

**Local Government and
Immunisation:
Strengthening Victoria's
Vaccination Efforts**

Survey Report 2025



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.

DISCLAIMER AND COPYRIGHT

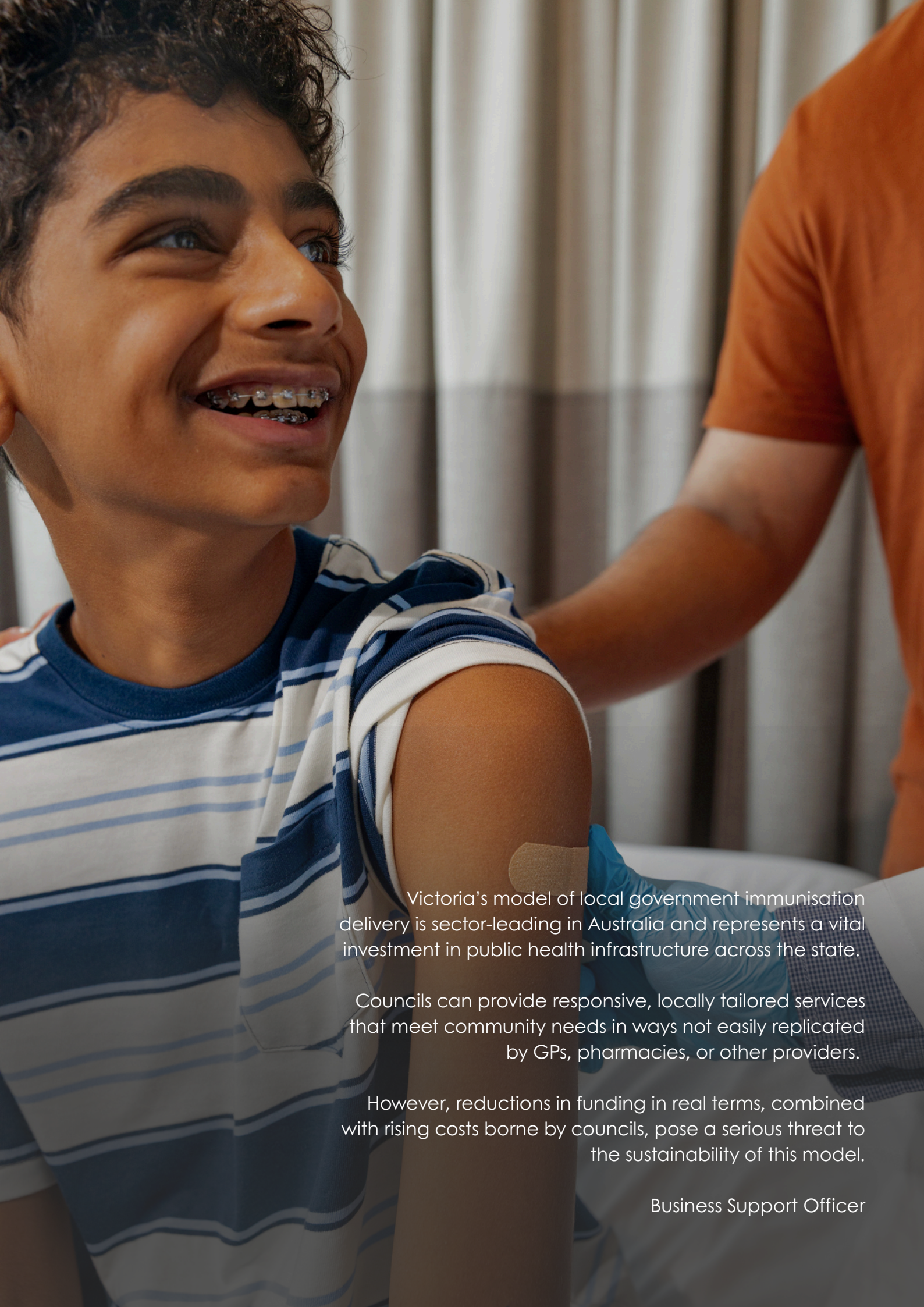
This report has been prepared by the MAV based on survey responses provided by councils in September 2024. While this report aims to broadly reflect the views of local government in Victoria, it does not purport to reflect the exact views of individual councils.

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.

© Copyright MAV

Contents

<u>Executive Summary</u>	.....	05
<u>Introduction</u>	.....	07
<u>Survey Findings</u>	.....	11
Key findings	.....	12
General Data	.....	15
Administration	.....	19
Funding	.....	23
Infant/Preschool Program	.....	29
Secondary School Program	.....	33
Overseas Catch-up Program	.....	35
Vulnerable Cohorts	.....	41
Adult Program	.....	47
Collaboration	.....	49
<u>The Future of Council Programs</u>	.....	55
<u>Recommendations & Conclusion</u>	.....	61



Victoria's model of local government immunisation delivery is sector-leading in Australia and represents a vital investment in public health infrastructure across the state.

Councils can provide responsive, locally tailored services that meet community needs in ways not easily replicated by GPs, pharmacies, or other providers.

However, reductions in funding in real terms, combined with rising costs borne by councils, pose a serious threat to the sustainability of this model.

Business Support Officer

Executive Summary

Every Victorian deserves the protection that vaccination brings. Immunisation is about more than medicine. It gives people of all ages the chance to stay healthy, protects individuals, families, and communities from preventable illness, and helps us remain safe during outbreaks. Immunisation programs create safer environments for everyone, and contribute to a healthier, more resilient Victoria.

Local Government: Trusted Providers on the Front Line

Local government is key to this effort. As trusted, place-based organisations, councils deliver safe, accessible, and equitable immunisation programs that reach into every corner of Victoria. They play a unique role in making sure no one is left behind, supporting newly arrived migrants, disadvantaged families, and others who may otherwise face barriers to care.

Scale and Impact of Council Programs

Councils are a major provider of vaccinations in Victoria and play a critical role in ensuring children have access to timely immunisation.

The last available provider split data, from around eight years ago, showed that councils delivered approximately 45% of vaccinations for children aged two months to four years and around 90% for school-aged children. While updated data is not available, councils' contribution is likely higher today, reflecting both rising demand and their continued central role in immunisation delivery.

In 2023 alone, councils ran thousands of clinics and administered hundreds of thousands of vaccinations.

Local government programs are essential to the success of national and state immunisation strategies, which rely on broad, community-wide access and strong local delivery networks.

Pressures on Council-Delivered Services

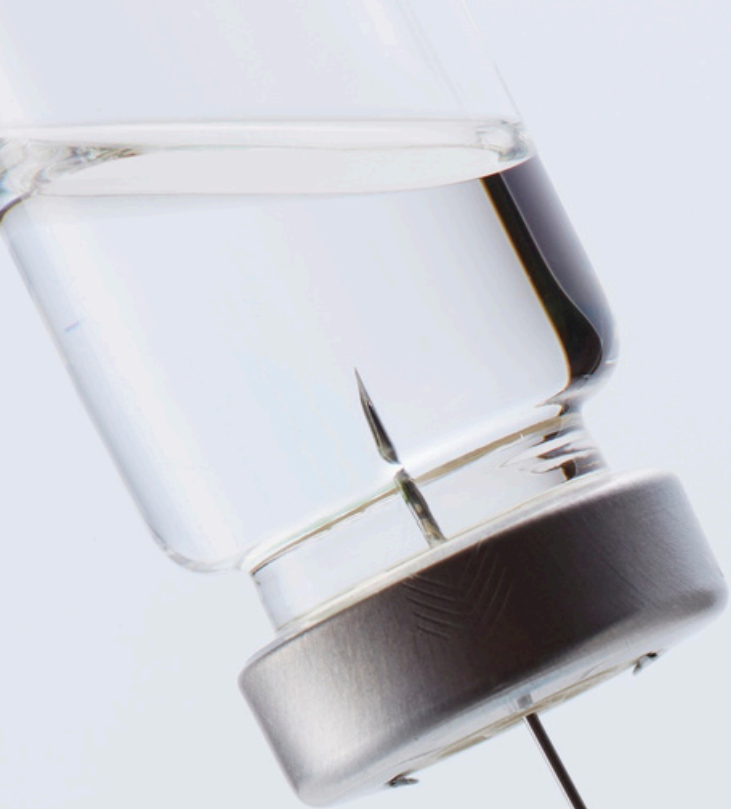
Rising costs, workforce shortages, and stagnant funding from Commonwealth and State Governments mean some councils are being forced to scale back or discontinue services, particularly outreach and overseas catch-up programs. This threatens the goals of the National Immunisation Strategy and the effectiveness of policies like No Jab, No Play and No Jab, No Pay, which depend on councils' accessible and trusted programs for their success.

Securing the Future

Securing the future of council-delivered immunisation requires more than funding alone. Councils need a sustainable and equitable model, aligned with support provided to GPs and pharmacies, alongside workforce development, strengthened inter-governmental collaboration, reinstated free access to reporting platforms, and targeted programs for vulnerable populations.

With these supports in place, councils can continue delivering high-quality, accessible immunisation services for all.

Strengthening Victoria's immunisation system starts with backing the trusted providers on the front line of prevention, equity, and community wellbeing.



Local government is essential in providing access to immunisation across the community.

Clearer communication and public awareness about council-run services is needed, as current messaging mainly directs clients to pharmacies or GPs.

Team Leader Environmental Health

Having worked in immunisation programs interstate, I believe the Victorian council-run program is highly undervalued.

It employs some of the most experienced immunisers, yet the broader contribution of council run programs to public health is often under-appreciated by our partners.

Immunisation Coordinator



Introduction



Introduction

Immunisation is a foundation of public health in Australia, playing a crucial role in preventing the spread of infectious diseases and safeguarding community wellbeing. To ensure the efficacy and consistency of immunisation practices across the nation, a comprehensive framework of legislation, regulation, and strategic guidance has been established at multiple levels of government.

Legislation, Policy, and Strategic Guidance for Immunisation

National Framework and Guidance

At the national level, the Commonwealth Government has developed policies and programs aimed at standardising immunisation practices and ensuring equitable access to vaccines across the country. This includes legislation and associated regulations, which outline the responsibilities and powers of federal health authorities in managing immunisation programs.

The [National Health Act 1953](#) provides the legal framework for this work, giving the Minister for Health the authority to provide vaccines, fund their purchase, and determine which vaccines are included in national programs. Decisions are guided by expert advisory processes ensuring that immunisation programs are safe, effective, and accessible for all Australians.

The [National Immunisation Strategy 2025-2030](#), provides a framework to maintain and improve vaccine coverage.

It emphasises collaboration across all levels of government and sets priorities to improve access, strengthen the workforce, build community understanding, and adapt to the evolving landscape of communicable diseases and vaccines.

State-Level Implementation in Victoria

At the state level, Victoria tailors its approach to align with national strategies and guidelines while addressing local health needs and priorities. This is underpinned by the [Public Health and Wellbeing Act 2008](#), which establishes the State's responsibility for protecting and promoting public health, and the [Victorian Public Health and Wellbeing Plan](#), which sets priorities for preventing illness and reducing health inequalities.

