

2019

Needs Assessment Summary
**IMMUNISATION AND COMMUNICABLE
DISEASES**



Immunisation and Communicable Diseases

➤ Local health needs and service issues

- Lower rates of children fully immunised in Gold Coast Hinterland and Surfers Paradise
- Areas with high numbers of children not immunised are Ormeau-Oxenford and Nerang
- Lower rates of HPV vaccination in Gold Coast compared to the national figure.
- Rates of hospitalisation for pneumonia and influenza in Gold Coast have decreased in 2016-17, other vaccine preventable hospitalisations remain low
- Mudgeeraba-Tallebudgera and Nerang had the highest rates in the Gold Coast for hospitalisation for pneumonia and influenza.
- Access to ongoing quality education / training.





Key findings

Achievement of the National Immunisation Program is measured by vaccination coverage, and is reported at 12, 24 and 60-month milestones (1, 2 and 5 years of age). Health authorities at the national, state and local level aim for vaccination coverage of at least 95%.


One-year old immunisation rates on the Gold Coast have remained stable in recent years but are still below (but comparable) to national rates in 2018. Two-year-old rates on the Gold Coast have decreased in recent years and are below (but comparable to) national rates. The rate of five-year-old children immunised on the Gold Coast had increased in recent years yet is still slightly below (but comparable) to national rates. Immunisation rates for Aboriginal and Torres Strait Islander children are generally higher than the national rates on the Gold Coast across all age cohorts apart from five-year olds where the Gold Coast rate is now slightly below (but comparable to) national Aboriginal and Torres Strait Islander immunisation rate.

Areas that have low immunisation rates include Surfers Paradise and Gold Coast Hinterland. However, these regions have some of the lowest absolute numbers of children who are not fully immunised. Regions with a high absolute number of children not immunised include Ormeau-Oxenford and Nerang.

HPV (Human Papillomavirus) causes genital warts and a number of cancers in males and females. Under a national program, vaccinations are provided free in schools to all males and females aged 12-13 years. In the Gold Coast region, rates are increasing but remain lower than national rates.

Among people being admitted to hospital for potentially preventable hospitalisations, Gold Coast had lower rates of people admitted due to vaccine-preventable conditions in 2017-18 compared to the national rate.

Sexually Transmissible Infections (STI) rates have been increasing in Australia, Queensland and Gold Coast in recent years. The number of Chlamydia (STI) reported cases has increased on the Gold Coast from 2,734 in 2014 to 3,308 in 2018. While the number of Gonorrhoea cases increased by 122% on the Gold Coast from 302 in 2014 to 670 in 2018.





Evidence

Immunisation coverage

Table 1 below shows the percentage of children immunised against a range of infectious diseases by antigen and those considered fully immunised according to Australian Immunisation Register at age 1 year, 2 years and 5 years as at December 2018. These immunisations are based on the National Immunisation Program Schedule, which include:

- Diphtheria, tetanus and pertussis (DTP)
- Polio
- Haemophilus influenzae type b (HIB)
- Hepatitis B
- Measles, mumps and rubella (MMR)
- Pneumococcal
- Meningococcal
- Varicella

Areas within the Gold Coast with the highest rate of new cancers being diagnosed include Broadbeach-Burleigh (553 per 100,000) and Southport (547 per 100,000).

	At 1 year		At 2 years		At 5 years	
	Gold Coast	National	Gold Coast	National	Gold Coast	National
Fully immunised	92.9	94.1	89.8	90.9	92.7	94.8
DTP	92.3	94.6	91.4	93.2	92.8	94.9
Polio	93.2	94.5	94.8	96.6	92.8	94.9
HIB	93.2	94.4	94.1	95.7	n/a	n/a
Hep B	93.1	94.5	94.7	96.5	n/a	n/a
MMR	n/a	n/a	91.7	93.6	n/a	n/a
Pneumococcal	94.0	95.3	48.2	48.5	n/a	n/a
Meningococcal	n/a	n/a	93.7	95.7	n/a	n/a
Varicella	n/a	n/a	91.2	92.7	n/a	n/a

Table 1: Percentage of children immunised based on National Immunisation Program Schedule, December 2018.

Source: Australian Government, Department of Health, Resources, <https://beta.health.gov.au/resources/publications/qld-childhood-immunisation-coverage-data-by-sa3>. n/a indicates not measured in the aged cohort.

The human papillomavirus (HPV) vaccine is provided free to girls and boys aged 12–13 years as part of the National HPV Vaccination Program. Table 2 shows the percentage of females and males aged 15 years in mid-2017, who had received the third dose. It shows lower levels of vaccination in both males and females on the Gold Coast compared to national levels.

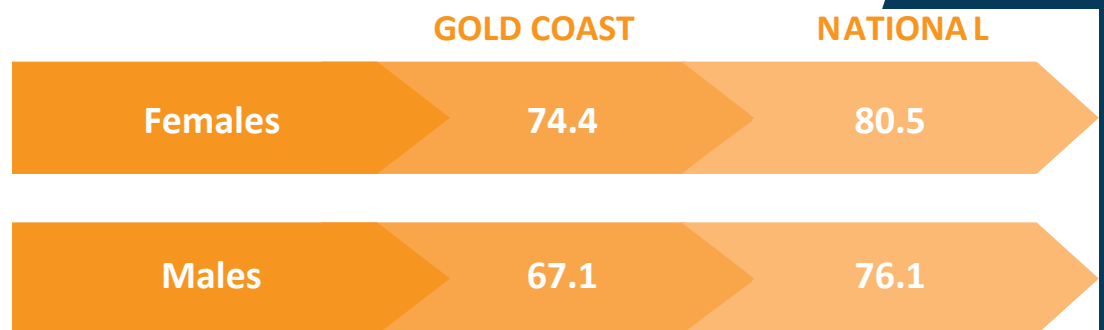


Table 2: Percentage of children aged 15 years at 30th June 2017 who had received Dose 3 of HPV vaccine

Source: Compiled by Public Health Information Development Unit (PHIDU), Torrens University using data from the National HPV Vaccination Program Register

Figure 1 below illustrates that childhood immunisation rates for all children and those who identified as Aboriginal and Torres Strait Islander within the Gold Coast have fluctuated in recent years.

Gold Coast had returned slightly lower immunisation rates for children aged 1, 2 and 5 years each year for the five-year period when compared to the national average in 2018. Gold Coast Aboriginal and Torres Strait Islander children mostly returned higher immunisation rates for children aged 1 and 2, while 5 year old rates are now slightly below (but comparable to) the national average for Aboriginal and Torres Strait Islander children in 2018.

Noticeably, local trends in immunisation rates largely mirror national trends which may indicate the significance of Australia-wide immunisation policy and universal immunisation initiatives.

