

# Immunisation Network Newsletter

April 2004

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## Quarterly release

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

## Australian Childhood Immunisation Register coverage results

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 (GPPII) scheme coverage which uses different algorithms to assess a child's immunisation status.

## Coverage percentages at 31 March 2004

Cohort 1—children aged between 12–15 months, born between 1 October 2002 and 31 December 2002.

Cohort 2—children aged between 24–27 months, born between 1 October 2001 and 31 December 2001.

Cohort 3—children aged between 72–75 months, born between 1 October 1997 and 31 December 1997.

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
Cohort 1	93.1	91.0	91.5	91.5	91.8	89.0	91.8	89.1	91.1
Cohort 2	88.4	90.8	92.4	92.0	92.7	90.3	92.1	93.7	91.5
Cohort 3	84.1	83.1	85.9	83.0	83.3	79.6	84.1	80.0	83.5

Full coverage details at a vaccine level are available at [www.hic.gov.au/acir](http://www.hic.gov.au/acir) under the heading statistics. These figures will be updated quarterly.



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While the coverage rate for children aged between 12–15 months is down 0.3 per cent compared to the same period as last year, there has been a significant increase in coverage for children aged between 24–27 months at 2.5 percent and 72–75 months at 1.3 per cent.

**Please note:** coverage assessment for children aged between 24–27 months has changed from the December 2003 quarter to exclude the requirement for the 18 month dose of diphtheria, tetanus and pertussis antigens. Coverage for children aged between 24–27 months now looks for a dose three **or** four of diphtheria, tetanus and pertussis antigens. Prior to the change, assessment of the 24–27 months of age looked for dose four only. The increase is due to the less restrictive assessment which requires a child to be up-to-date for vaccines at 12 months of age when assessed for coverage at 24–27 months of age.

## Coverage percentages at 31 December 2003

Coverage figures for December 2003 have previously been available at [www.hic.gov.au/acir](http://www.hic.gov.au/acir) under the heading statistics. The data is listed in this newsletter for your information.

### Children aged between 12–15 months

Each child needs to have received the following 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.

Where any of the above 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 31 December 2003 for children born between 1 July 2002 and 30 September 2002.

State	No. in state	% DTP	% POLIO	% HIB	% HEPB	% Fully
ACT	1071	92.8	92.6	91.7	95.6	88.3
NSW	21811	92.5	92.4	94.1	95.1	91.0
VIC	15818	93.1	93.0	95.0	94.9	91.3
QLD	12651	92.5	92.3	94.4	94.7	91.3
SA	4510	92.9	92.7	94.7	95.3	91.6
WA	6028	90.7	90.4	93.3	93.1	89.1
TAS	1485	92.9	93.0	95.8	95.6	91.7
NT	899	88.8	87.9	93.3	94.8	85.5
AUST	64273	92.5	92.3	94.4	94.8	91.0

### Children aged between 24–27 month

The child needs to have received the following by 24 months of age:

- Diphtheria, Tetanus and Pertussis—dose 3 or 4—for coverage reported from 31 December 2003, the dose 4 DTPa vaccination requirement at 18 months of age has been removed.
- Polio—dose 3
- *Haemophilus influenzae* type b (Hib)—dose 3 or 4
- Hepatitis B—dose 2 or 3
- Measles, Mumps and Rubella—dose 1.

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Where 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 31 December 2003 for children born between 1 July 2001 and 30 September 2001.

State	No. in state	% DTP	% POLIO	% HIB	% HEPB	% MMR	% Fully
ACT	1019	95.6	94.6	91.0	95.0	91.1	89.0
NSW	22036	95.7	94.4	92.6	95.4	92.7	90.8
VIC	15831	96.0	94.9	93.3	96.0	93.7	92.1
QLD	13160	95.9	95.0	94.2	95.7	94.2	92.5
SA	4575	96.3	95.7	94.2	96.4	94.4	92.9
WA	6398	94.5	93.1	91.5	94.6	92.1	89.8
TAS	1456	96.4	96.0	95.0	96.4	95.0	94.4
NT	858	86.5	96.2	94.6	97.4	94.9	93.6
AUST	65333	95.7	94.7	93.1	95.6	93.4	91.6

## Children aged between 72–75 months

The child needs to have received the following by six years of age:

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

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

The following table outlines the coverage percentage(s) at 31 December 2003 for children born between 1 July 1997 and 30 September 1997.

