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RACP Submission – Towards Australia's National Immunisation Strategy 2025-2030

June 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 22,200 physicians and 9,800 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide a submission to the consultation for Australia's National Immunisation Strategy 2025-2030 (the Strategy).

The RACP has long supported policies and programs for routine immunisation for children and adults, and specific immunisation for at-risk groups. The RACP also recognises adolescence is a significant milestone period for immunisation and there are key opportunities to educate individuals in preventive health care across the life course. There is also opportunities to counter misinformation as part of broader education to the community on a wide range of immunisation related matters, supporting well-informed consumer decision-making.

As outlined in the RACP Immunisation Position Statement, Australia's childhood vaccination rates are comparable to other Western countries. However, we are at risk of the return of diseases that have been eliminated if vaccination rates drop, due to such things as the spread of immunisation-related misinformation. While current vaccine delivery programs are effective, it is not grounds for complacency. There is a disturbing downwards trend in vaccination rates for child immunisation coverage in the past few years, particularly for First Nations groups.[1] The public perception of vaccinations has become more negative with heightened concern around vaccinations and a shift in focus from childhood immunisation to COVID-19 vaccines during the last few years. This reflects a larger risk of loss of faith in immunisation, risking the re-emergence of vaccine-preventable disease.

Opportunities

The RACP Immunisation Position Statement advocates for several practical strategies to optimise immunisation. These should be incorporated in the Strategy:

- **Improved communication:** open and sensitive communication can increase trust in healthcare professionals and lessen vaccine hesitancy, which is a major factor in maintaining public confidence in vaccinations and high vaccination rates.
- **Comprehensive management of Adverse Events Following Immunisation (AEFIs):** the rare side effects that can occur from vaccinations must be appropriately reported, managed, and close supervision (potentially with expert advice) should accompany future vaccinations.
- **Attending to 'at risk' groups:** many patients with risk factors for severe illness (including those with chronic medical conditions and immunosuppression) will have particular vaccine requirements, and healthcare professionals must be kept informed of special requirements for these patients.
- **Encouraging full immunisation:** there may be socioeconomic, logistical, or vaccine hesitancy-related barriers to achieving full immunisation for children. This can contribute to outbreaks of vaccine-preventable diseases. These barriers can be addressed through reminders, providing "catch up" vaccinations, maintaining contact with vaccine-refusing families (even if immunisation is not achieved), maintaining trust and rapport with vaccine-accepting families, and providing appropriate information and sharing in decision-making with vaccine-hesitant families. It is important to identify children overdue for vaccination, communicate the child's immunisation schedule and status to families, and offer "catch up" vaccinations.

The role of communication should be emphasised in the Strategy and should be included as a focus alongside immunisation rates and disease prevention. Communication between healthcare professionals and the community is essential to achieve desired immunisation rates and prevent disease. In addition to recognising rare AEFIs, the Strategy should also recognise the common side effects of vaccinations which can lead to anxiety and distress.

Proposed Strategy Priority Areas

The six proposed priority areas of the Strategy are a strong basis for its focus areas and implementation.

[1] National Centre for Immunisation Research and Surveillance Australia. Annual Immunisation Coverage Report 2022. 2023. Accessed NCIRS Annual immunisation coverage report 2022.pdf.

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

Our RACP members strongly support the proposed focus on improving immunisation coverage among First Nations people, particularly when First Nations people have lower vaccination coverage compared to other Australians.

The RACP strongly advocates for the importance of cultural safety and cultural awareness and the development of culturally safe approaches and resources for first Nations people. The RACP strongly supports collaboration with First Nations communities and groups to increase the success of immunisation programs.

Regions and populations with sub-optimal vaccination coverage should be prioritised in the Strategy. This is an important step towards improving the health equity of all Australians living outside metropolitan regions.

Our RACP members also support a focus on culturally and linguistically diverse populations, including those for whom English is a second language. The Strategy should ensure that communications are appropriately targeted and adapted to culturally and linguistically diverse individuals, including ensuring that essential information is available with Plain English content options, accessible in as many languages as is practical, and in consumer-friendly formats.

Our RACP members suggest that Australian data sets, such as the Australian Immunisation Register (AIR), could improve culturally safe data collection about other priority populations, including those who identify as LGBTIQ+ (especially young people who identify as LGBTIQ+). Appropriate data collection can ensure that priority groups who may miss vaccinations due to disengagement or discrimination can be identified and strategies implemented to meet their immunisation needs. Data could also be collected about vaccine coverage in adolescents (including for vaccines not listed in the National Immunisation Program (NIP)) based on recent coverage data, including strategies to address missed vaccine doses through school-based immunisation programs, primary care, pharmacies, local Council clinics and community controlled organisations.

