

12 February 2024

## Position Paper

# Strategies to improve the 2024 Influenza Vaccine Coverage Rate

### Introduction

This position paper is concerned with the current Vaccine Coverage Rate (VCR) for seasonal influenza and outlines some simple effective strategies to improve the vaccination rate and potentially mitigate the impact of future influenza epidemics. It is outside the scope of this position paper to provide a comprehensive and detailed account of influenza epidemiology, a comparison of the different types of influenza vaccines currently approved and available, and any predictions of future influenza epidemics. Rather, to ensure all Australians are aware of the importance of, a) protecting the population against flu, b) the importance of effective messaging for vaccination and, c) providing direction to the community on where to get vaccinated.

The Immunisation Coalition supports and acknowledges ATAGI recommendations (<https://www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2023?language=en>) and the Federal and State Governments commitment in providing free seasonal influenza vaccine under the National Immunisation Program (NIP) (<https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule>) for the relevant risk groups:

- Aboriginal and Torres Strait Islander people aged 6 months and over
- children aged 6 months to 5 years
- all individuals aged 5 years and over with medical risk conditions
- pregnant women
- people aged 65 years and over

The Immunisation Coalition also acknowledges and supports the recently published Grattan Report on how to close the vaccination gap and take on board key suggestions made for vaccination against Influenza (<https://grattan.edu.au/report/a-fair-shot-ensuring-all-australians-can-get-the-vaccines-they-need/>).

This Immunisation Coalition's position is for free vaccination against influenza for all Australians. We will continue to work towards this goal until it is achieved.

## Background

New, WHO recommended vaccines are available each year usually prior to the start of the influenza season. A significant proportion of Australians take full advantage of the NIP-funded program. Available vaccines such as the quadrivalent flu vaccines are world class and provide a very high degree of protection. But they only work if they are administered. Influencing the VCR across the different age groups is complex but one of the main drivers is public awareness and a call to action. Together, these can be powerful tools to encourage the public to visit their Healthcare Professional and get vaccinated.

The Australian overall VCR for children 6 mo - <5 years (in the NIP Schedule) is one of the highest in the world (<https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage>). As Australians, we should be proud of this achievement. This has taken the collective efforts of the government, primary healthcare professionals, patient advocacy groups and the willingness of parents over the last 20+ years.

For influenza vaccination, the picture is quite different. The national influenza VCR for all Australians is 28.3% (range 23.9% - 50%; QLD and ACT respectively) (<https://ncirs.org.au/influenza-vaccination-coverage-data>). Aboriginal and Torres Strait Islander people are significantly lower at 19.7% (range 16.7% - 36%; SA and NT respectively). Recently, the COVID-19 pandemic has had a dramatic impact on flu vaccination rates for children under 5 yrs. The Australian Immunisation Register (AIR) influenza data showed that in 2020, the vaccination coverage rate for children was 800,000 which declined in 2021 and 2022 to 400,00 and 590,000 respectively (Department of Health and Aged Care. [National Immunisation Strategy for Australia 2019 to 2024; Australian Government Department of Health and Aged Care](#)). Post-pandemic, the influenza VCR in 2023 is still well below pre-COVID-19 levels.

For the elderly, the influenza VCR is higher compared to any other age group. For the Australian population 65 yrs and over, the national average is 63.1% (range 36.3 to 70.1% for NT and Tas respectively) (<https://ncirs.org.au/influenza-vaccination-coverage-data>). Overall, the influenza VCR is consistently around 60%-70% across all States and Territories except NT. Interestingly, the influenza VCR for Aboriginal and Torres Strait Islander people was 61.4% (range 48.3 to 74.9%, again for NT and Tas respectively). Whilst this number is significantly higher than for children under 5 yrs, as age increases so too does the risk of severity and complication, particularly in patients with multi-morbidities (<https://www.nia.nih.gov/health/flu/flu-and-older-adults>).

