



# North Coast Immunisation Action Plan 2019-2021

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## BACKGROUND

### Immunisation is a national health priority, and a shared priority for the Northern NSW and Mid North Coast Local Health Districts (LHDs) and the Healthy North Coast (HNC)

Immunisation provides protection for individuals against vaccine-preventable diseases (VPDs) throughout life and protects communities and vulnerable individuals from the ravages of VPD outbreaks. While most public focus is on childhood vaccination, immunisation is an important component of preventative health care across the life span. The North Coast Immunisation Action Plan aims to support all individuals, communities and service providers to enjoy the benefits of safe and effective vaccines.

Immunisation in the first five years of life is a key evidence-based priority of NSW Health's child health policy The First 2000 Days Framework. At a regional level, the NSW North Coast overall has the lowest childhood immunisation rates in the country. The Commonwealth's Department of Health publishes childhood immunisation coverage rates across Primary Health Networks (PHNs) and Statistical Areas Level 3 (SA3s) for children at one, two and five years at quarterly intervals.

The annualised March 2019 data illustrates that immunisation coverage within the North Coast is variable, with immunisation rates within North Coast SA3s for all children at one year of age ranging from 94.7% to 81.0%, at two years of age from 95.4% to 79.5% and for children at five years of age from 95.8% to 94.6%.

In the same time period, rates of fully vaccinated Aboriginal children also varied across the North Coast SA3s from 97.4% to 87.0% at one year of age, from 95.8% to 80.0% at two years and from 95.2% to 98.2% at five years. In Clarence and Port Macquarie SA3s, the immunisation rates for all children were above 92% for all three age groups, while in Richmond Valley-Coastal SA3 rates were below 83% at one year of age, below 80% at age two years and below 85% for five year olds. While immunisation rates for Aboriginal children have risen strongly over

past years, rates among non-Aboriginal children on the North Coast have shown modest improvement over time, despite the introduction of public policies intended to improve coverage, such as the Commonwealth's 'No Jab-No Pay' policy and NSW's 'No Jab-No Play' policy. This action plan guides stakeholder responses to this ongoing challenge.

This action plan also aims to increase participation in adolescent vaccination through strengthening participation in the school-based vaccination program (SBVP) that is offered at all high schools on the NSW North Coast. Within the region, uptake levels of all vaccines offered via the SBVP in 2018 were significantly below NSW average levels, with uptake in Northern NSW LHD and Mid North Coast LHD respectively of human papillomavirus (HPV) vaccine of 65% and 67% for Year 7 females, 60% and 62% for Year 7 males; of diphtheria-tetanus-pertussis booster vaccines of 75% and 78% for Year 7 students; of quadrivalent meningococcal vaccine of 63% and 62% for Year 10 students and 55% and 57% for Year 11 students.

In recent years, vaccination recommendations for women during pregnancy have undergone significant changes. There is very strong evidence of protection of neonates from severe disease due to whooping cough, through provision of pertussis boosters at 20 weeks gestation of every pregnancy, and the annual influenza vaccination provides safe and effective protection of pregnant women, unborn babies and infants from complications of influenza. Local services are adapting to these policy changes and, in particular, midwives have gained a significant additional role in advising expectant parents about vaccination and providing timely maternal and neonatal vaccination. This action plan includes strategies aimed at strengthening supports for maternity service providers.

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## BACKGROUND CONT.

Adult vaccination is largely delivered by primary care providers and, for selected vaccines, by community pharmacists. Targeted diseases for adult vaccination include influenza, pneumococcal disease, Q-fever, shingles and travel-related diseases. Strategies to promote uptake among community members and to support providers are important elements of the action plan.

The North Coast Public Health Unit (NCPHU) (encompassing both Mid North Coast Local Health District (MNCLHD) and Northern NSW Local Health District (NNSWLHD)), North Coast Primary Health Network, Aboriginal Medical Services (AMS) and general practitioners have been collaborating for many years to improve vaccination rates for children in the North Coast region and work together to:

- Devise local strategies to achieve state and national immunisation policy objectives
- Oversee the implementation and evaluation of immunisation strategies in the North Coast area

## ACTION PLAN

This plan builds on the progress achieved through the North Coast Immunisation Action Plan 2016–2018.

This updated action plan aims to augment and strengthen existing strategies and to:

- Improve workforce capability
- Increase community engagement in promoting immunisation
- Develop targeted strategies and approaches to improving vaccine coverage in individual communities.

This action plan was developed following a review in September 2018 by key stakeholders of the achievements of the 2016–2018 plan and identification of remaining challenges. These plans are built on shared principles of:

- Promote cooperative efforts by all vaccine providers
- Actively encourage immunisation uptake.

The health needs and interests of Aboriginal people have been considered and appropriately addressed in the development of this action plan through engagement and collaboration with Aboriginal people. This action plan has undergone an Aboriginal health impact statement declaration. The plan was registered with the Aboriginal Health Strategy Unit, Mid North Coast Local Health District on 30 April 2020.

