NSW Health

NSW Immunisation Coverage in 2024

Report

Epidemiology and Data Systems
Health Protection NSW

January to December 2024

Health Protection NSW acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the lands and waters in which we work, live and learn. We recognise the incredible richness, strength and resilience of the world's oldest living cultures, including cultural practices, languages and connection to Country.

Produced by:

Health Protection NSW

Locked Mail Bag 2030

St Leonards NSW 1590

Email: MOH-HealthProtection@health.nsw.gov.au

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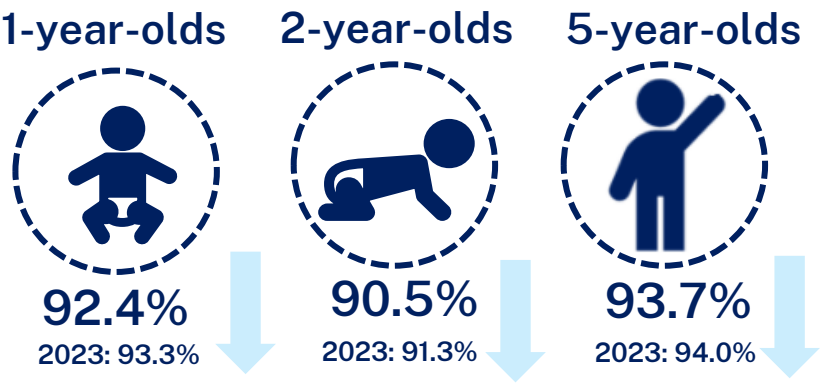

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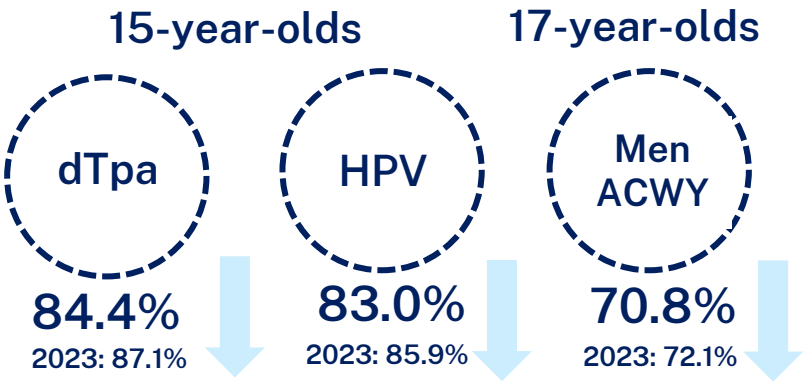

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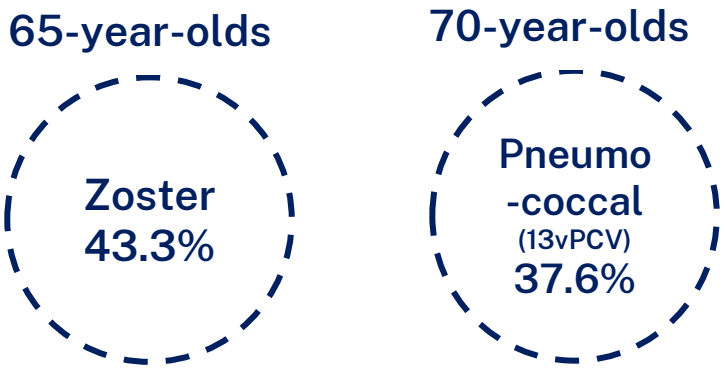

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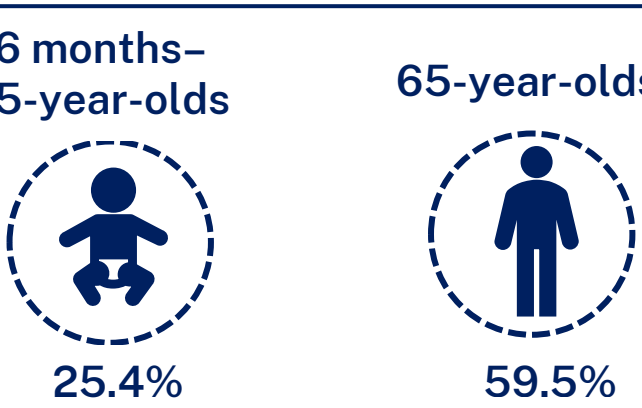

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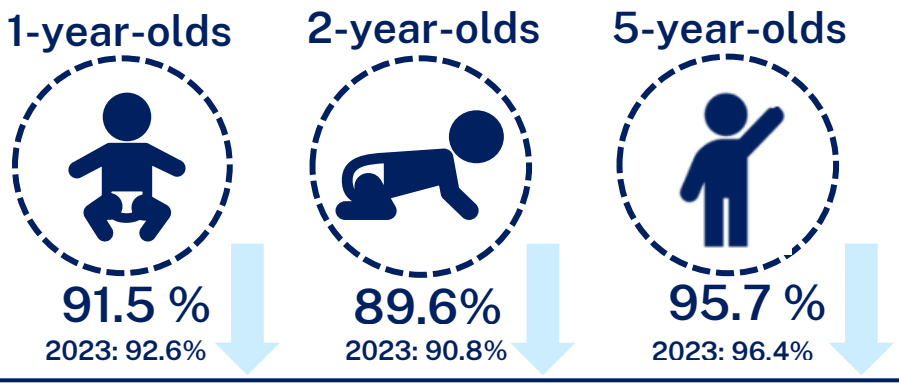

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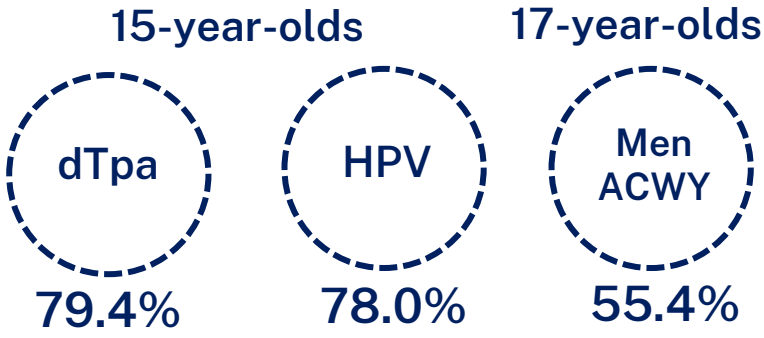

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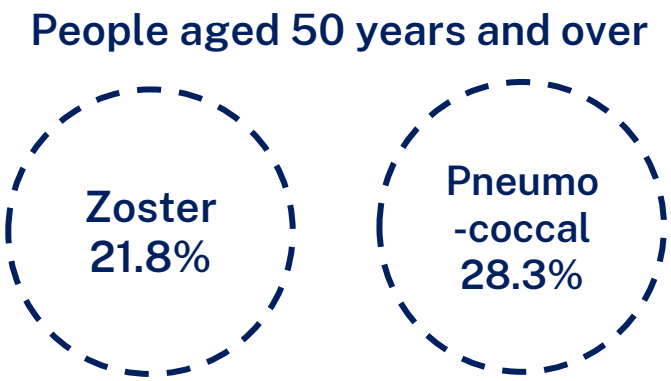

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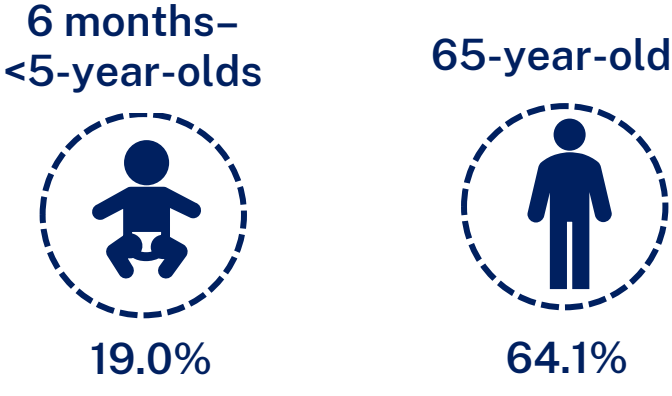


2 Executive summary

This report describes immunisation coverage in NSW in 2024 and is part of the ongoing monitoring of progress towards improving vaccine access, uptake and equity, which is a key goal of the NSW Immunisation Strategy 2024–2028. It provides the baseline data for future assessment of the Strategy.

Immunisation coverage in all children

From 2023 to 2024, immunisation coverage in all children in NSW decreased across all age groups and vaccines. Coverage in 2024 was below the 95% target for most vaccines, except for hepatitis B (96%), meningococcal ACWY (95%) and polio (96%) immunisation coverage in 2-year-olds. In 2024, 94% of children were fully immunised by 5 years of age, falling just below target. Coverage was higher in very remote (97%), remote (96%) and outer regional (95%) areas compared to inner regional areas (93%) and major cities (94%). For children residing in metropolitan local health districts (LHDs), 84% of immunisations funded under the National Immunisation Program (NIP) were given at General Practices (GPs), compared to 64% for children residing in regional and rural LHDs.

A key addition to the NSW Immunisation Program in 2024 was the establishment of the NSW Respiratory Syncytial Virus (RSV) Vulnerable Babies Program on 25 March 2024. This state-funded program provided free nirsevimab immunisations to babies with a high risk of RSV disease. Between 1 April 2024, and 31 December 2024, 5486 babies in NSW received nirsevimab.

Immunisation coverage in all adolescents

Diphtheria, tetanus and pertussis and human papillomavirus (HPV) immunisation coverage in 15-year-olds were both below the 90% target. Diphtheria, tetanus and pertussis coverage was 84% in 2024, down from 87% in 2023. HPV immunisation coverage was 83% in 2024, down from 86% in 2023. HPV immunisation coverage was higher in girls (88% in 2023 and 85% in 2024) than boys (84% in 2023 and 81% in 2024). Meningococcal ACWY immunisation coverage in 17-year-olds was 71% in 2024, down from 72% in 2023 and below the 80% immunisation coverage target. Most (85%) adolescents were immunised through the school-based vaccination program.

Immunisation coverage in all adults

In 2024, zoster immunisation coverage in people aged 65 years and over in NSW was 43%, well below the 70% immunisation coverage target. Zostavax, a 1-dose live zoster vaccine, was replaced on the NIP by Shingrix, a 2-dose inactivated zoster vaccine, on 1 November 2023. For adults who received at least one dose of a Shingrix vaccine, most (81%) immunisations were given at GPs and 11% were given at pharmacies. In 2024, 13vPCV (pneumococcal) coverage in people aged 70 years and over in NSW was 38%. For those who received at least one dose of a 13vPCV vaccine, nearly all (94%) immunisations were given at GPs and less than 1% were given at pharmacies.

Influenza immunisation coverage in all people

In 2024, influenza immunisation coverage was 25% in children aged 6 months to less than 5 years (below the 40% target) and 60% in people aged 65 years and over (below the 75% target). For children aged 6 months to less than 5 years who received an influenza vaccine, 84% of the immunisations were given at GPs. For adults aged 65 years and over who received an influenza vaccine, 75% of the immunisations were given at GPs and 17% were given at pharmacies.

Immunisation coverage in Aboriginal and Torres Strait Islander children

In 2024, 96% of Aboriginal and Torres Strait Islander children in NSW were fully immunised by 5 years of age and most (12/15) LHDs met the 95% target. Although immunisation coverage decreased across some age groups and vaccines between 2023 and 2024, coverage met or was above target for pneumococcal immunisation coverage in 1-year-olds (95%), hepatitis B (97%), meningococcal ACWY (96%), and polio (96%) immunisation coverage in 2-year-olds, and diphtheria, tetanus and pertussis (96%) and polio (96%) immunisation coverage in 5-year-olds. Coverage for meningococcal B dose 1 and dose 2 in 1-year-olds was higher in 2024 (70%) than 2023 (65%). Coverage for meningococcal B dose 3 in 2-year-olds was also higher in 2024 (67%) than 2023 (62%).

Immunisation coverage in Aboriginal and Torres Strait Islander adolescents

Diphtheria, tetanus and pertussis immunisation coverage in Aboriginal and Torres Strait Islander 15-year-olds was 79% in 2024, below the 90% target. HPV immunisation coverage in Aboriginal and Torres Strait Islander 15-year-olds was 78% overall (below the 90% target), 82% in girls and 74% in boys. Meningococcal ACWY immunisation coverage in 17-year-olds was 55% in 2024, below the 80% target. In most LHDs, Aboriginal and Torres Strait Islander adolescents were immunised through the school-based program, followed by GP services.

Immunisation coverage in Aboriginal and Torres Strait Islander adults

Shingrix (zoster) and pneumococcal vaccines are funded under the NIP for Aboriginal and Torres Strait Islander people aged 50 years and over. In 2024, zoster immunisation coverage in Aboriginal and Torres Strait Islander people aged 50 years and over in NSW was 22%, well below the 70% target. For adults who received at least one dose of a Shingrix vaccine, 73% of the immunisations were given at GPs and 13% were given at Aboriginal Community Controlled Health Organisations. Pneumococcal (13vPCV) coverage in Aboriginal and Torres Strait Islander people aged 50 years and over in NSW was 28% in 2024. For adults who received at least one dose of a 13vPCV vaccine, 79% of the immunisations were given at GPs and 14% were given at Aboriginal Community Controlled Health Organisations.

Influenza immunisation coverage in Aboriginal and Torres Strait Islander people

In 2024, influenza immunisation coverage was 19% in Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years (below the 40% target), and 64% in Aboriginal and Torres Strait Islander people aged 65 years and over (below the 75% target). For Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years who received an influenza vaccine, 61% of the immunisations were given at GPs and 18% were given at community health clinics. For Aboriginal and Torres Strait Islander people aged 65 years and over who received an influenza vaccine, 71% of the immunisations were given at GPs and 12% were given at pharmacies.

Conclusion

Several immunisation coverage targets outlined in the NSW Immunisation Strategy 2024–2028 were met in 2024, however overall, there was a decline in coverage. Substantial efforts have been made to improve vaccine access, uptake and equity across the state. Further information on immunisation initiatives is described in the 2024 NSW Immunisation Strategy Progress Report, and further information on the epidemiology of vaccine preventable diseases in NSW is available in the NSW Notifiable Vaccine Preventable Diseases 2023–2024 Report. The impact of activities undertaken in 2024 to improve immunisation coverage is not likely to be observed in the data until later reports due to the time needed to measure and report immunisation coverage (immunisation coverage reported in 2024 is largely based on vaccines given in prior years due to differences between scheduled ages and assessment ages for children and adolescents).

3 Introduction

Immunisation programs are one of the most effective ways of preventing disease. According to the World Health Organization, immunisation programs save 3.5 million to 5 million lives globally every year.[1] Vaccines work by helping the immune system recognise and fight harmful bacteria and viruses. They prepare the immune system to respond to an infection more quickly and effectively. Getting vaccinated before exposure to dangerous diseases will help prevent severe illness, or even death.

For some infectious diseases, such as measles, immunisation also helps to protect communities through a process called herd immunity. When enough people are immunised against a disease, this can stop the infection from spreading. Herd immunity helps to protect those unable to be vaccinated, who may also be at increased risk of severe illness from diseases which vaccines protect against, such as those with compromised immune systems. Outbreaks can occur where there is low immunisation coverage.

People in Australia receive most of their vaccines through the National Immunisation Program (NIP), which provides free vaccines to protect the health of individuals across the lifespan. In NSW, vaccines are provided at General Practices (GPs), pharmacies, community health clinics, hospitals, Aboriginal Community Controlled Health Organisations and other settings. NSW Health partners with schools to deliver the school-based vaccination program to high-school students.

The NSW Immunisation Schedule describes which vaccines are recommended and funded, including which diseases each vaccine protects against and at which ages people should be vaccinated. The NSW Immunisation Schedule is updated regularly. On 25 March 2024 nirsevimab (also known as Beyfortus™), which is a monoclonal antibody used to prevent severe illness from RSV in infants, was added to the Schedule. Further changes to the NSW Immunisation Schedule between 2023 and 2024 are described in Appendix 5.

This report supports the ongoing monitoring of progress towards improving vaccine access, uptake and equity, which are key goals of the NSW Immunisation Strategy 2024–2028. It describes immunisation coverage in NSW in 2024, and where information is available, compares coverage to 2023. The report contains 2 main sections: immunisation coverage in all people, and immunisation coverage in Aboriginal and Torres Strait Islander people. Each section describes immunisation coverage in children, adolescents, and adults, and influenza immunisation coverage. The report complements the NSW Notifiable Vaccine Preventable Diseases 2023–2024 report, and the 2024 NSW Immunisation Strategy Progress Report.

4 Methods

4.1 Data sources

This report includes data on immunisation coverage in NSW in 2024, by age group, vaccine/antigen, SA3, LHD, remoteness area and Aboriginal and Torres Strait Islander status. Where available, immunisation coverage data for 2023 are included for comparisons.

Immunisation coverage was calculated using data from the Australian Immunisation Register (AIR), and coverage data were provided to NSW Health by Services Australia and the National Centre for Immunisation Research and Surveillance (NCIRS). Services Australia and NCIRS use the same logic (vaccines and assessment ages) to determine immunisation coverage, however there are some methodological differences that may result in slightly different coverage estimates:

- Services Australia calculated immunisation coverage for the 2024 calendar year by combining quarterly data from January–March, April–June, July–August, and September–December. Immunisation coverage in each group of people was determined by dividing the sum of the number of people vaccinated in each quarter by the sum of the number of people in each quarter. Further details on methods used by Services Australia to calculate immunisation coverage are published elsewhere.[2]
- NCIRS calculated immunisation coverage using 12-month wide cohorts with AIR data extracted on 2 February 2025. Further details on methods used by NCIRS to calculate immunisation coverage are described in Appendix 6: Supplementary methods.

All immunisation coverage calculations were restricted to Medicare-registered individuals because population data were only available for this group. If individuals not registered with Medicare were included in the count of people vaccinated, this might overestimate immunisation coverage; however, the impact is likely minimal as all Australian and New Zealand citizens, Australian permanent residents, and some temporary residents are eligible for Medicare. A limitation of this method is that some asylum seekers and newly arrived migrants may be excluded from coverage calculations. Individuals flagged in the AIR as having moved interstate or overseas were also excluded from immunisation coverage calculations, as their vaccination status after moving is unknown. If these individuals were included in population counts, this might underestimate immunisation coverage.

Geographic concordance data for SA2 to remoteness area were sourced from the Australian Bureau of Statistics (ABS) ASGS Geographic Correspondence (2021) Edition 3 files and SA3 shapefiles were sourced from the ABS GDA2020 Digital Boundary Files on 4 August 2025.[3,4]

4.2 Key definitions

Assessment age

Assessment age refers to the age at which immunisation coverage is measured. Under the standard national methodology for calculating immunisation coverage for children and adolescents, vaccination status is assessed after the scheduled age to allow for delayed vaccinations.

For children, immunisation coverage is measured at 1 year of age for vaccines scheduled at 4 or 6 months, 2 years of age for vaccines scheduled at 6, 12 and 18 months, and 5 years of age for vaccines scheduled at 4 years.

For adolescents, vaccination is recommended for year 7 and year 10 students. Adolescent immunisation coverage is measured at 15 years of age for vaccines scheduled in year 7 (12–13 years of age), and 17 and 20 years of age for vaccines scheduled in year 10 (14–16 years of age).

For adults, immunisation coverage is measured at the scheduled age (65 years and over for shingles immunisation coverage and 70 years and over for pneumococcal immunisation coverage). For Aboriginal and Torres Strait Islander adults, the assessment/scheduled ages are 50 years and over for shingles and pneumococcal immunisation coverage.

For influenza immunisation coverage, the assessment age is the same as the scheduled age.

Early assessment age

Early assessment age refers to the ages between the scheduled age and assessment age for childhood vaccines (9 months for vaccines scheduled at 4 or 6 months, 21 months for vaccines scheduled at 6 months, 12 months and 18 months and 51 months for vaccines scheduled at 4 years). Early assessment ages give insights into the timeliness of vaccinations as coverage is measured just 3 months after the 6, 18 and 48-month schedule points of the NIP.

Fully immunised

Fully immunised refers to the proportion of people within a population that received the vaccines included in the national standard methodology for assessing fully immunised coverage by the scheduled age. The national standard methodology for determining fully immunised coverage in children is described in more detail in Appendix 6.

Immunisation coverage

Immunisation coverage refers to the proportion (percentage) of people within a population that received an immunisation. Proportions are not necessarily based on immunisations given in 2024, due to differences between scheduled ages and assessment ages for children and adolescents or due to differences between an individual's year of vaccination and the reporting year for adults.

Immunisation provider setting

Immunisation provider setting refers to the professional setting where an individual received their immunisation. The immunisation provider setting for immunisations given in public schools is reported to the AIR as 'Public Health Units' (PHUs) because PHUs run the school vaccination program. Some PHUs also run vaccination clinics for their local communities throughout the year. The immunisation provider setting for immunisations given in outreach clinics run by Sydney Children's Hospital Network is reported to the AIR as 'State Health Department'. The 'PHU' provider setting and 'State Health Department' provider setting categories were combined in this report. Immunisation provider setting categories are further described in Appendix 6.

The reported proportion of immunisations given in some provider settings, such as Aboriginal Community Controlled Health Organisations may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies. Proportions are not necessarily based on immunisations given in 2024, due to differences between scheduled ages and assessment ages for children and adolescents or due to differences between an individual's year of vaccination and the reporting year for adults.

Scheduled age

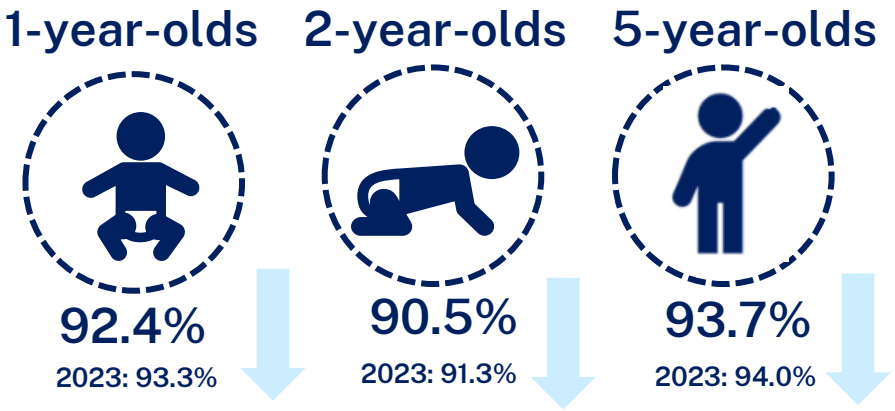
Scheduled age refers to ages at which vaccines are due. These ages are outlined in the NSW Immunisation Schedule.

Further definitions of terms used in this report are described in Appendix 2.

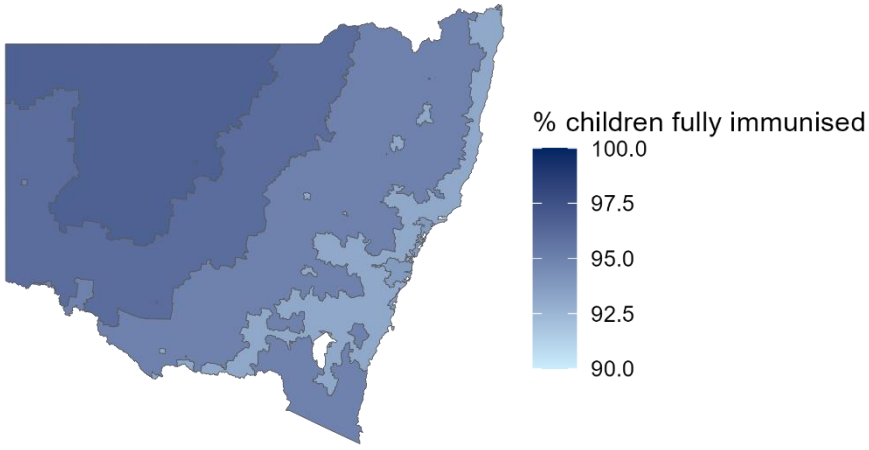
5 Immunisation coverage in all children

5.1 Key messages

The percentage of children fully immunised in NSW decreased across each age group between 2023 and 2024, and was below the 95% immunisation coverage target



Immunisation coverage in 5-year-olds was higher in very remote (97%), remote (96%), and outer regional (95%) areas in NSW compared to inner regional areas (93%) and major cities (94%)

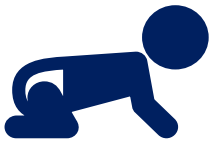


More than 3 in 4 (78%) immunisations given under the NIP to children under 5 years were administered at GPs

5.2 Childhood immunisation coverage by assessment age and vaccine/antigen, 2023–2024

Between 2023 and 2024, childhood immunisation coverage in NSW decreased across all assessment ages for all vaccines/ antigens and was below the 95% immunisation coverage target for all vaccines/ antigens except hepatitis B (96%), meningococcal ACWY (95%) and polio (96%) immunisation coverage in 2-year-olds (Table 1). Childhood immunisation coverage by assessment age, vaccine/antigen and LHD is shown in Tables A7.1 to A7.3 in Appendix 7.

Table 1 Childhood immunisation coverage in NSW by assessment age, vaccine/antigen and 95% target achievement, 2023–2024

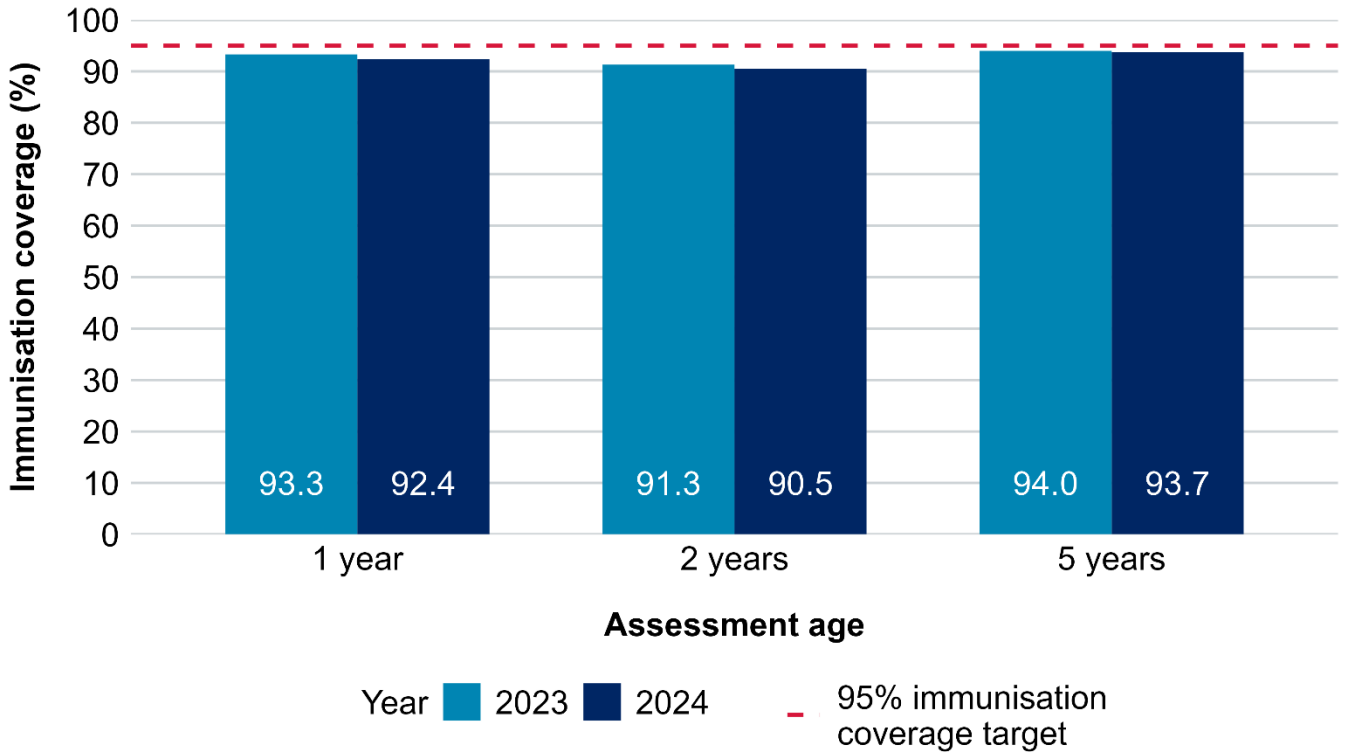
Assessment age	Vaccine/antigen	Immunisation coverage (%) 2023	2024	Change*	Met 95% immunisation coverage target?
1 year 	Diphtheria, tetanus, pertussis	93.8	92.9	-0.9	✗
	Haemophilus influenzae type b	93.7	92.8	-0.9	✗
	Hepatitis B	94.1	93.8	-0.3	✗
	Pneumococcal	95.3	94.4	-0.9	✗
	Polio	93.8	92.9	-0.9	✗
2 years 	Diphtheria, tetanus, pertussis	92.4	91.6	-0.8	✗
	Haemophilus influenzae type b	93.4	92.7	-0.7	✗
	Hepatitis B	96.1	95.8	-0.3	✓
	Meningococcal ACWY	95.1	94.5	-0.6	✓
	Measles, mumps, rubella	92.7	91.9	-0.8	✗
	Pneumococcal	94.6	94.0	-0.6	✗
	Polio	96.1	95.5	-0.6	✓
	Varicella	92.9	92.1	-0.8	✗
5 years 	Diphtheria, tetanus, pertussis	94.2	94.0	-0.2	✗
	Polio	94.2	94.0	-0.2	✗

Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. *Change is defined as absolute percentage point change from 2023 to 2024.
Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

5.3 Fully immunised children by assessment age, 2023–2024

In NSW, 92% of children were fully immunised by 1 year of age, 91% were fully immunised by 2 years of age, and 94% were fully immunised by 5 years of age in 2024, down from 93%, 91% and 94% respectively in 2023 (Figure 1). While immunisation coverage is high, it remains below the 95% target in the NSW Immunisation Strategy 2024–2028.

Figure 1 Fully immunised children by assessment age in NSW, 2023–2024

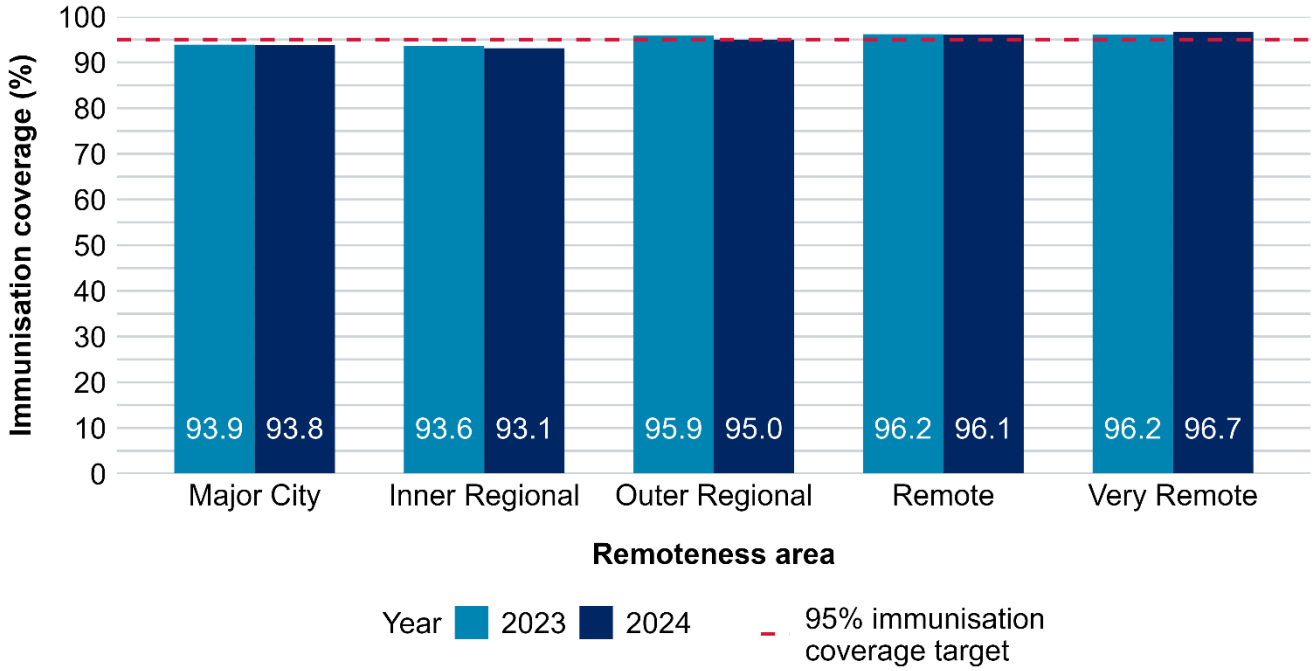


Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

5.4 Fully immunised 5-year-olds by remoteness area, 2023–2024

In 2023 and 2024, immunisation coverage for fully immunised 5-year-olds in NSW was higher in outer regional, remote and very remote areas compared to major cities and inner regional areas (Figure 2).

Figure 2 Fully immunised 5-year-olds in NSW by remoteness area, 2023–2024

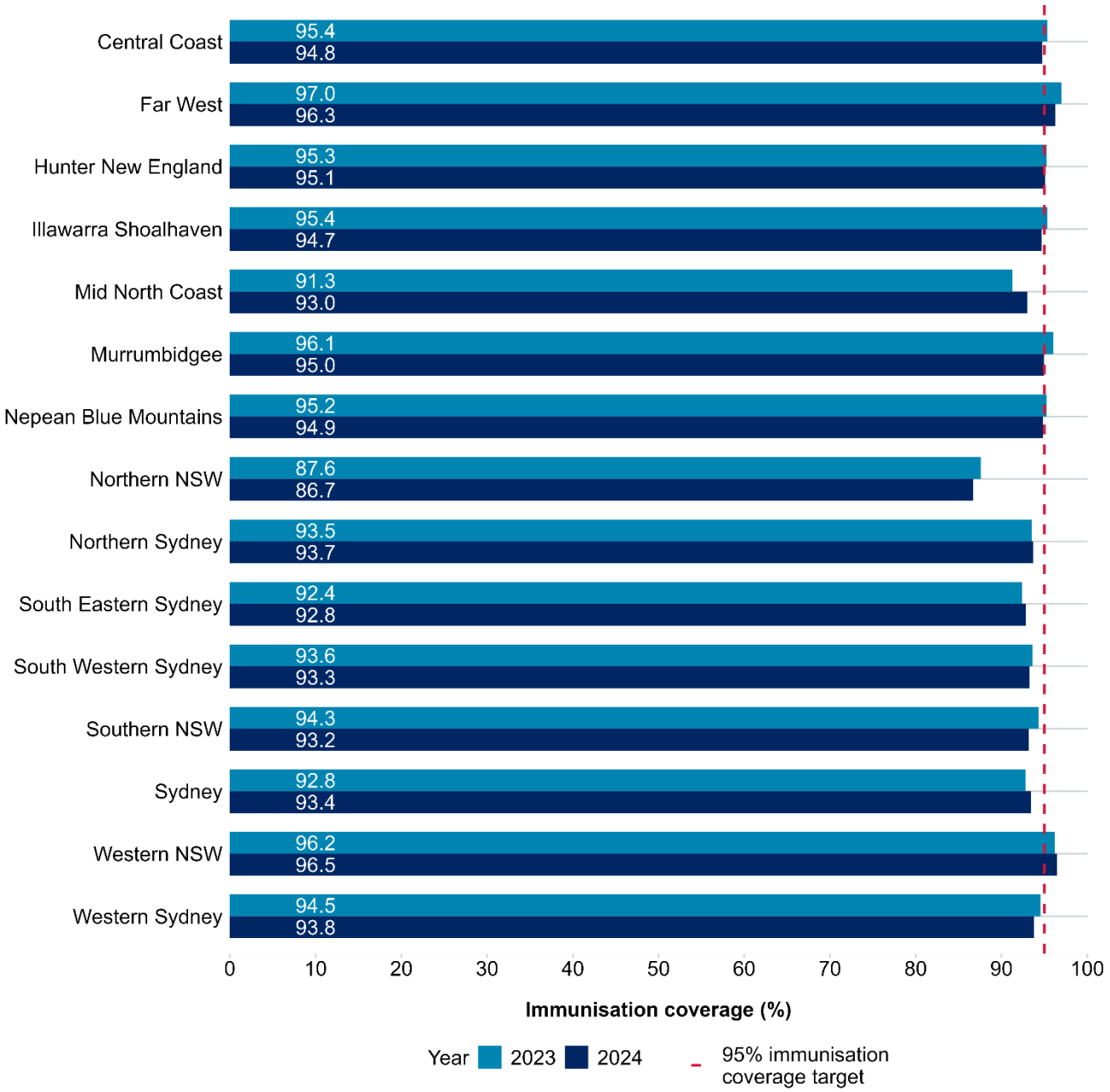


Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. SA2 to remoteness area correspondence data was sourced from the Australian Bureau of Statistics ASGS Geographic Correspondence (2021) Edition 3 on 4 August 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

5.5 Fully immunised 5-year-olds by LHD, 2023–2024

The change in immunisation coverage from 2023 to 2024 for fully immunised 5-year-olds varied between LHDs (Figure 3). In 2024, immunisation coverage was higher than the 95% immunisation coverage target in Western NSW (97%) and Far West (96%), and met the 95% target in Hunter New England, Murrumbidgee, Nepean Blue Mountains, Central Coast, Illawarra Shoalhaven LHDs. Immunisation coverage in other LHDs was below the 95% target. In Northern NSW LHD, immunisation coverage was 87% in 2024.

