Gold Coast Primary Health Network NEEDS ASSESSMENTS 2020 IMMUNISATION, COMMUNICABLE DISEASES AND COVID-19

phn Gold Coast

An Australian Government Initiative

IMMUNISATION, COMMUNICABLE DISEASES AND COVID-19

Local health needs and service issues

- Gold Coast rate of children fully immunised for 1,2 and 5 year olds below the national rate
- Gold Coast Hinterland and Surfers Paradise have lower rates of children fully immunised than other areas
- Ormeau-Oxenford have the highest numbers of children not fully immunised due to larger populations
- •Lower rates of HPV vaccination in Gold Coast compared to the national figure.
- Mudgeeraba-Tallebudgera and Nerang had the highest rates in the Gold Coast for hospitalisation for pneumonia and influenza.
- COVID-19 requires ongoing monitoring and activity which may include support for vaccination program



IMMUNISATION, COMMUNICABLE DISEASES AND COVID-19 Key findings

Achievement benchmarks of the National Immunisation Program are measured by vaccination coverage. This 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%.

The immunisation rates of 1,2 and 5 year olds on the Gold Coast have remained stable in recent years, although are still below (but comparable) to national and Queensland state rates as of June 2020. Immunisation rates for Aboriginal and Torres Strait Islander children are below the national rates on the Gold Coast across one year olds, above national rate for two year olds while in line with the national rate for five year old rate as of June 2020.

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.

HPV (Human Papillomavirus) causes genital warts and several 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.

The first case of COVID-19 was detected in Australia on the 19th January and the 21st of January on the Gold Coast and Queensland. Queensland and Gold Coast has very limited numbers of community transmission and deaths occurring from COVID-19. Due to COVID-19, the 2020 influenza season has very low number of reported confirmed cases which can be contributed to the closure of Australian boarders to international travellers, maintaining physical distancing, improving hand hygiene, and closing schools

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 2,650 in 2015 to 3,148 in 2019. While the number of Gonorrhea cases increased on the Gold Coast from 355 in 2015 to 803 in 2019.

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. Rates of hospitalisation for pneumonia and influenza in Gold Coast have decreased in 2017-18, other vaccine preventable hospitalisations remain low

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 of June 2020.

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

Table 1: Percentage of children immunised based on National Immunisation Program Schedule, June 2020

	12-<15	12-<15 Months		24-<27 Months		Months
	Gold Coast	National	Gold Coast	National	Gold Coast	National
% DTP	92.88	95.24	91.38	93.61	93.74	95.39
% Polio	92.84	95.22	94.55	96.54	93.29	95.02
% HIB	92.78	95.09	92.67	94.55	N/A	N/A
% HEP	92.71	95.17	94.37	96.44	N/A	N/A
% MMR	N/A	N/A	91.65	93.93	N/A	N/A
% Pneumo	94.10	96.36	93.47	95.39	N/A	N/A
% MenC	N/A	N/A	93.53	95.63	N/A	N/A
% Varicella	N/A	N/A	92.02	94.14	N/A	N/A
% Fully Immunised	92.51	94.60	90.00	91.68	92.75	94.77

Source: https://www.health.gov.au/resources/collections/childhood-immunisation-coverage-data-phn-and-sa3

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, as well as those who identified as Aboriginal and Torres Strait Islander, within the Gold Coast, have fluctuated in recent years.

The 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 rate in 2020. Immunisation rates for Gold Coast Aboriginal and Torres Strait Islander children are below the national rates across one-year old's, above national rate for two year olds while in line with the national rate for five year old rate as of June 2020. The large changes of rates for Indigenous children is due to the relatively small Indigenous child population on the Gold Coast.

Local trends in immunisation rates largely mirror national trends which may reflect 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, 2016 to 2019



PERCENTAGE OF 1 YEAR OLD CHILDREN FULLY IMMUNISED

PERCENTAGE OF 2 YEAR OLD CHILDREN FULLY IMMUNISED





PERCENTAGE OF 5 YEAR OLD CHILDREN FULLY IMMUNISED





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 2020.

