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Joint Meeting

National Public Health Partnership Group and National Health Priority Action Council – Hobart, February 2001

On 28 February 2001 the National Public Health Partnership and the National Health Priority Action Council held a joint meeting. The meeting was an initiative that followed from informal discussion at the workshop on chronic disease prevention held in Brisbane in November 2000.

In opening the meeting, Professor Richard Smallwood, Chair of the National Health Priority Action Council and Commonwealth Chief Medical Officer, spoke of the benefits of having the two groups work together and support each other. There was clearly value in discussion of directions, clarification of the roles of the two groups, and consideration of joint initiatives.

The meeting was briefed on the Council's role which spans the continuum of care and across settings for the six national health priority areas. The strategic direction for the Council includes a focus on:

- Understanding the evidence base for decision making;
- Disadvantaged groups;
- Cross priority issues eg co-morbidities;
- Consumer and clinical perspective and support;
- Measuring performance; and
- 'Galvanising' action nationally and within jurisdictions.

Dr Richard Madden, Director of the Australian Institute of Health and Welfare (AIHW) and Co-chair of the National Public Health Information Working Group (NPHIWG) presented an overview of the work of the AIHW in monitoring the national health priority areas since 1996, and the work of the NPHIWG. The AIHW will continue to work with both groups to assist in the monitoring and surveillance of chronic diseases.



*Dr. Andrew Wilson
Chair of the National Public Health Partnership Group*



*Professor Richard Smallwood,
Chair of the National Health Priority Action Council*

Mr Colin Sindall, Commonwealth Department of Health and Aged Care, discussed the issue of chronic diseases and the work currently being undertaken to address health promotion, disease prevention and early detection, eg the SNAP (smoking, nutrition, alcohol and physical activity) Framework for developing an intergrated approach within General Practice to manage behavioral risk factors and the need to integrate this work more broadly into acute, primary and community care settings.

Key areas for collaborative work considered included: common risk factors and integration across the continuum of care; working with general practitioners to implement recommendations on cancer screening and early detection; monitoring and surveillance of chronic diseases; and work on health inequalities.

In discussion of the roles and responsibilities of the two groups, it was clear that while there are areas of overlap and interest, the NPHP is focused on primary prevention while the National Health Priority Action Council addresses the care continuum.

The meeting agreed to establish a joint working group to consider a possible program of joint activities, and the Chairs of the two groups will meet on a regular basis.

National Health Priority Action Council

Purpose

Working with others, to improve health and well-being and reduce health inequalities across the continuum of care in Australia, by identifying, advocating and facilitating actions and strategies both within and across national health priorities.

Terms of Reference

The National Health Priority Action Council (NHPAC) is responsible for advising the Australian Health Ministers' Advisory Council (AHMAC) on the coordination and progress of the National Health Priority Areas (NHPAs). NHPAC reports to the Australian Health Ministers through AHMAC on action in and across the NHPAs.

The NHPAC will work in close consultation with existing and complementary structures, mechanisms, strategies and stakeholders to add value at the national level by:

- Identifying and recommending effective, evidence-based strategies and interventions within and across national health priorities that would benefit from national collaborative effort;
- Developing and facilitating the implementation of strategies and interventions that support the optimal use of resources and investments in health services and programs;
- Strategically leading, coordinating and reporting on effort for identified national health priorities;
- Providing a mechanism for information sharing and dissemination about international, national and state/territory based strategic actions and developments;
- Facilitating sustainable partnerships to progress action for national health priorities including, consumers, clinicians, non-government organisations, National Health and Medical Research Council, researchers and other national bodies.

National Health Priority Areas

Asthma, diabetes, cardiovascular disease, mental health, injury and cancer.

Message from the Chair

At the next meeting of the Partnership we will commence the process of assessing the value added to public health services in Australia by the National Public Health Partnership and determining the emphasis for future national activity. This will form part of the joint review of the five-year agreement between governments that established the Partnership in 1997.

A requirement of the multilateral Memorandum of Understanding (MOU) covering the operation of the Partnership, is the concurrent evaluation of the program to contribute to on-going program development. The Evaluation findings provided input to the mid-term review of the program in early 2000, which resulted in action to better engage stakeholders in the broader public health community and in the health of Aboriginal and Torres Strait Islander people. This has been a valuable development in the program and provides a new level of confidence that consideration of determinants of health underpins the work program and enhances investment in the Partnership.

In terms of successes in developing a shared public health agenda and facilitating coordinated action, the draft Evaluation Report for 2000 indicates that the Partnership is proving itself a valuable national forum for raising and considering public health issues, sharing information and initiating developmental projects. While much developmental work has occurred to date, a greater emphasis on implementation is now required. As a consequence, the Evaluation team has been asked to undertake an action research study focusing on implementation issues, and further analysis of evaluation findings in a concise report on key issues to assist with the development of a renewed MOU.

The annual reports provided to the Australian Health Ministers' Advisory Council for 1998-99 and 1999-2000 document some of the early highlights and achievements of the Partnership, and provide an indication of areas for continuing program focus. Further work on capacity building initiatives will aim to achieve: integration of public health principles and practices with primary health and community care services, through the common agenda of promotion and prevention; information systems and research frameworks able to inform investment decisions in the health sector about effective interventions and priority targets; legislation reform that encourages health promoting responses to a broad range of public health policies; and tools for applying strategy development and planning frameworks for health gain and health protection, with an emphasis on a better response from public health to the needs of Indigenous Australians and other disadvantaged groups.

Consideration will also be given to new areas referred for possible Partnership attention, including public health genetics; corrective services; child health; and further collaboration on tobacco control.

There is both the scope and opportunity to guide national leadership in public health to take a more prominent part in effective responses to the pressure on the health system. The joint review of the Partnership's contribution to this national agenda should reinforce that it is uniquely placed to augment the individual efforts of jurisdictions and provide national standards of public health system performance.



Dr Andrew Wilson
Chair of the National Public Health Partnership Group

Partnership Group Meeting

MARCH 2001 – HOBART

The March meeting of the Partnership Group resulted in action on chronic disease and new work on risk management in public health legislation; highlighted progress on national initiatives in environmental health and a developing public health approach to mental health; and considered the draft evaluation of Partnership work to date.

The major focus of the meeting, hosted by Dr Mark Jacobs and the Tasmanian Department of Health and Human Services in Hobart, was on initiatives in chronic disease prevention and control. Following on from a joint meeting with the National Health Priority Action Council the previous afternoon, members reiterated the value in focusing on the strategic alignment of the two groups, such as a shared concern for health inequalities, and the need to tease out roles in respect of common agendas. It was agreed that the Framework for Chronic Disease Prevention and Control, auspiced by the Partnership, be put forward for consideration by the Australian Health Ministers' Advisory Council in May 2001.

Continued collaboration with the National Mental Health Working Group (NMHWG) was also supported, with research, health inequalities, and surveillance raised as possible areas for joint effort. A presentation on the work of the joint National Mental Health Promotion and Prevention Working Party by the Chair, Professor Beverley Raphael, indicated that a public health framework is increasingly being applied to mental health issues. Of particular interest is the role of primary care, the lack of good research on prevention, mental health literacy, the attitude of the media, and the mental health promoting schools program. The Partnership considered that this work was particularly relevant to the development of the illicit drug prevention strategy.

