

Significant events in immunisation policy and practice* in Australia

Year	Event
1804	First vaccine (for smallpox) used in Australia
1916	Commonwealth Serum Laboratories (CSL) established in Victoria to produce vaccine for Australia
1924	First mass vaccination program in Australia (with diphtheria toxoid, in Victoria)
1932	First school-based vaccination programs (for diphtheria) commenced
1953	First time vaccine provided (for diphtheria-tetanus-pertussis) at no cost, to recipients in the public sector
1975	1st edition of <i>Immunisation Procedures</i> (now <i>The Australian Immunisation Handbook</i>) published by the Australian Government. Vaccine recommendations were made by an expert advisory sub-committee of the National Health and Medical Research Council (NHMRC)
1982	2nd edition of <i>Immunisation Procedures</i> (now <i>The Australian Immunisation Handbook</i>) published by the Australian Government. Vaccine recommendations were made by an expert advisory sub-committee of the NHMRC
1986	3rd edition of <i>Immunisation Procedures</i> (now <i>The Australian Immunisation Handbook</i>) published by the Australian Government. Vaccine recommendations were made by an expert advisory sub-committee of the NHMRC
1988	Responsibility for immunisation programs transferred to the states and territories. This resulted in variation in implementation of the national immunisation program across Australia. Arrangements for funding immunisation programs were negotiated through the Australian Health Ministers' Advisory Council (AHMAC)
1989	Communicable Diseases Control Network (later the Communicable Diseases Network Australia [CDNA]), a joint initiative of the NHMRC and AHMAC, established
1990	Legislation in Victoria – the <i>Health Amendment Act 1990</i> (now the <i>Public Health and Wellbeing Act 2008</i>) – required documentation of immunisation status when a child enrolled in primary school
1991	4th edition of <i>Immunisation Procedures</i> (now <i>The Australian Immunisation Handbook</i>) published by the Australian Government. Vaccine recommendations were made by an expert advisory sub-committee of the NHMRC
	Northern Territory Immunisation Register (NTIR) launched, capturing vaccines administered to both children and adults
1992	Legislation in New South Wales – introduced in a 1992 amendment of the <i>Public Health Act 1991</i> (now in the <i>Public Health Act 2010</i>) – required documentation of immunisation status when a child enrolled in childcare or primary school
1993	1st National Immunisation Strategy (1993–2001) produced by a panel of experts on behalf of the NHMRC; included a common vaccination schedule and vaccine pricing in all states and territories
	National Immunisation Committee (NIC) established as a sub-committee of AHMAC to oversee implementation of 1993 National Immunisation Strategy and provide advice to AHMAC on immunisation and vaccine-preventable disease issues
	Vaccination Information and Vaccination Administration System (VIVAS) launched in Queensland, capturing vaccines administered to both children and adults
	5th edition of <i>The Australian Immunisation Procedures Handbook</i> (now <i>The Australian Immunisation Handbook</i>) published by the Australian Government. Vaccine recommendations were made by an expert advisory sub-committee of the NHMRC

Year	Event
1993 (cont.)	Legislation in the Australian Capital Territory – the <i>ACT Public Health Regulations 2000</i> – required documentation of immunisation status when a child enrolled in childcare, pre-school or primary school
1996	The Australian Childhood Immunisation Register (ACIR) launched by collating data on all children under 7 years of age enrolled in Medicare. This was the first complete, purpose-built national childhood immunisation register in the world and replaced ad hoc regional registers. The ACIR was administered by the Australian Government Department of Human Services, in accordance with the <i>Health Insurance Act 1973 s.46B</i>
	Immunisation provider incentives introduced by the Australian Government. An ACIR notification payment of \$6 per notification was made to all immunisation providers who notified the ACIR of a vaccination that completed one of the age-based schedules. In Queensland, immunisation providers received \$3 per notification, in recognition of the maintenance of a separate register (VIVAS) in that state
