

Immunisation Register - Australian Childhood

Document Number PD2005_085

Publication date 25-Jan-2005

Functional Sub group Clinical/ Patient Services - Infectious diseases

Summary Introduces a mechanism to provide accurate data on immunisation coverage and generate a recall/reminder system.

Author Branch AIDS and Infectious Diseases

Branch contact 9391 9234

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, Private Hospitals and Day Procedure Centres, 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, Private Hospitals and Day Procedure Centres

Review date 25-Jan-2017

Policy Manual Patient Matters

File No.

Previous reference 95/99

Issue date 21-Dec-1995

Status Active

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This Policy Directive may be varied, withdrawn or replaced at any time.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

File No	
Circular No	95/99
Issued	21st December 1995
Contact	S Campbell-Lloyd (02) 391 9196

AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER

BACKGROUND

The Commonwealth Government will trial an **Australian Childhood Immunisation Register** (the Register) over a two year period commencing from **1 January 1996**. This initiative is to address the currently unacceptable immunisation coverage for the vaccine-preventable diseases of childhood.

This Circular details the policy and procedures to be followed in implementing the Register in New South Wales.

REGISTRATION

- All children less than seven years of age on the Medicare data base will be entered on to the Register on 1 January 1996. The Register, which will be maintained by the Health Insurance Commission (HIC), will remain separate from the Medicare data base. The Register will provide accurate data on immunisation coverage and will generate a recall/reminder system which will allow active follow-up of susceptible children. All data on the Register will be de-identified when a child turns seven years of age.
- Parents will be able to opt out of the recall/reminder system by indicating their desire to do so in response to the first recall letter from the HIC.
- All neonates born after 1 January 1996 will be automatically entered on to the Register following registration with Medicare.

Distributed in accordance with circular list(s):

A 87 B C 91 D E
F 40 G H I J 86
K 10 L 33 M N P Q

73 Miller St North Sydney NSW 2060
Locked Mail Bag 961 North Sydney NSW 2059
Telephone (02) 391 9000 Facsimile (02) 391 9101

ACTION REQUIRED BY MATERNITY HOSPITAL STAFF

Maternity Hospital staff are to ensure that Medicare Registration forms are completed by parents for all neonates prior to discharge from hospital.

If the baby has not been named at discharge enter "baby" for the first name and use the mother's surname if no other preference has been indicated. This process ensures that all neonates are registered well before the first recall notice is sent to parents at six weeks.

The HIC pamphlet about the Register should also be given to parents and the recall/reminder system explained to them at this time.

Completed Medicare Registration forms should be collected and sent to the HIC at least weekly.

Immunisation data vouchers for the administration of hepatitis B vaccine or any other vaccine provided to children in hospital should be forwarded to the HIC for the data fee to be paid.

NSW will provide data on deaths in children aged less than seven years to the HIC from the Register of Births, Deaths and Marriages and the Coroner. This will help to avoid reminder notices being sent to parents of children who have died.

PAYMENT

NSW Health has agreed to a cost-share arrangement with the Commonwealth. A total fee of \$6 will be paid to private and public sector immunisation providers, local Councils, Areas and Districts, for data on each immunisation occasion of service which complies with the recommended NHMRC schedule. Payments to health services are to be quarantined for the support of immunisation programs and are to be expended at the discretion of the Area Chief Executive Officer (CEO) or District General Manager (GM).

AUTHORISATION OF HEALTH PROVIDERS

NSW Health is responsible for the authorisation of public sector immunisation service providers on receipt of nominations from Area CEOs and District GMs.

Local Councils who employ professional staff to conduct immunisation clinics are entitled to be authorised service providers and receive the data fee. Councils whose role is to provide premises and/or administrative staff are not entitled to be authorised providers, however, local arrangements are at the discretion of the Area CEO or District GM on advice from the Director of the Public Health Unit.

DATA TO BE SENT TO THE HIC

A separate Medicare style voucher with the patient's Medicare card and card imprinter will be used to record immunisation events for transfer to the HIC. The same form can be used for babies without a Medicare card but will need to be completed by hand. Areas and Districts wishing to develop their own software application for the capture and transfer of immunisation data to the HIC may do so. A kit with the relevant technical information is available from NSW Health on request.

It is important that service providers encourage parents to bring the child's Medicare card to each contact with a health service to simplify data entry. The NSW Personal Health Record should also be completed for each immunisation event as the preferred form of documentation for compliance with the provisions of the Public Health Act 1991 (School Entry Immunisation Certificate/documentated proof of immunisation for Directors of child care facilities).

The vaccines to be recorded for an individual are those recommended by the NHMRC on the routine childhood vaccination schedule. During a child's first five years, six routine immunisation encounters should take place. Hepatitis B vaccine for "at risk" infants will be included in the scope of the Register.

Where vaccines are administered contrary to the NHMRC Schedule, immunisation providers will be requested to make a declaration that they have noted in the patient's medical record (or Personal Health Record), the clinical indications for varying the schedule. These clinical indications may include the administration of combined diphtheria/tetanus (CDT) vaccine following a significant adverse event following triple antigen vaccination (DTP) or the use of injectable polio vaccine for immunocompromised children.

FOLLOW UP

The HIC will send recall notices to parents prior to certain scheduled immunisation events (at 2, 12 and 18 months). The HIC will send reminder notices to parents when an immunisation event is 30 days and 60 days overdue. A 30 day, 60 day and 90 day report will be sent to NSW Health to enable Areas and Districts to commence active follow-up, where appropriate.

Area and District health care workers will be required to ensure that follow-up is carried out on children to whom reminder notices have been issued. Active follow-up may include referring details of the child to the last immunisation provider, or a telephone reminder or home visit. The number of children requiring follow-up will be progressively reduced by the implementation of the recall/reminder system and by the Department's policy of "opportunistic" immunisation.

- , A separate circular, "**Australian Childhood Immunisation Register - Guidelines for Follow Up of Un-immunised Children**" will be released in the near future.
- , **Medicare Registration forms and pamphlets explaining the Register to health professionals and parents are available from the Better Health Centre, telephone (02) 9954 1193.**

Michael Reid
Acting Director General