Progress on work supporting the implementation of the National Environmental Health Strategy was reported by Professor Christine Ewan, Chair of the enHealth Council. Highlighted initiatives included: the development of tools for the workforce, such as guidelines for health impact assessment implementation and best practice guidelines for sustainable development and environmental health; the development of a methodology handbook for environmental health economic evaluations and a guide for indoor air quality in the home for buyers, builders and renovators. In endorsing these initiatives, the Partnership Group recommended that ongoing linkages between this work and the National Health and Medical Research Council be facilitated.

To ensure a public health focus in the area of oral health, the Partnership agreed to pursue through AHMAC representation on the proposed National Advisory Body to develop an Oral Health Plan.

Other work to support the implementation of the public health agenda included approval to pursue two projects to be managed by the Partnership. The Legislation Reform Working Group is to implement and evaluate a Risk Management Workshop to follow on from the report the Application of Risk Management Principles in Public Health Legislation, previously commissioned as part of the NPHP Legislators' Toolkit. Further, to build capacity for the ongoing evolution of a coherent vision for public health, expenditure for the design of a national short course on Public Health Leadership was also approved. In order to enable the Partnership to develop best practice approaches to implementing public health agenda, the Secretariat will explore possible additional project funding sources and canvass priority projects for 2001-2 across the work categories of the Partnership.

The meeting considered a progress report from Associate Professor Hal Swerrisen on the evaluation of the Partnership. The draft evaluation report for 2000, which formed the basis of the presentation, included material from annual returns from all jurisdictions and sub-committees of the Partnership. Significant progress has been made, particularly in the areas of information development and legislation. The Partnership is seen as particularly valuable in bringing the smaller jurisdictions into the information loop and decision-making processes. The report will provide valuable input for consideration later this year of a renewed Memorandum Of Understanding for the Partnership. The remaining evaluation project, an action research project focusing on implementation issues is being finalised by the Evaluation Working Group.

The next meeting of the Partnership will be held on 19–20 June 2001.

The National Public Health Partnership Group Members

New South Wales

Dr Andrew Wilson (Chair)
Chief Health Officer/Deputy Director General
Public Health
New South Wales Health Department

Australian Capital Territory

Dr Shirley Bowen
Chief Health Officer/Executive Director
Population Health Group, ACT Department of
Health, Housing and Community Care

Victoria

Professor John Catford
Director, Public Health Division
Victorian Department of Human Services

Western Australia

Mr Paul Stephenson
General Manager
Public Health Services
Health Department of Western Australia

South Australia

Mr Philip Fagan-Schmidt
Director, Policy Branch
Strategic Planning and Policy Division
South Australian Department of Human Services

Tasmania

Dr Mark Jacobs
Director, Public and Environmental Health
Tasmanian Department of Health
and Human Services

Northern Territory

Dr Shirley Hendy
Assistant Secretary Public Health, Family and
Children's Services & Chief Health Officer
Territory Health Services

Queensland

Dr John Scott
State Manager, Public Health Services
Queensland Department of Health

Commonwealth

Mr Brian Corcoran
First Assistant Secretary
Population Health Division
Commonwealth Department of Health
and Aged Care

National Health and Medical Research Council

Professor Adele Green
Chair, Health Advisory Committee
National Health and Medical Research Council

Australian Institute of Health and Welfare

Dr Richard Madden
Director
Australian Institute of Health and Welfare

New Zealand (observer)

Dr Don Matheson
Acting Director/General Manager
Public Health Group
New Zealand Ministry of Health

Advisory Group

Dr Helen Keleher (Chair)
Representing the Public Health Association
of Australia on the Advisory Group



For more information on the work of the NPHP

email
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telephone
(03) 9637 5512

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www.nphp.gov.au

Workshop on the Application of Risk Management Principles in Public Health Law

On 27 March 2001, the Legislation Reform Working Group (LRWG) conducted a workshop on the *Application of Risk Management Principles in Public Health Law*. The workshop built on the earlier report on this subject, commissioned by the LRWG from Dr Chris Reynolds, School of Law Flinders University.

(The report is available on the NPHP Website on the Legislators' Toolkit at <http://www.nphp.gov.au/legtools/index.htm>).

The workshop, held at the Sydney Airport Stamford Hotel, brought together a diverse group of invited participants who discussed a variety of perspectives on this issue. The workshop itself emerged in recognition of the need to:

- Provide a forum for discussion of the application of risk management principles, an emerging issue in the development of legislation particularly in the areas of public health and environmental issues;



One of the 'break-out-groups' at the workshop on the *Application of Risk Management Principles in Public Health Law*.

- Provide an opportunity to share information and learnings; and
- Build on the work of LRWG and examine the practical issues of jurisdictional action.

The program for the workshop was structured to encourage progression from conceptual frameworks through to practical implementation issues at the jurisdictional level.

Dr Reynolds began the workshop by speaking on the theoretical framework of risk and public health legislation. This was followed by Ms Lisa Wardlaw-Kelly from the Australia New Zealand Food Authority (ANZFA), who spoke on the Challenges for Regulatory Decision Making and Accountability drawing on the ANZFA experience. The final speaker in this session was Ms Therese Manning from the New South Wales (NSW) Environment Protection Agency who spoke on the General Principles of Risk Assessment in Environmental Management.

Jurisdictional perspectives were presented by Mr Peter Kennerly from the New Zealand Ministry of Health, who spoke of the "Development of a Public Health Risk Management Methodology to Inform Decision Making". Mr James Edis, gave a presentation on risk management legislation in the Australian Capital Territory (ACT) and Mr Jim Dadds spoke on the current and possible legislative requirements in South Australia. The final presentation for this session was a joint presentation from Ms Kate Purcell and Associate Professor Mark Ferson on the application of risk management principles to public health legislation in the NSW context.

The workshop concluded with participants breaking into four groups to consider and report back on set questions around: how risk management principles can be incorporated into public health policy making; how concepts of risk management principles can be translated into everyday practice and/or guidance for decision makers; consideration of what are seen to be the challenges to incorporating risk management principles into public health; legislation and how risk assessment/management can be incorporated into a jurisdiction's Public Health Act.

Feedback from participants based on the evaluation survey undertaken on the day suggests that, amongst other things, the workshop was a valuable means of bringing a diverse range of people together to discuss the different aspects of a complex issue, for sharing information and learning, and for making valuable connections across jurisdictions and sectors of public health practice.

A write-up of the workshop is currently being undertaken and will be made available on the NPHP website.



Mr Peter Kennerly, Senior Public Health Analyst from the New Zealand Ministry of Health.

The Role of Local Government in Public Health Legislation

In late January 2001, the Legislation Reform Working Group released a consultation paper, *The Role of Local Government in Public Health*, to seek views and feedback on issues relating to the role of local government in public health from a legislative perspective. In particular, feedback is sought on the adequacy and appropriateness of current legislative arrangements, issues and challenges facing local government in its public health responsibilities through legislation, and key issues for further investigation.

