



ACT
Government
Health

ACT IMMUNISATION STRATEGY 2012-2016

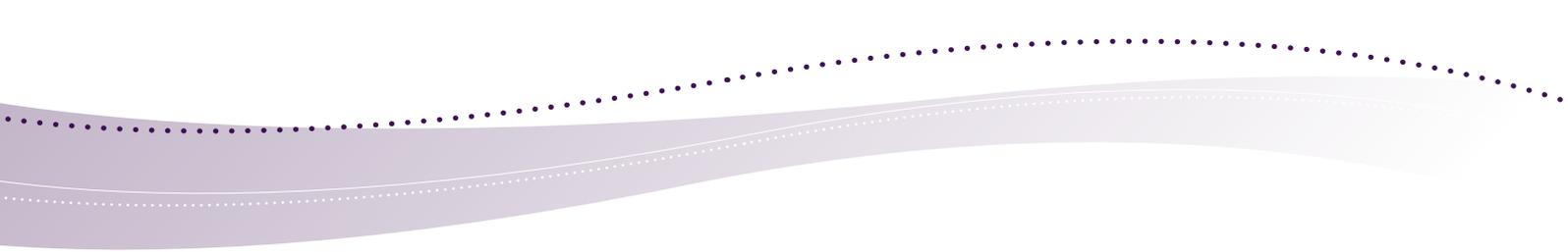




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ACT **IMMUNISATION** STRATEGY

2012-2016



**ACT Government Health
Directorate acknowledges that
the Australian Capital Territory is
Ngunnawal Country.**

The Ngunnawal people are the traditional custodians of this region and we recognise their importance and contribution to our community. ACT Government Health Directorate also recognises the value of all Aboriginal and Torres Strait Islander people and their integral part in this strategy.

CONTENTS

Introduction	2
Immunisation in the ACT	2
ACT Immunisation Strategy 2007-2010	3
Key ACT immunisation achievements (2007-2010)	3
ACT Immunisation Strategy 2012-2016	4
Vision	4
Scope of ACT Immunisation Strategy 2012-2016	4
Collaboration	4
Focus areas for strategy	5
FOCUS AREA ONE Childhood immunisation	6
FOCUS AREA TWO Adolescent and adult immunisation	8
FOCUS AREA THREE Populations at risk	10
FOCUS AREA FOUR Communication and education	13
FOCUS AREA FIVE Supply and safety of vaccine	15
Roles and responsibilities	17
Links with other plans and policies	20
Key Stakeholders in ACT immunisation	20
List of abbreviations	22

INTRODUCTION

Immunisation is one of the most effective and cost-efficient public health measures to prevent disease. For more than 200 years, the use of vaccines has progressively reduced the financial and social burden of many bacterial and viral diseases. Due to the success of immunisation programs, deaths from diseases such as tetanus, diphtheria, *Haemophilus influenzae* type B and measles are now extremely rare in Australia.

Immunisation provision is a shared responsibility between the Australian and ACT Governments, as well as within the ACT amongst the various health service providers.

The practice of immunisation is constantly evolving. The Australian Immunisation Handbook provides clear guidance about immunisation practice, as recommended by the National Health and Medical Research Council (NHMRC). New editions of the Handbook are published regularly to ensure that information is up-to-date.

Vaccines that are funded by the Australian Government are included in the National Immunisation Program (NIP). The program is increasing in complexity as new vaccines become available and the National Immunisation Program expands. This places additional demands on health professionals providing immunisations and may reduce the acceptability of immunisation to some parents and individuals.

Whilst declining rates of vaccine preventable disease is commendable from a public health perspective, this lack of disease visibility brings its own challenges. Not only does complacency about the relative importance of immunisation become an issue, but it also becomes more difficult to balance community perceptions about the risks associated with immunisation.

IMMUNISATION IN THE ACT

The high level of immunisation coverage and low incidence of vaccine preventable disease that the ACT currently enjoys has been achieved through the collaboration and partnership of many government and non-government departments and agencies. These agencies include: Health Directorate Population Health Division; Health Directorate Division of Women, Youth and Children; Health Directorate Occupational Medicine Unit; Health Directorate Pharmaceutical Services; all ACT Hospitals and their infection control units; ACT Medicare Local (ACTML); General Practices (GPs); Winnunga Nimmityjah Aboriginal Health Service; Companion House; Justice and Community Safety Directorate; various drug and alcohol programs; Commonwealth Department of Health and Ageing (DoHA); Medicare Australia and the Canberra community.

As target populations, vaccines included in the National Immunisation Program and recommendations for vaccinations expand, there is a greater variety of immunisation providers in the ACT. An increasing number of vaccines are given in other organisations. These include:

- Corrections facilities;
- Sexual health centres;
- Occupational health practices;
- Refugee and asylum seeker health centre (Companion House);
- Winnunga Nimmityjah Aboriginal Health Service;
- Drug and alcohol programs;
- Corporate medical practices; and
- Travel medicine centres.

