

# Seasonal Influenza Preparedness Toolkit for NSW ACCHSs

Planning tools to assist your service in preparing for the flu season

January 2020



**Aboriginal  
Health & Medical  
Research Council  
of NSW**

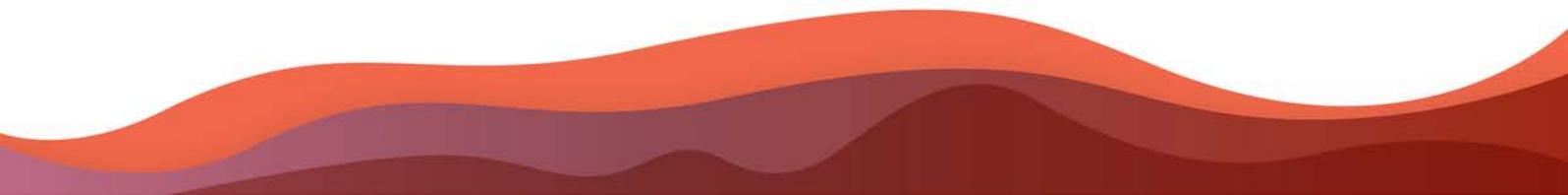
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## Acknowledgements

The AH&MRC acknowledges that we operate and function on the Lands of the Gadigal and Bidjigal people of the Eora Nation. We pay our respect to these Lands that provide for us and acknowledge and pay respect to the Ancestors that walked and managed these Lands for many generations before us.



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## Abbreviations

ACCHS: Aboriginal Community Control Health Service

AH&MRC: Aboriginal Health and Medical Research Council of NSW

AHMPPPI: Australian Health Management Plan for Pandemic Influenza

AHPPC: Australian Health Protection Principal Committee

AMs: Aboriginal Medical Service

CDNA: Communicable Disease Network Australia

CEO: Chief Executive Officer

COPD: chronic obstructive pulmonary disease

CQI: Continuous Quality Improvement

DoH: Department of Health

ED: Emergency Department

GP: General Practitioner

HHA: Hand Hygiene Australia

LHD: Local Health District

MoH: Ministry of Health

National CD Plan: Emergency Response Plan for Communicable Disease Incidents of National Significance

NHMRC: National Health and Medical Research Council

NSW: New South Wales

PHU: Public Health Unit

PPE: Personal Protective Equipment

PIMS: Patient Information Management Systems

RACGP: Royal Australian College of General Practitioners

SEWB: Social Emotional Wellbeing

WHO: World Health Organisations

## 1) About the Toolkit

Preparing for the Influenza (also called “the flu”) season each year is vital to reducing the impact that the flu has on a Health Service and the whole community. Being prepared and having a plan makes sure everyone knows what to do and why they are doing it.

The AH&MRC Seasonal Influenza Toolkit (hereafter called “the Toolkit”) aims to assist Aboriginal Community Controlled Health Services (ACCHSs) in NSW develop their own seasonal influenza preparedness plans. It is designed to be flexible and adaptable enough to guide not only preparations for seasonal influenza, but also give Member Services a head start in preparing for other respiratory disease with the potential of pandemic.

The development of this toolkit has been informed by and adapted from the following resources:

- Royal Australian College of General Practitioners – Pandemic Influenza Preparedness Toolkit (2014)
- NSW Health - NSW Health Influenza Pandemic Plan (2016)

The AH&MRC recognises that each of our Member Service operates within unique circumstances and that not all of the advice, tools and resources in this kit will be relevant to each Service. We would also like to acknowledge that this is a resource to assist with the appropriate routine planning and preparation response of an ACCHS, but in the event of an emergency Services are requested to also follow the informed advice of NSW Health, the Australian Government Pandemic Response Teams and your local Public Health Unit (PHU). Contact details are provided in this document.

### Continuing to Improve this Toolkit

Whilst the Toolkit goes through some of the main ways to prepare, we know our Member Services always have exciting new ways of keeping Community safe and healthy, so please share your creative ideas with AH&MRC so we can include your achievements in future updates.

This toolkit will be reviewed:

- Following the introduction of any major structural, organisational or legislative changes which affect the way that any of the key stakeholders would respond to a public health emergency
- At the end of an emergency during which this toolkit was implemented
- Every 3 years

## 2) Understanding the Flu

The influenza (flu) virus causes acute respiratory disease. It is a constantly changing virus. This is why we often see different strains each year and why the vaccine is needed annually.

Influenza A and B viruses cause minor or major epidemics of seasonal influenza most years, usually during winter months. Pandemic influenza is caused by global outbreaks of new influenza viruses.

Influenza is usually spread person-to-person by breathing in and/or touching (making contact) infectious droplets produced by people who have been infected by the disease. This often occurs when they sneeze and cough.

### 2.1 Signs and symptoms

- Fever
- Cough (usually dry)
- Muscle and joint pain and weakness
- Sore throat
- Headache
- Tiredness (fatigue)

Illness from influenza ranges from mild to severe and can even cause death. Severe influenza can cause complications such as viral pneumonia or secondary bacterial pneumonia, which often require hospitalisation. Influenza may also cause a deterioration of existing chronic health conditions such as chronic obstructive pulmonary disease (COPD) or congestive heart failure.

