



Immunisation: the best chance to make a difference

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In Halls Gap in Victoria, there is a gravesite marked beside Stony Creek. It is the grave of three month old Agnes Foulkes who died from diphtheria in 1895. In the town I lived as a child, the cemetery bore witness to the ravages of diseases that we are now sometimes complacent about. I recall my parents anxiously discussing a polio epidemic of 50 years ago. The last notification of polio in Australia was in 1978.¹ In my professional lifetime, the Haemophilus influenza B (Hib), epiglottitis and meningitis we were lectured on as medical students are now rarely seen, with 29 cases notified in Australia in 2003 compared to 515 in 1991.¹

Hopefully, the introduction of conjugate meningococcal C and pneumococcal vaccines will have similar effects on the rates of invasive meningococcal and pneumococcal disease. Conjugate meningococcal C vaccination is now included in the routine childhood vaccination schedule. Despite recommendations from the Australian Technical Advisory Group on Immunisation, the federal government has not funded conjugate pneumococcal vaccine for routine immunisation of all children. Fortunately, childhood pneumococcal vaccine is funded for Aboriginal and Torres Strait Islander children and others at increased risk. In 2002 there were 2317 cases of invasive pneumococcal vaccine and 680 cases of meningococcal disease.¹ This is interesting, as public perception appears to be that meningococcal disease and meningitis are synonymous. It is impor-

tant that we remind our patients and/or their parents that immunisation with meningococcal C vaccine does not protect against serogroup B meningococcus or other forms of meningitis.

A byproduct of the effectiveness of immunisation programs is that vaccine preventable diseases are not seen in the community and it is easy to forget their perils and become complacent. A look at health issues in developing countries serves as a reminder that these illnesses have not disappeared. Within our own community, the rates of pneumococcal disease, meningococcal disease and Hib are all significantly higher in the Aboriginal and Torres Strait Islander population than in the general population.

Within the Australian population, childhood immunisation rates have improved over recent years as a result of public education campaigns, improved record keeping and government incentives to immunisation providers and parents. As of December 2002, 91.4% of one year olds, 89% of two year olds, and 82.2% of six year olds on the Australian Childhood Immunisation Register were fully immunised according to the schedule.² There is still room for improvement. Complacency, and the periodic 'scares' about adverse effects of vaccination, such as autism with MMR vaccination, and multiple sclerosis with hepatitis B immunisation, have the potential to decrease immunisation rates and increase illness.

In this issue of Australian Family Physician we tackle some of the common

infections and infestations of childhood, some preventable by immunisation and some not. As a parent of primary school aged children, I'm relieved to have information at hand that will stop me scratching my head about 'nits' either personally or professionally. Our series on psychological treatments commences in this issue, coordinated by Grant Blashki. It will assist GPs in delivering focussed psychological treatments within the constraints of the general practice setting and in the framework of the Better Outcomes in Mental Health initiative. Articles to follow will cover behavioural treatments, structured problem solving and cognitive therapies. In research, the article by Gialamas et al examines the usefulness of pathology testing in patients presenting with tiredness. We will explore fatigue further in the November issue of AFP.

One of our reviewers of the varicella article in this issue by Litt and Burgess, wrote... 'was of immediate assistance with a case I saw yesterday of a pregnant, non-immune woman whose child has chicken pox – always the acid test for a good AFP article'. I think you will find many of the articles in this issue well and truly pass the AFP usefulness acid test.

References

1. National Notifiable Diseases Surveillance System. Annual Diseases Data. Communicable Diseases Australia. <http://www.cda.gov.au/nndss/nndss2.htm>.
2. Australian Childhood Immunisation Register. Health Insurance Commission. http://www.hic.gov.au/providers/health_statistics/statistical_reporting/acir.htm.

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