New Year brings new website & logo

The National Centre for Immunisation Research and Surveillance has just launched its brand new logo and is a few weeks away from launching a new website, due to go live in the New Year.

The construction of the new website has been undertaken with the help of the University of Sydney. Advertising agency, Active Voice, took the Centre on a communication and branding journey throughout 2009.

Active Voice identified key values (expertise, integrity, respect, support, effective communication, collaboration and innovation) as representing the culture and the spirit the Centre aspires to in all it does.

The website and logo were developed to better guide the way NCIRS presents itself internally (staff) and externally (to stakeholders, GPs, immunisation providers and the public).

“We needed to better represent activities and values like expertise, integrity and effective communication to all our stakeholders.”
- Professor Peter McIntyre, Director, NCIRS

New website and address

The NCIRS website address will be simplified to www.ncirs.edu.au when it launches sometime in January.

Features

A lot of time has been spent researching and ensuring the website will be simple and user-friendly to a wide range of stakeholders, such as immunisation providers, GPs, researchers and the general public.

The website will be maintained regularly, to ensure it is up-to-date, with easy-to-use navigations.

Some of the new features will include immunisation resources and tools, current research activities, news and events and most recent publications, with multiple links to other relevant sites.
In the December 2008 issue, Julie Leask, Senior Research Fellow at NCIRS, told us about a three city study of the difficulties that disadvantaged families face in getting their children immunised. The study began with a small grant from the University of Sydney International Program Development Fund, in collaboration with the University of Leeds and University of Auckland and South Eastern Sydney Illawarra Public Health Unit.

In each city, Julie and her collaborators are interviewing parents or caregivers of children who are late or completely unimmunised for reasons of social or economic hardship. In October, Julie visited Auckland to help set up the study there. She worked alongside Dr Nikki Turner, Ms Helen Petoussis-Harris and Ms Terri Cassidy at the Immunisation Advisory Centre.

“The stats tell us that of this group, poor families, single parent and larger families are more likely to not have their children up to date. We are finding out why. One family I interviewed had four children with one needing frequent medical care. With no car, they faced a one hour trip to hospital four times a month. Mum suggested having an immunisation service at the hospital and if there was one, making it more prominent,” said Julie.

The research is helping to map out the wide ranging and complex interactions of factors that lead to under-immunisation in this population (poverty, transport, sole parenthood, mental illness, transience etc). It’s also showing that it’s as much about the health services as it is about the individuals themselves. Participants are providing many useful suggestions for what would make timely immunisation easier for them.

The study will conclude next year with the continuation of the Sydney interviews, the analysis and write-up. The other collaborators include Dr Cath Jackson in Leeds and Professor Mark Ferson and Ms Meredith Nirui in Sydney.

“The beauty of these interviews is being able to hear the stories behind the statistics.”

The delegates also presented information on immunisation in Taiwan which has several interesting aspects including a long-standing childhood varicella program and the recent introduction of universal childhood immunisation against influenza.

Under-vaccination among disadvantaged population groups study continues

NCIRS hosts delegates from Taiwan

Senior staff from the Centre for Disease Control in Taiwan recently visited NCIRS. Director of the Division of Acute Infectious Diseases and Immunisation, Christine Ding-Ping Liu, and Medical Officer, Wei-Ju Su, were visiting Australia as observers at the October 2009 ATAGI meeting. During their visit to NCIRS, topics discussed included:

- the role of NCIRS in supporting national vaccine preventable disease policy and surveillance
- NCIRS’ role in research using the Australian Childhood Immunisation Register
- how NCIRS interacts and collaborates with various

“The stats tell us that of this group, poor families, single parent and larger families are more likely to not have their children up to date. We are finding out why. One family I interviewed had four children with one needing frequent medical care. With no car, they faced a one hour trip to hospital four times a month. Mum suggested having an immunisation service at the hospital and if there was one, making it more prominent,” said Julie.

The research is helping to map out the wide ranging and complex interactions of factors that lead to under-immunisation in this population (poverty, transport, sole parenthood, mental illness, transience etc). It’s also showing that it’s as much about the health services as it is about the individuals themselves. Participants are providing many useful suggestions for what would make timely immunisation easier for them.

“The beauty of these interviews is being able to hear the stories behind the statistics.”

The delegates also presented information on immunisation in Taiwan which has several interesting aspects including a long-standing childhood varicella program and the recent introduction of universal childhood immunisation against influenza.

In the December 2008 issue, Julie Leask, Senior Research Fellow at NCIRS, told us about a three city study of the difficulties that disadvantaged families face in getting their children immunised. The study began with a small grant from the University of Sydney International Program Development Fund, in collaboration with the University of Leeds and University of Auckland and South Eastern Sydney Illawarra Public Health Unit.

