AH&MRC Deadly Doctors Forum

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Chief Health Officer & Deputy Secretary, Population and Public Health

17 October 2026

NSW GOVERNMENT

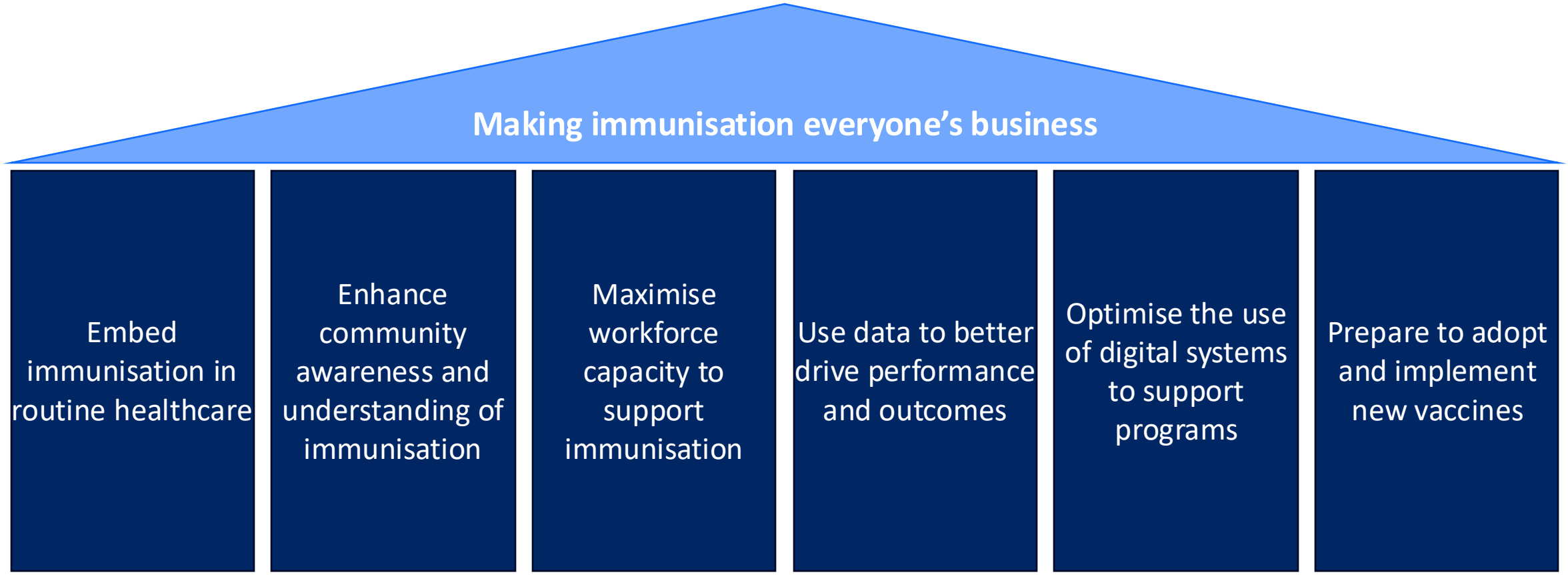
Immunisation in NSW

Immunisation is everyone’s business



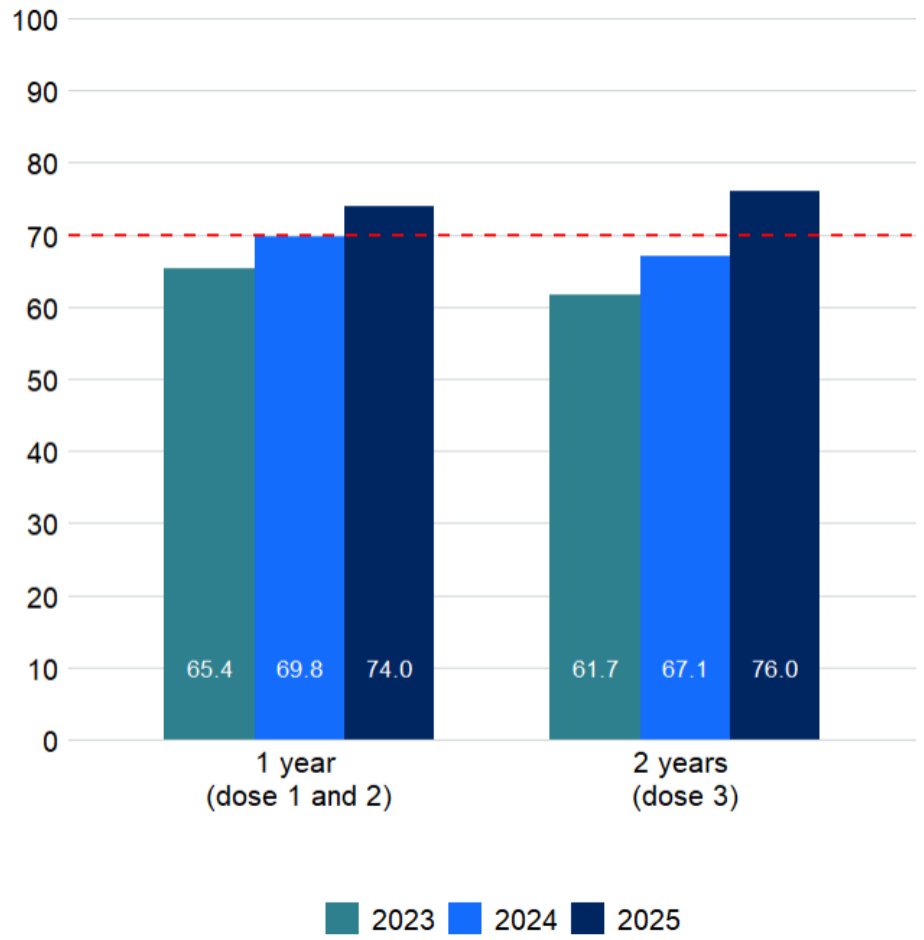


How do we get there?



MenB coverage has crossed the 70% target

Meningococcal B immunisation coverage for Aboriginal and Torres Strait Islander children by assessment age and dose number in NSW, 2023–2025



AT 1 YEAR OLD

74.0%

+4.2 pp versus 2024

AT 2 YEARS OLD

76.0%

+8.9 pp versus 2024

Coverage continues to rise for Aboriginal children at both assessment ages

Source: AIR childhood immunisation coverage data supplied to NSW Health, March 2026.

What was new in 2026?

February	March	April	July	October
RSV in each pregnancy	Nasal spray flu vaccine	RSV for older adults	Pneumococcal	COVID-19 transition
One funded dose from 28 weeks in each pregnancy	Live attenuated influenza vaccine (LAIV) funded for NSW children aged 2-18 years	Arexvy funded for all adults over 75 years, and Aboriginal and Torres Strait Islander adults 60 years and over	Capvaxive replaces Pneumovax and Prevenar 13 for adults	Transition from NCVP to NIP

Two RSV pathways protect infants

MATERNAL

Abrysvo in pregnancy

Primary pathway: offer one dose from 28 weeks in each pregnancy.

Since funding for Abrysvo began in February 2025 until 31 August 2026 **~4,600 vaccinations** have been delivered to Aboriginal women, aged 15-54 years, who are NSW residents.

INFANT

Nirsevimab

Offer when maternal vaccination is absent or the infant is at higher risk.

Nirsevimab outcomes for Aboriginal babies in NSW in 2024:

79%
effective against RSV notifications

90%
effective against RSV hospitalisations



Source: Data from AIR Gov2Gov, extracted 28 September 2026.
Source: Health Protection NSW analysis of Aboriginal infant outcomes in NSW, 2024 RSV Vulnerable Babies Program Evaluation.

