

Closing the Gap

Special edition on immunisation for Aboriginal and Torres Strait Islander people

Welcome to this special edition of Sharp and to the Point

In recent decades, vaccination has made a substantial contribution to the reduction in infant mortality among Aboriginal and Torres Strait Islander people but there are still many hurdles we need to overcome:-

- Identification of Indigenous status on ACIR is low affecting the ability of recall systems to identify eligible children
- National and South Australian data suggests that coverage is lower at 12 months of age in Aboriginal children than in the wider community
- In SA, the uptake of hepatitis A and pneumococcal vaccines among Aboriginal children is lower than in any other state leaving eligible children at risk

This special edition is designed to provide some basic facts on these issues. If you have any specific queries or would like to provide feedback on what you would like to read about in future special editions, please contact Julia Waddington-Powell on phone (08) 8226 7177, fax (08) 8226 7197 or e-mail julia.waddington-powell@health.sa.gov.au

Identification of Indigenous Status

“Are you of Aboriginal or Torres Strait Islander Origin?” - Why is it important to ask this question?

Although this question is part of the recommended immunisation pre-vaccination checklist, it is often overlooked. Some immunisation providers are hesitant about asking this question or do not ask because they assume a child or person is not of Aboriginal heritage based on their appearance. This results in many eligible children missing out on important vaccines.

As Aboriginal communities experience a higher burden of disease, additional vaccines such as hepatitis A and pneumococcal are recommended and funded.

Poorer health outcomes for Aboriginal communities can be attributed to the level of disadvantage they experience including; overcrowded living conditions, poor nutrition and poor infrastructure for health and hygiene.

It is important to remember to **identify Indigenous status** on the ACIR at **EVERY encounter**, or the ACIR will assume non-Indigenous status and coverage assessment of the Aboriginal population will continue to be underestimated.

Additional vaccines for Aboriginal people

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| 18 months | receive hepatitis A (Vaqta) |
| 2 years | receive pneumococcal vaccine (Pneumovax 23) + dose 2 of hepatitis A |
| ≥ 50 years | receive pneumococcal vaccine (Pneumovax 23) + influenza |
| 15 – 49 years | those with underlying medical conditions – receive pneumococcal vaccine (Pneumovax 23) + influenza |



Coverage

Vaccination coverage for children is measured by the ACIR however the data is an underestimate due to unreported vaccinations. For Aboriginal children, coverage is even less accurate as they are not always identified as being Aboriginal and Torres Strait Islander on the ACIR.

Many factors affect the uptake of vaccination by Aboriginal people:

- Adverse socio-economic circumstances
- Complexity of the immunisation schedule
- Children starting the schedule late
- Lack of awareness of the persons immunisation status
- Inability of providers to track immunisation history
- Missed opportunities to vaccinate
- Provider misunderstanding of contraindications to immunisation

Quick fact:

"Recent estimates suggest that, for vaccines recommended for both Indigenous and non-Indigenous people, coverage is as high or higher in Indigenous people as non-Indigenous people, but vaccination is more frequently delayed."
(Ref: NHMRC Australian Immunisation Handbook 9th edition pg.74)

Hepatitis A disease

Key Facts:

- Hospitalisation and notification rates are higher among Aboriginal Australians with children under 5 carrying the greatest disease burden
- Disease burden greater in remote areas
- Approximately 11% of South Australian Aboriginal children had received 2 doses of hepatitis A vaccine at 33 months (Born between January and June 2004)

Pneumococcal disease

Key Facts:

- The major clinical syndromes of invasive pneumococcal disease include pneumonia, bacteraemia and meningitis
- The overall rate of invasive pneumococcal disease in Aboriginal Australians is 3.2 times greater than in the wider community
- Approximately 26% of South Australian Aboriginal children receive Pneumovax 23 within 6-9 months after the due date

Quick fact:

"The rate of hospitalisation for Influenza in Indigenous adults (25-49 years old) is 7 times higher than non-Indigenous people. In 2000-2002 the death rates for influenza or pneumonia were higher in Indigenous people than non-Indigenous people; 17 times higher for children under 5 years of age, 28 times higher for young adults and nearly 3 times higher for the elderly."
(Ref: Vaccination for our Mob 2006)

How can you help?

- Use patient information systems to record Aboriginal status
- Recall patients for all vaccines including Hepatitis A and Pneumovax
- Notify all vaccines administered to children less than seven years of age to the ACIR (Medicare Australia) in order to maintain a complete immunisation history.
- Work with other providers in your area to identify and recall overdue children

