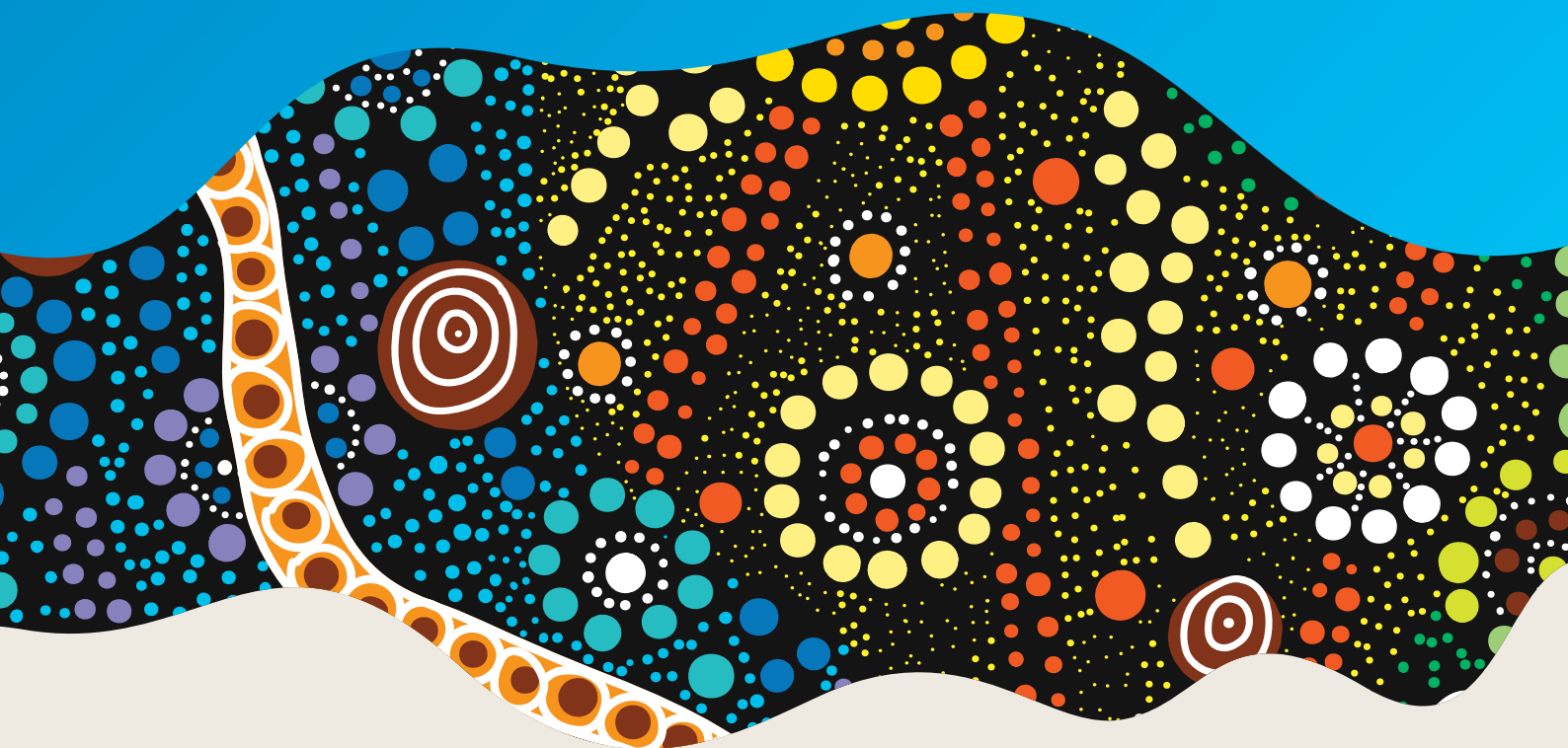


Seasonal Influenza Preparedness Toolkit for NSW ACCHSs

Version 1.1 | April 2024



Planning tools to assist your service
preparing for the flu season



AH&MRC
Aboriginal Health & Medical
Research Council of NSW

Acknowledgement of Country

The Aboriginal Health & Medical Research Council (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. We recognise the traditional owners' past injustices, and their ongoing fights for land rights, social justice, and cultural freedoms. Their sovereignty and land was never ceded.



