

GP Connect

Keeping GPs informed in the changing primary health landscape



10 April 2025

Promising RSV immunisation options for infants and children in Western Australia

Dr. Ushma Wadia ^{a,b}, A/Prof Hannah C. Moore ^b, Prof Peter C. Richmond ^{a,b} Prof Paul Effler ^c, Prof Christopher C. Blyth ^{a,b}

With the recent introduction of the national and state RSV immunisation programs, there is now a pivotal shift in how GPs can help prevent RSV infection for infants and children.

Key points:

- Respiratory Syncytial Virus (RSV) is a major cause of acute lower respiratory infection in young children and the leading cause of hospitalisation in Australia in the first year of life.^{1,2}
- In Australia, a long-acting monoclonal antibody, Beyfortus (nirsevimab) and maternal vaccination, Abrysvo, are now available for RSV prevention for young children.
- The National RSV Mother and Infant Protection Program (RSV-MIPP), commenced on 3 February 2025. Abrysvo is available for pregnant women under the National Immunisation Program (NIP) and Beyfortus (nirsevimab) made available through state-funded programs.
- Western Australian children under two years of age with medical risk conditions had lower uptake of Beyfortus (nirsevimab) in 2024 compared to other cohorts, but remain at high risk of hospitalisation with RSV disease.

What is the 2025 WA Respiratory Syncytial Virus (RSV) Infant and Maternal Immunisation Program?

Option A: Abrysvo - available from 3 February 2025, all-year-round program.



- The maternal RSV vaccine is funded under the NIP in 2025.
- Pregnant women, 28–36 weeks gestation, are recommended the RSV vaccine to protect infants from birth through to six months.

Option B: Beyfortus (nirsevimab) - available from 1 April to 30 September 2025 (all-year-round in Kimberley and Pilbara only).

The WA Department of Health will continue to fund the infant RSV immunisation program to protect eligible infants and children, including:

- Infants born between 1 October 2024 and 30 September 2025 whose mother did not receive Abrysvo or received Abrysvo less than two weeks prior to delivery, or whose mother is immunocompromised.
- Aboriginal infants and children born between 1 October 2023 and 30 September 2024 entering their second RSV season.
- Beyfortus (nirsevimab) is a long-acting monoclonal antibody that provides immediate protective immunity against RSV infection.
- One injection provides protection for at least five months.

Continued page 2

Promising RSV immunisation options for infants and children in Western Australia (cont)

Both options will be offered at participating maternity hospitals, general practices, Aboriginal medical services, and community health immunisation clinics. Community pharmacies will offer Abrysvo but not Beyfortus (nirsevimab).

RSV immunisation decision aids have been developed to guide immunisation providers discussing options with patients [state-wide](#), and in the [Kimberley or Pilbara regions](#).

Which children are at the highest risk of requiring hospitalisation with RSV disease?

- Infants less than six months of age.
- Children younger than two years of age with conditions associated with increased risk of severe RSV disease:
 - Preterm birth <32 weeks gestational age
 - Hemodynamically significant congenital heart disease
 - Significant immunosuppression, such as from malignancy, solid organ transplant, haematopoietic stem cell transplant, or primary immune deficiencies such as severe combined immunodeficiency (SCID)
 - Chronic lung disease requiring ongoing oxygen or respiratory support
 - Neurological conditions that impair respiratory function
 - Cystic fibrosis with severe lung disease or weight for length <10th percentile
 - Trisomy 21 or another genetic condition that increases the risk of severe RSV disease.

What was the uptake of Beyfortus (nirsevimab) in 2024?

- More than 21,000 doses of Beyfortus (nirsevimab) were administered during the 2024 season in Western Australia.³
- Statewide, Beyfortus (nirsevimab) coverage has been estimated to be 85% for the newborn cohort and 66% for the catch-up infant cohort but only 30% for at risk children in the second year of life.³ General practice providers delivered 37.9% of the doses.⁴

Is Beyfortus (nirsevimab) safe and does it work?

The REVIVE (REspiratory syncytial Virus Immunisation program - eValuating Effectiveness and impact) study, recently published in the Journal of Infection, assessed the effectiveness of Beyfortus (nirsevimab) against laboratory-confirmed RSV hospitalisation:⁵

- It is a multi-centre, prospective case-control observational study estimating immunisation effectiveness using a test negative design enrolling children at Perth Children's Hospital, Joondalup Health Campus and Fiona Stanley Hospital.
- First Australian study to provide nirsevimab effectiveness estimate over a single epidemic season.
- Nirsevimab recipients were 88.2% less likely to require RSV-associated hospital admission.
- Nirsevimab recipients were 61.8% less likely to require oxygen or respiratory support.

