

## 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 across Australia in implementation of the national immunisation program. Arrangements for funding immunisation programs were negotiated through the Australian Health Ministers' Advisory Council (AHMAC).
1989	Communicable Diseases Network Australia (CDNA) established as the Communicable Diseases Control Network, a joint initiative of the NHMRC and AHMAC
1990	Legislation in Victoria required documentation of immunisation status when a child enrolled in primary school – <i>Health Amendment Act 1990</i> (now in the <i>Public Health and Wellbeing Act 2008</i> )
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 required documentation of immunisation status when a child enrolled in childcare or primary school – introduced in a 1992 amendment of the <i>Public Health Act 1991</i> (now in the <i>Public Health Act 2010</i> )
1993	First 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 the AHMAC to oversee the implementation of the 1993 National Immunisation Strategy and to provide advice to the 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.
	Legislation in the Australian Capital Territory required documentation of immunisation status when a child enrolled in childcare, pre-school or primary school – <i>ACT Public Health Regulations 2000</i>

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1996	<p>Australian Childhood Immunisation Register (ACIR) launched by collating data on all children &lt;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 Register is administered by the Australian Government Department of Human Services as per the <i>Health Insurance Act 1973 s.46B</i>.</p>
	<p>Immunisation provider incentives introduced by the Australian government. An ACIR notification payment of \$6 per notification is made to all immunisation providers who notify the ACIR of a vaccination that completes one of the age-based schedules. In Queensland, immunisation providers receive \$3 per notification, in recognition that a separate register (VIVAS) is maintained in that state.</p>
1997	<p>The Immunise Australia Program launched, also known as the National Immunisation Program (NIP). The Program included a 'Seven Point Plan' outlining a series of initiatives designed to increase immunisation coverage:</p> <ol style="list-style-type: none"> <li>1. Incentives for parents</li> <li>2. General practice immunisation incentive scheme</li> <li>3. Monitoring and evaluation of immunisation targets</li> <li>4. Immunisation days</li> <li>5. Measles elimination strategy</li> <li>6. Education and research through the establishment of the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS)</li> <li>7. School-entry legislative requirements</li> </ol>
	<p>Public Health Outcome Funding Agreements (PHOFAs) established between the Australian and state and territory governments to fund the NIP</p>
	<p><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></p>
	<p>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.</p>
	<p>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.</p>
	<p>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</p>
	<p>Legislation in Tasmania required documentation of immunisation status when a child enrolled in day care or school – <i>Tasmania Public Health Act 1997</i></p>
	<p>First Victorian Immunisation Strategy (1997) developed</p> <p><i>Australian Childhood Immunisation Charter (ACIC) 1998–2000 – Protecting Our Children</i> developed as part of the Immunise Australia Program. This described the fundamental principles and practices governing childhood immunisation and articulated goals related to vaccine coverage to be achieved by year 2000.</p>

