IMMUNISATION IN ACTION: LOCAL GOVERNMENT CASE STUDIES

MAV
MUNICIPAL ASSOCIATION OF VICTORIA

The Municipal Association of Victoria (MAV) is the statutory peak body for local government in Victoria, representing all 79 municipalities within the state. As the peak body for the local government sector, the MAV offers councils a one-stop shop of services and support to help them serve their communities

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional custodians of the land on which we live. We recognise their continuing connection to land, waters and culture and pay our respects to their Elders past and present.

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This report has been prepared by the MAV based on information provided by councils in May 2026.

The MAV appreciates the time and effort councils invested in sharing insights about their immunisation programs. Thank you for your ongoing dedication and commitment to protecting the health and wellbeing of Victorian communities.

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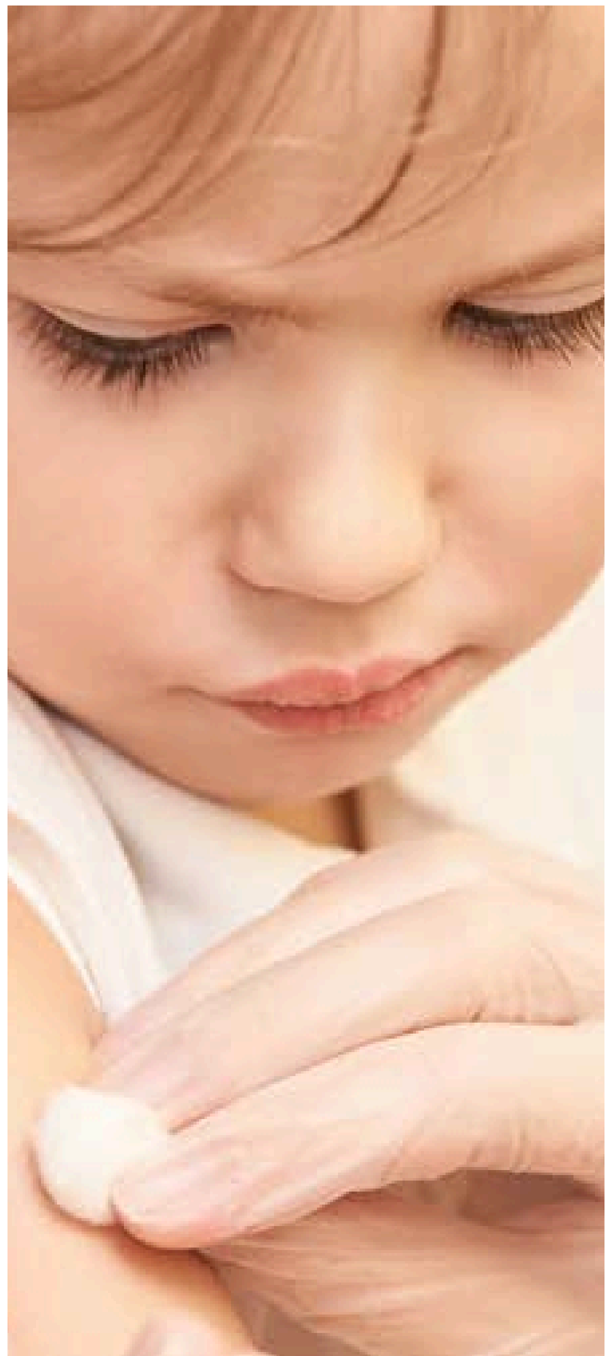
INTRODUCTION

Local government plays a significant role in Victoria's immunisation system, contributing far beyond the delivery of vaccination clinics alone. Councils support immunisation through a wide range of activities that influence access, uptake, community confidence, and local system coordination.



This collection of case studies highlights the diversity of that contribution across communities, settings, and population groups. The examples demonstrate councils delivering and supporting school-based programs, outreach to priority communities, community engagement and education activities, partnerships with health services, local access initiatives, and practical responses to emerging demand and service pressures. Collectively, they illustrate how immunisation outcomes are strengthened through locally informed, place-based approaches that extend beyond clinical delivery.

A consistent theme across the case studies is the importance of local government's connection to community. Councils are often well positioned to identify gaps, respond to local circumstances, and work alongside trusted community and service partners. This enables flexible approaches that improve accessibility and support participation, particularly for communities who may experience barriers to mainstream services.

The case studies also reflect the increasing complexity of the environment in which councils are operating. Workforce pressures, growing service demand, funding constraints, and rising expectations on local public health systems continue to shape delivery conditions. Despite these challenges, councils continue to adapt and sustain services, with the examples in this report illustrating the scale of current effort and the potential for greater impact with ongoing support and investment.

Together, the case studies demonstrate the breadth, adaptability, and value of local government involvement in immunisation, and the important role councils play in supporting community health outcomes across Victoria.

OUTREACH

BRINGING IMMUNISATION SUPPORT TO FAMILIES AT HOME

A regional council has developed an outreach immunisation program to support vulnerable families identified through Maternal and Child Health (MCH), Early Years, and Family Services programs. Introduced alongside Enhanced MCH support, the initiative helps ensure children do not miss important vaccinations because of practical, social, or financial barriers.

REACHING FAMILIES WHO MIGHT OTHERWISE MISS OUT

The program was developed in response to concerns that some families were falling through service gaps and struggling to access traditional immunisation services. This included families experiencing socio-economic disadvantage, culturally and linguistically diverse (CALD) communities, and households facing complex social circumstances. Council recognised that, without additional support, some children were at risk of delayed or missed vaccinations simply because families were unable to engage with health services in a timely or consistent way.

BRINGING IMMUNISATION INTO THE HOME

Staff across MCH, early years, and family services work together to identify families who may need additional support to access childhood vaccinations. Families are then referred into the outreach pathway for tailored assistance.

Council immunisation staff provide free in-home vaccination visits for these families, removing a barrier that may have prevented them from engaging with immunisation services.

Bringing the service into the home can also help build trust for some families.

MORE THAN A VACCINATION VISIT

The outreach model has improved access to childhood immunisations and supported more timely vaccination for children who may otherwise experience delays.

It has strengthened referral pathways and relationships between Council teams, improving coordination for families experiencing vulnerability or complex circumstances.

Importantly, the approach has helped build trust with families who may feel disconnected from services. In many cases, the home visit model has supported broader engagement with early years and wellbeing services.

SUSTAINING INTENSIVE OUTREACH SUPPORT

Workforce capacity and funding remain significant challenges for delivering outreach immunisation programs.

Providing in-home visits within an already busy immunisation schedule places additional pressure on staff and resources, particularly as the service is delivered free of charge.

Despite these pressures, Council continues to view the outreach approach as an essential service for families who may otherwise miss vaccinations or experience long delays.

FUTURE OPPORTUNITIES

The initiative demonstrates the important role local government can play in delivering flexible, equity-focused immunisation services that respond directly to local community needs. Council will continue delivering the program on a needs basis, with opportunities to expand the model if additional funding becomes available.

OUTREACH IMMUNISATION SUPPORT FOR VULNERABLE WOMEN AND CHILDREN

Darebin City Council delivers an outreach immunisation program for women and children experiencing homelessness, family violence, mental health challenges, and alcohol and other drug dependency. The program was developed in response to barriers that prevent timely vaccination, and the downstream consequences of under-immunisation, including reduced access to childcare and impacts on Family Assistance payments.

RESPONDING TO GROWING FAMILY VULNERABILITY

The program supports families living in crisis accommodation, women's refuges, and residential rehabilitation settings, where instability in housing and care arrangements can make it difficult to maintain routine immunisation schedules.

Council identified these families needed flexible, sustained engagement to remain connected to healthcare and related services. Many also required support navigating the Australian Immunisation Register (AIR),

TAKING IMMUNISATION SERVICES TO FAMILIES

Delivered in partnership with the Enhanced Maternal and Child Health (EMCH) service, Council immunisation staff provide outreach vaccination where families are living.

Immunisation nurses deliver routine and catch-up immunisations on site, support families through updating AIR records, and actively follow up to keep children connected to their vaccination schedule.

Where families move between services or locations, staff coordinate referrals with other councils and providers to maintain continuity of care.

BUILDING TRUST & CONTINUITY OF CARE

The outreach model has strengthened relationships between Council and women's refuge providers. These services now directly initiate contact with Council to provide immunisation and AIR support to families in need..

Ongoing follow-up has helped vulnerable families remain connected to vaccination pathways, reducing the risk of children becoming further delayed or disengaged from healthcare systems.

The program has also supported broader wellbeing outcomes, including sustained access to childcare, financial supports, and family reunification processes linked to up-to-date immunisation status.

SYSTEM REALITY

This is a resource-intensive model that requires persistence, flexibility, and ongoing follow-up. Families' circumstances can change rapidly, making engagement difficult to maintain. Ongoing challenges include unanswered phone calls and text messages, changes in family circumstances that prevent planned visits from occurring, and children moving between parental care, kinship care, and out-of-home care arrangements.

These factors can make it difficult to maintain continuity of care and keep children connected to routine immunisation schedules. However, they also demonstrate why outreach is necessary. Without intensive follow-up and flexible service delivery, many children would remain unimmunised or under-immunised, further compounding existing disadvantage and disconnection from essential services.

Council views the program as an investment in the long-term health and wellbeing of vulnerable children and families, and continues to deliver it as an ongoing service despite the significant resources required. Additional investment would enable expanded outreach capacity to meet growing demand.

VACCINATION AT HOME: SUPPORTING FAMILIES WITH COMPLEX NEEDS

Frankston City Council's Enhanced Maternal and Child Health (EMCH) and Immunisation teams work together to support children who are behind on vaccinations and need extra help to catch-up, including children in foster and kinship care. Nurses provide immunisations through home visits or in other settings where families feel safe.

LOCAL CONTEXT

Some families are managing difficult circumstances that affect their ability to attend scheduled appointments. Financial stress, mental health challenges, substance use, housing instability and family violence can all make routine healthcare harder to maintain.

In these situations, immunisation can often be delayed because life is overwhelming, not because families are unwilling to vaccinate. Without a different approach, children can fall behind the immunisation schedule and face barriers to early learning enrolment.

HOW IT WORKS

MCH nurses identify families struggling to attend vaccination appointments, including families with multiple births, short-term illness or injury, or periods of significant stress at home. They then refer these families through to the EMCH nurses who in turn work with the Immunisation Team Leader to identify the required vaccines. They then organise a home visit with the family. Home visits are carried out by EMCH and immunisation nurses, either together or as a small immunisation team depending on what the family needs.

PROGRAM IMPACT

Home visits make it more likely that children complete their vaccinations on time.

Families do not need to travel or manage clinic appointments, removing a common barrier to care.

This helps children stay on track for early learning enrolment and reduces delays caused by missed immunisations.

> "When care is delivered in a way that fits around families' lives, more children get vaccinated and fewer fall through the gaps."

CHALLENGES & LEARNINGS

Home visiting takes more time and coordination than clinic-based care and is not separately funded.

Council absorbs these costs because the need is high and the alternative is children missing vaccinations.

The model works best when MCH and immunisation teams communicate directly and act quickly.

This close coordination makes it easier to respond to complex family situations.

FUTURE OPPORTUNITIES

There is scope for other levels of government to formally recognise and fund home-visit immunisation as part of equitable service delivery.

The model could also be expanded to other vaccines and age groups, particularly for young people who are not connected to school-based programs or other services.