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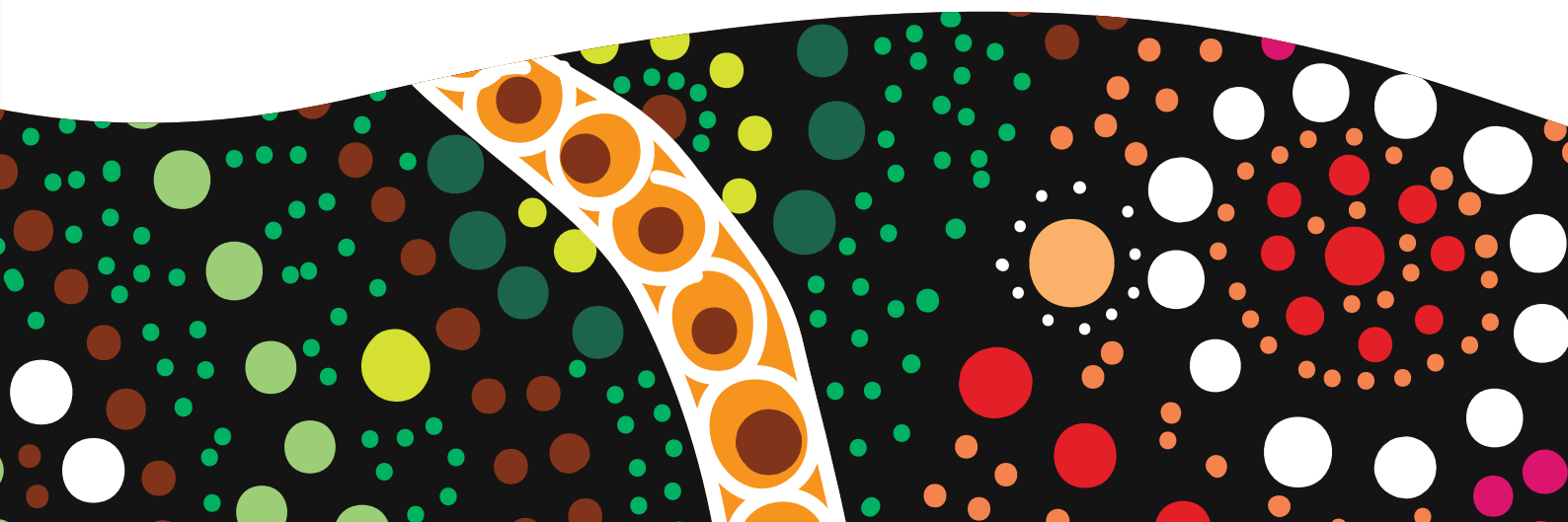
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Abbreviations

ACCHS	Aboriginal Community Control Health Service
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AHMPPI	Australian Health Management Plan for Pandemic Influenza
AHPPC	Australian Health Protection Principal Committee
AMSS	Aboriginal Medical Services
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
RSV	Respiratory Syncytial Virus
SEWB	Social Emotional Wellbeing
WHO	World Health Organisation

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. This plan is designed to be adapted by member services for use in their specific services and should consider the presence of other respiratory viruses including Respiratory syncytial virus (RSV) and COVID-19.

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)
- New South Wales (NSW) Health – NSW Health Influenza Pandemic Plan (2016)
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

The AH&MRC recognises that each of our Member Services operates within unique circumstances and that not all 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.



Understanding Influenza

The influenza virus causes an acute viral disease of the respiratory tract. Every year, there is a seasonal outbreak of influenza A and B, usually during the winter months. Influenza is a constantly changing virus with different strains emerging every year, which is why the vaccine is needed annually.

Influenza is usually spread by breathing in infectious respiratory droplets produced by an infected person while talking, coughing or sneezing. Influenza can also be spread through touching surfaces where infected droplets have landed.

2.1 Signs and symptoms

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

Illness from influenza virus itself ranges from mild to severe and can even cause death. Influenza can be complicated by severe illnesses such as secondary bacterial pneumonia often requiring hospitalisation. In addition, influenza may cause deterioration of existing chronic health conditions such as chronic obstructive pulmonary disease (COPD) or congestive heart failure.

2.2 Who is at risk?

Influenza can be caught by anyone, of any age. However, there are some groups who are more at risk of catching the virus and/or experiencing more severe illness when they have influenza.

Many people who are older or who have chronic conditions will feel well most of the time. As a result, they may not put themselves in the 'at risk' category. As health professionals and employees of health services it is our role to inform people we know to be at higher risk of severe illness that they are at risk of getting very sick from flu. We can then help keep them protected from severe illness by offering them vaccination and advising them of other precautions to stay safe in the flu season.

