National Partnership Agreement on Essential Vaccines

1 April 2010 – 31 March 2011 Performance Report

Steering Committee for the Review of Government Service Provision

May 2011

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Secretariat
Steering Committee for the Review of Government Service Provision
Productivity Commission
LB 2 Collins Street East Post Office
Melbourne VIC 8003

Level 12
530 Collins Street
Melbourne VIC 3000

Tel: (03) 9653 2100 or Freecall: 1800 020 083
Fax: (03) 9653 2199
Email: gsp@pc.gov.au
www.pc.gov.au/gsp

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Steering Committee for the Review of Government Service Provision

Mr Paul McClintock AO
Chairman
COAG Reform Council
Level 24, 6 O'Connell Street
SYDNEY NSW 2000

Dear Mr McClintock

In accordance with the request from the COAG Reform Council, I am pleased to submit to you the Steering Committee's report for the second cycle of the National Partnership Agreement on Essential Vaccines.

This report has been prepared in accordance with the requirements outlined in the COAG Reform Council's Matrix of performance information: National Partnership Agreement on Essential Vaccines, January 2011.

This report was produced with the assistance of Australian, State and Territory Government health departments. The Steering Committee would like to record its appreciation for the efforts of all those involved in the development of this report.

Yours sincerely

Gary Banks AO
Chairman

31 May 2011

Secretariat c/- Productivity Commission
Locked Bag 2, Collins Street East Post Office, Melbourne VIC 8003
Level 28, 35 Collins Street Melbourne
Ph: 03 9653 2100 Fax: 03 9653 2359
www.pc.gov.au/gsp

This Report

The Steering Committee for the Review of Government Service Provision was requested by the COAG Reform Council (CRC) to collate information relevant to the performance benchmarks associated with reward payments in the *National Partnership Agreement on Essential Vaccines.*

The CRC requested the Steering Committee to provide information in accordance with the CRC's *Matrix of performance information: National Partnership Agreement on Essential Vaccines*, January 2011.

To facilitate the CRC's work, this report contains the following information:

- background and roles and responsibilities of various parties in National Partnership Agreement performance reporting
- performance reporting requirements for the *National Partnership Agreement on Essential Vaccines*
- indicator specifications and summaries of data quality
- performance data.

The original data quality statements submitted by the data provider are also included in this report.

Steering Committee

This Report was produced under the direction of the Steering Committee for the Review of Government Service Provision (SCRGSP). The Steering Committee comprises the following current members:

Mr Gary Banks AO	Chairman	Productivity Commission
Mr Ron Perry	Aust. Govt.	Department of Prime Minister and Cabinet
Mr Peter Robinson	Aust. Govt.	The Treasury
Mr David de Carvalho	Aust. Govt.	Department of Finance and Deregulation
Ms Liz Develin	NSW	Department of Premier and Cabinet
Mr Kevin Cosgriff	NSW	Department of Treasury
Mr Simon Kent	Vic	Department of the Premier and Cabinet
Mr Tony Bates	Vic	Department of Treasury and Finance
Ms Amanda Scanlon	Qld	Department of the Premier and Cabinet
Ms Janelle Thurlby	Qld	Department of Treasury
Mr Warren Hill	WA	Department of the Premier and Cabinet
Mr David Christmas	WA	Department of Treasury and Finance
Mr Chris McGowan	SA	Department of the Premier and Cabinet
Mr David Reynolds	SA	Department of Treasury and Finance
Ms Rebekah Burton	Tas	Department of Premier and Cabinet
Ms Pam Davoren	ACT	Chief Minister's Department
Ms Jenny Coccetti	NT	Department of the Chief Minister
Mr Tony Stubbin	NT	NT Treasury
Mr Trevor Sutton		Australian Bureau of Statistics
Mr David Kalisch		Australian Institute of Health and Welfare

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About this report

Background to National Partnership reporting

In November 2008, the Council of Australian Governments (COAG) endorsed a new Intergovernmental Agreement on Federal Financial Relations (IGA) (COAG 2009a). The Ministerial Council for Federal Financial Relations (MCFFR) has general oversight of the operations of the IGA (COAG 2009b, para. A4(a)).

The IGA establishes a new form of payment — National Partnership (NP) payments — to fund specific projects and to facilitate and/or reward states and territories that deliver on nationally significant reforms.

The IGA specifies that the Commonwealth can provide the following NP payments:

- project payments to the states and territories to deliver specific projects where they support national objectives
- facilitation payments in advance of the implementation of reform, in recognition of the costs of undertaking the reform
- incentives payments to provide a reward to jurisdictions that deliver agreed reform progress or continuous improvement (COAG, 2009b para. E19(a)–(c)).

The agreements underpinning each NP incentive payment are required to set out the milestones and performance benchmarks that must be achieved for each jurisdiction to be eligible for an incentive payment (COAG, 2009b, para. C20).

The IGA also included six National Agreements (NAs), which contain the objectives and outcomes for each sector, and clarify the respective roles and responsibilities of the Commonwealth and the states and territories in the delivery of services. Five of the NAs are associated with a national Specific Purpose

Payment (SPP) that can provide funding to the states and territories for the sector covered by the NA.