RSV funding for adults at greatest risk

NIP-FUNDED PRODUCT

AREXVY

Arexvy is the funded product for eligible older adults

ALL ADULTS

≥75 years

NIP-funded

Between 15 May and 30 September 2026 over **350,000** Arexvy vaccinations were administered to adults aged 75+

ABORIGINAL PEOPLE

≥60 years

NIP-funded

Between 15 May and 30 September 2026 over **8,300** Arexvy vaccinations were administered to Aboriginal adults aged 60+

Data extracted from AIR Gov2Gov 6th of October 2026

Increase in influenza vaccine coverage – the role of Live Attenuated Influenza Vaccine (LAIV)

7,159

Aboriginal children aged 2–<18 received LAIV from March to August 2026

66%

of vaccinated Aboriginal children aged 2–<5 received LAIV

~60%

of LAIV doses to Aboriginal children were delivered by GPs

Proportion influenza vaccinated by age group and Aboriginal status, NSW, 1-March to 31 August, 2026 compared to same period in 2025

Age group	All persons				Aboriginal			
	2026 (%)	2025 (%)	Change (pp)	% flu vaccinations that are LAIV (FluMist)	2026 (%)	2025 (%)	Change (pp)	% flu vaccinations that are LAIV (FluMist)
6mth-<2yrs	37.3	31.8	5.5	N/A	30.3	23.7	6.6	N/A
2-<3yrs	30.7	19.8	10.9	65.4	23.9	12.6	11.3	67.6
3-<4yrs	28.3	19.1	9.2	64.1	20.1	12.2	7.9	64
4-<5yrs	34.2	23.1	11.1	63.5	27.4	15.8	11.6	66.1
5-<6yrs	20	16.6	3.4	34.9	17.3	10.4	6.9	33.8
6-<12yrs	17.1	13.8	3.3		15.5	10.8	4.7	
12-<18yrs	12.4	11.1	1.3	19.1	14.8	11.5	3.3	17.6

Data provided by NCIRS, extracted from AIR 6 September 2026

CAPVAXIVE simplifies pneumococcal protection for Aboriginal adults

WHAT CHANGED

From 1 July 2026, Capvaxive (21-valent pneumococcal vaccine)
was added to the NIP replacing Prevenar 13 and Pneumovax 23

FUNDED ELIGIBILITY

Aboriginal adults aged

≥25 years

Adults aged ≥ 18 with risk factors

All adults aged ≥ 65

EARLY REACH

≈4,500

doses in the first two months

≈3,500

doses were delivered to Aboriginal adults aged 50+



Source: AIR Gov2Gov, extracted 28 September 2026; vaccinations delivered 1 July–31 August 2026.

COVID-19 vaccination moves to the NIP

FROM 1 OCTOBER 2026

COVID-19 vaccination will be incorporated into the NIP

- Funded access is no longer universal
- Focus on groups at highest risk of severe disease
- Check current eligibility and AIR
- Co-administer when appropriate

FUNDED ACCESS:

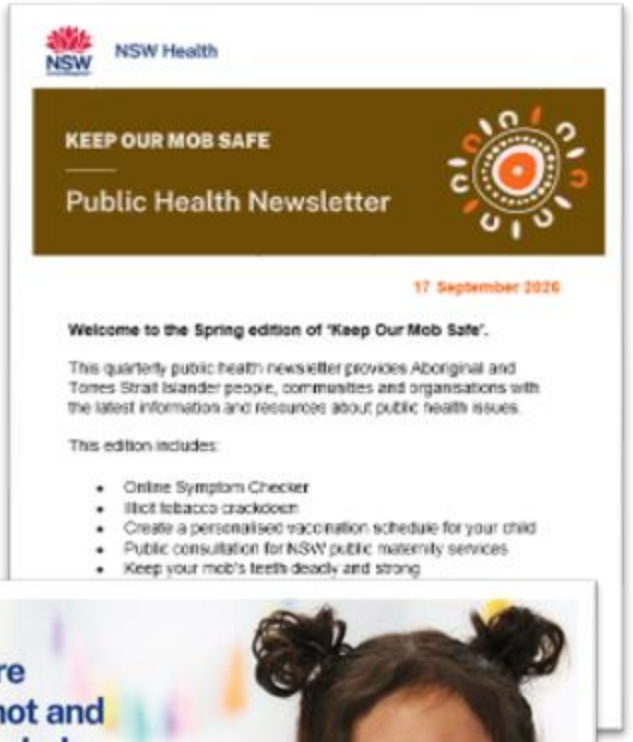
Aboriginal adults 50–74 yrs	one dose every 12 months
All adults 75+ yrs	one dose every 6 months
All adults 65–74 yrs	one dose every 12 months
Adults 18+yrs with severe immunocompromise	one dose every 12 months

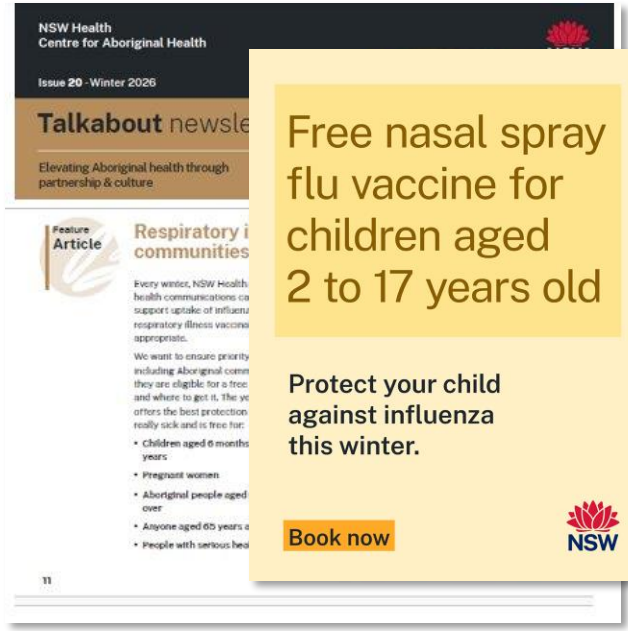
Bringing immunisation closer to community

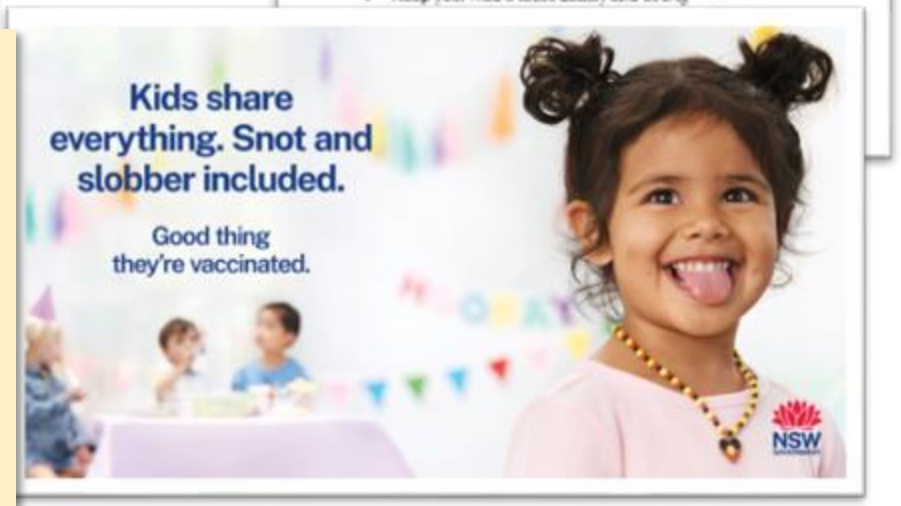
Immunisation messaging features in various communication channels:

- NSW Childhood Vaccination Campaign
- NSW Winter Respiratory Campaign
- Keep our Mob Safe electronic direct mail (eDMs)
- Yarn Up newsletter
- Paid advertising on NITV, Koori Mail and in Aboriginal Medical Services
- Videos with community members
- AH&MRC newsletters