1997	The Immunise Australia Program, also known as the National Immunisation Program (NIP), launched. The Program included a 'Seven Point Plan' outlining a series of initiatives designed to increase immunisation coverage: 1. Incentives for parents 2. General practice immunisation incentive scheme 3. Monitoring and evaluation of immunisation targets 4. Immunisation days 5. Measles elimination strategy 6. Education and research through the establishment of the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS) 7. School-entry legislative requirements
	Public Health Outcome Funding Agreements established between the Australian and state and territory governments to fund the NIP
	<i>National Health Act 1953</i> amended to list designated vaccines that may be provided free of charge to eligible people under the NIP on the <i>National Health (Immunisation Program – Designated Vaccines) Determination</i>
	6th edition of <i>The Australian Immunisation Handbook</i> published by the Australian Government. Vaccine recommendations were made by an expert advisory sub-committee of the NHMRC
	Australian Technical Advisory Group on Immunisation (ATAGI) established as part of the development of the Immunise Australia Program to provide technical advice related to government vaccine funding decisions directly to the federal health minister. ATAGI replaced the expert sub-committee of the NHMRC that had previously produced national clinical guidelines on immunisation for health professionals
	NCIRS established by the Australian Government Department of Health and Ageing as part of the development of the Immunise Australia Program, to provide technical support to ATAGI
	Legislation in Tasmania – the <i>Tasmania Public Health Act 1997</i> – required documentation of immunisation status when a child enrolled in day care or school
	1st Victorian Immunisation Strategy (1997) developed
	<i>Australian Childhood Immunisation Charter (ACIC) 1998–2000 – Protecting Our Children</i> developed as part of the Immunise Australia Program. It described the fundamental principles and practices governing childhood immunisation and articulated goals related to vaccine coverage to be achieved by the year 2000

Year	Event
1998	The Australian Government introduced a nationwide scheme of financial immunisation incentives for: • <i>General practitioners (GPs):</i> ○ ACIR notification payment (paid to GPs since 1996) ○ General Practice Immunisation Incentives (GPPI) scheme – direct and indirect payments to GPs including: ▪ Service Incentive Payment (SIP) for individual GPs who reported the completion of age-appropriate vaccinations for children aged under 7 years – \$18.50 per report ▪ Outcomes Bonus Payment (OBP) scheme for general practices – \$3.50 per fully immunised whole-patient equivalent if practice coverage is ≥90% for children aged under 7 years • <i>Parents:</i> ○ The Maternity Immunisation Allowance – \$200 per fully immunised child at 19 months of age (means-tested) ○ Childcare Assistance Rebate and/or the Childcare Cash Rebate – \$20–\$122 per child per week (means-tested)
	National serosurveillance program commenced. The first serosurvey was conducted using specimens collected before (1996–1998) and after (1999) the national Measles Control Campaign
2000	NIC repositioned under the auspices of the National Public Health Partnership due to a realignment of AHMAC sub-committees
	Child Care Benefit replaced Childcare Assistance Rebate and Childcare Cash Rebate linked to a child's immunisation status
	ACIR legislation amended to allow immunisations given overseas to be recorded if a provider endorsed their validity
	7th edition of <i>The Australian Immunisation Handbook</i> published by the Australian Government. Vaccine recommendations were made by ATAGI and endorsed by the NHMRC
2002	NIC repositioned again to report to National Public Health Partnership through CDNA
	Second national serosurvey conducted using specimens collected in 2002
2003	NHMRC approved the new National Immunisation Program Schedule. For the first time since 1994 – when all vaccines recommended on the schedule were funded for children under the National Immunisation Strategy – the recommended childhood schedule contained vaccines (inactivated poliovirus-containing, varicella and 7-valent pneumococcal conjugate vaccines) that were not available to parents free of charge
	8th edition of <i>The Australian Immunisation Handbook</i> published by the Australian Government. Vaccine recommendations were made by ATAGI and endorsed by the NHMRC
