Department of
Health

Western Australian Immunisation Strategy 2024-2028

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Message from the Minister for Health and the Minister for Preventative Health

It is our pleasure to present the *WA Immunisation Strategy 2024-2028*.

The State Government is committed to protecting the WA community, their families and others from serious diseases and this strategy focuses on key areas to improve access, acceptance, demand, and uptake of immunisation – the best defence in protecting people of all ages from vaccine preventable diseases.

Since 2020, WA has seen a declining trend in immunisation coverage of young children and some adolescent vaccinations. The COVID-19 pandemic significantly disrupted immunisation systems and affected community attitudes towards immunisation, but also showed how well the health workforce and community can work together when faced with unprecedented challenges.

This strategy, aligned with the *National Immunisation Strategy*, highlights how important a collaborative approach is when navigating and responding to existing and emerging diseases. Focusing on 5 priorities, the strategy aims to improve access and equity of immunisation services, increase community confidence and workforce capacity, improve immunisation support systems and work collaboratively with key stakeholders.

The strategy provides a clear, actionable framework for enhancing immunisation service delivery and uptake across our vast state.

In working together to achieve higher immunisation coverage we can help people protect themselves, their family and others in the community from serious diseases, paving the way towards building a healthier and safer future for all.

Hon Meredith Hammat BA MIR MLA
MINISTER FOR HEALTH; MENTAL HEALTH

Hon Sabine Winton MLA
MINISTER FOR PREVENTATIVE HEALTH

Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Using the term Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Executive summary

Immunisation continues to be a simple, safe and effective way of protecting Western Australians against harmful disease. Many vaccine preventable diseases (VPDs) continue to circulate into and within WA. The most effective preventative measure to reduce hospitalisations and deaths is immunisation.

This strategy outlines the progress made under the *2016-2023 West Australian Immunisation Strategy* where influenza vaccination coverage in older adults and pertussis vaccination in pregnant women increased, childhood immunisation coverage and influenza vaccinations in pregnancy declined, and adolescent immunisation coverage plateaued. This can be attributed to a number of reasons including the impact of the COVID-19 pandemic or broader issues surrounding vaccine hesitancy and barriers to access immunisation.

Findings from the evaluation of the previous strategy, trends in immunisation coverage, consultation with WA Health Service Providers (HSPs), health professionals, research institutes and other stakeholders across WA to identify gaps and opportunities for immunisation service delivery, were used in developing this strategy.

The overarching strategy vision is for every individual, in every community, at every stage of life, to confidently engage with immunisation, supporting robust health for all Western Australians.

Five guiding principles support this vision:

- Evidence-based decision making
- Community centred approach
- Cultural safety
- Innovation and adaptability
- Accountability

This strategy aims to reduce the incidence of, or maintain elimination status of, VPDs by improving immunisation access, acceptance and increase demand and uptake by enhancing the systems that provide and support immunisation service delivery.

To reach these aims, the strategy describes 5 priority areas:

- Access, equity and coverage
- Community confidence and demand
- Workforce development
- Systems that support immunisation
- Partnerships and collaboration.

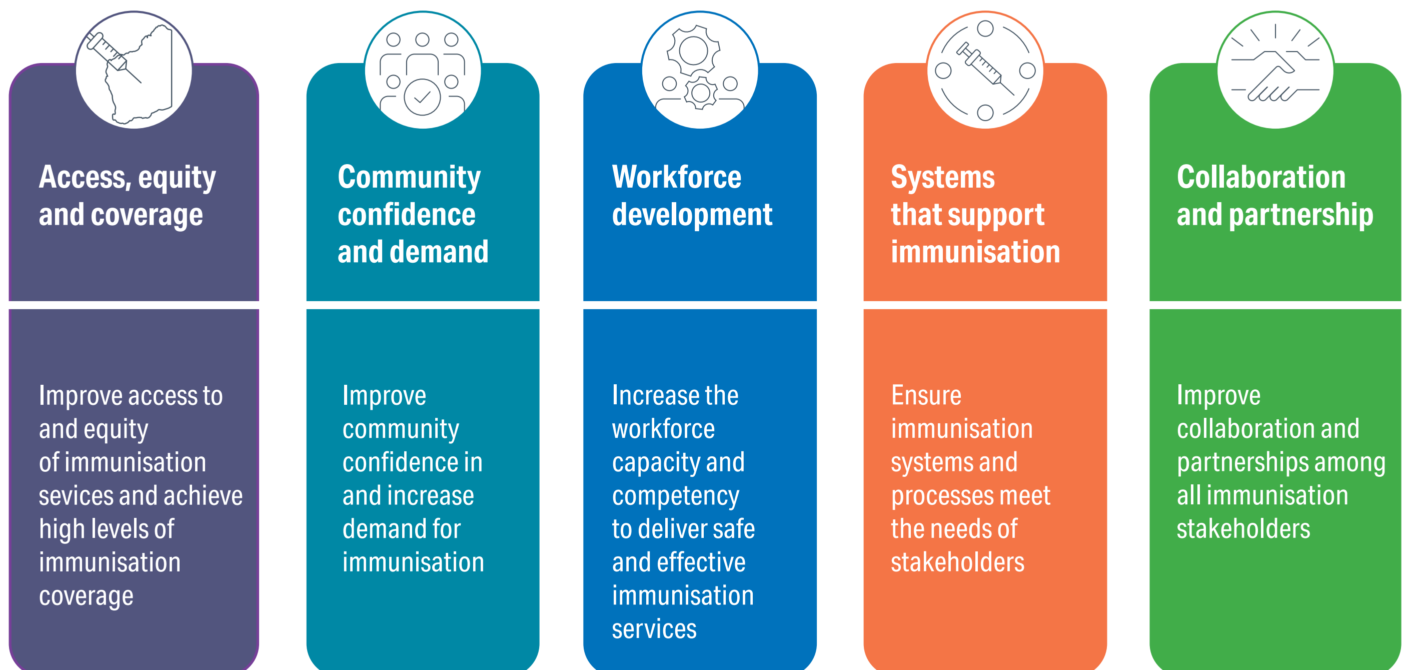
This strategy serves as a road map to strengthen programs and partnerships to improve our capacity to protect the health of our communities through immunisation. A new monitoring and reporting framework will be introduced to allow the WA Department of Health to examine the implementation of this strategy and best adapt it to the needs of the WA community.

Strategy at a glance

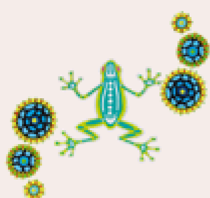
Vision

Every individual, in every community, at every stage of life, to confidently engage with immunisation, supporting robust health for all Western Australians.

Priority areas and goals



Guiding principles



Aboriginal Immunisation

This strategy aims to improve immunisation outcomes for Aboriginal people and acknowledges that Aboriginal health is everyone's business. The needs of Aboriginal people across WA are encouraged to be embedded into activities in each priority area.

The Aboriginal Immunisation Implementation Guidelines are under development.

Why is this strategy needed?

Immunisation is one of the most effective public health interventions, saving millions of lives worldwide every year.

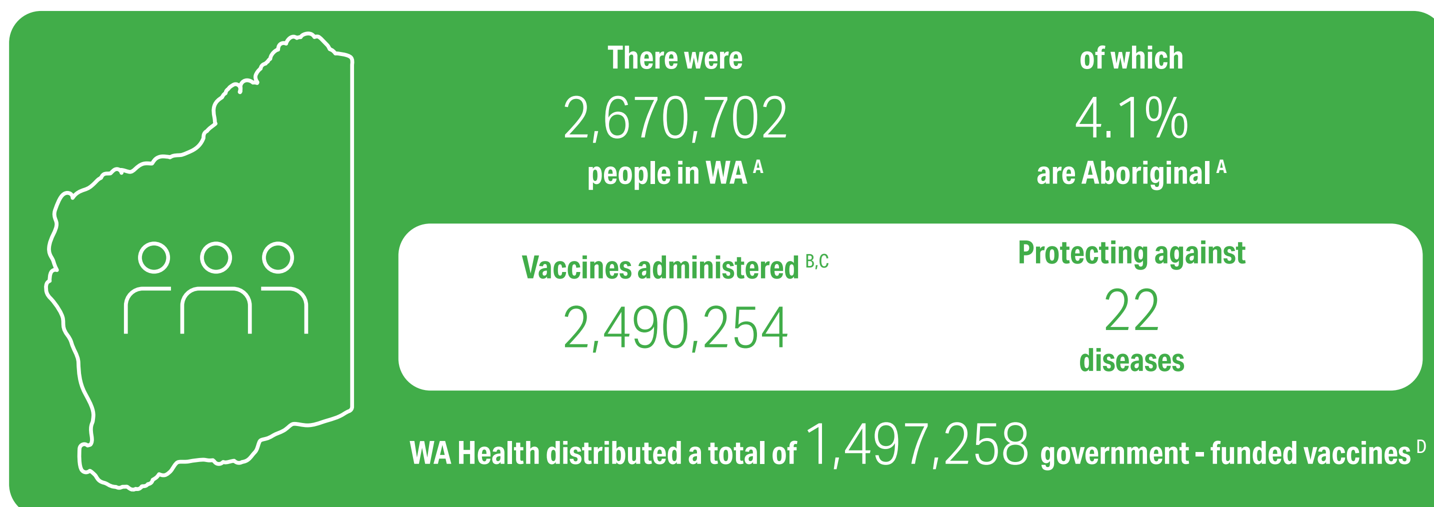
Despite the known success of immunisation and the availability of safe and effective vaccines, many VPDs continue to occur in WA, with a continuing risk of disease re-emergence especially in the context of recent vaccine hesitancy and loss of public confidence. The consequences of this include increased visits to primary care providers, absenteeism, hospitalisation, permanent disability, and even premature death.[1] Unfortunately, suboptimal protection against these diseases continues to be observed across the Western Australian community.[2]

Aboriginal people, as well as socially and culturally diverse groups, are disproportionately affected by the burden of diseases due to a number of reasons, including barriers to access. Through specific tailored programs we can address barriers to immunisation access, such as ensuring provision of culturally safe services, and thereby increase immunisation coverage.

