

20 August 2003

Mr Tas Luttrell Principal Research Officer Joint Committee of Public Accounts and Audit Parliament House CANBERRA ACT 2600

Dear Mr Luttrell

Re: Inquiry into the Management and Integrity of Electronic Information in the Commonwealth

I refer to your letter dated 4 August 2003 to Dr Brian Richards in relation to the public hearing on 2 June 2003 for the Inquiry into the Management and Integrity of Electronic Information in the Commonwealth, with particular reference to Submission no. 40 to the inquiry.

You have asked HIC to comment about the loss of some immunisation records in the bushfires of 18 January this year from an HIC perspective, and to advise on progress made to retrieve these records.

Background

HIC administers the Australian Childhood Immunisation Register (ACIR), the national childhood immunisation database, on behalf of the Department of Health and Ageing. When the ACIR commenced in January 1996, three jurisdictions continued to maintain their local immunisation registers. In these jurisdictions (Queensland, Northern Territory and the ACT), immunisation notifications to the ACIR are made via the local health department registers.

At the time of the bushfires, ACT Health had in excess of seven weeks backlog of immunisation notifications that had not been processed and hence not forwarded to the ACIR. As you are aware, this information was destroyed.

HIC perspective about implications on the loss of records

The loss of immunisation service details has a number of implications. Broadly speaking, a loss can impact consumers (parents and guardians of children under seven years of age), immunisation/disease managers (national, state and territory and public and local government organisations), and immunisation providers.

Consumers

Parents of children whose immunisation records are not reported to the ACIR may receive immunisation history statements from the ACIR showing incomplete service details. Parents rely on these statements to make informed decisions about their child's immunisation requirements and may also use them to update school and child care centre records. Parents may also encounter difficulty in accessing the Australian Government's Child Care

Benefit or Maternity Immunisation Allowance. These are family payments that have an eligibility requirement where a child must be up to date with immunisation, or have a valid exemption to this requirement.

Immunisation/disease managers

When immunisation records are not notified to the ACIR, immunisation coverage rates determined by the ACIR are under reported and are not a true measure of this national child health indicator. Reports to immunisation providers and state/territory and national health governments may under report the immunisation rates for particular diseases. For example, in times of disease outbreak, it is important to have an accurate indication of the immunity levels in an area to determine if a vaccination program is required to mitigate the spread of the outbreak.

Immunisation providers

Various payments are made to immunisation providers for the reporting of valid immunisation service details and achievement of certain levels of coverage rates for children who have attended a general practice. These payments cannot be made if the service information is not available to the ACIR. Immunisation providers may use the ACIR to compliment other evidence of immunisations given when determining whether a child requires further vaccination. They also use information from the ACIR to remind parents when their child is due or overdue for immunisations. The loss of records means that information from the ACIR to support these services is incomplete.

Progress made to retrieve lost records

Immediately following the bushfires, ACT Health advised every immunisation provider about the destroyed immunisation records by telephoning and faxing all general practices and phoning and emailing maternal and child health clinics.

To alleviate possible anxiety of ACT parents receiving immunisation history statements for their child from the ACIR, and to retrieve information contained in the destroyed records, a special insert was placed into the statements for approximately four months after the bushfires. The insert provided parents with steps to take if their child's immunisation statement was not complete.

Both ACT Health and HIC have consulted widely with immunisation providers to make them aware of the missing information. The ACT Health forms used by immunisation providers to report immunisation services include a duplicate copy for provider records. ACT Health has been able to retrieve many of these duplicate records from providers for immunisations given in the two months prior to the bushfires. These records have since been processed by the ACIR. We expect this represents a large number of destroyed records.

This assumption is supported by quarterly immunisation coverage rates reported by the ACIR that indicates that the ACT has not slipped behind other jurisdictions. For example, as at 30 June 2003, ACT coverage for children in a 12 to 15 month age cohort was 91.5 per cent, while the national rate was 91.2 per cent.

Through on-going measurement of immunisation coverage rates and detailed investigation of records held by the ACIR for ACT children who are not up-to-date with immunisation, HIC is confident that information contained in the majority of destroyed records has since been retrieved from duplicate records held by providers. HIC will continue to monitor ACT immunisation records on the ACIR to mitigate the effects caused through the loss of records held by ACT Health.

Additional information

During 2002, the ACT Health Department made a decision to decommission their immunisation register, and consequently, prior to the January bushfires, agreement had been reached that immunisation providers in the ACT would forward their immunisation notifications directly to the ACIR from 1 March 2003.

Immediately following the bushfires, ACT Health asked HIC to implement measures to bring forward the agreed arrangements to decommission their register. HIC sent ACIR start-up kits to immunisation providers to advise them about reporting immunisation service details directly to the ACIR. This transition has progressed smoothly.

By way of information, on 31 March 2003 HIC staff received awards from the Health Protection Service unit of ACT Health for their 'valuable contribution in helping HPS to rebuild after the January ACT bushfires'.

Yours sincerely

Carol Brain Manager Associate Government Programs

cc: Ms Jan Ironside, Immunisation Coordinator, Health Protection Service, ACT Health