

September 2023

Queensland Health

# Queensland Health Immunisation Strategy 2017-2022

Report on Achievements



Queensland  
Government

## Report on Achievements - Queensland Health Immunisation Strategy 2017–2022

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# Executive Summary

The [Queensland Health Immunisation Strategy 2017–2022](#) (the Strategy) was endorsed in 2017 by the Minister for Health and Minister for Ambulance Services (2015 to 2017), the Honourable Cameron Dick, MP.

Queensland Health is committed to making Queenslanders among the healthiest people in the world. Queensland Health works collaboratively with immunisation providers across all sectors and with other key stakeholders to protect Queenslanders, especially children and other groups most at risk from vaccine-preventable diseases.

The Strategy was developed to facilitate and guide Queensland's progress towards Australia's national target of 95% of children fully immunised at one, 2, and 5 years of age, and to encourage and facilitate higher uptake of immunisation by Queenslanders of all ages to protect themselves and others, particularly those most vulnerable in our communities.

The Strategy committed Queensland Health to 29 specific actions. This report provides details of how those actions were implemented and the achievements gained.

Achievements of significance during the term of the Strategy:

- Childhood immunisation coverage rates for each of the 3 age cohorts of children measured, using data reported to the Australian Immunisation Register (AIR), improved or were maintained at high levels comparable to Australian rates.
- There has been an overall trend reduction in the gap in immunisation rates between Aboriginal and Torres Strait Islander children and non-Indigenous children for one-year-old and two-year-old cohorts, with the trend reduction greater than 50% in the two-year-old cohort. Immunisation coverage rates for Queensland's five-year-old Aboriginal and Torres Strait Islander children remained above the coverage rates for non-Indigenous children.
- A range of strategies and programs were introduced to improve access to information and services, including services delivered through the [Health Contact Centre](#) (HCC) for all Queenslanders and online [translated immunisation resources](#) for people experiencing language barriers.
- [Four immunisation online courses](#) were developed to assist those working in immunisation services with knowledge and skill development complementing Public Health Unit (PHU) education activities. The success of the courses was evident during the COVID-19 pandemic when enrolments increased across all 4 courses during 2020–2021.
- The quality of Queensland's childhood immunisation data held in the AIR has been improved through processes developed and implemented by the Immunise Queensland team at the HCC.
- A strengthened commitment to nationally consistent approaches to immunisation through collaborations with expert advisories including the Australian Technical Advisory Group on Immunisation (ATAGI) and participation in forums such as the Australian Government convened Jurisdictional Immunisation Committee (JIC).

# Introduction

## Our vision

Queensland Health's vision is for Queenslanders to be among the healthiest people in the world.

Immunisation is an internationally recognised, proven, and cost-effective way to protect communities against vaccine-preventable diseases and improve the overall health of a population. Immunisation has greatly reduced the overall burden of infectious diseases worldwide. The World Health Organization considers immunisation to be one of the most successful and cost-effective public health interventions.

Immunisation is recognised and supported by the Queensland Government as a key strategy to safeguard the health of the community. Supporting the delivery of the National Immunisation Program (NIP) is an essential element in achieving the Department of Health's objective to [promote and protect the health of all Queenslanders where they live, learn, work and play](#).

To realise our vision, the Department of Health, through the Queensland Health Immunisation Program (QHIP), leads and supports the delivery of the NIP in Queensland, manages state-wide vaccination programs outside the NIP, and monitors and reports on commitments under the National Partnership Agreement on Essential Vaccines (NPEV). Immunisation services are also supported by Public Health Units to ensure best practice management of vaccine supply, avoidance of vaccine wastage, cold chain breach management, and evidence-based clinical practice.

[The National Immunisation Program Queensland Schedule](#) details the recommended vaccines for eligible Queenslanders including young children, adolescents (through the School Immunisation Program), Aboriginal and Torres Strait Islanders, seniors, and people diagnosed with medical risk factors. These vaccines are distributed through the QHIP and administered by more than 1,800 immunisation providers across Queensland. Immunisations administered in Queensland and recorded on the AIR are closely monitored by the QHIP.

Immunisation is promoted broadly to the Queensland community through the [Vaccination Matters website](#) and through government media campaigns including those in response to new, emerging, and re-emerging vaccine-preventable disease threats and outbreaks, as required.

## Our partners

The QHIP functions effectively through successful partnerships built with a wide range of stakeholders including:

- Aboriginal and Torres Strait Islander Community Controlled Health Organisations
- Aboriginal and Torres Strait Islander Health Division
- Australian Department of Health and Aged Care
- Australian Immunisation Register
- Cancer Council Queensland
- General practice
- Health Contact Centre
- Hospital and Health Services (including PHUs)
- Immunisation Programs in other jurisdictions
- Local governments
- National Centre for Immunisation Research and Surveillance
- Services Australia
- Strategic Communications Branch (SCB).

Queensland Health works collaboratively with the Australian Government Department of Health under the NPEV. The NPEV formalises the relationship between state, territory, and Australian Governments for implementation of the NIP. Services Australia manages the AIR. Immunisation providers are required to record all NIP vaccinations on the AIR and are also encouraged to record all other vaccinations they administer.

Australia's NIP commenced on 1 January 1996 as a joint state, territory, and Australian government initiative to reduce the incidence of vaccine-preventable diseases in Australia.

In Australia, many vaccines are funded under the NIP for children, adolescents, and adults. Vaccines currently funded under the NIP are for the prevention of measles, mumps, rubella, polio, diphtheria, tetanus, pertussis (whooping cough), varicella (chickenpox), hepatitis B, hepatitis A, Haemophilus influenzae type b (Hib), meningococcal ACWY, influenza, human papillomavirus (HPV), pneumococcal disease, rotavirus, and herpes zoster (shingles).

Through the NIP, additional vaccines are recommended and funded for Aboriginal and Torres Strait Islander people and medically at-risk children, given their increased vulnerability to some vaccine-preventable diseases.

Under the NPEV, Queensland's obligations are to:

- purchase and distribute vaccines to immunisation providers
- manage the efficient and effective delivery of the immunisation program
- monitor and minimise vaccine wastage and unauthorised use
- promote administration and storage of vaccines consistent with national guidelines; and
- increase community understanding and support of immunisation.

The NPEV commits the Australian Government to reimburse/fund jurisdictions for their NIP vaccine requirements. ATAGI provides clinical advice to Australian state governments on the safe and appropriate use of vaccines in Australia. Expert clinical advice is provided for immunisation services in the [Australian Immunisation Handbook](#).

Implementation of the Strategy has been coordinated by the Queensland Department of Health through the QHIP, working in partnership with Hospital and Health Services (HHSs) through their PHUs, local government, Aboriginal and Torres Strait Islander community-controlled health services, general practitioners, and other non-government organisations.

The QHIP is responsible for the state-wide supply of millions of doses of NIP vaccines to immunisation providers across Queensland. In 2021–2022, over 3 million vaccine doses comprising of 38 different vaccines were provided to more than 1,800 immunisation providers.

Queensland's HCC provides confidential health assessment and information services to Queenslanders, 24 hours a day, 7 days a week, using multi-channel delivery models. The HCC is staffed by a multi-disciplinary team of nurses, health practitioners, and administrative staff to ensure consumers receive safe, quality, and responsive advice.

Queensland Health uses the technology and expertise of the HCC to assist immunisation providers, families, and individuals, particularly with the follow-up of children across the state who have been identified as overdue for NIP-scheduled immunisations. This state-wide service, developed by the Immunise Queensland team at the HCC, in collaboration with the Communicable Diseases Branch (CDB), was first trialled in October 2015. It has been refined and developed over the term of the Strategy into an effective and efficient service, following up children under 5 years of age through 2 specific initiatives:

1. **Immunise to 95** which aims to achieve 95% immunisation coverage for children at one, 2 and 5 years of age. Through this initiative, selected cohorts of children identified as overdue for immunisation on the AIR are followed up. The HCC contacts the child's last known immunisation provider and, if necessary, their parents to verify and/or update a child's immunisation status. If required, parents are offered advice about what they need to do to resolve or update their child's immunisation status.
2. **Bubba Jabs on Time (BJoT)** is a similar initiative that aims to reduce the gap in immunisation rates between Aboriginal and Torres Strait Islander children and non-Indigenous children. BJoT uses the same model of care as Immunise to 95 to follow up all Aboriginal and Torres Strait Islander children up to 5 years of age identified as overdue on the AIR. In addition to following up children overdue for immunisation, SMS text reminders are sent to parents of Aboriginal and Torres Strait Islander children whose details are already held in HCC client records (i.e., children previously identified as overdue for an immunisation) and flagged on the AIR as 'due' for immunisation.

The Immunise Queensland team at the HCC also send reminder letters to seniors who appear on the AIR as overdue for their NIP-funded immunisations.

HHSs through PHUs play an important role locally in supporting immunisation providers delivering the NIP in Queensland. Activities undertaken by PHUs include:

- provide expert clinical and program advice

- analyse Immunise Queensland quarterly follow-up activity reports produced by the HCC and address issues that may be causing data errors
- routinely interrogate immunisation data and Immunise Queensland follow-up activity reports to identify issues that contribute to children becoming overdue for immunisation or not having recommended additional vaccines
- assist immunisation providers to follow up children overdue for immunisation, through provider education and information activities
- monitor adverse events following immunisation
- investigate cold chain breaches, and
- ensure delivery of Queensland's School Immunisation Program (SIP).

HHSs also provide immunisation services for their local communities, where required.

In Queensland, childhood immunisations are administered by a range of immunisation providers, including:

- general practice (GP) – 84% of immunisation providers in Queensland over the term of the Strategy were GP services
- some local government authorities (e.g., council-run community immunisation clinics)
- Aboriginal and Torres Strait Islander Community-controlled Health Organisations
- some HHSs with immunisation clinics, and
- Royal Flying Doctor Service.

The Department of Health acknowledges the roles and responsibilities of all partners in supporting and delivering immunisation services in Queensland.