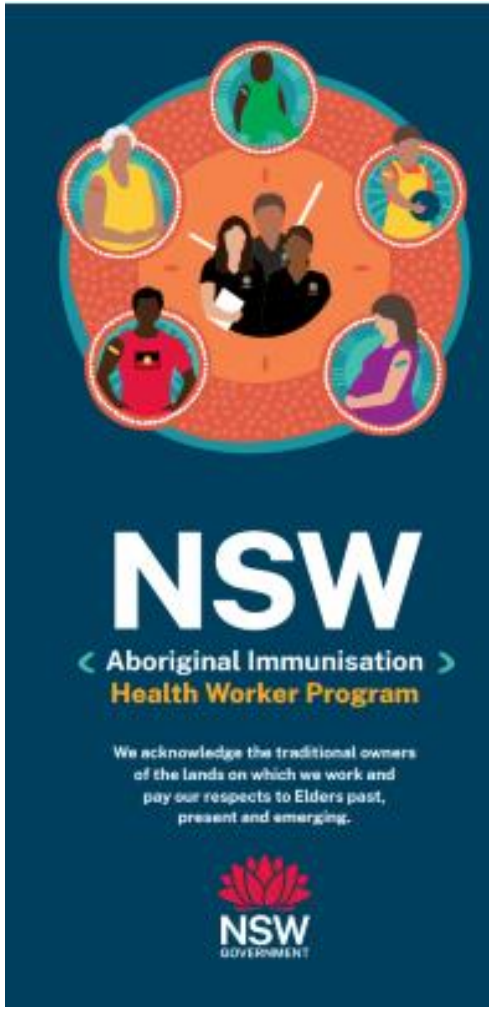


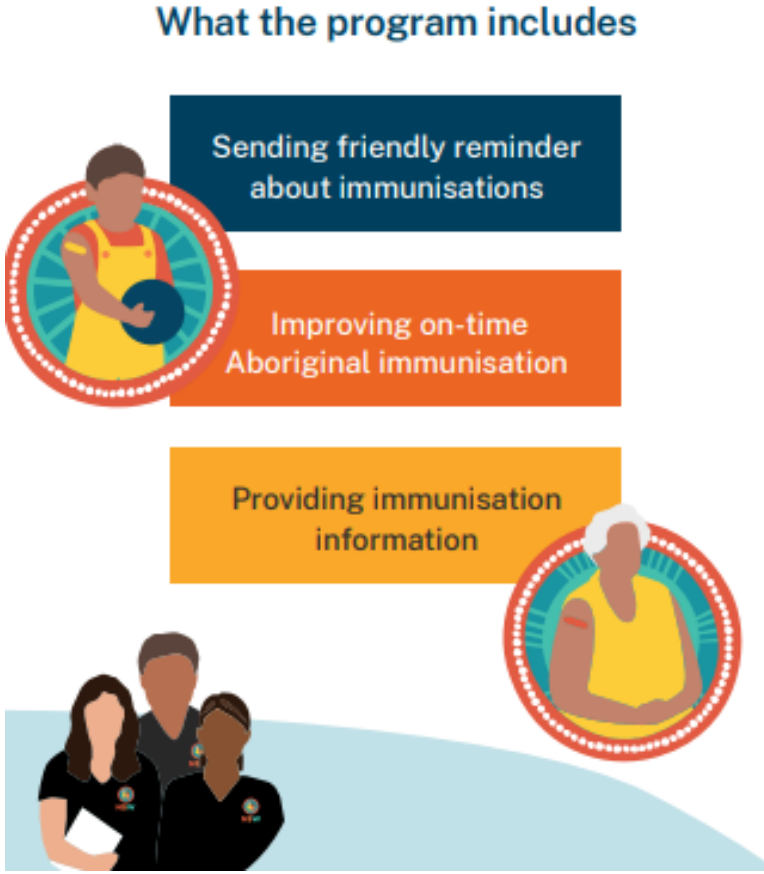




Aboriginal Immunisation Health Workers

Aboriginal Immunisation Health Workers are employed by Local Health Districts and support individuals and communities to access existing services.



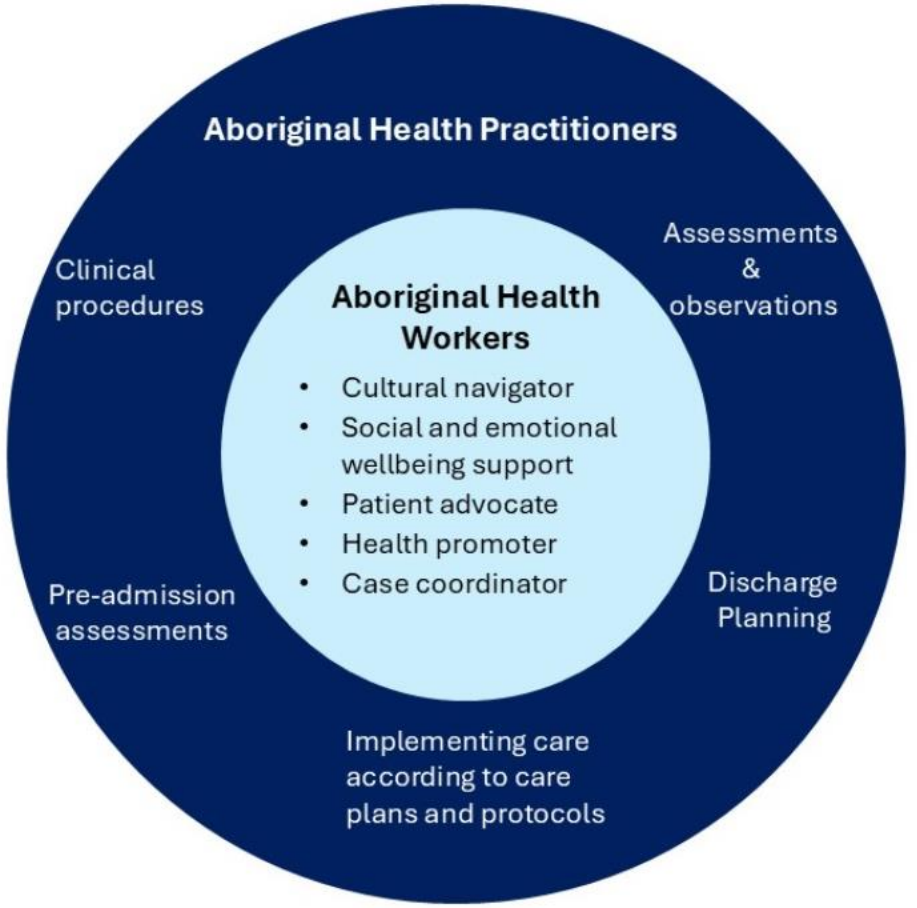


Aboriginal Health Practitioner (AHP) Immunisers

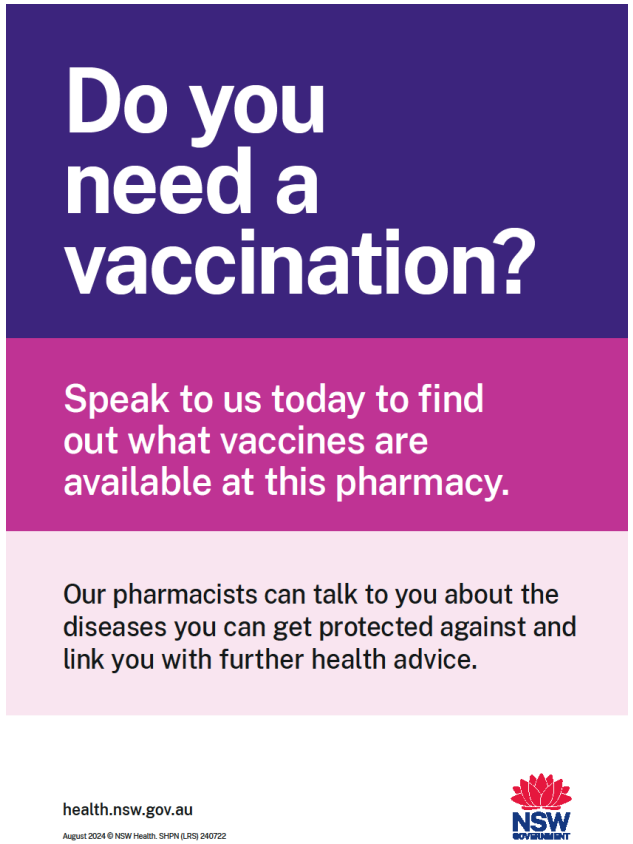
In 2026, the Aboriginal Health Practitioner (AHP) Authority and Standards were updated to:

- Align with clinical career pathways (adolescent vaccination, maternal vaccination, older people vaccinations) to embed AHPs into multidisciplinary teams within NSW Health.
- align with the NIP
- remove practical barriers to vaccination

NSW Health is now working with our colleagues and consulting with ACCHOs to potentially further expand the age ranges and/or vaccine inclusions.