Within this framework, a range of policies and regulations support high vaccination coverage, including [No Jab, No Play](#), mandatory reporting to the [Australian Immunisation Register](#) (AIR), and targeted public health campaigns.

The Victorian Department of Health monitors immunisation coverage and compliance with these policies to maintain high vaccination rates, particularly in early childhood settings.

2

Role of Local Government

In Victoria, councils are responsible for delivering immunisation services under the Public Health and Wellbeing Act 2008, Part 3, Division 3, Section 24, which specifies:

"The function of every council under this Act is to seek to protect, improve and promote public health and wellbeing within the municipal district by -

(f) coordinating and providing immunisation services to children living or being educated within the municipal district."

Current legislation allows councils to fulfil this public health responsibility through a variety of service delivery models:

- Council managed programs: Councils directly manage, staff, and resource immunisation programs for their local government area.
- Contracted delivery: Councils may contract other providers to deliver immunisation services while maintaining administrative oversight.
- Partnership models: Councils collaborate with local health providers to ensure access to vaccinations for residents.

The Survey

In July 2024, the MAV surveyed all Victorian councils to gather insights into strategies for delivering immunisation programs across infants, children, adults, and vulnerable populations.

The survey aimed to understand the breadth of local government immunisation programs, the challenges impacting service delivery and opportunities to maintain and enhance local government programs across the state.

Ninety-six percent of councils responded (76 of 79), including 100% of growth councils, 96% of metropolitan councils, and 96% of rural/regional councils.

We are seeing a 150% increase in clients attending our community immunisation sessions in just one year, with numbers continuing to grow through word of mouth.

Many clients could access other providers, but they choose our service for its convenience and trusted, welcoming environment. Adequate funding to match this growing demand would allow us to maintain and expand these valued services.

Coordinator Immunisation

We keep running drop-in sessions because the community tells us they are convenient and essential, especially through autumn and winter, when health services are stretched.

We often serve as the only option for people who can't access a GP, and we provide a trusted space for conversations with those who are hesitant about vaccination.

Immunisation Support Officer





Survey Findings

Key Findings

3

Vaccinations

Councils held **7,000+** clinics and delivered **430,000+** vaccinations in 2023

Councils are seeing growing to stable demand for many of their immunisation programs

97,000+ children received **218,000+** vaccines at a council run clinic in 2023

Councils held **1,400+** in-school sessions and provided vaccines to **84,000+** students

Around **500** overseas catch-up vaccinations are delivered by local government each month



Funding

83% of councils state current funding is inadequate to very inadequate

Over **90%** of councils said costs have increased over the last few years and external funding has not kept pace with these increases

74% of responding councils have increased funding to meet community demand. Some councils are reducing services and outreach programs in response to cost pressures



Important Program Provider

Councils provide essential outreach services, including programs for newly arrived and refugee families, often being the sole provider for these resource-intensive programs



STRENGTH OF LOCAL GOVERNMENT INVOLVEMENT

Councils are at the heart of Victoria's immunisation system, ensuring high vaccination rates and providing accessible services across communities. They deliver a significant proportion of childhood and school-based vaccinations while also providing immunisation for adults and running outreach programs for vulnerable populations.

Without the efforts of councils, many families would struggle to meet health and educational requirements. Their ability to operate large-scale public health initiatives makes them an essential partner in disease prevention and public health protection.

CHALLENGES

Council-run programs are under increasing strain due to inadequate funding. Rising demand, higher operational costs, and changing policy requirements (such as fees for using the state's reporting system) have placed significant financial pressure on councils.

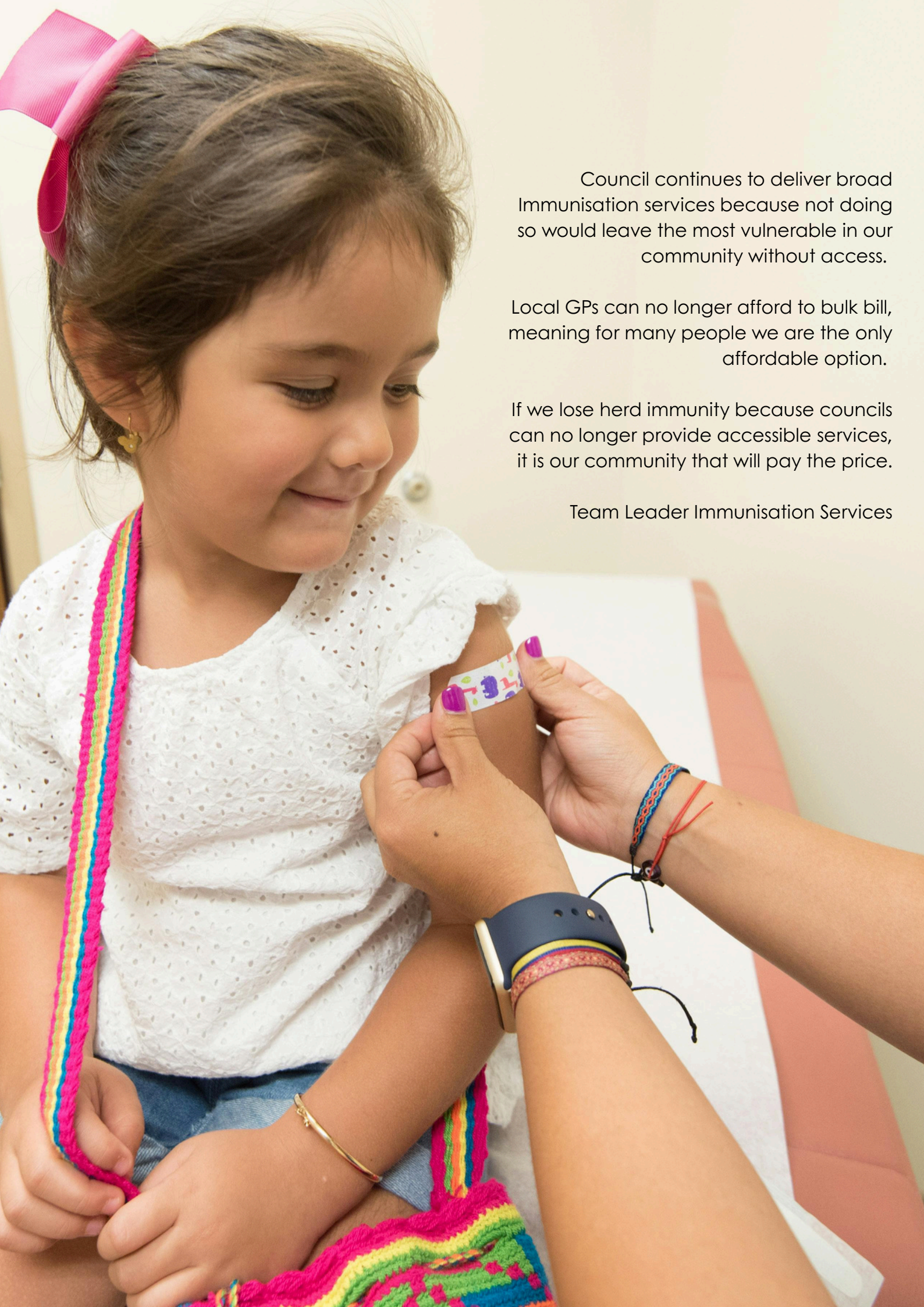
Contributions from the Commonwealth and State Governments have not kept pace with funding pressures, forcing more than a third of councils to scale back service provision, with some discontinuing programs altogether. Resource-intensive initiatives, such as outreach and overseas catch-up vaccinations, are particularly at risk, reducing options available to vulnerable community members.

OPPORTUNITIES

This is a preventable loss. With appropriate support, councils could expand and enhance immunisation services, improving accessibility, especially for vulnerable populations. Increased investment would enable the continuation and growth of high-impact programs, such as overseas catch-up vaccinations, ensuring families can meet immunisation requirements without barriers.

Stronger collaboration across all levels of government presents an opportunity to create a more sustainable and equitable funding model. Aligning funding structures, investing in workforce development, and leveraging councils' extensive reach would not only protect existing services but also drive innovation in service delivery.

By working together to secure the future of council-run immunisation programs, we can maintain high vaccination rates, protect community health, and ensure no one is left behind.



Council continues to deliver broad Immunisation services because not doing so would leave the most vulnerable in our community without access.

Local GPs can no longer afford to bulk bill, meaning for many people we are the only affordable option.

If we lose herd immunity because councils can no longer provide accessible services, it is our community that will pay the price.

Team Leader Immunisation Services



General Data

Program Delivery Models

The majority of councils (82%) directly manage and deliver their immunisation programs, while 16% collaborate with external organisations for service delivery. Even among councils that outsource delivery of their programs, most continue to provide essential administrative and oversight support, ensuring program quality and accountability.

Service Settings and Outreach

Council-run immunisation programs operate across a variety of settings, including council-owned facilities, schools, and workplaces. Many councils deliver targeted outreach (eg through home visits), to ensure vulnerable families have equitable access to vaccination.

Most councils provide cohort-specific sessions to improve accessibility for at-risk groups, including children with disabilities, newly arrived families, and Aboriginal and Torres Strait Islander communities. These sessions are often delivered in settings tailored to the needs of each cohort, reducing potential barriers to maximise vaccine uptake.

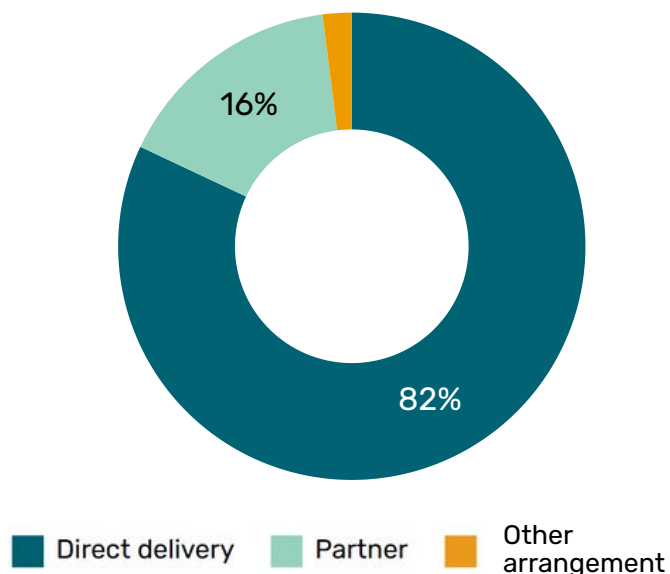
Community Demand and Trends

Community demand for council-run vaccinations remains steady, reflecting public trust in council-delivered services. Certain programs, particularly overseas catch-ups and adult immunisation services, are experiencing notable growth, highlighting the importance of councils' capacity to respond to emerging community needs.