In 2025, the REVIVE study will assess the effectiveness of nirsevimab and/or Abrysvo against laboratory-confirmed RSV hospitalisation. WA Health have also reported on the safety of Beyfortus (nirsevimab) and found this to be safe.⁶ There were no significant adverse events post Beyfortus (nirsevimab) except common minor reactions and it is safe to give it with routine childhood immunisations.

Points to take away:

- Beyfortus (nirsevimab) is safe and highly effective against RSV associated hospitalisation in infants.
- Think of Abrysvo for pregnant women you are caring for.
- Recommend Beyfortus (nirsevimab) for children at high risk of RSV disease as per the list above if born on or after 1 October 2023 to 30 September 2025.

Resources:

- WA Department of Health:
 - [2025 WA Respiratory Syncytial Virus \(RSV\) Infant and Maternal Immunisation Program](#) (including provider fact sheet)
 - RSV immunisation decision aids (flowcharts) for [state-wide](#) and [Kimberley or Pilbara regions](#)
- Journal of Infection – [Effectiveness of nirsevimab in preventing RSV-hospitalisation among young children in Western Australia 2024](#)
- The Paediatric Infectious Disease Journal – [Active post-marketing safety surveillance of nirsevimab administered to children in Western Australia, April-July 2024](#)
- The Australian Immunisation Handbook – [Respiratory syncytial virus \(RSV\)](#)
- AusVaxSafety - [RSV vaccine safety data](#)

Author affiliations:

- a. Perth Children's Hospital
- b. Wesfarmers Centre for Vaccines and Infectious Diseases, The Kids Research Institute Australia/ University of Western Australia
- c. Communicable Disease Control Directorate, WA Department of Health

References:

1. Pratt MTG, Abdalla T, Richmond PC, et al. Prevalence of respiratory viruses in community-acquired pneumonia in children: a systematic review and meta-analysis. *Lancet Child Adolesc Health* 2022;6(8):555-70. doi: 10.1016/S2352-4642(22)00092-X [published Online First: 2022/06/01]
2. Nair H, Nokes DJ, Gessner BD, et al. Global burden of acute lower respiratory infections due to respiratory syncytial virus in young children: a systematic review and meta-analysis. *Lancet* 2010;375(9725):1545-55. doi: 10.1016/S0140-6736(10)60206-1 [published Online First: 2010/04/20]
3. Bloomfield L, Pingault N, Foong R, et al. Impact of nirsevimab on RSV-associated hospitalisations among infants in WA in 2024. *The Medical Journal of Australia* 2025 [published Online First: (in press)]
4. Blyth C, Wadia U, Richmond P, et al. Evaluating the Nirsevimab RSV prevention program in Western Australia - early insights into program impact. *OPTIONS XII Brisbane, Australia*, 2024.
5. Wadia U, Moore HC, Richmond PC, et al. Effectiveness of nirsevimab in preventing RSV-hospitalisation among young children in Western Australia 2024. *J Infect* 2025;106466. doi: 10.1016/j.jinf.2025.106466 [published Online First: 20250310]
6. Carcione D, Spencer P, Pettigrew G, et al. Active Post-Marketing Safety Surveillance of Nirsevimab Administered to Children in Western Australia, April-July 2024. *Pediatr Infect Dis J* 2025 doi: 10.1097/INF.0000000000004715 [published Online First: 20250103]

WA 2025 RSV Beyfortus Infant Immunisation Program

For more information on the launch of the 2025 RSV Beyfortus Infant Immunisation Program in WA, including available education, ordering and cold chain advice, read the full [WA Department of Health Vaccine Update 421](#).

It's important to inform your patients about the RSV vaccine. Find RSV resources to support administration and conversations with your patients [National Centre for Immunisation Research and Surveillance website](#).

Hospital Liaison GP Updates

Royal Perth Hospital Ambulatory Unit open to GP referrals

The Royal Perth Hospital Ambulatory Unit (RPH AU) has 10 patient spaces delivering a dual, acute ambulatory care and frailty care model for patients aged 16 and over. The unit is currently staffed by a geriatrician and physician (emergency department/acute medicine), along with nurses, physiotherapists, occupational therapists and social workers and can also access Aboriginal health liaison officers.

Open Monday to Friday, 8.00am to 6.00pm (excluding public holidays), it is a multidisciplinary assessment and management area for those patients that are too sick/complex for community care but not sick enough for emergency care.

The RPH AU is not a pathway to longer admission but aims to:

- Provide same day rapid access to assessment, diagnostics, and treatment so that our patients spend hours rather than days in hospital.
- Allow patients to safely go home on the same day they arrive in hospital.
- Improve how patients experience the care they are provided.
- Reduce patient risk of infection and de-conditioning from longer than necessary hospital stays.