National Partnership reporting roles and responsibilities

Role of the COAG Reform Council

The IGA (COAG 2009b) states that:

> The [CRC] will be the independent assessor of whether pre-determined milestones and performance benchmarks have been achieved before an incentive payment to reward nationally significant reforms or service delivery improvements under a National Partnership reward payment is made. [para. C19]

In order to assist the CRC discharge this function, the IGA provides that 'the CRC may draw on existing subject experts or commission technical experts when an assessment of performance is required.' [para. C21]

The IGA also provides for the parties to the NP to be consulted for a month before the CRC makes its assessment on the incentive payments. [para. C22]

Role of the Steering Committee

The Steering Committee has three areas of potential involvement with NP reporting:

- as part of its NA role, providing information on NPs to the CRC to the extent that they support the objectives in NAs (COAG 2009b, para C5(c)).
- as a result of direct reference to the Steering Committee in a NP or federal financial relations documents
- to support the CRC in its role assessing and reporting on NPs with reward funding (COAG 2009b, para C19).

In April 2010, the CRC requested that the Steering Committee collate the performance information for the *National Partnership Agreement on Essential Vaccines* (Essential Vaccines NP) (COAG 2009c).

The National Partnership Agreement on Essential Vaccines

The objective of the Essential Vaccines NP is to improve the health and well-being of Australians through the cost-effective delivery of the National Immunisation Program (COAG 2009c, para 14).

The Essential Vaccines NP is intended to contribute to the following outcomes:

- minimise the incidence of major vaccine preventable diseases in Australia
- maintain and where possible increase immunisation coverage rates for vulnerable groups and, in particular, minimise disparities between Indigenous and non-Indigenous Australians
- all eligible Australians are able to access high quality and free essential vaccines through the National Immunisation Program in a timely manner
- increase community understanding and support for the public health benefits of immunisation (COAG 2009c, para 16).

Performance reporting

Under the Essential Vaccines NP, the CRC is required to prepare annual assessment reports.

The CRC has requested the Steering Committee to collate performance information for the indicators associated with reward payments for the Essential Vaccines NP, and provide it to the CRC within one month of receiving data from the data provider. The performance benchmarks associated with reward payments are:

1. Maintaining or increasing vaccine coverage for Indigenous Australians.
2. Maintaining or increasing coverage in agreed areas of low immunisation coverage.
3. Maintaining or decreasing wastage and leakage.
4. Maintaining or increasing vaccination coverage for four year olds.

The CRC has prepared a set of documents that establish NP processes and scope.

- A Matrix of Performance Information (performance matrix) is prepared for each NP, setting out the CRC's overview of the NP, relevant elements of the

assessment and reporting framework, and the measures of improvement and performance benchmarks (CRC unpublished (a)).

- The National Partnerships with Reward Funding: Assessment Framework (assessment framework) sets out processes and timeframes for all reward NPs (CRC unpublished (b)).

Reporting timetable

The timetable for the Essential Vaccines NP in the assessment framework (December 2010) has been superseded by the timetable included in the performance matrix (prepared in March 2011).

Data for this report are in respect of the period 1 April 2010 to 31 March 2011. This report also contains comments by the Steering Committee on the quality of reported data, based on data quality statements completed by the data provider. The original data quality statements are also attached.

For this cycle of reporting, the timeframes set out in the March 2011 version of the CRC's performance matrix (CRC unpublished (a)) specify:

- Department of Health and Ageing [DoHA] to provide data to the Steering Committee by 30 April 2011
- Steering Committee to provide report to CRC by 31 May 2011
- CRC to report to COAG by 30 August 2011.

Performance benchmark 1 — Maintaining or increasing vaccine coverage for Indigenous Australians

Performance benchmark:	Maintaining or increasing vaccine coverage for Indigenous Australians
Measure:	The proportion of Indigenous Australian children who are fully vaccinated, as defined in the Australian Childhood Immunisation Register (ACIR). The measure is defined as: • *Numerator* — the number of Indigenous Australian children reported as fully immunised as defined in the ACIR at 12 ≤ 15 months, 24 ≤ 27 months and 60 ≤ 63 months • *Denominator* — total number of Indigenous Australian children as registered in ACIR aged 12 ≤ 15 months, 24 ≤ 27 months and 60 ≤ 63 months registered on the ACIR and is expressed as a *percentage* 'Maintaining or increasing' is defined as the coverage rate for at least two of the three age cohorts being equal to or greater than: • the baseline for the equivalent age cohort, or • 92.5 per cent (even if the annual coverage rate has fallen from the previous year). *A child is fully immunised when they are up-to-date with the standard vaccination schedule for their age or are on a suitable catch-up program based on the National Immunisation Program (NIP) schedule as defined in the ACIR.*
Data source:	*Numerator and denominator* — Australian Childhood Immunisation Register (ACIR)
Data provider:	DoHA
Data availability:	1 April 2010 to 31 March 2011
Cross tabulations:	State and Territory, by: • Age cohort (12 ≤ 15 months, 24 ≤ 27 months, 60 ≤ 63 months)