**healthdirect**  
**Cold or flu?**

**Know the difference**

- Colds** are very common. They are caused by about 200 different viruses. There is no vaccine for a cold.
- The flu is a viral infection affecting your nose, throat and sometimes your lungs. A vaccine is available for the flu.
- Good hygiene reduces the spread of colds and flu, especially after coughing and sneezing.

**Understand the symptoms**

Symptom	COLDS	FLU
<b>Body aches/pain</b>	Slight	Usual, often severe
<b>Fever</b>	Rare	Usual, lasts 3 to 4 days
<b>Sore throat</b>	Common	Sometimes
<b>Chest discomfort/cough</b>	Mild to moderate, hacking cough	Common, can become severe
<b>Headache</b>	Rare	Common
<b>Fatigue/weakness</b>	Sometimes	Usual, can last up to 2 to 3 weeks
<b>Sneezing</b>	Usual	Sometimes
<b>Extreme exhaustion</b>	Never	Usual, at the beginning of the illness

Available from: <https://www.healthdirect.gov.au/cold-or-flu-infographic>

## 2.2 Who is at risk?

The flu can be caught by anyone, of any age. However, there are some groups who are more at risk, either because they are more likely to catch the virus, or to experience a more severe illness.

Many people who are older or who have chronic conditions still feel well most of the time. As a result, they often don't put themselves in the 'at risk' category. As health professionals and employees of medical services it is important we inform people they are more likely to get very sick from flu and to emphasise the important role of vaccination and other precautions to stay safe in the flu season.

Community members who should be considered to have increased risk include:

- Pregnant women
- Children under 5 years old
- Elders (over 65 years)
- People with chronic conditions (e.g. chronic heart disease, respiratory disease, kidney disease, metabolic problems or liver disease)
- People who have decreased immune responses (e.g. people living with HIV/AIDS or cancer, and people receiving certain medication, such as chemotherapy or steroids)
- Health workers
- Child care workers, aged care/long term residential care workers
- People who have recently travelled
- Homeless people

## 2.3 How does the flu spread?

Transmission can occur very quickly in crowded areas, such as aged care facilities, schools, public transport and community areas. When an infected person coughs or sneezes, droplets containing virus (infectious droplets) are dispersed into the air and can spread up to one meter, then infecting people who are close by and breathe these droplets in. The virus can also be spread by hands, tissues and other objects contaminated with the influenza viruses.

People with influenza can unknowingly spread the virus from the day before their symptoms start. Adults are most infectious in the first 3-5 days of their illness, while children remain infectious for 7-10 days, and people with weakened immune systems may be infectious for longer.

## How can we reduce the spread of influenza in health settings?

The best protection against influenza is **vaccination**. All staff should have an influenza vaccination each year to protect themselves, their family and their community. Every Community member over the age of six months should be offered an Influenza vaccine each year (these are available free to all Aboriginal peoples).

The risk of further transmission can be reduced by ensuring compliance with “**standard**” **infection prevention and control precautions**, and “contact” and “droplet” transmission-based precautions. More information on these precautions is available through the NHMRC [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2010\)](#). Basic handwashing and hygiene measures by staff and Community can be encouraged with reminder signs, training and other initiatives.

**Personal Protective Equipment (PPE)** has a role to play. Health care workers should routinely wear a surgical mask, protective eyewear and disposable gloves if they are undertaking an examination that may lead to coughing in a patient with an acute respiratory illness, such as when taking nose or throat swabs. Surgical masks should also be worn by patients with infectious symptoms who are not in isolation. We recommend signs at the entrance of the practice request patients with influenza-like illness to inform reception staff immediately on arrival, so they can be provided with a surgical mask on arrival and supported to perform hand hygiene. P2 or N95 masks are required if undertaking aerosol-generating procedures, like administering nebulised medications.

