



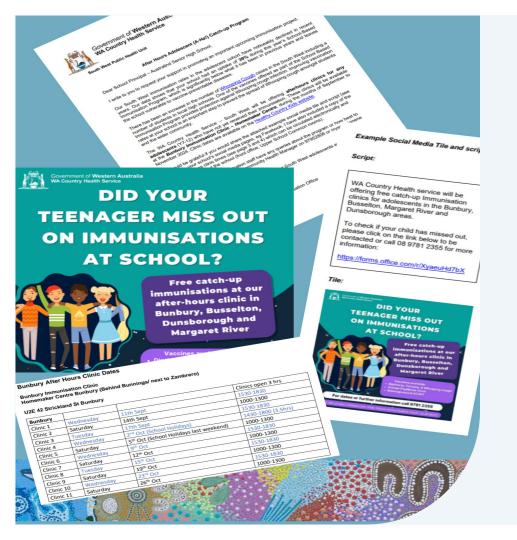
Due to low school immunisation coverage in the SW, and a noticeable decline in 2020-2023, an audit was done by former SW RIC, Katy Crawford.

The audit outcomes found that most families who did not participate in the SBIP had all expressed clear intention to do so, but did not participate.

In response, the A-HA! Project was created to provide families with access to a flexible and free immunisation clinic after hours, targeting adolescents that missed their school vaccinations.

Round 1 (after hours)





Organising and promotion of the clinics:

- 13 schools in Bunbury and 9 schools in Busselton – Augusta were targeted
- All schools received a phone call, letter, email with instructions, social media tile and posters (physically dropped off by staff)
- QR codes on the poster were linked to a MsForm where parents/carers could fill in basic information and request a call back from Adolescent immunisation or RIC office to provide information on the clinics and/or their children's immunisation status
- SMS texts sent to promote clinics

Organising and promotion of the clinics continued:

- Stakeholder engagement: Julie Kipps (Clinical Nurse Manager for school and adolescent health) attended meetings with headmasters from all involved schools, presented the A HA Program
- 128 enquiries were submitted through the online MsForm (QR code).
- The RIC and Adolescent immunisation coordinator responded to all enquires:
 - Using preferred communication method (email, sms or phone)
 - AIR history statements were sent to parents who questioned if their child were due/overdue
 - Clinic information shared with parents via phone and written correspondence (email or sms message) so that they could choose which clinic times suited them best



Text messages sent out:

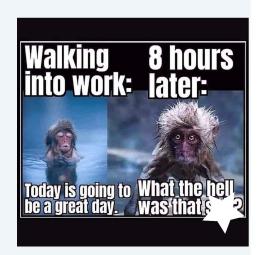
Promotional text messages were sent to 1773 clients

Text messages were staggered to promote each individual clinic and sent out in two cohorts:

- First group: sent out to families who had completed VaccinateWA consent forms for a SBIP clinic, but the child had not attended
- Second group: sent out as per AIR overdue lists, matched to postcode and AHA clinic (Reverse the Trend Project)

Staffing and locations:

- 19 clinics were staffed by 2 x RN's and 1 x Admin support
- Making the clinics more acceptable:
 - Included board games, bubbles and books
 - Background music was used to enhance the mood
 - Lollies/general snacks were available after vaccination
- After hours clinics were held at:
 - Bunbury Homemaker centre, 42 Strickland street, Bunbury
 - The People Place, 19-21 Kent street, **Busselton**
 - Margaret River Resource Centre, 33 Tunbridge Road, Margaret River
 - Naturaliste Community Centre, 21 Dunsborough Lakes Drive,
 Dunsborough



Clinic attendance:

	Date	Attendance	HPV	dTpa	MenACWY
Bunbury					
Clinic 1 - Wed PM	11/09/2024	3	2	2	1
Clinic 2 - Sat AM	14/09/2024	5	2	2	3
Clinic 3 - Tues PM	17/09/2024	2	1	1	1
Clinic 4 - Wed PM	2/10/2024	8	5	4	4
Clinic 5 - Sat AM	5/10/2024	4	2	2	2
Clinic 6 - Wed PM	9/10/2024	7	1	1	4
Clinic 7 - Sat AM	12/10/2024	2	1	0	1
Clinic 8 - Tue PM	15/10/2024	1	0	0	1
Clinic 9 - Sat AM	19/10/2024	6	2	2	
Clinic 10 - Wed PM	23/10/2024	2	1	1	1
Clinic 11- Sat AM	26/10/2024	4	0	0	3
Busselton					
Clinic 1-Sat AM	19/10/2024	0	0	0	(
Clinic 2-Tue PM	29/10/2024	6	4	4	
Clinic 3 - Mon PM	4/11/2024	3	2	2	1
Clinic 4 - Sat AM	16/11/2024	1	0	0	(
Dunsborough					
Clinic 5 - Thurs PM	31/10/2024	2	2	2	C
Clinic 6 - Sat AM	9/11/2024	1	0	0	1
Margaret River					
Clinic 1 -Sat AM	19/10/2024	5	4	4	1
Clinic 2 - Sat AM	2/11/2024	2	2	2	0
Total	19 Clinics	64	31	29	28
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Clinic attendance continued.....

