Immunisation:
Recording, Reporting & Rates

A step-by-step guide for practice staff
Immunisation: Recording, Reporting & Rates – a step-by-step guide for practice staff has been developed following recommendations from the Queensland Immunisation Data Management Scoping Study – a joint initiative between General Practice Queensland (GPQ) and Queensland Health.

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Good faith statement: The information contained in this document has been provided in good faith to support service providers with immunisation data management. All users of this document should refer to the latest legislation, standards and best practice guidelines regarding immunisation.

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DID YOU KNOW?

IMMUNISING CHILDREN ON TIME AND ACCURATELY REPORTING IMMUNISATION INFORMATION IS IMPORTANT BECAUSE...

- Parents/guardians who attend your practice for childhood immunisation receive financial payments from Centrelink. These payments depend on immunisation information being sent to the Australian Childhood Immunisation Register.

- Your practice receives financial incentives from the Australian Government for achieving high childhood immunisation coverage rates and for reporting childhood immunisation information to the Australian Childhood Immunisation Register.

- The immunisation information your practice reports to the Australian Immunisation Childhood Register and VIVAS (Queensland Health) provides evidence about how well-protected your local community is against vaccine-preventable diseases.

Introduction: How to use this guide

This guide has been developed to assist practice staff with managing immunisation information in their practice.

It can be used to:

- Train new staff or update current staff
- Act as a ongoing reference
- Troubleshoot immunisation data issues
- Assist with improving childhood immunisation coverage rates

Other Immunisation: Recording, Reporting & Rates resources for practices that complement this guide are:

- Audit & Practice Reporting Profile
- Important Contacts – A Quick Guide

Contact your local division of general practice for assistance. Refer to contacts on page 51.
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The General Practice Immunisation Incentives (GPII) Scheme

The General Practice Immunisation Incentives (GPII) scheme was introduced in 1998 to improve coverage rates and immunisation reporting levels within general practice. This scheme provides financial incentives to GPs who monitor, promote and provide immunisation to children according to the National Immunisation Program (NIP) schedule and report them to the Australian Childhood Immunisation Register (ACIR).

The overall aim of the GPII scheme is to encourage at least 90% of practices to achieve 90% full immunisation for children attending the practice.

GPs need to register with the GPII scheme to receive reports, statements and payments associated with childhood immunisation however practices do not need to be accredited to register with the GPII scheme.

For more information on the scheme and how to apply go to: http://www.medicareaustralia.gov.au/provider/incentives/gpii/index.jsp

The Australian Childhood Immunisation Register (ACIR)

In 1996, the Federal Government established the ACIR in response to a rise in vaccine-preventable childhood diseases. By collecting immunisation data of children up to 7 years of age living in Australia, the ACIR can be used as a tool to track immunisation levels and identify low coverage areas. The accuracy of the register is dependent upon immunisation providers reporting data to the ACIR.

The ACIR also:

• sends out immunisation history summaries to guardians/parents when their child turns 18 months and 5 years of age
• provides immunisation history summaries to guardians/parents and immunisation providers upon request
• connects with Centrelink regarding eligibility for child care benefits and the Maternity Immunisation Allowance.

See information below for more detail about family payments.

Family Assistance Payments – Immunisation

<table>
<thead>
<tr>
<th>Child Care Benefit</th>
<th>Maternity Immunisation Allowance (MIA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be eligible for Child Care Benefit, children under 7 years of age must meet the following immunisation requirements:</td>
<td></td>
</tr>
<tr>
<td>• be fully immunised or up-to-date according to the National Immunisation Program</td>
<td></td>
</tr>
<tr>
<td>• be on a catch-up vaccination schedule</td>
<td></td>
</tr>
<tr>
<td>• have an approved exemption</td>
<td></td>
</tr>
<tr>
<td>For more information go to: <a href="http://www.familyassist.gov.au/Payments/familyassistance/child_care_benefit/Pages/default.aspx">http://www.familyassist.gov.au/Payments/familyassistance/child_care_benefit/Pages/default.aspx</a></td>
<td></td>
</tr>
<tr>
<td>Maternity Immunisation Allowance is a non-income tested payment that is generally paid as two separate amounts. The first payment is paid if the child is fully immunised between 18-24 months of age and the second payment is paid if the child is fully immunised between 4 and 5 years of age.</td>
<td></td>
</tr>
<tr>
<td>For more information go to: <a href="http://www.familyassist.gov.au/Payments/familyassistance/maternity_immunisation_allowance/Pages/default.aspx">http://www.familyassist.gov.au/Payments/familyassistance/maternity_immunisation_allowance/Pages/default.aspx</a></td>
<td></td>
</tr>
</tbody>
</table>

As at 1 January 2009 the MIA is $245.50 (2 payments x $122.75)
Queensland Health Immunisation Program (QHIP)

The Queensland Health Immunisation Program (QHIP) is responsible for:

- distribution of all funded vaccines to vaccine service providers (VSPs) for national and state immunisation programs (see list below)
- registering all vaccine service providers who participate in the Queensland immunisation program and ensuring Medicare provider numbers are updated on the database
- developing resources to support vaccine service providers and providing up-to-date information and advice

The following vaccines are funded by QHIP:

- those provided through school based program
- human papilloma virus (HPV) catch up
- influenza for people aged 65 years and over and for medically at risk group (from 2010 only)
- influenza and pneumococcal for Aboriginal and Torres Strait Islander adults
- meningococcal C catch up (those born on or after 1 January 2002)
- Hepatitis A for Aboriginal and Torres Strait Islander children
- birth dose hepatitis B
- refugee vaccination
- MMR catch up for those born from 1 January 1966
- multi-risk hepatitis B
- Varicella (those born on or after 1 May 2004)

QHIP is the first point of contact for vaccine service providers reporting cold chain breaches. QHIP staff will refer service providers to a clinical nurse consultant if further advice is required. For more information on vaccine management go to: http://www.gpqld.com.au/page/Programs/Immunisation/Vaccine_Management/

QHIP also works with the Vaccination Information & Vaccination Administration System (VIVAS) to monitor and ensure immunisation data quality.

Vaccination Information & Vaccination Administration System (VIVAS)

The Vaccination Information & Vaccination Administration System (VIVAS) is a database of vaccination events for children and adolescents immunised in Queensland with funded vaccines supplied through National Immunisation Program, Commonwealth and Queensland Health programs in accordance with the National Health & Medical Research Council (NHMRC). VIVAS also collects and stores data on selected adult vaccinations funded through Commonwealth and Queensland Health programs. Refer to Table 6 on page 18 for a list of vaccines reported to ACIR & VIVAS.

Vaccination service providers enrolled on VIVAS have access to a range of services such as Queensland’s centralised Vaccine Distribution System, reminder notices and access to individual vaccination records.

The data held on VIVAS is used to:

- monitor immunisation levels at a state and local level
- provide assistance with vaccine management
- produce reminder notices for children overdue for vaccination
- monitor vaccine ordering by service providers
- identify the use of expired vaccines. If an expired vaccine is used, VIVAS contacts the service provider and requests that the child/individual is recalled and revaccinated.
There are Population Health Units (PHUs) within three Population Health Services (Northern, Central and South) across Queensland. Refer to Contacts on page 51.

Population Health Units have access to immunisation data stored on VIVAS and ACIR and are able to respond locally to requests for information and support.

Vaccine service providers can contact the nearest Population Health Unit to access VIVAS data to check the immunisation status of a child vaccinated in Queensland. If a patient requests a vaccination summary, the practice can contact their local Population Health Unit and the record/s will be faxed to the practice. VIVAS does not provide immunisation information directly to parents.

Population Health Units are responsible for forwarding to each general practice in their area a VIVAS overdue reminder notice listing children who are 8–16 weeks overdue for vaccination. The reminder notices are sent to the last service provider the child visited. Practices do not need to request these notices. See Sample 6 on page 36.

National Immunisation Program (NIP)

The National Immunisation Program is an Australian, State & Territory governments’ initiative. It provides free vaccine to the Australian community to protect against major vaccine-preventable diseases. Refer to Table 2 on page 7 for current Queensland schedule.