	1st New South Wales Immunisation Strategy (2003–2006) developed
	1st Tasmanian Immunisation Strategy (2003) developed
2004	Means-testing removed from the Maternity Immunisation Allowance
2005	<i>National Health Act 1953</i> amended to provide for the evaluation of cost-effectiveness of vaccines by the Pharmaceutical Benefits Advisory Committee (PBAC). The amendment included provisions that the then Health Minister could not approve a vaccine for funding under the NIP unless PBAC deemed it cost-effective for inclusion on the Australian Pharmaceutical Benefits Scheme
	First <i>National Vaccine Storage Guidelines (Strive for 5)</i> published by the Australian Government, to assist immunisation service providers to maintain the safety and viability of vaccines

Year	Event
2005 (cont.)	Legislation in Queensland – the <i>Queensland Public Health Act 2005</i> and the <i>Public Health Regulation 2005</i> – amended to include school exclusion provisions for contagious conditions but no requirement for documentation of immunisation status when a child enrolled in school
2007	Third national serosurvey conducted using specimens collected in 2007
	1st Australian Capital Territory Immunisation Strategy (2007–2010) developed
2008	9th edition of <i>The Australian Immunisation Handbook</i> published by the Australian Government. Vaccine recommendations were made by ATAGI and endorsed by the NHMRC
	National human papillomavirus (HPV) Vaccination Program Register established to support the National HPV Vaccination Program. A notification payment (\$6 per dose notified) was introduced and paid only to GPs who had registered and who notified vaccines administered under the community-based catch-up component of the program
	The Australian Government introduced the 'Healthy Start for School' check for all four-year-old children to ensure every child had a basic health check prior to starting school. Documented completion of a 'Healthy Start for School' check was linked to receipt of the Family Tax Benefit Part A supplement. Immunisation status was reviewed by a health professional during the check
	General Practice Immunisation Incentive scheme – Service Incentive Payment (GPII SIP) ceased
	2nd New South Wales Immunisation Strategy (2008–2011) developed
2009	The Maternity Immunisation Allowance and childcare-related parent incentive payments split into two payments of \$129 (2009–end June 2012) for a fully immunised child aged 18–24 months or 4–5 years: 1. Continuing financial incentives for vaccines due by 12 months of age; and 2. Introducing a financial incentive for vaccines due at 4 years of age, when coverage and timeliness were lowest
	Western Australia established a statewide Grade 8 vaccination database for school-based vaccination to help ensure students were appropriately immunised. The database permitted calculation of vaccination coverage rates and generated a paper-based vaccination record that was provided to each student at the end of the year
	2nd Victorian Immunisation Strategy (2009–2012) developed
	A national influenza vaccination program in response to the 2009 H1N1 pandemic commenced on 30 September 2009 and concluded on 31 December 2010
2010	Report on the management of adverse events associated with Panvax and Fluvax (the 'Horvath Review') published; it examined the vaccine safety system in Australia following adverse events associated with seasonal influenza vaccine in children in 2010
	National HPV Vaccination Program Register notification payment to GPs ceased
2012	Maternity Immunisation Allowance discontinued; instead, immunisation status became linked to the existing means-tested Family Tax Benefit Part A supplement for each child at ages 1, 2 and 5 years (maximum of \$726 per child, per age milestone). Linkage of immunisation status to eligibility for Australian Government Child Care Benefit unchanged
	4th national serosurvey conducted using specimens collected in 2012–2013
	2nd Australian Capital Territory Immunisation Strategy (2012–2016) developed
2013	10th edition of <i>The Australian Immunisation Handbook</i> published by the Australian Government. Vaccine recommendations were made by ATAGI and endorsed by the NHMRC
	General Practice Immunisation Incentive scheme – Outcomes Bonus Payment (GPII OBP) ceased

Year	Event
