

Tasmanian Immunisation Strategy

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Tasmanian Immunisation Strategy, 2019-24

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Acronyms

AEFI	Adverse events following immunisation
AIR	Australian Immunisation Registry
ATSI	Aboriginal and Torres Strait Islander
ATAGI	Australian Technical Advisory Group on Immunisation
CDPU	Communicable Diseases Prevention Unit
DoH	Department of Health (Tasmanian Government)
dTpa	Diphtheria, tetanus, and pertussis vaccine
HPV	Human Papillomavirus
NIP	National Immunisation Program
NPEV	National Partnership Agreement on Essential Vaccines
PBAC	Pharmaceutical Benefits Advisory Committee
PHS	Public Health Services
SA3	Statistical Area Level 3 as defined by the Australian Bureau of Statistics
SBIP	School Based Immunisation Program
TGA	Therapeutic Goods Administration
VPD	Vaccine-preventable diseases

Executive Summary

The Tasmanian Immunisation Strategy ('the Strategy') is the guiding document for the administration of publicly-funded vaccines in Tasmania. It has been developed within the context of the National Immunisation Strategy and national policy. The Strategy will provide clear direction for immunisation service providers and consumers in Tasmania.

The Strategy is the product of cooperative engagement with Tasmanian stakeholders holding key roles in immunisation service provision (see Appendix I). It aims to increase immunisation coverage for all Tasmanians across their lifespan and reduce the incidence of vaccine-preventable diseases through collaborative action.

While Tasmania is one of the highest overall performing jurisdictions for early childhood immunisation, there are localised areas of suboptimal immunisation coverage in young children and adolescents, and knowledge gaps about immunisation coverage in adults.

Providing cohesive immunisation services at a high standard is paramount to successful immunisation programs. A high quality immunisation service requires the right professionals, delivering the right immunisations, in the right place and at the right time. Services must be safe and easily accessible, reflecting the needs and demands of Tasmanians of all ages.

The Strategy comprises five key priority areas critical to strengthening the administration and uptake of immunisation in Tasmania.

- 1 Improve immunisation coverage
- 2 Ensure an adequately skilled immunisation workforce
- 3 Enhance monitoring and evaluation of immunisation programs
- 4 Strengthen governance and engagement with our partners
- 5 Maintain community confidence in immunisation

The document discusses each strategic priority and outlines the underpinning key actions.

Introduction

Immunisation is the most significant public health intervention in the last 200 years, providing a safe and effective way to prevent the spread of many diseases that cause hospitalisation, serious ongoing health conditions and sometimes death¹.

Immunisation not only provides protection against vaccine-preventable diseases (VPDs) for the individual, but also offers important benefits for the long-term health of the community. For immunisation to provide the greatest benefit, a sufficient proportion of the population need to be vaccinated to stop the spread of bacteria and viruses that cause disease – this is known as herd immunity¹.

The National Context

The National Immunisation Program (NIP) was formally established in 1997, and the National Immunisation Schedule currently contains vaccines against 17 diseases. The NIP's achievements include the elimination of endemic measles and rubella, and maintenance of a poliomyelitis-free status in Australia^{2, 3}.

The NIP is a collaborative system involving Australian, State and Territory, and Local Governments. The Australian Government funds and procures all vaccines on the NIP for eligible individuals on behalf of the States and Territories. In turn, State and Territory Governments are responsible for the implementation of the NIP including ordering and delivery of vaccines to immunisation providers, as well as reporting on the delivery of outcomes and outputs to the Australian Government³.

The delivery and monitoring of NIP is multifaceted and requires partnerships between many different groups. The National Immunisation Committee (NIC) oversees the development, implementation, and delivery of national policies including the NIP. It aims to provide national consistency in the availability and pricing of vaccines. The NIC reports to the Australian Health Protection Principal Committee of the Australian Health Ministers' Advisory Council through the Communicable Diseases Network Australia³.

The Pharmaceutical Benefits Advisory Committee (PBAC) evaluates the clinical efficacy and cost-effectiveness of vaccines. Under the *National Health Act 1953* this assessment is required prior to vaccines being subsidised under the Pharmaceutical Benefits Scheme or provided free through the NIP³.

The Australian Technical Advisory Group on Immunisation (ATAGI) provides technical advice on immunisation issues including the NIP. It advises the Australian Minister of Health on the medical administration of vaccines, the PBAC on vaccine effectiveness, and collaborates with other organisations including the NIC. ATAGI is also responsible for producing the Australian Immunisation Handbook³.

The Therapeutic Goods Administration (TGA) has an essential role in monitoring the safety of vaccines. In Tasmania, adverse events following immunisation (AEFI) are reported directly to the TGA. In addition to the passive monitoring of AEFI through the TGA, the Australian Government funds *AusVaxSafety*, a national active surveillance system using sentinel sites³.

The Australian Immunisation Register (AIR) is a national registry which records the details of all vaccines given. Initially starting as The Australian Childhood Immunisation Register in 1996, it has expanded to include adults in 2016 and the Human Papillomavirus (HPV) register in 2018. It is the responsibility of immunisation providers to report immunisation details to the AIR⁴.