- Gathering a range of perspectives and key learnings from work to date
- Developing a regional approach while recognising the influence of local factors
- Determining preferred ways to integrate and resource individualised and collaborative practices.

The review participants identified the need to have a shared collaborative approach to implementation with clear identification of lead organisations for identified activities. The collaborative forum provided by Immunisation North Coast Committee (INCC) will support joint efforts and oversee implementation of this plan.

# Action 1

## Support health professionals to implement quality immunisation practices

Strategy	Lead and Supporting Agencies	Priority	How	Measures
<b>1.1 Support immunisation providers to implement the 3 Rs (Report, Recall, Remind)</b>	1.1.1 Encourage and support clinical software audits by immunisation providers in general practices and Aboriginal Medical Services	HNC	<ul style="list-style-type: none"> <li>Work with providers to ensure software is up to date</li> <li>Promote immunisation Measuring for Improvement (MI) Program</li> </ul>	<ul style="list-style-type: none"> <li>Error rate in Australian Immunisation Register (AIR) data</li> <li>Number of practices undertaking immunisation MI as a focus area</li> </ul>
	1.1.2 Support providers to develop and maintain systematic approaches to completion of Australian Immunisation Register (AIR) data and identify non-completion of vaccination	HNC	<ul style="list-style-type: none"> <li>Review Measuring for Improvement guide</li> <li>Encourage service providers to download their own reports</li> <li>PHU to develop tool and list reports available to GP/AMS/CHC</li> </ul>	<ul style="list-style-type: none"> <li>Rate of immunisation completion by age/Aboriginality</li> <li>Number of practices downloading and reviewing data</li> </ul>
	1.1.3 Promote implementation of recall and reminder systems in line with RACGP guidelines	HNC/GPs/PHU	<ul style="list-style-type: none"> <li>Assist providers to build on current systems to implement recall and reminder systems</li> </ul>	
	1.1.4 Support QI activities at a practice level to enhance the completion of vaccination schedules	HNC	<ul style="list-style-type: none"> <li>Provide “back to basics” orientation for new practice nurses</li> </ul>	
	1.1.5 Collaborate to identify immunisation providers with high frequency errors and develop individualised strategies to support improvement	PHU/HNC	<ul style="list-style-type: none"> <li>Keep a log of practices that have incomplete information and advise via fax that information has been updated</li> <li>Provide updates/information at practice level to improve error rate</li> </ul>	<ul style="list-style-type: none"> <li>PHU to download report from AIR AIR002B AIR004A</li> </ul>
	1.1.4 Develop a communications strategy to provide practices with clear instructions to assist data quality issues that arise when schedules change	PHU/HNC/INCC	30 Jan 2020	<ul style="list-style-type: none"> <li>Develop communication strategy for key messaging throughout the year</li> <li>Use an email list OR communicate through Healthy North Coast newsletter</li> </ul>

# Action 1

## Support health professionals to implement quality immunisation practices

Strategy		Lead and Supporting Agencies	Priority Short term 0–6 months Med term 6–12 months Long term 12+ months	How	Measures
<b>1.2 Use data to review system effectiveness and address gaps</b>	1.2.1 Share localised data to: <ul style="list-style-type: none"> <li>— identify localities with poor completion rates</li> <li>— quantify the number of incomplete immunisations contributing to poor rates</li> <li>— work collaboratively to co-design place-based approaches that will be effective locally</li> </ul>	INCC			<ul style="list-style-type: none"> <li>• Rate of immunisation by service-level agreement (SLA) / local government area (LGA) by age</li> <li>• Rate and location of vaccine preventable illness</li> </ul>
	1.2.2 <ul style="list-style-type: none"> <li>• Reduce the cost of immunisation wastage resulting from cold chain breaches</li> <li>• Develop and share data across organisations</li> <li>• Develop strategies to reduce the rate of vaccine wastage</li> <li>• Focus on all immunisation providers (AMS, general practice, community health, pharmacy)</li> </ul>	PHU/INCC		<ul style="list-style-type: none"> <li>• Develop collaborative approach to cold chain management</li> <li>• Share data on cold chain management breaches</li> <li>• Ensure compliance of cold chain management through accreditation</li> <li>• Train “cold chain” champions</li> <li>• Ensure practices have battery back-up or power outage alarm devices</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of cold chain breaches</li> <li>• Provide list of practices that have had cold chain breaches</li> <li>• Develop cold chain strategy/ cheat sheets for use by immunisation providers</li> </ul>
	1.2.3 Support local research to develop evidence-based approaches to improving immunisation rates	PHU	Med term	<ul style="list-style-type: none"> <li>• Implement Tailoring Immunisation Project (TIP) on the North Coast</li> </ul>	<ul style="list-style-type: none"> <li>• TIP implemented</li> </ul>