The geography and population of the ACT creates both advantages and disadvantages to immunisation service and coverage rates.

Advantages include:

- The development of a high standard vaccine delivery service, which includes continuous cold chain monitoring of vaccines ensuring that all vaccines administered in the ACT have been stored at the correct temperature and are therefore viable. Our small population has also enabled

regular education sessions for all immunisation providers in the ACT.

Disadvantages for immunisation service and coverage rates because of our small population include:

- Highly fluctuating coverage rates between reporting periods in each cohort. It only takes a small number of ACT children to be overdue or partially immunised to greatly affect our total coverage rate.

ACT IMMUNISATION STRATEGY 2007-2010

The ACT Immunisation Strategy 2007-2010 was launched in December 2007 and aimed to provide a clear direction and focus for immunisation service providers and consumers in the ACT over this period. This strategy consisted of five key objectives.

Key objectives

1. Maintain or enhance the immunisation coverage rates of children in the ACT.
2. Increase immunisation rates amongst adolescents, adults and vulnerable people within the community, with special emphasis on Aboriginal and Torres Strait Islander people.
3. Provide support for effective delivery of immunisation programs, in accordance with 'best practice'.
4. Enhance the quality of information about immunisation in the ACT available to consumers and service providers to ensure that it is timely, consistent and comprehensive.
5. Increase the provision of early childhood immunisations through general practice.

KEY ACT IMMUNISATION ACHIEVEMENTS (2007-2010)

- Immunisation coverage rates for ACT children under seven years of age are consistently amongst the highest in Australia;
- An ongoing education program which provides high quality education on current issues in immunisation and best practice to all immunisation providers in the ACT;
- Active follow up of children who are overdue for immunisation according to ACIR;
- High uptake of immunisations through schools programs;
- Implementation of the Human Papillomavirus (HPV) vaccination program and the introduction of Rotavirus vaccination in the ACT;
- Placement of Aboriginal and Torres Strait Islander identification on the ACT Childhood Immunisation Record;
- Development of a health care worker screening and immunisation policy for Health Directorate staff;

- Implementation of detailed cold chain policies/ procedures for internal use by Health Directorate staff; and
- Increasing the provision of immunisation services through general practice from 35% to 55% from 2005 to 2010.

In response to outbreaks or increased disease incidence additional resources were provided for strategies for disease control, including:

- Implementation of the targeted adult pertussis vaccination program (April 2009) in response to increased disease incidence; and

- Provision of influenza immunisation clinics which administered pandemic and seasonal vaccine during a declared pandemic.

Most achievements were realised within existing resources and, as such, there were some activities under future directions that were not implemented, including:

- Formation of a splenectomy register, vaccination funding and promotion, development of adult immunisation record card and development of immunisation specific web page.

ACT IMMUNISATION STRATEGY 2012-2016

VISION

To protect the Canberra community from vaccine preventable diseases by ensuring the provision of effective, safe and timely vaccinations.

SCOPE OF ACT IMMUNISATION STRATEGY 2012-2016

This ACT Immunisation Strategy is a framework to improve immunisation services and coverage within the ACT. It continues the work achieved in the previous Immunisation Strategy by building on those achievements and outlining focus areas of immunisation.

The primary principles of the ACT Immunisation Strategy 2012-2016 will be to

- Ensure the ongoing appropriateness, quality, safety and effectiveness of the ACT Immunisation Program;
- Maintain or improve our current immunisation coverage;

- Maintain or decrease our current levels of vaccine preventable diseases in the Canberra community;
- Support and maintain the current high quality immunisation workforce with education and resources; and
- Set a benchmark for evidence-based best practice in the field of immunisation

COLLABORATION

While the vision of this strategy is the protection of the public from vaccine preventable disease, this would not be possible without the providers of vaccination services. Collaboration with stakeholders therefore, is also fundamental to the success of this strategy.

General practice has traditionally delivered almost 100% of adult immunisations and, since 2005, the proportion of childhood immunisations given by GPs has risen from 35% to 55%. As target populations and vaccines included on the National Immunisation Program expand there has been a greater variety of immunisation providers in the ACT. Now, not only are vaccines administered by general practice and

Maternal and Child Health Nurses, but an increasing amount administered are given at corrections facilities, sexual health centres, travel health practices and occupational health practices. A dedicated School Health Team has been established as part of the Health Directorate Division of Women, Youth and Children to provide the national schedule of immunisations to high school students. The Canberra community is an important component of immunisation in the ACT. Accurate and timely information must be readily available for providers

and the public to maintain the consistently high immunisation coverage rates in the ACT.

FOCUS AREAS FOR STRATEGY

The strategy has identified five focus areas. Each focus area will have specified objectives, actions to complete the objectives and progress indicators to measure the success of the strategy.

