



# NSW Immunisation Strategy

2003-2006

**NSW DEPARTMENT OF HEALTH**

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# Introduction

## Background and context

Immunisation is one of the most effective and cost-efficient public health measures for the control of vaccine preventable diseases. Since mass immunisation was introduced in the 1930s, Australia has seen a significant reduction in the number of cases of vaccine preventable diseases. Smallpox has been eradicated and there have been no recorded cases of indigenous polio in recent years. Prior to the introduction of the *Haemophilus influenzae* type b (Hib) vaccine in 1993 there were approximately 700 cases of Hib in Australia per year, the majority in children under five years of age. There were between 10 and 15 deaths each year and between 20 and 40 children were left with significant disabilities. In the first six years following the introduction of the vaccine there was a 95 per cent reduction in the number of Hib cases in children under five years of age. An even more striking feature has been the 99 per cent decline in the number of deaths from vaccine preventable diseases since the pre-vaccination era, despite the Australian population increasing 2.8 fold.

The success of the National Measles Control Campaign conducted in 1998 is evidenced by the fact that in 2000, the numbers of measles notifications and hospitalisations in Australia were at their lowest level ever recorded and there has not been a death from measles since 1995. The campaign resulted in an increase in immunity to measles amongst primary school aged children from 84 to 94 per cent. It now seems that indigenous transmission of measles has been interrupted with current cases caused by the importation of the virus.

In NSW, for possibly the first time since Federation, no cases of measles were notified for a five month period from October 2001 to February 2002.

By contrast, epidemics of pertussis continue to occur in three to four yearly cycles and of the diseases with long established vaccination programs, pertussis causes the greatest morbidity. In Australia, substantial epidemics occurred in 1993-4, 1997 and 2000-2001.

Between 1993 and 1997 there were nine deaths, in 1997 there were six deaths and since 2000 a further nine deaths have been reported.

There is, therefore, no room for complacency. Unacceptable rates of some vaccine preventable diseases continue and maintaining the health gains of the population achieved through immunisation programs relies on renewed efforts to promote and increase immunisation rates.

## National policy

Policy and practice guidance at a national level is provided through the following mechanisms:

The first **National Immunisation Strategy (1993-2001)** provided a framework for the provision of immunisation services and set coverage goals and targets for 1994, 1996 and 2000.

The goals and targets for 2000 were:

- greater than 95 per cent coverage of children at two years of age for all diseases specified in the schedule
- near universal coverage of children at school entry age for diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps and rubella
- near universal coverage of both girls and boys under 17 years of age for measles, mumps and rubella.

The **Australian Childhood Immunisation Charter** describes the fundamental principles and practices that govern childhood immunisation, and has adopted similar goals and targets:

- Coverage of children at two years of age, sufficient to prevent transmission of all diseases specified in the standard vaccination schedule.
- Greater than 95 per cent coverage of children of school entry age for diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps and rubella.

The **Immunise Australia: Seven Point Plan**, introduced in 1997, outlined the following series of initiatives designed to increase immunisation coverage:

1. Incentives for Parents
2. General Practice Immunisation Incentive Scheme
3. Monitoring and Evaluation of Immunisation Targets
4. Immunisation Days
5. Measles Elimination Strategy
6. Education and Research through the Establishment of the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
7. School-entry Legislative Requirements.

The **Australian Technical Advisory Group on Immunisation** (ATAGI) provides scientific and technical advice on all aspects of immunisation and reports directly to the Commonwealth Minister for Health and Ageing. The ATAGI determines the Australian Standard Vaccination Schedule (ASVS) and recommends and approves changes to the ASVS as new vaccines become available. The ATAGI is also responsible for the development of the *Australian Immunisation Handbook*, which provides clear and comprehensive guidance for health professionals on immunisation policy, principles and practices. The ATAGI recommendations for the ASVS are released by the Commonwealth Department of Health and Ageing for public consultation prior to final endorsement by the National Health and Medical Research Council (NHMRC).

The **National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases** (NCIRS) is currently located at The Children's Hospital at Westmead and is under contract to the Commonwealth Department of Health and Ageing until 2005. It is funded by the Commonwealth and NSW Health and initiates and coordinates research and gives independent expert advice on all aspects of vaccine preventable diseases and immunisation programs. The Centre evaluates and reports on the data collected by the Australian Childhood Immunisation Register and on data about Adverse Events Following Immunisation collected by the

Australian Drug Reactions Advisory Committee. It conducts a national serosurveillance program for vaccine preventable diseases and has a health economic and behavioural research capacity.

The **National Immunisation Committee** (NIC), convened initially in 1993, constitutes representatives from the Commonwealth Department of Health and Ageing, including the Office of Aboriginal and Torres Strait Islander Health, all states and territories, the Australian Divisions of General Practice, the Royal Australian College of General Practitioners and the National Aboriginal Community Controlled Health Organisation. The NIC is responsible for the implementation of the ASVS and at the jurisdictional level for policy development and program management.

The Commonwealth Therapeutic Goods Administration considers applications from manufacturers for the registration of new vaccines and the Commonwealth Pharmaceutical Benefits Branch determines a nationally negotiated price for all new vaccines.

The Commonwealth provides funds to the states and territories for the purchase of vaccines under the Public Health Outcome Funding Agreement (PHOFA) based on achievement of the following annual reporting requirements:

- Progress towards greater than 90 per cent of children fully immunised at six, 12 and 18 months of age by 2000.
- Progress towards greater than 95 per cent of children fully immunised at six years of age by 2003.
- Decrease wastage of childhood vaccines to less than 10 per cent.
- Improve cold chain maintenance of vaccines.
- Full participation by public sector providers in the ACIR.
- Improve coverage of Aboriginal and Torres Strait Islander people.
- Increase influenza vaccine coverage of 65 year olds by three per cent each year and reduce vaccine wastage and leakage.

The Australian Childhood Immunisation Register (ACIR), which was established in 1996 and is managed by the Health Insurance Commission, contains the details of all children less than seven years of age registered on the Medicare database. The information on all immunisation encounters, supplied by immunisation providers for these children, is recorded and state and territory coverage reports are generated on a regular basis. The ACIR also forms the basis of an optional Child History Statement Scheme, which provides parents/providers with the current immunisation status of each child, including immunisations which are overdue. The ACIR also provides a management tool for monitoring immunisation coverage and service provision at a state and local level.

It is proposed that in 2004, the ACIR will generate the school entry certificate for those states which have implemented this national legislative recommendation.

The table below details the percentage of immunisation coverage by NSW and Australia, reported by all service providers for two age groups. The information contained in each of the reports has been extracted from the ACIR and may not reflect actual coverage due to underreporting.

Despite the substantial progress achieved in the past few years in reducing the incidence of most vaccine preventable diseases in NSW, the imminent introduction of new vaccines and the safe, effective delivery and acceptance of recommended vaccines by providers and the community, is an ongoing challenge for the whole health care system.

This NSW Strategy has been developed in recognition of these challenges and is consistent with the new National Immunisation Strategy, currently in development.

### Commonwealth/State responsibility

Immunisation is a shared responsibility between Commonwealth and state health systems. In essence, the Commonwealth develops and recommends immunisation policy, the research and evaluation agenda and provides funding to the jurisdictions for the purchase of vaccines. The states and territories are responsible for program implementation, monitoring and evaluation, service provision and all aspects of vaccine purchase and distribution. The ACIR data fee paid to providers for information on immunisation encounters forwarded to the register is cost-shared between the Commonwealth and the jurisdictions.

Table 1. Australian Childhood Immunisation Register National Coverage Reports

Children = 12 but less than 15 months						Children = 24 but less than 27 months					
State	Sept 1998	Sept 1999	Sept 2000	Sept 2001	Sept 2002	State	Sept 1998	Sept 1999	Sept 2000	Sept 2001	Sept 2002
ACT	85	89	92	93	91	ACT	70	84	88	87	87
NSW	82	84	88	91	91	NSW	63	72	81	86	88
VIC	86	88	90	92	91	VIC	68	77	84	87	90
QLD	86	88	90	92	91	QLD	73	81	87	89	90
SA	85	89	90	92	92	SA	66	77	85	89	90
WA	83	86	88	89	90	WA	59	73	82	86	87
TAS	86	87	90	91	93	TAS	67	77	85	89	93
NT	76	83	80	89	91	NT	51	67	77	80	87
AUST	84	87	89	91	91	AUST	66	76	83	87	89

In NSW, general practitioners carry out the majority of vaccinations, however, the state health system also plays a critical role in improving immunisation coverage, particularly through the provision of policy advice and systems support and through the work of Public Health Units (PHU) in Area Health Services (AHSs) working in partnership with other internal and external stakeholders.