REACHING FAMILIES WHO ARE MISSING ROUTINE VACCINATIONS

Kingston City Council delivers a targeted home visiting immunisation outreach program for vulnerable and vaccine hesitant families who are not consistently accessing clinic-based vaccination services.

Referrals come through Enhanced Maternal and Child Health (EMCH) nurses, who identify children overdue for vaccination or families requiring additional support. These referrals often involve a combination of practical and confidence-based barriers, including transport difficulties, competing family demands, language or cultural factors, uncertainty about catch-up schedules, and reduced trust in health services following COVID-19.

The program was developed in response to lower immunisation coverage among families experiencing social disadvantage or limited engagement with health services, recognising that standard appointment-based models were not consistently reaching everyone who needed support.

Instead of relying on families to attend clinics, the program provides personalised vaccination support in the home, helping families complete catch-up schedules and maintain eligibility for childcare, playgroups and kindergarten under No Jab, No Play requirements.

A COORDINATED HOME VISITING APPROACH

Enhanced MCH nurses work closely with the immunisation team to identify families requiring additional support and facilitate referrals into the program.

Following referral, immunisation nurses organise home visits, review vaccination history, identify missing vaccines, and develop catch-up plans tailored to the child and family circumstances.

Delivering the service in the home creates a more familiar and responsive environment for families who may feel overwhelmed, anxious, or hesitant about vaccination. It also allows staff to work through practical barriers directly with families and provide follow-up at a pace that supports ongoing engagement.

In some cases, an Enhanced MCH nurse attends alongside the immunisation nurse during visits, providing a familiar presence for the family while also fulfilling the role of a second nurse required in the event of a vaccine emergency.

Some families complete vaccination during a single visit, while others require multiple contacts and staged follow-up over time.

IMPROVING FOLLOW-THROUGH AND REBUILDING CONFIDENCE

By delivering vaccination support in the home, the program has improved engagement with immunisation services among families who were previously missing or delaying vaccinations.

The program has increased completion of catch-up schedules, reduced missed vaccinations, and supported children to meet immunisation requirements for participation in early years settings.

Families have responded positively to the personalised and relationship-based approach, particularly where previous experiences with healthcare services had affected confidence or follow-through. Feedback from families and MCH nurses indicates that the model provides a more supportive pathway into immunisation services for at-risk households.

The initiative has also strengthened collaboration between immunisation and MCH services, supporting more coordinated care and stronger connections with vulnerable families across the municipality.

PERSISTENCE, FLEXIBILITY AND TRUSTED RELATIONSHIPS

The work is often complex and progress can be uneven. Appointment cancellations, language barriers, vaccine hesitancy, and changing family circumstances can all affect engagement and follow-through.

A key lesson from the program has been the importance of persistence and relationship-building. For some families, vaccination only proceeds after multiple contacts and ongoing encouragement through established MCH relationships.

EXPANDING REACH THROUGH EARLIER INTERVENTION

The program continues as part of Kingston City Council's immunisation service, with opportunities to strengthen referral pathways and closer integration with other community health services.

Earlier identification of families at risk of delayed vaccination would support more timely intervention before children fall significantly behind on their schedules.

Additional workforce capacity, sustained resourcing, and dedicated follow-up time would further strengthen the program's reach and effectiveness, particularly for families requiring intensive engagement over longer periods.

The program highlights:

- the value of coordinated home-based service delivery in reaching families who may otherwise miss routine vaccinations,
- the role councils can play in improving immunisation equity through flexible, community-based delivery tailored to local needs, and
- reinforces the importance of trusted local services working together to support equitable access to immunisation.

> "It's always about the wellbeing of the child and family, and making sure care is accessible, supportive and easy to reach."

IMMUNISATION AT HOME FOR FAMILIES FACING BARRIERS

The Immunisation Home Visit Service provides free vaccinations to vulnerable families and families unable to access community immunisation sessions or other immunisation providers such as GPs. The limited service operates in the Wodonga LGA and is also available across Benalla Rural City, Indigo Shire, and Strathbogie Shire through referrals from local Maternal and Child Health (MCH) services.

Families are identified and referred through the Enhanced Home Visiting Service (EHVS) MCH program or other local MCH teams. Council immunisation nurses then arrange home visits and deliver vaccinations directly in the family home. The service is ongoing and has operated for several years.

WHEN GETTING TO A CLINIC IS NOT POSSIBLE

Some families experience barriers that make standard immunisation appointments difficult to attend. These include transport challenges, family violence, mental health concerns, socio-economic disadvantage, child protection involvement, and substance use issues.

For these families, missed appointments can quickly lead to children falling behind on the routine immunisation schedule. The home visit model was introduced to close that gap and provide a practical alternative for families.

HOW THE HOME VISIT WORKS IN PRACTICE

MCH nurses identify families who may be struggling to access immunisation services and complete a referral.

Council immunisation nurses then make contact with the family to arrange a suitable time for a visit.

Vaccinations are delivered in the family home, removing the need to travel, navigate services, or attend a clinic appointment.

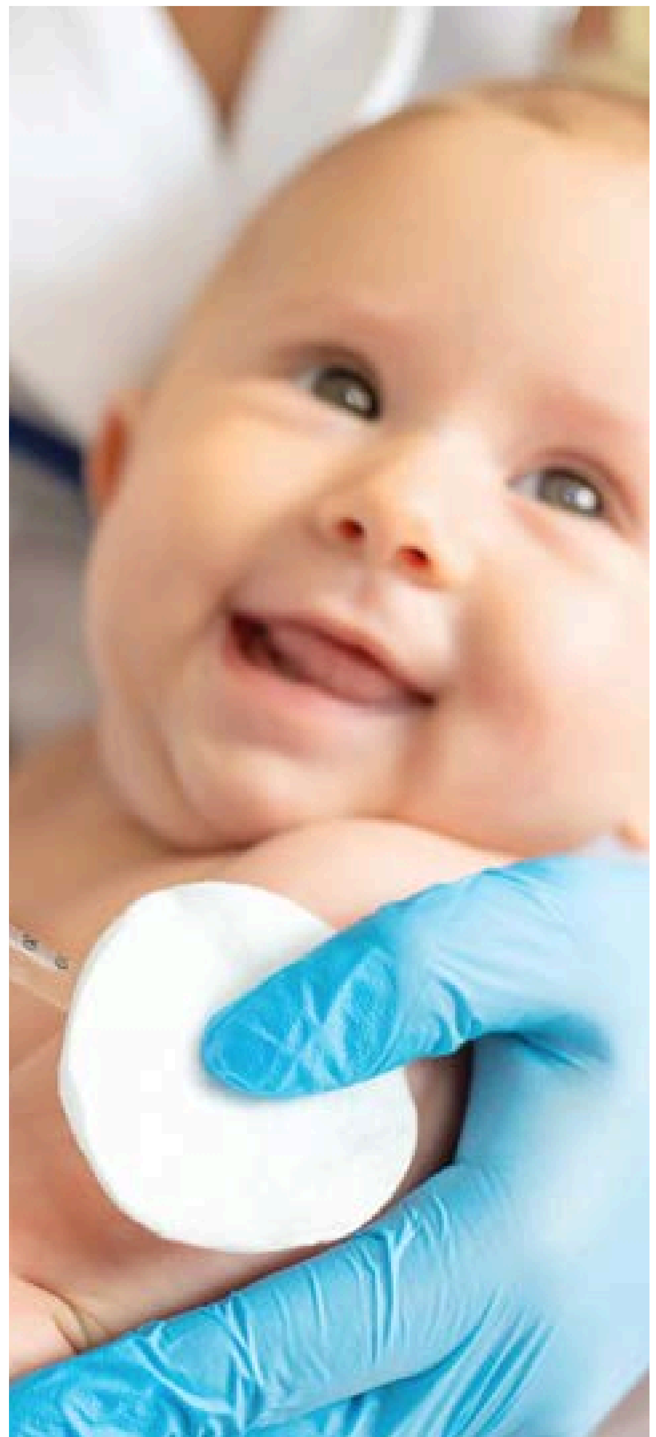
The model depends on close coordination between MCH services and Council immunisation staff to ensure families are followed up in a timely and consistent way.

WHAT IT ACHIEVES ON THE GROUND

The service currently supports around one to two home visits each month.

While the numbers are modest, the impact is significant for the families involved. Children who might otherwise remain overdue are brought back into the immunisation schedule. In some cases, other household members are also identified and vaccinated, particularly during influenza season when opportunistic vaccination can be offered.

The approach helps build trust with families who may otherwise remain disconnected from services.



WHAT CAN MAKE IT CHALLENGING IN PRACTICE

The service is resource intensive and operates without dedicated funding.

Not every visit goes as planned. Families are sometimes not home when nurses arrive, which means appointments need to be rescheduled and staff time is used inefficiently.

Home environments can also present practical challenges, including limited suitable space to safely prepare and deliver vaccinations.

These realities add pressure to an already limited resource base, even though the need for the service is clear.

WHAT HAS BEEN LEARNED

The strongest enabler of the program is the working relationship between MCH teams and immunisation nurses. Referrals are timely, and families are more likely to engage when the approach is coordinated and familiar.

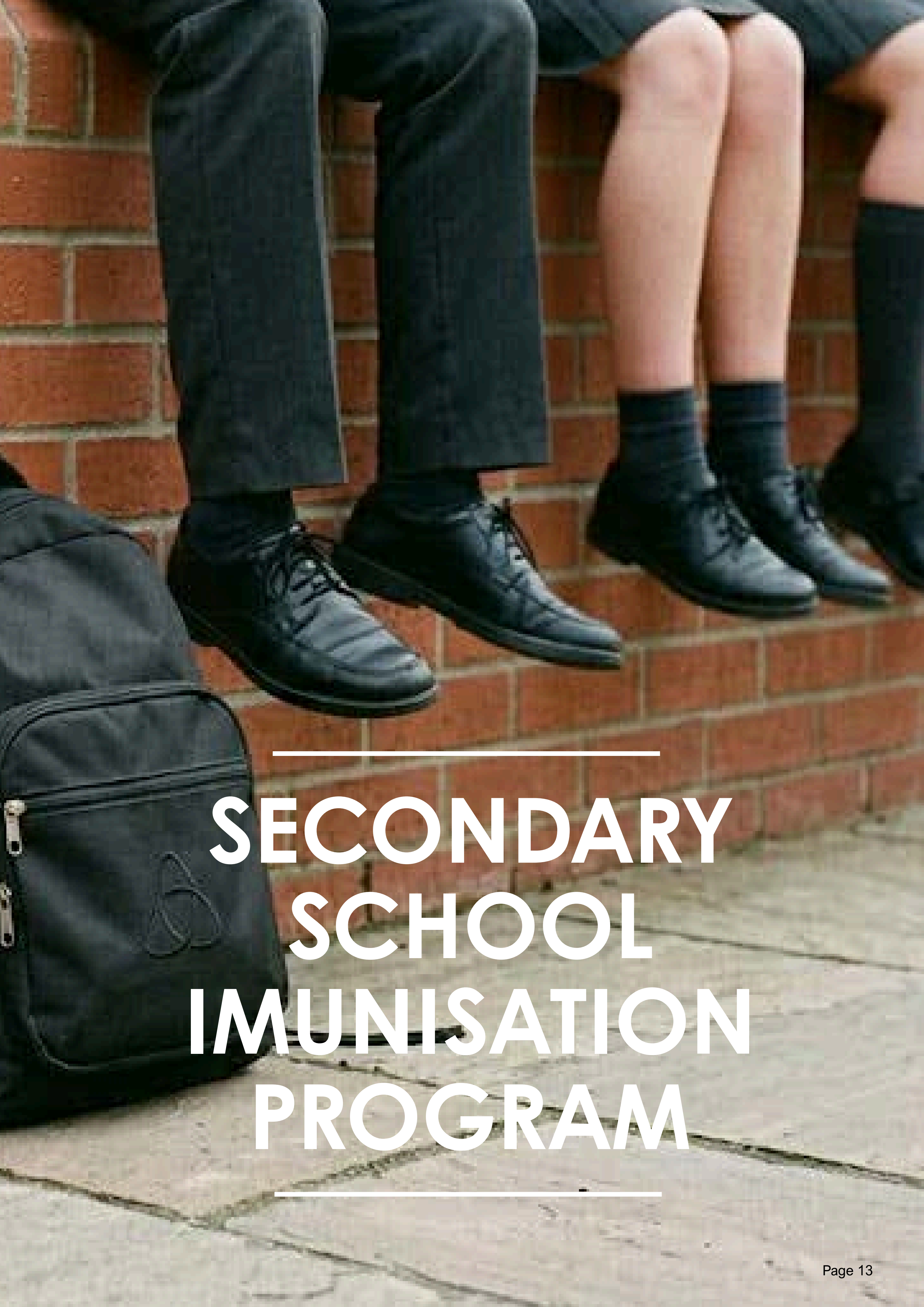
The service also reinforces that flexibility matters. For a small group of families, traditional clinic-based models simply do not reach them, regardless of intent or availability.

