Dr Rod Pearce AM

GP and Medical Officer of Health for the Eastern Health Authority in Adelaide, Chair of the Immunisation Coalition

IMMUNISATION COALITION

Respiratory infection in residential aged care: drivers of low vaccination rates and potential solutions for change

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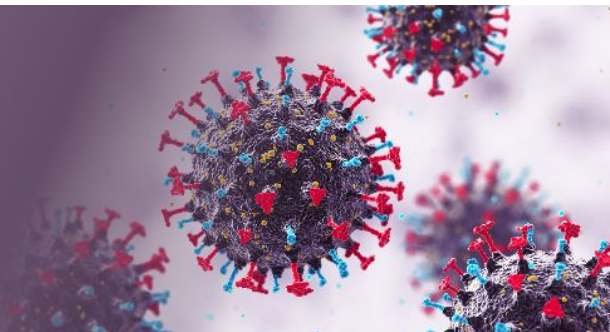
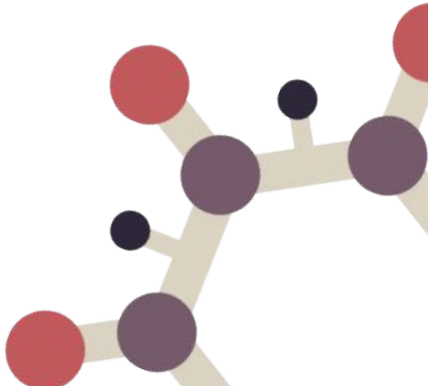


Respiratory Infections in Age Care



Dr Rod Pearce AM

Chair immunisation Coalition. Previous member ATAGI

Director

- Medical Benevolent Association (SA)
- Australian Association of GP
- Australian General Practice Network
- Medic Alert Foundation Australia

Past Director

- Headspace
- Australian GP Accreditation Ltd (AGPAL)
- Royal District Nursing Service (RDNS)
- ACE Division of GP (Medicare Local)

Past Chair

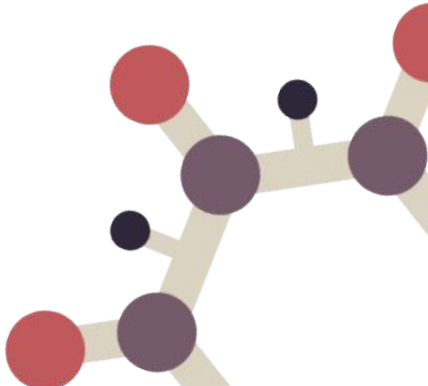
AMA Council of General Practice

GP Supervisors Association,

LMO Committee (DVA)

Past President AMA (SA)

General Practitioner (including Rural 25 year Award)



