

# NSW Immunisation Strategy 2008-2011



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# Introduction

Immunisation and the provision of population wide vaccination programs remains one of the most effective and cost-efficient public health measures to prevent disease. Vaccination programs introduced in New South Wales (NSW) over the past 70 years have resulted in a remarkable reduction in the incidence of many vaccine preventable diseases including smallpox, diphtheria, tetanus, poliomyelitis, haemophilus influenzae B, measles and rubella.

Significant further progress has been made in developing the NSW Immunisation Program within the aegis of a national framework. Coverage for recommended vaccines, as measured by the Australian Childhood Immunisation Register (ACIR), has increased among all recommended cohorts.

The ongoing success of immunisation programs in preventing disease can lead to complacency about the need for high levels of vaccination coverage within the community. It is important, therefore, that the principles through which the significant successes have been achieved continue to be widely and publicly promoted and reinforced.

Immunisation in the 21st century is an issue which affects all the community across the lifespan – from birth to ageing, and the requirements for providing and delivering effective immunisation programs to protect the health of children, adolescents and adults in NSW are complex and dynamic.

The pace and degree of change to the NSW Immunisation Program, including the recommended immunisation schedule, continues to increase.

The investment and resources necessary to achieve and maintain high levels of immunisation coverage in existing and emerging target populations is significant.

Obtaining the optimal health returns on this investment will also require discovery and application of new evidence to inform and support immunisation policy and programs.

An integrated immunisation program in NSW involving the NSW Department of Health, Area Health Services (AHS), general practice, local government and Aboriginal Controlled Community Health Organisations (ACCHOs), will also require continued partnerships and collaboration at state, regional and local levels.

## Progress 2003 – 2006

Prior to the conclusion of the *NSW Immunisation Strategy 2003 – 2006* a comprehensive review (*Review*) was conducted to assess the degree to which the NSW Immunisation Program had met its objectives and to identify further issues and challenges in developing a subsequent strategy.

The major findings of the review were:

- Immunisation coverage as assessed by the ACIR for children aged 12 to <15 months and 24 to <27 months had exceeded 90 per cent
- Immunisation coverage as assessed by the ACIR for Aboriginal children aged 24 to <27 months had exceeded 90 per cent
- A number of statewide mass vaccination programs had been successfully implemented, for example, programs for meningococcal C, adolescent diphtheria, tetanus and pertussis
- School-based vaccination program infrastructure had been developed and expanded, program participation rates were high, and a positive relationship existed between health and education services in planning and providing programs
- Participation in the ACIR and use of ACIR reporting had increased
- Local planning and co-ordination of immunisation activity had occurred extensively throughout NSW
- The availability and application of evidence to support immunisation planning and evaluation was well established.

# Future Challenges

High statewide immunisation coverage levels are generally sufficient to provide protection against vaccine preventable disease outbreaks.

Despite high immunisation rates among preschool-aged children across the state, some areas within NSW continue to report low levels of coverage for routine immunisation. The concentration of under-immunised individuals within specific areas increases the potential for outbreaks of vaccine preventable diseases.

Against this background, the task of identifying populations at risk from vaccine preventable diseases becomes relatively more difficult and resource intensive. Local area immunisation coverage assessments are important as they can indicate specific demographic risk factors and can assist immunisation services in assessing the effectiveness or limitations of interventions such as outreach, education, reminder–recall, and community partnerships.

The Review also highlighted a number of challenges facing the NSW Immunisation Program in moving forward including;

- A need to prioritise efforts to improve compliance with the timeliness of immunisation particularly for children aged four years
- Further development of school-based immunisation programs including information and records management
- Re-invigorating efforts to raise community awareness of contemporary immunisation and vaccine preventable disease issues
- The increasing complexity of the NSW Immunisation Program which will require improved collaboration and support across services
- The need to consider immunisation workforce issues against a backdrop of continued program expansion
- The need to develop and implement a range of strategies to improve access to population groups with unique social and cultural needs across multiple settings
- Building upon gains made in achieving high coverage for Aboriginal children at two years of age, the need to increase immunisation coverage for Aboriginal people at all ages
- A need for continuing efforts to improve the quality of data reported to the ACIR
- Progressing improvements in recording and reporting adolescent and adult vaccinations
- Supporting immunisation practice among the increasing number of nurses within general practice
- Identifying opportunities to improve promotion of, and access to adolescent vaccination (for example meningococcal C vaccine).