### Key messages to share with Community about the flu:

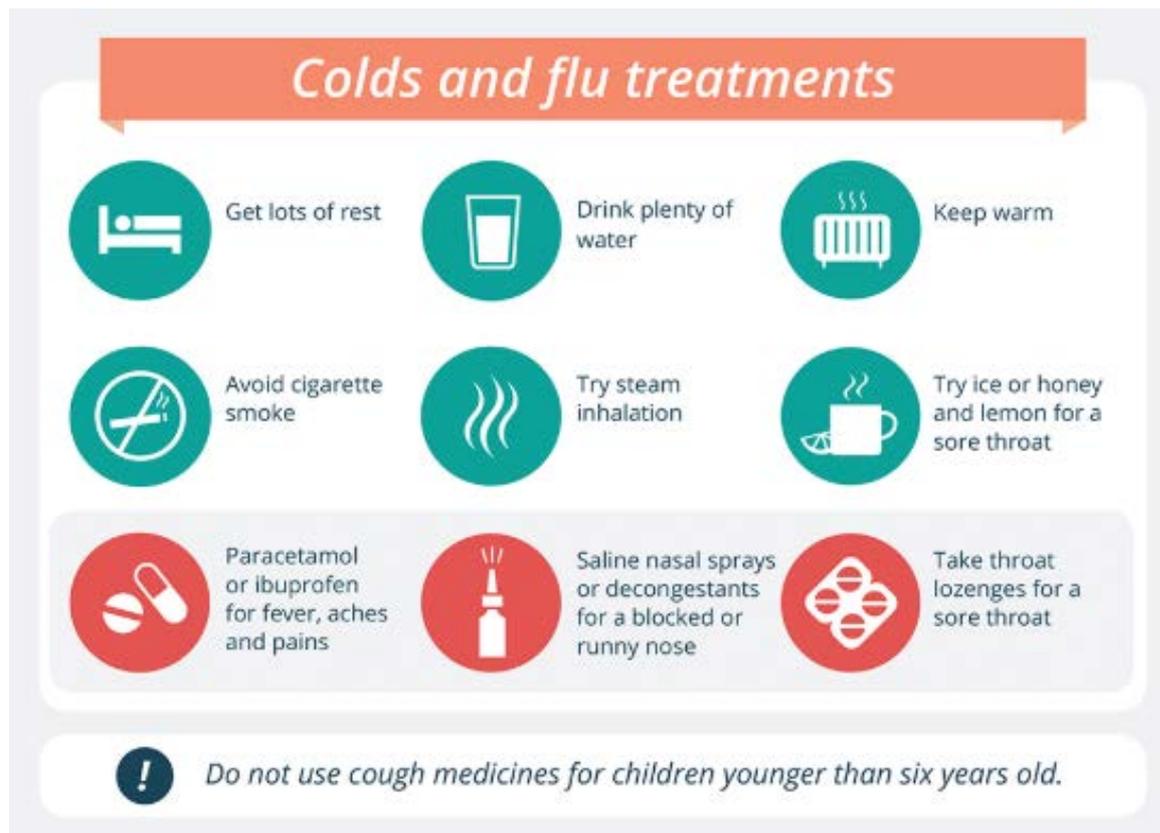
- It usually takes 2-3 days (sometimes up to 7 days) between exposure to influenza and when you start to feel symptoms. You may be infectious before you start to feel symptoms.
- There are some groups in our Community that are at greater risk of complications from the flu. This includes young kids, pregnant women, our Elders and people with a chronic health condition.
- The best ways to stop the spread of flu if you or a family member are already feeling unwell is to:
  - cough or sneeze into your elbow or a tissue (not your hands)
  - wash your hands regularly with soap or alcohol gel
  - stay home to help stop the flu from spreading
- Hand washing is very important. The virus can stay alive on someone's hands for up to a few hours and on a hard surface such as a cup or a table for 1-2 days. Every Aboriginal person over the age of 6 months is eligible to receive the Influenza vaccine for free. Getting the vaccine each year is a great way to protect our family and our Community.

## 2.4 Treatment for the flu

### Supportive care

Where symptoms are mild and / or the affected client is fit and healthy, it can be reasonable to advise them to recover at home simply by having lots of rest and keeping up their fluids (see treatment picture). However, if a person has risk factors, or lives in a household with other person(s) who are at risk of more severe complications, treatment with antivirals (described below) should be considered.

All patients with influenza should be monitored closely for signs of deterioration such as laboured breathing or increased fatigue. If you are worried, please refer them to the closest hospital and ensure that you are informed of the results so you can check up on their friends and family.



Available from: <https://www.healthdirect.gov.au/cold-or-flu-infographic>

## Antivirals

Neuraminidase inhibitors are antiviral medications that can be used to treat influenza. Oseltamivir (Tamiflu) and Zanamivir (Relenza) are the two commonly available in Australia.

Antiviral medications can be prescribed for patients to reduce symptoms and shorten the duration of illness. They can help to prevent serious complications of influenza in patients, particularly those considered at greater risk. They can also reduce the spread of influenza to close contacts by reducing viral shedding. This is particularly important for affected patients who may themselves have no risk factors but who live with people at greater risk of the complications of influenza.

Prescribing antiviral medications must be based on clinical judgement. Prescription should be considered for patients presenting with moderate or severe illness, and for those presenting with mild illness but who have risk factors for severe illness.

For best effect, antiviral medications should be initiated as soon as possible after the onset of symptoms. Evidence for their benefit is strongest when treatment is started **within 48 hours of the onset of symptoms**. However, some studies have demonstrated benefit for the treatment of seasonal influenza, even for patients whose treatment was started more than 48 hours after onset of illness.

The recommended duration of treatment is five days. Currently, the dose is the same for treatment of all strains of influenza, both pandemic and seasonal.