State	No. in state	% DTP	% POLIO	% MMR	% Fully
ACT	1061	86.6	86.5	85.9	84.7
NSW	23079	85.4	85.4	84.2	82.9
VIC	16293	87.3	87.5	87.4	86.2
QLD	13673	85.0	85.1	84.8	83.6
SA	4775	85.2	85.5	84.8	83.6
WA	6779	81.7	82.1	81.6	80.2
TAS	1635	86.5	87.3	86.1	85.0
NT	786	83.5	84.9	84.5	82.4
AUST	68081	85.4	85.6	84.9	83.7

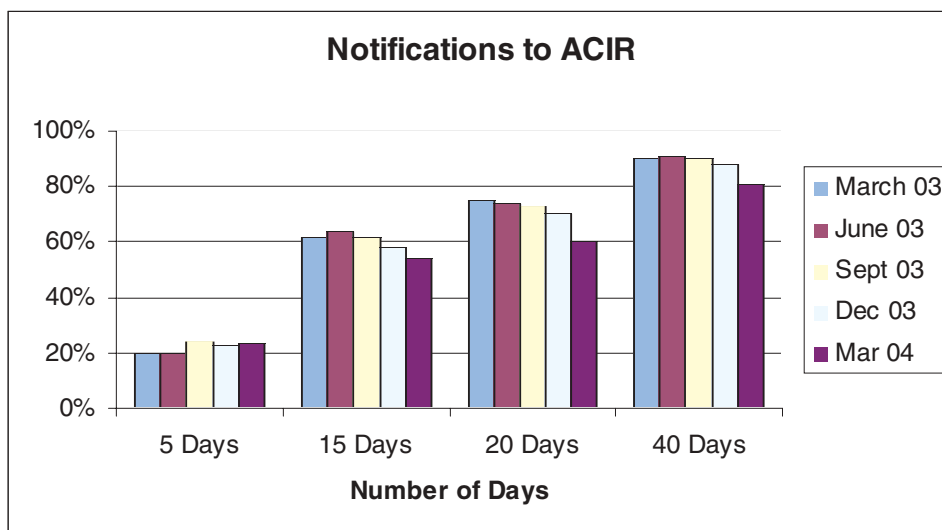
# Immunisation Network Newsletter

## 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 Australian Government's family assistance payments, 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. The graph will be updated and included in each newsletter.



## Overseas vaccinations

Following a recent change to legislation, the ACIR is now able to record vaccinations that have been given to children while they were overseas. This change has enhanced the ACIR's ability to hold and report a complete vaccination history for a child, and may assist parents whose children have been immunised overseas with claiming the Australian Government's family assistance payments, the Child Care Benefit and Maternity Immunisation Allowance.

You can use the Immunisation History form to notify the ACIR of vaccinations that have been given overseas. This form is being amended to make it easier for providers to notify these details. However, you can still use the existing 'Immunisation History 2000' form by including 'given overseas' alongside the relevant vaccine details. Please note: the ACIR is unable to accept photocopies of children's overseas health records.

Immunisation history forms can be obtained by completing a stationery re-order form, available to print from the internet at [www.hic.gov.au/providers/forms/acir](http://www.hic.gov.au/providers/forms/acir), or by calling the ACIR's stationery suppliers on 1800 067 307. For further information please call the ACIR enquiry line on 1800 653 809.

## Meningococcal C Catch-Up Payment

The ACIR made two Meningococcal C catch-up payments to providers in the last 12 months. These payments were made to support vaccination catch-up in the first year of the national Meningococcal C vaccination program.

The notification payment for catch-up:

- applied to children born from 1 January 1998 to 31 December 2001
- applied to the notification of the Meningococcal C conjugate vaccinations (*Meningitec, Menjugate, and NeisVac-C*)
- applied to providers for whom the ACIR held valid bank account details for EFT deposits, at the time the payment calculation occurred.

The first payment was made on 19 June 2003 for all retrospective notifications provided to the ACIR up to and including 30 April 2003. The second and final payment was made on 18 March 2004 for the remaining vaccinations given up to and including 31 December 2003 provided the immunisation information was forwarded to the ACIR by 15 February 2004.