For more information go to: http://www.immunise.health.gov.au/
<table>
<thead>
<tr>
<th>AGE</th>
<th>DISEASE IMMUNISED AGAINST</th>
<th>VACCINE BRANDS (QUEENSLAND)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Hepatitis B</td>
<td>H-B-VaxII paediatric</td>
</tr>
<tr>
<td></td>
<td>NB: This vaccination is only funded if given within 7 days of birth</td>
<td></td>
</tr>
<tr>
<td>2 months</td>
<td>Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B &amp; Hib</td>
<td>Infanrix-Hexa</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td>Prevenar</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
<td>RotaTeq</td>
</tr>
<tr>
<td>4 months</td>
<td>Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B &amp; Hib</td>
<td>Infanrix-Hexa</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td>Prevenar</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
<td>RotaTeq</td>
</tr>
<tr>
<td>6 months</td>
<td>Diphtheria, Tetanus, Pertussis, Polio, Hepatitis B &amp; Hib</td>
<td>Infanrix-Hexa</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td>Prevenar</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
<td>RotaTeq</td>
</tr>
<tr>
<td>12 months</td>
<td>Measles, Mumps &amp; Rubella</td>
<td>Priorix</td>
</tr>
<tr>
<td></td>
<td>Hib</td>
<td>Hiberix</td>
</tr>
<tr>
<td></td>
<td>Meningococcal C</td>
<td>Meningitec or NeisVacc</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal (medically at-risk only)</td>
<td>Prevenar</td>
</tr>
<tr>
<td>18 months</td>
<td>Varicella</td>
<td>Varilrix</td>
</tr>
<tr>
<td></td>
<td>Hepatitis A (Aboriginal and Torres Strait Islander children only)</td>
<td>VAQTA</td>
</tr>
<tr>
<td>2 years</td>
<td>Aboriginal and Torres Strait Islander children only</td>
<td>VAQTA</td>
</tr>
<tr>
<td></td>
<td>Hepatitis A</td>
<td>Pneumovax 23</td>
</tr>
<tr>
<td>4 years</td>
<td>Diphtheria, Tetanus, Pertussis &amp; Polio</td>
<td>Infanrix-IPV</td>
</tr>
<tr>
<td></td>
<td>Measles, Mumps, Rubella</td>
<td>Priorix</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal (indigenous &amp; medically at-risk only)</td>
<td>Pneumovax 23</td>
</tr>
<tr>
<td>Year 8</td>
<td>Hepatitis B</td>
<td>H-B-VaxII – Adult</td>
</tr>
<tr>
<td></td>
<td>Varicella</td>
<td>Varilrix</td>
</tr>
<tr>
<td></td>
<td>Human papilloma virus</td>
<td>Gardasil</td>
</tr>
<tr>
<td>Year 10</td>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>Boostrix</td>
</tr>
<tr>
<td>15-49 years</td>
<td>Aboriginal and Torres Strait Islander adults with risk factors only²</td>
<td>Fluvax or Vaxigrip</td>
</tr>
<tr>
<td></td>
<td>Influenza</td>
<td>Pneumovax 23</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td></td>
</tr>
<tr>
<td>50 years &amp; over</td>
<td>Aboriginal and Torres Strait Islander adults only</td>
<td>Fluvax or Vaxigrip</td>
</tr>
<tr>
<td></td>
<td>Influenza</td>
<td>Pneumovax 23</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td></td>
</tr>
<tr>
<td>65 years &amp; over</td>
<td>Influenza</td>
<td>Fluvax or Vaxigrip</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal</td>
<td>Pneumovax 23</td>
</tr>
</tbody>
</table>

¹ As defined in the current Australian Immunisation Handbook

² As defined in the current Australian Immunisation Handbook

**NB:** From 2010 the eligibility criteria for funded influenza vaccine will change to include ‘medically at-risk’ individuals
Practices are notified of their coverage rates on the GPII Practice Preliminary (Calculation) Feedback Statement. Refer to Sample 1 on page 10-11. This statement is posted to practices from Medicare Australia several weeks after the calculation occurs.

Practice Final Recalculation

Approximately 2 months after the initial calculation, a recalculation occurs. By reporting any new data prior to the recalculation, the practice’s immunisation coverage rates will be reassessed and the coverage rates and payments adjusted.

Practices are notified of the adjustments on their GPII Practice Final (Recalculation) Feedback Statement. Refer to Sample 2 on page 12. This statement is posted to practices from Medicare Australia several weeks after the recalculation occurs.

If there is no change between the preliminary calculation and final recalculation, this statement will not be sent.

Due & Overdue Rules for Childhood Immunisation

The National Due and Overdue Rules for Childhood Immunisation are used by ACIR to determine a child’s immunisation status for coverage rates – refer to Table 3 below.

Exceptions:

• the due & overdue rules do not apply to rotavirus vaccination as there is no catch-up for this vaccination.
• preterm infants should be vaccinated according to the recommended schedule at the usual chronological age. Refer to The Australian Immunisation Handbook, 9th edition 2008, page 89.


Table 3: Due & Overdue Rules

<table>
<thead>
<tr>
<th>SCHEDULE</th>
<th>DUE AT:</th>
<th>OVERDUE AT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 MONTH</td>
<td>2 months</td>
<td>3 months</td>
</tr>
<tr>
<td>4 MONTH</td>
<td>4 months</td>
<td>5 months</td>
</tr>
<tr>
<td>6 MONTH</td>
<td>6 months</td>
<td>7 months</td>
</tr>
<tr>
<td>12 MONTH</td>
<td>12 months</td>
<td>13 months</td>
</tr>
<tr>
<td>18 MONTH</td>
<td>18 months</td>
<td>19 months</td>
</tr>
<tr>
<td>4 YEAR</td>
<td>4 years</td>
<td>4 years &amp; 1 month</td>
</tr>
</tbody>
</table>
Practice Incentive Payments

Table 4 below details the two immunisation related payments paid through the GPII scheme to general practices and GPs.

**Important:**
To maintain best practice guidelines and maximise payments, practices should avoid ‘splitting’ the schedule. Schedule splitting, where one or more vaccines are not administered at the age schedule point as recommended is not encouraged in Australia. Refer to *The Australian Immunisation Handbook, 9th edition 2008, Section 1.4.9: Administering multiple vaccine injections at the same visit*, pages 56-57 and www.health.gov.au/internet/immunise/publishing.nsf/Content/providers#schedule

| Table 4: Immunisation payments for practices |

<table>
<thead>
<tr>
<th>OUTCOMES BONUS PAYMENT (GPII registered practices only) (Practice payment)</th>
<th>ACIR INFORMATION PAYMENT (Provider payment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3.50 for each Whole Patient Equivalent (WPE) if the coverage rate is at least 90% and the WPE is at least 10*</td>
<td>$3.00 for each age based** vaccination schedule that is reported to the ACIR</td>
</tr>
</tbody>
</table>

 Frequencies:
- Quarterly: GPII Practice Preliminary (Calculation) Feedback Statement Sample 1 on page 10-11
- Monthly: Immunisation Payment Statement Sample 3 on page 13-15

* The Whole Patient Equivalent (WPE) is the sum of the proportion of care your practice provides to each child during a 12 month period. For example, during the last 12 months, a child is seen by your practice for two Level B Consultations and by another practice for two Level B Consultations, the WPE attributed to your practice for that child is 0.5.

**A completed age based vaccination schedule must include immunisation against each disease listed on the NIP for an age milestone. The ACIR Information Payment is paid to the GP who reports either all or the last vaccine that completes the age based schedule.
General Practice Immunisation Incentives (GPII)  
Practice Preliminary (Calculation) Feedback Statement  
For: February 2008 quarter

Medicare Australia calculates your outcomes payment based on the immunisation status of children who attended your practice (including single visits) in the 12 month reference period 1 October 2006 to 30 September 2007. The Australian Childhood Immunisation Register (the ACIR) assesses the immunisation status as at the date of the calculation using the National Due and Overdue Rules for Childhood Immunisation.

The following table shows the number of children, by age range and assessment status, who have attended your practice (including single visits) during the 12 month reference period.