*We acknowledge that access to antiviral treatments is a challenge for our Member Services and their communities. During major outbreaks of influenza, it may be possible to access supplies of antiviral treatments. If in intervening periods you experience challenges in supporting your communities to access antiviral treatments for seasonal influenza, please contact the AH&MRC to discuss your concerns further.*

### Key messages to share with Community about antiviral medicines:

- Don't delay! There are treatments available for influenza, but they work best if started early. Check in with our GPs as soon as you start feeling symptoms in case you need antivirals.
- If you know you've been in contact with a confirmed case of influenza, seek treatment as soon as your symptoms begin.
- If you live with someone who is at greater risk of influenza complications, starting influenza treatment can help reduce spread.
- Treatment of influenza can be an important way to reduce the spread of flu. Tell your GP if you live with someone who is at greater risk of complications from influenza, such as pregnant women, children under five, Elders or people living with a chronic disease. We all have a role to play to keep our whole Community healthy and safe.

## 2.5 Vaccination

### Keeping Community safe

Vaccination is the most effective way to reduce the harms of influenza.

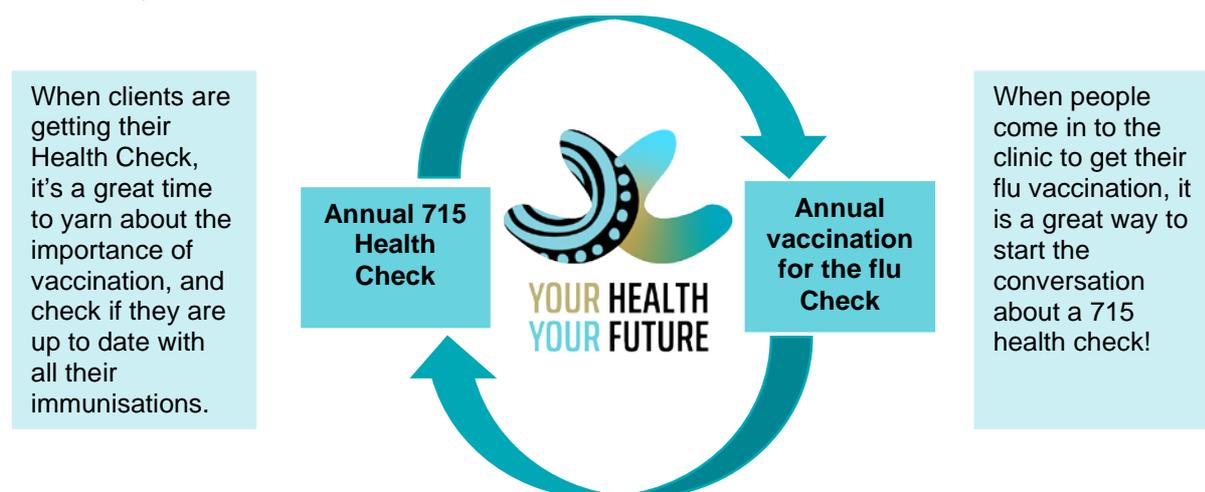
**Vaccination is safe, and free for all Aboriginal and Torres Strait Islander people over 6 months of age.**

An effective approach can be to offer flu vaccination clinics that are dedicated to providing influenza vaccine. Patients presenting for other purposes should also be offered vaccination opportunistically during the flu season.

It is important that there is consistent messaging about influenza across all health services and all staff. Unclear or inconsistent messaging can cause confusion and spread myths in the community.

Regular staff training, community events and Continuous Quality Improvement (CQI) initiatives can increase staff confidence and strengthen systems. Regular review of data in Patient Information Management Systems (PIMS) is an important way to monitor vaccination rates in community.

### Opportunity to complete a 715 Health Check



### How do vaccines work?

The vaccine causes antibodies to develop in the body about 2 weeks after vaccination. These antibodies provide protection only from the influenza viruses that are in the vaccine. The seasonal vaccine is based on the latest research to help predict the most common viruses that will circulate in the community during the next flu season. Most of the time these vaccines provide protection from 3 (trivalent) or 4 (quadrivalent) viruses and last for about three to six months.

### Why every year?

There are two main reasons why the flu vaccine is needed annually:

1. The body's immune response from vaccination wears off over time so an annual boost is needed.
2. The flu virus is always changing and the viruses that are included in the vaccine are reviewed and updated every year based on research showing which viruses are circulating in the community. While

protection is generally expected to last for the whole season, optimal protection against influenza occurs up to the first 3 to 4 months following vaccination. It is never too late to vaccinate clients, since influenza can circulate all year round. Vaccination should continue to be offered for as long as influenza viruses are circulating and valid vaccines (before expiration date) are still available. The National Health and Medical Research Council (NHMRC) Immunisation handbook (10th edition) has further information regarding immunisation. This resource can be accessed from [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

### **Why vaccinate staff?**

Annual staff vaccination plays a crucial role in infection control and should be offered on a routine basis. Healthcare workers are recognised as a priority for influenza vaccination.

Staff vaccination can reduce the risk of staff contracting influenza through contact with patients or infective material from patients. It can also prevent spread of influenza from healthcare workers to their patients, which is especially important for those Community members who are at higher risk of complications.

### **Is vaccination safe in pregnancy?**

Yes! Influenza vaccination is safe and effective during pregnancy.