The COVID-19 pandemic significantly disrupted immunisation programs and negatively impacted community behaviour and attitudes towards immunisation. Vaccine hesitancy, reduction in vaccine confidence, and increase in vaccine fatigue amongst the public have been demonstrably exacerbated.[3-5] It is important to note that in 2019 the World Health Organization (WHO) identified emerging vaccine hesitancy as a global threat.[6]

In the face of these challenges, and in response to the evolving landscape of public health, WA Health is committed to protect individuals and the community from VPDs by providing a clear, actionable framework for enhancing immunisation service delivery and uptake across WA – the *WA Immunisation Strategy 2024–2028*.

Snapshot of immunisation and vaccine preventable diseases in WA in 2023



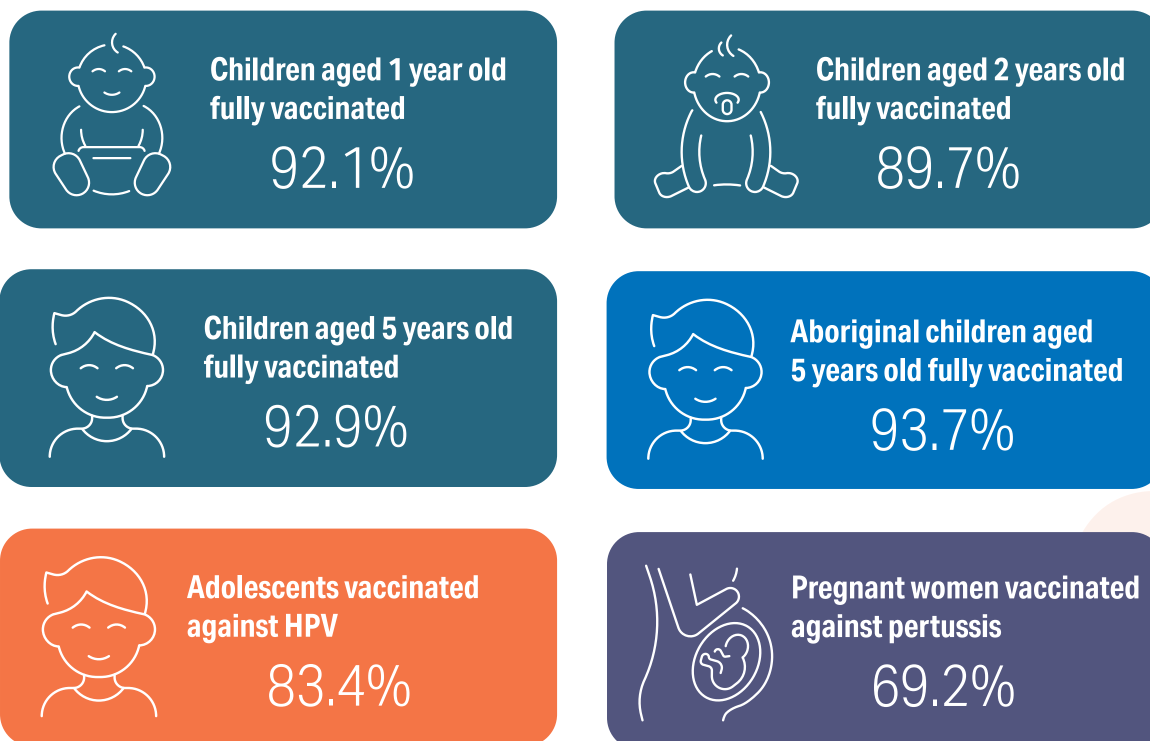
Vaccine preventable disease	Total Notifications [E]	Total Hospitalisations [E]
Influenza	21,365	2,400
Varicella (shingles)	2,532	82
Varicella (unspecified)	2,791	47
Varicella (chickenpox)	521	10
Pneumococcal	264	244
Pertussis	70	3
Meningococcal	9	9
Measles	6	2
Mumps	6	0
Rubella	4	0
Diphtheria	2	2

WA had no reported cases of Haemophilus influenza type B or Tetanus in 2023.

Immunisation is the best defence against vaccine preventable diseases.

Hospitalisation was reported in 100% of meningococcal and diphtheria cases, and over 92% of pneumococcal cases recorded in 2023.

Immunisation coverage in children [C], adolescents [G] and pregnancy [H]



Influenza [B]

Children aged 6 months to <5 years	27.1%
Children aged 5 years to <12 years (State program)	19.7%
Pregnant women	45.5%
Adults aged ≥65 years	63.6%

Influenza was the most commonly reported VPD in WA, despite wide-spread availability of a vaccine.

Aboriginal people accounted for 11% of influenza notifications, of which 25% required hospitalisation. [E]

A: Source: Australian Bureau of Statistics as at 11 December 2023
B: Source: Australian Immunisation Register as at 24 January 2024
C: Total includes both government funded vaccines (NIP and WA State programs) and those purchased privately
D: Source: WA Department of Health Vaccine Management Stock Distribution report as at 24 January 2024 and refers to government-funded vaccines only (NIP and WA State programs).
E: Source: WA Notifiable Infectious Disease Database, WA Department of Health as at 24 January 2024. Excludes data for COVID-19.
F: Source: Australian Government Department of Health and Aged Care Historical coverage data tables for all children as at 27 November 2024.
G: Source: Australian Immunisation Register birth cohort for 15 year old people as at 6 January 2024. Note: 'fully vaccinated' defined as per the NIP Schedule. 'Adolescent' defined as Medicare-registered adolescents who turned 15 years of age during the time period.
H: Source: Midwife Notification System database as at 5 January 2024

Background

National context

Free essential vaccines that protect eligible people against a range of VPDs are provided under the National Immunisation Program (NIP). Current NIP vaccines protect people against 17 diseases. The Australian government is responsible for the NIP including the purchasing and distributing of vaccines to states and territories, and managing the *National Immunisation Strategy 2019-2024*, which aims to expand and improve the NIP. The *National Immunisation Strategy 2025-2030* is expected to be published in late 2024.[7]

The *Australian Immunisation Handbook* (the handbook), produced by the Australian government, provides clinical guidelines to healthcare professionals about the safest and most effective use of vaccines. The handbook recommendations are developed by the Australian Technical Advisory Group on Immunisation (ATAGI) and approved by the National Health and Medical Research Council. Technical support to ATAGI, including evidence and advice on VPDs and immunisation to inform policy and planning in Australia is provided by the National Centre for Immunisation Research and Surveillance (NCIRS).

All vaccines administered in Australia are recorded on the Australian Immunisation Register (AIR), the 'whole of life' national register.[8]

To support the cost-effective and efficient delivery of the NIP, the Australian, state and territory governments have an Essential Vaccines Schedule (EVS) agreement. The EVS agreement uses AIR data to measure state and territory immunisation coverage against benchmarks associated with federal funding.

Since 2021, the Australian government purchased and distributed COVID-19 vaccines as part of the National COVID-19 Vaccine Program. In coming years, the state and territory governments will be responsible for the distribution of the COVID-19 vaccine.

WA context

WA is a large, diverse and unevenly populated area, and this contributes to the complexity of delivering equitable immunisation services state-wide.

State and territory governments are responsible for distribution of government-funded vaccines, coordination and oversight of immunisation service delivery, and vaccine safety monitoring in their jurisdiction.

In addition to the NIP, WA also funds immunisation programs for the following groups [9]:

- meningococcal ACWY (MenACWY) vaccine for Aboriginal children aged 6 to 8 weeks old and 4 months
- meningococcal B vaccine for Aboriginal children aged 6 to 8 weeks, 4 months and 12 months
- hepatitis B vaccine for Aboriginal adults aged 20 years and over
- measles-mumps-rubella (MMR) vaccine for adults born after 1965
- influenza vaccine for children aged 5 years to Year 6, WA Health staff, and vulnerable cohorts including people experiencing homelessness and residents of congregate living facilities, who are not eligible under the NIP
- Respiratory Syncytial Virus (RSV) immunisation for infants and newborns entering their first RSV season and medically at-risk and Aboriginal children entering their second RSV season (pilot program ending September 2024).