The Queensland Immunisation Partnership Group (QIPG) was established to provide a representative partnership forum to discuss strategic immunisation issues for Queensland. The QIPG was convened 3–4 times per annum during the term of the Strategy. Forum discussions facilitated communication and consultation amongst key partners regarding the delivery of the NIP in Queensland.

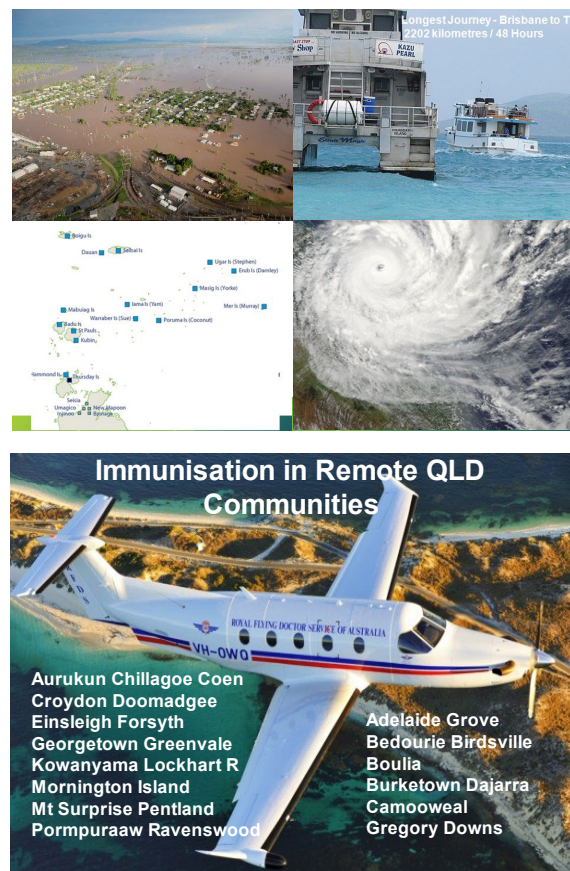
Membership of the QIPG included representatives from Queensland Aboriginal and Islander Health Council, Primary Health Networks, Royal Australian College of General Practitioners Australian Medical Association of Queensland, Brisbane City Council, Queensland Department of Education, Royal Flying Doctor Service, Health Consumers Queensland, Queensland Specialist Immunisation Service, and Multicultural Affairs Queensland.

## Our state's challenges

Most immunisations in Queensland are delivered through primary care services. More than 90% of immunisation providers are not Queensland Health providers.

QHIP provides Australian government-funded NIP vaccines and some state-funded vaccines to more than 1,800 registered immunisation providers in Queensland. Regardless of the challenges presented by weather, geography or distance, immunisation providers across the state are provided the essential vaccines they need, including vaccines required in response to outbreaks.

Queensland Health's PHUs assist immunisation providers in the delivery of immunisation services. PHUs ensure providers are supported to deliver high quality and safe immunisation services particularly for people with complex immunisation schedule needs and in response to outbreaks of vaccine-preventable diseases.



## Vaccine-Preventable Diseases

Measuring the success of the immunisation program is linked not only to immunisation rates but also to the number of new cases of vaccine-preventable diseases (VPDs) in the community.

This section summarises the key findings from notifiable conditions with vaccines on the NIP schedule. It provides estimates of the disease burden for varicella, 2010–2022 (Figure 1), and for invasive meningococcal, 2010–2022 (Figure 2). Quarterly reports on all vaccine-preventable and invasive diseases notified in Queensland during the term of the Strategy are available online: [Vaccine preventable disease surveillance | Queensland Health](#).

During the COVID-19 pandemic, there was a significant decline in notifications of most VPDs. In 2022, 4 diseases accounted for 99.7% of the VPD notifications: laboratory confirmed influenza (79%), varicella (16%), rotavirus (4%), and invasive pneumococcal disease (0.6%). The rate of VPDs is highest in children aged 0–4 years old, followed by children aged 5–14 years old. The rate of VPDs notified in Queensland decreased by 18% between 2017–2022.

While the closure of national and international borders with mandatory quarantine was critical to the significant decline in some VPDs in Queensland during the pandemic period, these

decreases could also be linked to an increase in hand washing and social distancing, as well as more people staying at home when sick, as part of the COVID-19 response.

Varicella-zoster virus infections include chickenpox, shingles, and unspecified notifications. Figure 1 depicts the notification rates for varicella in Queensland by age group since 2010.

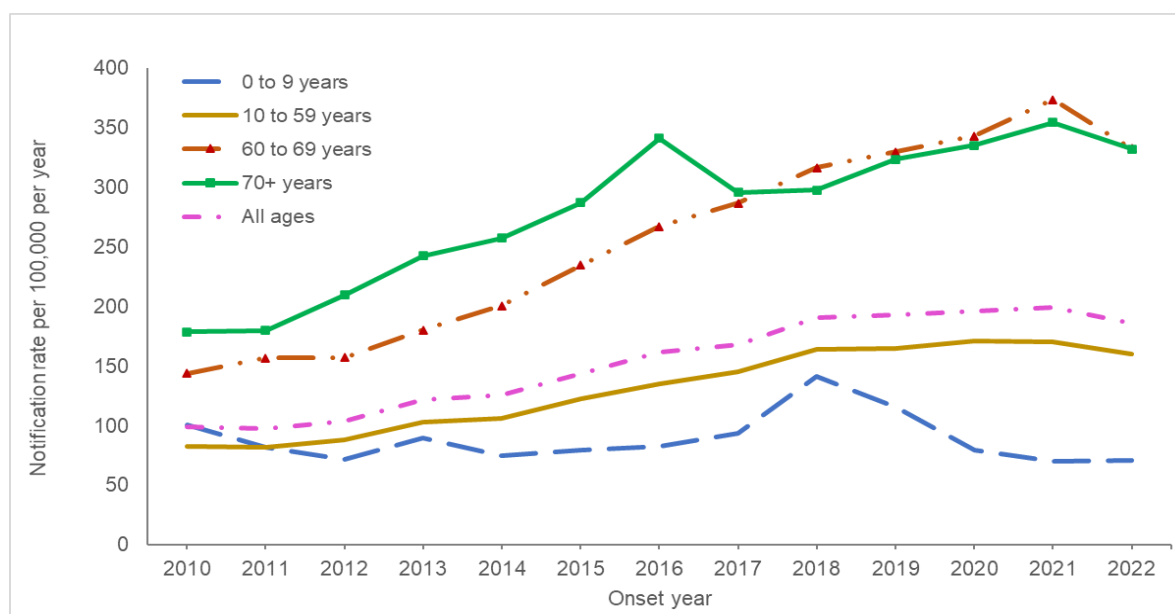


Figure 1. Rate of varicella notifications per 100,000 population by age group and year of onset

Following the implementation of the meningococcal ACWY vaccination program commencing in July 2017 in response to an increase in serogroup W and serogroup Y diseases in 2016, the rate of invasive meningococcal notification decreased by 51% between 2017–2022, with the greatest reduction (76%) in serogroup W and Y meningococcal cases, as illustrated in Figure 2.

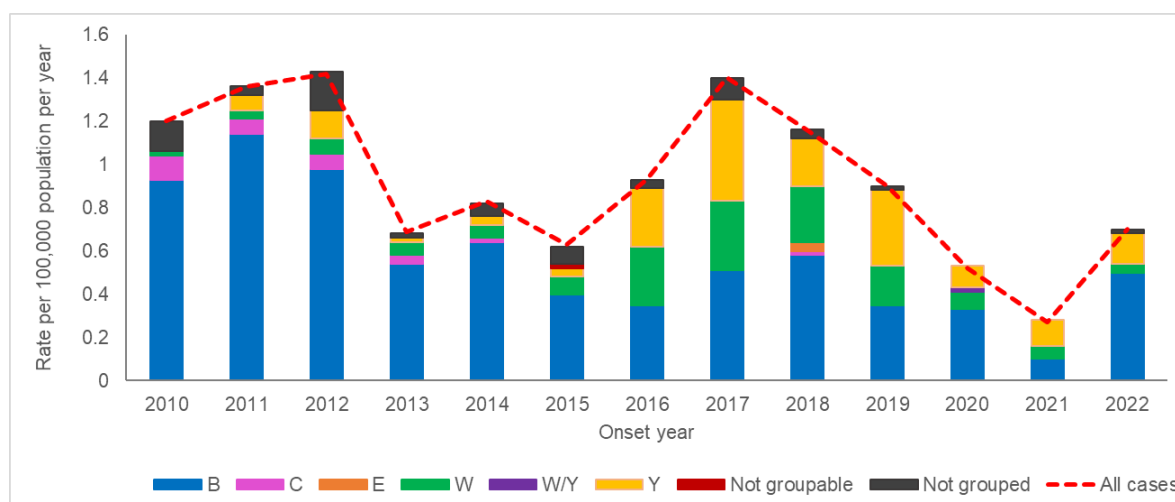


Figure 2. Rate of invasive meningococcal notifications per 100,000 population by serogroup and year of onset

# Our Strategic Plan

The [Queensland Health Immunisation Strategy 2017–2022](#) was designed to guide and support Queensland Health programs and services improving immunisation coverage and protecting all Queenslanders against vaccine preventable diseases.

## Key focus areas

The Strategy focused on 5 key areas of activity with specific objectives. Achievements are reported in the next section of this report and detailed in the appended [Table of Achievements](#). An achievement summary statement is provided under each Strategy objective here:

### 1 Childhood immunisation

#### 1.1 A 95% immunisation rate achieved for Queensland children at one, 2 and 5 years of age.

##### **Achievement summary**

Whilst there has been only a small number of quarters overall where the target of 95% fully immunised was reached for a specific cohort of children i.e. Q4 (October–December), 2020 non-Indigenous one-year-old children; Q2 (April–June) 2016 and every quarter since through to Q3 (July–September) 2022 for Indigenous five-year-old children, coverage rates for all measured cohorts in Queensland have been maintained at levels comparable to Australian national rates each quarter over the life of the Strategy.