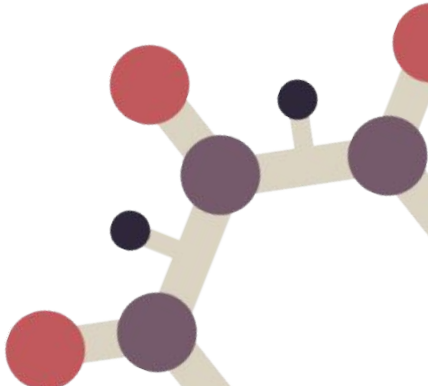
Residential Aged Care

Why are vaccine rates falling?
What can we do about it

IMMUNISATION
COALITION

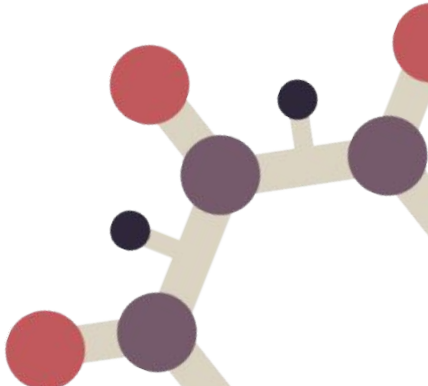
The big 3 Respiratory Killers

- Influenza
- RSV
- Covid-19



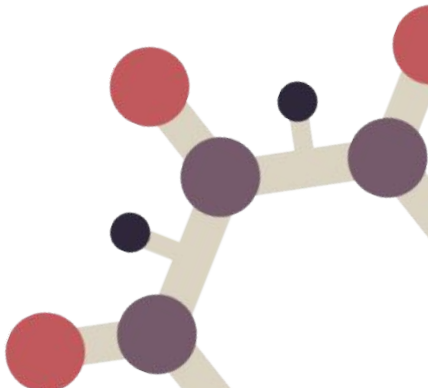
Influenza

- Highly contagious, outbreaks common
- Can lead to pneumonia, hospitalization, death
- Even mild ‘flu can de-stabilise chronic conditions



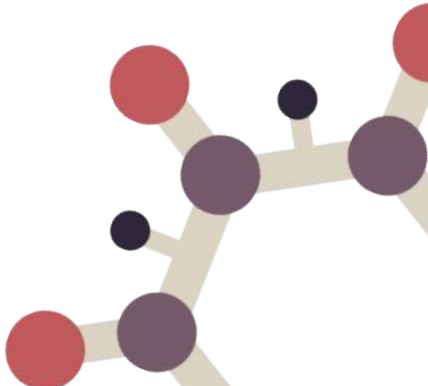
RSV

- Once considered mainly childrens virus, now known to cause serious illness in the elderly
- No long term immunity
- New vaccines may lead to changes



Covid -19

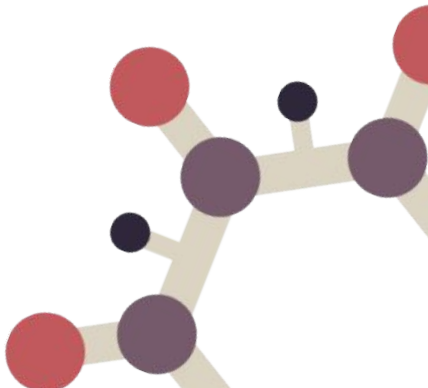
- Changed everything
- High mortality in aged care
- Continues to circulate,
  - 6 monthly vaccines recommended
  - Seasonal risk



The cost and consequences

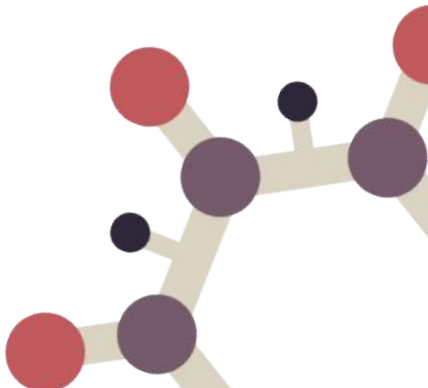
- Infections in RACF cause
  - Hospital transfers (often traumatic and unwanted)
  - Isolation and decline in mental health
  - Staff Shortages and burnout
  - Public scrutiny and family distress

- Prevention is far better/cheaper than treatment



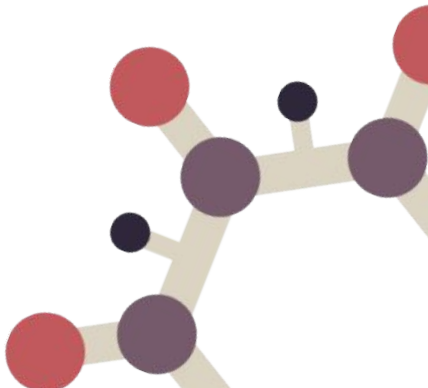
Vaccination in RACF

- Coverage influenza pre. 2020…. 90% now 65%
- Coverage Covid possibly 50%
- RSV uptake minimal
- Staff vaccination rates lower than residents



