



Annual Scientific Meeting

1st February 2016

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The image features two hands, one at the top and one at the bottom, with fingers spread to frame a central text overlay. The background is a soft-focus photograph of a bright sun in a blue sky, with green foliage visible at the bottom. The text is centered and reads:

the
bigger
picture...

The evolution of the ISG

- ✓ Conversations with relevant organisations and groups to avoid overlap and competition
- ✓ Identify key issues / gaps in vaccination advocacy and health promotion
- ✓ Compare with available grants/ sponsoring
- ✓ Engage new members / key opinion leaders
- ✓ Develop vision & mission statement
- ✓ Create a marketing & communication plan for 2016
- ✓ Internal Launch at the AGM 2016

The evolution of the ISG

- Opportunity to build on the ISG's success and reputation
- Potential for a broad based immunisation advocacy group
- Largely vacant space to enhance vaccine coverage and address vaccine hesitancy through advocacy
- The ISG will retain its integrity and maintain its breadth. No lessening of activities for the ISG.

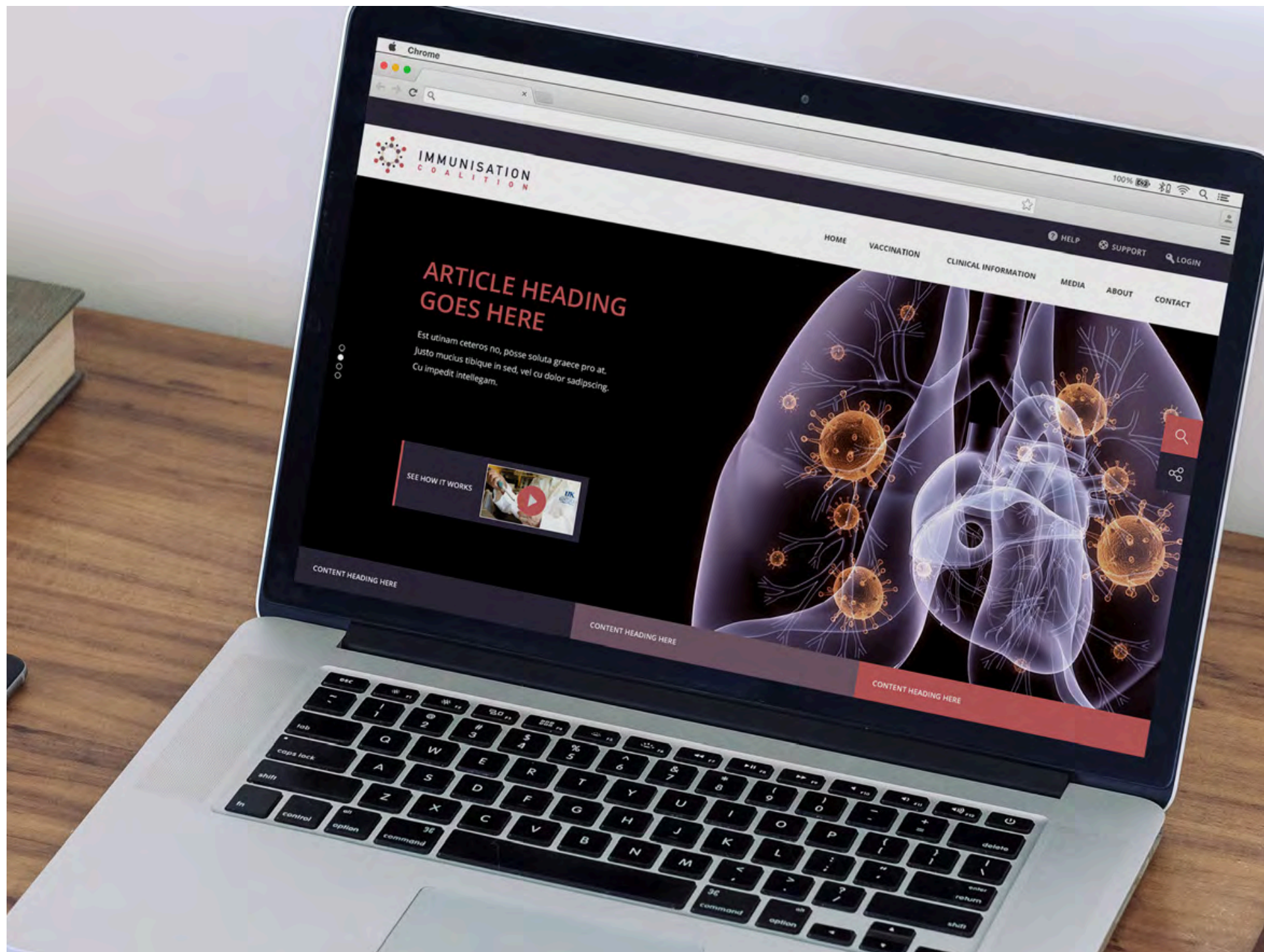
A photograph of a stage with heavy red curtains. The curtains are pulled back at the top corners, revealing a dark stage floor. A large, light pink question mark is centered on the curtains.