Table 1 **Proportion of Indigenous children who are fully vaccinated, by age cohort (per cent)[a, b]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Baseline[c]									
Aged 12 ≤ 15 months	84.9	85.2	85.4	76.7	77.8	91.0	87.3	87.3	84.2
Aged 24 ≤ 27 months	91.2	90.0	91.5	84.9	88.6	93.2	88.0	93.7	90.6
Aged 60 ≤ 63 months	71.0	73.1	78.8	70.8	65.3	77.2	76.2	84.5	76.0
Assessment period (1 April 2010 – 31 March 2011)									
Aged 12 ≤ 15 months	86.4	85.0	85.6	80.2	78.2	89.7	89.0	87.1	85.0
Aged 24 ≤ 27 months	91.7	92.3	92.7	80.2	88.9	93.6	97.9	95.4	90.9
Aged 60 ≤ 63 months	84.2	85.2	86.9	80.7	78.5	89.1	86.3	89.1	85.1

a A child is fully immunised when they are up-to-date with the standard vaccination schedule for their age or are on a suitable catch-up program based on the NIP schedule as defined in the ACIR. **b** Indigenous status (Aboriginal or Torres Strait Islander indicator) reported by encounter or Medicare update. **c** The baseline is the lowest State and Territory coverage rate from the previous three assessment periods, where the assessment periods are calculated from 1 April to 31 March.

Source: DoHA (unpublished) Australian Childhood Immunisation Register.

Box 1 Comment on data quality

The DQS for this indicator has been prepared by DoHA and is included in its original form in the section in this report titled 'Data Quality Statement'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of Indigenous children in the three age groups who are fully immunised, by State and Territory.
- Data from the Australian Child Immunisation Register (ACIR) are available quarterly. A minimum three-month lag period is allowed for late notification of immunisations to ACIR. Data are available for the reporting period of 1 April 2010 to 31 March 2011.
- Data are reported using the ACIR definition of fully-immunised children: that is, children who have received all age appropriate immunisations for diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenzae type b, measles, mumps and rubella.
- Vaccination coverage rates calculated using ACIR data may under-estimate actual vaccination rates, because of under-reporting by immunisation providers. The extent of any under-reporting has not been assessed (although the wastage and leakage calculation (performance benchmark 3) includes an adjustment factor of 1.03 to account for under-reporting to ACIR).
- Disaggregation by State and Territory is based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, these data do not necessarily reflect the location in which services were received.
- ACIR is considered to have high levels of Indigenous identification (estimated to be 95 per cent in 2005).

Performance benchmark 2 — Maintaining or increasing vaccine coverage in agreed areas of low immunisation coverage

Performance benchmark:	Maintaining or increasing coverage in agreed areas of low immunisation coverage
Measure:	Proportion of Australian children resident in an area of low immunisation coverage that are reported as fully immunised The measure is defined as: • *Numerator* — the number of children resident in nominated areas of low immunisation coverage reported as fully immunised in the ACIR aged 12 ≤ 15 months and 60 ≤ 63 months • *Denominator* — total number of children resident in nominated areas of low immunisation coverage as registered in the ACIR aged 12 ≤ 15 months and 60 ≤ 63 months and is expressed as a *percentage* 'Maintaining or increasing' is defined as the average coverage rate (ie, the average across the identified low immunisation areas) for each age cohort being equal to or greater than the average coverage rate for the equivalent age cohort for the previous period. *A child is fully immunised when they are up-to-date with the standard vaccination schedule for their age or are on a suitable catch-up program based on the NIP schedule as defined in the ACIR.* *Low immunisation coverage areas consist of local government areas (LGAs) (or if LGA data is unavailable Divisions of General Practice (DGP)) that have an immunisation coverage rate that is more than 5 per cent below the national average and, in combination (where applicable) contain a minimum of 2 per cent of the relevant age cohort for the State or Territory as a whole.*
Data source:	*Numerator and denominator* — Australian Childhood Immunisation Register (ACIR)
Data provider:	DoHA
Data availability:	1 April 2010 to 31 March 2011
Cross tabulations:	State and Territory, by: • Age (12 ≤ 15 months, 60≤ 63 months)

Table 2 **Proportion of Australian children fully vaccinated resident in agreed areas of low immunisation coverage, by age cohort (per cent)[a, b, c, d]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*
Baseline (1 April 2009 – 31 March 2010)								
Aged 12 ≤ 15 months	86.2	85.7	..	83.5	..	..	..	..
Aged 60 ≤ 63 months	73.8	73.5	..	75.0	72.3	79.9	..	75.3
Assessment period (1 April 2010 – 31 March 2011)								
Aged 12 ≤ 15 months	88.2	87.2	..	88.5	..	..	..	..
Aged 60 ≤ 63 months	81.5	84.0	..	86.3	82.8	91.7	..	79.3

a A child is fully immunised when they are up-to-date with the standard vaccination schedule for their age or are on a suitable catch-up program based on the NIP schedule. **b** Areas of low immunisation are identified and agreed by the Commonwealth and states and territories and contain at least two per cent of the relevant age cohort for the State or Territory as a whole. **c** Areas of low immunisation have a minimum size of at least one post code. Areas may be LGA or Division of General Practice. **d** 'Not applicable' indicates that there were no areas that meet the criteria for a low coverage area for the relevant age cohort. .. Not applicable.