## State policy

A number of state policies and policy frameworks also provide the context of immunisation in NSW. *Healthy People 2005 – New Directions for Public Health* provides a vision and framework for public health activities throughout NSW. It outlines the principles, key goals and priority areas for public health in order to maintain, protect and promote the health of the people of NSW. Childhood and adult immunisation is identified within the document as an essential public health activity.

In addition, this strategy has been developed within the broad framework of a number of other state policy documents, including the *NSW Public Health Act 1991*, Schedule 1, Part 3A, 42A, 42B, 42C, 42D and the *Public Health Regulation 1991*, Part 2A, 10A, 10B, 10C and 10D and the *NSW Aboriginal Health Strategic Plan*. Further information about related policy documents can be found at Appendix 3.

The current **NSW Immunisation Strategy** was published in 1993 and provided a framework for the development of local immunisation strategies for the evolving public health network in NSW and the establishment of coordination positions to implement the strategies. The NSW strategy also recommended the establishment of a NSW Immunisation Advisory Committee and the achievement of the following coverage targets, which were to be reflected in AHS CEO Performance Agreements:

- **By 1994** – achieve 90 per cent coverage of children at school entry age for polio, diphtheria, tetanus, pertussis, measles, mumps, rubella and 90 per cent coverage of girls aged 10-16 years for rubella.
- **By 1996** – achieve greater than 95 per cent coverage of children of school entry age for diphtheria, tetanus, pertussis, measles, mumps, rubella; and achieve 90 per cent coverage of boys and girls aged 10-16 years for measles, mumps and rubella.
- **By 2000** – achieve greater than 90 per cent coverage of children at two years of age for all diseases specified in the schedule; and near universal coverage of school entry age children for diphtheria, tetanus, pertussis, polio, measles, mumps, rubella; and near universal coverage of girls and boys aged 10-16 years for measles, mumps and rubella.

The strategy also clearly outlined the roles and responsibilities of the NSW Immunisation Program Coordinator and Directors of Public Health Units.

The **NSW Immunisation Advisory Committee** provides advice to the Department on all matters relating to vaccines, vaccine research and development and immunisation programs in NSW.

### **Surveillance of vaccine preventable diseases**

The surveillance of vaccine preventable diseases provides a measure of the success of immunisation programs. Under the *NSW Public Health Act 1991*, doctors, hospital chief executive officers (or general managers), pathology laboratories, school principals and directors of child care facilities in NSW are required to notify vaccine preventable diseases to the Director-General of NSW Health via the local PHU. Disease control and preventative strategies are developed or initiated in response to these notifications.

Vaccine preventable disease notifications are monitored at the state and local levels and outbreak control strategies are initiated as necessary. In the past, for example this has included temporarily amending the timing of the immunisation schedule to ensure that very young infants receive multiple doses rapidly and advising new parents of pertussis epidemics by placing brightly coloured warning stickers on the 'Blue Book'.

### Assessment of immunisation coverage

The ACIR records immunisation encounters for all children less than seven years of age. All service providers receive an information payment, which is cost-shared between the Commonwealth and the states and territories, in return for data on immunisation encounters. General practitioners are also provided with additional financial incentives for immunisation service provision under the General Practice Immunisation Incentive Program (GPII).

Coverage is measured at several milestones in the child's development and reported quarterly. Two different algorithms are used to assess improvements in coverage:

- ACIR Coverage Calculation (Cohort Based Coverage) method provides coverage reports to states and territories on the immunisation status of children by identifying if each child has received the required dose for each required antigen within a defined timeframe.
- GPII Coverage Calculation (Cross Sectional Based Coverage) method assesses the coverage rate of a practice by including all children (less than seven years) who have received two or more Medicare consultations during a 12 month reference period, irrespective of who immunised the child. The immunisation reporting under GPII therefore, represents the average practice coverage level across all practices registered with the scheme.

Immunisation coverage in NSW has steadily improved for the 12 to less than 15 month and the 24 to less than 27 month cohorts, as can be seen in Table 1.

### Adverse events following immunisation

Under the *NSW Public Health Act 1991*, immunisation providers are required to notify Adverse Events Following Immunisation (AEFI) to the local PHU. The AEFIs are investigated by the PHU and then reported to NSW Health, which in turn reports them to the national Adverse Drug Reaction Advisory Committee (ADRAC). All AEFIs are reviewed by a specialist ADRAC panel and allocated a causality rating. From 2003, the NCIRS will coordinate evaluation of AEFI rates nationally and for NSW, and produce reports.

### Funding for immunisation

The Commonwealth, under the PHOFA, provides funding to the states and territories for the purchase of vaccines on the ASVS only; some administrative support for specific programs; provides some promotional material and undertakes an annual national influenza CATI survey. It also provides funding to support the NCIRS; the continued development and support for the ACIR; cost-shares the data fee payment to providers and provides the secretariat for the NIC and the ATAGI.

NSW Health budget funds:

- purchase of all other vaccines not funded via PHOFA
- AHS opportunistic vaccination budget
- ACIR data fee payment for NSW providers
- management of the NSW Vaccine Centre and the distribution of vaccines directly to all service providers

Table 2. **Vaccine preventable disease notifications in NSW – Number of cases notified 1996-2001**

	1996	1997	1998	1999	2000	2001
Diphtheria	0	0	0	0	0	0
Measles	191	273	119	32	32	30
Pertussis	1156	4250	2311	1415	3681	4435
Poliomyelitis	0	0	0	0	0	0
Tetanus	1	3	3	1	2	0
Mumps (lab reporting only)	27	29	39	32	92	28
Rubella (lab reporting only)	636	153	78	46	190	58
<i>Haemophilus influenzae</i> type b	13	17	11	13	8	9

- support for the NCIRS
- contractual arrangements for the purchase of vaccines and direct distribution
- program monitoring and evaluation surveys
- promotion of immunisation.

### ***Vaccine purchase***

NSW Health periodically tenders for the purchase of all vaccines and for the direct vaccine distribution system. Vaccines are purchased from the different manufacturers, delivered to the NSW Vaccine Centre and then distributed directly to all immunisation service providers including general practitioners, councils, community health centres, Aboriginal medical services, corrections health facilities, juvenile justice centres, aged care facilities, sexual health services and public methadone clinics. The current contractor provides comprehensive monthly data on the distribution of each vaccine to all service providers and this is forwarded to Area PHUs for program monitoring purposes.

### **Consumer choice**

The Australian health care system is underpinned by a fundamental right of choice. Continued prevention of vaccine preventable diseases however, depends on herd immunity and this strategy therefore focuses on encouraging everyone in the community to be immunised whilst acknowledging that not all will accept this concept.

## **Achievements to date in NSW**

Much has been achieved in recent years. In summary:

- There has been significant progress towards childhood immunisation coverage targets of 90 per cent for all cohorts throughout NSW. In particular, there has been a significant increase in coverage for the 24 to less than 27 month old cohort since the introduction of direct vaccine distribution in 1999.
- The Australian Childhood Immunisation Register (ACIR) has been established and produces increasingly reliable data on coverage rates as well as assisting with identification of children who are overdue for immunisations.
- A range of incentive initiatives have been implemented at a national level to encourage parents/guardians to commence and complete recommended vaccinations for their children. Incentives have also been introduced to encourage GPs to record and report vaccinations to the ACIR.
- There have been substantial improvements in the recording and reporting of immunisation data by providers.
- The successful conduct of the national Measles Control Campaign and ongoing high rates of immunisation have resulted in the interruption to the indigenous transmission of the disease.
- A registered nurse immunisation training program, which conforms to national standards, has been established.
- The establishment of the NSW Vaccine Centre and the introduction of direct distribution of vaccines to all immunisation service providers.
- Improved management of vaccine distribution and systematic implementation of efficient cold chain practices has likely contributed to increased vaccine effectiveness.
- There has been improved coordination of immunisation services through greater collaboration between key stakeholders at the local and statewide level.

- All the new NHMRC recommended immunisation programs, such as the National Influenza and Pneumococcal Program; the Measles, Mumps, Rubella Young Adult Program and the Conjugate Pneumococcal Program for Aboriginal and Torres Strait Islander children have been implemented.
- An Occupational Screening and Vaccination policy has been introduced to protect staff, students and consumers against infectious diseases.