The funding and delivery arrangements of the NIP are described in the *National Partnership Agreement on Essential Vaccines* (NPEV). The AIR provides data on immunisation coverage to inform the Australian Government on whether the States and Territories have met benchmarks described within the NPEV³.

National policies, such as the Australian Government “No Jab, No Pay” childcare benefit policy, also affect the community uptake of immunisation in Tasmania. From 2016 conscientious and religious objection was removed as valid reasons for exemption from the immunisation requirements for family payments.

In considering specific priorities for action, it is important to realise that in some instances advocacy for policy development at a Commonwealth level will be the only State-level intervention possible.

The Tasmanian Context

Tasmania participates in the NIP and also funds several State-based programs in response to the unique needs of our State. Examples of State-based immunisation programs within Tasmania include:

- The expansion of the influenza immunisation program to include children aged 6 months to 5 years old from 2018.
- A meningococcal-ACWY immunisation program for 15–19 year olds was initiated in 2017, and expanded to those aged between 6 weeks and 21 years in 2018 in response to a community outbreak of meningococcal W disease.
- The Pharmacist-administered Influenza Vaccination Program for non-NIP eligible adults which commenced in 2016.
- A hepatitis A immunisation program for men who have sex with men (MSM) (16–69 years) was initiated in 2018 in response to a multi-jurisdictional outbreak.
- A hepatitis B immunisation program for people at high risk of contracting the virus.

Immunisation in Tasmania is administered in many settings; including general practice, Aboriginal Health Services, pharmacies, local councils, and schools through School Based Immunisation Programs (SBIP).

Adverse events following immunisation (AEFI) are voluntarily reported to the TGA by immunisation providers and consumers. Most AEFIs in Tasmania are reported by nurses and general practitioners. The AEFI reporting rate in Tasmania ranged between 8.0 and 15.9 per 100 000 population between 2011 and 2016. This is consistently below the mean reporting rate in Australia (10.6 to 18.0 per 100 000 population). The most commonly reported reactions were injection site reactions (20 per cent) and fever or chills (10 per cent)⁵.

Strengths

Childhood immunisation is a strength in Tasmania. In 2018, Tasmania had the highest coverage rates for 5 year olds in Australia, with more than 95 per cent of 5 year olds being fully immunised. Tasmania also surpassed the national coverage rates in 1 year olds, 2 year olds and 5 year olds for both the Aboriginal and Torres Strait Islander (ATSI) cohorts and all children cohorts in 2018¹.

Tasmania's strong sense of community and ability to unite for a cause is another strength. In response to the community outbreak of meningococcal W disease in the northern suburbs of Hobart in 2018, the Tasmanian Government implemented an urgent immunisation response in the outbreak area and a statewide immunisation program.

A notable accomplishment from this immunisation response includes the distribution and administration of 90 000 vaccines within 90 days, reflecting a high degree of dedication and cooperation from all immunisation providers to collectively protect Tasmanians from this health threat⁶.

The array of complementary immunisation providers and the settings in which this response was delivered contributed to its success. The range of health professionals who administer vaccines in a variety of settings provides many avenues to immunisation in the community, and is a strength of the immunisation program in Tasmania.

Challenges

Tasmania has a geographically dispersed, predominantly regional population which creates challenges in the provision of immunisation services⁷. Primary care access may be a barrier to immunisation in rural and remote areas of Tasmania.

Socioeconomic disadvantage and low levels of health literacy in Tasmania are other potential barriers to health and immunisation service access. In 2012, 7.3 per cent of Tasmanians were unemployed, and 31 per cent relied on income support payments⁷. Health literacy is the knowledge and skills needed to source, understand and use health information to make informed decisions about health issues⁸. In 2016, an Australian Bureau of Statistics survey found that 63 per cent of Tasmanians aged 15–74 years old do not have adequate health literacy to meet the complex demands of everyday life⁸. Helping Tasmanians who may struggle with health literacy to find and use information and services for immunisation is important to ensure a healthy future for all.

We live in a global society with increased movement of humans, animals and other goods. Emerging international health threats can impact on the health of Tasmanians. Localised outbreaks of imported measles within Australia¹⁰ illustrate the importance of maintaining high immunisation rates and the risks of immunisation complacency. Despite achieving high coverage rates in early childhood cohorts, significant regional variation is present in the rates of fully immunised children across Tasmania. These localised areas of lower coverage may be susceptible to disease outbreaks³.

Certain vaccines are also indicated in specific groups of adults, such as pregnant women, older people, and people with predisposing medical conditions. Less data is available on immunisation coverage in these population groups; however future developments may be enabled by the addition of adult immunisation records to the AIR.

Opportunities

In contrast to early childhood immunisation, there are data gaps regarding the immunisation status of the adult population and opportunities for Tasmania to improve the immunisation coverage in adolescents.

In 2017, Human Papillomavirus (HPV) immunisation rates for Tasmanian males and females (at age 15) were the lowest in Australia¹¹. This represents an opportunity to improve the immunisation of adolescents in Tasmania. Exploring the roles of nurses working in schools may identify opportunities to facilitate and improve school-based immunisation.