Program Delivery

67 responses

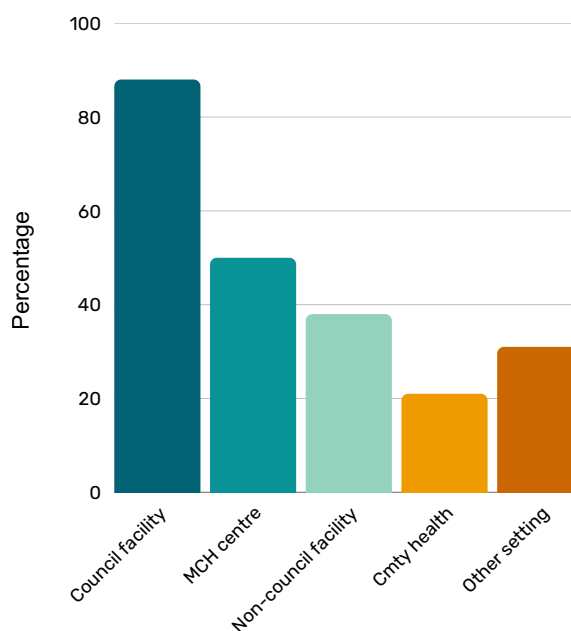
The majority of councils (82%) deliver their immunisation program directly, while 16% partner with other organisations to deliver services. Many councils that outsource their programs continue to provide administrative support.



Immunisation Clinic Settings

67 responses

Immunisation clinics are held in a variety of settings to ensure accessibility. Town halls and council facilities are the most common venues, used by 88% of councils, followed by Maternal and Child Health centres (50%), non-council facilities (38%), community health facilities (21%), and other locations such as workplaces (31%).

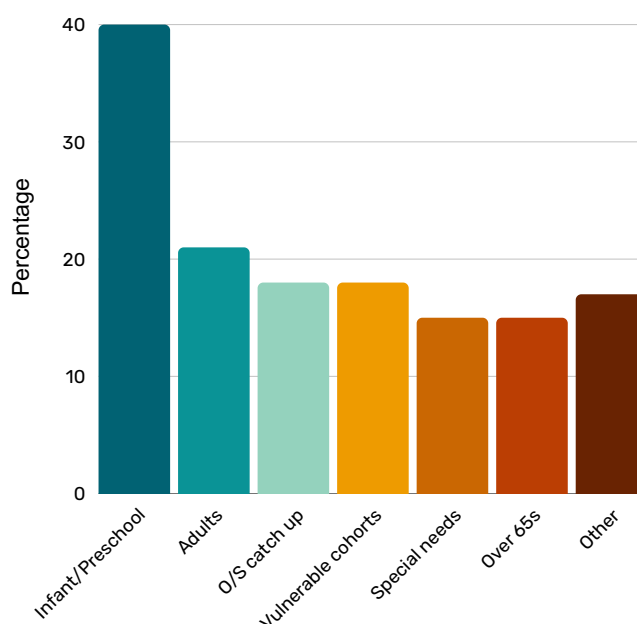


Cohort Specific Sessions

67 responses

To meet diverse community needs, 75% of councils run cohort-specific sessions.

These include targeted sessions for infants and preschool children (40%), adults (21%), individuals requiring overseas catch-up immunisations (18%), vulnerable groups (18%), people with special needs (15%) and over 65s (15%).

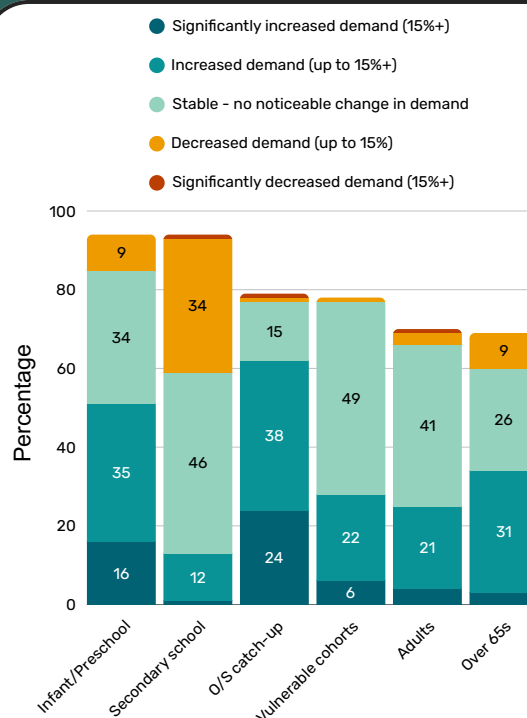


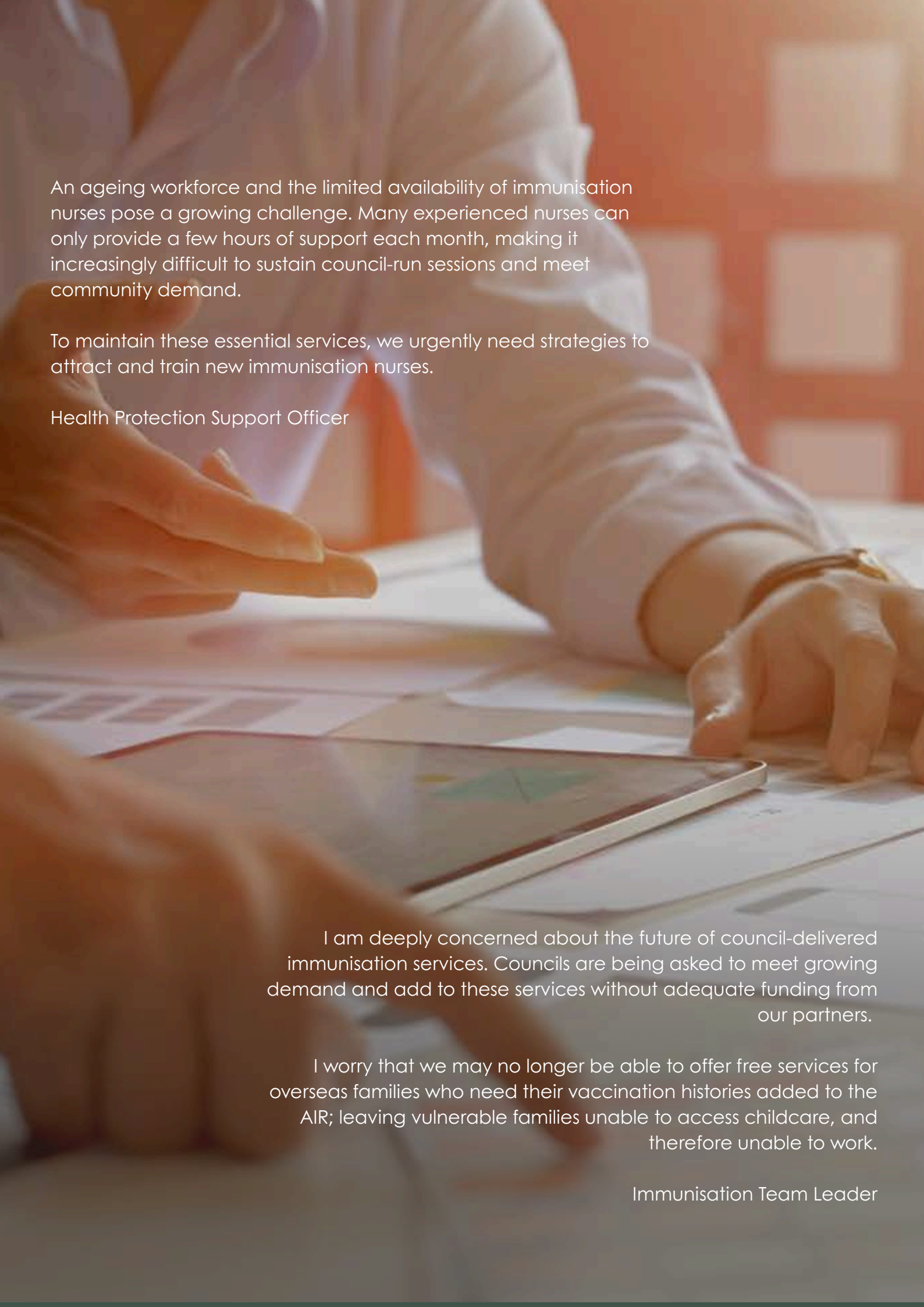
Change in Vaccination Demand

68 responses

Most councils across Victoria have noted demand for council run immunisation services has remained stable or grown in recent years. A significant increase in overseas catch-up immunisations has been noted, with 62% of councils reporting rising demand in this area. Similarly, over half of councils have observed greater uptake of vaccinations for infants and preschool children.

While councils noted a decline in the school vaccination program, this is due to changes in the vaccine schedule rather than a reduction in interest, though some vaccine fatigue has been observed among school-aged cohorts following the pandemic.





An ageing workforce and the limited availability of immunisation nurses pose a growing challenge. Many experienced nurses can only provide a few hours of support each month, making it increasingly difficult to sustain council-run sessions and meet community demand.

To maintain these essential services, we urgently need strategies to attract and train new immunisation nurses.

Health Protection Support Officer

I am deeply concerned about the future of council-delivered immunisation services. Councils are being asked to meet growing demand and add to these services without adequate funding from our partners.

I worry that we may no longer be able to offer free services for overseas families who need their vaccination histories added to the AIR; leaving vulnerable families unable to access childcare, and therefore unable to work.

Immunisation Team Leader



Administration

Program Management Teams

Council immunisation programs are typically managed through one of four teams: Maternal and Child Health, Environmental or Public Health, Children and Family Services, or Community Wellbeing.

Workforce Composition

Casual staff play a vital role in delivering immunisation services, with almost all councils using casual staff to administer vaccines during sessions. Just under half of councils also employ permanent immunisation nurses, while around one-fifth draw on Maternal and Child Health (MCH) nurses with immunisation qualifications to provide additional support.

Administrative staff are also integral, with 88% of councils including them as part of their immunisation workforce.

Despite the broad composition of immunisation teams, many councils face ongoing workforce challenges, including an ageing staff base and difficulties attracting and retaining skilled immunisation professionals.

Operational Responsibilities

Beyond administering vaccines, councils coordinate a range of essential operational tasks, including

- staff training,
- appointment bookings,
- vaccine procurement, storage and management, and
- planning the logistics for school immunisation programs and outreach.

These functions do not attract external funding support, placing additional financial and operational pressure on councils.

Digital Systems and Reporting

The transition to digital platforms has improved some processes, particularly reporting, but has also introduced challenges.

Data entry issues, system inefficiencies, and complex booking processes can create barriers for families.