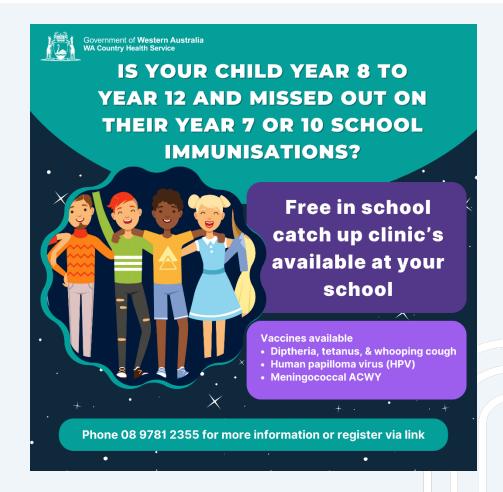
- 64 adolescents (unique persons) attended the clinics
 - Bunbury 44
 - Busselton Augusta 20
- 88 vaccinations provided in total
- Seven childhood vaccination schedules opportunistically caught up
- Promotion had impact on BAU services too:
 - Anecdotal increase in the presentation of adolescents to the Bunbury Homemaker center vaccination clinic, coinciding with the messages sent out the day before
 - Around 17 adolescents attending BAU clinics during A-HA! project (3 months); usually much lower numbers
- Two clinics were held during the school holiday period but had no clear effect on increasing attendance by adolescent clients

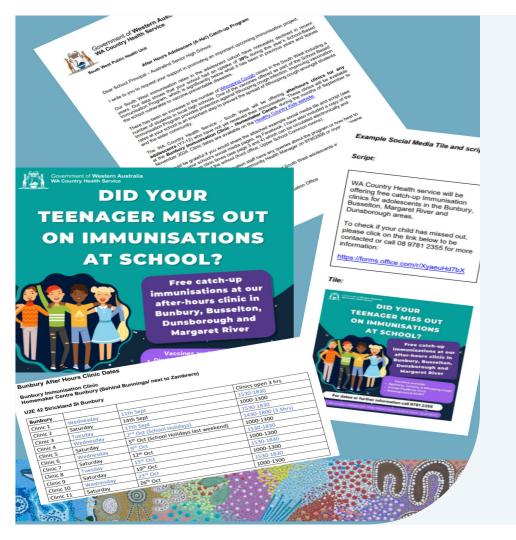


Round one evaluation:

- Received positive feedback from consumers, however, the number of adolescents vaccinated was lower than expected
- A range of 0-8 students attended each clinic, which were staffed by 2 x RN's and 1 x admin support
- This ratio indicates that the after hours service delivery is not a sustainable model in catch up vaccinations for adolescents in the targeted areas of the South West WA
- A variation agreement was submitted to WA Health in February 2025 to request the use of the left over funding for the same cohort; however, targeting the adolescents in the school environment.
- The variation agreement was approved in April and the program continued as "Round 2 − A-HA" ☺

Round 2 (in school vaccinations)





Organising and promotion of the clinics:

- Participant schools in round 1 were re-contacted via email in April 2025 to offer participation in round 2 of the program
- Schools were given a range of available dates for an in-reach clinic to take place between May 7 to July 3 2025
- Only 5 schools were able to accommodate during this period
- Information and consent links were shared by schools to the eligible adolescent cohorts
- Parents who had previously consented were contacted by WACHS SW to update consent for round 2

Organising and promotion of the clinics continued:

- 5 schools were specifically targeted as part of Round 2
 - Busselton Augusta schools were not included in this round, as there was limited FTE/staffing available in the WACHS Busselton School Coordinator role to support this project
- Adolescents with consent already in VaccinateWA were targeted for this round
- SMS messages were sent out to the parents of these adolescents
 - Parents were also called by an RN to provide verbal consent over the phone
- The 5 targeted schools were sent promotional materials (e.g. social media tile) with links to online consent forms
 - This contributed to a small number of extra children on the two days we did the round 2 catch up's. There were some minor issues but there were no major hurdles owing to experienced staff running the clinics

Eligibility for Round 2 A-HA

Year 10 students

 Who were absent for the term 1 or 2 adolescent vaccination program were automatically included

Year 8-9 students

 Were offered missed Year 7 HPV and/or dTpa

Year 10-12 students

 Were offered missed year 7 HPV and/or dTpa and missed year 10 MenACWY





SCHOOLS

5 schools participated in the program:

- Bunbury SHS
- Dalyellup SHS
- Harvey SHS
- Newton Moore SHS + ESC
- Our lady of Mercy



CONSENTS

- 140 consents completed
- Schools distributed information via Electonic communication
- Picture tile and link to consent form for Adolescent Immunisation Program



VACCINATIONS

- 110 students vaccinated
- 41 HPV
- 45 dTpa
- 65 MenACWY
- Year 8/9 = 45 students
- Year 10 = 45 students
- Year 11/12 = 24 students

*Bunbury Immunisation Clinic also saw an increase in students catching up vaccinations in May and June: 19 students, 28 vaccinations (8dTpa, 9 HPV, 11 MenACWY

Round 2 evaluation:

Positive

- Round 2 had a much higher uptake than the Round 1 After Hours clinics
- Feedback received that it was more accessible and convenient to have the immunisation offered through in-reach clinics
- School feedback was positive, although some schools couldn't find a date in the timeframe we requested and therefore didn't participate

Challenges

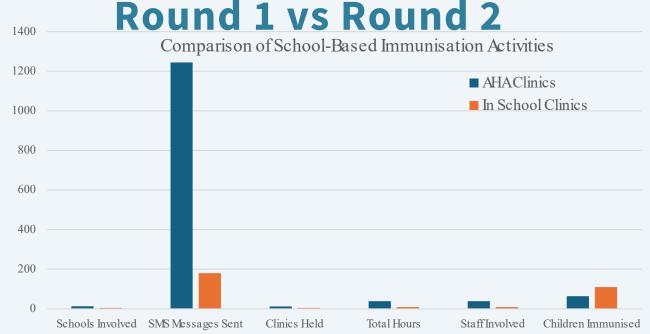
- Consent form only offered MenACWY as an option for parents consenting to any students year 9 & above. This required substantial parents follow up to re-consent for any year 9's who intended to consent for the missed year 7 vaccines instead (not eligible for MenACWY till year 10)
- Parents don't have visibility of their child's AIR record after the age of 14
- If the student did not have Medicare (overseas born students), individual assessment was required as some vaccines were already given overseas. This was very resource intensive.

Reflections on Round 1

- The National Immunisation Strategy (2025-2030) highlights accessibility as a priority area – which we tried to address through the A-HA project
- The A-HA clinics offered as part of Round 1 aimed to be accessible in well known locations in Bunbury, Busselton, Margaret River and Dunsborough
 - Clinics were available after hours (4:30pm to 6pm) and also on Saturdays (10am to 1pm). Though more accessible, it represented challenges in staffing
- The A-HA clinics were well promoted
- The A-HA clinics required significant investment Behind the scenes; however, it was felt that the outcome was poor with lower than expected attendance
 - Staff expectation management was a challenge
- Not all the A-HA funds were exhausted in Round 1, so opted to try a different service delivery model – in-reach clincs

Reflections on Round 2

- Round 2 also prioritised accessibility by offering in-reach clinics in schools to catch up adolescents
 - Significantly easier to plan these clinics as schools were already familiar with the SBIP so processes were established
- Round 2 was easier to staff owing to:
 - Longer hours per day (rather than 2-3 hours required for after hours clinics in Round 1)
- Overall, there was a greater number of vaccinations administered with less workforce required as well as less planning/organisation



Key Insights:

In School clinics immunised more children with fewer resources

AHA clinics had broader outreach but lower immunisation yield

Sefficiency and impact favour In School delivery for future planning

	AHA Clinics	In School Clinics
Schools Involved	13	5
SMS Messages Sent	1244	180
Clinics Held	12	5
Total Hours	39	9
Staff Involved	39	9
Children Immunised	44	110

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