RPH AU referrals are not a substitute for a rapid access or immediate outpatient appointment (seen within seven days) where available and more clinically appropriate.

Inclusion criteria:

Patients aged 16 years or over who live or stay in the Royal Perth Hospital metropolitan catchment area and:

- who are clinically stable; and
- who could avoid an imminent hospital admission through an ambulatory care visit.

Royal Perth Hospital Ambulatory Unit open to GP referrals (cont)

Examples of ambulatory care sensitive conditions include, but are not limited to:

- low risk chest pain
- acute exacerbation of chronic heart failure not requiring acute inpatient admission
- TIA
- palpitations
- PE/DVT
- hypertension
- syncope
- dizziness /vertigo
- headache
- cellulitis
- gastritis, epigastric pain
- anaemia/iron deficiency
- constipation/diarrhoea
- UTI/pyelonephritis
- urinary retention/catheter change
- falls
- non-surgical fractures
- localised pain – non-traumatic
- functional decline/deconditioning.

Exclusion criteria:

- Patients who are clinically unstable.
- Patients likely to require overnight admission.
- Patients living or staying outside the Royal Perth Hospital metropolitan catchment area.
- Patients under 16 years of age.
- Patients who require urgent surgery.
- Toxicology/intoxicated patients.
- Patients requiring primary mental health review.
- Ophthalmology presentations.
- Ongoing active bleeding.
- Seizures.
- Dementia with BPSD (difficult to control behaviours).

Referral pathway for GPs:

GPs can contact the RPH AU clinical nurse manager or consultant to discuss suitability for RPH AU on 0421 939 335 between 8.00am - 4.00pm, Monday to Friday (excluding public holidays).

If the patient does not meet the RPH AU criteria, then the referring GP will be advised and offered alternative suggestions where possible.

If the RPH AU staff verbally agree that the referral sounds appropriate and the unit has capacity, the referring GP is asked to:

- Ensure the patient and/or family understands the RPH AU offers review, workup and management with discharge on the same day.
- Obtain consent from patient (or if cognitively impaired, their next of kin) to be contacted by RPH AU staff
- Advise the patient that the AU staff will contact them and/or their next of kin with an appointment time on the same day or following business day.
- Advise the RPH AU if the patient does not want their next of kin contacted.
- Advise RACF patients and staff, the RPH AU team will contact the RACF nurse to assist booking transport and providing an escort.
- Send a referral with the patient's details and clinical summary/reason for referral to RPH AU via rph.ambulatoryunitreferrals@health.wa.gov.au or fax 9224 1043.

Dr Jacquie Garton-Smith

Hospital Liaison GP, Royal Perth Bentley Hospital, EMHS

jacquie.garton-smith@health.wa.gov.au

Generally available: Monday and Thursday

Armadale Hospital Maternity Services update

New Midwife Antenatal and Postnatal Service

The Midwife Antenatal and Postnatal Service (MAPS) at Armadale Hospital is a continuity of care model aiming to provide a named midwife for each pregnant patient to deliver all hospital antenatal care and postnatal home visiting for five days. As of February 2025, women can request to be allocated to MAPS at antenatal booking or request the general midwifery clinic. If a woman develops a condition that requires specialist care, they can stay in the program as long as they do not require referral to a tertiary hospital.

Arrival of Rhesus D NIPT testing

As many GPs will be aware, Rhesus negative women can now have the blood group of their baby tested between 20 and 32 weeks' gestation so that prophylactic anti-D can be directed only to those mothers who need it. At Armadale Hospital, this will be discussed and offered by the midwives at the first visit so that it will be known whether anti-D is needed by the time they are seen in the GP clinic at 28 weeks. [Read the February GP Connect Clinical Feature](#) for more information on Rhesus D Non-Invasive Prenatal Testing (RHD NIPT) in WA.

HLGP Update from Armadale Hospital (cont)

RSV vaccination in pregnancy

In February this year, Armadale Hospital started to offer maternal RSV vaccine Abrysvo to pregnant women at their 28-week visit. This can currently be given from 28 weeks to 36 weeks. As the dTpa vaccine can be given earlier and the influenza vaccines at any time, GPs can help to minimise the number of injections given at one time by offering those vaccines early in the pregnancy.

Considering the Abrysvo vaccine is relatively new, we may encounter some mothers who are uncertain about receiving it and want to take some time to think about it. In such cases, we will suggest that if they need more time to decide, they can arrange to receive the vaccine with their GP between visits.

