

National Immunisation Strategy 2025-2030

LGA Submission

June 2024

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Introduction

About the Local Government Association of South Australia

The Local Government Association of South Australia (LGA) is the voice of local government in South Australia (SA), representing all 68 councils across the state and the Anangu Pitjantjatjara Yankunytjatjara.

The South Australian *Local Government Act 1999* recognises the LGA as a public authority for the purpose of promoting and advancing the interests of local government. The LGA is also recognised in and has prescribed functions in 29 other South Australian Acts of Parliament. The LGA provides leadership, support, representation, and advocacy relevant to the needs of our member councils.

The LGA is a strong advocate for policies that achieve better outcomes for councils and the communities they represent. Councils are a partner in government and part of the solution. Working together we can make positive contributions to the health and wellbeing of our communities.

Background

In May 2024, the Department of Health and Aged Care released a consultation paper to support the development of the *National Immunisation Strategy for 2025-2030*. The consultation paper proposed a vision, mission, priority areas, and opportunities for action for the next Strategy.

The LGA's response was informed by recent work undertaken by the LGA into costs to councils in providing immunisation services, as well as from member feedback.

The responses align with the online survey that accompanied the Consultation paper.

Response to the Survey

Which stakeholder group best describes you?

Please tick all that apply.

(Required)

Please select all that apply

- ☐ Federal Government
- ☐ State / Territory Government
- ☒ Local Government
- ☐ National private non-government organisation
- ☐ National not for profit non-government organisation
- ☐ State/territory private non-government organisation
- ☐ State/territory not for profit non-government organisation
- ☐ Academic or researcher
- ☐ Health professional/clinician involved in immunisation service delivery
- ☐ Health professional/clinician not involved in immunisation service delivery
- ☐ Pharmaceutical company
- ☐ Interested member of the public
- ☐ Individual representing community perspectives on public and preventive health
- ☐ Prefer not to say
- ☐ Other

Which statements describe your engagement with the current National Immunisation Strategy 2019-2024?

Note - Australia's current National Immunisation Strategy 2019-2024 <<https://www.health.gov.au/resources/publications/national-immunisation-strategy-for-australia-2019-to-2024?language=en>> was published in 2019.

Please tick all that apply.

(Required)

Please select all that apply

- ☐ To improve my understanding of the healthcare system
- ☐ An organisation that I am engaged with shared the document with me
- ☐ I have discussed it with a healthcare professional
- ☐ I am a health professional who has used the Strategy to inform my clinical practice
- ☐ I read it out of personal interest
- ☒ To guide the development of policies, programs and/or projects for the organisation I represent
- ☒ My organisation has shared this document with our members/consumers
- ☐ To guide our organisation's funding models and initiatives
- ☐ I, or the organisation I represent, have not utilised the 2019-2024 Strategy in any capacity.
- ☐ I, or the organisation I represent, did not know about the 2019-2024 Strategy prior to this consultation.
- ☐ I have not engaged with the current 2019-2024 Strategy.
- ☐ Other

Vision

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."

<i>(Required)</i>	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree
To what extent do you agree with the Vision? <i>Please select only one item</i>	☐	☒	☐	☐	☐

LGA Comment

The LGA supports the Vision, although note it is very similar to the Mission. It is suggested that the Vision should be more outcome focused. For example, "Communities and individuals are protected from the harms of vaccine-preventable diseases."

Mission

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."

	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree
To what extent do you agree with the proposed Mission? <i>Please select only one item</i>	☒	☐	☐	☐	☐

LGA Comment

The LGA supports the Mission.

Priority Areas

There are 6 proposed priority areas to achieving the proposed Vision for the new Strategy. Each of these priority areas are shown below.

Instructions: Please indicate how important you think each of the priority areas are.

(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Improve immunisation coverage through universal and equitable access to vaccination, with a focus on First Nations people. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
Strengthen community engagement, acceptance and understanding of immunisation. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
Strengthen program governance and how we manage programs and account to the public. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
Use data and evidence to target interventions, build confidence and improve outcomes. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
Strengthen the immunisation workforce to work with Australia's diverse population. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
Prepare for emerging infectious diseases and emergencies requiring rapid and/or targeted vaccination. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐

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

There are declining trends in childhood vaccination, particularly among First Nations children. Improving access to vaccination across age groups and settings is critical to equitable service delivery and increasing coverage rates overall.