2013 (cont.)	National HPV Vaccination Program Register began to record human papillomavirus (HPV) vaccinations given to males
	1st Western Australian Immunisation Strategy (2013–2015) developed
	2nd National Immunisation Strategy for Australia (2013–2018) developed
	Pharmacy Board of Australia announced that vaccination was within the current scope of practice of pharmacists once the pharmacist completes a training course accredited by the Australian Pharmacy Council and acts in accordance with any practice standards approved by the Director-General
	2nd edition of <i>National Vaccine Storage Guidelines – Strive for 5</i> published
2014	1st Queensland Immunisation Strategy (2014–2017) developed
	Legislation in Western Australia – <i>Poisons and Therapeutic Goods Act 1966</i> – amended to allow pharmacists to administer influenza vaccine
	10th edition of <i>The Australian Immunisation Handbook</i> updated by the Australian Government. Vaccine recommendations made by ATAGI and endorsed by the NHMRC
	AusVaxSafety – a national, collaborative active vaccine safety surveillance initiative led by NCIRS and funded by the Australian Government Department of Health – launched
	Essential Vaccines Procurement Strategy developed to recognise under this agreement that the Commonwealth is responsible for procurement of NIP vaccines, while the implementation remains the responsibility of the states and territories
2015	State and territory legislation amendments allowing appropriately trained pharmacist to administer following vaccines at pharmacy premises: • New South Wales – the <i>Poisons and Therapeutic Goods Regulation 2008</i>: ◦ Influenza vaccine to people aged 18 years and over • South Australia – the <i>Poisons and Therapeutic Goods Act 1966</i>: ◦ Influenza vaccine to people aged over 16 years who are not eligible for free vaccination through the NIP
	10th edition of <i>The Australian Immunisation Handbook</i> updated by the Australian Government. Vaccine recommendations were made by ATAGI and endorsed by the NHMRC
2016	ACIR expanded, under the <i>Australian Immunisation Register Act 2015</i> , to become the Australian Immunisation Register (AIR), capturing all vaccines administered throughout a person's life (birth to death) through general practice and community clinics
	New legislated immunisation requirements for family assistance payments, collectively known as the No Jab, No Pay measure, introduced by the Australian Government: • Only parents of children (aged under 20 years) who are, according to the ACIR, immunised with all NIP vaccines or on a recognised catch-up schedule can receive the Child Care Benefit, the Child Care Rebate and the Family Tax Benefit Part A supplement. Vaccinations must be recorded on the ACIR • Children with medical contraindications or natural immunity for certain diseases continue to be exempt from the requirements • Conscientious objection and vaccination objection on non-medical grounds that were formerly permissible are no longer a valid exemption from immunisation requirements
	Interim Vaccination Objection Form for Enrolment in New South Wales Child Care Centres introduced in New South Wales while the <i>Public Health Act 2010</i> underwent scheduled review process

Year	Event
2016 (cont.)	New legislated immunisation requirements (No Jab, No Play) introduced in Victoria for enrolment into all early childhood education and care services – conscientious objection no longer an exemption
	Legislation in Queensland – <i>Public Health Act 2005 (Qld)</i> - amended to give all early childhood education and care services in Queensland the option to refuse or cancel enrolment of an unvaccinated child
	10th edition of <i>The Australian Immunisation Handbook</i> updated by the Australian Government. Vaccine recommendations were made by ATAGI and endorsed by the NHMRC
	2nd Western Australian Immunisation Strategy (2016–2020) developed
	State and territory legislation amendments allowing appropriately trained pharmacist to administer following vaccines at pharmacy premises: • Australian Capital Territory – the <i>Medicines, Poisons and Therapeutic Goods Regulation 2008</i>, s.352: ◦ Influenza vaccine to people aged 18 years and over without a prescription • Queensland – the <i>Health (Drugs and Poisons) Regulation 1996</i>: ◦ Influenza, measles and pertussis vaccines to people aged 18 years or over • Victoria – <i>Secretary Approval for Pharmacist Immunisers</i>, s.140: ◦ Influenza and pertussis vaccines to eligible people aged 18 years and over • Tasmania – the <i>Health (Drugs and Poisons) Regulation 1996</i>: ◦ Influenza vaccine to people aged 18 years and over • Northern Territory – the <i>Medicines, Poisons and Therapeutic Goods Act s.254</i>: ◦ Influenza, diphtheria/tetanus/pertussis (dT or dTpa) and measles/mumps/rubella (MMR) vaccines to people aged 16 years and over in accordance with the approved scheduled substance treatment protocol