If you do give Abrysvo in the practice, please record the date and gestation that it was given so that we can determine which infants should be offered the Beyfortus (nirsevimab). For infants to be covered, and therefore not requiring Beyfortus, the mother needs to have been given Abrysvo at least two weeks prior to birth. There are some exceptions and high-risk babies who will be offered it regardless of maternal vaccination.

Patients requesting female practitioners in public maternity care

In the maternity unit at Armadale Hospital, we have been experiencing a significant increase in the number of patients who request that only female practitioners be involved in their care.

As a public hospital with staff employed on a rostered basis it is not possible to guarantee this. We appreciate the help of GPs, who are usually the first to see patients in their pregnancy, in managing patients' expectations around this.

The maternity unit works hard to offer good, respectful, holistic antenatal, intrapartum, and postnatal care to patients, including use of interpreters if needed but resources are not available to offer a female practitioner when one is not rostered on duty.

Dr Anne Lewis
Hospital Liaison GP, Armadale Kalamunda Group
Ann.lewis@health.wa.gov.au
0428711003

Are your practice details up to date for WA public hospital discharge communication?

In the coming months, more WA emergency departments (EDs) will transition to securely messaging ED discharge summaries using the system already in place at Fiona Stanley, Rockingham and some rural hospital EDs.

Printed summaries will continue to be given to patients as usual and faxed to practices not registered for secure messaging.

To update your secure messaging details or current GP list, or to register to receive public hospital discharge and outpatient summaries by secure messaging, contact the tertiary hospital your adult patients most commonly attend:

- Fiona Stanley Hospital: Email FSH.HIMSHISS@health.wa.gov.au or see [Fiona Stanley information for GPs](#) on the Fiona Stanley Fremantle Hospitals Group website.
- Royal Perth Hospital: Email RPH.GPN.Coordinator@health.wa.gov.au, telephone 9224 3673, fax 9224 2348 or see [Communication](#) on the Royal Perth Hospital website
- Sir Charles Gairdner Hospital: Email SystemsSupportMailbox.SCGH@health.wa.gov.au, telephone 6457 3331 or fax 6457 3067.

Once updated, your new practice contact details will be available to other public hospitals in WA excluding some public-private hospitals which use different systems.

WAPHA LEARNING WEBINAR

Immunisation Winter Wellness Webinar

FIND OUT MORE AND REGISTER

📅 Thursday 10 April
🕒 5pm to 6pm (AWST)

RACGP CPO
Educational Activity 1 hour

Measles cases increasing in WA – state funded MMR vaccine for eligible adults who have not already received two doses

The measles mumps rubella (MMR) vaccine should be given to those who are not immune, or where you are unsure of their status.

At 9 April 2025, WA has recorded 13 measles cases since 19 March, with some being reported as active in the community. Current advice for WA clinicians (at 10 April 2024) is available [here](#).

Measles vaccination rates for two-year-olds in WA have [recently decreased](#) to 91 per cent; to achieve community immunity and prevent outbreaks, at least 95 per cent of a population needs to be vaccinated.

It is important to review your patients' immunisation history and provide catch-up vaccines [when needed](#).

Funded measles vaccines:

- Measles combination vaccine is provided at no cost under the [National Immunisation Program](#) for children aged 12 months and 18 months.
- A state funded [adult measles vaccination program](#) is available for Western Australians born after 1965 who have not already received two doses of a measles-containing vaccine. Practices can order the state funded MMR vaccine through Onelink, following the same process as for other vaccines.
- Free catch-up immunisations are available through the [National Immunisation Program](#) for:
 - People who are aged under 20 years without evidence of two doses of a measles-containing vaccine.
 - Refugees and humanitarian entrants of any age.

For more information including early vaccination for children, contraindications and precautions see the [Australian Immunisation Handbook](#).

Prof. Paul Effler, Senior Medical Advisor at the Communicable Disease Control Directorate at WA Department of Health will discuss funded measles vaccinations available in WA at WA Primary Health Alliance's Immunisation - Winter Wellness webinar on Thursday 10 April 2025 at 5.00pm.

[Register](#)

More measles resources for health professionals, practices and patients:

- [Vaccine Update 420 - Perth Metro and South West Measles Alert](#)
- [WA Adult measles vaccination program](#)
- [Measles: The Australian Immunisation Handbook](#)
- [WA Health: Measles poster - Call before entering or use mask](#)
- [WA Health: Measles poster - Could this patient have measles triage for GPs](#)
- [Healthy WA website: Measles information for patients](#)
- [Healthy WA website: How to check your immunisation record](#)

Free Influenza Vaccine Program throughout May and June 2025

From 1 May to 30 June 2025, general practices and other immunisation providers will be able to administer [state-funded influenza vaccines](#) at no cost to people aged five to 64 years, who are not otherwise eligible for a free vaccine under the National Immunisation Program (NIP).