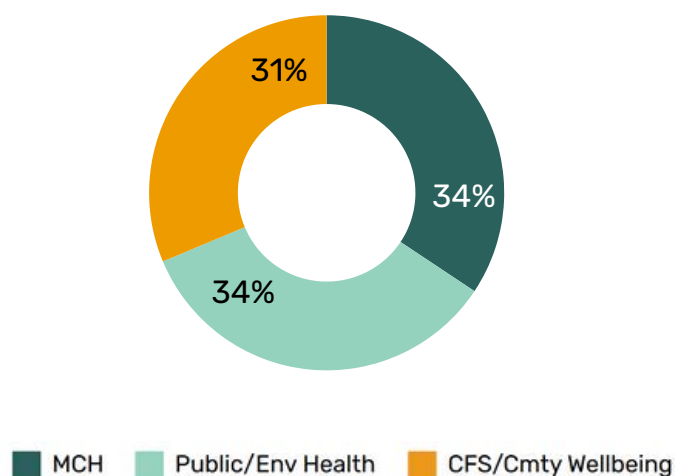
While councils value the enhanced reporting capabilities, technical limitations continue to affect the delivery of a seamless and accessible service.

Strengthening partnerships with platform providers will be important to improve tools for both immunisation providers and the communities they serve.

Council Department Responsible for Immunisation

67 responses

The immunisation program is typically managed by Maternal and Child Health (34%), Environmental/Public Health (34%), or Children, Family Services, and Community Wellbeing teams (31%) within councils. A number of councils have dedicated Immunisation Teams who generally sit within the community services area of council.

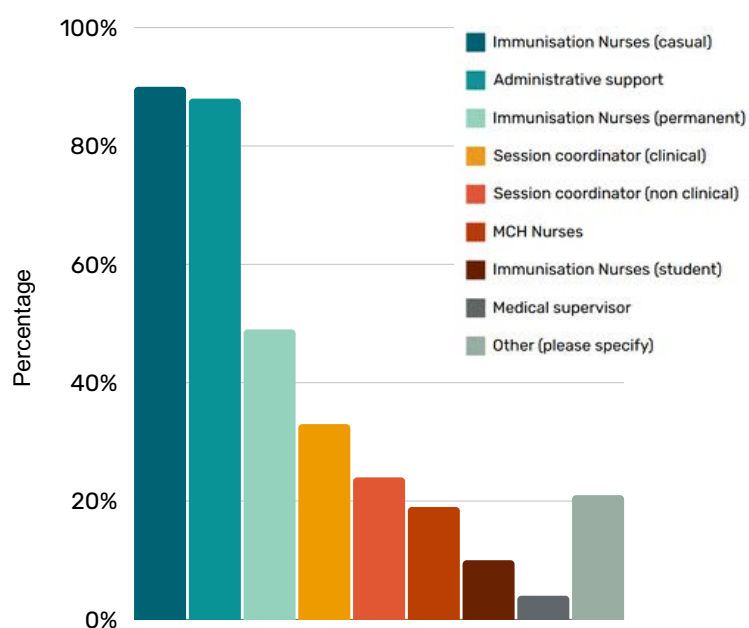


Staff Attending Immunisation Sessions

67 responses

Most councils have casual immunisation nurses (90%) and administrative support staff (88%) in attendance at their immunisation sessions. Approximately half of the responding councils have permanent immunisation nurses in attendance, and a third have dedicated clinical session coordinators.

Additional staff in attendance include environmental health officers, agency staff, and on occasion, general practitioners.



Immunisation Appointments

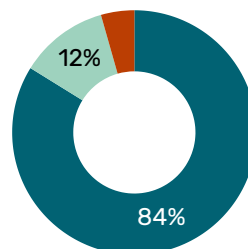
68 responses

Most councils (84%) have a booking system in place for all of their immunisation sessions. Four percent of councils are currently considering introducing a booking system.

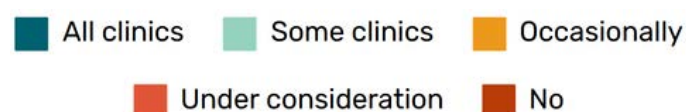
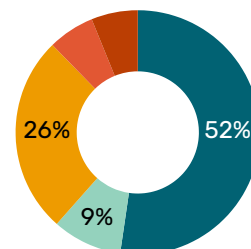
Just over half (52%) of all responding councils will accept walk-ins for all of their sessions. Another third (35%) accept walk-ins for some of their clinics and/or where demand allows.

Councils who don't accept walk-ins generally deliver more specific sessions (eg only schools or infant/preschool immunisations).

Use Booking System



Walk-ins Accepted



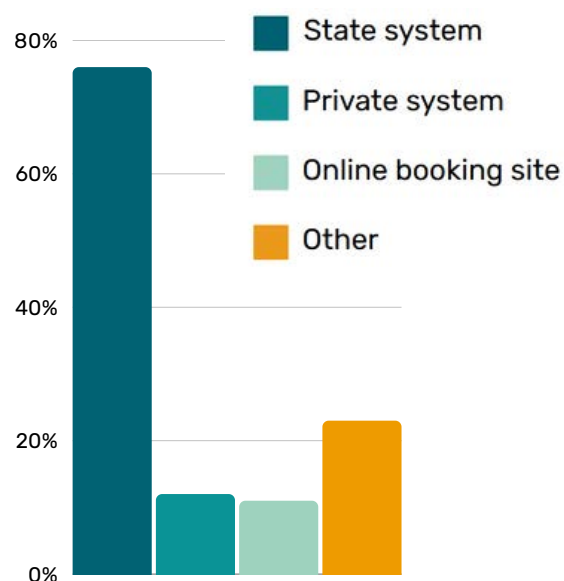
Booking Platform

65 responses

At the time of reporting the majority of councils (76%) use the state's CIRV platform for bookings, while 12% rely on a private provider's system. A similar proportion (11%) utilise online booking sites, and nearly a quarter (23%) use alternative methods such as manual bookings.

Some councils have found the state's system challenging for certain families to access and use. To reduce barriers, they have adopted additional booking methods, including online systems, manual processes, and other platforms, to improve accessibility and ensure families can secure immunisation appointments more easily.

Changes to a co-funding model for the state platform may see these figures change in the near future.





Improved funding would free up council resources to expand access to immunisation across our community, employ bilingual staff to better support culturally and linguistically diverse populations, reach more vulnerable groups, increase outreach and after-hours sessions, and invest in engaging with families to improve coverage.

We could offer more targeted programs, respond to community needs, and ensure equitable access to vaccines for people of all ages.

Immunisation Coordinator



Funding

Shared Responsibility and Stagnant Funding

Immunisation is a shared responsibility across all levels of government, yet external funding has not kept pace with the rising costs of delivering these essential services. Contributions from the Commonwealth have remained largely unchanged for more than 20 years, while State subsidies fall short of covering a fair percentage of program delivery costs. As a result, many councils subsidise their immunisation programs, often contributing up to 70-80% of total expenses. This financial strain limits councils' ability to maintain and expand vital services, despite their central role in protecting public health.

Short-Term Funding Initiatives

Programs such as adolescent or refugee catch-up initiatives (like PRIME) have proven highly effective in improving vaccine coverage. However, their temporary nature limits councils' capacity to plan and deliver consistent services. Without predictable, long-term funding, councils face challenges in maintaining outreach to at-risk groups and ensuring equitable access for all community members.

Funding Gaps for National Immunisation Program Vaccines

Councils do not receive funding to deliver many vaccines offered under the National Immunisation Program (NIP), even though they are publicly advertised as free. This includes (but is not limited to) eligible adult NIP vaccines, eligible adolescent flu, and catch-up vaccinations for children and adolescents exceeding age cut-offs. The lack of support for these NIP vaccines forces councils to absorb additional costs, stretching limited resources further.

Councils also are not funded to update or upload overseas immunisation records to the Australian Immunisation Register (AIR), a critical requirement for school and childcare enrolment.

Parity with Other Providers

Councils deliver vaccinations efficiently and equitably but receive lower payments than GPs and pharmacies for administering the same vaccines. Aligning funding models across providers would allow councils to continue offering accessible, place-based, high-quality immunisation services to all community members. Sustainable funding would free up council resources to invest in:

- workforce development,
- investment in new equipment,
- expanded outreach, and community education,

helping retain skilled immunisation staff and strengthening public health outcomes.

CIRV Charges

The introduction of CIRV charges in 2025 has added further financial pressure. After two decades of a free state immunisation reporting system, councils now face new costs that risk diverting resources from frontline services, including clinic availability and outreach programs. Re-instating a free reporting platform would demonstrate a collaborative approach to public health and ensure councils can maintain efficient and accessible services while keeping accurate vaccine records.

Council Commitment

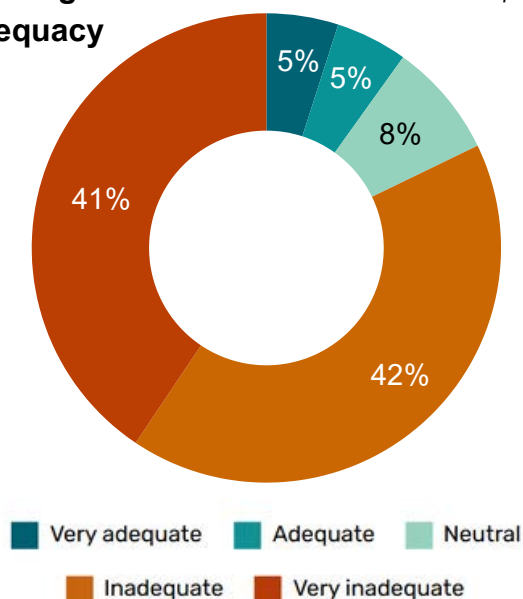
Despite these challenges, councils remain committed to delivering immunisation services, recognising their vital role in protecting community health. With equitable, sustainable funding and stronger collaboration across all levels of government, councils can keep Victoria's communities safe by ensuring every person has access to life-saving vaccines.

6

Current Funding Sources and Adequacy

Funding Adequacy

66 responses

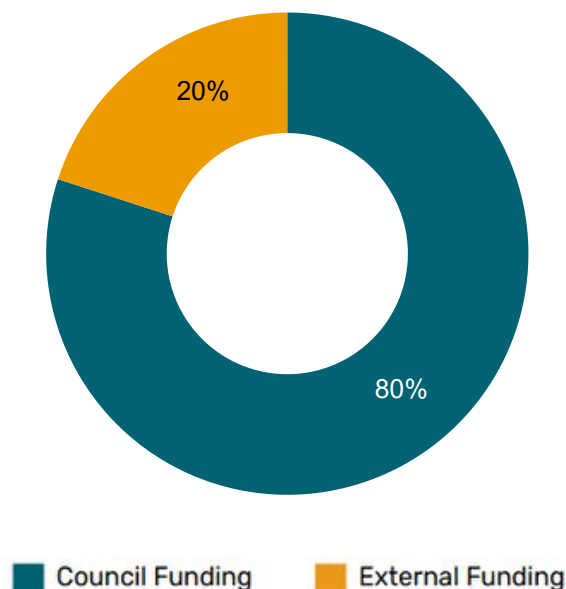


The vast majority of councils find current funding inadequate, with 42% rating it as "inadequate" and 41% as "very inadequate."

Only 10% consider funding sufficient, primarily due to council resourcing rather than external support.