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IMMUNISATION
COALITION





Vision

The Immunisation Coalition will improve the protection of all Australians against infectious diseases through advocacy for immunisation.

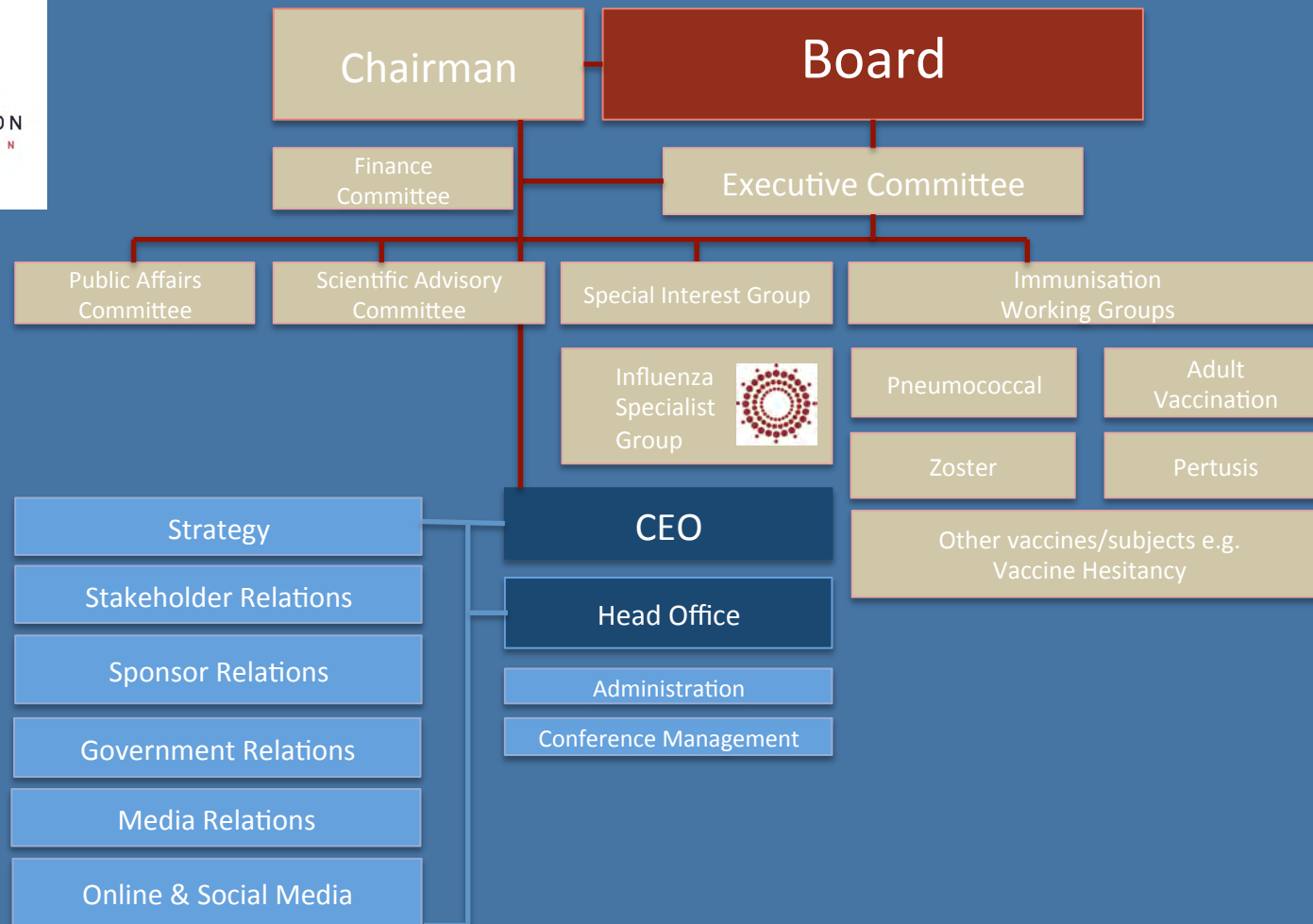
Mission

- To **create public awareness** regarding the importance of immunisation by providing educational materials and communication programs.
- To **co-operate** with key Australian professional bodies, consumer advocacy groups and the Australian, State and Territory Governments in their educational activities focused on immunisation to bring information to Australian healthcare professionals and the public.
- To **work with** consumers, health professionals and organisations with an interest in immunisation, ensuring that the information provided to consumers through our website and other communication channels is current, easily understood and scientifically informed.

What will change in 2016?

- Name change
- Revised Constitution
- Evolving structure for the IC
- Communication

Evolving Structure 2016



Communications

2015 & 2016



Learnings from 2015

The future is not reasonably predictable based on the past.

In fact,
the trend is:

Every flu season is
startlingly different.

Media communicates rapid,
indiscriminate, and constant.