Pharmacy Immunisation



The NSW Premier recently announced that from **1 January 2027**, the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program will expand.

Pharmacists will be able to administer National Immunisation Program vaccines **to children under 5 years.**

NSW Health is planning implementation of the expansion.

Looking ahead

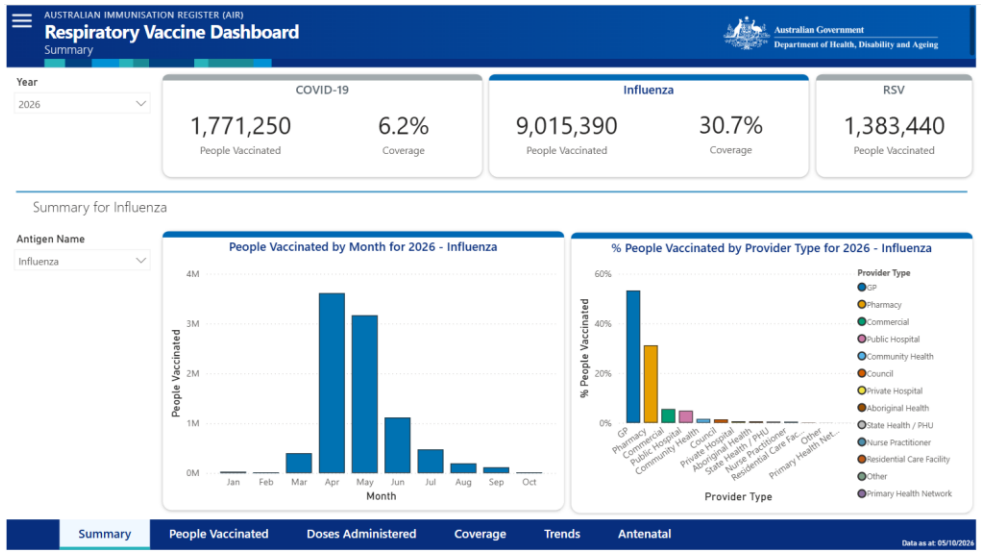
Data drives outcomes in a connected system

New publicly available Commonwealth dashboards

- Inform decision-making on vaccinations, programs, and developing strategies

In NSW:

- Statewide maternity database systems enhancements
- Single Digital Patient Record (SDPR) vaccination reminders





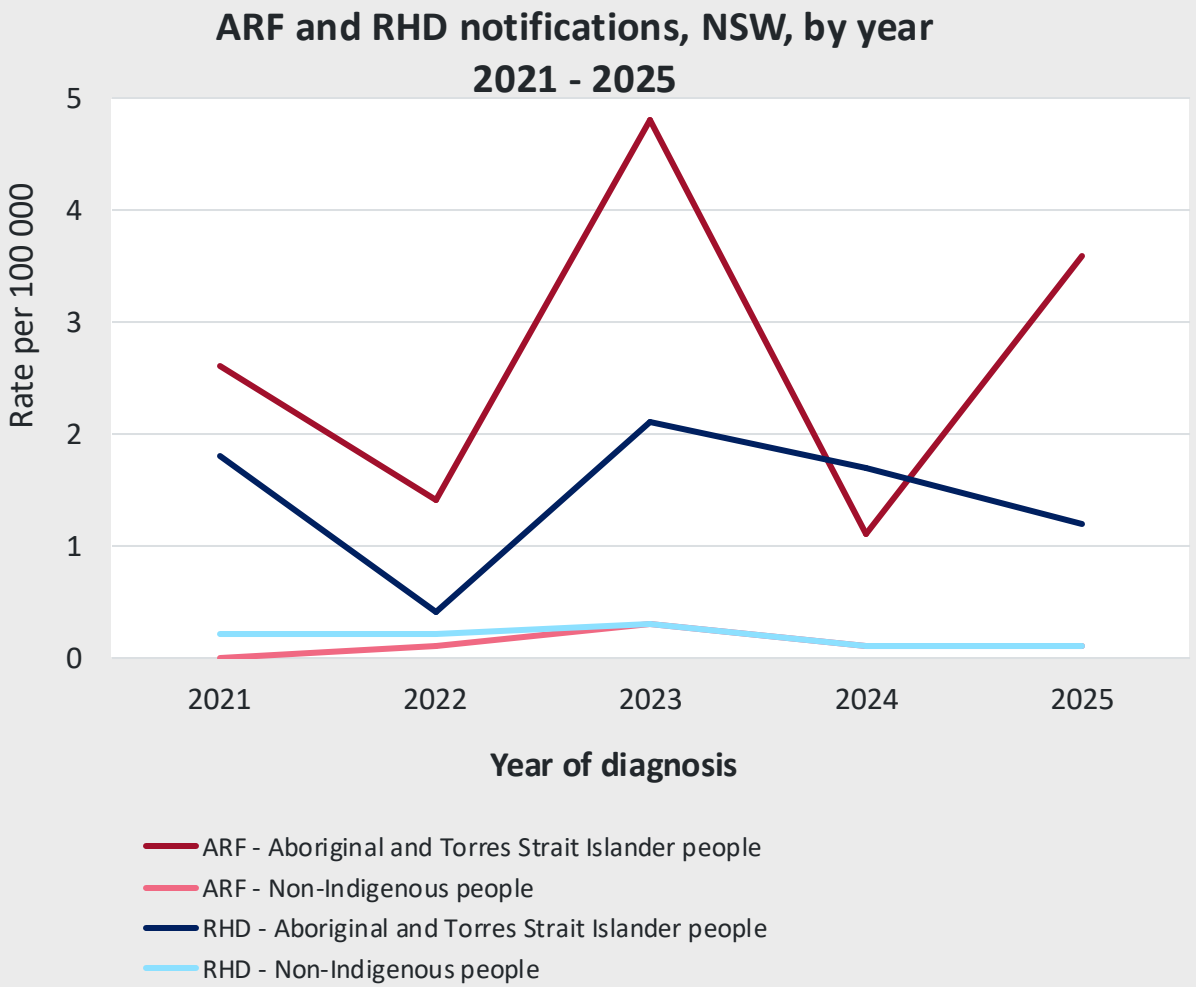
OFFICIAL: Sensitive – Health Information

Rheumatic heart disease (RHD) notification changes



OFFICIAL: Sensitive – Health Information

ARF and RHD in Aboriginal and Torres Strait Islander people in NSW, 2021 – 2025



28 times more likely to be diagnosed with ARF	x 28
Median age (years) at ARF diagnosis	12 yrs
Proportion of people with RHD with no prior ARF diagnosis	76%
Percentage of RHD notifications in women and girls	59%
Percentage of ARF and RHD notifications from regional and remote NSW	81%

Data source: Notifiable Conditions Information Management System
Date of extraction: 30 July 2026

Rheumatic heart disease (RHD) notification change

- RHD notifications currently restricted to people aged <35 years
  - Focus was on identifying young people receiving secondary prophylaxis for the NSW ARF/RHD Register.