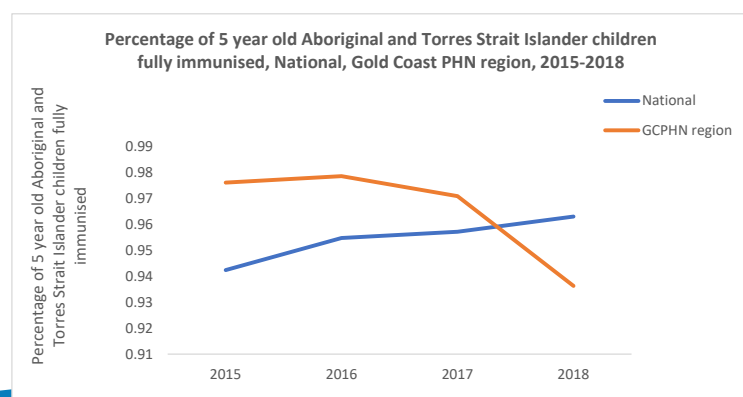
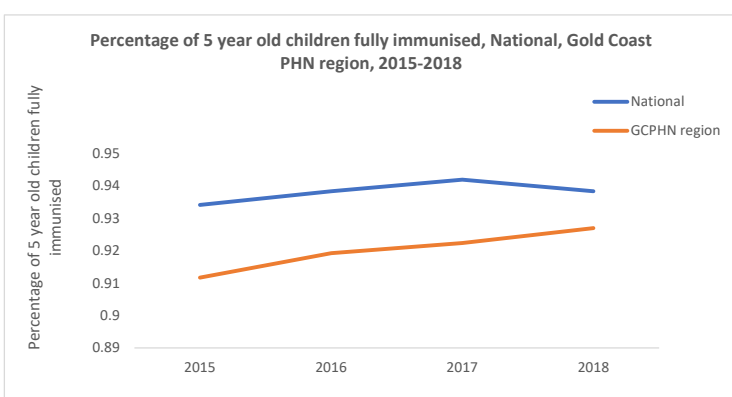
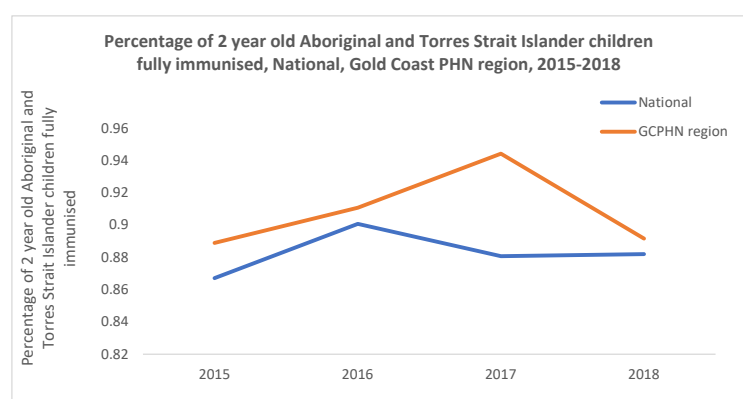
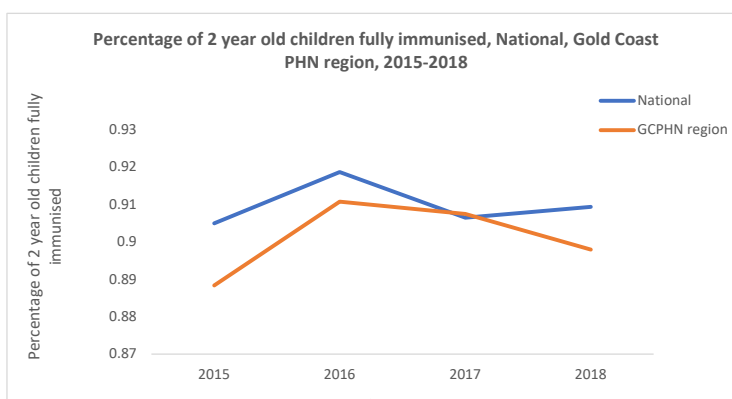
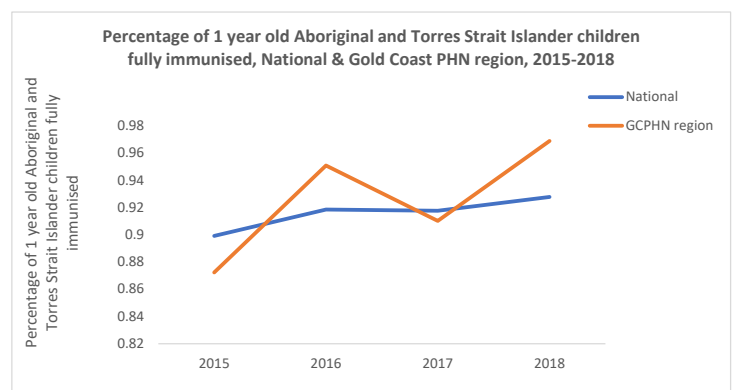
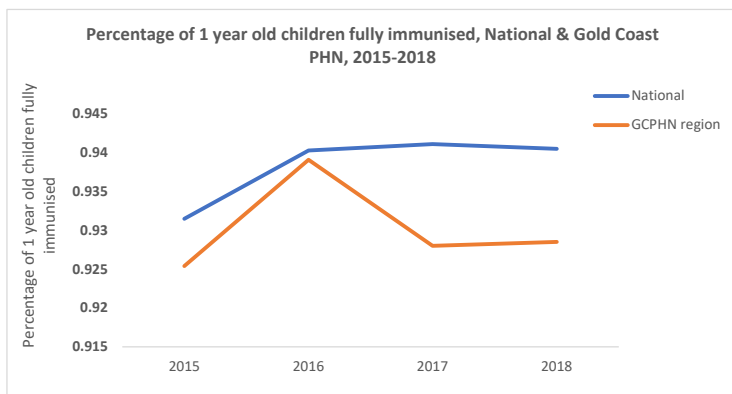


Figure 1: Immunisation trends over time, all children and Aboriginal and Torres Strait Islander children, 2015 to 2018
Source: AIHW analysis of Department of Human Services, Australian Immunisation Register statistics 201516. Extracted from myhealthycommunities.gov.au on 26/07/2017.

Data analysis at a more granular level provides further insight into geographic regions where increased effort may be required to improve immunisation coverage. The data displayed in Table 3 highlights Statistical Area Level 3 (SA3) regions with either a low immunisation rate at ages 1, 2 and 5 years old in 2018.