Evaluation of the previous strategy, *WA Immunisation Strategy 2016-2023*, was completed in 2023 and a brief summary of the findings and recommendations is provided in Appendix 1.

Achievements under the previous strategy included:

- increased influenza vaccination coverage in older adults and pertussis vaccination in pregnant women
- improved immunisation workforce capacity via the establishment of structured administration and supply arrangements (SASAs) for registered nurses, enrolled nurses, and pharmacists
- expanded community pharmacy immunisation services
- improved vaccine safety surveillance.

Areas for improvement included plateauing coverage in adolescents and declining coverage in young children and influenza vaccination in pregnant women. Additionally, WA did not reach the 95 per cent coverage target for children aged 1, 2 or 5 years during the strategy.

Recommendations for this strategy included:

- improve immunisation coverage by enhancing knowledge, awareness, access and equity
- improve community confidence in immunisation
- maintain and enhance achievements realised under the current strategy
- ensure the next strategy is clear and appropriate for immunisation service providers
- improve reporting and monitoring of progress being made under the next strategy.

Key stakeholders in WA

This strategy will partner the WA Department of Health (department), Health Service Providers (HSPs) as defined under the *Health Services Act 2016*,[10] immunisation providers (including general practitioners, Aboriginal Medical Services and community pharmacists), primary health peak bodies, community-controlled health services, local government, other government agencies, and non-government organisations.

The department's roles include:

- leading and supporting vaccine delivery of the NIP
- managing state-wide programs, that are not part of the NIP
- responding to public health emergencies where vaccination is a preventative control
- monitoring vaccine supply, wastage and unauthorised use
- monitoring and reporting immunisation coverage to WA stakeholders
- working in partnership with Child and Adolescent Health Service (CAHS) to monitor adverse events following immunisation
- liaising with the Australian Government and other jurisdictions to improve immunisation systems and programs
- developing and evaluating state-wide policies regarding immunisation
- coordinating state-wide immunisation promotion and education of immunisation providers.

In WA, each HSP is responsible for the delivery of safe, high quality, efficient and economical health services to their local areas and communities. Immunisations are delivered through HSP hospitals, community health services, and public health units (PHUs). This strategy acknowledges Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS) and Boorloo Public Health Unit (BPHU) as key providers of immunisation services across the state. CAHS provides immunisation to children and adolescents in metropolitan Perth. WACHS provides immunisation services to the rest of the state including rural and remote regions. Boorloo Public Health Unit (BPHU) provides catch-up programs to children and immunisation programs to priority populations across the Perth metropolitan region.

HSP roles may also include:

- providing clinical and program advice to immunisation providers
- delivering immunisation services at hospitals (via inpatient, outpatient, and staff programs), community health and child health clinics (including the Central Immunisation Clinic and Stan Perron Immunisation Centre in Perth)
- delivering the school-based immunisation program
- providing advice and clinic follow up for the Western Australian Vaccine Safety Surveillance (WAVSS) system
- following up children who are overdue, or at risk of becoming overdue, for immunisation
- investigating cold chain breaches
- undertaking programs to improve vaccine awareness and/or immunisation coverage.

The roles and responsibilities of the Department of Health, as system manager, and individual HSPs in the control of immunisation are detailed in the *Agreed roles and responsibilities in the control of communicable disease and health care associated infections guidelines*.[11] These guidelines are currently under review and expected to be published in late 2024.

The following agencies deliver and support immunisation in WA:

- Aboriginal Community Controlled Health Services (ACCHS)
- Aboriginal Health Council of WA (AHCWA)
- Australian Medical Association (AMA) – WA branch
- Catholic and Independent schools
- Marr Mooditj Training Aboriginal Corporation
- The Pharmaceutical Society of Australia (PSA) – WA branch
- Royal Australian College of General Practitioners (RACGP)
- The Kids Research Institute Australia (formerly Telethon Kids Institute)
- WA Department of Communities
- WA Department of Education
- WA Primary Health Alliance (WAPHA).

About this strategy

Strategic alignment

- *Communicable Disease Control Directorate (CDCD) Strategy 2023-2026*
- *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*
- *National Agreement on Closing the Gap*
- *National Immunisation Strategy 2019-2024*
- *National Preventative Health Strategy 2021-2030*
- *National Strategy for the Elimination of Cervical Cancer in Australia*
- Public and Aboriginal Health Division Strategic Plan 2021-2023
- *WA Aboriginal Health and Wellbeing Framework 2015–2030*
- *WA Health Digital Strategy 2020-2030*
- *WA Sustainable Health Review*
- *World Health Organization Immunization Agenda 2021-2030*

This strategy is informed by the evaluation of the previous strategy (2016–2023), trends in immunisation coverage, and consultation with WA HSPs, health professionals, research institutes and other stakeholders across WA to identify gaps and opportunities for immunisation service delivery. Key findings and recommendations of the evaluation of the *WA Immunisation Strategy 2016-2023* are detailed at Appendix 1.

Vision, aims and priorities

The overarching vision of this strategy is for every individual, in every community, at every stage of life, to confidently engage with immunisation, supporting robust health for all Western Australians.

The strategy aims to reduce the incidence of, or maintain elimination of, VPDs by:

- improving immunisation access, acceptance, and increase demand and uptake
- enhancing the systems that provide and support immunisation service delivery.

The strategy gives immunisation stakeholders from across the state clear direction for the next 5 years.

Each priority area is aligned to a strategic goal (Figure 1), with objectives and actions to support this vision (Table 1 to Table 5).

Figure 1. Priorities and goals of the *WA Immunisation Strategy 2024-2028*

PRIORITY AREAS	STRATEGIC GOAL
PRIORITY AREA 1 – access, equity, and coverage	Improve access and equity of immunisation services and achieve sustained high levels of immunisation coverage.
PRIORITY AREA 2 – community confidence and demand	Improve community confidence and demand for immunisation.
PRIORITY AREA 3 – workforce development	Increase the workforce capacity and competency to deliver safe and effective immunisation services.
PRIORITY AREA 4 – systems that support immunisation	Ensure immunisation systems and processes meet the needs of consumers, providers, and other stakeholders.
PRIORITY AREA 5 – collaboration and partnerships	Improve collaboration and partnerships among all immunisation stakeholders.

Working towards the strategy

Every 6 months, key immunisation stakeholders will be required to report to the Western Australian Immunisation Advisory Committee (WAIAC) on activities against the strategic actions applicable to their service.

Key immunisation stakeholders include:

- Department of Health
- Health Service Providers
- WA Primary Health Alliance
- Aboriginal Health Council of WA
- Royal Australian College of General Practitioners
- The Kids Research Institute Australia (formerly Telethon Kids Institute)
- Pharmaceutical Society of Australia

The department will collate the reports, review implementation activities, and highlight improvements to areas that need attention.

Refer to monitoring and reporting framework on page 32 for further details.

Guiding principles

The principles below support the strategy's vision for every individual, in every community, at every stage of life, confidently engages with immunisation, supporting robust health for all Western Australians (Figure 2).

Figure 2. Strategic guiding principles

Evidence-based decision making

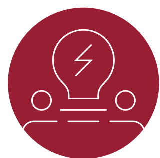
Making decisions based on best available data and research, informed by knowledge, surveillance, monitoring, evaluation and contextual evidence to maximise safety and effectiveness of immunisation efforts.

Community–centred approach

Recognising and strengthening community voices to advocate for community needs in shaping immunisation services, ensuring these services address barriers due to location, social and cultural factors.

Cultural safety

An active approach to provide culturally responsive services that are culturally safe, accessible and free from racism.



Innovation and adaptability

Identifying opportunities to adapt to changing needs and meet future challenges while using existing resources.

Accountability

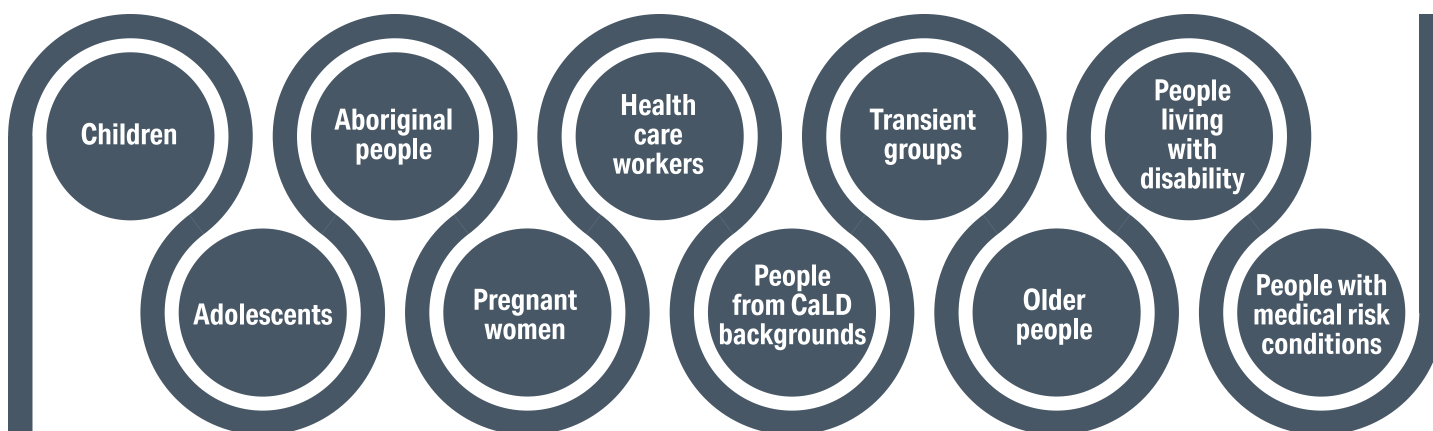
Ensuring the health system is accountable for improving immunisation in WA, through strong leadership and governance.