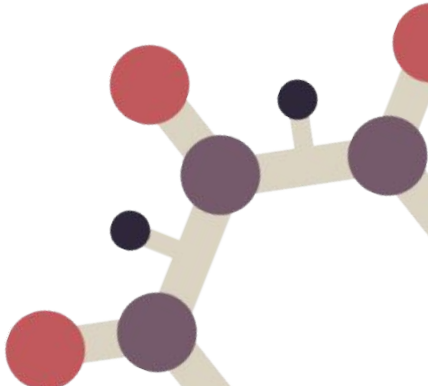
Vaccination in RACF matters

- Herd immunity within facility is critical
- Staff can be asymptomatic carriers
- Families and visitors play a role in spread



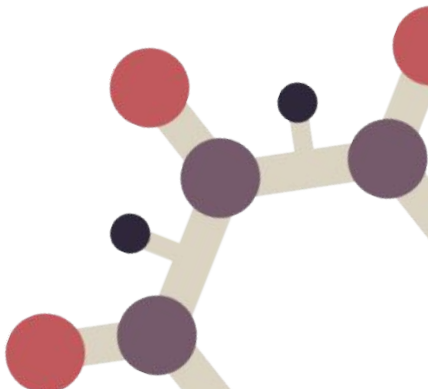
Drivers for low vaccination rates

- Pandemic fatigue and complacency
- Mistrust and misinformation
- Logistical Challenges
- Workforce gaps and culture
- Consent and family dynamics
- Inconsistent messaging



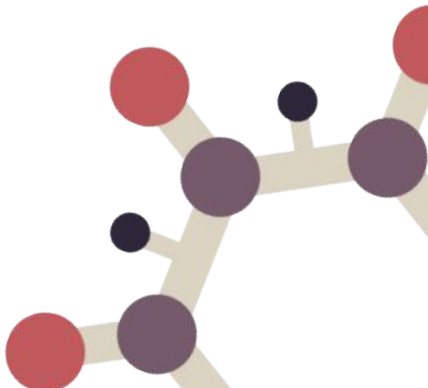
Drivers for low vaccination rates 1

- Pandemic fatigue and complacency
  - Covid burnout has impacted willingness to engage with ongoing vaccination
    - Staff
    - residents
  - “ we’re done with vaccines” mindset
  - Flu and Covid are now seen as less dangerous than 2020-21



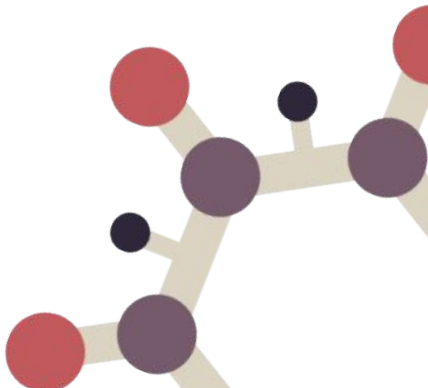
Drivers for low vaccination rates 2

- Mistrust and misinformation
  - Misleading media coverage and online misinformation
  - Concerns about side effects (risk benefit)
  - Some staff and families skeptical of newer vaccines
    - bivalent covid booster
    - “New” mRNA booster
    - RSV



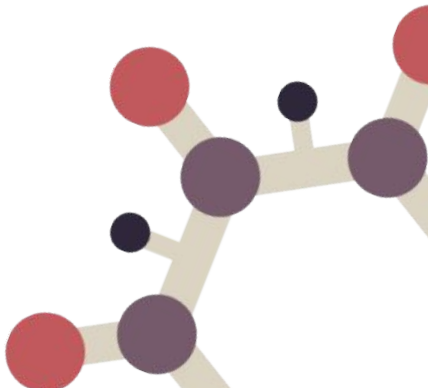
Drivers for low vaccination rates 3

- Logistical Challenges
  - Vaccine scheduling requires collaboration between facilities, pharmacists, GPs and other HCP/vaccine providers
  - Residents miss vaccine because of
    - illness,
    - hospitalisation or
    - Consent issues
  - Staffing pressures mean vaccines are not prioritised



