message stick

National Indigenous Immunisation message stick newsletter July 2017

Find your immunisation records

Some records are kept centrally in national and state databases; however you should always keep records of all immunisations given to you or your child.

Recording vaccinations

The Australian Immunisation Register (AIR) now records vaccinations details for everyone in Australia. It was previously known as the Australian Childhood Immunisation Register (ACIR) and only recorded details for children up to 7 years old.

Your vaccinations will be recorded when the vaccination provider sends your vaccination details to AIR.

If you don't have a Medicare card, you can still be vaccinated and have these recorded on the AIR.

Vaccinations given to adolescents in the School Immunisation Program are not recorded on AIR. These vaccinations are recorded on States and Territory Health's immunisation register you will need to check with your local Public Health Office.

The National HPV Vaccination Program Register records Human Papillomavirus (HPV) vaccinations.

Accessing records

Children under 14 years

You can get your child's immunisation history statement by:

- accessing your online mygov.au account – link your Medicare account to view or download the immunisation statement
- using the Medicare Express Plus App on a mobile or tablet
- calling AIR on 1800 653 809.

Immunisation history statements may be required when enrolling your child at an early childhood education and care service. Check with your service to find out what their policy is.

Adolescents

Children aged 14 and older can access their own immunisation history statement through AIR.

You can access records of immunisations received through the School Immunisation Program through your doctor or immunisation provider. If you cannot remember who provided the school immunisation service, call 13 HEALTH (13 43 25 84).

Call the National HPV Vaccination Program Register on 1800 478 734 to access HPV immunisation records.

Adults

From October 2016 AIR records adult immunisations. Ask your immunisation provider to report vaccinations you receive to the AIR.

To find past immunisation records, you can ask the doctor or immunisation provider who vaccinated you to check their medical records for:

- adolescent vaccinations given before 2007, when the Queensland School Immunisation Program began
- childhood vaccinations given before 1996, when ACIR began

If you were born after 1996, you can still access your previous (ACIR) AIR record.

Don’t delay!

To offer the best protection, it is important for your child to be vaccinated at the recommended times rather than delaying or splitting vaccines.

Unborn babies are protected by their mother’s antibodies, which last for a few months after birth. Once these antibodies wear off, babies are at risk of serious infections and diseases. Babies are due for their first vaccinations before these antibodies disappear.

Vaccines are recommended for babies because their immune systems are not yet fully mature, making it easier for bacteria and viruses to multiply.

Immunisation Update Conference 2017 Dubbo and Orange

Katrina Clark, Nick Wood, Karen Orr of NCIRS and Sonia Nicholls of NSW MoH recently attended and presented at the Immunisation Update Conference 2017 in Dubbo and Orange, NSW.

The Western NSW Primary Health Network's (PHN) immunisation conference is for nurses and general practitioners to maintain and improve their knowledge on vaccines.

Topics covered included immunisation coverage reports, adult immunisation, school vaccination programs, travel vaccines and Q fever.

Broken Hill NSW date – July 18th

Meningococcal Disease – One Day Symposium

Controlling meningococcal disease in 2017: evidence from Australia, NZ and the UK – Friday 7 April 2017

This one-day symposium organised by the NCIRS, in partnership with the National Neisseria Network and the Communicable Diseases Network Australia was held on Friday 7 April 2017. Meningococcal disease in Australia has increased from a nadir of 149 cases in 2013 to 253 cases in 2016, however this remains less than half the 688 cases notified in 2002.

This increase has been driven by serogroups W and Y, which now account for over 50% of cases. This workshop brought together national and international experts on meningococcal disease and heard the latest data from meningococcal B and ACWY vaccine programs in the United

Kingdom. The workshop aimed to distill the best evidence to inform Australia's response to meningococcal disease in 2017.

Select presentation files from the symposium are now available on the NCIRS events webpage – click here

Call out to Aboriginal and Torres Strait Islander people to join a special program designed to stop the spread of influenza or flu.

Aboriginal people are vulnerable to serious complications from the virus, but by being a flu tracker I'm helping close the health gap, writes Kristy Crooks for IndigenousX

My role as program manager with the Hunter New England local public health unit involves leading the development and delivery of effective strategies for combating communicable diseases like the flu.

The flu, or influenza, is a big problem around the world, but Aboriginal people are particularly at risk of getting severe flu, which can result in serious complications that non-Indigenous flu sufferers often don't experience. How much flu we see each year depends on which types of the virus are circulating and how susceptible the population is. The ongoing high rates of chronic illness within our Aboriginal communities' means First Nations people are generally more susceptible to all strains of the virus.

One project I'm working on to improve our health outcomes is called FluTracking. It's a way to check how much flu there is within communities and to see how well the vaccine is working each flu season. Essentially it's a community health surveillance system to detect flu epidemics.