	At 1 year old	At 2 years old	At 5 years old
Region	% fully immunised		
Broadbeach-Burleigh	90.16%	89.51%	92.01%
Coolangatta	92.45%	85.17%	91.79%
Gold Coast- North	95.01%	89.51%	91.71%
Gold Coast Hinterland	82.39%	83.71%	87.61%
Mudgeeraba-Tallebudgera	90.98%	90.20%	92.71%
Nerang	95.16%	91.62%	93.14%
Ormeau-Oxenford	93.46%	90.78%	93.64%
Robina	92.39%	92.44%	93.55%
Southport	93.89%	89.93%	93.09%
Surfers Paradise	91.22%	86.96%	89.94%
Gold Coast	92.85%	89.79%	92.66%
National	94.05%	90.93%	94.79%

Table 3: Percentage of 1, 2 and 5-year old's fully immunised, by SA3 region, December 2018

Source: Australian Government, Department of Health, Resources, <https://beta.health.gov.au/resources/publications/qld-childhood-immunisation-coverage-data-by-sa3>. n/a indicates not measured in the aged cohort, 2018 annualised data

Areas that have low immunisation rates include Surfers Paradise and Gold Coast Hinterland. However, these regions have some of the lowest absolute numbers of children who are not fully immunised. Regions with a high absolute number of children not immunised include Ormeau-Oxenford and Nerang.

Health service utilisation

Potentially preventable hospitalisations (PPHs) are an indicator of both adverse health outcomes but also financial costs to the health system. Table 4 shows the rate of PPH per 100,000 people for vaccine- preventable conditions between 2015-16 and 2017-18.

'Other vaccine-preventable conditions' chicken pox (varicella), diphtheria, haemophilus meningitis, hepatitis B, german measles (rubella), measles, mumps, polio, rotavirus, tetanus and whooping cough (pertussis).

Category	Region	2017-18	2016-17	2015-16
Total vaccine-preventable	Gold Coast	287	186	236
	National	313	213	199
Pneumonia and influenza (vaccine-preventable)	Gold Coast	219	119	159
	National	207	109	92
Other vaccine-preventable conditions	Gold Coast	70	68	78
	National	108	105	107

Table 4: Age-standardised rate of potentially preventable hospitalisations per 100,000 people for vaccine-preventable conditions, 2015-16 to 2017-18.

Source: AIHW, Potentially preventable hospitalisations in Australia by small geographic regions

Table 5 shows the Gold Coast had a higher rate of PPHs for pneumonia and influenza conditions compared to the national figure in 2017-18 per 100,000 people. These conditions accounted for approximately 466 hospitalisations in the Gold Coast region in 2017-18 and accrued a total of 2,095 hospital bed days. The rate of vaccine preventable PPH have increased in line with national trends, Pneumonia and influenza are the largest components of vaccine-preventable PPH.

	Pneumonia and influenza	Other vaccine preventable conditions
Age-standardised rate per 100,000 people		
Broadbeach-Burleigh	169	65
Coolangatta	230	40
Gold Coast- North	238	88
Gold Coast Hinterland	240	0.0
Mudgeeraba-Tallebudgera	218	51
Nerang	224	47
Ormeau-Oxenford	225	78
Robina	254	96
Southport	243	101
Surfers Paradise	153	60
Gold Coast	219	70
National	207	108

Table 5: Regional breakdown of age-standardised rate (ASR) of potentially preventable hospitalisations (PPHs) per 100,000 people for Pneumonia/ Influenza and other vaccine preventable conditions, 2017-18

Source: Potentially preventable hospitalisations in Australia by small geographic region

The rate of potentially preventable hospitalisations for pneumonia and influenza was higher across all local areas of the Gold Coast than the national rate except Broadbeach-Burleigh and Surfers Paradise in 2017-18. Robina had the highest rate per 100,000 people for pneumonia/ influenza while Surfers Paradise had the lowest rate for other vaccine preventable conditions per 100,000 people. Avoidable admissions data provided from Gold Coast Health indicates that young children aged 0-5 and older people ages 65-75 have the highest percentage of people being admitted to hospital for influenza and pneumonia.

Selected outbreaks for communicable diseases

The notification system in Australia enables Public Health authorities to spot outbreaks and increases in communicable diseases. Numerous outbreaks occur each year, an example would be an outbreak of influenza or local outbreaks of communicable diseases which could have been transmitted through consumption of contaminated food.

Queensland health record all notifiable conditions data into annual reporting which can be used to track if a certain type of communicable diseases is increasing or decreasing over the past years. Table 7 shows the records from 2014 to 2018 for the Gold Coast across communicable diseases.

As can be seen below in table 6, there had been a rise in the number of chlamydia and gonorrhoea notifications rates over time.

In 2017, influenza activity in Gold Coast was high with 6,052 reported cases. It is difficult to identify specific causes for the high level of influenza activity; however, the season began one month earlier, and the high point of activity lasted longer compared with patterns for previous years.

Disease	2018	2017	2016	2015	2014
Blood borne disease					
Hepatitis B (newly acquired)	1	4	5	4	5
Hepatitis B (unspecified)	91	98	119	103	81
Hepatitis C (newly acquired)	10	12	12	11	10
Hepatitis C (unspecified)	164	210	276	196	219
Gastrointestinal diseases					
Campylobacter	900	840	709	740	560
Cryptosporidiosis	106	122	227	134	96
Salmonellosis	432	487	501	667	486
Shigellosis	51	11	19	7	18
Yersiniosis	96	104	102	58	58
Invasive diseases					
Group A Streptococcal	43	38	23	22	24
Meningococcal	5	7	4	4	4
Mycobacterial diseases					
Nontuberculous Mycobacteria (other and unspecified) +	141	149	129	114	120
Tuberculosis	13	22	17	14	16
Other vaccine preventable diseases					
Influenza (lab confirmed)	2093	6051	2354	3390	1921
Measles	0	3	0	1	7
Mumps	12	13	7	9	7
Pertussis	261	144	269	144	167
Rotavirus	133	291	98	119	85
Rubella	1	0	0	0	0
Varicella	1184	981	975	787	541
Sexually transmissible infections					
Chlamydia (STI)	3308	3309	2940	2650	2734
Gonorrhoea (STI)	670	637	594	355	302
Syphilis (infectious)	122	126	47	73	66
Syphilis (late)	27	28	23	23	21
Mosquito borne diseases					
Dengue	23	43	47	36	37
Ross River virus	98	123	108	688	167
Zoonotic diseases					
Potential ABLV exposure	39	27	17	21	35
Potential rabies exposure	66	68	48	38	55
Other diseases					
Adverse event following immunisation	62	39	45	45	51
Chlamydia (Non-STI)	53	61	68	40	32

Table 6. Notifiable conditions annual reporting number of cases, 2014-2018

Source: QLD Health, Notifiable conditions weekly totals, <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/surveillance/reports/notifiable/annual>