2017	2nd Queensland Immunisation Strategy (2017–2022) developed
	NIP expanded to provide free catch-up vaccination for all people aged 10–19 years and refugees and humanitarian entrants aged 20 years and over
	State and territory legislation amendments allowing appropriately trained pharmacist to administer following vaccines at pharmacy premises: • Australian Capital Territory – <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2017 (No 1)</i>: ◦ dTpa or dT vaccines for people aged 18 years and over • South Australia – <i>Controlled Substances (Poisons) Regulations 2011</i>, s.18: ◦ dTpa-inactivated poliovirus (dTpa-IPV) and MMR vaccines for people aged 16 years and over
2018	No Jab, No Pay measure expanded to include fortnightly Family Tax Benefit Part A payment reductions for each child who has not been vaccinated (previously, end-of-year supplement payments were withheld for children whose immunisations were not up to date)
	Legislation in New South Wales - <i>Public Health Act 2010 (NSW)</i> - amended to extend immunisation requirements in primary schools to secondary schools. All school principals required to ensure they receive an immunisation history statement for each student at enrolment and, in the event of a disease outbreak or where possible contact with an infectious student may have occurred, to notify the relevant public health unit of children who are not fully immunised
	Legislation in New South Wales - <i>Public Health Act 2010 (NSW)</i> - amended so that children who are unvaccinated due to their parent's conscientious objection can no longer be enrolled in childcare

Year	Event
	No Jab, No Play measure in Victoria amended so that an immunisation history statement from the AIR is the only form of documentation accepted for the purposes of enrolment into all early childhood education and care services
2018 (cont.)	10th edition of <i>The Australian Immunisation Handbook</i> converted to an online digital publication and endorsed by the NHMRC
	HPV vaccination records available on the AIR. Records previously held by the National HPV Vaccination Program Register transferred to the AIR
2019	3rd National Immunisation Strategy for Australia (2019–2024) developed
	New regulations under the <i>Public Health Act 2016 (WA)</i> require childcare services, kindergartens and schools in Western Australia to collect and, on request by the Chief Health Officer, report on the immunisation status of all students
	3rd edition of <i>National Vaccine Storage Guidelines – Strive for 5</i> published
	New immunisation requirements (No Jab, No Play) legislated under the <i>Public Health Act 2016 (WA)</i> introduced in Western Australia, whereby any child who is not fully vaccinated can be excluded from being enrolled in childcare services and kindergarten programs, before the compulsory primary and secondary school years
	New immunisation requirements (No Jab, No Play) legislated under the <i>Public Health Act 2011 (SA)</i> introduced in South Australia, allowing the Chief Public Health Officer to exclude susceptible children from early childhood services in the event of an outbreak or possible outbreak of a vaccine preventable disease
	2nd Tasmania Immunisation Strategy (2019–2024) developed
	State and territory legislation amendments allowing appropriately trained pharmacist to administer following vaccines at pharmacy premises:
	• Australian Capital Territory – the <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2019 (No 1)</i>: ◦ Authorised vaccines without a prescription for people aged 16 years and older • Queensland – <i>Health (Drugs and Poisons) Regulation 1996</i>: ◦ Authorised vaccines without a prescription for people aged 16 years and older • New South Wales – the <i>Poisons and Therapeutic Goods Regulation 2008, clause 48A</i>: ◦ MMR and dTpa vaccines for people aged 16 years and over • Tasmania – the <i>Tasmanian Poisons Regulations 2018</i>: ◦ MMR and dTpa vaccines for people aged 16 years and over ◦ Influenza vaccine for people aged 10 years and over • Western Australia – <i>Medicines and Poisons Regulations 2016</i>: ◦ Influenza vaccine for people aged 5 years and over • Victoria – the <i>Drugs, Poisons and Controlled Substances Regulations 2017 S.R. No. 29/2017</i>: ◦ MMR vaccine to people aged 16 years and over ◦ Influenza vaccine for people aged 10 years and over

