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SUBMISSION

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AMA submission to National Immunisation Strategy 2025-2030 – Public consultation

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Introduction

The Australian Medical Association (AMA) is pleased to contribute to Australia's National Immunisation Strategy 2025-2030. Australia's GPs are proud to have led the impressive growth in vaccination rates over the past 25 years and look forward to continuing to vaccinate and protect the community.

Vaccination is one of the most successful and cost-effective health interventions. Vaccination against vaccine-preventable disease (VPD) is a proven method of reducing the incidence of, and deaths from, diseases such as measles, tetanus, diphtheria, and Haemophilus influenza type B. Australia's comprehensive vaccination program means that the occurrence of VPD is now very rare. This, together with improved vaccination rates means Australia has an excellent record of achievement in the prevention of disease through immunisation.

Resurgences of diseases such as measles have highlighted the importance of vaccination vigilance. Under the current Immunisation Agenda 2030 we have aspired to see everyone fully immunised regardless of location, age, socioeconomic status or gender-related barriers and emphasised immunisation as an essential part of primary health care.

The AMA agrees that a strong immunisation strategy will be important in guiding us through the next five years as we manage a growth in anti-vaccine and anti-science views and expression of such views on social media. As detailed in the submission, GPs have a strong record in successfully supporting their patients to get vaccinated when properly supported.

The AMA is broadly supportive of the Strategy, noting that GPs must remain central to the delivery of vaccines, particularly as we aim to boost our vaccination rates over the next five years.

Priority Area 1: Improve immunisation coverage through universal and equitable access to vaccination, with a focus on First Nations people

The AMA agrees that we need a dedicated plan to increase immunisation rates, with a focus on First Nations people. This must be achieved by removing barriers. A range of barriers to immunisation

have been identified in Australian and International research.[1,2,3] Typically, these barriers to immunisation coincide with factors that put individuals at a higher risk of contracting diseases such as influenza and COVID-19 and experience a higher degree of severity. In AMA's statement on the principles of equitable COVID-19 vaccination, AMA statement on vaccine equity, potential barriers to immunisation include:

- Lack of understanding or confusion about receiving a vaccine, including where they are available, who is eligible, and how to book an appointment.
- Administration barriers, including access to digital technology, difficulty making an appointment, providing personal details, or completing forms.
- Language barriers, including communicating with healthcare providers.
- Geographical distance from vaccination services, or inability to travel to a vaccination service (including lack of transport options available), especially in rural and remote areas with limited access to GP-led primary care.
- Lack of access to culturally safe or community-led vaccination services, especially among Aboriginal and Torres Strait Islander peoples.
- The physical accessibility of a vaccine service, including lack of provisions for people with a disability.
- Not being able to take time off work or caring responsibilities to attend a vaccination appointment. • Indirect financial barriers, including the cost of transport, accommodation, parking, or childcare required to attend a vaccination service.
- Vaccine hesitancy or unwillingness to have a vaccine, including:
  - Concern about vaccine side-effects or long-term health impacts.
  - General fear or phobia of needles.
  - Exposure to misinformation about the effects of a vaccine; o Religious or cultural reasons.
  - Concern about the evidence base behind vaccines specifically.
- Perception that vaccination is not necessary or relevant.
- Mistrust of government in general, based on experiencing negative impacts from government policies or programs.
- Mistrust of government specifically in relation to the provision of health services, and historical legacies of non-consensual medical research and procedures, particularly among Aboriginal and Torres Strait Islander peoples[4] and culturally and linguistically diverse communities.
- Family and Domestic Violence, where healthcare access is reduced as a means of coercion or control.[5]

To work towards more equitable outcomes for First Nations people, it must be recognised that the health system and the health care it provides has been profoundly shaped by a medical educational

[1] Burke P, Masters D, Massey G. Enablers and barriers to COVID-19 vaccine uptake: An international study of perceptions and intentions. Vaccine 2021; 39(36): 5116-5128.
[2] Pickles K et al. COVID-19 vaccine intentions in Australia. The Lancet Infectious Diseases 2021;21(12):1627-1628.
[3] Zajac, I et al. Science Explainer: COVID-19 vaccine hesitancy and barriers. CSIRO scope 2021 Oct 15
[4] Gorrie, N. Why vaccination presents an ethical dilemma for us, but remains the best way to keep our families safe. IndigenousX 2021 Oct 12.
[5] Chandan, J et al. The risk of COVID-19 in survivors of domestic violence and abuse. BMC Medicine. 2021

system that has its epistemological roots deep within the western dominated biomedical model.[6] The AMA is supportive of efforts being made to address historical injustices and exclusions for access to healthcare as a means to address current inequities.[7]

