

# Victorian Local Government National Immunisation Program Funding Paper

May 2026



As the peak body for the Victorian local government sector, the Municipal Association of Victoria (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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## Overview

Immunisation is one of Australia's most effective public health interventions. Through the National Immunisation Program (NIP), vaccines are provided free to eligible Australians across the life course, protecting individuals from serious disease and strengthening community immunity. In Victoria, this is delivered through a longstanding partnership between the Australian Government, the Victorian Government and local government.

Councils play a central role in that partnership, delivering a substantial proportion of childhood and adolescent vaccinations through community clinics and comprehensive school-based programs.

These locally delivered services maximise access and equity across metropolitan, regional and rural communities and are an essential component of Victoria's consistently strong immunisation coverage.

However, while NIP vaccines are funded by the Commonwealth, the cost of delivering immunisation services is not fully covered through Commonwealth or State funding contributions.

Funding available to councils is largely confined to childhood and adolescent activity and does not reflect the full scope, complexity, and contemporary delivery requirements of immunisation services.

This includes increasing time and workforce demands associated with vaccine hesitancy, more complex vaccination histories, and growing expectations for flexible, community-based delivery across the life course.

Councils also play a key role in reaching a broad range of community members, including those who may not routinely access general practice or pharmacy-based services. This requires additional engagement, follow-up, and administrative support to achieve and maintain coverage.

These factors increase the time, workforce input, and administrative effort required to deliver immunisation safely and effectively yet are not reflected in current funding arrangements.

Twenty years ago, analysis by the Municipal Association of Victoria (MAV) indicated that councils were funding around 50 per cent of program delivery costs. Current sector data shows that councils are now funding up to 80 per cent of total delivery costs.

The only Commonwealth payment to councils has not increased in almost 30 years, despite rising wages and other costs, and increasing service complexity. At the same time, Victorian councils operate within a rate-capped environment, limiting their capacity to absorb escalating costs.

The gap between responsibility and funding has therefore widened, resulting in significant cross-subsidisation from general council revenue to sustain essential immunisation services.

This paper outlines the current funding arrangements for immunisation delivery in Victoria, compares payments across provider types, and examines the cost pressures facing council-run programs. It aims to inform discussion about a sustainable and equitable funding framework for Victorian local government.

## National Immunisation Program

The National Immunisation Program (NIP) provides vaccines funded by the Australian Government to protect people in Australia from serious vaccine-preventable diseases. Vaccines listed on the NIP Schedule are delivered at no cost to eligible individuals and are provided through general practice, community health services, and, in Victoria, local council immunisation programs.

The NIP operates across the life course, including routine vaccination, additional vaccines for priority groups, and funded catch-up arrangements.

### Eligibility for Free Vaccines

Routine NIP vaccines are free for:

- Infants, children, adolescents, and adults with a Medicare card
- Aboriginal and Torres Strait Islander people, with additional vaccines in some age groups
- Eligible catch-up groups, including refugees and humanitarian entrants

Some groups without Medicare may also receive funded vaccines under specific Commonwealth or State arrangements, such as certain refugees, humanitarian entrants, and outbreak response programs. People not eligible under these arrangements may access vaccines privately.

The vaccine itself is funded by the Australian Government where eligibility criteria are met. Some funding is also available to providers for administering vaccines (see *Immunisation Funding Overview on page 7*).

### Routine Vaccines Funded Under the NIP

**Infants and Children:** Vaccines protect against:

- Hepatitis B
- Diphtheria, tetanus, and pertussis
- Polio
- Haemophilus influenzae type b (Hib)
- Pneumococcal disease
- Rotavirus
- Measles, mumps, and rubella
- Meningococcal (ACWY)
- Varicella (chickenpox)

*Note:* All Aboriginal and Torres Strait Islander children aged 6 months to under 2 years are eligible for meningococcal B vaccine if doses were missed.