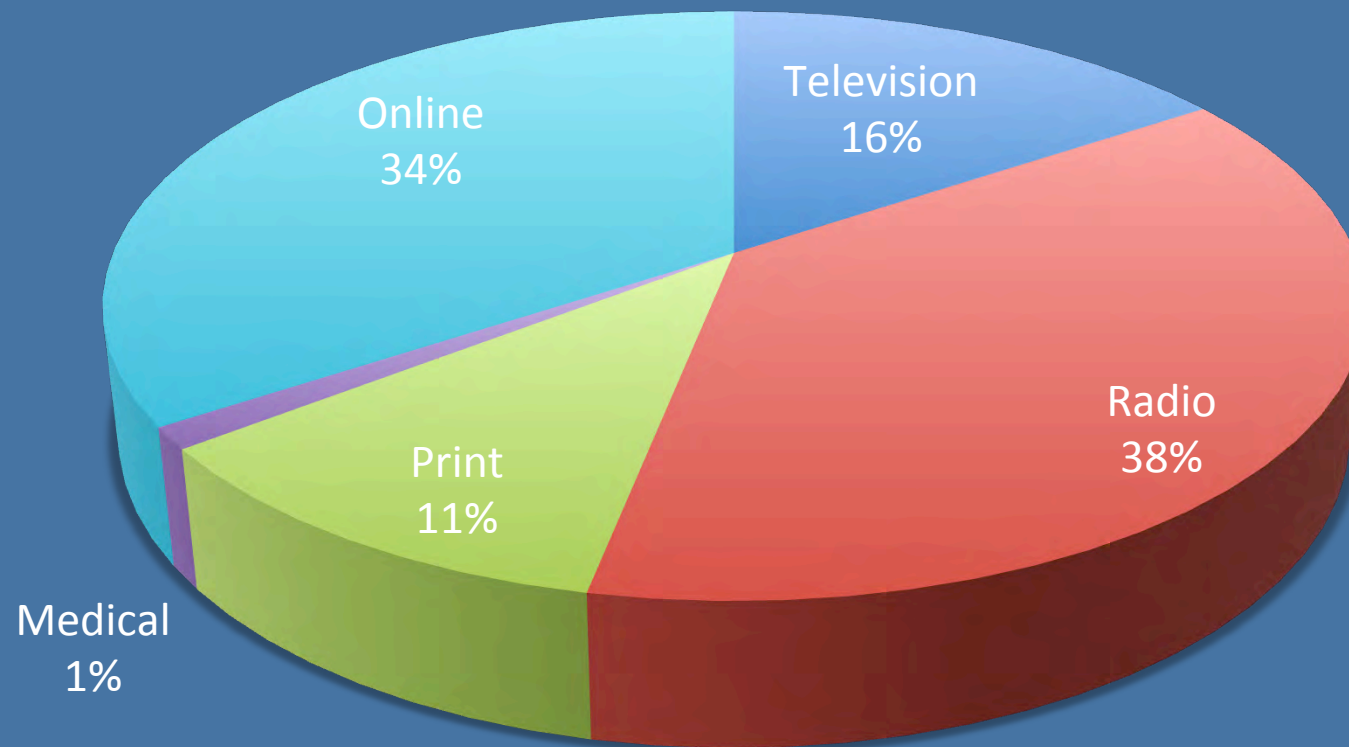


2015

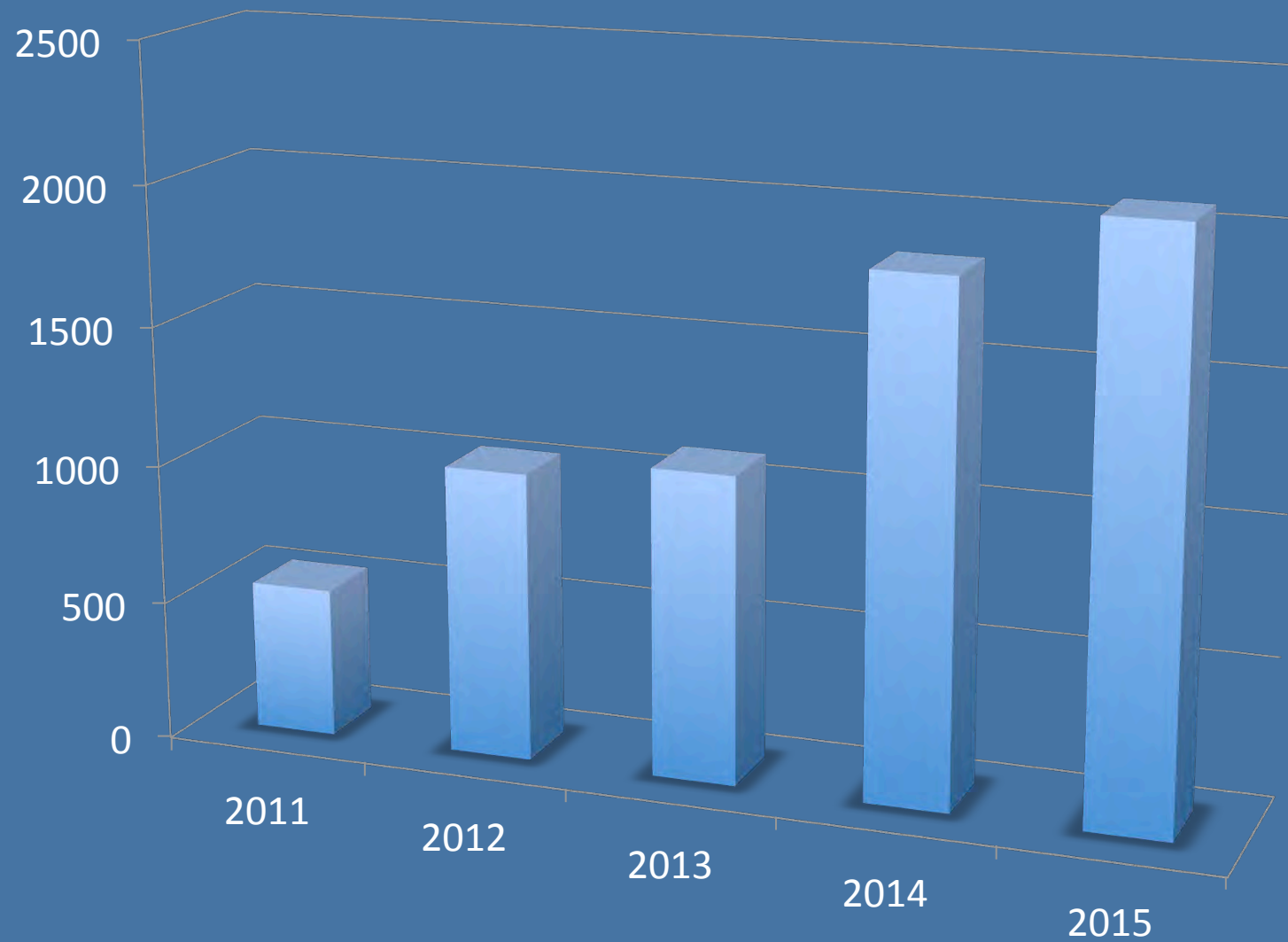


- ASM
- First Media requests in January
- Long lead media campaign
- Annual Scientific Meeting
- National media launch
Public Vaccination
Event in Melbourne
- Constant media
conversations

2015
2074 media clippings Jan-Aug
#FluShotNow campaign



Total media coverage year on year





New & Improved

- Partnership with Yarra Trams
- Vaccinating the Lord Mayor on camera
- Webinar for nurses & GPs
- The Flu Widget
- Low budget videos
- Pneumococcal Algorithm

2015 Impressions



Where to in 2016