#### 1.2 The gap in immunisation rates between Aboriginal and Torres Strait Islander children and non-Indigenous children reduced by 50%.

##### **Achievement summary:**

There has been an overall trend reduction in the gap in immunisation coverage rates between Aboriginal and Torres Strait Islander children and non-Indigenous children for one-year-old and two-year-old cohorts in Queensland overall, with the trend gap reduced by more than 50% for the two-year-old cohort. Amongst the five-year-old cohort, immunisation coverage is higher for Aboriginal and Torres Strait Islander children.

## 2 Adolescents

### 2.1 An 85% adolescent immunisation rate achieved through the School Immunisation Program.

#### **Achievement summary:**

Target not met. The School Immunisation Program was adversely affected by the disruption to schools in 2020 and 2021 by the COVID-19 pandemic, and potentially further affected by the complexities of the COVID-19 vaccine rollout to adolescents in the second half of 2021.

In 2021, uptake of the school vaccines dTpa, HPV and meningococcal ACWY were 73.3%, 61.1%, and 65.6% respectively. These rates were all lower than those observed prior to the pandemic (76.0%, 66.7% and 68.8% respectively in 2019).

## 3 People with specific vaccination needs

### 3.1 People with specific vaccination needs have access to information and appropriate vaccination services.

#### **Achievement summary:**

Strategies and programs were implemented over the term of the Strategy to improve access to information and services including programs and services delivered through the HCC for all Queenslanders, and online translated immunisation factsheets and videos for people experiencing language barriers.

## 4 Communication and education

### 4.1 Improved awareness and understanding of immunisation requirements in the Queensland community with a focus on target populations.

#### **Achievement summary:**

SCB investigated community attitudes towards vaccination and used findings to inform communication strategies and immunisation campaigns.

Whilst there is no specific data source to measure achievement of this objective the trend improvement in immunisation rates for Aboriginal and Torres Strait Islander children might be considered as a marker of success.

### 4.2 Immunisation providers have greater knowledge about lifetime vaccination requirements and are skilled to provide appropriate services.

#### **Achievement summary:**

[Four immunisation online courses](#) were developed over the term of the Strategy to assist all staff in immunisation services with their knowledge and skill development needs.

The courses provide 3 different pathways for clinical, administrative, and community-based health professionals including Aboriginal and Torres Strait Islander health care workers. The courses cater for different skill levels ensuring that course participants with little or no knowledge of immunisation as well as those with more experience can benefit from the courses.

The courses have been well utilised with more than 13,000 enrolments in total for Course 1, the most frequently accessed course. Most enrolments in the courses by profession are from the nursing stream (84%–90%) followed by midwifery, administrative and medical streams.

## 5 Monitoring, surveillance, and research

### 5.1 Program policy, planning and service delivery is supported by accurate immunisation data.

#### **Achievement summary:**

AIR data reports on children overdue for immunisations are regularly reviewed by the HCC, Immunise Queensland team to improve data accuracy. Quarterly AIR childhood immunisation coverage reports provided by Services Australia are closely monitored and used to inform program policy, planning and service delivery.

### 5.2 Queensland's immunisation program is informed by quality research and supported with appropriate policies.

#### **Achievement summary:**

Queensland maintains a strong commitment to nationally consistent approaches to immunisation through collaborations with expert advisories including ATAGI and participation in forums such as the Australian Government convened JIC.

## Priority populations

Priority populations for vaccination in Queensland were identified for focus:

- children under 5 years of age
- adolescents
- Aboriginal and Torres Strait Islander communities
- people from culturally and linguistically diverse backgrounds especially those in refugee resettlement programs, and
- pregnant women.

## Actions and Activities

The Strategy specified eight objectives and 29 actions. Queensland Health stakeholders (Department of Health and HHSs through PHUs) developed 69 activities for implementation plans to achieve stated objectives.

The attached [Table of Achievements](#) lays out and aligns these objectives, actions, and activities and summarises the outcomes achieved.

# Our Key Achievements

## Short-term outcomes

The following significant achievements were gained over the term of the Strategy. More details about each of these achievements can be found in the [Table of Achievements](#) (pages 23-36).

1. [Annualised childhood immunisation rates](#) are updated quarterly and published on the Queensland Health Hospital Performance website, detailing coverage for each HHS.
2. The QIPG, a forum of key partner organisation representatives, was convened 3–4 times each year and provided a structure to develop and sustain the partnerships required to deliver on Strategy objectives.
3. The “Immunise Queensland” programs, delivered through the HCC, followed up over 150,000 children overdue for scheduled NIP immunisations.
4. From January 2018, the HCC commenced sending a reminder letter to seniors aged 70 years identified as overdue for the zoster vaccine on the AIR. In 2022, the program was extended to include seniors overdue for pneumococcal vaccine. Up to 30 November 2022, over 163,000 seniors have received reminder letters.
5. Aboriginal and Torres Strait Islander community-controlled immunisation providers were supported through funding, information, and advice via the Queensland Aboriginal and Islander Health Council project, “Improving Immunisation Coverage Among Indigenous Queenslanders” funded through CDB.
6. The [Queensland Specialist Immunisation Service \(QSiS\) for children and the Queensland Adult Specialist Immunisation Service](#) were established. These services provide advice and/or vaccination for people with complex medical conditions as well as those who have experienced or are at risk of an adverse event following immunisation. QSiS can also assist with vaccinations for children who have had failed attempts to vaccinate due to needle-phobia.
7. The [Queensland Healthcare Worker Vaccination Guidelines](#) were developed and implemented. This policy framework ensures a consistent approach to vaccination requirements for staff employed across Queensland’s 15 HHSs.
8. The Townsville PHU developed an Aboriginal and Torres Strait Islander immunisation outreach project, “Boots on the Ground”. The project was established to address and improve childhood immunisation coverage rates for First Nation’s children in communities in and around the greater Townsville area. Boots on the Ground, initially funded by CDB, has become an established service within the Townsville HHS. The gap between childhood immunisation rates for First Nation’s children and non-Indigenous children in Townsville HHS narrowed over the term of the Strategy.
9. The Cairns PHU worked in collaboration with local Aboriginal and Torres Strait Islander services and communities to develop a similar project in the metropolitan Cairns area. The project, “Connecting Our Mob” provides an immunisation outreach service and works to reconnect First Nations families with children overdue for immunisations into local

immunisation services. The gap between childhood immunisation rates for First Nation's children and non-Indigenous children in Cairns and Hinterland HHS narrowed over the term of the Strategy.

10. In 2019, Sunshine Coast PHU initiated and led a two-day Sunshine Coast-Gympie Immunisation Forum to explore and capture stakeholder's views on supports, barriers and next steps to improve coverage and data quality for young children, Aboriginal and Torres Strait Islander children, adolescents, pregnant women, people travelling overseas, healthcare workers, culturally and linguistically diverse populations, older people, and people in Queensland's refugee settlement programs. Participants were from general practice, school immunisation provisions, Aboriginal and Torres Strait Islander health, pharmacy, aged care, emergency, maternity, Primary Health Network, local government, Refugee Health Network, Ethnic Communities Council of Queensland, QHIP, and the AIR. For each of the 9 sessions, the majority/almost all respondents agreed the session would likely lead to better/more vaccination, increased their knowledge, helped them to build/improve relationships with stakeholders, and would likely change how they practised. Implementation of identified interventions was disrupted by COVID-19.
11. Queensland Health implements, monitors, and evaluates timely, targeted and evidence-based immunisation campaigns for priority populations. SCB developed communication strategies such as the ['Call to Arms'](#) campaign targeting parents of young children and encouraging influenza vaccination.
12. Four [immunisation online courses](#) (Vaccine administration, Vaccine management, Recording & reporting of immunisation data, and Catch-up vaccinations) were developed and launched in November 2018. The courses were hosted on the Clinical Skills Development Service (CSDS) website until 1 April 2022 prior to an extensive review and update. A three-year hosting agreement with the Cunningham Centre enabled the updated courses to be made available on their website from June 2022. The courses have been well utilised with over 13,000 enrolments for Course 1 (Vaccine Administration) alone since the launch of the courses. The success of the courses was evident during the COVID-19 pandemic, when enrolments increased across all 4 courses.
13. A [Queensland Health website designed for Aboriginal and Torres Strait Islander childhood immunisation content](#) provides easy access to PDF versions of the Bubba Jabs resources. These resources assist clinicians and other healthcare workers in their discussions with First Nations families encouraging immunisation uptake.
14. The QHIP developed several [immunisation fact sheets translated in 32 languages](#) targeting parents, adolescents, and seniors. [Animated videos](#) (subtitles in 32 languages) about immunisation were also developed and are available online.
15. The QHIP contracted TAFE Queensland to develop immunisation content for the Adult Migrant English Program (AMEP). Four curriculum packages were completed.
16. Queensland Health's new Vaccine Management System (VMS) went live in May 2022, replacing the outdated Vaccination Information Vaccine Administration System (VIVAS). The VMS provides a contemporary platform for monitoring of vaccine stock and improved efficiencies throughout the vaccine management and distribution process to more than 1,800 immunisation providers throughout Queensland.

# Long-term achievements

## Maintaining high childhood immunisation rates

**Objective 1.1: A 95 % immunisation rate achieved for Queensland children at one, 2 and 5 years of age.**

Whilst there has been only a small number of quarters overall where the target of 95% fully immunised was reached for a specific cohort of children, i.e. Q4 (October–December) 2020, non-Indigenous one-year-old children, Q2 (April–June) 2016 and every quarter since through to Q3 (July–September) 2022 for Indigenous five-year-old children, coverage rates for all measured cohorts in Queensland have been maintained at levels comparable to Australian national rates each quarter over the life of the Strategy.