	1 year old	2-year-old	5-year-old
Region	1	Fully Immunised	d
National	94.60	91.68	94.77
Gold Coast	92.51	90.00	92.75
Broadbeach - Burleigh	90.94	88.56	92.52
Coolangatta	89.78	86.83	92.24
Gold Coast - North	92.39	91.29	93.78
Gold Coast Hinterland	85.16	81.50	91.15
Mudgeeraba - Tallebudgera	91.75	90.03	93.90
Nerang	94.13	91.13	93.36
Ormeau - Oxenford	94.02	91.28	93.62
Robina	93.37	91.81	93.30
Southport	93.49	88.83	94.55
Surfers Paradise	88.47	87.74	89.27

able 3: Percentage of 1, 2 and 5-year old's fully immunised, by SA3 region, June 2020

Source: Australian Government, Department of Health, Resources,

https://health.gov.au/resources/publications/qld-childhood-immunisation-coverage-data-by-sa3.,2020

Areas that have low immunisation rates include 5-year olds in Surfers Paradise and 1 and 2 year olds in Gold Coast Hinterland SA3s. However, these regions have some of the lowest total number of children who are not fully immunised. Ormeau-Oxenford SA3 has the highest number of unvaccinated children in all age groups, but also has the highest population of children.

Uploading to the Australian Immunisation Register

In February 2020, the Queensland Government amended the Drug Therapy Protocol to lower the age that approved pharmacists may administer the influenza vaccine to 10 years old and expand the range of vaccines that approved pharmacists may administer. An authorised pharmacist or trainee pharmacist under supervision, may administer the following range of vaccines to persons aged 16 years and over: measles- mumps-rubella (MMR), tetanus-diphtheria- acellular pertussis (dTpa), dTpa in combination with inactivated poliovirus, poliomyelitis, cholera, Haemophilus influenzae type B, hepatitis A, meningococcal ACWY and pneumococcal vaccine. In New South Wales and Australian Capital Territory it is mandatory for pharmacist to report vaccinations to the Australian Imuunisation Register. It is strongly encouraged in all others states and territories.

Data has shown that Pharmacists are vaccinating more and more people, but those shots are not always ending up in the clients immunisation record¹ (Table 4). Implications of not uploading records to the Australian Immunisation Record are incomplete records meaning health authorities cannot accurately monitor vaccination uptake across Australia.

As can be seen in table four, Pharmacy accounted for 0.1% of all vaccinations reported to the Australian Immunisation Register in 2016. However, by 2019, that had risen to 2.7%, the vast majority (95%) of those influenza vaccines. Of the total 2,099 pharmacies in Australia, 975 (46.5%) provide vaccination services. Of these 975 pharmacies 525 (53.8%) were actively reporting to the Australian Immunisation Register (Pharmacies that supplied valid vaccination data to the Australian Immunisation Register between 1st July 2018 to 30th June 2019)^{2 3}.

As pharmacist vaccination expands to include younger ages and vaccines on the National Immunisation Program there's greater potential for confusion if records are not complete.

Immunisation provider type	2016	2017	2018	2019	Total 2016 to 2019
Aboriginal Health Service/Worker	47,221 (0.6%)	78,756 (0.7%)	84,769 (0.6%)	93,183 (0.6%)	303,929 (0.6%)
Community Health Service/Nurse	701,265 (9.5%)	823,359 (7.4%)	851,208 (6.2%)	836,069 (5.1%)	3,211,901 (6.6%)
Council	973,324 (13.1%)	1,070,593 (9.6%)	825,454 (6.0%)	908,381 (5.5%)	3,777,752 (7.7%)
General Practice	4,994,916 (67.3%)	8,558,196 (76.6%)	11,265,302 (81.7%)	13,265,059 (81.0%)	38,083,473 (78.1%)
Pharmacy	25 (0.1%)	14,464 (0.1%)	11, 2572 (0.8%)	44, 9719 (2.7%)	57, 6780 (1.2%)
Public and Private Hospitals	139,644 (1.9%)	15, 4465 (1.4%)	18, 3852 (1.3%)	189,506 (1.2%)	66, 7467 (1.4%)
State Health/PHU	562,969 (7.6%)	464,024 (4.2%)	463,584 (3.4%)	635,328 (3.9%)	2,125,905 (4.4%)
Other	1,132 (0.1%)	2,459 (0.1%)	3,974 9(0.1%)	7,123 (0.1%)	14,688 (0.1%)
Total	7,420,495	11,166,316	13,790,715	16,384,368	48,761,895

Table 4: Number and proportion of vaccines administered each year by immunisation provider type, 2016 to 2019

Source. Australian Immunisation Register, data as of 31 December 2019



 Review of pharmacist vaccination reporting to the Australian Immunisation Register, National Centre for Immunisation Research and Surveillance, 2020
 Services Australia

Health service utilisation

Potentially preventable hospitalisations (PPHs) are an indicator of both adverse health outcomes and 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 influenzae, meningococcal, hepatitis B, German measles (rubella), measles, mumps, polio, rotavirus, tetanus and whooping cough (pertussis).