Figure 3 Fully immunised 5-year-olds in NSW, by LHD, 2023–2024

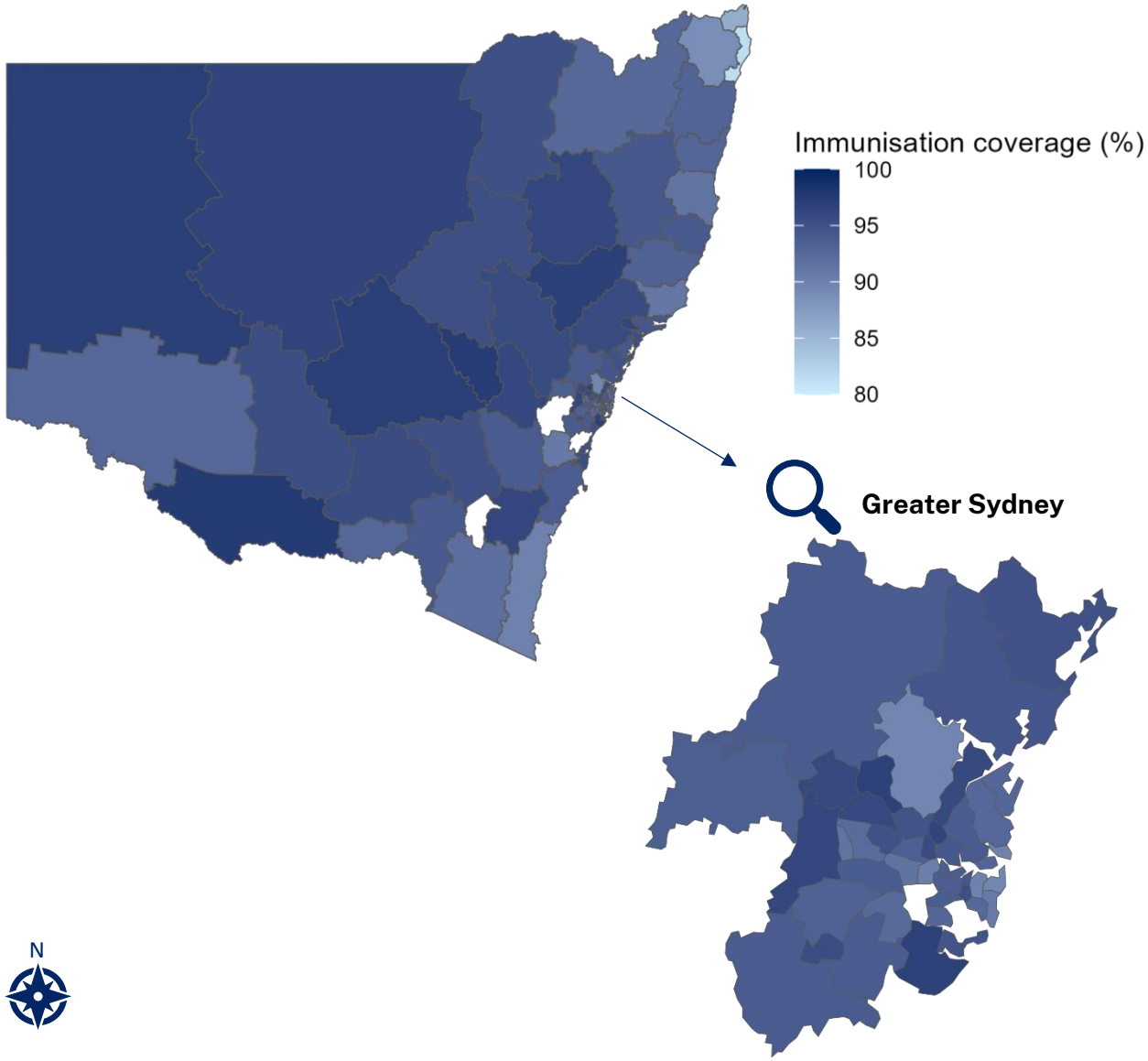


Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

5.6 Fully immunised 5-year-olds by SA3, 2024

In 2024, immunisation coverage for fully immunised 5-year-olds was higher than the 95% immunisation coverage target in several SA3s across NSW, notably the Upper Murray area (98%) and Orange (97%). Immunisation coverage in Richmond Valley (85%) and Tweed Valley (86%) was substantially below target. In Greater Sydney, immunisation coverage was highest in Sutherland – Menai – Heathcote (97%), Rouse Hill – McGraths Hill (97%) and lowest in Dural – Wiseman's Ferry (90%), Manly, (90%) and the Eastern Suburbs (90%) (Figure 4).

Figure 4 Map of immunisation coverage in fully immunised 5-year-olds in NSW in 2024, by SA3

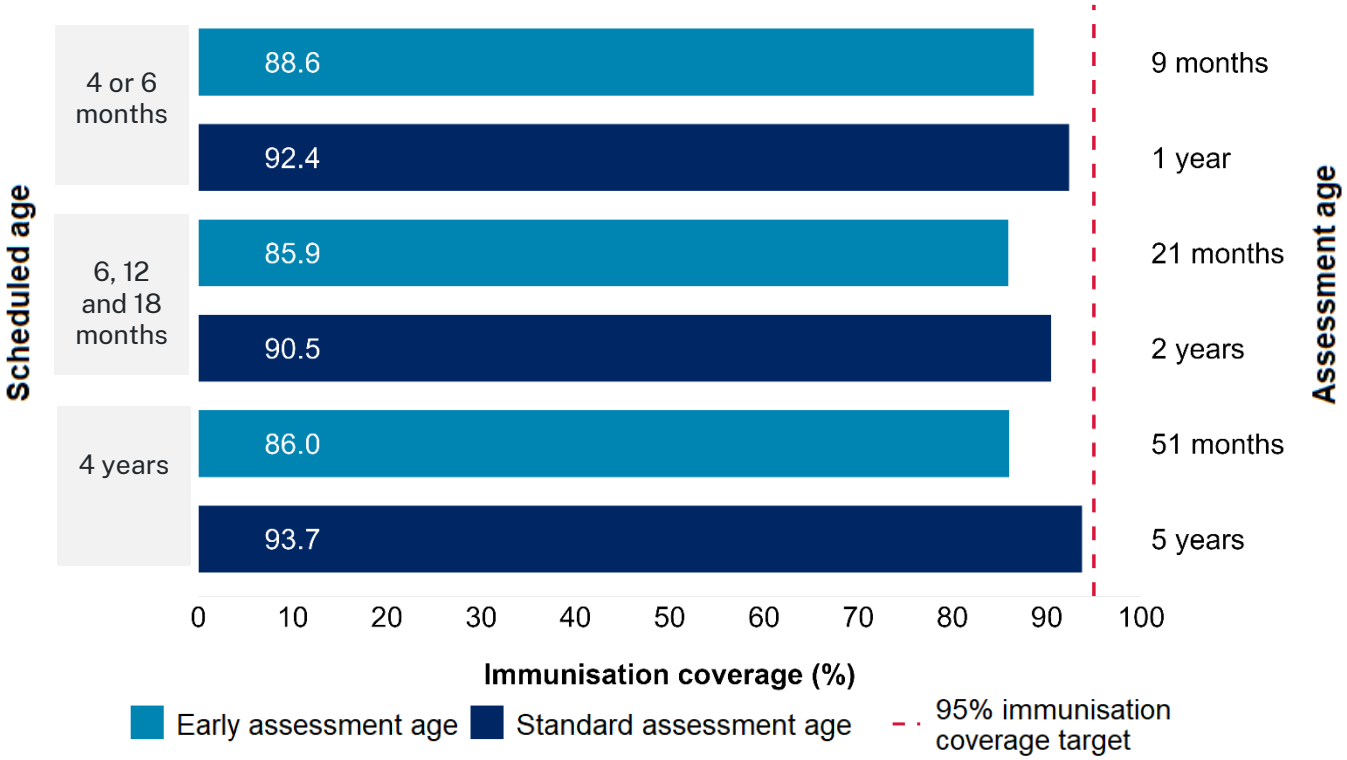


Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025. The Statistical Areas Level 3 2021 shapefile was sourced from the Australian Bureau of Statistics GDA2020 digital boundary files. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

5.7 Timely vaccine uptake, 2024

In 2024, for all ages, there was a substantial difference between the percentage of children fully immunised at standard assessment ages and those fully immunised at early assessment ages (Figure 5). This gap was 3.8 percentage points for vaccines scheduled at 4 or 6 months, 4.6 percentage points for vaccines scheduled at 6, 12 and 18 months and 7.7 percentage points for vaccines scheduled at 4 years.

Figure 5 Fully immunised children by assessment age in NSW, 2024



Data source: for children fully immunised by 1 year, 2 years and 5 years of age: childhood immunisation coverage data in 2024 from the AIR, provided to NSW Health by Services Australia in March 2025; for children fully immunised by 9 months, 21 months and 51 months of age: AIR data based on 12-month cohorts, provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025. Note: methodologies for calculating immunisation coverage slightly differ between Services Australia and NCIRS and may result in different coverage estimates.

5.8 Childhood immunisation provider settings in NSW, 2024

Most (78%) NIP-funded immunisations given to children aged under 5 years in NSW were given at GPs. Other NIP-funded immunisations were given by the state health department and public health units (10%), community health clinics (7%), hospitals (3%), and other immunisation providers (1%) (Table 2).

Immunisations given by the state health department and public health units include those given in outreach clinics run by the Sydney Children's Hospital Network and PHUs. Immunisations given by other immunisation providers include those given by pharmacies, Aboriginal Community Controlled Health Organisations and other providers listed in Table 1, Appendix 6.

Table 2 Share of NIP-funded immunisations given to children aged under 5 years in NSW, by immunisation provider setting, 2024

Immunisation provider setting	Share of immunisations given (%)
General Practices	78.4
State Health & Public Health Units	9.6
Community Health Clinics	7.3
Hospitals	3.3
Other	1.4

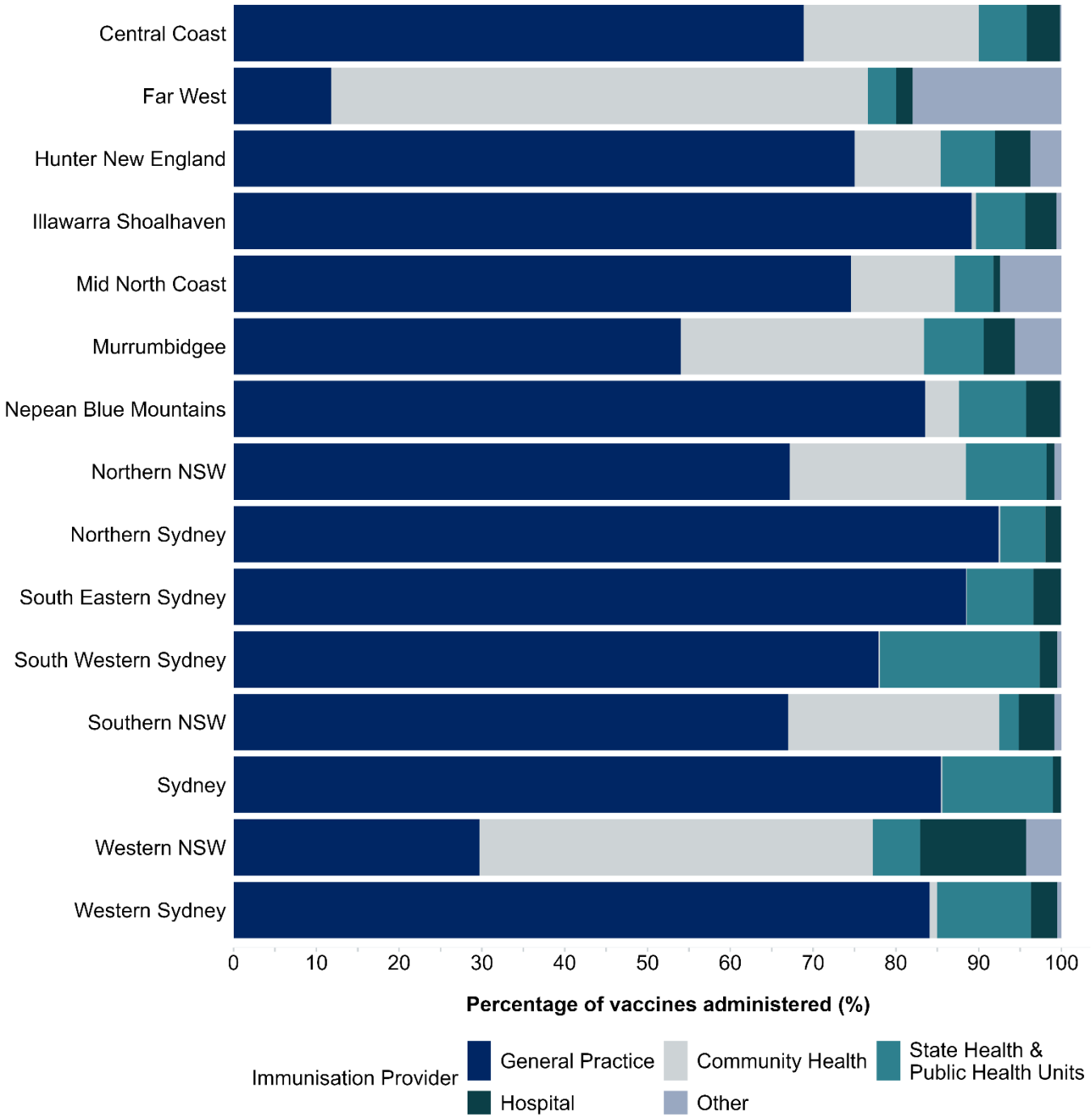
Data source: AIR data for NIP-funded immunisations given to children aged under 5 years by provider setting, provided to NSW Health by NCIRS in March 2025. Note: Influenza vaccines are excluded; 'state health & public health units' includes outreach clinics run by Sydney Children's Hospital Network and PHUs; 'other' includes pharmacies, Aboriginal Community Controlled Health Organisations and other providers listed in Table 1, Appendix 6.

5.9 Childhood immunisation provider settings by LHD, 2024

There were differences in where children were immunised by LHD (Figure 6). A greater proportion of NIP-funded immunisations were given:

- at GPs for children residing in metropolitan LHDs (84%), compared to those in regional and rural LHDs (64%)
- at community health clinics for children residing in regional and rural LHDs (21%) compared to those in metropolitan LHDs (2%)
- by the state health department and the public health unit (e.g. outreach clinics) in South Western Sydney LHD (19%) compared to other LHDs (range: 2% to 13%)
- at hospitals in Western NSW LHD (13%), compared to other LHDs (range: 1% to 4%).

Figure 6 Share of NIP-funded immunisations given to children aged under 5 years in NSW, by LHD and immunisation provider setting, 2024



Data source: AIR data for NIP-funded immunisations given to children aged under 5 years by provider setting, provided to NSW Health by NCIRS in March 2025. Note: Influenza vaccines are excluded; 'state health & public health units' includes outreach clinics run by Sydney Children's Hospital Network and PHUs; 'other' includes pharmacies, Aboriginal Community Controlled Health Organisations and other providers listed in Table 1, Appendix 6.

5.10 RSV immunisation in babies, 2024

In March 2024, NSW Health established the RSV Vulnerable Babies Program, which provided free nirsevimab immunisations to babies with a high-risk of severe illness following respiratory syncytial virus (RSV) infection. RSV is the leading cause of acute lower respiratory tract infection in children under 5 years of age globally.[5] Babies aged under 6 months have a higher risk of severe illness from RSV and are five times more likely to be hospitalised with RSV than other children aged under 5 years.[6]

Between 1 April 2024, and 31 December 2024, 5486 babies in NSW received nirsevimab. Most of the immunisations were given in hospital (59%) (Table 3). Some of the immunisations were given in outreach clinics run by PHUs and the Sydney Children's Hospital Network (21%). The immunisation provider setting for outreach clinics run by the Sydney Children's Hospital Network is reported in the AIR as 'State Health Department'. The immunisation provider setting for outreach clinics run by PHUs is reported in the AIR as 'Public Health Unit'. These categories were combined in this report.

Table 3 Share of nirsevimab immunisations given to babies in NSW between 1 April 2024 and 31 December 2024, by immunisation provider setting

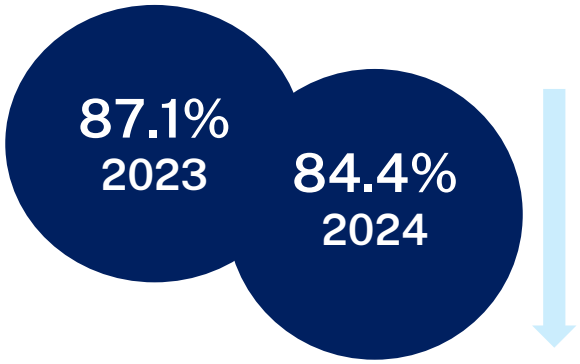
Immunisation provider setting	Share of immunisations given (%)
Hospitals	59.2
State Health & Public Health Units	20.5
Community Health Clinics	11.8
General Practices	5.1
Other	3.4

Data source: AIR data for nirsevimab immunisations given to eligible babies in NSW between 1 April and 31 December 2024, by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health & public health units' includes outreach clinics run by the Sydney Children's Hospital Network and PHUs; 'other' includes pharmacies, Aboriginal Community Controlled Health Organisations and other providers listed in Table 1, Appendix 6.

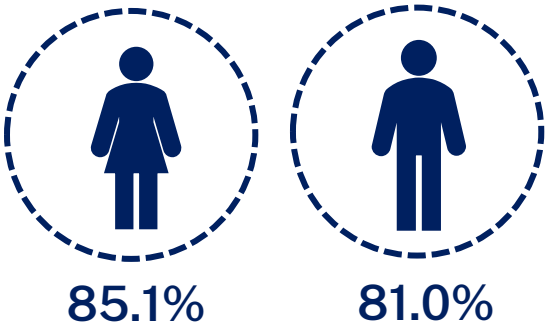
6 Immunisation coverage in all adolescents

6.1 Key messages

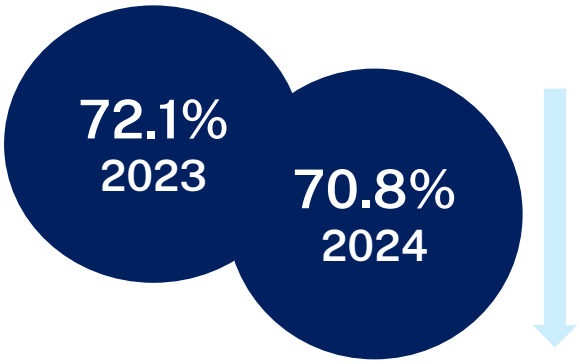
Diphtheria, tetanus and pertussis immunisation coverage in 15-year-olds was 84% in 2024, down from 87% in 2023 and below the 90% immunisation coverage target



HPV immunisation coverage was higher in 15-year-old girls (85% in 2024) than boys (81% in 2024), and was below the 90% immunisation coverage target for both



Meningococcal ACWY immunisation coverage in 17-year-olds was 71% in 2024, down from 72% in 2023 and below the 80% immunisation coverage target



Catch-up programs play an important role in improving access to vaccines and increasing immunisation coverage in adolescents

85% were immunised through the school-based vaccination program

13% were immunised at GPs

6.2 Adolescent immunisation coverage by assessment age and vaccine/antigen, 2023–2024

NSW health works in partnership with schools to deliver the school-based immunisation program, which offers diphtheria, tetanus, pertussis (dTpa) and human papillomavirus (HPV) vaccines to year 7 students and meningococcal ACWY vaccines to year 10 students. Students who miss immunisations offered in the school program can catch up on these vaccines through subsequent school clinics, at GPs, pharmacies or through other immunisation providers. Catch-up dTpa and meningococcal ACWY immunisations are funded under the NIP for adolescents aged under 20 years, and catch-up HPV vaccines are funded under the NIP for adolescents and young adults aged under 26 years.

Between 2023 and 2024, adolescent immunisation coverage in NSW decreased across all vaccines/ antigens assessed at 15 years and 17 years. At the 20-year assessment, dTpa immunisation coverage increased from 87% in 2023 to 88% in 2024 (Table 4).

Although none of the immunisation coverage targets were met in 2024, substantial efforts are being made to improve vaccine access, uptake, and equity for adolescents. This includes the Vax4Health project, an initiative led by the Kirby Institute to co-design and improve vaccination services for students with disability. The impact on improving immunisation coverage will not be observed in coverage data until future years due to differences between scheduled immunisation ages and ages at which immunisation coverage is measured.

Further data tables for adolescent immunisation coverage by assessment age, vaccine/antigen and LHD are shown in Tables A7.4 to A7.6 in Appendix 7.

Table 4 Adolescent immunisation coverage in NSW by vaccine/antigen, assessment age, and target achievement, 2023–2024

Assessment age	Vaccine/antigen	Immunisation coverage (%) 2023	2024	Change*	Met immunisation coverage target?**
15 years	Diphtheria, tetanus, pertussis	87.1	84.4	-2.7	✗
	Human Papillomavirus	85.9	83.0	-2.9	✗
17 years	Diphtheria, tetanus, pertussis	89.8	89.1	-0.7	NA
	Human Papillomavirus	88.5	87.6	-0.9	NA
	Meningococcal ACWY	72.1	70.8	-1.3	✗
20 years	Diphtheria, tetanus, pertussis	86.6	87.8	+1.2	NA
	Human Papillomavirus	87.8	87.9	-0.1	NA
	Meningococcal ACWY	80.0	80.4	+0.4	NA

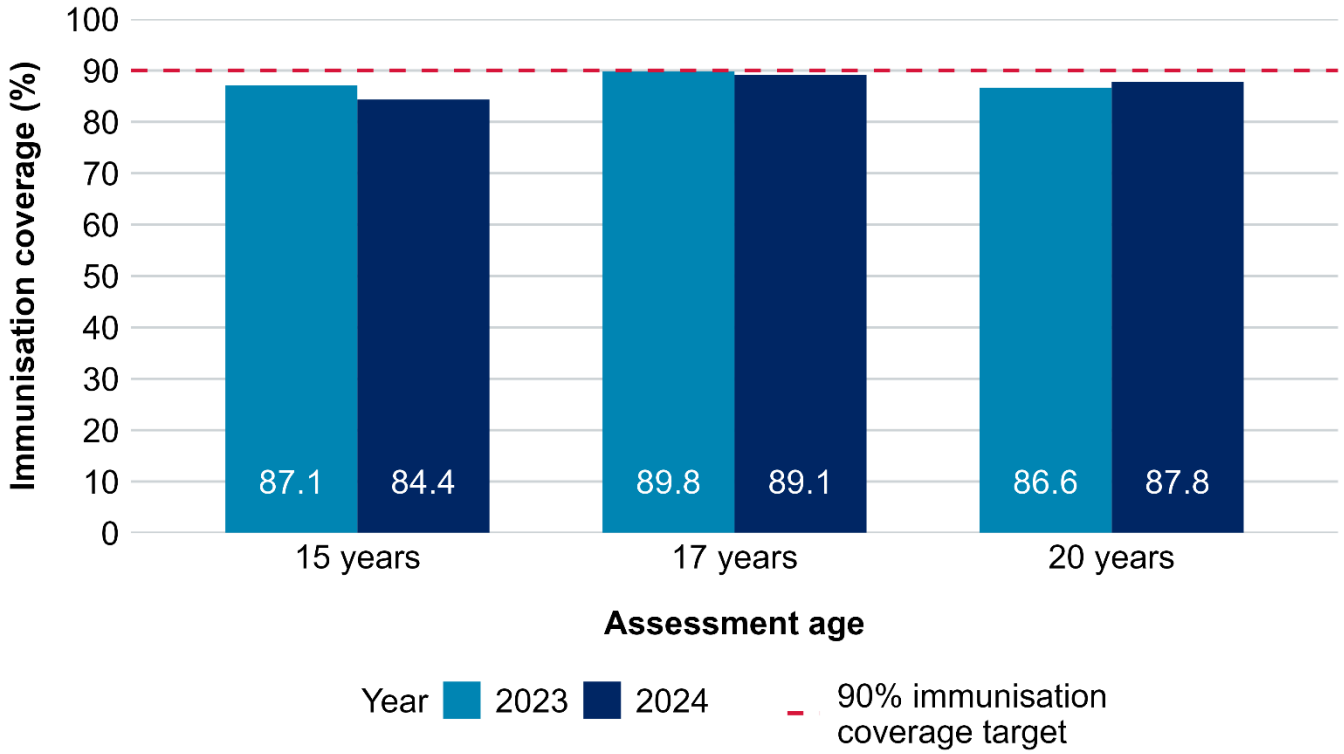
Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages. *Change is defined as absolute percentage point change from 2023 to 2024. ** 80% immunisation coverage target for meningococcal ACWY coverage in 15-year-olds and 90% immunisation coverage target for diphtheria, tetanus, pertussis coverage, and human papillomavirus coverage in 15-year-olds. NA= not applicable.

6.3 dTpa immunisation coverage in NSW by assessment age, 2023–2024

The dTpa vaccine is a single-dose vaccine that protects against three illnesses: diphtheria, tetanus and pertussis, also known as whooping cough. The year 7 dTpa vaccine is an adolescent booster (children usually receive a course of dTpa vaccines by 4 years of age), which provides extra protection against whooping cough and tetanus, as this immunity wanes over time. The NSW Immunisation Strategy 2024–2028 sets a 90% immunisation coverage target for dTpa coverage in adolescents aged 15 years.

dTpa immunisation coverage in NSW in 2024 was 84% in 15-year-olds (under the 90% immunisation coverage target), and 89% in 17-year-olds, down from 87% and 90% respectively in 2023 (Figure 7). dTpa immunisation coverage in 20-year-olds slightly increased from 87% in 2023 to 88% in 2024.

Figure 7 dTpa immunisation coverage in adolescents in NSW by assessment age, 2023–2024

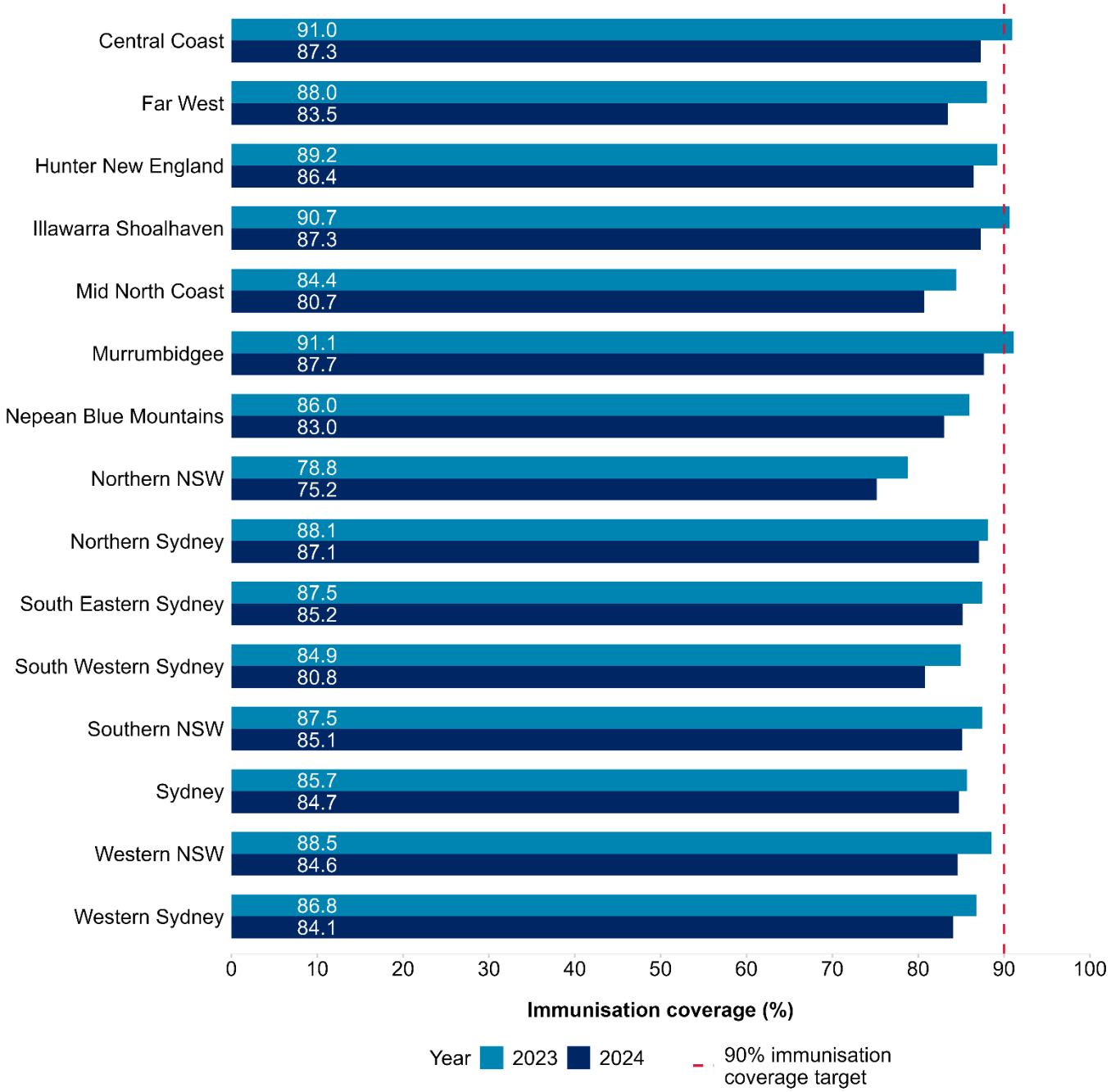


Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

6.4 dTpa immunisation coverage in 15-year-olds in NSW by LHD, 2023–2024

dTpa immunisation coverage in 15-year-olds decreased across all LHDs between 2023 and 2024 (Figure 8). In 2024, coverage ranged from 75% in Northern NSW LHD to 88% in Murrumbidgee LHD, and no LHDs met the 90% immunisation coverage target.

Figure 8 dTpa immunisation coverage in 15-year-olds in NSW by LHD, 2023–2024

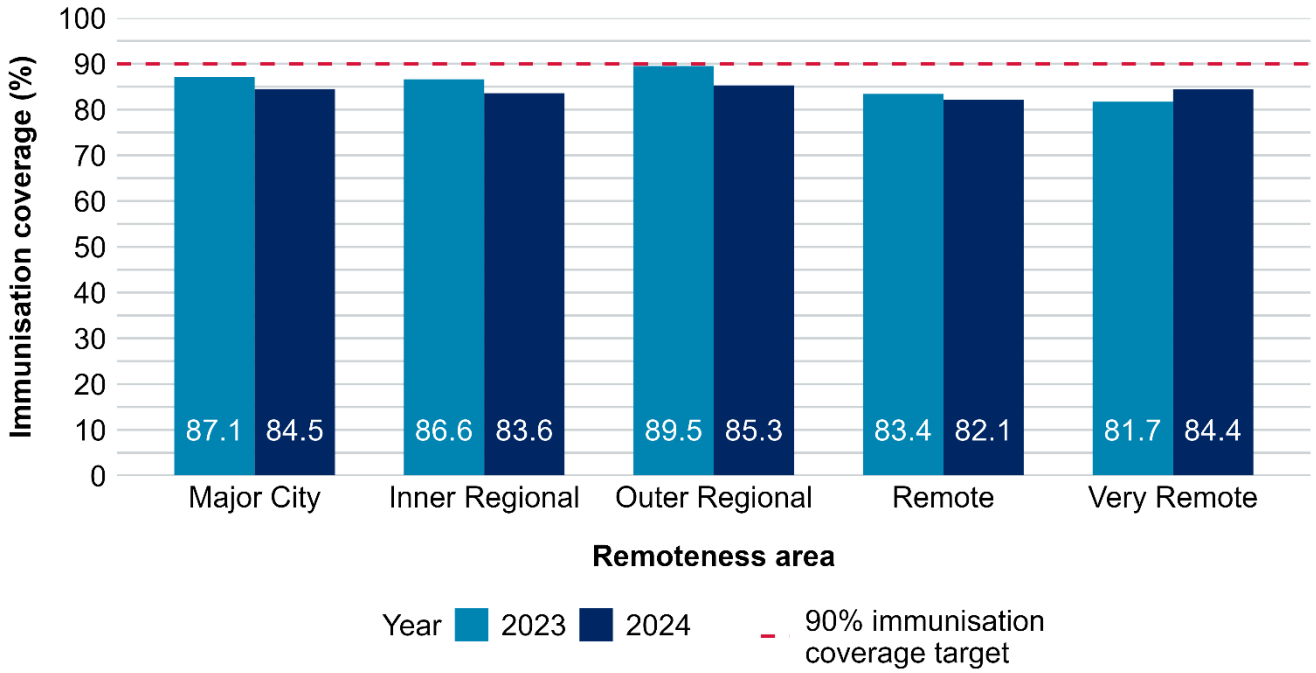


Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

6.5 dTpa immunisation coverage in 15-year-olds in NSW by remoteness area, 2023–2024

In 2024, dTpa immunisation coverage in 15-year-olds was highest in outer regional areas (85%) (Figure 9). Between 2023 and 2024, coverage decreased across most remoteness areas, except for very remote areas where coverage increased from 82% in 2023 to 84% in 2024. Immunisation coverage in remote and very remote areas is expected to be more variable over time than other remoteness areas as less than 1% (n=348) of 15-year-olds in NSW reside in remote and very remote areas.

Figure 9 dTpa immunisation coverage in 15-year-olds in NSW by remoteness area, 2023–2024

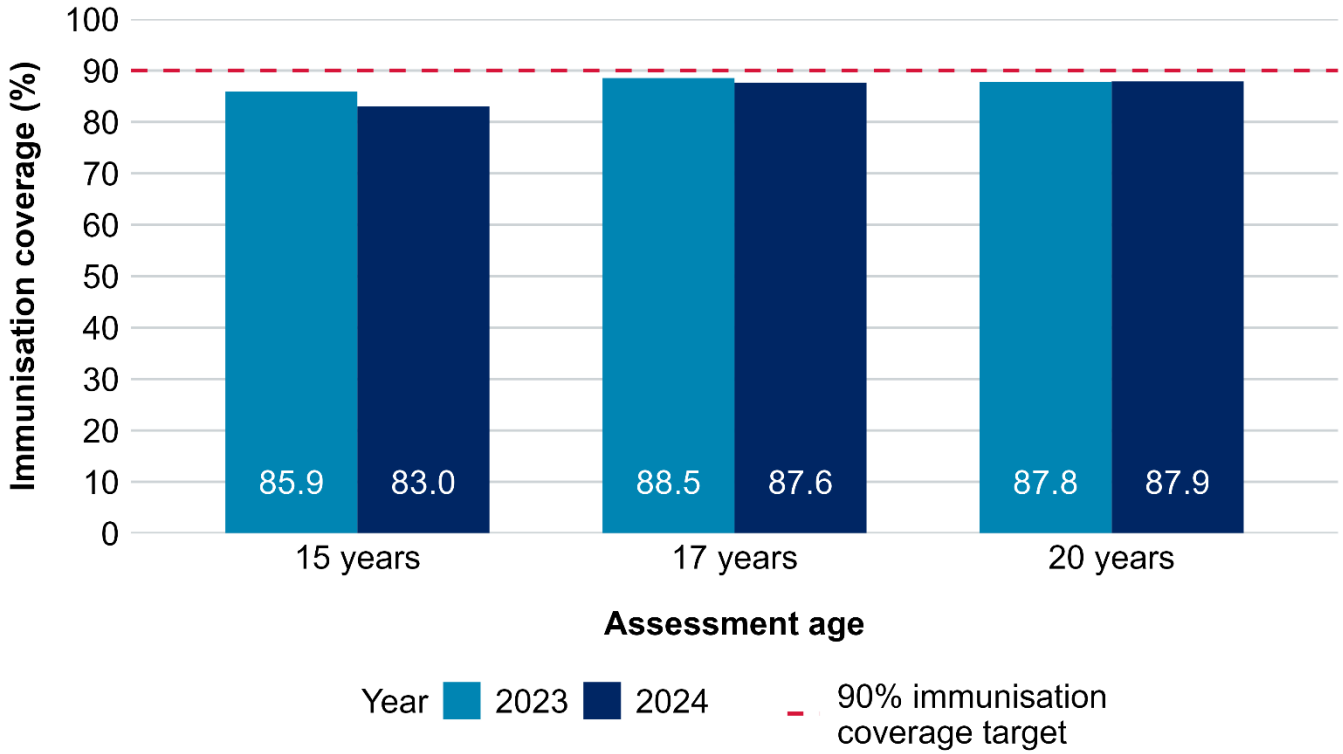


Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. SA2 to remoteness area correspondence data was sourced from the Australian Bureau of Statistics ASGS Geographic Correspondence (2021) Edition 3 on 4 August 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

6.6 HPV immunisation coverage in NSW by assessment age, 2023–2024

The HPV vaccine is a single-dose vaccine that protects against HPV-related cancers and illness that can affect everyone. HPV immunisation coverage in NSW in 2024 was 83% in 15-year-olds, 88% in 17-year-olds and 20-year-olds, down from 86%, 89% and 88% respectively in 2023 (Figure 10). While immunisation coverage is high, it remains below the 90% target in the NSW Immunisation Strategy 2024–2028.

Figure 10 HPV immunisation coverage in adolescents in NSW by assessment age, 2023–2024



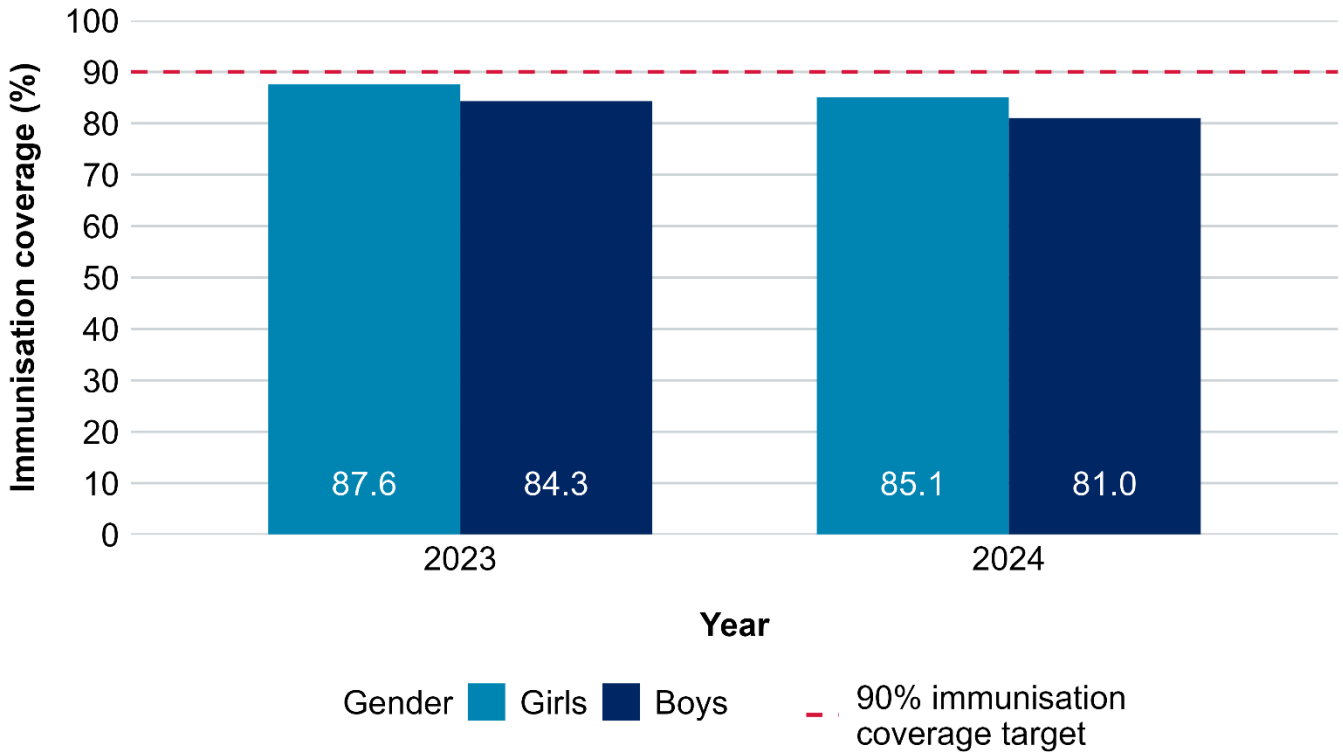
Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

6.7 HPV immunisation coverage in 15-year-olds in NSW by gender, 2023–2024

The World Health Organization's Global Strategy to accelerate the elimination of cervical cancer as a public health program sets an HPV immunisation coverage target of 90% for 15-year-old girls by 2030.[9] The Australian National Strategy for the elimination of cervical cancer expands on this and sets an HPV immunisation coverage target of 90% for 15-year-old girls and boys by 2020.[10] This aligns with the NSW Immunisation Strategy 2024–2028, which sets a 90% HPV immunisation coverage target of 90% for 15-year-olds.

HPV immunisation coverage in 15-year-olds decreased in both females (from 88% in 2023 to 85% in 2024) and males (from 84% in 2023 to 81% in 2024) and was below the 90% immunisation coverage target. Coverage was higher in females than males in both 2023 and 2024 (Figure 11).