The consultation paper provides an overview and a preliminary examination of the regulatory role of local government in public health in Australia. The paper is essentially a mapping exercise, which aims to:

- Examine the relevant legislation which sets out the role of local government in relation to public health throughout Australia;
- Identify those public health responsibilities that local government is charged with under legislation and relevant policies throughout Australia;
- Identify areas of commonality and differences between jurisdictions with respect to local government involvement in public health; and
- Identify legislative issues requiring further examination.

As indicated in the letter of invitation to participate in the consultation, accompanying the document, the consultation paper is not intended to be an exhaustive analysis of local government but focuses primarily on public health functions that are defined by local government and public health legislation. A number of case studies have been included in the report. These are intended to demonstrate the range and diversity of local government involvement in public health as well as to highlight examples of innovation and good practice. A feedback sheet accompanies the report to facilitate consultation and further analysis.

The consultation period was initially to run through late January to end March 2001, but has recently been extended to end May 2001 to allow for fuller participation from around the country.

The consultation paper, the accompanying letter, and the feedback sheet are available on the NPHP Website at: <http://www.nphp.gov.au/localgov/index.htm>

WEBSITE NEWS

The National Public Health Partnership has extensively redesigned and updated its webpages on Planning and Practice Improvement. All major publications produced by the Partnership to assist with public health planning and practice are available on the website. You can also find progress reports on each of the various projects within this work area, as well as useful links to relevant websites. The website features the *Planning Framework* developed by the NPHP with case studies to illustrate its application.

Detailed information on the public health evidence project, which is currently developing a schema to evaluate evidence on public health interventions, is also highlighted.

To view these webpages just go to www.nphp.gov.au and click on 'public health planning and practice improvement' under 'priority work areas'.

PUBLIC HEALTH EVIDENCE PROJECT

Version 2 of the Schema now available!

The National Public Health Partnership's project to develop a Schema for Evaluating Evidence on Public Health Interventions is well underway. The Schema is a tool to guide public health researchers, policy-makers and practitioners to systematically and critically appraise the quality and appropriateness of the published research evidence. A second draft of the Schema was released in April 2001 after consultation on the first version and a testing of the Schema in a case study (using literature about nutrition health promotion interventions).

The Schema brings together and builds on existing critical appraisal methods, including those used in the areas of clinical medicine and health promotion program planning and evaluation. In doing so, it aims to address issues such as the technical and scientific aspects of evaluation research, the multifaceted and social nature of public health interventions, and the importance of considering the implementation and evaluation context when conducting critical appraisals of evidence in public health.

The schema separates the process of critical appraisal into the following components:

- A Quality of planning, pilot testing and implementation of the intervention;
- B Quality of study design and methods used to evaluate the intervention;
- C Adequacy of the information available about the context in which the intervention was implemented and evaluated;
- D Evaluation findings;
- E Transferability of the intervention to other settings, and the generalisability of its measured effects;
- F Ethical considerations about vested interests and disadvantaged groups;
- G Summary statement on each available publication or study that was appraised; and
- H Summary statement on the total body of available evidence.

Version 2 is now being tested in case studies in the areas of injury prevention and physical activity promotion. A case study, relating to immunisation, will also be undertaken soon. Early feedback from these case studies indicates that the current version is comprehensive, and addresses the key concerns that public health professionals had expressed when faced with conducting reviews of evidence on public health interventions. The feedback also indicates however, that Version 2 will need further refining to make it more efficient and simple to use in practice. The project steering group will meet in early June to consider further improvements.

Consultation on the Schema is ongoing. Sessions with researchers and practitioners in the area of Aboriginal and Torres Strait Islander health are planned to ensure the Schema adequately reflects their perspective and needs.

Comments on Version 2 are invited from interested members of the public health field. A copy can be obtained from the NPHP website at www.nphp.gov.au or by contacting the NPHP Secretariat (tel: 03 9637 5512 or email: nphp@dhs.vic.gov.au).

The Schema will be submitted to national and international peer review in the second half of this year. If you would like further information on this project contact either Gianfranco Spinoso (gianfranco.spinoso@dhs.vic.gov.au) or Lucie Rychetnik (lucier@med.usyd.edu.au).

Development of Best Practice Guidelines for Public Health Strategy Development, Audit, and Evaluation with Aboriginal and Torres Strait Islander Communities

Many national public health strategies have been and continue to be developed and implemented in Australia. Over recent years, these cover areas as diverse as sexual health, nutrition, immunisation, environmental health, and cancer screening programs, to name just a few.

Several of these strategies have had a real impact, and are making significant improvements to the health status of Australians now and into the future. However, little has been documented about how national public health strategies could be developed, implemented, and evaluated in a way that would better meet the needs of Aboriginal and Torres Strait Islander communities.

These are important issues to address, given the poor health status of Aboriginal and Torres Strait Islander people, and the lack of significant impact many health services and other resources have had on improving Aboriginal and Torres Strait Islander health and well-being.

The Partnership's National Strategies Coordination Working Group advises on improving the coordination of national public health strategies. The Working Group, through a project steering group, has commissioned research on

the first stage of the development of guidelines, to ensure that national public health strategies better meet the needs of Aboriginal and Torres Strait Islander communities.

The project is being undertaken by a consortium comprising:

- Kimberley Aboriginal Medical Services' Council;
- School of Public Health and Tropical Medicine, James Cook University; and
- Effective Healthcare Australia, University of Sydney.

The project commenced in March 2001 and will be completed over approximately six months. This first stage involves not the actual development of guidelines, but the ground work needed for the development of guidelines in the next stage.

In the first stage, the project team is researching relevant literature, and talking with a range of people – service providers in Aboriginal health, people from Commonwealth, State and Territory governments, peak bodies, and other key informants – to document the key issues which need to be considered in the development of guidelines.

As part of this, the project team will be seeking people's views, based on their experience, of whether specific public health strategies have or have not worked effectively for Aboriginal and Torres Strait Islander communities, and why they have or haven't worked. The team will be looking at what this says about the key factors in the success or failure of public health approaches for Aboriginal and Torres Strait Islander communities.

Documenting the knowledge and experience of people who have worked in developing and delivering public health strategies should provide a sound basis for the subsequent development of guidelines to better target Aboriginal and Torres Strait Islander communities. Such guidelines could help with the real-world dilemmas and issues facing public service health policy officers, project officers, health service managers, Ministers and their staff and others in relation to Aboriginal health strategy work.

For more information contact:

Karen Roger, NPHP Secretariat (03) 9637 5512

Kathy Bell, Project Officer
(02) 6282 9755 or 0419 460 820

NATIONAL PUBLIC HEALTH WORKFORCE DEVELOPMENT PROJECT An Invitation to contribute

The National Public Health Partnership has initiated a two-year project to develop and implement national methods for the systematic identification of workforce development needs for an effective and efficient approach to the core functions of public health.

The project tasks are to:

- Determine the characteristics of the national public health workforce, having regard for core public health functions, evolving public health issues and the principles of integrated practice;
- Establish national mechanisms for assessing and reporting on workforce capacity;
- Analyse information about workforce capacity to identify medium and long-term workforce development needs;
- Assess workforce development needs against current education and training opportunities; and
- Develop options for addressing gaps in workforce development and identify the on-going role(s) for the National Public Health Partnership.