**Adolescents:** Funded vaccines include:

- Human papillomavirus (HPV)
- Meningococcal ACWY
- Influenza (for eligible cohorts)

**Adults and Older People:** Funded vaccines are available for eligible groups, including:

- Annual influenza vaccination
- Pneumococcal vaccines for older adults and medically at-risk groups
- Shingles (herpes zoster) vaccine at specified ages
- Pertussis (for pregnant women)
- RSV (for pregnant women)

## Catch-Up Vaccination

The NIP provides funded catch-up vaccines for people who have missed routine vaccines:

- All people under 20 years are eligible for catch-up childhood vaccines, with HPV funded up to age 25
- Some refugees and humanitarian entrants aged 20 years and over may also be eligible

The number and type of catch-up vaccines vary by age and circumstance. Timing and dosing requirements are outlined in the *Australian Immunisation Handbook*.

## Importance of the NIP

The NIP is a key public health initiative in Australia. By providing vaccines free for eligible groups, it:

- Maintains high vaccination coverage
- Reduces serious illness, hospitalisation, and death
- Protects vulnerable populations
- Strengthens community immunity

In Victoria, local government plays a central role in delivering NIP vaccines through community clinics, outreach and school-based programs, supporting equitable access across metropolitan, regional, and rural areas.

## Immunisation Funding Overview

As previously mentioned, immunisation is delivered through a range of providers, including general practitioners, pharmacists, other health services, and local government. Funding arrangements differ across these providers, reflecting different delivery models and settings.

Funding structures for general practice and pharmacy are primarily based on consultations or per-vaccine payments delivered in fixed clinical settings. These models align with episodic, appointment-based care, where service delivery is typically concentrated within a single interaction.

In contrast, council immunisation services are delivered through community clinics, school-based programs, and outreach settings across the municipality. This model is designed to maximise access and equity but involves a broader range of service activities that occur before, during, and after vaccination.

These include consent management, schedule planning, follow-up of incomplete or delayed vaccinations, responding to vaccine hesitancy, managing alternative scheduling requests, and supporting families with complex vaccination histories and needs. These activities are particularly common in adolescent programs, catch-up vaccination, and tailored outreach.

As a result, the scope of council-delivered immunisation extends beyond what is captured in standard per-consultation or per-vaccine funding models, contributing to a structural mismatch between funding arrangements and the actual requirements of service delivery.

### Sources of Funding for Providers

#### Commonwealth Vaccination Provider Information Payments

Eligible vaccination providers receive an information payment for:

- Completing a National Immunisation Program (NIP) schedule for a child under 7 years old and recording it on the Australian Immunisation Register (AIR).
- Following up and vaccinating a child under 7 years old who is more than two months overdue for their NIP vaccinations and recording it on the AIR.

Payment rates:

- Up to \$6 per completed immunisation schedule for children under 7 years.
- \$6 per completed catch-up schedule for children under 7 years.

More information: [Health.gov.au - Using the AIR](https://www.health.gov.au/using-the-air)

#### GP Medicare Funding

When administering a NIP vaccine, GPs can bill the appropriate attendance item for the medical service provided. They cannot charge patients separately for the cost of the NIP vaccine, they can charge the patient their full consultation cost.

Medicare rebate available to GPs:

- [Level A Item 3](#): Consult under 6 minutes = \$20.05 from Medicare.
- [Level B Item 23](#): Consult under 20 minutes = \$41.20 from Medicare.

These amounts do not include any out-of-pocket fees charged to the patient for the consultation. GPs are also eligible for the

\$6 Commonwealth Vaccination Provider Information Payment.

More information: [Services Australia - MBS Billing for Immunisations, Medicare Benefits Schedule Note GN.12.32](#)

### **Workforce Incentive Program**

GPs may also receive funding through the [Workforce Incentive Program](#) (WIP), which provides additional financial support to general practices that meet the program's eligibility criteria. While WIP funding is not specific to immunisation delivery, it can contribute to the cost of employing registered nurses and other health professionals. This funding can help offset the wage costs associated with nurses who provide immunisation services within general practice settings.

### **National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program**

The NIPVIP Program allows eligible patients to receive free NIP vaccines at community pharmacies with no out-of-pocket costs.

Key points:

- Pharmacists are eligible for \$20.05 per NIP vaccine delivered.
- Service providers cannot charge patients additional fees. Providers must declare that no such fees were levied when lodging claims.
- Children under 5 years cannot be vaccinated under this program.