Figure 11 HPV immunisation coverage in 15-year-olds in NSW by gender, 2023–2024

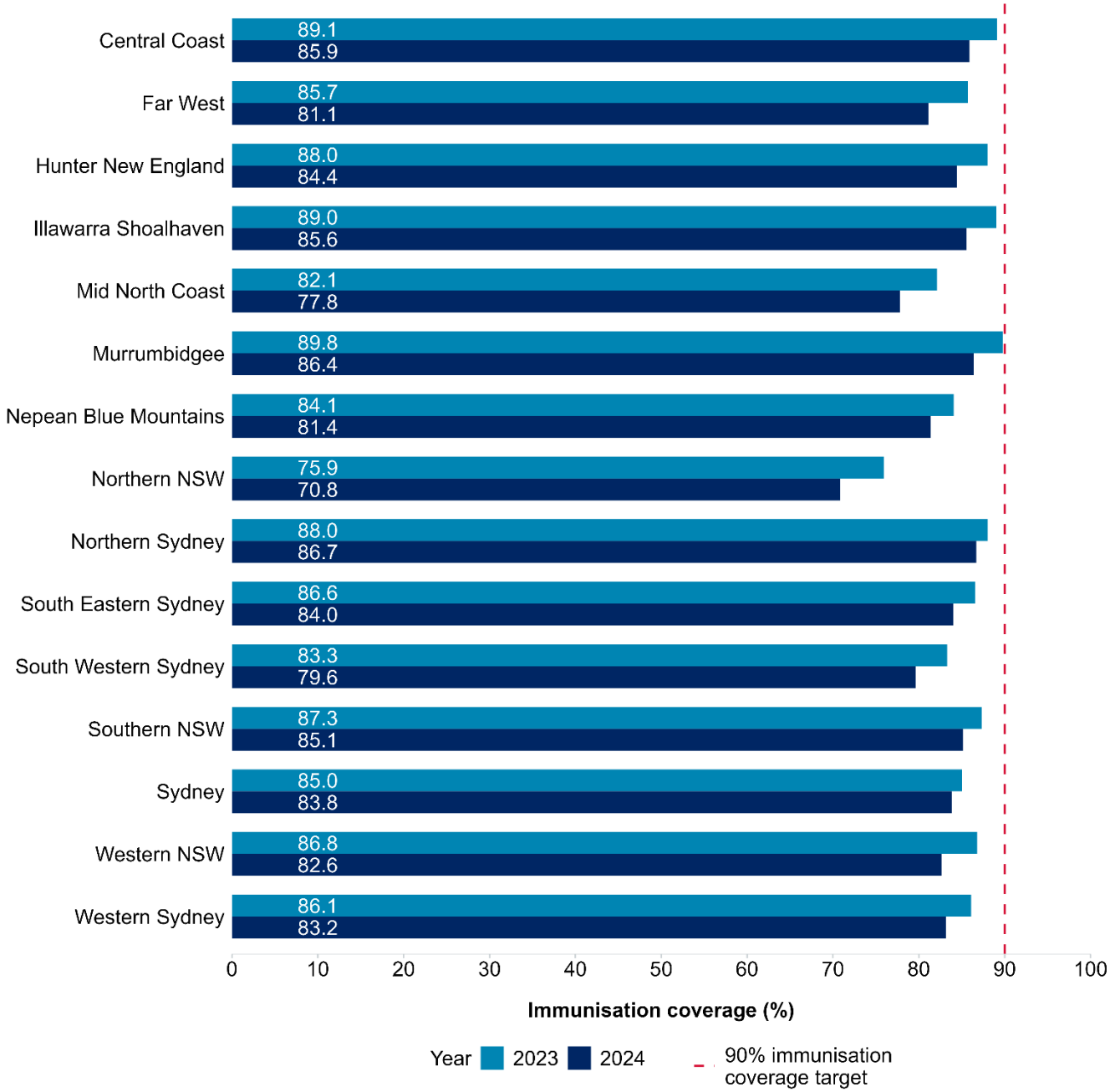


Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

6.8 HPV immunisation coverage in 15-year-olds in NSW by LHD, 2023–2024

HPV immunisation coverage in 15-year-olds decreased across all LHDs between 2023 and 2024 (Figure 12). In 2024, coverage ranged from 71% in Northern NSW LHD to 87% in Northern Sydney LHD, and no LHDs met the 90% immunisation coverage target.

Figure 12 HPV immunisation coverage in 15-year-olds in NSW by LHD, 2023–2024

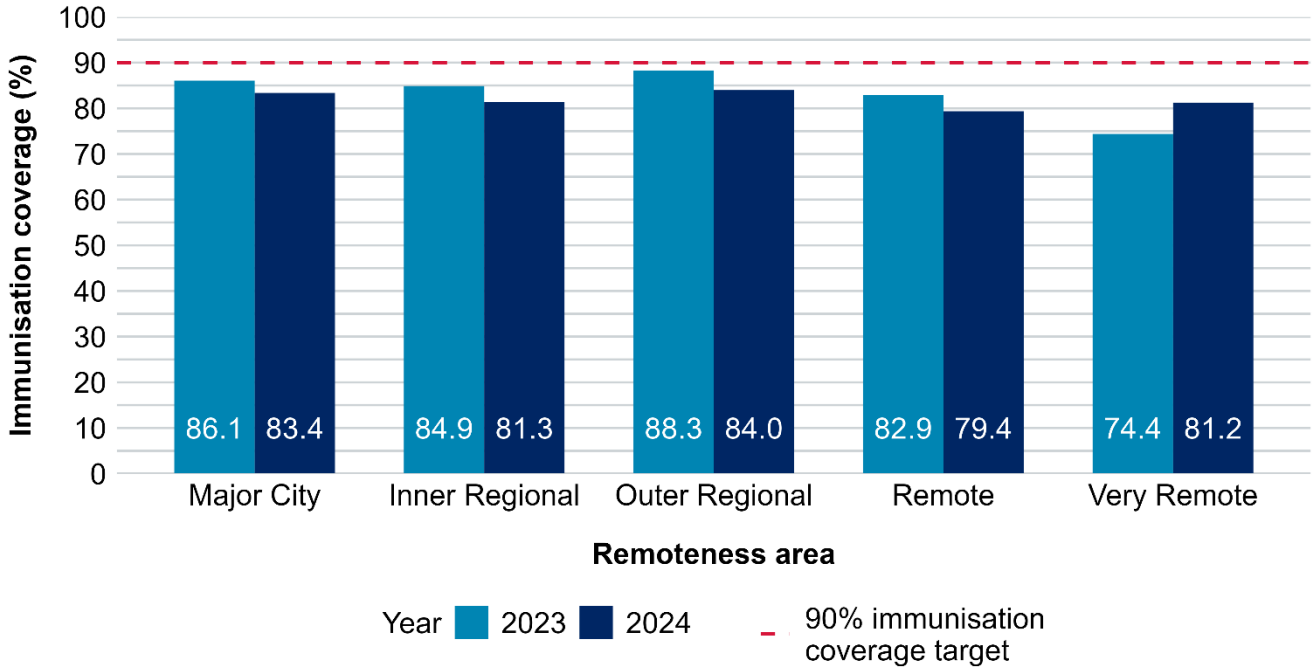


Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

6.9 HPV immunisation coverage in 15-year-olds in NSW by remoteness area, 2023–2024

In 2023 and 2024, HPV immunisation coverage in 15-year-olds was higher in major cities, inner regional areas and outer regional areas compared to remote and very remote areas (Figure 13). Immunisation coverage in remote and very remote areas is expected to be more variable over time than other remoteness areas as less than 1% (n=348) of 15-year-olds in NSW reside in remote and very remote areas.

Figure 13 HPV immunisation coverage in 15-year-olds in NSW by remoteness area, 2023–2024



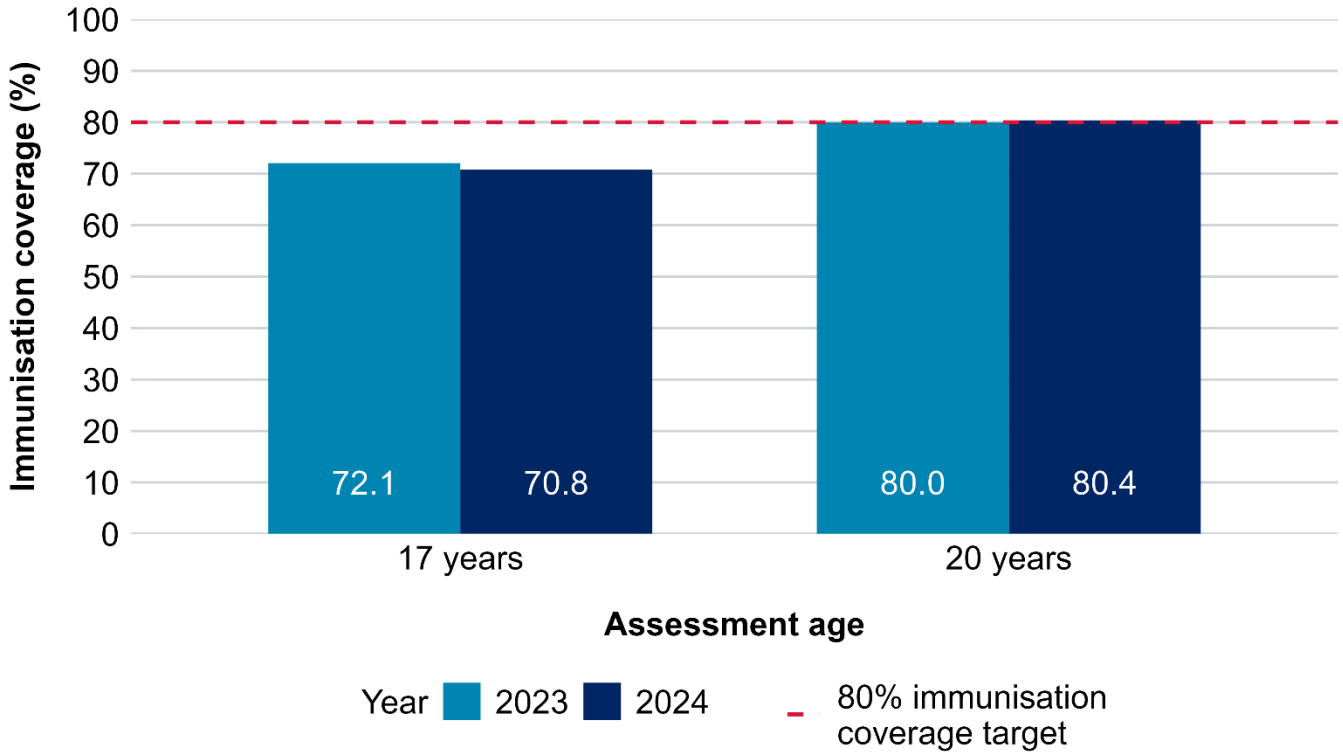
Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. SA2 to remoteness area correspondence data was sourced from the Australian Bureau of Statistics ASGS Geographic Correspondence (2021) Edition 3 on 4 August 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

6.10 Meningococcal ACWY immunisation coverage in NSW by assessment age, 2023–2024

The meningococcal ACWY vaccine is a single-dose vaccine that protects against four types of meningococcal bacteria, which can cause serious disease. The NSW Immunisation Strategy 2024–2028 sets an 80% immunisation coverage target for adolescents aged 17 years.

Meningococcal ACWY immunisation coverage in 17-year-olds in NSW was 71% in 2024, down from 72% in 2023 and below the 80% immunisation coverage target. Coverage in 20-year-olds was similar in 2024 and 2023 (80%) (Figure 14).

Figure 14 Meningococcal ACWY immunisation coverage in adolescents in NSW by assessment age, 2023–2024

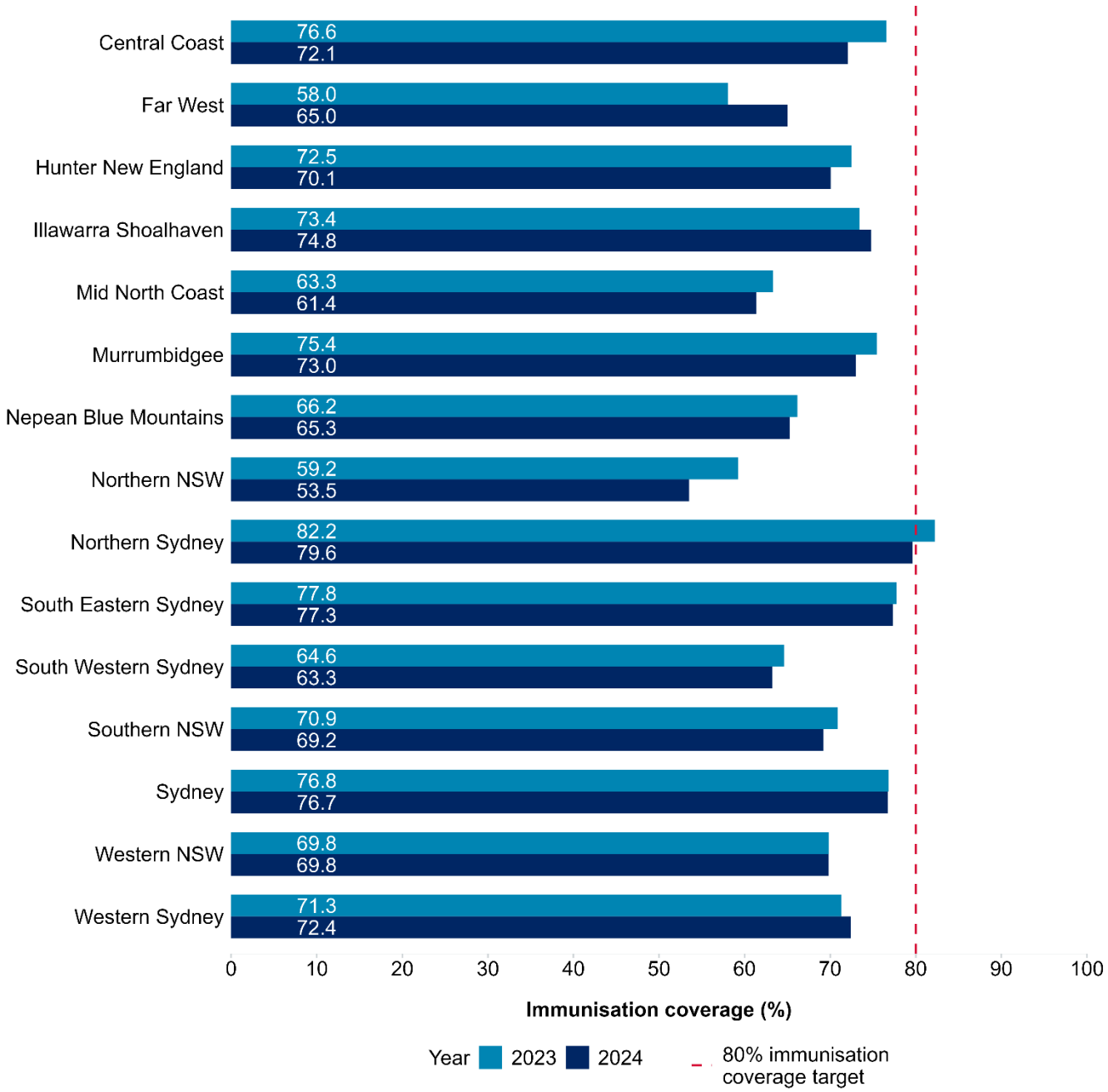


Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

6.11 Meningococcal ACWY immunisation coverage in 17-year-olds in NSW by LHD, 2023–2024

The change in meningococcal ACWY immunisation coverage from 2023 to 2024 in 17-year-olds varied between LHDs (Figure 15). In 2024, immunisation coverage in Northern Sydney LHD was 80% and this was the only LHD to meet the 80% coverage target. In 2024 immunisation coverage was lowest in Northern NSW LHD at 54%.

Figure 15 Meningococcal ACWY immunisation coverage in 17-year-olds in NSW by LHD, 2023–2024

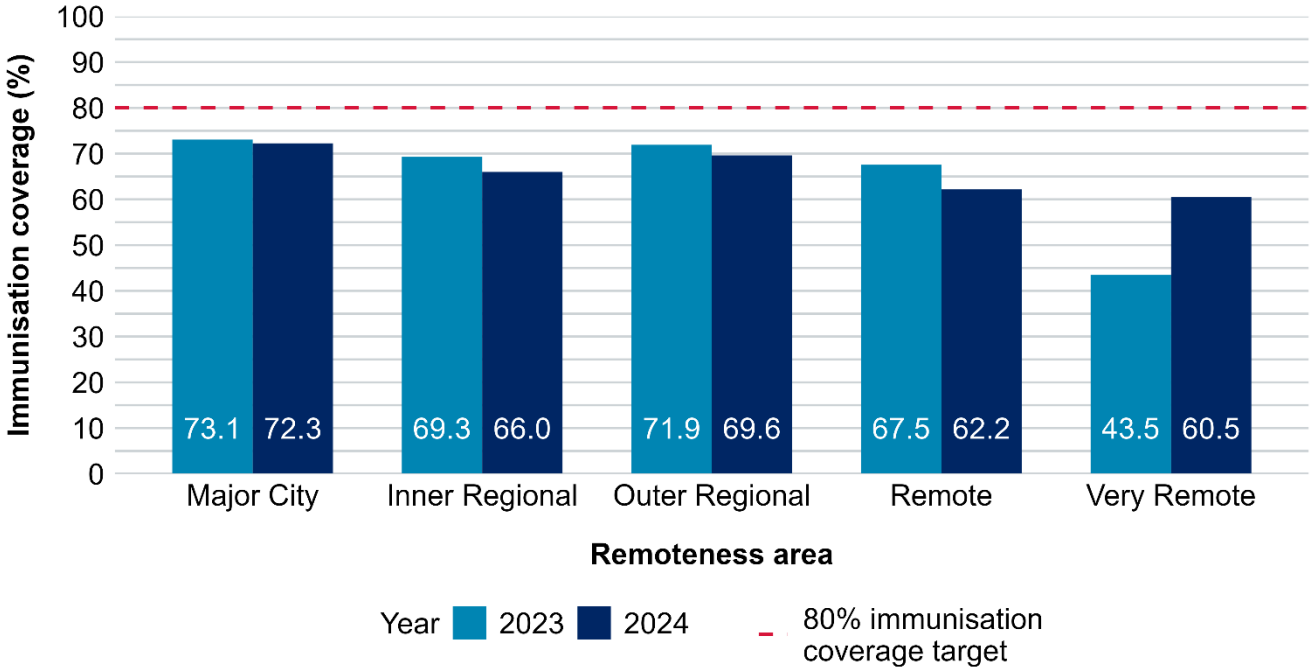


Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous, due to differences between scheduled ages and assessment ages.

6.12 Meningococcal ACWY immunisation coverage in 17-year-olds in NSW by remoteness area, 2023–2024

Meningococcal ACWY immunisation coverage in 17-year-olds decreased across all remoteness areas between 2023 and 2024, except for very remote areas where coverage increased from 44% in 2023 to 61% in 2024. Coverage was highest in major cities (72% in 2024) and outer regional areas (70% in 2024) (Figure 16). Immunisation coverage in remote and very remote areas is expected to be more variable over time than other remoteness areas as less than 1% (n=311) of 17-year-olds in NSW reside in remote and very remote areas.

Figure 16 Meningococcal ACWY immunisation coverage in 17-year-olds in NSW by remoteness area, 2023–2024



Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. SA2 to remoteness area correspondence data was sourced from the Australian Bureau of Statistics ASGS Geographic Correspondence (2021) Edition 3 on 4 August 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

6.13 Adolescent immunisation provider settings in NSW, 2024

In NSW, most adolescent NIP-funded immunisations are given through the school-based vaccination program, which is run by PHUs. The immunisation provider setting for vaccines given through the school-based vaccination program is reported to the AIR as 'Public Health Unit'. The 'State Health Department' and 'Public Health Unit' immunisation provider settings are reported as one category in this report. In 2024, most adolescents received their dTpa (84%), HPV (86%) and meningococcal ACWY (84%) vaccines through the school-based vaccination program (Table 5).

Table 5 Share of immunisations given to adolescents in NSW, by vaccine/antigen and assessment age, 2024

Vaccine/antigen and assessment age	Immunisation provider setting	Share of immunisations given (%)
dTpa vaccines given to 15-year-olds	State Health & Public Health Units	83.8
	General Practices	13.3
	Community Health Clinics	1.1
	Other	1.7
HPV vaccines given to 15-year-olds	State Health & Public Health Units	86.0
	General Practices	11.5
	Community Health Clinics	1.2
	Other	1.3
Meningococcal ACWY vaccines given to 17-year-olds	State Health & Public Health Units	84.0
	General Practices	13.2
	Community Health Clinics	1.3
	Other	1.5

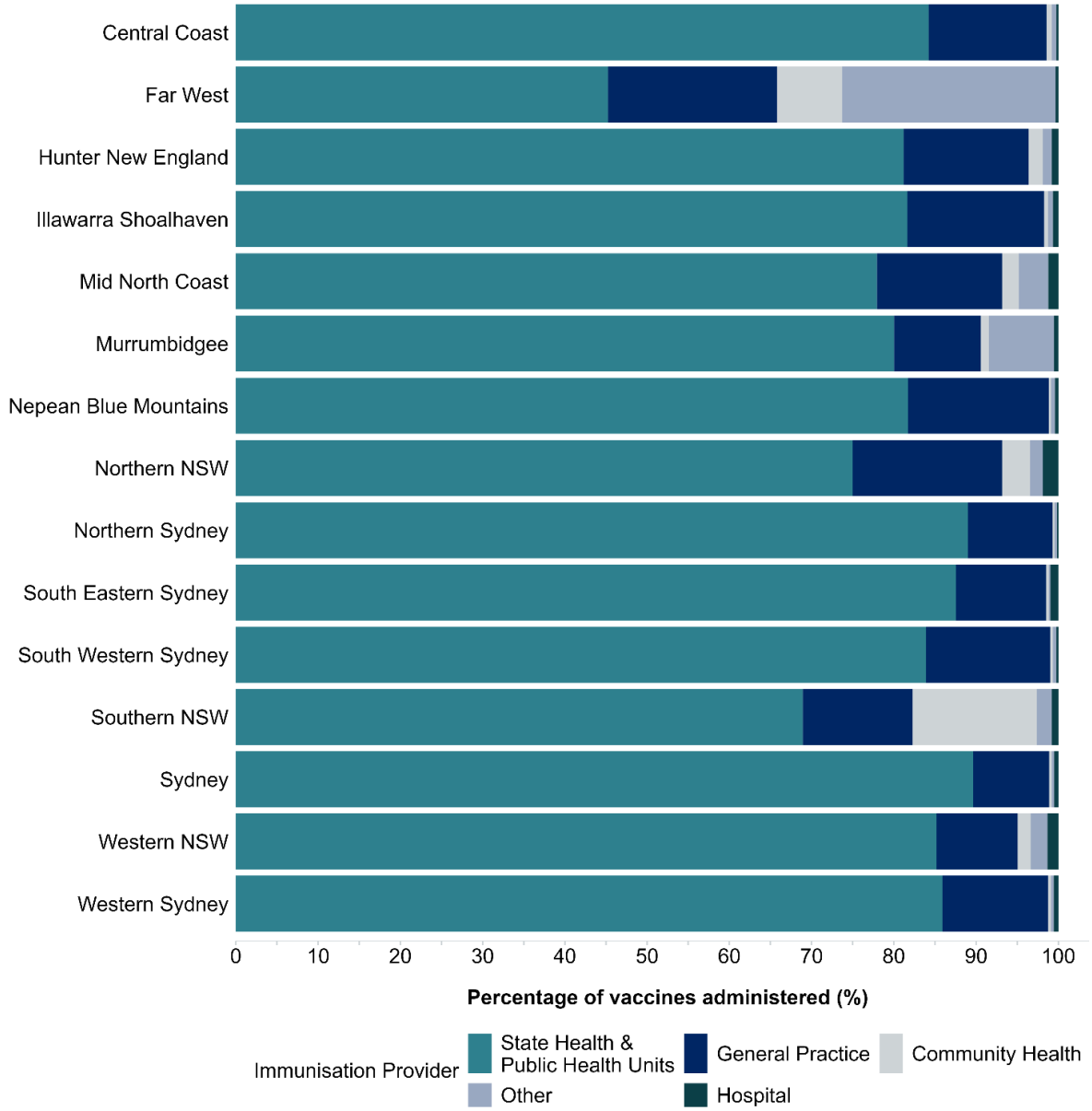
Data source: AIR data for dTpa, HPV and meningococcal ACWY immunisations by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health & public health units' includes vaccines given through the school-based vaccination program; 'other' includes hospitals, pharmacies, Aboriginal Community Controlled Health Organisations and other providers listed in Table 1, Appendix 6; proportions are based on immunisations not necessarily given in 2024, due to differences between scheduled ages and assessment ages; percentages may not sum to 100 due to rounding.

6.14 Adolescent immunisation provider settings by LHD, 2024

Most 15-year-olds received their dTpa immunisation through the school-based program, followed by GP services in most LHDs (Figure 17). A higher proportion of 15-year-olds received their dTpa immunisation from:

- Other immunisation providers (e.g. pharmacies and Aboriginal Community Controlled Health Organisations, including Aboriginal Medical Services) in Far West LHD (26%), compared to other LHDs (range: <1% to 8%)
- Community health clinics in Southern NSW LHD (15%), compared to other LHDs (range: <1% to 8%). This is expected as the school-based vaccination program in Southern NSW LHD is partly implemented by council-run community clinics.

Figure 17 Share of dTpa immunisations given to 15-year-olds by LHD and immunisation provider setting, 2024

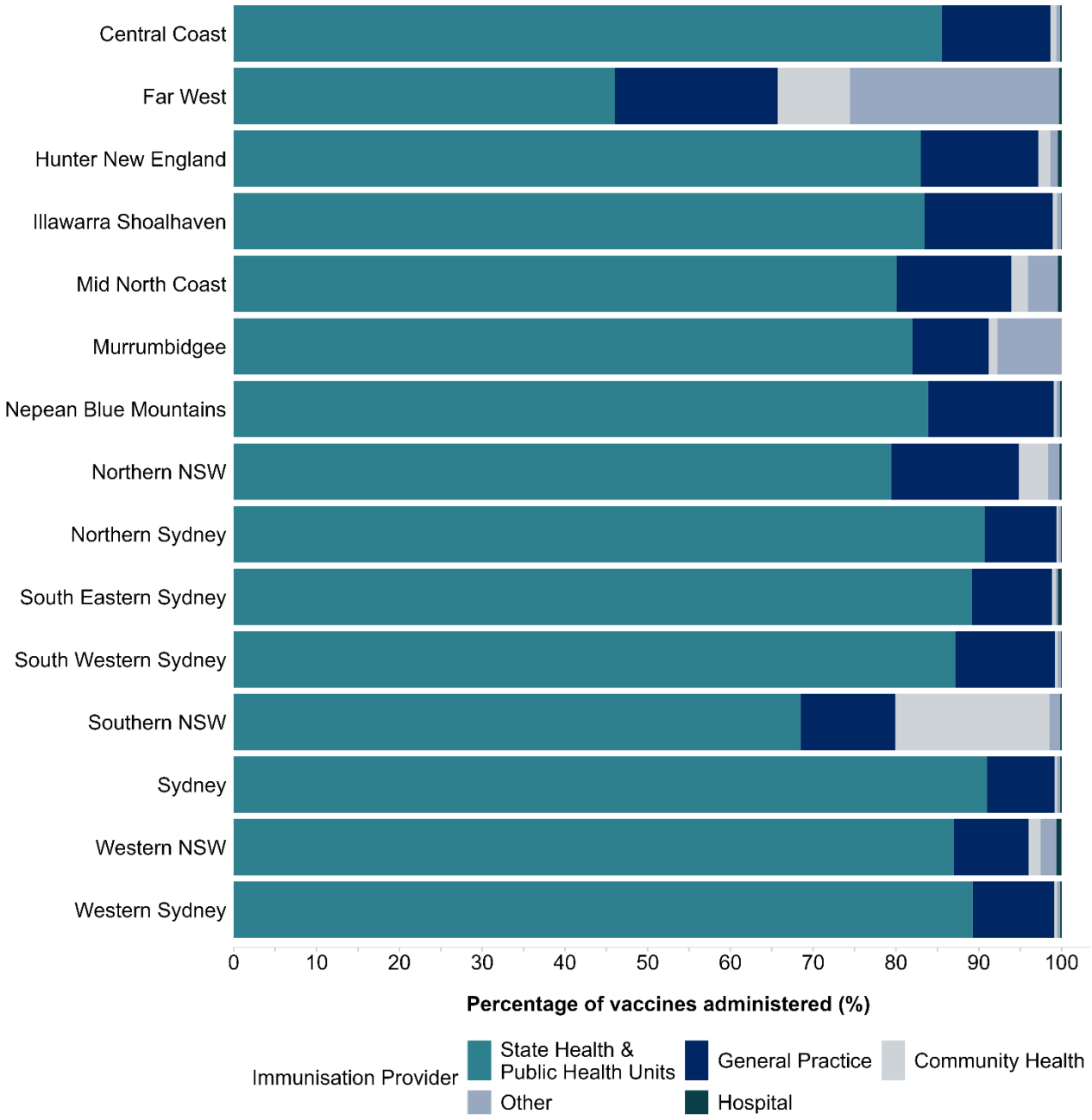


Data source: AIR data for dTpa immunisations by provider setting, provided to NSW Health by NCIRS in March 2025.
Note: 'state health & public health units' includes vaccines given through the school-based vaccination program; 'other' includes pharmacies, Aboriginal Community Controlled Health Organisations and other providers listed in Table 1, Appendix 6; proportions are based on immunisations not necessarily given in 2024, due to differences between scheduled ages and assessment ages.

Most 15-year-olds received their HPV immunisation through the school-based program, followed by GP services in most LHDs (Figure 18). Compared to other LHDs, a higher proportion of 15-year-olds received their HPV immunisation from:

- Other immunisation providers (e.g. pharmacies and Aboriginal Community Controlled Health Organisations, including Aboriginal Medical Services) in Far West LHD (25%), compared to other LHDs (range: <1% to 8%)
- Community health clinics in Southern NSW LHD (19%), compared to other LHDs (range: <1% to 9%) (the school-based vaccination program in Southern NSW LHD is partly implemented by council-run community clinics).

Figure 18 Share of HPV immunisations given to 15-year-olds by LHD and immunisation provider setting, 2024

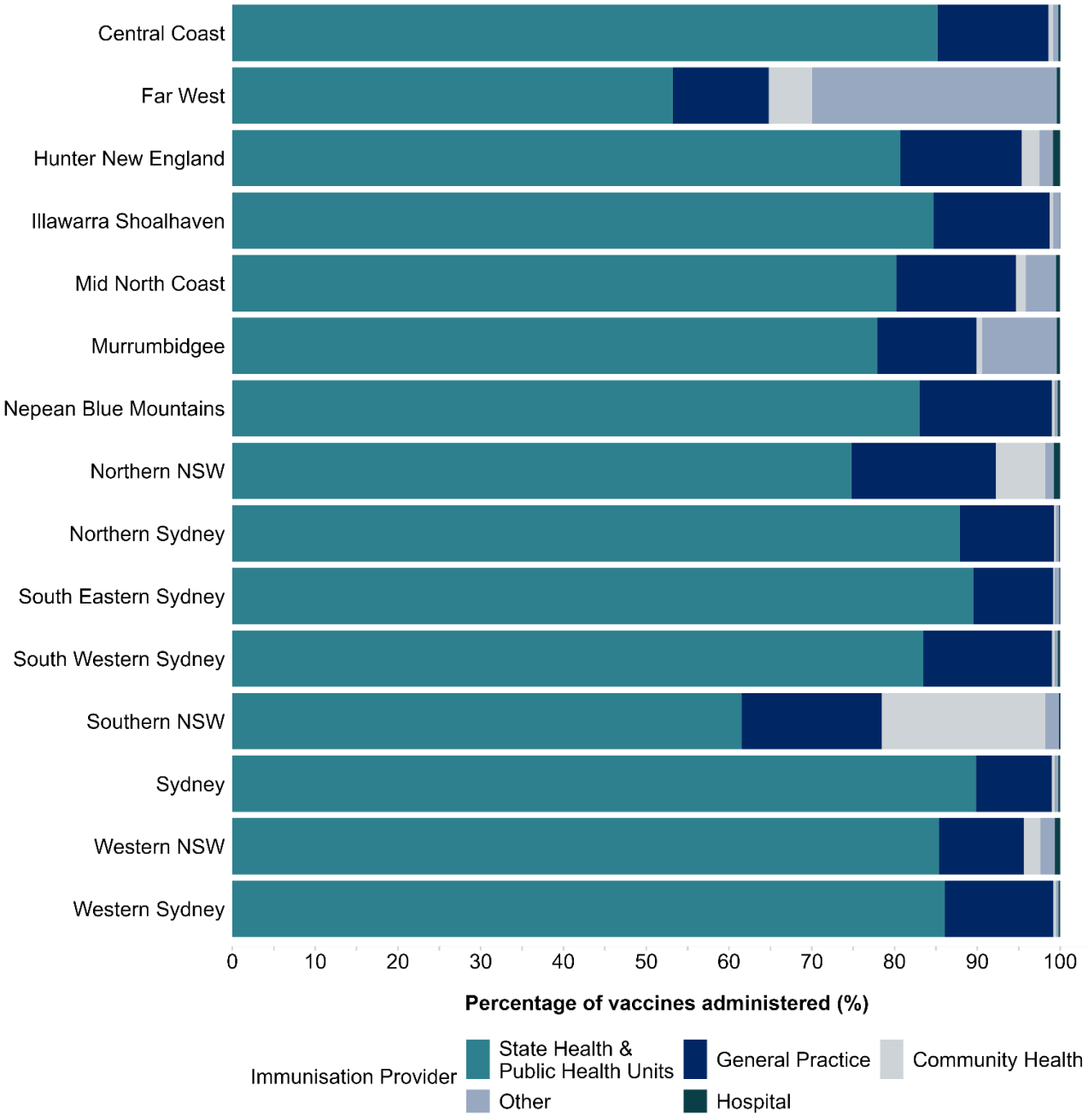


Data source: AIR data for HPV immunisations given to 15-year-olds by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health & public health units' includes vaccines given through the school-based vaccination program; 'other' includes pharmacies, Aboriginal Community Controlled Health Organisations and other providers listed in Table 1, Appendix 6; proportions are based on immunisations not necessarily given in 2024, due to differences between scheduled ages and assessment ages.

Most 17-year-olds received their meningococcal ACWY immunisation from the school-based program, followed by GP services in most LHDs (Figure 17). A higher proportion of 17-year-olds received their meningococcal ACWY immunisation from:

- Other immunisation providers (e.g. pharmacies and Aboriginal Community Controlled Health Organisations, including Aboriginal Medical Services) in Far West LHD (30%), compared to other LHDs (range: <1% to 9%)
- Community health clinics in Southern NSW LHD (20%), compared to other LHDs (range: <1% to 6%) (the school-based vaccination program in Southern NSW LHD is partly implemented by council-run community clinics).

Figure 19 Share of meningococcal ACWY immunisations given to 17-year-olds by LHD and immunisation provider setting, 2024



Data source: AIR data for meningococcal ACWY immunisations by provider setting, provided to NSW Health by NCIRS in March 2025. Note: state health & public health units' includes vaccines given through the school-based vaccination program; 'other' includes pharmacies, Aboriginal Community Controlled Health Organisations and other providers listed in Table 1, Appendix 6; proportions are based on immunisations not necessarily given in 2024, due to differences between scheduled ages and assessment ages.

7 Immunisation coverage in all adults

7.1 Key messages

Zoster immunisation coverage in people aged 65 years and over in NSW was 43% in 2024 (below the 70% target)

Zoster coverage in 65-year-olds

43.3%

13vPCV (pneumococcal) immunisation coverage in people aged 70 years and over in NSW was 38% in 2024

13vPCV coverage in 70-year-olds

37.6%

11% of people who received a Shingrix vaccine were vaccinated at pharmacies

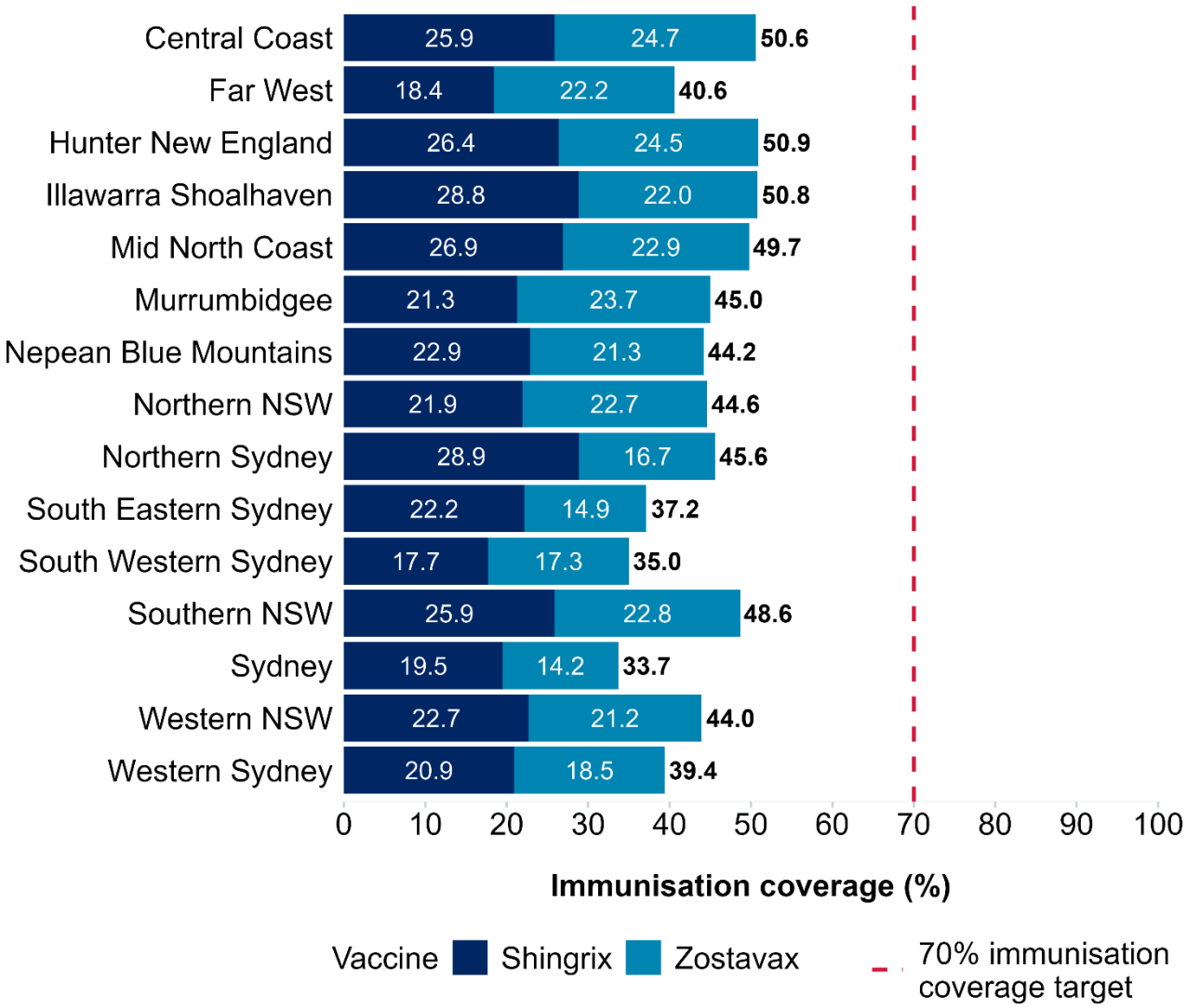
Less than 1% of people who received a 13vPCV (pneumococcal) vaccine were vaccinated at pharmacies

7.2 Zoster immunisation coverage in NSW by LHD, 2024

People aged 65 years and over in NSW are recommended to receive 2 doses of the Shingrix vaccine, at least 4 weeks apart, to protect against herpes zoster, also known as shingles, which is a viral infection that causes a painful, blistering rash. The 2-dose Shingrix vaccine replaced the 1-dose Zostavax vaccine for shingles prevention in the NIP on 1 November 2023.