- From 1 December 2026, RHD will be notifiable in all people of all ages
  - Hospitalisation data indicates that 54% of Aboriginal people with RHD in NSW are ≥35 years
  - NSW is currently reviewing implications for the Register
- Notification will only be required for newly diagnosed RHD cases
- ARF and RHD will become nationally notifiable in 2027

- Removing the age restriction in NSW will:
  - Provide more accurate representation of disease burden and allow comparison with other jurisdictions
  - Support better service planning, particularly for Aboriginal communities and health services

Syphilis, hepatitis C and diphtheria updates

Syphilis epidemiology

Figure 1: Infectious syphilis notifications by Aboriginal status, NSW, 2016-2025

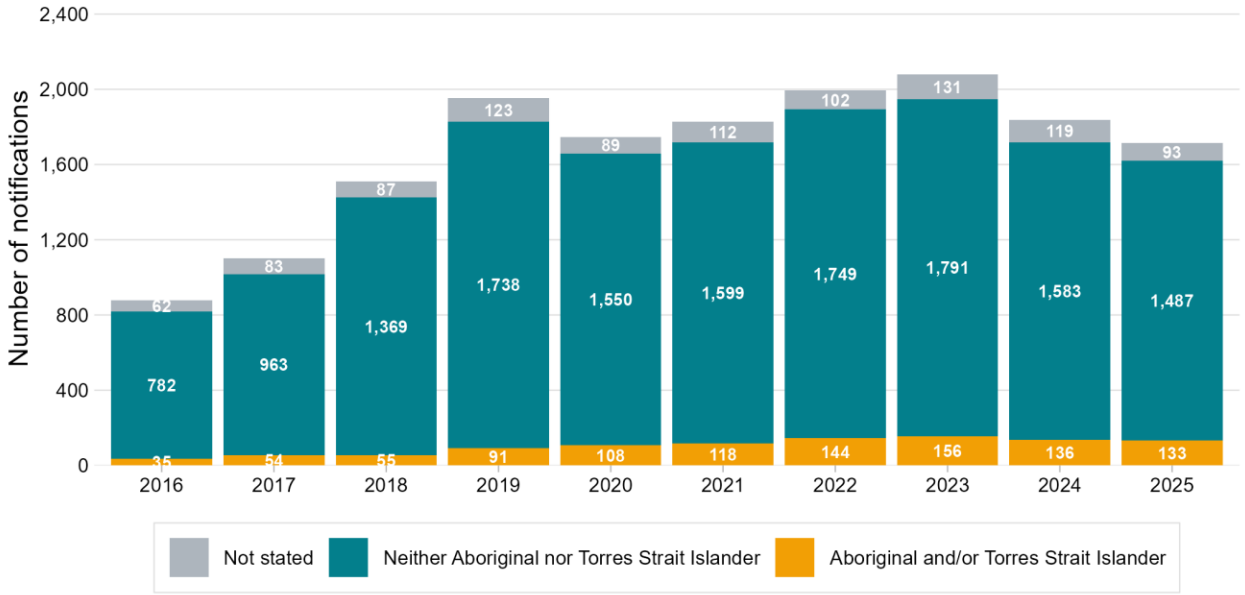


Figure 2: Aboriginal and Torres Strait Islander sex-specific infectious syphilis notification rates, NSW, 2016-2025

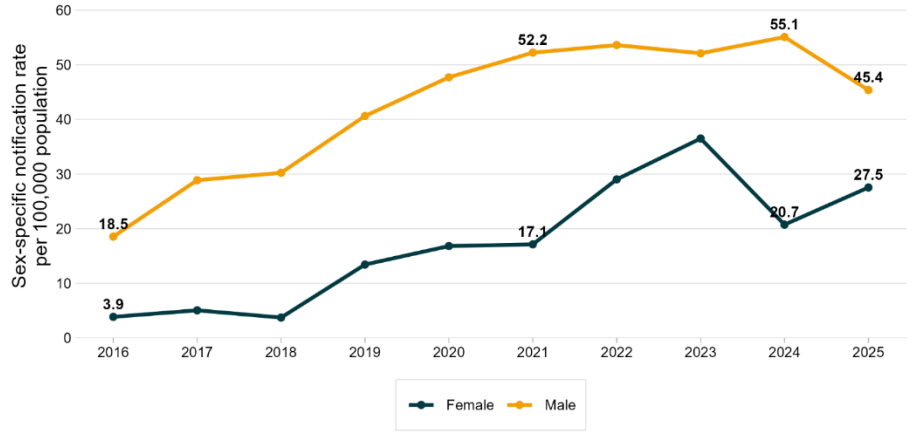
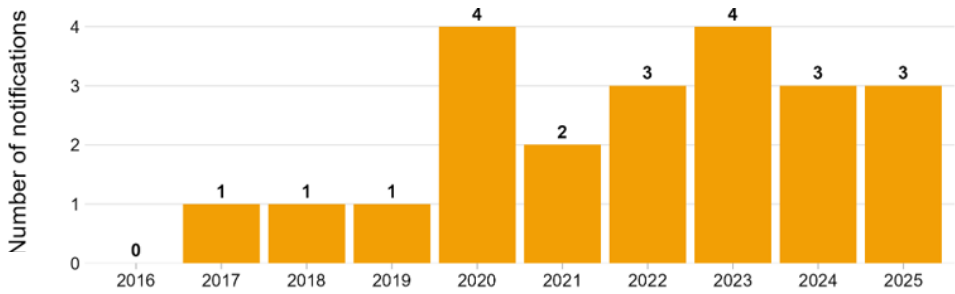


Figure 3. Congenital syphilis notifications in NSW, 2017-2025



Data source: NCIMS (via SAPHaRI), NSW Health; data extracted 1 April 2026. Note: Excludes interstate residents. Year is based on calculated onset date.

Syphilis in pregnancy

Test every pregnant women, every pregnancy

WHEN TO TEST

First trimester
Screen at first antenatal visit

Second trimester
Screen at 26-28 weeks

Third trimester
Screen at 34-36 weeks

Birth*
Screen at birth if 36-week screen was missed

Late, limited or no antenatal care?
Opportunistic screen at any engagement with health service and refer into antenatal care

Syphilis serology (MBS Item 16500)

SIGNS AND SYMPTOMS



Skin/hair: generalised rash to trunk, rash on palms & soles, alopecia, destructive skin lesions



Mouth: ulcer, lesion



Glandular fever type illness: fever, malaise, headache, lymphadenopathy, rash



Genitalia: ulcer, lumps, inguinal lymphadenopathy



Eyes: uveitis



Anus: ulcer, lumps



Neurology: visual changes, tinnitus, deafness, cranial nerve palsies, severe headache, meningitis, or other neurological disease



Heart: cardiovascular disease, specifically aortic regurgitation or signs of aortitis

Many women will have NO symptoms and may not be identified through risk-based screening

TREATMENT AND FOLLOW UP

- ✓ To stage syphilis, interpret test results alongside swab results, past investigations, treatment history, and clinical assessment
- ✓ Manage in accordance with Australasian Society for Infectious Diseases (ASID) guidelines *Management of Perinatal Infections*
- ✓ **Seek clinical support from public sexual health clinics, the NSW Sexual Health Info Link (1800 451 624 between 9am–7pm Mon-Fri) or local public health unit**

Principal treatment options

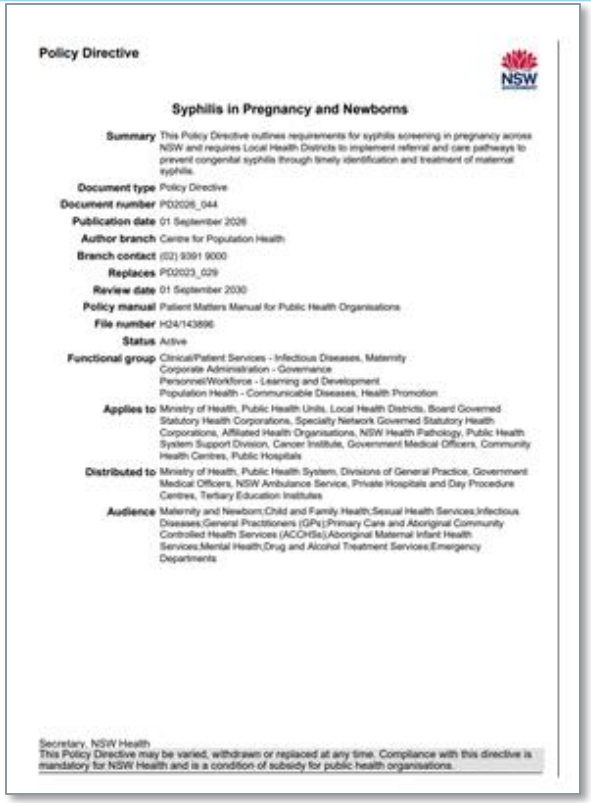
Situation	Recommended
Early syphilis (primary, secondary, early latent)	Benzathine benzylpenicillin 2.4 MU (1.8 g) IMI, stat, given as 2 injections containing 1.2 MU (0.9 g).
Late syphilis or syphilis of unknown duration (late latent > 2 years	Three doses of benzathine benzylpenicillin 2.4 MU (1.8 g) IMI, each dose given as 2 injections containing 1.2 MU (0.9 g), one week apart (Day 0, 7, 14).