## SECTION 3

# Purpose Statement

The *NSW Immunisation Strategy 2008 – 2011* aims to minimise the incidence and prevalence of vaccine preventable diseases through maximising immunisation coverage.

The purpose of this document is to provide direction and support for the implementation of immunisation activities within NSW. It is framed so as to:

- Safe-guard and build upon the important gains made in NSW with respect to increasing immunisation uptake and reducing the impact and burden of vaccine preventable diseases
- Articulate and emphasise the priorities for the NSW Immunisation Program for the period 2008 - 2011
- Outline specific initiatives and activities to address challenges facing the continued success of the program.

This document also forms the basis for the development of local immunisation plans within Area Health Services and should be read in conjunction with relevant NSW Health Policy Directives pertaining to immunisation and vaccine preventable diseases and recommended vaccination guidelines, protocols and procedures as outlined in the current edition of *The Australian Immunisation Handbook*.

# Context of the *NSW Immunisation Strategy 2008 - 2011*

The *NSW Immunisation Strategy 2008 – 2011* builds upon the planning framework outlined in the *NSW Government A New Direction for NSW, State Health Plan - Towards 2010* which outlines the Goals of NSW Health as;

- To keep people healthy
- To provide the health care that people need
- To deliver high quality services
- To manage health services well.

It also is an important adjunct to the *Healthy People 2010 Population Health Plan for NSW* which includes a focus on:

- Health protection
- Disease prevention and health advancement
- Epidemiology and research
- Aboriginal health
- Population-based primary prevention programs.

## Central elements of the Strategy

As an integral component of these broader strategies, there are a number of principles that underpin the planning, implementation and evaluation of the NSW Immunisation Program.

### i. Population Health Approach

The *NSW Immunisation Strategy 2008 – 2011* is based on population health principles that aim to maintain and improve the health status of the entire population and reduce inequities in health status between population groups. It;

#### *Focuses on the population*

- Aims to improve the overall health status of the community through the prevention and reduction of vaccine preventable disease
- Respects and values the diversity of the various individuals, communities and partner services

- Recognises that integrated multi-level strategies are required for improving and maintaining immunisation coverage.

#### *Considers the factors that influence health*

- Identifies and addresses the underlying conditions that affect health, that is, social, environmental and behavioural factors
- Anticipates the future and invests in long-term health gains
- Aims to achieve maximum health gain for resources invested
- Aims to use the best evidence for decision-making and to continually improve the knowledge base underpinning population health practice
- Develops healthy public policy with key partners.

#### *Addresses health inequities*

- Aims to reduce differences in health status between groups in the community
- Responds to the special needs of groups whose health is poorer, as measured by key indicators
- Gives priority to supporting equitable access to population health services for all individuals and communities
- Recognises the inequitable burden of disease in Aboriginal communities
- Allocates resources to address health inequalities.

### ii. Collaboration

Cooperation and collaboration between stakeholders is pivotal to the successful promotion, delivery and uptake of immunisation programs in NSW. This is important because of the number of service access points for individuals and parents, and the range of organisations and health care and other service providers that support the NSW Immunisation Program through service delivery, policy development, data collection, reporting and administration.

Engagement with the community is also important for ensuring the continued success of the NSW Immunisation Program through supporting informed decision making and enabling the delivery of appropriately targeted services that meet the needs of diverse communities within NSW.

It is important, therefore, that effective partnerships between Area Health Services, general practice, and Aboriginal Controlled Community Health Organisations are developed that support the attainment of population goals and targets.

Working collaboratively:

- Recognises that the many factors that influence immunisation uptake are both within and outside the direct control of the health system
- Understands that action is required which involves multiple sectors and agencies and non-government organisations
- Ensures that communities are considered and treated as partners in the NSW Immunisation Program
- Enhances strong partnerships both within the health system (primary health and acute services) and externally to protect and promote health.

### iii. Evidence-based approach

The available body of evidence for improving immunisation coverage on a population basis has grown substantially in tandem with national and state strategy development over the past decade.

The importance of using an evidence-based approach is increasing as achieving optimal immunisation coverage requires greater understanding of the factors that influence support for, and participation in the NSW Immunisation Program over time.