Our RACP members highlight that school-based immunisation programs have been adversely impacted by the COVID-19 pandemic, and that support for the success of school-based programs is needed to ensure that the immunisation needs of children and young people are met.

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

The Strategy should have a strong focus on countering misinformation about, and mistrust for, vaccinations. The proposed second priority area states that vaccine misinformation is compounding the challenges related to community confidence in vaccinations. This is particularly true following the COVID-19 pandemic which has increased vaccine hesitancy in some population groups, and resulted in cases of vaccine-preventable disease like measles,[2] pertussis[3] and diphtheria.[4] Consideration could be given to making this the first priority of the Strategy, as without community engagement, it will be challenging to improve immunisation coverage.

Our RACP members approve of the commitment to using behavioural insights into community sentiment to inform communication strategies. Our RACP members suggest the Strategy should target ways to advocate for the benefits of immunisation both proactively and reactively to counter anti-immunisation information and advocacy. Social media has become a perceived authority for people about health-related information, which has allowed misinformation and conspiracies about

[2] Dantas, J. Measles is on the rise around the world – we can't let vaccination rates falter. 31 January 2024. The Conversation. Accessed Measles is on the rise around the world – we can't let vaccination rates falter (theconversation.com)
[3] Luu, L. Whooping cough is surging in Australia – what's the best protection? 5 April 2024. University of Technology Sydney News. Accessed Whooping cough is surging in Australia – what's the best protection? | University of Technology Sydney (uts.edu.au)
[4] Beard, F, Macartney, K, and Winkler, N. Diphtheria is back in Australia, here's why – and how vaccines can prevent its spread. National Centre for Immunisation Research and Surveillance Australia. 8 July 2022. Accessed Diphtheria is back in Australia, here's why – and how vaccines can prevent its spread | NCIRS.

vaccine ingredients and side effects to spread, increasing vaccine hesitancy and anti-vaccination sentiment.[5] Countering this is critical to continuing the success of immunisation programs to date.

There is an opportunity to strengthen the Strategy by including information about vaccination hesitancy and strategies to combat the renewed proliferation of vaccination misinformation. Information could be targeted towards decision-makers, to acknowledge the broader social challenges of vaccination-related misinformation and suggestions to counter this misinformation on a larger scale through effective public messaging. Clinical and communication-related information should be targeted towards the healthcare professionals involved in immunisation service delivery (namely local primary care providers including general practitioners, practice nurses and community nurses, and other qualified healthcare professionals) to support their important work in dealing with misinformation. From an occupational and environmental medicine perspective, vaccine misinformation is especially important for healthcare sector employers and employees, those engaged in aged care and child care, and the Defence Force workforce.

Healthcare settings, especially primary care, are vitally important sources of immunisation information. A recommendation from a trusted healthcare professional plays an important role in health literacy and shared vaccine decision-making, which impacts vaccination rates.[6] Our RACP members have noted that with declining vaccination rates in the community and increasing vaccine hesitancy, the workplace is another useful setting for providing information, increasing awareness and administering vaccinations.

Our RACP members have advised that another useful setting for providing information about vaccinations is in schools and education settings, which provides young people with the opportunity to develop and strengthen their health and vaccination literacy and increase their knowledge of vaccine-preventable diseases. This could help to combat vaccine hesitancy in future populations and could be evaluated through the proposed behavioural insights survey. Particular attention should be given to schools with low vaccination rates. Investment in social science and implementation science research is required to better understand the vaccination and health literacy needs of adolescents and parents/guardians, including those from priority populations. This should include a focus on evaluating vaccination program implementation across settings (school, primary care, pharmacies, and local Council clinics) to promote a coordinated approach to vaccine catch up for this cohort of people.

Additional Comments

Cold chain and vaccine wastage

The Strategy does not mention cold chain or vaccine wastage. As part of climate change strategies, there is a need to ensure effective and efficient cold chain maintenance with minimal vaccine wastage. While the specifics of cold chain maintenance and strategies to combat vaccine wastage do not need to be detailed for the community, public education should include a framework for understanding the cold chain and its requirements. The Strategy could be strengthened by considering these issues.