The elevated rate of shingella in 2018 may be due to a change in in case definition introduced mid-2018. Table 7 shows the notifiable conditions on the Gold Coast per 100,000 people compared to Queensland in 2017. The table identifies the notifiable conditions which the Gold Coast was above the Queensland rate:

- Yersiniosis
- Measles
- Chlamydia (STI)
- Gonorrhoea (STI)
- Dengue
- Potential rabies exposure
- Chlamydia (Non-STI)

Table 7. Notifiable conditions number of cases per 100,000 people, Gold Coast and Queensland state, 2017

Source: QLD Health, Notifiable conditions weekly totals, <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/surveillance/reports/notifiable/annual>

Disease	2017 GC	2017 QLD
Blood borne disease		
Hepatitis B (newly acquired)	0.7	0.9
Hepatitis B (unspecified)	16	18
Hepatitis C (newly acquired)	2.0	6.4
Hepatitis C (unspecified)	35	41
Gastrointestinal diseases		
Campylobacter	139	155
Cryptosporidiosis	20	26
Salmonellosis	80	86
Shigellosis	1.8	4.7
Yersiniosis	17	14
Invasive diseases		
Group A Streptococcal	6.3	7.7
Meningococcal	1.2	1.4
Mycobacterial diseases		
Nontuberculous Mycobacteria (other and unspecified) +	25	30
Tuberculosis	4	4
Other vaccine preventable diseases		
Influenza (lab confirmed)	998	1148
Measles	0.5	0.2
Mumps		
Pertussis	24	27
Rotavirus	48	53
Rubella	0.0	0.1
Varicella	162	168
Sexually transmissible infections		
Chlamydia (STI)	546	478
Gonorrhoea (STI)	105	101
Syphilis (infectious)	21	22
Syphilis (late)	4.6	6.1
Mosquito borne diseases		
Dengue	7.1	5.9
Ross River virus	20	38
Zoonotic diseases		
Potential ABLV exposure	4.5	6.3
Potential rabies exposure	11.2	7.5
Other diseases		
Adverse event following immunisation	6.4	11.4
Chlamydia (Non-STI)	10.1	7.5

 Above QLD rate per 100,000 people

Sexually Transmissible Infections (STI)

STI rates have been increasing in Australia, Queensland and Gold Coast in recent years with Individuals aged 16 to 25 carrying a significant burden of sexually transmissible infections. The number of Chlamydia (STI) reported cases had increased on the Gold Coast from 2,734 in 2014 to 3,308 in 2018, an increase of 21% (Figure 2). Queensland in the same reporting period also increased the number of reported chlamydia (STI) reported cases by 12%.

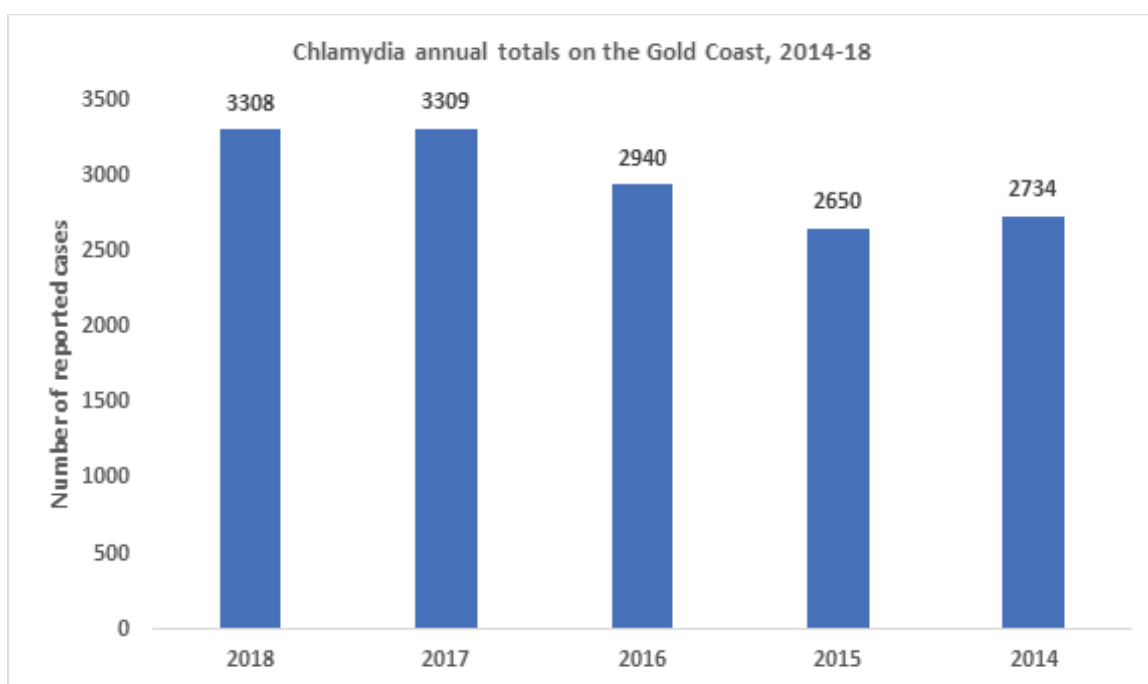


Figure 2. Chlamydia annual totals on the Gold Coast, 2014-18.

QLD Health, Notifiable conditions annual reporting, <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/surveillance/reports/notifiable/annual>.

The number of Gonorrhoea (STI) reported cases had increased by 122% on the Gold Coast from 302 in 2014 to 670 in 2018 (Figure 3). Queensland in the same reporting period also increased the number of reported Gonorrhoea (STI) reported cases by 85%.