WHERE TO NEXT

The service will continue for as long as Council resources allow.

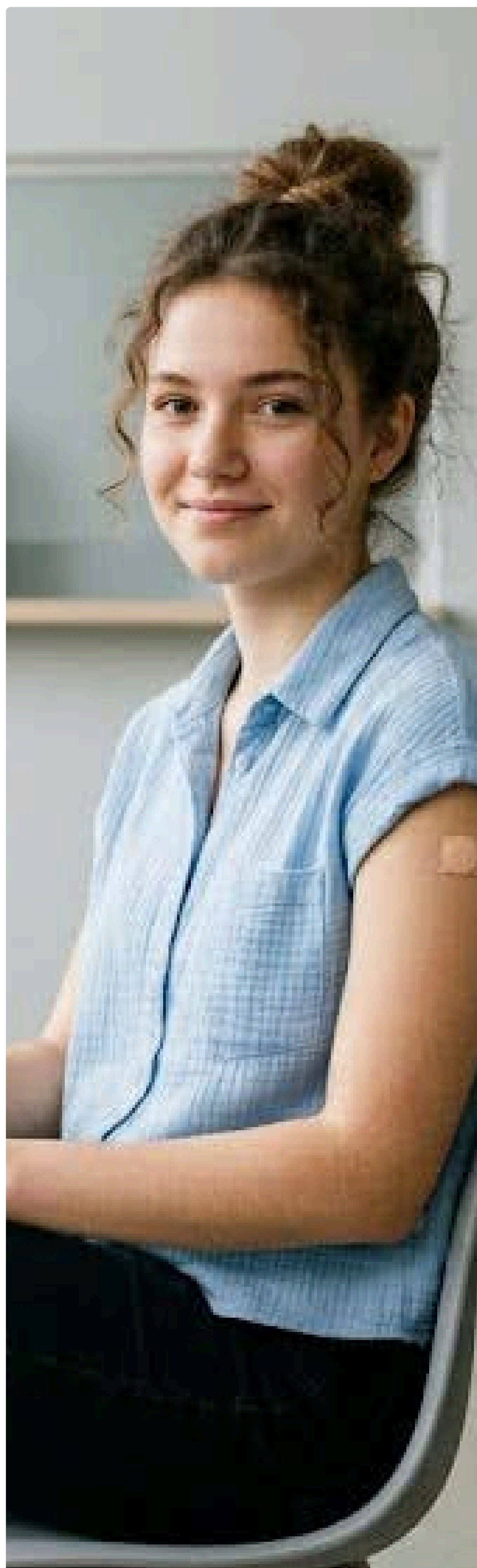
Longer-term sustainability would be strengthened, and future service expansion would be enabled, through dedicated funding, similar to the Enhanced Home Visiting model in Maternal and Child Health.

This would allow the service to remain responsive without relying on stretched discretionary capacity, while ensuring vulnerable children continue to receive equitable access to immunisation.



SECONDARY SCHOOL IMUNISATION PROGRAM

FRANKSTON SECONDARY SCHOOL IMMUNISATION PROGRAM



Frankston City Council delivers its Secondary School Immunisation Program across 17 schools within the municipality, including government, Catholic, independent, specialist and alternative education settings.

Recognising that young people access education in different ways and face varying barriers to vaccination, Council has developed a flexible service model designed to ensure students have multiple opportunities to receive their National Immunisation Program vaccines.

While annual school-based vaccination sessions form the foundation of delivery, Council also undertakes extensive follow up, catch-up and tailored engagement activities throughout the year.

Much of this work sits outside the external funding provided for the program and reflects Council's commitment to ensuring young people have every opportunity to get vaccinated.

This case study explores how the program is adapted to meet the needs of different student cohorts:

- Part A details the mainstream secondary school program and Council's structured catch-up model.
- Part B looks at Council's approach to delivering immunisation services within alternative education settings.
- Part C shows how the program is adapted to support students attending specialist schools.

PART A: MAINSTREAM SECONDARY SCHOOL IMMUNISATION CATCH-UP PROGRAM

Frankston's mainstream secondary school program is built around strong partnerships with schools and proactive engagement with families.

Schools distribute the initial vaccination consent form information to parents and carers, while Council manages all subsequent follow up. Returned consent forms are processed through the State's immunisation portal (CIRV) and recorded within Council systems to support planning, reporting and any required follow up activities.

In the weeks leading up to each school session, Council sends reminder messages to parents and carers through SMS and email channels.

Each participating school receives a dedicated immunisation session for Year 7 and another for Year 10 students. These sessions form the foundation of the program and provide the primary opportunity for students to receive their scheduled vaccinations.

CHALLENGES OF VACCINATING TEENS

Adolescence presents unique challenges for immunisation delivery. Family schedules can become increasingly complex, school attendance may fluctuate, and there are fewer routine health system touchpoints through which overdue vaccinations can be identified.

These challenges are further complicated by the fact that parents can no longer directly access their child's immunisation history once the child turns 14 years of age, which can make it more difficult for families to determine if any vaccines remain outstanding.

MEETING THESE CHALLENGES

Frankston recognises that a single school visit is often not enough to achieve high vaccination coverage.

Students may be absent on the day of vaccination, fail to return a consent form, experience anxiety about vaccination, or initially choose not to participate. For this reason, Council operates a structured catch-up model designed to provide multiple opportunities for vaccination throughout the year.

Following completion of the initial school visits, Council returns to schools for these dedicated catch-up sessions.

The catch-up sessions are typically conducted in Term 3 or Term 4 and often involve visiting multiple schools in a single day due to the smaller number of students requiring vaccination.

Parents and carers are notified of catch-up opportunities and may also choose to attend one of Council's community immunisation sessions with their child. Information is also provided regarding other vaccination providers, including GPs, pharmacies and councils in neighbouring municipalities.

IMPACTS OF CATCH-UPS

With adolescent vaccination coverage rates hovering around 80 per cent, Frankston City Council's Secondary School Immunisation Program contributes to incremental but important gains in overall population coverage.

By providing scheduled school-based sessions supported by follow up visits and catch-up opportunities, the program increases the number of students who are vaccinated within the recommended timeframe.

While each catch-up session may involve relatively small numbers of students, these additional delivery points collectively contribute to higher overall coverage and more complete protection across the adolescent population.

PART B: ALTERNATIVE SECONDARY SCHOOL PATHWAYS

Frankston City Council works with a range of alternative education providers supporting young people who have disengaged from mainstream schooling or are participating in non-traditional education pathways.

Many students attending these settings are navigating significant and often complex challenges. Some may have experienced disrupted schooling, housing instability, family violence, mental health challenges, involvement with child protection services, out-of-home care arrangements, or limited engagement with healthcare services. These circumstances can affect both school attendance and access to routine preventive healthcare, including immunisation.

Students may have missed earlier school-based immunisation opportunities, childhood vaccinations, or both, resulting in more complex and varied gaps in protection.

Recognising this, Council has developed a tailored approach that prioritises flexibility, relationship building and individualised planning to encourage vaccination.

UNDERSTANDING EACH STUDENT'S NEEDS

Once student information is received, Council nurses review each student's immunisation history through the Australian Immunisation Register. This includes both adolescent vaccines and any outstanding childhood vaccinations.

These reviews frequently identify broader gaps in vaccination history than initially anticipated, requiring nurses to develop individual catch-up plans based on each student's circumstances and immunisation status.

School staff play an important role throughout this process. They support communication with students, families and carers, provide insight into individual circumstances, and help identify students who may be capable of providing mature minor consent.

A FLEXIBLE AND STUDENT-CENTRED APPROACH

Unlike mainstream school programs, where most students can be reached through a scheduled year-level session, immunisation delivery in alternative education settings often occurs progressively over the course of the school year.

Nurses work closely with school staff to tailor their approach to individual students. Some vaccines are provided with parent or carer consent, in other cases they are delivered with mature minor consent.

Council immunisation nurses work closely with these young people to support informed decision making. These conversations are practical and paced for each individual. Nurses explain what vaccines are for, respond to questions, address concerns and allow students time to make decisions without pressure.

Where possible, the same nurses return to the same education settings throughout the year. This continuity helps build familiarity and trust, particularly for students who may have experienced disruption, instability or inconsistent engagement with other services.

Students who are not ready to proceed at one visit are often willing to re-engage at a later date.

In some cases, students who initially decline vaccination return at subsequent visits ready to proceed after having had time to consider the information provided.

CHALLENGES AND REFLECTIONS

Alternative education settings require a model that can respond to changing circumstances and inconsistent attendance patterns.

Planned immunisation sessions are frequently affected by student absences, competing priorities, or factors outside the control of either the school or immunisation provider. Even where students are interested in vaccination, readiness to engage can vary considerably from one visit to the next.

For this reason, successful delivery depends on flexibility, continuity and strong partnerships between schools and immunisation providers. It also requires a level of time and workforce investment that extends beyond traditional school-based vaccination models and funding.

While resource intensive, this approach enables Council to reach young people who are among the least likely to access routine preventive healthcare through conventional pathways and helps ensure that some of the community's most vulnerable young people are not overlooked.

> “In these settings, better immunisation coverage comes from staying flexible, building trust over time, and being present long enough for the right opportunities to arise.”

PART C: ADAPTING TO INDIVIDUAL NEEDS IN SPECIALIST SCHOOLS

Frankston City Council delivers immunisation programs across three specialist schools, each supporting students with diverse and often complex needs. While enrolments in these schools are relatively small, they continue to grow, and achieving high vaccination coverage of this cohort requires a flexible, highly individualised approach.

Obtaining consent can be more challenging in specialist school settings for a range of reasons. Some parents and carers have low literacy levels, some students are in out-of-home care arrangements where consent processes are more complex, and some families may have concerns about the relevance or necessity of particular vaccines.

There can also be an expectation that vaccinations will be provided alongside other healthcare appointments, which is often not the case.