Gaining insight into factors associated with under-immunised groups and strategies to address their needs will further enhance the effectiveness of immunisation as a central disease prevention and control strategy.

### iv. Accountability

The overarching goal of the *NSW Immunisation Strategy 2008 – 2011* is to increase immunisation coverage and reduce the incidence and prevalence of vaccine preventable diseases. This is largely measured through vaccine preventable disease surveillance and the reporting of immunisation coverage.

Specific performance targets are set within the framework of the Australian Immunisation Agreements, a bilateral agreement between NSW Department of Health and the Australian Government Department of Health and Ageing as the funder of vaccines used in the National Immunisation Program.

The attainment of stated immunisation targets is also included in the Performance Agreements between Area Health Services and the NSW Department of Health.

# Roles & Responsibilities

While specific responsibilities for strategies contained within this document are outlined in the Action Plan which follows, the major roles and responsibilities for key stakeholders in the NSW Immunisation Program are described below.

## NSW Department of Health

Responsible for:

- Setting strategic directions and providing statewide leadership in relation to immunisation of the NSW population
- Developing overarching immunisation policy framework in collaboration with key stakeholders including the Immunisation Portfolio Group
- Resourcing and managing the NSW Immunisation Program, including the procurement and provision of vaccines
- Monitoring and evaluating this Strategy for progress toward reaching immunisation targets
- Ongoing development of relationships and partnerships with key stakeholders at national state and local level
- Surveillance of vaccine preventable diseases and analysis of data relating to immunisation coverage and vaccine preventable disease.

## Area Health Services

Responsible for:

- Planning, monitoring and evaluation of local strategies, including the coordination of resources to achieve population immunisation coverage targets
- Managing occupational health and safety requirements for staff screening and vaccination
- Ensuring registered nurses have access to required immunisation authorisation training
- Collaborating with Divisions of General Practice
- Collaborating with immunisation providers to improve the quality of ACIR data.

## General Practice NSW

Responsible for:

- Providing statewide leadership, coordination and support for immunisation within general practice in NSW
- Monitoring achievements against targets for immunisation coverage for general practice delivered services
- Supporting the development of the immunisation workforce within Divisions of General Practice
- Working with Divisions of General Practice to improve participation with the ACIR and to improve the quality and completeness of information provided to the ACIR
- Liaison and collaboration with NSW Health in monitoring progress of the *NSW Immunisation Strategy 2008 - 2011*.

## Divisions of General Practice

Responsible for:

- Providing local leadership, coordination and support for immunisation within general practice to achieve local population targets
- Supporting the development of the immunisation workforce within general practices including education and training for general practitioners, Practice Nurses and other relevant staff
- Collaborating with Area Health Services in the development and implementation of local immunisation plans.

## National Centre for Immunisation Research and Surveillance

Responsible for:

- Providing evidence-based policy advice and support regarding vaccine-preventable diseases and immunisation program related issues
- Supporting the NSW Department of Health, Area Health Services and immunisation providers via educational activities, seminars and other resources
- Providing leadership and coordination to build capacity within Area Health Services to undertake research into best practice for improving coverage
- Identifying sub-optimally immunised population groups, determining barriers to immunisation uptake and risks associated with poor immunisation coverage
- Identifying and setting research and evaluation priorities, including the development of research projects.

## Aboriginal Health & Medical Research Council

Responsible for:

- Supporting Aboriginal Community Controlled Health Organisations (ACCHOs) in promoting and providing vaccination services
- Working in partnership with NSW Department of Health and the General Practice NSW to ensure a coordinated approach to program delivery for Aboriginal children, adolescents and adults
- Promoting the recording and reporting of immunisation data to the ACIR
- Supporting ACCHOs to ensure that staff are authorised to immunise and follow National Health and Medical Research Council (NHMRC) and NSW Department of Health guidelines and policies.

## Local Councils

(Where vaccination services are provided by local councils) Responsible for:

- Working in collaboration with the local Area Health Service to ensure a coordinated approach to provision of immunisation services;
- Ensuring immunisation data is reported to the ACIR in an accurate and timely manner; and
- Ensuring local council staff are authorised to immunise and follow NHMRC and NSW Department of Health recommendations and policies associated with the provision of immunisation services.