# Action 2

## Ensure the region is well supplied with health professionals skilled in providing effective immunisations

Strategy		Lead and Supporting Agencies	Priority	How	Measures
			Short term 0–6 months Med term 6–12 months Long term 12+ months		
2.1 Increase the number of immunisation providers in the region	2.1.1 Increase the number of registered nurses, practice nurses, pharmacists and registered midwives with immunisation authorisation through promotion of scholarships and education opportunities	HNC (Primary Care)/PHU	Short term	<ul style="list-style-type: none"> <li>Provision of scholarships</li> </ul>	<ul style="list-style-type: none"> <li>Number of scholarships facilitated</li> </ul>
	2.1.2 Provide annual, locally delivered immunisation updates for immunisation providers, including nurses, GPs, pharmacists and Aboriginal health professionals	HNC (Lead Support)/ PHU	Short term	<ul style="list-style-type: none"> <li>Provide multidisciplinary information sessions for influenza vaccination March of each year</li> <li>Provide annual face-to-face sessions</li> <li>Develop webinars for ongoing information sharing</li> </ul>	<ul style="list-style-type: none"> <li>Number of updates provided</li> <li>Number of health professionals trained</li> </ul>
	2.1.3 Build expertise and confidence among immunisers to positively engage with vaccination-hesitant parents	HNC/AMS/Community Health Providers	Med term		
	2.1.4 Provide support and information to relevant HNC staff delivering practice support to enable them to effectively support practices in their immunisation activities	NCPHU	Short term	<ul style="list-style-type: none"> <li>Briefings of Primary Health Coordinators at HNC undertaken 6 monthly</li> </ul>	
	2.1.5 Ensure all providers have access to relevant education by promoting webinars and other learning opportunities	HNC/PHU/INCC	Med term		
	2.1.6 Support the transition of new practice nurses by facilitating basic skills development	HNC	Long term		

# Action 2

## Ensure the region is well supplied with health professionals skilled in providing effective immunisations

Strategy		Lead and Supporting Agencies	Priority Short term 0-6 months Med term 6-12 months Long term 12+ months	How	Measures
<b>2.2 Provide accessible information to support immunisation provision across the lifespan</b>	2.2.1 Promote AIR as a whole of lifespan record to all immunisers	HNC/PHU	Med term	Ensure practices are using the latest software so that adult vaccinations get notified to AIR	AIR utilisation rates
	2.2.2 Collaborate with the Mid and North Coast HealthPathways team to maintain currency of vaccination information	PHU	Short term		HealthPathways page views (reported quarterly) and quarterly reports
	2.2.3 Promote HealthPathways and the Australian Immunisation Handbook as the points of truth for accurate information about whole of lifespan vaccinations for all health professionals	HNC	Med term		
	2.2.4 Encourage opportunistic vaccination and opportunity to check immunisation status of other family members attending at same appointment	HNC/PHU/AMS	Ongoing	Measured on monthly follow ups in consistent way every month	

# Action 3

## Engage consumers as active participants in vaccination programs

Strategy		Lead and Supporting Agencies	Priority Short term 0–6 months Med term 6–12 months Long term 12+ months	How	Measures	
<b>3.1</b>	<b>Develop a consumer-facing strategy to increase visibility of the benefits of timely, evidence-based vaccination practices for adults and children</b>					
	3.1.1	Utilise social media to distribute information aimed at building community activation about the benefits of vaccinating on time	HNC/PHU	Med term		Strategy developed, agreed and funded
	3.1.2	Empower community members by — promoting use of AIR to check accuracy of immunisation records — utilising apps to prompt timely completion (save the date)	HNC	Ongoing	Encourage patient activation	Save the date activity
	3.1.3	Conduct an annual audit of consumer resources and web-based resources to ensure that high-quality, consistent resources are available to the community via all partners' websites	INCC Partners	Med term		Annual audit completed
	3.1.4	Promote consumer-facing, evidence-based fact sheets (developed by NCIRS, Immunise Australia and NSW Ministry of Health), including in the HealthInfo consumer portal	INCC	Long term		
	3.1.5	Develop local strategies to encourage influenza vaccination of Aboriginal communities on the North Coast	AMS/INCC			
3.1.6	Develop winter strategy for distribution of information regarding influenza vaccination each year, including pharmacies	INCC		Develop and implement winter strategy	Strategy implemented	

# Action 4

## Build whole of system collaboration

Strategy		Lead and Supporting Agencies	Priority Short term 0-6 months Med term 6-12 months Long term 12+ months	How	Measures	
4.1	<b>Maintain Immunisation North Coast Committee (INCC) as a partnership working across the system</b>	4.1.1 Review membership to ensure it reflects the whole system	INCC	Short term		Strategy developed, agreed and funded
		4.1.2 Meet at least quarterly to review progress	PHU	Ongoing	Encourage patient activation	Save the date activity
		4.1.3 Monitor and share information about the rates of immunisation to ensure coverage is maintained	PHU	Ongoing		Annual audit completed
		4.1.4 Monitor agreed measures and report progress to relevant local governance structures, including the boards of LHDs and the PHN	INCC	Med term		
		4.1.5 Progress collaborative activities in a timely way and share information of successes and barriers freely	INCC	Ongoing		



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