

NATIONAL IMMUNISATION STRATEGY

The National Immunisation Strategy sets out eight priorities for implementation over the coming five years. Each priority has a number of specified action items assigned. Many of the action items reflect existing work undertaken within the National Immunisation Programme. In a number of instances, new work has been identified.

Australian Primary Health Care Nurses Association (APNA)

About APNA

The vision of the Australian Primary Health Care Nurses Association (APNA) is for a healthy Australia through best practice primary health care nursing.

APNA is the peak professional body for nurses working in primary health care including general practice. With 4000 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities.

APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

Primary health care nursing is wide ranging and covers many specialist areas including general practice, Aboriginal health, aged care, occupational health and safety, telephone triage, palliative care, sexual health, drug and alcohol issues, women's health, men's health, infection control, chronic disease management, cardiovascular care, immunisation, cancer, asthma, COPD, mental health, maternal and child health, health promotion, care plans, population health, diabetes, wound management and much more.

APNA aims to:

1. Support the professional interests of primary health care nurses
2. Promote recognition of primary health care nursing as a specialised area
3. Provide professional development for primary health care nurses
4. Represent and advocate for the profession
5. Collaborate with other stakeholders to advance our mission
6. Ensure a sustainable and growing professional association, by and for primary health care nurses.



Strategic Priority	NIS Action		Activity	Existing / New	Scope / Comments	Planned Priority Level 1 year 2 years 5 years
Priority 1 <i>Improve immunisation coverage</i>	1.1	Maintain or improve immunisation coverage in accordance with the NIP Schedule.	<p>Since the inaugural Best Practice Awards in Nursing in 2006, APNA has consistently presented an award for immunisation each year, identifying and rewarding best practice in the field of immunisation.</p> <p>Among its suite of online learning courses, APNA boasts an immunisation course designed for nurses working in primary health care. This course is updated when necessary, and has recently been revised according to the <i>Australian Immunisation Handbook 10th Edition</i>.</p> <p>The National Immunisation Committee (NIC) will present a session at APNA's 2014 National Conference Thriving Through Change in May.</p>	<p>Existing</p> <p>Existing</p> <p>New</p>	APNA has reach to more than 7000 nurses and stakeholders in the primary health care sector. APNA has a proven record of actively supporting the National Immunisation Program (NIP) by forwarding immunisation informational material, media releases, calls to action from the Office of Health Protection (OHP), links to relevant pages on the Department of Health websites directly to members via bulk email, as well publicising this information in our fortnightly enewsletter.	
	1.2	Improve immunisation coverage for high risk population groups.	APNA can contact members by state, Medicare Local, and even identify by postcode for important, targeted messages regarding disease outbreaks, low coverage or immunisation high risk groups. Communication can occur by website, email, SMS, mail and social media.	Existing	We encourage nurses and midwives to establish recall systems to aide monitoring and achieve timely vaccination of children and high risk groups.	
	1.3	Identify geographic areas or cohorts of low coverage and implement strategies to improve			APNA encourages nurses and midwives to actively search and utilise the data kept by their practices to identify local population groups that would benefit	

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		immunisation coverage.			<p>from immunisation; including children due or overdue for vaccinations on the National Immunisation Program (NIP) schedule, and children and adults in high risk groups that would benefit from further immunisation such as influenza or Pneumovax 23 vaccination.</p> <p>APNA actively encourages nurses and midwives to identify the Aboriginal and Torres Strait Islander (ATSI) population attending the practice to meet the NIP schedule.</p> <p>APNA also actively encourages nurses and midwives to link in with Medicare Local project officers and programs to promote immunisation within their practice or service.</p>	
	1.4	Ensure equity of access to immunisation services for all Australians.			A sustained successful public health strategy means incentives for the critical behaviour, which in the case of immunisation is the injection as well as the search for outliers.	
	1.5	Maintain and monitor the effectiveness of childhood vaccination awareness and promotion campaigns and incentives.		Existing	APNA encourages nurses and midwives to actively report immunisation to the Australian Childhood Immunisation Register (ACIR) and National HPV Vaccination Program Register.	
	1.6	Implement strategies to improve and better understand adolescent immunisation coverage.			As per 1.1-1.3. Encourage nurses to promote vaccination within their practice to both patients and other healthcare professionals.	