Priority populations and settings

Populations

This strategy is designed to protect all individuals and the community from VPDs, at every stage of life. However, the department recognises the following groups are either disproportionately or more severely affected by VPDs, face significant barriers to accessing immunisation services, or have seen declining immunisation rates in recent years (Figure 3).

Figure 3. Priority populations for immunisation in WA



Settings

In WA, immunisation services are provided across a range of settings. This strategy identifies that continued support is required for primary health services and established in-reach programs, as well as for people living in settings which require tailored programs (Figure 4).

Figure 4. Priority settings for immunisation in WA

Established settings for immunisation delivery

- Primary health services, including general practice, ACCHS, community pharmacies and community health services
- Places where in-reach immunisation programs are delivered, such as workplaces and schools
- HSP inpatient and outpatient settings, for example, antenatal immunisation services.

Settings that require tailored programs

- Places where congregate living occurs, including residential care facilities (for example, aged and disability care), prisons, and detention facilities
- Geographic locations with low vaccination coverage (tailored services are in addition to existing programs)
- Outreach settings (for example, ad-hoc clinics and in-home vaccination) for high priority populations or identified need.

Priority areas, objectives and actions

Priority area 1 – access, equity, and coverage

This priority focuses on achieving high levels of coverage where individuals, regardless of their background, social conditions, or geographic location, can readily, flexibly and safely access immunisation services.

The goal of this priority is to improve access and equity of immunisation services to achieve high levels of immunisation coverage.

Access

Immunisation services need to be physically and culturally accessible to all people and cater to the needs of the WA community. Consideration and effort should be applied to ensure immunisation services are accessible for all, especially priority populations. Barriers to immunisation include lack of opportunity, cultural and physical inaccessibility, language, low risk perception, a lack of education, financial and human resourcing for immunisation services, and the cost of immunisation services, amongst others.[12-16] The WHO recommends the 'Tailoring Immunization Programmes' approach to identifying barriers and drivers to vaccination.[17]

Equity

Achieving health equity requires actions that remove social determinants that may negatively influence health outcomes, while harnessing the protective factors of cultural determinants, particularly in relation to service delivery for Aboriginal people. The WHO lists the following non-medical factors that may have such influence – income and social protection, education, working life conditions, housing, basic amenities and the environment and social inclusion.[18] Racism is a key barrier to achieving health equity for Aboriginal people in WA, and must be addressed.[19, 20]

High levels of immunisation coverage

High levels of immunisation coverage are required to maintain herd immunity for diseases such as measles, diphtheria and polio.[21] When enough people are immunised in the community, this slows or stops the spread of disease and reduces morbidity and mortality for those at greatest risk. High levels of coverage are supported by equitable access and strong demand for immunisation service.

Whole of life approach

Efforts to achieve optimal immunisation coverage should not be limited to children. As more vaccines become available to older age groups, a shift in immunisation service delivery with a more person centred approached may be needed.

Table 1. Priority area 1 objectives and actions – access, equity and coverage

Objective		Action	
1.1	Understand enablers and barriers for immunisation	1.1.1	Engage individuals and communities to understand their experiences and motivations regarding access to immunisation.
		1.1.2	Use data and modelling to understand immunisation trends and identify those at risk of delayed or under-vaccination.
		1.1.3	Regularly review the accessibility, inclusivity and cultural safety of immunisation programs and services to ensure they cater to the diverse needs of the community.
		1.1.4	Investigate existing policies, regulations and systemic processes to identify potential barriers to immunisation access and uptake.
1.2	Implement targeted actions to enhance immunisation uptake	1.2.1	Enhance the physical, informational, language and cultural accessibility of immunisation services and specialist immunisation clinics to ensure all individuals can readily access them.
		1.2.2	Authentically co-design evidence-based initiatives with communities to address identified barriers and leverage key enablers for immunisation.
		1.2.3	Advocate for policy and legislative changes that increase equitable access and address systemic barriers to immunisation.
		1.2.4	Increase efforts to offer opportunistic and catch-up immunisation services.
1.3	Continuously improve immunisation services and programs	1.3.1	Conduct and/or collaborate on research, monitoring, evaluation and continuous quality improvement activities to generate evidence on implemented strategies to assist ongoing program improvement.

Priority area 2 – community confidence and demand

This priority aims to establish widespread confidence and demand for immunisation across all communities, where decisions are shared, engagement and dialogue is meaningful, and information is transparent, accurate and accessible.

The goal of this priority is to improve community confidence and increase demand for immunisation.

Community confidence

Community confidence in immunisation has been declining in recent years. Personal beliefs, scepticism, concerns about safety, misconceptions and a lack of disease knowledge are all contributing factors. Loss of trust is a key determinant of low vaccine confidence, and in turn vaccine hesitancy.[22]

Demand for immunisation

Despite the benefits, accessibility and availability of vaccines, coverage continues to be sub-optimal.[2] This decreased demand for immunisations may be driven in part by vaccine hesitancy and vaccine fatigue.

Vaccine hesitancy

Vaccine hesitancy is the delay in acceptance or refusal to vaccinate despite the availability of vaccines, and threatens to reverse progress made in tackling vaccine-preventable diseases.[23] The reasons why people choose not to vaccinate are complex – a vaccines advisory group to WHO identified complacency, inconvenience in accessing vaccines and lack of confidence as key reasons underlying hesitancy.[6] Proposed solutions include providing the community with balanced risks and benefits of immunisation, providing immunisers with support and resources to deal with vaccine hesitant or fatigued individuals, social mobilisation and collaboration with the media regarding misinformation.[24, 25]

Vaccine fatigue

Vaccine fatigue is a person's inertia or inaction towards vaccine information or instruction due to perceived burden and burnout.[26] As the public copes with the various immunisation requirements, and the expansive quantities of information and misinformation being provided, individuals may become fatigued.[3] Vaccine fatigue also poses a challenge to maintaining necessary levels of immunisation coverage.

Table 2. Priority area 2 objectives and actions – community confidence and demand

Objective		Action	
2.1	Increase public trust in the safety and effectiveness of immunisation, reducing vaccine hesitancy	2.1.1	Seek to understand individual and community beliefs and attitudes towards immunisation, ensuring that reasons for hesitancy are being captured.
		2.1.2	Create opportunities for community engagement and publicly share data and information about immunisation safety and effectiveness.
		2.1.3	Collaborate with healthcare providers and the media to spread accurate and clear information about immunisation.
		2.1.4	Identify and engage with trusted spokespeople to influence community perceptions and cultivate meaningful engagement related to immunisation.
2.2	Increase awareness and understanding of the benefits and importance of immunisation	2.2.1	Ensure information on the benefits and importance of immunisation and risks of VPDs is tailored and accessible.
		2.2.2	Develop campaigns that educate the public and key stakeholders about the benefits and importance of immunisation and the risks of VPDs.

Priority area 3 – workforce development

This priority aims to achieve a highly skilled, competent, equipped and resilient immunisation workforce, ensuring that every professional is empowered with the knowledge, skills, and support to effectively deliver safe, effective, and inclusive immunisation services.

The goal of this priority is to increase workforce capacity and competency to deliver effective immunisation services.

Immunisation workforce

Immunisations are provided by a variety of health care professionals in WA, including doctors, nurse practitioners, registered nurses, enrolled nurses, midwives, pharmacists and Aboriginal health practitioners (AHPs). Other members of the workforce who support the delivery of immunisation services include health workers, Aboriginal Health Liaison Officers, public health and administrative staff.

Structured administration and supply arrangements

A SASA is a written direction that authorises a health practitioner to administer a medicine to any patient meeting the specified circumstances. SASAs authorised by the Chief Executive Officer of Health (CEO Health SASAs) can apply to any practitioner working in WA.

CEO Health SASAs are available that authorise registered nurses, enrolled nurses, midwives, pharmacists and AHPs, who have met all training requirements of the SASA, to provide vaccinations under specific circumstances, without a requirement for a separate prescription or written direction. The introduction of the Pharmacist Vaccination SASA has significantly increased immunisation workforce.

In all other situations, a medical or nurse practitioner must provide a separate prescription or written direction for each patient prior to vaccination.

