

NSW Immunisation Strategy 2024–2028

**Partnering to make immunisation
everyone's business**

NSW Ministry of Health
1 Reserve Road
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

Produced by: NSW Ministry of Health

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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SHPN (HPNSW) 240184
ISBN 978-1-76023-806-3

March 2024

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Executive Summary

The NSW Immunisation Strategy 2024 – 2028 (the Strategy) provides a framework for NSW Health and its partners to improve vaccine access and uptake and reduce the impact of vaccine preventable diseases (VPDs) on individuals and communities in NSW.

The Strategy identifies six key priority areas for action to sustain or improve immunisation rates among children, young people, and adults. The Strategy emphasises the need for immunisation against VPDs through all stages of an individual’s lifespan, from infancy through to adulthood. It also highlights the need to address inequities in knowledge, access, and uptake across the population to maximise the benefits of immunisation for all.

Local health districts (LHDs) are responsible for the implementation of this strategy and should invest in initiatives to strengthen and support immunisation provision in their district, and ensure its priorities and targets are met.

The six key priority areas are described in detail in the Strategy and include:

1. Embed immunisation into routine healthcare.
2. Enhance community awareness and understanding of immunisation.
3. Maximise workforce capacity to support immunisation.
4. Use data better to drive performance, improve outcomes and address inequities.
5. Optimise the use of digital systems to support programs.
6. Prepare to adopt and implement new vaccines.

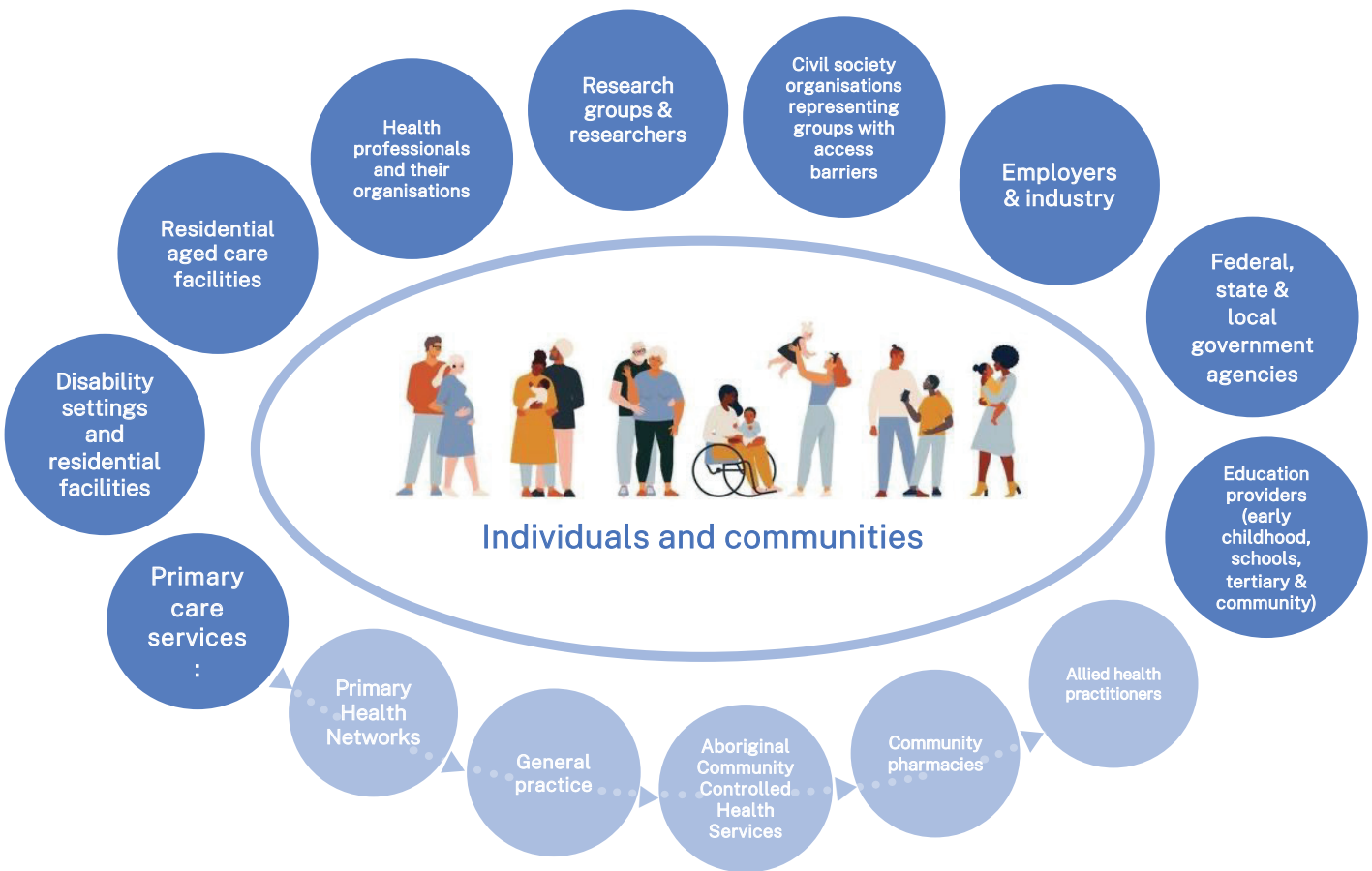
The Strategy acknowledges the structural, economic and geographic barriers that can impact immunisation coverage and recognises the need to effectively address these barriers to achieve its goals. It also recognises the importance of engagement and program co-design with partners and the community to improve or sustain high immunisation coverage, including in priority populations.