Pregnant women are considered at increased risk of severe complications from influenza. They are eligible for free seasonal influenza. Vaccination during pregnancy also protects unborn babies against influenza through transfer of antibodies across the placenta. This can protect newborn babies until they are old enough to be vaccinated themselves at 6 months after birth.

#### **Key messages to share with Community about vaccination:**

- One of the best ways to protect your family, your Community and yourself against influenza is vaccination.
- You cannot catch influenza from getting the vaccine because the vaccine does not contain any live virus.
- The flu vaccine is safe, and it is free for all Aboriginal and Torres Strait Islander people over 6 months of age.
- The flu can be caught by anyone at any age. Some people, like kids, pregnant women and our Elders can be more at risk. It is especially important for these groups to be vaccinated.
- ACCHS staff routinely check vaccination status as part of the Annual Health Check, so why not Step Up for a Check-Up, and see if you are due for any immunisations at the same time?
- Vaccination should be offered as part of routine antenatal care during pregnancy. It helps protect both mums and bubs against influenza.

### 3) Annual influenza preparedness checklist

As the influenza virus changes regularly annual preparations are needed to protect the community from the flu. Here is an example of a calendar you can use to assist with your annual planning. It is based on the checklist in the NSW Health immunisation toolkit. Please refer to it for more information:

<https://www.health.nsw.gov.au/immunisation/Publications/flu-provider-toolkit.pdf>

Action	Due	Complete
<ul style="list-style-type: none"> <li>Review Pandemic Preparedness Plan (see AH&amp;MRC Pandemic Influenza Pack)</li> <li>Develop this year's influenza communication plan (social media and newsletter)</li> <li>Start targeted promotion of influenza vaccine campaign to community members at greater risk</li> <li>Discard previous year flu vaccine stock (note some flu vaccines expire before March)</li> <li>All Aboriginal people aged over 6 months are eligible for free vaccinations. Review community members and <a href="#">determine how many vaccines are required for each vaccine cohort for your first order</a></li> <li>Review last year's Influenza related KPI reports and PIMS data. Consider opportunities for CQI activities with team.</li> <li>Check your fridge capacity to store the amount of vaccines you will need</li> <li>Place your first funded <a href="#">vaccine order</a> (order enough for the first 3 weeks provided you have adequate fridge storage space)</li> <li>Contact wholesalers to order private market vaccine</li> <li>Ensure enough supply of PPE is stocked – including P2/N95 masks, surgical masks, disposable gloves, protective eyewear, hand sanitiser and cleaning products.</li> </ul>	By mid-March	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Contact all community members reminding them of the importance of flu vaccination and commencement of the vaccination program on 1 May</li> </ul>	1 <sup>st</sup> April	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Check that all staff are trained in vaccine <a href="#">cold chain management</a> (including receipt of vaccine deliveries)</li> <li>First funded vaccine order deliveries received</li> <li>Undertake annual vaccination for staff</li> <li>Send reminder messages to pre-identified community members advising of your ACCHSs flu clinic plans</li> <li>Display flu campaign posters in your clinic</li> </ul>	Mid – April	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Start targeted campaign for influenza prevention (hand hygiene, cough into sleeve, etc)</li> <li>Start the flu vaccine clinics</li> <li>Promote vaccination as part of routine antenatal care and chronic disease management appointments</li> <li>Report all vaccinations to the <a href="#">Australian Immunisation Register (AIR)</a></li> <li>Report adverse events following immunisation to your local public health unit</li> </ul>	Late April onwards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Review patient vaccine uptake – send reminders to people who have not attended for vaccination and reorder according to stock on hand and residual demand</li> <li>Continue to run flu clinics</li> </ul>	Mid-May	<input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Arrange a time to have a yarn with the ACCHS team to talk about what went well and what can be improved next year</li> <li>Provide feedback to AH&amp;MRC on suggestions for improvements to resources on influenza based on your experiences</li> </ul>	From August	<input type="checkbox"/> <input type="checkbox"/>