More information: [PPA - NIPVIP Program](#)

### **Victorian Government Immunisation Subsidy to Councils**

Councils receive an annual immunisation subsidy from the Department of Health for services delivered in the previous calendar year. This is in addition to the monthly

funding provided by Services Australia for the NIP childhood immunisation program (AIR encounter payment for children up to 7 years old).

Current funding rates:

- \$11.32 per eligible childhood encounter (completed) uploaded to AIR.
- \$11.32 per eligible NIP vaccine delivered to adolescents and uploaded to AIR.

## **Short-term and Targeted Immunisation Programs**

From time to time, councils may be engaged in short-term, outbreak-specific or priority immunisation programs in response to emerging public health risks identified at a state or local level.

These programs are typically time-limited and delivered in partnership with the Department of Health or local public health units, enabling a rapid, place-based response to protect at-risk populations.

Often these programs provide the actual vaccine to councils for free but there is no funding for delivery or administration of the vaccines which are provided free to the target community/cohort (e.g. infant RSV).

Sometimes funding is provided to councils E.g. a number of councils are currently supporting measles immunisation efforts targeting eligible older adults, in partnership with their local public health units. Under these arrangements, councils receive a per vaccine payment, currently a little over \$20 per dose administered.

While these programs demonstrate the flexibility and responsiveness of local government immunisation services, they are ad hoc in nature and do not provide a consistent or sustainable funding stream for ongoing service delivery.

Beyond these short-term arrangements, broader system design assumptions also create ongoing areas of unfunded or partially funded activity within routine immunisation delivery.

## Structural Gaps in National Immunisation Program Funding

A number of immunisation activities delivered or supported by councils are not matched by dedicated delivery funding within current program settings. This reflects broader system design assumptions about where and how vaccination is provided, rather than the actual distribution of service delivery across the health system.

This includes adult vaccination under the National Immunisation Program, where councils do not receive Commonwealth or State funding for delivery, despite increasing demand and growing reliance on community-based services to support access. Unlike other providers, who receive direct remuneration through Medicare arrangements or the NIPVIP program, councils receive no equivalent funding for adult vaccine administration.

It also includes maternal and newborn vaccination pathways, where system expectations do not consistently align with practice. There is an underlying assumption that vaccination for pregnant women will be routinely offered through hospital-based antenatal care, including during antenatal screening and routine maternity consultations. In practice, this does not always occur, resulting in missed opportunities for vaccination during pregnancy.

Similarly, there is an expectation that newborns will leave hospital protected against key vaccine-preventable diseases, either through maternal vaccination during pregnancy or vaccination delivered in hospital after birth.

However, this is not consistently achieved, creating early gaps in protection that must then be addressed through other parts of the health system, including local government immunisation services.

These gaps increase downstream demand on council immunisation services, without corresponding funding recognition, further widening the misalignment between service delivery responsibility and funding arrangements.

## Council Reporting Platform Fees

To manage high client volumes, councils use booking and reporting platforms to support efficient service delivery and accurate reporting to AIR. A statewide platform was previously provided at no cost by the Victorian Department of Health.

In 2025, the Department introduced a co-funding model, which has increased the costs of utilising booking and reporting platforms for Victorian local government. Councils across the state now use a range of booking/reporting platforms, including the State's CIRV system and private providers, to meet local needs. These additional costs are met through council immunisation program budgets.

## Funding comparisons: Local Government, Pharmacists and GPs

The table below provides definitions for the types of immunisation payments and how these work in practice. This will help understand the funding available to providers in the tables on the following pages.

**Table 1: Payment Model Definitions and Practical Application**

Payment Type	Definition	How it works in practice
<b>Consultation</b>	A consultation is a patient attendance at a general practice where a NIP vaccine is administered. Medicare provides a payment for each consultation, regardless of how many NIP vaccines are given during that visit.	Payment is made per visit. If a person attends on two separate occasions to receive NIP vaccines, a consultation payment can be claimed for each visit, resulting in two payments.
<b>Per vaccine</b>	A per vaccine payment is made for each NIP vaccine administered. Payment is based on the number of vaccines delivered, not the number of visits.	Payment is made per vaccine. If a person receives two NIP vaccines, whether in one visit or across multiple visits, two payments are made.
<b>Encounter</b>	An encounter refers to the completion of a NIP schedule milestone for a client, rather than an individual visit or vaccine. Payment is only made once the full milestone is completed and recorded.	Payment is made per completed schedule milestone. Multiple attendances and NIP vaccines may be required before a single payment is triggered. For example, if a client receives two NIP vaccines across two separate sessions as part of the same schedule milestone, only one payment is made, and it is attributed to the provider who administers and records the final NIP vaccine required to complete that milestone.

