

Immunisation Network Newsletter

December 2003

In this issue

Quarterly release	1
Australian Childhood Immunisation Register coverage results	1
Assessment requirements and results for the ACIR coverage	1
Importance of timely reporting to the ACIR	3
Recording overseas vaccinations	4
How to record overseas immunisations	4
Comparison of ACIR and GPII	4
A comparison of ACIR and GPII immunisation coverage calculations	5

Correspondence

The Editor
Immunisation Network Newsletter
HIC
PO Box 1001
Tuggeranong ACT 2901
Email: editor.inn@hic.gov.au

Call:

1800 653 809

TTY hearing impaired:

1800 552 152

Translating Interpreting Service

131 450

Internet:

www.hic.gov.au

Quarterly release

The *Immunisation Network Newsletter* will now be released quarterly to coincide with the Australian Childhood Immunisation Register immunisation coverage rates.

Australian Childhood Immunisation Register coverage results

September figures show coverage is increasing

The coverage results reported by the Australian Childhood Immunisation Register (the ACIR) at 30 September 2003 are:

- 12–15 months—91.7 per cent
- 24–27 months—89.2 per cent
- 72–75 months—83.1 per cent.

The coverage rates have increased 0.5 per cent, 0.4 per cent and 1.7 per cent respectively compared to the same period in 2002.

The ACIR coverage reports are produced at the end of each calendar quarter for children registered with Medicare who are aged between 12–15 months, 24–27 months and 72–75 months.

The ACIR coverage is not the same as the General Practice Immunisation Incentives (GPII) scheme coverage which uses different algorithms to assess a child's immunisation status. (*See the ACIR and GPII coverage comparison table attached.*)

Assessment requirements and results for the ACIR coverage

Children aged between 12–15 months

Each child needs to receive the following vaccines by 12 months of age:

- Diphtheria, Tetanus and Pertussis—dose 3
- Polio—dose 3
- Haemophilus influenzae type b (Hib)—dose 2 or 3
- Hepatitis B—dose 2 or 3.



Immunisation Network Newsletter

If any of the required vaccines were administered after the child turned 12 months of age, they are not included in the coverage calculation.

The following table outlines the coverage percentage(s) at 30 September 2003 for children born between 1 April 2002 and 30 June 2002.

State	No. in state	% DTP	% POLIO	% HIB	% HEPB	% fully
ACT	1012	92.9	92.8	94.8	95.8	91.6
NSW	20945	92.9	92.9	94.5	95.6	91.4
VIC	14991	93.7	93.7	95.4	95.2	92.6
QLD	12409	92.9	92.8	94.9	95.3	92.1
SA	4199	92.8	92.7	95.1	95.6	91.6
WA	6068	91.1	90.9	93.9	93.7	89.7
TAS	1408	92.6	92.5	95.2	95.2	92.1
NT	890	92.2	92.0	94.8	96.4	89.9
AUST	61922	92.9	92.8	94.8	95.3	91.7

Children aged between 24–27 months

Each child needs to receive the following vaccines by 24 months of age:

- Diphtheria, Tetanus and Pertussis—dose 4
- Polio—dose 3
- Haemophilus influenzae type b (Hib)—dose 3 or 4
- Hepatitis B—dose 2 or 3
- Measles, Mumps and Rubella—dose 1.

If any of the above vaccines were administered after the child turned 24 months of age, they are not included in the coverage calculation.

The following table outlines the coverage percentage(s) at 30 September 2003 for children born between 1 April 2001 and 30 June 2001.

State	No. in state	% DTP	% POLIO	% HIB	% HEPB	% MMR	% fully
ACT	960	88.4	94.7	93.1	94.8	92.4	85.1
NSW	21152	90.8	95.0	93.6	95.7	93.7	88.4
VIC	14822	91.8	95.2	94.3	96.1	94.5	89.9
QLD	13029	92.1	95.0	94.2	95.6	94.5	90.0
SA	4348	91.9	95.8	94.6	96.0	94.7	90.2
WA	6107	89.6	94.5	92.8	95.2	93.2	87.4
TAS	1414	93.9	96.5	95.7	97.2	95.3	93.1
NT	900	90.1	96.7	95.1	98.0	95.4	89.4
AUST	62732	91.3	95.1	94.0	95.8	94.1	89.2

Immunisation Network Newsletter

Children aged between 72–75 months

Each child needs to receive the following vaccines by six years of age:

- Diphtheria, Tetanus and Pertussis—dose 5
- Polio—dose 4
- Measles, Mumps and Rubella—dose 2.

If any of the above vaccines were administered after the child turned six years of age, they are not included in the coverage calculation.

The following table outlines the coverage percentage(s) at 30 September 2003 for children born between 1 April 1997 and 30 June 1997.