A Steering Group has been established to oversee the project with representation from government, non-government and education sectors, the National Health and Medical Research Council and Aboriginal and Torres Strait Islander organisations.

The project has commenced with a proposed short paper to scope investigation of potential methods of categorising the public health workforce in a way that enables workforce planning and projection. A generic framework/model, a product of this first phase of the project, will be critical to implementation of the subsequent tasks.

The Steering Group is inviting input from organisations, committees and individuals currently engaged in public health workforce development in areas relevant to one or more aspects of the project tasks.

If you are involved in a workforce program/project that could contribute to the project tasks, and you are interested in sharing this information with the Steering Group, then a brief description of this work (purpose, objectives, methods and contact information) can be forwarded to:

Workforce Project Steering Group
c/- NPHP Secretariat
GPO Box 1670N, Melbourne 3000

email: nphp@dhs.vic.gov.au

fax: 03 9637 5510

Information about related activities could provide an opportunity to support current workforce development initiatives. The Steering Group might consider, for example, establishing a network of sites currently working in, or interested in, workforce development; and providing support by identifying tools to assist workforce planning.

IMMUNISATION – THE NATIONAL RESPONSE

This article provides a brief summary of the immunisation program in each of the jurisdictions

Commonwealth's role in immunisation

Immunisation coverage is one of the major indicators of the overall health of a nation and a key population health initiative. A major achievement in health policy over the last five years has been to dramatically raise the levels of childhood immunisation in Australia.

In 1995, only 53% of children in Australia were fully immunised, a rate that was considerably lower compared to other Organisation for Economic Cooperation and Development (OECD) countries. The Immunise Australia Program has led to a dramatic turnaround in the levels of childhood immunisation. Latest data from the Australian Childhood Immunisation Register show that at March 2001, 91.2% of one-year-old children are fully immunised, an increase from 74.9% since December 1997.

The Immunise Australia Program

The Immunise Australia Program is a joint Commonwealth-State program which aims to increase national childhood immunisation rates and reduce the morbidity and mortality associated with vaccine preventable disease.

In a major push to lift immunisation rates in Australia, a comprehensive package of measures called *Immunise Australia: A Seven Point Plan* was announced in 1997. Initiatives included:

1. Financial incentives for families;
2. A bigger role for General Practitioners;
3. Monitoring and evaluation of immunisation targets;
4. Immunisation days;
5. Measles eradication;
6. Education and research; and
7. School entry requirements.

By 2000 all seven measures were implemented, resulting in significant increases in immunisation rates.

Two initiatives under the Seven Point Plan that performed particularly well were the financial incentives for families and the Measles Control Campaign.

- Maternity Allowance, Childcare Assistance and the Childcare Rebate for eligible families were linked to children's immunisation status. Since this initiative was introduced, the immunisation compliance rate amongst this population has increased to approximately 97%, which is around 5 percentage points above the Australia-wide immunisation coverage rate.
- The Commonwealth Government joined forces with State and Territory Governments on the Measles Control Campaign between August and November 1998. The communication strategy included mass media advertising, direct marketing to parents and school principals, and public relations activities. Throughout this campaign, around 1.7 million, or 96 % of primary school aged children were vaccinated against measles. The number of 6 to 12 year old children who are immune to measles has increased since the campaign from 84% to 94%. The campaign averted an estimated 17,500 cases of childhood measles.

Other major initiatives introduced as part of the Immunise Australia Program include:

- From February 1999, free influenza vaccinations to all Australians aged 65 years and over, and free influenza and pneumococcal vaccine for Aboriginal and Torres Strait Islander people from the age of 50 years (and 15 years and over for those at increased risk);
- Funds to States/Territories for the purchase of the acellular diphtheria, tetanus & pertussis (DTPa) vaccine (preferred to the previous whole-cell vaccine) for the primary course of vaccinations from February 1999; and
- Introducing universal infant hepatitis B vaccination, including the introduction of a monovalent hepatitis B vaccine from 1 May 2000.

Some of the current priorities for the Immunise Australia Program are:

- The young adults (aged 18-30) measles, mumps, rubella (MMR) vaccination program.

This group has been specifically targeted as part of Australia's move towards measles elimination because they are too old to have been recipients of the two-dose MMR vaccination program introduced in 1994, and too young to have developed sufficient natural immunity from exposure to the disease;

- The launch of the National Q Fever Management Program 2000-2003.

This program is initially targeting high risk occupations such as abattoir workers and veterinarians to reduce the burden of disease associated with Q fever in regional Australia; and

- Australia's efforts towards the global eradication of poliomyelitis.

Australia was certified free of Indigenous wild poliovirus transmission by the World Health Organisation Regional Commission on 29 October 2000. A National Strategic Planning Workshop on Poliomyelitis Eradication was held in Australia in February this year and resulted in the development of a draft action plan that will provide the direction for the next stage of Australia's efforts in this area.

Recent developments

The Commonwealth currently provides funds to States and Territories to purchase essential vaccines in accordance with the National Health and Medical Research Council's Australian Standard Vaccination Schedule, which in the 1999-2000 financial year amounted to approximately \$61,400,000 for childhood and influenza vaccines. On 23 March 2001, however, the Federal Health Minister, announced a change to the current vaccine funding arrangement which would allow State and Territory health departments to use a proportion of their allocations to assist with the provision of vaccines to the community. The details of this decision are currently being finalised by a working party of the National Immunisation Committee on behalf of the National Public Health Partnership Group.

The National Immunisation Strategy Development Group was recently convened to develop a new national strategy to inform national immunisation policy over the next three to five years. The inaugural meeting of the NPHP auspiced group was held in Canberra on 8 - 9 March 2001, and if the enthusiasm of members is any indication, the strategy should be completed by the end of 2001.

For more information please contact:

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An update on immunisation in Victoria

Immunisation coverage as reported from the Australian Childhood Immunisation Register (ACIR) indicates that the percentage of Victorians being age-appropriately immunised is increasing.

At 31 Dec 2000, 92.1% of Victorian children were fully immunised at 1 year of age. This is an increase of 4.1% in the past 12 months. At the same date, 86.4% of Victorian children were fully immunised at 2 years of age. This is an increase of 9.6% in the past 12 months.

Coverage with the first dose of MMR (measles/mumps/rubella) vaccine due at 12 months of age is 93.5%. This is an increase of 3.0% in the past 12 months.

85.7% of children were fully immunised at school entry age according to school entry immunisation status certificates.

75.1% of persons aged 65 years and over were immunised against influenza in 2000. The upper limit of confidence of this estimate was 77%, indicating that the target may have been met. The gains made over coverage in 1998 (70.4%) have been maintained.

57% of people 65 years of age and over have been immunised against pneumococcal pneumonia. This is an increase of more than 40% in the past 3 years, and coverage is now amongst the highest anywhere in the world. Victoria is the only state to fund free pneumococcal vaccine for this age group.

Data was requested from hospitals on the proportion of direct care staff immunised with influenza vaccine, funded through the Winter Emergency Demand Management Strategy. These data indicate that 50% of direct care staff were immunised. We expect that improvements can be made this year in this program, as contact persons to take responsibility in each hospital have been identified, and information was sent out much earlier this year.

