Attachment 1.

To the Senate Committee,

If possible, I would appreciate the opportunity to provide additional information to the following line of questioning.

Senator MOORE: Mrs Newbound, a couple of the submissions mentioned the register—and I will certainly be asking the department about that, particularly in view of the recent audit that was done in that area. The way it works now is dependent on medical advice. Is that right? So the way the data is collected by the register is through the GPs or whoever is giving the immunisation—the childcare nurse or whatever. That is where it is supposed to happen.

Mrs Newbound : Yes, that is correct. The provider does the report to the register—

Senator MOORE: Case by case?

Mrs Newbound : Yes, case by case. And unfortunately it is just an error in data reporting, quite often. The duplication of records is often a big problem as well, particularly with children changing their names, et cetera. We have found the same child with four different immunisation records and, once we have navigated our way through that and found the right child with the record, the child was fully up to date.

At this point I would like to include: The ACIR records immunisation encounter information for all children under that age of 7 years. Immunisation providers report the vaccine name and dose number to the register at the completion of an immunisation encounter, either via medical software programs or directly to the ACIR secure site. From time to time, vaccine names and dose numbers are incorrectly reported. If the incorrectly reported vaccine did not contain all the antigens required for the child, this will result in the register identifying the child as "not fully vaccinated". An example of this would be if a provider recorded Infanrix IPV (diphtheria, tetanus, pertussis, polio) vaccine instead of Infanrix hexa (diphtheria, tetanus, pertussis, polio, hepatitis B and HIB (haemophilus influenza type b)) vaccine. In this case, the child would be considered "not fully vaccinated" as the child, according to the register, had not received the hepatitis B and HIB (haemophilus influenza type b) antigens.

The register does not prevent an incorrect vaccine or dose number from being reported. Ideally, the register should recognise an incorrectly selected vaccine or dose number, based on the child's age, and prompt the provider to check the reported vaccine details before allowing the reporting process to continue.

The PHAA acknowledges improvements to the functionality of the register are due to occur in 2017, but at this stage, these changes have not been articulated.

Senator MOORE: Is that exacerbated by movement, with children moving between the different elements of their vaccination program? It is quite a big period of time—six months, 12 months, 18 months.

Mrs Newbound : Not necessarily, because we are dealing with a national register. States and territories report to this register, so movement is not so much of the issue—

Senator MOORE: I am trying to find an excuse.

Mrs Newbound : Yes, I know. It is very much a data entry issue, but it is also, as Julie was saying, the transfer between medical software to the register. There have certainly been hiccups along the way, where data has been submitted by the provider but it just did not make it through cyberspace to get to the register, for some reason. Those children were all identified as being not fully immunised when, in fact, they were.

I hope this additional information will be considered as pertinent to the enquiry.

Yours Sincerely

Angela Newbound