Year	Event
1998	<p>Australian Government introduced a nationwide scheme of financial immunisation incentives for:</p> <ol style="list-style-type: none"> <li>1. General practitioners (GPs) <ol style="list-style-type: none"> <li>a. ACIR notification payment (paid to general practitioners since 1996)</li> <li>b. General Practice Immunisation Incentives (GPII) scheme – direct and indirect payments to GPs including: <ol style="list-style-type: none"> <li>i. Service Incentive Payment (SIP) for individual GPs who report the completion of age-appropriate vaccinations for children &lt;7 years of age – \$18.50 per report</li> <li>ii. Outcomes Bonus Payment (OBP) scheme for general practices – \$3.50 per fully immunised whole-patient equivalent if practice coverage is ≥90% for children aged &lt;7 years</li> </ol> </li> </ol> </li> <li>2. Parents <ol style="list-style-type: none"> <li>a. The Maternity Immunisation Allowance (MIA) – \$200 per fully immunised child at 19 months of age (means-tested)</li> <li>b. Childcare Assistance Rebate and/or the Childcare Cash Rebate – in 1998, \$20–\$122 per child per week (means-tested)</li> </ol> </li> </ol> <p>National serosurveillance program commenced. The first serosurvey was conducted using specimens collected before (1996–1998) and after (1999) the national Measles Control Campaign.</p>
2000	<p>NIC repositioned under the auspices of the National Public Health Partnership due to a realignment of AHMAC sub-committees</p> <p>Child Care Benefit replaced Childcare Assistance Rebate and Childcare Cash Rebate linked to a child’s immunisation status</p> <p>ACIR legislation amended to allow immunisations given overseas to be recorded if a provider endorsed their validity</p> <p>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.</p>
2002	<p>NIC repositioned again to report to National Public Health Partnership through CDNA</p> <p>Second national serosurvey conducted using specimens collected in 2002</p>
2003	<p>NHMRC approved the new National Immunisation Program Schedule (NIPS). 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 (IPV, varicella and 7vPCV) that were not available free of charge to parents.</p> <p>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.</p> <p>First New South Wales Immunisation strategy (2003–2006) developed</p> <p>First Tasmanian Immunisation strategy (2003) developed</p>
2004	<p>Means-testing removed from the Maternity Immunisation Allowance</p>
2005	<p><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 Health Minister could not approve a vaccine for funding under the NIP unless it was deemed by PBAC to be cost-effective for inclusion on the Australian Pharmaceutical Benefits Scheme (PBS).</p> <p>First <i>National Vaccine Storage Guidelines (Strive for 5)</i> published, to assist immunisation service providers to maintain the safety and viability of vaccines.</p> <p>Legislation in Queensland included school exclusion provisions for contagious conditions but no requirement for documentation of immunisation status when a child enrolled in school – <i>Queensland Public Health Act 2005 and Public Health Regulation 2005</i></p>

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2007	Third national serosurvey conducted using specimens collected in 2007
	First 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 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.
	Australian Government introduced the Healthy Start for School check for all 4-year-old children to ensure that every child has a basic health check prior to starting school. Documented completion of a Healthy Start for School check is linked to receipt of the Family Tax Benefit Part A supplement. Immunisation status is reviewed by a health professional during a health check.
	General Practice Immunisation Incentive scheme – Service Incentive Payment (GPII SIP) ceased
	Second 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 to end June 2012) for a fully immunised child aged 18–24 months and 4–5 years: <ul style="list-style-type: none"> <li>1. continuing financial incentives for vaccines due by 12 months of age; and</li> <li>2. introducing a financial incentive for vaccines due at 4 years of age, when coverage and timeliness were lowest</li> </ul>
	Western Australia established a statewide Grade 8 vaccination database for school-based vaccination to help ensure students were appropriately immunised. The database permits calculation of vaccination coverage rates and generates a paper-based vaccination record provided to each student at the end of the year.
	Second 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, examining 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 was unchanged.
	Fourth national serosurvey conducted using specimens collected in 2012–2013
	Second 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
	National HPV Vaccination Program Register began to record HPV vaccinations given to males
	First Western Australian Immunisation Strategy (2013–2015) developed
	Second 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