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	1.7	Improve influenza and pneumococcal vaccination rates.			As per 1.1-1.3.	
	1.8	Through disease surveillance, identify the risks posed by unvaccinated cohorts in the population.				
Priority 2 <i>Ensure effective governance of the National Immunisation Program</i>	2.1	Ensure governance arrangements for vaccination in Australia are clear, accountable and effective, with regular processes in place to monitor and evaluate performance and provide feedback.	APNA maintains active representation at the National Immunisation Council; the member currently representing APNA is Vice President Karen Booth.	Existing	APNA provides comment and contributes to papers and programs, as invited by the NIC.	
	2.2	Develop a map of the National Immunisation Program that shows the roles and responsibilities of the Commonwealth, states and territories and other key stakeholders.				
	2.3	Prepare and publish an Annual Report for the NIP, which provides a summary of key activities, achievements and challenges in the previous year.				
Priority 3	3.1	Implement the Essential Vaccine				

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<i>Ensure secure vaccine supply and efficient use of vaccines for the National Immunisation Program</i>		Procurement Strategy				
	3.2	Review the indicator for wastage and leakage of vaccine under the National Partnership for Essential Vaccines.				
	3.3	Develop an Australian Standard for purpose built vaccine refrigerators and promote their utilisation.	APNA would like to see a national standard for vaccine refrigeration, and incentives for uptake within all areas providing vaccines. APNA is keen to develop an Australian standard for vaccine refrigeration and promote best practice; Karen Booth has volunteered for this group.	New	APNA can promote and educate around cold chain protocol in general practice and primary health care nationally.	
	3.4	Review and revise the National Vaccine Storage Guidelines.				
	3.5	Review the factors that impact on vaccine wastage and leakage to better understand and, if required, identify opportunities to minimise wastage and leakage.	APNA will continue to distribute educational and promotional materials, news and web links electronically to members and stakeholders as requested by the NIC or OHP. APNA can seek feedback from members if requested by the OHP.	Existing	APNA actively encourages nurses and midwives to report any vaccine wastage or loss to relevant state public health departments. APNA is keen to provide comment and contribute to papers or programs including cold chain guidelines.	
Priority 4 <i>Continue to</i>	4.1	Continue to work with key stakeholders to implement the recommendations from the	APNA will continue to distribute educational and promotional materials, news and web links electronically to members and	Existing		

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enhance vaccine safety monitoring systems		Horvath Review.	stakeholders as requested by the NIC or OHP. APNA can seek feedback from members if requested by the OHP.			
	4.2	Continue to work with key stakeholders to improve the timeliness and completeness of adverse events following immunisation surveillance in collaboration with the newly established Advisory Committee on the Safety of Vaccines.	APNA will continue to distribute information, media releases, recall alerts and links to adverse event reporting guides on the Therapeutic Goods Administration (TGA) website electronically to members.	Existing		
	4.3	Assess the need for, and implement where required, a specific vaccine safety plan for the release of each new vaccine or existing vaccine to new cohort for the NIP.				
	4.4	Raise community and health professional awareness of vaccine safety systems to improve confidence in the program and reporting of adverse events.	APNA can publish news articles in its quarterly journal magazine, <i>Primary Times</i> , if supplied. Therapeutic Goods Administration (TGA) will present a session on adverse events reporting at APNA's 2014 National Conference <i>Thriving Through Change</i> in May.	New New		

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	4.5	Investigate opportunities for linkages between the ACIR and the HPV register to other data collections to better assess and ensure vaccine safety.				
Priority 5 <i>Maintain and ensure community confidence in the National Immunisation Program through effective communication strategies</i>	5.1	Identify ways to strengthen the current communications strategy, particularly for population groups with low and/or delayed immunisation coverage.	APNA will continue to distribute educational and promotional materials, news and web links electronically to members and stakeholders as requested by the NIC or OHP.	Existing		
	5.2	Develop a media reference pack to encourage accurate and responsible reporting of immunisation.				
	5.3	Monitor and revise communications resources and campaigns to improve the reach of immunisation awareness and confidence for key target groups.	APNA will seek additional feedback from members if requested by the NIC, to identify needs or gaps in health professionals' knowledge and aide development of effective communication strategies.	-		
	5.4	Identify ways to utilise current and emerging social marketing tools/technology to reach target audiences.	APNA can promote social media and marketing material as developed by the OHP.	Existing		
	5.5	Develop a specific	APNA is keen to participate in educational	New		

