

Children Overdue for Immunisation (Guidelines for the Active Follow-Up of)

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Functional Sub group Clinical/ Patient Services - Infectious diseases

Summary Guidelines for the active follow-up of children overdue for immunisation.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Community Health Centres, Divisions of General Practice, Environmental Health Officers of Local Councils, Ministry of Health, Public Health Units, Public Hospitals

Distributed to Public Health System, Community Health Centres, Divisions of General Practice, Environmental Health Officers of Local Councils, Ministry of Health, Public Health Units, Public Hospitals

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CIRCULAR

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**AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER
(ACIR)****GUIDELINES FOR THE ACTIVE FOLLOW - UP OF CHILDREN
OVERDUE FOR IMMUNISATION****INTRODUCTION**

NSW Health fully supports the Australian Childhood Immunisation Register (ACIR) which was introduced by the Commonwealth Government on 1 January 1996. The ACIR is managed by the Health Insurance Commission (HIC).

The aim of the ACIR is to support action to improve immunisation rates across Australia. NSW maternity hospitals are required to enrol babies with Medicare prior to discharge from hospital to ensure early registration on the ACIR and the timely despatch of recall/reminder notices. (Circular No 95/99).

Parents who do not wish to receive recall/reminder notices may opt out of the scheme.

The purpose of this Circular is to guide Area Health Services in the planning of follow-up action appropriate to local circumstances.

DATA

In addition to standard reports from the ACIR on population coverage, the HIC will forward to NSW Health on a regular basis lists of children 90 days overdue for an immunisation event.

This identifying information will be made available with strict confidentiality provisions which limit its use to the provision of immunisation.

Distributed in accordance with circular list(s):

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Lists based on postcode will be distributed by the Department to Public Health Units (PHUs). PHUs will coordinate the further distribution to the most appropriate agency agreeing to participate in the confidential follow-up program. This may include a General Practitioner, Division of General Practice, Community Health Service, Aboriginal Health or Aboriginal Medical Service or Local Government Authority.

FOLLOW UP ACTION

Whilst individual follow up is the preferred approach, in some areas alternatives may be more resource efficient eg. targeted education programs to specific non-English speaking groups or the provision of mass immunisation services to groups in the community.

The following principles should apply to the follow up of individuals:

- , as with all immunisations, parents must be advised of the benefits, risks and contraindications to immunisation in order to give informed consent
- , a home visit should only be undertaken as a last resort and should not take place without a prior attempt being made to contact the parent/guardian
- , if the parent/guardian indicates that the child is not to be immunised, that decision should be respected and no further contact made.

Follow up of children should be carried out in the least intrusive manner and may include one or more of the following steps:

- 1) a telephone call to the last provider to ascertain whether the child has been immunised and not notified to the ACIR. The last provider may also be able to supply the current or new address.
- 2) a telephone call to the parent to offer assistance and suggest the best course of action,
- 3) a letter sent to the parent offering vaccination and advising of access to service providers
- 4) a home visit to discuss vaccination and the offer of "on the spot" immunisation.

PHU Directors and Area Immunisation Coordinators can assist with keeping the ACIR updated by forwarding directly to the HIC any information obtained on change of address, death or children lost to follow up.

Issues relating to follow up should be discussed with the Immunisation Coordinator and/or PHU Director.

John Wyn Owen
Director-General