Source: DoHA (unpublished) Australian Childhood Immunisation Register.

Box 2 Comment on data quality

The DQS for this indicator has been prepared by DoHA and is included in its original form in the section in this report titled 'Data Quality Statement'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of children in low coverage areas (more than 5 per cent below the national average) in a jurisdiction that has been fully immunised, by State and Territory.
- Data from the Australian Child Immunisation Register (ACIR) are available quarterly. A minimum three-month lag period is allowed for late notification of immunisations to ACIR. Data are available for the reporting period of 1 April 2010 to 31 March 2011.
- Data are reported using the ACIR definition of fully-immunised children: 'children who have received all age appropriate immunisations for diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenzae type b, measles, mumps and rubella'.
- Vaccination coverage rates calculated using ACIR data may under-estimate actual vaccination rates, because of under-reporting by immunisation providers. The extent of any under-reporting has not been assessed (although the wastage and leakage calculation (performance benchmark 3) includes an adjustment factor of 1.03 to account for under-reporting to ACIR).
- Disaggregation by State and Territory and Local Government Area is based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, these data do not necessarily reflect the location in which services were received.

The Steering Committee also notes the following issue:

- Only NSW, Victoria and WA have areas of 'low coverage' for both age cohorts. SA, Tasmania and the NT have areas of 'low coverage' for one of the two age cohorts. Queensland and the ACT have no areas of 'low coverage' for either age cohort.

Performance benchmark 3 — Maintaining or decreasing wastage and leakage

Performance benchmark:	Maintaining or decreasing wastage and leakage
Measure:	The proportion of selected National Immunisation Program (NIP) vaccines lost to wastage and leakage The measure is defined as: • *Numerator* — the number of NIP vaccines lost to wastage and leakage (defined as (total distributed doses, less administered vaccine doses) multiplied by 1.03, less vaccines lost due to uncontrollable events) • *Denominator* — total number of NIP vaccines distributed and is expressed as a *percentage* 'Maintaining or decreasing' is defined as wastage or leakage of 10 per cent or less. *The group of NIP vaccines included in this measure are selected prior to the commencement of the reporting period.* *Total distributed doses is the total stock held by a jurisdiction at the start of the reporting period, plus the number of vaccines purchased during the reporting period, minus the vaccines held by jurisdictions at the end of the period.* *Uncontrollable events are vaccines lost to natural disasters, power outages or refrigeration failure.*
Data source:	*Numerator* — Certified wastage and leakage reports from states and territories for total distributed doses and vaccines lost to uncontrollable events and ACIR for number of vaccine doses administered. *Denominator* — Certified wastage and leakage reports from states and territories.
Data provider:	DoHA State and Territory administrative data
Data availability:	1 April 2010 to 31 March 2011
Cross tabulations:	State and Territory

Table 3 **Wastage and leakage of agreed vaccines 1 April 2010 to 31 March 2011[a, b]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of NIP vaccines lost to wastage/ leakage[c]	8.9	4.9	-6.0	11.3	3.2	7.4	6.0	2.7	4.8

a Vaccine wastage/leakage is defined as vaccine lost due to breakages or vaccine past its expiry date. It does not include uncontrollable events such as natural disasters, power outages or refrigeration failure. **b** Agreed vaccines included in the calculation of this measure are Infanrix Hexa and Hiberix/Pedvax HIB. **c** The proportion is derived by dividing the total wastage/leakage (accounting for loss due to uncontrollable events) by the total number of distributed doses.

Source: DoHA (unpublished) Australian Childhood Immunisation Register, State and Territory Administrative data (unpublished)

Box 3 **Comment on data quality**

The DQS for this indicator has been prepared by DoHA and is included in its original form in the section in this report titled 'Data Quality Statement'. Key points from the DQS are summarised below.

- The data provide relevant information on wastage and leakage of selected National Immunisation Program (NIP) vaccines, by State and Territory.
- The calculation excludes wastage or leakage due to uncontrollable events, such as natural disasters, power outages or refrigeration failure.
- States and territories provide certified reports that outline any known wastage that has occurred due to uncontrollable events. These reports also include information on the total stock held at the start and finish of the reporting period, and the number of vaccines distributed during the reporting period. These reports are not publicly available.
- Data from the Australian Child Immunisation Register (ACIR) are available quarterly. A minimum three-month lag period is allowed for late notification of immunisations to ACIR. Data are available for the reporting period of 1 April 2010 to 31 March 2011.
- The wastage and leakage calculation is an estimate only. Vaccination coverage rates calculated using ACIR data may underestimate actual vaccination rates because of under-reporting by immunisation providers. The wastage and leakage calculation includes an adjustment factor of 1.03 to account for under-reporting to ACIR.

