



## Contents

**Budget 08 – implications for immunisation**

**Fight Flu 2008**

*Practice staff flu vaccine data*

**Win for Kimberley Kids**

**NICS Evidence into Action prize – time is running out!**

**GSK childhood immunisation grants – be quick, entries close 30<sup>th</sup> June!**

**9th Edition Handbook**

**Comvax and Pedvax**

**Zoster virus vaccine now available!**

**National Divisions**

**Immunisation Workshop 2008**

**AGPN forum**

**Outbreaks around the country**

**HPV register – the latest news!!**

**HPV vaccination: GP feedback needed.**

**Article by Dr Peter Eizenberg**

*Govt plans to amputate the wrong limb - other limb can be easily fixed.*

*Budget summary for immunisation*

**The Healthy Kids Check**

## Budget 08 – implications for immunisation

As many of you know, the federal budget 2008 saw the government cut the SIP payment to GPs. This will mean a 'saving' of \$80 million over 4 years for the government.

The \$18.50 payment SIP payment for each age group has been removed however providers will still receive the \$6 ACIR notification payment.

Attached is an [excerpt from the budget paper](#) that explains the cuts, reasons for them and future implications might be.

AGPN has had discussions with the Minister for Health and the Department of Health and Ageing on the ramifications of this budget cut for the future immunisation coverage in Australia. An article written by Dr Peter Eizenberg is also attached at the end of this newsletter. This article covers the aspects of the budget that will have a demonstrative effect on immunisation in Australia. ['Govt amputated wrong limb; the other could have been healed'](#)

## Fight Flu 2008

Winter is here and brings with it the usual Colds, URTIs and Influenza! The cold weather is a good reminder to those who have not as yet had their annual Flu vaccination. The Fight Flu Campaign is in full swing and we need to encourage everyone to "get immunised".

There is a simple message

- influenza is not a cold,
- It is a highly contagious disease.
- Influenza kills more than 2,500 Australians each year
- Annual vaccination gives the most effective protection.
- Protect yourself and protect those in your care.

**Helen Moore - Principal Advisor – Immunisation, AGPN Ltd**

Contact details: ☎ 02 6228 0833 📠 02 6228 0899 ✉ [hmoore@agpn.com.au](mailto:hmoore@agpn.com.au)

Information contained within this newsletter is intended to inform you on immunisation issues with a national perspective. As such, it is possible that some references will require adjustment to be made specifically accurate for service providers in each individual State or Territory jurisdiction. For further clarification, contact your SBO Immunisation Coordinator or jurisdiction Health Department. AGPN acknowledges the financial support of the Australian Government Department of Health and Ageing.

The **Fight Flu** campaign is run each year by the National Institute of Clinical Studies (NICS) which is part of NHMRC.

Check these websites for more information and resources. The recent *YouTube* addition is well worth a look. [www.fightflu.com.au](http://www.fightflu.com.au) and <http://au.youtube.com/vaccin8r>

### **Practice staff flu vaccine data**

A reminder about the Practice Staff Flu Vaccination Study being carried out by the general practice network. We are conducting a 'very brief survey' of practices to get some baseline data on the rates of immunisation against influenza by GPs, practice nurses and other practice staff. Divisions will have received this survey from their SBOs. We encourage divisions to use this as an opportunity to make contact with practices, encourage practice staff to have their annual flu vaccination and discuss any other immunisation issues.

The results of this 'study' will be presented at the National Divisions Immunisation Workshop at the Gold Coast in September.

[Back to top](#)

### **Win for Kimberley Kids**

The Kimberley region in the Northwest of Western Australia has seen a rise in the percentage of children fully immunised over the past six months due largely to a commitment to improved data management. The Kimberley Division of General Practice (KDGP) is complementing this standard with innovative ways to improve consumer awareness of immunisation programs offered to the general public in the region.

The absence of air-conditioning and sweltering 40°C temperatures did not deter Helen Tondut, Immunisation Program Officer from KDGP in pulling together a support team of Practice Nurses and Community Health Nurses to work at the recent North West Expo to promote immunisation to the general public. This expo is an annual event allowing the opportunity for industry groups, companies, community groups and government agencies to promote their achievements and their contribution to the Kimberley Region. Attendance at the Expo allowed this dedicated team of health workers to not only promote immunisation but also to listen to the general public about their issues and concerns in relation to vaccines and immunisation programs available in their community.