Priority Area 2: Strengthen community engagement, awareness and acceptance of immunisation

The AMA is strongly in favour of the Australian Government establishing a no-fault compensation scheme for vaccine injuries. The AMA led advocacy to introduce the scheme during the COVID-19 vaccine rollout and this likely contributed to higher public participation and clinician involvement.

If introduced more broadly, a no fault scheme would ensure the small number of patients injured by a vaccine product or vaccinator negligence received reasonable compensation through a simple claims process, without burden of litigation. Vaccinators would feel more confident as this would minimise the risk of litigation and we would expect this would place downward pressure on indemnity insurance rates.

The scheme should function similarly to the COVID-19 scheme with a panel assessing veracity of claims and determining common law equivalent compensation settlements to be fully funded by the Commonwealth. The expert panel would refer instances of health practitioner gross negligence to the Australian Health Practitioner Regulation Agency.

Beyond the introduction of the no fault scheme, a key contributor to helping Australia achieve world-leading COVID-19 vaccination rates at the end of 2021 was the introduction of the consultation item for GPs to spend more time with patients to discuss the vaccine and any concerns. AMA members reported spending upwards of 45 minutes with some patients as they talked them through the benefits and very low risks.

Promoting access to NIP vaccines through general practices, particularly for vulnerable patients and communities identified as targets for increased vaccination rates, will ensure that people with concerns can discuss them with their GP.

Health literacy

A focused and multi-sector response into improving health literacy within communities will be required to achieve the outcomes of this priority.

Governments, schools, businesses, the media, researchers, industry, health providers, and individuals can all make meaningful contributions to improving health literacy. The AMA's Health literacy position statement highlights that low levels of health literacy are associated with other measures of social and economic disadvantage and efforts to improve health literacy must respond appropriately to the varying needs of diverse population groups. Strategies to improve health literacy among culturally

[6] Naidu T, Abimbola S. How medical education holds back health equity. Lancet. 2022 Aug 20;400(10352):556-557. doi: 10.1016/S0140-6736(22)01423-4. Epub 2022 Jul 30. PMID: 35914535.

[7] Jones R, Crowshoe L, Reid P, Calam B, Curtis E, Green M, et al.. Educating for Indigenous health equity: An international consensus statement. Academic Medicine. 2019;94(4):512. doi: 10.1097/ACM.0000000000002476 - DOI

and linguistically diverse communities must build on the understandings and perspectives of culture, including language and worldview. Cultural safety is critical. Providing culturally safe health care requires active involvement of all participants. More information is provided in the AMA's position statement on cultural safety.

Priority Area 3: Strengthen program governance, how we manage and monitor programs and account to the public

The AMA supports strengthening program governance for immunisation in Australia. It is sensible to transition the COVID-19 vaccination program to other permanent arrangements such as the NIP. The AMA is also supportive of improvements to many of the NIP schemes, including communication to vaccinators and the public.

The Centre for Disease Control (CDC) would be a suitable home to drive improvements to governance and deliver many of the objectives of this priority area. The objective would be to hold and analyse relevant data, use these to inform future immunisation rollouts and strategies, and ensure that this strategy is adapted and evolves between the current five-year review cycles.

The AMA is supportive of the intentions of the current HTA review. We expect that an outcome will be a significant decrease in the amount of time it takes for new vaccines to be approved, registered and included on the NIP or PBS listed once approved by the relevant bodies.

Priority Area 4: Use data and evidence to monitor performance, target interventions and build confidence

The AMA supports the observations and opportunities in this priority area.

Priority Area 5: Strengthen a diverse immunisation workforce to work with Australia's diverse population

The AMA believes best practice is for vaccination to be provided by a medical practitioner or by a nurse working as part of a collaborative team. Delivered in general practice, this enables vaccination to be provided as a service alongside comprehensive patient care and preventative activities.

The AMA agrees that recommendations from a trusted health professional are a critical factor in patients' decisions to vaccinate. However, while expanding vaccination accessibility through broader healthcare settings may promote higher rates of vaccination and equity of access, it will also increase potential risks where practitioners are not equipped to consider the broader health implications for their specific patient.