Understand the symptoms		
	Colds	Flu
Fever	Rare	Common
Cough	Common	Common
Sore throat	Common	Sometimes
Fatigue	Sometimes	Common
Loss of taste and/or smell	Sometimes	Sometimes
Body aches/pain	No	Common
Headache	Common	Common
Stuffy/runny nose	Common	Sometimes
Diarrhoea	No	Sometimes (in children)
Sneezing	Common	No
Vomiting	Rare	Common in children / Rare in adults

Image from: [Cold or flu? \(infographic\) | healthdirect](#)

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

- Babies and children under 5 years of age.
- People aged 65 years and older.
- Aboriginal and Torres Strait Islander people.
- Pregnant women at any stage of pregnancy.
- People with certain medical conditions, including heart disease, chronic lung conditions (including asthma), kidney disease, liver disease, immunocompromise, and other chronic conditions in children and adults that need regular medical follow up or hospitalisation.

2.3 How does the flu spread?

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

People may unknowingly carry and spread the influenza virus 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 (about 1 and a half weeks), 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 people).

The risk of further transmission can be reduced by ensuring compliance with **“standard” infection prevention and control precautions**, and “contact”, “droplet” and “airborne” transmission-based precautions. More information on these precautions is available through the [AHMRC Respiratory Infection Prevention and Control Manual](#). All staff should complete hand hygiene education and training available free through the [Australian Commission on Safety and Quality in Healthcare](#). The community can also be encouraged to follow basic handwashing and hygiene measures with reminder signs and other health promotion activities.

Personal Protective Equipment

Personal protective equipment (PPE) refers to a variety of barriers, used alone or in combination, to protect mucous membranes, airways, skin, and clothing from contact with infection agents. PPE may include aprons, gowns, gloves, surgical masks, protective eyewear and face shields, or a combination of these items. PPE selection is based on the type of patient interaction, known or possible infective agents, and the known or likely mode of transmission.

Standard Precautions

Standard precautions are the minimum infection prevention practices that apply to all patient care, regardless of the suspected or confirmed infection status of the client.

Standard precautions involves using PPE to protect against potential, or actual body fluid exposure.

Transmission Based Precautions

Transmission based precautions are implemented where standard precautions alone may be insufficient to prevent further infection and are applied in addition to standard precautions to target infective agents based on their mode of transmission.

Transmission based precautions involves using PPE to serve as a physical barrier against specific route(s) of transmission.

Guidelines on specific precautions and when they are needed are available at: [Use of standard and transmission-based precautions | Australian Commission on Safety and Quality in Health Care](#)

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.

Patients with influenza should be monitored by ACCHO staff for signs of severe influenza, for example, increased fatigue and labored breathing. If an ACCHO staff member is worried about worsening symptoms of influenza, the client should be monitored either at home by a family member, or in a hospital environment.

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.

Given the necessity for early treatment with Tamiflu, it is important that ACCHOs have a supply of Tamiflu to provide to clients who test positive to Influenza.

Tamiflu can be accessed via the State Vaccine Centre, in the same way influenza vaccines can be accessed. The State Vaccine Centre can be contacted on 1300 656 132, or order can be made via <https://nsw.tollhealthcare.com/>. If you are experiencing challenges obtaining antiviral treatments for influenza, please contact the AH&MRC to discuss your concerns further.

Colds and flu treatments



Lots of rest



Avoid cigarette smoke



Plenty of water



Keep warm



Eat a healthy diet



Steam inhalation



Paracetamol or ibuprofen for fever, aches and pains



Saline nasal sprays or decongestants for a blocked or runny nose



Throat lozenges for a sore throat



Do not use cough medicines for children younger than 6 years old

Image from: [Cold or flu? \(infographic\) | healthdirect](#)

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 a 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.

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.

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.