Regarding hospitalisation and ICU admittance rates, for the 2023 flu season, there have been 3,480 sentinel hospital admissions of which 250 (7%) were admitted directly to ICU (NNDSS Report No. 14). There were 269 influenza-associated deaths) of 251,095 laboratory-confirmed influenza notifications and the median age of deaths notified was 77 years. This emphasises the seriousness of the disease that can result in fatality. Some of these deaths

were likely preventable through vaccination particularly as the population immunity has waned due to the COVID-19 pandemic.

Regarding severity, 73% of influenza-associated deaths were attributed to influenza A (unsubtyped), 12% to influenza A(H1N1), 12% to influenza B, 1% to influenza A(H3N2), and 2% to influenza untyped. Furthermore, FluCan (The Influenza Complications Alert Network; Influenza Surveillance System by Monash Health) 'at risk populations' data reported children aged younger than 16 years admitted with confirmed influenza to date, 6% (157/2,531) were admitted directly to ICU, compared to 13% (71/566) of adults aged 16 to 64 years, and 6% (22/383) of adults aged 65 years or older. These numbers do vary from year to year but to keep morbidity and mortality as low as possible, a key strategy to protect all Australians is to vaccinate as much of the population as possible and in a timely manner.

Both children and the elderly represent the majority of risk groups at higher risk of hospitalisation and morbidity after influenza. For Aboriginal and Torres Strait Islander people with pre-existing medical conditions, the risk is substantially higher. It is reported that Aboriginal children under 4 yrs are hospitalised at more than twice the rate of non-Aboriginal children<sup>9</sup> (NCIRS, influenza-vaccination-coverage-data). It is agreed amongst State and Federal Government, peak bodies, HCPs and academics that more needs to be done to improve vaccination rates particularly for risk groups as influenza affects a significant proportion of the public.

A relatively simple yet effective strategy for children is the 'no jab, no play' concept. Whilst this has tended to scare some people, the NIP funded vaccines for children should trigger an uptake in vaccination. Discussion about this is part of a strategy to gain consistency for Providers and Government and could prompt increased awareness. This could be further explored and trialled.

During the COVID-19 pandemic, the number of laboratory-confirmed influenza infections were abnormally low. The reasons for this are well known; the greatest drivers of these were, a) self-isolation, where the population was largely confined to geographical boundaries and, b) severe restrictions on international travel, into and out of Australia. As we know, these along with other pharma and non-pharma interventions significantly reduce the spread of influenza. Now that the COVID-19 pandemic is over, we need to re-visit how to effectively communicate to the public the seriousness of influenza, the importance of influenza vaccination, optimal timing for vaccination and where to direct the public to get vaccinated.

Regarding the prediction and severity of each flu season and how many people will be affected is difficult. Some years are mild, some years are severe

[\(https://www.immunisationcoalition.org.au/news-data/influenza-statistics/\)](https://www.immunisationcoalition.org.au/news-data/influenza-statistics/).

Many factors contribute to how successful the virus spreads, how many of the public are infected and how significant the healthcare system is burdened. What we can control is the availability of vaccines that both prevent and minimise its impact in the community. This is particularly important for children under 5 years, Aboriginal and Torres Strait Islander peoples, patients with risk factors and the elderly (who are then at higher risk of complications such as pneumonia and cardiac events).

Lastly and it's worth a mention, cost of living has put pressure on individuals to make uncomfortable choices on basic necessities over healthcare. Food above the cost of medicine is becoming too common. Most GPs are already bulk billing for flu vaccination services whilst under enormous work pressure, as are their nurse colleagues. There is little more they can do. But for some of the community, missing medicines has become *the norm*. As cost of living pressures are not a quick fix, removing some or all of the cost will help individuals, families and the community overall seek medical services and stay safe and well.

### **Initiatives to improve the influenza VCR**

A simple and consistent approach to influenza vaccination communication through Governments and Providers should be clear, action focused and consistent year on year. The Immunisation Coalition is not looking to re-invent the wheel, rather to make a few practical recommendations in line with published frameworks to improve influenza vaccination rates across all age groups. Such a framework includes the following 5 pillars: access, affordability, awareness, acceptance and activation

(<https://www.sciencedirect.com/science/article/pii/S0264410X15017466?via%3Dihub>).