<table>
<thead>
<tr>
<th>Age range&lt;sup&gt;1&lt;/sup&gt; (months)</th>
<th>Fully immunised</th>
<th>Not fully immunised</th>
<th>Total children seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 to &lt; 12</td>
<td>46</td>
<td>2</td>
<td>48</td>
</tr>
<tr>
<td>12 to &lt; 18</td>
<td>62</td>
<td>6</td>
<td>68</td>
</tr>
<tr>
<td>18 to &lt; 48</td>
<td>331</td>
<td>9</td>
<td>340</td>
</tr>
<tr>
<td>48 to &lt; 84</td>
<td>259</td>
<td>20</td>
<td>279</td>
</tr>
<tr>
<td>84 +</td>
<td>26</td>
<td>0</td>
<td>26</td>
</tr>
</tbody>
</table>

<sup>1</sup> Children on 'catch-up' vaccinations are distributed among the age groupings.

Checking your records
You can use your practice’s GPII Practice Report (GPII020A) to check the details of children who were assessed as being not fully immunised during the 12 month reference period. To request a copy of the report:

- visit the ACIR secure Internet site at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)
- complete a GPII020A request form, available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or by calling the GPII enquiry line.

More information
If you have any questions about this statement, please contact the GPII enquiry line on 1800 246 101. To find out more about the GPII scheme, visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)
Assessment and calculations

Proportion of children fully immunised
95.8% of the children who attended your practice during the 12 month reference period were fully immunised as at 20 February 2008 (the date of the calculation).

Whole Patient Equivalent
The outcomes payment calculation is based on Whole Patient Equivalents (WPE) shown in the table below, which takes into account the proportion of care your practice provided to each child. For example, a child who attends only your practice in the 12 month reference period counts as 1 WPE, while a child who visits more than one practice counts as a fraction of a WPE for each practice.

Information about the calculation
To calculate the percent age of fully immunised children, we divided the WPE value of children fully immunised by the WPE value of children seen and multiplied this number by 100.

The following table does not include children who attended your practice just once in the reference period (single visits).

<table>
<thead>
<tr>
<th>Age range (months)</th>
<th>Children seen</th>
<th>Children fully immunised</th>
<th>Fully immunised</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(WPE)</td>
<td>(WPE)</td>
<td>(WPE)</td>
</tr>
<tr>
<td>0 to &lt; 4</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4 to &lt; 12</td>
<td>18.30</td>
<td>5.9</td>
<td>17.30</td>
</tr>
<tr>
<td>12 to &lt; 18</td>
<td>26.70</td>
<td>8.6</td>
<td>25.20</td>
</tr>
<tr>
<td>18 to &lt; 48</td>
<td>143.90</td>
<td>46.3</td>
<td>140.40</td>
</tr>
<tr>
<td>48 to &lt; 84</td>
<td>112.30</td>
<td>36.1</td>
<td>105.20</td>
</tr>
<tr>
<td>84+</td>
<td>9.50</td>
<td>3.1</td>
<td>9.50</td>
</tr>
<tr>
<td>Overall</td>
<td>310.70</td>
<td>100.0</td>
<td>297.60</td>
</tr>
</tbody>
</table>

Your practice's payment
We pay practices $3.50 per WPE each quarter where they achieve 90% or greater proportions of full immunisation and have 10 or more WPEs.

Your quarterly payment: $310.70 + $211.60 = $522.30 x $3.50 = $1828.05
General Practice Immunisation Incentives (GPII)  
Practice Final (Recalculation) Feedback Statement
For: November 2007 quarter

Medicare Australia has recalculated your outcomes payment for the November 2007 quarter using the same 12 month reference period as the original calculation. This has resulted in an additional payment to your practice.

The following table shows, by age range, the percentage of children seen at your practice during the 12 month reference period 1 July 2006 to 30 June 2007 that are fully immunised. 91.6% of children in your practice are fully immunised after the recalculation.

<table>
<thead>
<tr>
<th>Age range (months)</th>
<th>Your practice (%)</th>
<th>Your division (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Original calculation</td>
<td>Recalculation</td>
</tr>
<tr>
<td>0 to &lt; 4</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4 to &lt; 12</td>
<td>87.0</td>
<td>91.9</td>
</tr>
<tr>
<td>12 to &lt; 18</td>
<td>82.9</td>
<td>86.9</td>
</tr>
<tr>
<td>18 to &lt; 48</td>
<td>95.1</td>
<td>95.4</td>
</tr>
<tr>
<td>48 to &lt; 84</td>
<td>87.8</td>
<td>87.8</td>
</tr>
<tr>
<td>84 +</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Overall</td>
<td>89.1</td>
<td>91.6</td>
</tr>
</tbody>
</table>

Your practice’s payment
Where a positive variance exists following the recalculation, the amount originally calculated for your practice is subtracted from the recalculated amount.

Your original payment: = $0.00
Your recalculated payment: 194.50 WPE excluding single visits
+ 90.30 WPE single visits

= 284.80 x $3.50 = $996.80

Your payment adjustment for the November 2007 quarter: $996.80
- $0.00

= $996.80

More information
If you have any questions about this statement, please contact the GPII enquiry line on 1800 246 101. To find out more about the GPII scheme, visit www.medicareaustralia.gov.au
24 February 2009

DR J CITIZEN
FAMILY MEDICAL PRACTICE
123 ALPHABET LANE
BRISBANE QLD 4000

Immunisation payment statement
For: February 2009

This statement contains information about your monthly Australian Childhood Immunisation Register (ACIR) information payments calculated using information recorded on the ACIR.

Processing details
Total encounters included in this statement 6
Number of encounters returned for clarification 2

Payment details
3 information payments $9.00
Total payment $9.00

Name of bank: Commonwealth Bank
Account number: 1234567890
Branch number (BSB): 001-001
Payment date: 24 February 2009
Medicare Australia ABN: 5174030967

More information
If you have any questions about this statement, please contact us on 1800 653 809.
<table>
<thead>
<tr>
<th>Child name</th>
<th>Date of birth</th>
<th>Medicare number</th>
<th>Date of service</th>
<th>Vaccine</th>
<th>Dose</th>
<th>AGIR payment</th>
<th>Explanation code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grey, Fred M</td>
<td>19 Jul 00</td>
<td>1111111111 1</td>
<td>22 Nov 09</td>
<td>Convax</td>
<td>2</td>
<td>3.09</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Influenza</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IPV</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Preventer</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>House, Cayden</td>
<td>10 Mar 07</td>
<td>1111111122 1</td>
<td>01 Apr 08</td>
<td>Phorix</td>
<td>1</td>
<td>3.09</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Convax</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smith, Jackson R</td>
<td>21 Jan 07</td>
<td>1222222222 3</td>
<td>02 Aug 05</td>
<td>Convax</td>
<td>3</td>
<td>3.09</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phorix</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NatioVac-C</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willow, Jen</td>
<td>16 Feb 08</td>
<td>1333333333 4</td>
<td>10 Aug 08</td>
<td>RotaTeq</td>
<td>3</td>
<td></td>
<td>-50</td>
</tr>
</tbody>
</table>

If an immunisation encounter is rejected for payment, a code will be displayed in this column.
Practices in Queensland can report immunisation information to:

1. Vaccination Information and Vaccination Administration System (VIVAS)

or

2. Australian Childhood Immunisation Register (ACIR) (by electronic transfer only)

Both databases rely on vaccine service providers submitting precise and timely data to ensure the accuracy of coverage rates and consequently ensures GPII payments to practices and Family Assistance benefits for parent/guardians.

ACIR and VIVAS share immunisation information through a data exchange process which occurs on a daily basis.

Reducing data entry errors

To reduce the possibility of incorrect immunisation information being entered on your practice’s medical software:

- Update your practice software when new upgrades or “patches” are released by software manufacturers. This ensures any changes to the immunisation schedule are incorporated into your practice software.

- Select correct vaccine names, e.g. Priorix not MMR; Infanrix Hexa not Infanrix or Infanrix IPV.

- For multivalent vaccines (e.g. Infanrix Hexa) select ‘combination’ option as this will eliminate antigen errors. Refer to ‘Entering immunisation encounters (in Medical Director)’ on page 19.