The level of support available within schools can also influence participation. Where a school nurse is present, families often have an established and trusted relationship with someone who can answer questions and support informed decision-making.

For some students, receiving vaccinations in a school setting is not appropriate. Depending on their disability, students may be unable to sit safely for vaccination or may require physical restraint, which is not part of Council's school immunisation programs.

For many others, success depends on nurses adapting to individual communication styles, providing additional reassurance, using communication aids, working closely with school staff, and allowing significantly more time than would typically be required in a mainstream setting.

The following two examples demonstrate how persistence, flexibility, and strong partnerships between schools, families, and council immunisation teams can help ensure students are not left behind.

STUDENT A: BUILDING TRUST OVER TIME

A student with Down's syndrome attended one of Frankston's specialist schools and was well known to the immunisation team. Outgoing and friendly, the student would regularly stop to say hello whenever the nurses visited the school.

The student successfully received their Year 7 vaccines. However, by the time they became eligible for their Year 10 vaccination, they had developed a significant needle phobia.

Over the following two and a half years, the immunisation team continued to engage with the student during every school visit. Nurses learned about their interests, talked about activities outside school, and became familiar with the teddy bear that accompanied the young person everywhere.

Teddy soon became an important part of the immunisation team. At almost every visit, Teddy bravely stepped forward to receive "their vaccination" while nurses gently worked to build the student's confidence. By the end of the journey, poor Teddy had accumulated an impressive vaccination record of his own.

During this period, the student became a school leader. With encouragement from the principal and a growing sense of responsibility to model positive behaviour for younger students, the student worked with the immunisation team to overcome their fear.

There were a few false starts along the way, but after two and a half years of greetings, conversations, "immunisations" of Teddy and plenty of patience, the student successfully received their vaccination.

The achievement was celebrated by school staff and the immunisation team. The student was delighted, proudly reflecting afterwards that "it wasn't that bad."

STUDENT B: WORKING AROUND THE STUDENT

Another student attending a specialist school was non-verbal and experienced significant challenges with unfamiliar tasks and environments. The student required a two-to-one staff ratio for support and could display aggressive behaviours when distressed.

The student had previously received Year 7 vaccinations while under sedation as part of other healthcare needs. However, following discussions with the family, sedation was no longer considered an option for future vaccinations.

An initial attempt was made to vaccinate the student in the usual immunisation area. Staff hoped familiar rewards, including favourite lollies, might provide sufficient distraction. However, the change in environment caused the student to become increasingly anxious and unsettled. The risk of injury to staff and the student became too high, and the attempt was abandoned.

The student's parents were highly motivated to find an alternative solution, having previously lost someone to meningococcal disease and wanting to ensure their child was protected.

Working closely with school staff, it was identified that the student was much more comfortable within their classroom environment.

Together teachers and nurses developed a carefully planned approach. The student would remain in class wearing a t-shirt, staff would provide access to their favourite music videos on an iPad, and the “good lollies” would be available for distraction.

To minimise anxiety, only one nurse entered the classroom, carrying minimal equipment, while a second nurse remained outside. The nurse entered only when staff indicated the student was settled and engaged.

The plan worked. The vaccine was administered safely and quickly, and the student barely noticed it had occurred. While they appeared aware that something unusual had happened, they were immediately met with encouragement, high-fives, and the much-valued “good lollies”.

The student's parents were relieved and delighted that the vaccination had been completed without the need for additional appointments or interventions.

Reflections from the Program

"Thanks again for your support and delivery of an accessible and inclusive immunisation session to our students."
School Nurse, Nepean School

A Frankston City Council immunisation nurse reflected on the importance of flexibility when working with specialist school communities:

"I am so lucky to have extremely supportive managers who give our team the flexibility to take the time needed to deliver all aspects of our immunisation service well. My concern, however, is that without dedicated funding, this level of responsiveness may eventually become difficult to sustain.

Some students require significantly more time and individual support to progress towards vaccination, while others can be immunised quickly in large groups during school sessions. It is the students who need extra time, patience and continuity who are most at risk of being missed. They are also the students who make our job just a little more rewarding."

The success of specialist school immunisation depends on close collaboration between nurses, school staff and families, and a willingness to adjust traditional immunisation approaches to meet individual needs safely.

Frankston’s experience highlights the role of council immunisation services in providing this level of adaptability for students who are least likely to be reached through conventional delivery models.

LESSONS LEARNED AND FUTURE OPPORTUNITIES ACROSS FRANKSTON CITY COUNCIL'S SECONDARY SCHOOL IMMUNISATION PROGRAM

SINGLE-SESSION DELIVERY IS NOT ENOUGH

School-based immunisation programs remain one of the most efficient and equitable ways to reach young people. And, immunisation rates improve when programs can respond to the circumstances of all students inlcuding absences, delayed consent, life challenges and varying levels of support needs across cohorts.

This requires having a program that involves follow-up sessions, opportunistic catch-up and revisiting consent decisions where needed.

For many young people, school-based delivery is the only practical point of access for vaccination. If opportunities are not revisited, missed vaccines are unlikely to be recovered.

SYSTEM PRESSURES

Flexibility is particularly relevant when engaging with harder to reach groups. At a time when vaccination rates in this cohort continue to decline maintaining contact and providing opportunities is vitally important.

However, the level of effort required to do this is rarely reflected in external funding for this program

Frankston continues to review and adapt its approach within available budgets, but the sustainability of this level of activity is not guaranteed without ongoing support and appropriate program design.

THE NEED FOR BETTER INVESTMENT

Future investment in adolescent immunisation needs to align with how delivery actually works in practice. Supporting follow-up, continuity and flexible delivery would strengthen the system's ability to close gaps after the initial session.

Frankston's experience shows that sustained coverage is built through repeated opportunity, not single contact points, and through ongoing relationships between councils, schools, students and families.

REACHING STUDENTS OUTSIDE OF MAINSTREAM SCHOOLS

Warrnambool City Council undertook a targeted initiative to reach secondary school-aged students who were missing out on routine school immunisations because they weren't attending mainstream secondary schools.

LOCAL SERVICE DELIVERY CONTEXT

Council's adolescent immunisation program is primarily delivered through mainstream schools, which created a gap for young people outside these settings. Post COVID-19 Council's immunisation team identified that a number of adolescents were at risk of missing their NIP immunisations including those who:

- had left school in Year 10 to attend TAFE,
- continued home schooling post lockdowns, and
- families who home schooled for religious or cultural reasons.

A TARGETED OUTREACH APPROACH

The immunisation team contacted the local TAFE and an alternative school supporting students who experience difficulties in mainstream education. Families received information about the secondary school immunisation program and eligible vaccines, and Council conducted on-site vaccination visits at both locations.

The team also used existing relationships with home-schooling families to share information about available vaccines, eligibility, community sessions and providers.

IMPROVED UPTAKE AND AWARENESS

There was uptake of vaccines across all cohorts that received information through the program. Providing access on-site reduced barriers for families, particularly those outside mainstream schooling. Immunisation awareness also increased among home-schooled families.

FUNDING A BARRIER TO ONGOING DELIVERY

The initiative was delivered as a one-off activity because the funding contribution available to Council for the secondary school program does not reflect the actual costs involved in planning and rolling out the program. As a result, it was not possible to sustain this work beyond the initial targeted program.

SUSTAINING TARGETED DELIVERY

Future opportunities depend on additional funding to support the delivery of targeted programs like this, which have demonstrated positive impacts on immunisation rates. Council has the knowledge, a highly skilled workforce, and strong local relationships, but without sufficient funding support, programs of this type cannot continue.

A CATCH-UP PROGRAM FOR STUDENTS IN ALTERNATIVE EDUCATION SETTINGS

The City of Wodonga delivers a Year 7-12 catch-up vaccination program for students attending non-mainstream schools, including Flexible Learning Centres and Independent Schools, across the Wodonga and Benalla municipalities.

The program supports secondary school-aged students who missed routine school vaccinations while attending mainstream schools. Many of these young people face barriers that make it difficult to access immunisation through community clinics, pharmacies, or GP services.

Council immunisation nurses review each student's record on the Australian Immunisation Register (AIR) and prepare an individual catch-up plan. Vaccinations are then delivered through targeted school visits.

The program has been running for several years and continues as an ongoing initiative.

WHY THE PROGRAM WAS NEEDED

The program was introduced in response to falling secondary school vaccination rates and growing awareness that students in non-mainstream education settings were often being left behind in routine school-based programs.

Many of these students engaged through this program are dealing with complex circumstances, including family instability, socio-economic disadvantage, trauma, child protection involvement, or disengagement from mainstream systems.

For some of these families, attending a separate immunisation appointment is just not realistic.

Providing vaccinations at school removes one more barrier and creates an opportunity to reach young people who may otherwise remain unvaccinated.

WORKING CLOSELY WITH SCHOOLS AND FAMILIES

The program depends on strong relationships between Council immunisation staff and participating schools.

Schools provide student details so immunisation nurses can review AIR records and identify outstanding vaccines. Tailored consent packs are then prepared and distributed to parents and guardians.

School immunisation coordinators play an important role in following up families and case workers to support consent form completion and return. When forms are not returned, Council immunisation nurses contact parents or guardians directly to obtain consent.

Vaccination sessions are then delivered onsite for students with consent.

SMALL NUMBERS, SIGNIFICANT IMPACT

Although the number of students vaccinated is smaller than in mainstream school programs, the impact of this program can be significant.

At one school session last year, a student who was usually absent came to school specifically to receive her vaccination after verbal consent had been arranged. During the same visit, her boyfriend, who had already left school and missed previous vaccinations, was also vaccinated.

Experiences like this show the broader value of the program and the importance of flexible, relationship-based approaches.

The initiative has also strengthened connections between Council immunisation teams, school staff, students, and families, while improving access for young people who are often difficult to reach through traditional service models.

THE CHALLENGE BEHIND THE WORK

The program requires significant time and coordination, particularly because there is no dedicated funding for the additional administrative work involved.

Student absenteeism remains one of the biggest challenges when vaccinating young people. Some students attend school irregularly or miss vaccination days altogether.

Obtaining completed consent forms can also be difficult and often requires repeated follow-up from immunisation nurses, including phone calls to parents or guardians to obtain verbal consent.

Despite these challenges, the program continues to demonstrate the value of taking services directly to students and working in ways that respond to the realities of their lives.

LOOKING AHEAD

Wodonga Council plans to continue the program while resources allow.

Dedicated government funding for catch-up vaccination programs in non-mainstream schools would help secure the long-term future of the initiative and support expansion into other settings.

Additional investment could also support similar outreach approaches for vulnerable students attending mainstream schools.

"Just a quick note to say thank you to the Immunisation Team. The patience, compassion and friendliness that the staff offer our Centre, makes what could be a difficult process so much easier.

Without these services many of our kids would slip through the cracks and go without their vaccinations.

Thanks so much for all you do."

REACHING VULNERABLE STUDENTS THROUGH SCHOOL IMMUNISATION CATCH-UP PROGRAMS

For many young people, receiving routine school vaccinations is straightforward. They attend a mainstream school, receive information through established channels, return a consent form and are vaccinated alongside their peers. For others, the pathway is far more complex.

In 2025, Dandenong City Council undertook targeted catch-up vaccination activities at two schools supporting some of the region's most vulnerable young people: Noble Park English Language School and Oakwood School.