Providing immunisation in novel settings, such as antenatal clinics, may be one strategy to improve access to, and uptake of immunisation in pregnant women. Correspondingly, increasing the current scope of practice of pharmacists or providing authorised immuniser training to midwives and nurses working in schools are other opportunities to improve access to immunisation information and services.

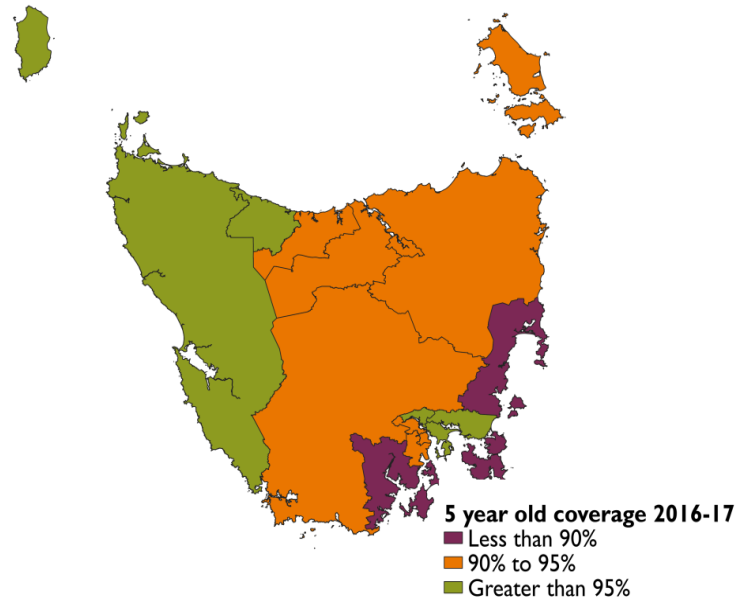
A Snapshot of Immunisation in Tasmania*

Childhood Immunisation

In 2018, **96 per cent of 5 year olds** were fully immunised in Tasmania, **the highest coverage rate in Australia**¹

Tasmania surpassed National coverage rates in 1 year olds, 2 year olds and 5 year olds for both the Aboriginal and Torres Strait Islander cohorts and All Children cohorts in 2018¹

Regional variation exists, ranging from 88-96 per cent for 5 year olds in 2016-2017²



Adolescent Immunisation



13 out of 20 males (15 year old) were fully vaccinated for HPV in 2017³

Adolescents are immunised against human papillomavirus (HPV), diphtheria, tetanus, pertussis (dTpa) and, more recently, meningococcal ACWY disease.

The majority of adolescents receive vaccine through school-based programs via:



29 local councils

101 schools



15 out of 20 females (15 year old) were fully vaccinated for HPV in 2017³

In 2017, **Tasmania had the lowest rates** of full HPV coverage in Australia³

Adult Immunisation



Immunisation programs are also available for certain adult populations who are especially vulnerable to, or at increased risk of vaccine-preventable diseases. This includes pregnant women, older people, refugees and humanitarian entrants, men who have sex with men, and people with predisposing medical conditions

1. DoH (Australia). Childhood immunisation coverage [Internet]. Available from: <https://health.gov.au/health-topics/immunisation/childhood-immunisation-coverage>

2. AIHW. Immunisation interactive data table [Internet]. Avail: myhealthycommunities.gov.au/interactive/immunisation

3. National HPV Vaccination Program Register. Coverage Data [Internet]. Avail: <http://www.hpvregister.org.au/research/coverage-data>