Immunisation training and education for providers

Approved courses require the demonstration of competency in storage, transport and handling of vaccines (cold chain), obtaining informed consent for vaccination, indications and contraindications for vaccination, administration of vaccines as per the *Australian Immunisation Handbook*, immunisation guidelines, cardiopulmonary resuscitation, diagnosis and management of anaphylaxis and documentation of vaccination and critical incidents. [27]

Various education opportunities for immunisation providers, including online modules and annual updates are provided by the department. Maintaining and enhancing these platforms is essential to delivering safe, high-quality and effective immunisation services. Communication outlining programmatic changes is released with the help of WAPHA. Regional and metropolitan PHUs also provide support and education to immunisation providers across the state.

Sustainable and supportive working environments

Immunisers are at the frontline of WA public health responses particularly during the COVID-19 pandemic. Their hard work, dedication and commitment has been integral to successful pandemic responses, and it is important that the health system supports sustainable immunisation service delivery models to protect the wellbeing of immunisers.

Table 3. Priority area 3 objectives and actions – workforce development

Objective		Action	
3.1	Enhance workforce competency	3.1.1	Investigate workforce competency to identify gaps in education and skills and encourage a diverse immunisation workforce.
		3.1.2	Improve data literacy and competency, including how to interpret and translate data into immunisation service provision requirements.
		3.1.3	Provide training and support to enhance user proficiency and confidence in using systems and applications.
		3.1.4	Maintain and enhance mechanisms that support training of the workforce at all levels.
		3.1.5	Enable workforce to deliver culturally safe and secure immunisation services, including access to translation and interpretive services
3.2	Strengthen support for immunisation providers	3.2.1	Maintain pathways that enable immunisation providers to have reliable access to expert immunisation advice.
		3.2.2	Develop toolkits targeted at immunisation providers, such as public educational toolkits.
		3.2.3	Develop a platform that enables immunisation providers to share resources and collaborate with other immunisation stakeholders.
		3.2.4	Foster a supportive and sustainable environment for the workforce.
		3.2.5	Reinforce and sustain strong leadership, management, and coordination of immunisation services at all levels.
3.3	Optimise management and efficiency of immunisation services	3.3.1	Target factors that contribute to wastage and leakage, including education and review of vaccine ordering, cold chain management, and vaccine transport logistics.
		3.3.2	Develop financially sustainable service delivery models.

Priority area 4 – systems that support immunisation

This priority aims to ensure policies, processes and information systems supporting immunisation are fit-for-purpose and readily adaptable to current and evolving public health challenges.

The goal of this priority is to ensure immunisation processes and information systems meet the needs of stakeholders.

Systems

There are various systems that capture the delivery, administration and safety of vaccines to the community. Information systems are an integrated set of components used to collect, store, process and transmit data and digital information.

Some systems are managed by the state government, such as the WAVSS system, the state's online vaccine ordering and distribution system, and VaccinateWA. Other systems, such as AIR, are managed by the Australian Government, and the state government advocates for changes and improvements on behalf of providers. The department recently implemented data linkage, connecting AIR data with state hospital data, to enable broader surveillance of vaccine safety and effectiveness.

HSPs, GPs and pharmacies use their own software systems to document immunisation records and upload these to AIR. Immunisation providers are also responsible for adhering to cold chain management requirements, including reporting cold chain breaches to PHUs.

In recent years, systems capabilities have improved but continuous work is required to effectively support providers and the overall management of the immunisation program. The department is committed to developing, maintaining and improving these systems and has allocated significant resources to sustain this into the future.

Table 4. Priority area 4 objectives and actions – systems that support immunisation

Objective		Action	
4.1	Provide suitable and effective information systems to support efficient practice	4.1.1	Enhance robust information systems to ensure data is accurate, comprehensive and fit for purpose.
		4.1.2	Develop secure data sharing mechanisms to inform decision making with stakeholders.
		4.1.3	Investigate and address barriers faced by workforce when using information systems.
		4.1.4	Ensure updates and changes to information systems are clearly communicated to stakeholders.
4.2	Ensure implementation of policy, legislation, and national guidelines in practice	4.2.1	Empower stakeholders to identify best practice to implement new policies, legislation, or guidelines.
		4.2.2	Implement effective governance, oversight and accountability processes for immunisation programs to improve performance and cost-effectiveness.
4.3	Enhance capacity and capability to detect vaccine safety signals	4.3.1	Enhance vaccine safety surveillance systems and maintain communication with stakeholders reporting adverse events following immunisation (AEFI).
4.4	Increase resilience of information systems by ensuring scalability and security for emerging public health challenges	4.4.1	Embed scalability of systems and resources that adapt to varying demands and capacities through the establishment of clear processes.
		4.4.2	Strengthen surveillance systems, processes and reporting platforms to support immunisation programs.

Priority area 5 – collaboration and partnerships

This priority supports impactful and sustainable collaborations and partnerships among stakeholders to improve immunisation services.

The goal of this priority is to improve collaboration and partnerships among immunisation stakeholders.

Collaboration

This strategy aims to empower immunisation stakeholders to identify opportunities for collaboration[28] that are mutually beneficial, with a shared vision to improve immunisation outcomes for the community.[29] Collaborations do not require a formal agreement.

Partnerships

Formal agreements of partnership involve a coordinated and collaborative approach to immunisation services through knowledge exchange, information sharing and the pooling of resources, where possible. Establishing formal agreements will ensure commitment to the partnership by both or all organisations, define roles and responsibilities including leadership and touch points (people and meetings to share updates and provide feedback), embed governance, and guarantee mechanisms of communication to share successes and address barriers for quality improvement.[30]

Success is not just measured by the number of partnerships created under the strategy, but the quality and benefits of these partnerships. Partnership assessment tools and frameworks[28, 31-33] will be used to ensure beneficial partnerships and continual improvements under the strategy.

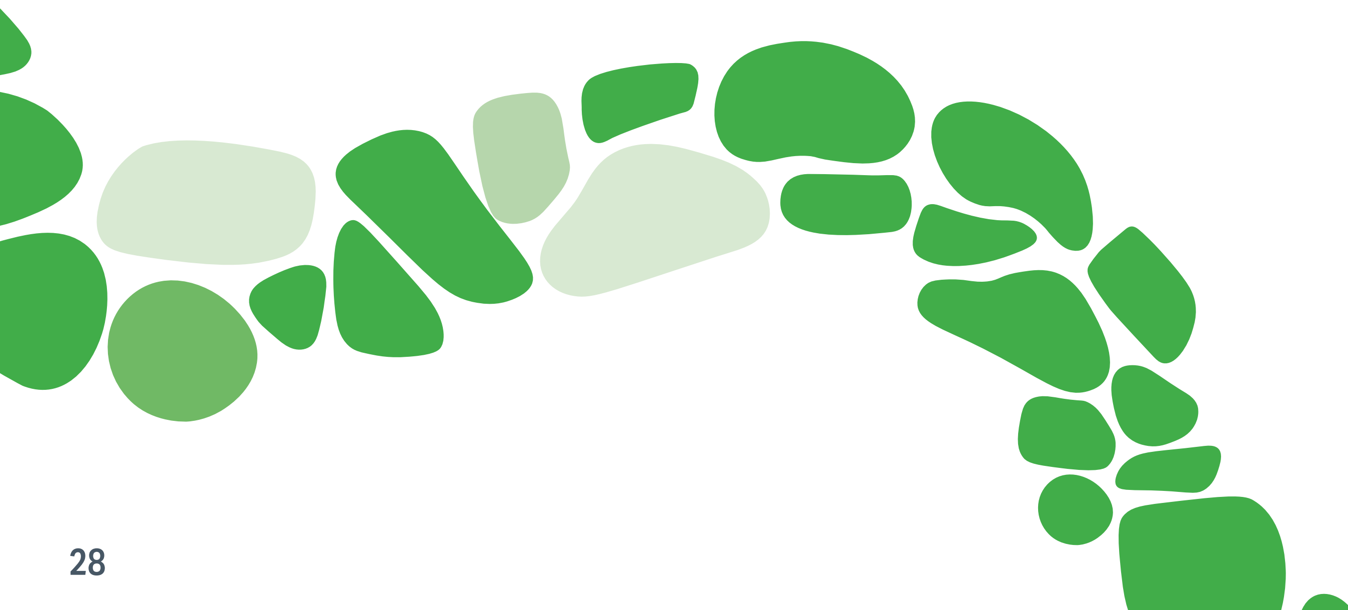


Table 5. Priority area 5 objectives and actions – collaboration and partnerships

Objective		Action	
5.1	Understand requirements for successful collaboration and partnerships	5.1.1	Understand enablers and barriers to collaboration and partnerships through consultation with stakeholders.
5.2	Improve collaboration and partnership processes	5.2.1	Formalise accountable and effective partnerships between organisations, with clearly defined roles and responsibilities.
		5.2.2	Create opportunities to strengthen communication between stakeholders.
		5.2.3	Explore alternative funding sources for collaborations and partnerships.
5.3	Embed a culture of collaboration, partnership and innovation	5.3.1	Maintain cross-organisational meetings to share experiences of stakeholder led immunisation related activities.
		5.3.2	Encourage collaborative projects to strengthen integrated approaches and innovation.
		5.3.3	Encourage organisations to prioritise immunisation in strategic and operational planning.