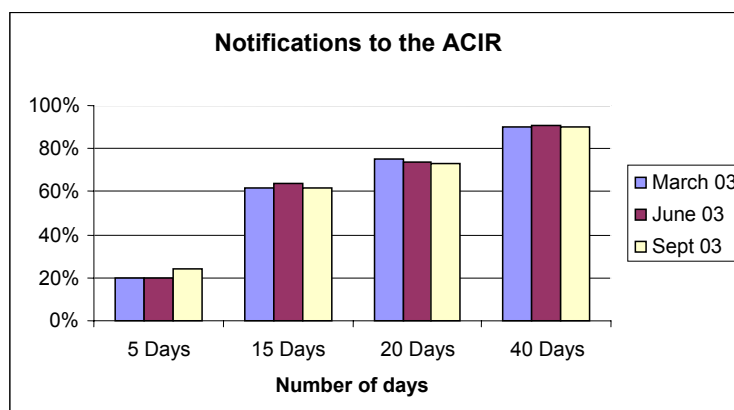
State	No. in state	% DTP	% POLIO	% MMR	% fully
ACT	1044	84.7	84.7	85.0	83.1
NSW	21975	84.7	84.7	83.4	82.1
VIC	15832	87.1	87.3	87.0	85.8
QLD	13391	84.1	84.1	83.9	82.4
SA	4686	85.0	85.3	84.4	83.3
WA	6443	82.8	82.9	82.7	81.1
TAS	1557	84.3	84.5	83.2	82.3
NT	809	84.3	85.3	85.4	81.6
AUST	65737	85.0	85.1	84.4	83.1

Importance of timely reporting to the ACIR

The ACIR relies on providers to report immunisation encounters as soon as possible. By doing this you help:

- achieve accurate ACIR coverage results and reports
- improve parent's eligibility to receive the Child Care Benefit and Maternity Immunisation Allowance
- reduce the need for immunisation history (IMMU-13) forms
- assist eligible providers achieve GPII outcomes payments

The following graph compares the number of days between the immunisation service date and the date the notification is received by the ACIR for March, June and September 2003. The graph will be updated and included in each newsletter.



Immunisation Network Newsletter

Recording overseas vaccinations

Legislation to enable the ACIR to record immunisations given overseas has now been passed. This means that from 21 December 2003 the ACIR will be able to record vaccinations given to children while overseas. Vaccinations with a service date earlier than 21 December 2003 can also be recorded.

Recording overseas vaccinations will provide a complete vaccination history for a child and assist parents claiming the Child Care Benefit and Maternity Immunisation Allowance.

The ACIR will record all immunisation encounters notified by recognised immunisation providers, or by prescribed bodies, that are registered by HIC.

The GPII scheme relies directly on immunisation data held on the ACIR for the assessment of immunisation status and calculation of practice coverage. A more complete immunisation history that includes records of vaccinations given to children while overseas, has the potential to produce higher immunisation coverage rates for practices.

How to record overseas immunisations

The ACIR can be notified of vaccinations given overseas by using the current immunisation history form (IMMU-13) by writing 'given overseas' where applicable.

A new immunisation history form incorporating a column titled 'Tick here if given overseas' will be available shortly.

Comparison of ACIR and GPII

An updated comparison table incorporating recent changes to the National Immunisation Program and GPII assessment processes is attached. The table can be used as a reference tool for immunisation providers to understand how immunisation coverage is calculated by the ACIR and GPII as well as the differences and similarities between the ACIR and GPII.

A comparison of ACIR and GPII immunisation coverage calculations

Australian Childhood Immunisation Register	General Practice Immunisation Incentives
<p>The Australian Childhood Immunisation Register (the ACIR) is a national database containing information on the immunisation status of all children living in Australia who are under seven years of age. The ACIR produces immunisation coverage rates at national, state and local levels. This data is used by health professionals to identify immunisation coverage rates for vaccine-preventable diseases to improve the level of immunisation service delivery. These rates may be used to identify areas of low coverage and may be analysed at the antigen/vaccine level.</p> <p>The ACIR was established in January 1996.</p>	<p>The General Practice Immunisation Incentives (GPII) scheme was introduced as one part of the Immunise Australia Program's Seven Point Plan. The GPII scheme is a system of providing financial assistance to general practitioners and general practices who monitor, promote and provide immunisation services to children under seven years of age. The aim of the scheme is to encourage at least 90% of practices to achieve 90% or more proportion of full immunisation.</p> <p>The first payments under the GPII scheme began in July 1998.</p>
Timely reporting	Timely reporting
<p>To maintain an accurate and complete record, it is essential that providers send immunisation data to the ACIR as soon as possible.</p> <p>When immunisation services are not reported quickly to the ACIR for a child who is up-to-date, they will be shown as due or overdue on the ACIR reports used by providers.</p>	<p>To maximise the GPII practice coverage rates and GPII Outcomes payments, it is essential that providers send immunisation data to the ACIR as soon as possible after the vaccination is given.</p> <p>GPII uses the immunisation status recorded on the ACIR to calculate coverage rates for practices.</p>
National ACIR coverage reporting—cohort based coverage	GPII coverage reporting—cross-sectional based coverage
<p>The ACIR coverage reports are produced at the end of each calendar quarter; 31 March, 30 June, 30 September and 31 December.</p>	<p>GPII coverage reports are produced in February, May, August and November.</p>
Children included in the ACIR coverage calculation	Children included in the GPII practice coverage calculation
<p>All children in three targeted age groups (cohorts), for each quarterly report, are selected. The targeted age groups¹ are:</p> <ul style="list-style-type: none"> • Cohort 1—children between 12–15 months of age • Cohort 2—children between 24–27 months of age • Cohort 3—children between 72–75 months of age. 	<p>GPII coverage rates are not calculated using specific age groups (cohorts). All children (birth to up to seven years of age) registered on Medicare who have received two or more non-referred Medicare consultations during the 12-month reference period² are included in the calculation of coverage rates for the practice. This is irrespective of who immunised the children.</p>
ACIR coverage calculation method	GPII practice calculation method
<p>The ACIR reports coverage on the immunisation status of children by identifying if each child has had the required dose for each required antigen. For example, for the 12–15 coverage group, children are required to have received dose 3 of diphtheria by 12 months of age. Minimum immunisation requirements are given on page 2.</p> <p>Meningococcal C and Pneumococcal vaccines are currently excluded from the coverage calculation process.</p>	<p>From 1 July 2003, GPII records the immunisation status for all children according to the National Due and Overdue Rules which are based on the vaccine requirements of the National Immunisation Program. As of the August 2003 Outcomes payment calculation, children following a catch-up schedule are included.</p> <p>Meningococcal C and Pneumococcal vaccines are currently excluded from the calculation process.</p>