FOCUS AREA 1	FOCUS AREA 2	FOCUS AREA 3	FOCUS AREA 4	FOCUS AREA 5
Childhood immunisation	Adolescent and adult immunisation	Populations at risk	Communication and Education	Supply and Safety of vaccine

FOCUS AREA ONE

CHILDHOOD IMMUNISATION

Focus area 1 aims at improving childhood immunisation by ensuring that all neonates have access to the Hepatitis B vaccine at birth and by ensuring children to have timely access to National Immunisation Program vaccines. General Practice remains the primary immunisation provider in the ACT.

OBJECTIVE 1	ACTIONS	AGENCY
ENSURE ALL NEONATES HAVE ACCESS TO HEPATITIS B VACCINE AT BIRTH	1.1.1 Insert Hepatitis B birth dose onto midwives data collection form	<ul style="list-style-type: none">HPS, Maternity units
	1.1.2 Development of educational materials for maternity staff and parents in the antenatal period that stress the importance of Hepatitis B vaccination for newborns	<ul style="list-style-type: none">HPS
	Progress indicators: <ul style="list-style-type: none">Achieve an estimated 90% coverage of birth dose Hepatitis B for all neonates	

OBJECTIVE 2	ACTIONS	AGENCY
TO ENSURE THAT ALL CHILDREN IN THE ACT HAVE TIMELY ACCESS TO VACCINES AS PER THE NATIONAL IMMUNISATION PROGRAM	1.2.1 Continue to support general practice as the primary immunisation provider.	<ul style="list-style-type: none"> HPS, ACTML
	1.2.2 Continue to opportunistically provide catch up immunisations for overdue children	<ul style="list-style-type: none"> All Providers
	1.2.3 Continue the promotion of immunisation through a current Personal Health Record (blue book)	<ul style="list-style-type: none"> HPS, all providers
	1.2.4 Annually update information in the "ACT Immunisation Requirements" booklet and distribute to pre-schools, schools and childcare centres for parents of all new enrolments.	<ul style="list-style-type: none"> HPS
	1.2.5 Continue to implement school entry immunisation record regulations. Update Public Health Regulations to ensure consistency with current Australian immunisation history statements.	<ul style="list-style-type: none"> HPS
	1.2.6 Continue to send quarterly reminders to parents of children overdue for vaccines according to the Australian Childhood Immunisation Register (ACIR).	<ul style="list-style-type: none"> HPS
	1.2.7 Investigate the feasibility of providing after hours and weekend immunisation clinics	<ul style="list-style-type: none"> HPS
	1.2.8 Continue transcribing immunisation records of children immunised overseas onto ACIR	<ul style="list-style-type: none"> HPS, GP
	1.2.9 Investigate reasons for under immunisation and implement strategies to increase immunisation	<ul style="list-style-type: none"> HPS
	1.2.10 Work collaboratively with the Department of Health and Ageing in implementing the National Immunisation Program including the introduction of new vaccines	<ul style="list-style-type: none"> HPS
	1.2.11 Continue special immunisation clinics for children at increased risk of adverse events following immunisation (AEFI)	<ul style="list-style-type: none"> HPS,TCH
Progress indicators: <ul style="list-style-type: none"> Maintain or increase immunisation coverage rates in all childhood cohorts as reported by ACIR The percentage of childhood immunisation administered by general practice is maintained or increased 		

FOCUS AREA TWO

ADOLESCENT AND ADULT IMMUNISATION

Focus area 2 aims at improving adolescent and adult immunisation by ensuring timely access to all appropriate vaccines. Youth centres have a special role to maximise opportunistic adolescent vaccination. Vaccination should be promoted to the adult population with special consideration of residents in long-term care facilities, health care workers, and pregnant women.

OBJECTIVE 1	ACTIONS	AGENCY
TO ENSURE THAT ALL ADOLESCENTS IN THE ACT HAVE TIMELY ACCESS TO VACCINES	2.1.1 Support and maintain the school based immunisation program	<ul style="list-style-type: none"> Health Directorate
	2.1.2 Work collaboratively to ensure supportive and safe vaccination sessions for school immunisation program	<ul style="list-style-type: none"> School Health Team, ACT Education and Training Directorate
	2.1.3 Completion of Hepatitis B catch up program in 2013	<ul style="list-style-type: none"> School Health Team, HPS
	2.1.4 Continue to send letters to parents of children who miss a consented immunisation through the School Health Program, advising them to access the vaccine via their GP	<ul style="list-style-type: none"> School Health Team
	2.1.5 Changes or additions to the National Immunisation Program to be implemented in a timely fashion or as directed by a national start date	<ul style="list-style-type: none"> School Health Team, HPS
	2.1.6 Continue to collect coverage data on adolescent immunisation	<ul style="list-style-type: none"> School Health Team, HPS
	2.1.7 Annually send information about adolescent immunisation and where to access vaccines, to all parents of home schooled children	<ul style="list-style-type: none"> HPS
	2.1.8 Support and educate staff of youth drop in centres and other practices that cater to adolescent health to maximise opportunistic adolescent vaccination	<ul style="list-style-type: none"> HPS
	2.1.9 Development and distribution of an immunisation card to record vaccines given to people over seven years of age	<ul style="list-style-type: none"> HPS
Progress indicators: <ul style="list-style-type: none"> Maintain at least 75% coverage of the adolescent diphtheria, tetanus and pertussis booster Achieve 75% Human Papilloma Virus vaccine immunisation coverage (complete course) in adolescent girls 75% immunisation coverage of adolescents not immune to varicella National Immunisation Program additions or changes relevant to the school program are implemented when policy and funding is established and on a nationally agreed date Vaccine for adolescents available at youth drop in centres and Aboriginal health services is maintained or increased 		