At this time, the Immunisation Coalition would like to highlight their 'mission' and tie this into the purpose of this paper:

- to create public awareness regarding the importance of immunisation and vaccination against infectious diseases
- to cooperate with key Australian professional bodies, health professionals, the public, consumer advocacy groups and the Australian, State and Territory Governments, to provide information and education that helps them upskill vaccination practices that benefit all Australians

Furthermore, the Immunisation Coalition is a not-for-profit independent organisation with an established Board of Directors and Scientific Advisory Committee who's purpose is to advocate immunisation and vaccination against infectious diseases, in the interest of public health.

To ensure vaccination rates are consistently high for NIP-funded influenza vaccines and to protect as many Australians as possible, the following five initiatives are put forward for consideration:

#### **Recommendation 1: Free Flu Vaccination for all Australians**

The Immunisation Coalition welcomes free-flu vaccination outside of the NIP funded model. This occurs in QLD and WA, with QLD offering free influenza vaccination for all residents for the entire flu season in 2024. The QLD model now represents the *Gold Standard* in influenza vaccination in Australia, a position that the Immunisation Coalition supports for whole community protection. As with QLD, WA also supports free flu vaccination and in 2023 this ran for a period of 2-months. We understand that this may extend into the 2024 flu season, starting in May. Whilst this is a significant step forward, the Immunisation Coalition believes

that a start date of April would be more suitable ahead of potential flu outbreaks and epidemics.

To reiterate, the Immunisation Coalition's position is for free flu vaccination for all Australians. It makes little sense to partially vaccinate a population against a highly contagious infectious disease that causes significant morbidity and mortality. However, we accept that some States and Territories will take a step-wise approach towards making flu vaccination free during the entire flu season. We therefore put forward two options;

1. Free vaccination against influenza for all Australians for the entire flu season starting April of each year.
2. Free vaccination against Influenza for all Australians for 2 months of the flu season starting April of each year, with an option to extend this period by 1+1 months as necessary.

Dedicating April as the start of the free flu vaccination month makes sense as this is aligned with the official flu season. This should become the dedicated future standard month that HCPs and the Public become familiar with. Adopting this common sense approach will provide certainty and confidence for Federal and State Governments, Immunisers, supply chain and manufacturers to foster a more collaborative working model to drive efficiency in future flu vaccination programs.

#### Recommendation 2: Timing of Influenza vaccination

The Government's announcement of the official start of the flu season usually takes place in the first half of April. By this time, influenza is already circulating in the community (brought in mostly from northern hemisphere travellers as well as being locally acquired) but normally at a non-epidemic level. As the season continues, laboratory confirmed cases start rising, are tracked, analysed and interpreted. At this point, some early predictions are made on the severity of the flu season and what the next months may look like. Being ahead of outbreaks that may lead to an epidemic, we believe that mass vaccination of the public should start at the beginning of April. It would be helpful if healthcare professionals (GPs, nurse and pharmacist immunisers) had visibility of laboratory-confirmed influenza numbers, geographical data and the number of vaccinations by age group. It would be useful for healthcare professionals to view AIR data in real time or within 24 hours of data updates. This would help drive a sense of urgency in geographical areas of importance and simply, to have a real-time overview of how influenza is tracking.

The Immunisation Coalition supports April as the beginning of the flu season and AIR data being made available in a timely manner to Providers and approved immunisers to help drive vaccination.

#### Recommendation 3: Flu Vaccination Centres

Aligned with the Immunisation Coalition's mission, we support safe and efficient means of influenza vaccination to the public. GP Practices still provide the majority of immunisation services with almost nine in 10 Australians visiting a GP. This equates to 22 million Australians visiting their GP (<https://www.racgp.org.au/general-practice-health-of-the-nation-2023>). A proportion of this will be around immunisation and coordination of these

service through nurses with nurses now playing a greater role in supporting primary practice. Funding for vaccine administration should be changed to reflect this practice of nurse-led vaccination, rather than current fee for service payment for doctor-only services for vaccinations.