Program Funding

32 councils



The MAV estimates that the vast majority of funding for council-run immunisation programs (around 80%) comes from local government revenue.

This estimate is based on data provided by a cross-section of rural, regional, and metropolitan councils.

Thirty-two councils reported on their program costs and external funding, showing a total annual expenditure of approximately \$9.85 million to deliver immunisation services. Of this, only around \$1.92 million came from State and Commonwealth funding, covering just 20% of delivery costs.

Examples are provided on page 27.

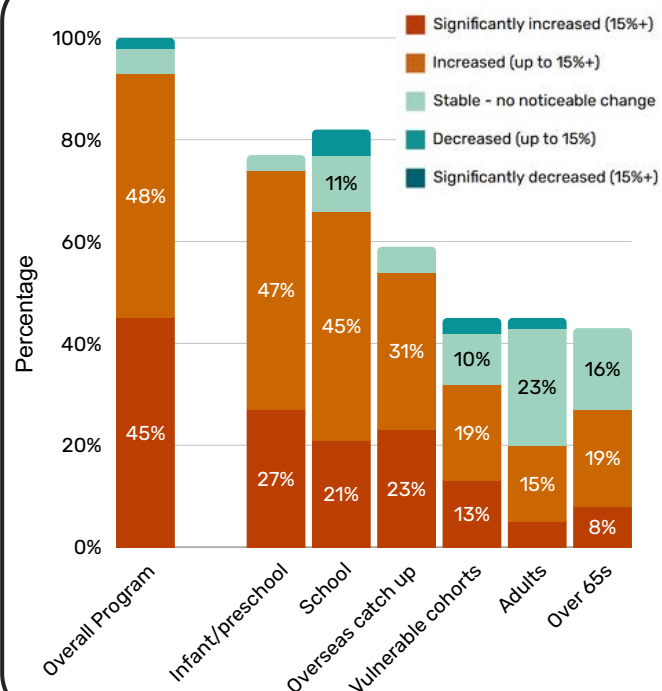
Cost of Delivery Per person since 2021

62 responses



Over 90% of councils reported the cost of service delivery per person has increased in recent years. 45% of councils reported this increase has been significant.

All cohort specific programs have had notable cost increases, with the slight exception being the adult programs, most likely because these are generally provided as a fee for service with council able to recoup costs for vaccine provision.



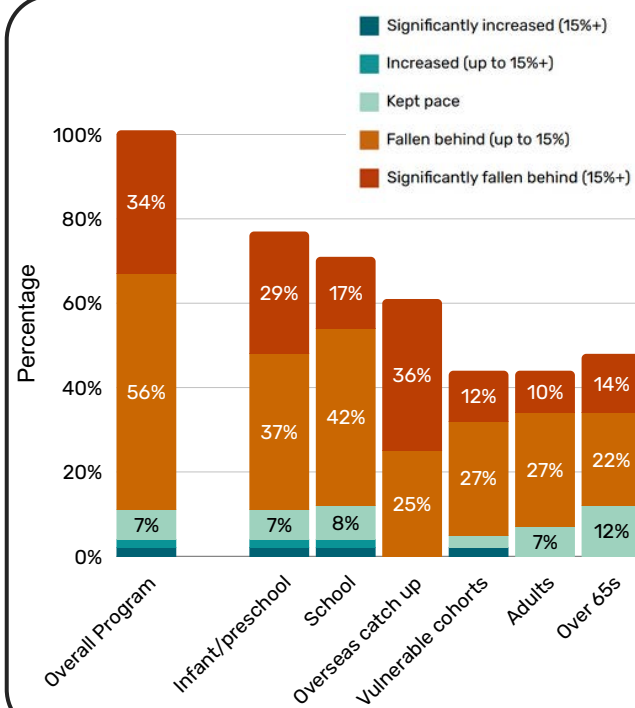
Has External Funding KEPT PACE with cost increases since 2021?

59 responses



90% of councils reported that external funding has not kept pace with the rising costs of service delivery.

Where councils have noted an increase in funding it is generally from council increasing its funding allocation rather than increases in external funding.



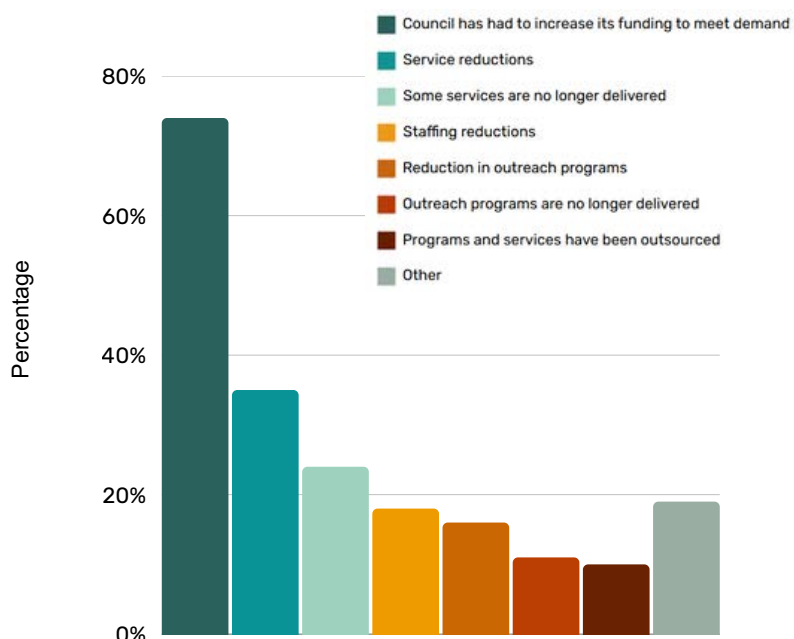
Program Changes Due to Funding Issues

62 responses

Councils are undertaking a range of actions to meet funding challenges.

Almost three-quarters (74%) of responding councils have increased their funding to meet community demand.

Over one third (35%) of councils have reduced services due to funding shortfalls, and around a quarter (24%) have had to cease delivering some programs all together.

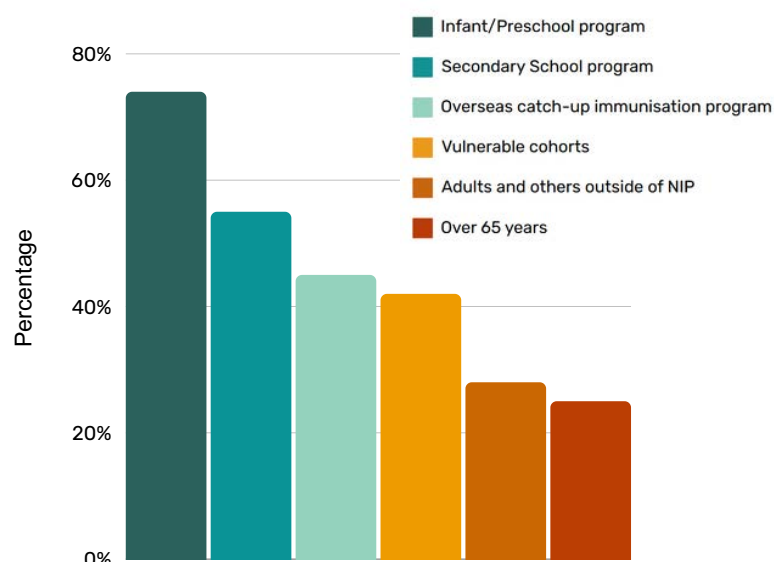


Programs Most Impacted by Funding Issues

53 responses

The programs most impacted by funding issues are those that attract little to no funding yet are resource-intensive, such as overseas catch-up and outreach programs.

While this graph shows infant/preschool and school immunisation programs facing the greatest impact, this is largely due to the widespread delivery of these services by most councils. If the focus were narrowed to councils conducting regular overseas catch-up vaccinations or targeted programs for vulnerable cohorts, the graph would likely present a different picture.



On a positive note, many councils have demonstrated a strong commitment to maintaining these vital public health programs, finding ways to keep them running despite financial challenges. However, the long-term sustainability of these services remains uncertain without a solution to address funding gaps.

Example of funding sources - Rural Councils

9 councils

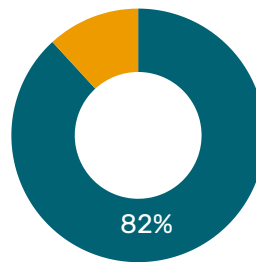
Council A

Encounters: 1,100
Program cost: \$170,000
External funding: \$20,000

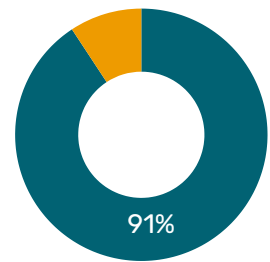
Council B

Encounters: 5,000
Program cost: \$310,900
External funding: \$28,800

Council A



Council B



■ Council funding ■ External funding

Example of funding sources - Regional Councils

7 councils

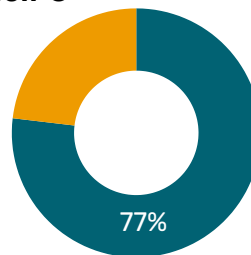
Council C

Encounters: 5,700
Program cost: \$350,000
External funding: \$80,900

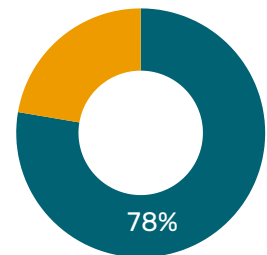
Council D

Encounters: 4,200
Program cost: \$351,500
External funding: \$78,400

Council C



Council D



■ Council funding ■ External funding

Example of funding - Metropolitan Councils

16 councils

Council E

Encounters: 5,800
Program cost: \$315,800
External funding: \$45,000

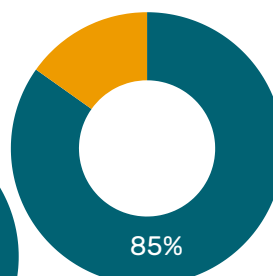
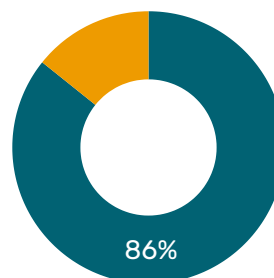
Council F