- Never use free text to record a vaccine. Select correct antigens from drop down box. Vaccine name can be recorded in ‘comments’ box.

- Select ‘whole of life’ box to ensure all vaccines given are captured on your medical software (if available on your medical software).

- To ensure accurate vaccine batch number recording, with each new monthly vaccine delivery, new batch numbers must be entered before selecting the auto-save option (if available on your medical software).

- Vaccinations must always be linked to a GP provider – if administered by a registered nurse, record this in ‘comments’ box to enable ACIR data transmission to occur.

- If vaccination has been administered by another provider, record as ‘not given here’ when entering history data.

- For more information on using Medical Director and PracSoft to report immunisations refer to page 19 and Appendix 3 on page 42.

For general assistance with reporting immunisations, contact your local division of general practice.
Practices can report immunisations to the ACIR via Medicare Australia Online. The vaccination encounter is recorded on practice software, which must have ACIR compatibility*, then it is batched and electronically transmitted to the ACIR. If you require assistance with using Medicare Australia Online, contact your local division of general practice.

*For a complete list of ACIR compatible software, go to: http://www.medicareaustralia.gov.au/provider/business/online/vendors/claiming.jsp

It is important to:

1. Transmit data daily/weekly depending on size of practice. This helps to:
   • Lessen the number of errors that can accumulate and consequently reduces the amount of practice time to resolve the issue.
   • Reduce the likelihood of parents contacting the practice due to delays in Centrelink or Family Assistance Office payments. Refer to page 4 for more information on these payments.

2. Check for error messages during transmission, as these will block the transfer of data. These errors will need to be resolved to allow transmission to occur. Refer to Appendix 4 on page 46.

Reporting to VIVAS

Practices report immunisations to VIVAS either by:

1. Completing the Queensland Health Vaccination Record Form and posting to VIVAS. Refer to Sample 4 on page 30.

2. Using their practice software to print off a list of vaccination events and posting to VIVAS

Practices submitting data to VIVAS need to ensure that information is forwarded to VIVAS at least once a week to ensure the supply of data to the ACIR is not delayed for the purposes of payments to general practice and parents/guardians. To enable VIVAS to accept immunisation data they require details of each encounter. Refer to Table 5 below. VIVAS also records information on some adult vaccines. Refer to Table 6 on page 18 for list of vaccines reported to ACIR and VIVAS.

A practice’s computerised printout of vaccination events can vary depending on the capability of the practice software. Contact your local division of general practice for assistance.

Table 5: Information required by VIVAS for reporting immunisation information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The practice vaccine service provider (VSP) number or Medicare provider number</td>
</tr>
<tr>
<td>2.</td>
<td>Name, address, Date of Birth and contact details of patient</td>
</tr>
<tr>
<td>3.</td>
<td>Aboriginal and/or Torres Strait Islander status</td>
</tr>
<tr>
<td>4.</td>
<td>All vaccines administered to the patient including dose numbers and batch numbers</td>
</tr>
<tr>
<td>5.</td>
<td>Any vaccines that are transferred between practices or discarded due to cold chain or expiration. (Relevant forms can be requested from Queensland Health Immunisation Program, refer to Contacts on page 51).</td>
</tr>
</tbody>
</table>
The table below provides details of the vaccines recorded by ACIR and by VIVAS. Each database documents various vaccines for different groups. It is important that the correct information is received by both databases. This occurs through your usual practice reporting methods.

Table 6: Vaccines reported to ACIR & VIVAS

<table>
<thead>
<tr>
<th>Vaccines Reported to ACIR &amp; VIVAS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACIR</strong></td>
</tr>
<tr>
<td><strong>VIVAS</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Reporting other information to ACIR & VIVAS

The ACIR provides a comprehensive immunisation history for each child. As well as immunisations, it also collects data on conscientious objectors and natural immunity. This type of information must be reported to the ACIR using appropriate methods. Refer to Table 7 below. To request any of the stationery forms referred to below, telephone 1800 067 307 or download from http://www.medicareaustralia.gov.au/provider/pubs/forms/acir.jsp

This information needs to be reported regardless of whether the practice reports immunisation information to VIVAS or ACIR.

Table 7: Reporting Other Information to ACIR & VIVAS

<table>
<thead>
<tr>
<th>Information</th>
<th>Method of Reporting to ACIR</th>
<th>Method of reporting to VIVAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander status</td>
<td>Identify using practice software (refer to page 29) – ACIR will be notified through the electronic transfer process</td>
<td>Nominate status if known on Queensland Health Vaccination Record Form</td>
</tr>
<tr>
<td>Immunisations by Another Provider</td>
<td>Immunisations that the child has been given, either in Australia or overseas, should be reported to the ACIR. This information can be reported using the (purple) ACIR Immunisation History Form. Refer to page 25</td>
<td>Documented evidence should be photocopied and posted to VIVAS</td>
</tr>
<tr>
<td>Conscientious Objection</td>
<td>This can only be submitted manually on the Conscientious Objection Form</td>
<td></td>
</tr>
<tr>
<td>Medical Contraindication</td>
<td>This can only be submitted manually on the Medical Contraindication Form</td>
<td>This can be submitted in writing on practice letterhead</td>
</tr>
<tr>
<td>Natural Immunity</td>
<td>This can only be submitted in writing on practice letterhead with the GP provider’s signature</td>
<td></td>
</tr>
<tr>
<td>Deceased Child</td>
<td>This can only be submitted in writing on practice letterhead with the GP provider’s signature</td>
<td></td>
</tr>
</tbody>
</table>
To ensure the vaccinations given are correctly reported to ACIR or VIVAS it is essential that the information is entered in medical software accurately to ensure it is reported in a timely manner. The following section provides a step-by-step guide to recording immunisation encounters using screen shots from Medical Director.

- Select **Patient** and then **Open** or **F2**

- Select the **patient** that you need to enter the immunisation information on, and then press **OK**

- Depending on the child’s immunisation status, either of the following screens will appear.
  - This screen will appear if the child is not up to date
  - On this screen click **Yes**

  **OR**
• If the child is up to date
• On this screen, click on the **immunisation tab** to put the information in the correct place and then click on the **red plus sign** to add the information

• The Australian Standard Vaccination Schedule window will appear
• Always choose the combination vaccines first (**green plus sign**)  
• Select the required antigen either by:
  - Ticking on the **green plus sign**
  - OR
  - Ticking the appropriate box

NB: When clicking on an individual antigen, Medical Director will not display the combination vaccines containing Hib
• By selecting the **green plus sign** in the ‘**Combo**’ column, you will have the correct choice of combination vaccines, e.g. Infanrix Hexa
• Select the vaccinator from the drop down menu. The vaccinator should always be the GP.
The combination vaccines will appear in a new window.

Select appropriate combination vaccine i.e. Infanrix Hexa or Infanrix IPV

Check date is correct and choose site of injection

Select OK

Repeat until all vaccines given have been recorded

Once you have entered all vaccines given, click Save

The batch number window will appear

Enter batch numbers and click Save

Mark the child for recall by clicking Yes
• Select the GP from the **Doctor/User** drop down list
• Select the reason for recall
• Check the **Recall Date** is correct
• Click on **Save**
• **NB:** The “reason for recall” and the “interval” will self populate. If the interval date needs to be altered, this can be changed manually using the interval box or by clicking on the recall date and using the monthly calendar.

• If the GP is chosen from the vaccinator drop down box and the practice nurse administers the vaccine, enter the information ‘given by ……’ in the ‘Comment’ box.
• If a GP is recorded as the vaccinator and the practice nurse administers the vaccine the details will appear in the patient notes as:

OR

• If the practice nurse is chosen as the vaccinator, then when you click Save, it will prompt you to select the servicing practitioner.

• The following screen depicts the vaccinator details as ‘Sally Physio on behalf of Dr A Practitioner’

• NB. the naming Vaccinator should reflect the correct details. If the nurse has given the immunisation it will appear as ‘Sally Physio on behalf of Dr A Practitioner’ or ‘given by RN Sally’ in the comments section.