The impact of interruptions to services and communities resulting from the COVID-19 pandemic public health measures in Australia in 2020 and 2021 and the introduction of COVID-19 vaccinations may have influenced the downward trends in the 2022 childhood immunisation coverage quarterly reports. Although data from 2020 indicated that the COVID-19 pandemic had not substantially impacted Australian childhood immunisation rates (NCIRS, 2020), 2021 data showed a general decline in childhood coverage rates (NCIRS, 2022). Queensland's immunisation coverage rates followed this national pattern.

The following graphs, Figures 3, 4 and 5 show quarterly immunisation coverage for each of the 3 measured age cohorts from 2016, the year prior to the commencement of the Strategy through to 31 December 2022.

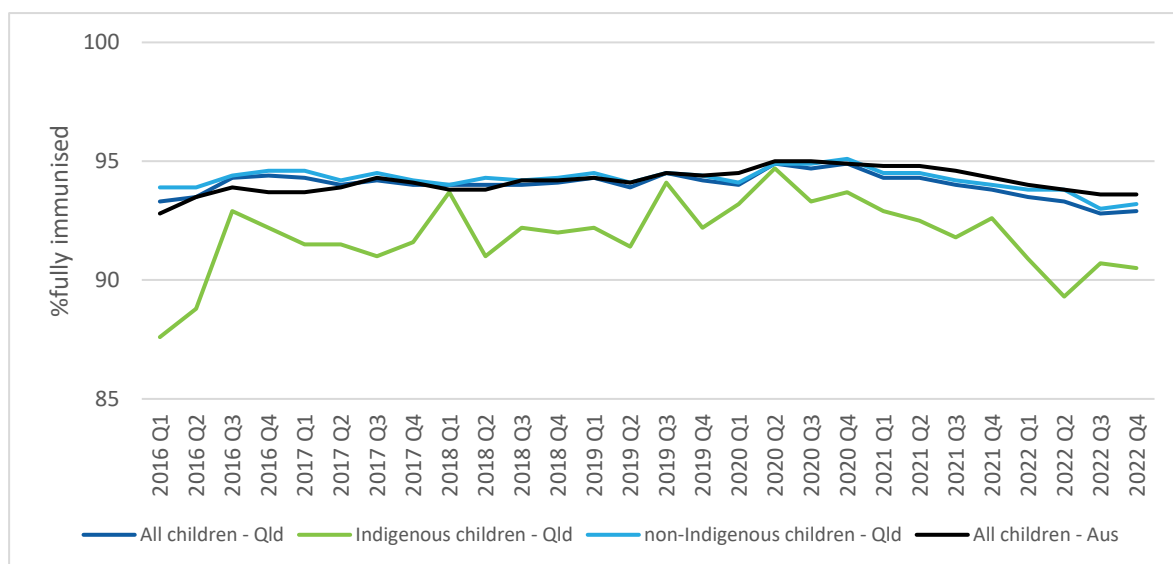


Figure 3. Children fully immunised at 12 months of age by quarter: Q1/2016 to Q4/2022

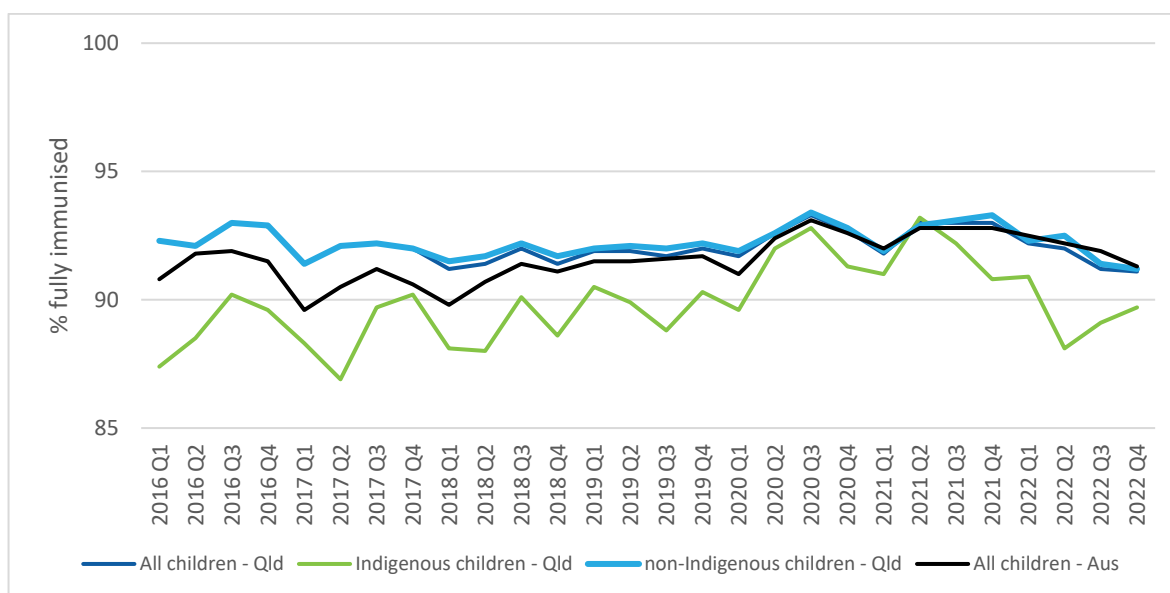


Figure 4. Children fully immunised at 24 months of age by quarter: Q1/2016 to Q4/2022

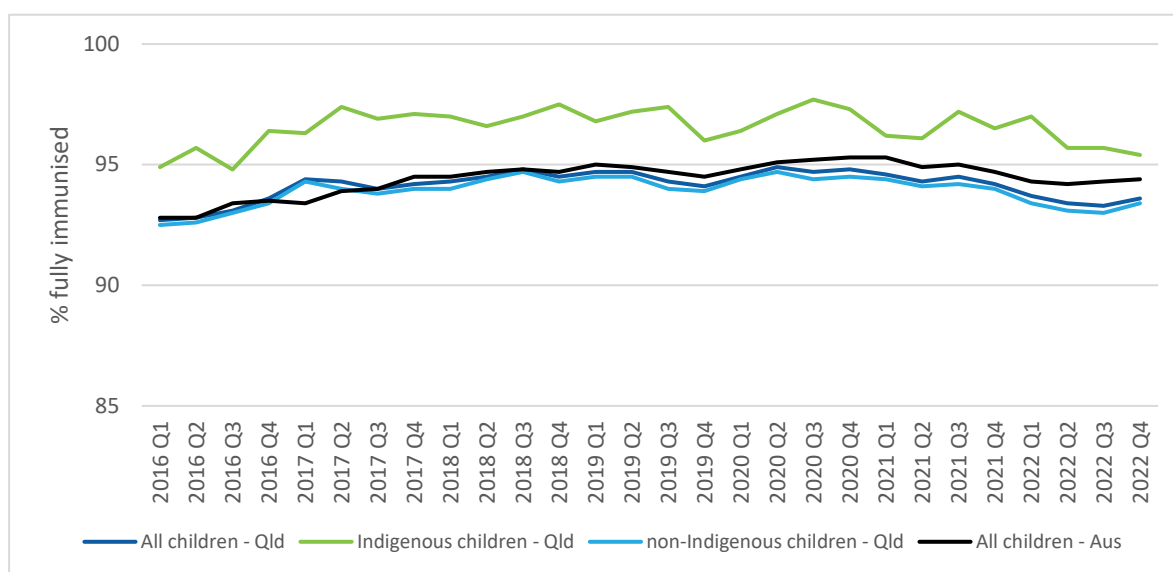


Figure 5. Children fully immunised at 60 months of age by quarter: Q1/2016 to Q4/2022

Activities under each of the 4 key Actions listed in the Strategy delivered on outcomes towards the achievement of this objective:

### 1.1.1 Identify geographic areas or cohorts where immunisation rates are low and design targeted interventions.

Queensland Health monitors the AIR quarterly childhood immunisation coverage reports provided by Services Australia. These data are collated under the HHS's boundaries and provided to PHUs and other key stakeholders for further analysis and planned interventions. Data are also published and updated quarterly on the [Queensland Health Hospital Performance website](#).

Each year, Queensland Health chooses 4 of the state's lowest coverage Statistical Areas Level 3 (SA3) for focused follow-up activity through the HCC, encouraging catch-up and ensuring vaccination records are correct. This work is linked to an agreed performance indicator of the NPEV under which the 4 areas are to be nominated annually.

### **1.1.2 Review the impact of the Queensland childcare vaccination legislation.**

The review of the Queensland childcare vaccination legislation was completed in December 2018 and no further changes to the legislation were considered necessary at that time.

### **1.1.3 Investigate vaccination issues for children from specific groups, including those from culturally and linguistically diverse backgrounds and children under the care of the Department of Communities, Child Safety and Disability Services.**

Consultations with key stakeholders and partners including immunisation providers, refugee health services and Multicultural Affairs Queensland led to the development of translated resources in 32 languages to improve information and understanding of the importance of immunisation across Queensland's diverse multicultural community. The resources are accessible online: [Immunisation fact sheets and videos](#) in English and other languages.

An interdepartmental protocol for managing and addressing the immunisation needs of children in care was established through the "Our Future State" planning processes in 2019.

### **1.1.4 Build on "Immunise to 95" to follow up children overdue for immunisation.**

The Immunise to 95 initiative which commenced at the HCC in 2015 was evaluated and expanded. Over 160,000 children overdue for immunisations have been followed up through to 30 November 2022.

Immunise to 95 aims to achieve 95% childhood immunisation coverage. The program follows up children identified as overdue for immunisation on the AIR by contacting their last known immunisation provider and, if necessary, their parents to verify and/or update a child's immunisation status. If required, parents are offered advice about what they need to do to resolve or update their child's immunisation status.

As a result of the follow-up activities, on average across cohorts, there was a 56% change in vaccinations recorded and an average of 48.6% of records were brought up to date with the immunisation schedule.

## **Closing the gap**

### **Objective 1.2: The gap in immunisation rates between Aboriginal and Torres Strait Islander children and non-Indigenous children reduced by 50%.**

To achieve this objective, innovative and culturally appropriate projects were implemented to improve timeliness of childhood immunisations and improve childhood immunisation coverage rates for First Nations children including the BJoT initiative, delivered state-wide through the HCC.