Encounters: 11,759
Program cost: \$800,000
External funding: \$121,400

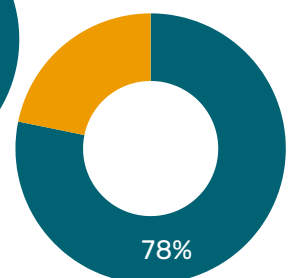
Council G

Encounters: 7,246
Program cost: \$470,000
External funding: \$102,500

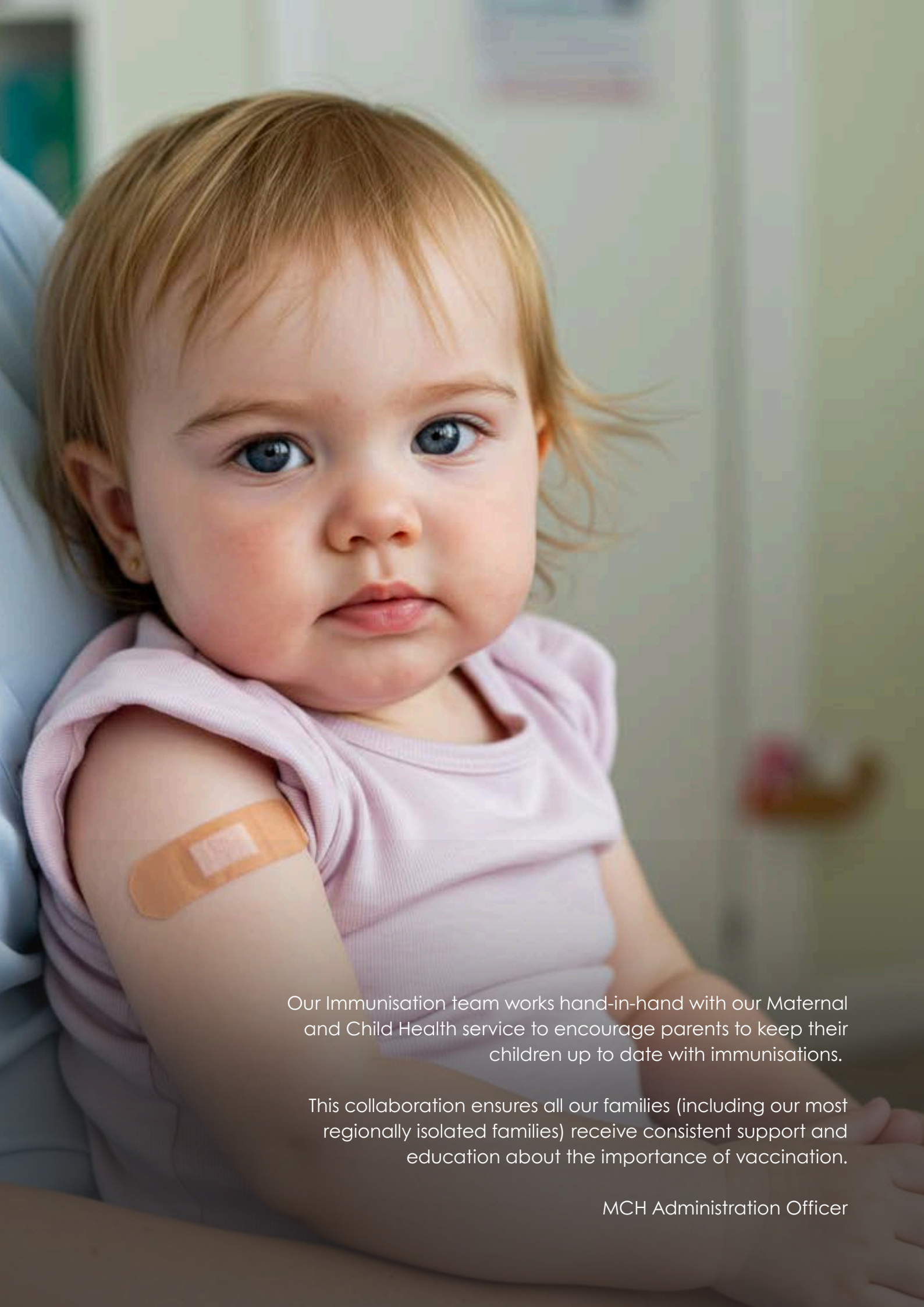
Council E



Council G



■ Council funding ■ External funding



Our Immunisation team works hand-in-hand with our Maternal and Child Health service to encourage parents to keep their children up to date with immunisations.

This collaboration ensures all our families (including our most regionally isolated families) receive consistent support and education about the importance of vaccination.

MCH Administration Officer



Infant/Preschool Program

The Infant/Preschool National Immunisation Program (NIP) is a key part of Australia's public health strategy, providing free vaccines to protect children aged 0-5 from serious preventable diseases. The NIP schedule includes vaccines for hepatitis B, diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), measles, mumps, rubella, pneumococcal disease, rotavirus, and meningococcal disease.

Council Role in NIP Delivery

In Victoria, councils are a vital part of delivering NIP, administering a substantial and growing proportion of vaccinations for this age group. Their services include:

- **Immunisation Sessions:** Held in accessible community venues such as maternal and child health centres, libraries, and town halls, often with flexible hours to accommodate families.
- **Catch-Up Vaccinations:** Ensuring children who have missed scheduled doses, especially those from vulnerable backgrounds, are brought up to date.
- **Outreach Services:** Some councils provide home-based or opportunistic immunisations for families facing barriers to accessing clinics, though these programs are often limited by resources.
- **Record Management:** Uploading immunisation data to the Australian Immunisation Register (AIR) to support public health monitoring.
- **Community Engagement:** Educating families about immunisation, often in partnership with the MCH service and CALD outreach workers, and providing culturally appropriate resources.

Service Coverage

Currently, 75 of Victoria's 79 councils provide immunisation services for children aged 0-5, either directly or through contracted providers. The remaining four refer families to local GPs or health services.

Program Reach and Impact

In 2023 alone, councils administered more than 218,000 vaccines to over 97,000 children, with some children attending multiple sessions in a year (depending on the child's immunisation schedule).

This extensive reach highlights the essential role councils play in protecting young children and maintaining high vaccination coverage across the state.



Council activity 2023



97,000+
children vaccinated



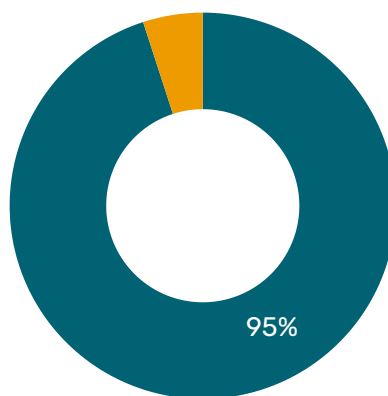
218,000+
vaccines delivered

Vaccines Offered outside of NIP

Ninety-five percent of councils (75 of 79) deliver an infant/preschool program.

Sixty-one percent of responding councils (41 of 67) offer children vaccines outside of the NIP schedule (such as chickenpox, hepatitis b, meningococcal b). These vaccines are generally provided for a fee to cover vaccine costs.

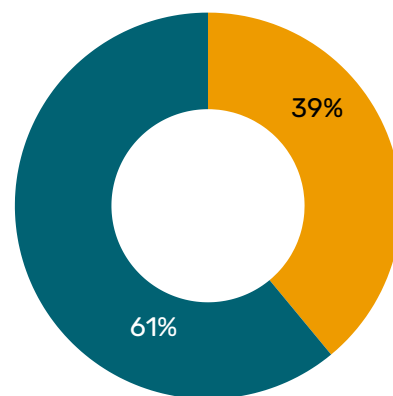
Deliver Infant/Preschool Program



■ Deliver program ■ Do not deliver

79 councils (reponses and web review)

Offer non-NIP vaccines to under 5s



■ Do not offer ■ Offer non-NIP

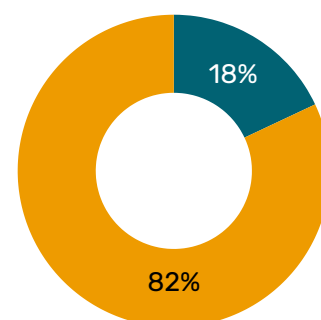
67 responses

Immunisation During MCH Consultations

Eighteen percent of responding councils (12 of 67) offer immunisations during MCH consultations. A small number of these councils offer the service during a key age and stage visit, mostly as opportunistic vaccination for vulnerable families. Other councils prefer families to attend a more general clinic held in the same building while MCH consultations are underway.

The remaining councils offer infant and preschool vaccinations during general community sessions.

67 responses

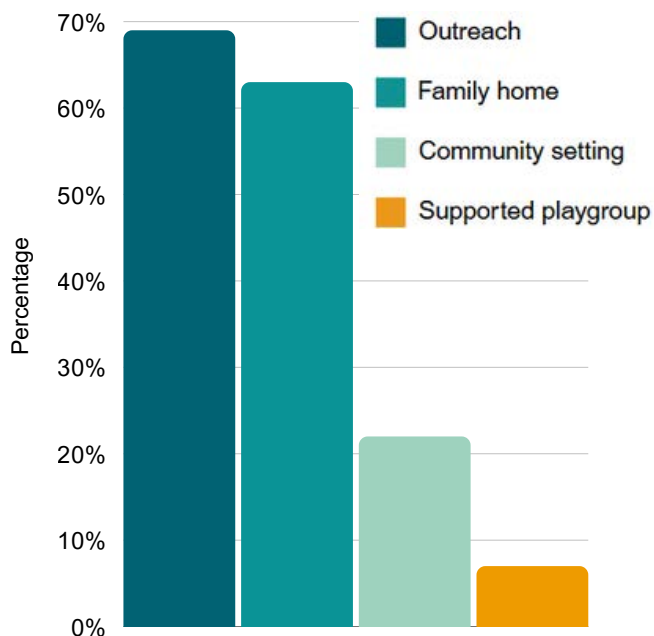


■ Immunisation available during MCH consult
■ Not offered during MCH consult

Opportunistic Outreach Immunisations

68 responses

Opportunistic Outreach Setting



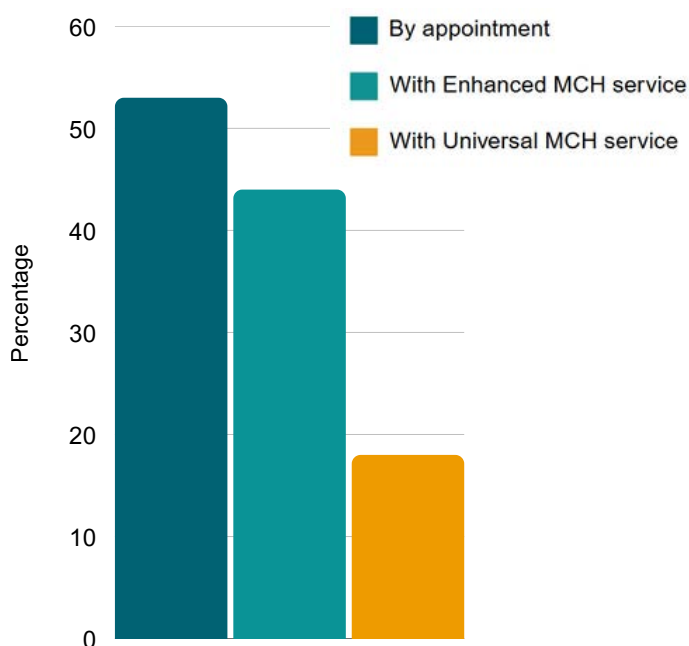
Sixty-nine percent of responding councils (47 of 68) provide opportunistic immunisation or outreach services to families.

