

Significant events in immunisation policy and practice* in Australia

Year	Event
1804	First time a vaccine (<i>for smallpox</i>) was used in Australia
1916	Commonwealth Serum Laboratories (CSL) was established in Victoria to produce vaccine for Australia
1924	First mass vaccination of persons in Australia (<i>with diphtheria toxoid in Victoria</i>)
1932	First school-based vaccination programs (<i>for diphtheria</i>) commenced
1953	<p>The Commonwealth Health Minister was given legislative authority to provide or arrange for the provision of free vaccine for the purpose of immunising persons against polio, measles and rubella. <i>National Health Act 1953</i></p> <p>Vaccines were supplied free of charge to States/Territories for childhood immunisation under the <i>National Health Act 1953 s. 9B and 100</i></p>
1975	1st edition of the Immunisation Procedures booklet (now The Australian Immunisation Handbook) was published by the Australian Government. Recommendations in this book were made by an expert advisory sub-committee of the National Health and Medical Research Council (NHMRC).
1982	2nd edition of the Immunisation Procedures booklet (now The Australian Immunisation Handbook) was published by the Australian Government. Recommendations in this book were made by an expert advisory sub-committee of the National Health and Medical Research Council (NHMRC).
1986	3rd edition of the Immunisation Procedures booklet (now The Australian Immunisation Handbook) was published by the Australian Government. Recommendations in this book were made by an expert advisory sub-committee of the National Health and Medical Research Council (NHMRC).
1988	Responsibility for immunisation programs was transferred to the States and Territories. This resulted in variation across Australia in implementation of the national immunisation program. Arrangement for funding immunisation programs was negotiated through the Australian Health Ministers' Advisory Council (AHMAC).
1989	The Communicable Diseases Network Australia (CDNA) was established as the Communicable Diseases Control Network, a joint initiative of the NHMRC and AHMAC.
1990	Legislation in Victoria required documentation of immunisation status when a child enrolled in primary school. <i>Health Amendment Act 1990</i> (now in the <i>Public Health and Wellbeing Act 2008</i>)
1991	<p>4th edition of the Immunisation Procedures book (now The Australian Immunisation Handbook) was published by the Australian Government. Recommendations in this book were made by an expert advisory sub-committee of the National Health and Medical Research Council (NHMRC).</p> <p>The Northern Territory Immunisation Register (NTIR) was launched, capturing vaccines administered to both children and adults.</p>
1992	Legislation in New South Wales required documentation of immunisation status when a child enrolled in childcare or primary school. First introduced in a 1992 amendment of the <i>Public Health Act 1991</i> (now in the <i>Public Health Act 2010</i>)
1993	<p>First National Immunisation Strategy (1993-2001). Included a common vaccination schedule and vaccine pricing to all states and territories</p> <p>The National Immunisation Committee (NIC) was established as a sub-committee of the Australian Health Ministers Advisory Council (AHMAC) to oversee the implementation of the 1993 NHMRC Immunisation Strategy and to provide advice to AHMAC on immunisation and vaccine preventable disease issues.</p> <p>The Vaccination Information and Vaccination Administration System (VIVAS) was launched in Queensland, capturing vaccines administered to both children and adults.</p>

1994	<p>5th edition of The Australian Immunisation Procedures Handbook (now The Australian Immunisation Handbook) was published by the Australian Recommendations in this book were made by an expert advisory sub-committee of the National Health and Medical Research Council (NHMRC).</p> <p>Legislation in the Australian Capital Territory required documentation of immunisation status when a child enrolled in childcare, pre-school or primary school. <i>ACT Public Health Regulations 2000</i></p>
1996	<p>The Australian Childhood Immunisation Register (ACIR) was launched by collating data on all children <7 years of age enrolled in Medicare. It was the first complete purpose-built national childhood immunisation register in the world and replaced ad hoc regional registers. The Register is administered by the Department of Human Services as per the <i>Health Insurance Act 1973 s. 46B</i></p> <p>Immunisation provider incentives were introduced by the Commonwealth government. An ACIR notification payment of \$6 per notification is made to all immunisation providers who notify the ACIR of a vaccination that completes one of the age-based schedules. In Queensland, immunisation providers receive \$3 per notification, in recognition of the fact that a separate register, the Vaccination Information and Vaccination Administration System (VIVAS), is maintained in that state.</p>
1997	<p>The Immunise Australia Program also known as the National Immunisation Program (NIP) was launched along with its 'Seven Point Plan,' outlining the following series of initiatives designed to increase immunisation coverage:</p> <ol style="list-style-type: none"> 1. Incentives for Parents 2. General Practice Immunisation Incentive Scheme 3. Monitoring and Evaluation of Immunisation Targets 4. Immunisation Days 5. Measles Elimination Strategy 6. Education and Research through the Establishment of the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases 7. School-entry Legislative Requirements <p>Public Health Outcome Funding Agreements (PHOFAs) were established between the Commonwealth and state and territory governments to fund the National Immunisation Program (NIP)</p> <p>The <i>National Health Act, 1953</i> was amended to list vaccines designated that may be provided free of charge to eligible people under the NIP on the <i>National Health (Immunisation Program – Designated Vaccines) Determination</i></p> <p>6th edition of The Australian Immunisation Handbook was published by the Australian Government. Recommendations in this book were made by an expert advisory sub-committee of the National Health and Medical Research Council (NHMRC).</p> <p>The Australian Technical Advisory Group on Immunisation (ATAGI) was established as part of the development of the Immunise Australia program to provide technical advice directly to the federal health minister related to government vaccine funding decisions. The ATAGI replaced the expert subcommittee of the NHMRC that had produced national clinical guidelines on immunisation for health professionals</p> <p>The National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS) was established by Department of Health Ageing (DoHA) as part of the development of the Immunise Australia program to provide technical support to ATAGI</p> <p>Mass immunisation days were arranged, targeting children aged less than 7 years as part of the development of the Immunise Australia program</p> <p>Legislation in Tasmania required documentation of immunisation status when a child enrolled in day care or school. <i>Tasmania Public Health Act 1997</i></p> <p>The first Victorian Immunisation Strategy was developed</p>

