

Developing Immunisation Resources for the Aboriginal and Torres Strait Islander Communities in Central Sydney

GPNSW Close the Gap Workshop

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Introduction

- CSGPN immunisation program has approx
 - 864 GPs
 - 224 practices registered with GPPI program
 - 209 on the GPPI 32A report which support over
 - 82% of practices =>90% (172)
 - >50 000 children

Our communities



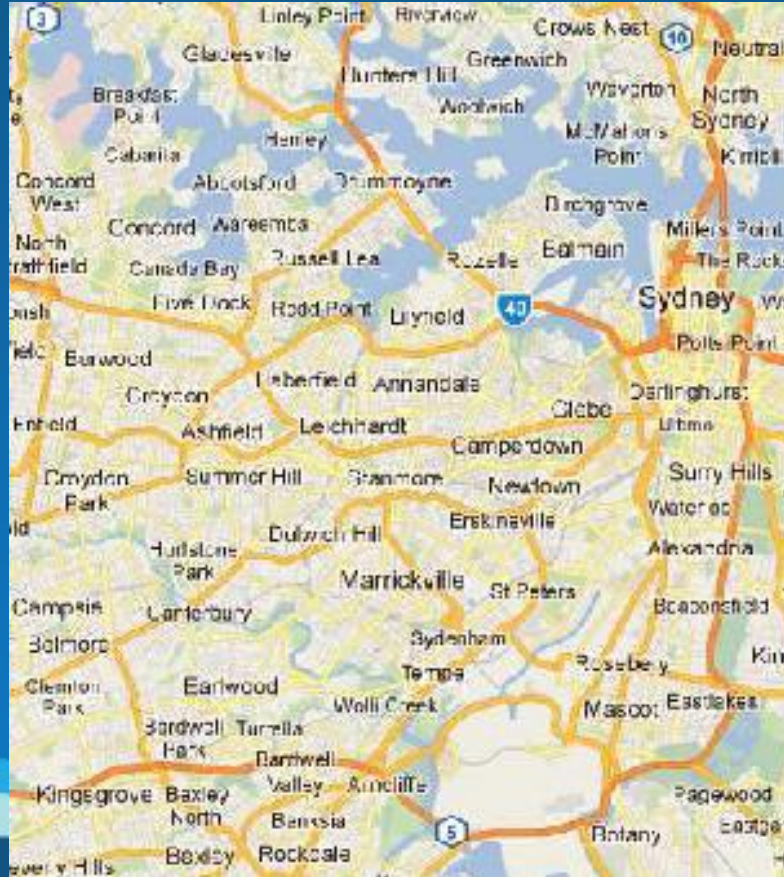
What are our immunisation problems

- Poor data management from practices
- Transient community



- Non compliance from parents
- Over and under-educated parents

Our Aboriginal and Torres Strait Islander communities




Immunisation is the first step in Closing the Gap

The National Immunisation Schedule supports

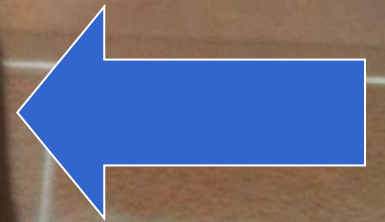
- Children
- Young people
- Chronically ill
- The elderly ...

Improving the immunisation rates of Indigenous Australians is a performance indicator for the Preventative Health objectives within Closing the Gap.

Immunisations is achievable



*immunisation is the first step in
Closing the Gap*



The situation at the AMS

Approx 268 children rate 85.5% (May 2011)

According to Martin Royce the AMS practice manager

‘its not that the children aren’t immunised by the time they start school, it’s the timeliness that’s the problem...’

What are the factors that cause non compliance?

- Getting to AMS/ GP
- Sickness for baby and other children
- Traveling to visit relatives and friends when immunisation are due

the same factors that affect all children across the country
...life gets in the way

So what resources are out there
that target Aboriginal and
Torres Strait Islander
communities?