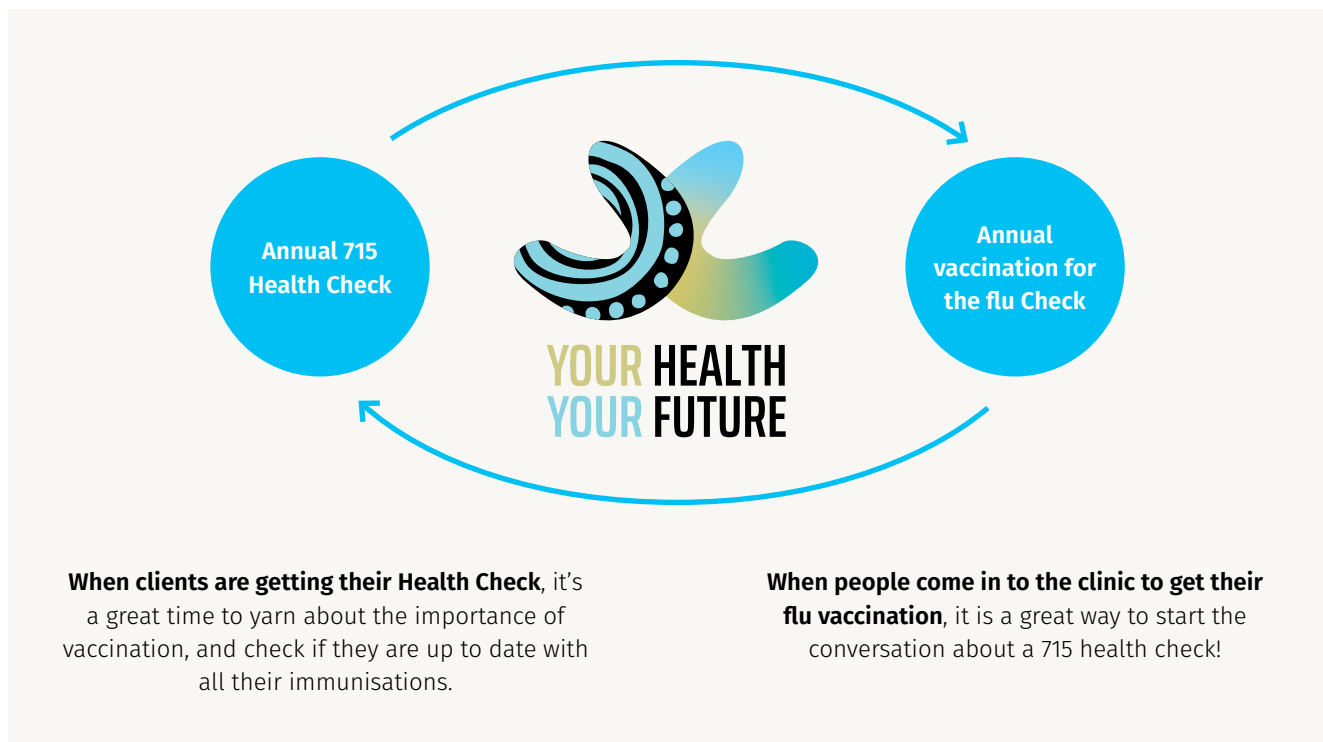
Why every year?

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 in 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. Further information on the influenza vaccine is available from the Australian Immunisation Handbook which can be found at <https://immunisationhandbook.health.gov.au/>

Opportunity to complete a 715 Health Check



When clients are getting their Health Check, it's a great time to yarn about the importance of vaccination, and check if they are up to date with all their immunisations.

When people come in to the clinic to get their flu vaccination, it is a great way to start the conversation about a 715 health check!

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. It can also prevent the 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 a 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.

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
Develop this year's influenza communication plan (social media and newsletter)	
Start targeted promotion of influenza vaccine campaign to community members at greater risk	
Discard previous year flu vaccine stock (note some flu vaccines expire before March)	
All Aboriginal people aged over 6 months are eligible for free vaccinations. Review community members and determine how many vaccines are required for each vaccine cohort for your first order	
Review last year's Influenza related KPI reports and PIMS data. Consider opportunities for CQI activities with team.	By mid-March
Check your fridge capacity to store the amount of vaccines you will need	
Place your first funded vaccine order (order enough for the first 3 weeks provided you have adequate fridge storage space)	
Contact wholesalers to order private market vaccine	
Ensure enough supply of PPE is stocked – including P2/N95 masks, surgical masks, disposable gloves, protective eyewear, hand sanitiser and cleaning products.	
Contact all community members reminding them of the importance of flu vaccination and commencement of the vaccination program on 1 May	1 April
Check that all staff are trained in vaccine cold chain management (including receipt of vaccine deliveries)	
First funded vaccine order deliveries received	
Undertake annual vaccination for staff	Mid – April
Send reminder messages to pre-identified community members advising of your ACCHSs flu clinic plans	
Display flu campaign posters in your clinic	
Start targeted campaign for influenza prevention (hand hygiene, cough into sleeve, etc)	
Start the flu vaccine clinics	
Promote vaccination as part of routine antenatal care and chronic disease management appointments	Late April onwards
Report all vaccinations to the Australian Immunisation Register (AIR)	
Report adverse events following immunisation to your local public health unit	
Review patient vaccine uptake – send reminders to people who have not attended for vaccination and reorder according to stock on hand and residual demand	Mid – May
Continue to run flu clinics	
Arrange a time to have a yarn with the ACCHS team to talk about what went well and what can be improved next year	From August
Provide feedback to AH&MRC on suggestions for improvements to resources on influenza based on your experiences	August

Other useful resources



Influenza is serious

Prepare for winter with a flu vaccine.

Flu shots are **FREE*** for all Aboriginal people aged 6 months and over.

Book your vaccine today through your doctor or Aboriginal Medical Service

*Some providers may charge an administration or consultation fee. Ask your doctor or pharmacist if this applies to you.