Year	Event
2020	Legislated immunisation requirements (No Jab, No Play) expanded in South Australia under the <i>South Australian Public Health Act 2011</i> , whereby early childhood services are required to keep a copy of immunisation records provided for each child enrolled in or attending that service for the period of the child's enrolment
	In response to the coronavirus disease 2019 (COVID-19) worldwide pandemic and before vaccines become available, Queensland becomes the first state grants special authority to healthcare workers in Queensland to provide patients identified as having been exposed or potentially exposed to infectious diseases with timely access to medical and pharmacological treatment. Listed healthcare workers authorised to administer and supply specified antiviral agents and vaccines (i.e. influenza and COVID-19 vaccines) during the pandemic, including • Aboriginal and Torres Strait Islander health practitioners • Indigenous health workers • pharmacists • Queensland Ambulance Service ambulance officers • registered nurses
	State and territory legislation amendments allowing appropriately trained pharmacist to administer following vaccines at pharmacy premises: • Australian Capital Territory, New South Wales, South Australia, Queensland and the Northern Territory: ◦ Influenza vaccine for people 10 years and over • Queensland – the <i>Health (Drugs and Poisons) Regulation 1996</i>: ◦ Cholera, MMR, dTpa, dTpa-IPV, poliomyelitis, <i>Haemophilus influenzae</i> type B, hepatitis A, meningococcal ACWY and pneumococcal vaccines for people aged 16 years and over • Victoria – the <i>Drugs, Poisons and Controlled Substances Regulations 2017 S.R. No. 29/2017</i>: ◦ MMR, dTpa and meningococcal ACWY vaccines for people aged 15 years and over • Western Australia – the <i>Medicines and Poisons Regulations 2016</i>: ◦ dTpa, MMR and meningococcal ACWY vaccines for people aged 16 years and over
2021	First non-influenza vaccine program for a global pandemic (COVID-19) launched in February 2021. Commonwealth-funded COVID-19 vaccinations for all willing Australians (initially, vaccines registered for people aged 16 years and over). Rollout carried out in phases, with population groups prioritised according to ATAGI advice. Vaccines provided for free at vaccination centres, GP clinics and pharmacies and by roving in-reach teams. Vaccination providers not allowed to charge for appointments to receive the vaccine
	Legislative changes to the <i>Australian Immunisation Register Act 2015</i> required all vaccination providers to report the administration of COVID-19, influenza and all NIP vaccines to the AIR
	State and territory legislation amendments allowing appropriately trained pharmacist to administer following COVID-19 vaccines at pharmacy premises: • Australian Capital Territory – the <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2021 (No1)</i>: ◦ COVID-19 vaccines included on the Australian Register of Therapeutic Goods in accordance with the Australian Government COVID-19 vaccination program. The AstraZeneca (ChAdOx1-S) vaccine may only be administered for people aged 50 years and over • Victoria – the <i>Drugs, Poisons and Controlled Substances Regulations 2017 regulation 163 Secretary Approval: Pharmacist Immuniser – SARS-CoV-2 (COVID-19) VACCINE</i>:

Year	Event
	○ COVID-19 vaccines for eligible people approved by the Therapeutic Goods Administration • New South Wales – the <i>Poisons and Therapeutic Goods Regulation 2008, clause 48A, NSW Pharmacist Vaccination Standards</i>: ○ AstraZeneca (ChAdOx1-S) COVID-19 vaccine for people aged 60 years and over in an approved setting • South Australia – the <i>Controlled Substances (Poisons) Regulation 2011, sub regulation 18(3) Vaccine Administration Code</i>: ○ COVID-19 vaccines for people aged 16 years and over in an approved setting • Northern Territory – the <i>Medicines, Poisons and Therapeutic Good Act – Administration of Vaccines by Pharmacists at Pharmacies NT Protocol</i>: ○ COVID-19 vaccines for people aged 16 years and over in an approved setting • Queensland – the <i>Health (Drugs and Poisons) Regulation 1996, sections 171(2) & (5) and 257(2) & (3)(d) Drug Therapy Protocol</i>: ○ COVID-19 vaccines for people aged 16 years and over in an approved setting
