Immunisation issues – ACCHS perspectives

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Acknowledgements
Immunisation

- Core business for ACCHSs - part of primary health care approach
- Key activity for program areas:
  - Child health
  - Chronic disease prevention and management
  - Women’s health
  - Sexual health
  - Drug & alcohol
  - And others...
1. Resources

- Always an issue
- Additional demand for ACCHS immunisation services occurs in a resource poor environment
- More resources for ACCHSs (funding/technical/workforce/training/capacity building) are a key strategy to improve Aboriginal health outcomes
2. Data

- ACIR
- What are ACCHS needs for data?
- Developing ACCHS capacity for estimating local coverage for:
  - Flu
  - Pneumovax
  - HPV
  - Hep A & B for people with chronic liver disease including from hep C
- And responding to the results!
3. Timeliness

- An ongoing issue
- Usage of primary care services for Aboriginal children 0–14 yrs more than 20% less than for other Australian children

Deeble, NHHRC submission, 2009
4. Workforce

- Aboriginal Health Workers
  Can give vaccinations in South Australia as a ‘delegated practice’
  “Aboriginal Health Workers can immunise under the direct supervision of a medical practitioner or registered nurse”
  (Controlled Substance Act, 1984, legal roles and responsibilities, as described in SA Immunisation Coordination Unit guidelines)

- Why not in all other states and territories?
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