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## Immunisation incentives adjusted to maximise coverage

The Australian General Practice Network (AGPN) has welcomed the Federal Government's reforms to the childhood immunisation incentive program that is delivered predominantly through the Divisions of General Practice and Medicare Locals.

AGPN Chair, Dr Emil Djakic said the Government's decision to include three more vaccines which are required in order for families to receive the Family Tax Benefit Part A will help to raise immunisation rates across the country.

"It's important to note that this does not require any additional jabs for children," Dr Djakic said.

"These three additional vaccines, meningococcal C, pneumococcal and varicella (chicken pox) have been on the National Immunisation Program (NIP) schedule for some years, however, to improve overall immunisation rates these vaccines have now been added to the criteria as an incentive," Dr Djakic said.

"Essentially it means from July 2012, for families to receive their incentive payment for Tax Benefit Part A, they will need to comply with a new set of vaccines for ages one, two and five," he said.

"AGPN also welcomes the announcement that a new vaccine which combines protection against measles, mumps, rubella and varicella (MMRV) will be added to the NIP from July 2013.

"This new vaccine will mean fewer jabs and greater coverage," he said.

"The Network has been involved in the NIP since 1996 when immunisation rates were between 55 and 65 percent – a dangerous level for population health.

"The introduction of a number of incentives, including the link to the Family Tax Benefit A and Family Child Care Benefit and Child Care Rebate, has helped to produce a shift in the coverage rate to what is now around 90 percent.

"These incentives should not be underestimated for their achievements in public health and decisions to adjust the criteria are effectively decisions to improve population health.

"A key component to this success has been the work done by the Divisions of General Practices, supporting and interacting with providers in the community.

"This work will continue in the Network's new role through Medicare Locals and these incentives will be promoted as part of the primary health care reforms which are very much about preventive health and population health," Dr Djakic.

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