The table on the next page compares the funding streams available to immunisation providers in Victoria and highlights key differences between provider types. It shows that GPs and pharmacists receive direct Commonwealth payments linked to consultations or vaccines delivered in fixed clinical settings, while local government receives a combination of limited Commonwealth and Victorian State payments to support childhood and adolescent programs. It also reflects the differing service delivery models, with councils delivering mobile, community-based and school programs across their municipalities. Payment amounts are correct as at 1 January 2026.

Table 2: Funding Stream Availability Comparison

Provider Type	Commonwealth Payment	Victorian Funding	Service Delivery Model
<b>GPs</b>	\$20.05–\$41.20 per consultation (Medicare) (all NIP) \$6 per eligible encounter for completed NIP schedule under 7 years	n/a	Primarily fixed, clinic-based locations; patients attend the practice
<b>Pharmacists</b>	\$20.05 per vaccine (all NIP over 5 years)	n/a	Fixed community pharmacy locations: patients attend the pharmacy
<b>Local Government</b>	\$6 per eligible encounter for completed NIP schedule under 7 years	\$11.32 per completed encounter under 7 years  \$11.32 per NIP adolescent vaccine	Mobile, community-based clinics across the municipality; town halls, community centres, schools; councils take the service to the community; no funding for adult NIP or other eligible NIP vaccines.

The following tables outline the payments received by different immunisation providers for vaccines delivered under the NIP. The tables cover childhood vaccination, adolescent vaccination, adult NIP vaccination, and additional vaccination for people with medical risk conditions. The tables highlight the variation in funding across provider types and age cohorts. Payment amounts are correct as at 1 January 2026.

*Note: these tables look at NIP scheduled vaccines only. They do not cover Victorian Government funded vaccines and immunisations that are separate to the NIP.*

Table 3: NIP Childhood Vaccination

Age	Diseases Vaccinated Against	# vaccines administered	Funding to council (State/Commonwealth)	Funding to Pharmacy (Commonwealth)	Funding to GP Medicare (Commonwealth)
2 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) Rotavirus Pneumococcal ----- <i>Meningococcal B (Aboriginal and Torres Strait Islander children)</i>	3  ----- <i>4 if eligible</i>	Up to \$17.32  \$11.32 State (per encounter) \$6 Commonwealth (AIR Upload*)	n/a	\$20.05–\$41.20 per consultation  +\$6 AIR Upload*
4 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) Rotavirus Pneumococcal ----- <i>Meningococcal B (Aboriginal and Torres Strait Islander children)</i>	2  ----- <i>3 if eligible</i>	Up to \$17.32  \$11.32 State (per encounter) \$6 Commonwealth (AIR Upload*)	n/a	\$20.05–\$41.20 per consultation  +\$6 AIR Upload*

Age	Diseases Vaccinated Against	# vaccines administered	Funding to council (State/Commonwealth)	Funding to Pharmacy (Commonwealth)	Funding to GP Medicare (Commonwealth)
6 months	Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, Haemophilus influenzae type b (Hib) ----- <i>Pneumococcal (Children with specified medical risk conditions)</i> <i>Meningococcal B (Aboriginal and Torres Strait Islander children with specified medical risk conditions)</i>	1 ----- <i>2-3 if eligible</i>	\$ Up to \$17.32  \$11.32 State (per encounter) \$6 Commonwealth (AIR Upload*)	n/a	\$20.05–\$41.20 per consultation  +\$6 AIR Upload*
6 months to <5years (annual)	Influenza	1 annually (optional)	\$11.32 State (per dose)	n/a	\$20.05–\$41.20 per consultation
12 months	Meningococcal ACWY Measles, mumps, rubella Pneumococcal ----- <i>Meningococcal B (Aboriginal and Torres Strait Islander children)</i>	3 ----- <i>4 if eligible</i>	Up to \$17.32  \$11.32 State (per encounter) \$6 Commonwealth (AIR Upload*)	n/a	\$20.05–\$41.20 per consultation  +\$6 AIR Upload*