## NSW Education Authorities

Responsible for:

- Providing support for the NSW Immunisation Program through enabling school-based immunisation and providing advice in the development of policies;
- Supporting school entry and other requirements for immunisation and vaccine preventable disease under the *NSW Public Health Act 1991*; and
- Providing relevant information to school staff and to parents/guardians of students via departmental website.

# Key Result Areas

The *NSW Immunisation Strategy 2008 – 2011* aims to minimise the incidence and prevalence of vaccine preventable diseases through maximising immunisation coverage.

This aim recognises:

- The need to maximise and sustain high levels of immunisation coverage for an increasing number of vaccines throughout an individual's lifetime, delivered within different settings
- Variation in levels of immunisation coverage within some cohorts and communities
- Continued mortality and morbidity associated with some vaccine preventable diseases
- That immunisation must continue to be highly valued by the community, health care providers and decision makers.

The performance of the NSW Immunisation Program will be assessed against specified Key Result Areas.

The Key Result Areas reflect target population groups and program support elements relating to the NSW Immunisation Program.

## Priorities

Within the Key Result Areas, five priorities are identified:

1. Increasing age-appropriate immunisation coverage for four year olds
2. Strengthening information and records management systems for school-based immunisation programs
3. Further developing a partnership approach with all stakeholders
4. Addressing workforce issues
5. Social marketing of immunisation and the NSW Immunisation Program

The specific objectives, strategies and assigned responsibilities for each Key Result Area are outlined in the Action Plan in the next section.

## Key Result Areas

1. Sustain high compliance with neonatal hepatitis B program including immunisation for children at birth
2. Maximise immunisation coverage for children aged up to school entry
3. Maximise immunisation coverage for older children and adolescents of school age
4. Maximise immunisation coverage for children who are under-immunised where there is no objection to vaccination
5. Maximise immunisation coverage for children who are under-immunised where there is an objection to vaccination
6. Maximise immunisation coverage for adults
7. Maximise immunisation coverage for Aboriginal people
8. Maximise immunisation coverage for health care workers
9. Provide program support for the delivery of immunisation services to providers and stakeholders
10. Assure the quality and effectiveness of vaccine supply
11. Ensure statewide surveillance and reporting of immunisation coverage, adverse events following immunisation (AEFI) and vaccine preventable diseases.

# Action Plan

## Key Result Area 1: Infants at Birth

OBJECTIVES	STRATEGIES	RESPONSIBILITY
<p>Achieve 100 per cent screening for hepatitis B in the antenatal target group</p> <p>Achieve 100 per cent hepatitis B immunoglobulin (HBIG); and hepatitis B vaccination within 12 hours for infants born to hepatitis B surface antigen (HBsAg) positive mothers</p> <p>Achieve at least 90 per cent birth dose hepatitis B vaccine coverage for all neonates</p>	<p>Ensure compliance with requirements of the neonatal hepatitis B vaccination policy (PD2005_222 – hepatitis B Vaccination Policy)</p>	<p>AHS</p>
	<p>Ensure infrastructure to support Neonatal hepatitis B program is implemented in each maternity hospital and Area Health Service</p>	<p>AHS</p>
	<p>Ensure compliance with hospital and Area Health Service reporting requirements</p>	<p>AHS</p>
	<p>Ensure compliance with completing hepatitis B related information on the Midwives Data Collection Form</p>	<p>AHS</p>
	<p>Promote enrolment to Medicare and ACIR</p>	<p>AHS</p>
	<p>Continue reporting and evaluation of birth dose follow-up</p>	<p>AHS, NSW DoH</p>
	<p>Provide access to education materials for maternity staff regarding the need and benefits of the neonatal hepatitis B vaccination program</p>	<p>AHS, NSW DoH</p>
	<p>Provide supporting program resources including for Aboriginal people and those from culturally and linguistically diverse (CALD) backgrounds</p>	<p>AHS, NSW DoH</p>