## 4) Other useful resources



### Myths vs reality

#### Top colds and flu myths debunked

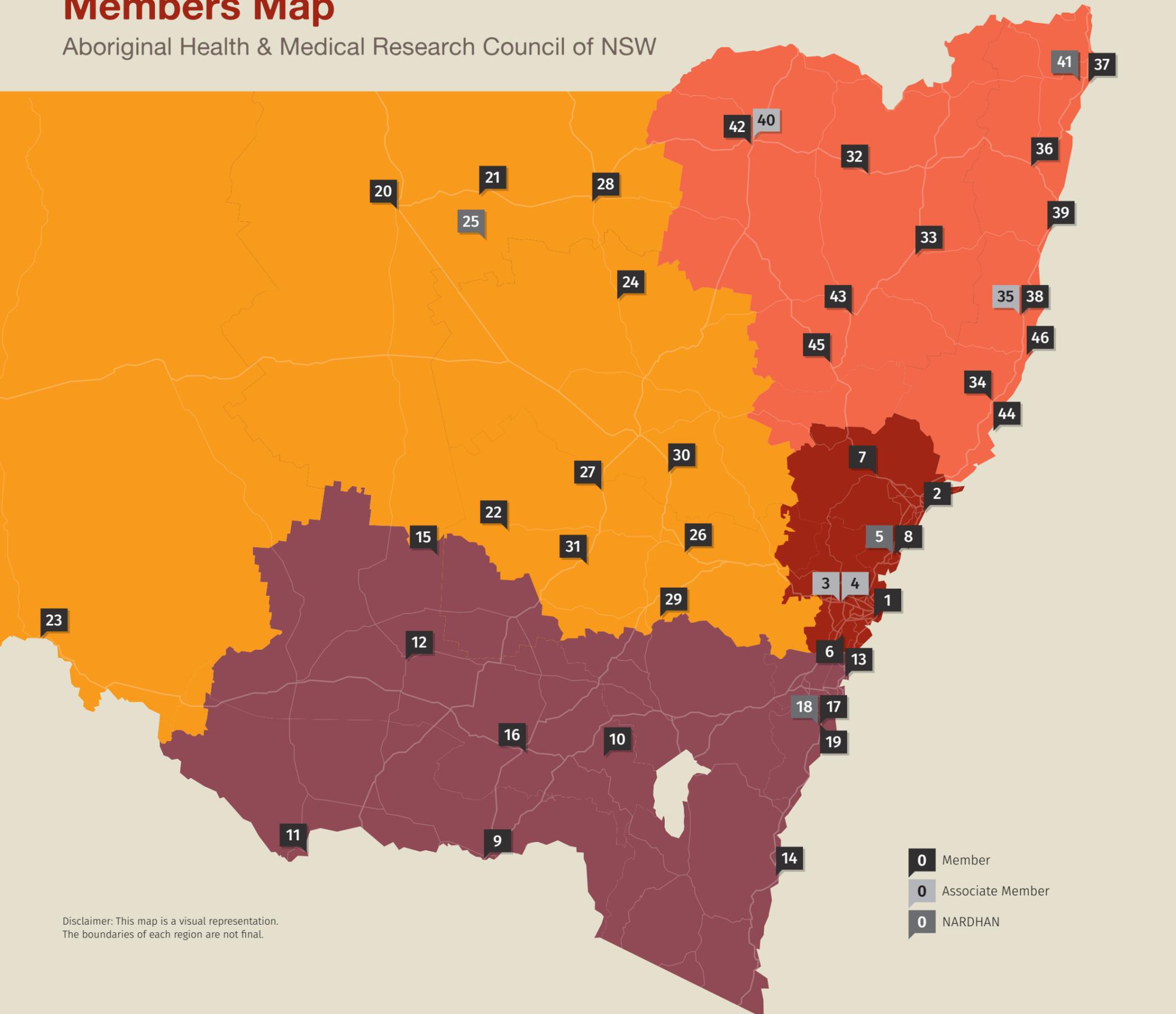
<p>✗ <b>Myth:</b> The flu is not a serious illness.</p> <p>✓ <b>Fact:</b> The flu is a highly contagious and potentially life-threatening disease.</p>	<p>✗ <b>Myth:</b> Colds and the flu can be treated with antibiotics</p> <p>✓ <b>Fact:</b> Antibiotics won't cure a cold or flu. Antibiotics only work against bacteria not viral infections.</p>
<p>✗ <b>Myth:</b> Vitamin C supplements can prevent the flu or colds.</p> <p>✓ <b>Fact:</b> There is no evidence to support vitamin C supplements as a way of preventing colds or flu.</p>	<p>✗ <b>Myth:</b> Healthy people don't need to be vaccinated.</p> <p>✓ <b>Fact:</b> Everyone can benefit from the flu vaccine. If you are at higher risk group, the vaccine is free.</p>
<p>✗ <b>Myth:</b> You can catch a cold or the flu from cold weather or getting caught in the rain.</p> <p>✓ <b>Fact:</b> The flu or colds are caused by viruses and not by cold climates or being exposed to cold air.</p>	<p>✗ <b>Myth:</b> I'm pregnant, so I shouldn't have the flu jab because it will affect my baby.</p> <p>✓ <b>Fact:</b> The flu shot is safe for pregnant women at all stages of their pregnancy.</p>

Available from: <https://www.healthdirect.gov.au/cold-or-flu-infographic>

Locally developed educational resources can help raise awareness and have an important role to play in promoting consistent, factual messages.

# Members Map

Aboriginal Health & Medical Research Council of NSW



Disclaimer: This map is a visual representation. The boundaries of each region are not final.