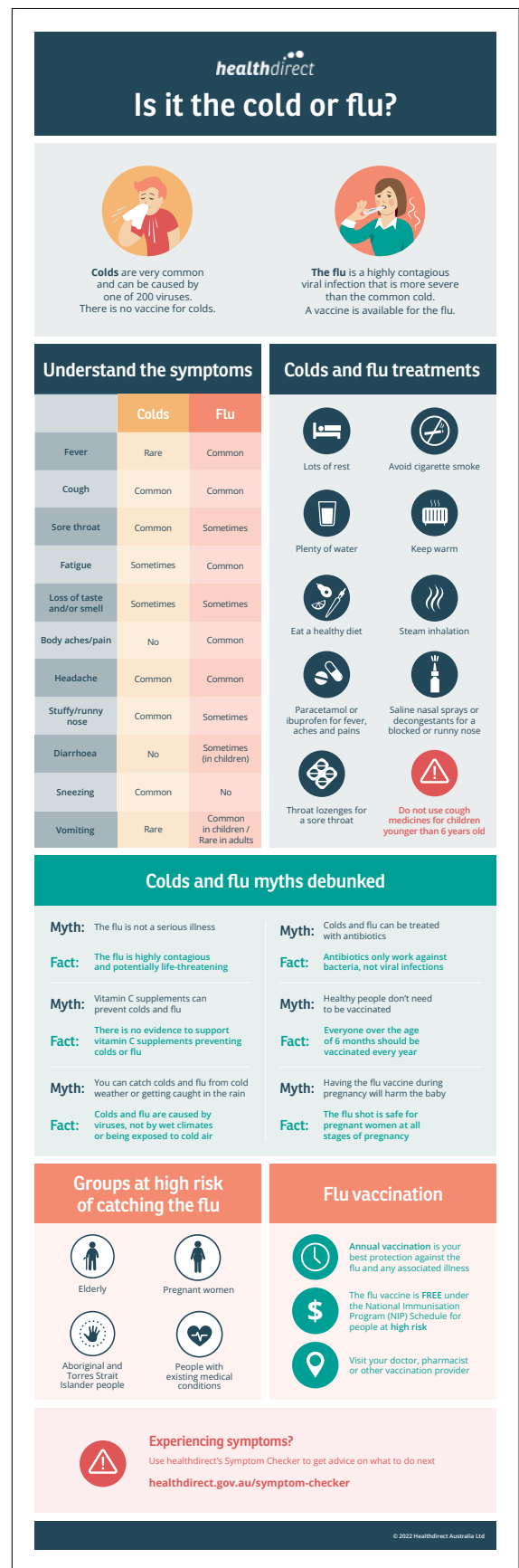
www.health.nsw.gov.au/influenza



April 2023 @ NSW Ministry of Health, SHPN (HP NSW) 230249

NSW Health (above) has resources available specifically for the ACCHO sector. To view these resources, please see this link: [Resources for health professionals – Influenza \(nsw.gov.au\)](https://www.health.nsw.gov.au/health-professionals-influenza)

Health Direct (right) has a number of resources available. To view these resources, please see this link: [Cold or flu? \(infographic\) | healthdirect](https://www.healthdirect.gov.au/cold-or-flu)



healthdirect
Is it the cold or flu?

Colds are very common and can be caused by one of 200 viruses. There is no vaccine for colds.

The flu is a highly contagious viral infection that is more severe than the common cold. A vaccine is available for the flu.

	Colds	Flu
Fever	Rare	Common
Cough	Common	Common
Sore throat	Common	Sometimes
Fatigue	Sometimes	Common
Loss of taste and/or smell	Sometimes	Sometimes
Body aches/pain	No	Common
Headache	Common	Common
Stuffy/runny nose	Common	Sometimes
Diarrhoea	No	Sometimes (in children)
Sneezing	Common	No
Vomiting	Rare	Common in children / Rare in adults

Understand the symptoms

Colds and flu treatments

- Lots of rest
- Avoid cigarette smoke
- Plenty of water
- Keep warm
- Eat a healthy diet
- Steam inhalation
- Paracetamol or ibuprofen for fever, aches and pains
- Saline nasal sprays or decongestants for a blocked or runny nose
- Throat lozenges for a sore throat
- Do not use cough medicines for children younger than 6 years old**

Colds and flu myths debunked

Myth: The flu is not a serious illness	Myth: Colds and flu can be treated with antibiotics
Fact: The flu is highly contagious and potentially life-threatening	Fact: Antibiotics only work against bacteria, not viral infections
Myth: Vitamin C supplements can prevent colds and flu	Myth: Healthy people don't need to be vaccinated
Fact: There is no evidence to support vitamin C supplements preventing colds or flu	Fact: Everyone over the age of 6 months should be vaccinated every year
Myth: You can catch colds and flu from cold weather or getting caught in the rain	Myth: Having the flu vaccine during pregnancy will harm the baby
Fact: Colds and flu are caused by viruses, not by wet climates or being exposed to cold air	Fact: The flu shot is safe for pregnant women at all stages of pregnancy

