

Nganampa Health Council Child Health Program Annual Report 2012

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The Child Health Program areas contains the following elements:

1. Immunisation.
2. Growth monitoring in children < 5yrs of age.
3. School-aged child health checks.
4. Trachoma screening.

Program Work - Key Points in 2012

- 100% of children < 7 years of age were fully immunised (Aug 2012).
- 85% of the adult 'at risk' group received the 2012 influenza vaccine.
- 100% of children < 5 years of age had more than one child growth monitoring check.
- 263% increase from 2011 to 2012 in the ATSI child health checks (0 – 14yrs) claimed.
- 83% coverage rate for trachoma screening in the 5yr – 9 yr age group (2011).

Nganampa Health Council aims to strengthen and sustain the delivery of child health programs by incorporating a number of 'key action areas' that support health promotion and disease prevention. Programs are delivered through a range of strategies that focus on the early detection, treatment and follow-up of problems identified, including early and appropriate referral to visiting specialist teams and referral to tertiary services.

PROMOTING HEALTHY CHILDREN

Aim
Nganampa Health Council aims to develop, strengthen and sustain the systems that support health promotion and illness prevention for children living on the APY Lands.

Key Action Areas

- Promote maternal health and well-being during the antenatal period
- Develop and implement sustainable and effective child health programs
- Build evidence, monitor progress and evaluate child health outcomes
- Improve the knowledge and skills of key workers in the organisation
- Strengthen the capacity of parents, families and communities
- Develop collaborative partnerships and better integration of services

Other key areas shown in the infographic include: "strengthening promotion and prevention", "early learning and care", "child - friendly communities", "improving outcomes for indigenous children", "improvements to service delivery", "early child and maternal care", "supporting families and parenting", "building community capacity", "increase culturally appropriate health care", "consistent approach", "fair and responsive social policy".

IMMUNISATION

Antenatal/postnatal women

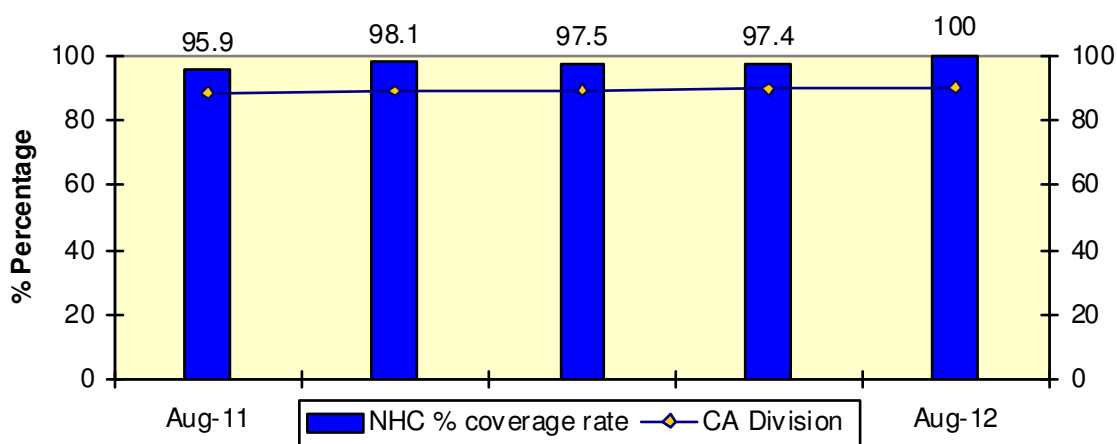
The immunisation history of all antenatal and postnatal women is reviewed to ensure that they have immunity or are fully vaccinated against vaccine preventable diseases.

Childhood schedules

Childhood immunisation coverage rates for children < 7 years of age have consistently been maintained above the 90% national benchmark criteria. Graph 1 illustrates the quarterly General Practice Immunisation Incentives (GPII) calculated childhood immunisation coverage rates (%), and compares this to the Central Australian (CA) Division immunisation coverage rates (%).