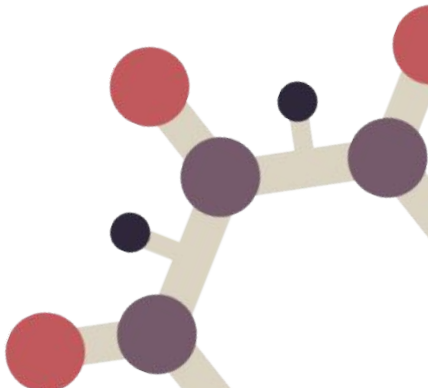
Drivers for low vaccination rates 4

- Workforce gaps and culture
  - Casualised workforce=limited continuity
  - Some staff unaware of their eligibility for vaccination
  - Lack of strong leadership or “ provaccination culture” in some facilities



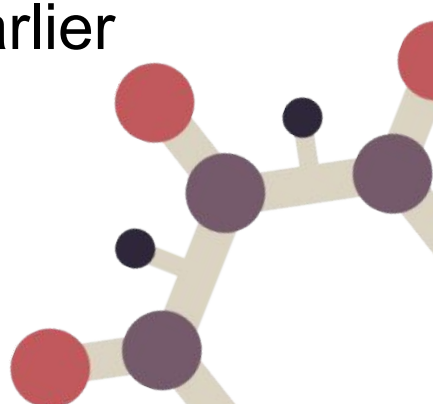
Drivers for low vaccination rates 5

- Consent and family dynamics
  - Families may delay or decline consent for vaccines due to fear or misunderstanding
  - Increasing complexity around consent
    - Dementia
    - Limited English



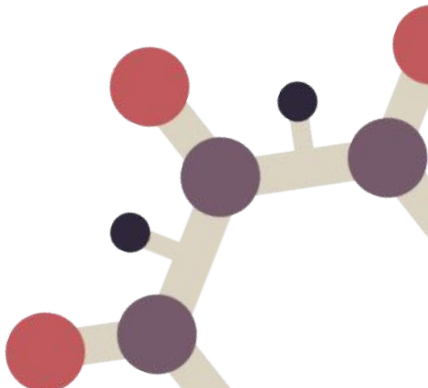
Drivers for low vaccination rates 6

- Inconsistent messaging
  - Conflicting advice from
    - GPs
    - Pharmacy or other HCP
    - Faculty managers
    - Health departments (State/Commonwealth)
  - Lack of national urgency or media campaigns compared to earlier pandemic years



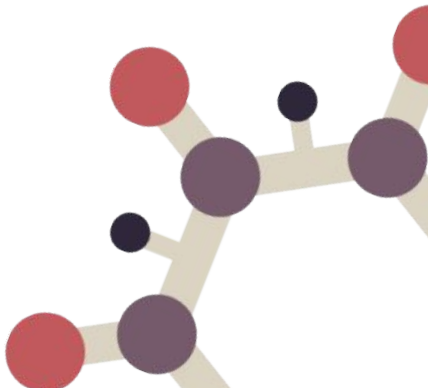
Rebuilding Trust Through Clear, Honest Communication

- . Empower staff to have empathetic, fact-based conversations with residents and families.
- Avoid overpromising; acknowledge small risks but explain real benefits.
- Use personal stories and data—e.g., “Last year we avoided 10 hospitalisations thanks to flu vaccines.”



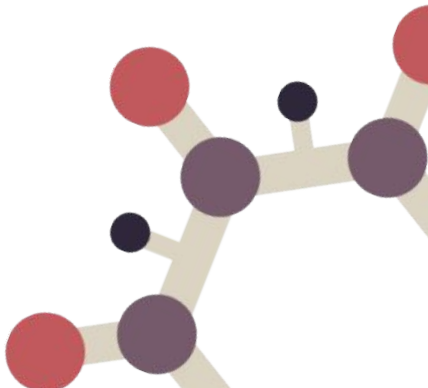
On-Site, Flexible Vaccination Models

- Bring vaccines **into** the facility—don't make residents or staff go out.
- Use mobile clinics, pharmacists, nurse immunisers.
- Schedule regular “catch-up” opportunities.