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

Instructions: Please indicate how important you think each of these opportunities for action are.

	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Improve monitoring of vaccine coverage across all age cohorts, priority populations and at-risk groups. Use these data to drive performance and accountability. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)						
Prioritise partnership and shared decision making with First Nations communities and the Aboriginal Community Controlled Health Sector in delivering immunisation services. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)						
Build collaborative partnerships with communities with low immunisation rates, drawing on successful models from COVID-19 programs, particularly those designed for disability, First Nations, and Culturally and Linguistically Diverse communities. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)						
Continue to develop and adjust vaccination strategies to protect people in aged care, and residential care for people with disability. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)						
Make vaccines easier to access through immunisation programs and wider health system, especially primary care. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
(Required)						
Consider evidence-informed targets for specific vaccines or groups of people to focus national efforts during the implementation of the next National Immunisation Strategy <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐

LGA Comment

The LGA notes that improving immunisation coverage through universal and equitable access to vaccination is extremely important and strongly supported.

The LGA is aware that the delivery of immunisation services is inconsistent across the country, which is reflected in the funding arrangements.

Councils in South Australia (SA) are public health authorities for their areas, and currently 40 local councils provide or support public and school immunisation services. The LGA would like to see more recognition at the Federal level of the significant role local government play in the provision of immunisation services, especially in SA (and Victoria, whose councils have a similar role).

Councils play a vital role in assisting the Government maintain high immunisation coverage in preschool and school-age cohorts, through its provision of a universal state-wide service. The *South Australian Public Health Act 2011* requires councils to support the delivery of immunisation services to communities.

Local councils deliver almost all (90%) adolescent vaccines through the school-based immunisation program (SIP) directly or through sub-contracting arrangements. Many others, particularly in the Greater Adelaide region also offer public immunisation programs (PIP) targeting early childhood, catch-ups, other NIP vaccines and flu clinics. Further, the Newly Arrived Refugee Immunisation Program (NARI) which offers specific vaccines to newly arrived refugees in South Australia, is also supported by two local councils.

SA Health data show that immunisation coverage rates across children aged one to five years, Aboriginal children and children in the school program have been in decline over the last five years. Additionally, the Grattan Institute recently released a report finding that millions of older Australians at high risk of serious illness are not getting vaccinated against COVID, flu, shingles, and pneumococcal disease¹.

This presents a risk to public health. An investment in local government immunisation services can help raise immunisation rates and drive operational and technological improvements that are urgently needed.

Funding discrepancies limiting councils abilities

In 2022 the LGA commissioned a report² into how much it costs local government to provide immunisation services.

It reported that changes in the scope of the SIP has had resourcing implications on councils, including additions to the immunisation schedule over the years, and the introduction of 'no jab no play' policies which have increased participation in the program. One council noting:

"Overall immunisation service levels have significantly increased from approximately 4300 vaccines administered in 2017 to... peaking at 9505 in 2020... The increase in service level is predominantly attributable to changes to the school immunisation program."

It further noted that additional funding of the PIP is urgently required.

As an example, councils reported the following:

¹ Grattan institute (2023) *A fair shot – How to close the vaccination gap*

² Can be provided upon request.

“Our service levels have decreased. Council used to run public immunisations to reduce the impact on the very limited health services in the region however it became financially unsustainable for us.”

“Service provision of Public Clinics is our greatest cost pressure. The funding received for these clinics is minimal. The net cost to Council for these clinics is approximately \$40,000 each year. The time/costs associated with delivering the service with regard to contract management are mostly related to public clinics.”

The report found significant shortfalls in the funding compared to what it is costing councils.

Whilst the Federal Government funds and provides the vaccines that are administered to eligible clients at public council clinics free of charge, councils only receive a nominal subsidy (\$6) from the Federal Government, which is matched (\$6) by the State Government. The \$6 subsidy is currently only paid when the child's immunisation details are entered in the Australian Immunisation Register within their scheduled age range. Presently no subsidy or funding is paid for medically at-risk people, people having a catch-up vaccine, people from overseas or children captured as part of the no jab, no play policy, due to being outside the schedule age requirements. This is leaving councils delivering public clinics significantly out of pocket.

