

Response to consultation on development of the National Immunisation Strategy 2025-2030

16 June 2024

Background

In May 2024, The Department of Health and Aged Care released a consultation paper to support the development of the Next National Immunisation Strategy for 2025-2030.

The consultation paper proposed a vision, mission, priority areas, and opportunities for action for the next Strategy. The below responses, were provided by Research Australia in response to the Position Paper. The responses were provided via an electronic survey on 16 June 2024. The responses were necessarily brief because of limits on the number of characters per response which were imposed by the survey tool.

Response to the Survey

The proposed Vision of the new National Immunisation Strategy 2025-2030 (Vision) is: *“To protect individuals and communities from the harms of vaccine-preventable diseases.”*

The proposed Mission of the new National Immunisation Strategy 2025-2030 (Mission) is: *“Improve vaccine uptake and reduce impact of vaccine-preventable diseases in Australia.”*

Please provide further comments about your response, including any suggested amendments to the Vision and Mission.

Response:

There is little differentiation between the proposed Vision and the proposed Mission as they currently stand. The Vision should be about the desired end point. This could be achieved by amending the vision slightly to *‘Individuals and communities are protected from the harms of vaccine- preventable diseases.’*

This then aligns better with the Mission, which is to achieve the vision by improving vaccine uptake, but also the effectiveness of the vaccines (e.g. updating vaccines to newer versions). Research Australia suggests the Mission should be amended to *'Improve vaccine uptake and effectiveness in Australia'*.

Under priority area 1, the Strategy proposes opportunities for action that can improve immunisation coverage rates. These are summarised below.

Opportunities for action:

- Improve monitoring of vaccine coverage across all age cohorts, priority populations and at-risk groups and use these data to drive performance and accountability.
- Prioritise partnership and shared decision making with First Nations communities and the Aboriginal Community Controlled Health Sector in delivering immunisation services.
- Build collaborative partnerships with communities and groups with low immunisation rates, drawing successful models from COVID-19 programs, particularly those designed for disability, First Nations, and Culturally and Linguistically Diverse (CaLD) communities.
- Continue to develop and adjust vaccination strategies to protect people in settings such as aged care and residential care for people with a disability.
- Make vaccines easier to access through immunisation programs and the wider health system, especially primary care.
- Consider evidence-informed targets for specific vaccines or groups of people to focus national efforts during the implementation of the next National Immunisation Strategy.

Are there any other opportunities for action that you think the Strategy should focus on to improve immunisation coverage?

Response:

Researchers can support all the identified actions, particularly in design, testing and evaluation of new monitoring and distribution initiatives, and new approaches to shared decision making. Research Australia submits the Strategy should include action to engage researchers in universities and MRIs to help achieve the Strategy's actions under Priority Area 1.

Under priority area 2, the Strategy proposes several opportunities for action that can strengthen engagement, acceptance and understanding of immunisation supporting community confidence. These are summarised below.

Opportunities for action:

- Prioritise community partnerships and engagement in design, delivery and evaluation of communication campaigns and information resources – using appropriate national, state and local mechanisms.
- Track community sentiment using behavioural insights across age groups eligible for NIP vaccines to inform communication strategies and use this evidence to tailor policy and practice.
- Evaluate and report against the performance of vaccine awareness campaigns and other resources, including performance in First Nations communities, priority populations and most remote/rural populations.
- Provide quality resources for a diverse health workforce to respectfully engage with diverse individuals and communities on understanding and enabling vaccination.
- Consider the feasibility of a no-fault compensation scheme for Commonwealth-funded vaccines.

Are there any other opportunities for action that you think the Strategy should focus on to improve engagement?

Response:

Australia’s health and medical research sector can support the Australian Government with all these identified actions, particularly in the design, testing and evaluation of new initiatives. Research Australia submits the Strategy should include an action to engage researchers in universities and medical research institutes to help achieve the Strategy’s actions under Priority Area 2.

Under priority area 3, the Strategy proposes several opportunities for action that can strengthen program governance. These are summarised below.

Opportunities for action:

- Shaping the next intergovernmental agreement on essential vaccines to reflect the shared vision of the National Immunisation Strategy.
- Continuing to deliver the national COVID-19 vaccine response while working with stakeholders to transition the COVID-19 vaccination program to a sustainable operating model.
- Strengthen accountability and generate evidence to inform improvements to programs and policy through transparent reporting against a monitoring and evaluation framework.

- Prepare for assessment of emerging vaccine technologies and for the opportunities and challenges that adopting new technologies may present to existing immunisation programs and delivery.

Are there any other opportunities for action that you think the Strategy should focus on to strengthen program governance?

Response:

Several aspects of the response to the COVID-19 pandemic have affected attitudes to vaccines, including the withdrawal of the AstraZeneca's Vaxzevria Covid vaccine linked to reports of adverse health events and the impact of long COVID on people who were vaccinated, which have shaken the widely held belief that vaccines are safe and entirely prevent infection. These may have contributed to 'vaccine scepticism' in parts of the Australian population, and reduce future vaccination rates, including for seasonal influenza. These aspects of the COVID response need to be fully investigated to better understand how they influence public attitudes to the National Immunisation Program and what can be done to counter the negative consequences and rebuild public confidence. There is a key role here for social sciences researchers to generate evidence and help design new programs to support the NIP.

