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Newsletter

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Australian Childhood Immunisation Register coverage reporting

Coverage results continue to improve

Following on from the great immunisation coverage results reported nationally as at 30 September 2002, the following quarterly results reported as at 31 December 2002 were even better:

- 12–15 month cohort coverage is 91.7%—up 0.5% since the September quarter
- 24–27 month cohort coverage is 89.4%—up 0.6%
- 72–75 month cohort coverage is 82.2%—up 0.8%

This has been a fantastic effort by everyone involved in helping to improve the reporting of immunisation data to the ACIR, with two very strong coverage results in successive quarters.

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. ACIR coverage is not the same as the General Practice Immunisation Incentive (GPiI) coverage which uses different algorithms to assess a child's immunisation status.

Children aged between 12–15 months

The child needs to have received the following by 12 months of age:

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

Where any of the above vaccines were administered after the child turned 12 months of age, these are not included in the coverage calculation.

The following table outlines the coverage percentage/s as at 31 December 2002 for children born between the first of July and the end of September 2001.

State	No. in state	% DTP	% OPV	% HEPB	% HIB	% Fully
ACT	1018	93.3	93.0	94.9	93.9	91.0
NSW	21687	92.6	92.4	95.1	94.7	91.4
VIC	15556	93.1	93.0	95.2	95.3	92.4
QLD	12751	92.8	92.8	95.3	95.0	91.8
SA	4507	93.9	93.9	96.2	95.9	93.2
WA	6196	90.7	90.6	93.9	94.1	89.8
TAS	1412	93.6	93.6	95.3	95.5	93.0
NT	845	91.5	91.1	95.9	95.7	90.4
AUST	63972	92.7	92.6	95.1	94.9	91.7

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Children aged between 24–27 months

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

- Diphtheria, Tetanus and Pertussis–dose 4;
- Polio–dose 3;
- Measles, Mumps and Rubella–dose 1; and
- Haemophilus influenzae type b (Hib)–dose 3 or 4.

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

The following table outlines the coverage percentage/s as at 31 December 2002 for children born between the first of July and the end of September 2001.

State	No. in state	% DTP	% OPV	% MMR	% HIB	% Fully
ACT	1043	89.3	94.4	94.5	94.2	87.4
NSW	21942	90.8	94.4	93.6	93.6	88.5
VIC	15376	92.0	95.5	94.7	94.6	90.2
QLD	12593	92.0	94.6	94.2	94.0	90.3
SA	4437	91.4	95.6	94.5	94.1	89.5
WA	6293	91.2	94.1	93.8	93.2	88.7
TAS	1494	93.4	96.3	95.5	95.2	92.4
NT	788	86.4	96.1	94.7	93.1	85.0
AUST	63966	91.4	94.8	94.1	93.9	89.4

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; and
- Measles, Mumps and Rubella–dose 2.

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

The following table outlines the coverage percentage/s as at 31 December 2002 for children born between the first of July and the end of September 2001.

State	No. in state	% DTP	% OPV	% MMR	% Fully
ACT	1126	84.5	84.7	83.3	81.9
NSW	22832	84.2	84.2	82.4	80.8
VIC	16214	86.0	86.3	85.9	84.7
QLD	13382	84.7	85.0	84.5	82.9
SA	4842	84.0	84.1	83.3	81.8
WA	6770	81.5	81.9	81.3	79.6
TAS	1702	84.0	84.5	83.0	81.6
NT	789	84.5	85.7	85.0	82.8
AUST	67657	84.5	84.7	83.7	82.2

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What's new at ACIR?

Internet password changes

Changes have been made to improve our Internet logon procedures in response to feedback from providers accessing the ACIR's secure Internet site. Prior to these changes, providers accessing the ACIR's secure site were required to change their password every 45 days, and Internet access was revoked if the password was not changed for 90 days.

The recent changes mean that passwords are now valid for 186 days. Internet access will not be revoked unless the secure site is not accessed for more than 186 days. For assistance accessing the secure site, please contact the ACIR Internet helpdesk on 1300 650 039.

Provider statements of payment are now available online

In response to feedback received from immunisation providers through market research conducted by HIC, providers are now able to view their most recent ACIR statement of payment online. The most recent monthly statement of payment is available on the ACIR's secure site, via the Claims menu.

Providers are able to view the statement, or use the 'printer friendly' button if a hardcopy is required. An option is also available to request a duplicate statement to be mailed.

Please note, when viewing the statement of payment online, a number of changes to the way the site works have been made:

- the navigation bar down the left hand side of the page is not displayed (this also occurs when using the printer friendly option);
- returning to the ACIR navigation bar/menu is done by either clicking on the 'back' button in the top left corner of the browser, or by clicking the 'return to selection page' button; and
- clicking on the 'printer friendly' button creates another browser window.

