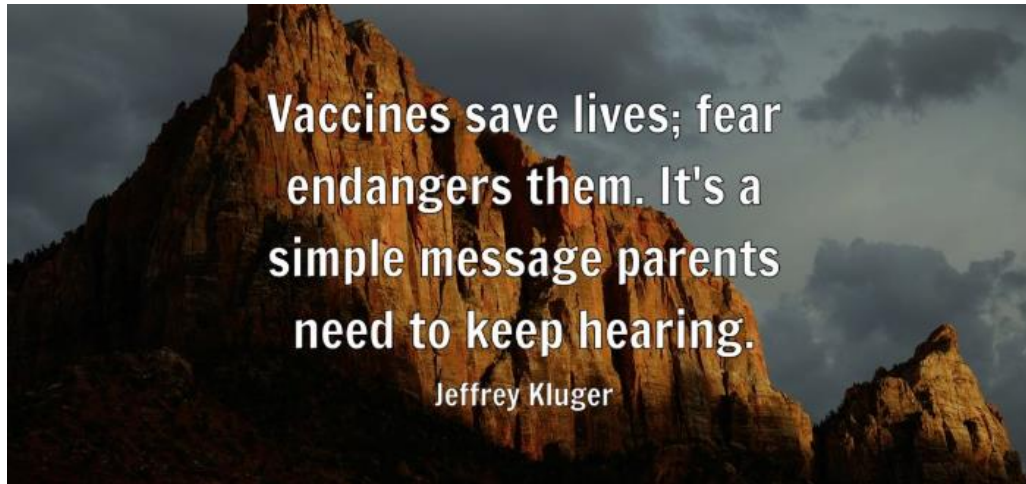




Health

Hunter New England
Local Health District

Childhood Immunisation rates still work to do



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All children in NSW Fully immunised at 1 year of age



Local health district	March 2023	June 2023	September 2023	Dec 2023
Central Coast	94.7	94.0	92.5	
Far West*	97.6	94.6	98.0	
Hunter New England	95.5	94.6	94.1	94.6
Illawarra Shoalhaven	93.5	94.7	95.2	
Aboriginal Hunter New England	94.3	94.1	91.8	93.3
Murrumbidgee	93.5	93.3	93.9	
Nepean Blue Mountains	93.4	92.8	94.4	
Northern NSW	87.1	84.2	86.3	
Northern Sydney	94.0	94.2	95.3	
South Eastern Sydney	94.5	92.9	92.6	
South Western Sydney	91.0	91.1	91.6	
Southern NSW	94.7	95.4	93.7	
Sydney	94.4	94.4	94.5	
Western NSW	95.0	95.1	94.8	
Western Sydney	93.1	93.1	95.2	
NSW	93.4	93.1	93.2	
Australia	93.4	93.0	93.0	

2019 – pre COVID

All – 95.9%

Aboriginal – 95.7%



All Children in NSW fully immunised at 2 years of age



Local health district	March 2023	June 2023	September 2023
Central Coast	92.1	92.0	94.0
Far West*	100.0	90.0	94.9
Hunter New England	93.4	93.7	92.9
Illawarra Shoalhaven	93.1	92.0	92.3
Aboriginal Hunter New England	93.1	91.6	90.8
Macarthur	92.1	91.5	93.4
Nepean Blue Mountains	90.5	91.3	91.8
Northern NSW	83.0	83.4	82.2
Northern Sydney	91.0	93.2	93.5
South Eastern Sydney	90.2	91.5	91.3
South Western Sydney	89.1	88.7	89.9
Southern NSW	92.5	90.7	92.9
Sydney	91.5	91.0	91.6
Western NSW	94.4	92.5	94.1
Western Sydney	90.8	90.1	91.0
NSW	91.0	91.0	91.6
Australia	91.1	91.1	91.4

Dec 2023

92.7

Aboriginal

91.6

2019 – pre COVID

All – 93.6%

Aboriginal – 93.2%



All children in NSW fully immunised at 5 years of age



Local health district	March 2023	June 2023	September 2023
Central Coast	95.0	95.3	95.5
Far West*	97.7	98.7	95.7
Hunter New England	95.4	95.3	95.7
Illawarra Shoalhaven	94.8	96.6	95.8
Aboriginal Hunter New England	96.5	95.6	97.4
Murrumbidgee	97.0	96.4	95.2
Nepean Blue Mountains	95.4	94.5	95.9
Northern NSW	88.4	87.5	87.6
Northern Sydney	93.9	93.2	93.3
South Eastern Sydney	91.8	92.3	92.7
South Western Sydney	93.6	93.4	93.8
Southern NSW	94.9	94.5	93.8
Sydney	92.6	92.5	93.2
Western NSW	95.9	96.0	96.8
Western Sydney	94.8	94.8	94.7
NSW	94.0	93.9	94.2
Australia	94.0	93.9	93.8