## Key stakeholders

Key stakeholders that will play an important role in the implementation of this strategy include the following:

- NSW Department of Health
- NSW Immunisation Advisory Committee
- Area Health Services
- The Alliance of NSW Divisions
- NSW Divisions of General Practice
- General Practitioners
- Consumers
- Aboriginal Health and Medical Research Council
- Aboriginal Community Controlled Health Organisations
- Local Government Councils and Shires
- NSW Education Authorities
- Vaccine manufacturers
- Commonwealth Department of Health and Ageing
- National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
- Health Insurance Commission
- Centrelink

Specific information about the roles and responsibilities of stakeholders in the implementation of the Strategy can be found in Section 6 of this document.

## Challenges for the future

There are a number of challenges that face the health system and the community in seeking to improve immunisation coverage in the future. These include but are not limited to the following:

- There is a danger of complacency both in the community and at governmental level about the need for a continued effort to maintain and increase immunisation rates. The risk of outbreaks of many vaccine preventable diseases is now considered to be low and effective immunisation coverage means there is no longer visibility of such diseases in the community. In addition there is a misconception in the community that some of these illnesses, such as measles, are a normal part of childhood and pose little threat. Continued and renewed effort and energy will be required into the future if the gains to date are to be sustained and new goals realised.
- Paradoxically, the success of immunisation programs in reducing morbidity and mortality, has led to increased public perception of the side effects of some vaccines. The reporting and monitoring of Adverse Events Following Immunisation will be crucial for the community to accept the increasing number of new vaccines made possible by biotechnology. Effective communication of risk will be essential to maintain public confidence in immunisation programs.
- Achieving immunisation targets of 95 per cent will require a different, more targeted approach. This strategy therefore needs to provide a statewide framework and provide guidance and leadership whilst leaving scope and flexibility for local responses.
- Previous efforts in immunisation have focused on children. This strategy represents a shift to a whole of life approach from childhood through to adults and this will bring with it new challenges.
- There is a need for better information on immunisation coverage rates of Aboriginal and Torres Strait Islanders. This will require improved recording and reporting of Aboriginality, which is a sensitive issue and one that is not easily resolved. Continued collaboration with Aboriginal and Torres Strait Islander health organisations will be needed.

- Delivery of effective immunisation services is essentially a dynamic field and future changes are likely and will need to be managed. The strategy needs to therefore provide a blue print and a framework for service delivery but will need to remain flexible to incorporate changes.

**This section identifies the principles that underpin the Strategy and seeks to highlight the key elements that inform all aspects of its implementation.**

## Population health approach

The broad aims of a population health approach are to:

- maintain and improve the health status of the entire population
- reduce inequities in health status between population groups.

This approach is a key underpinning of the strategy. Reducing vaccine preventable diseases is dependant on a whole of population approach to immunisation and this requires a particular focus on those groups within our community for whom barriers exist to accessing health services. In taking a population health approach, the full spectrum of determinants of health need to be taken into account when developing strategies designed to improve health.

## Collaboration within and across sectors

The success of this immunisation strategy will depend on the cooperation and collaboration of many parties. Within the health sector there are many service delivery access points that have the potential to influence immunisation. Some of these access points have a primary role in vaccination, others have a role to play in promoting immunisation to consumers and yet others are the first or most relevant point of contact for a client entering the health system and provide an opportunity for opportunistic immunisation. There are also those organisations and individuals who have an integral role in supporting immunisation, for example, in the development of policy, data collection and reporting and administration.

Within a population health approach, maintaining and improving the health of the community also relies on the contribution of those sectors outside of health that play a role in the various health determinants such as education, welfare and housing. There is very good evidence that when such sectors work together with families and communities, there are health gains. 'Families First' is one example of such an intersectorial approach where health works with other jurisdictions to provide support to families of young children with measurable positive results, including an increase in immunisation rates. Monitoring of its implementation in NSW will assist in determining its contribution to immunisation rates.

## Evidence based approach

Health policy makers and practitioners are increasingly expected to base decisions on evidence; that is, all decisions about interventions to address health issues should be made using the best available evidence and reasoning. In essence this approach seeks to answer the questions 'what works?' and 'how can we have the greatest impact in addressing this health issue?'. In doing so it draws upon both data and factual information as well as information drawn from qualitative sources.

In terms of addressing immunisation coverage, this approach would seek to determine what we know about what works and to identify what we don't know. This assists in making decisions about what to continue to do, what to do differently and also what further research might be required to inform these decisions. It also incorporates the need for continuous evaluation of interventions and the dissemination of findings to the broader health sector.

Much of the successes in immunisation to date have been as a result of a generalist or whole of community approach. The importance of using an evidence-based approach is increasingly highlighted as we seek to achieve optimal immunisation coverage levels to prevent epidemics of vaccine preventable diseases. There is a need for a much more targeted approach and evidence about what works and what doesn't will be critical, as will evaluation of interventions.

## Application of a range of strategies

In seeking to ensure equity of access to immunisation services, it is critical to acknowledge that there are some population groups that have unique health requirements due to a range of factors including geography, gender, socio-economic status and culture. Inequities in health outcomes among population groups are often associated with inequities in social, economic and environmental conditions. The reasons why some people or some population groups are not immunised or are sub-optimally immunised are therefore likely to be linked to these inequities. Addressing this will require the implementation of a range of strategies across multiple settings that have taken into account the particular requirements of these population groups and the existing barriers to their accessing immunisation services.

## Strategies applied throughout the system

Achieving optimal immunisation coverage will rely on ensuring that all key players are involved in implementation at all levels. Rather than being seen in isolation, individual strategies should be seen as part of an overall system that requires integration of responses across and between providers, policy makers, data collection and reporting, vaccine manufacturers and the community to ensure their effectiveness.

## Community engagement

Communities will need to be engaged at a number of levels. They will need to be:

1. informed and educated about immunisation so that they are in a position to make an informed choice.
2. consulted in order to gather information about their views and concerns about immunisation and the barriers they face in accessing immunisation services.
3. offered opportunities to participate in policy and decision-making around immunisation, in line with NSW Health's commitment to consumer involvement in healthcare.

Given the diversity of communities, specific and targeted approaches to engagement will need to be utilised.

## Accountability for outcomes

As the health system strives towards implementing strategies that have the potential to produce the greatest health gains within the available resources, it is increasingly held to account for the outcomes of its interventions. The overarching goal of this strategy is to increase immunisation coverage and reduce the incidence of vaccine preventable diseases. This will largely be measured through enhanced disease surveillance and the reporting of immunisation coverage rates against the targets or performance measures set. Whether the targets are met or not will be dependant on a range of factors, including:

- whether there is clarity about roles and responsibilities of the stakeholders involved
- whether there is accurate baseline data available at the outset
- whether there are specified strategies developed and implemented that aim to improve coverage rates through targeted approaches
- the extent to which evaluation occurs to assess the impact and effectiveness of particular interventions.

It is critical that the immunisation services embrace the above factors and develop open and transparent systems of reporting on outcomes that highlight the successes and also acknowledge those strategies that have not produced the intended results. The achievement of stated immunisation targets is appropriately included in AHS Performance Agreements and this presents a challenge, as AHS are not the prime providers of immunisation services.

# Statement of purpose

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# 3

The overall aim of the strategy is to sustain and increase immunisation coverage at all stages of life, for all vaccines listed for use currently and in the future, in the Australian Standard Vaccination Schedule.

The strategy has five key objectives:

1. To achieve nationally agreed coverage targets of 95 per cent for all children under seven years of age.
2. To increase immunisation rates for population groups that are sub-optimally immunised.
3. To increase vaccine coverage amongst older children, young adults, Aboriginal and Torres Strait Islander people over the age of 50 and all people over the age of 65 years.
4. To ensure strategies for delivering immunisation services are underpinned by an evidence based approach.
5. To enhance the level of confidence in, and support for, immunisation both from the general community and service providers.

# Key result areas

The following key result areas represent opportunities to contribute to health gain in the community through immunisation. Strategies have been developed in response to problems that currently exist within the health system and are identified for implementation at a number of entry points and levels as follows:

- Strategies that focus on the role and responsibilities of providers in improving service provision.
- Strategies that focus on improving community acceptance of immunisation through increased knowledge and awareness.
- Strategies that aim to address low coverage rates in particular population groups.
- Strategies that focus on the improving effectiveness, for example in relation to vaccines, in relation to collaboration and cooperation across the system and in relation to infrastructure and systems that support immunisation.

## Sustained levels of childhood vaccination

### *Key issues/challenges*

- Maintaining community and government commitment in light of the sustained low incidence of most vaccine preventable diseases.
- Raising awareness in the community of the continued importance of immunisation.