## NICS Evidence into Action prize – time is running out!

Time is running out to apply for the NICS Evidence into Action prize, which includes prize-money of \$1,000. If your Division has run a program, developed a resource or has a good idea to encourage participation in influenza immunisation programs, then apply!! Your idea or program will need to:

- raise awareness of this important evidence-practice gap
- support health professionals understand and overcome barriers to increase influenza immunisation rates
- initiate and support activities that promote successful approaches to increasing influenza immunisation rates, and
- integrates the routine uptake of evidence into systems established to improve quality and accountability in the area of influenza immunisation.

The winning submission will receive their award and be invited to present their work at the 2008 AGPN Immunisation workshop.

For more information or to apply for this fantastic prize, simply download and complete the submission form from [www.agpn.com.au/site/index.cfm?display=1813&filter=i&leca=63&did=40661304#NICS](http://www.agpn.com.au/site/index.cfm?display=1813&filter=i&leca=63&did=40661304#NICS)

[Back to top](#)

## GSK childhood immunisation grants – be quick, entries close 30<sup>th</sup> June!

Due to the success of last years GSK Adult Immunisation Grants, GSK has decided to run another grants scheme this year targeting childhood immunisations. The GlaxoSmithKline Childhood Immunisation Awards have been developed to reward and share best practice and innovation in childhood immunisation.

The awards will commend programs or initiatives run by immunisation providers implemented over the past five years that have aimed to, or have successfully achieved through demonstrated activity:-

1. A significant increase in, or attainment of, high immunisation coverage in children over 12 months of age; or
2. A significant increase in, or commendable, immunisation coverage rates in populations of hard-to-reach children and/or adolescents.

**Four** GlaxoSmithKline Childhood Immunisation Award grants of **\$12,500** are available. **Entries close 30th June 2008**. For more details on the grants, visit [www.gsk.com.au/immunisationaward](http://www.gsk.com.au/immunisationaward) or contact the GSK Childhood Immunisation Awards Secretariat on 02 9286 1251 or [childhoodimmunisation@hillandknowlton.com.au](mailto:childhoodimmunisation@hillandknowlton.com.au).

[Back to top](#)

## 9th Edition Handbook

All providers and division immunisation staff should have received their copy of the much awaited 9<sup>th</sup> Edition by now. If you have not received one please contact your division, your local state or territory health department or you can order on line at:

[www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/publications](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/publications)

There have been reports from different areas of hands missing pages. If you find sections of your book missing please let the Department of Health and Ageing know directly or contact your SBO immunisation person. You can order a replacement copy from the website.

A PDF of the *Handbook* and the 4th Edition of *Myths and Realities* are also now available from the Immunise Australia website <http://www.immunise.health.gov.au>

NCIRS has prepared an educational slide set for immunisation service educators, covering "What's new" in the 9th edition *Australian Immunisation Handbook*. This helpful presentation is now available by following the links on the NCIRS homepage <http://www.ncirs.usyd.edu.au/> and by selecting >NEW NCIRS slide set for immunisation service providers. There are 2 PDF files which are freely downloadable for use and printable, but are not be able to be edited or altered.

The downloadable files consist of the presentation and accompanying speaker's notes. There is a considerable amount of information in these slides and should be used by speakers selectively to suit the audience.

[Back to top](#)

## **Comvax and Pedvax**

The new schedules that began on 1 March 2008 were developed because of a gap in supply of Comvax and Pedvax. This was due to a Merck manufacturing problem in the USA. States and territories who previously used these vaccines on their schedules should now be using other vaccines and need to consult their jurisdictions schedules to make sure that they are following the new procedures.

Unfortunately there are areas where the use of Comvax and Pedvax is still being recorded and we need to make sure that either this is a recording error or that the full quota of antigens is being given to these children.

[Back to top](#)

## **Zoster virus vaccine now available!**

Zostervax<sup>®</sup> is now available on the private market for the prevention of herpes zoster (shingles), for prevention of postherpetic neuralgia (PHN) and for reduction of acute and chronic zoster-associated pain in individuals 60 years of age or older. It is also indicated for the prevention of herpes zoster (shingles) in individuals 50-59 years of age based on a study demonstrating similar immunogenicity in this age group compared to those 60 years of age and older.

For more information, download the [GP announcement letter from CSL](#) and the [product information](#).