The Steering Committee also notes the following issues:

- Queensland and the NT maintain their own databases for recording the number of doses administered, and upload directly to ACIR on a monthly basis. DoHA advise that the Queensland database is comprehensive, with little or no under-reporting. Without the adjustment factor, Queensland's wastage/leakage is zero, while applying the adjustment factor leads to a negative result.

Performance benchmark 4 — Maintaining or increasing vaccination coverage for four year olds

Performance benchmark:	Maintaining or increasing vaccination coverage for four year olds
Measure	The proportion of children, who are fully vaccinated, as defined in the Australian Childhood Immunisation Register (ACIR). The measure is defined as: • *Numerator* — the number of children reported as fully immunised as defined by the ACIR aged 60 months ≤ 63 months • *Denominator* — total number of children aged 60 months ≤ 63 months registered on the ACIR and is expressed as a *percentage* 'Maintaining or increasing' is defined as the coverage rate being equal to or greater than: • the baseline, or • 92.5 per cent (even if the annual coverage rate has fallen from the previous year). *A child is fully immunised when they are up-to-date with the standard vaccination schedule for their age or are on a suitable catch-up program based on the NIP schedule as defined by ACIR*
Data source:	*Numerator and denominator* — Australian Childhood Immunisation Register (ACIR)
Data provider:	DoHA
Data availability:	1 April 2010 to 31 March 2011
Cross tabulations:	State and Territory

Table 4 Proportion of children aged 60 months to less than 63 months who are fully vaccinated (per cent)[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Baseline[b]	77.1	83.7	81.3	78.1	74.7	81.2	85.8	81.7	79.8
Assessment period (1 April 2010 – 31 March 2011)	89.0	90.9	89.9	86.1	87.0	91.4	90.6	86.7	89.2

a A child is fully immunised when they are up-to-date with the standard vaccination schedule for their age or are on a suitable catch-up program based on the NIP schedule as defined in the ACIR. **b** The baseline is the lowest State and Territory coverage rate from the previous three assessment periods, where the assessment periods are calculated from 1 April to 31 March.

Source: DoHA (unpublished) Australian Childhood Immunisation Register.

Box 4 Comment on data quality

The DQS for this indicator has been prepared by DoHA and is included in its original form in the section in this report titled 'Data Quality Statement'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of children aged 60 to less than or equal to 63 months on the Australian Child Immunisation Register (ACIR) who are fully immunised, by State and Territory.
- Data for the ACIR are available quarterly. A minimum three-month lag period is allowed for late notification of immunisations to ACIR. Data are available for the reporting period of 1 April 2010 to 31 March 2011.
- Data are reported using the ACIR definition of fully-immunised children at 60 to less than 63 months: that is, children who have received immunisations for diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis, Haemophilus influenzae type B, measles, mumps and rubella.
- Vaccination coverage rates calculated using ACIR data may under-estimate actual vaccination rates because of under-reporting by immunisation providers. The extent of any under-reporting has not been assessed (although the wastage and leakage calculation (performance benchmark 3) includes an adjustment factor of 1.03 to account for under-reporting to ACIR).
- The disaggregation by State and Territory is based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, this data does not necessarily reflect the location in which services were received.

Data Quality Statements

This section includes the Data Quality Statements for the Essential Vaccines performance benchmark as provided by the data provider. The Steering Committee has not made any amendments to the content of these DQS.

Table 5 **Data quality statements**

Performance benchmark	*Page no. in this report*
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Data quality statement — Performance benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians

Target/Outcome	Performance benchmark 1: Maintaining or increasing vaccine coverage for Indigenous Australians
Measure (computation)	The numerator is the number of Indigenous Australian children reported as fully immunised, as defined in the Australian Childhood Immunisation Register (ACIR) aged: 12≤ 15 months; 24 ≤ 27 months; and 60 ≤ 63 months. The denominator is the number of Indigenous Australian children registered in ACIR aged: 12 ≤ 15 months; 24 ≤ 27 months; and 60 ≤ 63 months. Calculation is 100 x (Numerator ÷ Denominator) calculated for each age cohort and presented as a rate per 100 children for each age cohort. The current year coverage rate is compared to a baseline which is the lowest coverage rate from the previous three years. If this establishes a baseline lower than the previous year's baseline, then the higher baseline applies. For some jurisdictions the previous baseline was used.
Data source/s	ACIR Register
Institutional environment	The ACIR is administered and operated by Medicare Australia for the Australian Government Department of Health and Ageing (DoHA). Medicare Australia provides DoHA with quarterly coverage reports at the national and state level. Immunisations are notified to Medicare Australia by a range of immunisation providers including General Practitioners, Councils, Aboriginal Medical Services, State and Territory Health departments. For information on the institutional environment of the ACIR, including the legislative obligations of the ACIR, financing and governance arrangements, and mechanisms for scrutiny of ACIR operations, please see http://www.medicareaustralia.gov.au/public/services/acir/index.jsp. The tables for this indicator and data quality statement were prepared by DoHA.
Relevance	The ACIR records details of vaccinations given to children under seven years of age who live in Australia. Reporting for this performance benchmark is only for those children aged: 12≤ 15 months; 24 ≤ 27 months; and 60 ≤ 63 months. Data have been reported using the ACIR definition of fully-immunised children; that is, children who have received all the recommended immunisations appropriate to their age. • 12 ≤15 months: diptheria, tetanus, pertussis, hepatitis B, polio, and

Haemophius influenzae type b.