I've been a dedicated flu tracker for several years now because I live with a chronic health condition. For this reason, I'm also vigilant about getting the flu vaccine every year. I've experienced a lot grief and loss seeing my family members impacted by chronic diseases. My dad was only 30 when he died, leaving behind mum and five of us young kids.

Growing up in a single-parent household wasn't easy, but my mum is a strong woman and although we didn't have the finest of everything, she succeeded in instilling good morals and values into us. Mum taught me two valuable things: hard work and how to be resilient. It was because of her strength, determination and resilience that I grew up believing that I could achieve anything. Even from early on I was determined to make a difference and work hard to address health disparities that exist in our communities.

Living with lupus is a daily struggle. My symptoms vary, are unpredictable and seem to know no boundaries. While I look healthy on the outside, how I feel on the inside tells a completely different story.

It all started when I was in my late teens. At the time I thought I felt so fatigued because I was playing too much basketball or studying late at night. It got to the point that I couldn't get out of bed. Patches of eczema appeared and my eyesight got worse. Eventually my doctor recommended blood tests to see what was happening. Many blood tests later I was referred to an immunologist, and in 2010 diagnosed with systemic lupus erythematosus and Sjögren's syndrome.

In a normal body, the immune system fights off bacteria and infections to keep the body healthy. However, when a person has an autoimmune disease such as

lupus, the immune system mistakenly attacks healthy tissue (like my skin, joints, and kidneys) because it confuses healthy tissue for something foreign.

Over the years I've experienced joint pain, hair-thinning, memory loss and cognitive dysfunction. I've struggled with this last symptom the most, particularly while completing my master's degree. I'd often find it hard to even put a sentence

together. The words were there, but they wouldn't come out; my brain just didn't want to work.

Although I had a supportive network of family and friends, the shame of not being able to express my feelings, retain information, or concentrate was difficult. I was so embarrassed that I noticed a change in my behavior and mood. I didn't want to tell people how I was feeling, so I isolated myself from conversations. I was angry and frustrated and cared too much about what others would think. This anxiety would cause my body to stress and would start the vicious cycle of "flare-ups".

Generally I don't like people to know how much I struggle. I don't need people to know how hard it is for me to get out of bed each morning, or how I struggle with cognitive dysfunction. As hard as it is, I try not to let my chronic health condition control my life. I may push myself some days – way beyond what I can handle – but working to improve Aboriginal health outcomes drives me. My success is due to my desire to work with and for more people.

Being a flu tracker is one small thing that I'm doing to help my people. We all have a responsibility to contribute to our communities and close the health gap. Beating the flu each season is a simple yet very important start.

Flu Tracker update :

We now have 378 Indigenous people participating in Flu tracking in 2017; an increase of 12.8% from 335 at the same time last year, given flu proportional adversely affects more Aboriginal and Torres Strait Islander people, medical authorities are aiming to for 800 Aboriginal and Torres Strait Islander Flu Trackers..

For more information on Flu Tracking visit www.flutracking.net

Extra vaccines may reduce 'unacceptable rates' of chronic ear disease in Indigenous children

PHOTO: The study involves testing how children with ear disease can understand things like colour, words and sounds.
(Supplied: Menzies School of Health Research)

Photo: The study involves testing how children with ear disease can understand things like colour, words and sounds. (Supplied: Menzies School of Health Research)

An extra dose of pneumococcal vaccine for Indigenous infants could prevent ear infection that causes 90 per cent of toddlers in remote communities to have a level of deafness, researchers say.

The Menzies School of Health Research is conducting a clinical trial in remote communities in the Northern Territory and Western Australia, and hope the results will change the public health approach and give more help to families.

For many, the condition continues until school age, which means they have not developed language skills and other essential childhood learnings, Professor Amanda Leach from Menzies said.

"It's not just about their skills in the English language, its about that auditory processing: hear something, process it, understand it, respond," she said.

'We think it has its antecedents in very small children and it carries through to their learning and behaviour in school, and then their education outcomes, potential for employment."

The ear infections, otitis media, are caused by bacteria that gets into the nose, and can develop into a range of severity from muffled hearing with fluid behind the ear drum, to perforated ear drums with discharging pus that causes profound deafness.

And it can start within weeks of birth. 'Toddlers have hearing worse than 80yo'

"Up to 20 per cent of young toddlers have discharging ears (the worst type) in remote communities, and on average it's 13 per cent [in the NT]," Professor Leach said.

"Some of these toddlers have hearing that's worst than your 80-year-old Grandmother's, that's what they are trying to deal with.

"Yet if they don't know they have that hearing loss, they can't ask someone to repeat their message."

Experts say symptoms of infection, like fever and pain, does not heal in Indigenous children on its own as it does in non-Indigenous patients.

