

The National Immunisation Committee

History

The National Immunisation Committee (NIC) was established as a sub-committee of the Australian Health Ministers Advisory Council (AHMAC) in 1993 to oversee the implementation of the 1993 National Health and Medical Research Council National Immunisation Strategy and to provide advice to AHMAC on immunisation and vaccine preventable disease issues. A realignment of AHMAC sub-committees repositioned the NIC under the auspices of the National Public Health Partnership in early 2000 and a further realignment in 2002 resulted in the NIC reporting to National Public Health Partnership through the Communicable Diseases Network Australia.

The original membership of state, territory and Australian government immunisation program managers has been broadened over the years to include representatives of general practice and Indigenous persons. The common thread among members is their years of experience and a commitment to the development and implementation of sound and sustainable immunisation policies and programs in Australia. The excellent rapport within the group has facilitated the sharing of ideas and local initiatives, and collaborative development of strategies and programs.

Role

The NIC is the peak group responsible for overseeing the development, implementation and delivery of the National Immunisation Program.

The NIC's current terms of reference are:

- provide leadership and take responsibility for policy development, implementation and review of the National Immunisation Program;
- consult and negotiate with stakeholders on the development of national immunisation priorities, strategies and service delivery;
- establish task-oriented, time-limited working groups as required;
- collaborate with other peak immunisation related committees including the Australian Technical Advisory Group on Immunisation, the Communicable Diseases Network Australia, and the Australian Childhood Immunisation Register Management Committee, on issues pertaining to immunisation policy development and program implementation;

- promote collaboration between local, state, national and international organisations to inform national immunisation policy; and
- report to the AHMAC through the Communicable Diseases Network Australia, and National Public Health Partnership on immunisation policies and programs.

Membership

Current members of the NIC include representatives of:

- Australian government;
- state and territory governments;
- general practitioners; and
- an Aboriginal and Torres Strait Islander representative.

Mr Greg Sam has been the long term Chair of the NIC, having taken over the position in 1997. Following his recent departure from the Australian Government Department of Health and Ageing, Ms Lesley Podesta, also from the Department of Health and Ageing, has taken over the role of Chair of the NIC. The Deputy Chair of the NIC is Dr Rosemary Lester from the Victorian Department of Human Services.

The National Immunisation Program (or Immunise Australia Program) is a joint program between the Australian and state and territory governments which aims to reduce morbidity and mortality associated with vaccine preventable diseases through the improvement in national immunisation coverage rates.

Achievements

The NIC played a major role in increasing the level of immunisation coverage in Australia. In 1989–90, the percentage of Australian children fully immunised at 12 months of age was 53 per cent.¹ In contrast, the coverage rate for children aged 12–15 months of age calculated at 30 June 2003 was 91.7 per cent.²

In the first few years, the NIC was instrumental in achieving a nationally co-ordinated childhood immunisation program in Australia including: the adoption of the first national immunisation schedule, implementation of the Australian Childhood Immunisation Register, and development of a national pricing arrangement for vaccines. More recently, the NIC has successfully managed the rapid expansion of the national immunisation program.

The NIC has taken a lead role in the implementation of the Immunise Australia Program, including the Seven Point Plan and a range of related initiatives such as hepatitis B vaccination of infants and adolescents, influenza vaccination for older Australians, measles, mumps, rubella vaccination for school children and young adults, Q fever vaccination of those at occupational risk and the National Meningococcal C Vaccination Program.

Measles

The Measles Control Campaign was one of the largest and most ambitious mass immunisation campaigns ever undertaken in Australia since the polio vaccination program of 1950s, with the NIC having a lead role in the campaign's implementation. The campaign was aimed at providing a second dose of measles-mumps-rubella (MMR) vaccine to all primary school children in Australia and resulted in a significant increase in levels of protection against measles among preschool and primary school age children.

Conducted from 3 August to 6 November 1998, the campaign vaccinated around 1.7 million or 96 per cent of school children aged 5–12 years. More than 1.3 million of these children were vaccinated in the school program in almost 8,800 schools in all states and territories. A serosurvey was conducted after the campaign and showed that 94 per cent of children aged 6–12 years were immune to measles, an increase from 84 per cent before the campaign. It was estimated that the campaign averted 17,500 cases of measles.³

A comprehensive report on the campaign was published in 2000. A copy of the report is available from: <http://www.immunise.health.gov.au/beatmeasles.pdf>

In 2001, the Australian Government announced that it would fund a Young Adult Measles Program. The program was aimed at providing free measles-mumps-rubella vaccine to young adults aged from 18 to 30 years of age. Again, the NIC was instrumental in the implementation of this program.

Young Australian adults are at a greater risk of measles infection because they are too old to have been recipients of the two dose MMR vaccination program for 10–16 year olds introduced in 1994, and generally too young to have been exposed to wild virus prior to the introduction of a measles vaccine into Australia. This high susceptibility is further exacerbated by the large numbers of young adults travelling to countries where measles is endemic and circulating freely in the community. As well as being at higher risk of acquiring measles, young adults are also at higher risk of complications from the disease.