[Back to top](#)

## **National Divisions Immunisation Workshop 2008**

Get ready for this year's Immunisation extravaganza on the Gold Coast. The traditional divisions' workshop (NDIW) has been moulded and developed to present a broad range of topics and speakers in conjunction with the Public Health Association of Australia (PHAA). This one day event is then followed by the PHAA

biannual Immunisation Conference so all the 'up to the minute' information on immunisation will be revealed in the one place.

The NDIW this year will begin with a networking evening and presentations of resources and awards on Sunday 14th September starting at 6.30 pm. The joint workshop and pre-conference seminar follows on Monday 15th September. Please note the NDIW is referred to as the Immunisation Pre-Conference Seminar Day by PHAA for registration.

The PHAA Immunisation conference will follow on 16th, 17th and 18th September.

The program for the day is finalised and is available on AGPN's immunisation website and the PHAA website. The program includes interesting presentations and discussion sessions relevant to divisions and general practice.

**Registration for the NDIW is free for division immunisation officers.**

To register go to the AGPN website [www.agpn.com.au/immunisation\\_NDIW2008](http://www.agpn.com.au/immunisation_NDIW2008) or [click here](#) to download the Division Immunisation Officer NDIW registration form. Fax the completed form to the number provided. Remember that the divisional immunisation officers need to add their division's name to have their registration fee covered.

There is also an opportunity for divisions and practices to showcase the fantastic work they have been doing this past year. Divisions are encouraged to bring resources or explanations of programs or projects to the Networking evening on Sunday 14<sup>th</sup> September. So you can share your ideas with others, you're your business cards with you. There will be awards and presentations for interesting, innovative or successful immunisation resources or programs.

For more information on these opportunities visit the NDIW website:  
[www.agpn.com.au/immunisation\\_NDIW2008](http://www.agpn.com.au/immunisation_NDIW2008)

This is sure to be a wonderful event at a popular location, so book the dates in your diary (apply for some additional holiday leave) and start looking for accommodation deals!

Details about the PHAA immunisation conference can be found at:  
<http://www.phaa.net.au/immunisationConference.php>

[Back to top](#)

## AGPN forum

Registrations open now! [www.gpnetworkforum.com.au](http://www.gpnetworkforum.com.au)



[Back to top](#)

## Outbreaks around the country

We still have measles, mumps, rubella, meningococcal C and tetanus cases around the country. Vigilance is the key word!!

## HPV register – the latest news!!

The Victorian Cytology Service (VCS) won the tender to develop and implement this register and they are working closely with AGPN to ensure that it is easy for GPs to use whilst still collecting all required data. Details about VCS and the new HPV register are available online at [www.hpvregister.org.au](http://www.hpvregister.org.au).

VCS will be contacting all GPs by letter to inform them of the process of submitting data to the register and how payments for the lodgement of this data will be made.

In the mean time it is important to continue to collect the data using the templates or software options found on the AGPN website under HPV register. **Most important is the provider number and patient details including her Medicare number.**

<http://www.adgp.com.au/site/index.cfm?display=1813#HPV>

The following is a list of the mandatory data needed to lodge data with the HPV register and to receive the \$6.00 payment.

### Mandatory data set

- Medicare Provider Number
- Patient Surname
- Patient Date of Birth
- Patient Street
- Patient Suburb
- Patient Postcode
- Patient State
- Vaccination Date
- Dose Number

### Extra mandatory field required for payment:

- Patient full Medicare Number

Note that these represent the minimum data set that is required for the register to accept the notification, and the more complete the data is the better.

***Remember that if the provider is collecting the data in hard copy, the hand writing must be legible!***

[Back to top](#)

## HPV vaccination: GP feedback needed.

Recently the NCIRS conducted a postal survey about the National HPV Vaccination Program. This study is a collaborative project being undertaken by the National Centre for Immunisation Research & Surveillance (NCIRS), the University of Sydney and University of Leeds. It aims to identify GP attitudes, beliefs and experience with HPV vaccination of adult women 18-26 years.

GPs are asked to fill in the questionnaire. The survey will provide feedback to help guide future planning and support of immunisation in general practice. As this HPV vaccination program is an international first, the study will also provide important information for other countries in planning similar programs.

If you have any questions about this study, please contact Dr Julie Leask at the National Centre for Immunisation Research & Surveillance, ph. 02 9845 1433.