Meningococcal C notifications and new reporting payments

A flier was included with the ACIR statements of payment sent to immunisation providers late February 2003. The flier provides an overview of the National Meningococcal C Vaccination Program and includes information about a new payment that will be made to providers who report meningococcal C vaccinations to the ACIR for children following the catch-up provisions of this new program. A copy of the flier is included at the end of this newsletter.

Changes were made to statements of payment last month to show providers how the ACIR has assessed reported meningococcal C vaccinations. There has been some confusion about this as the ACIR assesses meningococcal C vaccinations in two ways, depending on the age of the child:

(1) Children born prior to 1 January 2002

Notification of meningococcal C vaccinations given to children born prior to 1 January 2002 will appear on the ACIR statement of payment with an assessment code of 950. This code means that the vaccine is not on the standard National Health and Medical Research Council (NHMRC) schedule. This is because meningococcal C vaccines given to children born prior to 1 January 2002 are considered 'non-Australian Standard Vaccination Schedule' vaccines.

New catch-up reporting payment (for children born between January 1998 and December 2001)

Meningococcal C notifications to the ACIR for children eligible for the catch-up provisions of the Meningococcal C program, (those born between 1 January 1998–31 December 2001), will attract a new reporting payment. The criteria for this payment are discussed in the flier below.

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Please note the new payment will be made separately to the monthly ACIR payments, in one of two instalments. The first payment will be made in June 2003 for meningococcal C notifications sent to, and recorded on the ACIR, prior to 30 April 2003. The second and final payment will be made in April 2004 for meningococcal C notifications given up to and including 31 December 2003, sent to and recorded on the ACIR by 15 February 2004.

(2) Meningococcal notifications for children born from 1 January 2002.

Notification of meningococcal C vaccinations given to children born on or after 1 January 2002 will appear on the ACIR statements of payment with a code of 850. This code means the vaccine has not been included in the payment calculation.

Although the meningococcal C vaccine forms part of the 2003 amendment to the 2000 Australian Standard Vaccination Schedule for children born from 1 January 2002, it is not currently required for completion of a schedule. Therefore, immunisation providers shall continue to be paid a notification payment regardless of whether meningococcal C vaccination is reported to the ACIR with the other scheduled vaccines due at 12 months of age.

February 2003

National Meningococcal C Vaccination Program

The first stage of the National Meningococcal C Vaccination Program has commenced in most states and territories. Immunisation providers are asked to report meningococcal C vaccinations given to children under the age of seven, who are vaccinated outside school-based arrangements, to the Australian Childhood Immunisation Register (ACIR). This will ensure complete and up-to-date immunisation records are available to parents and immunisation providers. Providers in Queensland and Northern Territory who report immunisation services to their state/territory immunisation register should continue to do so.

The ACIR will record the meningococcal C conjugate vaccines (*Meningitec*, *Menjugate*, and *NeisVac-C*) as standard vaccines. The meningococcal polysaccharide vaccines (*Mencevax ACWY* and *Menomune*) will continue to be recorded on the ACIR as non-standard vaccines. Providers may record details in the 'other' box on the ACIR encounter form, through the ACIR secure website (for authorised users), or electronically by Electronic Data Interchange (EDI).

Payments

Initially, the 12 month meningococcal C vaccination will not be linked to eligibility for Government payments to families (*Child Care Benefit* and *Maternity Immunisation Allowance*), and will not be used to calculate coverage data for GPII payments. This will be reviewed by the Department of Health and Ageing at the end of the year.

To support vaccination catch-up in the first year of the Program, a notification payment will be made to immunisation providers for services given to children aged 1-5 years. The notification payment will:

- apply to children born from 1 January 1998 to 31 December 2001;
- apply to the notification of the meningococcal C conjugate vaccinations (*Meningitec*, *Menjugate*, and *NeisVac-C*) given up to and including 31 December 2003;
- be paid retrospectively for vaccines administered prior to 1 January 2003 provided the vaccination was reported as an immunisation encounter; and
- be issued separately to the monthly ACIR payments and will be made to providers in two payment instalments:
 - the first payment will be made in June 2003 (in time for the end of this financial year) for notifications provided to the ACIR prior to 30 April 2003; and
 - the second and final payment will be made in March 2004 for vaccinations given up to and including 31 December 2003, provided the immunisation information is forwarded to the ACIR by 15 February 2004. Notifications received after this date will not attract payment.

A detailed statement identifying payments for services will be sent to providers following payment. The level of payments will vary between states and territories as not all state and territory health departments will be contributing to the payment for meningococcal C vaccine notification. The minimum payment will be \$3.00 and the maximum will be \$6.00.

For children born on or after 1 January 2002, immunisation providers will not receive a separate notification payment if the child receives the vaccine at a separate visit to their 12 month vaccinations.

Further information about the National Meningococcal C Vaccination Program is available on the Department of Health and Ageing's website at www.health.gov.au—via the Immunise Australia link.