In each city, Julie and her collaborators are interviewing parents or caregivers of children who are late or completely unimmunised for reasons of social or economic hardship. In October, Julie visited Auckland to help set up the study there. She worked alongside Dr Nikki Turner, Ms Helen Petoussis-Harris and Ms Terri Cassidy at the Immunisation Advisory Centre.

“The stats tell us that of this group, poor families, single parent and larger families are more likely to not have their children up to date. We are finding out why. One family I interviewed had four children with one needing frequent medical care. With no car, they faced a one hour trip to hospital four times a month. Mum suggested having an immunisation service at the hospital and if there was one, making it more prominent,” said Julie.

The research is helping to map out the wide ranging and complex interactions of factors that lead to under-immunisation in this population (poverty, transport, sole parenthood, mental illness, transience etc). It’s also showing that it’s as much about the health services as it is about the individuals themselves. Participants are providing many useful suggestions for what would make timely immunisation easier for them.

“It can revolve around the services, better information. For many of these mums, a mobile phone is a central aspect of their social and family networking. So SMS reminders would suit them much more than written ones.”

The study will conclude next year with the continuation of the Sydney interviews, the analysis and write-up. The other collaborators include Dr Cath Jackson in Leeds and Professor Mark Ferson and Ms Meredith Nirui in Sydney.

“Dr Julie Leask
Senior Research Fellow at
NCIRS working in Auckland,
New Zealand; recently

NCIRS Newsletter | December 2009
Recent Journal Club presentations

Influenza control in the 21st century: optimizing protection of older adults.


Older adults in the ≥65 years age group are particularly susceptible to influenza illness and hospitalisations due to cardiac and respiratory diseases. Influenza vaccines are cost-effective and provide benefits among older adults against influenza. However, current vaccines are not optimal to provide greater immunogenicity against influenza partly due to waning immunity and due to antigenic mismatch between the vaccine virus strains and circulating virus strains. 'Adjuvants' in a vaccine may be effective to improve immune responses among older adults. However, further research is required to develop influenza vaccine options for older adults to reduce morbidity, mortality and disability related to influenza illness.

Presented by Swati Ghotane, Research Assistant, NCIRS

Postlicensure safety surveillance for quadrivalent human papillomavirus recombinant vaccine.


This paper presents VAERS data following over 23 million doses of HPV vaccine having been distributed in the US. The most common reported adverse events were syncope, local reactions, dizziness, nausea and headache. Few serious adverse events were identified, including venous thromboembolic events, most of which were in individuals who had another co-existing risk factor. This data provides reassurance, as 94% of reports were minor and self-limiting, and is very relevant for Australian audiences, particularly when clinicians are faced with a patient reporting an adverse event and wondering if this has occurred before. It needs to be emphasised that a report of an adverse event following vaccination, especially months after the vaccine, as in some cases of clots and deaths reported, does not imply causality. A useful summary is found on the CDC website at http://www.cdc.gov/vaccinesafety/vaers/gardasil.htm

Marketing HPV vaccine: implications for adolescent health and medical professionalism.


This paper reports on the marketing of HPV vaccine and the manufacturer’s decision to promote it first and foremost as a means to prevent cervical cancer, rather than HPV infection. It also reports on the use of professional medical associations as ‘tools’ in the marketing. It reviews the educational materials developed by these associations along with pharmaceutical companies and suggests that they were biased and designed to maximise sales and as advocacy tools.

Presented by Dr Nick Wood, Clinical Research Fellow, NCIRS
Some recent publications


Leask J, Chapman S, Cooper SC. All manner of ills: the attribution of diseases to immunisation. Vaccine October 2009 [Epub ahead of print]

STAY INFORMED! SUBSCRIBE TODAY!

Join the NCIRS Australian Immunisation Professionals email discussion group. The group was created to facilitate communication among Australian immunisation practitioners, policy makers and researchers. You’ll find news items, meetings of interest, questions and feedback, media controversies, discussions and more.

To subscribe, go to:

For more information

National Centre for Immunisation Research & Surveillance
Kids Research Institute
Cnr Hawkesbury Rd & Hainsworth St, Westmead NSW 2145
P/ 02 9845 1433
E/ danielg1@chw.edu.au
W/ www.ncirs.usyd.edu.au

NCIRS Newsletter | December 2009
Coming soon!

Educational slide set Myths and Realities companion

This slide set accompanies the *Myths and Realities* booklet *Responding to arguments against immunisation (a guide for providers)*. The slide set, along with voice-over, is a user-friendly resource for health professionals to address some of the most commonly held myths about immunisation.

The slide set will be available at www.ncirs.usyd.edu.au in the coming weeks.

Message Stick available online!


It is a rich source of information, containing updates on research, reminders and issues relating to Indigenous Health.