Governance, implementation and measuring progress

Governance

The Western Australian Immunisation Advisory Committee (WAIAC) provides leadership and guidance to improve immunisation outcomes in WA in accordance with the *Public Health Act 2016*.

WAIAC membership includes agencies that represent the organisations providing service delivery and representing immunisation providers across WA. Members include representatives from the Immunisation Program at the department, Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), East Metropolitan Health Service (EMHS), The Kids Research Institute Australia, WA Primary Health Alliance (WAPHA), Aboriginal Health Council of WA (AHCWA), Royal Australian College of General Practitioners (RACGP), Australian Medical Association) (AMA), Department of Education WA, Pharmaceutical Society of Australia (PSA), aged care sector representative and consumer representative. Secretariat services are provided by the department's Immunisation Program.

The WA Immunisation Stakeholders (WAIMS) group is a cross-organisational body that supports a state-wide approach to immunisation under the WA Immunisation Schedule. Their focus is on improving immunisation coverage in populations with low coverage rates. WAIMS representatives include staff from the Immunisation Program at the department, AHCWA, CAHS, EMHS, WACHS, WAPHA, and the regional immunisation coordinators from HSP PHUs.

Implementation and outcome reports for this strategy will be tabled at Aboriginal Immunisation Network Steering Committee (AINSC) and WAIAC meetings, with department executives and the WAIMS group regularly updated.

WAIAC will guide the development, monitoring, evaluation and revision of this strategy, including a mid-term update.

Implementation

To successfully implement this strategy, input is required from across the health system, particularly by key immunisation stakeholders. Stakeholders are responsible for developing an organisational action plan to support their progress against the strategic actions (Tables 1 to 5). Action plans are not a reporting requirement to the CDCD.

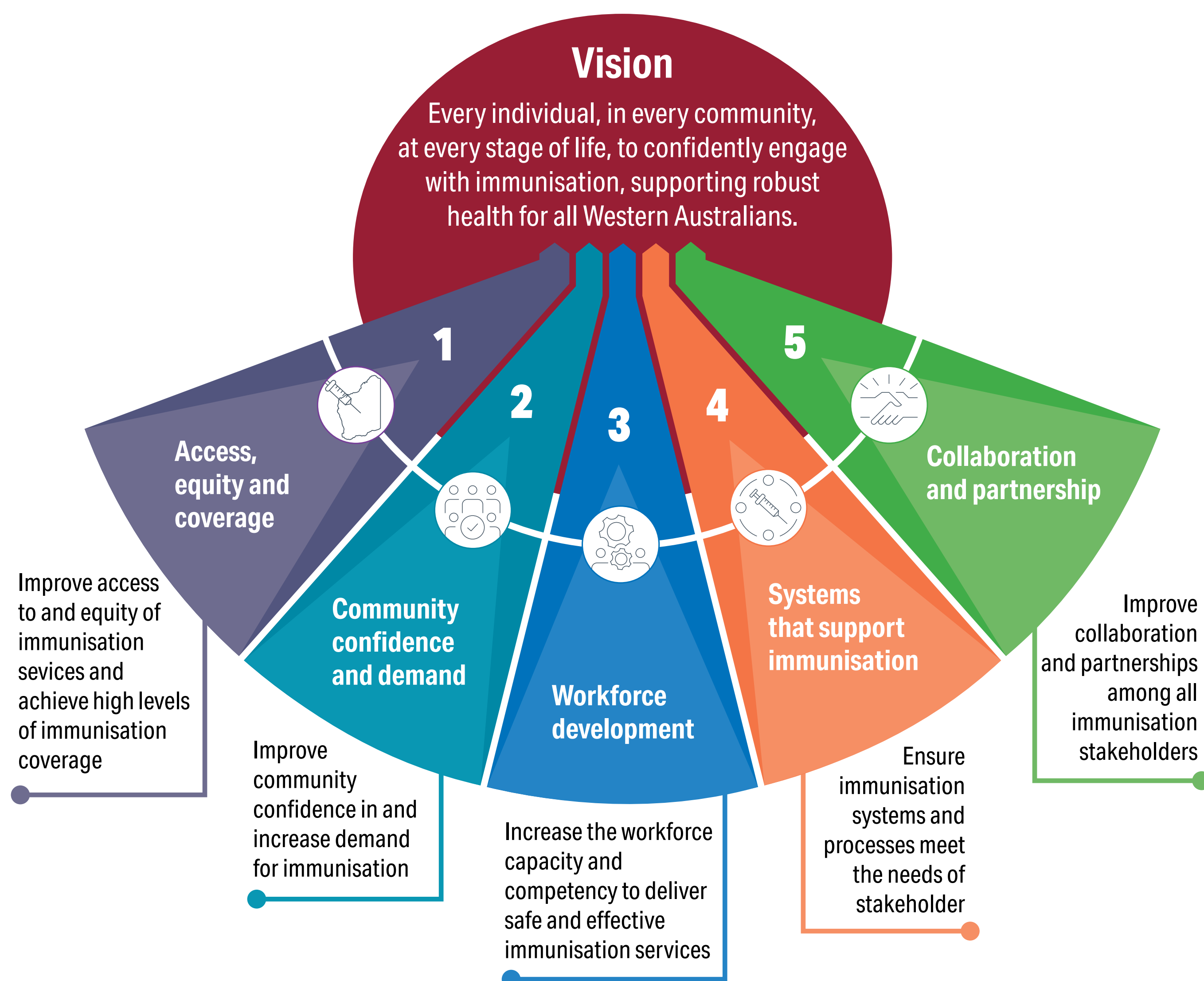
The department will create an action plan that leads changes across the system and supports a whole of health approach to achieving the goals of this strategy.

The department will also develop the Aboriginal Immunisation Implementation Guidelines to improve immunisation in Aboriginal people. These guidelines will be developed and implemented under the guidance of the AINSC.

Organisations that provide immunisations or represent and support immunisation service providers (HSPs, AHCWA, WAPHA) will develop action plans that focus on improving immunisation service delivery, workforce development, improving community confidence, and developing or strengthening partnerships with other organisations.

Figure 5 shows how organisational action plans will drive activities, in turn making progress against the strategic actions, achieving the strategic goals for the 5 priorities, and realising the strategy's vision – that every individual, in every community, at every stage of life, confidently engages with immunisation, supporting robust health for all Western Australians.

Figure 5. Realising the strategy's vision



Measuring progress

This strategy's monitoring and reporting framework provides structure for the monitoring, reporting, and accountability mechanisms that support implementation.

Monitoring and reporting are important components of the strategy and strengthen progress towards this strategy's goals.

Monitoring and reporting framework

There are 2 components of the monitoring and reporting framework:

1. Implementation monitoring
2. Outcome reporting.

The details of the framework are summarised in Table 6.

Table 6. Monitoring and reporting framework

Question	Implementation monitoring	Outcome reporting
How is it being captured?	Implementation activities and initiatives will be reported using a standardised reporting template to be developed by the department.	Key performance indicators (KPIs) will be measured using established or new data sources.
What is being investigated?	What is being done to implement this strategy?	What has changed since the implementation of the strategy?
What is being captured?	Organisations' progress against strategic actions as identified in their action plan.	Measurement of performance over time.
Who is responsible?	Organisations will be responsible for reporting progress against their action plans. The department is responsible for collating reports and tabling them at WAIAC meetings.	The department is responsible for reporting progress against KPIs via an annual progress report, tabled at WAIAC and provided to the Chief Health Officer (CHO).
When will this occur?	Every 6 months, for the lifetime of the strategy. Reports on activities for January to June will be reported to the department by July of the same year. Reports of activities for July to December will be reported by January of the following year.	Annually, for the lifetime of the strategy. First report TBC Fourth and final report – June 2028, will guide the development of the next strategy.
What is the output?	*WA Immunisation Strategy 2024–2028*: *implementation summary report* The department will collate and summarise implementation activities, highlighting improvements, areas that need attention and provide recommendations.	*WA Immunisation Strategy 2024–2028: annual strategy progress report* The department will provide an overview of progress against KPIs by highlighting improvements and areas that need attention and provide recommendations.
Who is the audience?	WAIAC – provide advice AINSC – informed CDCD Director – informed CHO/Assistant Director General (ADG) – informed WAIMS – informed	WAIAC – provide advice AINSC – informed CDCD Director – informed CHO/ADG – informed WAIMS – informed Minister for Health – informed

Implementation monitoring

Implementation monitoring will ensure that progress is being made towards improving immunisation service delivery and uptake across WA.

Key immunisation stakeholders will report activities undertaken against relevant strategic actions (Tables 1 to 5) every 6 months. Not all actions will be applicable to all immunisation stakeholders. An electronic template to capture this activity will be circulated to these stakeholders via WAIAC.