NOBLE PARK ENGLISH LANGUAGE SCHOOL: SUPPORTING NEWLY ARRIVED YOUNG PEOPLE

Noble Park English Language School provides education for newly arrived students from diverse cultural and linguistic backgrounds. Student enrolments occur throughout the year, creating a unique challenge for school immunisation programs that are traditionally delivered on a single scheduled visit.

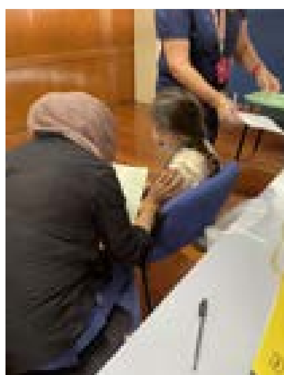
Recognising this, Council immunisation staff adapted the standard Secondary School Immunisation Program model and conducted three separate visits during 2025, in May, October and November, to ensure newly enrolled students had ongoing opportunities to access vaccination.

IDENTIFYING STUDENTS WHO MAY HAVE MISSED VACCINATIONS

Across the year a total of 638 students aged 12 to 18 years were individually assessed to determine their eligibility for school-based vaccinations. Immunisation records were reviewed to identify whether students had previously received the Year 7 vaccines, Human Papillomavirus (HPV) and diphtheria-tetanus-pertussis (Boostrix), as well as Meningococcal ACWY vaccination for older students.

WORKING ACROSS LANGUAGES AND HEALTH SYSTEMS

Students without a recorded vaccination history were offered participation in the program. Consent materials were individually prepared and distributed, including translated information tailored to each student's circumstances. Close collaboration with the school's Migration Education Assistants (MEAs) was critical throughout the process, helping families understand the program and supporting communication with students before and after vaccination.



To avoid duplication, vaccination records were checked again immediately before each school visit. This was particularly important as some students were simultaneously accessing catch-up vaccinations through general practice, requiring careful coordination across providers.

THE NUMBERS

The effort resulted in 260 students receiving school vaccinations during the year, including:

- 185 HPV vaccinations
- 115 Boostrix vaccinations
- 91 Meningococcal ACWY vaccinations

OAKWOOD SCHOOL: REACHING STUDENTS OUTSIDE MAINSTREAM SCHOOLING

Oakwood School supports students who have disengaged from mainstream education and require an alternative learning environment.

For many of these young people, periods of disrupted schooling can also mean missed opportunities to receive routine vaccinations delivered through the school program.

FINDING MISSED OPPORTUNITIES FOR PROTECTION

In May 2025, Council immunisation staff worked with the school to identify students aged 12 years and over who may have missed vaccines delivered through the Secondary School Immunisation Program.

Forty students engaged with the assessment process and had their vaccination histories reviewed to determine eligibility for HPV, Boostrix and Meningococcal ACWY vaccines.

THE NUMBERS

Seventeen students ultimately received vaccinations through the program, including:

- 4 HPV vaccinations
- 3 Boostrix vaccinations
- 16 Meningococcal ACWY vaccinations

EVERY NUMBER COUNTS

While the numbers of young people being vaccinated through these initiatives is small compared to mainstream seoondary school programs the significance of these catch-up programs is considerable.

Every vaccination represents a young person who may otherwise have remained unprotected, contributing to the important goal of herd immunity.

FLEXIBILTY & ADAPTABILITY HELPS EQUITY

These catch-up programs demonstrate that equitable immunisation delivery requires flexibility, persistence and strong local partnerships.

They involve significant effort to identify eligible students, coordinate across services and support individual needs, often for relatively small cohorts.

They rely on local government commitment to community wellbeing, with councils undertaking additional unfunded work.

The success for these programs is not measured by volume alone, but by whether young people who would otherwise be missed are reached.

This is where local government plays a critical role, sustaining the detailed, place-based work needed to ensure no young person is left behind.

COVID-19 LOCKDOWNS NO BARRIER TO VACCINATION

Dandenong City Council did not let lockdowns stop their targeted Secondary School Immunisation Program. They continued to provide these services even when the schools were closed. The immunisation team arranged for students to attend their centralised immunisation service at the Dandenong Library. The immunisation team had full access to the library which was turned into a temporary mass vaccination site during lockdowns, so that essential immunisation services could continue.

TRIALING EXPANSION OF ADOLESCENT IMMUNISATION IN SCHOOLS

Six councils in Melbourne's eastern region (Whitehorse, Monash, Boroondara, Knox, Maroondah and Manningham) are partnering on a 2026 pilot to explore whether influenza and Meningococcal B vaccines can be offered through existing school-based immunisation programs. The aim is to test whether these additional recommended adolescent vaccines can be delivered alongside routine immunisations, and whether this opportunistic approach improves access and uptake for young people.

WHY THIS MATTERS

Adolescents consistently have the lowest influenza vaccination coverage across all age groups, despite being in school settings where infectious diseases such as influenza and Meningococcal B can spread rapidly. Council-led school immunisation programs provide a direct mechanism to improve uptake of recommended vaccines in this age group. Each year, Victorian councils deliver more than 1,400 school-based immunisation sessions, creating regular, trusted access points for students. In some pilot schools, fee-based influenza vaccination is being offered to all students, with Meningococcal B offered in Year 10 as a fee-based option alongside National Immunisation Program vaccines.

WHAT THE PILOT IS TESTING

The 2026 pilot tests an expanded school-based model that includes influenza and Meningococcal B vaccines delivered alongside routine adolescent immunisations. It is designed to understand feasibility in practice, including uptake, delivery arrangements, and how schools, families and services engage with an expanded offer.

A regional approach has been adopted across the six councils to support coordination. Working together allows shared planning, workforce coordination, procurement considerations and consistent engagement with schools, while still maintaining local relationships and delivery.

The pilot is being delivered under existing funding and workforce constraints in council immunisation services, creating a practical setting to test alternative funding and delivery models within an established system.

EARLY IMPLEMENTATION

As with any change to established school-based programs, uptake has varied across schools and service providers. Some schools have readily engaged with the expanded offer, while others have required additional time to consider logistics, communication and consent processes.

This variation is expected in a pilot environment and reflects the practical realities of introducing new elements into an established school-based delivery model.

NEXT STEPS

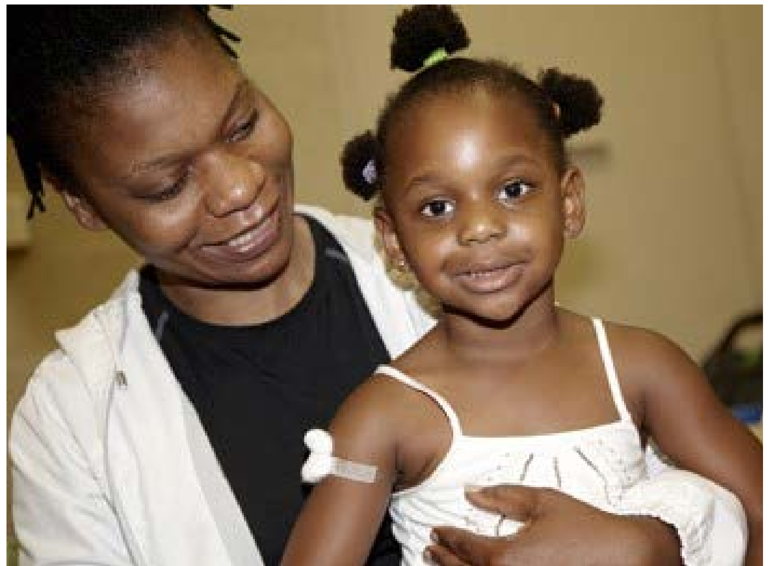
At the conclusion of the 2026 secondary school immunisation program, the six councils will undertake a joint review. This will include:

- reviewing implementation barriers and enablers
- documenting the number of schools participating in the pilot
- assessing student uptake of the additional vaccines
- capturing feedback from schools and families

The findings will inform whether the expanded model is feasible and what would be required to support future delivery at scale.

SUPPORTING CALD COMMUNITIES

COUNCILS SUPPORTING IMMUNISATION ACCESS FOR REFUGEE AND ASYLUM SEEKER COMMUNITIES



The Program for Refugee Immunisation, Monitoring and Education (PRIME) was a Victorian Government initiative delivered from 2017 to 2023 to improve catch-up immunisation for refugee and asylum seeker communities. The program brought together local government, community health and refugee support organisations to deliver coordinated, place-based vaccination support.

Local government delivery was central to PRIME, with council-led sites including the City of Greater Dandenong and a partnership between Whittlesea and Hume City Councils. Community delivery partners included the Asylum Seeker Resource Centre, AMES and Cabrini Refugee and Asylum Seeker Hub.

The program responded to persistent evidence of low immunisation coverage among refugee and asylum seeker communities and the limitations of mainstream systems in supporting complex catch-up vaccination.

LOCAL CONTEXT

Councils were working with large cohorts of newly arrived families with highly diverse language needs and incomplete or difficult to interpret overseas vaccination histories.

Baseline data showed only 12 per cent of people entering PRIME were fully vaccinated for age, highlighting significant gaps in existing service pathways.

Councils were often the first and most consistent point of contact for families navigating early learning, schools, maternal and child health services, settlement support and health services.

ACTIVITIES AND APPROACH

Greater Dandenong and Whittlesea City Councils (in partnership with Hume) delivered a coordinated model combining clinic-based vaccination, outreach sessions, school-based delivery, home visits and intensive follow-up to support completion of catch-up schedules.

This work was supported by bilingual immunisation nurses and community workers, enabling sustained engagement with families over time.

Councils also used the dedicated program platform to track catch-up progress, manage overseas vaccination records and coordinate referrals across services.

Across the program, council-led sites delivered the majority of activity, including large-scale immunisation sessions, follow-up contacts and community education.

The program also involved working with families in accessing GPs if that was their preferred method of immunisation. Councils provided education and support to GP clinics regarding catch-up immunisation.

OUTCOMES & IMPACT

PRIME demonstrated the effectiveness of council-led, coordinated, place-based approaches to immunisation equity.

Across the six-year period:

- almost 14,000 people were connected to catch-up vaccination through the program.
- more than 9,700 people commenced catch-up vaccination,
- over 7,800 completed vaccination, and
- more than 9,500 people were brought up to date on the Australian Immunisation Register through PRIME activities

For participants enrolled in the program for more than 12 months, PRIME achieved vaccination completion rates of more than 92 per cent for children, almost 90 per cent for adolescents and 79 per cent for adults.

PRIME delivered more than 1,000 provider and community education sessions, strengthening knowledge of catch-up immunisation, improving data quality, and supporting engagement across both health services and refugee communities.

These outcomes indicate that sustained, place-based engagement significantly improves completion rates in populations with complex catch-up needs, particularly where systems require repeated follow-up and coordination across services.

LESSONS LEARNED

PRIME demonstrated that when councils and community organisations are resourced to undertake place-based and culturally responsive work, substantial improvements in vaccination coverage and public health protection can be achieved for communities that may otherwise face significant barriers to care.

It also highlighted the important role councils play as trusted public health partners, combining immunisation delivery with community engagement, local coordination, education and partnership-building functions that broader systems cannot consistently deliver.

Implications following cessation of PRIME

The cessation of PRIME in December 2023 removed a funded coordination function that had been central to refugee and asylum seeker immunisation catch-up. While vaccination services remained available through local government and primary care providers, the targeted outreach, follow-up, care coordination and system navigation activities that underpinned PRIME were not replaced.