Commencing next week (Tuesday 15 April), immunisation providers will be able to order free, FluQuadri vaccines through the Onelink ordering system. Some ordering limits may apply. More information is available on the [Vaccine Ordering](#) webpage.

Influenza vaccines ordered for this program should not be administered to NIP-eligible people, and vice-versa. A list of vaccine brands and the cohort they are allocated to under the NIP and state programs is available on the [WA Department of Health website](#).

WA Department of Health reminds immunisation providers of the requirement to [report](#) all influenza vaccinations administered to the Australian Immunisation Register (AIR); this includes NIP-funded, state-funded, and privately purchased vaccines.

Providing Mandatory Firearms Authority Health Assessments in WA

The newly commenced [WA firearms legislation](#) includes the introduction of a mandatory Firearms Authority Health Assessment undertaken by a medical practitioner (GP) for all new Firearm Licence applicants, and existing licence holders, repeated at least every five years (annually for those aged 80 years of age and older). Read more about what this means for GPs in [March 2025 GP Connect](#).

Useful links for GPs:

WA Government:

- [Licensing Services \(Firearms\) landing page](#)
- [Firearms: Medical Practitioners Information](#)

WA Police:

- [Firearms Licence Health Assessment Result submission form](#)

Reminder from WA Police

The Health Assessment Form must be provided to the GP by the applicant/authority holder patient, as it will contain a unique application/authority number and passcode, which are required to submit the outcome.

New AIR warning message for influenza and RSV vaccines

To improve the quality of data reported to the AIR, immunisation providers will now receive a warning message in practice software and when using the AIR site, if they attempt to report the following vaccines to the AIR for individuals under the recommended age:

| Vaccine brand | Minimum age |
|------------------------|-------------|
| Afluria Quad | 5 years |
| Fluzone High-Dose Quad | 60 years |
| Fluad Quad | 65 years |
| Arexvy | 60 years |

If this message is received, immunisation providers will need to review the vaccine administered and either:

- ensure the correct vaccine has been selected; OR
- follow the relevant state or territory processes to report a vaccine administration error.

See the [National Centre for Immunisation Research and Surveillance website](#) for more information.

Update to the Modified Monash Model classification system aims to increase Medicare support for some WA communities

A [recent update](#) to the Modified Monash Model (MMM) classification system and the Distribution Priority Area (DPA) status means that some GPs and local communities could benefit from increased Medicare support through increased bulk billing rates or a wider pool of doctors to recruit from.

Reclassification

Green Head and Leeman in WA have both been reclassified from Small rural town (MM5) to remote (MM6), which increases the Medicare rural loading applicable.

Distribution Priority Area status

The DPA update has given the following WA locations full DPA status: Armadale, Byford, Cockburn, Gosnells, Kalamunda, Mundaring-Swan View, Swan, and Wanneroo-Quinns Rocks. Joondalup was assigned partial DPA status. This change in status allows general practices in these areas to recruit from a wider pool of doctors, including those doctors recruited internationally.

The Department of Health and Aged Care [Health Workforce Locator](#) now reflects changes to the DPA and MMM geographical classification systems. These updates will be implemented in Services Australia's system on 13 April 2025, taking effect from that date

Supporting patients with bowel screening from age 45

[Updated clinical guidance](#) recommends people begin bowel screening at the age of 45. With age being the biggest risk factor, even fit and healthy people should screen.

The [National Bowel Cancer Screening Program](#) automatically mails the test to people aged 50 to 74 but GPs can encourage all patients aged 45 to 74 to screen for bowel cancer by:

- stocking and issuing [National Bowel Cancer Screening Program](#) kits
- directing patients to [order a free bowel test kit](#).

Australian-first Sepsis Follow-Up Program at Perth Children's Hospital

Paediatric sepsis is a major cause of morbidity and mortality in children. It affects each child differently and post-sepsis recovery can have a significant impact on a child and their family.

To provide ongoing support to children recovering from sepsis, the Perth Children's Hospital (PCH) Sepsis Program has launched an Australian-first, Sepsis Follow-Up Program.

This program includes nurse-led virtual health appointments at three, six, and 12 months, supported by the PCH Infectious Diseases team, as well as care coordination and connections with GPs and other community health providers.

Guidelines and useful resources to support GPs with sepsis recognition and management are available on the [PCH website](#).

As part of International Paediatric Sepsis Week, Sepsis Australia is presenting a national, online forum next week to raise awareness of sepsis in children. Wednesday 16 April 2025, 11.30am-1.30pm. Find out more and register [here](#).