### *Strategies*

- Maintain and enhance current generalist strategies for childhood immunisation coverage.
- Improve compliance with, and coverage of, the universal and targeted neonatal hepatitis B programs.
- Implement statewide promotion campaigns to increase public acceptance of the benefits of immunisation.
- Maintain and enhance evidence based opportunistic immunisation strategies, for example determining the immunisation status of a child on presentation for another health issue.

- Collaborate with the HIC and Centrelink through participation in the ACIR Management Committee to ensure that the systems in place for implementation of Commonwealth financial incentive strategies for parents are operating effectively.

## Improving of sub-optimally immunised

### *Key issues/challenges*

- Lack of identification of sub-optimally immunised groups and knowledge about the barriers to immunisation.
- The need to balance what we know from the literature about the sub-optimally immunised groups (eg NESB, low socio economic, high mobility etc) with the gathering of evidence that confirms this at the local and statewide level.
- A small number of people within this category will be non-Medicare cardholders and this presents barriers to access as well as to reporting of their immunisation status.

### *Strategies*

- NSW Health work with the National Centre for Immunisation Research and the NSW Immunisation Advisory Committee to provide statewide leadership and coordination to build capacity within AHS to undertake research into best practice for improving immunisation coverage in this group.
- Develop local research projects aimed at identifying sub-optimally immunised population groups and determining the barriers to immunisation.
- Develop appropriate social marketing strategies to improve immunisation coverage within these population groups.
- Develop local, specifically targeted strategies to increase immunisation rates amongst identified sub-optimally immunised populations.

- Encourage and support GP practices to implement immunisation recall and reminder systems.
- Ensure appropriate strategies are in place at a local level to improve access to immunisation for Aboriginal and Torres Strait Islander people. This includes the need for AHSs to work in collaboration with Aboriginal Community Controlled Organisations to ensure flexible, culturally appropriate services are in place and that Aboriginal health staff, where possible, are involved in service delivery.
- Improved reporting in relation to sub-optimally immunised groups.

## Immunisation of older children and adolescents

### *Key issues/challenges*

- Immunisation of this target group has not been addressed systematically as previous strategies have concentrated on improving childhood coverage.
- There is a lack of clarity about current immunisation rates for these age groups.
- These age groups do not frequently access GPs or other health services.
- There is a lack of awareness in the community about the need for immunisation of this target group or that there are vaccines specifically recommended for these age groups.
- Recent research has identified low uptake of the pre-adolescent hepatitis B recommendations currently provided via the private sector.
- The proposed introduction of additional vaccines for pre-adolescents and young adults into the ASVS in 2003 will require education of providers and communities about the benefits and risks.
- Targeting immunisation of this target group will require different and new strategies that are likely to have additional resource implications.

### *Strategies*

- NSW Health to collaborate with Education authorities to identify existing opportunities within the high school curriculum for the promotion of immunisation and to ensure compliance with the immunisation requirements of the *NSW Public Health Act 1991*.
- NSW Health to collaborate with Education authorities to develop appropriate strategies for the provision of immunisation services within the school environment.
- Statewide social marketing campaigns to be conducted to increase the community's awareness of immunisation issues for this population.
- The development of effective processes for recording and reporting of immunisation data for this population group.

## Adult immunisation

### *Key issues/challenges*

- The improvement of influenza and pneumococcal vaccination rates amongst people over 65 years and amongst Aboriginal and Torres Strait Islanders over the age of 50 years.
- Ensuring that the community is aware of risk factors that impact on the need for vaccinations that are recommended by the NHMRC for this age group.

### *Strategies*

- Conduct social marketing campaigns as appropriate, for example, for influenza and pneumococcal vaccines.
- Providers to be encouraged to undertake evidence based opportunistic immunisation of people within this age group.
- Increase immunisation levels and improve reporting of coverage rates for this population group.
- Specific targeting of nursing homes to provide influenza vaccines for residents.
- Implement the occupational health and safety screening and vaccination recommendations for employees and other personnel.

## Provision of timely information about immunisation to consumers

### *Key issues/challenges*

- Consumers are increasingly more knowledgeable about health care issues and are therefore more demanding of comprehensive information and the health system has a responsibility to respond appropriately to this.
- There are genuine concerns amongst some people in the community about vaccinating their children.
- The recommended vaccination schedule is undergoing constant change and this can be confusing for consumers and be a potential barrier to them accessing immunisation services.
- Vaccine recommendations for specific groups only can be seen as discriminatory.
- There is a level of confusion within the community about the nature of the childcare benefit payments and the school entry certificate and a misconception that vaccination is compulsory. There is a danger that the provision of incentives for parents to encourage immunisation is seen by some as a punitive measure.

### *Strategies*

- Implement statewide education campaigns to ensure timely information about new vaccines or changes to the immunisation schedule is delivered to consumers including vaccines released onto the private market.
- Provide balanced, comprehensive and culturally appropriate information for consumers in a range of mediums (written, via the internet, media).
- Develop culturally appropriate information for Aboriginal and Torres Strait Islanders that outlines the rationale for specific vaccination strategies targeting these groups.
- Develop and distribute education material to promote the school entry requirements for providers and schools.

## Reporting of adverse events following immunisation

### *Key issues/challenges*

- There has been increasing focus on the potential adverse affects of vaccination and community awareness in relation to these issues has heightened. In particular parents and guardians of young children have genuine concerns about vaccinations that need to be taken seriously if they are to make informed decisions about immunisation.
- The need to continue to have accurate information about AEFI and to have open and transparent processes of reporting this.
- The need to ensure the continued quality of immunisation services in NSW.

### *Strategies*

- Promote the mandatory requirement for the reporting of AEFIs by service providers to PHUs.
- Appropriate and timely reporting and follow up of AEFI.
- Statewide reporting from NSW Health in relation to AEFI.

## Provision of timely and effective support to providers and stakeholders

### *Key issues/challenges*

- Continual changes to the ASVS have tended to create 'provider fatigue'.
- GP practices continue to require support to appropriately record and report immunisation encounters to the ACIR.
- GPs have a key responsibility for recording clients on the ACIR as conscientious objectors and as part of that process have a duty to ensure parents and guardians are making that decision based on receipt of appropriate information.
- Practice nurses are increasingly carrying out immunisations under the 'supervision' of GPs. To ensure best practice service provision it is important to encourage immunisation training and/or authorisation.

- Some AHS do not identify immunisation service provision as part of the role of early childhood or community health services.

#### **Strategies**

- Divisions of General Practice continue to provide ongoing support to GPs regarding the provision of best practice immunisation services and to improve compliance with the GP Immunisation Incentive Program.
- AHS to assist and support Divisions of General Practice, local councils and Community Health Centres to achieve NSW immunisation targets.
- Divisions of General Practice work towards improving the vaccination skills of GPs and practice nurses.
- Through Divisions of General Practice ensure that GPs are informed in a timely manner about changes to the schedule and the appropriate processes for ordering vaccines.
- Where appropriate AHS include the provision of immunisation services as part of the role of early childhood or community health services in line with local requirements.
- Make available balanced and comprehensive, but succinct information to providers to assist them in working with clients who have concerns about immunisation or who wish to conscientiously object.

## **Effective structures and workforce development**

#### **Key issues/challenges**

- The need for high-level coordination of immunisation by AHS, both internally with other related units such as health promotion and community health and externally amongst other stakeholders such as Divisions of General Practice, local councils and non government organisations.
- The need for skilled staff to provide vaccinations, including public and private providers.
- The need for designated immunisation staff at all levels to ensure the implementation of effective immunisation services.

#### **Strategies**

- Improve the state commitment to immunisation by strongly encouraging AHS to employ full time Immunisation Coordinators.
- AHS to strengthen the strategic role of Immunisation Coordinators to ensure the implementation of the NSW Immunisation Strategy and achievement of the coverage performance targets.
- AHS to establish an Immunisation Coordination Committee, or similar structure made up of internal and external stakeholders. The role of the Committee is to plan and coordinate immunisation services within the boundaries of the AHS, including the development of a local Immunisation Plan in line with the state strategy.
- AHS to develop an Immunisation Annual Report to facilitate the preparation of the NSW Health *Immunisation Annual Report*.
- Enhance the role of Aboriginal Health Education Officers in promoting immunisation and in working with children who are overdue for immunisation.
- Divisions of General Practice continue to have a designated position for coordination and support for immunisation.
- The Alliance of NSW Divisions appoint a full time Immunisation Coordinator to improve the coordination of immunisation strategies across Divisions and support for Divisional Immunisation Coordinators.
- Support the Commonwealth initiative for GPs to employ practice nurses, in particular to support their role in immunisation.
- Encourage registered nurses working in general practice to attend authorised training or other immunisation education opportunities.
- Support for community health nurses to be educated and authorised to undertake immunisation where this has been identified as part of their role, and to access ongoing development as required.
- 'Families First' to provide information, education and if appropriate, immunisation services in the community.