In January 2017, the HCC commenced BJoT with weekly follow-up of all Aboriginal and Torres Strait Islander children under 12 months of age who were identified on the AIR as overdue for immunisations. The HCC records all feedback provided by providers and parents. Feedback received from immunisation providers and parents from inception has been overwhelmingly positive. In 2019, the decision was made to expand the scope to include all Aboriginal and Torres Strait Islander children up to 5 years of age.

In addition to following up children overdue for immunisation, the HCC sends SMS text reminders to parents of Aboriginal and Torres Strait Islander children due for immunisations whose details are already held in HCC client records i.e., children previously identified as overdue for an immunisation and followed up.

From the commencement of BJoT, over 22,000 children recorded on the AIR as overdue for immunisations have been followed up. Follow-up activities follow the same model of care used in Immunise to 95 (see 1.1.4 above). As a result of the follow-up activities, there was an average of 56% change in vaccinations recorded and an average of 48.6% brought up to date with the immunisation schedule.

Other activities undertaken towards this objective include “Boots on the Ground” and “Connecting Our Mob”, 2 local community projects run through the PHUs in Townsville and Cairns respectively. Both projects work with local services and communities to find children otherwise lost to follow-up, connect families to services and provide outreach immunisation services, where required.

The Queensland Aboriginal and Islander Health Council is funded by Queensland Health to provide an immunisation support service to member organisations delivering immunisation services to First Nations communities. The project, “Improving Immunisation Coverage Among Indigenous Queenslanders” has delivered education and training strategies, resource development and dissemination, and sector engagement initiatives to improve data recording, information, and service delivery.

To evaluate the impact of the Strategy actions and implementation activities, quarterly AIR data have been closely monitored. AIR data provided by Services Australia indicates that actions and activities directed towards improving childhood immunisation coverage for First Nations children have been successful. The difference between rates of fully immunised one-year-old and two-year-old Aboriginal and Torres Strait Islander children compared with non-Indigenous children in Queensland at the same time points has been decreasing over the life of the Strategy. Whilst the gap measure has fluctuated considerably, the overall trend indicates the objective has been achieved. Figure 6 (one-year-old children) and Figure 7 (two-year-old children) below map the trend in reducing the difference between the 2 population cohorts from 12 months prior to implementation of the Strategy (January 2016) through to 30 December 2022.

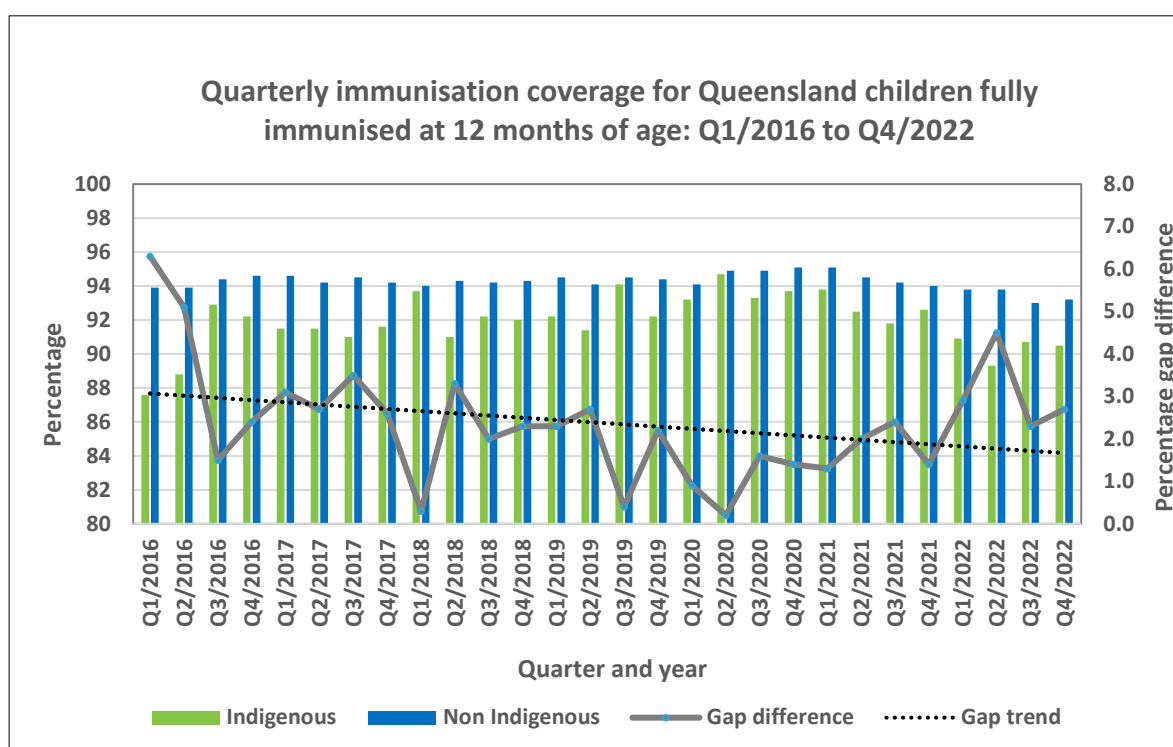


Figure 6. Queensland Indigenous and non-Indigenous children fully immunised at 12 months of age by quarter: Q1/2016 to Q4/2022 with gap difference and gap trend

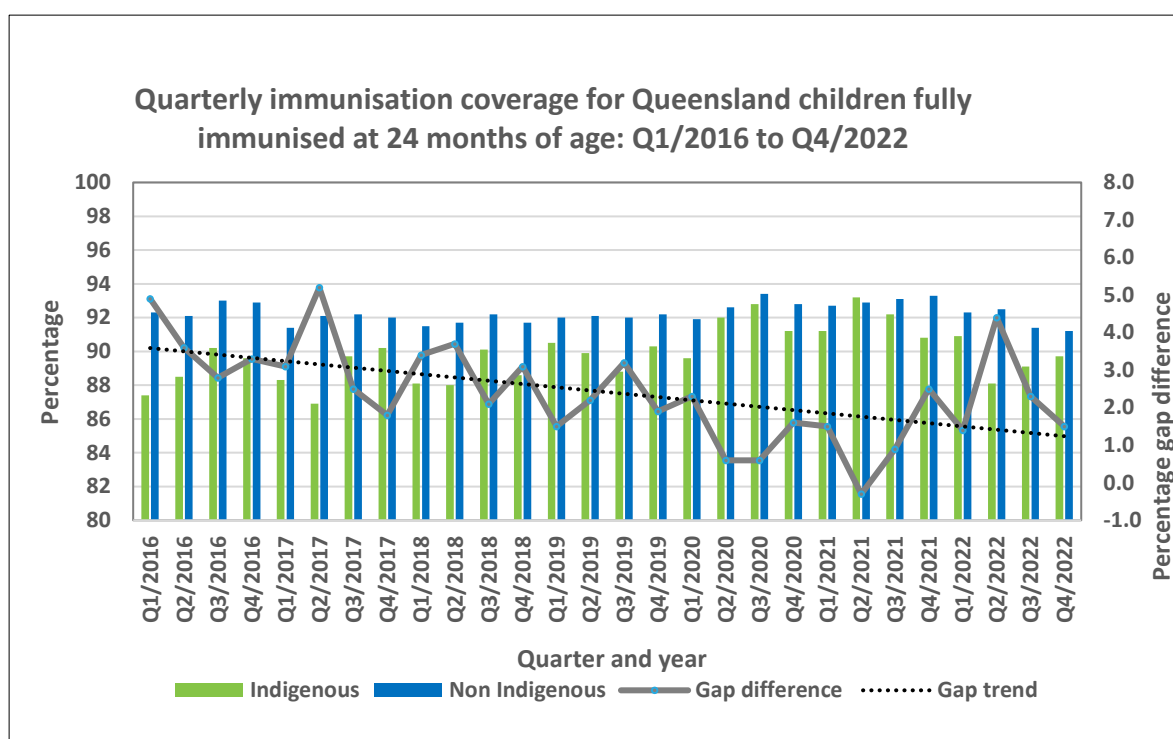


Figure 7. Queensland Indigenous and non-Indigenous children fully immunised at 24 months of age by quarter: Q1/2016 to Q4/2022 with gap difference and gap trend

The gap is reversed in the five-year-old cohorts with First Nations children immunised at higher rates than non-Indigenous children. Whilst the data for five-year-old children are encouraging, they should be interpreted with caution as the definition for “fully immunised” at 5 years of age does not take into account any of the recommended immunisations the child should have received previously i.e., it only refers to those scheduled at the four-year-old NIP schedule timepoint. In addition, the coverage rate does not include any additional vaccines recommended for First Nations children.

## National Partnership Agreement on Essential Vaccines

The QHIP manages the implementation of the NIP throughout Queensland in accordance with the state’s obligation under the NPEV. The NPEV is the head agreement between the Australian government and states and territories under which the NIP-funded vaccines are provided by the Commonwealth.

The NPEV has 5 agreed performance benchmarks:

1. An increase in vaccination coverage for 60-<63-month-olds.
2. An increase in vaccination coverage for Aboriginal and Torres Strait Islander people.
3. An increase in human papillomavirus vaccination coverage in adolescents.
4. An increase in vaccination coverage in identified low-coverage areas.
5. A decrease in wastage and leakage for specified vaccines.

When jurisdictions meet the requirements specified for each performance benchmark, Commonwealth reward funding is provided. Measured against these performance benchmarks, Queensland has been one of the best-performing jurisdictions for several years. Over the term of the Strategy, Queensland has achieved almost all performance benchmark targets. This has resulted in significant funding (over \$3 million per annum on average) for Queensland innovations including the Immunise Queensland services run through the HCC which have assisted efforts to maintain high immunisation coverage rates and improve other rates where necessary. Reward funding has also supported program improvements such as Queensland Health’s new VMS.