More recently, pharmacy is now recognised as a location for public vaccination. They currently offer vaccine services for influenza, COVID-19 and meningococcal disease (as well as other vaccine-preventable diseases depending on the State). This may also extend to RSV as RSV vaccines become available. With the new vaccine rebate effective from 1 January 2024 (<https://www.health.gov.au/cheaper-medicines/pharmacists>), pharmacists are expected to play a greater role in providing vaccine services to the public (for NIP vaccines), within and outside of pharmacy. Pharmacy linkage to AIR has played a key role in continuity of care.

Whilst there are some age restrictions on administering vaccines to children between States (with the exception of Qld with no age restriction for influenza), the option of vaccination through pharmacies should increase the flu vaccination rate for adults and the elderly. As with GPs and nurses working in primary care, there is a strong trust between the public and the healthcare professional and this should be taken advantageously to encourage timely vaccine uptake. Pharmacists being eligible to vaccinate against flu is a win-win that should increase the influenza vaccination rate as well as freeing up time for more GP patient consultations/services. Primary care however, still remains the cornerstone for vaccinations.

The Immunisation Coalition supports increasing the Influenza vaccination rate across all ages and patient groups as long as these services are safe and staffed by qualified immunisers. This includes but is not limited to GP Practices, clinics, pharmacies and Aboriginal Health Services. Not forgetting the importance of workplace mobile vaccination services that routinely deliver over 1 million influenza vaccinations each year. Workplace influenza vaccination programs have been well established in Australia for over 20 years with high safety levels, efficiency and with positive feedback. As a large proportion of adults spend their time at the workplace, it is not surprising that the uptake of vaccination is high. It's convenient and easy particularly for time poor adults and for those not wishing to visit a pharmacy or GP practice. It's a barrier removed and an opportunity to vaccinate less-motivated individuals and through vaccination, reduces the economic impact of absenteeism and the possibility of spreading the illness in the workplace. The IC supports increases in flu vaccination through workplace vaccination programs in any government-funded programs.

#### Recommendation 4: Communication framework

The Immunisation Coalition views communication to HCPs and the public critical to the success of increasing the influenza VCR. Messaging should be tailored to both groups to maximise impact. Such messaging will need to be worked out, ideally through an experienced organisation or expert group that has demonstrated a successful messaging and changed behaviour management plan, ideally within the vaccine space.

The Immunisation Coalition would pro-actively support a communication program and promote flu vaccination through our own means, to complement a Government approach.

We believe and support a Government initiative for the promotion of flu vaccination through media advertising - focusing on TV and Radio. We would also encourage other societies and organisations such as (but not limited to) the RACGP, ACRRM, NCIRS, Australian College of Midwives, LFA, APNA, PHNs, National Indigenous organisations, PSA, GUILD and MA to actively support such a communication program using their own communication channels and strategies.

As part of a communication plan, the Immunisation Coalition also supports a single patient visit multi-vaccination strategy (2+ infectious disease vaccinations), where it is safe to do so. This partially addresses opportunistic vaccination as well as vaccine hesitancy. There are also other effective means of communication that are widely used between HCPs and the public. Although it is outside the scope to identify all of these and prioritise one over the other, simple mobile SMS, prompts through MyGov and AIR reminders are a few examples that should be considered.

In summary, the Immunisation Coalition see's Government promotion of influenza vaccination through media channels as the best means of driving public awareness and increasing the VCR against influenza. The timing of this is critical and as mentioned above, should be aligned with the official start of the flu season.

#### Recommendation 5: Public and HCP messaging

The Immunisation Coalition believes in consistent, simple, 'call-to-action' messaging that resonates with the public. This messaging should prompt the public to visit their GP or healthcare profession authorised to provide vaccination services. As said, the Immunisation Coalition believes this is a critical part to increase the VCR against influenza. To increase effectiveness, the platform and timing of such messages is as important as the messaging itself and applies to both the public and the HCP.