About 85 percent of Australians have a GP they call their own.[8] The vast majority of vaccination in Australia is provided by general practice in the context of patient-centered, comprehensive, longitudinal and accessible care. GPs frequently undertake this both opportunistically when patients present for other concerns and as planned vaccinations.

In addition to delivering vaccinations in their general practices, vaccination clinics and services are also provided by GPs outside of their practice. GPs frequently provide vaccination to elderly and

[8] Australian Institute of Health and Welfare (2024, AIHW) https://www.aihw.gov.au/reports/primary-health-care/general-practice-allied-health-primary-care#:~:text=In%202021%E2%80%9322%2C%20it%20increased,GP%20attendance%20(AIHW%202024).

vulnerable patients and those with disabilities at home, at residential aged care and supported accommodation facilities. GPs also are regularly contracted by state governments to deliver the childhood vaccination programs provided through schools and community centres.

Vaccination services are also delivered by a range of non-GP providers in a variety of settings, the most common being influenza through pharmacy settings and childhood immunization through maternal child health settings. However, GPs remain the preferred provider for workplace seasonal influenza vaccinations, delivering 62 per cent of all influenza vaccines in 2023.[9]

In cases of emergency, such as a pandemic, GPs provide vaccinations at a place convenient to the community. The AMA worked tirelessly over the pandemic to ensure that general practice had a central role in the COVID-19 vaccination roll-out. The greatest single provider of vaccination was general practice, providing more than half of the nation's COVID-19 vaccinations.[10] GPs are at the front line for patient care and the trusted relationship GPs have with their patients are fundamental to the care they provide, particularly when it comes to vaccinations.

GPs are the majority provider of vaccinations in Australia and a trusted source of immunisation information. General Practice is best positioned to remain informed of patients' medical history and can triage according to priority criteria to provide advice targeted specifically to their circumstances. GPs are equipped to provide medically supervised and best practice vaccination services involving a team of medical practitioners and appropriately qualified practice nurses. General practices also have established recall processes to ensure vaccinations are completed and immunisation coverage is maximised.

The AMA supports a policy that places general practitioners at the centre of vaccination administration, and this policy should be adopted in all jurisdictions to ensure the best health outcomes for Australians.

Principles for Conducting Vaccinations Outside of General Practice

The AMA acknowledges the challenges posed to an optimised delivery of immunisation programs by workforce shortages, limited scope of practice for other health professionals and the availability and distribution of health professionals who are immunisation providers. Any expansion to the immunisation workforce must be guided by strong regulation to ensure increased access to vaccination is supported by high standards of service and resources across healthcare settings.

To maintain Australia's vaccination record and promote a national aspirational target of 95% for 1- and 5-year-old children, the community must be confident in the safety and quality of vaccination services.

The AMA supports alignment of state and territory requirements for immunisation provision. Where states/territories have legislated to allow "Authorised Immunisers" (including nurses, midwives, pharmacists and Aboriginal and Torres Strait Islander Health Care Workers) to administer vaccines independent of a medical order, each jurisdiction should have guidelines for immunisation providers who employ an "Authorised Immuniser". This should also apply in circumstances where a state or

[9] DoHAC. Influenza (flu) vaccines reported to the Australian Immunisation Register (AIR) as at close of business 2 June 2024; From 70% 2021, 65% 2022. https://www.health.gov.au/sites/default/files/2024-06/influenza-flu-immunisation-data-1-march-to-2-june-2021-2024.pdf

[10] Woodley M, Numbers confirm GPs are the 'backbone' of COVID vaccine rollout. News GP. RACGP 28 April 2021. https://www1.racgp.org.au/newsgp/professional/numbers-confirm-gps-are-the-backbone-ofcovid-vacc

territory Policy Directive extends "Authorised Immuniser" status to other health practitioners or health practitioner students. These guidelines should be used in conjunction with the professional standards and guidelines that apply to each health discipline.