WHY IT MATTERS

- Infectious syphilis is increasing in the heterosexual populations including women of reproductive age
- Since 2017, cases of syphilis among pregnancy women have been increasing, leading to preventable cases of congenital syphilis, miscarriage, stillbirth and avoidable infant deaths
- Cases of congenital syphilis typically occur where mothers are experiencing significant social disadvantage, which may involve drug and alcohol use, mental health disorders, transience, and disconnection from health services
- Early detection and treatment in pregnancy prevents mother to child transmission and serious adverse events

Policy Directive: Syphilis in Pregnancy and Newborns (PD2026_044)

New universal antenatal syphilis screen at 36 weeks gestation



Policy Directive

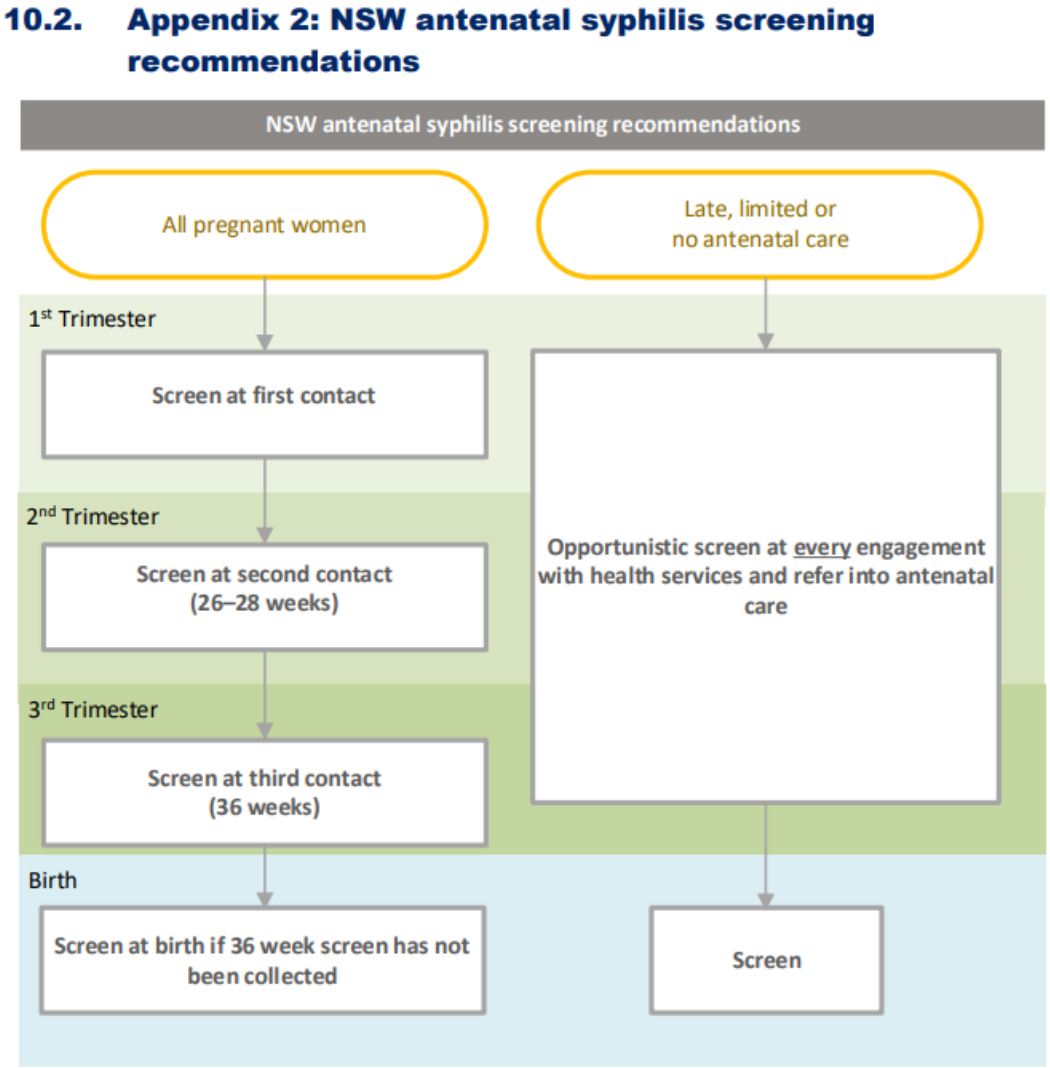
NSW

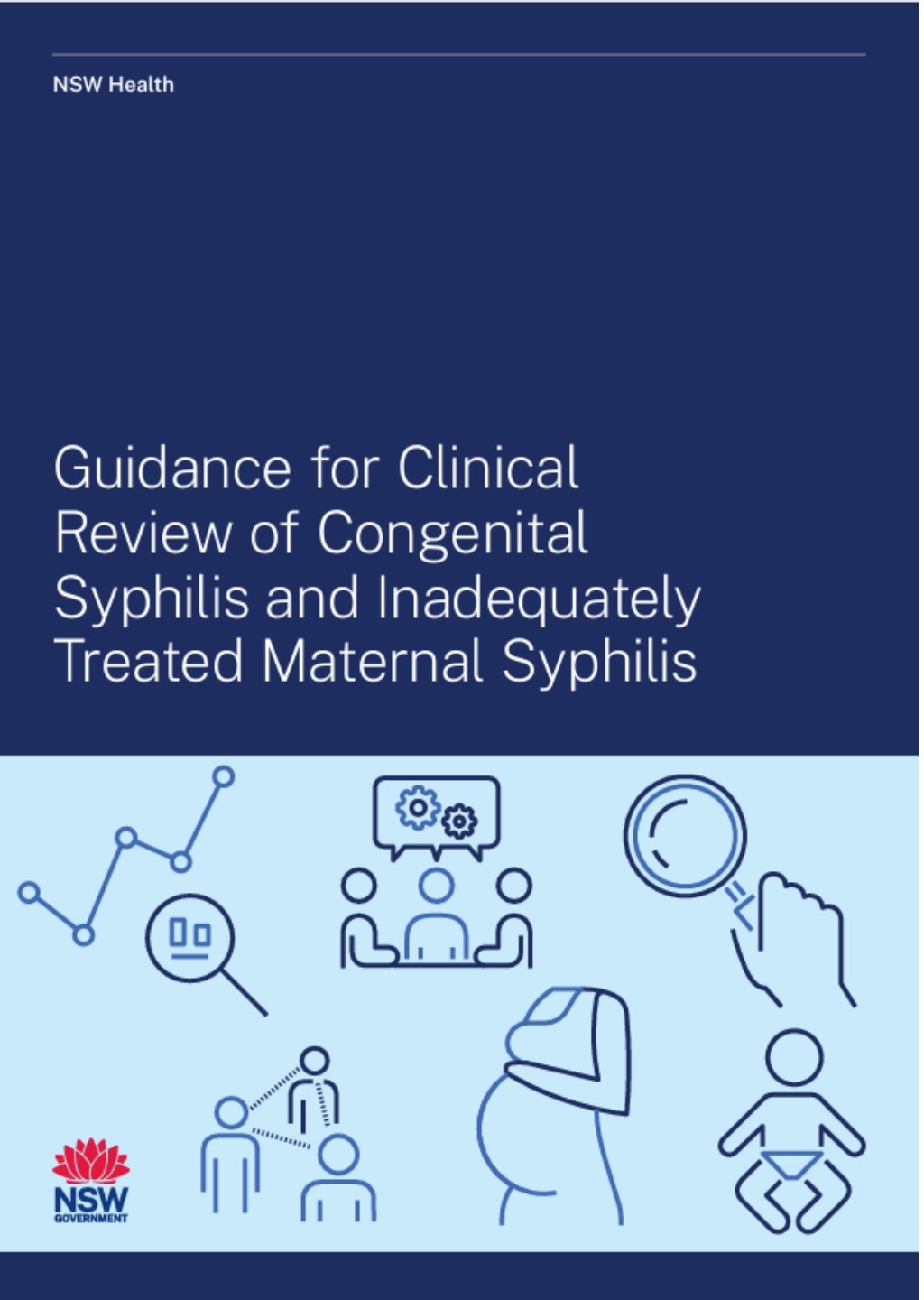
Syphilis in Pregnancy and Newborns

Summary This Policy Directive outlines requirements for syphilis screening in pregnancy across NSW and requires Local Health Districts to implement referral and care pathways to prevent congenital syphilis through timely identification and treatment of maternal syphilis.