Adaptive strategy:

- Roadmap the flu season 2016
- Set of navigational tools,

There will be many different options for reaching the destination.

The destination

Increase understanding of the impact of influenza and its relationships to other infectious respiratory diseases.

Reduce the public health impact of influenza through increased awareness among consumers and healthcare professionals and of best practice in the prevention and treatment of influenza.

Goals

Inform and educate medical professionals and general public about:

Flu Facts

Who's at risk

How to be smart about the flu

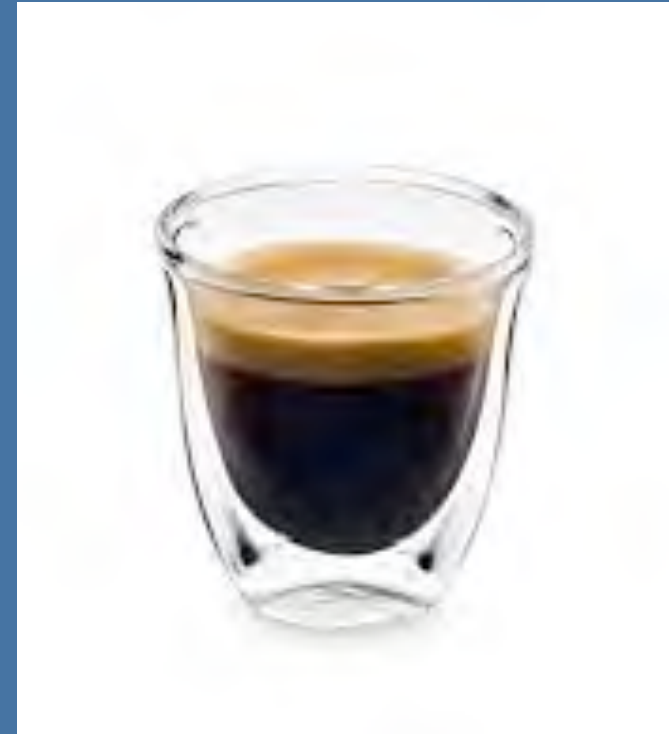
- based on scientific studies and available evidence

Tools

1. Story angle development. We know the flu story inside out. To attract attention we need to find a fresh, compelling angle. The goal is to find 'the most newsworthy hook' that makes the flu story stand out.

2. Multi-channel content creation. We live in a visual world. Challenge: to generate great content.

3. Distribution expertise. It's not enough to create content that attracts attention; we need to ensure that our target audience can and will access it.