Age	Diseases Vaccinated Against	# vaccines administered	Funding to council (State/Commonwealth)	Funding to Pharmacy (Commonwealth)	Funding to GP Medicare (Commonwealth)
18 months	Haemophilus influenzae type b (Hib) Measles, mumps, rubella, varicella (chickenpox) Diphtheria, tetanus, pertussis (whooping cough)	3	Up to \$17.32  \$11.32 State (per encounter) \$6 Commonwealth (AIR Upload*)	n/a	\$20.05–\$41.20 per consultation  +\$6 AIR Upload*
4 years	Diphtheria, tetanus, pertussis (whooping cough), polio ----- <i>Pneumococcal (Children with specified medical risk conditions)</i>	1  ----- <i>2 if eligible</i>	Up to \$17.32  \$11.32 State (per encounter) \$6 Commonwealth (AIR Upload*)	n/a	\$20.05–\$41.20 per consultation  +\$6 AIR Upload*
Over 5	<i>Influenza (Children with specified medical risk conditions)</i>	<i>1 If eligible</i>	\$0	\$20.05	\$20.05–\$41.20 per consultation

**Note:**

\* AIR upload payment of \$6 is given to the provider who completes the milestone encounter and the upload to AIR regardless of who has administered some of the vaccines - e.g. the 18-month milestone requires 3 vaccinations. On occasions a family may choose to have these vaccines delivered over several sessions rather than in a single session. If council delivers one of these vaccines, but the family has the final delivered by another provider council will receive no funding.

Children over 7 - councils do not receive funding for catch-up vaccinations provided to children over 7 years of age

Table 4: NIP Adolescent Vaccination

Age	Diseases Vaccinated Against	# vaccines administered	Funding to council (State)	Funding to Pharmacy (Commonwealth)	Funding to GP Medicare (Commonwealth)
12-13 years (Year 7)	Human papillomavirus (HPV) Diphtheria, tetanus, pertussis (whooping cough)	2	\$22.64 (\$11.32 x 2 vaccine)	\$40.10 (\$20.05 x 2 vaccine)	\$20.05–\$41.20 per consultation
14-16 years (Year 10)	Meningococcal ACWY	1	\$11.32	\$20.05	\$20.05–\$41.20 per consultation
All ages (if eligible)	<i>Influenza (adolescents with specified medical risk conditions)</i> <i>Influenza (Aboriginal and Torres Strait Islander adolescents)</i> <i>Pneumococcal (adolescents with specified medical risk conditions)</i>	<i>1-2 if eligible</i>	\$0	\$20.05 per dose	\$20.05–\$41.20 per consultation

**Note:**

The Commonwealth provides no funding to councils for the provision of these vaccines.

Payments to pharmacies are indexed annually

State funding to councils is indexed annually

HPV – Catch up to 25 years funded

DTP – Catch up to 19 years funded

Meningococcal ACWY - Catch up to 19 years funded

Table 5: NIP Adult Vaccination

Age	Diseases Vaccinated Against	Funding to council	Funding to Pharmacy (Commonwealth)	Funding to GP Medicare (Commonwealth)
All ages	Influenza (adults with specified medical risk conditions) Influenza (Aboriginal and Torres Strait Islander adults) Pneumococcal (adults with specified medical risk conditions) Shingles (herpes zoster) (adults with specified medical risk conditions)	\$0	\$20.05 per dose	\$20.05–\$41.20 per consultation
50 years + (Aboriginal and Torres Strait Islander adults)	Pneumococcal Shingles (herpes zoster)	\$0	\$20.05 per dose	\$20.05–\$41.20 per consultation
65 years and over (non-Aboriginal and Torres Strait Islander adults)	Influenza (annually) Shingles (herpes zoster)	\$0	\$20.05 per dose	\$20.05–\$41.20 per consultation
70 years +	Pneumococcal (non-Aboriginal and Torres Strait Islander adults)	\$0	\$20.05 per dose	\$20.05–\$41.20 per consultation
Pregnant Women	Pertussis (whooping cough) Influenza Respiratory Syncytial Virus (RSV)	\$0	\$20.05 Per dose	\$20.05–\$41.20 per consultation



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