[Back to top](#)

## Good Tips

Reminder for Infanrix IPV – **RE**constitute and **RE**cord accurately

Zip lock bags are useful for storing age related vaccines in their packaging

[Back to top](#)

## Article by Dr Peter Eizenberg

### ***Govt plans to amputate the wrong limb - other limb can be easily fixed.***

Don't laugh. This is no joke & it's definitely not funny.

Budget announcement GPII SIP payment will cease 1 October 2008.

This budget change will undermine the success of the National Immunisation Program (NIP). Until now it has been well-acclaimed for its outstanding childhood immunisation rates, currently reported over 90%. The budget change will lead to a rapid falling of rates towards the embarrassingly low levels Australia had prior to the commencement of the General Practice Immunisation Incentives (GPII) scheme in 1997.

The overall aim of the GPII scheme is to encourage at least 90 per cent of practices to achieve 90 per cent proportions of full immunisation (of childhood vaccines funded by the NIP). This milestone was accomplished in 2003 and has been maintained to date.

The Govt provides rebates & incentives to general practitioners (GPs) who monitor, promote and provide immunisation services to children under the age of seven years.

The GPII payments basically have 2 legs:

- A Service Incentive Payment (SIP) of \$18.50 to GPs who notify the Australian Childhood Immunisation Register (ACIR) of giving the vaccines that completes each of the 6 childhood immunisation schedules (2, 4, 6, 12, 18 months & 4 years)
- An Outcomes Bonus Payment (OBP) to practices that achieve over 90% proportions of full immunisation of children who attend their practice, regardless of who gave the vaccines.

However, a fundamental error has crept in that makes the figures quite a bit misleading.

It is a fact that the Govt has not kept the rules for calculating vaccination rates in line with changes that added important vaccines to the funded NIP.

Under the existing pre-2003 formula, only 9 of the 13 childhood vaccine-preventable diseases are currently included in the measure (these include Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type B, Measles, Mumps, Rubella and Hepatitis B).

However, a further 4 vaccines are currently funded by the NIP that are not included in the calculation of childhood vaccination rates. These include Meningococcal C vaccine (included since 2003), Pneumococcal conjugate vaccine (included 2005), Varicella vaccine (included 2005) and Rotavirus vaccine (included 2007).

Therefore, children who have not received these 4 vaccines are still considered 'fully vaccinated' under the GPII scheme.

GP immunisation advisors have for years, without success, urged the Govt to bring the rules into alignment. GPs have strongly argued they were willing to take a reduction in their payments to ensure true immunisation rates remain as high as possible for all vaccines, including those added to the schedule since 2003.

The vaccination rates achieved for the missing 4 vaccines have not been released by Govt to date because of the fear they would bring our National coverage rate below 90% and this would be seen as a political disaster.

GPs have insisted that the success of the original program in lifting low rates over 90% would again prove successful in lifting coverage rates for the newer vaccines.

There would be initial budget savings to the Govt with lower payments to GPs as a result of vaccination rates falling below 90% and temporary loss of some Maternal allowance payments for the parents of incompletely immunised children. This would be followed by a concerted effort by parents & providers to get the children vaccinated, truly up-to-date for all vaccines. Just as the original scheme did it so well.

Now the latest budget announcement sees the removal of the GPII SIP (Service Incentive Payment). This means GPs will no longer receive the payment of \$18.50 for each completed schedule encounter at 2, 4, 6, 12 months and at 4 years, effective 1st October 2008. Therefore, higher costs to patients for vaccinations in General Practice or greater pressure on public health.

Meanwhile, the GPII OBP (Outcomes Bonus Payment) – the payment for practices who reach over 90% immunisation coverage for their practice – remains unchanged.

Clearly, the wrong leg is getting axed.

GPs will no longer be given an incentive for giving the vaccines, but the practice will still receive an outcomes payment for achieving 90% coverage rate for giving just 9 out of the 13 funded vaccines on the NIP.

It is obvious that actual vaccine coverage rates will fall while 'reported' rates will remain inflated for a while & nobody will realise until childhood disease levels rise again & the error will be exposed.

Now that would be a true disaster, both for politicians and, more importantly, for children.

Where the previous Govt got it a bit wrong, the new Govt has it much worse.

Where it was a missed opportunity to make a highly-successful program even more successful at no extra cost, it is now a serious threat to child health in this country. The move to scrap the SIP is ill-advised, ill-conceived, irresponsible, and counter-productive. It will initially save some money now spent on vaccinating but will ultimately cost much more to treat the acute disease.