NHC Childhood Immunisation Coverage Rates

(Source: GPII Immunisation Statement)



Graph 1

Adolescent schedules

The adolescent vaccination coverage rates to Oct 2012 are:

- 12yr vaccination schedule (Gardasil) → 68% coverage rate.
- 13yr vaccination schedule (Varilrix & Boostrix) → 84% coverage rate.
- 15yr vaccination schedule (Pvax23) → 69% coverage rate.

Influenza program

- 85% of the adult 'at risk' group received the 2012 annual influenza vaccine.

CHILD HEALTH CHECKS

The ATSI child health check aims to improve the immediate health status for children living on the APY Lands and contribute to the prevention of chronic disease through the early detection, treatment and appropriate follow up of problems identified. The client record is continually being updated with current information collected from clinical presentations and child health surveillance and screening activities. Data is also collected from a number of other sources e.g. Paediatric reviews, medical reviews, Australian Hearing Services assessments, Ophthalmology reviews plus data from other external service providers. This information forms a comprehensive history on the client that facilitates timely review/recall, prioritised clinical care, and efficient follow-up and referral.

There has been a significant increase this year in the number of MBS claims for an ATSI child health check on children aged between 0 – 14 yrs. In 2011, the Medical Officers claimed a total of 72 checks; compared with 190 claims that have been lodged in the first three quarters of 2012. Within the 0 – 14yr age group, every calendar year, the Health Council aims to complete an ATSI child health check on all children in the 5yr, 10yr and 13yr age cohorts in each community.

GROWTH MONITORING IN THE UNDER 5's

Growth monitoring and surveillance are key strategies in health education, primary prevention, early detection and early intervention with respect to growth failure in the early years of life. Anangu Health Workers play an important role in growth monitoring and also assist clinical staff with cultural, family and social aspects of planning care.

Child growth checks conducted in children < 5 years of age aim to monitor the child's growth and overall health and well-being. All children under 5 yrs of age are automatically recalled to the growth-monitoring schedule as follows:

- 0 – 2 mths (every 2 weeks)
- 2 mths – 3 yrs (every month)
- 3 yrs – 5 yrs (every 6 months)

An important component of this check is the early identification of a child who is 'failing to grow' – these children are commenced on a weekly Growth Action Plan. This includes any child who drops below their predicted growth curve, even if their weight is not markedly abnormal. At any time approximately 20 - 25 children across the APY Lands might be assigned to a Growth Action Plan. Some of these children will be underweight for age, often due to a multiplicity of factors. Interventions are designed to respond to individual, usually complex, circumstances. Children with severe or intractable growth failure are referred to the Health Council's Child Health, Education, Nutrition and Support Team based in Alice Springs.

This Team regularly reviews child growth charts on children identified with growth concerns – this facilitates greater efficiency in identifying children at risk and in ensuring adequate planning and timely follow-up. This team works closely with clinic staff, the Alice Springs Hospital, the Paediatric Team and other external providers to facilitate a coordinated and responsive approach to children with complex needs.

TRACHOMA SCREENING (4 – 9 yrs)

In 2011, the Health Council conducted trachoma screening in children aged 4 – 9 yrs.

Trachoma screening was performed:

- as part of the ATSI child health check,
- by the visiting Ophthalmology Team,
- by NHC personnel involved with the Trachoma Screening Program.

2011 findings:

- Screening Coverage Rate - 83.1% (207/249)
- Trachoma Prevalence - 10.1% (21/207)
- Clean Face - 82.6% (171 of 207)
(‘Clean Face’ = the absence of dried or wet secretions on the face from aural, ocular or nasal discharge).
- Absence of clean face & active trachoma – 33% (7/21)
- 100% (n = 21) of active trachoma cases identified were treated within 2 wks.
- 94.6% (158/167) of trachoma household contacts were treated within 2 wks.



Photo Courtesy of CDC Alice Springs:2011