Labour and overhead rates are the main driver of cost increases for councils; however, these are not factored into calculations of the amounts the Federal or State Government contributes to immunisation delivery. This minimal funding, in a time when councils are becoming increasingly financially constrained, means that many councils are limiting the number of clinics available, or ceasing services entirely. This will result in more clients needing to visit their local GP, particularly for the under 5 years cohort, placing further strain on a service already under enormous stress.

The LGA are currently seeking the following funding ask from the South Australian State Government:

- Invest \$2.4 million for ongoing sustainable and equitable funding for councils to deliver immunisation services.
- Increase funding for community/public clinics from \$6 per visit to \$35 per visit to bring council funding into line with other service providers.

This compares to participating pharmacies who, as of 1 January 2024, are now entitled to receive a payment of \$18.85 per vaccination and General Practitioners (GPs) who receive a Medicare co-payment (ranging from \$18.95 to \$80.10 if a longer appointment is required) to administer NIP vaccinations.

The LGA also recommend the reviewers note the work of the Grattan Institute in responding to ways to improve access to vaccination across age groups and settings. The report, published in November 2023, titled *A fair shot: How to close the vaccination gap* can be found at:

<https://grattan.edu.au/report/a-fair-shot-ensuring-all-australians-can-get-the-vaccines-they-need/>

Vaccination Targets

Australia has several existing vaccination coverage targets embedded in national strategies.

These include:

- 95% national childhood vaccination targets for all children and First Nations children at 1, 2, and 5 years.
- 90% Human Papillomavirus (HPV) vaccination target by 2030 for adolescents at age 15 years.

There is an opportunity to consider additional evidence-informed targets for vaccination coverage.

Should the proposed Strategy to 2030 have additional evidence-informed targets? (Yes/No)

(Required)

Please select only one item

- ☒ Yes
- ☐ No

LGA Comment

The LGA suggests that targets for the flu could be introduced given the impact on the hospital system.

As previously mentioned additional funding and support to local government could also assist in meeting these targets, as they have good reach into local communities.

Priority Area 2 – Strengthen community engagement, acceptance and understanding of immunisation.

Community confidence is integral to the acceptance, uptake and impact of immunisation programs and is positively influenced by a range of factors including codesign of programs and recommendations from health professionals.

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.

Instructions: Please indicate how important you think each of these opportunities for action are.

(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Prioritise community partnerships and engagement design, delivery and evaluation of communication campaigns and information resources, using appropriate national, state and local mechanisms. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
Track community sentiment using behavioural insights among groups eligible for National Immunisation Program vaccines to inform communications and strategies and use this evidence to tailor policy and practice. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
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. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
Provide quality resources for a health workforce to respectfully engage with diverse individuals and communities on understanding and enabling vaccination. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
Consider the feasibility of a no-fault compensation scheme for Commonwealth-funded vaccines. <i>Please select only one item</i>	☐	☐	☒	☐	☐	☐

Optional, if there are any other opportunities for action that you think the Strategy should focus on to strengthen engagement, awareness and understanding of immunisation? If yes, please note them.

LGA Comment

New and evidence-informed awareness campaigns targeting specific cohorts would be supported. Councils have informed us that they have been using old Commonwealth advertising campaign material to spread awareness as well as producing in-house branded information pamphlets.

Therefore, the provision of communication and marketing collateral that is based on behavioural insights and are of good quality would be supported and welcomed to promote the benefits of vaccinations and challenge the negative stereotypes that are emerging in the community. It is also important that collateral is produced in different languages and formats.

Priority Area 3 – Strengthen program governance and how we manage programs and account to the public.

The governance arrangements for immunisation in Australia are robust, however, a number of advances in vaccine technology and transition of emergency immunisation programs to business-as-usual arrangements will require even stronger governance mechanisms into the future.

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

Instructions: Please indicate how important you think each of these opportunities for action are.

(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Shape the next intergovernmental agreement on essential vaccines to reflect shared vision of the National Immunisation Strategy. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Continue to deliver the national COVID-19 vaccine response while working with stakeholders to transition the COVID-19 vaccination program to a sustainable operating model. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Strengthen accountability and generate evidence to inform improvement to programs and policy through transparent reporting against a monitoring and evaluation framework. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Prepare for assessment of emerging vaccine technology and for the opportunities and challenges that adopting new technologies may present to existing immunisation programs and delivery. <i>Please select only one item</i>	☐	☐	☒	☐	☐	☐

Optional, If there are any other opportunities for action that you think the Strategy should focus on to strengthen program governance? If yes, please note them.

