



## **8<sup>TH</sup> NATIONAL PUBLIC HEALTH ASSOCIATION OF AUSTRALIA IMMUNISATION CONFERENCE - MELBOURNE, MAY 2002**

# **A Boost for Immunisation**

### **AGENDA FOR ACTION**

#### **The Public Health Association of Australia:**

- Commends the continued progress made in achieving high immunisation coverage and disease control
- Reaffirms the principle that all vaccines on the ASVS be made available to recipients free at the point of delivery
- Notes the positive and effective contribution of the public and private sectors in the delivery of vaccines, and notes particularly the contribution of the public sector to school vaccination programs
- Notes the effectiveness of the existing provider incentives in the national immunisation system
- Notes that the Australian system is being internationally acknowledged for its achievement of high coverage and its excellent surveillance of immunisation coverage in children.

#### **Recommends further action in the following priority areas:**

- Specific models of immunisation status checking and service delivery be developed to address the needs of newly arrived refugees and immigrants
- Continued commitment to measles elimination
- Further mechanisms be developed to address immunisation issues in health care and child care workers, including accreditation standards for organisations.
- Further development be undertaken, in collaboration with the indigenous community, of culturally appropriate mechanisms for the identification of indigenous people. There should be improved systems for the recording and reporting of immunisation status of indigenous people to the ACIR, and for immunisation service delivery.
- Increased state and territory commitment to collaborative implementation of comprehensive school based immunisation programs to ensure cost-effective delivery and high uptake of vaccines for adolescents.
- Increased national, state and territory commitment to an improved approach to surveillance of vaccine safety in Australia, including analysis, reporting and appropriate clinical support.
- That the ACIR be extended to a “whole of life” register, with improved recording of non-schedule vaccines.
- A continuation of the current incentive programs, with specific and additional provider incentives to the public sector, including for indigenous people, immigrants and refugees.
- Improved timely provision of information to immunisation providers to assist in their communication with parents and adults.
- The continuation of specific funding by Commonwealth and state government for public health action, particularly for ongoing ACIR data cleaning and active follow up of difficult to reach and overdue children.
- That PHAA members affirm the importance of the traditional and contemporary public health role of local government, and the importance of clarifying this role by amending state and territory legislation (where applicable) to ensure the continued support of local government in delivering immunisation services in Australia.