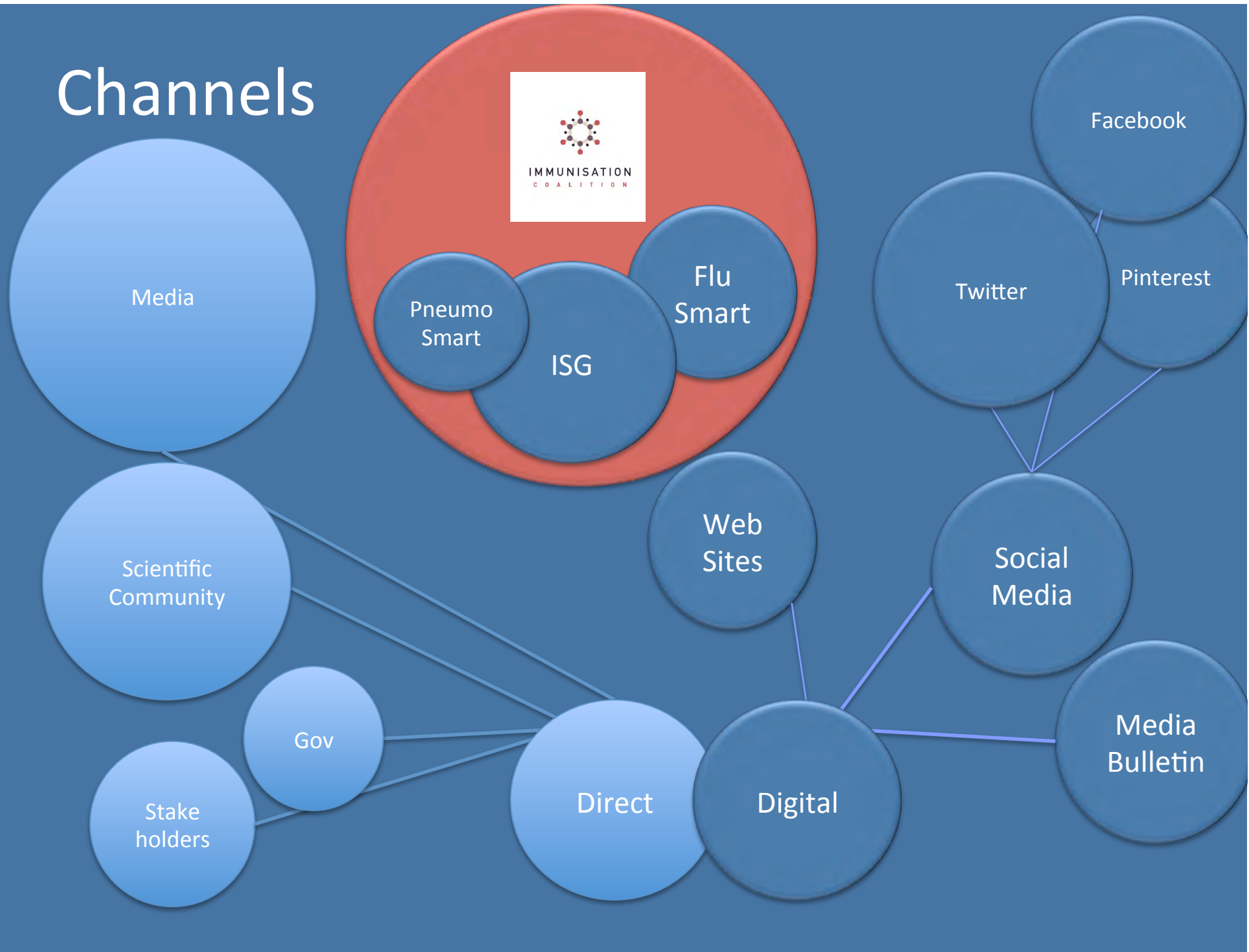


4. Caffeine. With so much content to create, this is a trend in the head office that will only grow.

The Roadmap

- Annual Scientific Meeting
- Starting developing storylines post conference
- Start of Flu Vaccination Season
- Public Vaccination Event in Melbourne
- International Day of Immunology – 2nd public event
- Winter is here
- Adult Vaccination Forum
- Flu is here

Channels



Publications examples

the 2016 **influenza** guide for general practitioners

Influenza virus strains can change from year to year – this is why it is important to have a yearly influenza vaccination.

Influenza is a potentially fatal disease that is estimated to cause MORE DEATHS than accidents on roads:
1500–3500
INFLUENZA DEATHS ANNUALLY

99,829 Australians suffered in 2015 from laboratory confirmed influenza. It is estimated that lab confirmed influenza only represents the TIP OF THE ICEBERG in the community.