OBJECTIVE 2	ACTIONS	AGENCY
TO ENSURE THAT ADULTS IN THE ACT HAVE TIMELY ACCESS TO ALL APPROPRIATE VACCINES	2.2.1 Promotion of vaccinations recommended for adults including funded vaccines and occupational groups as appropriate	• HPS
	2.2.2 Annual influenza vaccination promotion and publicity campaign targeted to all people, especially those eligible for funded vaccine	• HPS
	2.2.3 Influenza immunisation available for pregnant women in antenatal clinics	• HPS
	2.2.4 Conduct surveys annually of influenza and pneumococcal immunisation coverage of residents in residential Aged Care Facilities (ACF)	• HPS
	2.2.5 Incorporate and promote new vaccinations added to the National Immunisation Program	• HPS
	2.2.6 Continue surveillance of disease incidence and implement targeted immunisation programs as necessary	• HPS
	2.2.7 Research the feasibility of adult community vaccination clinics for National Immunisation Program or targeted program vaccines	• HPS
	2.2.8 Support Winnunga Nimmityjah Aboriginal Health Service, corrections services, Companion House and drug and alcohol programs to opportunistically vaccinate adults	• HPS
	2.2.9 Continue promotion of health care worker immunisation	• HPS
	2.2.10 Continuation and promotion of the influenza vaccination program for general practice staff	• HPS
	2.2.11 Development of an immunisation card to record vaccines given to people over seven years of age	• HPS
	2.2.12 Health Directorate web page is updated to include routine and travel vaccine recommendations	• HPS
	2.2.13 Supply of vaccines and administration of post exposure treatments as required	• HPS, GP
	2.2.14 Active promotion of influenza vaccination for residents of long-term residential care facilities	• HPS, GP
	2.2.15 Conduct a survey of vaccination coverage for people in long-term residential care	• HPS
Progress indicators: <ul style="list-style-type: none"> • Maintain or increase immunisation coverage of health care workers at Canberra's public hospitals • Maintain or increase influenza coverage rates in Aged Care Facilities • Adult immunisation record card is produced and available 		

FOCUS AREA THREE

POPULATIONS AT RISK

Focus area 3 aims at improving immunisation of populations at risk. These include Aboriginal and Torres Strait Islander peoples, and vulnerable groups of people at risk of contracting vaccine preventable diseases. Special consideration needs to be given to the elderly, people with a chronic debilitating disease, residents in long-term care facilities, aged care workers, culturally and linguistically diverse people, and people who inject drugs and access alcohol, tobacco and other drug services. Furthermore, the development of an epidemic infectious disease plan will prepare the ACT for a possible threat.

OBJECTIVE 1	ACTIONS	AGENCY
TO ENSURE THAT ALL ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES HAVE TIMELY AND COST APPROPRIATE ACCESS TO VACCINES	3.1.1 Promote awareness of the importance of identifying Aboriginal and Torres Strait Islanders	• HPS
	3.1.2 Promote immunisations recommended for Aboriginal and Torres Strait Islanders	• HPS, MACH, Winnunga, GP
	3.1.3 Development of an adult immunisation record card that includes Aboriginal and Torres Strait Islander identification	• HPS
	3.1.4 Support Winnunga Nimmityjah Aboriginal Health Service to identify children and adults due or overdue for immunisation and provide opportunistic and/or catch up immunisation	• HPS, Winnunga
	3.1.5 Education of immunisation providers to raise awareness of the need for additional vaccination requirements for Aboriginal and Torres Strait Islanders	• HPS, Winnunga, ACT Medicare Local
	3.1.6 Continue to collect coverage data for Aboriginal and Torres Strait Islanders	• HPS, Winnunga
	Progress indicators: <ul style="list-style-type: none"> • Maintain or increase influenza and pneumococcal immunisation coverage for Aboriginal and Torres Strait Islander persons over 15 years of age • Immunisation coverage of Aboriginal and Torres Strait Islander children of at least 90% in all cohorts 	