Icons from <https://icons8.com/>

*As at 29/01/2019

A Snapshot of Vaccine-Preventable Diseases in Tasmania

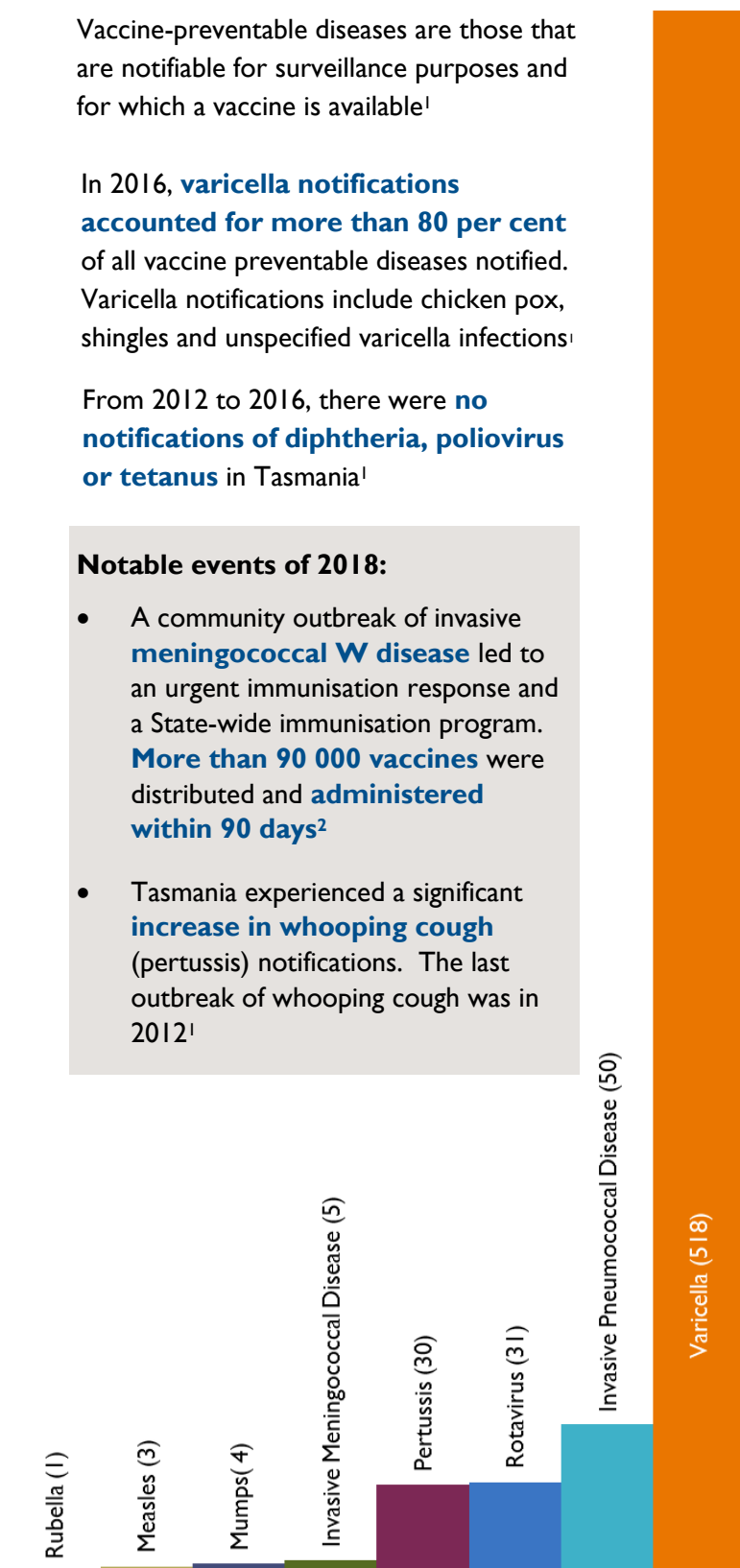
Vaccine-preventable diseases are those that are notifiable for surveillance purposes and for which a vaccine is available¹

In 2016, **varicella notifications accounted for more than 80 per cent** of all vaccine preventable diseases notified. Varicella notifications include chicken pox, shingles and unspecified varicella infections¹

From 2012 to 2016, there were **no notifications of diphtheria, poliovirus or tetanus** in Tasmania¹

Notable events of 2018:

- A community outbreak of invasive **meningococcal W disease** led to an urgent immunisation response and a State-wide immunisation program. **More than 90 000 vaccines** were distributed and **administered within 90 days**²
- Tasmania experienced a significant **increase in whooping cough** (pertussis) notifications. The last outbreak of whooping cough was in 2012¹



The number of notifications of selected vaccine-preventable diseases in Tasmania in 2016¹

More than 20 different vaccines are available through publicly-funded immunisation programs, **providing protection against 17 infections and diseases**³.

**VACCINES
SAVE
LIVES**

These are:

Invasive Pneumococcal Disease
 Invasive Meningococcal Disease
 Haemophilus influenza Type B
 Human Papillomavirus
 Herpes Zoster
 Hepatitis A
 Hepatitis B
 Diphtheria
 Influenza
 Poliovirus
 Rotavirus
 Pertussis
 Varicella
 Tetanus
 Measles
 Rubella
 Mumps

1. DoH (Tasmania). Vaccine Preventable Diseases in Tasmania 2016 Annual Report. 2018
 2. DoH (Tasmania). Meningococcal Disease. 2018
 3. DoH (Tasmania). Immunisation. Avail: health.gov.au/health-topics/immunisation

Immunisation Strategic Priorities in Tasmania

Priority Area I: Improve immunisation coverage

Protecting Tasmanians from vaccine-preventable diseases (VPDs) is dependent on maintaining and improving immunisation coverage for all eligible persons. Immunisation has a key role in the health of all Tasmanians at every stage of life.

Childhood Immunisation

Overall, Tasmania performs well in early childhood immunisation. The National Immunisation Strategy sets a coverage target of 95 per cent to generate herd immunity to prevent the spread of VPDs³. In 2018, Tasmania met this target in both cohorts of five year olds, (All children and ATSI children)¹.

However, regional variation does exist¹². Nine of the fifteen Statistical Areas Level 3 (SA3) in Tasmania had immunisation coverage rates less than 95 per cent for 5 year olds in 2016–2017¹² (See Appendix 2).

Achieving and maintaining high immunisation coverage rates in all areas for all children is imperative in protecting the health of all Tasmanians.

