunisation coverage between Indigenous and non-Indigenous children by over 2% in a 12-month period.

Employing Aboriginal staff familiar with their communities has facilitated improvements in timely immunisation and identification systems.

Research activity

NHMRC Centre for Research Excellence in Immunisation in Under Studied and Special Risk Populations

A collaboration between UNSW, NCIRS and the Kirby Institute was awarded an NHMRC grant in 2012, and one of their particular focuses is immunisation of Indigenous people.

Vaccine programs have been successful in reducing disparities between Indigenous and non-Indigenous people for specific vaccine preventable diseases (VPDs), despite persistent adverse social and environmental conditions. For vaccines included in the National Immunisation Program (NIP), coverage is comparable in Indigenous and non-Indigenous populations. While significant reductions in VPD burden have been seen in both, persistent delays in vaccination among Aboriginal and Torres Strait Islander children continue to



place them at increased risk of disease in early life. Australia has had a number of vaccine programs included on the NIP only for Indigenous people, and coverage for these programs is substantially lower than for universal NIP vaccines, largely related to poor identification of Indigenous status by health service providers and cultural and practical barriers to health service access. Poor quality data on disease and health service delivery has limited the ability to monitor program effectiveness among Aboriginal and Torres Strait Islander people. The CRE team has extensive experience in Indigenous vaccinology research and is developing methods to extend the use of administrative datasets. Research is focusing on methods to improve Indigenous identifiers, means to monitor program effectiveness, methods to better target vaccination programs, models of delivering immunisation programs to Aboriginal and Torres Strait Islander people, and improving vaccine delivery, coverage and timeliness.

Current projects related to Indigenous immunisation

- Impact of newborn hepatitis B vaccination two decades on
- Incidence of *Haemophilus influenzae* type a (Hia) disease in Indigenous Australians in the pre- and post-immunisation eras
- Linkage of the Australian Childhood Immunisation Register (ACIR) and state-based registers to evaluate and inform Australia's immunisation program
- Identification of culturally sensitive approaches to improve immunisation coverage and timeliness for Aboriginal and Torres Strait Islander children and their families.

Read more on the following link www.creimmunisation.com.au





Publications of interest

Diverging trends in gastroenteritis hospitalizations during 2 decades in western Australian Aboriginal and non-Aboriginal children

Moore HC, Manoharan KR, Lim FJ, Shellam G, Lehmann D

(From the Telethon Institute for Child Health Research, Centre for Child Health Research; and School of Pathology and Laboratory Medicine, University of Western Australia).

Pediatric Infectious Disease Journal 2013;32(11):1169-74

doi: 10.1097/INF.0b013e31829dd34e.

Summary

This paper describes trends in gastroenteritis hospitalisations among Aboriginal and non-Aboriginal children in the two decades prior to introduction of rotavirus vaccination in Australia. This will provide baseline data against which to evaluate the impact of the vaccination program that began in 2007.

This was a population-based, data linkage study of Aboriginal and non-Aboriginal births in Western Australia from 1983 to 2006, analysing gastroenteritis-coded hospitalisations before age 15 years. Hospitalisation rates in Aboriginal and non-Aboriginal children and between geographical regions were compared for the two decades 1983–1994 and 1995–2006.

Gastroenteritis rates were highest in children 6–11 months of age with rates in Aboriginal children over 10 times the rates in non-Aboriginal children. Rates were lower in Aboriginal children in the decade 1995–2006 than they were in 1983–1994, particularly in those 12–17 months of age. Rates in non-Aboriginal children under 5 years of age increased 10–40%. The disparity in gastroenteritis rates between Aboriginal and non-Aboriginal children under 5 years of age declined by about half in those aged 12–17 months and those aged 2–4 years. Rates were highest in rural and remote regions, and diverging temporal trends were seen in different geographical regions. Seasonality varied between Aboriginal and non-Aboriginal children and climatic zones.

Although gastroenteritis rates have declined in Aboriginal children, the disparity between Aboriginal and non-Aboriginal children continues. This study demonstrates the importance of considering age, ethnicity, seasonality and climate when evaluating rotavirus vaccine programs.

The abstract for this publication is available at www.ncbi.nlm.nih.gov/pubmed/23958809



Events of interest

Stakeholder forums on registration for Aboriginal and Torres Strait Islander Health Practitioners

The Australian Health Practitioners Registration Authority (AHPRA) is holding stakeholder forums around Australia over the coming months. Aboriginal and Torres Strait Islander Health Practice Board members, partner organisations and AHPRA staff will be available to answer questions on registration and accreditation.

Forums were held in Adelaide and Sydney in 2013. Forums in 2014 will be held in:

Brisbane	26 February 2014
Perth	30 April 2014
Melbourne	25 June 2014

For more information or if you would like to be on the mailing list to receive a formal invitation to the stakeholder forum closest to you, please contact Katrina Xanthos at ATSIHPBA-calendar@ahpra.gov.au

Contact us:

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