OBJECTIVE 2	ACTIONS	AGENCY
TO ENSURE THAT ALL PEOPLE MEDICALLY AT RISK OF CONTRACTING VACCINE PREVENTABLE DISEASES HAVE TIMELY ACCESS TO ALL APPROPRIATE VACCINES	3.2.1 Promotion of vaccinations recommended for people medically at risk of severe complications from vaccine preventable diseases	<ul style="list-style-type: none"> HPS and all immunisation providers
	3.2.2 Promotion of the National Immunisation Program in the ACT emphasising funded vaccines for at risk groups	<ul style="list-style-type: none"> HPS and all immunisation providers
	3.2.3 Splenectomy register established and funding provided for recommended vaccines	<ul style="list-style-type: none"> HPS, public and private hospitals
	3.2.4 Information to be produced and distributed to people undergoing a splenectomy to inform them of immunisation requirements	<ul style="list-style-type: none"> HPS, TCH
	3.2.5 Influenza immunisation available for pregnant women in antenatal clinics	<ul style="list-style-type: none"> HPS, public and private hospitals
	3.2.6 Children identified as having a medical risk factor requiring additional vaccinations have an alert put onto their 'blue book'	<ul style="list-style-type: none"> Public and private hospitals, MACH, GP
	Progress indicators: <ul style="list-style-type: none"> Splenectomy register established and immunisation coverage of these persons calculated Increasing rate of pregnant women immunised against influenza 	

OBJECTIVE 3	ACTIONS	AGENCY
TO ENSURE THAT ALL PERSONS AT RISK OF CONTRACTING VACCINE PREVENTABLE DISEASE HAVE OPPORTUNITY AND TIMELY ACCESS TO RECOMMENDED VACCINES	3.3.1 Support youth drop in centres to be able to opportunistically vaccinate adolescents	• Youth Health Centres
	3.3.2 Continuation and support of Justice Health immunisation programs	• HPS, Justice Health
	3.3.3 Continuation and support of Alcohol and Drug services immunisation programs	• MH, JH & ADS
	3.3.4 Continue to fund vaccinations for refugee populations via Companion House	• HPS, Companion House
	3.3.5 Education of immunisation providers to raise awareness of issues faced by vulnerable, disadvantaged, and culturally diverse populations	• HPS
	3.3.6 Continue to transcribe overseas immunisation records onto the Australian Childhood Immunisation Register (ACIR) and recommendation of catch up schedules	• HPS, GP
	3.3.7 Continue to fund Hepatitis B vaccination for sexual and household contacts of people with Hepatitis B	• HPS
Progress indicators: <ul style="list-style-type: none"> Overseas immunisation records are transcribed onto ACIR 		

OBJECTIVE 4	ACTIONS	AGENCY
TO ENSURE THE DEVELOPMENT OF AN EPIDEMIC INFECTIOUS DISEASE PLAN	3.4.1 Development of an epidemic infectious disease plan	• HPS
	Progress indicators: <ul style="list-style-type: none"> Endorsement of an epidemic infectious disease plan 	

FOCUS AREA FOUR

COMMUNICATION AND EDUCATION

Focus area 4 aims at improving communication with and education of the ACT community and immunisation providers. This includes immunisation promotion, and the development of information material for the public and for providers. This will facilitate informed consent for immunisation.

OBJECTIVE 1	ACTIONS	AGENCY
TO ENSURE THAT THE ACT COMMUNITY IS AWARE OF IMMUNISATION REQUIREMENTS AND RECOMMENDATIONS AND HAVE ACCURATE AND RELIABLE INFORMATION TO INFORM THEIR CHOICE	4.1.1 Promotion of immunisation to the community through various media	• HPS
	4.1.2 Promotional campaigns as required to increase immunisation rates	• HPS
	4.1.3 Continue the immunisation enquiry line	• HPS
	4.1.4 Promotion of general practitioners as the primary immunisation provider	• HPS, CHI, public and private hospitals
	4.1.5 Development of fact sheets for members of the public to be available on the internet and at numerous locations such as GPs, Maternal & Child Health Clinics and public libraries to ensure informed consent	• HPS
	4.1.6 Production annually of 'ACT Immunisation Requirements' booklet to be distributed to parents of all newly enrolled children in child care, preschool and primary school	• HPS
	4.1.7 Health Directorate web page is developed and updated with current information including eligibility status	• HPS, Communications and Marketing
	4.1.8 Assistance for community organisations to provide targeted resources for special populations (including people who inject drugs and access tobacco and alcohol services, and culturally and linguistically diverse people)	• HPS, community organisations
Progress indicators: <ul style="list-style-type: none"> • Production of 'ACT Immunisation Requirements' booklet and to be sent to all schools/preschools/childcare centres in July each year • Percentage of childhood immunisations administered by general practice 		