Victoria conducts a comprehensive school based immunisation programs for hepatitis B in Year 7 students. This program is delivered through local government. 78.3% of adolescents have completed the third dose of hepatitis B vaccine through the school program. Further efforts are under way to capture data on children immunised elsewhere, eg by their local GP (estimated to be approximately 10%).

Late last year a new 2 dose hepatitis B course was approved by the Therapeutic Goods Administration for use in adolescents. Due to a strong traditional school based immunisation delivery process, through local government, Victoria is the only state to introduce the new 2 dose course. It is expected that this change will see a reduction in the fall away of students from the original 3 dose course.

Apart from coverage rates, the effectiveness and cost-effectiveness of Victoria's immunisation program is clearly demonstrated through decreasing disease notifications and admissions.

Hospital admissions for pneumococcal pneumonia for people aged 65 and over have decreased from 116.3 per 100,000 in 1995/96 to 71.1 per 100,000 in 1998/99 in Victorian hospitals. Data from 1999/2000 are currently being analysed.

Notifications from laboratories of invasive pneumococcal pneumonia in this age group have dropped from 30.0 cases per 100,000 in 1995/96 to 18.0 cases per 100,000 in 1999/2000. These results show the combined effect of the influenza and pneumococcal pneumonia vaccination programs.

In 1991 prior to the introduction of the relevant vaccine, there were 229 cases of Hib (*Haemophilus influenzae* type b) notified in Victoria in children aged under 5. The vaccine was released in late 1992. In 2000 there were only 5 cases of Hib notified. Hib causes meningitis and other serious disease in young children.

The evaluation of the Australian Childhood Immunisation Register (April 2000) clearly recommended that a program of intensive data auditing occur to correct child data and truly identify children not age appropriately immunised or not immunised. Further separate evaluation by the Centre for Community Child Health at the Royal Children's Hospital, Victoria, recommended that the most cost-effective approach to improving immunisation coverage across Victoria was to fund collaborative efforts to ensure that any inaccurate data in the Australian Childhood Immunisation Register is updated. This is necessary so that outreach services can be organised for those children who have been missed. We will therefore direct resources into partnerships between local government and Divisions of General Practice. Victoria will be the only state to approach the data auditing process on a state-wide basis.

Victoria will continue to support the education and promotion of immunisation in various methods including retention of the two mobile immunisation vans. These will continue to be used as a resource to provide immunisations opportunistically to adults, promote immunisation or other public health issues at special events, and respond to immunisation campaigns, such as outbreaks of vaccine preventable disease. It is envisaged the mobile immunisation vans will continue to be utilised widely in the upcoming Young Adults Measles Mumps Rubella (MMR) Campaign for 18-30 year olds.

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Vaccination coverage continues to improve in Western Australia (WA)

Through increased funding for the National Immunisation Program, WA childhood vaccination coverage for 1 year-olds has improved from 80% in 1995 to 90% in 2000. The major reasons for the increase in childhood vaccine coverage have been the General Practice Incentive Scheme and better vaccination recording through the establishment of the Australian Childhood Immunisation Register (ACIR). Increasing vaccine coverage above 90% requires significantly more effort to capture children who otherwise would remain incompletely immunised (or who are incorrectly identified as so). The key to maintaining high childhood vaccine coverage levels is ensuring that children who present to health service providers are opportunistically screened for their vaccination history and have their vaccination schedule kept up-to-date. Also, the reporting of each childhood vaccination to the ACIR is required to maintain the accuracy of the surveillance data.

Measles surveillance indicates there has been no endemic measles transmission in WA since at least February 1999. However, WA residents continue to catch measles on overseas trips or by contact with infected overseas travellers passing through WA. In recognition of the lower measles immunity in young adults between 18 and 30 years of age, the Health Department of Western Australia conducted an intensive measles-mumps-rubella vaccination campaign in 2000. The Campaign included television, radio, and cinema advertising; posters (see attached) and pamphlets for GP surgeries, tertiary campuses and the general public; and a tertiary



Posters supporting Western Australia's immunisation program

campus mobile vaccination program that vaccinated over 6,000 students and staff during the first semester.

In 2000, influenza vaccine coverage was about 74% for the 65 years or over age group in WA. Since influenza has a significant impact on the health care system, the Health Department is focusing on the promotion of influenza vaccination to high risk groups and also to close contacts of people in high risk groups, including health care workers in hospitals and long term care facilities.

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New South Wales Strategic Directions for Immunisation

New South Wales (NSW) Health is committed to maximising immunisation coverage rates and reducing the morbidity and mortality associated with vaccine preventable diseases. The delivery and acceptance of recommended vaccines is becoming increasingly complex with the advent of new combination vaccines and presents an ongoing challenge to providers in both public and private health sectors.

The following is a summary of past and current strategies to improve immunisation coverage:

Removal of Financial and Access Barriers

All vaccines on the National Health and Medical Research Council recommended immunisation schedule are provided free to all immunisation service providers. NSW Health has implemented an efficient and timely direct vaccine delivery system to providers using refrigerated transport in the metropolitan areas. This system has ensured the integrity of the vaccines, allowed for appropriate accounting mechanisms and improved compliance with provider reporting to the Australian Childhood Immunisation Register (ACIR).

Implementation of the new Australian Standard Vaccination Schedule (ASVS)

The most recent version of the ASVS, which heralded the introduction of universal infant hepatitis B vaccination, was implemented effectively in NSW in 2000. An intensive education and communication process was undertaken in collaboration with the Alliance of NSW Divisions. Joint education sessions were undertaken in most of the Divisions of General Practice throughout the state and numerous presentations were provided at other GP related state forums to publicise the changes. Presentations were also provided to most Area Health Services.

Amendment of the NSW Public Health Act 1991

The Public Health Act 1991 was amended to require parents of children enrolling in schools and childcare facilities to provide documented evidence of the child's immunisation status from 1994. Unimmunised children may be excluded during outbreaks of vaccine preventable diseases for their own protection and to reduce the spread of infection in the general community. School principals and childcare Directors are required to notify vaccine-preventable diseases to their local Public Health Unit. Strategies are currently being developed with the Department of Education and Training to ensure optimal compliance with the provisions of the Act.

Establishment of the Australian Childhood Immunisation Register (ACIR)

The reporting of immunisation encounters to the ACIR commenced in January 1996 as a cost-shared arrangement between the Commonwealth and States/Territories. Data quality has improved over time and the immunisation coverage rate, particularly for the <15 month old cohort has improved significantly. The recent joint data quality improvement strategies undertaken in NSW have been most successful and the active follow-up by NSW Public Health Units of children overdue for immunisation will ensure maximum uptake in this group.

Development of Network of Immunisation Coordinators in Public Health Units

A network of Immunisation Coordinators has been established throughout NSW to assist with improved surveillance and verification of vaccine preventable diseases, the prevention of further cases by prompt intervention, coordination of local immunisation strategies and the improvement of immunisation coverage rates.