The AMA endorses the following principles to provide a consistent framework for immunisations conducted outside of general practices:

Providers of vaccination outside general practice must:

- Be authorised under State/Territory legislation to obtain and administer vaccines. (In some jurisdictions a nurse administering a medication without the express consent of a (governing) doctor is a breach of the Medical Act, as it is deemed to be 'prescribing'. Mass immunisations should not proceed unless legislative requirements are met.).
- Be a medical practitioner; or
    - Be an Authorised Immuniser; under any relevant National legislation and practising in line with relevant State/Territory legislation; and
    - Hold a statement of proficiency in cardio-pulmonary resuscitation; and
    - Have completed an immunisation accreditation program and maintain authority to immunise; and
    - Be employed in connection with a vaccination program in a health service or a place of work.
- Act in accordance with the standards and procedures specified in the *Australian Immunisation Handbook*[11] – particularly with regard to:
    - appropriate pre-vaccination screening;
    - obtaining valid informed consent; and
    - having an appropriately prepared anaphylaxis response kit on site.
- Have an Ahpra registered medical professional onsite that is trained for and able to administer first aid and respond to anaphylaxis.
- Have appropriate policy, procedures and monitoring in place to maintain cold chain as specified in the National Vaccine Storage Guidelines: Strive for 5[12]; at all stages of receiving, holding and transporting the vaccines, together with supporting documentation.
- Act in accordance with relevant State/Territory legislation.
- Report any suspected adverse reaction following immunisation to the Therapeutic Goods Administration (TGA) or relevant authority.

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[11] Australian Immunisation Handbook. Department of Health. https://immunisationhandbook.health.gov.au/
[12] Dept. of Health and Ageing (2013) The National Vaccine Storage Guidelines: Strive for 5. https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5

- Keep complete records of administration including patient name, address, contact details, vaccination name and brand, batch no, site of immunisation and length of stay at place of administration after giving the vaccination.
- Provide the vaccine recipient with a record/certificate of vaccination.
- Upload the vaccination to the Australian Immunisation Register (AIR).
- Advise the vaccine recipient's nominated GP of the vaccination.
- Adhere to all Privacy and confidentiality requirements including relevant guidelines for documentation maintenance and duration of storage.

The AMA is of the view that the Australian Commission on Safety and Quality in Healthcare (or similar body) should use these principles as the basis for developing standards to ensure safe and quality practice where immunisations are provided outside of accredited general practices.

At a minimum, in the interests of patient health, the AMA encourages any provider delivering vaccine services outside of general practice to adhere to the above principles. For further information, consult the AMA Position on Vaccinations Outside of General Practice – 2021.

Safety and Quality

From a safety and quality perspective, vaccinations provided outside of general practices, such as in pharmacies, nurse or Aboriginal immunisation health care worker clinics, maternal child health services, aged care facilities, and military posts, whether delivered by GPs or by other medical or health professionals, should be subject to the same safety and quality and accountability requirements as those provided within a general practice.

The vast majority of GPs (90.4%)[13] work in an accredited practice. These ensure high standards for the maintenance of cold chain, storage, administration and other quality control. Where vaccinations are provided within an accredited general practice, patients and the community can be confident that the practice has appropriate processes in place to maintain the efficacy of vaccines and ensure standards are met for the provision of vaccines. Such processes are a requirement under the RACGP Standards of General Practice against which practices are accredited. Approximately 80 per cent of general practices are accredited.[14]

Whether vaccinations are provided by accredited or non-accredited practices, it is incumbent upon all medical practitioners that they adhere to the principles of good medical practice as provided for in the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia.*[15]

The National Vaccine Storage Guidelines: Strive for 5[16] provides practical advice to Australian vaccination service providers about maintaining the cold chain and preventing and managing cold chain breaches. They also discuss protocols for purchasing, transporting, storing, managing and monitoring the temperature consistency of vaccine stocks. Product information for each vaccine

[13] BEACH Report (2015) General Practice Activity in Australia 2014-15
[14] The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2020. East Melbourne, Vic: RACGP, 2020.
[15] Medical Board of Australia (2020) Good medical practice: a code of conduct for doctors in Australia. https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx
[16] Dept. of Health and Ageing (2013) The National Vaccine Storage Guidelines: Strive for 5. https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5

should be individually referred to along with clinical advice from the Australian Technical Advisory Group on Immunisation.

The *Australian Immunisation Handbook*[17] provides clinical guidelines for health professionals on the safest and most effective use of vaccines. The Handbook is an online resource which is updated as required. State/territory legislations determine who has access to and can administer vaccines and the reporting requirements of an adverse event following immunisation. State/territory legislations are not always consistent with each other in this regard. The principles listed in this submission account for the legislative differences. All vaccines must be administered in accordance with relevant legislation, best practice and the guidelines and recommendations as outlined in the Australian Immunisation Handbook.