OBJECTIVE 2	ACTIONS	AGENCY
TO ENSURE THAT IMMUNISATION PROVIDERS ARE KNOWLEDGEABLE ABOUT ALL ASPECTS OF IMMUNISATION AND ARE UP TO DATE WITH ANY CHANGES TO SCHEDULES OR RECOMMENDATIONS	4.2.1 Continuation of immunisation provider education sessions	<ul style="list-style-type: none"> HPS
	4.2.2 Development of fact sheets for immunisation providers and members of the public	<ul style="list-style-type: none"> HPS
	4.2.3 Production of a regular newsletter for immunisation providers	<ul style="list-style-type: none"> HPS
	4.2.4 Establishment on an ACT immunisation interest group for immunisation providers to provide timely information and discussion about immunisation issues	<ul style="list-style-type: none"> HPS
	4.2.5 Health Directorate web page is developed and updated with current information including forms	<ul style="list-style-type: none"> HPS, WYC
	Progress indicators:	
	<ul style="list-style-type: none"> A minimum of four immunisation provider education sessions are to be conducted annually Evaluation of immunisation provider education to be provided 	

FOCUS AREA FIVE

SUPPLY AND SAFETY OF VACCINE

Focus area 5 aims at improving the supply and the safety of vaccines. This includes the use of special immunisation clinics which are clinics for children at increased risk of adverse events or complications following immunisation.

OBJECTIVE 1	ACTIONS	AGENCY
TO ENSURE CONTINUOUS SUPPLY OF VACCINES TO ALL IMMUNISATION PROVIDERS	5.1.1 Continue distribution of vaccines via Vaccine Management Unit	• HPS
	5.1.2 Collaborate with the Department of Health and Ageing on the procurement of vaccines	• HPS
	5.1.3 Promptly discuss issues of supply with pharmaceutical companies if required	• HPS
	5.1.4 Health Directorate vaccine database designed and implemented to monitor vaccine inventories in provider fridges and ACT vaccine store	• HPS
	Progress indicators: <ul style="list-style-type: none">• Annual reports on number and cost of vaccines distributed• Implementation of vaccine inventory database	

OBJECTIVE 2	ACTIONS	AGENCY
TO ENSURE ALL VACCINES ADMINISTERED IN THE ACT ARE VIABLE, SAFE AND EFFECTIVE	5.2.1 Monitoring adverse events following immunisation (AEFI)	<ul style="list-style-type: none"> HPS, all immunisation providers
	5.2.2 Encourage immunisation providers and the public to report any adverse events following immunisation to HPS	<ul style="list-style-type: none"> HPS
	5.2.3 Regular meetings of the ACT AEFI Advisory Committee	<ul style="list-style-type: none"> HPS
	5.2.4 Timely submission of all adverse events to the Therapeutic Goods Administration (TGA)	<ul style="list-style-type: none"> HPS
	5.2.5 Align the various adverse events policies in Health Directorate	<ul style="list-style-type: none"> HPS, WYC, TCH
	5.2.6 Continuation of the special immunisation clinic	<ul style="list-style-type: none"> HPS, TCH
	5.2.7 Manage the distribution and storage of vaccines according to National guidelines and ACT policies	<ul style="list-style-type: none"> HPS
	5.2.8 All immunisation provider fridges containing Government funded vaccines to be continuously monitored using data loggers for early detection of cold chain breaches	<ul style="list-style-type: none"> HPS, all immunisation providers
	5.2.9 Calibrate relevant cold chain monitoring devices annually to ensure accuracy	<ul style="list-style-type: none"> HPS
	5.2.10 Production of monthly vaccine distribution and wastage reports	<ul style="list-style-type: none"> HPS
	5.2.11 Education for immunisation providers to detect and treat early adverse events	<ul style="list-style-type: none"> HPS
	5.2.12 Liaison with the Therapeutic Goods Administration (TGA) regarding any increase or unusual adverse events detected	<ul style="list-style-type: none"> HPS
	5.2.13 Immunisation providers are educated in all aspects of vaccination including recommendations, administration and storage.	<ul style="list-style-type: none"> HPS
	5.2.14 Access to the Australian Childhood Immunisation Register online site for all immunisation providers.	<ul style="list-style-type: none"> HPS, ACIR
	5.2.15 Liaise with pharmacists and General Practitioners and provide community education regarding the importance of cold chain management when purchasing vaccines privately	<ul style="list-style-type: none"> HPS
	5.2.16 Health Directorate vaccine database designed and implemented to enable accurate tracking of vaccines including batch numbers and expiry dates	<ul style="list-style-type: none"> HPS
Progress indicators: <ul style="list-style-type: none"> All reports of adverse events are submitted to TGA within two business days 100% of data loggers are calibrated annually All fridges that contain National Immunisation Program or ACT Government funded vaccines are continuously monitored with data loggers 		