The NSW Immunisation Strategy 2024–2028 sets a zoster immunisation coverage target of 70% for people aged 65 years and over. In 2024, overall zoster coverage for people aged 65 years and over was 43% (below target). Coverage for those who received 2 doses of the Shingrix vaccine was 24% and coverage for those who received the Zostavax vaccine was 20%. Coverage varied by LHD, and overall zoster immunisation coverage ranged from 34% in Sydney LHD to 51% in Central Coast LHD (Figure 20).

Figure 20 Zoster immunisation coverage in people aged 65 years and over in NSW, by vaccine type and LHD, 2024



Data source: AIR data based on 12-month cohorts of people aged 65 years and over in 2024 (i.e. those born before 1960), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between an individual's year of vaccination and the reporting year.

7.3 Shingrix immunisation provider settings in people aged 65 years and over in NSW, 2024

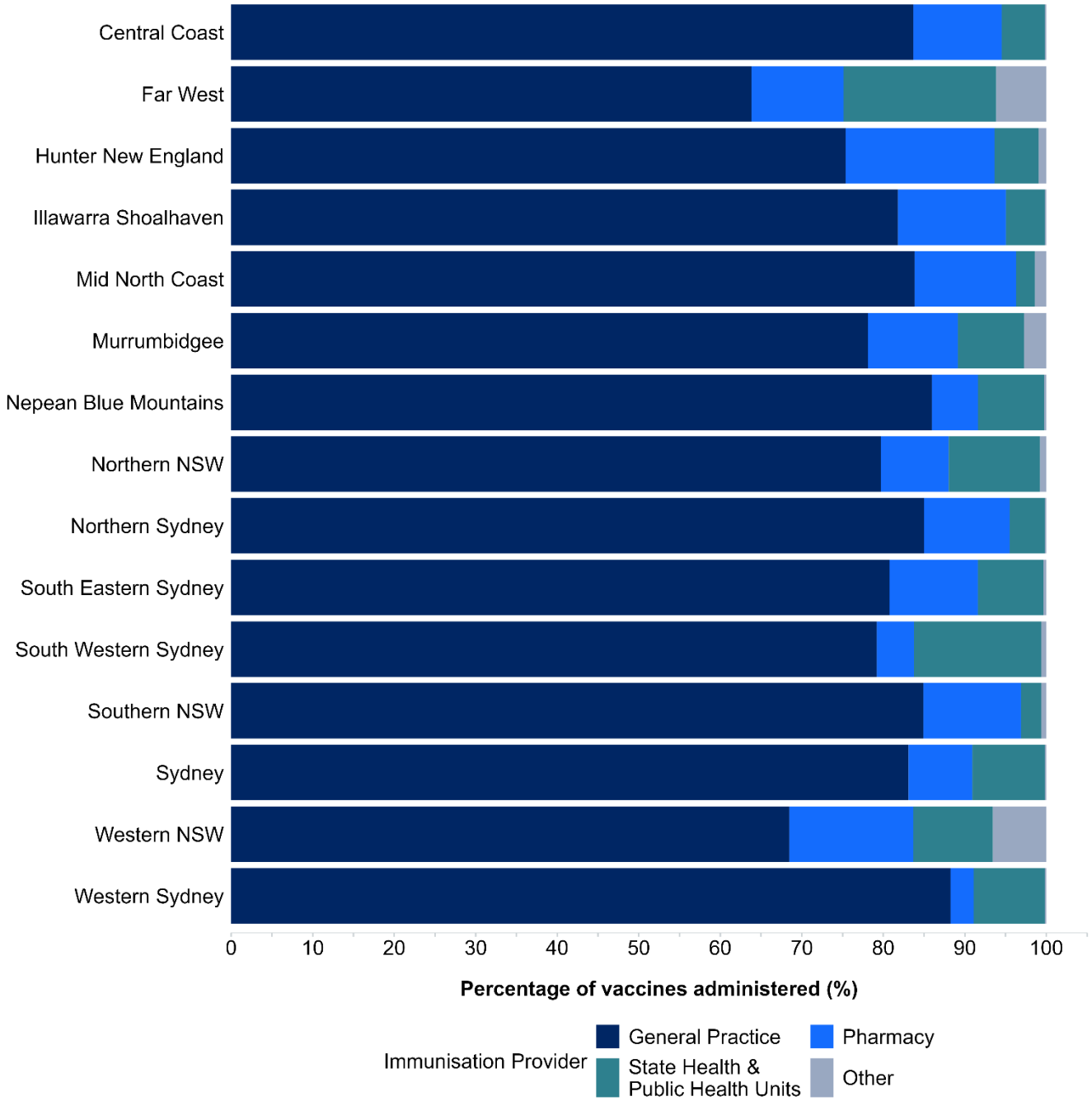
In NSW, most (81%) adults aged 65 years and over received their Shingrix immunisations at a GP in 2024 (Table 6). This was consistent across most LHDs (Figure 22). Other adults received their Shingrix immunisations from pharmacies (11%), outreach clinics run by the state health department and public health units (7%), and other immunisation providers (1%) (e.g. hospitals, Aboriginal Community Controlled Health Organisations, community health clinics and other immunisation providers listed in Appendix 6) (Table 6).

Table 6 Share of Shingrix immunisations given to people aged 65 years and over in NSW, by immunisation provider setting, 2024

Immunisation provider setting	Share of immunisations given (%)
General Practices	81.4
Pharmacies	10.7
State Health & Public Health Units	7.2
Other	0.8

Data source: AIR data for Shingrix immunisations given to adults aged 65 years and over by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health and public health units' includes outreach clinics; 'other' includes hospitals, Aboriginal Community Controlled Health Organisations, community health clinics and other providers listed in Table 1, Appendix 6; proportions are not necessarily based on immunisations given in 2024, due to differences between an individual's year of vaccination and the reporting year; percentages may not sum to 100 due to rounding.

Figure 21 Share of Shingrix vaccinations given to people aged 65 years and over in NSW, by immunisation provider setting and LHD, 2024



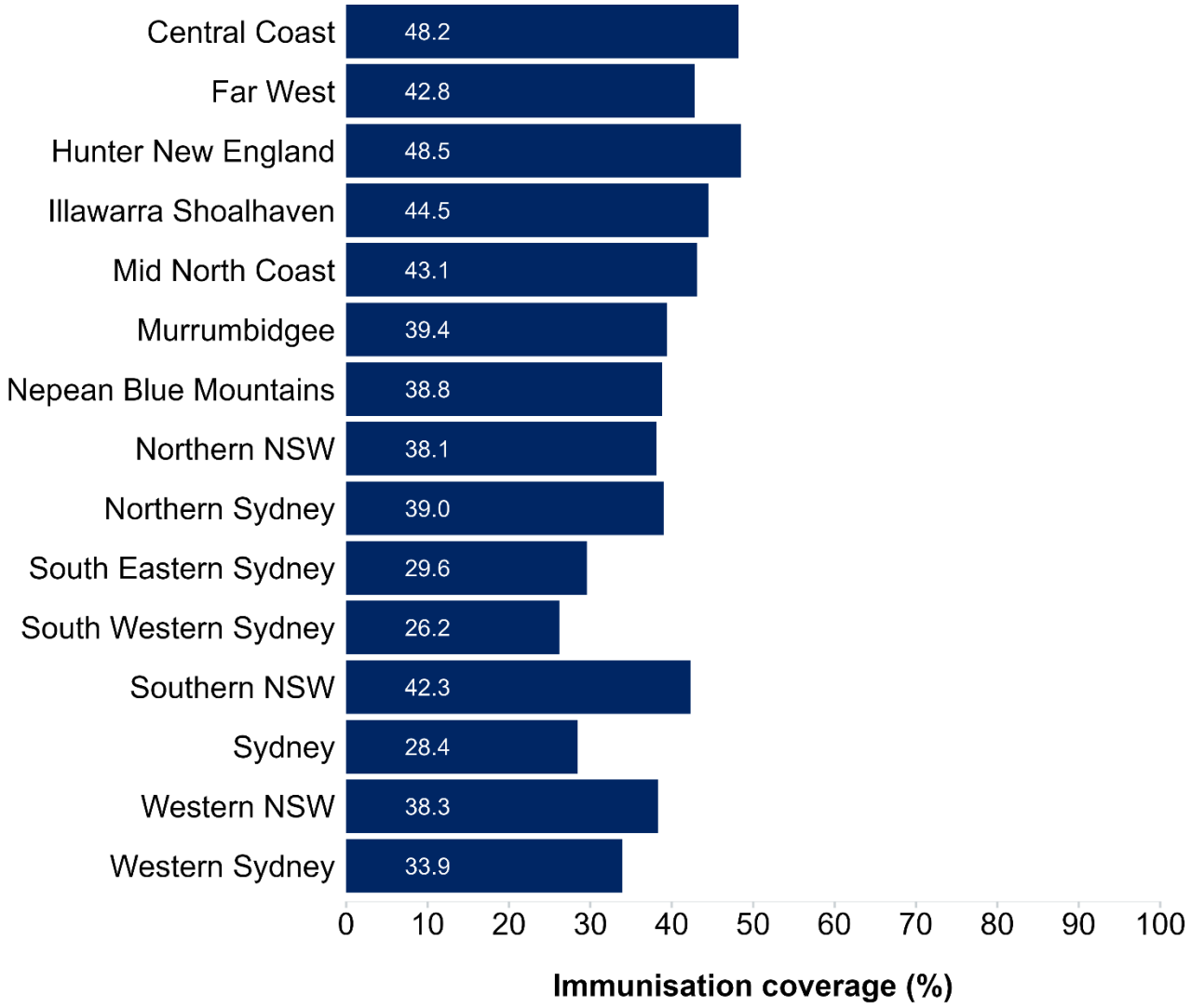
Data source: AIR data for Shingrix immunisations given to people aged 65 years and over by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health and public health units' includes outreach clinics; 'other' includes hospitals, Aboriginal Community Controlled Health Organisations, community health clinics and other providers listed in Table 1, Appendix 6; proportions are not necessarily based on immunisations given in 2024, due to differences between an individual's year of vaccination and the reporting year.

7.4 Pneumococcal immunisation coverage in NSW by LHD, 2024

People aged 70 years and over in NSW are recommended to receive a single dose of the pneumococcal vaccine, which protects against pneumococcal disease, a bacterial infection that can cause pneumonia, bloodstream infections and meningitis.

The 13vPCV (pneumococcal vaccine) protects against infections caused by 13 different strains of *Streptococcus pneumoniae* bacteria. In 2024, 13vPCV coverage in people aged 70 year or over in NSW was 38%. Coverage varied across LHDs, ranging from 26% in South Western Sydney LHD to 49% in Hunter New England LHD (Figure 22). While there is no specific target outlined in the NSW Immunisation Strategy for pneumococcal immunisation coverage in people aged 70 years and over, there were substantial efforts to improve vaccine uptake in 2024, including the development of the NSW Immunisation Toolkit, which aims to help immunisation providers plan and deliver consistent, high-quality immunisation services across the state.

Figure 22 13vPCV (pneumococcal) immunisation coverage in people aged 70 years and over in NSW, by LHD, 2024



Data source: AIR data based on 12-month cohorts of people aged 70 years and over in 2024 (i.e. people born before 1955), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between an individual's year of vaccination and the reporting year.

7.5 Pneumococcal immunisation provider settings in people aged 70 years and over in NSW, 2024

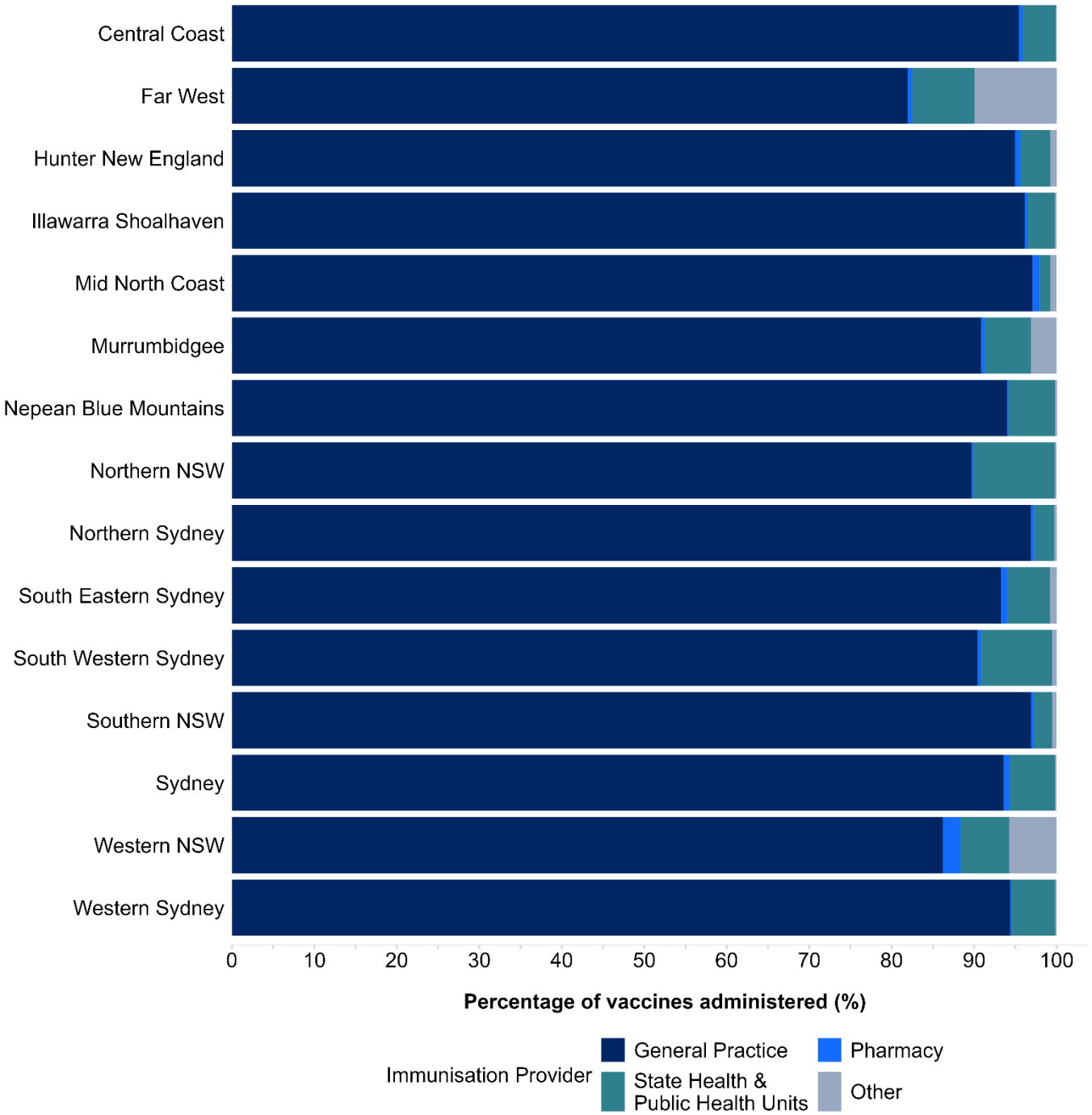
In NSW, most (94%) adults aged 70 years and over received their pneumococcal immunisation (13vPCV) through GPs (Table 7). This was consistent across most LHDs (Figure 23). Less than 1% of adults aged 70 years and over received 13vPCV from pharmacies, however the proportion of 13vPCV administered by pharmacists is expected to increase over time as the NSW Pharmacist Vaccination Standards were significantly expanded in 2024 to authorise NSW pharmacist immunisers to supply and administer a broader range of vaccines, including 13vPCV, to eligible people without the need for a prescription from a medical officer. Other adults received 13vPCV from outreach clinics run by state health departments and public health units (5%), and other immunisation providers (1%) (e.g. hospitals, Aboriginal Community Controlled Health Organisations, community health clinics and other providers listed in Appendix 6 (Table 7).

Table 7 Share of 13vPCV immunisations given to people aged 70 years and over in NSW, by immunisation provider setting, 2024

Immunisation provider setting	Share of immunisations given (%)
General Practices	94.1
State Health & Public Health Units	4.6
Other	0.8
Pharmacies	0.5

Data source: AIR data for 13vPCV immunisations given to people aged 70 years and over by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health and public health units' includes outreach clinics; 'other' includes hospitals, Aboriginal Community Controlled Health Organisations, community health clinics and other providers listed in Table 1, Appendix 6; proportions are not necessarily based on immunisations given in 2024, due to differences between an individual's year of vaccination and the reporting year.

Figure 23 Share of 13vPCV immunisations given to people aged 70 years and over in NSW, by immunisation provider setting and LHD, 2024



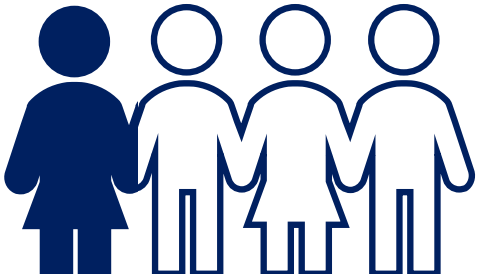
Data source: AIR data for 13vPCV immunisations given to people aged 70 years and over by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health and public health units' includes outreach clinics; 'other' includes hospitals, Aboriginal Community Controlled Health Organisations, community health clinics and other providers listed in Table 1, Appendix 6; proportions are not necessarily based on immunisations given in 2024, due to differences between an individual's year of vaccination and the reporting year.

8 Influenza immunisation coverage in all people

8.1 Key messages

1 in 4 children (25%) aged 6 months to less than 5 years received an influenza immunisation in 2024 (below the 40% immunisation coverage target)

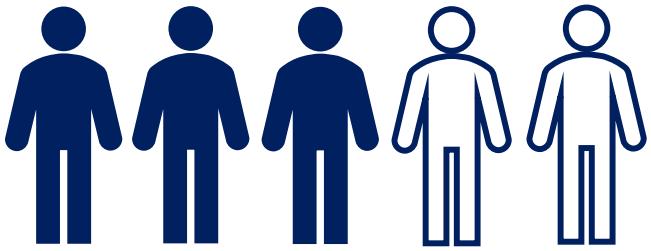
Influenza coverage in 6 month–<5-year-olds



25.4%

3 in 5 (60%) adults aged 65 years and over received an influenza immunisation in 2024 (below the 75% immunisation coverage target)

Influenza coverage in 65-year-olds



59.5%

84% of children aged 6 months to less than 5 years received their 2024 influenza vaccine at GPs

75% of people aged 65 years and over received their 2024 influenza vaccine at GPs, and 17% received it at pharmacies

8.2 Influenza immunisation coverage by age group in NSW, 2024

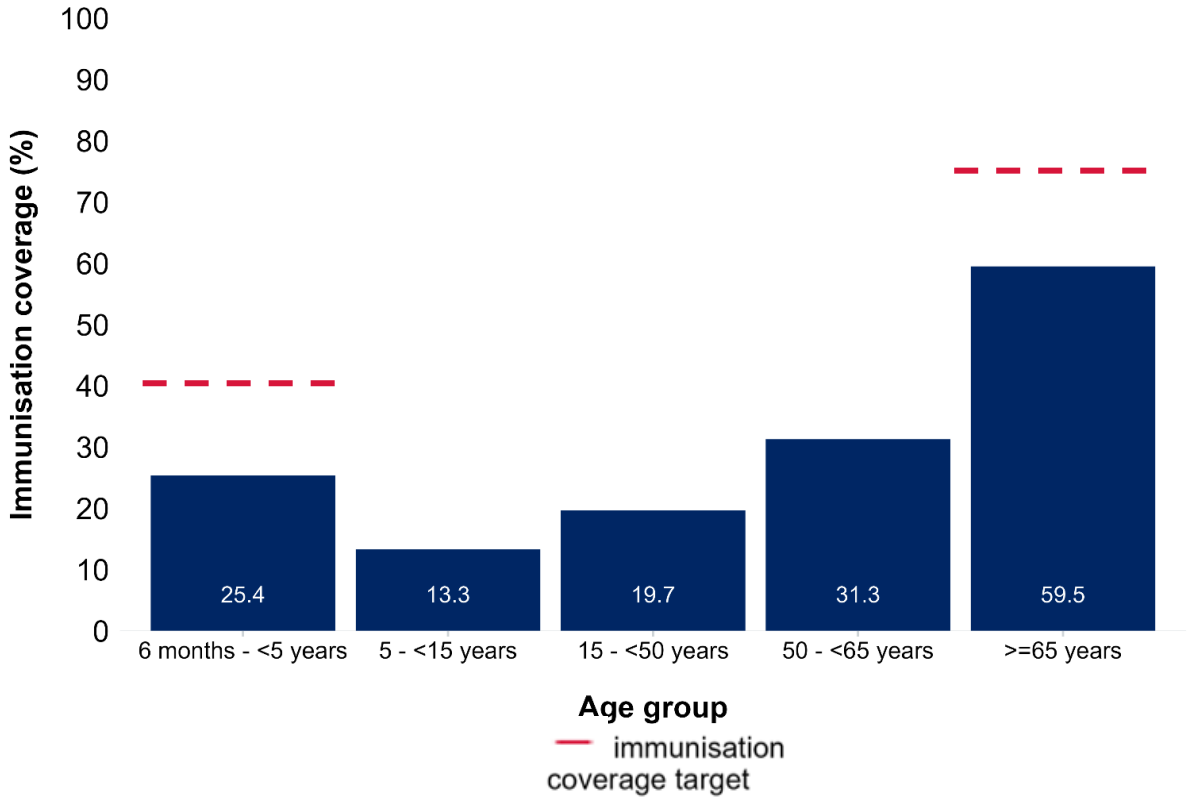
Influenza (flu) is a highly contagious respiratory illness. Influenza is more serious than the common cold and severe cases can result in breathing difficulties and pneumonia. There are many different types of influenza virus, and they can change every year. New vaccines are developed each year to protect against the most common strains of the virus.

While annual influenza immunisation is recommended for everyone aged 6 months and over to prevent serious illness and hospitalisation associated with influenza, it is funded under the NIP for, all children aged 6 months to less than 5 years, Aboriginal people, pregnant women, adults aged 65 years and over, and people with certain medical conditions. This is due to their higher risk of complications from influenza.

Two doses of influenza vaccine, given at least 4 weeks apart, are recommended in the first year of vaccination for children aged 6 months to less than 9 years, and for people of any age who are receiving an influenza vaccine for the first time after haematopoietic stem cell or solid organ transplant. While 2 doses are recommended, receiving 1 dose provides some protection and is preferable to receiving none. Subsequent years requires an annual dose, even if only 1 dose was given in the first year.

The NSW Immunisation Strategy 2024–2028 sets an influenza immunisation coverage target of 40% for children aged 6 months to less than 5 years, and 75% for adults aged 65 years and over. In 2024, coverage was 25% in children aged 6 months to less than 5 years (below target) and 60% in people aged 65 years and over (below target). Coverage in other age groups was: 13% in children aged 5 to less than 15 years, 20% in people aged 15 to less than 50 years, and 31% in people aged 50 to less than 65 years (Figure 24).

Figure 24 Influenza immunisation coverage for people aged 6 months and over in NSW in 2024, by age group



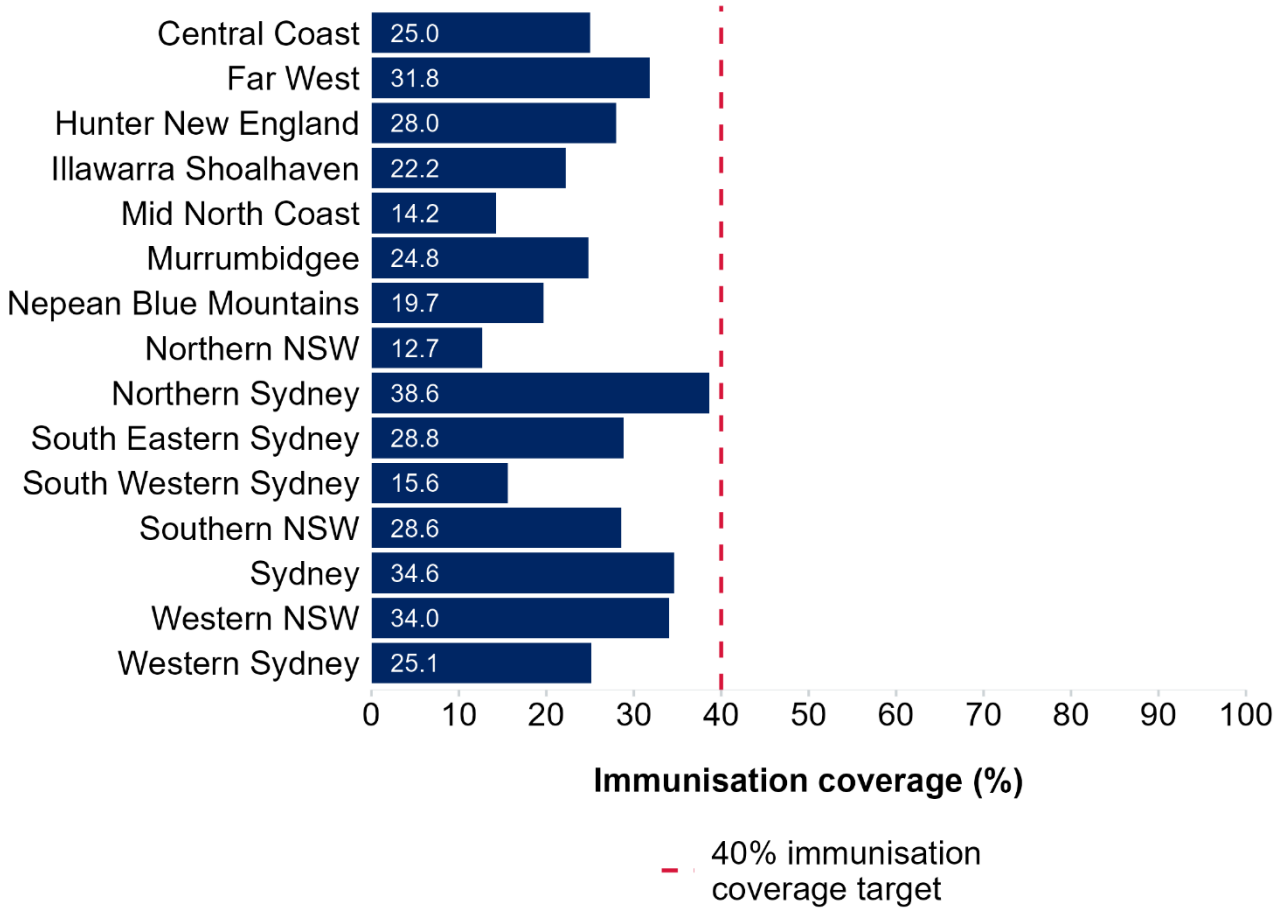
Data source: AIR data for people who received at least one dose of an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

8.3 Influenza immunisation coverage by age group and LHD in NSW, 2024

Influenza immunisation coverage varied by LHD and ranged from:

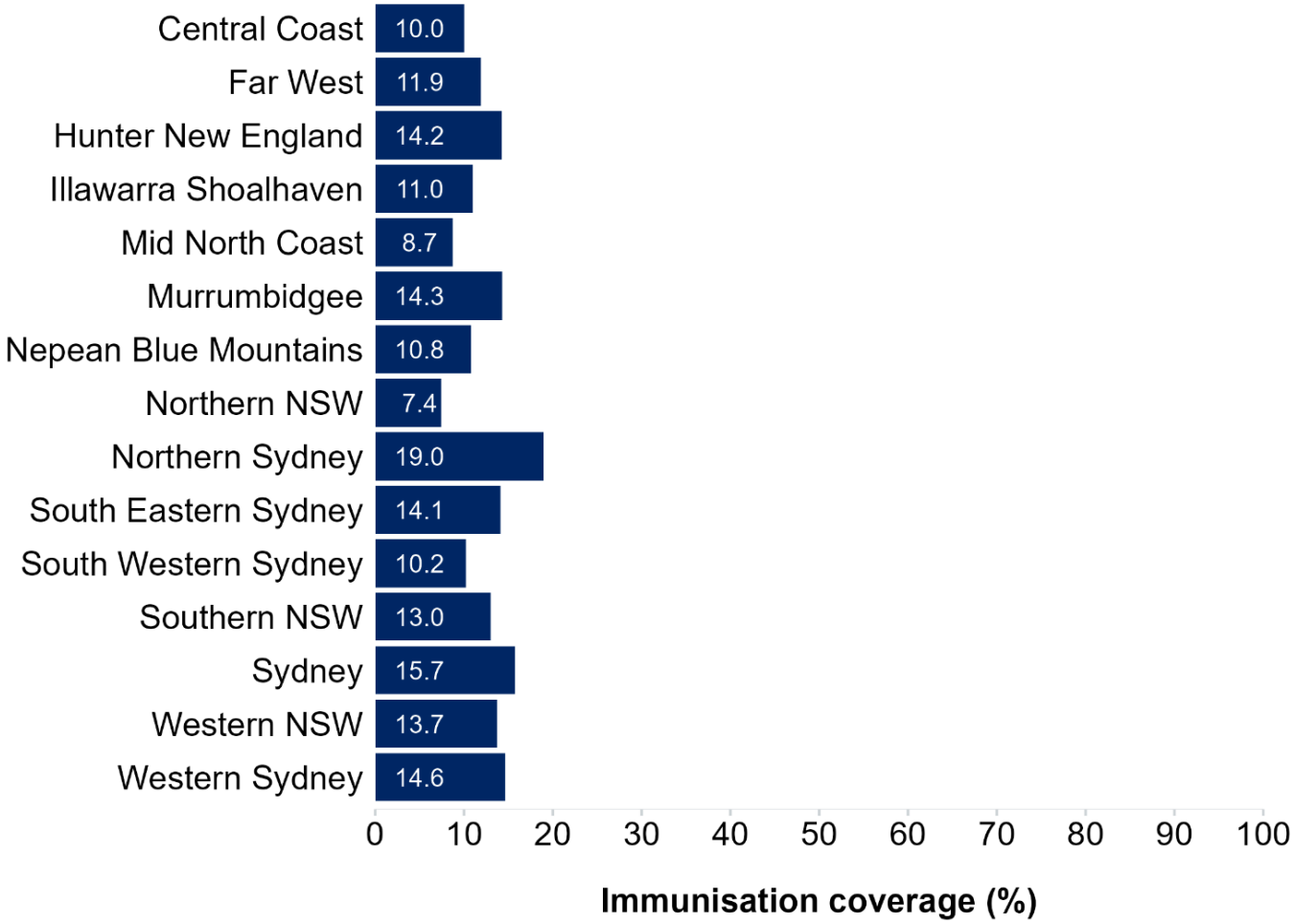
- 13% in Northern NSW LHD to 39% in Northern Sydney LHD for children aged 6 months to less than 5 years. No LHDs met the target (Figure 25)
- 7% in Northern NSW LHD to 19% in Northern Sydney LHD for children aged 5 years to less than 15 years (Figure 26)
- 13% in Northern NSW LHD to 23% in Northern Sydney LHD for people aged 15 to less than 50 years (Figure 27)
- 26% in South Eastern Sydney LHD to 38% in Murrumbidgee and Hunter New England LHDs for people aged 50 to less than 65 years (Figure 28)
- 48% in Sydney LHD to 68% in Hunter New England LHD for people aged 65 years and over. No LHDs met the target (Figure 29).

Figure 25 Influenza immunisation coverage in children aged 6 months to less than 5 years in NSW in 2024, by LHD



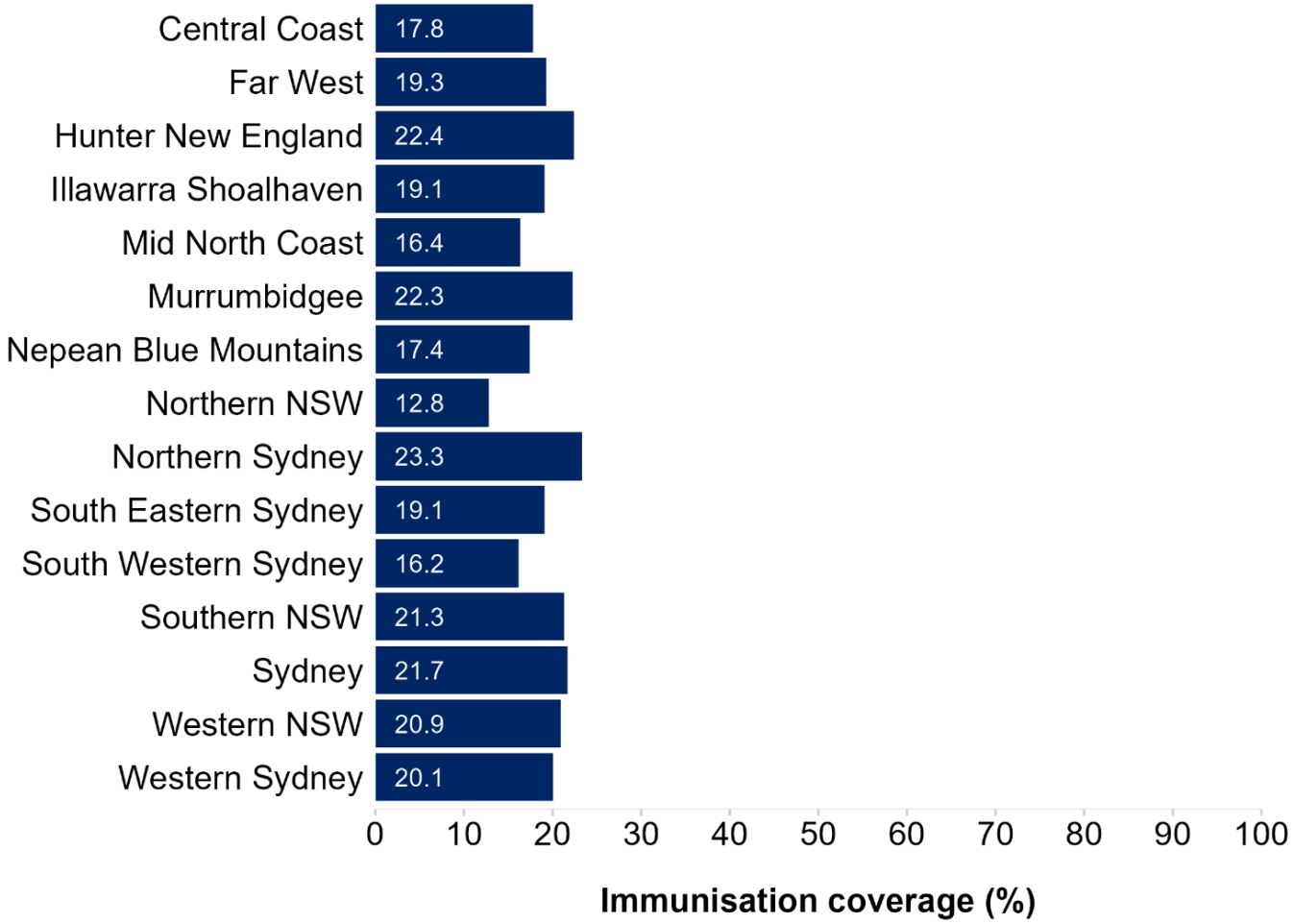
Data source: AIR data for children aged 6 months to less than 5 years who received at least one dose of an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

Figure 26 Influenza immunisation coverage in people aged 5 years to less than 15 years in NSW in 2024, by LHD



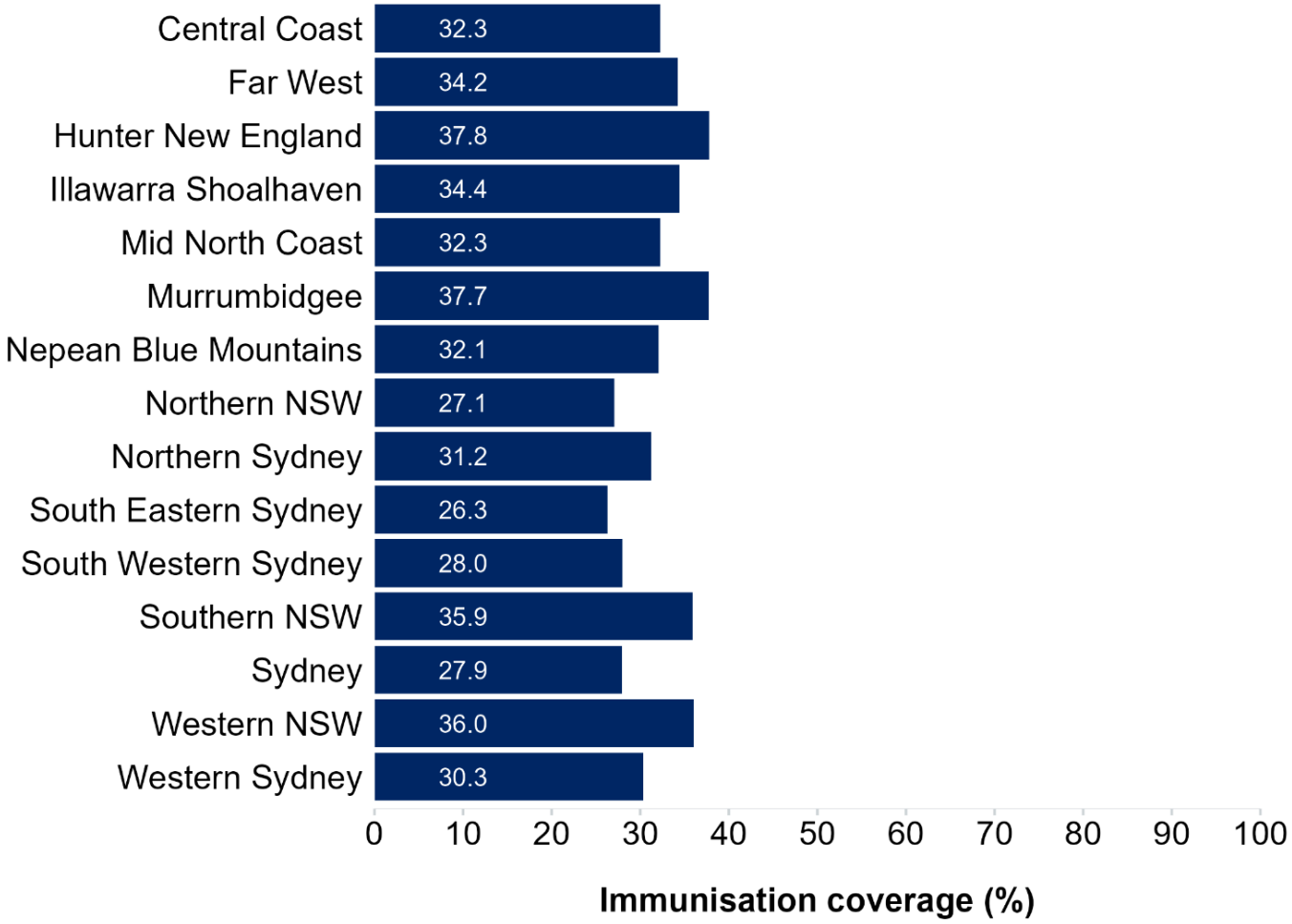
Data source: AIR data for people aged 5 years to less than 15 years who received at least one dose of an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

