

Resolutions of 11th National Immunisation Conference

Immunisation Register

There have been repeated recommendations to extend the reach of the Australian Childhood Immunisation Register (ACIR) from every PHAA conference since 2000. A comprehensive Immunisation Register is essential infrastructure for a well coordinated program and would be best built on the Medicare data base. Therefore, we call for:

- 1) The development of a Whole of Life immunisation register
 - a. An acceptable interim measure would be to extend the ACIR to the end of the school program and to integrate the Human Papillomavirus (HPV) Register

Immunisation Incentives

Considering that both parent and provider incentives have made an important contribution to Australia's current high levels of childhood immunisation coverage:

- i. The imminent removal of the Service Incentive Payment (SIP) threatens to reduce this high level of coverage and to place additional burdens on both private and public providers*
- ii. Removal of the SIP disadvantages individual General Practitioners and the public*

Therefore, we call for:

- 2) Urgent restoration of the SIP prior to a comprehensive review of all incentives including consideration of additional incentives for public sector providers
- 3) General Practice Immunisation Incentive (GPPI) calculations to include all NIP vaccines within 12 months of their introduction. Parent Immunisation Incentive calculations to include all NIP vaccines within 12 months of their introduction

Conference Scholarships

Considering there are limited ongoing educational opportunities for the immunisation workforce in regional developing countries and in indigenous communities, we recommend:

- 4) Best efforts be made to provide financial support/scholarships to encourage participation by Aboriginal and Torres Strait Islanders and people from nations in the Asia Pacific region and for the PHAA to develop a stronger National/Regional focus for the Conference

Nurse Immunisation

Accredited Nurse Immunisers promote, deliver and advise on Immunisation, from a nursing perspective and collaborate effectively with other Health Professionals.

Therefore we recommend:

- 5) Expansion of Accredited Nurse Immunisers in public health decision making processes at a national level
- 6) That State, Territory and national bodies collaborate to develop a standard national accreditation and approval process in order to provide a national registration scheme for nurse immunisers by 2010
 - a. The scheme also accredits Aboriginal and Torres Strait Islander workers.

National Immunisation Strategy

The National Immunisation Program is a key public health measure involving a significant investment. In the context of inadequate provision for communication and post-marketing surveillance, we recommend:

- 7) The urgent development of a new National Immunisation Strategy

Program Implementation

Considering the complexity of the tasks required prior to the implementation of a new immunisation program, we recommend:

- 8) A minimum of 12 months planning be undertaken. Planning and funding of the program include at least the following elements - promotion, communication, vaccine funding, service delivery, surveillance and evaluation
- 9) Changes to the NIP Schedule be implemented on specific dates so that planning includes these elements with adequate time and funding that are clearly recognised by service providers.

Advocacy

Co-ordinated advocacy efforts are required to ensure ongoing success of all components of the immunisation program. There are also concerns about the current ad hoc nature of immunisation programs for refugees and immigrants. Therefore, we recommend:

- 10) Stronger engagement of the media and public education about vaccination, which includes enhanced communication training for vaccine providers
- 11) Advocacy for formal updating of vaccination status for newly arrived refugees and immigrants as per the NIP schedule