1998	<p>The Measles Control Campaign was a mass vaccination program aimed at interrupting native measles' transmission, as had been achieved in other countries (e.g., the USA and Finland) as part of the development of the Immunise Australia program.</p> <p>The Australian Childhood Immunisation Charter (ACIC) 1998-2000 - Protecting Our Children was developed as part of the Immunise Australia Program. This described the fundamental principles and practices governing childhood immunisation and articulated goals related to vaccine coverage to be achieved by year 2000.</p> <p>The federal government introduced a nationwide scheme of financial immunisation incentives to general practitioners and parents.</p> <ol style="list-style-type: none"> 1. General Practitioners (GPs) <ol style="list-style-type: none"> a. ACIR notification payment since to general practitioners since 1996 b. General Practice Immunisation Incentives (GPII) scheme provides direct and indirect payments to GPs including: <ol style="list-style-type: none"> i. Service Incentive Payment (SIP) for individual general practitioners that report the completion of age appropriate vaccinations for children <7 years of age are paid \$18.50 per report. ii. Outcomes Bonus Payment (OBP) scheme for general practices - \$3.50 per fully immunised whole-patient equivalent if practice coverage is ≥90 % for children aged <7 years. 2. Immunisation incentive for parents <ol style="list-style-type: none"> a. The Maternity Immunisation Allowance (MIA) was introduced providing \$200 per fully immunised child at 19 months of age b. Childcare Assistance Rebate and/or the Childcare Cash Rebate was introduced and is means-tested. In 1998, \$20-\$122 per child per week
2000	<p>The NIC repositioned under the auspices of the National Public Health Partnership due to a realignment of AHMAC sub-committees.</p> <p>The Child Care Benefit (CCB) replaced the Childcare Assistance and Cash rebates linked to a child's immunisation status.</p> <p>ACIR legislation was amended to allow immunisations given overseas to be recorded if a provider endorsed their validity.</p> <p>7th edition of The Australian Immunisation Handbook was published by the Australian Government. Recommendations in this book were made by the ATAGI.</p>
2002	<p>The NIC was again repositioned to be reporting to National Public Health Partnership through the CDNA.</p>
2003	<p>The NHMRC approved the new National Immunisation Program Schedule (NIPS). For the first time since 1994 - when all vaccines recommended on the schedule were funded for children under the National Immunisation Strategy — the childhood schedule contained vaccines (IPV, varicella and 7vPCV) that were not available free of charge to parents.</p> <p>8th edition of The Australian Immunisation Handbook was published by the Australian Government. Recommendations in this book were made by the ATAGI.</p> <p>First New South Wales Immunisation strategy (2003-2006) was developed.</p> <p>First Tasmanian Immunisation strategy (2003) was developed.</p>
2004	<p>Means-testing was removed from the Maternity Immunisation Allowance.</p>