The NSW Health Schedule

NSW HEALTH
NSW IMMUNISATION SCHEDULE
 FROM 1 JULY 2007

AGE	DISEASE	VACCINE
CHILDHOOD VACCINES		
Birth (Maternity units)	Hepatitis B	H-B-VAX II (babies before 8 days of age)
2 months	Diphtheria, Tetanus, Pertussis Haemophilus influenzae type B (Hib) Hepatitis B Polio Pneumococcal Rotavirus	INFANRIX HEXA PREVENAR ROTARIX (children born on/after 1 May 2007)
4 months	Diphtheria, Tetanus, Pertussis Haemophilus influenzae type B (Hib) Hepatitis B Polio Pneumococcal Rotavirus	INFANRIX HEXA PREVENAR ROTARIX (children born on/after 1 May 2007)
6 months	Diphtheria, Tetanus, Pertussis Haemophilus influenzae type B (Hib) Hepatitis B Polio Pneumococcal	INFANRIX HEXA PREVENAR
*12 months	Measles, Mumps, Rubella Haemophilus influenzae type B (Hib) Meningococcal C	PRIORIX HIBERIX MENINGITEC
18 months	Varicella (Chicken pox)	VARILRIX
*4 years	Diphtheria, Tetanus, Pertussis, Polio Measles, Mumps, Rubella	INFANRIX-IPV PRIORIX
ADOLESCENT VACCINES		
12 years	Hepatitis B Varicella (Chicken Pox) Human Papillomavirus	H-B-VAX II VARILRIX GARDASIL } (school-based program)
15 years	Diphtheria, Tetanus, Pertussis	BOOSTRIX }
ADULT VACCINES		
50 years and over (Aboriginal only)	Influenza Pneumococcal	INFLUENZA PNEUMOVAX 23
65 years and over	Influenza Pneumococcal	INFLUENZA PNEUMOVAX 23

* Refer to the current edition of The Australian Immunisation Handbook for vaccination of children with underlying medical conditions.



GP NSW Fridge Magnet

CHILDHOOD

Immunisation

Child's Name

Date of Birth

AGE	VACCINE	DISEASES PROTECTED	DATE DUE
2 months	Infanrix hexa®	Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B, Haemophilus Influenzae Type B (Hib)	
	Prevenar 13®	Pneumococcal Disease	<input style="width: 40px;" type="text"/>
	Rotarix® (oral vaccine)	Rotavirus <i>(dose 1 to be given before 14 weeks of age)</i>	<input style="width: 40px;" type="text"/>
4 months	Infanrix hexa®	Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B, Haemophilus Influenzae Type B (Hib)	
	Prevenar 13®	Pneumococcal Disease	<input style="width: 40px;" type="text"/>
	Rotarix® (oral vaccine)	Rotavirus <i>(dose 2 to be given before 24 weeks of age. Minimum 4 weeks after dose 1)</i>	<input style="width: 40px;" type="text"/>
6 months	Infanrix hexa®	Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B, Haemophilus Influenzae Type B (Hib)	
	Prevenar 13®	Pneumococcal Disease	<input style="width: 40px;" type="text"/>
	Priorix®	Measles, Mumps, Rubella	
12 months	Hiberix®	Haemophilus Influenzae Type B (Hib)	<input style="width: 40px;" type="text"/>
	Meningitec®	Meningococcal Disease	<input style="width: 40px;" type="text"/>
	Varilix®	Chickenpox	<input style="width: 40px;" type="text"/>
18 months	Varilix®	Chickenpox	<input style="width: 40px;" type="text"/>
	Infanrix-IPV®	Diphtheria, Tetanus, Pertussis, Polio	<input style="width: 40px;" type="text"/>
4 years	Infanrix-IPV®	Diphtheria, Tetanus, Pertussis, Polio	<input style="width: 40px;" type="text"/>
	Priorix®	Measles, Mumps, Rubella	<input style="width: 40px;" type="text"/>

Immunisation


saves lives















Always talk to your immunisation provider if you have any questions or concerns about immunisation. Further information on childhood immunisation can be found at www.immunisation.health.nsw.gov.au. Check your child's immunisation history at www.medicareonline.nsw.gov.au. The registered vaccine brands listed in this schedule are those produced free, for the ages specified, through the NSW Health Immunisation Program.