For a Govt that is singing the praise of 'Prevention', they will be mumbling their loudest verse on 'Immunisation'.

The Govt must immediately restore the SIP & include the missing 4 vaccines in the OBP.

Immunisation is running well. Don't chop either leg or it will fall over.

This is no joke.

*Dr Peter Eizenberg is a Melbourne GP, Director of Doctors of Ivanhoe, Exec Director North East Valley Division of General Practice and former member of several national immunisation committees including Govt, industry, research and educational bodies.*

### **Budget summary for immunisation**

- ALL SIP payments have been cut - that means the 6 x \$18.50 payments for the completion of the age appropriate immunisations.
- the \$6 ACIR payment remains - \$3 in Qld of course
- the outcome payment for practices over 90% remains as it is a PIP payment - different pot of money
- the SIP will cease on 1st October 2008
- eligible services given up to and including 30th September 2008 will receive the SIP as long as the notification is received by ACIR before the end of December 2008 (actual due date to be announced when Medicare Australia arranges their times)

### **From the Budget papers**

#### **Responsible Economic Management — Practice Incentives Program — removal of the General Practice Immunisation Service Incentive Payment**

The Government will no longer fund the Service Incentive Payment that is currently provided to general practices for providing immunisation services. This payment duplicates other incentives to promote immunisation. General practices will continue to receive payments for notifying the Australian Childhood Immunisation Register of immunisations and incentives to achieve a 90 per cent child immunisation rate in their practice. In addition, immunisations provided by general practitioners and practice nurses will continue to attract Medicare rebates.

Across Australia, the current immunisation rate of children between 12 months and 7 years of age is 90 per cent. In addition to funding general practices to provide immunisation, the Government also funds States and Territories to provide vaccines in schools and community health centres.

Under the Maternity Immunisation Allowance scheme the Government also provides incentives to parents once their children reach a certain immunisation status.

This measure will provide savings of \$83.7 million over four years and delivers on the Government's commitment to responsible economic management.

[Back to top](#)

## The Healthy Kids Check

The following is an excerpt from the updated Medicare Benefits Schedule due for release on 1 July 2008.

### **A.25 HEALTHY KIDS CHECK (ITEMS 709 AND 711)**

There is substantial national and international evidence that comprehensive early intervention programs for children and their families have long term benefits for physical and mental health, educational achievement and emotional functioning.

The purpose of the Healthy Kids Check is to ensure that every four year old child in Australia has a basic health check to see if they are healthy, fit and ready to learn when they start school. The Healthy Kids Check will promote early detection of lifestyle risk factors, delayed development and illness, and introduce guidance for healthy lifestyles and early intervention strategies. The Check will provide an opportunity to:

- issue parents/guardians with information and advice on healthy habits for life for children;
- link parents/guardians and children to the primary health care system;
- assist General Practitioners (GPs) and Practice Nurses to identify any health issues for children prior to starting school; and
- enable GPs to provide treatment or referral for any conditions identified as a result of the check.

### **Consent**

Before the health check is commenced, the patient's parent/guardian must be given an explanation of the health check process and its likely benefits, and must be asked by the medical practitioner or nurse whether they consent to the health check being performed. Consent must be noted on the patient record.

### **Limits**

A Medicare rebate is payable for this item only once for any eligible patient. This item is not an annual health check.

The GP or Practice Nurse is required to note if a copy of the Department's publication on developing healthy habits for kids (the Guide) has been provided to the patient's parents/guardian. They are also required to note that the four year-old immunisation has been given (including evidence provided).

If a health professional is unsure whether a patient has already received this service, they may call Medicare Australia, with the patient's parent/guardian present, on 132 011.

### **Eligible practitioners**

The health check can be claimed by a medical practitioner, including a GP but not including a specialist or consultant physician. The medical practitioner should generally be the patient's 'usual doctor', that is, the GP (or a GP in the same practice) who has provided the majority of services to the patient in the past 12 months, and/or is likely to provide the majority of services in the following 12 months.

All GPs whether vocationally registered or not are eligible to claim this item. The term "GP" is used in these notes as a generic reference to medical practitioners able to claim this item.

The health check can also be undertaken on behalf of a GP by a practice nurse. The practice nurse is a registered or enrolled nurse who is employed by, or whose services are otherwise retained by a general practice.