Figure 27 Influenza immunisation coverage in people aged 15 to less than 50 years in NSW in 2024, by LHD



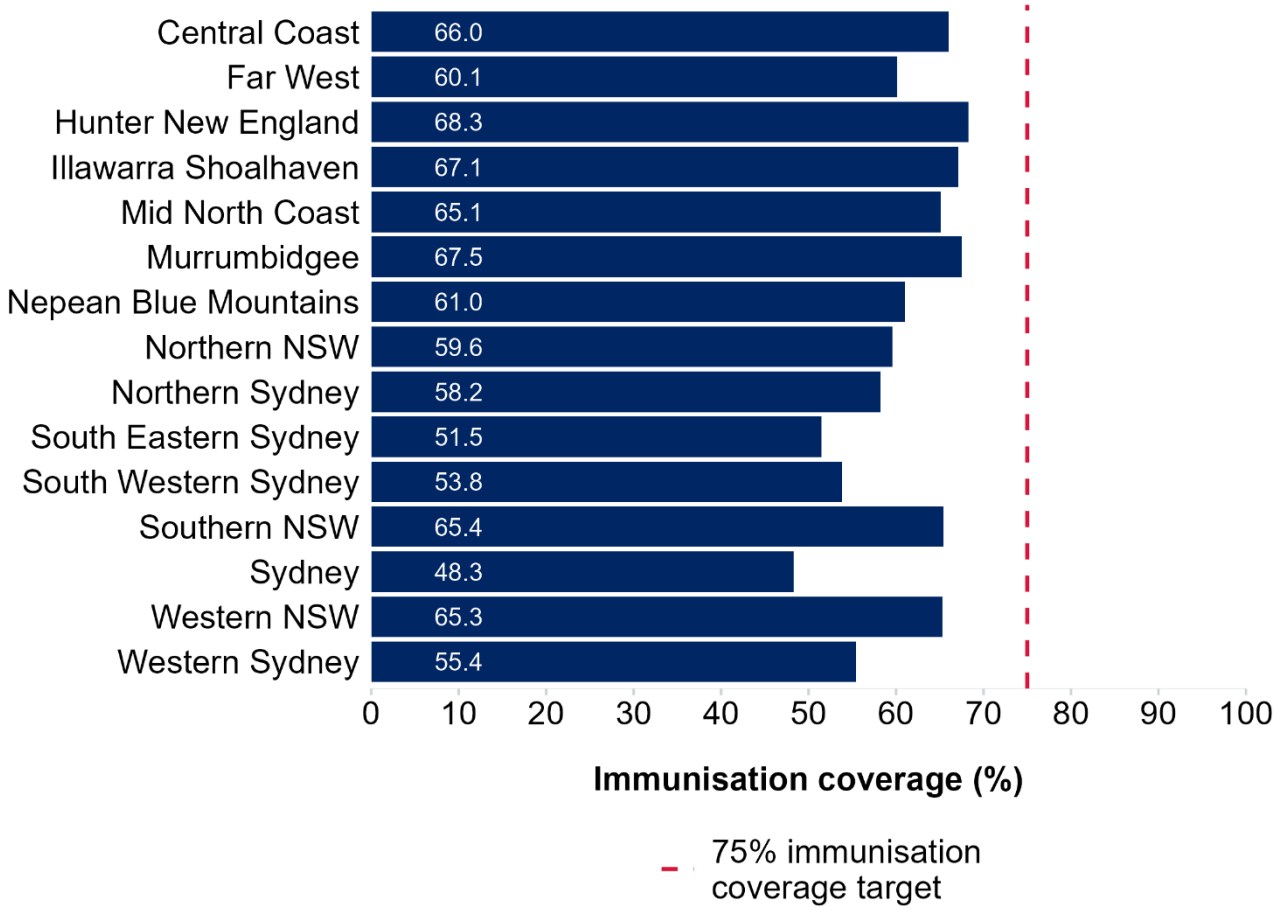
Data source: AIR data for people aged 15 to less than 50 years who received at least one dose of an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

Figure 28 Influenza immunisation coverage in people aged 50 to less than 65 years in NSW in 2024, by LHD



Data source: AIR data for people aged 50 to less than 65 years who received at least one dose of an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

Figure 29 Influenza immunisation coverage in people aged 65 years and over in NSW in 2024, by LHD



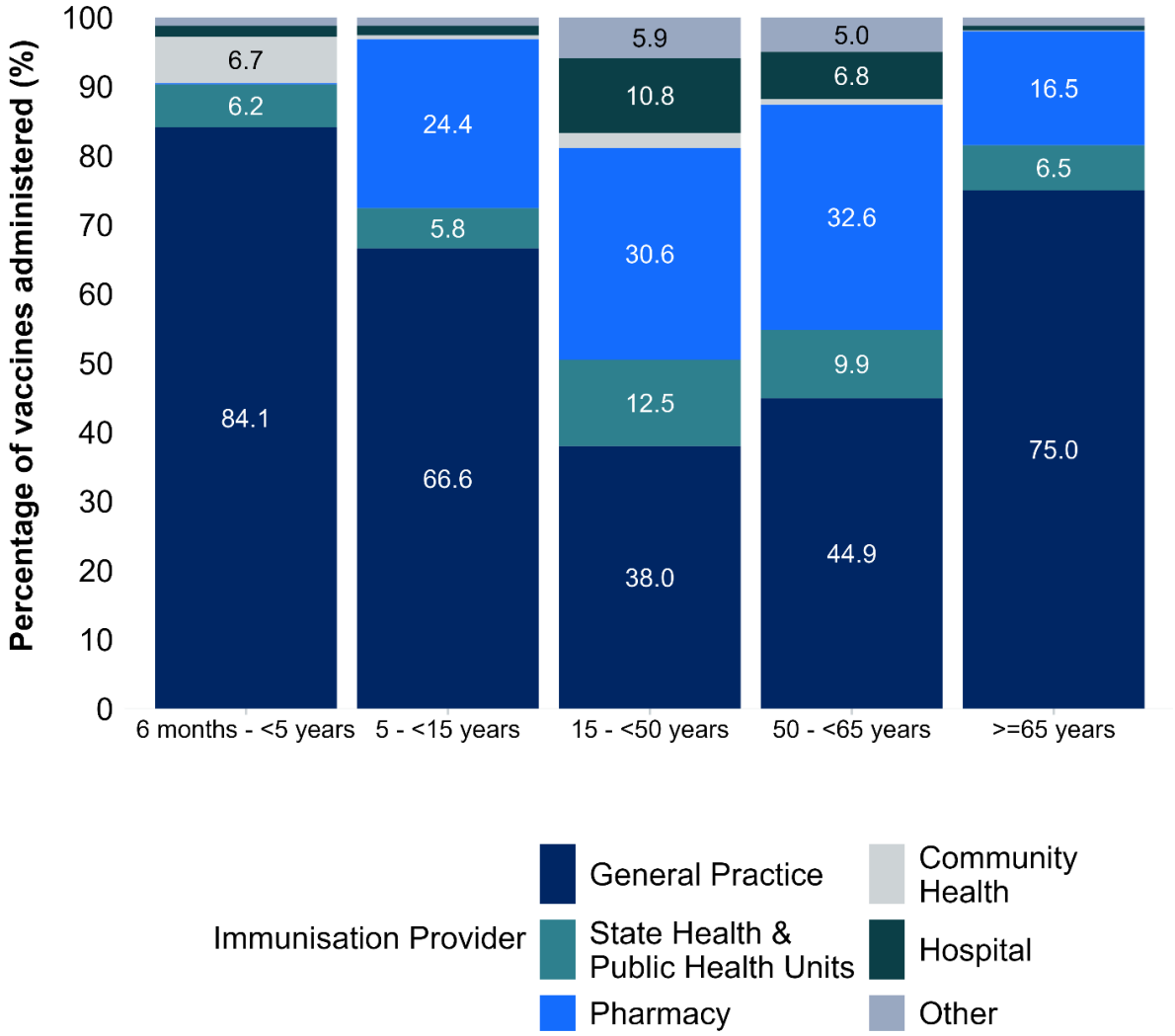
Data source: AIR data for people aged 65 years and over who received at least one dose of an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

8.4 Influenza immunisation provider settings in NSW, 2024

In 2024, influenza immunisation provider settings in NSW varied by age group:

- Among children aged 6 months to less than 5 years, most (84%) received their influenza vaccine at GPs
- Among children aged 5 years to less than 15 years, most (67%) received their influenza vaccine at GPs, followed by pharmacies (24%)
- Among those aged 15 to less than 50 years, over 1 in 3 people (38%) received their influenza vaccine at GPs, followed by pharmacies (31%)
- Among those age 50 to less than 65 years, 45% received their influenza vaccine at GPs, followed by pharmacies (33%)
- Among those aged 65 and over, 3 in 4 people (75%) received their influenza vaccine at GPs, followed by pharmacies (17%) (Figure 30).

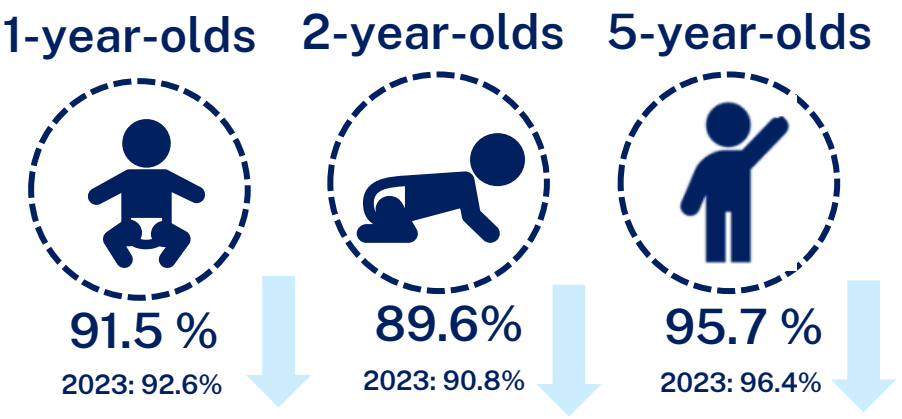
Figure 30 Share of influenza immunisations given to people aged 6 months and over in NSW in 2024, by immunisation provider setting and age group



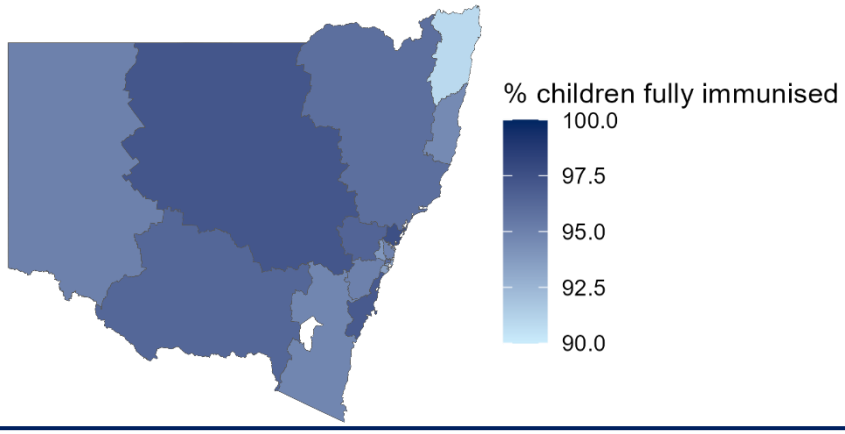
Data source: AIR data for people who received at least one dose of an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.
Note: 'State Health and Public Health Units' includes outreach services run by Sydney Children's Hospital Network and PHUs; 'other' includes Aboriginal Community Controlled Health Organisations and other providers listed in Table 1, Appendix 6.

9 Immunisation coverage in Aboriginal and Torres Strait Islander children

The percentage of Aboriginal and Torres Strait Islander 5-year-olds fully immunised in NSW was 96% and met the 95% immunisation coverage target



Most (12/15) LHDs met the 95% immunisation coverage target for the percentage of Aboriginal and Torres Strait Islander children fully immunised by 5 years of age



70% of Aboriginal and Torres Strait Islander children received meningococcal B dose 1 and dose 2 by 1 year of age

Meningococcal B dose 1 and dose 2 coverage in 1-year-olds

69.8 %

9.1 Immunisation coverage for Aboriginal and Torres Strait Islander children by age group and antigen, 2023–2024

Between 2023 and 2024, immunisation coverage for Aboriginal and Torres Strait Islander children in NSW decreased across most vaccines/antigens for each assessment age, however decreases were relatively small (Table 8). In 2024, pneumococcal immunisation coverage in 1-year-olds (95%), hepatitis B (97%), meningococcal ACWY (96%), and polio (96%) immunisation coverage in 2-year-olds, and diphtheria, tetanus and pertussis (96%) and polio (96%) immunisation coverage in 5-year-olds met or was above the 95% immunisation coverage target outlined in the NSW Immunisation Strategy.

Table 8 Immunisation coverage in Aboriginal and Torres Strait Islander children in NSW by assessment age, vaccine/antigen and target achievement, 2023–2024

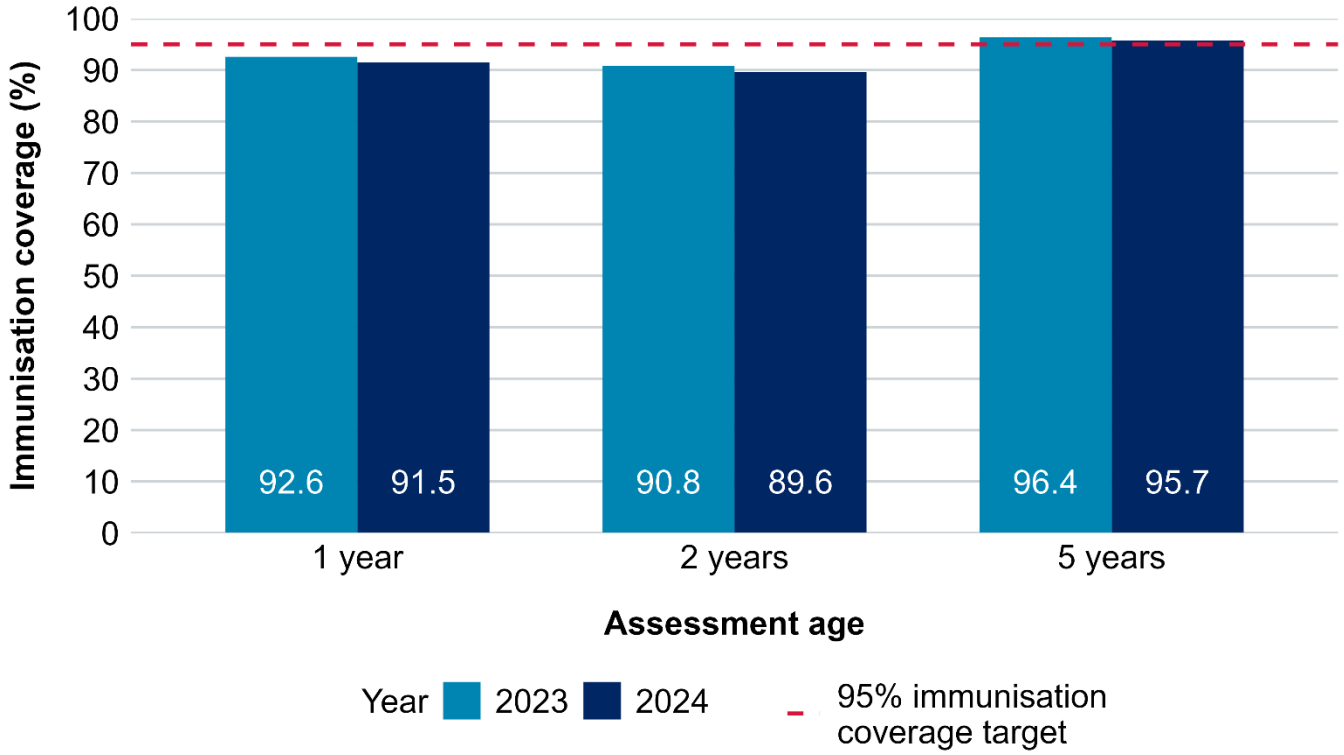
Assessment age	Vaccine/antigen	Immunisation coverage (%) 2023	2024	Change*	Met 95% immunisation coverage target?
1 year 	Diphtheria, tetanus, pertussis	92.8	91.8	-1.0	✗
	Haemophilus influenzae type b	92.8	91.8	-1.0	✗
	Hepatitis B	93.8	94.2	+0.4	✗
	Pneumococcal	96.1	95.1	-1.0	✓
	Polio	92.8	91.8	-1.0	✗
2 years 	Diphtheria, tetanus, pertussis	91.7	90.7	-1.0	✗
	Haemophilus influenzae type b	93.5	92.6	-0.9	✗
	Hepatitis B	96.9	96.6	-0.3	✓
	Meningococcal ACWY	96.2	95.5	-0.7	✓
	Measles, mumps, rubella	92.5	91.4	-1.1	✗
	Pneumococcal	95.5	94.6	-0.9	✓
	Polio	96.7	95.9	-0.8	✓
	Varicella	92.6	91.6	-1.0	✗
5 years 	Diphtheria, tetanus, pertussis	96.6	95.9	-0.7	✓
	Polio	96.4	95.8	-0.6	✓

Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages. *Change is defined as absolute percentage point change from 2023 to 2024.

9.2 Fully immunised Aboriginal and Torres Strait Islander children by assessment age, 2023–2024

The percentage of Aboriginal and Torres Strait Islander children fully immunised by 5 years of age was above the 95% immunisation coverage target in both 2023 (96%) and 2024 (96%). The percentage of Aboriginal and Torres Strait Islander children fully immunised in younger age groups was lower: 92% of Aboriginal and Torres Strait Islander children were fully immunised by 1 year of age and 90% were fully immunised by 2 years of age in 2024, down from 93% and 91% respectively in 2023 (Figure 31).

Figure 31 Fully immunised Aboriginal and Torres Strait Islander children by assessment age in NSW, 2023–2024

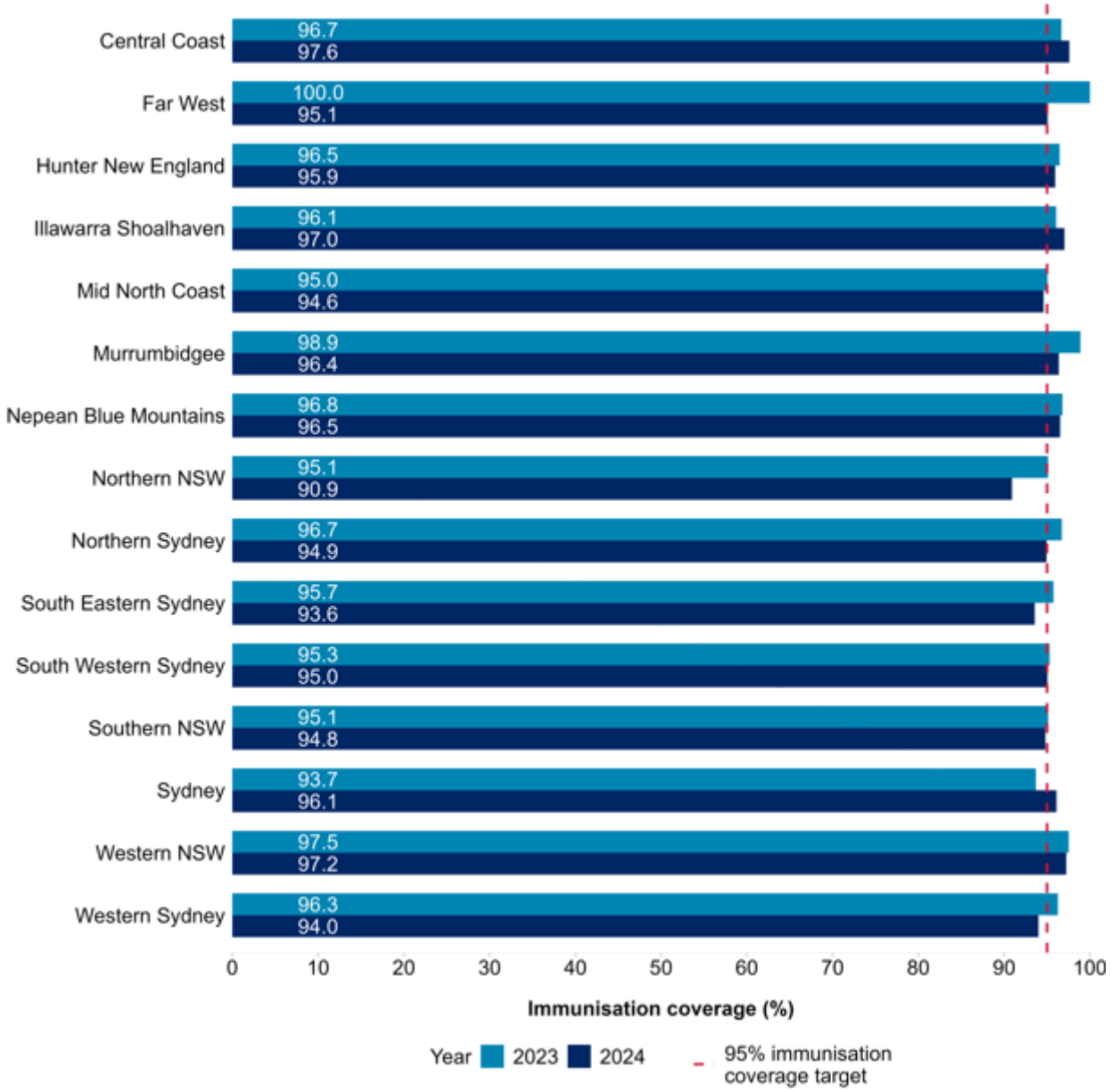


Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

9.3 Fully immunised Aboriginal and Torres Strait Islander 5-year-olds by LHD, 2023–2024

The percentage of Aboriginal and Torres Strait Islander children fully immunised by 5 years of age increased across some LHDs between 2023 and 2024 (Figure 32). In 2024, immunisation coverage was higher than the 95% immunisation coverage target in 7 LHDs: Central Coast (98%), Western NSW (97%), Illawarra Shoalhaven (97%), Nepean Blue Mountains (97%), Murrumbidgee (96%), Sydney (96%), Hunter New England (96%); and met the 95% immunisation coverage target in 5 other LHDs: Far West, South Western Sydney, Northern Sydney, Southern NSW, and Mid North Coast.

Figure 32 Fully immunised Aboriginal and Torres Strait Islander 5-year-olds in NSW, by LHD, 2023–2024

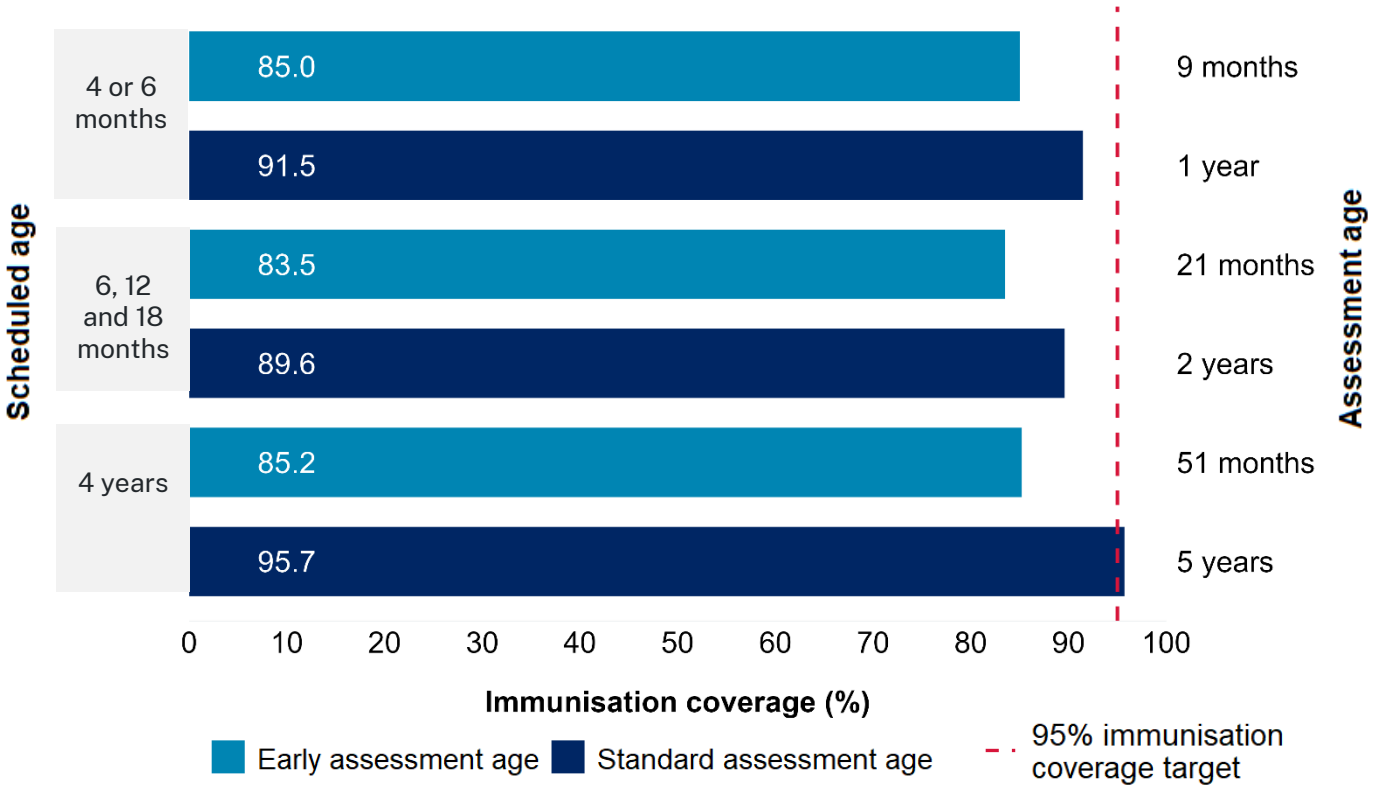


Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

9.4 Timely vaccine uptake in Aboriginal and Torres Strait Islander children, 2024

In 2024, for all ages, there was a substantial difference between the percentage of Aboriginal and Torres Strait Islander children fully immunised at standard assessment ages and those fully immunised at early assessment ages (Figure 33). This gap was 6.5 percentage points for vaccines scheduled at 4 or 6 months, 6.1 percentage points for vaccines scheduled at 6, 12 and 18 months and 10.5 percentage points for vaccines scheduled at 4 years. This shows that some children are not being vaccinated on time.

Figure 33 Percentage of children fully immunised by assessment age in NSW, 2024



Data source: children fully immunised by 1 year, 2 years and 5 years of age: childhood immunisation coverage data in 2024 from the AIR, provided to NSW Health by Services Australia in March 2025; for children fully immunised by 9 months, 21 months and 51 months of age: AIR data based on 12-month cohorts, provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025.
Note: methodologies for calculating immunisation coverage slightly differ between Services Australia and NCIRS and may result in different coverage estimates.

9.5 Immunisation provider settings for Aboriginal and Torres Strait Islander children in NSW, 2024

Over half (59%) of the NIP-funded immunisations given to Aboriginal and Torres Strait Islander children aged under 5 years in NSW were administered by GPs (Table 9). Other NIP-funded immunisations were administered by community health clinics (17%), Aboriginal Community Controlled Health Organisations (9%), outreach clinics run by the Sydney Children's Hospital Network and public health units (8%), hospitals (6%) and other providers (1%).

Table 9 Share of NIP-funded immunisations given to Aboriginal and Torres Strait Islander children aged under 5 years in NSW, by immunisation provider setting, 2024

Immunisation provider setting	Share of immunisations given (%)
General Practices	58.8
Community Health Clinics	17.2
Aboriginal Community Controlled Health Organisations	8.9
State Health & Public Health Units	8.4
Hospitals	5.9
Other	0.8

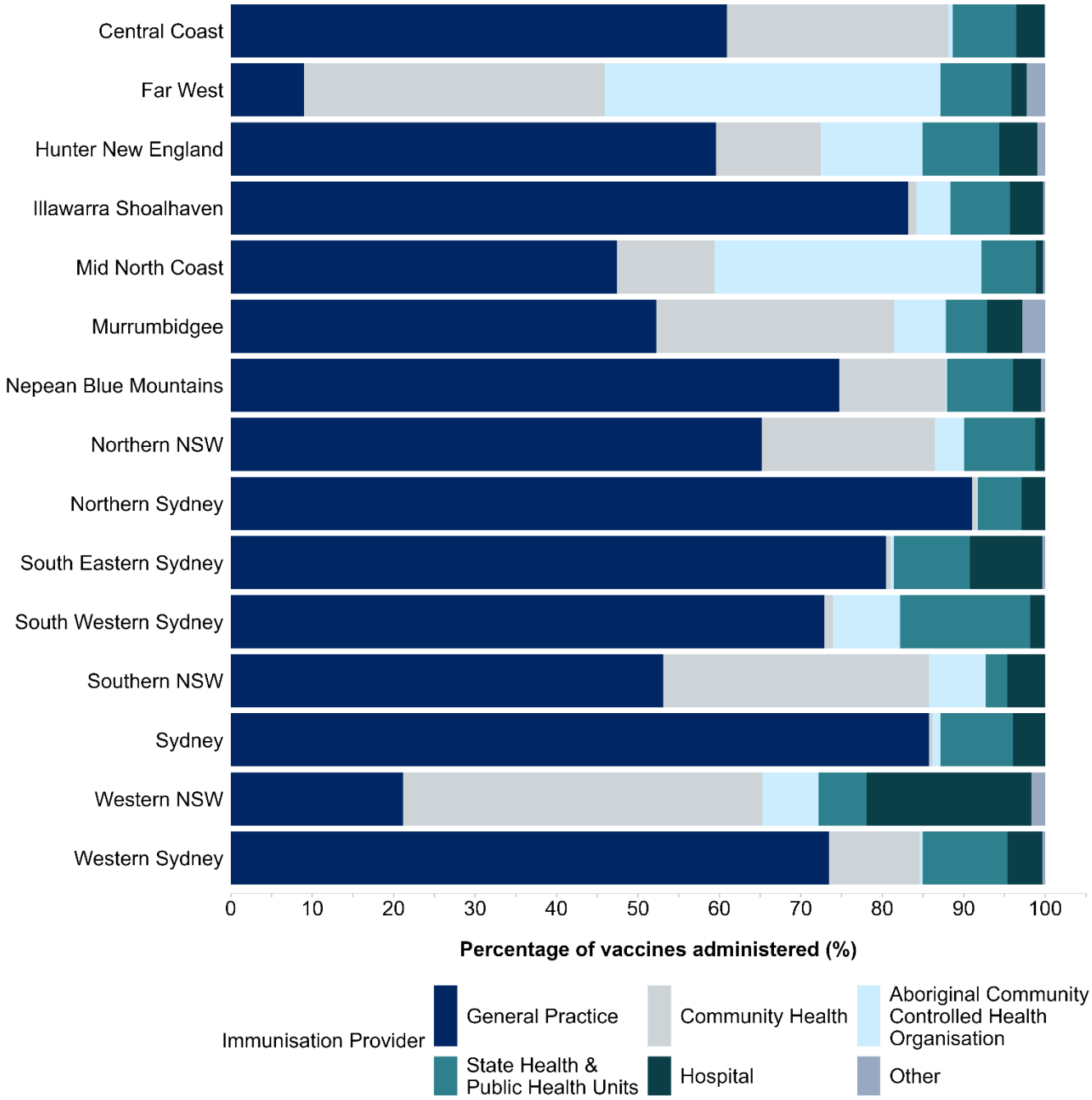
Data source: AIR data for NIP-funded immunisations given to Aboriginal and Torres Strait Islander children aged under 5 years by provider setting, provided to NSW Health by NCIRS in March 2025. Note: influenza vaccines are excluded; 'state health and public health units' includes outreach clinics run by the Sydney Children's Hospital Network and PHUs; 'other' includes pharmacies and other providers listed in Table 1, Appendix 6; In some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies.

9.6 Immunisation provider settings for Aboriginal and Torres Strait Islander children by LHD, 2024

There were differences in where NIP-funded immunisations were given to Aboriginal and Torres Strait Islander children aged under 5 years by LHD (Figure 34):

- A greater proportion of NIP-funded immunisations were given at GPs for Aboriginal and Torres Strait Islander children residing in metropolitan LHDs (75%) compared to those residing in regional and rural LHDs (49%)
- A greater proportion of NIP-funded immunisations were given at community health clinics for Aboriginal and Torres Strait Islander children residing in regional and rural LHDs (23%) compared to those residing in metropolitan LHDs (9%)
- A greater proportion of NIP-funded immunisations were given at Aboriginal Community Controlled Health Organisations for Aboriginal and Torres Strait Islander children residing in Far West LHD (41%) and Mid North Coast LHD (33%) compared to other LHDs (range: <1% to 13%).

Figure 34 Share of NIP-funded immunisations given to Aboriginal and Torres Strait Islander children aged under 5 years in NSW, by LHD and immunisation provider setting, 2024



Data source: AIR data for NIP-funded immunisations given to Aboriginal and Torres Strait Islander children aged under 5 years by provider setting, provided to NSW Health by NCIRS in March 2025. Note: influenza vaccines are excluded; 'state health and public health units' includes outreach clinics run by the Sydney Children's Hospital Network and PHUs; 'other' includes pharmacies and other providers listed in Table 1, Appendix 6; In some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies.

9.7 Meningococcal B immunisation coverage for Aboriginal and Torres Strait Islander children, 2023–2024

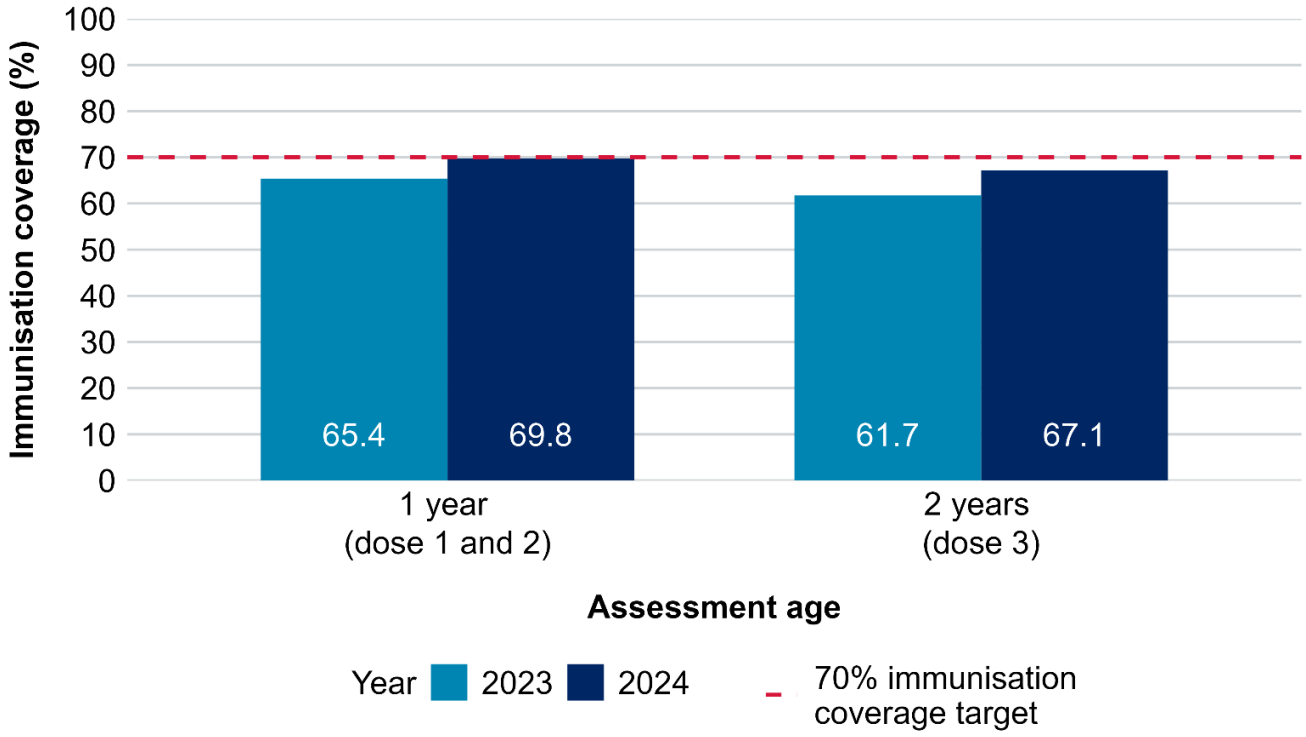
Aboriginal and Torres Strait Islander children under 2 years of age are 4 times more at risk of getting meningococcal B disease than non-Indigenous children.[7] For this reason, Aboriginal and Torres Strait Islander people aged 2 months to 19 years are recommended to receive a course of meningococcal B vaccine, and the vaccine is available for free under the NIP for all Aboriginal and Torres Strait Islander people aged less than 2 years at the time of their first dose.[8] The number of doses required depends on the age of the child when they start the vaccine course. Vaccine course completion is defined as receipt of three doses by 2 years of age if the first meningococcal B vaccine dose was received before 12 months of age, or receipt of two doses by 2 years of age if the first dose was received after 12 months of age.

The NSW Immunisation Strategy sets a target of 70% for meningococcal B vaccine course completion for Aboriginal and Torres Strait Islander children aged 2 years, with a stretch target of 80%. Meningococcal B immunisation coverage in Aboriginal and Torres Strait Islander children increased between 2023 and 2024 (Figure 35):

- Coverage for meningococcal B dose 1 and dose 2 in 1-year-olds was 70% in 2024, compared to 65% in 2023
- Coverage for meningococcal B dose 3 in 2-year-olds was 67% in 2024, compared to 62% in 2023.

Lower coverage for dose 3 in 2-year-olds compared to dose 1 and 2 in 1-year-olds is expected as 2-year-olds do not need a third meningococcal B dose is they received their first dose after 1 year of age.

