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## Correspondence

The Editor  
Immunisation Network  
Newsletter  
HIC  
PO Box 1001  
Tuggeranong ACT 2901  
**email:** [editor.inn@hic.gov.au](mailto:editor.inn@hic.gov.au)

### Phone (free call):

1800 653 809

### TTY hearing impaired:

1800 552 152

### TIS translating

### interpreting service:

131 450

### Internet:

[www.hic.gov.au](http://www.hic.gov.au)

## Australian Childhood Immunisation Register coverage results

### Coverage results as at 31 March 2003

Coverage of childhood immunisation as recorded on the Australian Childhood Immunisation Register (ACIR) as at 31 March 2003 for children aged:

- 12–15 months—91.4 per cent;
- 24–27 months—89.0 per cent; and
- five to six years—82.2 per cent.

While not quite as high as the immunisation coverage peak achieved for the last reported quarter, the coverage figures continue to show growth and represent an increase in coverage of 0.9 per cent, 1.2 per cent and 5.5 per cent retrospectively since the same period in 2002.

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;
- Haemophilus influenzae type b (Hib)—dose 2 or 3; and
- Hepatitis B—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 identifies state, territory and national coverage percentage/s as at 31 March 2003 for children born between the first of October and the end of December 2001.

State	No. in State	% DTP	% OPV	% HIB	% HEPB	% Fully
<b>ACT</b>	932	91.8	91.5	93.9	94.1	90.1
<b>NSW</b>	20818	92.5	92.4	94.5	95.1	91.3
<b>VIC</b>	15031	93.1	93.0	95.1	94.9	91.9
<b>QLD</b>	11913	92.9	92.8	94.5	95.2	91.8
<b>SA</b>	4302	92.6	92.5	94.8	95.4	91.4
<b>WA</b>	5888	91.1	91.1	94.4	94.1	90.1
<b>TAS</b>	1449	93.9	93.8	95.2	95.1	92.8
<b>NT</b>	860	91.5	91.0	95.3	96.0	90.8
<b>AUST</b>	61193	92.6	92.5	94.7	95.0	91.4

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

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 identifies state, territory and national coverage percentage/s as at 31 March 2003 for children born between the first of October and the end of December 2000.

State	No. in State	% DTP	% OPV	% HIB	% HEPB	% MMR	% Fully
ACT	1072	89.5	94.2	93.8	94.9	93.8	86.8
NSW	21673	90.8	94.6	93.5	95.4	93.7	88.0
VIC	15458	92.0	95.7	94.8	96.3	95.1	90.0
QLD	12219	91.8	94.6	94.0	95.2	94.0	89.7
SA	4305	91.7	95.3	94.5	96.0	94.7	90.0
WA	5960	89.6	93.8	92.6	95.0	92.7	87.3
TAS	1553	93.6	96.7	96.0	97.4	95.8	92.9
NT	787	88.2	96.8	94.8	98.1	95.4	87.0
AUST	63027	91.2	94.9	94.0	95.7	94.2	89.0

## 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 identifies state, territory and national coverage percentage/s as at 31 March 2003 for children born between the first of October and the end of December 1996.

State	No. in State	% DTP	% OPV	% MMR	% Fully
ACT	1122	83.5	83.6	83.4	81.8
NSW	22333	83.6	83.7	82.0	80.5
VIC	16393	86.7	87.0	86.7	85.4
QLD	12531	83.8	84.0	83.7	82.3
SA	4738	83.0	83.3	82.1	80.8
WA	6525	81.9	82.1	81.8	79.9
TAS	1632	85.7	86.1	84.8	83.8
NT	765	83.5	85.4	84.3	82.2
AUST	66039	84.2	84.5	83.6	82.2

## Reporting immunisations promptly

Delays in reporting immunisation encounters to the ACIR impacts not only the ACIR reporting and coverage rates, but can also affect parents claiming some family assistance payments, delay payments to providers and cause Immunisation History forms to be completed unnecessarily.

Twenty per cent of immunisations are reported to the ACIR within five days of the service date. Sixty-two per cent of immunisations have been sent to the ACIR within two weeks of the service date. Seventy-five percent of services have been notified, however, 25 per cent remain unreported three weeks after the service date. Ninety per cent of services have been notified within six weeks after the service date.

Reporting delays can impact:

- **Family assistance payments and Immunisation History (IMMU-13) forms**

Two family assistance payments are linked to the immunisation status of a child; the Child Care Benefit and the Maternity Immunisation Allowance. Parents can authorise the Family Assistance Office to check the immunisation status of a child, as recorded on the ACIR, when applying for these benefits. Delays in reporting immunisation services to the ACIR often result in families receiving letters from the Family Assistance Office informing them that their child is not up-to-date with their immunisations. Unless the parent can confirm that their child is up-to-date or has an approved exemption, their payment could be cancelled.

When this happens parents often ask immunisation providers to complete an Immunisation History (IMMU-13) form. This places a time burden on both the parent and provider that could have been prevented if the immunisation service had been reported promptly to the ACIR.

- **Immunisation history statements**

When immunisation services are not notified promptly to the ACIR, a child up-to-date with immunisation will be shown as due or overdue on immunisation history statements sent to parents by the ACIR. This can result in parents making unnecessary enquiries with their provider about their child's incomplete immunisation history.

- **GPII Outcomes payments**

The immunisation status of children is currently assessed for the GPII Outcomes payment using strict age appropriate immunisation rules and does not allow for children following a catch-up schedule. From July 2003, GPII will adopt the ACIR's due and overdue rules to determine immunisation status. These new arrangements will provide a more consistent approach in determining immunisation status and will cater for children following a catch up schedule.