## Key Result Area 2: Children aged up to school entry

OBJECTIVES	STRATEGIES	RESPONSIBILITY
<p>Achieve at least 90 per cent of children recorded as fully immunised by the ACIR for the 12 to &lt;15 month age cohort (including pneumococcal vaccine)</p>	<p>Review availability of local immunisation services to assess gaps and where appropriate develop access to relevant services (including outreach, paediatric inpatient and alternative service models)</p>	<p>AHS, DGP, ACCHOs, LG</p>
<p>Achieve at least 90 per cent of children recorded as fully immunised by the ACIR for the 24 to &lt;27 month age cohort (including meningococcal C &amp; varicella vaccine)</p>	<p>Review and promote pre-school and school enrolment and orientation requirements to better focus on timeliness of age appropriate immunisation for four year olds</p>	<p>NSW DoH, AHS, LG, Education Authorities</p>
<p>Achieve at least 90 per cent of children recorded as fully immunised by the ACIR for the 60 to &lt;65 month age cohort</p>	<p>Promote development and use of local general practice and public clinic programs to notify (remind) children for scheduled vaccination and prompt (recall) for overdue vaccination</p> <p>Promote and support development of information technology and management in general practice (electronic data interface between general practice providers and ACIR)</p> <p>Develop and implement initiatives to attain and maintain maximum participation in the General Practice Immunisation Incentives (GPII) scheme</p> <p>Review and revise NSW Health Policy Directives (<i>PD2005_085 Immunisation Register – Australian Childhood and PD2005_098 Children Overdue for Childhood Immunisation – Guidelines for the Active Follow-Up of</i>) for the ACIR including data management and follow-up to better define recommendations for 'data cleaning' activity at PHU and provider level</p> <p>Advocate for increased access to ACIR Field Officers for support to Divisions of General Practice</p>	<p>AHS, DGP, LG</p> <p>GP NSW, DGP</p> <p>GP NSW, DGP</p> <p>NSW DoH</p> <p>NSW DoH, GP NSW</p>

### Key Result Area 3: Children/Adolescents of school age

OBJECTIVES	STRATEGIES	RESPONSIBILITY
Achieve at least 40 per cent immunisation coverage for varicella vaccine for eligible cohort	Liaise with NSW Education Authorities to maintain support for school-based immunisation programs	NSW DoH, Education Authorities
Achieve at least 75 per cent immunisation coverage for diphtheria, tetanus, pertussis (dTpa) for 15 year olds from 2009	Develop and implement a standardised records management system for school-based programs  Develop and implement promotion and education resources for students/parents pertaining to school-based immunisation programs	NSW DoH, AHS  NSW DoH, AHS
Implement school-based programs for hepatitis B vaccination.	Provide input into scoping study on possible ACIR expansion	NSW DoH, GP NSW
Progress towards 90 per cent immunisation coverage for Human Papillomavirus (HPV) vaccine for eligible cohorts	Develop workforce strategies for training, recruitment, retention and succession planning for school immunisation service provision	NSW DoH, AHS
Maximise age-appropriate immunisation uptake for adolescents attending Intensive English Centres	Implement school-based immunisation initiatives as specified in the Australian Immunisation Agreement  Recommence routine school-based dTpa program in 2009	NSW DoH, AHS  NSW DoH, AHS

#### Key Result Area 4: Children who are under-immunised (where there is no objection to vaccination)

OBJECTIVES	STRATEGIES	RESPONSIBILITY
Increase age-appropriate immunisation coverage for children identified as under-immunised	Improve understanding of under-immunised populations and risk factors for low immunisation coverage at a local level	NSW DoH, NCIRS, AHS, GP NSW
	Conduct and distribute small area coverage reports bi-annually	NCIRS, NSW DoH
	Develop local targeted initiatives to promote and ensure uptake of immunisation among identified groups with low immunisation coverage and who want to be vaccinated (including transient groups, four-year olds, children from cultural and linguistically diverse backgrounds, newly arrived humanitarian entrants)	AHS, DGP, ACCHOs

#### Key Result Area 5: Children who are under-immunised (where there is an objection to vaccination)

OBJECTIVES	STRATEGIES	RESPONSIBILITY
Minimise the risk of outbreaks of vaccine preventable disease among persons with a conscientious objection to vaccination	Provide information and communication support to immunisation providers to engage with parents/guardians who conscientiously object to immunisation	NSW DoH, AHS, DGP
	Promote recording of Conscientious Objection to vaccination to the ACIR	DGP, AHS
Reduce the potential impact of misinformation related to vaccination and vaccine preventable disease on immunisation uptake in communities with a high conscientious objection population	Provide targeted community promotion of vaccine preventable disease incidence and outcomes	NSW DoH, AHS
	Conduct research into factors associated with conscientious objection to inform the development of local initiatives to limit the impact of conscientious objection on vaccination uptake and susceptibility to vaccine preventable diseases	NSW DoH, NCIRS