ATAGI 2025 statement on COVID-19 vaccines

The Australian Technical Advisory Group on Immunisation (ATAGI) has released a statement on the administration of COVID-19 vaccines in 2025. ATAGI advises that adults remain eligible for a COVID-19 vaccine every 12 months, while vaccination every six months is recommended for adults aged 75 years and over.

Two vaccines are available for use in Australia this year:

- Comirnaty JN.1
- Comirnaty Omicron XBB.1.5

Although all adults are eligible for a COVID-19 vaccine every 12 months, the statement specifies differences in risk-benefit between those recommended and those eligible to receive COVID-19 vaccination. COVID-19 vaccines remain funded for all recommended and eligible individuals, including those without a Medicare card. Read the full statement [here](#).

Campaign to boost child mental health literacy in Perth's north



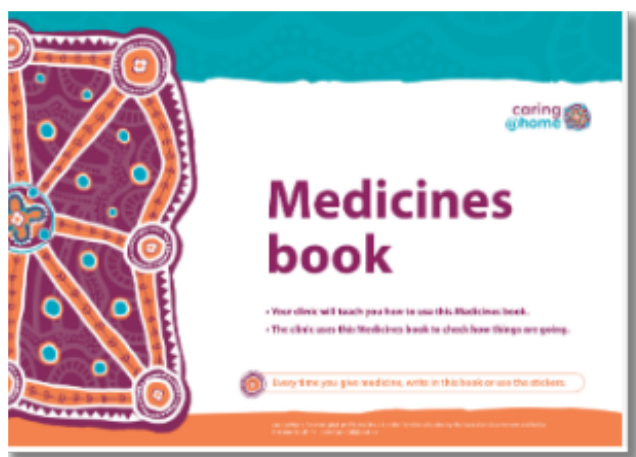
Psychoeducation in primary health is a key component of low-intensity interventions in the stepped care model for mental health. GPs are best placed to improve mental health in children at a population level by enhancing parental knowledge, including providing parents with evidence-informed information about children's social and emotional wellbeing and incorporating regular mental health check-ins as part of routine practice.

As a part of new child mental health literacy campaign by the Australian Government Department of Health and Aged Care, GP clinics within Perth North PHN will receive hard copies of evidence based, [Emerging Minds Families Resources](#) to refer to and display in their practices. The packs will be mailed out to practices on 28 May 2025, accompanied by information on associated measuring outcomes QI activities.

Interested GPs can also access the following accredited Emerging Minds' educational resources on the campaign website:

- [Supporting children's resilience in general practice e-learning](#)
- [A GP framework for Child Mental Health Assessment 5-12](#)
- [A GP framework for Child Mental Health Assessment 0-5](#)
- [Webinars for GPs](#)

Resources supporting palliative care at home for Aboriginal people



When care at home is preferred, it can be provided to help connect family with culture, community, Country and the spiritual wellbeing of Aboriginal people. caring@home has released [new and updated resources](#) to support your Aboriginal patients and their families receiving at-home palliative care.

The resources individually tailored to Aboriginal OR Torres Strait Islander families and patients feature plain language, clear images and Aboriginal and Torres Strait Islander artwork. Clinical services can print hard copies of these free resources to provide to families when needed.

caring@home is a National Palliative Care Project, funded by the Australian Government. It aims to increase access to quality and timely end-of-life care for home-based patients through supporting health professionals with evidence-based resources and education. Visit www.caringathomeproject.com.au to access online education modules, the Prompts for End-of-Life Planning Framework and more.

HIV Legal now available to download

[HIV Legal](#) is an online guide outlining the legal considerations for clinicians working with patients living with HIV. Now, the latest 3rd Edition of HIV Legal is available as a downloadable publication. This updated latest edition, developed in collaboration with the Australasian Society for HIV, addresses key areas of the law affecting people living with HIV, including informed consent, opt-out testing, mandatory testing, public health offences and the duty to warn, and more. [Download HIV Legal 3rd Edition](#).

Unprecedented update to Antibiotic Guidelines

Therapeutic Guidelines* has worked with over 100 Australian clinicians to expand its Antibiotic Guidelines on managing almost 200 unique infections; from self-limiting infections treated in primary care, to life-threatening infections requiring intensive care support.

This review of the guidelines has been staggered, with the first release on March 31 covering topics that have been [completely revised or newly developed](#) including:

- content updates on infections commonly managed in primary care
- information on serious infections often managed in hospitals, such as pneumonia and sepsis
- an additional 20 new topics.

More updates will follow over the next 12 months, including updates to surgical antibiotic prophylaxis, tropical and rare diseases, and infections in people with immune compromise.

