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Immunisation Priorities for OATSIH

**Second Indigenous Immunisation Research Workshop
NCIRS- 31 July 2009**

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Department of Health and Ageing



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Outline of Talk

- Role of Public Health Advisory Unit /OATSIH
- Recent examples (Pertussis and Influenza)
- Pandemic H1N1 virus response



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Role of PHAU/OATSIH

- Identify and use relevant information and data (vaccination coverage, communicable disease prevalence reports)
- Liaise closely with the relevant sections within OATSIH, within Department (Immunisation Branch, Medical Benefits, Pharmaceutical Benefits etc)
- Communication/liaison with relevant external stakeholders (ACCHS, NCIRS)
- Develop proposals and strategies with OHP/OATSIH program areas and relevant key stakeholders



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Role of NCIRS

- NCIRS plays a key role – data, identification of key issues, support for immunisation promotion
- Data from the Communicable Diseases Intelligence Volume 32 Supplement – June 2008:
 - “*Vaccine Preventable Diseases and Vaccination Coverage in Aboriginal and Torres Strait Islander People, 2003 to 2006*”
written by NCIRS and AIHW”
- Recent examples use of this data: Influenza and childhood immunisation <1 (pertussis)



Recent Examples

Pertussis

- Epidemics continue in Aboriginal and Torres Strait Islander populations
- Notification and hospitalisation rates higher than for non-Indigenous Australians in 0-4 years age-group.

Influenza

- Higher rates of hospitalisation compared to non Indigenous
 - Most age groups (except 5-14 years)



Immunisation Data

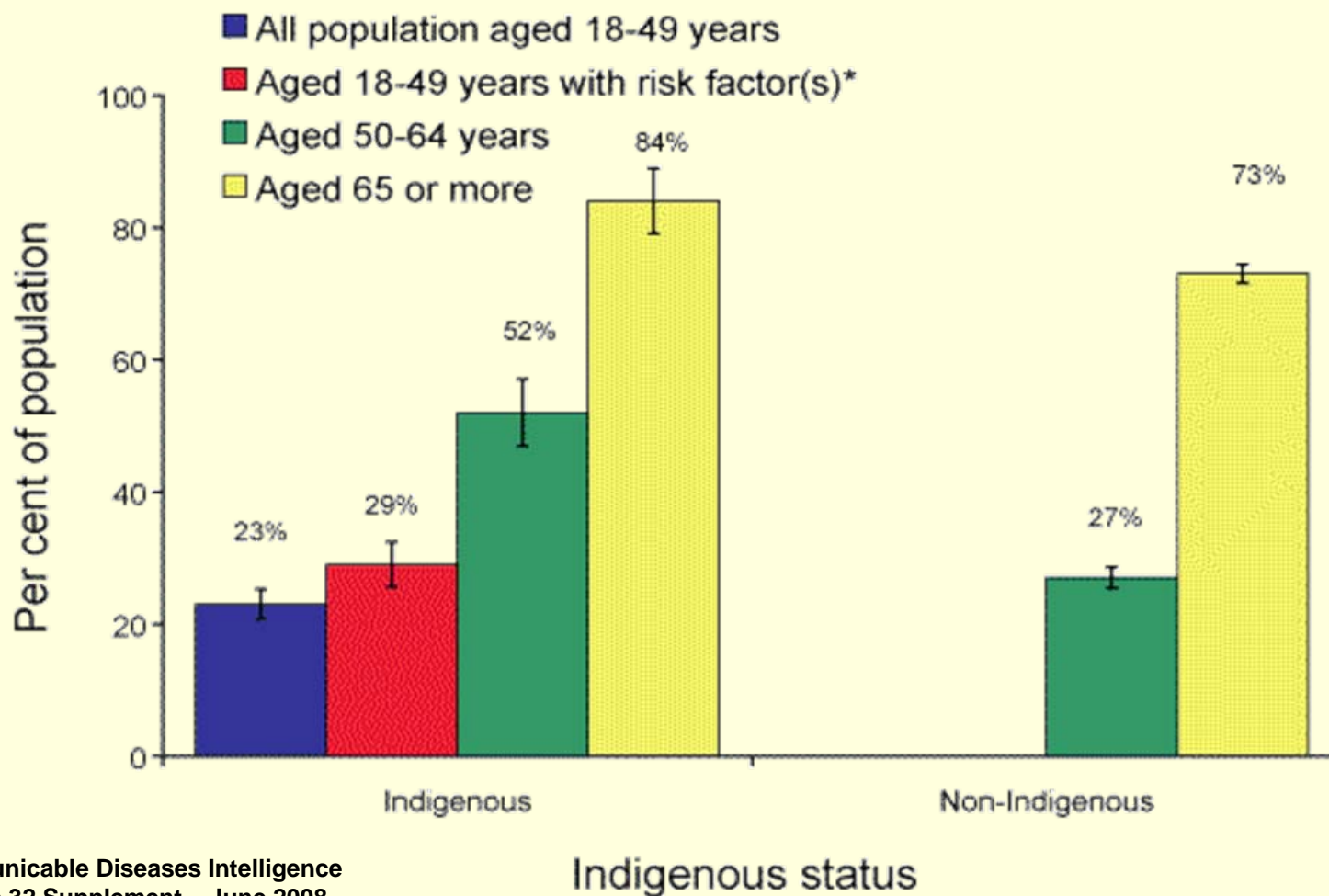
Pertussis	“Fully vaccinated”	
	Indigenous (%)	Non-Indigenous (%)
Age (months)		
At 12 months	83	91
At 24 months	91	92

Influenza Funded Vaccination programme coverage

- Age based risk programme from 2003 –
 - > 50 yrs, 15-49 yrs with at least 1 risk factor
- 15-49 yrs: Poor vaccination coverage on risk based programme
- 50-64 years – coverage statistically lower than > 65 years (the corresponding group to universal programme).



Percentage of population who reported having influenza vaccination in the last 12 months prior to survey in 2004–2005, by Indigenous status and age group, Australia





Possible Actions considered

Pertussis

- Bring forward the 1st dose to 6 weeks to coincide with postnatal check

Influenza

- NIP from 1 January 2010

All Aboriginal and Torres Strait Islander people aged 15 years and over eligible for annual influenza vaccination.



H1N1 vaccination

Current situation

- Co-ordination and planning: national and jurisdictional
- Mid-August – jurisdictional distribution systems defined (utilise current mechanisms)
- September 1st week - vaccine ready for roll out
- Priority groups- being specified
 - Health care workers
 - Vulnerable groups, children,
- Practicalities/Logistics
 - Immunisation providers determined by current legal and registration requirements
- Specific issues
 - Geographical, workforce, consent



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Pandemic H1N1 virus response

OATSIH's role includes

- Ensure Indigenous specific issues are identified and addressed
- Facilitate information flow and relevant program planning
- Specific issues
 - Inclusion/definition in vulnerable groups
 - Geographical distribution, access issues
 - Workforce availability and capacity
 - Consent form – practicalities, appropriateness of information



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Thank you