Across the NSW population, there are communities or individuals that experience an increased risk of exposure to VPDs, those at risk of more severe disease from VPDs and those facing significant barriers to accessing immunisation services. It is important that initiatives are tailored to meet differing needs.

Priority populations include but are not limited to:



Figure 1. Key partnerships to deliver on strategic priorities



More broadly, the Strategy recognises that immunisation is everyone’s business; collaborating effectively with a broad range of partners will be essential to deliver on the Strategy (see Figure 1).

Health care providers across the NSW system play an integral role in supporting immunisation, including general practitioners and other medical specialists, nurses and midwives and pharmacists, Aboriginal Community Controlled Health Services and Aboriginal Health Practitioners. Similarly, many other sectors such as aged and disability and education also have a key role in supporting immunisation.

While general practice and Aboriginal Community Controlled Health Services will remain central to immunisation service delivery, there will be an expansion of immunisation services through community pharmacies which will assist in improving access. The

expansion is supported by Australian government funding for pharmacist administration of National Immunisation Program (NIP) vaccines which commenced on 1 January 2024, and their authorisation to administer a wider range of vaccines.

This Strategy reflects the importance of high-quality data in identifying barriers to achieving immunisation targets. Data quality and access will be improved through greater collaboration with the Australian Government (including the Australian Centre for Disease Control), partnering with the National Centre for Immunisation Research and Surveillance (NCIRS), and utilising data linkage across health and non-health data sets. This will help identify and characterise low coverage areas, support program monitoring and help understand barriers to equitable access and vaccine uptake.

Introduction

01

Population-wide immunisation programs are one of the most effective and cost-efficient public health measures to prevent disease, preventing 3.5 to 5 million deaths globally each year.¹

The NIP offers free vaccines to eligible children, adolescents, and adults. Implementation of the NIP is governed by the Australian Government under a joint agreement with jurisdictions, the Essential Vaccines Schedule (EVS). The EVS commits NSW through key performance benchmarks to implementing the NIP and maintaining and improving immunisation coverage rates. While the EVS focus is children and adolescents, there needs to be an increased focus on adult immunisation rates to ensure whole of life protection.

The NSW Immunisation Program is a population-wide immunisation program that aims to minimise the incidence and prevalence of VPDs. It does this by implementing state-funded response programs in response to emerging threats, and by providing access to vaccines funded by the NIP.

The introduction of immunisation programs has led to dramatic reductions in the incidence and severity of many VPDs such as diphtheria, measles, polio, tetanus, meningitis, and *Haemophilus influenzae* type b (Hib). However, under vaccinated groups continue to be at increased risk from VPDs.

