News in brief: New leadership for National Asthma Council; Practice Incentives Program reveals room to improve in COPD; Latest insights on tuberculosis in the Top End

31 Aug 2021











Mr Bill Petch

New leadership for National Asthma Council

Mr Bill Petch has been appointed the new CEO of the National Asthma Council Australia (NAC).

Mr Petch has previously served as CEO of the Leukaemia Foundation of Queensland from 2012-2016 then CEO of the nationally unified Leukaemia Foundation 2016-2020.

Under his leadership the first 'State of the Nation' report on blood cancer in Australia was released in 2019, together with the first National Strategic Action Plan for Blood Cancer in 2020.

Mr Petch said organisations will need to innovate to create a new future on the other side of the pandemic.

"Healthcare is currently one of the most disrupted sectors and there will be several seismic shifts in how the sector will operate and engage with stakeholders in the future," he said.

"We have a huge opportunity to influence just what the new world will look like for the healthcare ecosystem and I want the National Asthma Council Australia to be a significant part of that innovation," said Mr Petch.

"The NAC Board is excited about this appointment as it believes Mr Petch will make an outstanding contribution to the leadership and future direction of the NAC," Board Chair Dr Joanna Wriedt said.

Practice Incentives Program reveals room to improve in COPD

Two-thirds (66.8%) of patients with COPD nationally have an influenza immunisation status recorded by their GP record in the 15 months prior to July 2021, despite being a strong recommendation in guidelines such as COPD-X.

A report from the Australian Institute of Health and Welfare on the Practice Incentives Program Quality Improvement Measures found the evidence of annual flu vaccination rates vary between primary health networks from a low 52.8% to 75.5%.

However there had been a slight increase in the overall recording of vaccination status over time – increasing by 5.9% between October 2020 and July 2021.



Older patients \geq 65 years were the most likely to have an influenza immunisation status recorded in their GP record in the previous 15 months, with similar rates in both males and females.

Latest insights on tuberculosis in the Top End

The rate of tuberculosis (TB) in Indigenous Australians in the Northern Territory has decreased by about 5% every year since the TB control program was reinstated in 1989.

However the notifiable disease is increasingly diagnosed in people in the Top End who were born overseas, particularly in Indonesia, Timor-Leste, the Philippines and Vietnam.

A review of 741 cases in the NT between 1989 and 2020 found 48% of people with TB were born overseas, 44% were Aboriginal, and 7% were Australian-born and non-Indigenous.

Among affected First Nations people, 84% lived remotely. There were no cases with concomitant HIV infection and no cases of multidrug-resistant *M. tuberculosis*.

Lead author Dr Ella Meumann, from the Menzies School of Health Research, said TB genomic sequencing has enabled better understanding of transmission clusters.

"Genetically linked cases mostly involved Aboriginal people in remote regions, with evidence that both recent transmission and reactivation of dormant TB after infection in the past, are contributing to TB cases in these areas."

The findings indicate that TB control resources should continue to be directed to TB hotspot regions with timely and complete

case detection, contact tracing, and latent TB treatment.

The study found Aboriginal people were more likely to die from TB (12%) than overseas-born people (3%).