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

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

Source, Potentially preventable hospitalisations in Australia by small geographic regions 2020, Australian Institute of Health and Welfare

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 1,498 hospitalisations in the Gold Coast region in 2017-18 and accrued a total of 9,646 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.

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

	Pneumonia and influenza	Other vaccine preventable conditions
	Age-standardised rate per 1	00,000 people
National	207	108
Gold Coast	219	70
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

Source: Potentially preventable hospitalisations in Australia by small geographic regions 2020, Australian Institute of Health and Welfare, n.p: not publishable because of small numbers, confidentiality, or other concerns about the quality of the data

The rate of potentially preventable hospitalisations for pneumonia and influenza were higher across all local areas of the Gold Coast compared with 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.

Influenza

In 2014-2018, influenza and pneumonia was the 14th leading cause of death on the Gold Coast with 278 deaths 4. Due to COVID-19, the closure of Australian boarders to international travellers, maintaining physical distancing, improving hand hygiene, and closing schools have seen a large decrease in number of confirmed cases of influenza nationally and on the Gold Coast. From January 1st to the 16th August 2020, the average number of people diagnosed with influenza on the Gold Coast was 2,250 between 2015 to 2019. This year, 716 Gold Coast people have been diagnosed with influenza during the same period₅.

In 2019, influenza activity in Gold Coast and Queensland was high with 7,301 reported cases on the Gold Coast. It is difficult to identify specific causes for the high level of influenza activity; however, the season began much earlier in May, large inter-season numbers while the flu period was larger compared to previous years excluding 2017.

Figure two highlights the low number of laboratory confirmed influenza cases in Australia in 2020 compared to past years.



Figure 2. Annual Australian Laboratory confirmed Influenza numbers

Source. Australian Government Department of Health, National Notifiable Diseases Surveillance System

Outbreaks for communicable diseases

The notification system in Australia enables Public Health authorities to track communicable diseases and detect outbreaks and increases in disease. Numerous outbreaks occur each year. Outbreaks can include an outbreak of influenza in a specific community or outbreaks of gastroenteritis transmitted through consumption of contaminated food.

Queensland Health provide data on weekly and annual notifications of communicable diseases online, allowing tracking of the incidence of disease over time. Table 6 shows the numbers of notifications of selected diseases from 2015 to 2019 for the Gold Coast.

There has been a rise in the number of chlamydia and gonorrhoea notifications over the period shown, although the number of notifications of chlamydia decreased in 2019. Notifications for chlamydia and Gonorrhoea are down this year compared to previous years, likely due to either decreased social interactions or fewer people getting tested.



Annual Totals					
Disease	2019	2018	2017	2016	2015
Blood borne disease			2000. 2001 2000.		<u> </u>
Hepatitis B (newly acquired)	6	1	6	7	4
Hepatitis B (unspecified)	97	91	97	117	103
Hepatitis C (newly acquired)	15	10	12	11	11
Hepatitis C (unspecified)	190	167	209	277	195
Gastrointestinal diseases					
Campylobacter	1,083	901	840	709	740
Cryptosporidiosis	51	106	122	227	134
Salmonellosis	423	433	487	501	667
Shigellosis	88	51	12	19	7
Yersiniosis	76	96	104	102	58
Hepatitis A	8	4	3	9	8
Invasive diseases					
Group A Streptococcal	25	43	38	23	22
Meningococcal	46	58	69	45	30
Pneumococcal	25	48	33	22	21
Other vaccine preventable diseases	00000000	1949-1977 N			
Influenza (lab confirmed)	7,301	2,095	6,059	2,359	3,390
Measles	11	0	3	0	1
Mumps	7	12	13	7	9
Pertussis	226	261	144	269	144
Rotavirus	240	134	292	98	119
Rubella	1	1	0	0	0
Varicella	1,198	1,184	981	975	787
Sexually transmissible infections	S			200 	10
Chlamydia (STI)	3,148	3,309	3,310	2,942	2,650
Gonorrhea (STI)	803	672	638	596	355
Mosquito borne diseases	5	05	38	429.	38. D
Dengue	53	23	43	47	36
Ross River virus	119	98	123	108	688
Barmah Forest Virus	8	9	24	12	29
	-	1000			
Zoonotic diseases	-		(). ()	1.18	839 - R
Zoonotic diseases Potential ABLV exposure	54	39	27	17	21
Zoonotic diseases Potential ABLV exposure Potential rabies exposure	54 61	39 66	27 68	17 48	21 38
Zoonotic diseases Potential ABLV exposure Potential rabies exposure Other diseases	54 61	39 66	27 68	17 48	21 38

Table 6. Notifiable conditions annual reporting number of cases, 2015-2019

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 shigella in 2018 and 2019 may be due to a change in in case definition introduced mid-2018.