- 0 Member
- 0 Associate Member
- 0 NARDHAN

Metropolitan Region	Southern Region	Western Region	Northern Region
1 Aboriginal Medical Service Co-Operative Ltd Redfern	9 Albury Wodonga Aboriginal Health Service Inc.	20 Bourke Aboriginal Health Service Ltd	32 Armajun Aboriginal Health Service Inc.
2 Awabakal Newcastle Aboriginal Co-Operative Ltd	10 Brungle Aboriginal Health Service	21 Brewarrina Aboriginal Service Ltd	33 Armidale Aboriginal Health Service – Pat Dixon Medical Centre
3 Link-Up NSW	11 Cumeragunja Housing & Development Aboriginal Corporation – Viney Morgan Clinic	22 Condobolin Aboriginal Health Service Ltd	34 Biripi Aboriginal Corporation Medical Centre
4 Marrin Weejali Aboriginal Corporation	12 Griffith Aboriginal Medical Service Inc.	23 Coomealla Health Aboriginal Corporation	35 Booroongen Djugun Aboriginal Corporation
5 The Glen Centre (Ngaimpe Aboriginal Corporation)	13 Illawarra Aboriginal Medical Service Aboriginal Corporation	24 Coonamble Aboriginal Health Service Inc.	36 Bulgarr Ngaru Medical Aboriginal Corporation
6 Tharawal Aboriginal Corporation	14 Katungul Aboriginal Corporation Regional Health & Community Services	25 Orana Haven Aboriginal Corporation	37 Bullinah Aboriginal Health Service
7 Ungooroo Aboriginal Corporation	15 Murrin Bridge Aboriginal Health Service Inc.	26 Orange Aboriginal Health Service Inc.	38 Durri Aboriginal Corporation Medical Service
8 Yerin Eleanor Duncan Aboriginal Health Centre	16 Riverina Medical & Dental Aboriginal Corporation	27 Peak Hill Aboriginal Medical Service Inc.	39 Galambila Aboriginal Health Service Inc.
	17 South Coast Medical Service Aboriginal Corporation	28 Walgett Aboriginal Medical Service Co-Operative Ltd	40 Maayu Mali Residential Rehabilitation
	18 The Oolong Aboriginal Corporation	29 Weigelli Centre Aboriginal Corporation	41 Namatjira Haven Drug & Alcohol Healing Centre
	19 Waminda – South Coast Women’s Health & Welfare Aboriginal Corporation	30 Wellington Aboriginal Corporation Health	42 Pius X Aboriginal Corporation
		31 Yoorana-Gunya Family Healing Centre Aboriginal	43 Tamworth Aboriginal Medical Service Inc.
			44 Tobwabba Aboriginal Medical Service Inc.
			45 Walhallow Aboriginal Health Corporation
			46 Werin Aboriginal Corporation Medical Clinic