Most councils noted this service is rare and typically reserved for the most vulnerable families.

Several councils mentioned they used to offer this service, but due to the resource-intensive nature of the program and budget constraints, they are no longer able to provide it.

When available, most of these services are delivered in family homes and/or with the Enhanced MCH service.

Opportunistic Outreach Delivery



More equitable funding would allow us to increase the number of community sessions without capping appointments, do more targeted work with vulnerable populations and community groups, collaborate more closely with schools to educate students and parents about the school-age vaccination program, and expand the range of venues to make sessions more accessible for our community.

Immunisation Program Officer





Secondary School Program

The Secondary School Immunisation Program provides free vaccines to Year 7 and Year 10 students under the National Immunisation Program (NIP). Year 7 students are offered vaccines for diphtheria, tetanus, pertussis (whooping cough), and HPV, while Year 10 students are offered the meningococcal ACWY vaccine.

Under the Public Health and Wellbeing Act 2008, councils are responsible for ensuring children living or studying in their municipality have access to immunisation services.

Councils deliver the vast majority of secondary school vaccinations in Victoria. In 2023, 96% of councils ran a school vaccination program, collectively administering over 125,000 vaccines across 1,400 school-based sessions to more than 84,000 students.

Council-run programs are vital to keeping students up to date with their vaccinations and play a key role in reducing barriers to access. By bringing immunisation directly into schools, councils make it easier for adolescents and families, particularly those with limited time outside school hours, to participate.

Operational Demands are Growing

Delivering the program is complex and resource-intensive. Councils spend significant time liaising with schools, collecting and following up consent forms, and ensuring students who miss their vaccinations are caught up. These activities have become more demanding since COVID-19, with consent rates declining.

Meeting Coverage Requires Flexibility

To maintain high coverage, councils often distribute additional information to families, host parent sessions, and provide multiple school visits or follow-up clinics, especially in higher-need schools. These approaches are effective, but significantly increase the resources required to achieve adequate coverage.

Greater Reliance on Catch-Ups

Recent changes to the NIP schedule mean fewer vaccines are required for Year 7 students, reducing the number of in-school visits. Fewer school visits mean there are fewer opportunities to “mop up” students who miss their scheduled session. If students miss their scheduled school vaccination and no extra in-school sessions are available, they are referred to community clinics.

Councils report that these clinics can be difficult for some families to attend due to transport, work, or language barriers, which may result in vulnerable students missing out on timely vaccination.

Funding Model Does Not Cover True Costs

Councils incur expenses other providers do not, including school liaison, consent management, multiple site visits, staffing, and vaccine transport. Despite these additional responsibilities, they receive lower per-dose funding than other providers, creating a structural shortfall that threatens program viability.

Investment Is Key to High Coverage

Ongoing, adequate funding is essential to sustain councils' school-based immunisation programs. Council-led delivery remains the most equitable and effective way to ensure timely vaccination for all students, particularly those from hard-to-reach families, and to maintain Victoria's strong public health outcomes.

Note: actual vaccination figures provided by 61 councils

Note: Not all councils have a secondary school in their municipality.

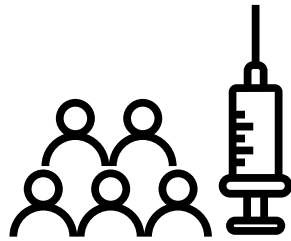
Secondary school vaccinations

Based on figures provided by 61 councils

In 2023 councils:



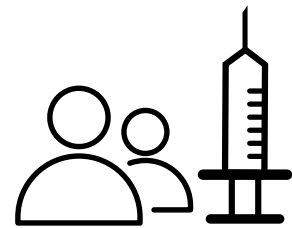
held
1,400+
school sessions



vaccinated
84,000+
students



delivered
125,000+
vaccines



delivered
3,700+
secondary school
vaccines at community
sessions

Student catch-ups

Councils use various strategies to undertake school program catch-ups for missed vaccinations, including:

In-School Catch-Up Sessions: Many councils revisit schools later in the year to vaccinate students who missed earlier sessions, including absentees and those who did not return consent forms initially. Some councils provide these opportunities during subsequent visits for other year levels.

Community-Based Sessions: Students are encouraged to attend public immunisation sessions.

Parental Follow-Up: Parents of students who miss vaccinations are contacted via email, text, phone calls, or letters. Messages include details about upcoming catch-up opportunities, booking links, and options for accessing GP or pharmacy services.

Targeted Outreach: Councils cross-check attendance lists with consent forms, actively follow up with absentee students, and offer verbal consent where possible. Some councils use school communication platforms like newsletters or Compass to send reminders and information.

Promotion: Information about catch-up opportunities is shared through social media, school newsletters, direct messaging, and collaboration with school administration.

Challenges: Limited access to student details (e.g., contact information for those who didn't return consent) and resource constraints can hinder follow-up efforts. Councils report varying success with out-of-school catch-up sessions and often rely on additional visits or referrals to external providers.



Overseas Catch-up Program

Australia's overseas vaccination catch-up program helps migrants, refugees, and humanitarian entrants (particularly those under 20) get up to date with missed NIP vaccines. The program involves translating immunisation records, uploading details to the Australian Immunisation Register (AIR), and developing an individualised vaccination schedule.

Importance of the Overseas Catch-Up Program

This Program is critical to protecting public health, reducing the risk of outbreaks, and ensuring equity for newly arrived communities. By bringing individuals in line with the National Immunisation Program (NIP), it safeguards education settings, workplaces, and the wider community.

Councils' Central Role

Councils are often the only providers with the skills and knowledge to develop and deliver catch-up vaccinations in many areas. Council immunisation teams assess vaccination status, design tailored catch-up schedules, and upload records to the Australian Immunisation Register (AIR). They also collaborate with schools, Maternal and Child Health (MCH) services, CALD Outreach Workers, and community organisations to maximise accessibility and immunisation coverage in this cohort.

Complexity and Resource Requirements

Delivering this program is both complex and resource-intensive. Developing individualised catch-up schedules, managing incomplete or unclear records, maintaining accurate data, and conducting follow-up all require significant administrative and clinical effort.

Councils also address barriers faced by newly arrived communities, including language and cultural differences, vaccine hesitancy, and limited awareness of services. Where CALD Outreach Workers are employed, they have been instrumental in building trust and supporting vaccination efforts.

Although complex and resource intensive the Overseas Catch-up Program attracts no additional funding support from the Commonwealth and State Governments. As a result many councils are having to assess whether they can continue to deliver the program in the long-term, potentially leaving a gaping hole in provision and risking access to vaccination for these families.

Opportunities to Strengthen the Program

The reach and impact of the Overseas Catch-Up Program can be strengthened by investing in the upfront administrative requirements, enhanced outreach strategies, and workforce capacity. This will support councils to maintain and expand catch-up schedules, improve follow-up and record management, and tailor services to community needs, ensuring newly arrived populations are fully protected from preventable disease.

These efforts will help sustain equitable access to vaccination, reduce barriers for vulnerable communities, and safeguard public health across Victoria.



Overseas catch-up program activities

In 2023:



94%
of councils provided
overseas catch up
vaccinations



on average councils
collectively delivered
500+
catch-up vaccines each
month



Half of all councils spent
1 hour+
pre-appointment time with
each client prior to their
immunisation session

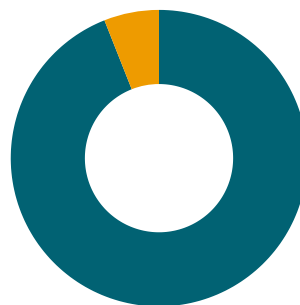
Councils delivering the program

61 responses

Ninety-four percent of responding councils provide an overseas catch-up program.

Seventy-seven percent of responding councils reported that demand for this program is increasing. Councils state this is both due to migration increases as well as difficulty accessing GPs to provide the service. In many cases councils are the only provider of this service.

Deliver Overseas Catch-up Program



■ Delivers overseas catch-up program
■ Does not deliver overseas catch-up program

Demand for Council Program



■ Demand for council program has increased
■ Demand has not increased

Where there is no increase - in some cases this is due to council not having the resources to dedicate to this program, rather than decreased community demand for the service.

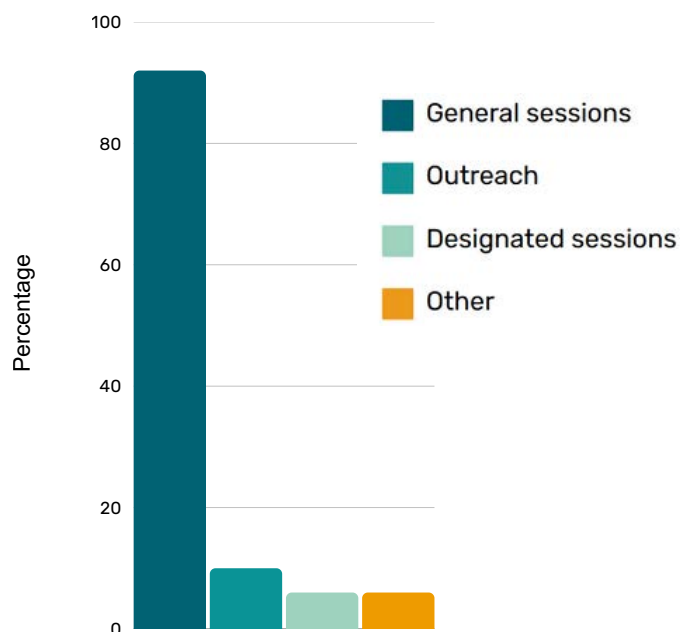
Program delivery

61 responses

The vast majority of responding councils (92%) provide catch-up vaccinations during their general immunisation sessions.

A small number of councils deliver catch-ups via outreach activities (10%) and designated catch up sessions (6%).

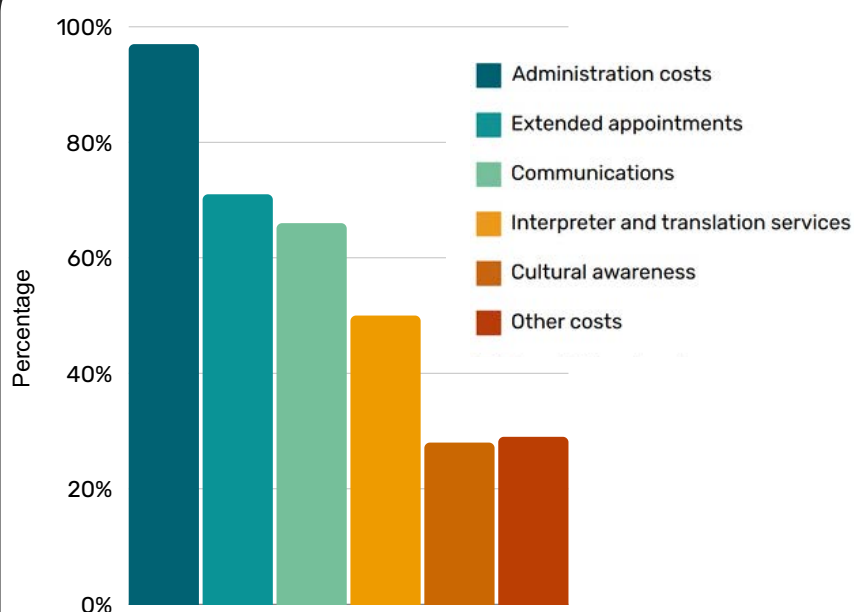
A small number of councils (6%) offer catch-ups during MCH visits.