18,000
HOSPITALISATIONS each year.

Notification rates have been highest amongst those CHILDREN UNDER 10 (25%). People aged 35 TO 44 YEARS amount to 11.5%. (Age-specific incidence varies from year to year.)

* Figures quoted from National Notifiable Diseases Surveillance System at 31 December

Doctors are key in getting their influenza vaccination

A 2015 ISG study showed that 54% of people who had a flu shot made the decision based on the recommendation of their GP.

YOU CAN HELP TO PROTECT thousands of Australians who are at risk of influenza complications. Advise them of the benefits of a flu shot.

These steps can help facilitate influenza vaccination programs in general practice:

- FLAG RECORDS of patients at increased risk of influenza complications.
- REMIND PATIENTS of the benefits of vaccination.
- ORGANISE VACCINATION CLINICS.

* non-communicable diseases, e.g. heart attack, stroke

the 2016 **pneumococcal disease** guide for general practitioners

ISG
Influenza Specialist Group

PNEUMOCOCCAL DISEASE is caused by the bacterium, *Streptococcus pneumoniae* (pneumococcus). Infection usually starts with a colonising event in the nose and throat, which is asymptomatic, and most infections do not amount to anything beyond colonisation. Some, however, spread locally or invasively to cause disease.

Certain pneumococcal diseases are non-invasive, such as middle-ear infections (otitis media), sinusitis or bronchitis. Others are invasive, involve the blood or a major organ and are potentially life-threatening.

Examples of invasive pneumococcal diseases (IPDs) include septicaemia (bacteraemia), meningitis or bacteraemic pneumonia.

Pneumococci usually possess a polysaccharide capsule, which occurs as more than 90 serotypes, and immunity to the organism is capsule type-specific. Although many serotypes cause disease, only a few cause most infections. The predominant serotypes vary with age, time and geography.

TRANSMISSION

Pneumococcal disease is mainly treated using β -lactam antibiotics, though pneumococci resistance is increasingly developing antibiotic resistance. Strains have variably become resistant to penicillin, cephalosporins, macrolides, tetracycline, clindamycin and the quinolones.

ANTIBIOTIC RESISTANCE

TRANSMISSION

Transmission occurs through respiratory droplets from people with pneumococcal disease or sneezes in close proximity of others. Infection may spread.

Following acquisition, the bacterium becomes established in the nasopharynx of the host with asymptomatic colonisation. It may then spread to other parts of the body where it causes disease. The bacterium's polysaccharide capsule helps it to resist phagocytosis. If the anti-capsular antibody pre-exists, avascular macrophages cannot kill the pneumococci.

CLINICAL FEATURES

The major clinical syndromes of IPD are pneumonia, septicaemia and meningitis. Symptoms of pneumonia include fever, chills, coughing, rapid or difficult breathing, chest pain, rigors, tachycardia, rusty-coloured sputum, cough or in older patients, confusion or low alertness.

Meningitis, although least common, is the most severe category of IPD and is often fatal. Symptoms include a stiff neck, fever, lethargy, nuchal rigidity, cranial nerve signs, seizures, coma, headache, pain when looking into bright light, confusion, or in babies, poor feeding and irritable, low alertness or vomiting.

Septicaemia is the most common IPD among young children. Symptoms include fever, chills and low alertness. By 12 months, most children have also experienced otitis media. Pneumococcus is detected in 28 to 55% of middle ear aspirates from children with otitis media. Symptoms include ear pain, a red, swollen eardrum, fever and sleeplessness. Complications of otitis media may include mastoiditis and meningitis.

Influenza Media Update

28 January 2016

This media update is provided for your information only. It does not represent the official position of the ISG or its members, nor can the factual accuracy of the information be guaranteed. Please email any comments or questions regarding the Influenza Media Update to info@isg.org.au

Influenza

1. Cold and flu warning: The dangers of too much acetaminophen

Harvard Health (USA), Wednesday 27 January 2016

Peruse the aisles of a local pharmacy or grocery store and you will find a wide variety of over-the-counter medications available to treat the symptoms of cold and flu.

Thank you!