Infants and children are at higher risk of severe disease due to naïve immune systems. NSW childhood immunisation coverage rates are over 90 per cent for all children, including Aboriginal children, at 1, 2 and 5 years of age, however, there remains significant geographic variation in coverage in some areas. The generally high childhood immunisation coverage has shown slight declines in recent years. Multiple contributing factors include reduced access, increased cost of living pressures and vaccine hesitancy and fatigue. Effective initiatives are required to improve coverage.

Low influenza vaccine uptake in children is a concern, particularly in Aboriginal children. To inform effective strategies, it is important to monitor influenza immunisation coverage in children, understand the drivers, and implement and evaluate initiatives to improve coverage. It is recognised that influenza vaccination targets and initiatives for children are new, and that program indicators and improvement measures will help monitor success.

Adolescents are recommended to receive scheduled vaccines to boost immunity and protect against VPDs. NSW adolescents in years 7 and 10 are offered the recommended and funded vaccines through a school-based immunisation program and may also be vaccinated by a GP or pharmacist immuniser. [School program data](#) show declines in vaccine uptake during the COVID-19 pandemic, however public health units (PHUs) have extended catch-up opportunities in the school program for students who have missed immunisation and students can access immunisation of missed doses through GPs or pharmacies. By 15 years of age, 86% of adolescents have been vaccinated with HPV vaccine (source: AIR 2023).

Adults are recommended to receive a range of NIP vaccines and COVID-19 vaccines, for instance:

- Pregnant women are routinely recommended to receive influenza and pertussis vaccines, to protect themselves and protect their babies in their first 6 months of life.
- Older people undergo an age-related decline in immune responses resulting in greater susceptibility to infection and severe disease. They also have a reduced response to vaccination.
- Some adults have medical conditions that put them at greater risk of severe disease such as those with conditions or therapies that suppress their immune system.
- Older adults and those with medical risk factors are recommended to receive a range of vaccines such as influenza², pneumococcal, herpes zoster (shingles) and COVID-19.³

In addition to population wide immunisation programs, a small number of vaccines are recommended for:

¹ Vaccines and Immunization: https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1

- Those with higher risk of exposure to certain VPDs (such as Q fever, Japanese encephalitis, mpox and rabies), including through occupational settings.
- Those with specific medical conditions (such as meningococcal vaccine post-splenectomy), and
- Overseas travellers.

²NCIRS Influenza vaccination coverage data <https://ncirs.org.au/influenza-vaccination-coverage-data>

³COVID-19 vaccination rollout update <https://www.health.gov.au/resources/collections/covid-19-vaccination-rollout-update>

Strategic priorities and targets

02

The NSW Immunisation Strategy 2024 – 2028 aligns with the NSW Future Health Strategic Framework⁴ outcome that ‘People are healthy and well’ and complements the Australian Government’s National Immunisation Strategy. This Strategy details six priority areas that aim to improve vaccine access and uptake and reduce the impact of vaccine preventable diseases on individuals and communities in NSW.

Immunisation coverage targets (Table 1) will provide a measure of the Strategy’s success, and be complemented by additional metrics, ensuring equity across the NSW population is achieved. Data to better support these analyses is likely to become available through the course of the Strategy’s implementation. Measures of community sentiment towards immunisation will also form part of ongoing monitoring of the Strategy’s success.

Figure 2. Immunisation priorities at a glance



⁴ Future Health Guiding the next decade of care in NSW 2022-2032. Available at <https://www.health.nsw.gov.au/about/nswhealth/Publications/future-health-report.PDF>

Table 1. Immunisation coverage targets

CURRENT COVERAGE TARGETS (JANUARY 2024)	STRETCH TARGETS
INFANTS AND CHILDREN	
95% childhood immunisation coverage for children aged 1, 2, and 5 years	95%
70% Meningococcal B immunisation course completion for Aboriginal and Torres Strait Islander children aged 2 years	80%*
40% influenza immunisation coverage for children aged 6 months to under 5 years	50%*
ADOLESCENTS	
80% meningococcal ACWY immunisation coverage for adolescents aged 17 years	90%*
90% dTpa immunisation coverage for adolescents aged 15 years	90%
90% HPV immunisation coverage for adolescents aged 15 years	90%
ADULTS	
60% influenza immunisation coverage for pregnant women	80%*
80% dTpa immunisation coverage for pregnant women	90%*
75% influenza immunisation coverage for adults aged 65 years and over	80%
70% zoster immunisation coverage for adults 65 years and over	80%
70% zoster immunisation coverage for Aboriginal adults aged 50 years and over	80%
COVID-19 immunisation coverage (targets to be developed based on ATAGI advice) **	To be determined