Dec 2023

95.8

96.5

Aboriginal

2019 – pre COVID

All – 96.6%

Aboriginal – 97.3%



Strategies to consider to improve immunisation rates



- Personal recommendations normalise the vaccination schedule
- Consider letting some families “drop in”
- Schedule reminders either phone call or letters
- Making next vaccine appointment at current visit
- Check AIR for every child so you can correct the records or give the correct vaccine!
- Check AIR at every appointment for every child to identify any due or overdue vaccines.

You may see our letter around your practice



The Australian Immunisation Register (AIR) shows that your child is overdue for some vaccines.

The vaccines missing are those due from **2 months of age**.

At Hunter New England Health our nurses are working with families to help children catch up on missed vaccines. Children can become at risk of catching these diseases if they don't receive their vaccines on time.

Vaccines are safe and available for free from your General Practitioner or local Community Health Immunisation Clinics.

Let the nurse or doctor know the vaccines you need by taking this letter and your blue book if available.

If you think that your child has received these vaccines please either contact your GP or contact us either by phone on 4924 6610 or email hnelhd-phimmunisation@health.nsw.gov.au so we can update your AIR records.

We are available to assist you each day 8.30-5pm.

You can call outside these times, leave a message and we will return your call.

Warm regards,

Sonya Davidson
Immunisation Nurse



AIR and overdue children



PHU follow-up children who are overdue vaccines each month –
11A AIR reports

Currently looking at children aged 9-12 months.

Large portion of overdue records are due to:

Missing data

Incorrect data entry to AIR

Duplicate records

Immunisation providers are responsible for the follow up of
their patients.

No Jab No Play = can affect entry to childcare

No Jab No Pay = can affect family's receipt of Family Tax benefit or childcare
fee assistance



Pre Call Program

All Aboriginal and Torres Strait Islander babies born within a HNE health facility receive:

- An immunisation phone call @ 4weeks of age.
- SMS reminder 2 weeks prior to each immunisation milestone.



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Aboriginal Immunisation
Healthcare Worker
Tamworth Office Ph: 67648006



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Meningococcal ACWY and B vaccine recommendations



Any person from 6 weeks of age who wants to protect themselves against meningococcal disease is recommended to receive MenACWY vaccine and MenB vaccine

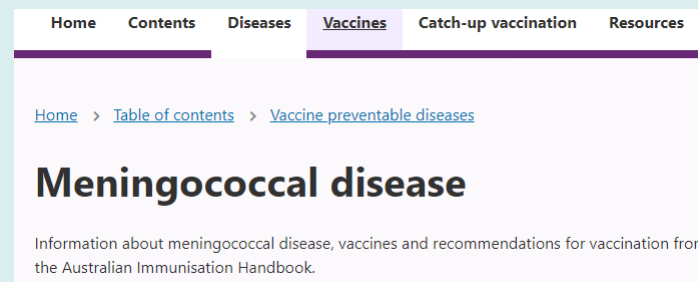
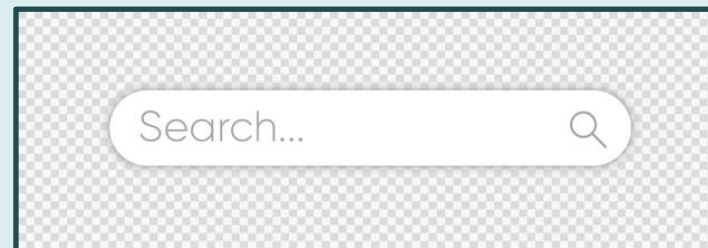
All Aboriginal and Torres Strait Islander people aged 2 months to 19 years are strongly recommended to receive MenB vaccine

People with medical conditions that increase their risk of invasive meningococcal disease are strongly recommended to receive MenACWY and MenB vaccines

People who travel to areas where meningococcal disease is more common, or who travel to mass gatherings such as the Hajj, are strongly recommended to receive MenACWY vaccines

Adolescents and young adults living in close quarters are strongly recommended to receive MenACWY and MenB vaccines

Adolescents and young adults who are current smokers are strongly recommended to receive MenACWY and MenB vaccines





Meningococcal ACWY Nimenrix



12 months



Year 10 in School Program



Asplenia, hyposplenia,
complement deficiency &
treatment with Eculizumab

Meningococcal B Bexsero



Asplenia, hyposplenia,
complement deficiency &
treatment with
Eculizumab



Remember it is your clinical responsibility to ensure parents are aware of **ALL** vaccines recommended for their child.