*[Therapeutic Guidelines](#) is an independent not-for-profit organisation aiming to promote the quality use of medicines through the development, publication and sale of Therapeutic Guidelines.

Registered supporters for older people

The new, [Aged Care Act](#) aims to put the rights of older people first and provides a legal framework for registering supporters. The registered supporter role aims to promote older people's right to be supported to make their own decisions.

From 1 July, older people receiving aged care services will be able to register supporters to help them make decisions about their care. Supporters can help advocate for an older person's rights, will and preferences. Supporters can also help request, access and understand information and communicate an older person's wishes.

My Aged Care representatives who are active in My Aged Care on 30 June will automatically become registered supporters on 1 July. Older people and representatives can opt out of having or being a registered supporter between now and 30 June by calling My Aged Care, and through their My Aged Care Online Account. Visit [My Aged Care](#) to find out more.

Advance Care Planning workshops for patients

Palliative Care WA offers free workshops to help patients/clients, their families and carers to understand what is involved in Advanced Care Planning and how to get started. Follow up support sessions are also available upon completion of the workshop.

Workshops are offered across the metro area and online, and you can direct patients/clients to [Palliative Care WA website](#) to register for an upcoming session.

Your practice/organisation can also organise your own workshop with funding from the WA Department of Health. For more information, contact Palliative Care WA at info@palliativecarewa.asn.au.

Cost effective treatment available for patients at Curtin's student-led physiotherapy clinic

Do you have patients looking for cost-effective musculoskeletal physiotherapy? The Curtin Health and Wellness Centre provides affordable physiotherapy assessment and care for musculoskeletal conditions and is for everyone. Care is provided by physiotherapy students in their final years of study, and intermittently, post-graduate physiotherapy students.

All consultations are closely supervised by experienced physiotherapists in our professional treatment areas for a variety of musculoskeletal conditions, including:

- back pain
- neck pain and headaches
- sports injuries, such as sprains and strains
- rehabilitation following surgery or injury
- arthritis and joint pain.

Clients can self-refer by calling 9266 1717 or GPs can refer patients [here](#).

Find out more about the Curtin Physiotherapy Clinic, including opening hours and fees at the [Physiotherapy Clinic website](#).

Head to Health evolves to Medicare Mental Health



Head to Health has evolved to Medicare Mental Health, making face-to-face, digital and telephone initiatives more consistent with other trusted health services funded by the Australian Government.

Medicare Mental Health aims to make it easier for GPs and other health professionals to support the mental health of the people they look after, and those who support them, through improving access to, and coordination of, mental health services in their local community. Medicare Mental Health includes a:

- [Digital platform](#) - The website includes evidence based digital mental health resources for health professionals and patients.
- National phone service (1800 595 212) - Offers free confidential assessment and referral information for health professionals supporting patients (along with individuals and their families).
- Network of free, walk in, Medicare Mental Health Centres .

The Medicare Mental Health phone service uses the [Initial Assessment and Referral \(IAR\) and Decision Support Tool \(DST\)](#), and all mental health clinicians are trained in its use to determine the most appropriate level of care for individuals seeking mental health support. One referral is all the GP needs to make as, once the patient is accepted into the Medicare Mental Health system, they are connected to the most appropriate services and supports.

[Training is also available for GPs](#) in the use of this tool. Designed to complement the GP or clinician's clinical judgement, IAR-DST is best used as part of a comprehensive mental health assessment. One referral is all the GP needs to make as, once the patient is accepted into the system, they are connected to the most appropriate services and supports.

Visit the [WA Primary Health Alliance website](#) to find out more.

GP Education and Events



WAPHA LEARNING WEBINAR

Immunisation Winter Wellness Webinar

SPEAKERS

- Prof. Paul Effler**
Senior Medical Advisor,
Communicable Disease
Control Directorate,
WA Department of Health
- Prof. Christopher Blyth**
UWA, Head of Westfarmers
Centre of Vaccines and
Infectious Diseases, Infectious
Diseases Physician at PCH
- Jodie Robins**
Program Coordinator
Immunisation and Cancer
Screening, WA Primary
Health Alliance

DETAILS

- Thursday 10 April
- 5pm to 6pm (AWST)
- Virtual webinar
- For general practice clinical and non-clinical staff members

FIND OUT MORE AND REGISTER

RACGP CPD **1** hours



WAPHA GP LEARNING

Paediatric Weight Management Event

The Perth Children's Hospital Healthy Weight Service and WA Primary Health Alliance invite GPs to a face-to-face event focused on effective weight management strategies.