Implementation of the Commonwealth "Seven Point Plan"

NSW Health has implemented all the initiatives recommended under the Plan including the highly successful mass measles immunisation campaign in all primary schools from August to November 1998. The success of this campaign was demonstrated in September 1998 when there were no reports of measles in NSW. (It is also most likely that this is the first month since colonial times that measles has not occurred in this state).

Funding of Immunisation Research

NSW Health provides funds to the National Centre for Immunisation Research and has assisted the development of research proposals through the NSW Vaccine Preventable Diseases Studies Unit.

Collaboration in the Development of National Policy

NSW Health is represented on the National Immunisation Committee, the National Immunisation Strategy Development Group, the ACIR Management Committee, the National Q Fever Management Task Force and the Vaccine Funding Review Working Party.

Future Challenges

The major challenges facing NSW over the next few years include:

- Achieving maximum immunisation coverage of all children under two years of age;
- Improving the immunisation status of all Aboriginal and Torres Strait Islander children;
- Improving coverage for influenza and pneumococcal disease particularly in the older population, and
- Implementing the new Commonwealth initiatives for global polio eradication, measles elimination, and a reduction in the incidence of Q fever in rural areas.

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Measles campaign headlines busy Australian Capital Territory immunisation schedule

A revamped adult measles awareness campaign supported by the Commonwealth Department of Health and Aged Care heads the list of the ACT Department of Health, Housing and Community Care's 2001 immunisation activities. Last year's awareness campaign, directed at 18 to 30 year-olds residing in the ACT, was reasonably successful but a new hard-hitting strategy should significantly boost the MMR (Measles/Mumps/Rubella) take-up rate this year. Extensive evaluation of the 2000 campaign revealed considerable ignorance of the dangers of measles and this year's message will be designed to combat indifference among this notoriously difficult to reach age group. Focus groups indicated this group would be most likely to act after exposure to a more direct, confronting message.

Free influenza vaccine has again been available since early Autumn for the ACT's over 65s. In 2000, over 80% of people in this age group were immunised against influenza, with many heeding advice about receiving the vaccine early in preparation for Winter outbreaks. Reports to date indicate another high coverage rate this year, due mainly to effective promotional activities and the positive reputation of the vaccine. A close local working relationship between the Department and GPs has also contributed to high immunisation rates by reducing wastage and leaking of vaccines and encouraging surgeries to act as promotional sites.

Pneumococcal and influenza vaccines will also be offered free to Aboriginal and Torres Strait Islander people aged over 50 years and or aged 15 to 50 years with a chronic medical condition. There will be a special emphasis this year on promoting awareness of pneumococcal disease and the importance of vaccination. In a novel collaboration, the ACT Department, the Commonwealth Office for Aboriginal and Torres Strait Islander Health (OATSIH) and Winnunga Nimmityjah Aboriginal Health Service will stage the Prime Minister's XI versus Aboriginal and Torres Strait Islander Commission (ATSIC) cricket match

in April this year. There will be a guest appearance at the match by former AFL star Nicky Winmar, who features in a Commonwealth Indigenous immunisation campaign.

The Territory's childhood immunisation rates continue to rise, with 92.69% of children in the 12 to 15 month age group fully immunised. This falls to 87.85% in the 24 to 27 month group, which is still a very good coverage rate, but has prompted a follow-up program for children who are overdue for immunisation in this age cohort. Most ACT children still receive their vaccinations from public health facilities. The Department is also investigating the viability of after hours immunisation services to improve uptake rates.

Many of these programs are supported by an initiative unique to the ACT. SPOT, a red-spotted mobile immunisation van, is a common and popular sight on Canberra's streets as it takes vaccines to the more isolated pockets of the community. SPOT was used extensively in last year's young adult MMR campaign and there are plans to feature it again in this year's program and in promoting Indigenous and childhood immunisation.

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Queensland's Immunisation Program

Data from the Australian Childhood Immunisation Register (ACIR) published in December 2000 indicate that 92% of Queensland children are fully vaccinated at 12 months of age. Ninety three per cent (93%) of children are vaccinated with the first dose of measles, mumps, rubella vaccine and 88% of children are fully vaccinated by their 2nd birthday.

These coverage data reflect a steady improvement in coverage since the ACIR first produced reports, and are the result of a consistent and collaborative effort from all key stakeholders in the state.

Queensland maintains a state database called the Vaccination Information Vaccine Administration System, (VIVAS), which is a vaccination register linked to an automated vaccine distribution system. VIVAS enables Queensland Health to routinely generate savings in the Commonwealth vaccine allocation – a situation which will allow the state to benefit from changes to the vaccine funding arrangement that are proposed under the current vaccine funding review.

Priorities for the Queensland program include:

Continuation of a collaborative project with Queensland Divisions of General Practice on education and training of non-medical practice staff: This project will be extended in 2001 to offer training to service providers on a range of immunisation issues including vaccine management and will focus on data management;

Investigation of a range of models for targeting 'hard to reach' and 'at risk' groups: These activities will be coordinated through the zonal public health units and funded by the Communicable Diseases Unit;

Undertaking a needs analysis on Indigenous immunisation: This needs analysis will establish an accurate picture of the situation in Queensland in relation to immunisation of Aboriginal and Torres Strait Islander people. It will consider the range of services, where and how these services are being delivered, gaps in services and service delivery and other issues related to the program. These may include factors such as identification and recording of Aboriginal and/or Torres Strait Islander status. The needs analysis will be the first phase of a project aimed

at improving immunisation coverage in Queensland. It will form the basis on which a strategic plan will be prepared, then implementation strategies developed; and

The establishment of a project to enable electronic transfer of vaccination data from service providers to the ACIR: Queensland Health is working with the ACIR to consider how this will occur. The project is in its second phase with the Business Case and Project Plan to be completed in early May.

Other activities that will be undertaken include the MMR (Measles/Mumps/Rubella) Young Adult Initiative and the Q Fever Management Program 2000-2003.

The program faces many challenges. One of the critical issues for providers is the increasing complexity of the vaccination schedule. For health systems, the challenge is continuing to maintain the gains while balancing finite resources with the increased demands from a continually expanding program.

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Coordination and delivery of immunisation programs in Tasmania

In Tasmania, the Department of Health and Human Services' Public and Environmental Health Service is responsible for coordinating the delivery of immunisation programs Statewide.

The key immunisation providers in Tasmania are general practitioners, municipal councils, hospitals, Aboriginal Medical Services and other specialised clinics. Over the years the Service has developed close working links with all the provider groups to ensure critical areas of activity such as immunisation coverage reports, monitoring and reporting of cold chain activities, reporting of adverse events and education and health promotion activities are optimised.

The Service has established strong links with a large range of government and non-government organisations involved with immunisation at the local, state and national levels.

Tasmania is leading the way in its legislative strategies aimed at increasing immunisation coverage. There is a requirement for local government to ensure that Councils develop an approved strategic plan for implementing immunisation services.

With regard to school and child care entry requirements, introduced in 1997, parents are required to show documented evidence of their child's immunisation status at school entry and child care, and this includes all child care facilities including family day care schemes, government and non-government schools from Kindergarten to Grade 12. To date all government schools, from primary school levels (including special schools) up to grade 11 and 12 colleges are participating with the requirements. Further evaluation is being undertaken to assess participation in the private sector.