• If the GP has given the immunisation then the Vaccinator should read as the name of the Doctor.
From the Medical Director Front Screen, select **Search - Immunisations**

The Immunisation List window appears

Select **interval** and select Doctor or Doctors for your search criteria

If you are searching for childhood immunisations only, click the appropriate box, a green tick will appear

Select **OK**

Results are displayed in the **Search Results** window shown below:
Entering overseas and/or interstate immunisation information

It is important to understand the difference between updating the immunisation history of a patient (for the practice’s records) and the reporting process to update ACIR.

The following methods can be used for updating an immunisation history.

**The immunisation history form** is used for submitting:

- Overseas immunisation history
- Vaccinations administered by another vaccine service provider that are not recorded on ACIR

- Obtain proof of immunisation before completing Part B and signing the declaration at Part C.
- If the immunisations were given to the child while overseas, please mark an ‘x’ in the given overseas box.
- If it has been identified that there is an error or an omission on the history, you are not required to fill out the whole history of the child, only the section that is missing. (This is most common when updating interstate histories where the previous immunisation encounters are not on the child’s ACIR record.)

- If you do not know the vaccine brand name when entering overseas history, you can write the generic term in the ‘Other (please specify)’ section. For example: DTPa instead of Infanrix. This will allow ACIR to correctly identify the antigens given rather than the brand name which may not provide the relevant details needed to ascertain if the child is up to date.

- (Refer to page 27 for information on obtaining overseas immunisation schedules using WHO resources.)
Important:

- In the event that there is no recorded evidence of a child’s immunisation history, a decision may be made by the GP to choose the ‘OR’ tick box option – see example below.

- Using this option will not update the child’s history on ACIR as this option only allows Centrelink and Family Assistance Office payments to be made. It does not provide ACIR with an immunisation history and therefore there will be no immunisation data for the child on ACIR.

- This should ONLY be used after careful discussion and consideration with the child’s parent or guardian. It does not eliminate the need for further assessment and a catch up vaccination plan to bring the child up to date as per the Australian National Immunisation Program.

The immunisation history form is produced in **triplicate**. Send the:

| ORIGINAL COPY | Medicare Australia  
| GPO Box 295  
| HOBART TAS 7001 |
| PROVIDER’S COPY | Retain for your own medical records. This can be scanned into ‘Documents’ in the patient's medical file (or kept in the paper file if applicable) |
| PARENTS COPY | Give to the parent/guardian for their records |

**NB:** Printed forms from the website will not appear in triplicate. It is recommended to order the pads of Immunisation History forms from Medicare Australia. You can request additional copies by contacting ACIR Stationery suppliers on **1800 067 307** (quote form number IMMU-13) or from the Medicare website at [http://www.medicareaustralia.gov.au/provider/pubs/forms/acir.jsp](http://www.medicareaustralia.gov.au/provider/pubs/forms/acir.jsp) and click on stationery order form for NT & QLD.
World Health Organization (WHO)

This website for the World Health Organization provides information on international vaccination schedules. This website can assist when planning catch up schedules for patients from overseas where no child health record is available. It also provides the listed antigens and their description.

http://www.who.int/immunization_monitoring/en/globalsummary/scheduleselect.cfm

NB: Please note the date at the bottom of the webpage to ensure information provided is current.

OR

Guide to Foreign Language Terms which provides information on translating foreign immunisation records. It contains:

**Table 1: Disease, Vaccine and Related Terms** – This table lists terms for vaccine preventable diseases, vaccines and other items that might be found on an immunisation record, by language and

**Table 2: Trade Names** – This table lists the names of specific vaccines that are used, or have been used, internationally, along with the manufacturer and country or region, when known.

Aboriginal and Torres Strait Islanders require additional funded vaccines:

- 18 months of age – hepatitis A
- 24 months of age – hepatitis A & pneumococcal 23vPPV
- 15-49 years – influenza & pneumococcal 23vPPV (medically at-risk only)
- 50 years & over – influenza & pneumococcal 23vPPV

These additional vaccines will appear in the age related vaccination window ONLY if the patient has been identified as Aboriginal or Torres Strait Islander in your medical software.

For more information on immunisation for Aboriginal and Torres Strait Islander people refer to *The Australian Immunisation Handbook 9th edition, 2008, page 70.*

### Identifying Aboriginal and Torres Strait Islander patients

Aboriginal and Torres Strait Islander people are more likely to have lower life expectancy due to chronic disease, injury, certain cancers and preventable communicable diseases. Collecting information about a patient’s background may have diagnostic significance and should be part of routine medical history taking. Identifying Aboriginal and Torres Strait Islander people is also relevant for some services such as Medicare health check items and ensuring they are immunised appropriately according to the National Immunisation Program (NIP).

You cannot rely on determining if a person is of Aboriginal and/or Torres Strait Islander origin by observation alone; people need to be given the opportunity to self-identify. There is nothing discriminatory about asking patients to identify. A question should be included on your new patient information form. For existing patients, the practice can provide a print out of their personal details and ask that they check the information, including the indigenous status question.

The following question can be used:

**Are you of Aboriginal and/or Torres Strait Islander descent?**

(For persons who identify as both Aboriginal and Torres Strait Islander origin, mark both ‘yes’ boxes).

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Practice staff play an important role in encouraging Aboriginal and/or Torres Strait Islanders to identify. You should record their answer as stated. They will appreciate being shown the respect that this choice demonstrates.

1. Australian Indigenous Health InfoNet
• Tick appropriate box in patient details window
• Both boxes can be ticked if individuals identify as both
• Select Save

• Additional vaccines required for Aboriginal and Torres Strait Islander patients will appear in the vaccination window, e.g.
  - Hepatitis A
  - Pneumococcal 23vPPV
Sample 4: Queensland Health Vaccination Record Form

<table>
<thead>
<tr>
<th>Vaccine/Antigen</th>
<th>Dose Number</th>
<th>Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>dTap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTPa/IPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTPa/IPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Original - forward every week to Queensland Health using YVAS, CDU, REPLY PAID 48, BRISBANE QLD 4000
Approximately every 8 weeks, reminder notices for children 8-16 weeks overdue for immunisation are generated by VIVAS and forwarded to each local Population Health Unit. The Population Health Units conduct further checks on the immunisation status of these children before forwarding to practices in their areas. These notices are sent to the last practice the child visited. Practices do not need to request these reminder notices. Refer to Sample 5 on page 34.

Practices can use the VIVAS reminder notice as a prompt to contact parents of children overdue for immunisation by following the steps outlined on the bottom of the notice and any instructions on the covering letter. The practice should update the information on a Vaccination Record Form or the reminder notice and return it to VIVAS as soon as possible.

GPII20A Practice Report

Every quarter your practice may receive a GPII20A Practice Report. Refer to Sample 6 on page 35-36. This report lists all overdue children, one child to a page, who attended your practice at least twice in the 12 month period. The visit does not have to be immunisation related. The report summarises what vaccinations a child has had and what vaccinations the child requires for it to be assessed as ‘fully immunised’. This report is addressed to the provider who completed the original GPII20A request form.

To check if the report is being sent to a practice, contact the GPII Enquiries Line. Due to privacy laws, GPII call centre staff are only able to provide information to the person nominated by the practice on the original request form.

If a practice has never applied to receive the GPII20A Practice Report, the following two forms must be lodged:

- GPII20A Practice Report Request Form
- Section 46E Agreement

Section 46E Agreement

Every GP in the practice must sign the Section 46E Agreement. This must be kept up-to-date. If a new GP joins a practice (including locums) and they have not signed a Section 46E Agreement previously, the GPII20A Practice Report will no longer be released for the practice. Practices no longer receiving the report are not notified of this by Medicare Australia. If a GP has signed a Section 46E Agreement at another practice there is no need to sign another one.

If the principal of the practice changes, both forms must be relodged. For further information, telephone the GPII Enquiries Line on 1800 246 101. Copies of these forms can be downloaded from www.medicareaustralia.gov.au/provider/pubs/forms/incentives.shtml.