In the absence of dedicated funding, councils and primary care providers have been required to absorb this work within existing resources, despite it being substantially more resource-intensive than routine immunisation delivery.

A critical gap has been the loss of a mechanism to coordinate activity across settlement services, immunisation providers and primary care. Consequently, delivery of catch-up immunisation has become increasingly dependent on the variable capacity of individual services, rather than a consistent and coordinated system response.

Emerging evidence, including reporting from the Royal Children's Hospital, indicates that vaccination coverage among refugee populations has declined since the program ceased. This reinforces the importance of sustained, dedicated investment in targeted immunisation initiatives such as PRIME, particularly for populations facing structural barriers to access.

City of Greater Dandenong, Council Meeting Papers September 2023
Royal Children's Hospital, Immigrant Health Service Annual Report 2024
Victorian Refugee Health Network Submission: Multicultural Framework Review 2023
Victorian Refugee Health Network Prime 2023

BREAKING DOWN LANGUAGE BARRIERS IN SCHOOL IMMUNISATION

To support families from culturally and linguistically diverse (CALD) communities to participate in the secondary school immunisation program, Hume, Whittlesea and Merri-bek City Councils collaborated to develop translated immunisation information and digital platform guides for Year 7 and Year 10 vaccinations.

The initiative responded to challenges created by the introduction of an online immunisation booking and response platform across council programs. While the platform streamlined consent and reporting processes, it also created unintended barriers for families who use English as a second language. By working together, the councils developed practical, accessible resources that could be used consistently across all three municipalities.

A GROWING DIGITAL CHALLENGE

Hume, Whittlesea and Merri-bek are home to large CALD populations. As school immunisation processes moved online, some families found it difficult to understand vaccination information and navigate the digital platform required to submit a response for their child's vaccinations.

Before translated materials were introduced, immunisation teams frequently relied on individual follow-up calls using interpreter services. This approach was time-intensive, costly and difficult to sustain alongside existing service demands.

KEY ACTIVITIES AND APPROACH

Immunisation and communications teams from the three councils worked collaboratively to develop resources that were practical, easy to follow and suitable for use across multiple municipalities.

The resources included:

- a Year 7 and Year 10 immunisation letter explaining the program, the vaccines, and how families could respond using links and QR codes
- a step-by-step guide showing how to submit both "yes" and "no" responses through the online platform.

Translation costs were shared across the councils, reducing duplication and supporting a consistent approach. To maximise flexibility, the resources were produced without council branding so they could be distributed broadly through schools and immunisation teams.

The translated resources were distributed to schools for sharing with families and could also be emailed directly by immunisation teams where needed.

IMPROVING ACCESS FOR FAMILIES

The project resulted in school immunisation information and platform instructions being made available in nine languages: English, Arabic, Turkish, Punjabi, Farsi, Hindi, Vietnamese, Nepali and Urdu.

The resources improved access to clear immunisation information and reduced language barriers associated with the online response process. They also eased administrative pressures by reducing the need for repeated interpreter-assisted follow-up with families.

Importantly, the resources were designed for long-term use. While each participating council applied its own branding, the underlying content was developed collaboratively and shared as editable templates. The materials were written to remain relevant from year to year, requiring only minor updates when immunisation schedules or program details change.

This created a sustainable resource that can continue supporting families across multiple council areas while reducing the need for councils to repeatedly develop similar materials independently.

WHAT THE PROJECT DEMONSTRATED

The initiative highlighted the value of collaboration across councils facing similar challenges. By working together, councils were able to share costs, reduce duplication and produce higher quality resources with broader reach than any one council could likely have achieved alone.

The project also reinforced the importance of developing adaptable, reusable resources that support long-term sustainability rather than creating short-term solutions requiring constant redevelopment.

The project also highlighted a broader opportunity for immunisation platforms to include built-in multilingual capability, improving accessibility for families and reducing reliance on translated supporting documents.

> "This initiative demonstrates that collaboration across councils can turn shared challenges into practical, sustainable solutions that improve access for families and reduce administrative workload."

RAPID CATCH-UP IMMUNISATION FOR NEWLY ARRIVED REFUGEE & ASYLUM SEEKERS

In 2021 and 2022, the City of Melbourne Immunisation Unit responded to two rapid refugee arrivals from Afghanistan and Ukraine, with large cohorts of families placed in temporary accommodation across the municipality.

In both situations, Council and partner agencies identified an immediate need to deliver catch-up immunisation at scale, before families dispersed across Melbourne and wider Victoria. Services were established quickly in partnership with AMES, CoHealth, Foundation House, the Royal Children's Hospital, the Red Cross and other local government and community partners.

SERVICE MODEL AND RESPONSE

The immunisation team established dedicated clinics at the Multicultural Hub, which also functioned as a central coordination point for health care, case management, food vouchers and material aid.

Services were designed to manage high volumes of clients with complex or missing immunisation histories. This included:

- rapid review and reconstruction of overseas immunisation records
- development of age-specific catch-up templates (with and without immunisation history)
- short-format appointment workflows (approximately 15-minute structured consultation and vaccination cycles per family)
- use of accredited interpreters (including Dari, Pashto and Ukrainian)
- translation of key immunisation resources and consent materials
- direct uploading of records to the Australian Immunisation Register
- coordination of follow-up care across multiple municipalities
- entry onto CDIS to support continuity of Maternal and Child Health engagement after relocation

The immunisation team members also arranged (with help from friends and family) hundreds of donated items which where desperately needed by families including suitcases, prams, books, toys, clothing, toiletries, and sanitary items.

The service was delivered under significant operational pressure, including concurrent COVID-19 waves and high demand from newly arrived families.

WHERE IT ALL BEGAN

In late September 2021, City of Melbourne's Family Services team were informed that approximately 1,200 people had been evacuated from Kabul and were being housed in temporary hotels within Council's municipal boundary. By early October, the urgent need for catch-up immunisation services was recognised by many agencies including CoHealth, AMES, Royal Children's Hospital and The Red Cross. The immunisation team had just over one week to organise staffing, interpreters, find resources translated in Dari and Pashtu, and establish a process to immunise as many children as possible in a short period of time.

SUPPORTING AFGHANI FAMILIES

The immunisation team new this task would be challenging. Afghanistan's immunisation program is very limited. At the time is was estimated that only 50-70 per cent of Afghani children were immunised against diseases like polio and tetanus, and only 47 per cent of children were immunised against measles.

Over the course of the program the immunisation team did not see a single child or young person who was considered fully immunised. Most needed between 3-7 vaccines in the first catch-up visit alone. Many needed 3-4 visits before they become up to date with the Australian Immunisation Schedule. Getting families' vaccination up to date was important for their health and wellbeing, but also to ensure payment of any Centrelink entitlements, to access accommodation as well as daycare, kindergarten and school.

STREAMLINING THE CATCH-UP PROCESS

Many refugees arrived without reliable immunisation records. Some had no documentation at all, while others had passports with incorrect dates of birth or inconsistent spelling. In the absence of records, immunisation staff needed to recommence schedules from the beginning.

Catch-up immunisation planning was highly complex, requiring specialist knowledge developed over years of practice. Decisions needed to account for age, previous vaccines, minimum intervals between doses, and gaps in schedules to ensure errors did not occur.

To make the process efficient and to reduce risk of error, Council created immunisation catch-up templates for each specific age with or without immunisation history. These templates were central to streamlining the process, particularly given the urgency for many families to complete vaccinations to enable access to other services.

These templates along with many years of catch-up immunisation experience meant the team was able to book 15 min appointments per family (on average each family had 4-5 children, but some had up to 10 children) to go through administration processes. The team would translate the documents with the families, communicate what was required for catch-ups and gain informed consent. The families would then spend a further 15 minutes with the nurses immunising their children.

Interpreters were present at every step to ensure the families felt confident throughout the whole process.

Word of mouth spread throughout the community and it was not uncommon to see families lined up along the street and many travelling in from other areas of Melbourne to use the City of Melbourne's Immunisation service.

THE IMMUNISATION NUMBERS

Between October 2021- March 2022:

- 26 immunisation sessions: it was not uncommon to have more than 60 children immunised over a few hours.
- 597 children: visited our service had catch-ups calculated and received all immunisations required for their first catch-up visit/appointment.
- 98 children: came back for a second or third visit
- Total of 695 appointments
- Administered 2,988 vaccines

Examples of the volume of vaccines given:

- Every child over 12 months required a Meningococcal ACWY vaccine (557 given)
- Measles, Mumps & Rubella (more than 600 given)
- More than 200 doses were given for hepatitis B, polio, pneumococcal, influenza
- Over 100 human papilloma virus (HPV) vaccine doses were given

The immunisation team also referred over 400 children directly into other councils once they moved out of the temporary accommodation to ensure the families had access to free and experienced immunisation services.

No sooner had the Afghani refugee program concluded than the City of Melbourne immunisation team was called on to support another humanitarian response.

Drawing on the knowledge, relationships and systems developed through the Afghan program, the team established dedicated clinics for newly arrived Ukrainian refugees, again with a tight one week window to prepare.

FLEEING CONFLICT

The Russian invasion of Ukraine on 24 February 2022 triggered one of the largest and fastest population displacements in recent history. By 15 March 2022, less than three weeks after the invasion began, an estimated three million Ukrainians had fled the country.

In May 2022, it was estimated that around 120 Ukrainian refugees were residing in hotels in the City of Melbourne, including 45 children and young people under 20 years of age requiring immunisation. By June 2022, the number of Ukrainian refugees in Melbourne was estimated to have grown to around 900 people.

SUPPORTING UKRAINIAN FAMILIES

The Ukrainian response presented a different challenge to the earlier Afghani refugee program. Rather than missing immunisation records, the primary barrier for this group was vaccine hesitancy. Long-standing low vaccination coverage in Ukraine (including routine childhood and COVID-19 vaccines) meant that building confidence and trust became a critical part of the program.

Supporting informed decision-making required culturally appropriate information resources in Ukrainian, which did not exist at the time. In response, the team rapidly developed a suite of tailored information sheets and FAQ documents, which were translated into Ukrainian for use with families.

Recognising that education and engagement would be as important as vaccine delivery, the team adapted its approach to allow more time for communication with families. Working closely with interpreters, staff provided information through phone calls, emails and face-to-face discussions before appointments, creating multiple opportunities for families to ask questions and discuss concerns.

Resources and communication materials were continually refined in response to the issues being raised by the community.

The team also built relationships with trusted community organisations, including the Association of Ukrainians in Victoria and Foundation House. The immunisation team participated in information sessions these groups held for newly arrived refugees, providing consistent, evidence-based information, in an attempt to gain and build trust with the community. This worked well and many families engaged with Council's service were fully immunised.

As confidence in the service grew, word of mouth spread throughout the community. Families travelled from across Melbourne and regional Victoria, to access this specific immunisation service.

THE IMMUNISATION NUMBERS

Between May and September 2022, the program delivered:

- 15 dedicated 3 hour immunisation sessions
- engagement with 272 clients, including children and adults
- 224 total visits for catch-ups
- catch-up assessments for 185 children
- catch-up vaccination for 154 children
- 116 children were brought up to date with the Australian Immunisation Schedule
- follow-up vaccination appointments for 30 children
- 87adults had their COVID-19 vaccines added to the AIR and flu vaccines delviered free of charge
- support for families relocating to regional and rural Victoria, including catch-up planning and coordination with other providers.