Figure 35 Meningococcal B immunisation coverage for Aboriginal and Torres Strait Islander children by assessment age and dose number in NSW, 2023–2024



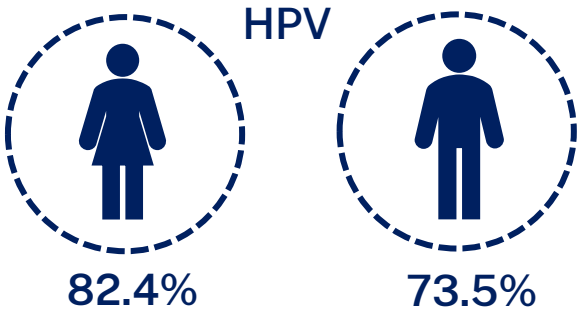
Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for each reported year. Data were provided to NSW Health by Services Australia in March 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

10 Immunisation coverage in Aboriginal and Torres Strait Islander adolescents

10.1 Key messages

Diphtheria, tetanus and pertussis immunisation coverage in 15-year-olds was 79%, below the 90% immunisation coverage target

Human papillomavirus immunisation coverage in 15-year-olds was higher in girls (82%) than boys (74%), and was below the 90% immunisation coverage target overall (78%)



Meningococcal ACWY immunisation coverage in 17-year-olds was 55%, below the 80% immunisation coverage target

10.2 Immunisation coverage in Aboriginal and Torres Strait Islander adolescents by assessment age and vaccine/antigen, 2024

In 2024, immunisation coverage in Aboriginal and Torres Strait Islander 15-year-olds was 79% for dTpa and 78% for HPV (both below the 90% immunisation coverage target). HPV immunisation coverage in girls was 82%, 8.9 percentage points higher than coverage in boys (74%). Meningococcal ACWY immunisation coverage in Aboriginal and Torres Strait Islander 17-year-olds was 55% (below the 80% immunisation coverage target) (Table 10).

Although none of the immunisation coverage targets were met in 2024, substantial efforts are being made to improve vaccine access, uptake, and equity for adolescents. This includes the Western NSW Aboriginal immunisation health worker program, which supports on-time immunisation for Aboriginal and Torres Strait Islander adolescents. The impact of these initiatives on improving immunisation coverage will not be observed in coverage data until future years due to differences between scheduled immunisation ages and ages at which immunisation coverage is measured.

Further data tables for immunisation coverage in Aboriginal and Torres Strait Islander adolescents by assessment age, vaccine/antigen and LHD are shown in Tables A7.9 to A7.11 in Appendix 7.

Table 10 Immunisation coverage in Aboriginal and Torres Strait Islander adolescents in NSW by assessment age, vaccine/antigen and target achievement, 2024

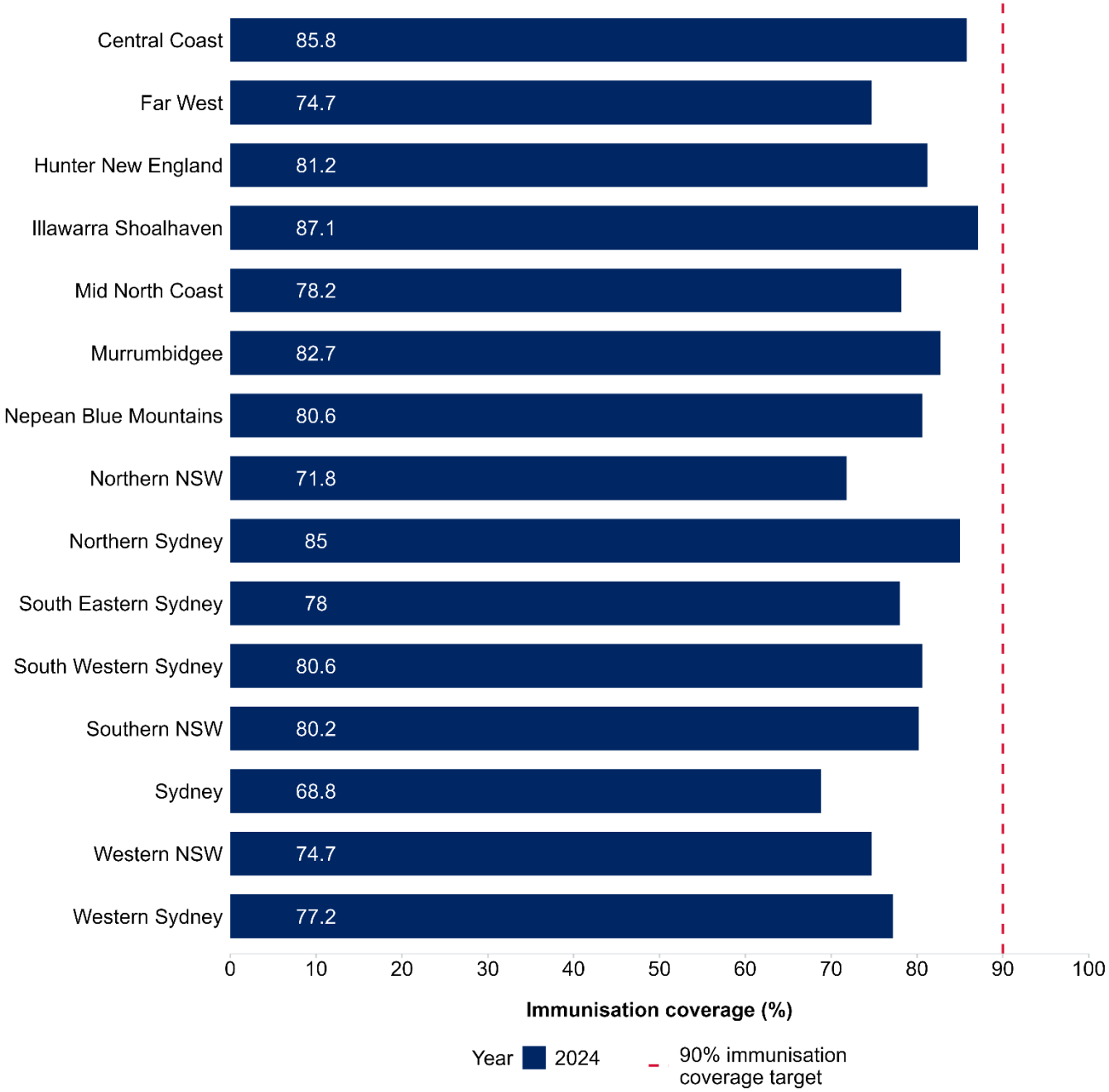
Assessment age	Vaccine/antigen	Immunisation coverage (%) 2024	Met immunisation coverage target?*
15	Diphtheria, tetanus, pertussis	79.4	✗
	Human Papillomavirus (all)	78.0	✗
	Human Papillomavirus (girls)	82.4	NA
	Human Papillomavirus (boys)	73.5	NA
17	Meningococcal ACWY	55.4	✗

Data source: AIR data based on 12-month cohorts of 15-year-olds and 17-year-olds in 2024 (i.e. those born in 2009 or 2007), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages. *80% immunisation coverage target for meningococcal ACWY coverage in 17-year-olds and 90% immunisation coverage target for diphtheria, tetanus, pertussis coverage, and human papillomavirus coverage in 15-year-olds; NA= not applicable.

10.3 dTpa immunisation coverage in Aboriginal and Torres Strait Islander 15-year-olds in NSW by LHD, 2024

dTpa immunisation coverage in Aboriginal and Torres Strait Islander 15-year-olds varied across LHDs in 2024 and ranged from 69% in Sydney LHD to 87% in Illawarra Shoalhaven LHD. No LHDs met the 90% immunisation coverage target.

Figure 36 dTpa immunisation coverage in Aboriginal and Torres Strait Islander 15-year-olds in NSW by LHD, 2024

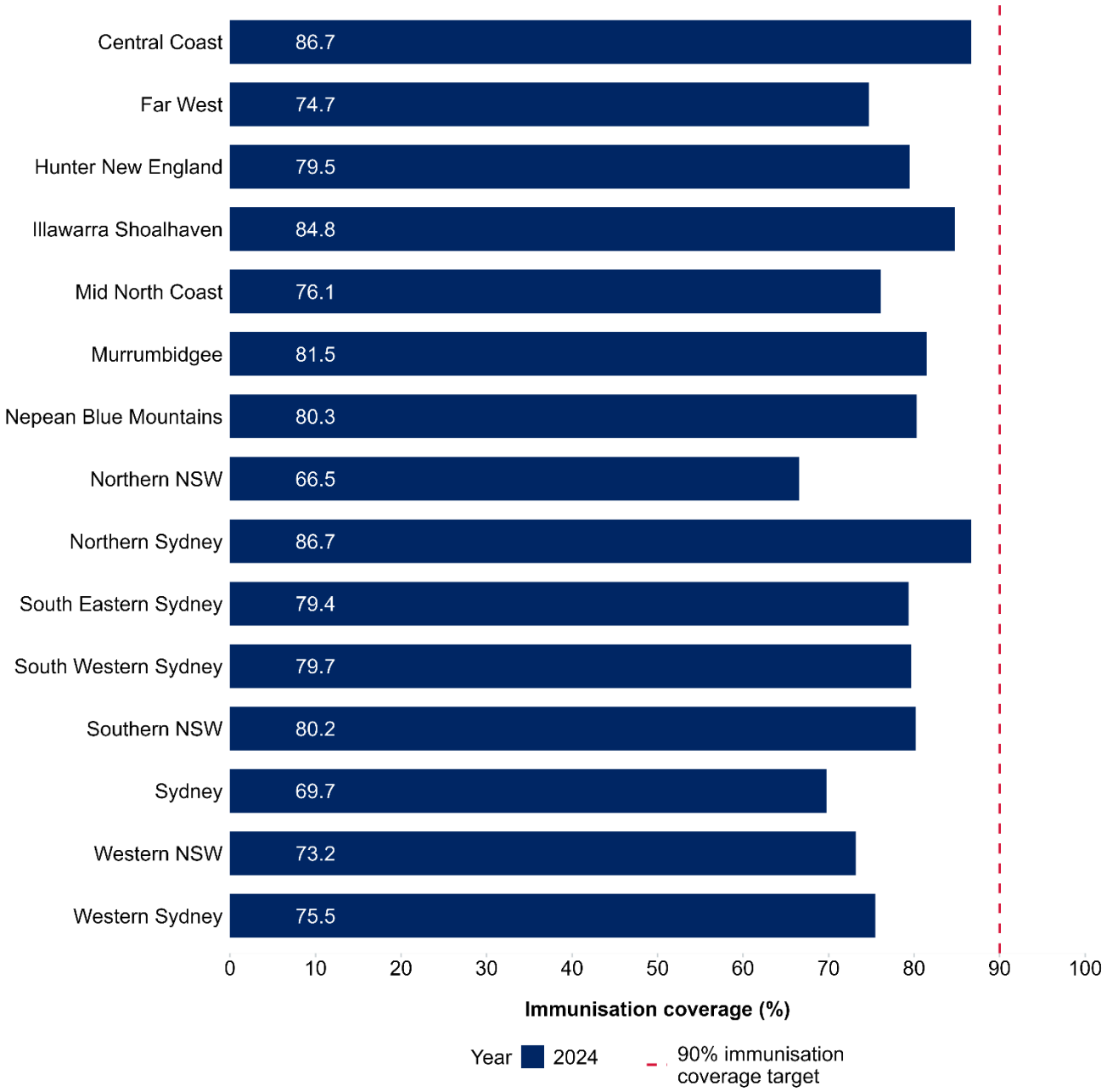


Data source: AIR data based on 12-month cohorts of 15-year-olds (i.e. those born in 2009), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

10.4 HPV immunisation coverage in Aboriginal and Torres Strait Islander 15-year-olds in NSW by LHD, 2024

HPV immunisation coverage in Aboriginal and Torres Strait Islander 15-year-olds varied across LHDs in 2024 (Figure 37). Coverage ranged from 73% in Western NSW LHD to 87% in Central Coast and Northern Sydney LHDs. No LHDs met the 90% immunisation coverage target.

Figure 37 HPV immunisation coverage in Aboriginal and Torres Strait Islander 15-year-olds in NSW by LHD, 2024

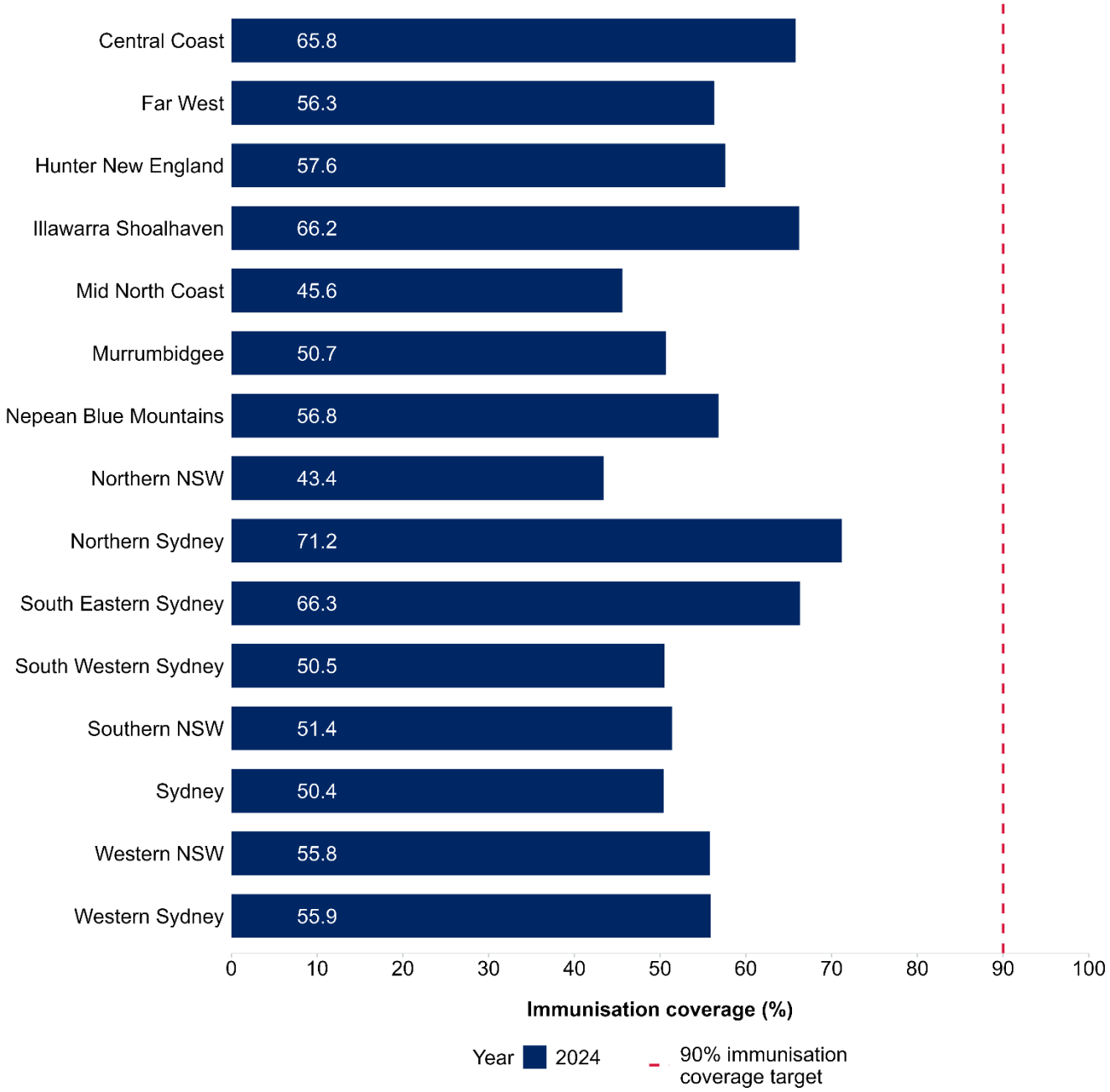


Data source: AIR data based on 12-month cohorts of 15-year-olds (i.e. those born in 2009), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

10.5 Meningococcal ACWY immunisation coverage in Aboriginal and Torres Strait Islander 17-year-olds in NSW by LHD, 2024

Meningococcal ACWY immunisation coverage in Aboriginal and Torres Strait Islander 17-year-olds varied across LHDs in 2024. Coverage ranged from 43% in Northern NSW LHD to 71% in Northern Sydney LHD (Figure 38). No LHDs met the 80% immunisation coverage target.

Figure 38 Meningococcal ACWY immunisation coverage in Aboriginal and Torres Strait Islander 17-year-olds in NSW by LHD, 2024



Data source: AIR data based on 12-month cohorts of 17-year-olds (i.e. those born in 2007), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between scheduled ages and assessment ages.

10.6 Immunisation provider settings for Aboriginal and Torres Strait Islander adolescents in NSW, 2024

In NSW, most adolescent NIP-funded immunisations are given through the school-based vaccination program, which is run by PHUs. The immunisation provider setting for immunisations given through the school-based vaccination program is reported to the AIR as 'Public Health Unit'. The 'State Health Department' and 'Public Health Unit' immunisation provider settings are reported as one category in this report. In 2024, most Aboriginal and Torres Strait Islander adolescents received their dTpa, HPV and meningococcal ACWY vaccines through the school-based vaccination program (Table 11).

Table 11 Share of immunisations given to Aboriginal and Torres Strait Islander adolescents in NSW, by vaccine/antigen and assessment age and provider setting, 2024

Vaccine/antigen and assessment age	Immunisation provider setting	Share of immunisations given (%)*
dTpa vaccines given to 15-year-olds	State Health & Public Health Units	74.4
	General Practices	18.3
	Aboriginal Community Controlled Health Organisations	2.9
	Other	2.8
	Community Health Clinics	1.6
HPV vaccines given to 15-year-olds	State Health & Public Health Units	76.3
	General Practices	17.1
	Aboriginal Community Controlled Health Organisations	2.9
	Other	1.3
	Community Health Clinics	1.8
Meningococcal ACWY vaccines given to 17-year-olds	State Health & Public Health Units	73.0
	General Practice	18.5
	Aboriginal Community Controlled Health Organisations	4.2
	Community Health Clinics	2.3
	Other	2.0

Data source: AIR data for dTpa, HPV and meningococcal ACWY immunisations given to Aboriginal and Torres Strait Islander adolescents by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health & public health units' includes vaccines given through the school-based vaccination program; 'other' includes pharmacies, hospitals and other providers listed in Table 1, Appendix 6; In some provider settings, such as Aboriginal Community

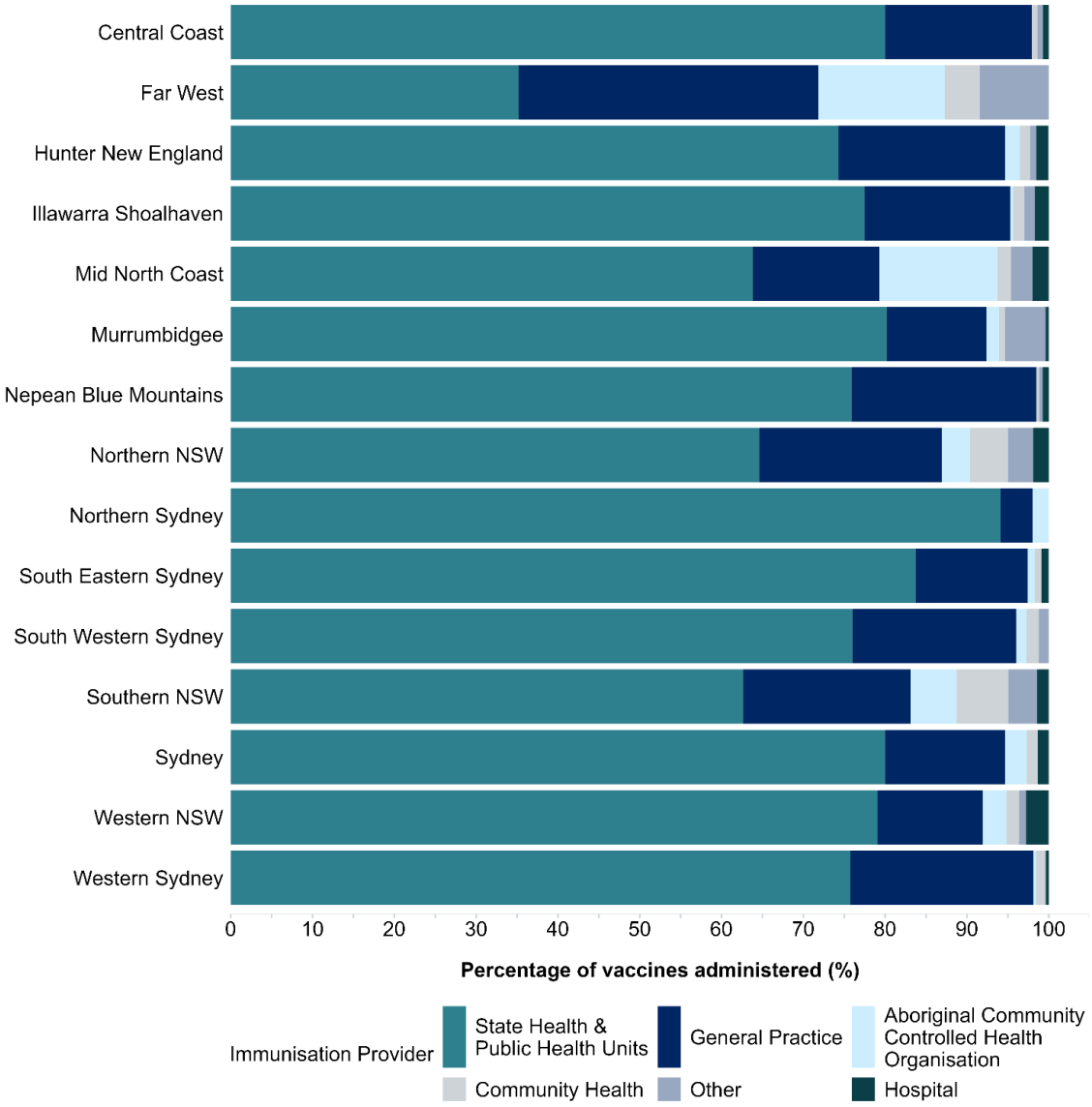
Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies; proportions are not necessarily based on immunisations given in 2024.

10.7 Immunisation provider settings for Aboriginal and Torres Strait Islander adolescents by LHD, 2024

Most dTpa immunisations given to Aboriginal and Torres Strait Islander 15-year-olds were administered by the school-based program, followed by GPs, in most LHDs (Figure 39). A higher proportion of dTpa immunisations were administered by:

- Aboriginal Community Controlled Health Organisations in Far West (15%) and Mid North Coast (15%) LHDs, compared to other LHDs (range: <1% to 6%).

Figure 39 Share of dTpa immunisations given to Aboriginal and Torres Strait Islander 15-year-olds by LHD and immunisation provider setting, 2024

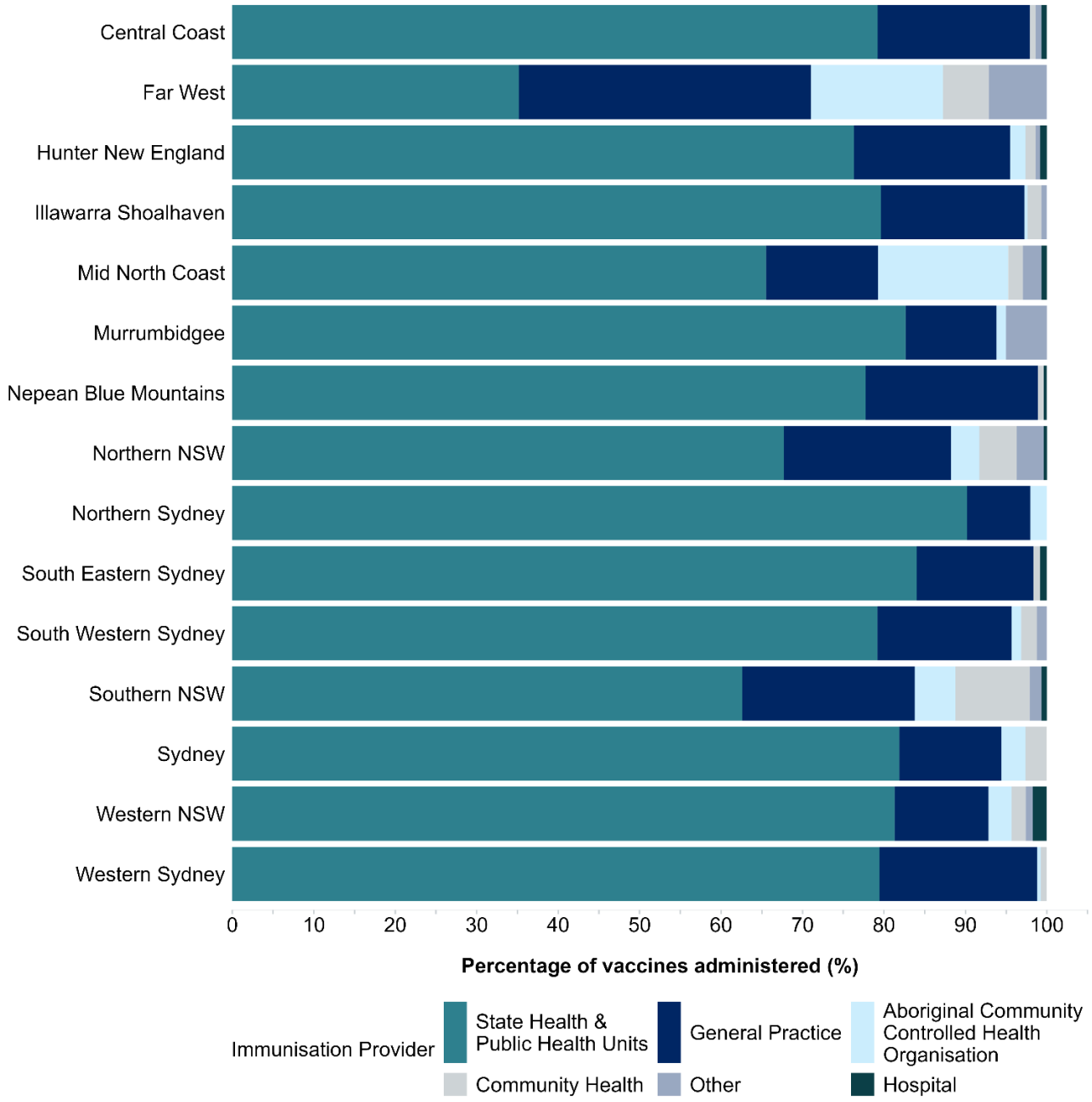


Data source: AIR data for dTpa immunisations given to Aboriginal and Torres Strait Islander 15-year-olds by provider setting and LHD, provided to NSW Health by NCIRS in March 2025. Note: 'state health & public health units' includes vaccines given through the school-based vaccination program; 'other' includes pharmacies and other providers listed in Table 1, Appendix 6; In some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies; proportions are not necessarily based on immunisations given in 2024.

Most HPV immunisations given to Aboriginal and Torres Strait Islander 15-year-olds were administered by the school-based program, followed by GPs, in most LHDs (Figure 40). A higher proportion of HPV immunisations were administered by:

- Aboriginal Community Controlled Health Organisations in Far West (16%) and Mid North Coast (16%) LHDs, compared to other LHDs (range: <1% to 5%)
- Community health clinics in Far West (6%), Northern NSW (5%), and Southern NSW (9%) LHDs, compared to other LHDs (range: <1% to 2%). This is expected as the school-based vaccination program in some LHDs is partly implemented by council-run community clinics.

Figure 40 Share of HPV immunisations given to Aboriginal and Torres Strait Islander 15-year-olds by LHD and immunisation provider setting, 2024

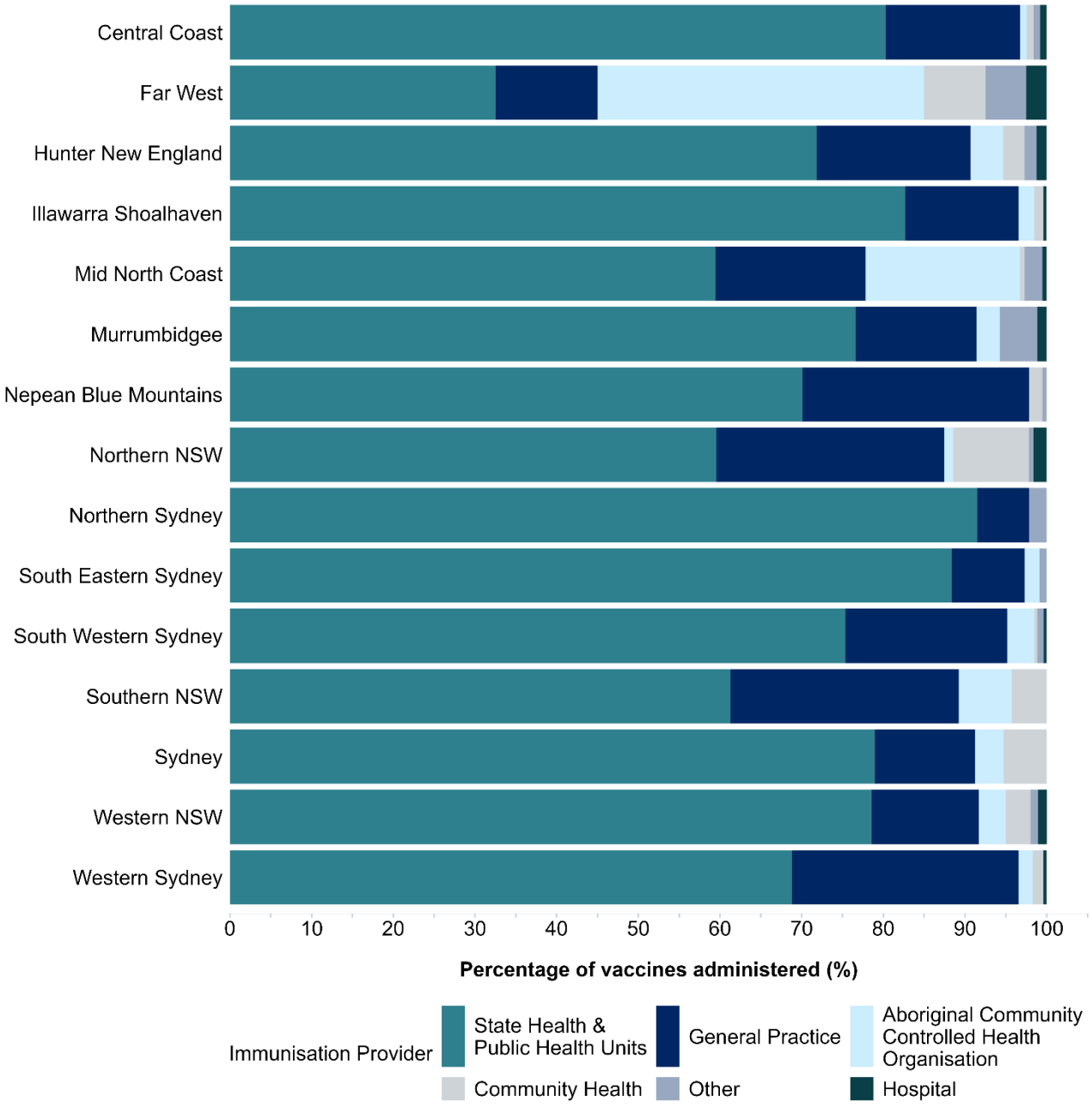


Data source: AIR data for HPV immunisations given to Aboriginal and Torres Strait Islander 15-year-olds by provider setting and LHD, provided to NSW Health by NCIRS in March 2025. Note: 'state health & public health units' includes vaccines given through the school-based vaccination program; 'other' includes pharmacies and other providers listed in Table 1, Appendix 6; in some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies; proportions are not necessarily based on immunisations given in 2024.

Most meningococcal ACWY immunisations given to Aboriginal and Torres Strait Islander 17-year-olds were administered by the school-based program, followed by GPs, in most LHDs (Figure 41). A higher proportion of HPV immunisations were administered by:

- Aboriginal Community Controlled Health Organisations in Far West (40%) and Mid North Coast (19%) LHDs, compared to other LHDs (range: <1% to 7%).

Figure 41 Share of meningococcal ACWY immunisations given to Aboriginal and Torres Strait Islander 17-year-olds by LHD and immunisation provider setting, 2024



Data source: AIR data for meningococcal ACWY immunisations given to Aboriginal and Torres Strait Islander 17-year-olds by provider setting and LHD, provided to NSW Health by NCIRS in March 2025. Note: 'state health & public health units' includes vaccines given through the school-based vaccination program; 'other' includes pharmacies and other providers listed in Table 1, Appendix 6; In some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies; proportions are not necessarily based on immunisations given in 2024.

11 Immunisation coverage in Aboriginal and Torres Strait Islander adults

11.1 Key messages

Zoster immunisation coverage in Aboriginal and Torres Strait Islander people aged 50 years and over in NSW was 22% (below the 70% target)

Zoster coverage in people aged 50 years and over

21.8%

13vPCV (pneumococcal) immunisation coverage in Aboriginal and Torres Strait Islander people aged 50 years and over in NSW was 28%

13vPCV coverage in people aged 50 years and over

28.3%

13% of Aboriginal and Torres Strait Islander people aged 50 years and over received their Shingrix vaccines at Aboriginal Community Controlled Health Organisations

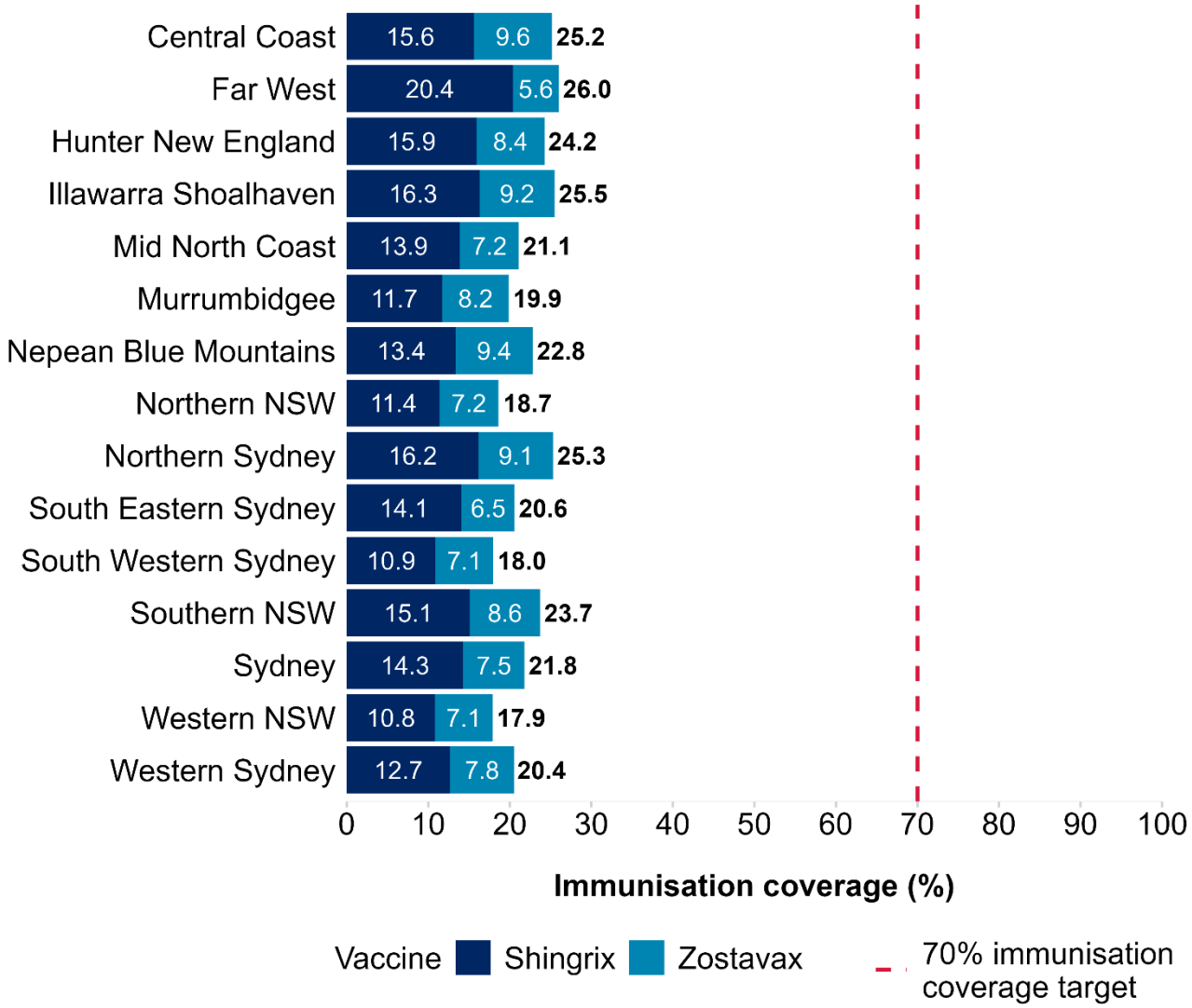
14% of Aboriginal and Torres Strait Islander people aged 50 years and over received 13vPCV at Aboriginal Community Controlled Health Organisations

11.2 Zoster immunisation coverage for Aboriginal and Torres Strait Islander adults in NSW by LHD, 2024

Aboriginal and Torres Strait Islander people aged 50 years and over in NSW are recommended to receive 2 doses of the Shingrix vaccine to protect against shingles, also known as herpes zoster. The NSW Immunisation Strategy 2024–2028 sets a zoster immunisation coverage target of 70% for Aboriginal and Torres Strait Islander people aged 50 years and over.

Overall zoster immunisation coverage in Aboriginal and Torres Strait Islander people aged 50 years and over was 22% (below target) in 2024. Coverage for the 2-dose Shingrix vaccine was 14% and coverage for the Zostavax vaccine was 8%. Coverage varied by LHD, and overall zoster immunisation coverage ranged from 18% in Western NSW and South Western Sydney LHDs to 26% in Far West and Illawarra Shoalhaven LHDs (Figure 42).

Figure 42 Zoster immunisation coverage in Aboriginal and Torres Strait Islander people aged 50 years and over in NSW in 2024, by vaccine type and LHD



Data source: AIR data based on cohorts of Aboriginal and Torres Strait Islander people aged 50 years and over in 2024 (i.e. those born before 1975), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between an individual's year of vaccination and the reporting year.

11.3 Shingrix immunisation provider settings for Aboriginal and Torres Strait Islander people aged 50 years and over in NSW, 2024

In NSW, most (73%) Aboriginal and Torres Strait Islander adults aged 50 years and over received their Shingrix immunisations from GPs in 2024 (Table 12). This was consistent across most LHDs (Figure 43). Other adults received their Shingrix immunisations from Aboriginal Community Controlled Health Organisations (13%) (e.g. Aboriginal Medical Services), outreach clinics run by the state health department and public health units (8%), pharmacies (6%), and other immunisation providers (1%) (Table 12).