Funded doses due at

6 weeks

4 months

12 months

& 6 months (eligible medical conditions)

The meningococcal B vaccine is free for Aboriginal and Torres Strait Islander infants.



Who might have had what when???



For health professionals ▾

For the public ▾

Our work ▾

Publicatio

History of immunisation in Australia

The immunisation history tables provide a summary of the significant events in vaccination practice in Australia.

Significant events in measles, mumps and rubella vaccination practice in Australia

Year	Month	Intervention
1968		Live, attenuated measles vaccine registered (inactivated vaccine never available in Australia)
1969	May	Measles vaccination recommended for children aged 12–23 months Rubella vaccine registered and recommended
1970		Funded measles vaccination commenced in all states and territories (except NSW) for children aged 12–23 months
1971		Rubella vaccination funded for females aged 12–14 years (school-based program) and for vaccination of susceptible women prior to pregnancy
1972		Funded measles vaccination commenced in NSW for children aged 12–23 months
1975		First national vaccination schedule included measles vaccination for infants at 12 months of age
1980		Mumps vaccine registered for use in infants aged 12–15 months
1981		Mumps vaccine recommended for use in children after 12 months of age
1982		Combined measles-mumps (MM) vaccine recommended at 12 months of age, in preference to monovalent vaccines
1983		Combined measles-mumps (MM) vaccine funded on the national schedule at 12 months of age
1984		MM vaccination of Aboriginal and Torres Strait Islander infants in the NT scheduled at 9 months of age instead of 12 months
1989		Measles-mumps-rubella (MMR) vaccine recommended and funded on the national schedule at 12 months of age (9 months of age for Aboriginal and Torres Strait Islander infants in the NT), replacing MM vaccine
1992	November	2nd dose of MMR vaccine recommended and funded for both males and females
1993		Rubella vaccination ceased for females aged 12–14 years (school-based program)
1993–1994		School-based delivery of MMR vaccine to one cohort of males and females aged 10–14 years. Most jurisdictions offered this in last year of primary/first year of secondary school.

Vaccines offered in the NSW School Vaccination Program.

YEAR	VACCINES OFFERED	OFFERED TO
2003/04	Meningococcal C	All primary and high school students
2004	Diphtheria/tetanus/whooping cough (dTpa)	All Year 7 to year 12 students
2004	Hepatitis B program	Year 7 only
2005	Diphtheria/tetanus/whooping cough (dTpa)	Year 7 only
2005	Hepatitis B program	Year 7 only
2006	Hepatitis B & Varicella (chickenpox)	Year 7 only
2007	Human Papillomavirus Virus (HPV)	Years 10, 11 & 12 female students only
2007	Hepatitis B & Varicella (chickenpox)	Year 7 only
2008	Human Papillomavirus Virus (HPV)	Years 7, 8, 9, & 10 female students only
2008	Hepatitis B & Varicella (chickenpox)	Year 7 only
2009	Human Papillomavirus Virus (HPV)	Year 7 only female students only
2009	Hepatitis B & Varicella (chickenpox)	Year 7 only
2009	Diphtheria/tetanus/whooping cough (dTpa)	Year 10 only
2010	Human Papillomavirus Virus (HPV)	Year 7 only female students only
2010	Hepatitis B & Varicella (chickenpox)	Year 7 only
2010	Diphtheria/tetanus/whooping cough (dTpa)	Year 7 & 10 students
2011	Human Papillomavirus Virus (HPV)	Year 7 only female students only
2011	Hepatitis B & Varicella (chickenpox)	Year 7 only
2011	Diphtheria/tetanus/whooping cough (dTpa)	Year 7 & 10 students
2012	Human Papillomavirus Virus (HPV)	Year 7 only female students only
2012	Hepatitis B & Varicella (chickenpox)	Year 7 only
2012	Diphtheria/tetanus/whooping cough (dTpa)	Year 7 & 10 students
2013	Human Papillomavirus Virus (HPV), dTpa, Hepatitis B & Varicella (chickenpox)	Year 7 only
2013	Human Papillomavirus Virus (HPV),	Year 9 males only
2014	Human Papillomavirus Virus (HPV), dTpa, & Varicella (chickenpox)	Year 7 only
2014	Human Papillomavirus Virus (HPV),	Year 9 males only
2015	Human Papillomavirus Virus (HPV), dTpa, & Varicella (chickenpox)	Year 7 only



Acknowledgement to all immunisation providers!



#VaccinesWork for All



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