Only 11 children did not receive immunisations after engaging with the service.

WHAT EFFECTIVE REFUGEE IMMUNISATION PROGRAMS REQUIRE

The City of Melbourne received additional funding following these responses; however, the Afghani and Ukrainian programs demonstrate that effective refugee immunisation cannot rely on reactive or short-term investment.

Effective delviery of these rapid response programs require sustained local capability to:

- respond rapidly,
- adapt to complex needs, and
- maintain continuity as cohorts change over time.

They depend on rapid mobilisation capacity, experienced catch-up immunisation staff, and practical clinical tools such as adaptable templates and translated resources.

Another critical component is having the time needed for communication, trust-building, and culturally responsive engagement, supported by interpreters and community partnerships.

The experience reinforces the importance of established relationships with refugee health and settlement services to enable early engagement and coordinated access. Without these connections, barriers to vaccination are significantly amplified.

Refugee immunisation is not a discrete or time-limited activity. It is an ongoing public health function that requires stable funding, system coordination, and recognition of complexity. Where these conditions are in place, local government services are well positioned to deliver timely, trusted, and effective care for newly arrived communities.

INFORMATION FOR FAMILIES

BRINGING IMMUNISATION SUPPORT INTO NEW PARENT GROUPS

Banyule City Council has introduced an early intervention outreach model that brings Immunisation Nurses into Maternal and Child Health (MCH) New Parent Groups. The program targets the early months of parenting, when families are forming relationships with services and making key decisions about their child's health.

WHAT WAS HAPPENING LOCALLY

Council noted participation in childhood immunisation was being affected by a combination of factors, including:

- increasing vaccine hesitancy among some parents
- uncertainty about the National Immunisation Schedule
- difficulty accessing clear, trusted information
- practical barriers to attending immunisation appointments

These issues pointed to the need for earlier engagement, before any concerns translated into delayed or missed vaccinations.

HOW THE PROGRAM WORKS

Key elements of the model include:

- Immunisation Nurses attending sessions alongside Early Childhood Educators
- tailored, evidence-based information aligned to parent concerns
- open, non-judgemental discussions about vaccination
- practical support to navigate appointment options and local immunisation services
- strengthened referral pathways between MCH and Council immunisation services

"Families have told me the visits increased their knowledge of how to access the vaccine program and gave them time to have all their questions answered, which helped reduce anxiety"

WHAT HAS CHANGED

The initiative has delivered positive outcomes for families and the broader service system, including:

- increased utilisation of Council immunisation services
- improved vaccine confidence and understanding of the immunisation schedule
- stronger health literacy through timely, evidence-based information
- improved collaboration between MCH and immunisation teams
- positive client experiences, with families valuing the opportunity to ask questions in a safe and trusted environment

WHAT COUNCIL LEARNED

Addressing vaccine hesitancy, fear, and misinformation requires consistent evidence-based messaging, respectful communication, and time to build trust.

Key lessons included:

- early engagement is critical in shaping attitudes toward immunisation
- face-to-face conversations remain highly effective in building confidence
- culturally responsive communication improves relevance and inclusion
- multiple touchpoints support ongoing understanding and informed decision-making

LOOKING AHEAD

Banyule City Council sees opportunities to expand the model into other community settings and strengthen engagement with culturally diverse and priority population groups.

The initiative highlights the important role local government can play in promoting preventative health and community confidence.

TURNING INFORMATION INTO ACTION: SUPPORTING FAMILIES THROUGH CLEAR IMMUNISATION COMMUNICATION

Greater Bendigo City Council has developed a set of communication resources to support families with childhood immunisation. The approach combines a detailed information guide with a simple, action-focused postcard, designed to help families access trusted information and local services during their early parenting journey.

The materials are provided through Maternal and Child Health (MCH) services and aim to support informed decision-making and timely access to vaccination.

WHAT FAMILIES TOLD COUNCIL

Council MCH and immunisation teams engaged with families to better understand their experiences navigating immunisation information.

Many reported confusion due to conflicting information online. Families described wanting clear, easy-to-understand immunisation information in one place, available at the point they were making decisions.

Even families who supported immunisation said they were not always confident about where, when, or how to access vaccination services for their child.

HOW COUNCIL RESPONDED

In response, Council developed a set of resources that bring trusted immunisation information and local service details together in a single, accessible format.

The focus is on reducing uncertainty by pairing clear explanations with practical guidance on where and when to vaccinate, supporting families to move more easily from intention to action.

THE RESOURCES

Council adopted 2 formats to address the information and access issues separately.

The booklet, a professionally designed A5 guide, includes:

- Plain language information on vaccine safety, the immunisation schedule, and common side effects
- Guidance on when to seek medical advice and what to expect after vaccination
- Clear local details on booking processes and Council immunisation clinics.

It is distributed through MCH visits and early years touch points

The postcard includes:

- clinic locations,
- session times, and
- QR code booking access

It is included in the MCH "green book" provided to new families.

FEEDBACK FROM FAMILIES

The resources have been received positively by families.

The guide is seen as helpful in answering common questions, particularly around vaccine safety and side effects.

Families say the guide provides reassurance and makes conversations about immunisation feel more straightforward, especially when they have come across conflicting information from other people or online.

Families like the simplicity and practicality of the postcard. Many families keep it in a visible place as a timely reminder for staying up to date with their vaccinations. and use it when booking appointments,

The resources have made parents feel more confident navigating the immunisation process, and getting their children vaccinated.

WHAT COUNCIL LEARNED

What worked well:

- Families responded well to clear, practical information that could be easily kept and referred back to at home
- Providing materials through Maternal and Child Health services helped ensure families received information early and at trusted contact points
- Simple prompts, such as the clinic postcard, helped support timely bookings

Considerations for other councils:

- Keeping printed materials up to date requires regular review as schedules and service details change
- Striking the right balance between simplicity and detail is important to avoid overwhelming families
- Professional design and printing can improve engagement, but adds to production costs

LOOKING AHEAD

Council will continue refining the resources over time, including opportunities to develop adapted versions for priority communities and strengthen digital access alongside printed materials.

The approach also has potential to support other early years health topics where families benefit from clear information and simple next steps.

"Placing immunisation information directly into MCH books ensures families have what they need, when they need it."

"Providing both detailed information and simple prompts helps families feel informed and confident, while making it easier to take the next step."

OPPORTUNISTIC VACCINATION

POP-UP MPOX VACCINATION AT MIDSUMMA FESTIVAL: BRINGING VACCINATION INTO TRUSTED COMMUNITY SPACES

During Victoria's Midsumma Festival, a pop-up Mpox vaccination clinic was delivered through a partnership between Melbourne City Council's immunisation service, the Victorian Department of Health, and Midsumma Carnival and Street Party organisers.

The clinic operated within the festival environment as an opportunistic outreach model, designed to reduce barriers by meeting people where they already gather in a trusted and inclusive setting.

Across the festival period, 102 people were vaccinated, with 84 per cent receiving their first dose of the Mpox vaccine.

CLOSING THE GAP BETWEEN AVAILABILITY AND ACCESS

Although Mpox vaccination was available through established providers, uptake did not fully match need. Barriers included a lack of awareness, service navigation, and challenges completing second doses.

Some people struggled to identify where to access vaccination or return for follow-up doses. Others were affected by fragmented information about eligibility and timing, contributing to delays or incomplete vaccination schedules.

The festival setting created an alternative access point that was visible, familiar, and community-led, reducing friction associated with conventional clinic-based pathways.

DELIVERY APPROACH: ON-SITE VACCINATION IN A PUBLIC SETTING

Council immunisation nurses operated the clinic throughout the festival from a highly visible location within the event precinct. Working closely with festival organisers, the clinic was integrated into the event environment, with appropriate space, signage, and supplies in place to support safe and consistent service delivery.

The setting played an important role in how people engaged with the service. Located within a busy and social environment, the clinic attracted people who may not have otherwise sought out vaccination. Most interactions began informally, with festival attendees stopping to ask questions, check their eligibility, or discuss concerns. Conversations were often relaxed and unhurried, helping people feel comfortable seeking information and making decisions about vaccination on the spot.

Rather than separating education from service delivery, nurses were able to provide information, answer questions, and administer vaccines within the same interaction. Equity considerations also shaped the approach. Staff took time to discuss eligibility and dosing schedules and, where relevant, used the opportunity to raise awareness of other recommended vaccinations, including MMR and Hepatitis A and B.

UPTAKE, ENGAGEMENT AND FOLLOW-THROUGH

The pop-up model achieved strong participation across the festival period and was well received by attendees. Feedback was overwhelmingly positive, particularly regarding the convenience and accessibility of receiving vaccination in a familiar and trusted community setting. Staff also reported no resistance or negative interactions during delivery.

The clinic helped reach people who may have otherwise delayed or missed vaccination, including those needing to complete a vaccination course. For one participant, the clinic provided an opportunity to complete a vaccination course that had begun at the previous year's event but could not be continued elsewhere. This highlighted the value of delivering vaccination through trusted community settings and maintaining a visible presence over time.

Beyond the vaccines administered, the clinic created opportunities for broader conversations about immunisation. Attendees were able to seek advice, discuss eligibility, and receive information about other recommended vaccinations, extending the public health value of the initiative beyond the immediate vaccination encounter.

CHALLENGES, LESSONS LEARNED AND REFLECTIONS

The festival setting reinforced the value of opportunistic outreach, particularly for people who may not otherwise engage with traditional health services. It created space for informal, open conversations that are less likely to occur in routine healthcare settings.

However, delivering multiple vaccines within a pop-up environment also introduced complexity. Offering a broader range of vaccines extended consultation time and, at times, contributed to lengthy discussions with attendees. A more focused approach, centred on one or two priority vaccines per event, would reduce potential confusion for participants and support more streamlined interactions.

These conversations also highlighted ongoing gaps in community understanding of Mpox vaccination, particularly around eligibility, dosing schedules, and service availability. This indicates a continuing need for clear and accessible public messaging alongside outreach-based delivery models.

FUTURE OPPORTUNITIES

The success of the Midsumma pop-up clinic demonstrates the value of taking immunisation services into culturally significant community events. This sort of activty can help improve access, trust, and uptake. It also reinforces the importance of breaking down traditional perceptions of where and how vaccination services are delivered.

Going forward, there is room to simplify delivery at each event, strengthen communication before the day itself, and make it easier for people to understand where and how to complete follow-up doses.

There is potential for expanded annual delivery of similar outreach models, subject to ongoing funding.

PARTICIPANT AND STAFF PERSPECTIVES

"Lovely, kind, friendly, accepting and supportive staff. Great accessibility and fantastic initiative, money well spent on public health, more of this please!"

"Fantastic experience, so easy, friendly and knowledgeable staff."

Wayne's story

Wayne from Melton received his first dose at Midsumma after hearing about the clinic on JOY FM and travelling specifically for vaccination.

Over the following year, he struggled to locate a provider for his second dose. He returned to the pop-up clinic to complete his vaccination schedule and was relieved to learn he was now fully immunised. He also noted ongoing frustration with limited public information about where to access services, while expressing strong appreciation for the availability of the pop-up clinic.

The Midsumma pop-up Mpox vaccination clinic demonstrated the effectiveness of community-based immunisation delivery for improving access, completion rates, and health education among priority populations.

The model provided a safe, trusted and highly accessible entry point to vaccination, while also strengthening engagement with public health services.