Strong emphasis has been placed on ensuring our communication networks operate effectively. For example, our 1800 "Immunisation Hot Line" has been extensively promoted and comprehensively utilised by the general public and professional groups. Introduced as a way of ensuring rapid access to immunisation advice and information, it has proved to be a huge success.

To streamline Tasmania's vaccine supply, storage and

transport, the Department contracted this activity to a private company. The system has been in operation for over 12 months and has been well received by providers having effectively streamlined many of the activity points in the distribution chain. Comprehensive reports received from the system has enhanced our capacity to improve stock control, reduce wastage, minimise leakage of vaccine to ineligible clients and effectively expand vaccine delivery to new provider sites such as correctional services and specialised clinics. During 1999, a cold chain awareness campaign was conducted by the Divisions of General Practice helping to complement our cold chain operations.

Tasmania was one of the first States to participate with the establishment of the Australian Childhood Immunisation Register (ACIR) in 1996 and since that time has experienced very high participation rates from GPs and Councils, two of our major providers. According to the ACIR reports, Tasmania has consistently recorded high immunisation coverage rates, above the national average, and in December 2000 recorded the highest national first dose measles/mumps/rubella coverage of 94.38%.

Other successful achievements include:

Implementation of the 1998 Measles Control Campaign, achieving high coverage rates;

Operationalisation of a Public Health Outcome Funding Agreements Demonstration Project which provided outreach immunisation services to children in rural and remote areas of Tasmania;

Introduction, in 1998 of our school based hepatitis B immunisation program with the latest results indicating approximately 80% of pre-adolescent children having received their first dose of hepatitis B;

Implementation of the new immunisation schedule in May 2000 which, for the first time, incorporated maternity hospital involvement with the introduction of the universal birth dose of hepatitis B. Preliminary results to date indicate that approximately 70% of neonates in Tasmania are being immunised against hepatitis B; and

Achieving ever-increasing state immunisation coverage rates for influenza vaccine for people 65 years and over with the most recent data indicating 78% coverage for this population group.

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South Australian (SA) Immunisation Program

The Australian Childhood Immunisation Register reported that 92% of SA children 12<15 months of age were fully immunised in December 2000 with 88% for the 24<27 month cohort.

71% of Year 8 students completed a 3-dose hepatitis B school-based program last year. This was the second year of the funding agreement between the Department of Human Services (DHS) to support all Councils who provide the program.

Last year 80.5% of people aged 65 years or older had received an influenza vaccine, an increase of 4% since 1999. Extensive local promotion activities for the flu program will be implemented this year with the aim of making further gains in coverage for this program.

The SA Immunisation Program has focused on infrastructure development including:

Local Immunisation Coordinators based in the 13 Divisions of General Practice with a funding agreement between the DHS and all Divisions: These nurse coordinators provide the horizontal coordination between general practice and public sector service providers and vertical coordination between local program activity and the DHS;

DHS funding subsidy to Councils for the provision of school-based programs: This funding has improved vaccine coverage and program quality for adolescent hepatitis B, diphtheria, tetanus and polio;

Contracting out the vaccine storage and distribution system. This ensures that all vaccines are delivered to the door of 800 GP surgeries and 150 public clinics every two weeks with adequate "cold chain" monitoring that ensures the vaccines are transported at between 2-8 degrees C;

Maintaining and improving the passive surveillance system of adverse events following immunisation: Reports are taken from all service providers and parents on a 24 hour basis. In addition the support for the Special Immunisation Service allows children to be vaccinated under medical supervision if they have had a previous serious adverse events. All children can access this system regardless of their geographic location. This system will be enhanced this year to ensure improved surveillance of reactions after adult vaccination with a link to an adult Special Immunisation Service. This will be important in the context of the flu, MMR for 18-30 year olds and Q Fever immunisation programs;

Funding a "hard to reach" project based in Child and Youth Health (maternal and child health organisation): The project is intended to pilot a range of activities to ensure that children at high risk who remain un-immunised, can be offered a vaccination at home when other service delivery strategies fail;

Offering the new hepatitis B birth dose in all SA hospitals (public and private) with birth facilities: Although there have been some "teething" problems, all parents are offered the vaccine for their infants before discharge. An extensive education campaign for hospital midwives was completed by December 1999 to ensure SA hospital midwives were safe and competent to provide this program. More education up-dates are planned later this year to sustain the program;

An immunisation course for nurses based at the University of SA: This course has been in place since early 1999 and around 100 nurse vaccinators have completed the external education program. The course is due to be offered via the Internet later this year and will also be available to international and other Australian students; and

Implementing the measles, mumps and rubella (MMR) program for 18-30 year olds during 2001 and the new Q Fever Management Program during 2000-2003.

The biggest challenge to our program is to maintain the gains in coverage and program quality while improving vaccine uptake among pre-school children, adolescents, adults, and the elderly.

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Northern Territory Adult Immunisation Week

Adults, particularly between 16-50 years of age are infrequent users of public health services (eg immunisation) and can be difficult to reach through routine immunisation programs. Often adults are not aware that immunisation is recommended or important after they leave school. Adult immunisation is one of the many challenges of the Immunise Australia program that Territory Health Services (THS) has actively taken up. THS has vigorously promoted adult immunisation since 1994 in an effort to overcome misconceptions and increase adult immunisation coverage.

Promotion of any immunisation program can be problematic in the Northern Territory (NT) due to small population, large geographic area and the remoteness of many Aboriginal and Torres Strait Islander communities. Traditional promotion outlets (eg local TV) suitable in the

urban centres often cannot reach NT rural/remote communities and the content may not be culturally appropriate for Aboriginal and Torres Strait Islander people.

Representatives of Darwin, East Arnhem and Central Australia Centre for Disease Control (CDC) units and providers from urban and rural health services met early in January to plan the focus, timing and promotion strategy for 2001. Adult immunisation awareness week was scheduled for the week 12-16 February with a strong emphasis on pneumococcal vaccination for adults at risk of pneumococcal disease. In addition providers were reminded to check that all adults were up to date with:

- Adult diphtheria-tetanus (ADT) – a single dose for 15-49 years old and a single booster for persons 50 years old or older;
- Measles-mumps-rubella (MMR) – 18-40 year olds; and
- Annual influenza vaccination (as per NHMRC recommendations).



Central Australia Aboriginal and Torres Strait Islander poster design to promote Adult Immunisation Awareness Week

The program was timed to coincide with the availability of the 2001 influenza formulation. Initially, written information and guidelines were sent to all providers on the current indications for pneumococcal, influenza, adult diphtheria-tetanus and adult measles-mumps-rubella vaccinations. A presentation on the epidemiology of pneumococcal disease in the NT was developed and distributed to all CDC units to assist in promoting the pneumococcal focus to providers. A commercial for television and radio on pneumococcal vaccine and recommendations was developed and aired on a local urban network, Imparja Television for the rural/remote communities and adapted for print media in all local newspapers. This 30 second TV commercial was aired several days before and during 'Awareness week'. In addition, East Arnhem District developed a poster in a local Aboriginal and Torres Strait Islander language. Central Australia promoted the program extensively with the development of a poster for Aboriginal and Torres Strait Islander Communities. This poster design was reproduced on T-shirts (worn by providers during the week), badges and in local media advertisements.