# Glossary

| Term     | Definition   |
|----------|--|
| ACWY     | Refers to meningococcal serogroups “A”, “C”, “W” and “Y” |
| AEFI     | Adverse Event Following Immunisation                     |
| AIR      | Australian Immunisation Register                         |
| AMEP     | Adult Migrant English Program                            |
| ATAGI    | Australian Technical Advisory Group on Immunisation      |
| BJoT     | Bubba Jabs on Time                                       |
| CDB      | Communicable Diseases Branch                             |
| COVID-19 | Coronavirus disease caused by the SARS-CoV-2 virus       |
| C&HHHS   | Cairns and Hinterland Hospital and Health Service        |
| HCC      | Health Contact Centre                                    |
| HHS/HHSs | Hospital and Health Service/Hospital and Health Services |
| JIC      | Jurisdictional Immunisation Committee                    |
| NIP      | National Immunisation Program                            |
| NPEV     | National Partnership on Essential Vaccines               |
| PHU/PHUs | Public Health Unit/Public Health Units                   |
| QIPG     | Queensland Immunisation Partnership Group                |
| QSI      | Queensland Specialist Immunisation Service               |
| SCB      | Strategic Communications Branch                          |
| SIP      | School Immunisation Program                              |
| TAFE     | Technical and Further Education                          |
| VIVAS    | Vaccination Information Vaccine Administration System    |
| VMS      | Vaccine Management System                                |
| VPDs     | Vaccine Preventable Diseases                             |



# Appendix: Table of Achievements

## CHILDHOOD IMMUNISATION

Objective 1.1 A 95% immunisation rate achieved for Queensland children at one, 2 and 5 years of age.

| Action   | Activities   | Time      | Progress/Outcomes  |
|--|--|-----------|--|
| 1.1.1 Identify geographic areas or cohorts where immunisation rates are low and design targeted interventions. | 1.1.1(a) Monitor the Australian Immunisation Register (AIR) quarterly childhood coverage reports.                                  | Quarterly | Queensland maintains high childhood immunisation coverage rates calculated from data held in the AIR and reported to jurisdictions by Services Australia.  |
|  | 1.1.1(b) Provide quarterly coverage data to Hospital and Health Services (HHSs) and other key stakeholders.                        | Quarterly | AIR quarterly coverage data reports are provided to Public Health Units (PHUs). Quarterly data reports are also provided to other key stakeholders when available and discussed in regular forums such as the Queensland Immunisation Partnership Group (QIPG) meetings. |
|  | 1.1.1(c) Provide advice to support HHSs and primary health networks regarding low immunisation rates within their catchment areas. | Quarterly | Quarterly childhood immunisation data are analysed by the Communicable Diseases Branch (CDB) and provided to PHUs/HHSs by HHS, Statistical Areas (SA2), and postcode within their catchment to facilitate action to address identified pockets of low coverage.          |
|  | 1.1.1(d) Publish immunisation rates on the Queensland Health Hospital Performance website.   | Quarterly | Annualised Queensland childhood immunisation rates and annualised HHS childhood immunisation rates and related data are published quarterly on the Queensland Health, <a href="#">Hospital Performance</a> website.  |
| 1.1.2 Review the impact of the Queensland childcare vaccination legislation.                                   | 1.1.2(a) Conduct stakeholder surveys re-implementation.  | Completed | Review completed December 2018 and the report produced.  |

| Action   | Activities  | Time         | Progress/Outcomes   |
|--|---|--------------|---|
| 1.1.3 Investigate vaccination issues for children from specific groups, including those from culturally and linguistically diverse backgrounds and children under the care of the Department of Communities, Child Safety and Disability Services. | 1.1.3(a) Consult with peak body agencies through expanded membership of the QIPG regarding issues for migrant and refugee children.     | Ongoing      | Multicultural Affairs Queensland participates in QIPG meetings and provides advice on immunisation issues for people from culturally and linguistically diverse backgrounds.  |
|  | 1.1.3(b) Establish a project to investigate specific immunisation issues for migrant and refugee children.                              | Completed    | Information resources translated in 32 languages are available on the Queensland Health website. See 3.1.7(a)   |
|  | 1.1.3(c) Liaise with other departments and work with key stakeholders to identify and resolve immunisation issues for children in care. | Completed    | An interdepartmental protocol for managing and addressing the immunisation needs of children in care was established through the Our Future State planning processes in 2019.   |
| 1.1.4 Build on Immunise to 95 to follow up children overdue for immunisation.  | 1.1.4(a) Implement Immunise to 95 processes used to follow up children reported overdue for immunisation by the AIR.                    | 2017 onwards | Since commencement of Immunise to 95 in October 2015, the Health Contact Centre (HCC) has followed up over 164,000 children up to 5 years of age whose AIR records indicated they were overdue for immunisation. HCC monitored the impact after intervention which showed an average across cohorts of 56% change in vaccinations recorded. |
|  | 1.1.4(b) Use Immunise to 95 processes targeting specific areas and/or populations with low immunisation coverage rates.                 | Completed    | Two short-term projects targeting geographic pockets of low coverage for childhood immunisations requested and funded by CDB were completed by Gold Coast HHS and Sunshine Coast HHS in 2019. These interventions were not cost-effective and were therefore not continued.   |

| Action | Activities  | Time         | Progress/Outcomes   |
|--------|---|--------------|---|
|        | 1.1.4(c) Explore options to improve access to immunisation services for identified individuals. | 2018 onwards | The CDB funded Connecting Our Mob project delivered through Cairns PHU focuses on improving access to immunisation services for First Nations families. Boots on the Ground, a similar project based in Townsville commenced in 2017 with CDB funding and is now funded by Townsville HHS.<br>Logan Community Health Action Plan delivered targeted immunisation services for children 0–5 years in Logan overdue for immunisations. The Child and Youth Community Health Service worked closely with the HCC Immunisation Qld team to deliver this project (Sept 2017–June 2018) through which 2,811 children were offered a home vaccination. |

**Objective 1.2 The gap in immunisation rates between Aboriginal and Torres Strait Islander children and non-Indigenous children reduced by 50%**

| Action   | Activities  | Time         | Progress/Outcomes   |
|--|---|--------------|---|
| 1.2.1 Implement and evaluate innovative, culturally appropriate projects to increase and maintain immunisation coverage rates for Aboriginal and Torres Strait Islander children and improve timeliness of vaccinations. | 1.2.1(a) Implement and evaluate immunisation reminder SMS text or postcard message sent to parents of newborn Aboriginal and Torres Strait Islander children. | 2017 onwards | From 2018 to 2022, CDB funded a project in Central Queensland Hospital and Health Service which uses Hospital Based Corporate Information System data to identify parents of newborn First Nations children. Parents are sent an SMS pre-call message just prior to the child's immunisation due dates. The project has been evaluated to assess impact on timeliness and coverage. |
|  | 1.2.1(b) Follow up all Aboriginal and Torres Strait Islander children overdue for immunisations through the Bubba Jabs on Time (BJoT) initiative.             | 2017 onwards | Since the January 2017 commencement BJoT initiative at the HCC, over 21,000 First Nations children identified through AIR data reports as overdue for immunisations have been followed up. When HCC monitored the impact after intervention there was an average of 78% change in vaccinations recorded.  |

| Action | Activities  | Time         | Progress/Outcomes   |
|--------|---|--------------|---|
|        | 1.2.1(c) Provide funding support and advice for interventions targeting large populations where immunisation coverage rates for Indigenous children are low.        | 2017 onwards | CDB provided funding and advice to Townsville HHS for “Boots on the Ground” from 2017 to 2020 and to Cairns and Hinterland Hospital and Health Service (C&HHHS) for “Connecting Our Mob” since 2018. Both projects use a range of interventions including outreach clinics and healthcare worker education to improve timely uptake of immunisations. See 1.1.4(c). |
|        | 1.2.1(d) Work with key stakeholders to develop strategies to increase uptake of additional funded vaccines for Indigenous populations.                              | 2017 onwards | HCC follows up First Nations children overdue for immunisations including the additional vaccines. The initial focus was on extra dose pneumococcal vaccine however from March 2021 the focus changed to menB dose at 2 months. When HCC monitored the impact after intervention over a 4-month period there was a 55% change in vaccinations recorded.             |
|        | 1.2.1(e) Facilitate communication and planning between HHSs and PHNs to collaborate with and support immunisation providers address issues for Indigenous families. | 2017 onwards | The CDB funded project, “Connecting Our Mob” delivered in the greater Cairns region facilitates communication and collaboration between the C&HHHS and the North Queensland Primary Health Network.   |
|        | 1.2.1(f) Fund and support an immunisation project supporting Queensland’s Aboriginal Community–Controlled Health Services.  | 2017 onwards | The Queensland Aboriginal and Islander Health Council’s “Improving Immunisation Coverage Among Indigenous Queenslanders Project” funded by CDB supports Aboriginal Community–Controlled Health Services with information, advice, and education.  |