* Stretch targets

** Influenza, COVID-19, pneumococcal and shingrix vaccine (and any other relevant vaccines) uptake in residential aged care facilities will also be monitored.

Priority 1: Embed immunisation in routine healthcare

Embedding immunisation in routine health care, across primary, community and hospital settings, will increase opportunities for people to know what vaccines are recommended for them and improve access. Making immunisation part of everyday conversations between health professionals and patients also provides opportunities to discuss their specific immunisation needs and address concerns or barriers. Extensive research has shown that healthcare providers play a pivotal role in delivering immunisation services, and their recommendations are a critical factor in the decision to vaccinate.

OBJECTIVES

1. Build health professionals' knowledge, confidence, and competence to recommend immunisation.

Health professionals play a crucial role in individual decisions to vaccinate and are well positioned to actively recommend immunisations to their patients. Building health professionals' awareness, knowledge, confidence, and motivation will empower them to integrate immunisation into routine patient care. This includes reviewing patients' immunisation status as part of their routine care and including immunisation requirements in discharge information and handover of clinical care to their GPs and/or residential care facilities.

A mobile support team was established in Northern Sydney LHD that provided a pathway for opportunistic vaccination and vaccination of at-risk populations.

2. Identify opportunities for engagement.

Identifying patient touchpoints in primary and tertiary care will maximise opportunities for healthcare workers to engage patients in conversations about immunisation. Some services see patients who experience particular barriers to accessing primary care, such as homelessness services, disability care settings or refugee health services. These services are uniquely placed to support immunisation conversations and access.

NSW Health provides support through existing specialist expertise in immunisation for people with disability, such as the NSW Immunisation Specialist Service with the National Centre for Immunisation Research and Surveillance. NSW Health also funds opportunistic immunisation services in the Sydney Children's Hospital Network and John Hunter Children's Hospital.

3. Integrate immunisation into routine clinical care.

Immunisation services need to be embedded in key services, such as maternity, renal dialysis, sexual health, mental health, drug and alcohol and community outreach services targeting disadvantaged communities. This includes offering immunisations where clinically appropriate.

Oncology services are also an important setting to support and offer immunisation. NSW Health will provide state funded vaccines for revaccination of bone marrow recipients.

Discharge planning, particularly for residents of disability and aged care facilities, should include assessing whether a person is up to date with their recommended immunisations. If not clinically appropriate to perform catch up immunisations at the point of discharge, patients should be referred to primary care for follow up.

Normalising immunisation in routine patient assessments will increase immunisation opportunities for all people. While authorised nurse/midwife immunisers are trained to initiate and administer vaccines, other non-authorised registered and enrolled nurses and midwives can also administer vaccines under a medical/nurse practitioner order.

4. Establish and maintain high immunisation coverage in residential disability and aged care settings.

Residents in aged and disability care settings have heightened vulnerability and risk of disease transmission than the broader community, mainly due to shared living arrangements and underlying medical conditions. Maintaining high immunisation coverage (particularly for influenza, shingles and pneumococcal vaccines, and any other recommended vaccines), is therefore essential to protect residents. NSW Health will continue to collaborate with the Australian Government to monitor immunisation data and identify and address potential gaps. Ongoing workforce training is also required to enable identification of residents requiring immunisation and offering immunisation services within the facility as part of their routine health care.

Priority Area 2: Enhance community awareness and understanding of immunisation

Supporting individual and community awareness and understanding of vaccines may help motivate people to engage with immunisation. When combined with good access, it can increase coverage. It will be important to collaborate with a number of services such as multicultural health services, translating and interpreting services and communication partners.

