



National Indigenous Immunisation message stick newsletter April 2017

Congratulations to Brendon on his retirement



I'd like to acknowledge the long term contribution of Brendon Kelaher.

Brendon retired at the end of 2016 after 5 years at the helm as the National Indigenous Immunisation Coordinator at the National Centre for Immunisation Research & Surveillance (NCIRS).

As one of the inaugural Indigenous coordinators at NCIRS, drawing on his previous experience within Aboriginal health, Brendon knew that turning around health inequities in Aboriginal immunisations required a new approach and through NCIRS and the National Aboriginal and Torres Strait Islander Immunisation Network (NATSIIN) working patiently and creatively to include other powerful voices within Health Protection including rural and remote area nurses, Indigenous Australians, allied health professionals and community groups, as well as the Aboriginal Immunisation Health workers (AIHCW). Through his national leadership, these people now help shape the way immunisation services are provided and delivered. Brendon has succeeded across a range of complex and often difficult immunisation health issues demonstrating his trademark characteristics of insight, dedication, persistence and a deep understanding of the lives of Aboriginal and Torres Strait Islander peoples.

On behalf of the team at the NCIRS I would like to wish Brendon every happiness and a well-deserved rest after his long career and significant contribution to Aboriginal health.



Get the Flu Shot before the Flu Gets You

Influenza is a major cause of preventable sickness and death amongst Aboriginal and Torres Strait Islander people who are much more likely to be seriously affected by influenza than non-Indigenous people. Aboriginal and Torres Strait Islander children are five times more likely than non-Indigenous children to die from the flu, and are much more likely to be hospitalised.

The 2017 National Immunisation Program (NIP) seasonal influenza vaccines are currently being distributed around the country.

The vaccine is free for Aboriginal or Torres Strait Islander persons who are:

- six months of age to less than five years of age
- 15 years of age and over
- five years of age and over with one of the following medical conditions:
 - heart disease
 - lung conditions, such as asthma
 - chronic illnesses that mean you have to see a doctor more often, such as diabetes
 - chronic diseases of the nervous system
 - low immunity
 - renal disease and failure
 - pregnant (at any stage). Pregnant women are at higher risk of severe complications associate with flu. Vaccinating against flu during pregnancy also provides some protection for babies during their first vulnerable months of life.
 - six months of age to 10 years old who is on aspirin as part of their treatment.

A range of resources including, posters, brochures and fact sheets have been mailed out to all vaccination providers. Additional copies are available for ordering or downloading from www.immunise.health.gov.au.



As a vaccination provider you play a key role in informing your patients and the community about the importance of influenza vaccination. To assist in promoting vaccination we encourage you to:

- promote the vaccine to eligible Aboriginal and Torres Strait Islander people through displaying the program posters and brochures in your clinic.
- offer vaccination throughout the influenza season. In particular, those in risk groups, especially pregnant women can benefit from vaccination at any time of the year.
- ensure vaccine safety by checking you have the correct vaccine for the person's age. Note all 2017 NIP vaccines include the age indication on the barrel of the syringe to make it easier.
- report all influenza vaccinations to the Australian Immunisation Register.

As well as receiving your influenza vaccination try to do all you can to minimise the spread of flu:

- Try not to cough or sneeze into your hands.
- Cough/sneeze into your clothing over the upper arm, the neck of your shirt or into a tissue. Discard the tissue and use alcohol based hand-rub or wash your hands
- It is also important to perform hand hygiene when your hands are contaminated with nasal or oral fluids.



Impact of the national targeted Hepatitis A immunisation program in Australia: 2000–2014

In November 2005, hepatitis A vaccine was funded under the Australian National Immunisation Program for Aboriginal and Torres Strait Islander (Indigenous) children aged 12–24 months in the targeted jurisdictions of Queensland, South Australia, Western Australia and the Northern Territory.

[An NCIRS report](#) has shown Australia's Indigenous-targeted hepatitis A immunisation program, has reduced Indigenous cases by over 90%, with evidence of substantial herd protection effects in the broader community.

Reports Highlights

- 93% decline in hepatitis A notification rates for Indigenous children <5 years.
- 96% decline in hepatitis A hospitalisation rates for Indigenous children <5 years.
- 57% decline in notification rate in non-Indigenous people in targeted jurisdictions.
- Significant impact of hepatitis A vaccination program in targeted population.
- Evidence of an apparent substantial herd protection effect.