Using the GPII20A Practice Report

1. Upon receiving a new GPII20A Practice Report, discard any previous reports.

2. Compare immunisation information between your practice’s medical records and the GPII20A Practice Report. If you find any discrepancies or have additional immunisation information to report, notify ACIR by telephoning 1800 653 809 or make a note on the relevant page on the GPII20A Practice Report and fax to ACIR on 08 9254 4810.

3. At any time, you can confirm a child’s current immunisation status by logging onto the ACIR Secure Site. To request access to the ACIR Secure Site – refer to Appendix 1 on page 38. Each provider in the practice is allocated a unique logon. To logon to the ACIR Secure Site – refer to Appendix 2 on page 40.

   • If a logon has not been used for more than 3 months, the password may need to be reactivated. Passwords can be changed by contacting the ACIR Internet Help Desk on 1300 650 039. Contact your division of general practice for assistance with accessing the ACIR Secure Site or refer to Appendix 1 on pages 38.

4. If you find no additional information on a child and therefore the child is actually overdue for immunisation, contact the parents by letter and/or telephone. Refer to page 33.
EVERY MONTH

- Check your Immunisation Payment statement. Refer to Sample 3 on page 13-15.
- Are all immunisation encounters accounted for? Report any missing encounters.
- Follow up any encounters rejected for payment. Errors can be corrected by calling the ACIR General Enquiries Line on 1800 653 809. Alternatively, write the details on the Immunisation Payment Statement and fax it to the ACIR on 08 9254 4810.

EVERY SIX – EIGHT WEEKS

- Check your VIVAS Reminder Notices against your practice records
- Are there any discrepancies?
- Do you need to report any new data? Update the information on a Vaccination Record Form or reminder notice and return it to VIVAS as soon as possible. The covering letter from your Population Health Unit will also contain instructions on returning updated information.
- Follow up overdue children as necessary

EVERY THREE MONTHS

- Check your GPII Practice (Preliminary) Feedback Statement. Refer to Sample 1 on page 10.
- What is your practice’s coverage rate? How does it compare to the previous quarter?
- Use your GPII20A Practice Report to check each child’s history against your practice records. Refer to page 31 on how to use your GPII20A Practice Report.
- Are there any discrepancies between your practice records and the GPII20A Practice Report?
- Log onto the ACIR Secure Site (refer Appendix 2 on pages 40) to check for the most current history
- Do you need to report any new data to ACIR?
- Follow up overdue children as necessary
By Letter or By Telephone

- A reminder letter can be sent to parents/guardians. Refer to Sample 7 on page 37. Ask your division of general practice for the letter template to import into practice software.

- Telephone the child’s parents/guardians

- Photocopy the child’s history page from the GPII20A Practice Report. Attach to the letter with the child’s name and overdue immunisations highlighted. Including this statement from ACIR provides evidence for the parent that their child is not fully immunised

- If you send a reminder letter using the contact details on the GPII20A Practice Report and it is returned as “not known at this address”, notify ACIR by noting ‘Return to Sender’ on the relevant page of the GPII20A Practice Report and mail or fax to ACIR.

- ACIR
  GPO BOX M933
  Perth WA 6843
  Fax (08) 92544810

What Next?

If the parent reports that the child is up-to-date

- Ask the parent to bring the Child Health Record to the practice or post a photocopy as evidence of the child’s immunisation status.

- The Health Record or other evidence must be sighted for the immunisation to be reported.

If the child does require immunisations

- Book an appointment with the parents for the immunisations to be given.

- This is also an opportunity to emphasise the importance of timely immunisations and the potential impact on Family Assistance payments.

If the parents are conscientious objectors

- Encourage the parents to discuss their choices with their GP at their next visit.

- Once a conscientious form is lodged the child will no longer appear on the GPII20A Practice Report however the child will still be included in a practice’s coverage rate calculation.

- Refer to page 18 for reporting this information to ACIR.
### Sample 5: VIVAS Reminder Notice

Please note: This is an example only - reminder notices may differ between Population Health Units

<table>
<thead>
<tr>
<th>Zone</th>
<th>Queensland Health</th>
<th>Date: 02/01/2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age as at</td>
<td>yrs months</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccinations Overdue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Name</td>
<td>Dose</td>
<td>Date Due</td>
</tr>
<tr>
<td>DTPa-IPV</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Disclaimer**

This notice has been prepared by Queensland Health Immunisation Program (QHIP) based on information provided by Medicare Australia (Australian Childhood Immunisation Register).

**Vaccination History**

<table>
<thead>
<tr>
<th>Common Name</th>
<th>Dose</th>
<th>Date</th>
<th>Dose</th>
<th>Date</th>
<th>Dose</th>
<th>Date</th>
<th>Dose</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib (PricewlIb)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infantile Hepb</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococal C (Menings)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Polio Vaccine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Due to changes to the National Immunisation Program Schedule all DTPa-IPV vaccinations due at 4yrs of age will be recorded as Dose 5, where DTPa was given at 18 months.

Please return all VIVAS Overdue Reminder Notices to Population Health Brisbane North using the enclosed Reply Paid Envelope.

Or post to: Reply Paid 83120 Stafford DC QLD 4053

Record of Contact. Queensland Health suggests 2 phone calls and 1 letter.

<table>
<thead>
<tr>
<th>Date &amp; Time of Call 1</th>
<th>Date &amp; Time of Call 2</th>
<th>Date of Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Telephone Disconnected</td>
</tr>
</tbody>
</table>

**Outcomes**

- Appointment Made: Date:          New Address or Practice (If known)
- Moved Interstate / Overseas     Conscientious Objection should be lodged with ACR
- Moved to Another Practice / Other
- Does not wish to continue Immunisation
- Other:         THANK YOU FOR YOUR ASSISTANCE! If you have any queries or need further information contact us on 3624 1198
This report lists the children who have attended your practice for a non-referred Medicare service at least once during the 12-month reference period as stated on your quarterly GPII Practice Preliminary Feedback Statement.

The report was requested for your practice by DR J CITIZEN, provider number 0000001B.

Immunisation status
The immunisation status of children included in this report is consistent with the figures reported in your GPII Practice Preliminary Feedback Statement. The GPII Immunisation status is current as at 20 February 2008 (the date of assessment), and the Australian Childhood Immunisation Register (the ACIR) immunisation status is current as of 7 March 2008 (the report production date).

What does this report include?
This report includes children who have been 7 years of age since the end of the reference period. It does not include details of children who have
• not yet received all their recommended doses in the ACIR,
• opted out of the ACIR.

Important notice - disclaimer
Medicare Australia does not warrant the accuracy or completeness of any information contained in a record held on the ACIR. You should not rely upon nor base clinical decisions about immunisation solely upon the data contained on the ACIR.

What does this report include?
This report lists the children who have attended your practice for a non-referred Medicare service at least once during the 12 month reference period as stated on your quarterly GPII Practice Preliminary Feedback Statement.

What does this report include?
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What does this report include?
This report lists the children who have attended your practice for a non-referred Medicare service at least once during the 12 month reference period as stated on your quarterly GPIII Practice Preliminary Feedback Statement.