¹ The age group for the ACIR coverage is calculated three months prior to the date the coverage report is extracted.

² A reference period refers to the 12 month period that ends four months prior to the start of the payment quarter.

ACIR assessment provisions	GPII assessment provisions
<p>Catch-up provisions, medical contraindications and natural immunities are considered when determining a child's immunisation status for due and overdue reports, the Family Assistance Office and immunisation history statements.</p> <p>Conscientious objection only affects a child's immunisation status for the Family Assistance Office.</p>	<p>Children following a catch-up schedule and children with a natural immunity or medical contraindication recorded on the ACIR will be considered during the assessment process.</p> <p>Children who have a conscientious objection recorded on the ACIR are not included in the practice report.</p>

The ACIR national coverage—minimum immunisation requirements	GPII national coverage		
<p>Cohort 1—children aged 12–15 months, need to have received the following by 12 months of age:</p> <ul style="list-style-type: none"> • Diphtheria, Tetanus and Pertussis—dose 3 • Hepatitis B—dose 2 or 3 • Polio—dose 3 • Hib—dose 2 or 3. <p>Cohort 2—children aged 24–27 months, need to have received the following by 24 months of age:</p> <ul style="list-style-type: none"> • Diphtheria, Tetanus and Pertussis—dose 3 * • Hepatitis B—dose 2 or 3 • Polio—dose 3 • Hib—dose 3 or 4 • Measles, Mumps and Rubella—dose 1. <p>Cohort 3—children aged 72–75 months, need to have received the following before six years of age:</p> <ul style="list-style-type: none"> • Diphtheria, Tetanus and Pertussis—dose 4 ** • Polio—dose 4 • Measles, Mumps and Rubella—dose 2. 	<p>The national GPII immunisation coverage rate is the average of all GPII practice coverage rates for those practices with 10 or more whole patient equivalents (WPE) that were included in the calculation.</p> <p>Please note: not all practices are registered for GPII.</p> <tr> <td colspan="2" data-bbox="1115 614 2110 662" style="text-align: center;">GPII recalculations</td> </tr> <p>GPII routinely recalculates the immunisation level and payment for all practices based on the information used to make the original calculation.</p> <p>Only practices that receive a positive adjustment to their outcomes payment will receive a recalculation statement.</p> <p>Recalculations are scheduled to occur three months after the original calculation date. Recalculations look for additional vaccines that were administered prior to the original assessment date but have been received and processed by the ACIR up to the date of the reassessment.</p>	GPII recalculations	
GPII recalculations			

The ACIR reports	GPII Reports
<p>The following reports may be requested by approved providers via the ACIR secure site to identify the immunisation status of children:</p> <ul style="list-style-type: none"> • ACIR011A—Due/overdue report by locality (division level) • ACIR011B—Due/overdue report by provider (GP level) • ACIR021A—Due/overdue report (GP level) • ACIR036A—Due/overdue report (division level) 	<p>The following reports are based on GPII coverage calculations as per the quarterly Feedback Statement:</p> <ul style="list-style-type: none"> • GPII020A—GPII practice coverage report (practice level) • ACIR032A—Immunisation coverage rates for GPII at a given date (division level)

* For coverage reported from 31 December 2003, the dose 4 DTPa vaccination requirement at 18 months of age has been removed.

** For coverage reported from 31 December 2003, the dose 4 DTPa vaccination requirement refers to the vaccination schedule due at four years of age.