Groups at high risk of catching the flu

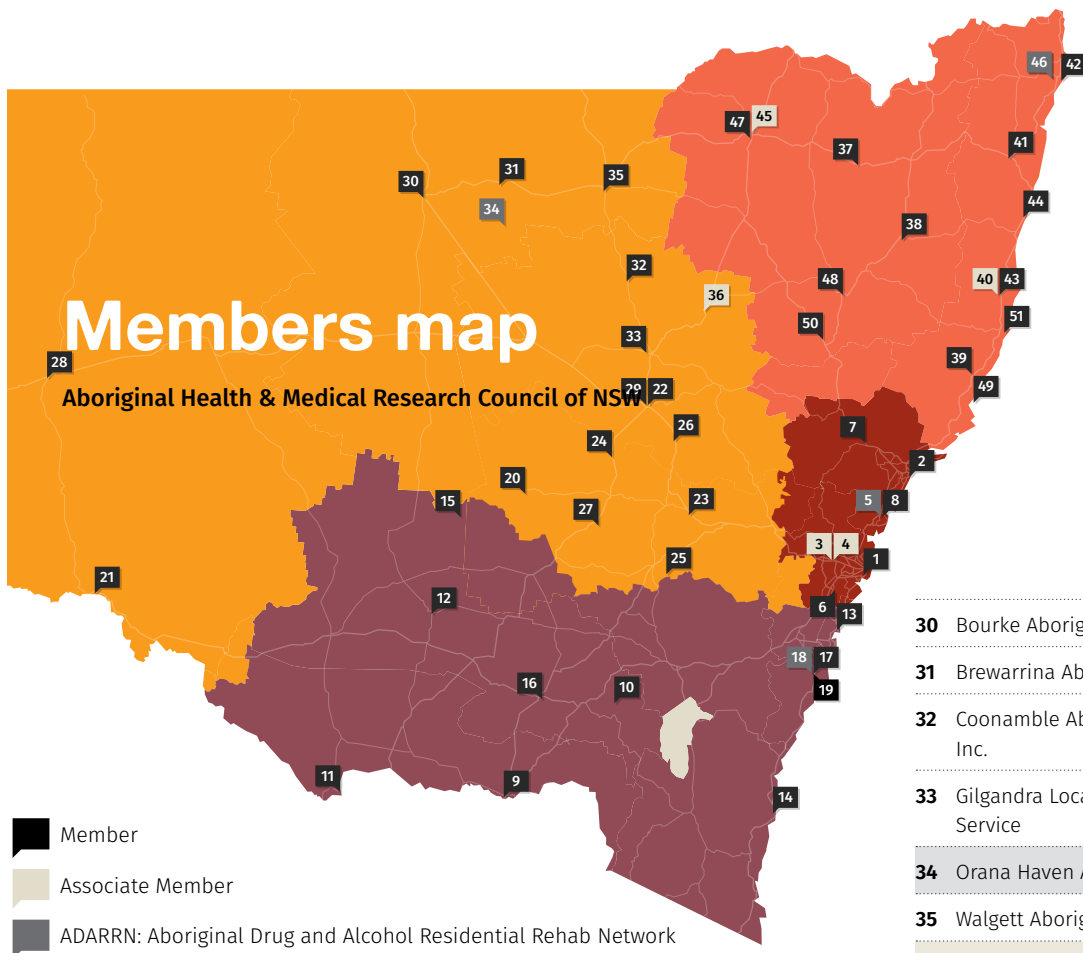
- Elderly
- Pregnant women
- Aboriginal and Torres Strait Islander people
- People with existing medical conditions

Flu vaccination

- Annual vaccination is your best protection against the flu and any associated illness
- The flu vaccine is FREE under the National Immunisation Program (NIP) Schedule for people at high risk
- Visit your doctor, pharmacist or other vaccination provider

Experiencing symptoms?
Use healthdirect's Symptom Checker to get advice on what to do next
[healthdirect.gov.au/symptom-checker](https://www.healthdirect.gov.au/symptom-checker)

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Members map

Aboriginal Health & Medical Research Council of NSW

- Member
- Associate Member
- ADARRN: Aboriginal Drug and Alcohol Residential Rehab Network