OBJECTIVES

1. Develop effective communication strategies in partnership with community.

Communication strategies across the NSW Health system should be aligned and integrated with immunisation policies and programs. Communications should be informed by evidence-based approaches, and guided by formative research and community insights, ensuring they are fit for purpose, and fit for audience. Communications objectives should include both the provision of information and undertake to change specific behaviours across priority audiences.

Acknowledging the competitive and incumbered health information environment of the varied communities and priority populations, this Strategy supports an embedded model of messaging whereby health services aim to include communications about immunisation in settings and strategies borne from other areas of health that seek to speak to common audiences and take an audience/person-centred approach.

Health literacy is critical to enabling people to make informed decisions regarding immunisation. Health systems play a critical role in responding to the diverse health literacy needs of the population by supporting access to easy-to-understand, trustworthy and culturally appropriate information. The content should be in plain language, carefully translated and use multiple modes to ensure accessibility for people with visual, hearing, and cognitive impairments, and be co-designed with target populations.

Western Sydney LHD teams were used to increase vaccination rates by holding clinics in community settings and at community events.

Information gaps can contribute to low vaccine uptake, particularly in CALD communities. The Strategy supports/encourages initiatives that empower organisations to lead communications within their communities to bolster immunisation coverage. These core community organisations are best placed to communicate key messages and initiatives around the importance of immunisation. Community ownership ensures messages are culturally appropriate and sensitive, which is fundamental to increasing and sustaining vaccine uptake.

Immunisation-related communication is most effective when it involves: direct engagement with specialist multicultural organisations in immunisation program development and roll out; ownership of campaigns with trusted sources such as community leaders; tailored and targeted in-language messaging across multiple platforms; and timely research to understand concerns, and misconceptions and motivations of priority groups.⁵ Engagement with multicultural media remains key, as does having resources available for adaptation to local settings.⁶ The [COVID-19 Vaccination Glossary](#) was

⁵ NSW Council of Social Services <https://www.ncoss.org.au/wp-content/uploads/2021/07/CALD-document-design-FINAL.pdf>

⁶ Seale, H. Enhancing and supporting the COVID-19 vaccination program - focusing on Culturally and Linguistically Diverse Communities <https://sph.med.unsw.edu.au/sites/default/files/sphcm/News/Enhancing-supporting-COVID-19-vaccination-program.pdf>

used to provide translated and plain language meanings to medical terms and was effectively used by community leaders to communicate to populations. This local level engagement with the community is essential for building ongoing trust and relationships, such as with Aboriginal Community Controlled Health Services.

2. Utilise behavioural insights to understand community perspectives that affect how information is received.

Routine monitoring of community sentiment can assist in understanding barriers and facilitators of vaccine uptake in different communities. For example, the NSW Health population health surveys⁷ provide information that can support understanding of the demographic and psychosocial factors that affect uptake. These population health data, where possible, should be combined with audience insights on attitude, sentiment, influences and preferred sources of trust, and designed in line with established behavioural change models, and behavioural science principles. Although local level engagement can identify specific barriers to immunisation, overall sentiment monitoring can assist with planning immunisation campaigns, particularly for priority populations.

3. Enhance the capacity of our diverse health care staff to engage with specific populations.

NSW Health has a diverse workforce with many Aboriginal and CALD staff who are knowledgeable and skilled in immunisation. With additional support such as communication training, and additional vaccine specific education, these staff can support effective communication.

⁷ New South Wales population health surveys <https://www.health.nsw.gov.au/surveys/Pages/default.aspx>

Priority Area 3: Maximise workforce capacity to support immunisation

While specialised workforces are essential in immunisation program delivery, it is important to maximise the workforce capacity further to support immunisation in all health care settings. Registered and enrolled nurses and midwives may administer vaccines (Schedule 4 medications) under a medical/nurse practitioner order. Authorised nurse/midwife immunisers⁸ and pharmacist immunisers⁹ are authorised under NSW legislation to independently initiate and administer certain vaccines.