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?

LGA Comment

The LGA supports shaping the next agreement to reflect and recognise the vision of the National Strategy; and in doing so reflect the role of local governments in vaccine delivery, particularly in how they are funded.

It is also suggested that challenges arising from advancements in vaccine technologies is likely to involve an increase in suspicion or hesitancy to be exposed to a “new” vaccine that “hasn’t been around long”. Good messaging and communications need to be developed to support this.

It is agreed that strong relationships between stakeholders, all levels of government, and oversight committees is required to ensure governance arrangements are robust.

Continuous monitoring and evaluation of programs is supported. It is important that service providers should have a greater level of external monitoring to ensure that best practice advice is provided across all sectors.

Further, it has been suggested by members that further clarity on the use of online consents used in school immunisation programs is warranted. These concerns stem around privacy issues surrounding the legal age of consent to medical treatment and health care being 16 years, whilst after the age of 14, parents and guardians no longer have access to their child’s immunisation history statements on MyGov. This may become problematic as parents may provide consent forgetting if their child has already received a vaccination.

Priority Area 4 – Use data and evidence to target interventions, build confidence and improve outcomes.

Australia uses vaccination coverage data and disease surveillance to monitor, evaluate and improve performance of Australia's immunisation activities. Increasingly, these data can be used in more powerful ways to shape the design of targeted interventions.

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.

Instructions: Please indicate how important you think each of these opportunities for action are.

(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Boost compliance with mandatory reporting to the Australian Immunisation Register (AIR), while improving the quality and accuracy of AIR data. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Expand the use of high-quality data linkage to inform specific policy or programmatic questions. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Explore options to increase availability and accessibility of a range of timely population level vaccine coverage data from the AIR. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Improve use of disease surveillance data with vaccine coverage data to better understand, respond to and mitigate risks of spread of vaccine-preventable diseases. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Sustain robust vaccine safety systems including enhanced vaccine safety surveillance for new vaccine introductions. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐

Optional, if there are any other opportunities for action that you think the Strategy should focus on to leverage immunisation data? If yes, please note them.

LGA Comment

The LGA supports the use of data and evidence to monitor performance, target interventions and build confidence.

The LGA welcomed the mandatory reporting to AIR in 2021 but acknowledges further work is needed to ensure that information is uploaded in real-time to prevent issues such as double vaccinating.

For example, one council administered a vaccine to a child at a school clinic, who it was later discovered, had already received that same vaccine at their GP clinic a few weeks prior. The student had returned a signed parental consent form and was asked on the day if they had received any recent immunisations.

The issue was only picked up when entering the encounter, post vaccination, into AIR where it appeared that the initial data entry had been delayed.

Priority Area 5 – Strengthen the immunisation workforce to work with Australia’s diverse population.

The immunisation workforce is made up of many health professionals with varying roles, employment and training. Vaccination services need to be available in a diverse range of healthcare and community settings to ensure equitable access. Building a diverse workforce able to deliver culturally appropriate care on immunisation contributes to equitable access.

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

Instructions: Please indicate how important you think each of these opportunities for action are.

(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Continue to improve availability and distribution of health professionals who are immunisation providers or who can support delivery immunisation programs. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Improve cultural competence in professions and settings where vaccinations are delivered through awareness, training and appropriate resources. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Build a more diverse immunisation workforce through support specific cadres of health professionals, including First Nations health practitioners, to work across a scope of practice that includes immunisation. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐

Optional, if there are any other opportunities for action that you think the Strategy should focus on to strengthen the immunisation workforce? If yes, please note them.

LGA Comment

The LGA supports efforts to boost and strengthen a diverse immunisation workforce ensuring that there are consistent training requirements across all sectors.

Council immunisation providers ensure all vaccinators have specific training and have completed at least one specific immunisation course.

However, councils understand this to be different in GP and pharmacy settings, whereby staff who are administering vaccines have not had specific training in immunisation and vaccinations and have a lack of experience in using the current online systems used to track the correct timeframes for people to receive vaccinations such as the online Australian Immunisation Handbook and the Catch-up Calculator.