Table 12 Share of Shingrix immunisations given to adults aged 65 years and over in NSW, by immunisation provider setting, 2024

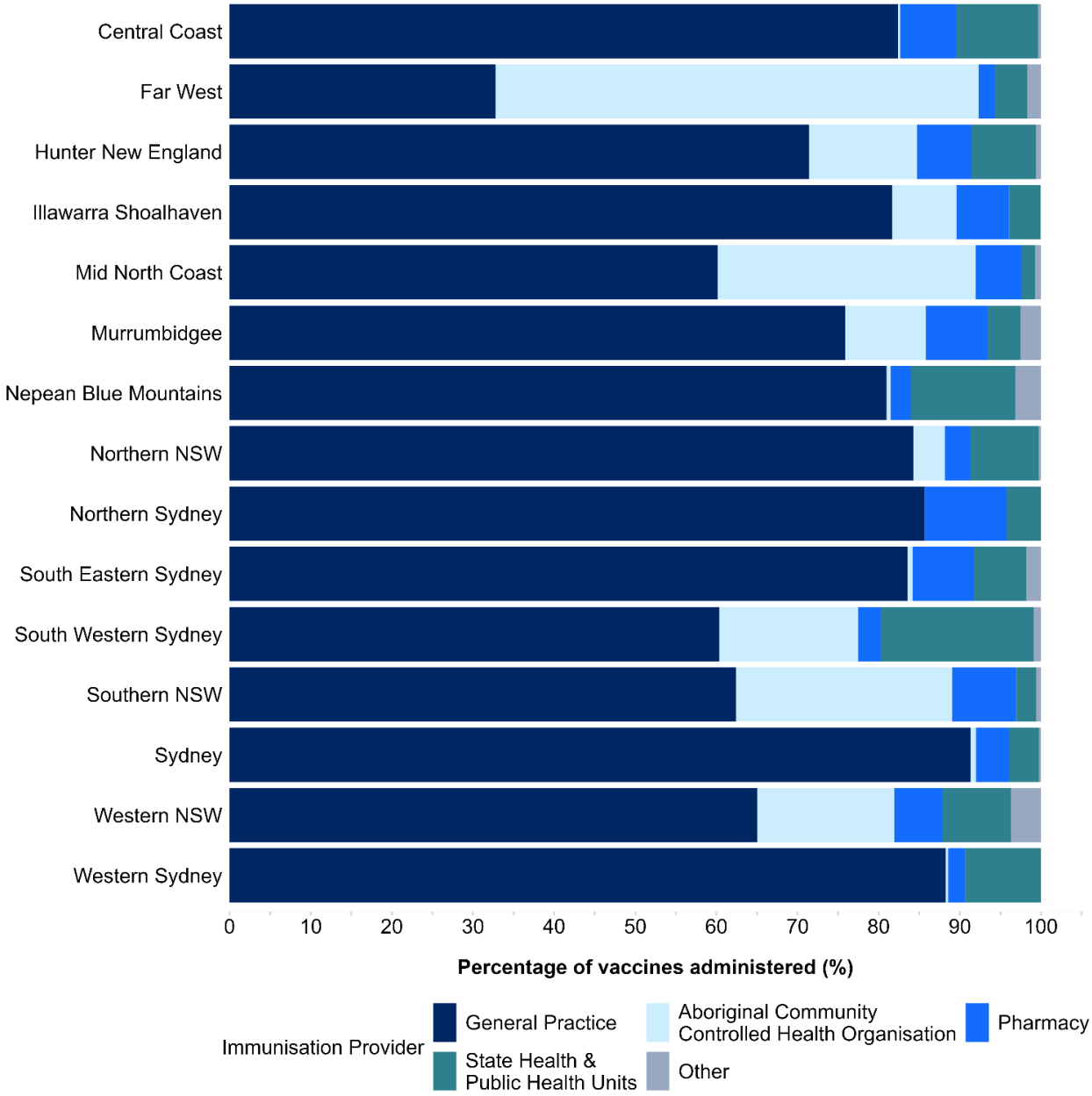
Immunisation provider setting	Share of immunisations given (%)*
General Practices	73.0
Aboriginal Community Controlled Health Organisations	12.7
State Health & Public Health Units	7.6
Pharmacies	5.6
Other	1.1

Data source: AIR data for Shingrix immunisations given to Aboriginal and Torres Strait Islander people aged 50 years and over by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health department and public health units' includes outreach clinics; 'other' includes hospitals and other providers listed in Table 1, Appendix 6; In some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies; proportions are not necessarily based on immunisations given in 2024, due to differences between an individual's year of vaccination and the reporting year.

11.4 Shingrix immunisation provider settings for Aboriginal and Torres Strait Islander adults aged 50 years and over in NSW by LHD, 2024

Most Aboriginal and Torres Strait Islander people aged 50 years and over received their Shingrix immunisations from GPs in most LHDs (Figure 43). A higher proportion of people received their Shingrix immunisations from Aboriginal Community Controlled Health Organisations in Far West (60%), Mid North Coast (32%), and Southern NSW (27%) LHDs, compared to other LHDs (range: <1% to 17%).

Figure 43 Share of Shingrix immunisations given to Aboriginal and Torres Strait Islander people aged 50 years and over in NSW, by immunisation provider setting and LHD, 2024

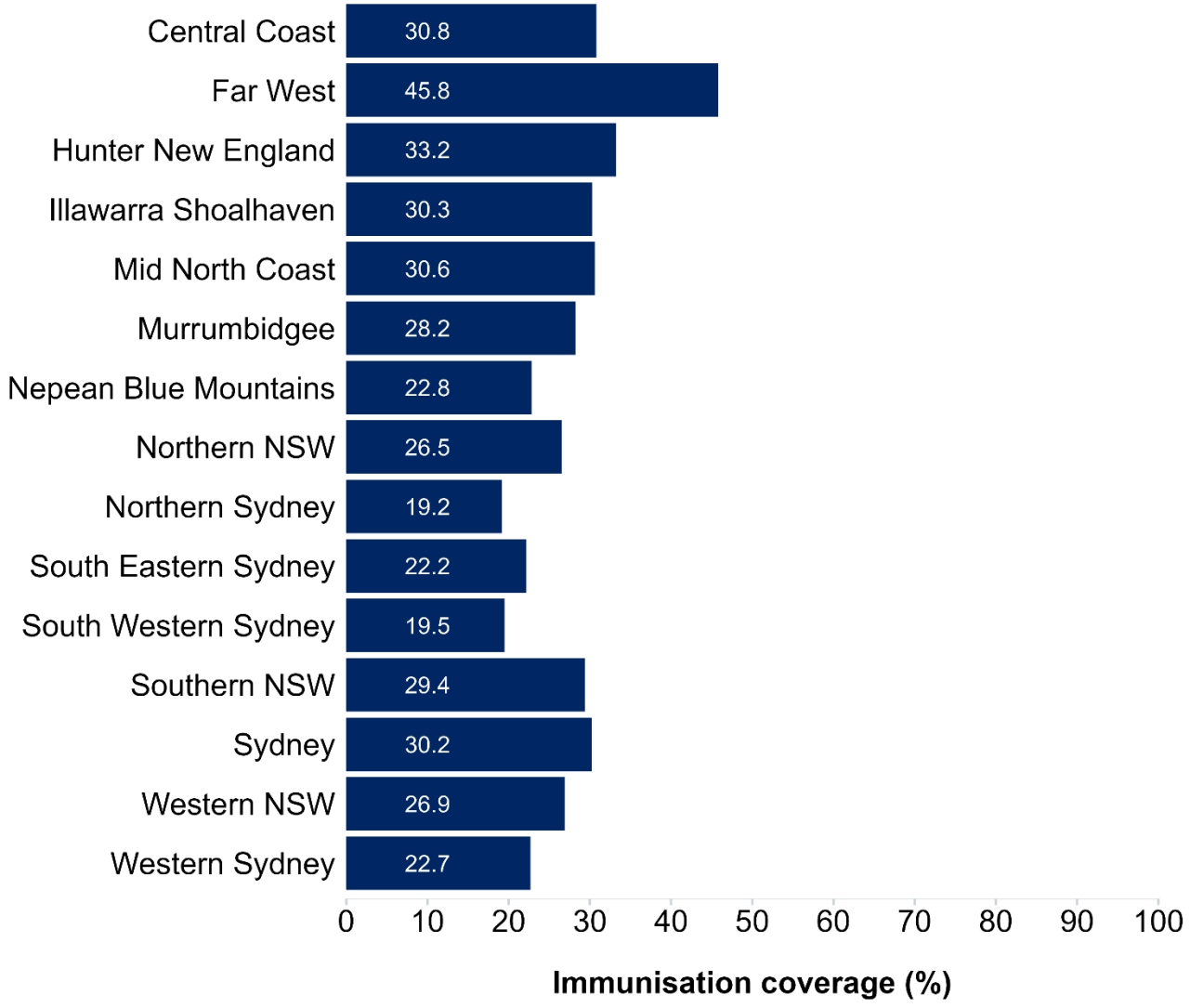


Data source: AIR data for Shingrix immunisations given to Aboriginal and Torres Strait Islander people aged 50 years and over by provider setting and LHD, provided to NSW Health by NCIRS in March 2025. Note: 'state health department and public health units' includes outreach clinics; 'other' includes pharmacies and other providers listed in Table 1, Appendix 6; In some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies; proportions are not necessarily based on immunisations given in 2024, due to differences between an individual's year of vaccination and the reporting year.

11.5 Pneumococcal immunisation coverage for Aboriginal and Torres Strait Islander adults in NSW by LHD, 2024

Aboriginal and Torres Strait Islander people aged 50 years and over in NSW are recommended to receive a single dose of a pneumococcal vaccine. In 2024, 13vPCV coverage in Aboriginal and Torres Strait Islander people aged 50 years or over in NSW was 28%. Coverage varied across LHDs, ranging from 19% in Northern Sydney LHD to 46% in Far West LHD (Figure 44). While there is no specific target outlined in the NSW Immunisation Strategy for pneumococcal immunisation coverage in Aboriginal and Torres Strait Islander people aged 70 years and over, there were substantial efforts to improve vaccine uptake in 2024. These initiatives are described in the NSW Immunisation Strategy 2024 – 2028: 2024 Progress Report.

Figure 44 13vPCV (pneumococcal) immunisation coverage in Aboriginal and Torres Strait Islander people aged 50 years and over in NSW in 2024, by LHD



Data source: AIR data based on cohorts of Aboriginal and Torres Strait Islander people aged 50 years and over in 2024 (i.e. those born before 1975), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025. Note: some immunisations counted in coverage calculations were given in previous years, due to differences between an individual's year of vaccination and the reporting year.

11.6 Pneumococcal immunisation provider settings for Aboriginal and Torres Strait Islander people aged 50 years and over in NSW, 2024

Most (79%) Aboriginal and Torres Strait Islander people aged 50 years and over received their 13vPCV immunisation from GPs (Table 13). Others received their 13vPCV immunisation from Aboriginal Community Controlled Health Organisations (14%), outreach clinics run by the state health department and public health units (5%) and other immunisation providers (1%) (e.g. hospitals and pharmacies).

Table 13 Share of 13vPCV immunisations given to Aboriginal and Torres Strait Islander people aged 50 years and over in NSW, by immunisation provider setting, 2024

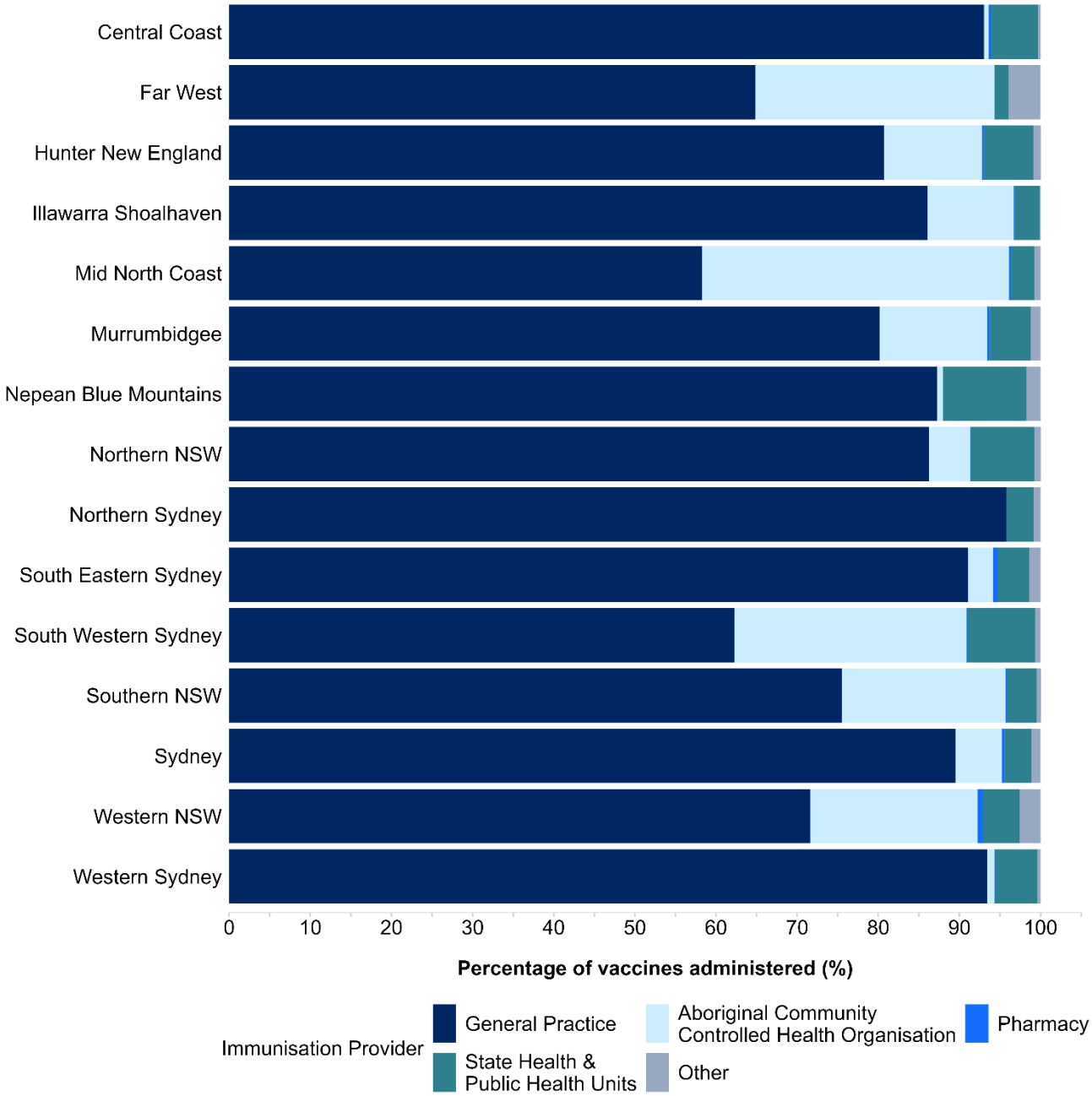
Immunisation provider setting	Share of immunisations given (%)*
General Practices	79.4
Aboriginal Community Controlled Health Organisations	14.0
State Health & Public Health Units	5.3
Other	1.3

Data source: AIR data for 13vPCV immunisations given to Aboriginal and Torres Strait Islander people aged 50 years and over by provider setting, provided to NSW Health by NCIRS in March 2025. Note: 'state health department and public health units' includes outreach clinics; 'other' includes hospitals, pharmacies and other providers listed in Table 1, Appendix 6; in some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies; proportions are not necessarily based on immunisations given in 2024, due to differences between an individual's year of vaccination and the reporting year.

11.7 Pneumococcal immunisation provider settings for Aboriginal and Torres Strait Islander adults aged 50 years and over in NSW by LHD, 2024

Most Aboriginal and Torres Strait Islander people aged 50 years and over received their 13vPCV immunisation from GPs in most LHDs (Figure 45). A higher proportion of people received their 13vPCV immunisation from Aboriginal Community Controlled Health Organisations in Mid North Coast (38%), Far West (30%), South Western Sydney (29%), Western NSW (21%) and Southern NSW (20%) LHDs, compared to other LHDs (range: <1% to 13%).

Figure 45 Share of 13vPCV immunisations given to Aboriginal and Torres Strait Islander people aged 50 years and over in NSW, by immunisation provider setting and LHD, 2024



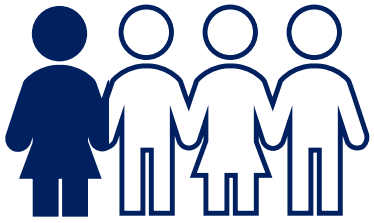
Data source: AIR data for 13vPCV immunisations given to Aboriginal and Torres Strait Islander people aged 50 years and over by provider setting and LHD, provided to NSW Health by NCIRS in March 2025. Note: 'state health department and public health units' includes outreach clinics; 'other' includes pharmacies and other providers listed in Table 1, Appendix 6; in some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies; proportions are not necessarily based on immunisations given in 2024, due to differences between an individual's year of vaccination and the reporting year.

12 Influenza immunisation coverage in Aboriginal and Torres Strait Islander people

12.1 Key messages

19% of Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years of age received an influenza immunisation in 2024

Influenza coverage in 6 month–<5-year-olds



19.0%

64% of Aboriginal and Torres Strait Islander people aged 65 years and over received an influenza immunisation in 2024

Influenza coverage in 65-year-olds

64.1%

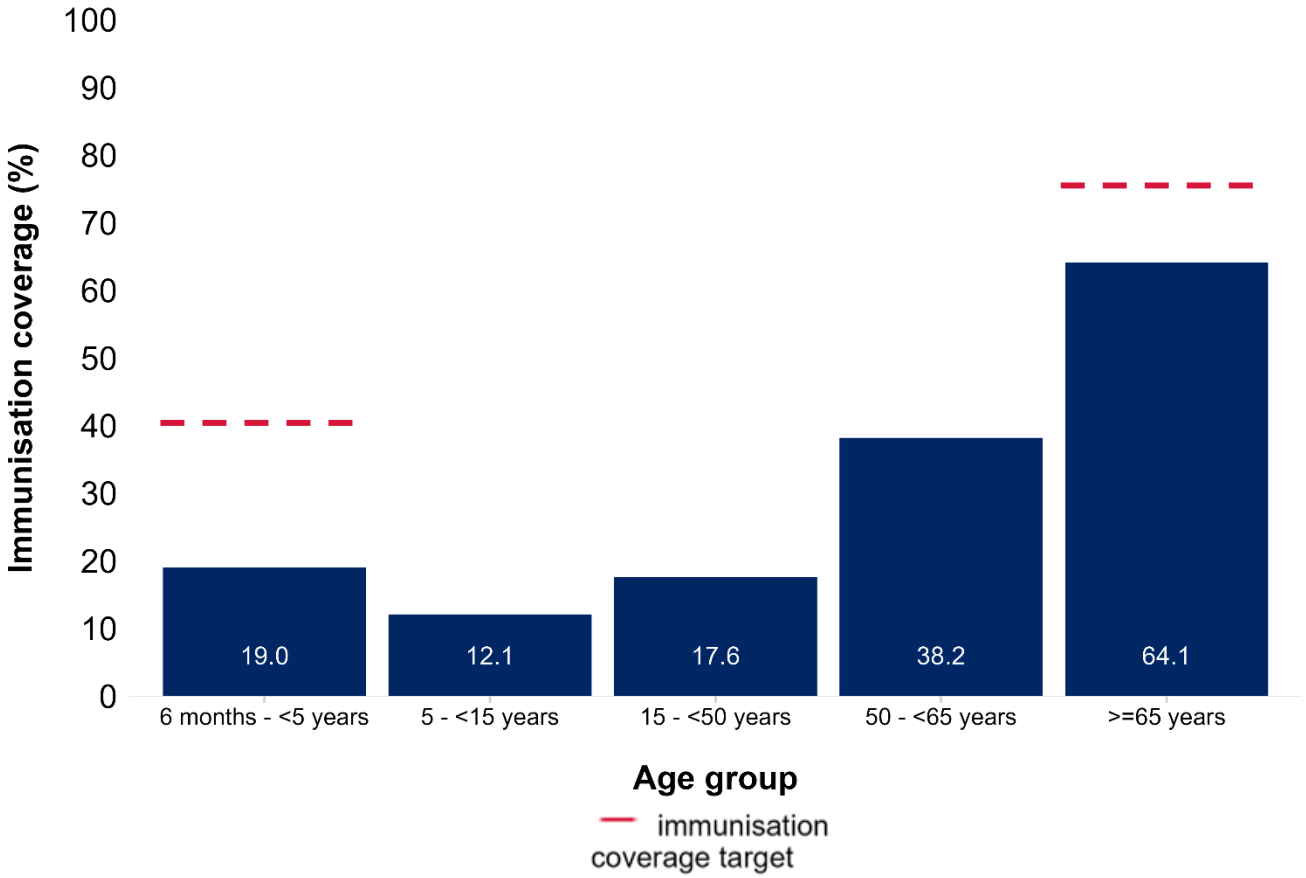
61% of Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years received their 2024 influenza vaccine at GPs

71% of Aboriginal and Torres Strait Islander people aged 65 years and over received their 2024 influenza vaccine at GPs, and 12% received it at pharmacies

12.2 Influenza immunisation coverage in Aboriginal and Torres Strait Islander people by age group in NSW, 2024

Annual influenza immunisation is funded under the NIP for all Aboriginal and Torres Strait Islander people aged 6 months old and over. In 2024, coverage was 19% in Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years (below target) and 64% in Aboriginal and Torres Strait Islander people aged 65 years and over (below target). Coverage in other age groups was: 12% in Aboriginal and Torres Strait Islander children aged 5 to less than 15 years, 18% in Aboriginal and Torres Strait Islander people aged 15 to less than 50 years, and 38% in Aboriginal and Torres Strait Islander people aged 50 to less than 65 years (Figure 46).

Figure 46 Influenza immunisation coverage for Aboriginal and Torres Strait Islander people aged 6 months and over in NSW in 2024, by age group



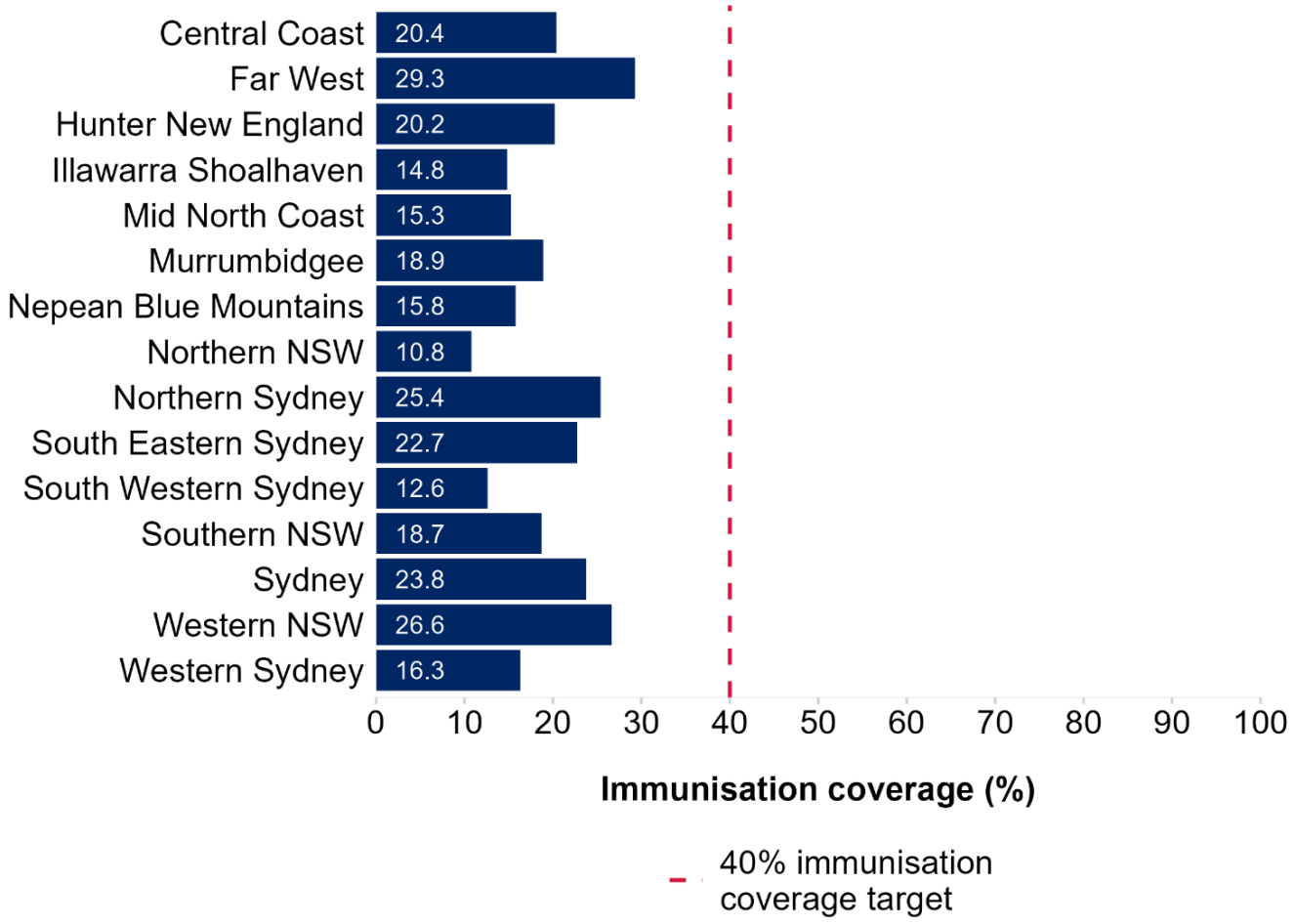
Data source: AIR data for Aboriginal and Torres Strait Islander people who received at least one dose of an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

12.3 Influenza immunisation coverage in Aboriginal and Torres Strait Islander people by age group and LHD in NSW, 2024

Influenza immunisation coverage in Aboriginal and Torres Strait Islander people varied by LHD and ranged from:

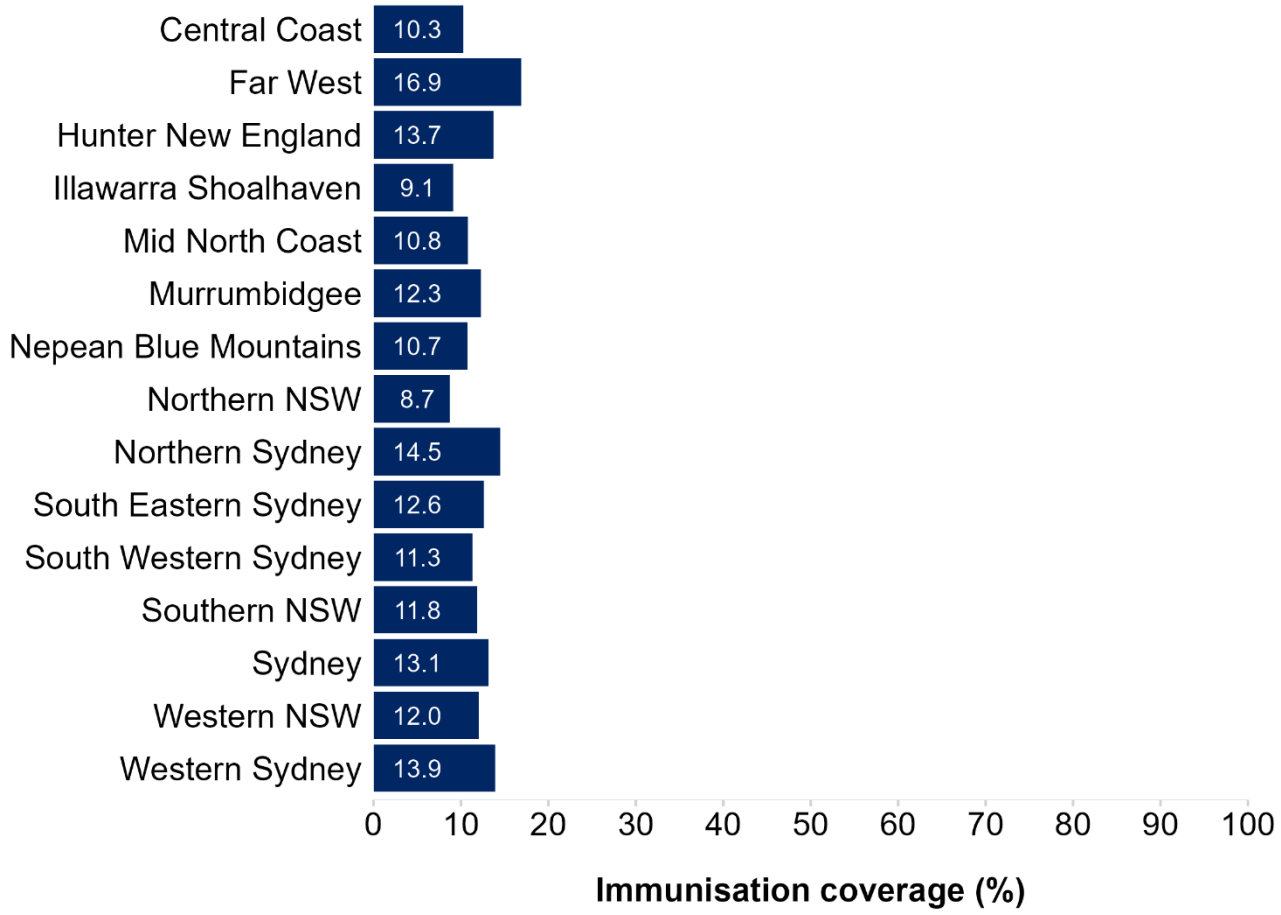
- 11% in Northern NSW LHD to 29% in Far West LHD for Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years (Figure 47)
- 9% in Northern NSW and Illawarra Shoalhaven LHDs to 17% in Far West LHD for Aboriginal and Torres Strait Islander children aged 5 years to less than 15 years (Figure 48)
- 13% in Northern NSW LHD to 22% in Northern Sydney LHD for Aboriginal and Torres Strait Islander people aged 15 to less than 50 years (Figure 49)
- 34% in Northern NSW LHD to 43% in Far West LHD for Aboriginal and Torres Strait Islander people aged 50 to less than 65 years (Figure 50)
- 57% in Far West LHD to 69% in Illawarra Shoalhaven LHD for Aboriginal and Torres Strait Islander people aged 65 years and over (Figure 51).

Figure 47 Influenza immunisation coverage in Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years in NSW in 2024, by LHD



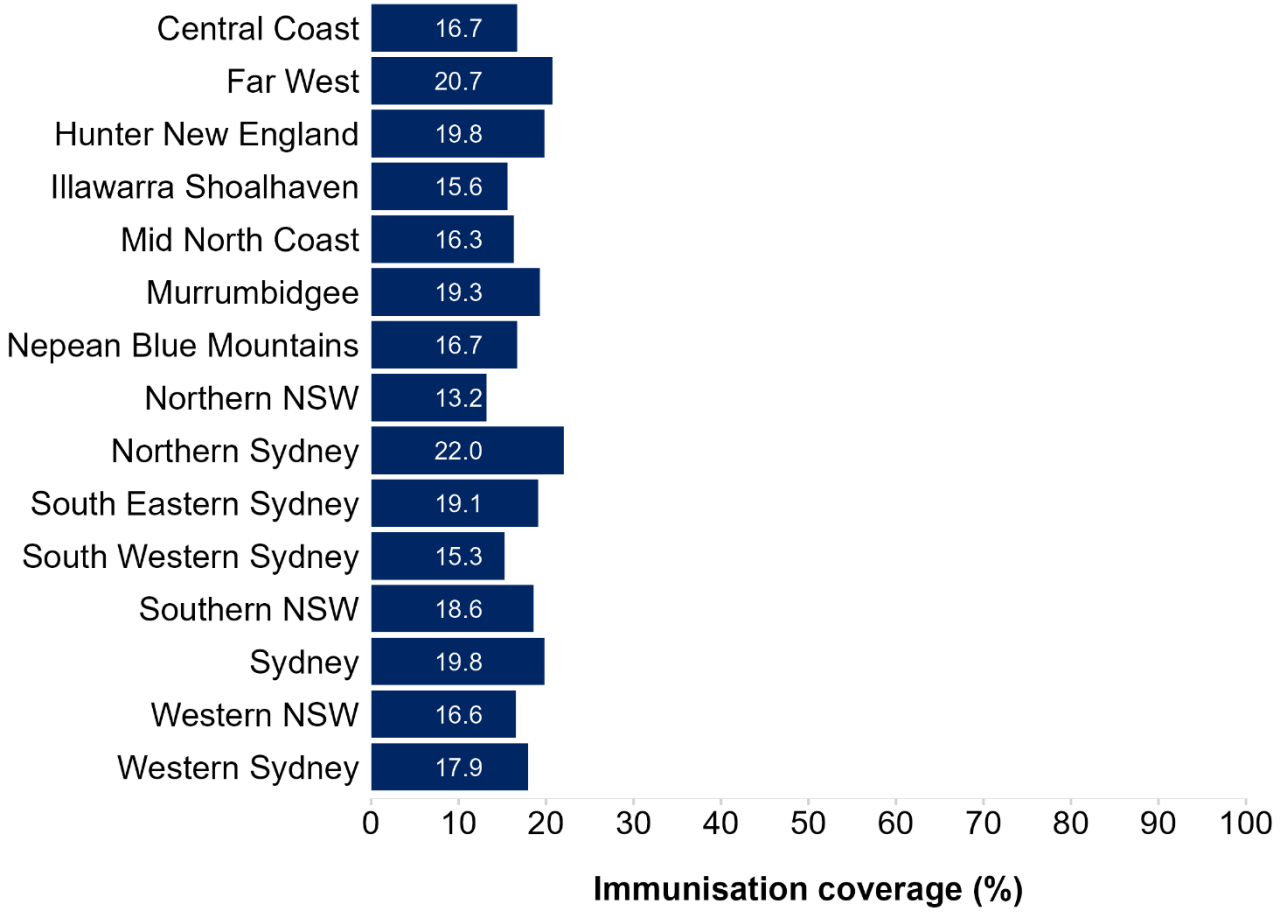
Data source: AIR data for Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years who received an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

Figure 48 Influenza immunisation coverage in Aboriginal and Torres Strait Islander people aged 5 years to less than 15 years in NSW in 2024, by LHD



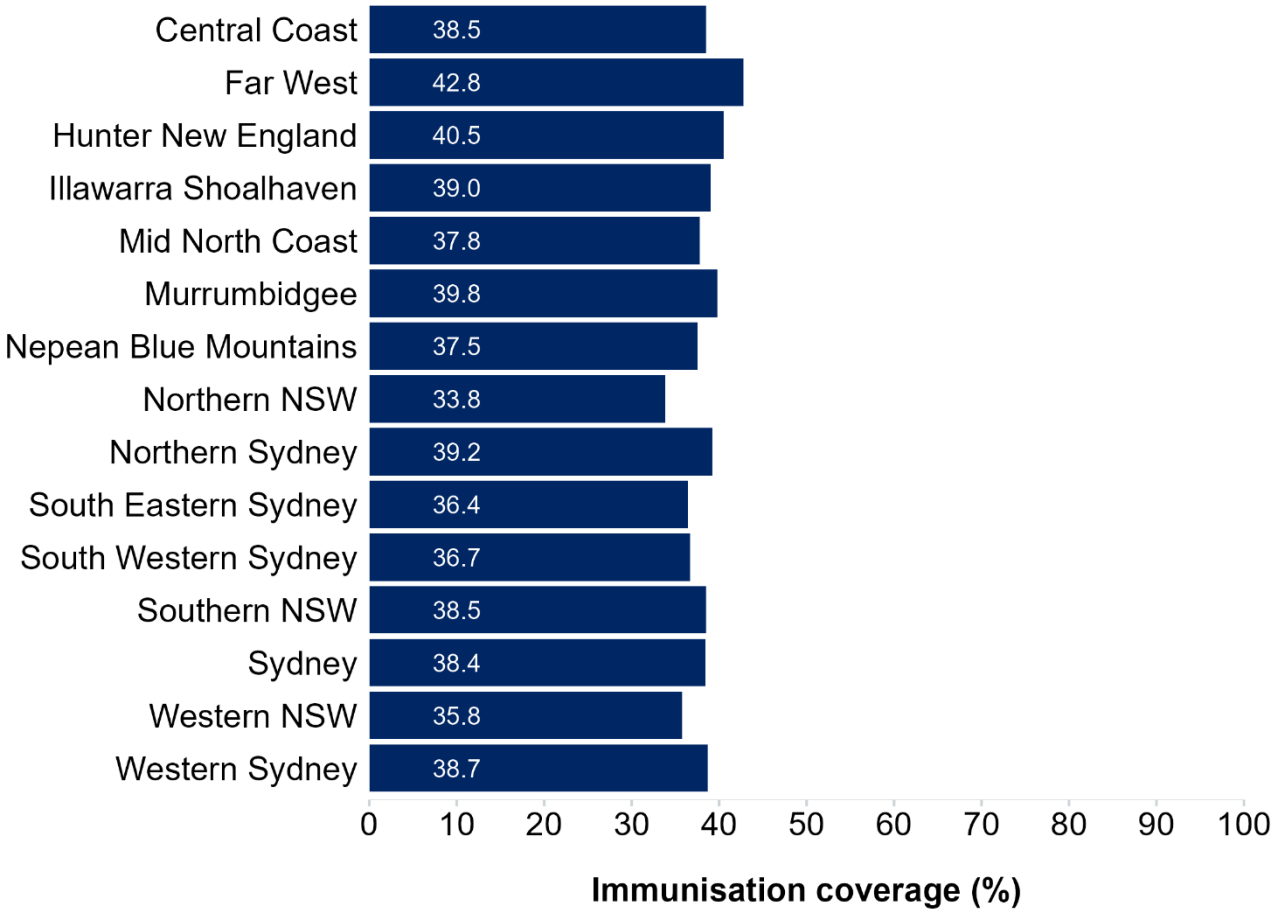
Data source: AIR data for Aboriginal and Torres Strait Islander people aged 5 to less than 15 years who received an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

Figure 49 Influenza immunisation coverage in Aboriginal and Torres Strait Islander people aged 15 to less than 50 years in NSW in 2024, by LHD



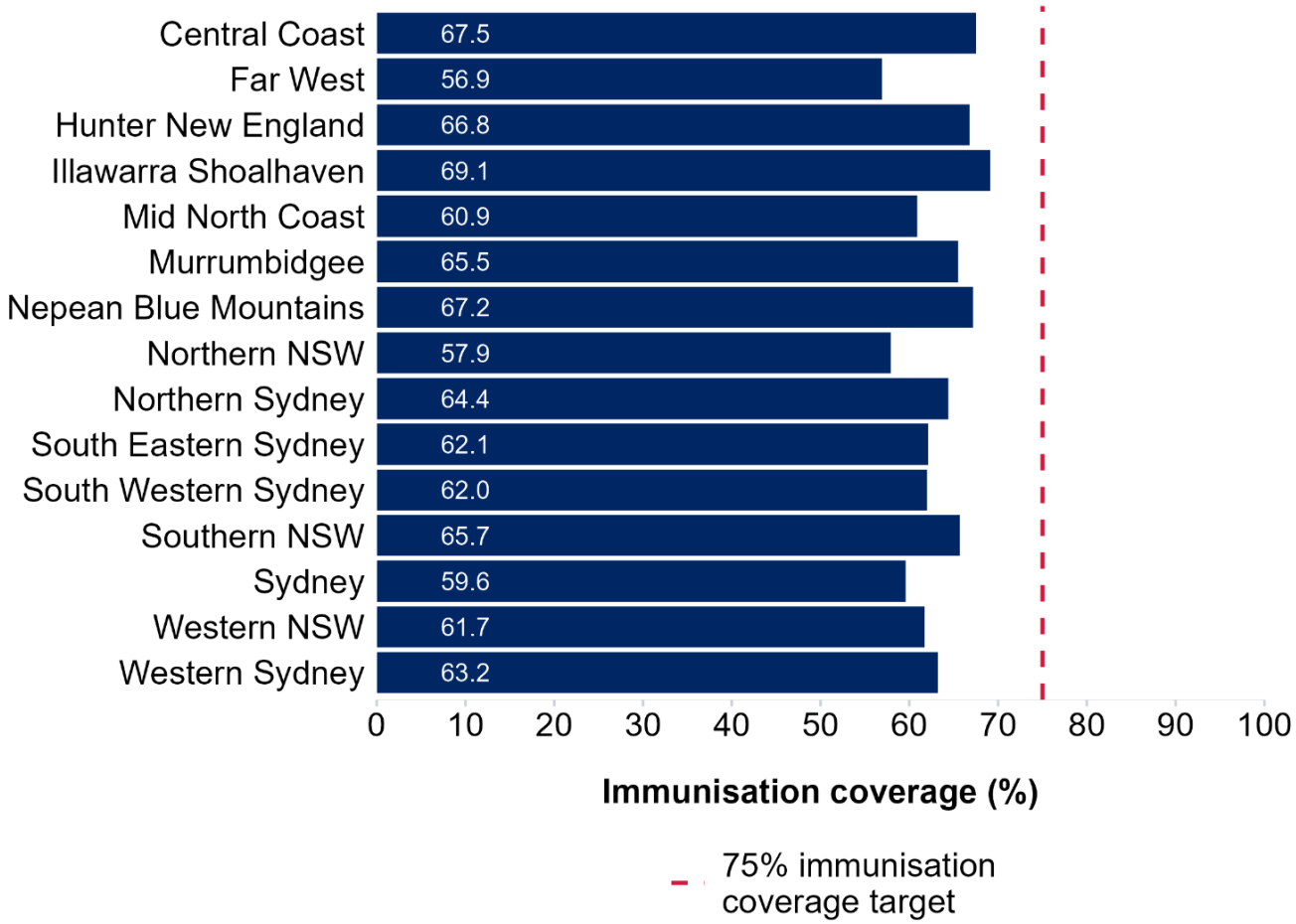
Data source: AIR data for Aboriginal and Torres Strait Islander people aged 15 to less than 50 years who received an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

Figure 50 Influenza immunisation coverage in Aboriginal and Torres Strait Islander people aged 50 to less than 65 years in NSW in 2024, by LHD



Data source: AIR data for Aboriginal and Torres Strait Islander people aged 50 to less than 65 years who received an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

Figure 51 Influenza immunisation coverage in Aboriginal and Torres Strait Islander people aged 65 years and over in NSW in 2024, by LHD



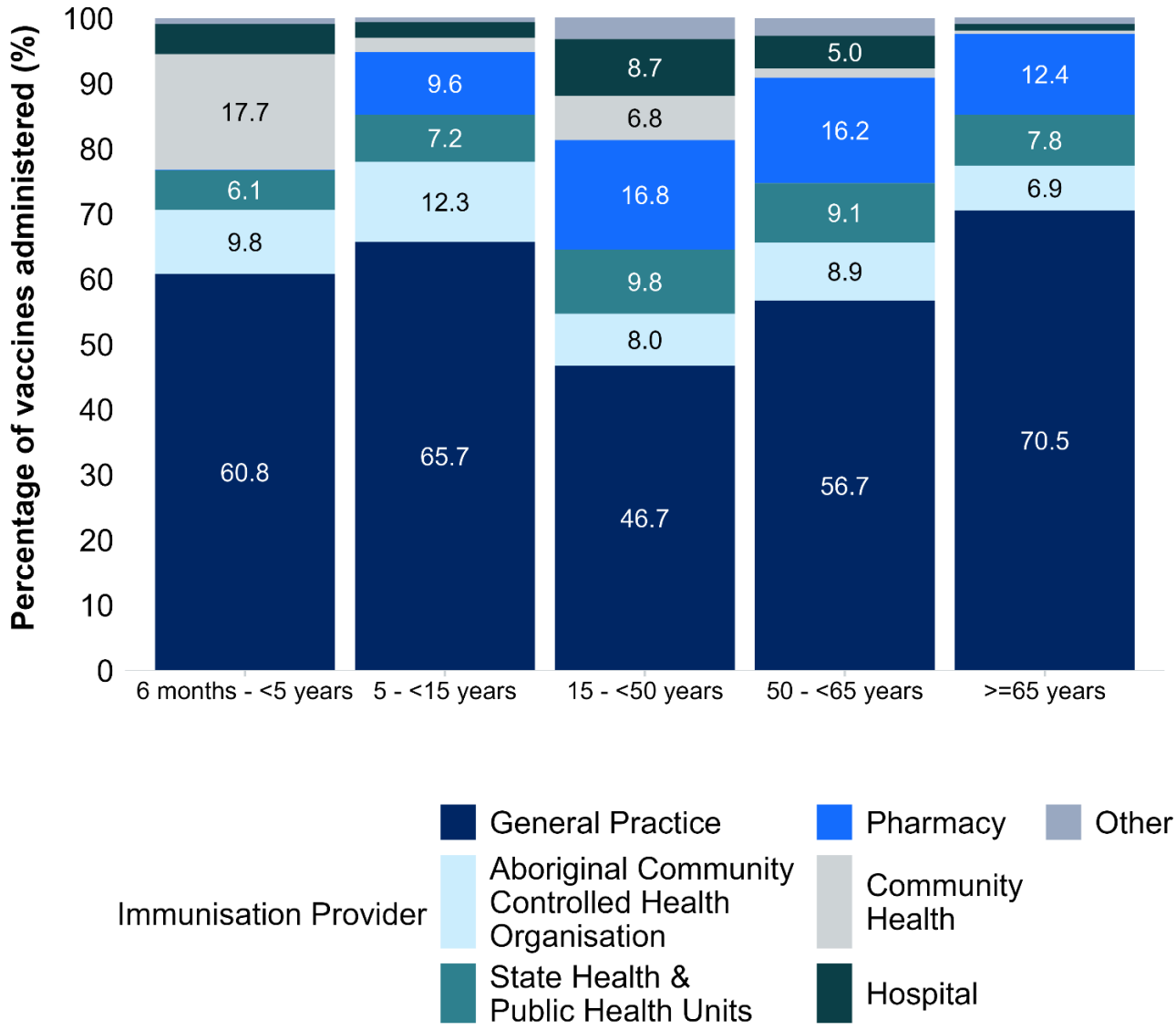
Data source: AIR data for Aboriginal and Torres Strait Islander people aged 65 years and over who received an influenza vaccine between 1 January and 31 December 2024, extracted from the AIR on 2 February 2025 and provided to NSW Health by NCIRS in March 2025.