OBJECTIVES

1. Expand models of care.

NSW pharmacist immunisers are funded to administer NIP vaccines to people 5 years of age and over. These immunisation services should be widely promoted, particularly in areas where access to general practice may be limited. Utilisation of other community health care providers will enhance immunisation opportunities. For example, community based authorised nurse/midwife immunisers and Aboriginal Health Practitioners can help ensure immunisation is accessible for people who experience barriers through existing models.

In hospital settings, authorised nurse/midwife immunisers are trained to initiate and administer vaccines; however, they should not be solely relied upon for patient immunisation. Registered and enrolled nurses and midwives can administer vaccines under a medical/nurse practitioner order and should be utilised to administer vaccines.

Models of care for administration of vaccines by nurses and midwives within NSW Health services should also be expanded. For example, the use of medication standing orders enables the assessment and immunisation of patients without a medical/nurse practitioner order or clinician examination at the time of the interaction.

Throughout the life of the strategy, opportunities to safely expand the scope of practice of other health practitioners to include vaccine administration should be considered.

Central Coast LHD established a nurse-led in reach/outreach vaccination service to improve COVID-19 and influenza vaccine uptake (among vulnerable patient cohorts)

2. Strengthen the Aboriginal health workforce.

Aboriginal health workers play an important role in supporting their communities. NSW Health supports ongoing education and engagement for Aboriginal communities, family, and kinship groups to support whole of life immunisation.

NSW Health will progress collaborations to support the development of a pathway to train and upskill Aboriginal Health Practitioners to initiate and administer vaccines. This includes education of the broader health provider community about the scope of practice for Aboriginal Health Practitioners.

⁸ Authority for Registered Nurses and Midwives <https://www.health.nsw.gov.au/immunisation/Documents/authority-for-RNs-and-midwives.pdf>

⁹ NSW Pharmacist Vaccination Standards <https://www.health.nsw.gov.au/immunisation/Documents/authority-for-RNs-and-midwives.pdf>

NSW Health has a successful [Aboriginal Immunisation Health Worker Program](#).¹⁰ As a result of this initiative to draw on the strengths of Aboriginal immunisation health workers, immunisation rates for Aboriginal children at 5 years of age in NSW exceed 96%. The broader Aboriginal health workforce could be enhanced further to identify opportunities for immunisation discussions and encounters at all touch points of the health system.

3. Build workforce capability.

Evolving immunisation programs require up-to-date training pathways for clinicians to improve their skills, knowledge, and confidence to conduct immunisation encounters with their patients. Workforce capability building should also include training and support for using and reporting immunisation encounters to the Australian Immunisation Register (AIR). Upskilling the health workforce is essential to support decision making and direct people to appropriate information and resources. Differing levels of workforce education and training may be required (including consideration for education on culturally appropriate care services) depending on the nature of the patient encounter which could range from providing general advice about immunisation to providing technical immunisation recommendations for those who are medically at risk.

¹⁰ Hendry, A.J. et al (2018) Closing the vaccination coverage gap in New South Wales: the Aboriginal Immunisation Healthcare Worker Program. MJA 2018; 209 (1): 24-28. || doi: 10.5694/mja18.00063

Priority Area 4: Use data better to drive performance, improve outcomes and address inequities

Access to accurate, timely, and meaningful data is vital for identifying areas and populations with low immunisation coverage and understanding barriers and facilitators of vaccine uptake. This includes data to understand the influences on immunisation coverage.

There are legislative requirements for vaccine reporting. The AIR is a national register that records vaccines given to all people in Australia. The AIR Act 2015 mandates that immunisation records are submitted to the AIR within 24 hours, and no later than 10 business days.

NSW Health uses data from the Australian Immunisation Register to monitor immunisation coverage, including unit record data and data from published reports.

OBJECTIVES

1. Collaborate to improve AIR data quality.

NSW Health will continue to collaborate with the Australian Government to improve the quality of data available in the AIR and the capability of the AIR to act as a single source of truth.

Regular monitoring of data quality and providing feedback and recommendations to improve data quality, including the sharing of vignettes and lessons learnt from NSW Health providers, are essential to progress the necessary improvements.