## Ensuring access to effective vaccines

### *Key issues/challenges*

- The increasing cost and potential range of vaccines recommended on the ASVS requires an effective storage and distribution system to ensure that potent vaccines are delivered efficiently to all service providers.
- The increased complexity involving the purchase of vaccines demands that fair and equitable procurement policies are in place.
- The provision of appropriate and adequate refrigerated storage capacity in general practice will be increasingly important.
- Ensuring all providers are appropriately trained in cold chain management.

### *Strategies*

- Ensure maintenance of the current efficient and effective vaccine direct delivery system to providers.
- Continue to support the role of Divisions of General Practice in training GPs in effective cold chain maintenance.
- Provide education material and promote training in cold chain management to all service providers.

## Improved collaboration between providers and stakeholders

### *Key issues/challenges*

- Coordinating across public and private providers and between Commonwealth and state jurisdictions is challenging.
- GPs are the primary providers of immunisation services in the majority of AHSs, but overall responsibility for immunisation coverage rates rests with AHSs.
- Efforts around immunisation are often not coordinated within AHSs, for example through collaboration between Public Health, Community Health and Health Promotion Units.

### *Strategies*

- Develop and/or enhance partnerships at the local level between AHS Public Health Units and Divisions of General Practice.
- AHS to facilitate the collaboration and involvement of internal and external stakeholders in the development and implementation of local Immunisation Plans, including multicultural health coordinators where appropriate.
- NSW Health to collaborate with education authorities to improve all aspects of immunisation education, promotion, legislative and service delivery strategies.

## Improved recording and reporting of immunisation status

### *Key issues/challenges*

- Immunisation rates are underreported in the ACIR, potentially by as much as 5 per cent.
- A number of GPs do not wish to participate in submitting immunisation data to the ACIR.
- There are barriers to reporting immunisation data within large corporatised GP practices that see high numbers of children.
- Continued difficulty in recording and reporting of indigenous data means that there is lack of clarity about immunisation coverage rates within these communities.
- There are numerous and significant data quality issues related to systems and processes for timely reporting of immunisation coverage.
- ACIR is predicated on the notion of family stability and has still not dealt well with the issue of following up people who are mobile.
- ACIR website is reportedly not user friendly and this creates a barrier to its use.
- Many Community Health Services are not computerised and/or do not have reliable access to the internet.
- Data cleaning is extremely valuable and produces good results but is currently laborious and there are no systems that support it.

**Strategies:**

- NSW Health, through its work on the ACIR Management Committee, continue to work towards improvements in ACIR data quality.
- Divisions of General Practice continue their role in supporting GPs to implement efficient systems for recording and forwarding immunisation data.
- Continue to work with the Aboriginal Community Controlled health sector to develop solutions to problems related to the lack of reporting of data of Aboriginal and Torres Strait Islander people on the ACIR.
- Promote the implementation of the Better Practice Guidelines to Improve the Level of Aboriginal and Torres Strait Islander Identification within the NSW Public Health System.
- Actively promote to all immunisation providers, the electronic transfer of immunisation data to ACIR.
- Advocate for improvement of the ACIR website to increase user friendliness and reduce current barriers to its use at the local level.
- Develop a framework for data cleaning for use statewide and advise on the availability of software to assist with the process of data cleaning.

## Ensuring strategies are underpinned by evidence

**Key issues/challenges:**

- The need to continue to determine whether coverage is increasing, particularly amongst some hard to reach groups as well as Aboriginal and Torres Strait Islander communities.
- There is insufficient focus on determining what actually works as opposed to what is believed to work because it is a good idea.
- Currently immunisation research focuses mainly on vaccines and there is a dearth of research conducted in relation to coverage. There is therefore limited information about the coverage impact of existing or new vaccines.
- For older children, young adults and those over 65 years there is limited current baseline data about immunisation coverage.

- Ensuring that there is a statewide coordinated approach to research and the continued development of evidence, whilst ensuring a focus on local populations and barriers and evaluation of local strategies.

**Strategies:**

- Evaluation of strategies implemented at all levels, particularly strategies targeted at 'hard to reach groups'.
- Encourage the development of research that focuses on immunisation coverage and risk factors for poor coverage.
- Provide opportunities to Public Health Units to build capacity in undertaking demographic research and evaluation.
- NSW Health to work with the National Centre for Immunisation Research to identify and set research and evaluation priorities, including the development of statewide research projects.
- NSW Health to work with the National Centre for Immunisation Research to undertake and disseminate the results of a literature search into effective immunisation strategies.
- NSW Health to work with the National Centre for Immunisation Research to track coverage and risk factors for poor coverage.

## Surveillance of vaccine preventable diseases

**Key issues/challenges:**

- The under-reporting of cases of vaccine preventable diseases prevents an estimation of the true impact of the disease burden in the community.
- The requirements for the mandatory reporting of infectious diseases by general practitioners is poorly understood.
- The vaccination status of cases of vaccine preventable diseases is often poorly documented.

**Strategies:**

- Surveillance and follow up of vaccine preventable diseases should be undertaken according to the NSW Infectious Diseases Manual.
- General practitioners should be regularly reminded of their obligation to notify under the *NSW Public Health Act 1991*.

# Roles and responsibilities

## Statewide Advisory Committee

Responsible for:

- Strategic oversight of the NSW Immunisation Strategy.
- Statewide leadership in relation to immunisation issues.
- Monitoring progress towards targets and identifying strategies to assist those AHS with low levels of achievement against the targets.
- Adding value to the reporting of data.
- Advising on areas of strategic research.

## NSW Department of Health

### Immunisation Unit

Responsible for:

- Developing immunisation policy and practice in collaboration with other key stakeholders.
- Resourcing and overseeing the implementation of the state strategy and monitoring and evaluating its impact.
- Providing statewide leadership in relation to immunisation issues.
- Achieving statewide immunisation targets.
- Producing an Immunisation Annual Report.
- Further development of relationships/partnerships with other key stakeholders, in particular:
  - The NSW Education Authorities
  - Department of Juvenile Justice
  - Corrections Health Service
  - Aboriginal Health and Medical Research Council
  - Department of Community Services
  - Centrelink
  - Health Insurance Commission

- Statewide management of the NSW Immunisation Program.
- Monitoring incidence of vaccine preventable diseases.
- Collaborating with the National Centre for Immunisation Research to establish statewide research priorities.
- Representing NSW Health on national immunisation committees to lobby and advocate for issues relevant to NSW.
- Ensuring effective and timely delivery of vaccines to public and private immunisation providers.
- Identifying the statewide need for additional resources for immunisation and sourcing additional funds where possible.
- Statewide immunisation promotion campaigns and immunisation information dissemination.
- Reporting of Aboriginal and Torres Strait Islander immunisation data.

### Communicable Diseases Branch

Responsible for:

- Developing policies for the surveillance and control of vaccine preventable diseases.
- Timely analysis and reporting on vaccine preventable diseases in the *NSW Public Health Bulletin* and to the Immunisation Unit and the NSW Immunisation Advisory Committee, to inform policy development.
- Outbreak control measures for vaccine preventable diseases.

## Primary Health and Community Care Branch

Responsible for:

- Ensuring that community health services provide immunisation services in line with local population needs and available resources, and that responsibilities are incorporated into business plans and job descriptions.
- Support AHS community health nurses to be trained and authorised to undertake immunisation where this has been identified as part of their role.
- Immunisation services such as the provision of information and education to families, promotion of immunisation, and if appropriate, provision of immunisation services, be included as part of the implementation of 'Families First'.

## Aboriginal Health Branch

Responsible for:

- Collaborating with the AIDS/Infectious Diseases Branch in monitoring the implementation of the NSW Immunisation Strategy as it relates to Aboriginal and Torres Strait Islander immunisation.
- Contributing to the improvement of recording and reporting of Aboriginal and Torres Strait Islander immunisation data at a statewide level.
- Supporting the role of AHS Aboriginal Health Coordinators in immunisation.

## Health Promotion Branch

Responsible for:

- Collaborating with the AIDS/Infectious Diseases Branch in the implementation of the NSW strategy as it pertains to health promotion strategies.