Version 2 June 2011

Northern Territory Immunisation Schedule

The right age for baby needles (vaccinations)



What is the right age	Baby can	How many needles	Disease	Vaccines
At birth (in hospital)	 New born baby	2 needles 	Hepatitis B TB	Engerix B™ BCG
2 months When baby smiles and lifts head	 Baby smiles and lifts head	2 needles 1 medicine to drink 	Rotavirus (Gastro) Diphtheria Tetanus Pertussis (Whooping Cough) Hepatitis B Polio Haemophilus Influenza Type B (Hib) Pneumococcal Disease	Rotarix® Infanrix®Hexa Synflorix®
4 months When baby can roll over	 Baby can roll over	2 needles 1 medicine to drink 	Rotavirus (Gastro) Diphtheria Tetanus Pertussis (Whooping Cough) Hepatitis B Polio Haemophilus Influenza Type B: (Hib) Pneumococcal Disease	Rotarix® Infanrix®Hexa Synflorix®
6 months When baby can sit up	 Baby can sit up	2 needles 	Pneumococcal Disease Diphtheria Tetanus Pertussis (Whooping Cough) Hepatitis B Polio Haemophilus Influenza Type B (Hib)	Infanrix®Hexa Synflorix®
12 months When baby can stand up and is walking	 Baby can stand up and is walking	4 needles 	Haemophilus Influenza Type B (Hib) Measles Mumps Rubella Meningococcal C Disease Hepatitis A	Hiberix® Priorix™ Neisvax® VAQTA®
18 months When child can run	 Child can run	3 needles 	Pneumococcal Disease Hepatitis A Varicella Zoster (Chicken Pox)	Synflorix® VAQTA® Varilrix®
4 years old Before child goes to school	 Before child goes to school	2 needles 	Measles Mumps Rubella Diphtheria Tetanus Pertussis (Whooping Cough) Polio	Priorix™ Infanrix®IPV

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www.gpnnt.org.au

Using other people resources

- Consultation
- Permission
- Issues – copyright
- Transfer the concept meet your needs
- Consult with your community



Identify Need

Consultation

Developing ideas

Evaluation

Developing a Resource

Partnerships

Funding

Design concepts

Production management

Distribution

CSGPN

Central Sydney GP Network Ltd

Who was consulted in the development

- GPNNT
- NCIRS
- Local communities groups
- Other Professional stakeholders



What did it cost to develop this poster

Photographer

- Scouting talent
- Talent fees
- Studio expenses
- Catering
- Production nurse
- Photographs
- Total \$13000

Professional fees

- art work development \$900
- printing of drafts \$300

Wavers

- Production management fee \$ 2000+
- Children's guardian fee \$ 900
- Clothing Best and Less \$ 100
- Market Research \$ 2500+

Evaluation

We would be grateful if over the duration of this workshop you take the time to review the two posters and provide feedback as to which poster you prefer

RED or **BROWN**

Other outcomes from this project?

An extensive stock of photographs of Aboriginal and Torres Strait Islander children and their families which can be used by all NSW Divisions of General Practice and GP NSW.

GP NSW has used the photographs on banners, PP templates, word documents, resources

CSGPN has used the photographs on ANSC and CtG brochures, newsletters, annual report and immunisation resources.



Summing up

- Some times you set out to produce one thing and end up with the most unexpected results
- Developing good resources can make an impact on the many more people than those originally targeted

Thank you

If you are interested in using the photographs for your health promotion initiatives please contact Alex Swain at

GP NSW