What does this report include?
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What does this report include?
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What does this report include?
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### Sample 6: GPII20A Practice Report (continued)

**Immunisation: Recording, Report & Rates – a guide for practice staff**

**36**

**Immunisation: Recording, Report & Rates – a guide for practice staff**

**Page 3**

---

**GPII practice report (GPII020A)**

**Child details**
- Medicare number: 0123456789
- Surname: SMITH
- Given name: JANE
- Initial: J
- DOB: 09/06/2003
- Gender: FEMALE
- Current ACIR immunisation status: NOT FULLY IMMUNISED

**Child address details**
- 123 HOME PLACE
- TUGGERANONG 2900

**GPII assessment details**
- Immunisation schedule: 2000
- Single visit: NO
- GPII immunisation status at time of assessment: NOT FULLY IMMUNISED

**Due and overdue details**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Dose</th>
<th>Date due</th>
<th>Date overdue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>HIB Schedule B</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Pertussis</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Polio vaccine</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Tetanus</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Measles</td>
<td>1</td>
<td>09/06/2004</td>
<td>29/07/2004</td>
</tr>
<tr>
<td>Meningococcal C</td>
<td>1</td>
<td>09/06/2004</td>
<td>29/07/2004</td>
</tr>
<tr>
<td>Mumps</td>
<td>1</td>
<td>09/06/2004</td>
<td>29/07/2004</td>
</tr>
<tr>
<td>Rubella</td>
<td>1</td>
<td>09/06/2004</td>
<td>29/07/2004</td>
</tr>
</tbody>
</table>

**Vaccine details**

<table>
<thead>
<tr>
<th>Enc</th>
<th>Vaccine Code</th>
<th>Vaccine</th>
<th>Dose</th>
<th>Service date</th>
<th>t</th>
<th>RN</th>
<th>Immunising provider type</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFX</td>
<td>Infantrix-IP</td>
<td>Infanrix-IP</td>
<td>1</td>
<td>20/08/2003</td>
<td>A</td>
<td>A</td>
<td>MEDICARE GP</td>
</tr>
<tr>
<td>OPV</td>
<td>Polio Sabin</td>
<td>Polio Sabin</td>
<td>1</td>
<td>20/08/2003</td>
<td>A</td>
<td>A</td>
<td>MEDICARE GP</td>
</tr>
<tr>
<td>PRD</td>
<td>PentaHib</td>
<td>PentaHib</td>
<td>1</td>
<td>20/08/2003</td>
<td>A</td>
<td>A</td>
<td>MEDICARE GP</td>
</tr>
</tbody>
</table>

**Natural immunity**
- No data currently held

**Medical contraindication**
- No data currently held

---

**Immunisations for which the child is OVERDUE**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Dose</th>
<th>Date due</th>
<th>Date overdue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>HIB Schedule B</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Pertussis</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Polio vaccine</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Tetanus</td>
<td>2</td>
<td>20/10/2003</td>
<td>20/11/2003</td>
</tr>
<tr>
<td>Measles</td>
<td>1</td>
<td>09/06/2004</td>
<td>29/07/2004</td>
</tr>
<tr>
<td>Meningococcal C</td>
<td>1</td>
<td>09/06/2004</td>
<td>29/07/2004</td>
</tr>
<tr>
<td>Mumps</td>
<td>1</td>
<td>09/06/2004</td>
<td>29/07/2004</td>
</tr>
<tr>
<td>Rubella</td>
<td>1</td>
<td>09/06/2004</td>
<td>29/07/2004</td>
</tr>
</tbody>
</table>

---

Each page contains the details of one child. Only overdue children will be included on this report. Corrections can be written on this page and faxed to the ACIR on 08 9254 4810. Alternatively, telephone the ACIR on 1800 246 101.
Sample 7: Reminder letter to parents

A template is available on General Practice Queensland’s website at www.gpqld.com.au with instructions for importing into Medical Director or alternatively ask your local division of general practice for assistance.

Date

To the parents/guardians of:

Child’s name
DOB
Address

Dear Parent/Guardian,

We regularly update immunisation records of the children who attend our practice. The Australian Childhood Immunisation Register (ACIR) has sent an overdue report for your child. A copy is attached.

If your child is not up to date with their immunisations your Centrelink or Family Assistance Office payments may be affected.

Please check your child’s Health Record Book. If your child has received these immunisations, please bring in their book or post/fax us a copy. This will enable us to update your child’s record on ACIR.

If your child requires immunisations to bring them up to date, please telephone the practice to make an appointment.

Yours sincerely,

Name
Title
Go to:
www.medicareaustralia.gov.au

• Select For health professionals

• Select HPOS Logon

• Select Register for ACIR
• Complete required details
• Select YES for Email notification
• Select Request Access
Appendix 2: Log on to the ACIR Secure Site

- Go to: www.medicareaustralia.gov.au
- Select For health professionals

- Select HPOS Logon

- Select Logon to ACIR only
• Select **Browse**
• Insert your authentication file
• Select **Send Authentication File**

- Inset user name and password.
- **Caution:** if the incorrect password is entered 3 times, access to the Secure Site will be revoked.
• Select **OK**

- This will open to the Main Menu.
- Select **Identify Child** to look up a child’s immunisation history or status.
- A Medicare number including reference number and/or the child’s name and date of birth will be required
Appendix 3: Transmitting ACIR Claims with Pracsoft

- Open Pracsoft, select Processing then Online Claiming.
- Select Yes to confirm.

- You should now have one or more ACIR Claims. These are recognised by a longer claim number and a $0.00 amount.
- Select a claim, Right Click and Print Claim Report if you wish to see the encounters (children) contained within.
- Otherwise select Next Step

- Select Prepare
• Select Yes to confirm these are the batches you wish to Prepare.

• Check the message window to ensure your batches say Processing Successful. If they say Processing Failed, please refer to Appendix 4 on page 46 for a guide to errors.

• Select Next Step

• You cannot print ACIR claims from here. Steps are provided at the end on how to print a claim.

• Select Next Step again.
• Select **Transmit**

• Check that these are the claims you wish to send
• Select **Transmit** again.

• Check the message window to ensure your batches say **X Claim(s) sent to Medicare Australia**. If not, please refer to Appendix 4 on page 46 for a guide to errors.
To double check all your claims have been transmitted. Select View, then Immunisation Claims.

The Claims History screen will display if you have sent the batch successfully.

If the Date Sent field is blank, the claim has not been transmitted.

If you wish to Print the batch simply highlight the batch and select Print (this will display the details on screen).

To print a hard copy Select Print Page.
Appendix 4: Common ACIR Error Codes with PracSoft

Error – No Patient Medicare Number.

- If the child is the only one in the claim, **Print a Hard Copy** of the claim and post it manually to VIVAS.

- Then on the **Select Claims** tab **Right click** on the claim and **Select Drop Immunisation Claim**.

- Select **Yes** to confirm.

- If there is more than one child in the claim, please refer to **Appendix 5 on page 48 – Modifying claims in PracSoft**

Error – 9356 Vaccine code missing or invalid

- This indicates a vaccine code is missing (has not been entered in Medical Director) or is invalid (i.e. Prevenar dose 5 or Priorix dose 4).

- Refer to **Appendix 5 on page 48 – Modifying claims in PracSoft**

- Delete incorrect line and ask GP or practice nurse to delete and re-enter on Medical Director if applicable
• The corrected entry will be imported in to your next claim.

• Errors can also occur at the Transmit step. An error report is either sent to your screen or local printer.

• Error – 9363 Encounter already contains equivalent antigen(s). See sample error report below.

• This indicates an encounter contains two or more vaccines of the same antigen (i.e. Hiberix and Infanrix Hexa both contain Hib antigen)

• Please refer Appendix 5 on page 48 – Modifying claims in PracSoft, then delete the incorrect line. The GP or practice nurse will need to delete and re-enter the correct vaccine on Medical Director if applicable

• The corrected entry will be imported into your next claim

• Select Yes to confirm these are the batches you wish to Prepare.

• Check the message window to ensure your batches state Processing Successful.
Appendix 5: Modifying claims in PracSoft

- From your batching window, select View then Immunisation Claims

- Select the claim, Right click and Modify Claim

- Highlight the line(s) that need to be deleted, one at a time and then select Delete
• Select Yes to confirm

• Under the Status column the word Deleted should appear

• Once all necessary lines have been deleted click Close and Close again

• In the Select Claims tab move the claim back to the left hand side and re-prepare. If the error has been resolved it should say Processing Successful or the claim will Successfully Transmit
# Appendix 6: Important Contacts Quick Guide