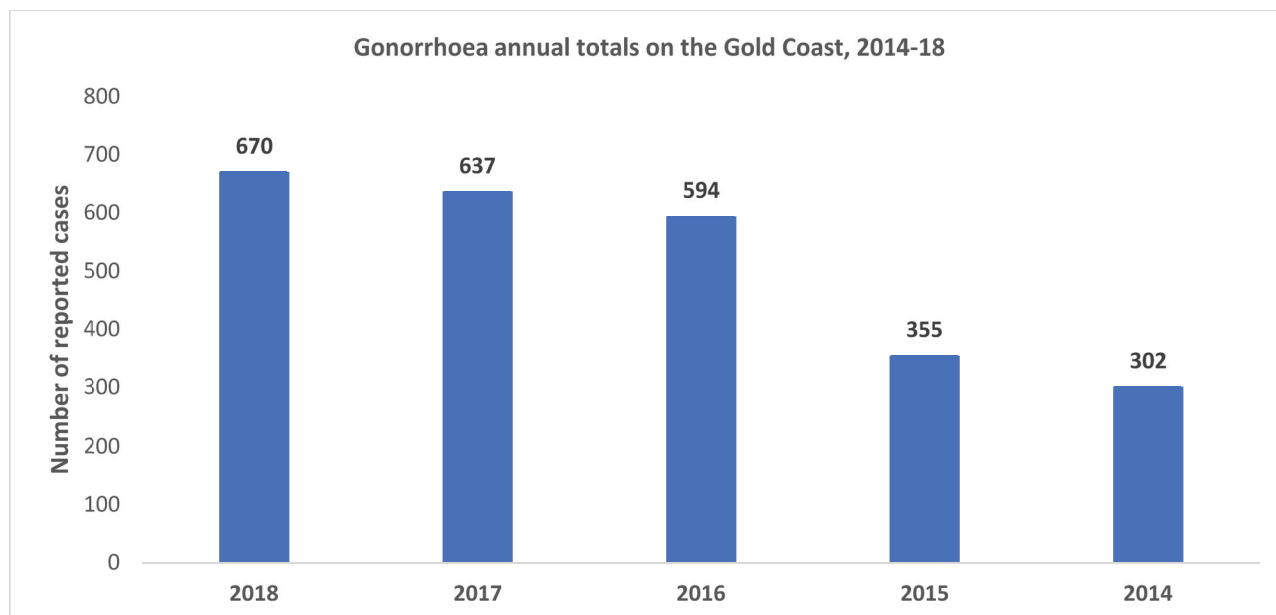


Figure 3. Gonorrhoea annual totals on the Gold Coast. 2014-18

Source: QLD Health, Notifiable conditions annual reporting, <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/surveillance/reports/notifiable/annual>.

Examining chlamydia and gonorrhoea notification rates by a local level (SA3) on the Gold Coast from July 2016 to June 2019 indicated the rates shown below per 100,000 people.

	Chlamydia	Gonorrhoea
Broadbeach-Burleigh	615.6	78.5
Coolangatta	406.4	50.1
Gold Coast- North	334.9	73.6
Gold Coast Hinterland	274.6	25.9
Mudgeeraba-Tallebudgera	329.8	31.3
Nerang	352	54.2
Ormeau-Oxenford	416.8	70.1
Robina	420	57.3
Southport	1586	501.9
Surfers Paradise	598.7	111.1
Gold Coast	544.2	110.2

Source: Gold Coast Public Health Unit, QLD Health, Notifiable conditions

The higher rates of chlamydia and gonorrhoea in the Southport SA3 are likely to be due to people being allocated to the sexual health clinic in Southport where they were tested.

In 2018-19, due to the increasing rate of reported cases for STIs in Queensland and the poor awareness about sexual health and unsafe behaviours, particularly among young people aged 15-29 years, Queensland Government launched the "Stop the rise of STIs" campaign.

The campaign focusses on improving knowledge and awareness around sexual health and encourages young Queenslanders (aged 15-29) who are sexually active to get tested regularly, positioning STI testing as a normal part of their health routine 1.

Chronic hepatitis B (CHB)

Hepatitis B is a potentially life-threatening liver infection caused by the hepatitis B virus. It is transmitted by contact with blood or body fluids from an infected person.

The prevalence of people living with CHB in 2017 on the Gold Coast was 0.77% which is below the national rate of 0.95%. Among the Gold Coast SA3 regions, Southport had the highest prevalence of CHB with 1.03% (Figure 4).

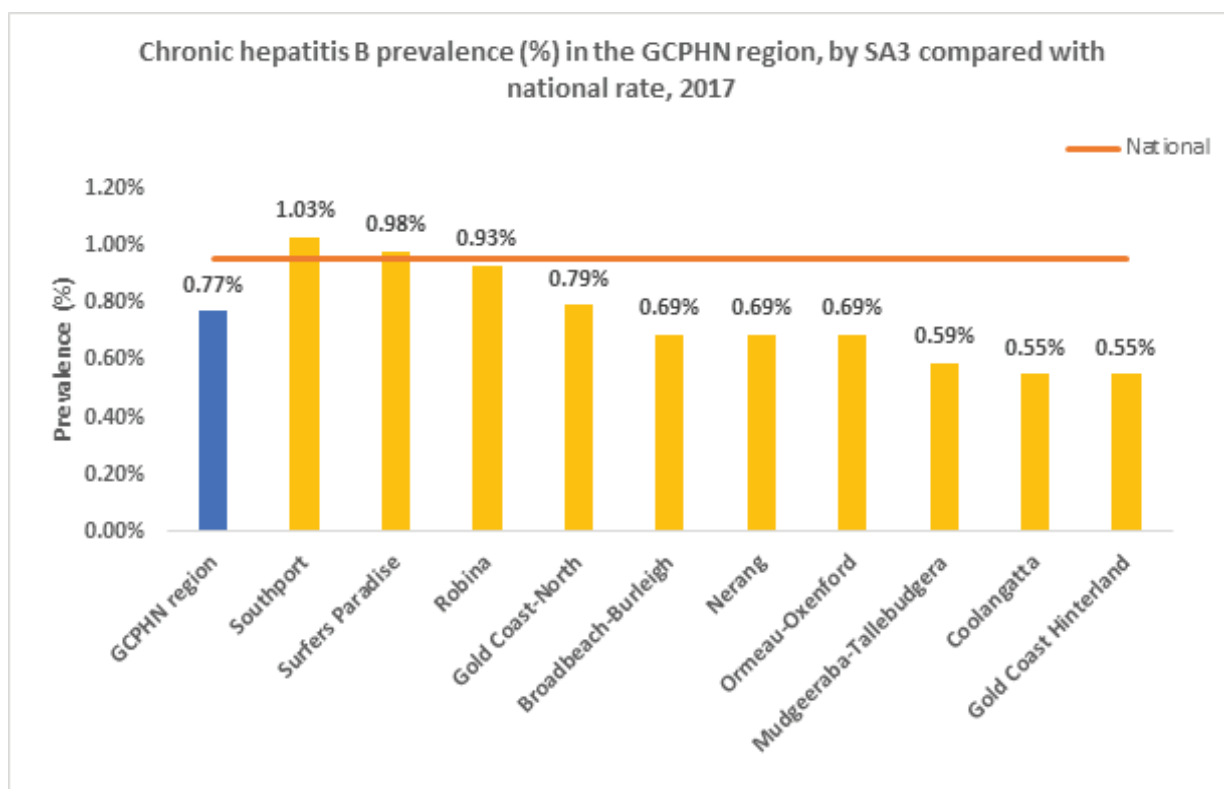


Figure 4. Chronic hepatitis B prevalence (%) in the GCPHN region, by SA3 compared with national rate, 2017

Source: Viral hepatitis mapping project: National report 2017

Treatment uptake in GCPHN region was 4.4%, which is below the national rate (8.3%) in 2017. Gold Coast-North is the only Gold Coast region that reached uptake above the national average (11.2%). Coolangatta had the lowest rate of treatment uptake (2.80%) (Figure 5).