- 30 Bourke Aboriginal Health Service Ltd
- 31 Brewarrina Aboriginal Medical Service
- 32 Coonamble Aboriginal Health Service Inc.
- 33 Gilgandra Local Aboriginal Medical Service
- 34 Orana Haven Aboriginal Corporation
- 35 Walgett Aboriginal Medical Service Ltd
- 36 Maruuma Li Aboriginal Corporation

Metropolitan region

- 1 Aboriginal Medical Service Co-Operative Ltd Redfern
- 2 Awabakal Newcastle Aboriginal Co-Operative Ltd
- 3 Link-Up NSW
- 4 Marrin Weejali Aboriginal Corporation
- 5 The Glen Centre (Ngaimpe Aboriginal Corporation)
- 6 Tharawal Aboriginal Corporation
- 7 Ungooroo Aboriginal Corporation
- 8 Yerin Eleanor Duncan Aboriginal Health Centre

Southern region

- 9 Albury Wodonga Aboriginal Health Service Inc.
- 10 Brungle Aboriginal Health Service
- 11 Cummeragunja Housing & Development Aboriginal Corporation – Viney Morgan Clinic
- 12 Griffith Aboriginal Medical Service Inc.
- 13 Illawarra Aboriginal Medical Service Aboriginal Corporation
- 14 Katungul Aboriginal Corporation Regional Health & Community Services

- 15 Murrin Bridge Aboriginal Health Service Inc.

- 16 Riverina Medical & Dental Aboriginal Corporation
- 17 South Coast Medical Service Aboriginal Corporation
- 18 The Oolong Aboriginal Corporation
- 19 Waminda – South Coast Women’s Health & Welfare Aboriginal Corp.

Western region

- 20 Condobolin Aboriginal Health Service Ltd
- 21 Coomealla Health Aboriginal Corporation
- 22 Dubbo Aboriginal Medical Service
- 23 Orange Aboriginal Health Service Inc.
- 24 Peak Hill Aboriginal Medical Service Inc.
- 25 Weigelli Centre Aboriginal Corporation
- 26 Wellington Aboriginal Corporation Health
- 27 Yoorana-Gunya Family Healing Centre
- 28 Maari Ma Health Primary Health Care
- 29 Bila Muuji Aboriginal Corporation Health Service

Northern region

- 37 Armajun Aboriginal Health Service Inc.
- 38 Armidale Aboriginal Health Service – Pat Dixon Medical Centre
- 39 Biripi Aboriginal Corporation Medical Centre
- 40 Booroongen Djugun Aboriginal Corporation
- 41 Bulgarr Ngaru Medical Aboriginal Corporation
- 42 Bullinah Aboriginal Health Service
- 43 Durri Aboriginal Corporation Medical Service
- 44 Galambila Aboriginal Health Service Inc.
- 45 Maayu Mali Residential Rehabilitation
- 46 Namatjira Haven Drug & Alcohol Healing Centre
- 47 Pius X Aboriginal Corporation
- 48 Tamworth Aboriginal Medical Service Inc.
- 49 Tobwabba Aboriginal Medical Service Inc.
- 50 Walhallow Aboriginal Health Corporation
- 51 Werin Aboriginal Corporation Medical Clinic

Public Health Unit Contact Details for AH&MRC Member Services

Member Name	PHU	Phone	Fax	After Hours Phone
Metropolitan Region				
Aboriginal Medical Service Co-Operative Ltd Redfern	Camperdown	(02) 9515 9420	(02) 9515 9467 (secure line)	(02) 9515 6111
Awabakal Newcastle Aboriginal Co-Operative Ltd	Newcastle	1300 066 055	(02) 9794 0838 (secure)	(02) 4924 6477
Link-Up NSW	Penrith	(02) 4734 2022	(02) 4734 3300 / 4734 3444 (secure line)	(02) 4734 2000
Marrin Weejali Aboriginal Corporation	Parramatta	(02) 9840 3603	(02) 9840 3608 / 9840 3591 (secure line)	(02) 9845 5555
Ngaimpe Aboriginal Corporation – The Glen Centre	Gosford	(02) 4320 9730	(02) 4320 9746 (secure line)	(02) 4320 2111
Tharawal Aboriginal Corporation	Liverpool	(02) 9794 0855	(02) 9794 0838 (secure)	(02) 8738 3000
Ungooroo Aboriginal Corporation	Newcastle	1300 066 055	(02) 4924 5704 (secure line)	(02) 4924 6477
Yerin Aboriginal Health Services Limited – Eleanor Duncan Aboriginal Health	Gosford	(02) 4320 9730	(02) 4320 9746 (secure line)	(02) 4320 2111
Northern Region				
Armajun Aboriginal Health Service Incorporated	Tamworth	(02) 6764 8000	(02) 4924 5704 (secure line)	(02) 4924 6477
Armidale Aboriginal Health Service – Pat Dixon Medical Centre	Tamworth	(02) 6764 8000	(02) 4924 5704 (secure line)	(02) 4924 6477
Biripi Aboriginal Corporation Medical Centre	Newcastle	1300 066 055	(02) 9794 0838 (secure)	(02) 4924 6477
Booroongen Djugun Aboriginal Corporation	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	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	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	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	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	Tamworth	(02) 6764 8000	(02) 4924 5704 (secure line)	(02) 4924 6477
Namatjira Haven Drug & Alcohol Healing Centre	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	Tamworth	(02) 6764 8000	(02) 4924 5704 (secure line)	(02) 4924 6477
Tamworth Aboriginal Medical Service Incorporated	Tamworth	(02) 6764 8000	(02) 4924 5704 (secure line)	(02) 4924 6477