This is resulting in councils seeing an increase of complexities with reviewing vaccine records from people who have arrived from overseas with their history in another language, or who use alternate immunisation schedules. Council's note that there have been occasions where a GP clinic has provided incorrect information to a client.

Councils have also reported that there have been several instances where people arrive at council's public clinics and administration staff and/or nurses need to spend additional time adjusting a person's individualised schedule to ensure efficacy of vaccinations and to ensure that their Centrelink payments are not cut because the Doctor has not provided the correct vaccine as per the schedule.

Priority Area 6 – Prepare for emerging infectious diseases and emergencies requiring rapid and/or targeted vaccination.

The emergence of new infectious diseases and the re-emergence of vaccine preventable diseases due to declining coverage rates pose challenges. Additional and new vaccines may be required for management of infectious disease outbreaks and/or developed in response to novel pathogens. Australian governments need to maintain ongoing readiness for emergency vaccination rollouts.

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.

Instructions: Please indicate how important you think each of these opportunities for action are.

(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Continue to plan for emergency vaccine rollouts. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Strengthen immunisation research capabilities through domestic and international partnerships and funding. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Maintain onshore manufacturing capacity for critical vaccines. <i>Please select only one item</i>	☐	☐	☐	☐	☒	☐
(Required)	Not Important	Somewhat Important	Important	Very Important	Most Important	Not Applicable
Continue Australia's contribution to strengthening immunisation in the Indo-Pacific and globally. <i>Please select only one item</i>	☐	☐	☐	☒	☐	☐

Optional, if there any other opportunities for action that you think the Strategy should focus on to prepare for emergencies? If yes, please note them.

LGA Comment

The LGA supports this strategy and notes the important role local government can provide in this space, as a partner in government, in planning for emergency vaccine rollouts.

Recent surging floodwaters along the Murray River expanded breeding grounds for Culex mosquitoes, which are carriers of Japanese encephalitis. In response the State Government provided free Japanese Encephalitis Virus (JEV) vaccines to people living along the River Murray in South Australia, as concerns grew around the spread of mosquito-borne diseases.

As part of their efforts, SA Health successfully partnered with the City of Onkaparinga's Immunisation Team to assist in administering the free vaccines to relevant residents within the Alexandrina Council area, who lived in close proximity to the River Murray (Onkaparinga is Alexandrina Council's immunisation provider). The council provided additional JEV clinics to meet the demand. Onkaparinga's Immunisation Team also administered JEV vaccinations to staff from the Adelaide Hills Council who were assisting with floodwater efforts in the Riverland.

This partnership is demonstrable as to the benefits of Federal, State, and local government working together for the benefit of the South Australian community.

Final statement

Which of the following statements about the National Immunisation Strategy 2025–2030 are the most important to you?

The National Immunisation Strategy should:

Please select up to 5 options.

(Required)

Please select all that apply

- ☐ Be promoted to reach health professionals, peak bodies, and/or researchers to increase awareness
- ☐ Be promoted to consumers and the general public to increase awareness
- ☒ Increase the focus on how organisations can work together to improve the effectiveness of immunisation-related activities in Australia
- ☐ Improve the collaboration between state and territory governments and the federal government
- ☐ Be more aligned with other state and territory, national and international policies, strategies and plans
- ☒ Focus on emerging risks and issues (e.g. ensuring preparedness for infectious disease outbreaks)
- ☒ Provide a greater emphasis on the needs of priority populations
- ☒ Drive immunisation reform at national level to improve health outcomes
- ☒ Ensure greater transparency of national and State and Territory actions to deliver priorities

(Optional) Please provide any additional feedback on the Strategy not captured in your previous responses.

LGA Comment

Communities deserve the benefits of governments working in partnership towards common objectives. Users of council run immunisation services valued the accessible locations and hours, the ease of accessing appointments and the friendly, knowledgeable and familiar staff.

Additionally, many councils support more vulnerable members of the community to access immunisation services and provide an alternative venue for the community to be vaccinated, away from GPs, helping to relive the pressure on the already strained system.

The LGA welcomes the new *National Immunisation Strategy 2025-2030* and looks forward to working with the Federal (and State) Government at a time when the immunisation landscape is changing due to rapid advancements in vaccine technology, fluctuating community sentiment and concerning declines in childhood and adolescent vaccinations coverage.

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