Adolescent Immunisation

Adolescents are eligible to receive diphtheria-tetanus-pertussis (dTpa) and HPV vaccines through the NIP³. These vaccines are predominantly administered through the school-based immunisation program (SBIP)¹³.

The SBIP has a long history in Tasmania: immunisation using oral poliomyelitis through schools was introduced in the 1960s¹³. The delivery of immunisation services through SBIP is dependent on strong collaborations between Public Health Services, local councils, the Department of Education and education providers.

Coverage data indicates that there are opportunities to improve the delivery of immunisation to adolescents. In 2017, less than 75 per cent of females and 65 per cent of males were fully immunised against HPV by the age of 15, compared to the national rates of 80 per cent for females and 76 per cent for males.¹¹ (See Appendix 3). Achieving and maintaining HPV coverage rates of 80 per cent in males and females aged 12 years is predicted to lead to the elimination of vaccine-targeted HPV types¹⁴.

Vulnerable Groups

Aboriginal and Torres Strait Islander people and people with certain medical conditions are especially vulnerable to the effects of VPDs. It is recommended that these groups receive additional vaccines¹⁶.

Refugees and other humanitarian entrants are another vulnerable population in Tasmania. Catch up immunisation for these populations are funded under the NIP.

Adult Immunisation

Pregnant women and neonates are also vulnerable to VPDs. Pregnant women are eligible to receive the influenza and dTpa vaccine during pregnancy, and are also recommended other vaccines pre-conception to protect both themselves and their newborn child¹⁵.

Influenza, pneumococcal, and shingles vaccines are also available for older persons under the NIP.

Less data are available on immunisation coverage in adult populations, but it is expected AIR will facilitate better monitoring into the future. It is the responsibility of all health professionals treating these individuals to be contemporary with current immunisation guidelines for their patient's personal protection as well as the protection of the community.

Objectives

- Maintain or improve immunisation coverage for all vaccines on the NIP and other state-based programs
- Improve adolescent HPV immunisation coverage in both males and females
- Improve immunisation coverage for population groups at higher risk of VPDs
- Improve adult immunisation coverage

Key Actions

- Achieve immunisation coverage rates of 95 per cent or higher for 1-, 2- and 5-year old children
- Achieve immunisation coverage rates of 95 per cent or higher for 1-, 2- and 5-year old ATSI children
- Achieve 80 per cent immunisation coverage for HPV, for both females and males aged 15 years old
- Implement strategies to improve immunisation coverage in geographical areas where coverage is low
- Enable access to immunisation services for all Tasmanians of any age, regardless of financial or geographical barriers
- Implement strategies to better understand and improve adolescent immunisation coverage
- Implement strategies to better understand and improve adult immunisation coverage

Priority Area 2: Ensure an adequately skilled immunisation workforce

A range of healthcare professionals provide immunisation in a variety of settings in Tasmania¹⁷. These professionals include general practitioners, nurses, pharmacists and Aboriginal health workers, who present many avenues to immunisation for all Tasmanians.

The success of immunisation programs demands a high standard of service quality. This involves the right professionals, delivering the right immunisations, in the right place and at the right time. Immunisation services must be safe and accessible, reflecting the needs of patients.

Administering vaccines in novel settings and increasing the scope of practice of some health professionals provide opportunities to improve access to immunisation for those who are difficult to engage or who live in areas with limited access to primary care. Maintaining a high quality service across settings is imperative, to support trusting partnerships between different immunisation providers and between immunisation providers and consumers.

Provider Standards

When vaccines are administered at sites in Tasmania without the direct supervision of a medical practitioner, the site is required to obtain an Immunisation Program Approval from the Department of Health. The *Tasmanian Vaccination Program Guidelines* and the Tasmanian Pharmacy Authority's *Tasmanian Guidelines* provide direction on the privacy, safety and hygiene standards required by immunisation providers in Tasmania¹⁷.

Under *Regulation 64(c) & (ca)* of the *Poisons Regulations 2008*, Authorised Immunisers are registered nurses, midwives and pharmacists who can independently administer certain vaccines without a medical order. The *National Immunisation Education Framework for Health Professionals*¹⁸ was published in December 2017. The Council of Australian Governments Health Council has tasked the Australian Health Protection Principle Committee to establish a working group to determine a nationally-consistent approach for pharmacist immunisers.

In 2019, the Department of Health will publish *Practice Standards for Immunisers in Tasmania* which outlines competency requirements for Authorised Immunisers in Tasmania. The document will replace the 2012 *Vaccination Competency Standards for Authorised Nurse Immunisers*.

Vaccine Handling

Immunisation providers are responsible for ensuring the vaccines they administer are safe and effective. Key considerations to this include the storage and administration of vaccines in accordance with professional standards.

For vaccines to be effective, a 'cold chain' that ensures correct storage temperature must be maintained from the manufacturer to the individual recipient. The *National Vaccine Storage Guidelines* provide a framework to support the safe storage of vaccines in Australia¹⁹. Compliance with this guideline is required as part of the accreditation process for general practices in Australia, and a requirement for all settings providing immunisation in Tasmania.