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		communications strategy for vaccine safety to promote community confidence in the process of monitoring and responding to vaccine safety issues.	and communication strategies developed by the OHP to aide nurses and midwives in the promotion of vaccination and vaccine safety to their patients.			
Priority 6 <i>Strengthen monitoring and evaluation of the National Immunisation Program through assessment and analysis of immunisation register data and vaccine-preventable disease (VPD) surveillance</i>	6.1	Investigate opportunities for linkages between Australian Childhood Immunisation Register (ACIR) the National HPV Vaccination Program Register (HPV Register) and other data collections to better assess program outcomes, vaccine safety and vaccine efficacy.	<p>APNA would like to see a whole of life immunisation register established, that links to the Personally Controlled Electronic Health Record (PCEHR) or its successor.</p> <p>APNA would like to see the introduction of vaccination incentives to general practice for nurses to perform data cleaning.</p>		<p>Successful targeting of hard to reach groups and adult immunisation would excel with a single record.</p> <p>APNA can contribute and promote to members and the profession.</p> <p>APNA can educate and promote to nurses in general practice nationally.</p>	
	6.2	Undertake a review the ACIR and the HPV Register to assess their potential for expansion to include other vaccines and provide immunisation coverage data for other age groups.	APNA will participate in analysis, as invited, and seek feedback from members and stakeholders if requested.	-	Access to ACIR data needs to be authorised, which can occur more easily if Medicare Locals play an ongoing role.	
	6.3	Use data on immunisation coverage in ACIR, the HPV Register and other sources to better identify groups at risk of delayed and/or gaps in immunisation coverage compared to the NIP Schedule.	APNA will participate in analysis, as invited, and seek feedback from members and stakeholders if requested.	-		

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	6.4	Identify ways to streamline and rationalise surveillance of VPDs to improve timeliness, effectiveness and efficiency of current surveillance systems.			APNA can promote and encourage participation in VPD research activity to our members and the profession if requested by the OHP.	
	6.5	Ensure supported laboratory infrastructure in place to support high quality surveillance via VPD detection and characterisation.				
	6.6	Monitor potential opportunities to improve and strengthen the immunisation system using eHealth and other technological initiatives.				
Priority 7 <i>Ensure an adequately skilled immunisation workforce through promoting effective training for immunisation providers</i>	7.1	Undertake an evaluation of the Australian Immunisation Handbook and other communication resources for providers to ensure these meet the needs of the range of providers.	APNA will comment and review the <i>National Immunisation Handbook</i> and resources as requested.			
	7.2	Identify ways to strengthen and support a range of immunisation service providers.	APNA actively promotes nurse education to improve scope of practice and skill set, including immunisation.			
	7.3	Review and update competencies for immunisation providers.	APNA recently updated its online immunisation course in 2013 to incorporate the changes to the <i>Australian Immunisation</i>		APNA can contribute to the national review of accredited immunisation standards, as invited.	

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	7.4	Investigate how to ensure national harmonisation of the credentialing and recognition of immunisation providers and transferability of skills and qualifications.	<i>Handbook 10th Edition.</i>		As the peak professional association for nurses working in primary health care, APNA is keen to support and participate in reviews of competencies for immunisation providers and the national harmonisation of credentialing to promote consistency of the skill set and cross-border transfer of such credentials. APNA sees itself in a key role in the national credentialing of nurse immunisers.	
Priority 8 <i>Maintain Australia's strong contribution to the region</i>	8.1	Continue to be an active participant in the WHO WPRO Enhanced Programme on Immunisation, particularly in relation to: <ul style="list-style-type: none"> ○ achieving measles elimination; ○ maintaining polio elimination; ○ strengthening hepatitis B control; and ○ continuing to contribute to National Immunisation Technical Advisory Groups (NITAG). 	APNA is currently exploring ways to contribute with the NIC to WHO WPRO Enhanced Programme. APNA will continue to promote vaccination for vaccine preventable disease (VPD). APNA will continue to distribute educational and promotional materials, news and web links electronically to members and stakeholders as requested by the NIC or OHP.		APNA will encourage nurses and midwives in primary health care services and clinics to monitor local population groups.	