Should the practice nurse identify any health concerns that require medical intervention, the patient must be reviewed by the patient's 'usual doctor' who will arrange referrals and follow-up as clinically required.

Items 709 and 711 do not apply for services that are provided by any other Commonwealth or State funded services.

However, where an exemption under subsection 19(2) of the Health Insurance Act 1973 has been granted to an Aboriginal Community Controlled Health Service or State/Territory Government health clinic, items 709 and 711 can be claimed for services provided by medical practitioners or nurses salaried by or contracted to, the Service or health clinic. All requirements of the items must be met.

In all cases, the GP under whose supervision the health check is being provided retains responsibility for the health, safety and clinical outcomes of the patient. The GP must be satisfied that the practice nurse is appropriately qualified and trained to provide the service. GPs are advised to consult their insurer concerning indemnity coverage for services performed on their behalf.

General practices and Aboriginal Community Controlled Health Services and State/Territory health clinics that are exempt under subsection 19(2) of the Health Insurance Act 1973 that utilise nurses to provide the Healthy Kids Check should also have a written clinical risk management strategy covering issues like clinical roles, patient follow up and patient consent.

Continuing professional development is recommended for all nurses and general practitioners providing the Healthy Kids Check.

Supervision at a distance is recognised as an acceptable form of supervision. This means that the claiming GP does not have to be physically present at the time the service is provided. However, the GP should be able to be contacted if required.

Where the GP and practice nurse are at the same location, the GP is not required to be present while the Healthy Kids Check is undertaken. It is up to the GP to decide whether he or she needs to see the patient. Where the GP has a consultation with the patient that does not form part of the Healthy Kids Check, then the GP is entitled to claim a Medicare item for the time and complexity of their personal attendance with the patient. The time the patient spends receiving a service from the practice nurse is itemised separately under item 711 and should not be counted as part of the Medicare item claimed for time spent with the GP. Where the practice

nurse provides another service (eg immunisation) on the same day, the GP is able to claim for both items.

In circumstances where the health check is not undertaken at the patient's usual medical practice, a copy of a record of the health check should be forwarded to that practice (subject to the agreement of the patient's parent/guardian).

Item 10990 or 10991 (bulk billing incentives) can be claimed in conjunction with items 709 and 711 provided the conditions of item 10990 and 10991 are satisfied (see explanatory note M.1.)

### **Components of the health check**

The health check must include:

- information collection, including taking a patient history and undertaking examinations and investigations as required;
- the basic physical examinations and assessments (as outlined below);
- initiating interventions and/or referrals as indicated; and
- providing health advice and information to the patient's parents/guardian, utilising the Department's publication on developing healthy habits for kids (the Guide) and other relevant information (such as a parent/guardian-held child health record).

### **Information collection**

The health check must include taking a patient history (if one does not already exist) or updating an existing record. It must include family and environmental factors, medical and social history, and lifestyle risk factors.

Investigations should be undertaken or arranged as clinically indicated, in accordance with relevant guidelines.

### **Examinations and assessments (Mandatory)**

The health check must include an assessment of the patient's health, based on the patient history, examinations and the results of any investigations (see Information collection).

In assessing the child's development, parents/guardians should be encouraged to provide relevant information through questions such as 'Do you have any concerns about your child's development? Behaviour? Learning? Or, concerning hearing/speech, 'Are you happy with the number of words your child uses and their understanding of directions?'

The health check must include the following basic physical examinations and assessments:

- (a) Height and weight (plot and interpret growth curve/calculate BMI)
- (b) Eyesight
- (c) Hearing
- (d) Oral health (teeth and gums)
- (e) Toileting
- (f) Allergies

### **Additional Matters for consideration)**

The health check may include the following matters, at the discretion of the GP/practice nurse and according to his or her clinical judgement:

- General wellbeing
  - (a) Diet
  - (b) Physical activity
  - (c) Lifestyle risk factors
- Developmental
  - (d) Developmental milestones
  - (e) Speech and language
  - (f) Fine and gross motor skills
  - (g) Behaviour and Mood

The Healthy Kids Check may also include examinations and investigations that are region-specific such as, but not limited to, trachoma and Rheumatic Heart Disease examinations in the Northern Territory and investigations designed to test for infections due to any recent, local outbreaks of infectious diseases (eg. measles).

### **Interventions**

Where appropriate, arrangements need to be put in place for referrals and follow-up of any problems identified.

[Back to top](#)