Wastage (loss of vaccines due to cold chain breach or other damage) and leakage (unauthorised use of vaccines) is included within the NPEV to ensure the cost-effective delivery of the NIP²⁰.

It is important that all wastage and leakage as a result of uncontrollable events such as natural disasters, power outages or refrigeration failures are reported to the Tasmanian Department of Health. In 2016–2017, the Tasmania wastage and leakage rate was 4.7 per cent; other jurisdictions' rates ranged from 1.3 to 8 per cent²¹.

Objectives

- Support the implementation of the *National Immunisation Education Framework for Health Professionals* in Tasmania
- Maintain a low vaccine wastage and leakage rate

Key Actions

- Support immunisation service providers through effective communication, education and training
- Ensure educational standards of Authorised Immunisers are consistent with the *National Immunisation Education Framework for Health Professionals*
- Support an appropriately qualified immunisation workforce, including new entrants into the workforce
- Review the factors that impact on vaccine wastage and leakage to better understand, identify and implement best-practice models to minimise wastage and leakage
- Target factors which contribute to wastage and leakage
- Maintain a wastage and leakage rate of 5 per cent or lower

Priority Area 3: Enhance monitoring and evaluation of immunisation programs

The success of an immunisation program is measured by immunisation coverage as well as the number of new cases of VPDs in the community. Thorough analysis of immunisation rates and VPD surveillance data is central to identifying emerging communicable disease threats, as well as directing additional immunisation efforts when and where they are needed.

The 2018 urgent immunisation response to the community outbreak of meningococcal W disease in the northern suburbs of Hobart demonstrates the capacity for emergent VPD issues to be identified and addressed efficiently at a population-level in Tasmania⁶.

Information Sharing

The identification of emergent VPD issues relies upon accurate and timely notifications of disease from pathology laboratories and some diseases on clinical suspicion from medical practitioners. Outbreaks of infectious disease can occur within subpopulations, including populations who have not traditionally been considered as high-risk for that disease.

A recent example of this was the national outbreak of hepatitis A in 2017 mostly affecting men who have sex with men (MSM). In response to this, Tasmania introduced a hepatitis A immunisation program for MSM⁶. Identifying the risk factors associated with this outbreak was dependent on epidemiological information collected by public health units and significant multi-jurisdictional collaboration.

Similarly, accurate and timely reporting of immunisation is essential to monitoring vaccine uptake. The AIR facilitates the collation of immunisation data on all Australians at a national level³. However, it is dependent on an efficient reporting system and timely reporting by immunisers. Delayed or incomplete reporting compromises the integrity of the information held by the AIR.

The AIR is a valuable tool for immunisation providers to ensure their patients have received all the vaccines for which they are eligible. Tasmania will continue to support national strategies to facilitate immunisation data collection, collation, interpretation and reporting.

Accurate data is also necessary for evaluation of immunisation programs to identify barriers and enablers to improve the delivery of immunisation services. The detection of both geographic and demographic gaps in coverage can facilitate collaborative efforts to refine operational activities and improve vaccine uptake for all Tasmanians.

Vaccine Safety

No medication or vaccine is completely without risk of adverse events; thus vaccine safety considerations are crucial to the provision of immunisation programs to healthy populations. The surveillance of adverse events following immunisation has an essential role in the safe delivery of immunisation and maintaining confidence in vaccines for both providers and the public.

Tasmania's reporting rates have been consistently below the national mean and median over the past five years. This may reflect variations in reporting behaviours as Tasmania reports AEFI directly to the TGA⁵. Strengthening reporting of AEFI is fundamental to ensuring safe immunisation services within Tasmania and Australia.

Objectives

- Continue surveillance of notifiable vaccine preventable diseases
- Support the ongoing development and refinement of the Australian Immunisation Register
- Strengthen reporting of AEFI

Key Actions

- Use monitoring and surveillance systems to identify emerging VPD trends and patterns, to inform vaccine policy and identify priority immunisation programs in Tasmania
- Support the ongoing development and refinement of the Australian Immunisation Register to support the achievement of high immunisation coverage rates by identifying groups at risk of delayed immunisation and/or gaps in immunisation coverage
- Undertake activities that contribute to continuous improvement of the integrity, accuracy and timeliness of data held in immunisation registers
- Continue to work with key stakeholders to improve the timeliness and completeness of surveillance and reporting of adverse events following immunisation
- Raise community and health professional awareness of vaccine safety systems to improve confidence in the program and reporting of adverse events

Priority Area 4: Strengthen governance and engagement with our partners

Vaccines are administered by a number of immunisation providers in a variety of settings. The wide range of organisational roles and responsibilities can lead to a lack of coordination in achieving the overall strategic goals of immunisation.

Collaborative arrangements between State and Local Governments, health professional groups, Aboriginal Health Services, the Department of Education and educational institutions are key to ensuring all key partners are working together towards a common goal: to provide safe, effective and efficient immunisation in Tasmania.