2022	State and territory legislation amendments allowing appropriately trained pharmacist to administer following vaccines at pharmacy premises: • New South Wales – the <i>Poisons and Therapeutic Goods Regulation 2008, clause 48A, NSW Pharmacist Vaccination</i>: ○ Japanese encephalitis, typhoid, polio, hepatitis A and hepatitis B vaccines for people aged 5 years and over ○ HPV vaccine for people aged 12 years and over ○ Meningococcal ACWY vaccine for people aged 14 years and over ○ Herpes zoster vaccine (Shingrix brand only) for people aged 50 years and over • Western Australia – the <i>Medicines and Poisons Regulations 2016</i>: ○ Influenza vaccine for people aged 5 years and over ○ dTpa vaccine for people aged 11 years and over ○ Meningococcal ACWY vaccine for people aged 15 years and over ○ HPV vaccine for people aged 11 years and over • Victoria – the <i>Drugs, Poisons and Controlled Substances Regulations 2017, Regulation 163</i>: ○ Influenza vaccine for people aged 5 years and over ○ HPV vaccine for people aged 12 years and over ○ Pneumococcal and herpes zoster (shingles) vaccines for people aged 50 years and over ○ Japanese encephalitis and mpox vaccines for eligible people • Tasmania – the <i>Tasmanian Poisons Regulations 2018, DoH Community Pharmacy Provision of COVID-19 Vaccine in Tasmania Guidelines and Application Process</i>: ○ COVID-19 vaccines to people aged 10 years and over in an approved setting or with paediatric authorisation by the Director of Public Health 2nd Western Australian Immunisation Strategy 2016-2020 extended as the Western Australian Immunisation Strategy 2016-2023

Year	Event
2023	Legislative changes to the <i>Australian Immunisation Register Act 2015</i> require all immunisation providers to report the administration of all Japanese encephalitis vaccines to the AIR
	State and territory legislation amendments allowing appropriately trained pharmacist to administer following vaccines at pharmacy premises: • Australian Capital Territory – the <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2023</i>: ○ Influenza, hepatitis A, hepatitis B, polio and typhoid vaccines for people aged 5 years and over ○ HPV, MMR and dTpa vaccines for people aged 12 years and over ○ Meningococcal ACWY vaccine for people aged 14 years and over ○ Herpes zoster (shingles) vaccine for people aged 50 years and over • Queensland – the <i>Medicine and Poisons Act 2019, Extended Practice Authority ‘Pharmacists’ (Version 3, 1 March 2023)</i>: ○ Meningococcal ACWY vaccine for people aged 10 years and over • New South Wales – the <i>Poisons and Therapeutic Goods Regulation 2008, clause 48A, NSW Pharmacist Vaccination</i>: ○ <i>Haemophilus influenzae</i> type B and varicella (chickenpox) vaccines for people aged 5 years and over • South Australia – the <i>Controlled Substances (Poisons) Regulation 2011, sub regulation 18(3) Vaccine Administration Code</i>: ○ Influenza and COVID-19 vaccines for people aged 5 years and over ○ MMR, dTpa-IPV, <i>Haemophilus influenza</i> type B (Hib), hepatitis A, hepatitis B, hepatitis A and B, HPV, meningococcal ACWY, meningococcal B, polio and varicella (chickenpox) vaccines for people aged 10 years and over ○ Herpes zoster (shingles) vaccine for people aged 50 years and over • Tasmania – the <i>Tasmanian Regulation 82 (c)(d) of the Poisons Regulations 2018, DoH Tasmanian Immunisation Program Guidelines</i>: ○ <i>Haemophilus influenza</i> type B, hepatitis A, hepatitis B, herpes zoster (shingles), varicella (Chickenpox), HPV, Japanese encephalitis, meningococcal ACWY, meningococcal B, pneumococcal, polio, rabies, typhoid vaccines for people aged 10 years and over • Northern Territory – the <i>Medicines, Poisons and Therapeutic Goods Act 2012 – Administration of Vaccines by Pharmacists at Pharmacies NT Protocol</i>: ○ Comirnaty (ancestral) COVID-19 vaccine for people aged 5–11 years ○ Comirnaty (ancestral), Nuvaxovid and Comirnaty bivalent (Omicron BA.4/5) COVID-19 vaccines for people aged 12 years and over ○ Comirnaty bivalent (Original/Omicron BA.1), Vaxzevria (ancestral), Spikevax bivalent COVID-19 vaccines for people aged 18 years and over ○ Spikevax COVID-19 vaccine as a booster dose for people aged 6 years and over <i>or</i> for people aged 18 years and over