The national hepatitis A immunisation program in Australia has had a significant impact in the targeted population, with evidence suggesting a broader herd protection effect. Ongoing surveillance is required to be sure that the current targeted immunisation strategy is maintaining satisfactory disease control.

[View the full report by clicking here](#)



Congratulations to the Murrumbidgee and Southern NSW Local Health District on the launch of *“Whatcya Gunna Do”*

Brain child of Leanne Saunders - Aboriginal Immunisation Healthcare worker, Leanne identified many youth do not recognise the importance of being vaccinated and proposed the Hip Hop video as a way of reaching out to students to create an important educational resources for the M&SLHD.

With NSW Ministry of Health providing the funding Leanne organized local youth from Wagga Wagga and surrounding districts to be part of the Hip Hop video. A series of educational workshops about immunisation were held and from these workshops the youth develop the lyrics along with national award-winning artist Nooky, with the help of local producer Rahj and international renowned radio host Dj and producer Nina Las Vegas the “Whatcya Gunna Do? is a catchy hip hop tune with the important health message about immunisation.

[View online by clicking here](#)

Whatcya GUNNA DO?



An initiative by Murrumbidgee and Southern NSW Local Health District Funded by NSW Health.



Vaccination succeeds in dramatically reducing hepatitis B in NSW Aboriginal women



Credit: University of New South Wales

There has been a significant reduction in hepatitis B virus in Aboriginal women giving birth in NSW, with the decline linked to the introduction of the state's newborn vaccination program.

The Medical Journal of Australia recently published the results of the largest study to examine hepatitis B notification rates for women born before and after the introduction of NSW vaccination programs.

In the study led by UNSW Associate Professor Bette Liu, women were analysed by country of birth, Indigenous status and region.

It linked data from two statutory registers – the NSW Perinatal Data Collection (which records details about a mother's country of birth, Indigenous status and postcode) and the NSW Notifiable Conditions Information Management System (which records notifications from laboratories and health practitioners detecting hepatitis infection).



In Australia, all pregnant women are routinely screened for hepatitis B during pregnancy. The study of more than 480,000 women found the rate of hepatitis B in Aboriginal women remains higher than in non-Indigenous Australian-born women. However, hepatitis B notifications were 80 per cent lower for Aboriginal women who were born after targeted infant vaccination began.

Associate Professor Liu says the findings suggest the targeted vaccination program introduced in NSW in 1987 for babies considered to be at higher risk of hepatitis infection – including those born to Aboriginal mums – was a success. She is now calling for periodic assessment of the universal vaccination program and future targeted schemes. "One would expect to see over time as more and more people are being vaccinated that those prevalence rates would continue to fall," she says.

The study also revealed a valuable methodology to continue monitoring hepatitis B prevalence. "Using the routine antenatal screening for hepatitis B in this way gives us a large population to observe changes in hepatitis B prevalence and is a cost-effective and simple methodology."

Associate Professor Liu also notes there were differences depending on where the women lived. Hepatitis B prevalence in Aboriginal women in rural and regional areas was higher than for those living in cities. Future targeted vaccination programs could focus on those areas, says Associate Professor Liu, while migrant populations in cities could also benefit from focused programs.

Chronic infection with hepatitis B can cause serious liver disease and most infections are acquired early in life, predominantly by maternal transmission. Its prevalence in Australia is low (under 2%).

2017 by Gabrielle Dunlevy

[Read more by clicking here](#)



Join Flutracking and help protect our mob from the flu



Influenza, or the “flu” is a big problem around the world. In Australia, most disease occurs during late winter, but in the tropics, it can occur at any time. The flu is spread from person to person through the air when a sick person coughs or sneezes and it can cause symptoms such as fever, coughing, soreness in the body or sometimes very serious disease that can lead to death. You are more likely to have serious disease if you are less than five-years of age, elderly or have a chronic illness such as diabetes, renal failure, heart or lung disease or if you are pregnant or smoke.

How much flu we see each year depends on which types of the flu virus are circulating and how susceptible the population is. Aboriginal and Torres Strait Islander people have a higher risk of getting the flu than non-Indigenous Australians. This may be due to the high proportion of Indigenous Australians with chronic illness, or those living in remote communities may not have seen previous types of the flu that may have offered some protection.

FluTracking needs your help to protect our mob from the flu

The best way to protect yourself from the flu is by vaccination. Free vaccine is available for Indigenous Australians who are less than five years of age or over 15 years of age. It is also recommended but not yet funded for Indigenous Australians aged 5 to 15 years of age. You need to be vaccinated every year to be protected as the types of the flu virus that is included in the vaccine changes each year and protection provided by the vaccine does not last a long time.