Document type Policy Directive
Document number PD2026_044
Publication date 01 September 2026
Author branch Centre for Population Health
Branch contact (02) 9391 9000
Replaces PD2023_029
Review date 01 September 2030
Policy manual Patient Matters Manual for Public Health Organisations
File number H24/143896
Status Active
Functional group Clinical/Patient Services - Infectious Diseases, Maternity
Corporate Administration - Governance
Personnel/Workforce - Learning and Development
Population Health - Communicable Diseases, Health Promotion
Applies to Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Government Medical Officers, Community Health Centres, Public Hospitals
Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes
Audience Maternity and Newborn;Child and Family Health;Sexual Health Services;Infectious Diseases;General Practitioners (GPs);Primary Care and Aboriginal Community Controlled Health Services (ACCHSs);Aboriginal Maternal Infant Health Services;Mental Health;Drug and Alcohol Treatment Services;Emergency Departments

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.





Purpose:

- Standardise clinical case review process
- Identify system and service gaps
- Support quality improvement and system-wide learning
- Improve outcomes for mothers and babies

A clinical case review should be undertaken whenever there is either:

(1) a confirmed case of congenital syphilis or

(2) a baby born to a pregnant woman known to have untreated syphilis at the time of birth, regardless of whether the baby is diagnosed with congenital syphilis in the neonatal period

Supports available to ACCHOs

Syphilis Support Program

SEXUAL HEALTH infolink

- Provides syphilis management and referral expertise to GPs and Aboriginal Health Services and maternity services
- Statewide service with professional phoneline operating Monday to Friday 9am to 7pm

  CALL 1800 461 624

Clinical management

- NSW Health endorses ASID clinical guidelines for treatment and management of syphilis in pregnancy and newborns



Workforce training

ASHM online learning modules:

Introduction to syphilis for midwives and clinicians providing antenatal care

- Accredited for 1 CPD hour through APNA, RACGP and ACCRM

Resources

- Factsheet to support pregnant women at risk or diagnosed with syphilis in pregnancy



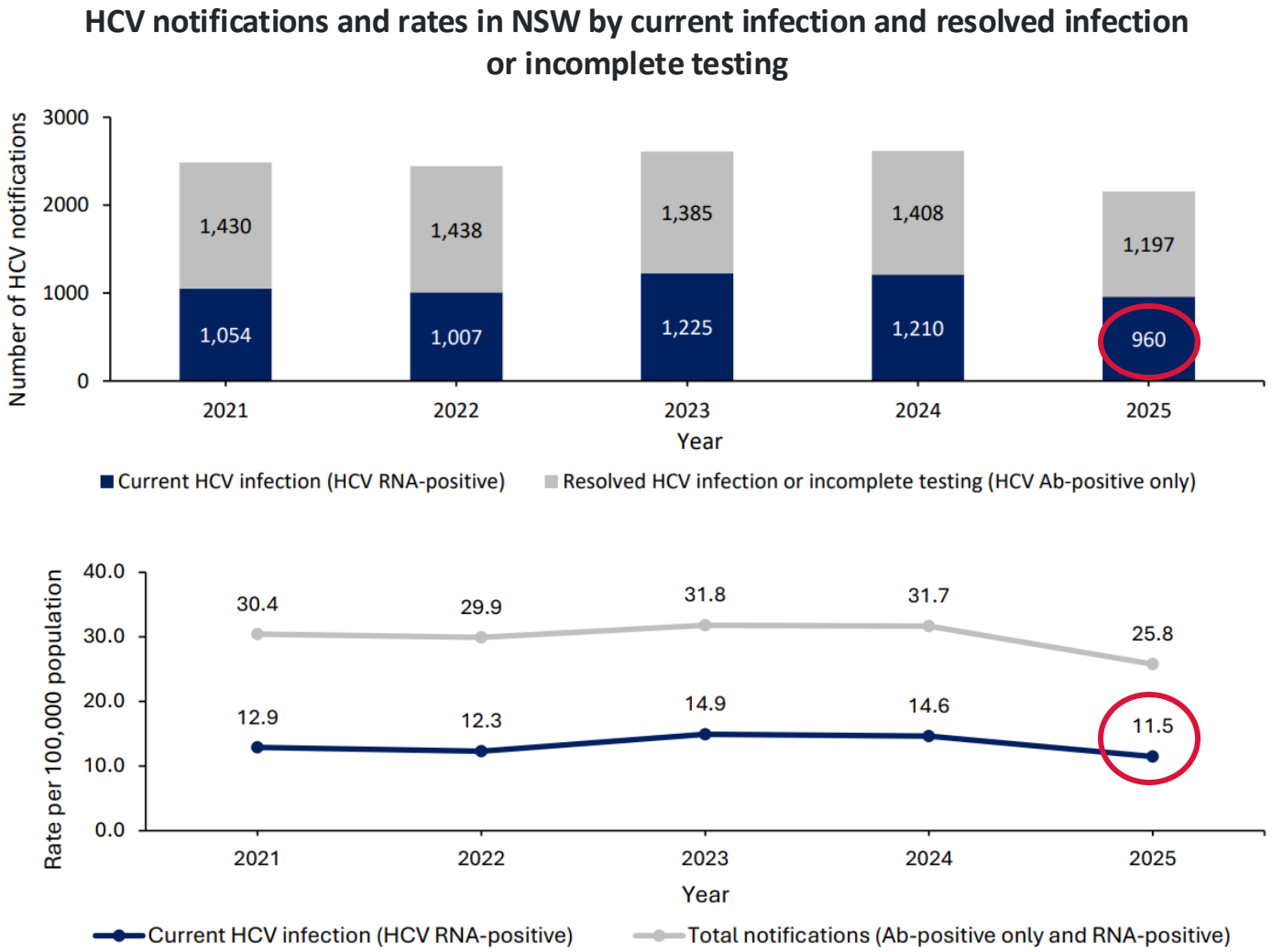
*Factsheet adaptation underway to support Aboriginal women and families

- New ASHM campaign



Hepatitis C: Epidemiology

NSW Health has committed to eliminating hepatitis C (HCV) as public health concern by 2028



Aboriginal people are disproportionately impacted by HCV

Aboriginal people more likely to develop HCC and have lower survival

Hepatitis C: Priorities

Prevent

Improve the accessibility and cultural safety of the Needle and Syringe Program (NSP) for Aboriginal people

- Connect patients to nearby NSPs to access sterile injecting equipment: https://www.health.nsw.gov.au/hepatitis/Pages/nsp-outlets.aspx
- Consider registering your ACCHO as an NSP.

Test

Ensure all Aboriginal people with risk factors are offered testing

- Testing indications include: ever injected drugs, ever been in prison, unsterile tattooing/body piercing, blood transfusion before 1990, abnormal LFTs (males, ALT ≥ 30 U/L; females, ALT ≥ 19 U/L).
- Order HCV Antibody (Ab) + Reflex HCV RNA

Treat

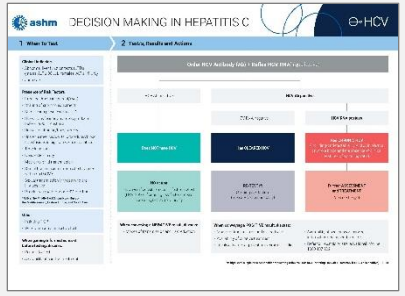
Improve treatment uptake for Aboriginal people living with HCV

- Treatment is curative, effective, minimal side effects. Offer DAAs to all HCV RNA+ patients.
- DAAs are PBS General Schedule (Section 85).
- Conduct pre-treatment assessment (including fibrosis assessment) BUT can treat without this step if patient unlikely to return for treatment.