DETAILS

- Saturday 3 May
- 9am to 4:15pm
- Perth Convention and Exhibition Centre, Meeting Room 8

FIND OUT MORE AND REGISTER

RACGP CPD **7** hours

Winter is coming! Protecting your patients through immunisation

Tuesday 29 April | 7pm-8pm | Online | RACGP | 1 RACGP EA CPD hour

Join infectious disease expert Prof. Paul Effler for the RACGP's annual influenza update in preparation for this year's flu season. This webinar will cover what to expect this winter, including timings and eligibility as well as updates on influenza, COVID and RSV.

[Register here](#)

Best Sepsis Care for our Kids

Wednesday 16 April | 11.30am | Online | Sepsis Australia

Led by highly experienced sepsis champions who are driving change in children's care across the country and internationally, Best Sepsis Care for our Kids will explore the full spectrum of care from early recognition to post sepsis support, incorporating powerful, real-life experiences shared by consumers. A recording of the session will be made available to registered participants.

[Register here](#)

National Lung Cancer Screening Program Health Workforce Education Webinar

Tuesday 15 April | 3pm – 4.30pm | Online | Lung Foundation Australia | 1.5 RACGP and ACCRM EA CPD hours

The Australian Government, the National Aboriginal Community Controlled Health Organisation and Lung Foundation Australia presents a free, accredited webinar on how to successfully integrate lung cancer screening into your patient care.

Hear from an expert panel on the objectives of the new National Lung Cancer Screening Program commencing in July 2025, your role in supporting patient participation, and practical strategies to implement the program in your practice.

[Register here](#)

Advanced Gender Affirming Hormone Therapy

Wednesday 7 May | 3:30 PM - 5:30 PM | Online | ASHM| *RACGP CPD | ACCRM hours

This live, facilitated, two-part course will equip GPs and other clinicians with the knowledge and confidence to prescribe gender-affirming hormone therapy tailored to their patient population, using an informed consent model. The event also aims to support clinicians in creating a gender-affirming practice and establishing a sustainable business model for ongoing financial viability.

*5.5 RACGP EA & 2 RP RACGP hrs | 4 ACRRM PDP hrs

[Register](#)

Supported by
WA Primary Health Alliance

Depression management and suicidality education courses delivered by the Black Dog Institute

Advanced Training in Suicide Prevention

This workshop aims to increase skill and confidence in taking a detailed suicide history and developing a collaborative management plan to increase the safety of people planning suicide and reduce the risk of suicide. Provides practical tools for health professionals managing the full spectrum of suicide risk presentations including the acute suicidal crisis, care after a suicide attempt and assisting families experiencing suicide bereavement.

- [21 May 2025](#)
- [26 June 2025](#)
- [18 July 2025](#)
- [10 August 2025](#)

Talking About Suicide in Practice

An online workshop that will help increase health professionals skills and confidence in recognising presentations where suicide risk is high, undertaking a detailed risk assessment, and management planning using a collaborative, team-based approach.

- [17 June 2025](#)
- [13 September 2025](#)
- [6 November 2025](#)



WAPHA GP LEARNING

GP Telehealth Networking Event

The use of telehealth in primary care from different perspectives.

SPEAKERS

- Dr Rhian Moss
Specialist GP
Booragoon Medical Centre
- Dr Anastasia Isakova
Specialist GP
Sage Medical Consulting
- Diane Piper
Clinical Nurse Consultant
Southern Cross Care

DETAILS

- Thursday 8 May
- 6:30pm registrations, 7pm to 8:30pm
- Alice Ross-King Care Centre, 2 Bull Creek Dr, Bull Creek

FIND OUT MORE AND REGISTER

The new ACS guideline: Advancing best practice in optimal coronary care

Wednesday 11 June | 5pm | Online | The Heart Foundation

The Heart Foundation, in collaboration with Cardiac Society of Australia and New Zealand, has released a [new Australian clinical guideline](#) for diagnosing and managing acute coronary syndromes 2025. Join Heart Foundation Chair, Professor Garry Jennings, and expert group members as they discuss the latest evidence and recommendations to help GPs diagnose and treat acute coronary syndromes efficiently and safely. Includes live presentations and audience Q&A (with pre-submitted questions).

[Register](#)

Immunisation Symposium

New Programs - new challenges

Tuesday 29 April | 9am - 4pm | Online | PCH

Perth Children's Hospital Stan Perron Immunisation Service invites GPs to attend an online symposium focusing on issues impacting community health services in supporting vaccine uptake in WA.

[Register](#)

Disclaimer

WA Primary Health Alliance's publications and the material within them are intended for general information purposes only. Please [read our full disclaimer](#). While the Australian Government contributed funding for this material, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.