

than the overall state proportions (62% and 52% respectively<sup>4</sup>) (Box 1). COVID-19 restrictions necessitated RHS telehealth consultations for 34 children (14%); as opportunistic same-day vaccination could not be offered in these cases, the proportion who had received two doses by 31 January 2023 (41%) was smaller than for children with face-to-face appointments (63%) (Box 2).

Our finding that the proportion of children with refugee backgrounds who had received COVID-19 vaccines prior to their RHS appointments was smaller than for all WA children confirms previously reported differences in vaccination accessibility.<sup>3</sup> Culturally and linguistically appropriate care for refugees in Australia was hampered by the COVID-19 pandemic,<sup>6</sup> compounded by limited face-to-face access to community refugee nurses and primary care. Community barriers to COVID-19 vaccination caused by pandemic-related restrictions were complicated by lower English proficiency and digital literacy, limiting the ability to independently seek vaccination appointments.

The RHS model of care attempted to overcome these problems. Extended consultation times and flexible care delivery optimised the number of face-to-face consultations. Community refugee

health nurses supported primary care for children who could not attend the clinic in person, including assisting with booking appointments and applying for interpreter support in primary care. Verbal COVID-19 information was provided in individual preferred languages, and printed translated information was provided at face-to-face consultations.

Our findings underscore the value of a specialist refugee health service for providing culturally and linguistically nuanced catch-up vaccination and bridging gaps in hospital and community vaccination delivery.

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## Erratum

### Erratum

Black KI, Dorney E, Hall JA, et al. Using a validated instrument to assess pregnancy planning and preconception care at antenatal booking visits: a retrospective cohort study. *Med J Aust* 2023; 219: 366–370. <https://doi.org/10.5694/mja2.52109>.

In the Results section of the Abstract and the third paragraph of the Results section, “59.1%” should read “54.1%”. ■

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