COVID-19

COVID-19 is a coronavirus and is spread person to person via respiratory secretions. Symptoms include fever, coughing, sore throat and shortness of breath. The first case of COVID-19 was detected in Australia on the 19th January 2020 and the 21st of January on the Gold Coast and Queensland.

Table 7 indicates the total number of confirmed COVID-19 cases and deaths reported in Australia, Queensland and Gold Coast as of the 19th August 2020.

Table 7. Total confirmed cases of COVID-19 and total deaths from COVID-19 as of 9th October 2020, National, Queensland and Gold Coast

	Total confirmed	Total deaths	
	cases		
National	27,206	438	
Queensland	1,160	6	
Gold Coast	200	0	

Queensland health, https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/statistic

Figure 3 provides a breakdown of the age and gender of Queensland residents who have tested positive for COVID-19 as of the 9th October, 2020.

Figure 3. Age and gender of COVID-19 cases in Queensland as of 9th October



Source. Queensland health, https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/statisti

COVID-19 spreads from person to person. In order to determine the likely source of infection and to prevent ongoing transmission, public health staff conduct contract tracing, which includes case interviews and other investigations of places cases have been and who they have been in contact with. The source of infection for confirmed cases of COVID-19 are categorised as:

• Overseas acquired: the person was infected while overseas (including at sea)

• Locally acquired: contact with a confirmed case – the person was infected in Australia through contact with someone confirmed to have COVID-19

• Locally acquired: contact not identified – the person was infected in Australia, but the source of infection is not known



	Overseas acquired	Locally acquired - contact known	Locally acquired - no known contact	Interstate acquired	Under investigation	Total
Queensland	860	238	41	21	0	1,160
Gold Coast	129	61	6	2	0	198

Source. Queensland health, https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/statistics In response to COVID-19, numerous testing options are available on the Gold Coast for individuals who have any COVID-compatible symptoms. Gold Coast COVID-19 testing options include:

• Respiratory clinics are commonwealth funded clinics, supported by Gold Coast Primary Health Network, providing a safe environment for assessment and testing of Respiratory symptoms including COVID-19, located at Burleigh Waters, Upper Coomera, Hope Island and Nerang.

• General Practitioners may conduct testing for COVID-19 or provide referrals to pathology clinics or other options for testing. Telehealth consultations may be available to discuss symptoms.

• COVID-19 Testing Centres are run by Gold Coast Health to specifically test for COVID-19.

• Pop-up clinics are free swabbing stations run by Gold Coast Health in tourist areas for visitors and the community to test for COVID-19.

The four Gold Coast respiratory clinics were opened at different times with the first clinic opening on the 23rd April. A total of 21,456 people were tested at the four Gold Coast Respiratory Clinics between the 23rd April and 6th October. Of those tested, 60.5% were female and 39.4% male while 85% were non-Indigenous, 12% were not stated and 3% identified as Aboriginal and/or Torres Strait Islander.

People aged 30-39 had the highest rate of people presenting to the four respiratory clinics on the Gold as can be seen below, followed by people aged 0-9 years old.

Table 9. Rate of COVID-19 test completed at the four Gold Coast Respiratory clinics by age-cohort (23rd April to 6th October 2020)

Age cohort	Rate of COVID-19 test completed at the four Gold Coast Respiratory Clinics
0-9	15.5%
10-19	10.2%
20-29	13.1%
30-39	17.8%
40-49	14.7%
50-59	11.1%
60-69	8.7%
70-79	5.3%
80-89	1.4%
90+	0.2%

Please note, rate does not equal 100% due to data entry at point of specimen collected

When new cases of COVID-19 are reported in Queensland (for example two clusters of cases in August) there is a corresponding increase in testing at the four Gold Coast Respiratory clinics. As can be seen in figure 4, a large increase in the number of people presenting for testing was identified at the four Gold Coast Respiratory clinics in August after details of new cases were released in the media.