2005	<p>The National Health Act 1953 was amended to provide for the evaluation of cost-effectiveness of vaccines by the Pharmaceutical Benefits Advisory Committee (PBAC) in order to be included on the Australian Pharmaceutical Benefits Scheme (PBS).</p> <p>First National Vaccine Storage Guidelines “Strive for 5” (degrees) were published, to maintain the safety and viability of vaccines.</p> <p>Legislation in Queensland does not include requirements for documentation of immunisation status related to enrolling into school however school exclusion provisions for contagious conditions exist. Queensland. <i>Public Health Act 2005 and Public Health Regulation 2005.</i></p>
2008	<p>9th edition of The Australian Immunisation Handbook was published by the Australian Government. Recommendations in this book were made by the ATAGI.</p> <p>National HPV Vaccination Program Register was established to support the National HPV Vaccination Program. A notification payment (\$6 per dose notified) was introduced and paid only to GPs who had registered and who notified vaccines administered under the community based catch-up component of the program.</p> <p>The federal government introduced the Healthy Start for School check for all 4-year old children to ensure that every child has a basic health check prior to starting school. Documented completion of a Healthy Start for School check is linked to receipt of the FTB Part A supplement. Immunisation status is reviewed by a health professional during a health check.</p> <p>General Practice Immunisation Incentive scheme - Service Incentive Payment (GP II SIP) ceased.</p> <p>Second NSW Immunisation Strategy (2008-2011) was developed.</p>
2009	<p>The MIA and childcare related payments were split into two payments of \$129 (2009 - end June 2012) for a fully immunised child aged 18-24 months and 4-5 years:</p> <ol style="list-style-type: none"> 1. continuing financial incentives for vaccines due by 12 months of age; and 2. introducing a financial incentive for vaccines due at 4 years of age, when coverage and timeliness were lowest. <p>Western Australia established a state-wide Grade 8 vaccination database for school-based vaccination to help ensure students were appropriately immunised. The database permits calculation of vaccination coverage rates and generates a paper-based vaccination record provided to each student at the end of the year.</p> <p>Second Victorian Immunisation Strategy (2009-2012) was developed.</p>
2010	<p>The Horvath Review of the management of adverse events associated with Panvax and Fluvax was published, examining the vaccine safety system in Australia following adverse events associated with seasonal influenza vaccine in children.</p> <p>National HPV Vaccination Program Register notification payment to GPs ceased.</p>
2012	<p>The Maternity Immunisation Allowance (MIA) was discontinued; instead immunisation status became linked to the existing means-tested Family Tax Benefit (FTB) Part A supplement for each child at ages 1, 2 and 5 years. Maximum of \$726 per child, per age milestone. Immunisation status and eligibility for Australian Government Child Care Payments was unchanged.</p>

2013	<p>10th edition of The Australian Immunisation Handbook was published by the Australian Government. Recommendations in this book were made by the ATAGI.</p> <p>The General Practice Immunisation Incentive scheme - Outcomes Bonus Payment (GPII OBP) ceased.</p> <p>The National HPV Program Register began to record HPV vaccinations given to males.</p> <p>First Western Australian Immunisation Strategy (2013–2015) was developed.</p> <p>Third National Immunisation Strategy for Australia 2013-2018 was developed.</p> <p>The Pharmacy Board of Australia announced that vaccination was within the current scope of practice of pharmacists once the pharmacist completes a training course accredited by the Australian Pharmacy Council and acts in accordance with any practice standards approved by the Director-General.</p>
2014	<p>First Queensland Immunisation Strategy 2014-2017 was developed.</p> <p>Legislation in Western Australia was amended to allow pharmacists to supply an influenza vaccine. <i>Poisons and Therapeutic Goods Act 1966</i>.</p>
2015	<p>Legislation in South Australia was amended to allow appropriately trained pharmacists to administer influenza vaccine to people over the age of 16 who are not eligible for NIP. <i>Poisons and Therapeutic Goods Act 1966</i></p>
	<p>Legislation in New South Wales was amended to allow appropriately trained pharmacists to administer influenza vaccine to a person who is 18 years or older at a retail pharmacy other than on prescription. <i>Poisons and Therapeutic Goods Regulation 2008</i>.</p>
	<p>Legislation in the Northern Territory was amended that allows a pharmacist in the course of practicing the pharmacy profession to supply and administer a vaccine to a person in accordance with the approved scheduled substance treatment protocol. <i>Medicines, Poisons and Therapeutic Goods Act</i></p>
2016	<p>New legislated immunisation requirements for family assistance payments were introduced by the federal government with known as the No Job, No Pay measure.</p> <p>Only parents of children (aged less than 20 years) who are, according to the NIP, fully immunised or are on a recognised catch-up schedule can receive the Child Care Benefit, the Child Care Rebate and the Family Tax Benefit Part A end of year supplement. These vaccinations must be recorded on the Australian Childhood Immunisation Register (ACIR).</p> <p>Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements.</p> <p>Conscientious objection and vaccination objection on non-medical grounds that were formerly permissible will no longer be a valid exemption from immunisation requirements.</p> <p>The ACIR is expanded to record vaccinations given to persons aged less than 20 years.</p> <p>Legislation in the Australian Capital Territory was amended to allow appropriately trained pharmacists to administer influenza vaccine to adults over the age of 18 without a prescription. <i>Medicines, Poisons and Therapeutic Good Regulation 2008, s. 352</i>.</p> <p>Legislation in Queensland was amended to allow appropriately trained pharmacists to administer influenza, measles and pertussis immunisations to adults aged 18 and over in a community pharmacy setting. <i>Health (Drugs and Poisons) Regulation 1996</i></p> <p>Legislation in Tasmania was amended to allow appropriately trained pharmacists to administer influenza vaccines to people over 18 years of age in an approved setting. <i>Tasmanian Poisons Regulations 2008 (S.R. 2008, No. 162)</i></p> <p>Legislation in Victoria was amended to allow an approved pharmacist to administer influenza and pertussis immunisations to eligible people aged 18 years and over. <i>Secretary Approval for Pharmacist Immunisers s. 140</i>.</p>

* Information relating to disease-specific policies and programs (e.g. school-based programs) can be found in the disease-specific history tables at www.ncirs.edu.au/provider-resources/vaccination-history