<table>
<thead>
<tr>
<th>What is it?</th>
<th>NATIONAL</th>
<th>QUEENSLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division of General Practice</strong></td>
<td>Local member-based organisation that supports the role of general practice as primary health care providers within their community setting</td>
<td>State government managed, however based in regions across Queensland</td>
</tr>
<tr>
<td><strong>General Practice Immunisation Incentives (GPII) Scheme</strong></td>
<td>National scheme that provides financial incentives for GPs who immunise children according to the National Immunisation Program and report the data to the ACIR</td>
<td>State based database that collects and stores immunisation data on children, up to 8 years of age, adolescents and (some) adults resident in Queensland</td>
</tr>
<tr>
<td><strong>Australian Childhood Immunisation Register (ACIR)</strong></td>
<td>National database that collects and stores immunisation data of children up to the age of 7 years living in Australia</td>
<td>Queensland Health Immunisation Program (QHIP)</td>
</tr>
<tr>
<td><strong>Queensland Health Immunisation Program (QHIP)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vaccination Information Vaccination Administration System (VIVAS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population Health Units</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have a question about?</th>
<th>NATIONAL</th>
<th>QUEENSLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
<td><strong>Do you have a question about?</strong></td>
<td><strong>Hours of operation</strong></td>
</tr>
<tr>
<td><strong>Vaccine management (cold chain)</strong></td>
<td><strong>GPII scheme</strong></td>
<td><strong>Monday to Friday</strong></td>
</tr>
<tr>
<td><strong>Immunisation recording, reporting &amp; rates</strong></td>
<td><strong>GPII statements</strong></td>
<td><strong>8.30am - 5.00pm (check with your division)</strong></td>
</tr>
<tr>
<td><strong>Education for GPs, practice nurses and practice staff</strong></td>
<td><strong>GPII payments</strong></td>
<td><strong>Monday to Friday</strong></td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td><strong>GPII reports (e.g. GPII 20A Practice Report)</strong></td>
<td><strong>8.00am - 7.00pm</strong></td>
</tr>
<tr>
<td><strong>Assistance with activities to improve coverage rates</strong></td>
<td><strong>Current immunisation histories for children up to the age of 7 years of age</strong></td>
<td><strong>Monday to Friday</strong></td>
</tr>
<tr>
<td><strong>What is it?</strong></td>
<td><strong>Immunisation histories for children born from 1996</strong></td>
<td><strong>8.00am - 4.30pm</strong></td>
</tr>
<tr>
<td><strong>Do you have a question about?</strong></td>
<td><strong>Updating immunisation histories for children</strong></td>
<td><strong>Monday to Friday</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>8.00am - 5.00pm</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Monday to Friday</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>8.00am - 4.30pm</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>07) 3328 9888</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Monday to Friday</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>8.30am - 5.00pm</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact details</th>
<th>NATIONAL</th>
<th>QUEENSLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insert name &amp; number</strong></td>
<td><strong>1800 246 101 (General Enquiries)</strong></td>
<td><strong>(07) 3328 9888</strong></td>
</tr>
<tr>
<td><strong>1800 653 809 (General Enquiries)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Contacts**

- **The Immunisation Program Coordinator is**
  - **NAME:**
  - Tel: 07 3274 1886
  - Tel: 07 4921 7777
  - Tel: 07 4992 5544
  - Tel: 07 4042 7333
  - Tel: 07 5507 7777
  - Tel: 07 3290 3733
  - Tel: 07 4688 2000
  - Tel: 07 4151 0814
  - Tel: 07 3630 7300
  - Tel: 07 3813 7000
  - Tel: 07 4953 4491
  - Tel: 07 3284 5155
  - Tel: 07 4725 8868
  - Tel: 07 5456 8888
  - Tel: 07 4725 8915

**QUEENSLAND DIVISIONS OF GENERAL PRACTICE**

- **Our local division of general practice is:**
  - (highlight below)
  - Brisbane South Division Ltd.................................................. 07 3624 1111
  - Capricornia Division of General Practice .............................. 07 4920 6989
  - Central Queensland Rural Division of General Practice .......... 07 4968 6611
  - Far North Queensland Rural Division of General Practice ...... 07 5409 6600
  - General Practice Gold Coast ............................................. 07 3624 1111
  - SouthEast Primary HealthCare Network................................ 07 4725 8915
  - GP Connections..................................................................... 07 3813 7000
  - GP Links Wide Bay ................................................................ 07 4968 6611
  - GPpartners ........................................................................... 07 4725 8915
  - Ipswich & West Moreton Division of General Practice .......... 07 4920 6989
  - Mackay Division of General Practice .................................... 07 4725 8915
  - Moreton Bay General Practice Network.................................. 07 3284 5155
  - North & West Queensland Primary Health Care ....................... 07 4725 8915
  - RHealth ................................................................................ 07 3387 5384
  - South East Alliance of General Practice ................................. 07 3390 2466
  - Sunshine Coast Division of General Practice ......................... 07 5409 6600
  - Townsville General Practice Network ..................................... 07 5409 6600

**QUEENSLAND HEALTH**

- **Immunisation Program**
  - Tel: 07 3328 9888
  - Fax: 07 3328 9720
  - Reply Paid 2368, Fortitude Valley BC, QLD 4006

- **QHIP & VIVAS**
  - Tel: 07 3328 9888
  - Fax: 07 3328 9720
  - Reply Paid 2368, Fortitude Valley BC, QLD 4006

- **Population Health Units**
  - Brisbane North .................................................. 07 3624 1111
  - Brisbane South ............................................. 07 3000 9148
  - Central (Rockhampton) .................................. 07 4920 6989
  - Darling Downs (Toowoomba) .............................. 07 4631 9888
  - Gold Coast...................................................... 07 5509 7222
  - Logan.............................................................. 07 3387 5384

- **VIVAS Data Officers are at:**
  - Mackay ....................................................... 07 4968 6611
  - Moreton Bay .................................................. 07 3142 1800
  - Mount Isa....................................................... 07 4744 9113
  - Sunshine Coast ............................................. 07 5409 6600
  - Torres Strait (currently vacant) .................................. 07 4069 0430
  - Townsville ...................................................... 07 4753 9000
  - Tropical (Cairns) .................................................. 07 4050 3600
  - Wide Bay (Bundaberg) ............................................. 07 4120 6000
## AUSTRALIAN CHILDHOOD IMMUNISATION REGISTER (ACIR)

<table>
<thead>
<tr>
<th>Contact Type</th>
<th>Contact Details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACIR General Enquiries</td>
<td>1800 653 809</td>
<td>Assists parents and practices regarding the immunisation history of a child</td>
</tr>
<tr>
<td>ACIR Liaison Officer (Queensland)</td>
<td>07 3004 5251</td>
<td>Supports divisions of general practice and practices with GPII and ACIR related issues</td>
</tr>
<tr>
<td>ACIR Internet Help Desk</td>
<td>1300 650 039</td>
<td>Assists practices regarding the ACIR Secure Site</td>
</tr>
<tr>
<td>ACIR Stationery Orders</td>
<td>1800 067 307</td>
<td>Stationery requests</td>
</tr>
<tr>
<td>ACIR</td>
<td>GPO Box M933</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perth WA 6843</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax: (08) 9254 4810</td>
<td></td>
</tr>
</tbody>
</table>

## GENERAL PRACTICE IMMUNISATION INCENTIVES (GPII) SCHEME

<table>
<thead>
<tr>
<th>Contact Type</th>
<th>Contact Details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPII General Enquiries</td>
<td>1800 246 101</td>
<td>Assists practices regarding the GPII Scheme, statements and payments</td>
</tr>
</tbody>
</table>

## MEDICARE AUSTRALIA

<table>
<thead>
<tr>
<th>Contact Type</th>
<th>Contact Details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare eBusiness</td>
<td>1800 700 149</td>
<td>Assists with online claiming</td>
</tr>
<tr>
<td>Our practice medical software is…</td>
<td></td>
<td>Their technical support contact details are:</td>
</tr>
</tbody>
</table>

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Immunisation: Recording, Report & Rates – a guide for practice staff
Resources

- Contact your local division of general practice for immunisation resources

**Acronyms**

- **ACIR**   Australian Childhood Immunisation Register
- **GPII**   General Practice Immunisation Incentives
- **MD**     Medical Director (medical software brand name)
- **NH&MRC** National Health & Medical Research Centre
- **NIP**    National Immunisation Program
- **PHU**    Population Health Unit
- **PIP**    Practice Incentive Payment
- **QHIP**  Queensland Health Immunisation Program
- **VIVAS** Vaccination Information Vaccination Administration System
- **VSP**    Vaccine Service Provider
- **WHO**   World Health Organization
- **WPE**   Whole Patient Equivalent