## Key Result Area 6: Adults

OBJECTIVES	STRATEGIES	RESPONSIBILITY
Achieve at least 60 per cent immunisation coverage for pneumococcal vaccine in persons aged 65 years and older	Provide statewide and local promotion of recommended vaccines and immunisation programs for adults including influenza and pneumococcal vaccinations for older Australians and those with risk factors as per the current edition of <i>The Australian Immunisation Handbook</i>	NSW DoH, AHS, DGP
Achieve at least 80 per cent immunisation coverage for influenza vaccine in persons aged 65 years and older	Support liaison between Divisions of General Practice, local health services and Aged Care facilities for program delivery to Aged Care facilities and domiciliary settings	AHS, DGP
Support recommended vaccination for high risk/at risk adults (including Justice Health facilities, newly arrived humanitarian entrants, Sexual Health Clinics, Alcohol & other Drug Services, occupational risks, chronic disease, immune-suppressed)	Support development and use of reminder/recall programs in clinics/practices	DGP, AHS
Support changes in the recommended adult immunisation schedule	Conduct annual population-based surveys to assess and report coverage for '65's and over' influenza and pneumococcal program	NSW DoH
	Provide program support, including health promotion, to services and facilities providing immunisation programs to at risk adults	NSW DoH, AHS, GP NSW
	Ensure timely provision of information to providers as new vaccines are introduced into the National Immunisation Program	NSW DoH, GP NSW
	Develop workforce strategies for training, recruitment, retention and succession planning for immunisation service provision to adults	NSW DoH, AHS, DGP

## Key Result Area 7: Aboriginal People

OBJECTIVES	STRATEGIES	RESPONSIBILITY
Achieve at least 90 per cent coverage for Aboriginal children aged 12 to <15 months (including pneumococcal vaccination)	Develop and provide culturally appropriate resources to promote immunisation and risks from vaccine preventable disease across the lifespan	AHMRC, NSW DoH
Achieve at least 90 per cent coverage for Aboriginal children aged 24 to <27 months	Review availability of local immunisation services for Aboriginal people to assess gaps, and where appropriate provide access to relevant services (including outreach, paediatric inpatient and alternate service models)	AHS, ACCHOs, DGP, AHMRC
Achieve at least 90 per cent coverage for Aboriginal children aged 60 to <65 months	Enhance the capacity and contribution of Aboriginal Community Controlled Health Organisations (ACCHOs) in the provision of immunisation services	ACCHOs, AHMRC, NSW DoH
Improve uptake for influenza and pneumococcal vaccine in Aboriginal adults aged 50 years and older	Develop local initiatives to improve identification and recording of Aboriginality	AHS, ACCHOs, DGP, AHMRC, NSW DoH
	Develop local initiatives to improve reporting of immunisation encounters to the ACIR	AHS, ACCHOs, DGP
	Develop and implement local reminder/recall notices for immunisation milestones within general practice, community health services and ACCHOs.	AHS, ACCHOs, DGP
	Support inclusion of immunisation initiatives within Enhanced Primary Care Package health checks for: <ul style="list-style-type: none"> <li>■ children aged to 14 years</li> <li>■ adolescents and adults aged 15 to 54 years</li> <li>■ adults aged 55 years and older</li> </ul>	AHS, AHMRC, DGP, GP NSW
	Strengthen collaboration and partnerships between immunisation program stakeholders	AHS, ACCHOs, DGP
	Develop workforce strategies for training, recruitment, retention and succession planning for immunisation service provision to Aboriginal people	AHS, ACCHOs, DGP

## Key Result Area 8: Health Care Workers

OBJECTIVES	STRATEGIES	RESPONSIBILITY
<p>Minimise the occupational transmission of vaccine preventable disease</p>	<p>Implement <i>NSW Health Policy Directive PD2007_006 - Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases</i></p>	<p>NSW DoH, AHS</p>
	<p>Report on compliance with <i>Policy Directive PD2007_006 - Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases</i></p>	<p>NSW DoH, AHS</p>
	<p>Develop and implement standardised employee health records management system for staff health programs</p>	<p>AHS</p>