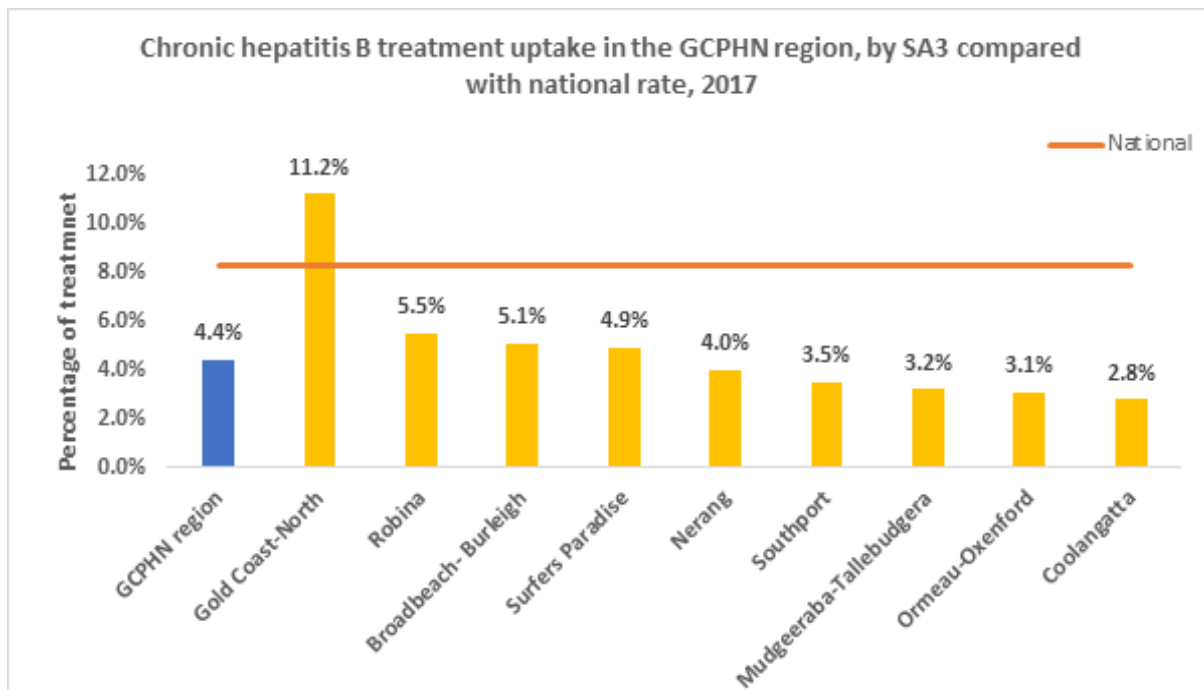


Figure 5. Chronic hepatitis B treatment uptake in the GCPHN region, by SA3 compared with national rate, 2017

Source: Viral hepatitis mapping project: National report 2017

Please note, Gold Coast Hinterland is not included in the above table as the total number receiving treatment and /or care was <6.

Care uptake for chronic hepatitis B on the Gold Coast region (9%) was below the national average of 20.2%. Gold Coast-North (20.2%) is the only SA3 region on the Gold Coast that was in line with the national average (Figure 6).

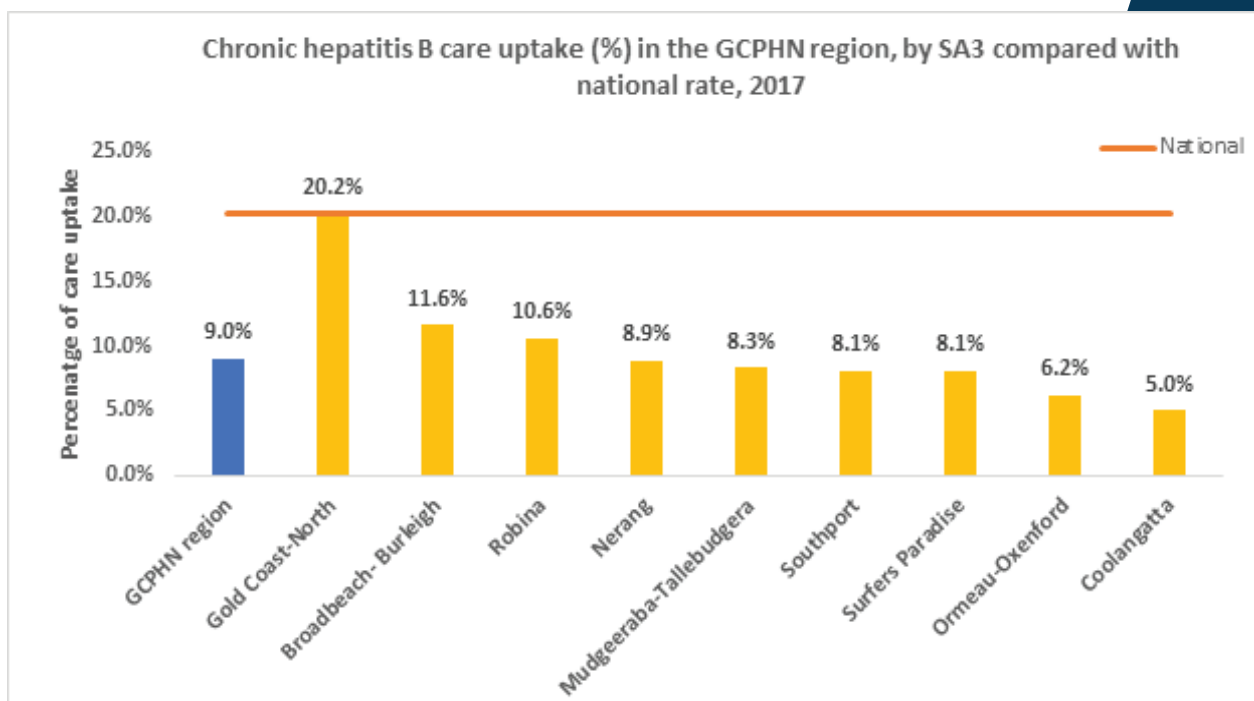


Figure 6. Chronic hepatitis B care uptake (%) in the GCPHN region, by SA3 compared with national rate, 2017

Source: Viral hepatitis mapping project: National report 2017

Please note, Gold Coast Hinterland is not included in the above table as the total number receiving treatment and /or care was <6.