No-fault vaccine compensation scheme

As outlined in the RACP Immunisation Position Statement, our RACP members support the creation of an Australian no-fault vaccine compensation scheme for vaccine-related adverse events for all vaccinations (not only for the TGA-approved COVID-19 vaccinations). This could help to combat vaccine hesitancy and bring Australia in line with countries including New Zealand, the United Kingdom, the United States of America, Japan, South Korea and more.

Governance and data

Our RACP members are in favour of strengthened national governance of immunisation, and the use of data and evidence for disease surveillance and evaluation of the National Immunisation Program's performance. The suggestion to use data linkages to allow the AIR to identify high-risk populations can improve efforts to target those in need of higher vaccination coverage.

[5] Riley R. Study finds fearmongering on social media on vaccinating kids. NT News. 4 June 2024. Accessed Childhood vaccination conspiracy theories rife on social media study finds | NT News.
[6] Leask J. Target the fence-sitters. Nature. 2011;473(7348):443-5.

Learning from Winter seasons and COVID-19

Each winter season sees the threat of significant community transmission of COVID-19, RSV, rhinovirus and influenza, with hospitals and healthcare providers frequently reporting increased numbers of people seeking treatment for respiratory illness during the season. It is essential that Australians are vaccinated to provide maximum protection against these viruses, particularly for vulnerable and immunocompromised members of the community. It is also important to improve vaccination coverage for occupational infectious diseases, including Q-fever for workers in the meat industry. Consistency of access to and provision of vaccinations across jurisdictions must also be considered, for example, the variability of delivery of the RSV vaccination in the States/Territories.

The proposals of the Strategy could also learn from the COVID-19 vaccination program, including emergency planning. The RACP has undertaken significant work in relation to the COVID-19 vaccine strategy rollout, including advocacy for:

- Improving the AIR and other systems that support the distribution, supply and tracking of vaccines, including linking to other health datasets.
- Expanding the AusVaxSafety surveillance system to facilitate linkage with other health datasets to support vaccine safety.
- An effective communications plan to engage early with priority communities to encourage COVID-19 vaccine uptake and address vaccine hesitancy.
- A vaccine delivery plan that ensures vaccines will be equitably delivered, including ensuring equity for First Nations people, for people with disability, and for those in aged care.

The RACP has also advocated for specific changes to certain vaccinations, for example:

- Improving the uptake of the influenza vaccine for children under 5 years of age, First Nations people, and pregnant women. Our RACP members support the suggestion that the Strategy consider evidence-based targets for pregnant women's uptake of the influenza vaccination, among other cohort-specific targets for groups with low vaccination uptake.
- Broadening the time window for maternal pertussis immunisations, and for this to be integrated under the pregnancy vaccination recommendations in the Australian Immunisation Handbook.

Early childhood

As outlined in the RACP Position Statement on Early Childhood: The Importance of the Early Years, the RACP submission to the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill Consultation Discussion Paper, and the RACP Letter on behalf of the Paediatrics and Child Health Division to the Immunisation Consultation on the *Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019*, the need to maximise protection against vaccine-preventable diseases must be balanced against the need to provide the most comprehensive access to early childhood education and family support. The RACP maintains the importance of upholding children's access to early childhood education. Immunisation policies (such as "no jab, no play") and the NIP Schedule should not permanently exclude children who are not fully immunised from normal lived environments including early childhood education. Such exclusion is not likely to be effective in preventing disease but can risk compounding disadvantage for children who are incompletely immunised because of challenging socioeconomic or geographic circumstances.

The RACP does support the exclusion regulations of unvaccinated children when an outbreak of a vaccine-preventable disease occurs. Given that the evidence suggests the most common factors in under-immunisation are larger families, moving house since the birth of the child, and low social contact,[7] policies that target these factors would be most effective at increasing immunisation rates. Offering immunisations in the education environment could be a consideration, but the importance of addressing the reasons for the lack of immunisation (e.g. larger families, moving house, a new sibling) is key.

[7] Pearce A, Marshall H, Bedford H, Lynch J. Barriers to childhood immunisation: findings from the Longitudinal Study of Australian Children. Vaccine 2015; 33: 3377-3383.

Concluding Comments

The Strategy should operate in an integrated healthcare system that promotes a preventive health culture across all tiers of the system. For example, children and young people in hospital should be offered catch up immunisations if medically safe; their immunisation status should be clear in their health records. The Strategy should also address the importance of a holistically aligned healthcare system as a major support for immunisation and preventive health and make the Strategy part of the pathway towards an integrated healthcare system.

If you require further information regarding information in this submission, or would like to engage with us, please contact the RACP Policy and Advocacy team via policy@racp.edu.au.