## Key Result Area 9: Program Support

OBJECTIVES	STRATEGIES	RESPONSIBILITY
Strengthen the evidence base for the development, implementation and evaluation of immunisation programs	Continue to consult and liaise with public health and immunisation service providers to inform priorities for research activity	NSW DoH, NCIRS
Provide program support to immunisation providers	Support the NSW Health Immunisation Portfolio Group	NSW DoH, NCIRS, AHS
Develop and maintain effective public/private immunisation provider partnerships	Facilitate Area Health Service support to general practice (continuing education, practice visits to Divisions, practice staff mentoring)	AHS, GP NSW
	Review provider immunisation information resource needs	NSW DoH, DGP
Increase the level of community awareness regarding the risks from vaccine preventable disease and the benefits of vaccination	Provide ongoing professional development of Area Health Service immunisation workforce	NSW DoH, AHS
Support the introduction of changes to the recommended immunisation schedule	Implement local co-ordination and collaboration activities with representation from all relevant stakeholders (AHS, ACCHOs, DGP, Local Government, Consumers, Education Authorities)	AHS, DGP, ACCHOs, LG, Education Authorities
	Develop and implement statewide promotion activities to refresh and increase community knowledge and understanding of immunisation, vaccine preventable diseases and the NSW Immunisation Program	NSW DoH
	Maintain timely communication with immunisation providers regarding the NSW Immunisation Program including changes to recommended immunisation schedule and introduction of new vaccines	NSW DoH, GP NSW, AHS, DGP, LG
	Develop workforce strategies, including a framework for training, recruitment, retention and succession planning for immunisation service providers	NSW DoH, GP NSW, AHS, DGP

## Key Result Area 10: Vaccine Supply

OBJECTIVES	STRATEGIES	RESPONSIBILITY
Ensure appropriate access to vaccines via an effective supply chain	Continue direct vaccine distribution system	NSW DoH
Minimise wastage of childhood vaccines to less than five per cent	Promote and support appropriate storage capacity in general practices including promoting use of vaccine specific refrigerators	AHS, DGP
Minimise influenza vaccine wastage to less than 15 per cent	Collaborate with aged care facilities to ensure effective vaccine management	AHS, DGP
	Provide education on cold chain requirements as per <i>National Vaccine Storage Guidelines - Strive for Five, 2005</i>	AHS, DGP, NSW DoH, GP NSW
	Ensure compliance with reporting vaccine wastage	AHS, DGP

## Key Result Area 11: Surveillance and Reporting

OBJECTIVES	STRATEGIES	RESPONSIBILITY
Improve recording and reporting of adverse events following immunisation (AEFI)	Promote awareness of AEFI, compliance with reporting and follow up of notifications	AHS, DGP, GP NSW
Maintain vaccine preventable disease surveillance and reporting	Review AEFI as a notifiable condition within the Notifiable Diseases Surveillance System (NDSS)	NSW DoH
Maintain surveillance and reporting of immunisation coverage at state, area and local level	Promote requirements for reporting notifiable conditions	AHS, DGP, GP NSW
	Review, analyse and report on local vaccine preventable disease data to inform local immunisation strategies	NSW DoH, NCIRS, AHS
	Review, analyse and report on local immunisation coverage data to inform local immunisation strategies	NSW DoH, NCIRS, AHS
	Forward plan for surveillance needs for diseases where vaccines are likely to be included in NSW Immunisation Program	NSW DoH

## SECTION 8

# Abbreviations

ACCHOs:	Aboriginal Controlled Community Health Organisations
ACIR:	Australian Childhood Immunisation Register
AEFI:	adverse event following immunisation
AHMRC:	The Aboriginal Health and Medical Research Council of New South Wales
AHS:	Area Health Service
CALD:	cultural and linguistically diverse
DGP:	Division(s) of General Practice
dTpa:	diphtheria, tetanus, pertussis (acellular) adolescent/adult vaccine
GPII:	General Practice Immunisation Incentives (scheme)
GP NSW	General Practice NSW
HBIG:	hepatitis B Immunoglobulin
HBsAg:	hepatitis B surface antigen
HPV:	human papillomavirus
LG:	local government (authority)
NCIRS:	National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
NDSS:	Notifiable Diseases Surveillance System
NHMRC:	National Health and Medical Research Council
NSW DoH:	New South Wales Department of Health