Figure 4. 7-day average of presentations at the four Gold Coast Respiratory Clinics, 23rd April to 6th October 2020



Sexually Transmissible Infections

STI rates have been increasing in Australia over recent years, Gold Coast rates decreased in 2019 compared to previous years. The number of sexually transmitted chlamydia reported cases had increased on the Gold Coast from 2,650 in 2015 to 3,148 in 2019 (19%). (Figure 5). In Queensland, the number of cases of sexually transmitted chlamydia increased by 14% between 2015 and 2019

Figure 5. Number of sexually transmitted chlamydia reported cases on the Gold Coast, 2015 to 2019



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

The number of sexually transmitted gonorrhoea reported cases increased by 126% on the Gold Coast from 355 in 2015 to 803 in 2019 (Figure 6). The number of cases of sexually transmitted gonorrhoea in Queensland increased by 100% on the same period.





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 2019 indicated the rates shown below per 100,000 people.

	Chlamydia	Gonorrhoea
Gold Coast	672	157.1
Broadbeach-Burleigh	880.4	200.1
Coolangatta	624.9	121.8
Gold Coast- North	470.6	168.9
Gold Coast Hinterland	321.2	129.5
Mudgeeraba-Tallebudgera	474.8	85.3
Nerang	584.3	125.4
Ormeau-Oxenford	722	157.5
Robina	679.7	126
Southport	793	183.4
Surfers Paradise	861.7	238.1

Table 10. Notification rates per 100,000 population of chlamydia and gonorrhoea in Gold Coast HHS residents, by SA3, 2019

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

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 old, 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-threating 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 chronic hepatitis B (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 7).





Source: Viral hepatitis mapping project: National report 201

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 (2.8%) (Figure 8).



Figure 8. 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 9).





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 (CHC) 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 10).





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 11).





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

Service System

Services	Number in the GCPHN region	Distribution	Capacity discussion
General practices	207	 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 whom assist in immunisation. 	 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.
COVID 19 Testing Centres	2	 Gold Coast University Hospital and Robina Health Precinct 	 Run by Gold Coast Health to specifically test for COVID-19 9am to 9pm seven days a week
Gold Coast Respiratory Clinics	4	 Burleigh Waters, Upper Coomera, Hope Island and Nerang 	 Available on the Gold Coast for Individuals who have any respiratory/cold/flu-like symptoms. Bookings are essential
COVID-19 pop-up clinics	3	 Gold Coast Airport, Albert Waterways Community Centre, Surfers Paradise Esplanade 	 Free swabbing stations have been set up by Gold Coast Health in tourist areas, to make it easier for visitors and residents to be tested for COVID-19
Dedicated GP immunisation clinics	4	 Labrador, Canungra, West Burleigh and Mermaid Beach 	 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	 Helensvale, Carrara, Upper Coomera, Burleigh, Robina and Southport 	 Drop-in—no appointments required. Free for people with a Medicare card to attend the clinic. Vaccines on the National Immunisation Program Schedule QId are provided free. Other vaccines incur a cost.

Online chlamydia and gonorrhoea test request		• Online	 13 HEALTH Webtest is a free urine test for chlamydia and gonorrhoea that can be ordered online. The test is available to Queenslanders 16 years and older. Queenslanders can order the test online and receive the results through 13 HEALTH. It is confidential and can be ordered without a Medicare Card.
Schools	20	 Public and private schools across the region. 	 Free vaccinations including HPV through the school immunisation program coordinated by GCPHU. 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	Southport	 Pregnant women can access immunisations including whooping cough and influenza.
Private obstetricians and midwives	12	 9 obs, 3 midwives Spread across region 	• As above
Pharmacy	At least 27	Various locations	 Pharmacist must undertake additional training to administrate vaccines and pharmacy must implement additional processes (e.g. cold chain). Pharmacists can't vaccinate children or pregnant women.
Homeless immunisation clinics	2	Surfers Paradise and Coolangatta	 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
Mobile services for Vaccines	2	• Various locations	 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 Organization.

Gold Coast University Hospital	1	Southport	 Pharmacy Children's Critical Care Birth Suite
Gold Coast Sexual Health service	2	 Southport and Palm Beach 	 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 GP 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, this may be due 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

Consultation

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

• 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.

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.

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"Building one world class health system for the Gold Coast." Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health



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