ROLES AND RESPONSIBILITIES

HEALTH DIRECTORATE

Health Protection Service (HPS)

Responsible for:

- Setting strategic direction and developing policy in immunisation for the Canberra community
- Providing Territory-wide leadership in relation to immunisation issues
- In collaboration with the Australian Government implement the National Partnership Agreement on Essential Vaccines
- Managing the ACT immunisation program including the provision and distribution of vaccines
- Produce appropriate resource materials to support the immunisation program
- Reporting on Territory-wide immunisation targets
- Surveillance and control of vaccine preventable diseases
- Ensuring effective and timely delivery of vaccines to public and private immunisation providers via the Vaccine Management Unit
- Overseeing the implementation of the Territory Strategy and monitoring and evaluating its impact
- Monitoring and promoting the accuracy of Aboriginal and Torres Strait Islander identification on immunisation records
- Identifying the Territory-wide need for additional resources for immunisation and sourcing additional funds where possible
- Representing Health Directorate on national immunisation committees to lobby and advocate for issues relevant to the ACT

- Monitor and analyse adverse events following immunisation, report events to the Therapeutic Goods Administration and make recommendations for further immunisations for individuals
- Collaborating with the National Centre for Immunisation Research and Surveillance to establish Territory-wide research priorities

Women Youth & Children Community Health Programs

Responsible for:

- Delivering school-based immunisation programs
- The delivery of childhood immunisation through Maternal and Child Health (MACH) Clinics
- Focussing on the immunisation of children from vulnerable families and children with health, developmental, social and behavioural difficulties
- Promoting the accuracy of Aboriginal and Torres Strait Islander identification on immunisation records
- Supporting MACH Nurses and the School Health Team nurses with education, credentialing and authorisation to undertake immunisation, where this has been identified as part of their role
- Providing opportunistic immunisations
- Provision of outbreak control immunisation clinics
- Provision of influenza vaccination clinics in pandemic situations
- Best practice cold chain maintenance

Population Health

Responsible for:

- Gathering base line data about the health and well-being of Aboriginal and Torres Strait Islander's in the ACT

Policy

Responsible for:

- Collaboration and consultation with Health Protection Service and other areas of Health Directorate on national agreements relating to immunisation

ACT PUBLIC AND PRIVATE HOSPITALS

Responsible for:

- Provision of “special clinics” for the immunisation of children and young adults that have previously had an adverse reaction or at high risk of complications (The Canberra Hospital only)
- Providing and recording Hepatitis B vaccine (and immunoglobulin if required) to neonates
- Administration of influenza vaccine to pregnant women in antenatal clinics
- Checking of immunisation histories on presentation to Emergency Department or on admission to hospital and administering any vaccines overdue
- Post exposure vaccination as required
- Reporting any adverse events following immunisation to HPS
- Best practice cold chain maintenance

ACT MEDICARE LOCAL

Responsible for:

- Provide leadership and support for general practices within the ACT to assist in achieving general practice immunisation incentive (GPII) and other targets
- Collaborate with other organisations, service providers and consumer/carer groups to promote and support quality immunisation practices
- Assisting general practice with timely and accurate reporting of immunisations encounters to the Australian Childhood Immunisation Register (ACIR)
- Promoting opportunistic immunisation to individuals through the whole of life;
- Continue collaboration with Health Directorate to assist with the timely dissemination of information to general practice, particularly important and urgent information
- Promoting the accuracy of Aboriginal and Torres Strait Islander identification on immunisation records
- Education and raising awareness of immunisation providers on additional vaccination requirements for Aboriginal and Torres Strait Islanders

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICE

Responsible for:

- Providing immunisations to Aboriginal and Torres Strait Islander children and adults in accordance with the National Immunisation Program
- Promoting the accuracy of Aboriginal and Torres Strait Islander identification on immunisation records
- Providing a culturally appropriate and safe service

- Providing opportunistic immunisations
- Best practice cold chain maintenance

ACT DEPARTMENT OF EDUCATION AND TRAINING

Responsible for:

- Supporting the ACT school immunisation program and providing a safe environment for both students and staff
- Having a nominated contact person at each school to liaise with Health Directorate Division of Women, Youth and Children, Community Health Program regarding school based immunisation services to facilitate a smooth process
- Working with HPS in the event of an outbreak of a vaccine preventable disease
- Acting in collaboration with Health Directorate in the dissemination of timely and relevant information to school staff, parents/guardians of students and students
- Collaborating in efforts to assist in the provision of school entry immunisation status data
- Ensuring ACT Department of Education and Training staff working in high-risk settings are appropriately immunised