	National Immunisation Program Vaccinations in Pharmacy (NIPVIP) program launched, allowing participating pharmacies to receive payment for administering NIP vaccines in a pharmacy setting
2024	The NIPVIP Program expanded to allow pharmacies to claim a payment for the off-site administration of NIP vaccinations in residential aged care and disability homes
	Legislative changes to the <i>Australian Immunisation Register Act 2015</i> require providers to report to the AIR: • the route of administration for Japanese encephalitis vaccines

Year	Event
	information about vaccine type for all vaccines prescribed by Australian Immunisation Register Rule 2015, i.e. COVID-19, influenza, NIP and Japanese encephalitis vaccines. Under the 'Vaccine type' field, vaccination providers can choose one of the following options: 'Antenatal', 'NIP/Commonwealth', 'Private' and 'State program'
	4th New South Wales Immunisation Strategy (2024–2028) developed
2025	Legislative amendment to the <i>Australian Immunisation Register Act 2015</i> requiring providers to record pregnancy status – a new antenatal indicator that allows reporting if a person is pregnant at the time of vaccination
	Legislative amendment to the <i>South Australia Controlled Substances (Poisons) Regulations 2011</i> , allowing South Australia trained pharmacists to administer any vaccines under the NIPVIP in accordance with The Australian Immunisation Handbook
	Legislative amendment to the <i>Queensland Medicine and Poisons Act 2019, Extended Practice Authority 'Pharmacists'</i> , enabling trained pharmacists to operate independently as co-rights authorities for vaccine administration
	4th National Immunisation Strategy for Australia (2025–2030) developed
	State and territory legislation amendments allowing appropriately trained pharmacist to administer following vaccines at pharmacy premises: - Australian Capital Territory – the <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2023</i>: - JE, mpox, RSV, rabies vaccines for eligible people - New South Wales – the <i>Poisons and Therapeutic Goods Regulation 2008, clause 48A, NSW Pharmacist Vaccination</i>: - Mpox vaccine for eligible people - RSV vaccine age threshold updated to include pregnant women - lowering the minimum age for pharmacist administration of influenza vaccines from 5 years to 2 years
2026	Legislative amendment to the <i>National Health Act 1953</i> to broaden the definition of 'vaccine' to enable new and emerging technologies (e.g. passive immunological products) to be listed on the NIP
	State and territory legislation amendments allowing appropriately trained pharmacist to administer following vaccines at pharmacy premises: - Australian Capital Territory – the <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2023</i>: - Lowering the minimum age for pharmacist administration of influenza vaccines from 5 years to 2 years - New South Wales – the <i>Poisons and Therapeutic Goods Regulation 2008, clause 48A, NSW Pharmacist Vaccination</i>: - Cholera vaccine, live attenuated influenza vaccine (FluMist), oral typhoid vaccines for eligible people - RSV vaccine supported under a state-funded program for pharmacist administration - Victoria – the <i>Drugs, Poisons and Controlled Substances Regulations 2017, Regulation 163</i>: - RSV vaccine supported under a state-funded program for pharmacist administration - Tasmania – the <i>Tasmanian Regulation 82 (c)(d) of the Poisons Regulations 2018, DoH Tasmanian Immunisation Program Guidelines</i>: - lowering the minimum age for pharmacist administration of DTP, <i>Haemophilus influenzae</i> type B and hepatitis B vaccines from 10 years to 5 years - lowering the minimum age for pharmacist administration of HPV vaccines from 10 years to 9 years

Year	Event
	○ lowering the minimum age for pharmacist administration of influenza vaccines from 5 years to 2 years ○ cholera, RSV vaccines for eligible people • Western Australia – the <i>Medicines and Poisons Regulations 2016</i>: ○ lowering the minimum age for pharmacist administration of influenza vaccines from 5 years to 2 years ○ RSV vaccine supported under a state-funded program for pharmacist administration

*** Information relating to disease-specific policies and programs (e.g. school-based programs) can be found in the NCIRS [disease-specific history tables](#).**