What specific opportunities or challenges including those arising from advancements in vaccine technologies, delivery options and the availability of a wider range of vaccines, do you believe should be considered in shaping the new National Immunisation Strategy?

Response:

Research Australia submits the Australian Government should create an expert panel from research organisations and industry to periodically advise on the latest developments and trends in vaccine development and delivery technologies. This could assist Australia to be an early adopter of new technologies, in pursuit of its Vision and Mission. The expert panel could operate under the auspice of the Australian Centre for Disease Control.

Under priority area 4, the Strategy proposes several opportunities for action in leveraging data to target interventions, build confidence, and improve outcomes. These are summarised below.

Opportunities for action:

- Boost compliance with mandatory reporting to the AIR, while improving quality and accuracy of AIR data.
- Expand the use of high-quality data linkage to inform specific policy or programmatic questions.

- Explore options to increase availability and accessibility of a range of timely population level vaccine coverage data from the AIR.
- Improve use of disease surveillance data – with vaccine coverage data – to better understand, respond to and mitigate risks of spread of vaccine-preventable diseases.
- Sustain robust vaccine safety systems including enhanced vaccine safety surveillance for new vaccine introductions.

Are there any other opportunities for action that you think the Strategy should focus on to leverage immunisation data?

Response:

During the COVID-19 pandemic, researchers at universities and medical research institutes made critical contributions to Australia’s pandemic response through the use of data to model various aspects of the virus and our responses to it. Despite this contribution, there is no reference in this section of the consultation paper to sharing data with researchers or utilising their skills as part of ongoing vaccines surveillance or pandemic response.

Research Australia submits the National Immunisation Strategy should include an action to improve the secure and sharing of data with researchers for purposes that support the Immunisation Strategy’s mission.

Under priority area 5, the Strategy proposes several opportunities for action to strengthen a diverse immunisation workforce. These are summarised below.

Opportunities for action:

- Continue to improve availability and distribution of health professionals who are immunisation providers or who can support delivery of immunisation programs.
- Improve cultural competence in professions and settings where vaccinations are delivered through awareness, training and appropriate resources.
- Build a more diverse immunisation workforce through support to specific cadres of health professionals, including First Nations health practitioners, to work across a scope of practice that includes immunisation.

Are there any other opportunities for action that you think the Strategy should focus on to strengthen the immunisation workforce?

Response:

No comment provided.

Under priority area 6, the Strategy proposes several opportunities for action to prepare for emergencies requiring rapid and/or targeted vaccination. These are summarised below.

Opportunities for action:

- Continue to plan for emergency vaccine rollouts.
- Strengthen immunisation research capabilities through domestic and international partnerships and funding.
- Maintain onshore manufacturing capacity for critical vaccines.
- Continue Australia’s contribution to strengthening immunisation programs and disease prevention in the Indo-Pacific and globally.

Are there any other opportunities for action that you think the Strategy should focus on to prepare for emergencies?

Response:

Research Australia agrees that ‘Strengthen immunisation research capabilities through domestic and international partnerships and funding’ is very important. The action identified under this opportunity is *‘Immunisation research efforts should continue to be strengthened, through domestic and international partnerships and by investments through the Australian Research Council, the National Health and Medical Research Council, the Medical Research Future Fund, and Biomedical Translation Fund.’*

Research Australia submits that just strengthening existing partnerships and investments is not enough. The first step required is to make an assessment of our national capabilities in R&D for new vaccines and related products to identify where there are gaps in infrastructure, funding, expertise and relationships. For example, the report refers to the partnership between the Victorian Government, Australian Government and Moderna for the **manufacture** of vaccines, but does not refer to the participation of Moderna in vaccine development with Australian researchers. Similarly it does not refer to: the partnership between the SA Government, Australian Government and BioCina to manufacture mRNA for vaccine research and development; the partnership between University of Queensland, Sanofi and Emory University on vaccine R&D; or the NSW Government sponsored RNA Production and Research Network.

These are relatively new and disparate developments and there is a role for the National Immunisation Strategy in helping identify what existing capacity gaps remain which would hinder a rapid response to the development of a vaccine to address a new infectious disease outbreak. There is also a role for a body to play a coordinating and connecting role across the different parties in vaccine development. This would appear to be an ideal role for the Australian Centre for Disease Control, currently under development, but there is no reference to this agency in the consultation paper. It also seems likely that the report of the Australian Government COVID-19 Response Inquiry will be relevant, but again there is no reference to this in the Consultation paper.

Research Australia submits the National Immunisation Strategy should include an ‘end to end’ assessment of Australian vaccine R&D capability to identify areas where further

investment is needed. It should also outline the role of the Australian CDC in coordinating Australian vaccine R&D in response to novel pathogens, and acknowledge the need to incorporate any relevant recommendations and findings of the report of the Australian Government COVID-19 Response Inquiry. Vaccine R&D also needs to be considered under the National Health and Medical Research Strategy currently under development by the Department of Health and Aged Care.

There is also no reference in the consultation paper to the National Centre for Immunisation Research and Surveillance (NCIRS). Funded by the Australian and NSW governments, it is a collaboration of Commonwealth State and Territory Governments, universities and medical research institutes. Research Australia submits the new Strategy should explicitly recognise the role of NCIRS in coordinating and harnessing Australia's research and data analysis capabilities in the higher education and not for profit sector.