LINKS WITH OTHER PLANS AND POLICIES

- Health Directorate policies:
 - Vaccine cold chain
 - HPS cold chain breach
 - HPS cool room
 - Staff screening and immunisation
- Australian Capital Territory Health Management Plan for Pandemic Influenza 2007
- The Canberra Plan: Towards our second century
- Building our community: The Canberra social plan (2004)
- *Human Rights Act 2004* (ACT)
- *Discrimination Act 1991* (ACT)
- ACT Strategic Plan for Positive Ageing 2009-2014
- ACT Young People's Plan 2009-2014
- ACT Children's Plan 2010-2014; making Canberra a great place for children
- ACT Women's Plan 2010-2015
- Improving Women's access to health care services and information: A Strategic Framework 2010-2015
- Department of Disability, Housing and Community Services Reconciliation Action Plan 2009-2010
- ACT Adult Corrections Health Services Plan 2008-2012
- ACT Health Corporate Plan 2010-2012
- ACT Primary Health Care Strategy 2011-2014
- Towards a healthier Australian Capital Territory: a strategic framework for the Population Health Division 2010-2015
- ACT Chronic Disease Strategy 2008-2011
- National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013
- Aboriginal and Torres Strait Islander Health Performance Framework 2010
- ACT Alcohol, Tobacco and Other Drug Strategy 2010-2014

KEY STAKEHOLDERS IN ACT IMMUNISATION

- Aboriginal and Torres Strait Islander Health Unit (ATSIHU)
- ACT Medicare Local (ACTML)
- ACT Chief Health Officer
- ACT Chief Nurse
- ACT Clinical Council
- ACT Government Education and Training Directorate
- ACT Government Community Services Directorate (including Disability ACT)
- ACT Government Justice and Community Safety Directorate
- ACT Government Health Directorate, sections of which include:
 - Alcohol and Drug Services
 - Canberra Sexual Health Service

- Division of Women, Youth and Children Community Health Program (this section contains MACH and SHP)
- Division of Mental Health
- Health Protection Service
- Justice Health
- Population Health Division
- The Canberra Hospital (TCH) and Calvary public hospitals
- Walk in centre (at TCH)
- ACT Health Council
- ACT Medical Board
- ACT WorkCover
- AIDS Action Council
- Alcohol, Tobacco, and Other Drug Association ACT (ATODA)
- Australian Government Department of Health and Ageing (DoHA)
- Australian Medical Association (AMA)
- Cancer Council ACT
- Child care organisations
- Council of the Ageing
- Companion House
- Diabetes Australia
- Fair Trade Advisory Committee (which includes representatives from various organisations/groups such as Canberra Consumers, the Australian Consumers Association, the Migrant Resource Centre, the Aboriginal and Torres Strait Islander community, the Chamber of Commerce etc.)
- General Practices (GPs and Practice Nurses)
- Health Care Consumers Association of the ACT (HCCA)
- Infectious Diseases Specialists, Paediatricians, Gastroenterologists and other relevant specialists
- Medicare Australia, including the Australian Childhood Immunisation Register
- Members of the public and their families
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Centre for Immunisation Research and Surveillance (NCIRS)
- National Immunisation Committee (NIC)
- Office of Multicultural Affairs
- Office of Aboriginal and Torres Strait Islander Health (OATSIH)
- Pharmacy Guild of Australia (ACT) Branch
- Private Hospitals (Calvary, Calvary John James)
- Sexual Health and Family Planning ACT
- Winnunga Nimmityjah Aboriginal Health Service

LIST OF ABBREVIATIONS

ACIR	Australian Childhood Immunisation Register
ACF	Aged Care Facility or Aged Care Facilities
ACT	Australian Capital Territory
ACTML	ACT Medicare Local (previously ACT Division of General Practice)
AEFI	Adverse events following immunisation
AIDS	Acquired immune deficiency syndrome
AMA	Australian Medical Association
ATODA	Alcohol, Tobacco, and Other Drug Association ACT
ATSIHU	Aboriginal and Torres Strait Islander Health Unit
CHI	Community Health Intake
MH, JH & ADS	Division of Mental Health, Justice Health, and Alcohol and Drug Services
DoHA	Australian Government Department of Health and Ageing
GP	General Practice or General Practitioner
GPII	General Practice Immunisation Incentive
HCCA	Health Care Consumers Association of the ACT
HPS	Health Protection Service
HPV	Human Papillomavirus
MACH	Maternal and Child Health
NACCHO	National Aboriginal Community Controlled Health Organisation
NCIRS	National Centre for Immunisation Research and Surveillance
NIC	National Immunisation Committee
OATSIH	Office of Aboriginal and Torres Strait Islander Health
SHP	School Health Program
TCH	The Canberra Hospital
WYC	Women, Youth and Children
Winnunga	Winnunga Nimmityjah Aboriginal Health Service

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**Produced by: ACT Government Publishing Services
Publication No 12/1135**