

National Healthcare Agreement: P09-Immunisation rates for vaccines in the national schedule (National Aboriginal and Torres Strait Islander Health Survey), 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	408729
Registration status:	Health! , Retired 12/03/2015

Data quality

Institutional environment:	This survey is conducted under the <i>Census and Statistics Act 1905</i> . For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see ABS Institutional Environment.
Timeliness:	The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) is conducted every 6 years. The 2004–05 survey was conducted between August 2004 and July 2005 and results were released in April 2006.
Accessibility:	See also <i>National Aboriginal and Torres Strait Islander Health Survey, 2004-05</i> (4715.0). Specialised data tables and Confidentialised Unit Record Files (CURFs) are also available on request.
Interpretability:	Information on how to interpret and use the data appropriately is available from the National Health Survey and <i>National Aboriginal and Torres Strait Islander Health Survey 2004-05: Data Reference Package</i> (4363.0.55.002) and <i>2004-05 NATSIHS Users' Guide</i> (4715.0.55.004).
Relevance:	<p>The NATSIHS is a national survey that collects information on health status, risk factors and health-related actions. In the NATSIHS, respondents were asked if they had ever received an injection against influenza and against pneumococcus. This indicator was based on persons who had been immunised for influenza in the previous 12 months and for pneumococcal disease within the last five years.</p> <p>Data on adult immunisation in the NATSIHS is as reported by respondents and may differ from results that would be obtained from medical records or health registers.</p>
Accuracy:	<p>The NATSIHS is conducted in all States and Territories and includes remote and non-remote areas. The 2004–05 sample was 10,000 persons/5,200 households, with a response rate of about 81% of households. The survey is weighted to account for non-response.</p> <p>Since it is derived from a sample survey, this indicator is subject to sampling error which occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated and is based on the statistical methods used to design surveys.</p> <p>Overall, this indicator has an RSE of less than 25% for all states and territories except for the ACT, which has an RSE of greater than 50% and is considered too unreliable for general use. Finer levels of disaggregation (for example, by the inclusion of other cross classifying variables)</p> <p>would result in higher levels of sampling error. The data could not support disaggregation by SEIFA and remoteness area.</p>

Coherence: A range of issues should be considered when comparing survey data with administrative data such as medical records or health registers. These include possible differences in reference period, potential for bias due to people with certain characteristics being more or less likely to appear in the collections, and differences in the way Indigenous status is collected and recorded.

Source and reference attributes

Submitting organisation: Australian Bureau of Statistics

Relational attributes

Related metadata references: See also [National Healthcare Agreement: P09-Immunisation rates for vaccines in the national schedule \(Adult Vaccination Survey\), 2010 QS Health!](#), Superseded 08/06/2011

See also [National Healthcare Agreement: P09-Immunisation rates for vaccines in the national schedule \(Australian Childhood Immunisation Register\), 2010 QS Health!](#), Superseded 08/06/2011

See also [National Healthcare Agreement: P09-Immunisation rates for vaccines in the national schedule, 2010 Health!](#), Superseded 08/06/2011