- 24 ≤ 27 months: diptheria, tetanus, pertussis, hepatitis B, polio, Haemophius influenzae type b, measles, mumps and rubella.
- 60 ≤ 63 months: diptheria, tetanus, pertussis, polio, measles, mumps and rubella.

These are the vaccines which are required for a person to achieve fully immunised status as defined by A New Tax System (Family Assistance) Act 1999.

The analysis by state/territory is based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, these data do not necessarily reflect the location in which services were received.

Indigenous status in the ACIR can be notified in three ways:

- When the child is registered with Medicare if the parent/guardian had marked the Medicare enrolment form.
- The immunisation provider can provide this information through the Record Encounter screen on the ACIR secure site or on the Immunisation encounter form.
- A parent/guardian can submit a Voluntary Indigenous Identifier to update their child's Medicare record which will then update their ACIR record.

Timeliness

The reference period is from 1 April 2010 to 31 March 2011.

ACIR data are reported quarterly. A minimum 3-month lag period is allowed for late notification of immunisations to ACIR.

Accuracy

Vaccination coverage rates calculated using ACIR data are believed to underestimate actual vaccination rates because of under-reporting by immunisation providers. However, the extent of any under-reporting has not been estimated.

Programs, such as the General Practice Immunisation Incentive (GPII), and provider incentive payments have helped minimise under-reporting by providing a financial incentive to report clean and accurate data.

The data contains minimal if any duplication of immunisations, as children are identified via their Medicare number. Approximately 99 per cent of children are registered with Medicare by 12 months of age.

The ACIR covers virtually all children, particularly because participation in the ACIR is via an ‘opt-out’ arrangement. Children enrolled in Medicare are automatically included on the ACIR. Children not enrolled in Medicare are included when an immunisation service provider sends details of an immunisation encounter to ACIR.

ACIR is considered to have high levels of Indigenous identification (estimated to be 95 per cent in 2005).

Coherence

The numerators and denominators have been consistent since the inception of the ACIR in 1996.

Interpretability	Further information on the ACIR can be found at: http://www.medicareaustralia.gov.au/public/services/acir/index.jsp Information on the National Immunisation Program and vaccinations can be found at http://www.immunise.health.gov.au/
Accessibility	Information on coverage rates for Indigenous Australians are not currently publicly accessible. Medicare Australia publishes current immunisation coverage from the ACIR on its web site, www.medicareaustralia.gov.au. Authorised immunisation providers can access detailed reports via a secured area of the Medicare Australia web site. Immunisation coverage data derived from the ACIR have been reported in *Communicable Disease Intelligence* since early 1998. Data for 3 key milestone ages (12 months, 24 months and 5 years (6 years prior to 2008)), nationally and by jurisdiction are published quarterly.

Data quality statement — Performance benchmark 2: Maintaining or increasing coverage in agreed areas of low immunisation coverage.

Target/Outcome	Maintaining or increasing coverage in agreed areas of low immunisation coverage.
Measure (computation)	The numerator is the number of Australian children resident in an area of low immunisation coverage reported as fully immunised in ACIR at: 12 ≤ 15 months; and 60 ≤ 63 months. The denominator is the total number of Australian children resident in an area of low immunisation coverage as registered in ACIR aged: 12 ≤ 15 months; and 60 ≤ 63 months. Calculation is 100 x (Numerator ÷ Denominator) calculated for each age cohort and presented as a rate per 100 children for each age cohort. The current year coverage rate is compared to the previous year coverage rate.
Data source/s	ACIR Register
Institutional environment	The ACIR is administered and operated by Medicare Australia for the Australian Government Department of Health and Ageing (DoHA). Medicare Australia provides DoHA with quarterly coverage reports at the national and state level. Immunisations are notified to Medicare Australia by a range of immunisation providers including General Practitioners, Councils, Aboriginal Medical Services, State and Territory Health departments. For information on the institutional environment of the ACIR, including the legislative obligations of the ACIR, financing and governance arrangements, and mechanisms for scrutiny of ACIR operations, please see http://www.medicareaustralia.gov.au/public/services/acir/index.jsp. The tables for this indicator and data quality statement were prepared by DoHA.
Relevance	The ACIR records details of vaccinations given to children under seven years of age who live in Australia. Reporting for this performance benchmark is only for those children aged: 12 ≤ 15 months; and 60 ≤ 63 months. Data have been reported using the ACIR definition of fully-immunised children; that is, children who have received all the recommended immunisations appropriate to their age. • 12 ≤15 months: diptheria, tetanus, pertussis, hepatitis B, polio, and Haemophius influenzae type b. • 60 ≤ 63 months: diptheria, tetanus, pertussis, polio, measles, mumps and rubella.