## Office of the Chief Health Officer

Responsible for:

- Ensuring overall monitoring and reporting of immunisation targets for NSW.
- Providing leadership in relation to immunisation of the NSW population.

## Area Health Services

AHS have overall responsibility for the achievement of population immunisation coverage targets and for compliance with OH&S requirements for screening and vaccination of staff. Specific areas of responsibility are as follows:

- Development of an AHS Immunisation Plan consistent with the NSW strategy within one year of the release of the NSW strategy.
- Development and implementation of Area plans in collaboration with key local internal and external stakeholders such as Population Health, Public Health Units, Health Promotion, Aboriginal Health Coordinators and Community Health staff, Divisions of General Practice and Aboriginal Medical Services.
- Ensuring the involvement of appropriate agencies that may have a role to play in opportunistic immunisation, for example sexual health services and drug and alcohol services.
- Ensuring community health nurses have access to the NSW College of Nursing Immunisation Course for Registered Nurses.
- Ensuring that a dedicated coordination function is created – preferably by the appointment of a full-time Immunisation Coordinator – responsible for developing and implementing the local plans to achieve the AHS immunisation coverage performance targets.
- Collaborating with other providers to improve the quality of ACIR data.
- Reporting and follow up of AEFIs.
- Reporting on an annual basis to NSW Health in relation to local achievements against the NSW strategy.
- Ensuring that community health services provide immunisation services in line with local population needs and available resources, and that responsibilities are incorporated appropriately into business plans and job descriptions.
- Incorporating immunisation into 'Families First' implementation, in terms of the provision of education and information, promotion, as well as vaccination services, if appropriate.

- The development and monitoring of immunisation strategies and services for Aboriginal and Torres Strait Islander people.
- Assisting in improving the recording and reporting of Aboriginal and Torres Strait Islander immunisation data.
- Provision of advice in relation to the follow up of Aboriginal and Torres Strait Islander children who are overdue for immunisations.
- Ensuring compliance with the recommendations for hepatitis B vaccination of neonates and those born to HbsAg positive mothers through maternity hospitals.
- Implementation of the occupational screening and vaccination policy for AHS employees and 'other personnel'.

## Divisions of General Practice

Responsible for:

- The appointment of an Immunisation Coordinator responsible for the provision of coordination and support to GPs and GP practices in relation to:
  - best practice cold chain maintenance
  - making optimal use of GPII funding
  - ensuring timely and accurate reporting of immunisations to the ACIR by all GP service providers
  - achieving recommended immunisation targets
  - the distribution of immunisation promotional material to GP practices.
- Working with GPs to encourage the employment of practice nurses and to promote support for them to access authorised training and other education opportunities.
- Initiating and convening meetings of local networks of practice nurses involved in immunisation to facilitate improved quality of immunisation services and to provide opportunities for support.

- Working with AHS Immunisation Coordinators in the development and implementation of AHS Immunisation Plans.
- Continued collaboration with NSW Health to assist with the timely dissemination of information to GPs, particularly important and urgent information.
- Continued work to encourage non-member GP practices to accurately report immunisation data and to offer support for their endeavours.

## Alliance of NSW Divisions

The appointment of an Immunisation Coordinator responsible for:

- Dissemination of information to Divisions about changes in the ASVS and supporting Divisions to work with local GPs in relation to such changes.
- Monitoring achievement of the higher target of 90 per cent immunisation coverage for all GPs.

## National centre for immunisation research and surveillance

Responsible for:

- Coordinating and reporting on surveillance of immunisation and vaccine preventable diseases.
- Analysing and reporting on data collected by the ACIR.
- Monitoring and reporting on AEFIs.
- Monitoring national immunisation trends and reporting in relation to this to all states/territories.
- Providing leadership in vaccine preventable diseases and immunisation research, evaluation, surveillance and risk communication.

## Local Councils

Responsible for:

- Where vaccination services continue to be provided by local councils, working in collaboration with the AHS to ensure a coordinated approach.
- Ensuring immunisation data is reported to the ACIR.
- Ensuring local council staff are authorised to immunise and at all times follow NH&MRC and NSW recommendations.
- Ensuring local council staff working in high-risk settings are appropriately immunised.

## NSW Education Authorities

Responsible for:

- Ensuring the goal of increasing immunisation coverage is included in relevant documentation and communication strategies, including information on the Department's website.
- Continuing to implement the school entry requirements in relation to immunisation.
- Working with local Public Health Units in the event of an outbreak of a vaccine preventable disease.
- Acting as a resource to NSW Health in the dissemination of timely and relevant information to school staff and to parents/guardians of students.
- Working in collaboration with NSW Health to develop appropriate and effective ways of promoting immunisation within the high school curriculum, for example through the Personal Development and Health Program and the Crossroads Program for years 11 and 12.
- Working in collaboration with NSW Health to develop appropriate promotion strategies for immunisation more broadly for the school community.
- Collaborating with NSW Health in the development of innovative strategies for high school based immunisation service provision. Strategies need to take appropriate account of the school culture, the need to maintain a focus on the core business of education and to allow for minimal disruption of day-to-day activities.
- Collaborating in efforts to assist in the provision of School Entry Immunisation Status data.
- Ensuring Education Department staff that are working in high-risk settings are appropriately immunised.

# Monitoring and evaluation

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Mechanisms for monitoring and evaluation are essential to ensure effective implementation of the strategy and to ensure immunisation services continue to reflect best practice. The following monitoring and evaluation methods will be established:

- Immunisation targets to be included in AHS CEO Performance Agreements.
- NSW Health to report on targets quarterly in the *NSW Public Health Bulletin* and to the Senior Executive Forum.
- AIDS/Infectious Diseases Branch to report quarterly on the achievement of targets to the Performance Management Branch.
- AHS to report annually to NSW Health in relation to qualitative and quantitative achievements against the key objectives of the strategy.
- NSW Health to publish an Annual Report in relation to statewide achievements in immunisation against the objectives of the strategy.
- A mid term review of the implementation of the strategy and a report on key findings with recommendations about any changes required to meet key objectives to be undertaken.

# Appendix A. Action plan



## Key result area 5.1 – Sustained high levels of childhood immunisation

Strategy	Responsibility	Measures of success	Timeframe
Maintain and enhance current strategies for childhood immunisation	AHS Divisions of General Practice	In line with nationally set targets, 95% of all children under six years of age are fully vaccinated according to the Australian Standard Vaccination Schedule	By 2005
Improve compliance with, and coverage of, the universal and targeted Neonatal Hepatitis B Immunisation Program	AHS	Report on service provision compliance and coverage of the NSW neonatal hepatitis B immunisation strategies quarterly to AIDB and include in AHS Immunisation Annual Reports	Quarterly By mid 2004
Implement statewide promotion campaigns to increase public acceptance of the benefits of immunisation	NSW Health	Evaluation of promotion campaigns indicates an increase in public acceptance of the benefits of immunisation	By 2004
Maintain and enhance evidence-based opportunistic immunisation strategies	AHS	Commitment to opportunistic immunisation demonstrated in AHS Immunisation Plans and reported in AHS Annual Immunisation Reports	By end 2003 By mid 2004
Collaborate with HIC and Centrelink to ensure effective parent incentive schemes	NSW Health	NSW participation on ACIR Management Committee. Progress to be addressed in <i>NSW Immunisation Annual Report</i>	By end 2002 Annually

## Key result area 5.2 – Improving coverage of the sub-optimally immunised

Strategy	Responsibility	Measures of success	Timeframe
Provide leadership and coordination to build capacity within AHS to undertake research into best practice for improving coverage in this group	NSW Health NSW IAC NCIRS AHS	AHS undertaking best practice research and reporting on outcomes in AHS Immunisation Annual Reports	By end 2004
Identify sub-optimally immunised population groups and determine barriers to immunisation through local research	AHS NCIRS NSW Health	AHS have identified sub-optimally immunised population groups and determined the barriers to immunisation for such groups	By end 2003
Develop appropriate social marketing strategies to improve immunisation coverage within these population groups	AHS NSW Health	Implementation of local social marketing projects included in AHS Immunisation Plans and reported in AHS Immunisation Annual Reports	By mid 2004
Develop local, specifically targeted strategies to increase immunisation rates amongst identified sub-optimally immunised populations	AHS	Implementation of local strategies included in AHS Immunisation Plans and reported in AHS Immunisation Annual Reports	By end 2003 By mid 2004
Encourage and support GP practices to implement immunisation recall and reminder systems	Alliance of NSW Divisions	Strategies to achieve this are implemented by Divisions and reported by the Alliance of NSW Divisions to NSW Health	By mid 2004 Annually
Ensure appropriate strategies are in place at a local level to improve access to immunisation for Aboriginal and Torres Strait Islanders	AHS AHMRC NSW Health	Evidence of local partnerships and collaboration. Specific strategies to target Aboriginal and Torres Strait Islanders are identified in AHS Immunisation Plans and reported in AHS Immunisation Annual Reports	By mid 2004
Improved reporting of immunisation coverage of sub-optimally immunised groups	NSW Health NCIRS	Coverage data published regularly and reported annually for sub-optimally immunised groups	By end 2004