The department will collate submissions, summarise implementation activities, highlight improvements and areas that need attention and provide recommendations via the WA Immunisation Strategy 2024–2028: Implementation Summary Report.

Outcome reporting

Outcome reporting will be used for quality improvement of immunisation in WA, such as identifying areas for improvement and reviewing approaches and resources aimed to improve service delivery and uptake across WA.

The department is responsible for collecting, collating, monitoring, and reporting the outcome data.

As part of this strategy, a range of KPIs were developed for outcome reporting (Table 7) to monitor and evaluate the achievement of strategic goals. This will improve data capture and reporting that can:

- determine if the strategy is achieving its goals
- identify gaps in performance and provide insight into goals that have not been achieved
- support service planning and inform future strategic planning.

Data will be collected from several data sources, as outlined in Table 7.

The department is responsible for setting up new data sources, in partnership with key organisations. This process will require consultation and time, with sources and baselines anticipated to be established in the first half of the strategy, and targets to be set after these are established. It is intended that these new data sources will be utilised in the next strategy and for other immunisation projects.

The department will provide an overview of progress against KPIs, highlighting improvements and areas that need attention, and providing recommendations in the WA Immunisation Strategy 2024–2028: Annual Strategy Progress Report.

WA Immunisation Strategy 2024-2028

Table 7. Outcome reporting protocol

Outcome	KPI	Data source	Data collection	Target 2025	Target 2026, 2027	Target 2028
Priority area 1 Improved access to and equity of immunisation services and achieve high levels of immunisation coverage	**Childhood immunisation coverage**					
	Children aged 1 years	AIR	ongoing	95%	95%	95%
	Children aged 2 years	AIR	ongoing	95%	95%	95%
	Children aged 5 years	AIR	ongoing	95%	95%	95%
	Influenza immunisation coverage					
	Young children aged 6 months to 5 years	AIR	seasonal	establish baseline e.g. average over previous 5 years	maintain/ increase	maintain/ increase
	Children aged 5 to <12 years	AIR	seasonal	establish baseline	maintain/ increase	maintain/ increase
	People aged 12 to 64 years	AIR	seasonal	establish baseline	maintain/ increase	maintain/ increase
	Adults over 65 years of age	AIR	seasonal	establish baseline	maintain/ increase	maintain/ increase
	Health care workers (WA health entities)					
	Consent	VaccinateWA and AIR	seasonal	establish baseline	increase	increase
	Coverage	VaccinateWA and AIR	seasonal	establish baseline	increase	increase
	Adolescent immunisation coverage					
	HPV	AIR	ongoing	establish baseline	increase	increase
	MenACWY	AIR	ongoing	establish baseline	increase	increase
	dTPa	AIR	ongoing	establish baseline	increase	increase

Outcome	KPI	Data source	Data collection	Target 2025	Target 2026, 2027	Target 2028
Priority area 1 Changing the data collection frequency of the final KPI	**Antenatal immunisation coverage**					
	Pertussis	MNS and AIR	ongoing	establish baseline	increase	increase
	Influenza	MNS and AIR	ongoing	establish baseline	increase	increase
	Older adult immunisation coverage					
	Shingles	AIR	ongoing	establish baseline	increase	increase
	Pneumococcal	AIR	ongoing	establish baseline	increase	increase
	Priority populations and settings					
	Aboriginal people for all the above	AIR	ongoing	establish baseline	increase	increase
	Immunisation coverage in people from CALD backgrounds for all the above	AIR PLIDA	ongoing	explore establishment of data source	establish baseline	increase
	Number of services provided to people in congregate living	TBD	ongoing	explore establishment of data source	establish baseline	increase
	Number of services provided to transient groups, including rough sleepers and people experiencing homelessness	TBD	annually	explore establishment of data source	establish baseline	increase
	Number and type of immunisation providers in places that are rural or remote and high priority populations (including clinic and outreach services)	AIR and other data set that measures remoteness	annually	establish baseline	increase	increase
	Consumer experience of accessibility	TBD	TBD	explore establishment of data source	establish baseline	increase

Outcome	KPI	Data source	Data collection	Target 2025	Target 2026, 2027	Target 2028
Priority area 2 Improved community confidence in, and increase demand for immunisation **Note:** demand and confidence are also reflected by coverage	Number of vaccines distributed, by type and program Focus on vaccines that are relatively stable, e.g. a vaccine from each of the following cohorts: 1 year old, 2 year old, 5 year old coverage, antenatal, influenza	CDCD	annually	establish baseline	improve	improve
	Proportion of community that is hesitant regarding vaccination: • individuals • immunisation service providers' perspective	TBD	TBD	explore establishment of data source (e.g., survey)	establish baseline	reduce
Priority area 3 Increased workforce capacity and competency to deliver effective immunisation services	Number of health professionals completing immunisation training including: • approved immunisation courses • department annual immunisation update	CDCD	annually	explore reporting mechanism and establish baseline where possible	increase	increase
	Competency in vaccine management, particularly: cold chain management, vaccine ordering, and vaccine logistics	TBD	ongoing	establish baseline	increase	increase
	Proportion of vaccines that are wasted	Vaccine wastage database	ongoing	establish baseline	reduce	reduce
	Proportion of AEFI reports that are vaccine administration errors (VAE)	AIR, WAVSS	ongoing	establish baseline	reduce	reduce

Outcome	KPI	Data source	Data collection	Target 2025	Target 2026, 2027	Target 2028
Priority area 4 Ensure immunisation systems and processes meet the needs of stakeholders	Number of health professionals confident accessing: • AIR/Provider Digital • Access (PRODA) • WAVSS • online ordering system • reports on under-immunised children	TBD	TBD	establish data source (e.g., survey)	establish baseline	increase
	Capacity of vaccine data linkage to detect vaccine safety signals	Vaccine Data Linkage Repository (VDLR)	annually	establish baseline	improve	improve
	Capability to conduct surveillance and identify signals for Adverse Events Following Immunisation (AEFI) and Serious Adverse Events Following Immunisation (SAEFI)	WAVSS, VDLR	annually	establish baseline	improve	improve
	Capability to provide clinical advice and follow up for both adults and children experiencing AEFI and Adverse Events of Special Interest (AESI)	WAVSS, WA Vaccine Safety Advisory Committee	annually	establish baseline	maintain	maintain
	Capability to measure vaccine effectiveness Focus on vaccines which are new or seasonal	VDLR	annually	establish baseline	improve	improve
Priority area 5 Improve collaboration and partnerships among immunisation stakeholders	Number of cross-organisational meetings of committees and working groups	Meeting minutes	annually	Establish baseline	maintain	maintain
	Number and benefits of partnerships and collaborations	TBD	TBD	establish data source (e.g., survey)	maintain/ increase	maintain/ increase

List of acronyms used in this document

ACCHS	Aboriginal Community Controlled Health Services
ADG	Assistant Director General
AHCWA	Aboriginal Health Council of Western Australia
AHP	Aboriginal health practitioners
AINSC	Aboriginal Immunisation Network Steering Committee
AIR	Australian Immunisation Register
BPHU	Boorloo Public Health Unit
CAHS	Child and Adolescent Health Service
CaLD	Culturally and Linguistically Diverse
CDCD	Communicable Disease Control Directorate (Department of Health)
CHO	Chief Health Officer
COVID-19	Coronavirus disease caused by SARS-CoV-2
DoH or the department	Western Australia Department of Health
DTPa or dTpa	Diphtheria, pertussis, and tetanus vaccine
EVS	Essential Vaccines Schedule
GP	General practitioner
HPV	Human papillomavirus
HSP	Health Service Provider
KPI	Key Performance Indicator
MenACWY	Meningococcal (ACWY)
MMR	Measles mumps rubella
MNS	Midwives Notification System
NIP	National Immunisation Program
PHU	Public Health Unit
PSA	WA branch of the Pharmaceutical Society of Australia
RACGP	Royal Australian College of General Practitioners
SASA	Structured Administration and Supply Arrangement
VDLR	Vaccine Data Linkage Repository
VPD	Vaccine preventable disease
WA	Western Australia
WACHS	Western Australia Country Health Service
WAIAC	Western Australian Immunisation Advisory Committee
WAIMS	Western Australian Immunisation Stakeholders
WAPHA	Western Australia Primary Health Alliance
WAVSS	Western Australian Vaccine Safety Surveillance
WHO	World Health Organization

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Appendix 1. Progress under the *WA Immunisation Strategy 2016–2023*

The previous strategy, *WA Immunisation Strategy 2016–2023*,[34] provided clear direction for immunisation stakeholders on how to optimise immunisation service delivery from 2016 to 2020. The strategy was extended until 2023, due to the impact the COVID-19 pandemic had on immunisation service delivery and the broader health system.

An evaluation of the strategy in 2023 identified achievements, areas for improvement and recommendations. These insights, in addition to consultation and a review of the current literature, formed the priorities for the 2024–2028 strategy.

Achievements

Influenza vaccination coverage in older adults has improved since 2017, with the coverage target of 70 per cent met in 2022. Coverage increased from an estimated 36 per cent in 2017 to 70 per cent in 2022. Increased access and mandatory reporting of influenza vaccine administration to the AIR are likely to have contributed to this.