A health worker examining an ear of an Indigenous teenager using a tool.

PHOTO: Experts say the hearing loss means children struggle with all aspects of life, especially school. (ABC News: Lucy Marks)

Professor Leach said it was not known why, but it does mean Indigenous children were disproportionately affected because of the difficulty to pick up the condition.

"So if we could prevent those episodes with vaccines, that would be extremely valuable, we'll probably still need antibiotics for some, [because] it doesn't cover all strains," she said.

"But if we can cut down on the number of times children get infections and the duration of the hearing loss, then that would be amazing."

The extra dose of pneumococcal vaccine may also prevent lower respiratory infections, such as pneumonia.

Impact of prolonged hearing loss measured for first time

The developmental impact of years of hearing impairment from 28 days in old — in some cases — is being measured for the first time, by the team led by Professor Leach in the same vaccine trial which has involved 391 children so far.

"We see this early onset of disease, persistence of disease, and we see school children struggling with their NAPLAN results, with their speech, language and their behaviour problems in school, their truancy," she said.

It is hoped the outcome of the vaccine trial will change the vaccine schedule for children across Australia, but also change the way doctors and health workers are trained to pick up the asymptomatic condition and treat it early.

Teaching parents and school teachers about how to interact with the children will also be a focus of a new approach to improving the lives of children who may mean socially, emotionally and academically excluded.

Researchers say the extent of path the disadvantage is known anecdotally, Professor Leach said in referencing that 90 per cent of inmates in NT prisons have hearing impairment, an issue examined at the royal commission into youth detention.

She said the ultimate goal of the vaccine trial was to reduce the 90 per cent rates of otitis media, which had seen no improvement in overall prevalence in the past 20 years.

"If you've got 90 per cent of children having some form ... it's not acceptable for children who are trying to learn and get on in life and reach their full potential as it were," Professor Leach said

By Lucy Marks ABC News

WA SUCCESSFUL WA CHILD HEALTH PROGRAMS HIGHLIGHTED IN INDIGENOUS HEALTH REPORT

The Aboriginal Health Council of Western Australia says a new Federal Government report about the state of indigenous health is encouraging, but evidence that an increased focus is needed in investing in Aboriginal community-controlled health services.

The 2017 Aboriginal and Torres Strait Islander Health Performance Framework, released by the Federal Government on May 30, monitors health outcomes, health system performance and broader health factors across Australia.

AHCWA chairperson Michelle Nelson-Cox said the key findings of the report reflected several improvements in the health and wellbeing of Aboriginal and Torres Strait Islander people, but also found there was overwhelming need for continued progress.

“Improving health outcomes for Aboriginal people requires a focus on community-led programs,” Ms Nelson-Cox said.

“We are pleased to see a number of West Australian community-based programs highlighted in this important report, specifically strategies to improve child and maternal health in regional WA.”

The report cites the success of a Fetal Alcohol Spectrum Disorders prevention program run by the Ord Valley Aboriginal Health Service in Kununurra that provides education and support to antenatal clients and their families, as well student education sessions.

“The success of the program can be attributed to both community investment and ownership and the willingness of the Aboriginal community to embrace change,” the report states.

Another positive strategy highlighted in the report is the Birth to School Entry project in the Pilbara region, in which the Wirraka Maya Health Service Aboriginal Corporation was allocated funding to provide primary prevention activities.

About 400 child health checks and 1000 immunisations are conducted each year in Port Hedland, South Hedland and surrounding communities through the program, which also offers hygiene sessions, ear health education, an alcohol in pregnancy intervention and an outreach service.

“We are proud to support some of the most innovative and effective grassroots health programs in the country,” Ms Nelson-Cox said.

“The success of these projects not only provides better health outcomes for our people living in remote WA, but gives others the motivation to build similar initiatives in their own communities.”

Across the board, the report found that the amount of care delivered through Aboriginal and Torres Strait Islander primary health care services had tripled, increasing from 1.2 million in 1999–2000 to 3.5 million in 2014–15.

In addition, there has been a significant decline in the mortality rate for indigenous children up to the age of four, which dropped 33% between 1998 and 2015.

While the report found significant health improvements in some areas, indigenous Australians are still more prone to disease and chronic illnesses – 2.3 times the rate of non-indigenous Australians in 2011.

It also found the life expectancy of indigenous Australians had improved slightly in recent years but progress is needed to close the gap if the target of 2031 is to be met.

AHCWA is the peak body for Aboriginal health in WA, with 22 Aboriginal Community Controlled Health Services (ACCHS) currently engaged as members.

By Naccho media posted 15th June 2017

Good News Stories:

We would love to share any good news stories relating to Aboriginal and Torres Strait immunisation/health and cultural. If you or your community would like to share you good news stories, please email them through.

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