Public Health Association of Australia: 
Policy-at-a-glance – Immunisation Policy

Key message: PHAA will –

1. Lobby the Australian government to expand the Australian Childhood Immunisation Register to include vaccines delivered after seven years of age, including those delivered in the School Based Immunisation Program.
2. Progress the priority of a national e-Health records system.
3. Advise the Australian Government of the demand for improved communication between Government, State Health Departments and immunisation providers.
4. Advocate for State and Territory immunisation programs to develop and implement a pro-active public communication strategy.

Summary: While immunisation coverage rates are continuing to reduce morbidity and mortality from vaccine preventable disease (VPD), multiple strategies are needed to improve immunisation uptake in socially disadvantaged communities, communities influenced by groups opposed to vaccination and where coverage is low in specific age groups. The role of Governments is to lead, inform, regulate, monitor and enforce strong vaccination policies within communities, workplaces and healthcare organisations to encourage people to recognise the role they play in protecting themselves and others.

Audience: Australian, State and Territory Governments, policy makers, program managers and immunisation providers.

Responsibility: PHAA’s Immunisation Special Interest Group (SIG).

Date policy adopted: September 2012

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Immunisation Policy

The Public Health Association of Australia (PHAA) notes:

1. Immunisation remains one of the highest impact and cost-effective public health interventions to reduce the burden of communicable disease and to contribute to greater health equity both between and within countries.¹
2. Every year, vaccination globally prevents 2-3 million deaths from occurring but 19 million children still remain unvaccinated²; and therefore at risk of disease, disability and death.
3. As of December 2011, 91.4% of Australian children 12 – 15 months of age were considered fully vaccinated for age³, which is contributing to significantly reduced morbidity and mortality from VPD, particularly in very young children.
4. Reduction in the incidence of vaccine preventable disease (VPD) through vaccination reduces the economic and social burden of those diseases in communities and has potential to inhibit transmission of these diseases if vaccination coverage is high enough.⁴
5. VPD include a number of serious or highly transmissible communicable diseases but also diseases targeted for global eradication and some cancers.
6. In Australia, the National Immunisation Program (NIP) provides free access to an agreed range of vaccines designated as ‘essential’ for population-level disease prevention using a predetermined schedule. These have been recommended by the Australian Technical Advisory Group on Immunisation (ATAGI) and endorsed by the National Health and Medical Research Council (NHMRC).⁵
7. Due to the growth in accessible information (primarily online), inaccurate and misleading information concerning immunisation is widespread and undermines confidence in immunisation programs which has led to low immunisation coverage in some areas of Australia resulting in higher preventable disease prevalence and greater susceptibility to transmission of infectious disease.
8. The PHAA has a responsibility to support evidence-based policy, programmes and interventions related to immunisation which contribute to the highest possible vaccination coverage, equitably provided, for all those who require it.
9. The PHAA is well positioned to advocate for appropriate policy change which will strengthen Australia’s vaccination programme; provide expert input into areas which require further exploration, research and focus; and to ensure that the most vulnerable groups suffering high communicable disease or VPD burden continue to receive attention.

The Public Health Association of Australia affirms the following principles:

10. While immunisation coverage rates are continuing to reduce morbidity and mortality from VPD, multiple strategies are needed to improve immunisation uptake in socially
disadvantaged communities, communities influenced by groups opposed to vaccination and where coverage is low in specific age groups.

11. The role of Governments to lead, inform, regulate, monitor and enforce strong vaccination policies within community, workplace and healthcare organisations to encourage individuals and corporations to recognise the role they play in protecting themselves and others from VPD.

12. Equitable access for all Australians to quality immunisation services in both public and private sectors that will sustain and promote the highest possible immunisation coverage in children, adolescents and adults.

The Public Health Association of Australia believes that the following steps should be undertaken:

13. An immunisation register be established to capture all immunisation encounters delivered throughout life.
   a. an expansion of the existing Australian Childhood Immunisation Register (ACIR) to include vaccines delivered within the School Based Immunisation Program (SBIP) in the first instance
   b. ACIR to be integrated with the National Human Papillomavirus (HPV) Register

14. An electronic personal health record be advanced as a priority with legislative support to allow de-identified medical records to be used for the assessment of immunisation coverage, vaccine impact and effectiveness via linkage with notifications and hospitalisations from VPD and safety monitoring of vaccines through Adverse Event Following Immunisation (AEFI) registers.

15. Improved and more timely communication be instituted between government, State Health Departments and Providers from the level of concept to that of a planned, well-funded, practical and well informed implementation of changes to the immunisation program.

16. Additional resources be provided to enhance the current Vaccine Safety Surveillance System which includes the development of complementary passive and active surveillance systems to ensure AEFI are notified and investigated in a timely manner.

17. Australia to follow 19 other countries and adopt a no-fault compensation scheme for AEFI to ensure fairness and justice to those who have experienced a vaccine injury. A vaccine-injury compensation scheme removes the uncertainty of tort liability for manufacturers and provides a more fair, efficient and stable approach for injured parties. vi

18. Additional Government support be made available for public immunisation providers to ensure all Australians have the ability to choose where they will access immunisation services. Currently the disparity in funding and incentive payments between public and private immunisation providers is prompting public immunisation service providers to re-think their position regarding the provision of these services.

19. The Government to support the development of more thermo stable vaccines providing widespread benefit including to remote/regional parts of the country and in developing countries.
The Public Health Association of Australia resolves to undertake the following actions:

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

20. Lobby the Australian government to expand the ACIR to include vaccines delivered after seven years of age, including those delivered in the SBIP. This will assist immunisation providers to accurately assess the immunisation status of children in Australia, including ensuring children are neither over-vaccinated nor under-vaccinated. It also provides a mechanism in circumstances where adverse events, cold-chain breaches or inappropriate vaccine use requires a look-back and strengthens the immunisation database for research purposes.

21. Progress the priority of a national e-Health records system, as identified in the establishment of the National Health and Hospitals Reform in 2008. This system “will boost patient safety, improve health care delivery, and cut waste and duplication”\(^\text{vii}\).

22. Advise the government of the demand for improved communication between government, State Health Departments and immunisation providers. Communication in relation to impending changes to the immunisation schedule and production of resources should be transparent and timely and appropriate funding for effective implementation which includes printed, translated resources, education for providers and community should be available.

23. Advocate for State and Territory immunisation programs to develop and implement a proactive public communication strategy, including locally appropriate social marketing campaigns and utilisation of specialist networks and modern media to respond to vaccine controversies, based on extensive “bottom-up” community engagement.

References:


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Adopted at the Public Health Association of Australia’s Annual General Meeting in September 2012.