## ADOLESCENTS

### Objective 2.1 An 85% adolescent immunisation rate achieved through the School Immunisation Program.

| Action  | Activities  | Time         | Progress/Outcomes   |
|---|---|--------------|---|
| 2.1.1 Implement and monitor changes to the Public Health Act 2005 to enable disclosure of identifiable student data to vaccine service providers. | 2.1.1(a) Provide information and resources to support immunisation providers and schools.                                   | 2017 onwards | The <a href="#">Information for Schools</a> and the <a href="#">Resource kit</a> for vaccine service providers are updated annually, published in hard copy or electronically and provided to schools and providers.  |
|   | 2.1.1(b) Monitor stakeholder feedback e.g., through 13 HEALTH.  | Completed    | Implementation issues addressed.  |
|   | 2.1.1(c) Conduct a survey of immunisation providers and schools to assess impact of changes and issues with implementation. | Completed    | A formal survey was completed in November 2017. Feedback indicated support for changes made with no further changes required.   |
| 2.1.2 Review consent and follow-up processes to streamline the School Immunisation Program.   | 2.1.2(a) Evaluate School Immunisation Program (SIP) consent forms and program resources.                                    | Completed    | Evaluation of resources completed in 2017. Findings informed development of resources in subsequent years to improve communication about the SIP with parents. Consent forms and program resources reviewed annually. |
|   | 2.1.2(b) Investigate opportunities for electronic consent.  | Completed    | The outcome of a 2020 investigation determined that electronic consent forms cannot be implemented in Queensland at present.  |
|   | 2.1.3(a) Investigate opportunities to provide resources for catch-up.   | 2017 onwards | The current SIP funding model includes an incentive for catch-up vaccinations given to Year 7 and Year 10 students.   |
|   | 2.1.3(b) Conduct a biannual SIP forum for providers.  | 2018, 2021   | CDB facilitates monthly meetings for SIP Coordinators.  |
|   | 2.1.3(c) Work with the AIR to facilitate timely provision of information to parents.  | 2017 onwards | CDB is working with the HCC planning the resumption of the Immunise Teens initiative.   |
|   | 2.1.3(d) Use data from the AIR to inform activity.  | 2018 onwards | Data reports from AIR are analysed and evaluated.   |
|   | 2.1.3(e) Through the Immunise Teens initiative follow up Year 8 students who did not complete HPV vaccination in Year 7.    | 2017 onwards | CDB is working with the HCC planning how best to encourage teens to catch up on any SIP vaccines missed.  |

## PEOPLE WITH SPECIFIC VACCINATION NEEDS

Objective 3.1 People with specific vaccination needs have access to information and appropriate vaccination services.

| Action   | Activities  | Time         | Progress/Outcomes   |
|--|---|--------------|---|
| 3.1.1 Continue support of the Queensland Specialist Immunisation Service at the Queensland Children's Hospital.  | 3.1.1(a) Provide funds to deliver the Queensland Specialist Immunisation Service (QSiS).                  | Completed    | Funding for this service is now recurrent.  |
|  | 3.1.1(b) Participate in QSiS committees.  | 2017 onwards | QSiS committee meetings attended as required.   |
|  | 3.1.1(c) Review QSiS reports and provide information to stakeholders.                                     | Ongoing      | QSiS reports reviewed and disseminated as required.   |
|  | 3.1.1(d) Promote Queensland's specialist immunisation services.   | 2017 onwards | The QSiS and the Queensland Adult Specialist Immunisation Service are promoted online and through regular forums such as PHU monthly meetings and QIPG. |
| 3.1.2 Continue the funded pertussis vaccination program for pregnant women. Implement and evaluate projects to increase uptake of pertussis and influenza vaccine. | 3.1.2(a) Develop pertussis vaccination education and training material for midwives.                      | Completed    | The <a href="#">Queensland Health online Immunisation Courses</a> include education and information for midwives.                                       |
|  | 3.1.2(b) Investigate systemic ways to engage a range of key stakeholders including midwives.              | 2017 onwards | CDB works collaboratively with Strategic Communications Branch (SCB) and HHSs to promote influenza and pertussis vaccinations for pregnant women.       |
|  | 3.1.2(c) Work with immunisation providers to improve access to vaccines and monitor and report on uptake. | Completed    | The pertussis vaccine is available for pregnant women through the National Immunisation Program (NIP). Providers report vaccinations to AIR.            |

| Action  | Activities  | Time            | Progress/Outcomes   |
|---|---|-----------------|---|
|   | 3.1.2(d) Promote dTpa and flu vaccine to pregnant women.  | 2017 onwards    | Ongoing promotion of vaccination via the Australian government websites and the updated Queensland government's Vaccination Matters website.  |
|   | 3.1.2(e) Evaluate projects, campaigns and resources promoting uptake of pertussis and influenza vaccine.  | 2017 onwards    | CDB collaborates with SCB to promote uptake of pertussis and influenza vaccines during pregnancy through online resources. SCB monitors and evaluates all campaign material.  |
|   | 3.1.2(f) Monitor the incidence of pertussis in infants under 6 months.  | 2017 onwards    | CDB, Epidemiology and Research Unit monitors and analyses incidence of pertussis in all age groups.   |
| 3.1.3 Develop, implement and evaluate strategies that promote vaccination for Aboriginal and Torres Strait Islander people. | 3.1.3(a) Fund the Improving Immunisation Coverage Among Indigenous Queenslanders project supporting Aboriginal Community-Controlled Health Services with immunisation services. | 2017 onwards    | The Queensland Aboriginal and Islander Health Council is contracted to support their member organisations, Aboriginal Community Controlled Health Services to deliver culturally appropriate immunisation services to First Nations' families and communities.  |
|   | 3.1.3(b) Develop, deliver, and evaluate resources promoting the importance of immunisation to Aboriginal and Torres Strait Islander populations.                                | 2018/19 onwards | Bubba Jabs resources were updated in 2020 to accommodate changes to the NIP schedule from 1 July 2020. The resources are published online: Bubba Jabs   Queensland Health and promoted through the online Immunisation Program Update newsletter, PHUs and the Queensland Aboriginal and Islander Health Council. |
|   | 3.1.3(c) Through Immunise to 95 and the BJoT initiatives promote seasonal influenza vaccination for Aboriginal and Torres Strait Islander children.                             | 2017 onwards    | The HCC promotes uptake of seasonal influenza vaccine which is funded under the NIP for First Nations people from 6 months of age onwards.  |

| Action  | Activities  | Time         | Progress/Outcomes  |
|---|---|--------------|--|
| 3.1.4 Identify local barriers and improve access to services.   | 3.1.4(a) Support Hospital and Health Services' activities with data and advice.   | 2017 onwards | An Immunisation Data Manual has been developed and is accessible by HHSs through Microsoft Teams.  |
| 3.1.5 Increase awareness and understanding among people travelling overseas about the risk of acquiring vaccine-preventable diseases overseas and the importance of vaccinations before travelling. | 3.1.5(b) Utilise the resources and expertise at the HCC to assist people travelling overseas with their immunisation questions and concerns.                    | 2017 onwards | Immunisation scripts are used by HCC staff providing advice to callers with travel health issues.  |
| 3.1.6 Support healthcare worker (HCW) vaccinations through the Queensland Health HCW Vaccination Policy Framework.  | 3.1.6(a) A working group established to develop resources to complement the policy framework and enhance voluntary uptake of vaccination in existing employees. | Completed    | Resources developed and available online:<br><a href="https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/healthcare-workers">https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/healthcare-workers</a> |
|   | 3.1.6(b) A review of the HCW vaccination policy framework to be undertaken 12 months after implementation.  | Completed    | Review undertaken in 2018/19.  |
|   | 3.1.6(c) The HCW vaccination policy framework will be reviewed in accordance with the requirements of the Hospital and Health Boards Act (2011)                 | Completed    | The review of the Health Service Directive and Protocol was completed in 2019 and the revised policy was published on 1 September 2019.  |

| Action  | Activities   | Time              | Progress/Outcomes  |
|---|--|-------------------|--|
|   | 3.1.6(d) Supporting documents for the HCW vaccination policy framework will be maintained.   | Completed         | Supporting documents including a guideline, factsheets and evidence forms revised and published online:<br><a href="https://www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations">https://www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations</a>   |
| 3.1.7 Develop appropriate resources for culturally and linguistically diverse populations.                                  | 3.1.7(a) Establish a project to investigate specific immunisation issues for migrant and refugee children and develop appropriate resources for service providers and communities. | Completed         | Project commenced 2017–2018. See 1.1.3(b). In 2020, the QHIP developed and published immunisation fact sheets online translated in 32 languages targeting parents, adolescents, and seniors.<br>In 2020, the QHIP contracted TAFE Queensland to develop immunisation content for the Adult Migrant English Program (AMEP). Four curriculum packages were completed and trialled in AMEP courses in 2020. |
| 3.1.8 Support vaccination of people in Queensland refugee resettlement programs.  | 3.1.8(a) Provide vaccines for refugee populations.   | Completed/ongoing | From 1 July 2017, refugees became eligible for free catch-up vaccines on an ongoing basis through the NIP.   |
|   | 3.1.8(b) Collaborate with refugee health service providers to promote immunisation services.   | 2017 onwards      | Immunisation services are promoted through translated resources (developed in collaboration with refugee health services) published on the Queensland Health website.  |
| 3.1.9 Address immunisations recommended for older people under the NIP including influenza, pneumococcal and herpes zoster. | 3.1.9(a) Provide vaccine for older adults as per NIP schedule.   | Completed/ongoing | Part of core business under the NIP  |

| Action | Activities   | Time         | Progress/Outcomes  |
|--------|--|--------------|--|
|        | 3.1.9(b) The Immunise Seniors initiative will follow up those aged between 70 years and 6 months and 70 years and 9 months who are identified as overdue for herpes zoster (shingles) vaccine. | 2017 onwards | <p>The HCC sends quarterly reminder emails/letters to seniors aged 70 years 6 months to 70 years 9 months identified on AIR as overdue for immunisations. Over 153,000 letters have been sent since the initiative commenced in January 2018.</p> <p>A review of immunisation status in 2021 of seniors overdue for shingles vaccination, sent reminder letters revealed that 26.7% were vaccinated three months after letters were sent. From January to July 2021, Immunise Seniors was paused, and no letters were sent. AIR data revealed that only 5.7% of seniors in the cohorts who were not sent a reminder letter were vaccinated three months after letters were sent. These data indicate that the letter intervention influenced immunisation behaviour. Cohorts of seniors affected by the pause were subsequently sent reminder letters when the initiative was resumed.</p> <p>From May 2022, seniors overdue for pneumococcal immunisations have also been sent a reminder letter.</p> |