These are the vaccines which are required for a person to achieve fully immunised status as defined by A New Tax System (Family Assistance) Act 1999.

The analyses by state/territory and Local Government Area are based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, these data do not necessarily reflect the location in which services were received.

Timeliness

The reference period is from 1 April 2010 to 31 March 2011.

ACIR data are reported quarterly. A minimum 3-month lag period is allowed for late notification of immunisations to ACIR.

Accuracy

Vaccination coverage rates calculated using ACIR data are believed to underestimate actual vaccination rates because of under-reporting by immunisation providers. However, the extent of any under-reporting has not been estimated.

Programs, such as the General Practice Immunisation Incentive (GPII), and provider incentive payments have helped minimise under-reporting by providing a financial incentive to report clean and accurate data.

The data contains minimal if any duplication of immunisations, as children are identified via their Medicare number. Approximately 99 per cent of children are registered with Medicare by 12 months of age.

The ACIR covers virtually all children, particularly because participation in the ACIR is via an 'opt-out' arrangement. Children enrolled in Medicare are automatically included on the ACIR. Children not enrolled in Medicare are included when an immunisation service provider sends details of an immunisation encounter to ACIR.

Coherence

The numerators and denominators have been consistent since the inception of the ACIR in 1996.

Interpretability

Further information on the ACIR can be found at: http://www.medicareaustralia.gov.au/public/services/acir/index.jsp

Information on the National Immunisation Program and vaccinations can be found at http://www.immunise.health.gov.au/

Accessibility

Information on coverage rates by Local Government Areas are not currently publicly accessible.

Medicare Australia publishes current immunisation coverage from the ACIR on its web site, www.medicareaustralia.gov.au. Authorised immunisation providers can access detailed reports via a secured area of the Medicare Australia web site.

Immunisation coverage data derived from the ACIR have been reported in *Communicable Disease Intelligence* since early 1998. Data for 3 key milestone ages (12 months, 24 months and 5 years (6 years prior to 2008)), nationally and by jurisdiction are published quarterly.

Data quality statement — Performance benchmark 3: Maintaining or decreasing wastage and leakage

Target/Outcome	Maintaining or decreasing wastage and leakage
Measure (computation)	The numerator is the number of National Immunisation Program (NIP) vaccines lost to wastage / leakage. The denominator is the total number of NIP vaccines distributed. Calculation is 100 x (Numerator ÷ Denominator). The wastage and leakage rate is compared to a 10 per cent or less benchmark. The NIP vaccines assessed are Infanrix Hexa and Hiberix/Pedvax HIB.
Data source/s	ACIR Register and certified wastage and leakage reports from states and territories.
Institutional environment	The ACIR is administered and operated by Medicare Australia for the Australian Government Department of Health and Ageing (DoHA). Medicare Australia provides DoHA with quarterly coverage reports at the national and state level. Immunisations are notified to Medicare Australia by a range of immunisation providers including General Practitioners, Councils, Aboriginal Medical Services, State and Territory Health departments. For information on the institutional environment of the ACIR, including the legislative obligations of the ACIR, financing and governance arrangements, and mechanisms for scrutiny of ACIR operations, please see http://www.medicareaustralia.gov.au/public/services/acir/index.jsp. States and territories record vaccine stock distribution for their own planning purposes. Certified wastage and leakage reports are supplied by states and territories to DoHA at the end of the reporting period. The tables for this indicator and data quality statement were prepared by DoHA.
Relevance	The ACIR records details of vaccinations given to children under seven years of age who live in Australia. The analysis by state/territory is based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, this data does not necessarily reflect the location in which services were received.

Timeliness	The reference period is from 1 April 2010 to 31 March 2011.
	ACIR data are reported quarterly. A minimum 3-month lag period is allowed for late notification of immunisations to ACIR.
	The certified wastage and leakage reports are provided to DoHA by 18 April each year.
Accuracy	The wastage and leakage calculation is an estimate only.
	Vaccination coverage rates calculated using ACIR data are believed to underestimate actual vaccination rates because of under-reporting by immunisation providers. The wastage and leakage calculation includes an adjustment factor of 1.03 to account for under reporting to ACIR.
	The adjustment factor is minimal as the high immunisation coverage rate suggests that there is a high level of reporting. Programs, such as the General Practice Immunisation Incentive (GPII), and provider incentive payments have helped minimise under-reporting by providing a financial incentive to report clean and accurate data.
	The data contains minimal if any duplication of immunisations, as children are identified via their Medicare number. ACIR is an 'opt-out' arrangement, children enrolled in Medicare are automatically included on the ACIR. Approximately 99 per cent of children are registered with Medicare by 12 months of age. Children not enrolled in Medicare are included when an immunisation service provider sends details of an immunisation encounter to ACIR.
	The wastage and leakage calculation excludes vaccines lost due to uncontrollable events such as natural disasters, power outages or refrigeration failure. States and territories provide certified reports that outline any known wastage that has occurred due to controllable events.
	The certified reports also include information on the total stock held at the start and finish of the reporting period and the number of vaccines purchased during the reporting period.
Coherence	The numerators and denominators have been consistent since the inception of the ACIR in 1996.
Interpretability	Further information on the ACIR can be found at: http://www.medicareaustralia.gov.au/public/services/acir/index.jsp
	Information on the National Immunisation Program and vaccinations can be found at http://www.immunise.health.gov.au/
Accessibility	Medicare Australia publishes current immunisation coverage from the ACIR on its web site, www.medicareaustralia.gov.au. Authorised immunisation providers can access detailed reports via a secured area of the Medicare Australia web site.
	Immunisation coverage data derived from the ACIR have been reported in *Communicable Disease Intelligence* since early 1998. Data for 3 key

milestone ages (12 months, 24 months and 5 years (6 years prior to 2008)), nationally and by jurisdiction are published quarterly.