A recommendation from a HCP, particularly during a patient consultation, is shown to be highly effective. Immunisation Coalition Research has shown that the two main reasons for parents not vaccinating their children against flu is, 1. not seeing flu as serious and, 2. concerns around vaccine safety (<https://www.immunisationcoalition.org.au/resources-category/publications>). For adults and the elderly, their reasons may differ and be based moreso on 'not getting around to it'. It may also extend to mobility and healthcare professional access issues (including doing outreach vaccinations and visiting the homebound community) – an important point seen during the COVID-19 pandemic.

The Immunisation Coalition would like to provide a few public and HCP messaging examples for consideration. We strongly suggest however, there is a validation process around these showing effectiveness. We feel it is important for impact that any messaging used is concise and formulated with a 'call to action' and emotive 'hook' in mind. We also believe that such a messaging campaign be consistent and repetitive, particularly when directed at the public.

Public flu vaccination messaging examples:

- Avoid the flu, protect YOU AND YOUR community – vaccinate now
- STAY HEALTHY, avoid the flu and get vaccinated
- FLU IS SERIOUS and can cause SERIOUS ILLNESS – get vaccinated



- Protect YOUR FAMILY and LOVED ONES against the flu – vaccinate now
- AVOID a flu epidemic – VACCINATE NOW
- SUPPORT COMMUNITY HEALTH against flu – vaccinate today
- SHOW YOU CARE – get vaccinated against the flu now
- Flu vaccination is SAFE and PROTECTS against serious illness – vaccinate today
- FLU is a SERIOUS illness. Protecting YOURSELF and YOUR FAMILY is easy and safe - vaccinate now
- Book your children for their annual flu vaccine. It prevents more than half of flu infections. Vaccinated children are less likely to be hospitalised
- FLU SEASON is HERE. You can catch flu ANYTIME, ANYWHERE. Vaccination remains the most effective and safest tool to protect children from Influenza
- Flu can be MORE SERIOUS than you think. Vaccination is an EASY AND SAFE way to protect yourself and your family - vaccinate now.

HCP flu vaccination message examples:

- Only 28% of children under 5 yrs last year were vaccinated against flu. YOUR RECOMMENDATION CAN CHANGE THAT. Remember to vaccinate 2 IN EVERY 3 CHILDREN and let's get to 67%.
- Only 63% of adults ≥65 years were vaccinated against flu. AVOID SERIOUS ILLNESS and HOSPITALISATION and target this age group. Together, lets aim for 80% in 2024.
- Don't forget to recommend the FLU JAB to your patients with CHRONIC MEDICAL CONDITIONS. Flu is a serious illness and we MUST protect the high risk population.

In summary, the Immunisation Coalition supports the use of simple, 'call to action' messaging that resonates with the public (and HCPs) to get vaccinated. It would be beneficial if such messaging was consistent across all organisations that supports vaccination against influenza.

## Conclusion

Influenza is a serious disease that infects the whole community. The percentage of Australians vaccinated against influenza is too low, particularly in children under 5 yrs and Aboriginal and Torres Strait Islander people. This is also the case in the over 65s, patients with underlying comorbidities and the immunocompromised.

To minimise future seasonal influenza outbreaks and epidemics, increasing the vaccination rate prior and during the flu season would seem an obvious one. Free flu vaccination to eligible Australians through the NIP is a significant step forward. But to maximise this, the public should and needs to be (frequently) reminded and encouraged to get vaccinated. Expanding free flu vaccination consistent with the start of the flu season, either temporarily or on a permanent basis, is another step forward. With the new pharmacy flu vaccination rebate now active, this is yet another step forward that should be taken advantage of through messaging to the public.

However, the key drivers to significantly increase flu vaccination lays with the actions of the public and healthcare immunisers. Therefore, a robust public awareness program with key



messages communicated efficiently and consistently, together with clear recommendations from immunisers (to the public), would further improve vaccination uptake across all age groups.

Having world-class vaccines available to Australians only has a benefit if they are actually administered, and to a significant proportion of Australians. With a low flu vaccine coverage rate recorded post COVID-19 pandemic, it is time to address this with actionable initiatives that will improve whole-community protection.

Sincerely,



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