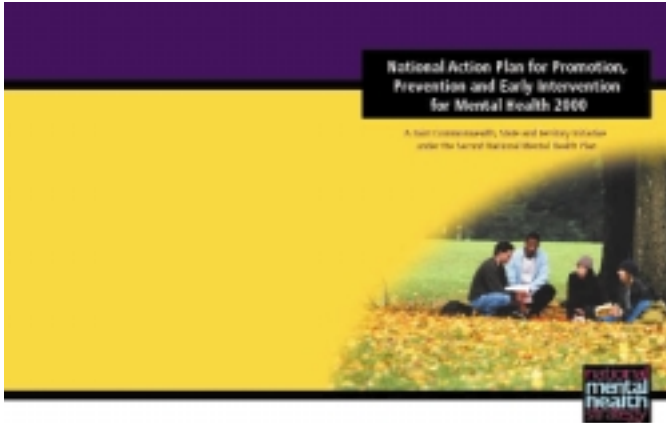
The community response to Adult Immunisation Awareness Week was very positive. We believe that the initial planning with sharing of ideas and the development of local area, culturally appropriate materials for promotion made a real difference. The experience gained can be adapted and applied to other current and future immunisation programs.

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PROMOTION, PREVENTION AND EARLY INTERVENTION FOR MENTAL HEALTH

National Action Plan 2000 and Monograph 2000



These two documents, developed as a joint Commonwealth, State and Territory initiative, represent an important step to improve the mental health outcomes of the Australian population. They provide the policy and conceptual framework for promotion, prevention and early intervention for mental health – key themes of the *Second National Mental Health Plan*.

Together, *Action Plan 2000* and *Monograph 2000* provide the foundation for a progressive implementation of activities for promotion, prevention and early intervention for mental health across Australia.

With this in mind, these documents have been developed for the widest possible audience – all those people who may come into contact with people at risk of developing a mental health problem or mental disorder, and all those who are generally interested in the broad concept of mental health.

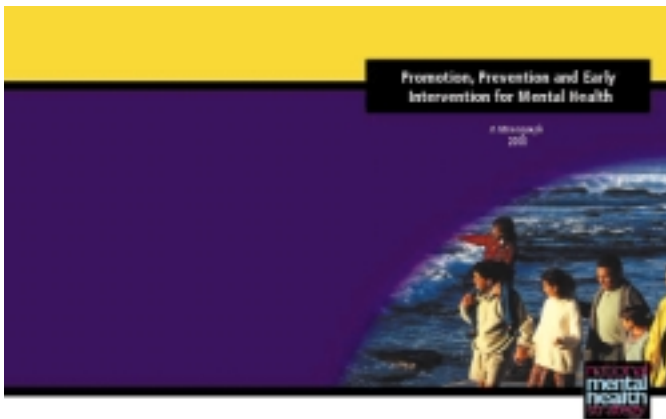
The *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (Action Plan 2000)* presents a major and exciting new direction for improving the mental health outcomes of the Australian population. Incorporating the best scientific evidence available, it contains strategies to promote mental health, to reduce mental health problems and disorders, and to intervene as early as possible to minimise the impact of these problems in our community. Importantly, it recognises the potential for contributions from all groups in the community and provides opportunities for a nationally coordinated approach.

The companion document to *Action Plan 2000*, called *Promotion, Prevention and Early Intervention for Mental Health: A Monograph* sets out the theoretical basis and conceptual framework and discusses in more detail a number of important issues relevant to the implementation.

Ongoing feedback on the Action Plan and the Monograph is welcomed from individuals and organisations with an interest in promotion, prevention and early intervention for mental health. You are invited to contribute your feedback in the following ways:

1. Complete the feedback form included at the back of each document
2. Lodge your feedback through the website at <http://auseinet.flinders.edu.au>
3. Take part in a discussion forum in your State/Territory. These will take place during mid 2001. Details are provided on the above website or phone (08) 8357 5788.

To order the documents visit www.mentalhealth.gov.au or telephone 1800 066 247



Public Health Happenings

Australian

15-17 July, 2001

3rd National Public Health Association of Australia Food & Nutrition Conference 2001

Eating Well into the Future

Carlton Crest Hotel Melbourne

For more information:

http://www.pha.org.au/conferences/frame_conferences.htm

9 – 21 September, 2001

Sir Gustav Nossal International Health Reform Leadership Program

Melbourne

For more information:

Jenny Florence

Fax: (03) 9341 5055

Email: jennyflorence@virtual.net.au

23– 26 September, 2001

33rd Annual Public Health Association of Australia Conference 2001

2001 A Public Health Odyssey: Popular Culture, Science & Politics

Hilton Hotel Sydney

For more information:

http://www.pha.org.au/conferences/frame_conferences.htm

22- 25 September, 2001

The 4th International Conference on the Scientific Basis of Health Services

Darling Harbour Convention Centre, Sydney

For more information:

www.icsbhs.org

27 – 28 September, 2001

Australasian Epidemiological Association

10th Annual Scientific Meeting

University of Sydney, Sydney

For more information:

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17 November, 2001

9th National Symposium on Hepatitis B and C
St Vincent's Hospital, Melbourne

For more information:

Tel (03) 9288 3580

Email: belote@svhm.org.au

International

1 – 3 October, 2001

Second International Conference

Monitoring Health Behaviours – Towards Global Surveillance
Finland

For more information:

Tel: +358 (9) 4744 8892

Fax: + 358 (9) 4744 8338

Website: <http://www.klt.fi/monitoring2/>

Grapevine Resources

Australian Institute of Health and Welfare

Heart, Stroke and Vascular Diseases: Australian Facts 2001

www.aihw.gov.au/publications/cvd/hsvd01/index.html

Australia's Health 2000

www.aihw.gov.au/publications/health/ah00/index.html

Department of Human Services South Australia

CDC Bulletin November 2000

www.dhs.sa.gov.au/pehs/Newsletters/cdc-bulletin

Department of Health and Human Services Tasmania

The Third Study into the Extent and Impact of Gambling in Tasmania with Particular Reference to Problem Gambling.

www.dhhs.tas.gov.au/services/healthy_living/community_levy.html

Public Health Newsletter for Local Government

www.dhhs.tas.gov.au/services/publichealth/newsletters/index.html

National Health and Medical Research Council

Work of the NHMRC Special Expert Transmissible Spongiform Encephalopathies Committee

www.health.gov.au/nhmrc/sectse/contents.htm

Development of Guidelines for the Management of Overweight and Obesity

www.health.gov.au/nhmrc/advice/mgtobsty.htm

New South Wales Health Department

Suicide in NSW: we need to do more: the NSW suicide data report

www.health.nsw.gov.au/policy/cmh/publications/suicide/suicidedata.html

Queensland Health

Qld Health Strategic Plan for Quality

www.health.qld.gov.au/quality/strategic.htm

Victorian Department of Human Services

Mosquito-Borne Disease Program: Protecting Against Mosquito Bites and Disease

www.dhs.vic.gov.au/phd/0012001/index.htm

Tobacco Reforms

www.tobaccoreforms.vic.gov.au/

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