

AMENDMENT OF THE AUSTRALIAN IMMUNISATION REGISTER LEGISLATION

Consultation Paper

November 2020

1. ABOUT THIS CHANGE

The Australian Immunisation Register (AIR) is a national register that is able to record all vaccines given to all people in Australia. The AIR includes vaccines given under the National Immunisation Program (NIP), through school programs and privately, such as flu or travel. The AIR is administered under the *Australian Immunisation Register Act 2015* (AIR Act).

Currently, vaccination providers are encouraged to report all vaccines administered to the AIR however, as reporting is voluntary, not all vaccines administered are reported.

This means people may not have a complete record of the vaccines they have received.

Having a complete record on AIR helps:

- avoid unnecessary re-vaccination;
- individuals and their vaccination providers know what vaccines they have had and when they are overdue;
- families show they are eligible for family assistance payments and/or attendance at early childhood education; and
- health authorities and professionals to manage outbreaks of vaccine preventable diseases.

The majority of vaccination providers already report childhood and adolescent vaccines to the AIR. In 2019, over 90% of childhood diphtheria, tetanus, pertussis vaccines were reported to AIR, but there is a significant gap in the number of adult and privately purchased vaccines recorded.

2. WHAT WOULD CHANGE?

All vaccination providers will be required to report vaccines administered to all individuals in Australia to the AIR at the time of vaccination. Reporting to the AIR should be electronic and include all relevant information such as Medicare number and reference number (if Medicare eligible) and any other vaccination details required for complete reporting. This may include national individual and provider healthcare identifiers and vaccine batch and serial numbers.

For the purposes of the AIR Act, recognised vaccination providers are endorsed by the Commonwealth, states or territories to administer vaccines in Australia for the purposes of the AIR. Recognised vaccination providers include:

- Medical practitioners
- Aboriginal health workers
- Aboriginal health services
- Commercial providers
- Community health services
- Councils
- Flying doctor services
- Hospitals
- Pharmacies
- Public health units
- Medical practices.

3. WHAT WILL NOT CHANGE?

This proposed legislation will NOT make it mandatory to receive a vaccine. It will only be mandatory to report that a vaccination has been given.

This proposed legislation change will NOT change the way in which personal data is protected. Immunisation information recorded on the AIR will continue to be held in accordance with existing requirements under the AIR Act, which allows the disclosure of information to:

- Commonwealth authorities (which allows Services Australia and Health to administer and manage the AIR);
- prescribed bodies, including state and territory health departments which allows them to manage and implement their vaccination programs; and
- recognised vaccination providers, which allows them to confirm an individual's vaccination history before giving them a vaccine.

4. WHEN WILL THIS CHANGE HAPPEN?

It is proposed that implementation of mandatory reporting to the AIR will be a staged approach, with the mandatory reporting of:

- COVID-19 vaccinations (should a safe and effective vaccine/s meet all necessary regulatory requirements for supply in the Australian market) and influenza vaccinations from 1 March 2021; and
- All NIP vaccinations from 1 July 2021.

This will allow time for vaccination providers to investigate software options to report and for those for whom software is not cost beneficial, to seek support from Services Australia to report directly to the AIR using the AIR site or government-provided channels.

5. WHAT WILL HAPPEN IF VACCINES AREN'T REPORTED

Various compliance options are being explored and stakeholder views are sought on what may be considered appropriate. Potential measures could include the following, noting it could be a combination of one or more of these options in a progressive manner.

Education and support

- A non-punitive approach enabling the Secretary, Department of Health (or the Chief Executive Officer, Services Australia), to direct specified persons to attend vaccination premises to provide education and training to non-compliant vaccination providers.

Public disclosure of vaccination providers who fail to report

- Implementation of a legislative mechanism that would require the Minister for Health to report to Parliament on numbers of providers reporting to the AIR, potentially drawing attention (public disclosure) to vaccination providers who fail to report as mandated.

Suspension of the provision of NIP vaccines

- This approach would involve state and territory health departments being obligated to report to the Commonwealth on the vaccines supplied to vaccination providers.
- Distribution of vaccines to providers from state and territory health departments would be compared with vaccines reported to the AIR.
- Supply of NIP vaccines could be suspended to those vaccination providers identified as failing to report vaccinations to the AIR, even after education and support has been provided.
- Exemptions (and alternative remediation) may be considered for providers in remote regions as they may be the only source of NIP vaccinations.

Penalty provisions

- A civil penalty could be prescribed if a vaccination provider does not mandatorily report, even after education and support has been provided.

It is intended that compliance activities be flexible and discretionary to manage individual circumstances where vaccinations should not be reported to the AIR.

6. A HISTORY OF THE AIR

The Australian Immunisation Register (AIR) commenced in 1996 as the Australian Childhood Immunisation Register (ACIR), gathering information on all vaccines given through the National Immunisation Program (NIP) to children under the age of seven years. The ACIR was expanded to become a whole of life register and renamed the Australian Immunisation Register in September 2016.

Under s 10(1) of the AIR Act, the purposes of the Register include:

- monitoring the effectiveness of vaccines and vaccination programs, including adverse events;
- identifying any parts of Australia at risk during disease outbreaks;
- informing immunisation policy and research;
- proof of vaccination for entry to child care and school, and for employment purposes;
- monitoring vaccination coverage across Australia; and
- determining eligibility for Family Tax Benefit and Child Care Subsidy payments.