2. Enable sharing of timely and meaningful data.

NSW Health will work with all key stakeholders to identify data and reporting needs. This includes ensuring data are translated and visualised in a meaningful way, so they can be used to inform local action and quality improvement activities.

Access to timely and meaningful data is important for identifying local areas and populations with low immunisation coverage. A local focus can indicate specific demographic risk factors and help immunisation services in assessing the effectiveness or limitations of interventions such as outreach, education, reminder-recall, and community partnerships.

NSW Health will also review data sharing arrangements to ensure data are accessible and fit for purpose.

3. Explore data linkage opportunities.

The expansion of the AIR from a childhood to a whole of life register in 2016 has improved visibility of immunisation coverage across the lifespan, however there are still key data gaps. For example, the AIR does not record data that enables identification of those at highest risk of vaccine preventable diseases such as CALD communities, people with disability, aged care residents, or people experiencing homelessness or at risk of homelessness. There are also key data gaps for identifying and understanding barriers and facilitators of vaccine uptake.

Data linkage can help bridge these gaps as it will show interactions with services across sectors, identify service gaps and access barriers, and highlight opportunities for system improvements. For example, linkage of AIR data to the Person Level Integrated Data Asset (PLIDA) can assist in monitoring immunisation coverage in priority populations. It can also help to address key policy questions including if vaccines are reaching those in need and inform strategies for catch-up immunisation.

Data linkage opportunities should also be explored to enhance the understanding of the risks of new vaccines versus background risks of disease in target populations.

Priority Area 5: Optimise the use of digital systems to support programs

Technology is evolving and advancing at a greater pace than ever before. How technology such as digital systems can enhance immunisation programs should be under constant review. With the implementation of new systems, a strong equity lens should be applied in recognition that not all members of the community are digitally enabled or able to use technology.

In 2023, NSW Health completed an AIR integration project to enable the reporting of vaccines administered in NSW Health facilities to the AIR via an automated interface. This project ensures timely and accurate reporting to the AIR while reducing the administrative burden on clinicians and ensuring they are meeting their legislative reporting requirements.

OBJECTIVES

1. Prepare for evolving technology and develop system enhancements.

During the life of this strategy there will be emerging technologies, as well as changes that are already planned such as the introduction of a single digital patient record (SDPR) and a new surveillance system (SIGNAL).

NSW Health IT systems must be reviewed and updated regularly to meet these evolving technological developments and immunisation program changes. Improving system capabilities will also allow for greater management of vaccines to ensure optimal use and to minimise wastage.

The NSW Health VaxLink database records staff immunisations and automatically uploads records to the AIR. This supports LHDs to monitor compliance with the NSW Health policy directive on *Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases*.

The NSW Health Notifiable Conditions Information Management System (NCIMS) monitors the incidence of VPDs in the community. A new surveillance system (SIGNAL¹¹) will be progressed during the life of this strategy that will be integrated and digitally enabled to support the response to communicable diseases.

2. Promote CARMI to improve adolescent vaccine uptake in schools.

NSW Health has developed an online Consent and Records Management for Immunisation (CARMI) system that provides granular data on school program vaccine uptake.

This system also allows for online consent, management of clinic bookings and automated reporting to the AIR which enables immunisation providers to check and offer catch-up vaccines.

NSW Health will continue to collaborate with NSW education authorities and support PHU activities to improve vaccine uptake in adolescents, including addressing technological barriers and supporting the use of online consent across the program.

3. Support community skills and knowledge.

As the digital world develops, it is essential that NSW Health continues to work with community groups and the broader healthcare system to ensure that consideration is given to those with limited technological skills and knowledge, and those with limited or no access to these technologies, so that the digital gateway is not prohibitive to accessing healthcare and does not contribute to inequity.

¹¹ Case study: Investment in surveillance tools - the SIGNAL program <https://www.health.nsw.gov.au/Infectious/covid-19/evidence-hub/Pages/systems-surveillance.aspx>

Priority Area 6: Prepare to adopt and implement new vaccines

The unpredictable nature of emerging and re-emerging vaccine preventable diseases poses challenges. Additional vaccines are expected to be scheduled or rolled out over the period of this Strategy, as existing vaccines are required for the management of infectious disease outbreaks, and new vaccines are developed in response to the emergence of new pathogens. Recent examples include the 2021 rollout of COVID-19 vaccines, and targeted immunisation initiatives for populations at higher risk of Japanese encephalitis and mpox in 2022.