**Key result area 5.3 – Immunisation of older children and adolescents**

Strategy	Responsibility	Measures of success	Timeframe
Collaborate with Education Authorities to promote immunisation in schools and ensure compliance with the immunisation requirements of the <i>NSW Public Health Act 1991</i>	NSW Health NSW Education Authorities	Agreements with NSW Education Authorities to be established to promote immunisation for the school community	By end 2003
Collaborate with Education Authorities to develop appropriate strategies for the provision of immunisation services within the school environment	NSW Health AHS	School-based immunisation services established in each AHS to improve immunisation coverage for all adolescent vaccines on the ASVS	Services established by the start of the 2004 school year
Develop data collection and coverage reporting mechanisms for these target groups	NSW Health AHS ACIR	Mechanisms agreed and coverage reported in the <i>NSW Immunisation Annual Report</i>	By mid 2004
Conduct statewide social marketing campaigns to increase the community's awareness of immunisation issues for this population	NSW Health	Campaign strategy developed, implemented and evaluated	By end 2004

**Key result area 5.4 – Adult immunisation**

Strategy	Responsibility	Measures of success	Timeframe
Conduct social marketing campaigns, as appropriate ie for influenza and pneumococcal vaccines	NSW Health	Campaign strategy developed, implemented and evaluated in terms of its impact	Annual
Encourage evidence based opportunistic immunisation of adults	AHS Alliance of NSW Divisions Divisions of General Practice	Commitment to opportunistic immunisation of adults demonstrated in AHS Immunisation Plans, if appropriate Report on compliance by Alliance of NSW Divisions to NSW Health	By mid 2004 By mid 2004
Improve, and report on, immunisation coverage for this population group for vaccines recommended on the ASVS	NSW Health NCIRS	85% percentage of people aged over 65 years are immunised against influenza. Increase in percentage of Aboriginal and Torres Strait Islanders aged over 50 years who are immunised against influenza and pneumococcal disease. Coverage reported in the <i>NSW Immunisation Annual Report</i>	By mid 2004
Target aged care facilities to improve influenza coverage	NSW Health AHS	Influenza vaccines distributed to all aged care facilities annually	By end 2002
Implement the occupational health and safety screening and vaccination recommendations for employees and other personnel	AHS	Report on compliance with the recommendations in the AHS Immunisation Annual Report	By mid 2004

**Key result area 5.5 – Provision of timely information about immunisation to consumers**

Strategy	Responsibility	Measures of success	Timeframe
Provide timely information regarding changes to the ASVS and vaccines released in the private market to service providers and consumers	NSW Health	Statewide campaigns implemented for all new vaccines or changes to the ASVS	As required
Provide balanced, comprehensive and culturally appropriate information for consumers in a range of mediums	NSW Health	The range and quality of information produced and distributed	By end 2004
Develop culturally appropriate information for Aboriginal and Torres Strait Islanders that outlines the rationale for specific vaccination strategies targeting these groups	NSW Health AHMRC	Appropriate involvement of Aboriginal and Torres Strait Islanders in the development of materials	By mid 2004
Develop and distribute education material to promote the school entry requirements for providers and schools	NSW Health AHS	Improved understanding of the process and any policy changes.	By end 2003

**Key result area 5.6 – Reporting of adverse events following immunisation**

Strategy	Responsibility	Measures of success	Timeframe
Promote the mandatory requirement for the reporting of adverse events by service providers	NSW Health AHS Alliance of NSW Divisions Divisions of General Practice	Regular promotion undertaken and improved reporting noted on NDD	At end 2002 and then each subsequent year
Appropriate and timely reporting and follow up of adverse events	AHS	Improvement of notifications and reporting of follow up of adverse events by AHS to the Department	Ongoing
Improved reporting of adverse event data for NSW	NSW Health AHS	Quarterly reports provided to AHS. Adverse event data reported in the <i>NSW Immunisation Annual Report</i>	Ongoing Annual

**Key result area 5.7 – Reporting of timely and effective support to providers**

Strategy	Responsibility	Measures of success	Timeframe
Provide support to GPs regarding the provision of best practice immunisation services and improve compliance with the GP Immunisation Incentive Program	Alliance of NSW Divisions Divisions of General Practice	Evidence included in reports from the Alliance of NSW to NSW Health and included in the <i>NSW Immunisation Annual Report</i>	By mid 2004  Annually
Assist and support Divisions of General Practice, local Councils and Community Health Centres to achieve NSW immunisation targets	Alliance of NSW Divisions AHS	Improved immunisation coverage as reported by the ACIR. Strategies for collaboration included in AHS Immunisation Plans	By end 2003
Divisions of General Practice work towards improving the vaccination skills of GPs and practice nurses	Alliance of NSW Divisions Divisions of GPs	Evidence of strategies to achieve this included in reports from the Alliance to the NSW Department of Health and included in the <i>NSW Immunisation Annual Report</i>	By mid 2004  Annually
Improve the mechanisms and the timeliness of the dissemination of immunisation information to GPs	NSW Health Divisions of General Practice	Extent and quality of information provided to and disseminated by Divisions.	As required
Include the provision of immunisation services as part of the role of early childhood or community health services in line with local requirements	AHS	Where identified as part of the role and incorporated in AHS Immunisation Plans, early childhood or community health services are providing immunisation services. AHS to report on compliance in AHS Immunisation Annual Reports	By mid 2004
Make available balanced and comprehensive, but succinct information to providers to assist them in working with clients who have concerns about immunisation or who wish to conscientiously object	NSW Health NCIRS	Quality of information produced and extent of dissemination	By mid 2004

**Key result area 5.8 – Effective structures and workforce development**

Strategy	Responsibility	Measures of success	Timeframe
Improve the state commitment to immunisation by strongly encouraging AHS to employ full time immunisation coordinators	NSW Health AHS	Source of funds identified. The number of AHS to have employed full time immunisation coordinators whose role is consistent with the requirements of the NSW Immunisation Strategy	By end 2002 By end 2003
Strengthen the strategic role of AHS Immunisation Coordinators to ensure implementation of the NSW Immunisation Strategy at AHS level and the achievement of coverage performance targets	AHS	Requirements of the role in implementation of the NSW Strategy identified in job descriptions and included in the AHS Immunisation Plans	By end 2003
Develop AHS Immunisation Plans in collaboration with local Immunisation Committees that identify strategies to improve immunisation coverage within the area and that are consistent with the NSW Immunisation Strategy	AHS	All AHS have established Immunisation Coordination Committees (or similar) that are guiding local work in immunisation. Submission of the AHS Immunisation Plan to the Department	By mid 2003  By end 2003
Develop an AHS Immunisation Annual Report	AHS	Submission of the AHS Immunisation Annual Report to NSW Health	By mid 2004 Annually
Enhance the role of Aboriginal Health Education Officers in promoting immunisation and in working with under-immunised or those overdue for immunisation	NSW Health AHS	Evidence reported in AHS Immunisation Annual Reports and the <i>NSW Immunisation Annual Report</i>	By mid 2004 Annually
Appoint an Immunisation Coordinator in all Divisions of General Practice	Divisions of GPs Alliance of NSW Divisions	Evidence included in reports from the Alliance of NSW Divisions to NSW Health	By mid 2004 Annually
Appoint a full time Immunisation Coordinator to improve the coordination of immunisation strategies across Divisions and support for Divisional Immunisation Coordinators	Alliance of NSW Divisions	Evidence included in reports from the Alliance of NSW Divisions to NSW Health	By mid 2004 Annually
Support the Commonwealth initiative for the employment of GP practice nurses, in particular to support their role in immunisation	Alliance of NSW Divisions Divisions of General Practice	Evidence of this included in reports from the Alliance of NSW Divisions to NSW Health	By mid 2004 Annually
Encourage registered nurses working in General Practice to attend authorised training or other immunisation education opportunities	Alliance of NSW Divisions Divisions of General Practice	Evidence of this included in reports from the Alliance of NSW Divisions to NSW Health	By mid 2004 Annually
Support AHS community health nurses to be educated and authorised to undertake immunisation and to access ongoing development as required	AHS NSW Health	Report on the number of nurses authorised in AHS Immunisation Annual Reports	By mid 2004
Provide immunisation information, education and if appropriate, services through 'Families First'	AHS	Report on 'Families First' involvement in improving immunisation coverage in AHS Immunisation Annual Reports	By mid 2004