Hepatitis C: Resources and support

Clinical resources

Decision making in hepatitis C toolkit



https://ashm.org.au/resources/decision-making-in-hepatitis-c/

Australian Recommendations for the Management of Hepatitis C Virus Infection: A Consensus Statement



https://hepcguidelines.org.au/

Prescribing support

REACH-C form - specialist review within 24 hours
www.reach-c.ashm.org.au

Remote Consultation Request for Initiation of Hepatitis C Treatment Form - template for local specialist review



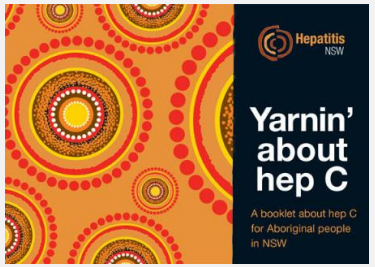
https://www.hepcguidelines.org.au/wp-content/uploads/2022/11/Remote-consultation-form-2022.pdf

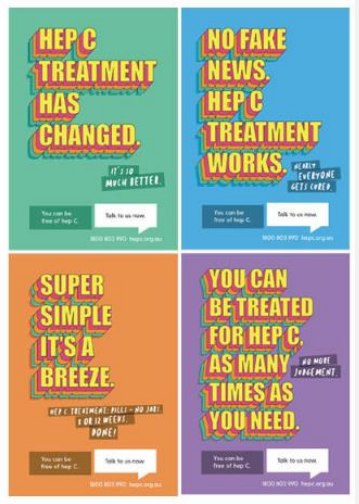
Hepatitis C Remote Prescribing program to connect with clinician who can prescribe remotely

https://ashm.org.au/initiatives/nsw-hepatitis-c-remote-prescribing-program/

Patient resources and posters

Hepatitis NSW consumer resources:
https://www.hep.org.au/resources/



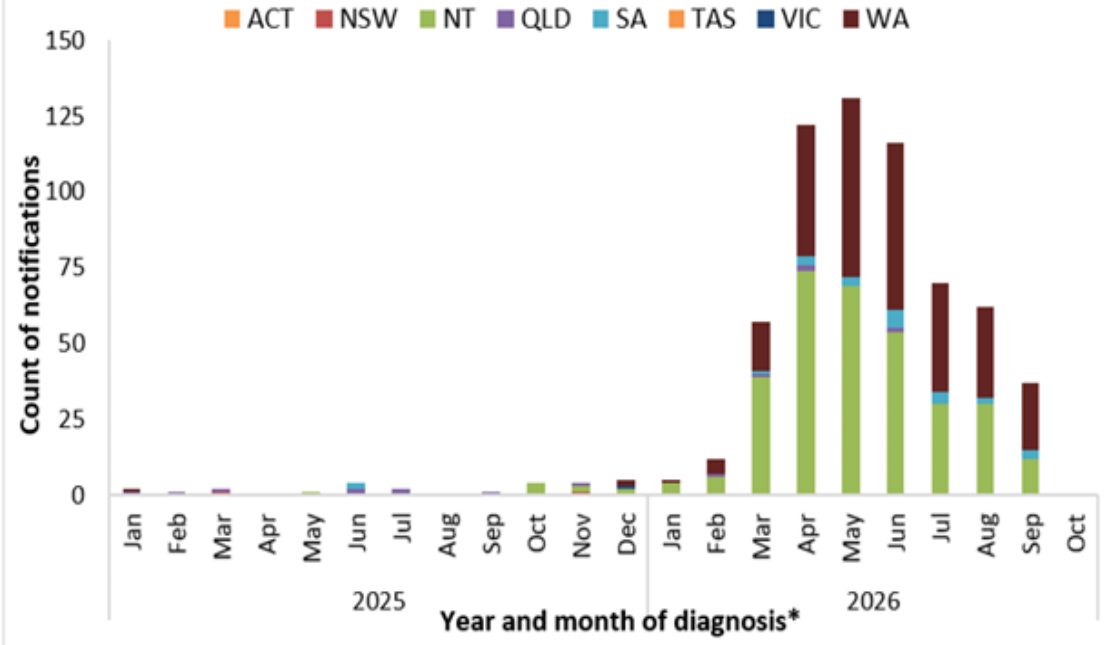


Diphtheria update

Situation update – to 5 Oct

- 612 cases have been notified in 2026 to 5 October, making this the largest outbreak recorded since national reporting began in 1991
  - Cases have declined since the peak in May, but transmission continues in some areas
- Cases remain concentrated in the **Northern Territory and Western Australia**, with smaller numbers in South Australia and Queensland. Almost all locally acquired cases live in outer regional, remote or very remote areas
- 95% of cases are Aboriginal and/or Torres Strait Islander people
- Most cases (2/3) are cutaneous infections, with 1/3 respiratory infections
- 18% of cases have been hospitalised, and one death has been reported
- No confirmed diphtheria cases have been reported in NSW in 2026 to 5 October

Figure 2: Notifications of diphtheria by jurisdiction and month of diagnosis, Australia, 1 January 2025 to 5 October 2026



** Reporting delays between diagnosis and notification to the NNDSS, particularly in recent weeks, and the incomplete current month affect data completeness. Trends for recent periods should be interpreted with caution.*

Diphtheria vaccination

NSW

- NSW funds diphtheria vaccine (dTpa Boostrix) for Aboriginal people
  - age 20 and over who have not had a dose of diphtheria vaccine in the last 10yrs *OR*
  - who are travelling to outbreak affected areas if they have not had a dose in the last 5 yrs

- Non-Aboriginal travellers to outbreak affected areas should consider diphtheria vaccination, particularly if visiting remote Aboriginal communities

- NSW Health has issued clinical and public information, including:
  - Safety information for NSW Health facilities
  - *Information for NSW residents* webpage
  - Vaccination advice for Aboriginal people and travellers

- NSW Health has transitioned from the use of ADT to dTpa in our Emergency Departments for tetanus prone wound prophylaxis



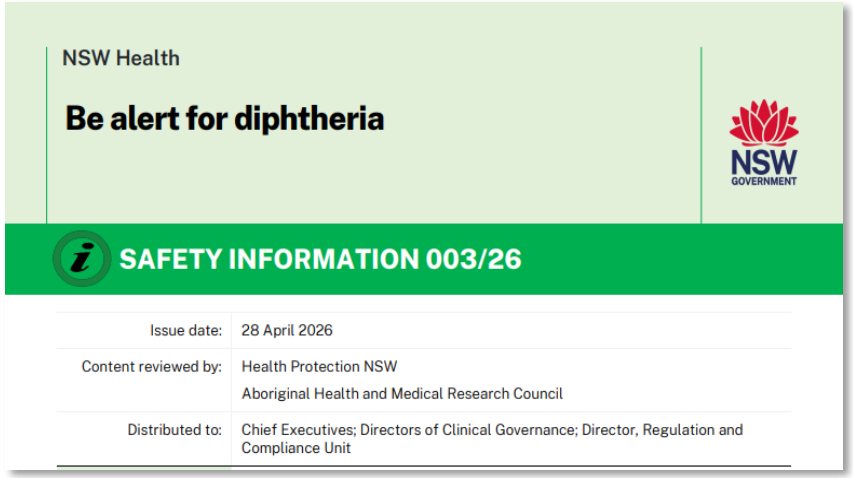
NSW Health

Diphtheria vaccination for Aboriginal people and travellers

Advice for Aboriginal Medical Services and General Practitioners

Travellers to diphtheria outbreak areas may require vaccination

- Travellers to outbreak-affected areas should consider a booster dose of diphtheria-containing vaccine if they have not had a dose in the last five years, particularly those visiting remote Aboriginal communities.
- Current outbreak affected areas are:
  - any location in the Northern Territory
  - the Kimberley, Goldfields and Pilbara regions in Western Australia
  - the far northwest of South Australia.



NSW Health

Be alert for diphtheria

SAFETY INFORMATION 003/26

Issue date:	28 April 2026
Content reviewed by:	Health Protection NSW Aboriginal Health and Medical Research Council
Distributed to:	Chief Executives; Directors of Clinical Governance; Director, Regulation and Compliance Unit