Certified state and territory reports are not publicly available.

Data quality statement — Performance benchmark 4: Maintaining or increasing vaccination coverage for four year olds

Target/Outcome	Maintaining or increasing vaccination coverage for four year olds
Measure (computation)	The numerator is the number of Australian children reported as fully immunised as defined in ACIR aged 60 ≤ 63 months. The denominator is the total number of Australian children aged 60 ≤ 63 months registered in ACIR. Calculation is 100 x (Numerator ÷ Denominator) presented as a rate per 100 children aged 60 ≤ 63 months. The current year coverage rate is compared to a baseline which is the lowest coverage rate from the previous three years. If this establishes a baseline lower than the previous year's baseline, then the higher baseline applies. For 2010-11 reporting, all baselines are higher than the previous baseline.
Data source/s	ACIR Register
Institutional environment	The ACIR is administered and operated by Medicare Australia for the Australian Government Department of Health and Ageing (DoHA). Medicare Australia provides DoHA with quarterly coverage reports at the national and state level. Immunisations are notified to Medicare Australia by a range of immunisation providers including General Practitioners, Councils, Aboriginal Medical Services, State and Territory Health departments. For information on the institutional environment of the ACIR, including the legislative obligations of the ACIR, financing and governance arrangements, and mechanisms for scrutiny of ACIR operations, please see http://www.medicareaustralia.gov.au/public/services/acir/index.jsp. The tables for this indicator and data quality statement were prepared by DoHA.
Relevance	The ACIR records details of vaccinations given to children under seven years of age who live in Australia. Reporting for this performance benchmark is only for those children aged 60 ≤ 63 months. Data have been reported using the ACIR definition of fully-immunised children at 60 ≤ 63 months; that is, children who have received all the recommended immunisations for diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps and rubella. These are the vaccines which are required for a person to achieve fully immunised status as defined by A New Tax System (Family Assistance) Act 1999.

	The analysis by state/territory is based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, these data do not necessarily reflect the location in which services were received.
Timeliness	The reference period is from 1 April 2010 to 31 March 2011. ACIR data are reported quarterly. A minimum 3-month lag period is allowed for late notification of immunisations to ACIR.
Accuracy	Vaccination coverage rates calculated using ACIR data are believed to underestimate actual vaccination rates because of under-reporting by immunisation providers. However, the extent of any under-reporting has not been estimated. Programs, such as the General Practice Immunisation Incentive (GPII), and provider incentive payments have helped minimise under-reporting by providing a financial incentive to report clean and accurate data. The data contains minimal if any duplication of immunisations, as children are identified via their Medicare number. Approximately 99 per cent of children are registered with Medicare by 12 months of age. The ACIR covers virtually all children, particularly because participation in the ACIR is via an 'opt-out' arrangement. Children enrolled in Medicare are automatically included on the ACIR. Children not enrolled in Medicare are included when an immunisation service provider sends details of an immunisation encounter to ACIR.
Coherence	The numerators and denominators have been consistent since the inception of the ACIR in 1996.
Interpretability	Further information on the ACIR can be found at: http://www.medicareaustralia.gov.au/public/services/acir/index.jsp Information on the National Immunisation Program and vaccinations can be found at http://www.immunise.health.gov.au/
Accessibility	Medicare Australia publishes current immunisation coverage from the ACIR on its web site, www.medicareaustralia.gov.au. Authorised immunisation providers can access detailed reports via a secured area of the Medicare Australia web site. Immunisation coverage data derived from the ACIR have been reported in *Communicable Disease Intelligence* since early 1998. Data for 3 key milestone ages (12 months, 24 months and 5 years (6 years prior to 2008)), nationally and by jurisdiction are published quarterly.

References

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Acronyms and abbreviations

ACIR	Australian Childhood Immunisation Register
ACT	Australian Capital Territory
Aust	Australia
COAG	Council of Australian Governments
CRC	COAG Reform Council
DGP	Division of General Practice
DoHA	Department of Health and Ageing
DQS	Data quality statement
GPII	General Practice Immunisation Incentive
IGA	Intergovernmental Agreement on Federal Financial Relations
LGA	Local Government Area
MCFFR	Ministerial Council for Federal Financial Relations
NA	National Agreement
NIP	National Immunisation Program
NP	National Partnership
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SPP	Specific Purpose Payment
Tas	Tasmania
Vic	Victoria
WA	Western Australia