**Key result area 5.9 – Ensuring access to effective vaccines**

Strategy	Responsibility	Measures of success	Timeframe
Ensure the maintenance of an efficient and effective direct vaccine distribution system to all providers	NSW Health	Vaccines distributed by NSW Health directly to all immunisation service providers. 100% of vaccines are distributed with heat and freeze monitors (or equivalent) and meet cold chain requirements for storage and transport at all times	Ongoing
Support the role of Divisions of General Practice in training GPs in effective cold chain maintenance	Alliance of NSW Divisions	Wastage for all vaccines is reported at less than 1% each financial year	By mid 2004
Provide educational material and promote training in cold chain management to all service providers	NSW Health	Evidence of regular vaccine cold chain auditing being undertaken for all providers	Annually

**Key result area 5.10 – Improved collaboration between providers and stakeholders**

Strategy	Responsibility	Measures of success	Timeframe
Develop and/or enhance partnerships at the local level between AHS and Divisions of General Practice	AHS Divisions of General Practice	Strategies to enhance partnerships identified in AHS Immunisation Plans and outcomes reported in AHS Immunisation Annual Reports	By mid 2004
Facilitate the collaboration and involvement of internal and external stakeholders in the development and implementation of local Immunisation Plans	AHS	Extent of collaboration and partnerships reflected in AHS Immunisation Plans and reported in AHS Immunisation Annual Reports. Evidence of internal processes in place for collaboration	By mid 2004
Collaborate with NSW Education Authorities to improve all aspects of immunisation education, promotion, legislative and service delivery strategies	NSW Health AHS NSW Education Authorities	Strategies to be identified in AHS Immunisation Plans and Annual Reports	By mid 2004

**Key result area 5.11 – Improved recording and reporting of immunisation status**

Strategy	Responsibility	Measures of success	Timeframe
Improve the quality of ACIR data, through participation in ACIR Management Committee	NSW Health NCIRS	NSW Health to participate on the ACIR Management Committee	Ongoing
Support GPs to implement efficient systems for recording and forwarding immunisation data	Alliance of NSW Divisions Divisions of General Practice	Progress towards 100% of providers forwarding data to ACIR	By mid 2004
Improve, and report on, immunisation coverage for Aboriginal and Torres Strait Islanders and improve the reporting of Aboriginality on ACIR	NSW Health AHS NCIRS AHMRC	Statewide reports indicate immunisation coverage by Aboriginality. AHS receive reports in relation to Aboriginal and Torres Strait Islander immunisation rates within their Area. AHS report on progress towards improving immunisation coverage in AHS Immunisation Annual Reports	By end 2003  By end 2004  By mid 2004
Promote the implementation of the <i>Better Practice Guidelines to Improve the Level of Aboriginal and Torres Strait Islander Identification within the NSW Public Health System</i>	NSW Health AHS	AHS Immunisation Annual Reports demonstrate compliance with the guidelines	By mid 2004
Promote the electronic transfer of immunisation data to ACIR to all providers	NSW Health AHS Alliance of NSW Divisions Divisions of General Practice	Demonstrate increased in electronic transfer of data to ACIR	By mid 2004
Advocate for improvement of the ACIR website to increase user friendliness and reduce current barriers to its use at the local level	NSW Health Alliance of NSW Divisions NCIRS	Issue raised and actioned through the ACIR Management Committee	By mid 2003
Develop a framework for data cleaning for use statewide and advise on the availability of software to assist with the process of data cleaning	NSW Health	Data cleaning is carried out regularly by all Public Health Units using recommended framework and data cleaning software	By end 2003

**Key result area 5.12 – Ensuring strategies are underpinned by evidence**

Strategy	Responsibility	Measures of success	Timeframe
Evaluation of strategies implemented at all levels, particularly strategies targeted at 'hard to reach groups'	AHS	AHS Immunisation Plans include process and impact evaluation of local strategies. AHS are providing qualitative and quantitative reports in relation to local strategies aimed at increasing immunisation coverage	By end 2003 By end 2004
Encourage the development of research that focuses on immunisation coverage and risk factors for poor coverage	NSW IAC NCIRS	Statewide research is being undertaken in relation to tracking immunisation coverage and risk factors for poor coverage	By end 2004
Provide opportunities to Public Health Units to build capacity in undertaking demographic research and evaluation	NSW Health NCIRS	Report on the range and quality of development opportunities organised at a statewide level	By end 2004
Identify and set research and evaluation priorities, including the development of statewide research projects	NSW Health NSW IAC NCIRS	Areas of strategic research are identified at a statewide level. Plan for the evaluation of the statewide strategy is developed	By end 2004 By end 2004
Undertake literature search into effective immunisation strategies	NSW Health NCIRS	Disseminate the results of literature search into effective immunisation strategies	By mid 2004

**Key result area 5.13 – Surveillance of Vaccine Preventable Diseases**

Strategy	Responsibility	Measures of success	Timeframe
Undertake surveillance and follow up of vaccine preventable diseases, according to the <i>Infectious Diseases Manual</i>	NSW Health AHS	Notifications reported to NDD and implementation of control strategies according to legislative and policy guidelines	Ongoing
Conduct promotional campaigns to remind general practitioners of their reporting obligations under the <i>NSW Public Health Act 1991</i>	NSW Health AHS	Improved reporting of vaccine preventable diseases on NDD	Ongoing

# Appendix B. Glossary of terms

# B

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ACCHO	Aboriginal Community Controlled Health Organisation
ACIR	Australian Childhood Immunisation Register
AEFI	Adverse Event Following Immunisation
ATAGI	Australian Technical Advisory Group on Immunisation
CATI	Computer Assisted Telephone Interview
GPII	General Practice Immunisation Incentive
HIC	Health Insurance Commission
NCIRS	National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
NHMRC	National Health and Medical Research Council
NIC	National Immunisation Committee
PHU	Public Health Unit

The terms 'immunisation' and 'vaccination' have been used interchangeably throughout this document.

# Appendix C. Related Commonwealth and State Policy documents



Commonwealth Department of Health and Aged Care 1997, *Immunise Australia: Seven Point Plan*, AGPS, Canberra.

Commonwealth Department of Health and Aged Care 1998, *Australian Childhood Immunisation Charter 1998-2000*, AGPS, Canberra

Commonwealth Department of Health and Aged Care 2000, *Let's Work Together to Beat Measles*, AGPS, Canberra.

Commonwealth Department of Health and Aged Care 2001, *Quantitative Research to Evaluate the Department's Influenza Vaccine Program for Older Australians*, Ray Morgan Research, Sydney.

Commonwealth Department of Health and Aged Care 2001, *National Guidelines for Immunisation Education for Registered Nurses and Midwives*, AGPS, Canberra.

Commonwealth Department of Health and Ageing 2002, *Framework for the National Immunisation Strategy 2002-2005*, Draft, AGPS, Canberra.

Health Insurance Commission 2002, *HIC Reporting Requirements to the Department of Health and Ageing*, AGPS, Canberra.

National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases 2002, *Vaccine Preventable Diseases and Vaccination Coverage in Australia, 1999-2000*. Communicable Diseases Supplement, AGPS, Canberra.

National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases 2002, *Immunisation Coverage: Australia 2001*, AGPS, Canberra.

National Health and Medical Research Council 1993, *National Immunisation Strategy*, AGPS, Canberra

National Health and Medical Research Council 2002, *The Australian Immunisation Handbook*, Draft, 8th edition, AGPS, Canberra.

NSW Department of Health 1993, *Immunisation Strategy for NSW*, NSW Department of Health, Sydney

NSW Department of Health 1999, *NSW Aboriginal Health Strategic Plan*, NSW Department of Health, Sydney.

NSW Department of Health 2000, *Healthy People 2005 – New Directions for Public Health in NSW*, NSW Department of Health, Sydney.

NSW Department of Health 2001, Circular 2001/101, *Hepatitis B Vaccination Policy*, NSW Department of Health, Sydney.

NSW Department of Health 2002, Circular 2002/97, *Occupational Screening and Vaccination against Infectious Diseases*. NSW Department of Health, Sydney.

*NSW Public Health Act 1991*.