OBJECTIVES

1. Prepare for vaccine technological advances.

Advances in vaccine technology, research and the development of new vaccines or procedures around how existing vaccines are used will occur during the life of this Strategy. Adoption of these is essential to limit and prevent the impact of vaccine preventable diseases.

The introduction of new vaccines, and the use of monoclonal antibodies in a similar way to vaccines, are expected through the life of this Strategy. New administration techniques and development technologies (such as mRNA, intranasal and intradermal vaccines) may also emerge and impact on program delivery.

2. Build motivation and confidence as new vaccines are introduced.

Communication with key stakeholders including consumers, employers, non-government organisations, community groups and different clinical groups, remains essential in providing confidence around developing technologies, emerging vaccines, and public health emergencies.

Behavioural insights can help with successful promotion of immunisation to target groups and will also assist in ensuring priority populations are understood and supported to be vaccinated.

3. Plan for rapid targeted or population-scale vaccine rollouts.

Immunisation responses to emerging situations will vary in scale, depending on the context. This can range from a communicable disease threat requiring targeted immunisation through to a mass immunisation response to a pandemic.

A vaccine rollout would depend on the objectives of the communicable disease response plan. NSW Health would have to plan to utilise a variety of immunisation models which take into account factors such as the urgency to vaccinate, vaccine availability, vaccine storage and thermostability requirements and the target population.

Establishing an existing diverse delivery model under business as usual is a significant enabler to support rapid scale up in the context of urgent vaccine rollouts. Rapid upscaling was evident during the COVID-19 rollout in September 2021, when daily vaccine administration topped 160,000 for GPs, 33,000 for pharmacies in Australia and 27,000 for NSW Health.¹²

While the large-scale models provide community confidence and capacity for high-volume immunisation, bespoke models can support equity for priority populations and should include culturally accessible environments, low sensory environments, and outreach and in-reach clinics.

¹² COVID-19 vaccine roll-out 30 September 2021: <https://www.health.gov.au/sites/default/files/documents/2021/09/covid-19-vaccine-rollout-update-30-september-2021.pdf>

Implementation and monitoring

03

Local Health Districts should consider the Strategy and incorporate actions into their local service planning and delivery over the 2024-2028 period to support its objectives, meet its priority area requirements, targets and stretch targets.

NSW Health will convene an immunisation monitoring group which will develop an immunisation program monitoring plan in alignment with this Strategy and identify priorities for research. The monitoring group will comprise broad representation from within and external to NSW Health, including community, primary care and academic partners, reflecting the need to partner effectively to achieve outcomes.

Throughout the Strategy high quality research activities will be supported to generate new evidence to support ongoing implementation activities.

Appendices

04

Appendix 1: Relevant strategies and policy directives

[National Immunisation Strategy 2019-2024](#)

[Future Health: Guiding the next decade of health care in NSW 2022-2032](#)

[NSW Regional Health Strategic Plan 2022-2032](#)

[NSW Hepatitis B Strategy 2023–2026](#)

[PD2023_032 Neonatal Hepatitis B Prevention and Vaccination Program Policy Directive](#)

[NSW Sexually Transmissible Infections Strategy 2022-2026](#)

[PD2023_008 Early Response to High Consequence Infectious Diseases Policy Directive](#)

[National Strategy for the Elimination of Cervical Cancer in Australia](#)

[PD 2023_022 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases Policy Directive](#)

[eHealth Strategy for NSW Health 2016 - 2026](#)

Appendix 2: Useful resources

[Opportunistic Immunisation Toolkit for Local Health Districts](#)

[Australian Immunisation Handbook](#)

[Immunization Agenda 2030: A Global Strategy To Leave No One Behind](#)

[Implementing the Immunization Agenda 2030](#)

[Pharmacist initiation and administration of vaccines](#)

[Physical health care for people living with mental health issues – a guideline - GL2021_006](#)