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	<p>Pharmacy Council and acts in accordance with any practice standards approved by the Director-General</p> <p>2nd edition of <i>National Vaccine Storage Guidelines – Strive for 5</i> published</p>
2014	<p>First Queensland Immunisation Strategy 2014–2017 developed</p> <p>Legislation in Western Australia amended to allow pharmacists to administer influenza vaccine – <i>Poisons and Therapeutic Goods Act 1966</i></p> <p>10th edition of <i>The Australian Immunisation Handbook</i> updated and endorsed by the NHMRC</p> <p>AusVaxSafety implemented. This is a national, collaborative active vaccine safety surveillance initiative led by NCIRS and funded by the Australian Government Department of Health.</p> <p>Essential Vaccines Procurement Strategy developed. Under the new arrangement, the Commonwealth is responsible for procurement of NIP vaccines while the implementation will remain the responsibility of the states and territories.</p>
2015	<p>Legislation in South Australia amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged over 16 years who are not eligible for vaccine through the NIP – <i>Poisons and Therapeutic Goods Act 1966</i></p> <p>Legislation in New South Wales amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged 18 years or over at a retail pharmacy other than on prescription – <i>Poisons and Therapeutic Goods Regulation 2008</i></p> <p>10th edition of <i>The Australian Immunisation Handbook</i> updated and endorsed by the NHMRC</p>
2016	<p>Legislation in the Northern Territory amended to allow appropriately trained pharmacists to administer a vaccine to a person in accordance with the approved scheduled substance treatment protocol – <i>Medicines, Poisons and Therapeutic Goods Act - Pharmacist-Led Administration of Vaccines to Adults at Pharmacy Premises in the Northern Territory – January 2016</i></p> <p>New legislated immunisation requirements for family assistance payments introduced by the Australian Government – known as the No Jab, No Pay measure</p> <p>Only parents of children (aged &lt;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</p> <p>Conscientious objection and vaccination objection on non-medical grounds that were formerly permissible no longer a valid exemption from immunisation requirements</p> <p>Interim Vaccination Objection Form for Enrolment in NSW Child Care Centres introduced in New South Wales while the <i>Public Health Act</i> underwent scheduled review process</p> <p>ACIR expanded to become the Australian Immunisation Register (AIR), capturing all vaccines administered throughout a person's life (birth to death), given through general practice and community clinics</p> <p>Legislation in the Australian Capital Territory amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged over 18 years without a prescription – <i>Medicines, Poisons and Therapeutic Good Regulation 2008, s.352</i></p> <p>Legislation in Queensland amended to allow appropriately trained pharmacists to administer influenza, measles and pertussis vaccines to people aged 18 years or over in a community pharmacy setting – <i>Health (Drugs and Poisons) Regulation 1996</i></p> <p>Legislation in Tasmania amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged over 18 years in an approved setting – <i>Tasmanian Poisons Regulations 2008 (S.R. 2008, No. 162)</i></p> <p>Legislation in Victoria amended to allow an approved pharmacist to administer influenza and</p>



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	<p>pertussis vaccines to eligible people aged 18 years or over – <i>Secretary Approval for Pharmacist Immunisers s.140.</i></p> <p>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</p> <p>Amendments made to the <i>Public Health Act 2005 (Qld)</i> giving all Queensland early childhood education and care services the option to refuse or cancel enrolment of an unvaccinated child</p> <p>10th edition of <i>The Australian Immunisation Handbook</i> updated and endorsed by the NHMRC</p> <p>Second Western Australia Immunisation Strategy (2016–2020) developed</p>
2017	<p>Legislation in the Australian Capital Territory amended to allow appropriately trained pharmacists to administer the diphtheria-tetanus-acellular pertussis (dTpa) vaccine to people aged over 18 years without a prescription – <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2017 (No 1)</i></p> <p>Legislation in the Northern Territory amended to allow appropriately trained pharmacists to administer diphtheria-tetanus-acellular pertussis (dTpa) vaccine and measles-mumps-rubella vaccine to people aged 16 years and older without a prescription – <i>Medicines, Poisons and Therapeutic Good Act - Pharmacist-Led Administration of Vaccines to Adults at Pharmacy Premises in the Northern Territory (NT)</i></p> <p>NIP expanded to provide free catch-up vaccination for all people aged 10–19 years and refugees and humanitarian entrants aged 20 years or over</p> <p>Second Queensland Immunisation Strategy 2017–2022 developed</p>
2018	<p>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)</p> <p>The <i>NSW Public Health Act 2010</i> amended to extend immunisation requirements in primary schools to secondary schools. All school principals are required to ensure they receive an immunisation history statement for each student at enrolment and notify the public health unit of children who are not fully immunised in the event of a disease outbreak or where possible contact with an infectious student may have occurred</p> <p>The <i>NSW Public Health Act 2010</i> amended so that children who are unvaccinated due to their parent's conscientious objection can no longer be enrolled in child care</p> <p>No Jab, No Play legislation 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</p> <p>10th edition of <i>The Australian Immunisation Handbook</i> converted to an online digital Handbook and endorsed by the NHMRC</p> <p>Legislation in South Australia amended to allow appropriately trained pharmacists to administer diphtheria-tetanus-acellular pertussis/diphtheria-tetanus-pertussis-inactivated poliovirus (dTpa/dTpa-IPV) vaccine and measles-mumps-rubella vaccine to people aged 16 years and older – <i>Controlled Substances (Poisons) Regulations 2011, s.18</i></p> <p>HPV vaccination records available on the Australian Immunisation Register (AIR). Records previously held by the National HPV Vaccination Program Register transferred to the AIR</p> <p>Legislation in Victoria amended to allow an approved pharmacist to administer the measles-mumps-rubella vaccine, and lowering the age of access to 16 years – <i>Drugs, Poisons and Controlled Substances Regulations 2017 S.R. No. 29/2017</i></p>
2019	<p>Third National Immunisation Strategy for Australia 2019–2024 developed</p> <p>New regulations made 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</p>

