

Q Fever

Case Study

Background

Q fever is a zoonotic, bacterial, disease that may cause acute flu-like illness and long-term health complications.

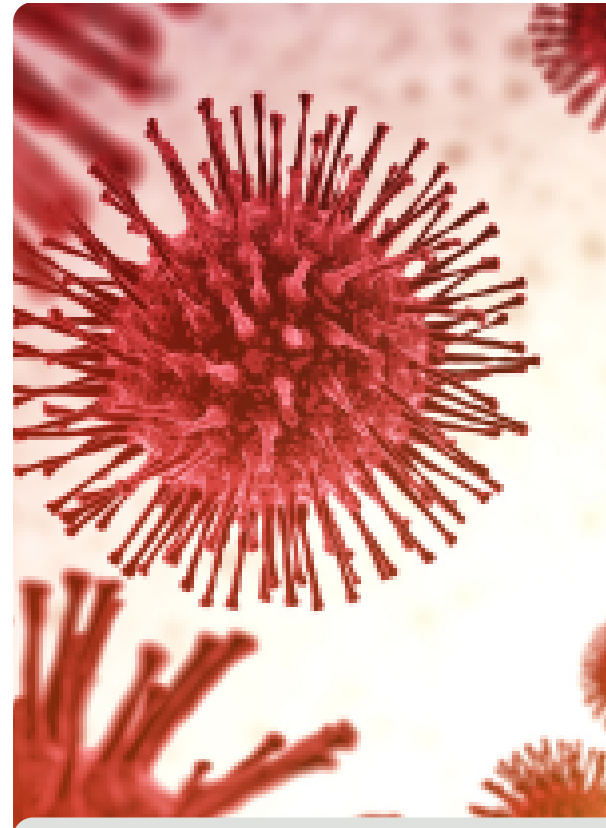
It is mainly spread to humans from cattle, sheep, and goats but can also spread from other domestic and wild animals. The bacteria can stay in the environment for long periods of time and therefore dust, hay and other small particles may also carry the bacteria.

People who work with animals, animal products and animal waste are most at risk of contracting Q fever. There are a number of ways to prevent contracting Q fever but the best defence is vaccination.

Despite national guidelines recommending Q Fever vaccination for high-risk occupational groups uptake appears to remain low. However, vaccine encounters have historically not recorded on the Australian Immunisation Register therefore data is incomplete. Also, it is difficult to work out the number of people who are at risk.

Barriers to vaccination include a lack of awareness, poor accessibility (inconvenience), high cost, and a low perceived susceptibility remain barriers for Q Fever vaccination uptake in high-risk occupational groups.

Those on temporary visas and temporary workers, particularly backpackers and migrant farm staff members, are less likely to be vaccinated due to the transient nature of their employment, cost issues, and limited access to healthcare providers offering the Q Fever vaccine.



At a Glance

Challenges

- Logistics and access to Q Fever testing and vaccination
- Timing of clinics not always aligned with livestock industry cycles
- Language and knowledge gaps in target populations

Benefits

- Strengthened partnerships with key local health providers
- Improved community engagement via Bendigo Livestock Exchange

What we did

The Loddon Mallee Public Health Unit (LMPHU) partnered with Lucan Street Medical, Melbourne Pathology and Bendigo Livestock Exchange to increase education and provide pre-vaccination screening and a subsidised Q Fever vaccination clinic.

A City of Greater Bendigo clinic targeted occupational groups (Bendigo Livestock exchange) to reduce cost of testing and vaccination.

Potential outcomes/impacts

The outcome was 25 people were vaccinated with two further requests to attend the Lucan Street Medical.

This indicates that promoting the vaccine and removing the logistical barriers assists with uptake.

Lessons learned

Key lessons learned include the importance of collaboration with various public health organisations is crucial to overcoming logistical, attitudinal barriers to vaccination, and for a more tailored public health intervention.

Such insights will inform future public health planning for zoonotic disease prevention in the Loddon Mallee region.

Resources

[Bendigo Health Website - Q fever](#)
[Q-Fever Vaccination](#)
[Q fever | Better Health Channel](#)
For workplaces - [WorkSafe](#)



25 Screened



25 Vaccinated (100%)



Awareness raised
among livestock
workers



Established a model for
public health outreach
at livestock exchange

Q FEVER

THE AUSTRALIAN Q FEVER REGISTER
WILL CLOSE ON 30 JUNE 2025

WHAT YOU NEED TO KNOW