National Governance

The governance arrangements between the Australian, State and Territory, and Local Governments are complex; strong partnerships between these groups are imperative to providing immunisation in Tasmania.

Arrangements between the Australian and Tasmanian Government are defined within the NPEV. The Tasmanian Government is responsible for ensuring the benchmarks and milestones from the NPEV are achieved as part of the NIP²⁰. Collaboration and cooperation between the Tasmanian Government and all immunisation providers is integral to meeting these benchmarks and milestones.

The current NPEV was reviewed in 2017 and is set to expire in 2021. Under the current agreement, State and Territory Governments must meet the following benchmarks and milestones²⁰. These are:

- **Benchmark 1:** Increasing the vaccination coverage rates for 5 year olds relative to baseline. The baseline is defined as the average coverage rate of the previous three years. Where a State has reached 95 per cent coverage, they are only required to maintain coverage rates of 95 per cent.
- **Benchmark 2:** Increasing the vaccination coverage rates for Aboriginal and Torres Strait Island children in two of three age cohorts (1 year olds, 2 year olds, 5 year olds) relative to baseline. The baseline is defined as the lowest coverage rate from the previous three years. Where a State has reached 95 per cent coverage, they are only required to maintain coverage rates of 95 per cent.
- **Benchmark 3:** Increasing the vaccination coverage rate for both adolescent boys and girls for HPV relative to the baseline. The baseline is defined as the average coverage rate over the previous three years.
- **Benchmark 4:** Increasing the vaccination coverage rate in four of the ten SA3 areas with lowest vaccination coverage rates under 95 per cent, compared to the previous year's coverage rate. If all SA3 areas have coverage rates over 95 per cent, the benchmark is met.
- **Benchmark 5:** An annual decrease in the wastage and leakage rate for vaccines to children relative to the baseline which is the previous year's rate. Where a State has wastage and leakage of 5 per cent or lower, the benchmark is met.

- **Milestone:** Provision of Human Papilloma Virus (HPV) immunisation data provided by school programs for the previous school year by 30 April each year

Legislative frameworks which direct the administration of immunisation services within Tasmania include the *Public Health Act 1997*, the *Poisons Act 1971* and the associated *Poisons Regulations 2008*. National legislation which govern the provision of immunisation includes the *National Health Act 1953* and the *Australian Immunisation Register Act 2015*¹⁷.

Local Governance

The Tasmanian Government has key roles in the coordination, delivery and promotion of vaccines. Immunisation providers, have an important role in promoting immunisation, administering vaccines, and reporting immunisation and adverse events.

Overall improvement in communication and collaboration between the Tasmanian Department of Health and all immunisation providers will seek to enhance consistency and efficiency in immunisation services provided in Tasmania.

Objectives

- Establish a Tasmanian Immunisation Advisory Committee to oversee the implementation of the Tasmanian Immunisation Strategy

Key Actions

- Ensure that governance arrangements for immunisation in Tasmania are clearly defined, accountable and effective
- Enhance communication strategies from the Department of Health to all immunisation stakeholders in Tasmania
- Create opportunities to strengthen feedback and communication to immunisation providers

Priority Area 5: Maintain community confidence in immunisation

Community confidence in vaccines and immunisation programs is integral to their success. This can only be maintained by recognising and engaging positively with the concerns of the community and ensuring a transparent, high quality immunisation programs.

Enhancing the visibility and understanding of the role of immunisation is essential to establishing immunisation as a health priority for all Tasmanians. The achievements of immunisation programs across Australia have made many VPDs uncommon or rare. This unfamiliarity may result in complacency toward vaccines as health impacts of VPDs become less visible.

Accessible, accurate and comprehensible resources are necessary to provide consistent immunisation messaging to the community. Every interaction between an immunisation provider and consumer is an opportunity to instil confidence in immunisation in Tasmania.

Objective

- Maintain community confidence in immunisation

Key actions

- Review communication resources and campaigns to improve the reach of immunisation awareness and confidence
- Within existing resources, engage with partners to improve the availability of immunisation resources for immunisation providers and consumers
- Identify and implement ways to use current and emerging communication tools and technology to reach target audiences
- Communicate findings on AEFI surveillance to immunisation providers and consumers

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Appendices

Appendix I: Consultation Groups

Representatives from the following groups were involved in the stakeholder consultation which contributed to the development of the Strategy:

- Aboriginal Health Services (Diane Hooper)
- Australian Medical Association (Annette Barratt)
- Australian Nursing and Midwifery Federation (Jen Brown)
- Department of Education (Trudy Pearce; Anthony Millward)
- General Practice Liaison Officers (Keith McArthur)
- Glenorchy City Council (Hollie Zimmerman)
- Health Professional Policy and Advisory Services, Office of the Chief Nurse and Midwife (Francine Douce)
- Health Professional Policy and Advisory Services, General Practice and Primary Care (Allison Turnock)
- Local Government Association of Tasmania (Penny Finlay)
- Pharmacy Guild of Australia – Tasmanian branch (Monique Mackrill, Madeleine Bowerman)
- Pharmaceutical Society of Australia – Tasmanian branch (Paquita Sutherland, Emily Thorp)
- Primary Health Tasmania – Community Advisory Council
- Primary Health Tasmania (Catherine Spiller; Maree Gleeson)
- Royal Australian College of General Practitioners (Jenny Presser, Amanda Lo)
- Tasmanian Health Services, Women's and Children's services (Sean Beggs)

