

Immunisation

Policy Position Statement

Key messages:	<p>Immunisation is a global success story, saving millions of lives every year. Immunisation is critical for the prevention and control of many communicable diseases and underpins global health security.</p> <p>- Australia's National Immunisation Program (NIP) is one of Australia's biggest public health programs with many vaccine preventable diseases (VPD's) such as rubella tetanus, diphtheria, Hib and measles now rare or eradicated. However, a lack of local visibility of these diseases and their impacts can lead to complacency, which has the capacity to undermine past achievements.</p> <p>The benefits of immunisation are unevenly shared, with disadvantaged, marginalised and vulnerable populations facing barriers in accessing immunisation services.</p> <p>The role of Governments is to lead, inform, regulate, monitor and implement strong vaccination policies within communities, workplaces and healthcare organisations and to encourage people to recognise the role they play in protecting themselves and others.</p>
Key policy positions:	<ol style="list-style-type: none">1. Communication between Government, State Health Departments and immunisation providers should be improved by investing in data linkage solutions to better identify low coverage populations and facilitate equitable and effective vaccine coverage in the Australian population.2. Australian Governments should develop and implement a proactive, ongoing public communication strategy to promote immunisation and address vaccine hesitant populations.
Audience:	Australian, State and Territory Governments, policy makers, program managers and immunisation providers.
Responsibility:	PHAA Immunisation Special Interest Group
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PHAA affirms the following principles:

1. Multiple strategies are necessary to improve immunisation uptake. Particularly for individuals and communities that are socially disadvantaged or geographically isolated, population groups at higher risk of vaccine preventable diseases, communities affected by anti-vaccination groups and populations where coverage is low in order to ensure equitable access for all people living in Australia.
2. The role of Governments is to lead, inform, regulate, monitor and implement strong vaccination policies within community, workplace and healthcare organisations.
3. The need to deliver quality immunisation services, by promoting effective training for immunisation providers in order to sustain and promote the highest possible immunisation coverage in children, adolescents and adults.

PHAA notes the following evidence:

4. Overwhelming evidence demonstrates the benefits of immunisation as one of the most successful and cost-effective health interventions known.¹⁻² The recent COVID-19 pandemic and its associated disruptions have challenged health systems, with an estimated 25 million children worldwide missing out on basic vaccines in 2021, placing them at increased risk of disease, disability and death.³ An additional 1.5 million deaths could be avoided, if global vaccination coverage improves.³
5. As of December 2022, 93.75% of Australian children aged 1 year of age, 91.98% of Australian children aged 2 years, 94.27% of Australian children 5 years of age were considered fully immunised for their age.⁴ As of December 2022, data for Aboriginal and Torres Strait Islander children considered fully immunised for age shows lower coverage at 1 and 2 years of age (91.11% aged 1 year of age, 89.08% aged 2 years) and higher coverage at 5 years of age (96.09%) compared to the total Australian population.⁴
6. Vaccination against a specific disease not only reduces the incidence of that disease, but also reduces the social and economic burden of the disease on communities. Very high immunisation coverage can lead to the complete blocking of transmission for many vaccine preventable diseases (VPDs).⁵
7. The National Immunisation Program (NIP) provides free vaccines to eligible people to help reduce diseases that can be prevented by vaccination. This improves national immunisation coverage rates. The NIP is governed in a collaborative, whole of government approach by the Commonwealth, states and territories. The strategic development and delivery of the NIP is overseen by a range of committees and advisory bodies.⁶
8. There is low immunisation coverage in some populations, as well as some geographic areas of Australia, particularly in rural and remote communities and areas of social disadvantage.⁶⁻⁸ National immunisation coverage rates for adolescents and older Australians are suboptimal. For example, coverage of meningococcal ACWY was 76.1% by 17 years of age and zoster vaccine coverage in adults 70 – <71 years of age was 30.6% in 2021.⁹

9. The PHAA is well positioned to advocate for appropriate policy changes to strengthen Australia's vaccination programme; provide expert input into areas which require further exploration, research and focus; and to ensure that the groups at greatest risk of under-immunisation continue to be prioritised.
10. Despite the general safety and efficacy of vaccines approved for the immunisation program, some vaccines may be associated with serious adverse events. The PHAA notes the recent introduction of a compensation scheme for COVID-19 vaccines and recommends extending the scheme for all Adverse Events Following Immunisation (AEFI's) for individuals impacted by a serious vaccine related adverse event.¹⁰

PHAA seeks the following actions:

11. Effective, timely communication should occur between the Commonwealth Government and other stakeholders such as State, Territory and local governments, health care providers and the community when changes to the National Immunisation Program are implemented.
12. Governments should address funding inequity between private and public immunisation providers to encourage private immunisation providers to continue to provide immunisation services.
13. Governments should include individuals who live, work and study in Australia, but who are ineligible for Medicare, to receive government funded NIP vaccines.
14. Vulnerable individuals and populations at high risk of vaccine preventable diseases should receive funded vaccines, including (but not limited to) older Australians, people living with a disability or chronic health condition, certain occupational groups, Aboriginal and Torres Strait Islander Peoples, culturally and linguistically diverse groups and groups who are socio-economically underserved, including those who are homeless.
15. The Establishment of an Australian Centre for Disease Control would align with a global expectation, with Australia currently being the only OECD country without a CDC.¹¹ The PHAA supports the establishment of an Australian Centre for Disease Control (ACDC) to provide a co-ordinated and national approach to strengthening public health surveillance, and the prevention of Vaccine Preventable Diseases.
16. The CDC should support and liaise with regional partners in the Asia-Pacific to promote health security in the region.
17. The CDC should ensure timely access to high quality data as a vital component to the success of any national surveillance system. Government and the ACDC should collaborate to develop a national Digital Health Surveillance System to provide accessible and integrated data sharing between the Australian Government, the Australian Immunisation Register (AIR), States and Territories, and immunisation service providers to promote the provision of a safe, effective immunisation program, accurately identify areas of low vaccine coverage, establish a national surveillance system for vaccination administration errors (VAE's) and plan for future outbreaks.
18. An Australian CDC should identify and facilitate collaboration between the multiple disciplines relevant to Zoonotic disease and emerging infectious diseases in Australia, incorporating a One Health approach. This should include recommending annual influenza vaccination for people employed/working with pigs/in piggeries, and highlighting the need for animal vaccination to prevent

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potentially fatal health conditions in people in close contact with animals. Noting some vaccines used in animals may cause disease or adverse reactions in humans following accidental self-administration.

19. The development of a National Immunisation Education Framework and credentialing for Health Professionals including Registered Nurses, pharmacists and Aboriginal Health Workers with scope for:
 - a) Transferability of skills and qualifications between jurisdictions and
 - b) Rapid capacity building of the immunisation workforce for future pandemics and infectious disease outbreaks.

PHAA resolves to:

The Immunisation Special Interest Group will work with National Office and State and Territory Branches to

20. Promote effective and timely communication in relation to changes to the immunisation schedule and advocate for appropriate funding to ensure effective implementation of changes.
21. Advocate for Commonwealth, State and Territory immunisation programs to develop and implement a proactive public communication strategies, to promote the importance of immunisation and address vaccine hesitancy.
22. Increase the capacity, breadth and transferability of the immunisation workforce
23. Ensure the equitable access to immunisation for all that live, work and study in Australia.

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(First adopted 2015, revised 2018 and 2023)

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