The new assessment process will use the immunisation status recorded on the ACIR for each child at the time the GPII Outcomes calculation is made. It will be important, therefore, that immunisation services are promptly recorded on the ACIR.

- **ACIR reports**

When immunisation services are not reported promptly to the ACIR a child who is up-to-date with immunisation will be shown as due or overdue on the ACIR reports used by providers. This can result in immunisation providers unnecessarily trying to follow-up children reported as overdue.

- **ACIR coverage**

Immunisation coverage rates are calculated every three months. A child may be up-to-date with immunisation but will not be assessed as such when these details are not recorded on the ACIR in time to be included in the assessment. This can result in immunisation providers unnecessarily trying to follow-up children reported as overdue.

# Immunisation Network Newsletter

## What's new at the ACIR?

### Quick reference guide to requesting Internet access

A quick reference guide, setting out the steps involved in requesting access, has been developed to help immunisation providers accessing the ACIR secure site on the Internet for the first time. A copy of the guide is included at the end of this newsletter. The guide is also available via your ACIR field officer.

### New ACIR publications

A number of new guides helping providers to access ACIR reports are scheduled for completion later this month. These will be available via your ACIR field officer and on the HIC website:

#### Guides

- Internet logon procedures (updated with recent extension to password requirements)
- Requesting access to the secure site
- Guide to the ACIR011A due/overdue report by locality
- Guide to the ACIR011B due/overdue report by provider
- Guide to the ACIR015A history update report
- Guide to the ACIR036A due/overdue report
- Guide to recording an encounter

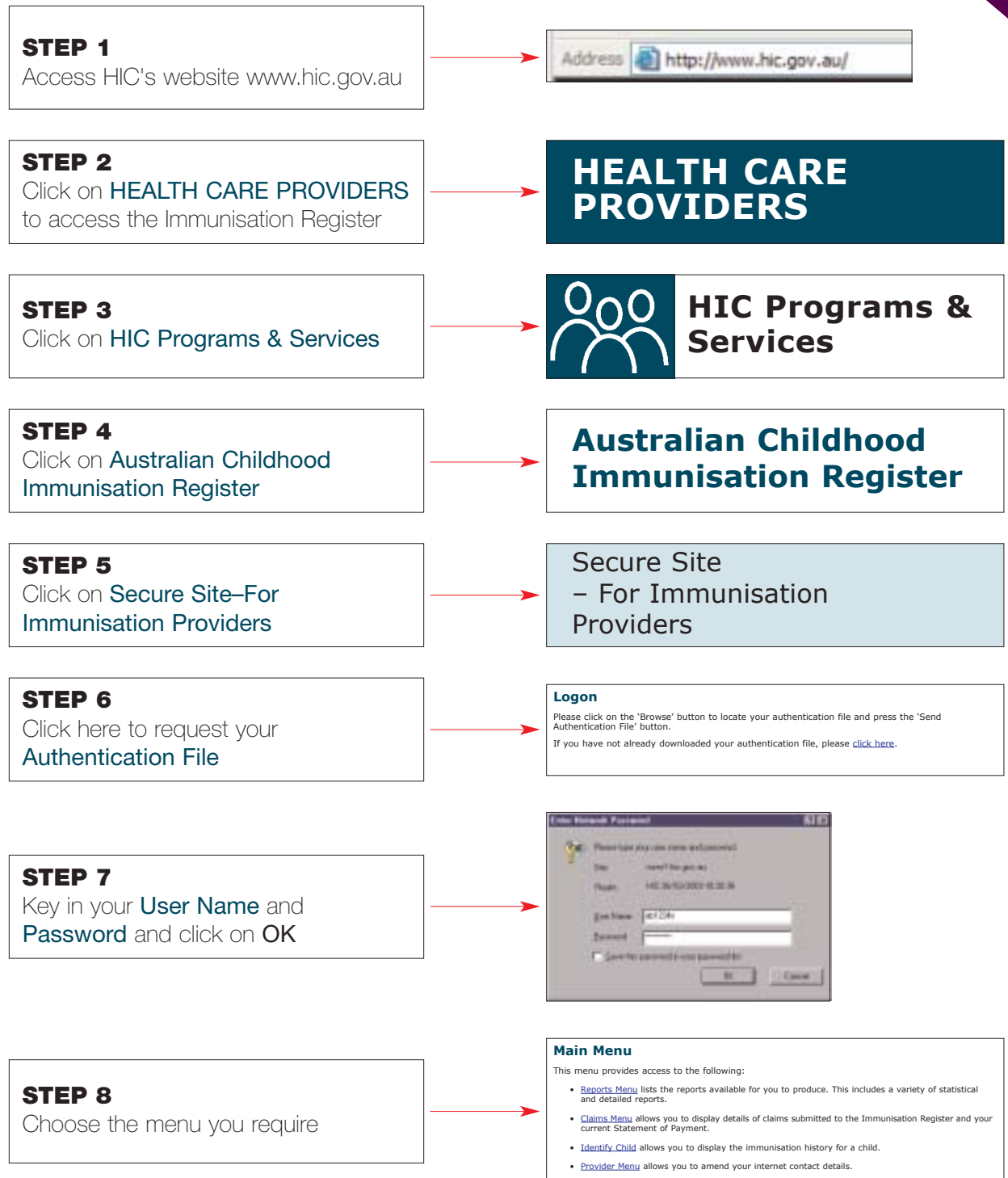
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### Accessing published material via the Internet

ACIR material for immunisation providers is available on the HIC website at [www.hic.gov.au/providers/publications\\_guidelines/acir.htm](http://www.hic.gov.au/providers/publications_guidelines/acir.htm)

## Australian Childhood Immunisation Register

Quick reference guide to accessing the secure site



For further assistance please call the ACIR Internet helpdesk on 1300 650 039