## COMMUNICATION AND EDUCATION

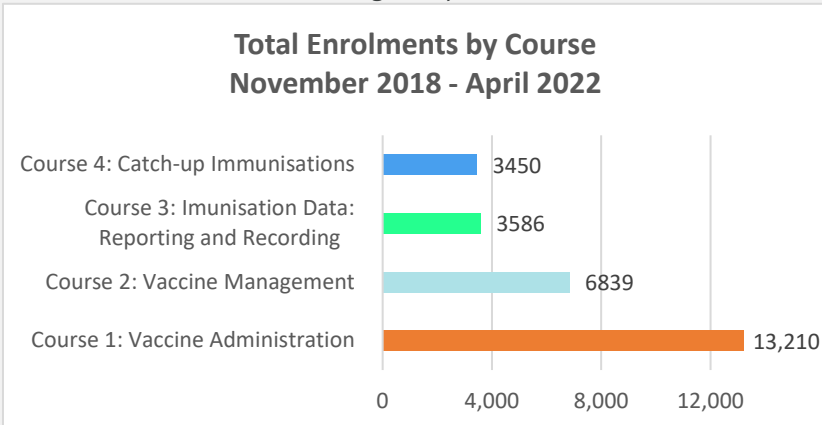
**Objective 4.1** Improved awareness and understanding of immunisation requirements in the Queensland community with a focus on target populations.

| Action  | Activities  | Time         | Progress/Outcomes  |
|---|---|--------------|--|
| 4.1.1 Implement, monitor and evaluate timely, targeted evidence-based campaigns for priority populations. | 4.1.1(a) Develop communication activities to address barriers to and promote benefits of immunisation to target groups. | 2017 onwards | CDB collaborates with SCB to conduct research into community attitudes towards vaccination and develop communication strategies such as the 'Call to Arms' campaign. |
|   | 4.1.1(b) Monitor immunisation communication and evaluate to inform future activity.                                     | 2017 onwards | Monitoring and evaluating communication activities are undertaken by SCB.  |

| Action  | Activities  | Time         | Progress/Outcomes   |
|---|---|--------------|---|
| 4.1.2 Use current and emerging communication tools/technology to reach target audiences.                      | 4.1.2(a) Evaluate the VacciDate App and other communications and use findings to improve resources.   | Completed    | The Queensland Government website, Vaccination Matters was revised by SCB in 2020. The VacciDate App was evaluated by SCB and has been phased out.  |
|   | 4.1.2(b) Provide expert and timely immunisation information and advice through the HCC to families and individuals seeking help with immunisations. | 2017 onwards | 4.1.2(b) Provide expert and timely immunisation information and advice through the HCC to families and individuals seeking help with immunisations. |
| 4.1.3 Consult with target groups in the development of programs and resources to ensure they meet needs.      | 4.1.3(a) Conduct market research to inform immunisation program communication activities.   | 2017 onwards | Market research is undertaken periodically by the SCB. Research in 2019 informed the development of the 'Call to Arms' campaign material.           |
| 4.1.4 Collaborate with partners and stakeholders to promote the importance of immunisation for the community. | 4.1.4(a) Involve stakeholders in new initiatives to improve uptake and promote the importance of immunisation.                                      | 2017 onwards | Stakeholder engagement is managed by SCB.   |

**Objective 4.2** Immunisation providers have greater knowledge about lifetime vaccination requirements and are skilled to provide appropriate services.

| Action   | Activities  | Time         | Progress/Outcomes  |
|--|---|--------------|--|
| 4.2.1 Provide a framework to support nurse immuniser training and skill maintenance. | 4.2.1(a) Provide information and advice to HHS PHUs to assist them in their training role.                          | 2017 onwards | Monthly Immunisation Program meetings are held with all relevant PHU staff via the Microsoft Teams platform.   |
| 4.2.2 Facilitate online training for health providers and other key stakeholders.    | 4.2.2(a) Work collaboratively with HHS public health units to determine stakeholder education needs and priorities. | 2017 onwards | Following consultations with PHUs, the <a href="#">Queensland Health online Immunisation Courses</a> were developed by immunisation experts from QHIP and the Cunningham Centre. The courses are designed for anyone involved in administering, managing, or receiving vaccines. The 4 comprehensive online courses deliver more than 14 hours of education. The free, self-paced and interactive courses are easy to use and are designed to help immunisation service providers maintain and enhance their skills in providing immunisation services and to stay up to date with changing vaccination programs and requirements. The courses are designed for general education and do not lead to authorisation as an Immunisation Program Nurse (IPN). The courses provide 3 different pathways for clinical, administrative, and community-based health professionals including Aboriginal and Torres Strait Islander Health Workers. The courses cater for different skill levels ensuring that course participants with little or no knowledge of immunisation as well as those with more experience can benefit. A range of activities, knowledge quizzes and videos specifically produced for the immunisation eLearning package ensure that participants with different learning styles are challenged and stimulated, and at the same time can enjoy the learning experience. |

| Action  | Activities  | Time                  | Progress/Outcomes   |        |            |                                  |      |  |      |                              |      |                                  |        |
|---|---|-----------------------|---|--------|------------|----------------------------------|------|--|------|------------------------------|------|----------------------------------|--------|
|   | 4.2.2(b) Engage a registered training organisation to develop and promote online training programs. | 2018 and updated 2022 | <p>Four <a href="#">immunisation online courses</a> (Course 1: Vaccine Development and Safety; Course 2: National Immunisation Program; Course 3: Vaccine Preparation and Administration; Course 4: Vaccine Management) can be freely accessed on the <a href="#">Cunningham Centre</a> website. Launched in November 2018 the courses were hosted on the Clinical Skills Development Service (CSDS) website through to 1 April 2022, when they were reviewed and updated. The updated courses were relaunched in June 2022. The courses have been well utilised with over 13,000 enrolments in total for Course 1 alone through to April 2022.</p> <div><p><b>Total Enrolments by Course<br/>November 2018 - April 2022</b></p><table><thead><tr><th>Course</th><th>Enrolments</th></tr></thead><tbody><tr><td>Course 4: Catch-up Immunisations</td><td>3450</td></tr><tr><td>Course 3: Immunisation Data: Reporting and Recording</td><td>3586</td></tr><tr><td>Course 2: Vaccine Management</td><td>6839</td></tr><tr><td>Course 1: Vaccine Administration</td><td>13,210</td></tr></tbody></table></div> <p>The success of the courses was evident during the COVID-19 pandemic, when enrolments increased across all four courses. Most enrolments by profession are from the nursing stream (84%–90%) followed by Midwifery, Administrative and Medical.</p> | Course | Enrolments | Course 4: Catch-up Immunisations | 3450 | Course 3: Immunisation Data: Reporting and Recording | 3586 | Course 2: Vaccine Management | 6839 | Course 1: Vaccine Administration | 13,210 |
| Course  | Enrolments  |                       |   |        |            |                                  |      |  |      |                              |      |                                  |        |
| Course 4: Catch-up Immunisations  | 3450  |                       |   |        |            |                                  |      |  |      |                              |      |                                  |        |
| Course 3: Immunisation Data: Reporting and Recording                            | 3586  |                       |   |        |            |                                  |      |  |      |                              |      |                                  |        |
| Course 2: Vaccine Management  | 6839  |                       |   |        |            |                                  |      |  |      |                              |      |                                  |        |
| Course 1: Vaccine Administration  | 13,210  |                       |   |        |            |                                  |      |  |      |                              |      |                                  |        |
| 4.2.3 Support Aboriginal & Torres Strait Islander Health Workers in their role. | 4.2.3(a) Identify resources available and others required.  | 2017 onwards          | A webpage on the Queensland Health website designed for Aboriginal and Torres Strait Islander childhood immunisation content provides easy access to PDF versions of the Bubba Jabs resources.  |        |            |                                  |      |  |      |                              |      |                                  |        |

## MONITORING, SURVEILLANCE AND RESEARCH

Objective 5.1 Program policy, planning and service delivery is supported by accurate immunisation data.

| Action  | Activities   | Time         | Progress/Outcomes   |
|---|--|--------------|---|
| 5.1.1 Promote the Australian Immunisation Register (AIR)                                    | 5.1.1(a) Continue to work with the Commonwealth Department of Health to ensure the needs of Queenslanders are met. | 2017 onwards | Immunisation Program team members represent Queensland in various NIP forums and committees including the Australian Government convened Jurisdictional Immunisation Committee. |
| 5.1.2 Collaborate with AIR to identify and address data issues.                             | 5.1.2(a) Use current systems to identify and address data quality issues where possible.                           | 2017 onwards | CDB works with officers from the AIR regularly to improve data quality and data access.   |
| 5.1.3 Continue to monitor & improve collection & quality of Queensland's immunisation data. | 5.1.3(a) Work with providers and stakeholders to improve accuracy of immunisation data.                            | 2017 onwards | PHUs address data issues and provide education for providers.   |
|   | 5.1.3(b) Work with the HCC to support immunisation providers in addressing data issues and improving data quality. | 2017 onwards | The Immunisation Program meets monthly with HCC Immunisation Queensland team. Agenda includes data quality issues and assistance provided to immunisation providers.            |

Objective 5.2 Queensland's immunisation program is informed by quality research and supported with appropriate policies.

|   |  |              |   |
|---|--|--------------|---|
| 5.2.1 Review Adverse Events Following Immunisation (AEFI) process re legislative requirements.                                      | 5.2.1(a) Develop a process to review active surveillance.            | 2020–2022    | The review of AEFI processes continues in the context of the implementation of the new Notifiable Conditions database and the management of a large volume of specific COVID-19 AEFIs.  |
| 5.2.2 Raise community & health professional awareness of vaccine safety surveillance systems to improve confidence reporting AEFIs. | 5.2.2(a) Promote the importance of adverse event surveillance.       | 2017 onwards | Regular reminders to vaccine service providers in the Immunisation Update quarterly newsletter education sessions for providers are used to promote adverse event reporting.  |
|   | 5.2.2(b) Participate in national projects to monitor vaccine safety. | 2017 onwards | CDB participates in national Therapeutic Goods Administration (TGA) meetings, as required. CDB regularly reviews NIP related documents and participates in national immunisation forums to keep abreast of immunisation issues and research findings. |