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	<p>Officer, report on the immunisation status of all students</p> <p>Legislation in New South Wales amended to allow appropriately trained pharmacists to administer measles-mumps-rubella vaccine and diphtheria-tetanus-pertussis (dTpa) vaccine, and lowering the age of access to 16 years old – <i>Poisons and Therapeutic Goods Regulation 2008, clause 48A</i></p> <p>Legislation in the Australian Capital Territory amended to allow appropriately trained pharmacists to administer authorised vaccines without a prescription to people aged 16 years and older – <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2019 (No 1)</i></p> <p>Legislation in Queensland amended to allow appropriately trained pharmacists to administer authorised vaccines without a prescription to people aged 16 years and older – <i>Health (Drugs and Poisons) Regulation 1996</i></p> <p>Legislation in Tasmania amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged 10 years and over in an approved setting – <i>Tasmanian Poisons Regulations 2018</i></p> <p>Legislation in Western Australia amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged &gt;10 years in an approved setting – <i>Medicines and Poisons Regulations 2016</i></p> <p>3rd edition of <i>National Vaccine Storage Guidelines – Strive for 5</i> published</p> <p>New legislated immunisation requirements (No Jab, No Play) 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 education period - <i>Public Health Act 2016 (WA)</i></p>
	<p>New legislated immunisation requirements (No Jab, No Play) 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 a possible outbreak of a vaccine preventable disease – <i>South Australian Public Health Act 2011</i></p> <p>Second Tasmania Immunisation Strategy 2019–2024 developed</p> <p>Legislation in Victoria amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged &gt;10 years in an approved setting – <i>Drugs, Poisons and Controlled Substances Regulations 2017 S.R. No. 29/2017</i></p> <p>Legislation in Tasmania amended to allow appropriately trained pharmacists to administer measles-mumps-rubella vaccine and diphtheria-tetanus-pertussis (dTpa) vaccine to people aged &gt;16 years in an approved setting – <i>Tasmanian Poisons Regulations 2018</i></p>
2020	<p>Legislated immunisation requirements (No Jab, No Play) expanded in South Australia 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 – <i>South Australian Public Health Act 2011</i>. This change came into effect from 1 January 2020.</p> <p>Legislation in Queensland amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged &gt;10 years in an approved setting and expanded the list of authorised vaccines that an appropriately trained pharmacist can administer without a prescription to include cholera, measles-mumps-rubella (MMR), tetanus-diphtheria-acellular pertussis (dTpa), diphtheria-tetanus-pertussis-inactivated poliovirus (dTpa-IPV), <i>haemophilus influenzae</i> type B, hepatitis A, meningococcal ACWY, pneumococcal and poliomyelitis vaccines to people aged ≥16 years – <i>Health (Drugs and Poisons) Regulation 1996</i></p> <p>Legislation in New South Wales amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged &gt;10 years in an approved setting – <i>Poisons and Therapeutic Goods Regulation 2008, clause 48A</i></p> <p>Legislation in South Australia amended to allow appropriately trained pharmacists to administer influenza vaccine to people aged &gt;10 years in an approved setting – <i>Controlled Substances (Poisons) Regulation 2011, sub regulation 18(3) Vaccine Administration Code</i></p>