This is particularly important with regard to:

- ensuring patients are medically advised so they may give informed valid consent;
- pre-vaccination screening;
- vaccine efficacy;
- adherence to occupational health and safety standards;
- being prepared for, equipped and trained to manage anaphylaxis;
- monitoring for, recognising and treating adverse reactions;
- documentation and record keeping;
- uploading vaccination information to the Australian Immunisation Register (AIR); and
- reporting adverse events to the appropriate authorities.

To ensure patient safety and the efficacy of vaccines, providers of vaccinations outside of general practices must meet a minimum set of standards that are compliant with governing regulations and existing guidelines and best practice.

Vaccinations to children <5 years

This is particularly important in the case of children, especially under the age of 5. Childhood immunisation appointments are an important opportunity to check on a child's growth and development and should be conducted by a trained GP.

GPs, rather than the broader group of 'recognised immunisation providers' are best placed to consider the whole health of the patient. They are therefore the appropriate dispenser for child medical contraindication for immunisation, including certifying natural immunity in cases where the child has already contracted the disease. In those cases where children require this type of certification, it is important it is completed by a qualified medical practitioner.

Every year GPs see 82 per cent of children aged under 15 years, with immunisation consistently the second most prevalent problem managed at attendance.[18] Importantly, this enables GPs to provide

[17] Australian Immunisation Handbook. Department of Health. https://immunisationhandbook.health.gov.au/
[18] Bayram C, Harrison, C, Charles J, Britt H. 2015. 'The kids are alright' – Changes in GP consultations with children 2000-15. Australian Family Physician. Volume 44. No 12. December 2015. pp 877-879

other services in conjunction with immunisation services. These include addressing parental concerns, developmental assessment and management, nutrition and parenting assessment and education. GPs provide the vast majority of vaccination to adults. This is frequently undertaken opportunistically in the context of presentations for other conditions.

Any changes to immunisation policy present an opportunity to increase the incidence of GP-patient interaction that enables whole of person care through more comprehensive opportunistic health assessments.

The AMA is advocating for MyMedicare to expand to focus on the first 200 days. MyMedicare is the government's voluntary patient enrolment model which is supported by the AMA and other GP groups including the RACGP. The objective is to better link patients with their usual GP and provide a mechanism for additional funding to flow to GPs and practices over and above the MBS arrangements. Importantly, this will support greater multidisciplinary care.

Vaccinating children under five in general practice will bring more children into general practice to potentially identify patients who would benefit from enrolment in MyMedicare. This would provide them with access to multidisciplinary GP-led care and support for their guardians, whilst also focusing on prevention of chronic conditions from an early age.

Priority Area 6: Prepare for emerging infectious diseases and emergencies requiring rapid and/or targeted vaccination

Vaccination must sit within a nationally co-ordinated Centre for Disease Control (CDC). While we congratulate the Government for establishing the interim Australian CDC, this arrangement is far from adequate given its announcement over two years ago. The AMA emphasises that the CDC must be adequately funded and resourced over the long-term to undertake its multitude of functions, including rapid risk assessment, scientific briefings, public education, and disease prevention. The AMA was disappointed the Australian CDC received no funding in the 24/25 Federal Budget and that legislation for the Australian CDC would not be introduced in 2024. The AMA remains a strong supporter of the CDC which will be essential not ensure we are better prepared for future pandemics and, if properly funded with a broad mandate, can lead preventative and responsive vaccination programs.

Immunisation within Australia and globally should be a key strategy for the CDC as it is essential element to consider in pandemic prevention.[19] It would be appropriate for the CDC to take responsibility for some aspects of the ATAGI, the National Partnership on Essential Vaccines, including monitoring and assessing performance in the delivery of the National Immunisation Program, and providing leadership in the development of national consumer and medical professional communication activities. Financial contribution, supplying and distributing vaccines and monitoring adverse events should remain with other government entities. The AMA's submission to the Department of Health and Aged Care consultation on the roles and functions of an Australian CDC provides further detail and can be found here.

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[19] Australian Medical Association (2022) AMA Statement on principles for equitable COVID-19 vaccination.