POP UP IMMUNISATION CLINIC AT THE THE AGEING WELL EXPO

The City of Melbourne Immunisation team and the Melbourne Vaccine Education Centre (MVEC) delivered a pop-up immunisation clinic and information booth at the Ageing Well Expo at the Melbourne Convention and Exhibition Centre (MCEC) on 20–21 March 2026. The initiative combined vaccine education with opportunistic immunisation within a broader healthy ageing event. The booth was set up with funding support from Pfizer.

THE NEED FOR TARGETED OUTREACH TO OLDER ADULTS

Despite clear recommendations and funded vaccine programs, adult immunisation coverage in Australia remains below desired levels. NCIRS data shows ongoing gaps among older adults, including 61.7% influenza coverage (65+), 41.3% pneumococcal coverage (70+), and 25.6% completion of shingles vaccination (65+). These figures reflect missed opportunities within routine care and limited visibility of adult vaccination outside childhood settings. The initiative responded to this by bringing vaccination and education into a high-attendance community environment with the aim of increasing access and supporting increased vaccine uptake.

KEY ACTIVITIES & APPROACH

The initiative integrated MVEC's consumer education expertise with the City of Melbourne's clinical immunisation delivery. The information booth provided tailored, evidence-based guidance and co-developed resources for older adults, while the adjacent clinic enabled real-time AIR checks and same-day vaccination where clinically appropriate.

This integrated model allowed attendees to move directly from information to action within a single visit, reducing practical and perceptual barriers to vaccination. It also enabled targeted engagement with aged care providers and community stakeholders attending the expo.

"I really hope you are here every year"

"I wasn't sure if I would come today, but even if the rest of the expo is nonsense this has been worth it"

"This has been the highlight of my day"

OUTCOMES & IMPACT

The initiative demonstrated strong engagement and clear service impact. A total of 529 vaccine information guides were distributed and 130 vaccines were administered to 94 individuals, with multiple catch-up vaccinations identified through Australian Immunisation Register (AIR) checks.

Survey feedback indicated high levels of satisfaction, particularly in relation to accessibility, time with clinicians, and the opportunity to ask questions in a supportive environment.

Beyond individual participation, the initiative strengthened engagement with the aged care sector and highlighted the effectiveness of integrating immunisation services into non-clinical community settings to support adult vaccination uptake.

Several booth representatives also chose to receive vaccinations on site, including measles catch-up vaccination.

CHALLENGES & LESSONS LEARNT

Digital access processes, particularly QR-code booking and survey completion, created barriers for some attendees and required staff support to enable participation. Engagement improved where staff provided direct assistance and guided navigation.

Some attendees were not prepared for immediate vaccination, which limited uptake among those who were interested but undecided. This highlighted the need for stronger pre-event communication to set expectations and support decision-making prior to attendance.

Co-location of the MVEC information booth and Council clinical services was effective in supporting a clear pathway from information to vaccination, demonstrating the value of integrating education and delivery within the same setting.

FUTURE OPPORTUNITIES

The initiative highlights the potential to expand opportunistic immunisation models for older adults, particularly where vaccine education and clinical delivery are integrated within community-based settings. Similar pop-up clinics within healthy ageing and prevention programs, supported by stronger pre-event engagement, would improve uptake.

However, the model is not currently sustainable without external funding. This initiative was only possible through funding provided by Pfizer, with no dedicated funding stream for council-led adult immunisation outreach. This creates a structural gap between demonstrated effectiveness and existing funding mechanisms, limiting scalability despite clear evidence of benefit.

PARTNERSHIPS

REGIONAL IMMUNISATION PARTNERSHIP MODEL (THE WODONGA MODEL)

COUNCILS INVOLVED

Wodonga Council, Benalla Rural City Council, Indigo Shire Council, Strathbogie Shire Council, Towong Shire Council, and NSW Health Murrumbidgee Local Health District (Albury Council Local Government Area).

OVERVIEW

This is a regional immunisation delivery model across north-east Victoria, extending across the border into New South Wales. The City of Wodonga acts as the lead provider, delivering all immunisation services including childhood vaccinations, school programs, community clinics, catch-up vaccinations, and outreach. It employs and manages the immunisation workforce, delivers all clinical services, and holds responsibility for program quality and clinical governance.

Benalla Rural City Council, Indigo Shire Council, and Strathbogie Shire Council contract Wodonga to deliver services within their municipalities, providing local coordination and administrative support to enable delivery. Wodonga also delivers the Secondary School Immunisation Program for Towong Shire Council.

In addition, Wodonga has a long-standing service agreement with NSW Health (Murrumbidgee Local Health District) to deliver the Secondary School Immunisation Program to Year 7 and Year 10 students in the Albury Local Government Area, in place for approximately 10 years.

This arrangement demonstrates that, despite jurisdictional boundaries, councils can work collaboratively across state systems to meet local service needs. Wodonga has successfully navigated operational differences such as software platforms and program guidelines to maintain consistent school-based vaccination delivery across borders.

WHY THE MODEL WAS ESTABLISHED

The model was developed in response to increasing demand for immunisation services, geographic dispersion across north-east Victoria, and the growing complexity of program delivery in rural settings. Low population density and wide service catchments made it increasingly difficult for smaller councils to sustain standalone immunisation programs in a cost-effective and operationally viable way, particularly in relation to workforce capacity and funding availability.

A shared service approach was introduced to address these constraints, enabling councils to maintain local access while consolidating specialist expertise within a coordinated regional delivery model.

BENEFITS OF THE MODEL

The model provides access to a dedicated specialist immunisation workforce operating across multiple municipalities, supporting consistent service delivery across the region. It also improves efficiency by pooling workforce capacity and reducing duplication across councils, while retaining local coordination to support community access and engagement.

It has supported continuity of service delivery during periods of increased demand, including the COVID-19 pandemic.

Overall, the model demonstrates the value of regional partnership approaches that combine specialist delivery capacity with local facilitation to sustain equitable immunisation access across geographically dispersed communities.

STRENGTHENING COMMUNITY IMMUNISATION ENGAGEMENT THROUGH CROSS-SECTOR PARTNERSHIP

The Rural City of Benalla and the Tomorrow Today Foundation are working together to strengthen childhood immunisation uptake through a partnership that combines council-led immunisation service delivery with trusted, community-based family engagement. The collaboration integrates immunisation promotion into early childhood and family support programs delivered by the Foundation.

The model supports families experiencing barriers to access by aligning community outreach with council immunisation services, reinforcing consistent messaging through trusted local relationships, and strengthening pathways from engagement to vaccination.

LOCAL CONTEXT

The Benalla community experiences long-standing socio-economic disadvantage, which contributes to a range of practical barriers affecting access to services for families with young children.

Factors such as transport limitations, difficulty navigating services, time pressures, and varying levels of health literacy all influence whether families are able to keep up with recommended immunisation schedules.

The Tomorrow Today Foundation has operated in the region since 2010, supporting early childhood development and connecting families with education and health services. Through this work, it reaches approximately 80 per cent of families with young children, providing a strong platform for trusted engagement and sustained outreach.

KEY ACTIVITIES & APPROACH

This partnership brings together council immunisation services and community-based family support in a coordinated, practical model.

It integrates immunisation messaging into home visiting and early years support, so conversations about vaccination occur in trusted, non-clinical settings rather than only in clinic environments. It also helps families understand when and how to access council immunisation sessions, and supports referral back into council services where barriers to access are identified.

In addition, the partners share insights to inform the timing and content of messaging, ensuring communication is consistent across council and community programs and reinforcing key immunisation messages across multiple points of contact.

OUTCOMES & IMPACT

The partnership has strengthened how the system works for families in practice:

- More families aware of Council immunisation sessions
- Improved follow-through for families who may otherwise miss appointments
- Immunisation more naturally included in broader child development conversations
- Stronger coordination between Council and community workers
- A better shared understanding of local trends to guide outreach

Together, these changes represent a gradual shift toward a more connected and responsive local service system.

CHALLENGES

A key challenge for this partnership is how timely immunisation coverage data can be used beyond immunisation providers.

Although Council has access to up-to-date coverage information sourced through the Australian Immunisation Register, current governance arrangements restrict its sharing with trusted community organisations that are actively working with Council to improve uptake across the municipality.

In theory, the Tomorrow Today Foundation could purchase the most current datasets. In practice, this is not feasible for a small community organisation that must prioritise limited resources toward direct service delivery, meaning it often relies on data that is up to 18 months old.

As a result, opportunities for more targeted and timely outreach are being constrained, limiting the full potential of coordinated local engagement.

FUTURE OPPORTUNITIES

There is clear opportunity to strengthen this model by improving access to timely, aggregated immunisation data for trusted local partners.

With more current information, community organisations could:

- Identify families needing follow-up earlier
- Time outreach more effectively based on local trends
- Respond faster when uptake starts to decline in specific groups or areas
- Focus effort where it will have the greatest impact

This is not about reducing privacy protections, but about enabling appropriately de-identified, timely information to be shared with local partners where prevention activity is delivered.

Strengthening the ability to share relevant immunisation data between councils and community organisations would support more coordinated local outreach and more effective engagement with families.

> "This partnership shows what is possible when Council immunisation services and trusted community organisations work side by side.
>
> When families are supported by people they already know and trust, immunisation conversations become more accessible, and follow-through becomes more achievable."

RAPID RESPONSE: AFTER-HOURS IMMUNISATION SUPPORT DURING A MEASLES EXPOSURE

A regional council immunisation team provided urgent after-hours support following a confirmed measles exposure in a local hospital emergency department. Individuals identified through contact tracing as potentially exposed and with uncertain vaccination status were offered immediate MMR vaccination to reduce the risk of further transmission.

A PUBLIC HEALTH RISK BEFORE A LONG WEEKEND

The exposure occurred late on a Friday afternoon, immediately before a long weekend, at a time when the hospital was operating with reduced staffing. While contact tracing quickly identified people at potential risk, access to timely vaccination became an immediate challenge.

For measles, rapid post-exposure vaccination can play a critical role in preventing illness and limiting spread. Delays until services reopened after the weekend would have significantly reduced the effectiveness of the response.

STEPPING IN AFTER HOURS

In response, the Council's immunisation coordinator and nurse immuniser attended the hospital on Friday evening to support the infection control team. Bringing vaccine stock on-site, they administered MMR vaccinations directly within the emergency department to people identified through contact tracing.

The response was organised quickly and informally between local services, with Council staff volunteering their time to ensure vaccinations could proceed without delay or cost to the community.

> "It felt meaningful to step in when timing mattered most and provide immediate, practical support that made a real difference on the night."

REDUCING ANXIETY THROUGH TIMELY ACTION

The rapid response enabled exposed community members to access vaccination immediately, rather than waiting several days for services to reopen. This reduced anxiety for affected individuals and strengthened the broader public health response during a high-risk exposure event.

Hospital staff expressed strong appreciation for the support provided, noting the value of trusted local relationships and Council immunisation expertise during an urgent situation.

LESSONS FROM THE RESPONSE

The incident highlighted both the strengths and vulnerabilities of the local response system. Strong working relationships between Council and hospital staff enabled swift action, but the response also relied heavily on staff goodwill and flexibility outside normal working hours.

The experience reinforced the important role council immunisation teams can play in emergency public health responses, particularly when rapid local action is needed.

LOOKING AHEAD

Although the response was a one-off event, it highlighted the value of clearer escalation pathways and more formalised surge arrangements for post-exposure vaccination, particularly outside standard operating hours and during holiday periods.

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