12.4 Influenza immunisation provider settings in NSW, 2024

In 2024, influenza immunisation provider settings for Aboriginal and Torres Strait Islander people varied by age group:

- Among Aboriginal and Torres Strait Islander children aged 6 months to less than 5 years, most (61%) received their influenza vaccine from GPs, followed by community health clinics (18%)
- Among Aboriginal and Torres Strait Islander children aged 5 years to less than 15 years, most (66%) received their influenza vaccine from GPs, followed by Aboriginal Community Controlled Health Organisations (12%)
- Among Aboriginal and Torres Strait Islander people aged 15 to less than 50 years, nearly half (47%) received their influenza vaccine from GPs, followed by pharmacies (17%)
- Among Aboriginal and Torres Strait Islander people aged 50 to less than 65 years, over half (57%) received their influenza vaccine from GPs, followed by pharmacies (16%)
- Among Aboriginal and Torres Strait Islander people aged 65 years and over, most (71%) received their influenza vaccine from GPs, followed by pharmacies (12%) (Figure 52).
- Most (71%) of the influenza immunisations given to Aboriginal and Torres Strait Islander people aged 65 years and over were administered at GPs, followed by pharmacies (12%) (Figure 52).

Figure 52 Share of influenza immunisations given to Aboriginal and Torres Strait Islander people aged 6 months and over in NSW, by immunisation provider setting and age group, 2024



Data source: AIR data for influenza immunisations given to Aboriginal and Torres Strait Islander people between 1 January and 31 December 2024 by provider setting and age group, provided to NSW Health by NCIRS in March 2025. Note: 'state health and public health units' includes outreach clinics; 'other' includes providers listed in Table 1, Appendix 6; in some provider settings, such as Aboriginal Community Controlled Health Organisations, the reported proportion may be underestimated due to immunisations given by GPs or pharmacists working in or visiting these settings being linked to provider numbers associated with other (mainstream) GPs or pharmacies.

13 References

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Appendix 1: List of abbreviations and acronyms

Acronym	Definition
ABS	Australian Bureau of Statistics
AIR	Australian Immunisation Register
CC	Central Coast
dTpa	Diphtheria-tetanus-pertussis acellular
FW	Far West
GP	General Practice
HNE	Hunter New England
HPV	Human papillomavirus
IS	Illawarra Shoalhaven
LHD	Local Health District
M	Murrumbidgee
MenACWY	Meningococcal ACWY
MNC	Mid North Coast
NBM	Nepean Blue Mountains
NCIRS	National Centre for Immunisation Research and Surveillance
NIP	National Immunisation Program
NNSW	Northern NSW
NS	Northern Sydney
NSW	New South Wales
RSV	Respiratory Syncytial Virus
SA	Statistical Area
SES	South Eastern Sydney
SWS	South Western Sydney
S	Sydney

WNSW	Western NSW
WS	Western Sydney
13vPCV	13-valent pneumococcal conjugate vaccine

Appendix 2: Glossary of terms

Term	Definition
Antibody	A protein that recognises and attaches to foreign substances like viruses and bacteria so that the immune system can destroy them.
Antigen	Any substance that causes the immune system to produce antibodies against it. Foreign substances such as viruses, bacteria, chemicals, toxins and pollens are types of antigens. In some conditions, normal cell proteins in the body can also become antigens.
Assessment age	The age at which immunisation coverage is assessed. The standard national method of determining immunisation coverage assesses vaccination status 6 to 12 months after vaccines are due to allow inclusion of delayed vaccinations. For children, immunisation coverage is assessed at 1 year of age for vaccines due at 4 or 6 months, 2 years of age for vaccines due at 6, 12 and 18 months and 5 years of age for vaccines due at 4 years.
Early assessment age	Ages between the scheduled age and assessment age (9 months for vaccines due at 4 and 6 months, 21 months for vaccines due at 6, 12 and 18 months and 51 months for vaccines due at 4 years). Earlier assessment ages give insights into the timeliness of vaccinations.
Fully immunised	The proportion of people within a population that received the vaccines included in the national standard methodology for assessing fully vaccinated immunisation coverage by the assessment age. The national standard methodology is described in more detail in Appendix 6.
Herd immunity	Herd immunity occurs when a large proportion of a community becomes immune to a disease, making it difficult for the disease to spread.
Immunisation	The process of both getting a vaccine and becoming immune to the disease following vaccination.
Immunisation coverage	The proportion (percentage) of people within a population that received an immunisation.
Immunisation provider	The professional healthcare setting where an individual received their immunisation.
Infection	The invasion and growth of germs in the body. The germs may be bacteria, viruses or other organisms. Infections can begin anywhere in the body and can spread to other parts of the body. An infection can be asymptomatic or result in symptoms like fever or other health problems.
Monoclonal antibody	Artificial proteins that act like human antibodies in the immune system

Scheduled age	Ages at which vaccines are due. These ages are outlined in the NSW Immunisation Schedule.
Vaccination	The term used for getting a vaccine by having an injection or taking an oral vaccine dose.

Appendix 3: List of figures

Appendix 4: List of tables

Appendix 5: NSW Immunisation Schedule changes 2023–2024

The NSW Immunisation Schedule (the Schedule) is designed to provide individuals with the recommended number of vaccines within optimal timeframes to protect against vaccine-preventable diseases across the lifespan. The Schedule is regularly reviewed and updated to reflect recommendations based on the latest scientific evidence and to incorporate new vaccines or adjust the timing of existing ones. Key Schedule changes in 2023 and 2024 are outlined below.

25 March 2024

Nirsevimab (also known as Beyfortus™), a monoclonal antibody used for treatment for RSV in infants, was made available to eligible infants under the state-funded NSW RSV Vulnerable Babies Program.

1 November 2023

The inactivated recombinant zoster vaccine, Shingrix, replaced the live zoster vaccine, Zostavax, on the NIP. Shingrix is funded on the NIP for Aboriginal and Torres Strait Islander people aged 50 years and over, all adults aged 65 years and over (Zostavax was funded for all adults aged 70 years and over), and people aged 18 years and over with specified medical conditions. Shingrix is a 2-dose vaccine, while Zostavax was a 1-dose vaccine.

1 July 2023

The combined DT5aP-hepB-IPV-Hib(PRP-OMP) vaccine (Vaxelis) was funded under the NIP as an alternative vaccine to Infanrix hexa. These vaccines protect against diphtheria, tetanus, pertussis, hepatitis B, polio, and *Haemophilus influenzae* type b in children.

February 2023

The funded HPV vaccine routinely offered to adolescents in year 7, 9vHPV, changed from two doses to a single dose.

The funded catch-up program for HPV immunisation was extended to include free catch-up HPV vaccines for young adults aged under 26 years (previously it was funded to include young adults aged under 20 years).

Appendix 6: Supplementary methods

NCIRS Methods

Australian Immunisation Register (AIR) data as of 2 February 2025 were used to determine immunisation coverage. Only Medicare-registered people in the AIR were included and the following records were excluded from analyses: duplicate records of individuals and/or vaccination encounters; individuals with a postcode not matched to a state/territory; and individuals with an 'end-date' applied to their AIR record (end-dates are applied if Medicare is notified that an individual has either died or permanently left Australia). Individuals assigned a temporary unique identifier number on AIR (i.e. not Medicare-registered) were also excluded from all analyses except for the number of nirsevimab doses (as nirsevimab is predominantly given to young infants, some doses may be recorded on AIR prior to Medicare registration).

RSV immunisations in babies

The number and proportion of nirsevimab doses recorded on the AIR as given to Aboriginal and non-Aboriginal children residing in NSW and aged 2 years and under was determined for the period 1 April – 31 December 2024. Data were grouped by immunisation provider setting.

Immunisation coverage in children

The percentage of Medicare-registered children fully immunised was assessed at standard assessment ages: 1 year of age (for vaccines due at 4 or 6 months), 2 years of age (for vaccines due at 6, 12 and 18 months), and 5 years of age (for vaccines due at 4 years). Only vaccines given prior to a child turning 1 year, 2 years or 5 years of age were included in relevant coverage calculations. The fully immunised coverage algorithms used are outlined in Table A6.1

The percentage of Medicare-registered children fully immunised was also assessed at earlier assessment ages to give insights into the timeliness of vaccinations: 9 months of age (for vaccines due at 4 or 6 months), 21 months of age (for vaccines due at 6, 12 and 18 months), and 51 months of age (for vaccines due at 4 years). Only vaccines given prior to a child turning 9 months, 21 months or 51 months of age were included in relevant coverage calculations. The fully vaccinated coverage algorithms used are outlined in Table A6.1.

The number and proportion of all NIP vaccines given to Medicare-registered children aged under 5 years and recorded on the AIR as administered in 2024 was calculated by immunisation provider setting.

Immunisation coverage in adolescents

The percentage of 15-year-old Medicare-registered adolescents who had received at least one dose of HPV vaccine at ≥9 years of age and/or a dose of diphtheria-tetanus-pertussis vaccine at ≥10 years of age was assessed using the 12-month wide cohort of adolescents aged 15 years as of 31 December 2024 (i.e. cohort born 1 January 2009 – 31 December 2009).

The percentage of 17-year-old Medicare-registered adolescents who had received a dose of meningococcal ACWY vaccine at ≥10 years of age was assessed using the 12-month wide cohort of

adolescents aged 17 years as of 31 December 2024 (i.e. cohort born 1 January 2007 – 31 December 2007).

For the proportion of adolescents vaccinated in different provider settings, with a HPV, diphtheria-tetanus-pertussis, and/or meningococcal ACWY vaccine, the number of Medicare-registered adolescents in each cohort vaccinated with the relevant vaccine in each provider setting by 31 December 2024 was used as numerator and the total number of Medicare-registered adolescents in each cohort who had received the relevant vaccine by 31 December 2024 as denominator. If more than one dose of the relevant vaccine was recorded, calculation was based on provider setting of the first dose received.

Immunisation coverage in adults

The percentage of Medicare-registered adults vaccinated for zoster by 31 December 2024 was assessed for three (not mutually exclusive) cohorts based on age at 31 December 2024: a) ≥65 years of age; b) ≥50 years of age; and c) 50–64 years of age. Overall zoster immunisation coverage was defined as receipt of a dose of Zostavax or two doses of Shingrix (given at least four weeks apart), with the proportion of overall zoster coverage by vaccine brand also calculated. These proportions were mutually exclusive and categorised as a) receipt of two doses of Shingrix given at least 4 weeks apart, irrespective of whether Zostavax had been received previously or b) receipt of at least one dose of Zostavax, where two doses of Shingrix at least 4 weeks apart had not been received.

The percentage of Medicare-registered adults who had received an adult dose of 13vPCV by 31 December 2024 was also assessed for three (not mutually exclusive) cohorts based on age at 31 December 2024: a) ≥70 years of age; b) ≥50 years of age; and c) 50–69 years of age.

For the proportion of adults vaccinated with a zoster vaccine and/or 13vPCV in different provider settings, the number of Medicare-registered adults in each cohort vaccinated with the relevant vaccine in each provider setting by 31 December 2024 was used as numerator and the total number of Medicare-registered adults in each cohort who had received the relevant vaccine by 31 December 2024 as the denominator. If more than one dose of the relevant vaccine was recorded, calculation was based on provider setting of the most recent dose received.

Influenza immunisation coverage in adults

Influenza vaccine uptake, defined as the cumulative percentage of Medicare-registered individuals who had received at least one dose of an influenza vaccine between 1 January and 31 December 2024, was calculated by age group (6 months–<5 years, 5–<15 years, 15–<50 years, 50–<65 years and ≥65 years), using the number of vaccinated people in each age group (based on age at vaccination) as the numerator and the total number of people in each age group (based on age at 30 June 2024) as the denominator.

For the proportion vaccinated in different provider settings, the number of Medicare-registered people in each cohort who had received a dose of influenza vaccine between 1 January and 31 December 2024 in each provider setting was used as the numerator and the total number of Medicare-registered people in each cohort who had received a dose within the same period as the denominator. If more than one dose was recorded, calculation was based on provider setting of the first dose received.

Fully immunised children

The standard national method of determining fully immunised coverage was set by the Australian Government Department of Health, Disability and Ageing when the Australian Childhood Immunisation Register was established in 1996 and has been adapted over time to account for changes in the NIP. Only some vaccines are included in the assessment algorithms, and immunisation coverage is determined 6–18 months after vaccines are due to allow inclusion of delayed vaccinations (Table A6.1).

Table A6.1 Vaccinations required to be deemed fully immunised by each standard assessment age

Scheduled aged	Assessment age	Vaccinations*
6 months	Vaccinated by 1 year of age	dTpa (dose 3)
		polio (dose 3)
		hepatitis B (dose 3)
		Haemophilus influenzae type b (dose 2 or 3, dependent on the type of vaccine used)
		pneumococcal (dose 2)
6 months	Vaccinated by 9 months of age	dTpa (dose 3)
		polio (dose 3)
		hepatitis B (dose 3)
		Haemophilus influenzae type b (dose 2 or 3, dependent on the type of vaccine used)
		pneumococcal (dose 2 or 3)
18 months	Vaccinated by 2 years of age	dTpa (dose 4)
		polio (dose 3)
		hepatitis B (dose 3)
		Haemophilus influenzae type b (dose 3 or 4, dependent on the type of vaccine used)
		pneumococcal (dose 3)
		measles, mumps, rubella (dose 2)
		meningococcal ACWY
		varicella
18 months		dTpa (dose 4)

	Vaccinated by 21 months of age	polio (dose 3)
		Haemophilus influenzae type b (dose 3 or 4, dependent on the type of vaccine used)
		pneumococcal (dose 3)
		measles, mumps, rubella (dose 2)
		meningococcal ACWY
		varicella
4 years	Vaccinated by 5 years of age	dTpa (dose 4 or 5, dependent on the type of vaccine used)
		polio (dose 4)
4 years	Vaccinated by 51 months of age	dTpa (dose 4 or 5, dependent on the type of vaccine used)
		polio (dose 4)

*If no number is stated, assumes first dose of relevant vaccine/antigen; if number included, assumes all previous doses have been received

Immunisation provider settings

AIR data supplied by NCIRS included information on the proportion of immunisations administered by immunisation provider setting. Immunisation provider setting categories are based on the immunisation provider setting codes recorded in the AIR for each relevant immunisation encounter and are grouped according to Table A6.2.

Table A6.2 Classification of immunisation provider settings for immunisations reported to the Australian Immunisation Register

Category	Code	Description
General Practice	G	Medicare General Practitioner
	A	Division of General Practice
	L	General Practice
	E	Primary Health Network
	H	Medicare Local
Pharmacy	U	Pharmacy
State Health Department & Public Health Units	D	State Health Department
	Z	Public Health Unit
Aboriginal Community Controlled Health Organisation	S	Aboriginal Health Centre
	W	Aboriginal Health Worker
Community Health Centre	T	Community Health Centre
	N	Community Nurse
Hospital	P	Public Hospital
	R	Private Hospital
Other	Comm	Commercial
	B	Information Requestor (group)
	C	Council Clinic
	F	Flying Doctor Service
	K	Nurse Practitioner
	M	Midwife
	J	Information Requestor (individual)
	Y	Information Provider (Division of General Practice)
	ANI	Authorised Nurse Immuniser
	RCF	Residential Care Facility

Appendix 7: LHD data tables

Immunisation coverage in all children in NSW by assessment age, vaccine/antigen and LHD, 2024

Table A7.1 Immunisation coverage (%) in 1-year-olds by vaccine/antigen and LHD, NSW, 2024

		Local Health District														
Vaccine/antigen	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Diphtheria-tetanus-pertussis	92.9	94.0	95.2	94.2	93.4	90.9	93.3	93.0	83.8	95.2	94.3	90.3	93.6	94.4	95.3	93.0
Haemophilus Influenzae type b	92.8	93.9	95.2	94.1	93.4	90.9	93.1	92.9	83.7	95.1	94.2	90.2	93.6	94.1	95.2	92.9
Hepatitis B	93.8	94.7	96.5	94.9	94.6	91.9	93.9	93.4	85.0	95.4	94.8	91.8	94.5	94.6	96.7	94.0
Pneumococcal	94.4	95.4	97.1	95.4	94.8	92.1	94.3	94.8	86.4	95.9	95.4	92.5	94.7	95.4	96.4	94.6
Polio	92.9	94.0	95.2	94.2	93.4	90.9	93.3	92.9	83.8	95.2	94.3	90.3	93.6	94.3	95.3	93.0
Fully immunised	92.4	93.8	95.2	93.9	93.1	90.4	92.8	92.6	83.1	94.6	93.7	89.5	93.1	93.4	94.7	92.3
Total number of children	**87,564**	**3620**	**313**	**10,627**	**4437**	**2102**	**3492**	**5084**	**2817**	**7615**	**8481**	**13,989**	**2159**	**5608**	**3442**	**12,565**

Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

Table A7.2 Immunisation coverage (%) in 2-year-olds by vaccine/antigen and LHD, NSW, 2024

		Local Health District														
Vaccine/antigen	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Diphtheria-tetanus-pertussis	91.6	92.2	94.6	93.2	92.0	90.1	92.0	92.0	84.1	93.2	91.5	89.4	93.2	92.7	93.2	91.5
Haemophilus Influenzae type b	92.7	93.2	95.9	94.0	93.0	91.5	93.2	93.0	85.4	94.3	92.5	90.8	94.1	93.8	94.4	92.7
Hepatitis B	95.8	95.3	98.6	96.5	96.3	94.5	95.7	95.8	88.6	96.6	96.0	94.9	96.2	96.7	97.3	96.3
Meningococcal ACWY	94.5	94.7	97.8	95.7	94.9	93.3	94.3	94.6	87.7	95.4	94.1	93.1	95.5	95.5	96.2	94.8
Measles-mumps-rubella	91.9	92.2	94.6	93.5	92.4	90.8	92.4	92.2	85.0	93.5	91.6	89.7	93.6	92.9	93.8	91.9
Pneumococcal	94.0	94.5	97.6	95.3	94.8	92.2	94.1	94.4	86.5	95.0	93.7	92.7	95.2	95.1	95.8	94.4
Polio	95.5	95.3	98.4	96.2	96.1	94.0	95.4	95.6	88.5	96.6	95.8	94.3	95.9	96.6	96.9	96.0
Varicella	92.1	92.4	94.9	93.6	92.6	91.1	92.4	92.4	85.1	93.8	91.9	90.0	93.7	93.3	93.8	92.1
Fully immunised	90.5	91.4	93.5	92.4	91.1	89.1	90.7	91.3	82.9	92.2	90.2	88.1	92.1	91.1	92.6	90.4
Total number of children	**94,134**	**4017**	**370**	**11,323**	**4728**	**2347**	**3636**	**5436**	**3174**	**8455**	**9112**	**14,791**	**2371**	**6140**	**3638**	**13,147**

Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

Table A7.3 Immunisation coverage (%) in 5-year-olds by vaccine/antigen and LHD, NSW, 2024

	Local Health District															
Vaccine/antigen	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Diphtheria-tetanus-pertussis	94.0	95.0	96.6	95.3	94.8	93.1	95.1	95.1	87.0	93.9	93.0	93.6	93.4	93.8	96.5	94.1
Poliomyelitis	94.0	94.8	96.6	95.2	94.8	93.3	95.1	95.0	86.8	94.1	93.1	93.5	93.4	93.8	96.6	94.1
Fully immunised	93.7	94.8	96.3	95.1	94.7	93.0	95.0	94.9	86.7	93.7	92.8	93.3	93.2	93.4	96.5	93.8
Total number of children	**96,748**	**3996**	**321**	**11,187**	**4731**	**2445**	**3668**	**5575**	**3258**	**9478**	**8817**	**15,661**	**2377**	**5817**	**3604**	**14,290**

Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

Immunisation coverage in all adolescents in NSW by assessment age, vaccine/antigen and LHD, 2024

Table A7.4 Immunisation coverage (%) in 15-year-olds by vaccine/antigen and LHD, NSW, 2024

	Local Health District															
Vaccine	NSW	CC	FW	HNE	IS	MNC	M	NBM	NNSW	NS	SES	SWS	SNSW	S	WNSW	WS
Diphtheria-tetanus-pertussis	84.4	87.3	83.5	86.4	87.3	80.7	87.7	83.0	75.2	87.1	85.2	80.8	85.1	84.7	84.6	84.1
Human papillomavirus	83.0	85.9	81.1	84.4	85.6	77.8	86.4	81.4	70.8	86.7	84.0	79.6	85.1	83.8	82.6	83.2
Meningococcal ACWY	23.9	24.5	15.2	21.9	21.5	19.2	15.3	12.2	16.7	31.9	28.1	25.5	18.5	33.1	13.3	24.5
Fully immunised	22.4	23.3	14.2	20.8	20.5	18.2	14.1	11.3	15.4	30.1	26.7	23.9	17.4	31.5	12.7	22.8
Total number of adolescents	**104,537**	**4455**	**387**	**12,510**	**5155**	**3111**	**4085**	**5327**	**4019**	**12,450**	**9677**	**15,584**	**2767**	**6308**	**4061**	**14,604**

Data source: childhood immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

Table A7.5 Immunisation coverage (%) in 17-year-olds by vaccine/antigen and LHD, NSW, 2024

	Local Health District															
Vaccine	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Diphtheria-tetanus-pertussis	89.1	91.7	88.9	91.6	91.5	87.5	91.9	88.6	82.5	88.7	88.0	88.7	88.5	87.9	90.7	88.8
Human papillomavirus	87.6	89.9	87.5	90.0	90.1	85.3	90.0	86.2	78.4	88.4	87.1	86.4	87.0	87.2	89.8	87.6
Meningococcal ACWY	70.8	72.1	65.0	70.1	74.8	61.4	73.0	65.3	53.5	79.6	77.3	63.3	69.2	76.7	69.8	72.4
Fully immunised	66.8	68.7	59.2	67.1	71.0	58.2	69.4	61.6	49.5	74.3	72.6	59.8	64.5	72.3	66.8	67.8
Total number of adolescents	**103,165**	**4,583**	**360**	**12,693**	**5,244**	**3,058**	**4,006**	**5,229**	**3,973**	**12,322**	**9,490**	**15,379**	**2,722**	**5,956**	**3,998**	**14,113**

Data source: adolescent immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

Table A7.6 Immunisation coverage (%) in 20-year-olds by vaccine/antigen and LHD, NSW, 2024

		Local Health District														
Vaccine	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Diphtheria-tetanus-pertussis	87.8	91.7	87.2	92.4	91.9	86.6	90.2	89.3	81.5	85.9	86.3	87.4	87.4	83.3	90.7	86.2
Human papillomavirus	87.9	90.4	89.4	91.5	90.4	86.6	91.6	88.8	80.5	87.8	86.7	86.2	89.4	83.8	91.2	87.1
Meningococcal ACWY	80.4	83.6	76.0	80.8	81.9	75.2	83.7	76.3	69.3	85.0	81.9	78.6	80.4	79.8	78.3	81.1
Fully immunised	74.1	77.9	68.4	76.5	76.8	69.4	77.1	70.9	62.1	77.3	76.1	72.1	73.0	73.0	73.0	73.7
Total number of adolescents	**93,872**	**4,125**	**358**	**11,352**	**4,894**	**2,751**	**3,770**	**4,854**	**3,515**	**10,851**	**8,873**	**14,349**	**2,418**	**5,690**	**3,553**	**12,484**

Data source: immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

Immunisation coverage in all adults in NSW by age group, vaccine and LHD, 2024

Table A7.7 Immunisation coverage (%) in people aged 65 years and over by vaccine and LHD, NSW, 2024

		Local Health District														
Vaccine	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Zostavax	19.7	24.7	22.2	24.5	22.0	22.9	23.7	21.3	22.7	16.7	14.9	17.3	22.8	14.2	21.2	18.5
Shingrix	23.7	25.9	18.4	26.4	28.8	26.9	21.3	22.9	21.9	28.9	22.2	17.7	25.9	19.5	22.7	20.9
Overall zoster	43.3	50.6	40.6	50.9	50.8	49.7	45.0	44.2	44.6	45.6	37.2	35.0	48.6	33.7	44.0	39.4
Population	**1,719,320**	**85,391**	**7060**	**223,878**	**100,976**	**69,314**	**57,858**	**73,091**	**87,287**	**207,504**	**193,195**	**182,821**	**53,940**	**121,259**	**62,126**	**163,880**

Data source: immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

Table A7.8 Immunisation coverage (%) in people aged 70 years and over by vaccine and LHD, NSW, 2024

	Local Health District															
Vaccine	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Prevenar 13 (Pneumococcal)	37.6	48.2	42.8	48.5	44.5	43.1	39.4	38.8	38.1	39.0	29.6	26.2	42.3	28.4	38.3	33.9
Population	**1,225,717**	**62,902**	**4967**	**161,707**	**73,176**	**50,631**	**41,711**	**51,271**	**62,611**	**149,270**	**138,112**	**126,256**	**38,232**	**85,700**	**44,789**	**113,287**

Data source: immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

Immunisation coverage in Aboriginal and Torres Strait Islander children in NSW by assessment age, vaccine/antigen and LHD, 2024

Table A7.9 Immunisation coverage (%) in Aboriginal and Torres Strait Islander 1-year-olds by vaccine/antigen and LHD, NSW, 2024

	Local Health District															
Vaccine/antigen	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Diphtheria-tetanus-pertussis	91.8	90.9	93.3	92.6	90.2	91.8	94.9	93.0	85.3	92.8	89.4	90.1	90.4	92.4	93.7	91.3
Haemophilus Influenzae type b	91.8	90.9	93.3	92.6	90.2	91.8	94.9	92.8	85.3	91.3	89.4	90.1	90.4	92.4	93.7	91.3
Hepatitis B	94.2	92.6	97.3	94.9	94.1	93.6	96.5	93.8	88.2	94.2	90.4	92.5	94.7	91.7	97.2	94.1
Pneumococcal	95.1	94.1	98.7	95.9	93.3	93.8	96.7	95.8	90.3	95.7	91.7	93.6	94.7	96.2	97.1	95.5
Polio	91.8	90.9	93.3	92.6	90.2	91.8	94.9	93.0	85.3	91.3	89.4	90.1	90.4	92.4	93.7	91.3
Meningococcal B	69.8	68.2	NA*	78.2	69.5	71.6	77.0	57.9	58.6	NA*	66.5	48.0	63.5	66.7	81.1	60.4
Fully immunised	91.5	90.9	93.3	92.4	89.2	91.5	94.9	92.8	85.3	91.3	88.5	90.1	89.4	90.9	93.4	91.1
Total number of children	**7731**	**475**	**75**	**2033**	**509**	**388**	**491**	**503**	**382**	**69**	**218**	**656**	**208**	**132**	**972**	**508**

Data source: immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

*For reasons of both confidentiality and precision of estimates, immunisation coverage is reported as not available (NA) for local health districts with population sizes of less than 26 for the reported age group.

Table A7.10 Immunisation coverage (%) in Aboriginal and Torres Strait Islander 2-year-olds by vaccine/antigen and LHD, NSW, 2024

	Local Health District															
Vaccine/antigen	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Diphtheria-tetanus-pertussis	90.7	89.8	91.1	91.9	90.6	90.5	91.5	90.5	88.2	89.6	92.1	89.0	89.9	89.8	91.9	88.8
Haemophilus Influenzae type b	92.6	91.8	94.1	93.6	92.6	92.1	94.0	93.2	90.5	90.6	93.0	90.5	91.2	92.1	93.7	91.9
Hepatitis B	96.6	94.8	≥99.0	97.4	97.0	97.4	96.9	95.6	94.9	94.8	95.6	95.1	96.3	95.3	98.3	96.2
Meningococcal ACWY	95.5	94.8	≥99.0	96.3	94.5	95.4	94.8	95.9	93.3	95.8	94.3	94.2	95.4	96.9	96.7	95.8
Measles-mumps-rubella	91.4	89.8	91.1	92.5	90.4	92.3	92.8	90.7	89.2	91.7	91.3	89.1	91.7	90.6	92.7	90.9
Pneumococcal	94.6	94.4	≥99.0	95.8	94.9	94.0	94.4	94.4	91.8	91.7	94.3	93.1	93.1	94.5	95.7	93.8
Polio	95.9	94.6	≥99.0	96.8	96.6	96.0	95.9	95.2	93.8	94.8	94.8	94.3	95.4	95.3	97.1	96.0
Varicella	91.6	90.0	91.1	92.6	91.1	92.5	93.0	91.5	89.5	91.7	91.3	89.4	91.7	91.3	92.7	90.9
Meningococcal B	67.1	70.3	NA*	77.8	68.3	68.9	69.3	55.0	57.7	NA*	58.1	40.9	70.0	59.8	79.9	52.6
Fully immunised	89.6	89.2	89.1	91.3	88.1	89.4	89.7	89.0	87.7	89.6	91.3	88.1	88.0	88.2	90.7	87.9
Total number of children	**7838**	**462**	**101**	**1974**	**530**	**453**	**485**	**482**	**390**	**96**	**229**	**653**	**217**	**127**	**982**	**529**

Data source: immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

*For reasons of both confidentiality and precision of estimates, immunisation coverage is reported as not available (NA) for local health districts with population sizes of less than 26 for the reported age group.

Table A7.11 Immunisation coverage (%) in Aboriginal and Torres Strait Islander 5-year-olds by vaccine/antigen and LHD, NSW, 2024

	Local Health District															
Vaccine/antigen	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Diphtheria-tetanus-pertussis	95.9	97.6	95.1	96.1	97.5	94.6	96.4	96.8	90.9	94.9	93.6	95.0	94.8	97.7	97.2	94.5
Poliomyelitis	95.8	97.6	96.3	95.9	97.0	94.6	96.6	96.5	90.9	96.2	94.2	95.0	95.2	96.1	97.2	94.0
Fully immunised	95.7	97.6	95.1	95.9	97.0	94.6	96.4	96.5	90.9	94.9	93.6	95.0	94.8	96.1	97.2	94.0
Total number of children	**7104**	**416**	**81**	**1801**	**471**	**426**	**441**	**432**	**396**	**79**	**171**	**565**	**231**	**128**	**906**	**433**

Data source: immunisation coverage data from the Australian Immunisation Register (AIR), which combines the March, June, September and December assessment quarters for 2024. Data were provided to NSW Health by Services Australia in March 2025.

Immunisation coverage in Aboriginal and Torres Strait Islander adolescents in NSW by assessment age, vaccine/antigen and LHD, 2024

Table A7.12 Immunisation coverage (%) in Aboriginal and Torres Strait Islander 15-year-olds by vaccine/antigen and LHD, NSW, 2024

Vaccine	**NSW**	**CC**	**FW**	**HNE**	**IS**	**MNC**	**M**	**NBM**	**NNSW**	**NS**	**SES**	**SWS**	**SNSW**	**S**	**WNSW**	**WS**
Diphtheria-tetanus-pertussis	79.4	85.8	74.7	81.2	87.1	78.2	82.7	80.6	71.8	85.0	78.0	80.6	80.2	68.8	74.7	77.2
Human papillomavirus	78.0	86.7	74.7	79.5	84.8	76.1	81.5	80.3	66.5	86.7	79.4	79.7	80.2	69.7	73.2	75.5
Total number of Adolescents	**5749**	**338**	**95**	**1410**	**342**	**389**	**318**	**330**	**362**	**60**	**150**	**408**	**177**	**109**	**781**	**342**

Data source: AIR data based on a 12-month cohort of 15-year-olds (i.e. those born in 2009), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025.

Table A7.13 Meningococcal ACWY immunisation coverage (%) in Aboriginal and Torres Strait Islander 17-year-olds by LHD, NSW, 2024

Vaccine	NSW	CC	FW	HNE	IS	MNC	M	NBM	NNSW	NS	SES	SWS	SNSW	S	WNSW	WS
Meningococcal ACWY	55.4	65.8	56.3	57.6	66.2	45.6	50.7	56.8	43.4	71.2	66.3	50.5	51.4	50.4	55.8	55.9
Total number of adolescents	**6413**	**371**	**71**	**1661**	**393**	**406**	**345**	**324**	**422**	**66**	**169**	**531**	**181**	**113**	**817**	**413**

Data source: AIR data based on a 12-month cohort of 17-year-olds (i.e. those born in 2007), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025.

Immunisation coverage in Aboriginal and Torres Strait Islander adults in NSW by age group, vaccine and LHD, 2024

Table A7.14 Immunisation coverage (%) in Aboriginal and Torres Strait Islander people aged 50 years and over by vaccine and LHD, NSW, 2024

	Local Health District															
Vaccine	NSW	CC	FW	HNE	IS	MNC	M	NBM	NNSW	NS	SES	SWS	SNSW	S	WNSW	WS
Zostavax	8.0	9.6	5.6	8.4	9.2	7.2	8.2	9.4	7.2	9.1	6.5	7.1	8.6	7.5	7.1	7.8
Shingrix	13.9	15.6	20.4	15.9	16.3	13.9	11.7	13.4	11.4	16.2	14.1	10.9	15.1	14.3	10.8	12.7
Overall zoster	21.8	25.2	26.0	24.2	25.5	21.1	19.9	22.8	18.7	25.3	20.6	18.0	23.7	21.8	17.9	20.4
Prevenar 13 (Pneumococcal)	28.3	30.8	45.8	33.2	30.3	30.6	28.2	22.8	26.5	19.2	22.2	19.5	29.4	30.2	26.9	22.7
Population	**60,797**	**3446**	**889**	**14,454**	**3716**	**3756**	**3167**	**3057**	**4026**	**1231**	**2616**	**4557**	**2053**	**2083**	**7564**	**3485**

Data source: AIR data based on cohorts of Aboriginal and Torres Strait Islander people aged 50 years and over in 2024 (i.e. those born in or before 1975), provided to NSW Health by NCIRS in March 2025. NCIRS data were extracted on 2 February 2025.

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