In this issue:
- It’s Flu Time
- Expansion of the Australian National Immunisation Program (NIP)
- Aboriginal and Torres Strait Islander Identification

Reminders
- Shingles Vaccination
- Refrigerator or power failure
- Check the pack
- MMRV
- Data Collection
- Storage of vaccines
- Information on influenza

REMINDER - It’s Flu time
Influenza vaccine is provided free under the NIP for:
* Anyone over 65 years;
* Aboriginal and Torres Strait Islanders 6 months to 5 years;
* Aboriginal and Torres Strait Islanders 15 years and over;
* Pregnant women and;
* Anyone over 6 months old who has medical conditions associated with the highest risk of influenza disease complications (including heart conditions, asthma and other lung conditions, diabetes, kidney problems or impaired immunity).

Any adverse events following immunisation should be reported to the Health Protection Service on 6205 2300.

Expansion of the Australian National Immunisation Program (NIP)
The Australian National Immunisation Program (NIP) is expanding to include catch-up vaccines for all children from 10 – 19 years of age on an ongoing basis.

The catch-up schedule will need to commence prior to the person’s 20th birthday and may be completed beyond this date, if required.

The NIP is also expanding to include free catch-up vaccines for all refugees and other humanitarian entrants.

A small base stock of available vaccines will be delivered to all practices over the coming month (except for HPV vaccine).

HPV will continue to be offered through the school immunisation program to students in Year 7. Catch-up vaccines will be provided to any person from the end of year 7 up to 19 years of age.

Contact us
Health Protection Service
Immunisation Unit
Phone: 6205 2300
Fax: 6205 1738
Email: Immunisation@act.gov.au

Communicable Disease Control
Phone: 6205 2155
Fax: 6205 1739
Email: cdc@act.gov.au
Aboriginal and Torres Strait Islander identification

Quick Facts:
Between 2007-2010:
- Notification rates for Haemophilus influenza type b (Hib) were 13 times higher for Aboriginal and Torres Strait Islander people.
- Rates of Invasive Pneumococcal Disease (IPD) for those aged 25-29 were nearly 12 times higher in Aboriginal and Torres Strait Islander people.
- Aboriginal and Torres Strait Islander people are eligible for a number of extra funded vaccines on the NIP schedule.

Why is it important to encourage patients to identify Indigenous status?

Aboriginal and Torres Strait Islander children and adults have different recommended immunisation programs than non-Indigenous people. All Aboriginal and Torres Strait Islander people aged 50 and over, and those at risk in the 15–49 age group, can have funded pneumococcal vaccine. Aboriginal and Torres Strait Islander children aged 6 months to five years and all Aboriginal and Torres Strait Islander persons 15 years and over are eligible for funded influenza vaccines. Therefore identifying Indigenous status enables healthcare workers to offer the recommended vaccines to eligible patients.

What is the role of general practice in recording Indigenous status?

In the health sector, a person’s response to a question regarding their Aboriginal and Torres Strait Islander identification is the only requirement for recording Indigenous status and for providing access to Indigenous-specific health interventions and services—no further evidence is needed.

The general practice sector plays a key role in providing primary health care for Aboriginal and Torres Strait Islander people. It is important to ask and record if a person is Aboriginal and/or Torres Strait Islander. The Australian Immunisation Register (AIR) should also be used to record Aboriginal and Torres Strait Islander identification.

Choosing to disclose Aboriginal and Torres Strait Islander identification is voluntary. People may or may not be prepared to disclose their Indigenous status depending on the situation; others may be discovering or acknowledging their Aboriginal and Torres Strait Islander identification for the first time.
What should I consider when asking about Indigenous status?

Studies about Aboriginal and Torres Strait Islander people’s views on identifying show that people are prepared to identify in appropriate circumstances. A Queensland study examined identification for the purposes of immunisation (Riley et al. 2004). The study reported feedback from Aboriginal and Torres Strait Islander adults that the identification question should be asked respectfully and in private, and be accompanied by a full explanation of how the information was to be used. Reasons for not wishing to answer the identification question included anticipating a lesser level of service after identifying or a display of racist attitudes. A qualitative study of a group of Aboriginal and Torres Strait Islander people in the ACT investigated views about identification (Scotney et al. 2010). Participants reported that they would be prepared to identify as Indigenous if asked, as long as they were informed about the rationale for the question and the benefits of identifying as Indigenous.

References

Aboriginal and Torres Strait Islander Resources available

Posters

Pamphlet
Shingles vaccination
A single dose of herpes zoster vaccine is funded on the NIP for all adults at 70 years of age. A single catch-up dose is also funded for adults aged 70–79 years for a five year period to 2021. Shingles vaccine (Zostavax) can be safely administered at the same time as influenza and pneumococcal vaccines.

Refrigerator or power failure
All immunisation providers should have a back-up plan and an alternative option for vaccine storage in the event of a refrigerator or power failure. Please see the current ‘Strive for 5’ for information and advice on how to manage this situation or call 6205 2300. Remember that if you need to transport vaccines to another fridge pack the data logger with them.

Check the pack
HPS has received increasing reports of vaccine requiring reconstitution (e.g. Infanrix Hexa and Zostavax) not being reconstituted prior to administration. Please double check all vaccines prior to administration to ensure they are being given correctly.

MMRV
Immunisation coverage rates suggest that some children have not been given MMRV at their scheduled visit. When administering immunisations to four year olds please check that the 18 month MMRV was given. If it has been missed it can be given at 4 years.

Data collection
Data on vaccines administered is required to evaluate programs and ascertain coverage rates.

The Influenza & Pneumococcal Vaccine Record Form, antenatal pertussis vaccination data and general practice staff influenza vaccination program data should be sent to the Immunisation Unit (fax: 62051738 or email: immunisation@act.gov.au).

A record of HPV doses administered to children should be sent to the HPV Register using the HPV Record Form. If your practice does not have a copy of these forms, please contact the Immunisation Information Line on 6205 2300.

Storage of vaccines
The National Vaccine Storage Guidelines – Strive for Five states that all vaccines should be stored in their original packaging. This helps protect them from temperature fluctuations and ultraviolet (UV) light.

Information on influenza vaccine