One way to check how much flu there is in the community and to see how well the vaccine is working is to conduct surveillance of flu symptoms. Flutracking is a community based surveillance system, based out of Newcastle. It asks people to participate by signing up, and responding to a weekly email by answering two simple questions; whether or not they had symptoms of the flu in the previous week, and whether they had received the flu vaccine. If participants have had flu symptoms, then a few additional questions will follow about whether they have seen their doctor and if they were tested for the flu.

Currently, over 30,000 Australians participate in Flutracking, making it the biggest community surveillance system in the world. However, not all communities within Australia are well represented, which makes it difficult to assess how much flu there is in certain populations and how well the flu vaccine is protecting people. In 2016, only 300 Indigenous Australians participated in Flutracking.

This meant that it was not possible to see how much flu there was and how well the flu vaccine was working in protecting Indigenous Australians. If more Indigenous Australians join, we will be able to understand how serious the flu is each year and how quickly it will spread. We will need many Indigenous Australians to join in order to know how well the flu vaccine is working. We invite all Australians and particularly Indigenous Australians to join Flutracking.

Why should I join and what's in it for me?

You can contribute to one of the largest community-based surveillance systems in the world, and you can help protect our mob from the flu and contribute to improving health outcomes for Aboriginal communities. Some Flutracking participants enjoy being part of the community of Flutrackers and being involved only takes 10 seconds each week. With links available to a map of flu activity, you can see how much flu there is in your area, and have the option to hear messages about protecting yourself and your family and community against the flu. You can change your mind and stop participating at any time.

[For more information click here](#)

indigenoux.com.au

This article by HNE Health

Flutracking is funded by the Commonwealth Department of Health.



2017 National NAIDOC Theme - Our Languages Matter

The importance, resilience and richness of Aboriginal and Torres Strait Islander languages will be the focus of national celebrations marking NAIDOC Week 2017.

The 2017 theme - Our Languages Matter - aims to emphasise and celebrate the unique and essential role that Indigenous languages play in cultural identity, linking people to their land and water and in the transmission of Aboriginal and Torres Strait Islander history, spirituality and rites, through story and song.

Some 250 distinct Indigenous language groups covered the continent at first (significant) European contact in the late eighteenth century. Most of these languages would have had several dialects, so that the total number of named varieties would have run to many hundreds.

Today only around 120 of those languages are still spoken and many are at risk of being lost as Elders pass on.

National NAIDOC Committee Co-Chair Anne Martin said languages are the breath of life for Aboriginal and Torres Strait Islander peoples and the theme will raise awareness of the status and importance of Indigenous languages across the country.

“Aboriginal and Torres Strait languages are not just a means of communication, they express knowledge about everything: law, geography, history, family and human relationships, philosophy, religion, anatomy, childcare, health, caring for country, astronomy, biology and food.

“Each language is associated with an area of land and has a deep spiritual significance and it is through their own languages, that Indigenous nations maintain their connection with their ancestors, land and law,” Ms Martin said.

Committee Co-Chair Benjamin Mitchell hopes that the theme will shine a spotlight on the programs and community groups working to preserve, revitalise or record Indigenous languages, and encourage all Australians to notice the use of Indigenous languages in their community.

“There is currently a wave of activity, with people in many communities working to learn more about their language, and to ensure they are passed on to the next generation before it is too late.’ Mr Mitchell said.

“Nationally, many place names for our suburbs, rivers, mountains and parks are Indigenous language words. Noticing and paying attention to these words will generate greater appreciation and respect for the significance of language among all Australians.



"The preservation and revitalisation of the Aboriginal and Torres Strait Islander languages - the original languages of this nation - is the preservation of priceless treasure, not just for Indigenous peoples, but for everyone."

The host city for the 2017 National NAIDOC Awards is Cairns, Queensland.



Our Languages Matter

2-9 JULY 2017

<http://www.naidoc.org.au/2017-national-naidoc-theme>

Please forward any good news story you would like to share to:

Ms Katrina Clark
National Indigenous Immunisation Coordinator
National Centre for Immunisation Research & Surveillance
Kids Research Institute
Cnr Hawkesbury Rd & Hainsworth Street, Westmead NSW 214
Katrina.Clark@health.nsw.gov.au