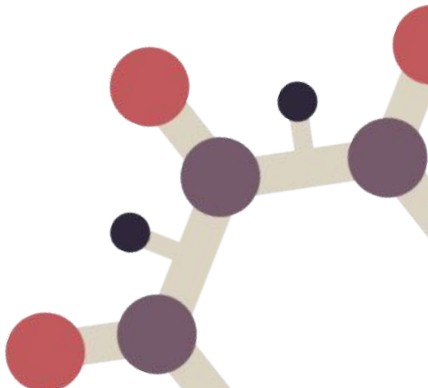
Make Staff Vaccination the Norm

- Provide vaccines during paid hours.
- Offer incentives (e.g., certificates, small bonuses, morning teas).
- Strong leadership: managers and RNs vaccinated first and publicly.



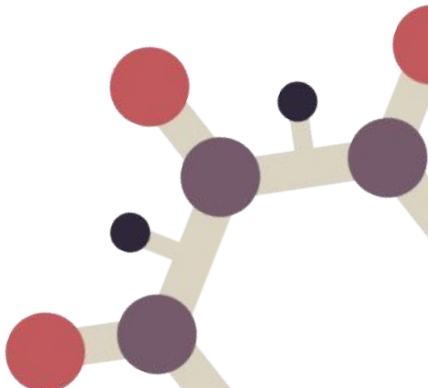
Targeted Education Campaigns

- Use short videos, posters, and toolkits made **for aged care** settings.
- Tailor materials to CALD backgrounds and staff literacy levels.
- Partner with trusted GPs or geriatricians to answer common concerns.



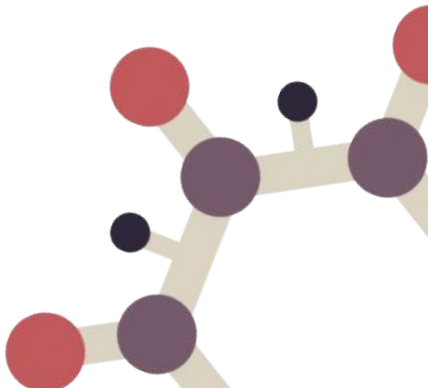
Consent Streamlining

- Develop and share templates for advance vaccine consent.
- Engage families early in the year—send information packs in multiple languages.
- Use digital platforms if available for faster approval.



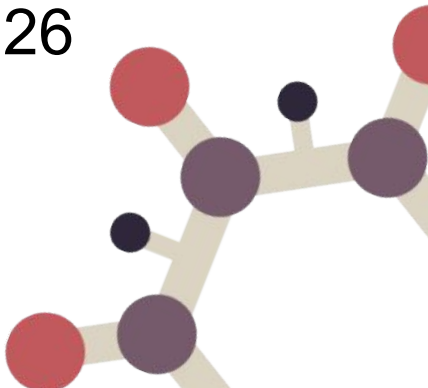
Policy and System-Level Supports

- Require facilities to publicly report vaccination rates (residents AND staff).
- Mandate minimum staff vaccination coverage.
- Include vaccination metrics in accreditation standards.
- Fund community pharmacists and nurse immunisers to support RACFs.



Great ideas but …….

- Review what is happening now (2025)
  - SA pilot program to review what is happening NOW in RACF
  - Working group of HCP who vaccinate NOW
  - Contact all RACF in SA (270) to see what they plan to do this year
  - See what “model” of practice they use for vaccinating ‘flu
    - GP single or GP’s group/pharmacy/facility/contractors/ combined
  - Review their success/failure
  - Feedback on issues raised
  - Use those findings to help Australia wide improvements for 2026



Concluding

- Respiratory infections will remain a leading cause of morbidity and mortality in aged care unless we act decisively.
- Vaccination is one of the most powerful tools we have—but it's not enough to just offer it.
- We need to **engage**, **educate**, and **enable** residents and staff and HCP to make informed decisions.
- With leadership, coordination, and compassion, we can **raise vaccination rates**, reduce outbreaks, and improve the quality of life for older Australians in residential care.