Evidence to date suggests that this cohort has proven to be a difficult group to target for an immunisation program despite targeted information campaigns. The National Centre for Immunisation Research and Surveillance commenced a national serosurvey in late 2002 to measure the success of this Program. The results of this serosurvey are expected to be available towards the end of 2003.

Q fever

The National Q Fever Management Program was the first occupation-based immunisation program with which the NIC has been involved. This program aims to reduce the incidence of Q fever in rural Australia through a targeted screening and vaccination program to those considered to be at high risk. (The Northern Territory is not taking part in the program.)

The National Q Fever Management Program was rolled-out in two phases. Phase 1 of the program commenced in 2001 and was industry-focussed, targeting abattoir workers, those contracted to abattoirs, and sheep shearers. Phase 2 of the program commenced in 2002 and targeted sheep, dairy and beef cattle farmers, their employees and unpaid family members working on farms. An evaluation of the National Q Fever Management Program is due to commence towards the end of 2003.

Meningococcal C

The National Meningococcal C Vaccination Program commenced in January 2003 and is the largest immunisation program with which the NIC has been involved. The program, costing \$298 million over four years, sees almost 6 million young Australians who are turning 1 to 19 years of age in 2003, eligible for free meningococcal C vaccine over four years.

Meningococcal C vaccination was added to the National Immunisation Program for children turning 12 months of age from 1 January 2003. As part of the catch-up component of the program, children turning one to five years of age in 2003 have been able to access free meningococcal C vaccine from their general practitioner and school vaccination clinics have commenced for senior high school students aged from 15 to 19 years in all states and territories. Several jurisdictions have already completed school-based vaccination of senior high school students and are now conducting school-based clinics for remaining high school and primary school students. Most jurisdictions anticipate completing school-based vaccination clinics in the second half of 2004.

As was seen in the Measles Control Campaign, school-based vaccination clinics have proven to be the most effective method of achieving high coverage rates and the best public health outcome when vaccinating large groups within the community.

To further raise community awareness about meningococcal disease in general and the National Meningococcal C Vaccination Program in particular, national press advertising ran from May to September 2003.

The catch-up component of the program initially provided access to free meningococcal C vaccine for those who fall into the higher risk groups—children aged one to five years (via general practitioners and other immunisation providers) and senior high school students aged 15 to 19 years (via school-based vaccination clinics).

Throughout these challenges, the NIC has maintained a strong commitment to continuous improvement and best practice in immunisation programs in Australia.

The NIC has also published a broad range of educational resources for both immunisation service providers and consumers, and is represented on a broad range of related immunisation and vaccine preventable disease committees. The NIC meets by teleconference each month and face-to-face three times per year in February, June and October.

Current issues

Issues currently on NIC's agenda include:

- development of strategies to implement changes to the National Immunisation Program. In September 2003, the Australian Government announced changes to the National Immunisation Program. These were:

- a new single dose of diphtheria-tetanus-pertussis (DTPa) vaccine for adolescents at 15 to 17 years of age to be funded in place of the previous adult diphtheria-tetanus vaccine;
 - expansion of the National Childhood Pneumococcal Vaccination Program to include additional groups within the medical risk factor group; and
 - removal of the dose of diphtheria-tetanus-pertussis (DTPa) at 18 months of age. This has been removed in line with technical advice from the Australian Technical Advisory Group on Immunisation that the dose is now considered unnecessary because of the high levels of immunity from the primary course of vaccinations at 2, 4 and 6 months of age.
- ongoing management of the National Meningococcal C Vaccination Program;
 - assisting with provider education on the recently approved *Australian Immunisation Handbook*, 8th edition;
 - consultation and negotiation with stakeholders on the development of national immunisations priorities, strategies and service delivery; and
 - provision of advice on other immunisation related matters including adverse events following immunisation (AEFI).

The future challenge for the NIC is to sustain recent successes in the decline of vaccine preventable diseases and parallel increases in immunisation coverage and to target hard to reach segments of the population to enable further improvements in the control of vaccine preventable disease in Australia.

For further information, please contact the National Immunisation Committee Secretariat via email to: NIC@health.gov.au

References

1. Australian Bureau of Statistics. Children's immunisation Australia. Canberra: AGPS; 1990.
2. Health Insurance Commission. Australian Childhood Immunisation Register report, Canberra: 2003. Available from: http://www.hic.gov.au/providers/health_statistics/statistical_reporting/acir.htm
3. Commonwealth Department of Health and Aged Care. Lets Work Together to Beat Measles—a report on Australia's Measles Control Campaign. Canberra: 2000. Available from: <http://www.immunise.health.gov.au/beatmeasles.pdf>