Chronic hepatitis C (CHC)

The prevalence of people living with chronic hepatitis C in 2017 in the Gold Coast region was 1.06% which was above the national rate of 0.94%. Among the Gold Coast SA3 regions, Gold Coast Hinterland (1.86%) and Southport (1.70%) had the highest prevalence of CHC while Robina (0.52%) had the lowest prevalence of CHC among the Gold Coast SA3 regions in 2017 (Figure 7).

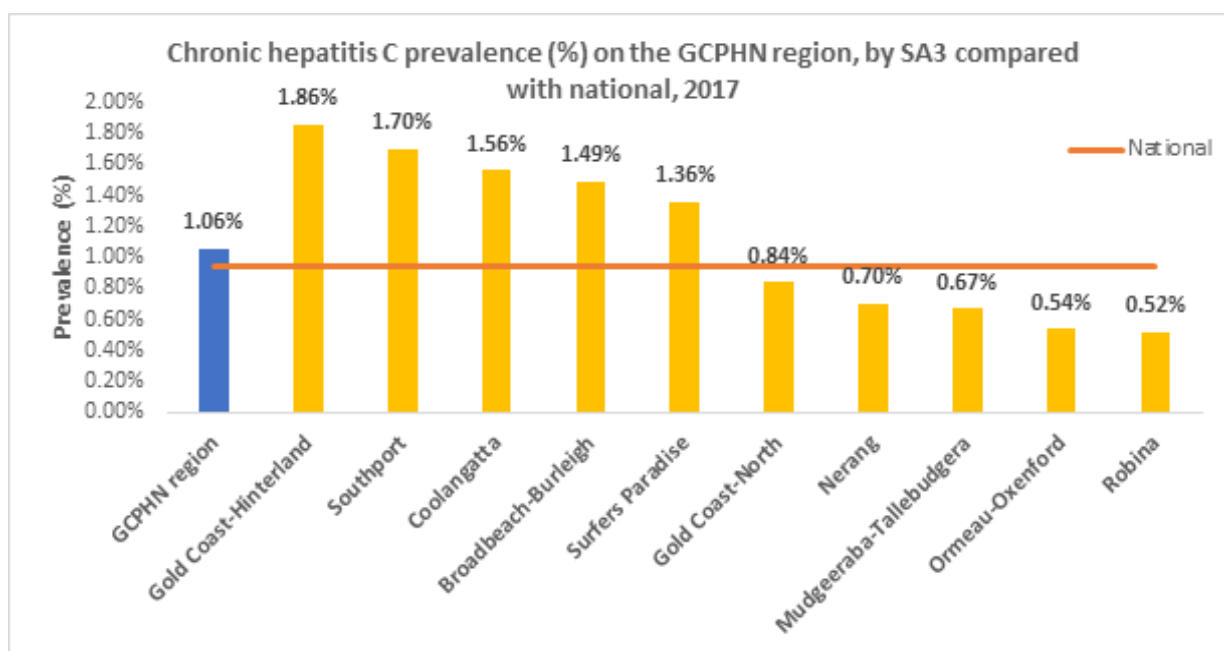


Figure 7. Chronic hepatitis C prevalence (%) on the GCPHN region, by SA3 compared with national rate, 2017

Source: Viral hepatitis mapping project: National report 2017

Treatment uptake in the Gold Coast region in 2017 of people living with CHC was 24.6% in 2017. This rate was above the national rate of 23.6%. Within the Gold Coast region, treatment uptake was highest in Nerang (34.9%) and lowest in Southport (14.7%) (Figure 8).

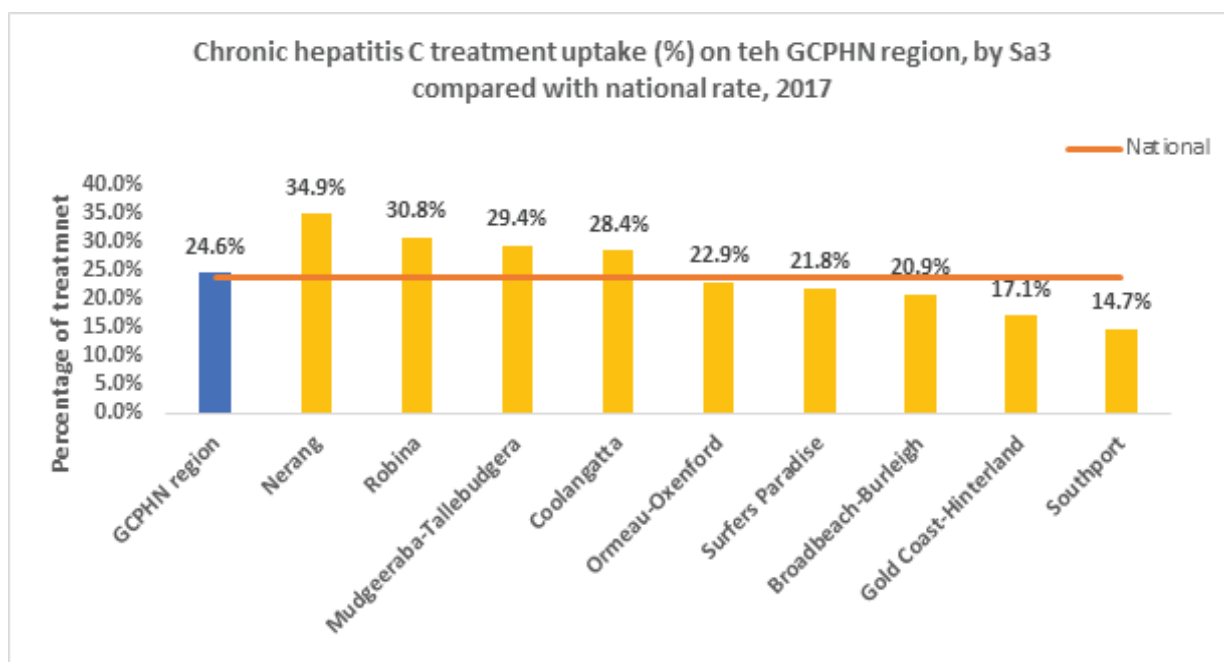


Figure 8. Chronic hepatitis C treatment uptake (%) on the GCPHN region, by SA3 compared with national rate, 2017

Source: Viral hepatitis mapping project: National report 2017 Please note, Gold Coast Hinterland is not included in the above table as the total number receiving treatment and /or care was <6;