The strategy set a coverage target of 60 per cent for antenatal vaccinations. Pertussis vaccination in pregnant women increased by over 25 percentage points between 2016 and 2020 and was consistently above the 60 per cent coverage target from 2018 to 2022. Coverage averaged 67 per cent from 2016 to 2022 and peaked at 77 per cent in 2020.

Immunisation workforce capacity notably improved during the strategy with the introduction of SASAs for registered nurses, enrolled nurses, and pharmacists for vaccination. Over 500 community pharmacies now provide immunisation services for a range of programs, including influenza vaccines to people aged 5 years and over, adolescent vaccination, and MMR for adults.

WA has progressed vaccine safety surveillance, specifically the transition of the WAVSS system to the national platform and implementing Smartvax as an active safety surveillance tool.

Areas for improvement

While vaccination coverage in children aged 1 and 5 years consistently met the 90 per cent coverage target, vaccination coverage in children aged 2 years did not meet the 90 per cent coverage target in 2017 and 2019. The national target of 95 per cent was not met in any age group, and coverage declined in 2021 and 2022 for all ages. The sufficient coverage of childhood vaccines has resulted in lack of visibility of these diseases in the community, which can result in complacency.

Coverage rates in Aboriginal children aged 1 and 2 years did not meet the 90 per cent coverage target from 2016 to 2022. While coverage rates in Aboriginal children aged 5 years met the 90 per cent coverage target from 2017 to 2021, coverage in Aboriginal children aged 1, 2 and 5 years declined in 2021 and 2022.

Influenza vaccination in pregnant women met the 60 per cent coverage target in 2020. The average coverage across the duration of the strategy was 47 per cent. By 2022, rates had decreased back to 2018 figures. AIR introduced a field to record antenatal vaccinations and the department connected the Midwives Notification System (MNS) database to this by using the WA vaccine data linkage system. The department expects to see more complete data in the coming years.

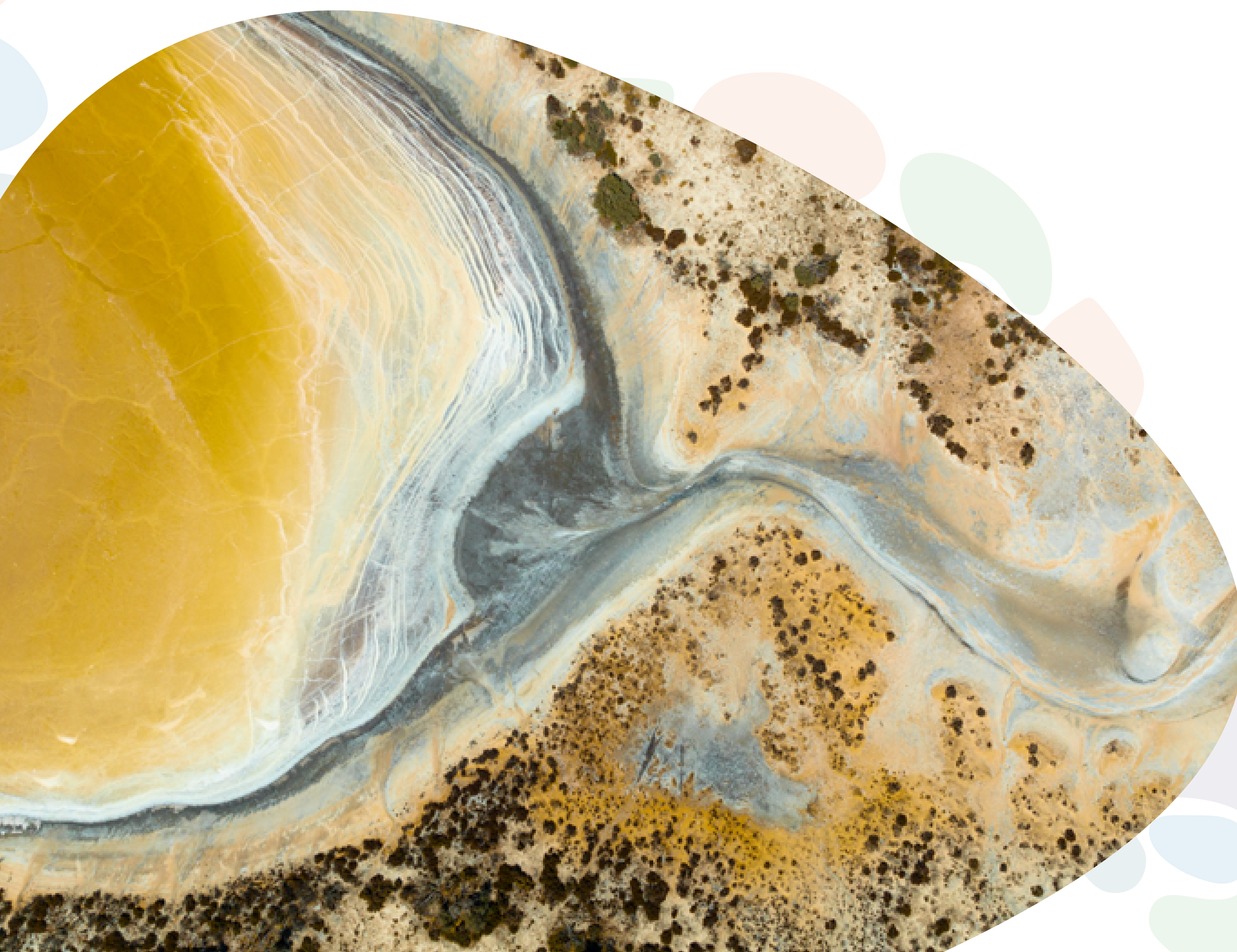
While the human papillomavirus (HPV) vaccination in adolescents consistently met the 70 per cent coverage target, coverage has plateaued. Additionally, coverage in Aboriginal adolescents did not reach the 70 per cent target for any year.

Declining vaccination coverage in young children, adolescents and pregnant women for influenza may be reflective of the community's wavering confidence in immunisation and the increase in parents' hesitancy to vaccinate. Researchers have been studying vaccine hesitancy prior to the COVID-19 pandemic,[35] and outcomes from this research can be used to better tailor future communications with the vaccine hesitant.

Evaluation recommendations

Following the evaluation of the previous strategy, the department aims to:

1. maintain and enhance achievements realised under the 2016–2023 strategy, including coverage in young children, adolescents, influenza for older adults and pertussis for pregnant women
2. improve immunisation coverage by enhancing access and equity for groups where sub-optimal coverage was observed, including Aboriginal people, children, adolescents and influenza for pregnant women and building knowledge of vaccine uptake in groups that may face social disadvantage, experience barriers to accessing vaccination or are at increased risk of VPDs
3. improve community confidence in immunisation by providing clear messages about the benefits of immunisation and allocating resources to address vaccine hesitancy, disinformation, misinformation and public opinion in WA
4. ensure the next strategy is clear and appropriate for immunisation service providers by engaging key immunisation stakeholders in the design, including a mid-term review to assess progress
5. improve reporting and monitoring progress by providing mechanisms and guidance on implementation monitoring and outcome reporting.



Appendix 2. Consultation

A 2-stage consultation approach was taken to inform the development of this strategy.

Face-to-face workshop

In September 2023, a face-to-face workshop was held with the WA Immunisation Strategy working group and facilitated by an external consultant.

The working group found that:

- WA organisations want to be involved in guiding the direction of the strategy
- there is a need for accessible, interpretable data to inform decision making
- the public opinion of vaccines has been impacted by COVID-19 and communicating the benefits and risks of vaccines to the community should be valued
- there has been a decrease in immunisation coverage in recent years, and work must continue to improve coverage
- there is a need to empower service providers to provide flexible, equitable access to immunisation for community members
- strengthening the immunisation workforce capacity must be prioritised – including expanding the scope of practice of Aboriginal Health Practitioners (AHPs), training more health providers in immunisation and supporting sustainable practices in the workplace
- it is important to share knowledge and create partnerships between organisations within and beyond health, between communities, researchers and primary and tertiary healthcare providers.

Following the workshop, the department developed a strategy framework. This includes priority areas, strategic goals, objectives and actions based on the responses from participants, the insights from the evaluation of the *WA Immunisation Strategy 2016-2023* [34] and a review of current literature.

Online consultation

The second stage comprised of 2 rounds of online consultations. The first round sought feedback from the working group and additional stakeholders on the strategy framework. The second round of consultation sought feedback from the working group and additional stakeholders on the entire strategy document.

Stakeholders consulted

Workshop attendees and online consultation included representatives from AHCWA, the department, HSPs, PSA – WA branch, RACGP, The Kids Research Institute Australia, WA Department of Education and WAPHA.

Endorsement and approval

Following this, the strategy was circulated to the WAIAC for endorsement, before seeking approval from the Chief Health Officer (CHO), the Health Executive Committee, and the Minister for Health.

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