# Public Health Unit Contact Details for AH&MRC Member Services

Member Name	Region	PHU	Phone	Fax	After Hours Phone
Aboriginal Medical Service Co-Operative Ltd Redfern	Metropolitan Region	Camperdown	(02) 9515 9420	(02) 9515 9467 (secure line)	(02) 9515 6111
Awabakal Newcastle Aboriginal Co-Operative Ltd	Metropolitan Region	Newcastle	(02) 4924 6477	(02) 4924 6048 (secure line)	(02) 4924 6477
Link-Up NSW	Metropolitan Region	Penrith	(02) 4734 2022	(02) 4734 3300 / 4734 3444 (secure line)	(02) 4734 2000
Marrin Weejali Aboriginal Corporation	Metropolitan Region	Parramatta	(02) 9840 3603	(02) 9840 3608 / 9840 3591 (secure line)	(02) 9845 5555
Ngaimpe Aboriginal Corporation - The Glen Centre	Metropolitan Region	Gosford	(02) 4320 9730	(02) 4320 9746 (secure line)	(02) 4320 2111
Tharawal Aboriginal Corporation	Metropolitan Region	Liverpool	(02) 9794 0855	(02) 9794 0838 (secure)	(02) 8738 3000
Ungooroo Aboriginal Corporation	Metropolitan Region	Newcastle	(02) 4924 6477	(02) 4924 6048 (secure line)	(02) 4924 6477
Yerin Aboriginal Health Services Limited- Eleanor Duncan Aboriginal Health	Metropolitan Region	Gosford	(02) 4320 9730	(02) 4320 9746 (secure line)	(02) 4320 2111
Armajun Aboriginal Health Service Incorporated	Northern Region	Tamworth	(02) 6764 8000	(02) 6766 3890 (secure line)	(02) 6764 8000
Armidale Aboriginal Health Service - Pat Dixon Medical Centre	Northern Region	Tamworth	(02) 6764 8000	(02) 6766 3890 (secure line)	(02) 6764 8000
Biripi Aboriginal Corporation Medical Centre	Northern Region	Newcastle	(02) 4924 6477	(02) 4924 6048 (secure line)	(02) 4924 6477
Booroongen Djugun Aboriginal Corporation	Northern Region	Port Macquarie	(02) 6589 2120	(02) 6589 2390 (secure line)	0439 882 752 Infectious Disease or 0428 882 805 Environmental Health
Bulgarr Ngaru Medical Aboriginal Corporation	Northern Region	Lismore	(02) 6620 7585	(02) 6622 2151 / 6620 2552 (secure line)	0439 882 752 Infectious Disease or 0428 882 805 Environmental Health
Bullinah Aboriginal Health Service	Northern Region	Lismore	(02) 6620 7585	(02) 6622 2151 / 6620 2552 (secure line)	0439 882 752 Infectious Disease or 0428 882 805 Environmental Health
Durri Aboriginal Corporation Medical Service	Northern Region	Port Macquarie	(02) 6589 2120	(02) 6589 2390 (secure line)	0439 882 752 Infectious Disease or 0428 882 805 Environmental Health
Galambila Aboriginal Health Service Incorporated	Northern Region	Port Macquarie	(02) 6589 2120	(02) 6589 2390 (secure line)	0439 882 752 Infectious Disease or 0428 882 805 Environmental Health
Maayu Mali Residential Rehabilitation	Northern Region	Tamworth	(02) 6764 8000	(02) 6766 3890 (secure line)	(02) 6764 8000
Namatjira Haven Drug & Alcohol Healing Centre	Northern Region	Lismore	(02) 6620 7585	(02) 6622 2151 / 6620 2552 (secure line)	0439 882 752 Infectious Disease or 0428 882 805 Environmental Health
Pius X Aboriginal Corporation	Northern Region	Tamworth	(02) 6764 8000	(02) 6766 3890 (secure line)	(02) 6764 8000
Tamworth Aboriginal Medical Service Incorporated	Northern Region	Tamworth	(02) 6764 8000	(02) 6766 3890 (secure line)	(02) 6764 8000
Tobwabba Aboriginal Medical Service Incorporated	Northern Region	Newcastle	(02) 4924 6477	(02) 4924 6048 (secure line)	(02) 4924 6477
Walhallow Aboriginal Corporation	Northern Region	Tamworth	(02) 6764 8000	(02) 6766 3890 (secure line)	(02) 6764 8000
Werin Aboriginal Corporation Medical Clinic	Northern Region	Port Macquarie	(02) 6589 2120	(02) 6589 2390 (secure line)	0439 882 752 Infectious Disease or 0428 882 805 Environmental Health
Albury Wodonga Aboriginal Health Service Inc	Southern Region	Albury	(02) 6080 8900	(02) 6933 9220 (secure line)	(02) 6080 8900
Brungle Aboriginal Health Service	Southern Region	Albury	(02) 6080 8900	(02) 6933 9220 (secure line)	(02) 6080 8900
Cummeragunja Housing & Development Aboriginal Corporation - Viney Morgan Clinic	Southern Region	Albury	(02) 6080 8900	(02) 6933 9220 (secure line)	(02) 6080 8900
Griffith Aboriginal Medical Service Incorporated	Southern Region	Albury	(02) 6080 8900	(02) 6933 9220 (secure line)	(02) 6080 8900
Illawarra Aboriginal Medical Service Aboriginal Corporation	Southern Region	Wollongong	(02) 4221 6700	(02) 4221 6759 (secure line)	(02) 4222 5000
Katungul Aboriginal Corporation Regional Health and Community Services	Southern Region	Goulburn	(02) 4824 1837	(02) 4824 1831 / 4822 5038 (secure line)	(02) 6080 8900
Murrin Bridge Aboriginal Health Service Incorporated	Southern Region	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Riverina Medical & Dental Aboriginal Corporation	Southern Region	Albury	(02) 6080 8900	(02) 6933 9220 (secure line)	(02) 6080 8900
South Coast Medical Service Aboriginal Corporation	Southern Region	Wollongong	(02) 4221 6700	(02) 4221 6759 (secure line)	(02) 4222 5000
The Oolong Aboriginal Corporation	Southern Region	Wollongong	(02) 4221 6700	(02) 4221 6759 (secure line)	(02) 4222 5000
Waminda - South Coast Women's Health & Welfare Aboriginal Corporation	Southern Region	Wollongong	(02) 4221 6700	(02) 4221 6759 (secure line)	(02) 4222 5000
Bourke Aboriginal Health Service Limited	Western Region	Broken Hill	(08) 8080 1499	(08) 8080 1196 (secure line)	(08) 8080 1333
Brewarrina Aboriginal Service Ltd	Western Region	Broken Hill	(08) 8080 1499	(08) 8080 1196 (secure line)	(08) 8080 1333
Condobolin Aboriginal Health Service Ltd	Western Region	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Coomealla Health Aboriginal Corporation	Western Region	Broken Hill	(08) 8080 1499	(08) 8080 1196 (secure line)	(08) 8080 1333
Coonamble Aboriginal Health Service Incorporated	Western Region	Dubbo	(02) 6809 8979	(02) 6809 7963 (secure line)	(02) 6885 8666
Orana Haven Aboriginal Corporation	Western Region	Broken Hill	(08) 8080 1499	(08) 8080 1196 (secure line)	(08) 8080 1333
Orange Aboriginal Health Service Incorporated	Western Region	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Peak Hill Aboriginal Medical Service Incorporated	Western Region	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Walgett Aboriginal Medical Service Co-Operative Limited	Western Region	Broken Hill	(08) 8080 1499	(08) 8080 1196 (secure line)	(08) 8080 1333
Weigelli Centre Aboriginal Corporation	Western Region	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Wellington Aboriginal Corporation Health	Western Region	Dubbo	(02) 6809 8979	(02) 6809 7963 (secure line)	(02) 6885 8666
Yoorana-Gunya Family Healing Centre Aboriginal	Western Region	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526