Service Mapping

Services	Number in the GCPHN region	Distribution	Capacity discussion
General practices	202	<ul style="list-style-type: none">• Practices are well spread across the region.• including in the northern growth corridor where many children live. 83% of practices have a practice nurse many of which assist in immunisation.	<ul style="list-style-type: none">• Childhood immunisations are free funded by the Government but the consultation fee may differ between practices.• Many new practice nurses require training in immunisation—40% increase in number of practice nurses between 2015-2016.• Immunisation education events always well attended, often have a wait list.• Practices require support from PHN regarding data recording on Australian Immunisation Register.
Dedicated GP immunisation clinics	4	<ul style="list-style-type: none">• Labrador, Canungra, West Burleigh and Mermaid Beach	<ul style="list-style-type: none">• These clinics provide a separate waiting area, no appointment is required and does not need to be a patient of the clinic.
Community immunisation clinics, Gold Coast Health	6	<ul style="list-style-type: none">• Helensvale, Carrara, Upper Coomera, Burleigh, Robina and Southport	<ul style="list-style-type: none">• Drop-in—no appointments required.• Free for people with a Medicare card to attend the clinic.• Vaccines on the National Immunisation Program Schedule Qld are provided free.• Other vaccines incur a cost.
Schools	20	<ul style="list-style-type: none">• Public and private schools across the region.	<ul style="list-style-type: none">• Free vaccinations including HPV through the school immunisation program.• Queensland has legislated to require schools to provide student details to immunisation providers to assist with communication and consent processes.
Gold Coast Hospital Maternity and Antenatal Clinic	1	<ul style="list-style-type: none">• Southport	<ul style="list-style-type: none">• Pregnant women can access immunisations including whooping cough and influenza.
Private obstetricians and midwives	12	<ul style="list-style-type: none">• 9 obs, 3 midwives• Spread across region	<ul style="list-style-type: none">• As above
Pharmacy	At least 27	<ul style="list-style-type: none">• Various locations	<ul style="list-style-type: none">• Pharmacist must undertake additional training to administer vaccines and pharmacy must implement additional processes (e.g. cold chain).• The Pharmacy guild had two sessions at GCPHN to Pharmacist about vaccination procedures in 2018.• In these two sessions a total of 19 Pharmacist attended.• The Gold Coast Public Health Unit (GCPHU) conducts back to basics training around

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Homeless immunisation clinics	2	<ul style="list-style-type: none"> • Surfers Paradise and Coolangatta 	<ul style="list-style-type: none"> • 140 people experiencing homelessness on the Gold Coast have been vaccinated between 1/5/18 and 31/8/18. This occurred across the Homeless Connect event and the regular church free meals. • PHN/PHU continue with annual homeless connect day in August to provide influenzas and pneumovax vaccines. • Interest reported from some homeless support services to work with PHU and PHN to improve vaccination access to homeless or at-risk people.
Mobile services for Vaccines	2	<ul style="list-style-type: none"> • Various locations 	<ul style="list-style-type: none"> • Onsite service for efficient administration of flu shots at aged care facilities, workplaces and schools. • Specialist immunisation nurses with vast experience in the industry • Up to date Quadrivalent flu vaccines recommended by the World Health Organisation.
Gold Coast University Hospital	1	<ul style="list-style-type: none"> • Southport 	<ul style="list-style-type: none"> • Pharmacy • Children's Critical Care • Birth Suite
Gold Coast Sexual Health service	2	<ul style="list-style-type: none"> • Southport and Palm Beach 	<ul style="list-style-type: none"> • The Gold Coast Sexual Health Service provides testing and treatment for sexually transmissible (STIs) and HIV management including PEP (Post Exposure Prophylaxis) • Sexual health counselling, information, education and advice. • Vaccinations for Hepatitis B. • Free confidential walk-in and appointment-based service.

Griffith University health and Medical Service	1	∞Southport	∞Vaccinations for Griffith University students attending clinical placement. ∞Travel vaccinations and flu vaccinations are offered.
Bond Medical Clinic		∞Varsity Lakes	∞The Medical clinic is a facility for currently enrolled students and staff members of Bond University.
Community based testing sites	1	∞Burleigh Heads	∞Operating 3-6pm every Thursday, HIV and Syphilis testing
Information	Multiple	∞Web, brochures etc.	∞While there are credible sources, there is a lot of incorrect information on the internet.



Consultation

GCPHN Community Advisory Council

(September 2019) identified:

- CAC members agreed there is not as much “fear” with the newer generations when it comes to sexual health.
- There appears to be a lack of understating and education when it comes to:
 - Contracting diseases orally
 - Engaging in sexual activity with people from different age demographics.
 - The risk of cancer/HPV diseases
- Sexual education could be revisited so teenagers are better informed
- More advertisements around sexual health, with a focus on social media to target youth and programs for incoming tourists were also suggested

At risk

- Homeless people’s access to vaccinations may be more difficult

GCPHN Clinical Council

(August 2019) identified:

- Lower immunisation numbers on the Gold Coast compared to national rate is a health issue
- There is a chance to upskill practice nurses and registrars on immunisation
- Access generally not an issue for immunisation on the Gold Coast
- Immunisation gets a lot of media coverage
- Northern Gold Coast is a region that can be targeted for immunisation programs for children, as its overall rates are high but number of children that are not immunised is also high do to the large population of the region.

Feedback from general practices and the GCPHN Primary Health Care Improvement Committee identified a number of issues:

- Consistent and reliable supply of some vaccines to general practice remains an issue. Most but not all general practice clinics have a reminder system in place to follow up overdue immunisations and the inconsistent supply impacts on ability to efficiently manage use of recall and reminder systems, resulting in many immunisations being done opportunistically.
- Travel vaccinations also noted as challenging with a desire for improved access to up to date information to support GPs.
- Larger uptake of flu vax for children observed over recent season, noted this is likely due to media coverage.
- Some general practices advertise to the general population that flu vax is free 'for everyone' creating confusion for some patients if they are not in an eligible group and the practice they visit does not bulk bill.
- Ongoing education for staff in a highly mobile workforce is very important. In addition, there are some concerns there may be health professionals on the Gold Coast who do not actively support or recommend vaccination, further reinforcing the need for ongoing education.
- Complicated changes to schedules and variation between states cause issues, particularly for cross border patients.

Gold Coast Health | Public Health and Sexual Health Units (October 2017) identified:

- Provided sexual health data and advice regarding data analysis

GCPHN Community Advisory Council (October 2017) identified:

- As flu vaccines only covers some strains there is skepticism about effectiveness of flu vaccine and having / hearing about reactions to vaccines make many reluctant to have one
- Growing awareness in community of potential harm of vaccine preventable diseases but still some who are adamant against childhood vaccines in particular. Some concerns that forcing people to vaccinate their children through monetary and other mechanisms is not ethical.
- Where there is a cost for a vaccine it is a significant barrier for many.

Gold Coast Primary Health Network

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“Building one world class health system for the Gold Coast.”

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