Appendix 2: Early Childhood Coverage

Table 1: Percentage of fully immunised children, 2017-18

	All Children		Aboriginal and Torres Strait Islander Children	
	Tasmania	National	Tasmania	National
1 year olds	94.58	94.02	96.37	92.64
2 year olds	90.90	90.63	88.50	88.49
5 year olds	95.55	94.62	96.80	96.61

Source: Department of Health (Australia), 2018

Table 2: Number of children and immunisation coverage rates by local area in 2016-2017

	1 year olds		2 year olds		5 year olds	
	No. of children	Coverage rate	No. of children	Coverage rate	No. of children	Coverage rate
Brighton	269	95.6%	255	93.3%	266	95.1%
Burnie – Ulverstone	514	93.6%	563	91.1%	593	96.1%
Central Highlands (Tas.)	141	95.0%	133	91.0%	141	93.6%
Devonport	464	92.0%	467	89.7%	522	92.7%
Hobart Inner	509	93.7%	470	91.9%	514	92.2%
Hobart – North East	661	95.5%	648	92.7%	700	95.3%
Hobart – North West	655	95.4%	689	92.0%	669	94.0%
Hobart – South and West	398	94.0%	415	94.0%	467	94.9%
Huon – Bruny Island	196	89.8%	207	88.4%	217	89.9%
Launceston	956	91.9%	964	91.3%	1,011	93.0%
Meander Valley – West Tamar	204	92.2%	225	88.9%	245	93.5%
North East	357	93.0%	380	91.8%	419	95.0%
Sorell – Dodges Ferry	183	96.2%	215	92.6%	191	95.8%
South East Coast	42	83.3%	50	92.0%	42	88.1%
West Coast	189	97.4%	186	91.4%	223	96.0%

Source: Australian Institute of Health and Welfare, 2018

Appendix 3: Adolescent HPV Coverage

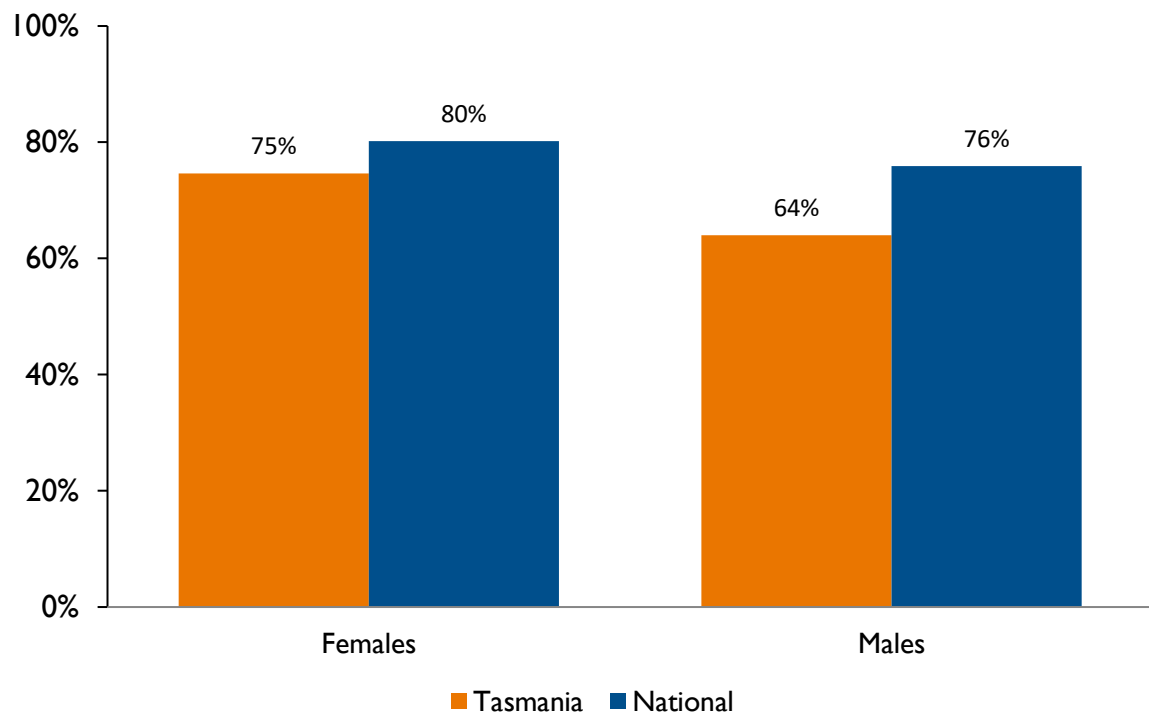


Figure I: 3-dose HPV coverage rates in adolescents turning 15 years of age in 2017.

Source: HPV Registry