Year	Event
	Legislation in Victoria amended to allow appropriately trained pharmacists to administer measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis (dTpa) and meningococcal ACWY vaccine to people aged >15 years in an approved setting – <i>Drugs, Poisons and Controlled Substances Regulations 2017 S.R. No. 29/2017</i>
	Legislation in the Australian Capital Territory amended to allow appropriately trained pharmacists to administer authorised influenza vaccines without a prescription to people aged ≥10 years – <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2020 (No 1)</i>
	<p>A special authority has been granted to healthcare workers in Queensland to provide patients identified as being exposed or potentially exposed to an infectious condition with timely access to medical and pharmacological treatment. It authorises the listed healthcare workers to administer and supply specified antivirals and vaccines during the COVID-19 pandemic. These healthcare workers include:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander health practitioners</li> <li>• Indigenous health workers</li> <li>• Pharmacists</li> <li>• Queensland Ambulance Service – Ambulance Officers</li> <li>• Registered nurses</li> </ul> <p>Vaccines included influenza vaccine and coronavirus vaccines.</p>
	Legislation in the Northern Territory amended to allow appropriately trained pharmacists to administer authorised influenza vaccines without a prescription to people aged ≥10 years and older – <i>Medicines, Poisons and Therapeutic Good Act - Administration of Vaccines by Pharmacists at Pharmacies NT Protocol</i>
	Legislation in Western Australia amended to allow appropriately trained pharmacists to administer diphtheria-tetanus-acellular pertussis (dTpa), measles-mumps-rubella (MMR) and meningococcal ACWY vaccines to people aged ≥16 years in an approved setting – <i>Medicines and Poisons Regulations 2016; SASA issued by the Department of Health</i>
	Legislation in the Australian Capital Territory amended to allow appropriately trained pharmacists to administer authorised diphtheria-tetanus-acellular pertussis (dTpa) and measles-mumps-rubella (MMR) vaccines without a prescription to people aged ≥16 years – <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2020 (No 2)</i>
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). Rollout carried out in phases, with population groups prioritised according to the advice of ATAGI. Vaccines provided for free at vaccination centres, general practitioner clinics, pharmacies and by roving in-reach teams. Vaccination providers not allowed to charge for the appointments to receive the vaccine.
	Legislation in Victoria amended to allow appropriately trained pharmacists to administer COVID-19 vaccines to people approved by the Therapeutic Goods Administration as eligible to receive the vaccine – <i>Drugs, Poisons and Controlled Substances Regulations 2017 regulation 163 Secretary Approval: Pharmacist Immuniser – SARS-CoV-2 (COVID-19) VACCINE</i>
	Legislation in South Australia amended to allow appropriately trained pharmacists to administer COVID-19 vaccines to people aged ≥16 years in an approved setting – <i>Controlled Substances (Poisons) Regulation 2011, sub regulation 18(3) Vaccine Administration Code</i>
	Legislation in the Northern Territory amended to allow appropriately trained pharmacists to administer COVID-19 vaccines to people aged ≥16 years in an approved setting – <i>Medicines, Poisons and Therapeutic Good Act - Administration of Vaccines by Pharmacists at Pharmacies NT Protocol</i>
	Legislation in New South Wales amended to allow appropriately trained pharmacists to administer COVID-19 vaccine AstraZeneca (ChAdOx1-S) to people aged ≥60 years in an approved setting – <i>Poisons and Therapeutic Goods Regulation 2008, clause 48A, NSW Pharmacist Vaccination</i>



Year	Event
	<i>Standards</i>
	Legislation in Queensland amended to allow appropriately trained pharmacists to administer COVID-19 vaccines to people aged $\geq 16$ years – <i>Health (Drugs and Poisons) Regulation 1996 sections 171(2) &amp; (5) and 257(2) &amp; (3)(d) Drug Therapy Protocol – Pharmacist Vaccination Program</i>
	Legislation in the Australian Capital Territory amended to allow appropriately trained pharmacists to administer COVID-19 vaccine 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 to people aged $\geq 50$ years – <i>Medicines, Poisons and Therapeutic Goods (Vaccinations by Pharmacists) Direction 2021 (No1)</i> .

\* Information relating to disease-specific policies and programs (e.g. school-based programs) can be found in the disease-specific history tables at <http://ncirs.org.au/health-professionals/history-immunisation-australia>