Tobwabba Aboriginal Medical Service Incorporated	Newcastle	1300 066 055	(02) 9794 0838 (secure)	(02) 4924 6477
Walhallow Aboriginal Corporation	Tamworth	(02) 6764 8000	(02) 4924 5704 (secure line)	(02) 4924 6477
Werin Aboriginal Corporation Medical Clinic	Port Macquarie	(02) 6589 2120	(02) 6589 2390 (secure line)	0439 882 752 Infectious Disease or 0428 882 805 Environmental Health
Southern Region				
Albury Wodonga Aboriginal Health Service Inc	Albury	(02) 6053 4800	(02) 6933 9220 (secure line)	1300 066 055
Brungle Aboriginal Health Service	Albury	(02) 6053 4800	(02) 6933 9220 (secure line)	1300 066 055
Cummeragunja Housing & Development Aboriginal Corporation - Viney Morgan Clinic	Albury	(02) 6053 4800	(02) 6933 9220 (secure line)	1300 066 055
Griffith Aboriginal Medical Service Incorporated	Albury	(02) 6053 4800	(02) 6933 9220 (secure line)	1300 066 055
Illawarra Aboriginal Medical Service Aboriginal Corporation	Wollongong	(02) 4221 6700	(02) 4221 6759 (secure line)	(02) 4222 5000
Katungul Aboriginal Corporation Regional Health and Community Services	Goulburn	(02) 4825 4944	(02) 4842 1831 / 4825 4942 (secure line)	(02) 6053 4800
Murrin Bridge Aboriginal Health Service Incorporated	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Riverina Medical & Dental Aboriginal Corporation	Albury	(02) 6053 4800	(02) 6933 9220 (secure line)	1300 066 055
South Coast Medical Service Aboriginal Corporation	Wollongong	(02) 4221 6700	(02) 4221 6759 (secure line)	(02) 4222 5000
The Oolong Aboriginal Corporation	Wollongong	(02) 4221 6700	(02) 4221 6759 (secure line)	(02) 4222 5000
Waminda – South Coast Women’s Health & Welfare Aboriginal Corporation	Wollongong	(02) 4221 6700	(02) 4221 6759 (secure line)	(02) 4222 5000
Western Region				
Bourke Aboriginal Health Service Limited	Broken Hill	(08) 8080 1216	(08) 8080 1196 (secure line)	(08) 8080 1333
Brewarrina Aboriginal Service Ltd	Broken Hill	(08) 8080 1216	(08) 8080 1196 (secure line)	(08) 8080 1333
Condobolin Aboriginal Health Service Ltd	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Coomealla Health Aboriginal Corporation	Broken Hill	(08) 8080 1216	(08) 8080 1196 (secure line)	(08) 8080 1333
Coonamble Aboriginal Health Service Incorporated	Dubbo	(02) 6809 8979	(02) 633231373 (secure line)	(02) 6885 8666
Maari Ma Health Primary Health Care	Broken Hill	(08) 8082 9777	(08) 8082 9778	
Maruuma Li Aboriginal Corporation	Coonabarabran	(02) 6842 3137		
Orana Haven Aboriginal Corporation	Broken Hill	(08) 8080 1216	(08) 8080 1196 (secure line)	(08) 8080 1333
Orange Aboriginal Health Service Incorporated	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Peak Hill Aboriginal Medical Service Incorporated	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Walgett Aboriginal Medical Service Co-Operative Limited	Broken Hill	(08) 8080 1216	(08) 8080 1196 (secure line)	(08) 8080 1333
Weigelli Centre Aboriginal Corporation	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526
Wellington Aboriginal Corporation Health	Dubbo	(02) 6809 8979	(02) 6809 7963 (secure line)	(02) 6885 8666
Yoorana-Gunya Family Healing Centre Aboriginal	Bathurst	(02) 6330 5880	(02) 6332 3137 (secure line)	0428 400 526



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