Additional costs associated with the Program

58 responses

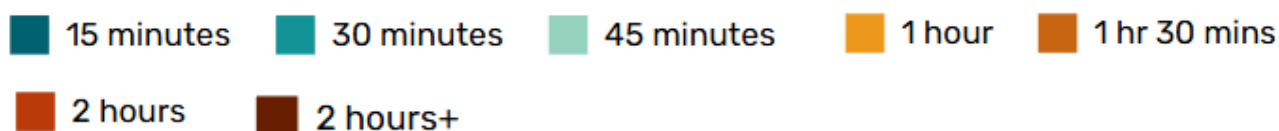
Councils reported that delivering the overseas catch-up program incurs significant additional costs. The most frequently cited expenses are administrative costs, followed by the need for extended appointment times and enhanced communication efforts, including additional outreach to families and the development of specialised materials. Half of all councils also face additional costs for translator and interpreter services, while just over a quarter of councils (28%) incur expenses for cultural awareness training to support the program effectively.



Time spent with clients

63 responses

Councils spend considerable time on pre-administration tasks, on-the-day administration, and nurse time for overseas catch-ups, with time allocations varying significantly depending on the complexity of each case.

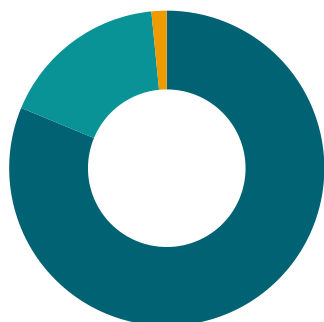


Avg Pre-appointment time spent with client



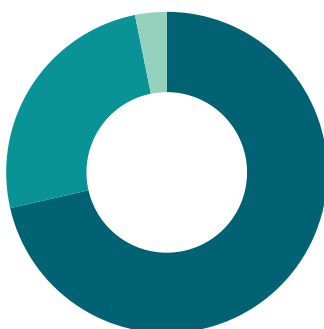
Updating overseas immunisation records is a complex process involving reviewing and interpreting various record types, translating documents, creating catch-up schedules based on National Immunisation Program (NIP) guidelines, uploading records to the Australian Immunisation Register (AIR), and communicating with families. For straightforward cases, this can take 20-30 minutes, but more complex cases can require 1-2 hours per person. Time allocations can increase with complexity, such as language barriers or AIR discrepancies. This activity attracts no external funding. Some councils charge a fee to provide this service (the fee often does not cover the full cost as charging more would be a barrier for many families).

Avg administration time spent with client at session



On the day of the appointment, the admin time is typically reduced if pre-work has been completed, but may still require 15-30 minutes depending on the complexity of the case. This includes confirming vaccine schedules, addressing concerns, and booking future appointments. For larger families or those needing additional assistance, the admin time can extend further.

Avg nurse time spent with client at session



Standard nurse time for immunisation appointments is typically 10 minutes. The time required by nurses for Overseas Catch-ups can increase significantly due to factors such as family size, multiple vaccinations, the need for interpreters or extensive explanations about vaccination. In complex cases, nurse time can extend up to 45 minutes, with collaboration between nurses and admin staff to manage the process.

Challenges and Opportunities

Councils are central to delivering overseas catch-up immunisations, helping newly arrived families meet Australian vaccination requirements. These services face increasing pressure from funding gaps, workforce shortages, and administrative complexity, putting vulnerable families at risk of missing essential vaccines if this program is not supported.

Funding Gaps and Administrative Burden

Assessing overseas vaccination records, developing catch-up schedules, and entering data into the Australian Immunisation Register (AIR) are resource-intensive tasks, yet councils receive no dedicated funding for this work. Families are often referred to councils by GPs who rely on council expertise to assess records and develop immunisation schedules. On occasions these families then return to GPs for vaccination, leaving councils with the bulk of administrative work but no funding. Sustained investment is needed to cover these tasks, ensuring families receive coordinated care and councils are not forced to absorb costs.

Workforce Shortages and Capacity Constraints

Overseas catch-ups require nurses with specialised knowledge of the Australian vaccination schedule and an ability to interpret complex or incomplete overseas records. Rising demand combined with a limited workforce create appointment backlogs, longer wait times, and risk burnout among staff. Investment in training, professional development, and targeted recruitment would strengthen capacity, while funding for additional immunisation nurses would improve service delivery and reduce delays.

Tight Timeframes for School and Childcare Entry

Many newly arrived families need to complete their children's immunisations quickly to meet school and childcare enrolment requirements. The complexity of overseas catch-ups, combined with multiple vaccine doses, language barriers, and appointment wait times, often makes meeting these deadlines challenging.

Families frequently arrive unaware of Australian immunisation requirements, necessitating rapid catch-up vaccinations.

Raising awareness earlier in the migration process, such as during visa applications or pre-arrival information sessions, would help families plan ahead. Adequate funding for councils would allow expansion of appointment availability, outreach, and mobile or after-hours clinics. Targeted support would enable dedicated catch-up clinics with flexible hours and stronger collaboration with settlement services, improving access, reducing delays, and ensuring children meet enrolment requirements on time.

Equitable Access for CALD Communities

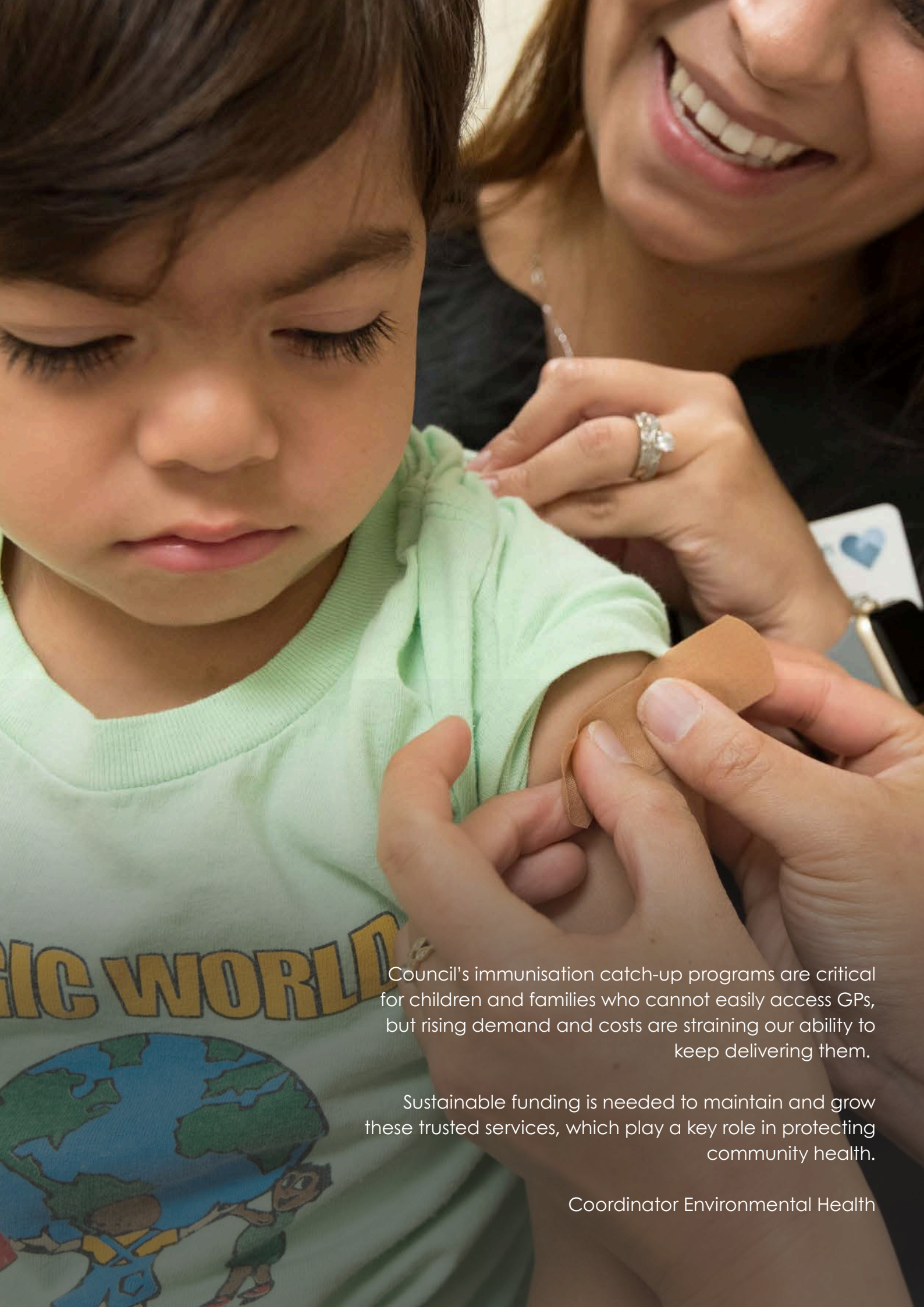
Newly arrived families frequently face language barriers, vaccine hesitancy, and difficulty navigating the system. Councils that employ CALD Outreach Workers have seen improved vaccine uptake and greater trust in immunisation services. Expanding funding for outreach staff, interpreters, and culturally appropriate education materials would enhance accessibility and ensure families receive accurate, timely information.

Path Forward

With adequate investment, improved collaboration, and targeted reforms, councils can expand access to overseas catch-up vaccinations while maintaining high-quality services.

Addressing funding, workforce, and administrative challenges would benefit newly arrived families and strengthen overall immunisation coverage, protecting communities from preventable disease.

Without urgent support, councils risk having to scale back or withdraw from these essential services, leaving vulnerable families without critical vaccination access.



Council's immunisation catch-up programs are critical for children and families who cannot easily access GPs, but rising demand and costs are straining our ability to keep delivering them.

Sustainable funding is needed to maintain and grow these trusted services, which play a key role in protecting community health.

Coordinator Environmental Health



Vulnerable Cohorts

Targeted immunisation programs help ensure that vulnerable population, who may face social, cultural, or logistical barriers, receive timely and equitable access to vaccines. These programs focus on groups at higher risk of missing routine immunisations, safeguarding both individual and community health.

Councils' Role in Reaching Vulnerable Populations

Councils play a vital role in delivering these programs, with 68% of responding councils providing tailored services for at-risk groups. These programs often focus on school-aged children with disabilities, families experiencing violence, and Aboriginal and Torres Strait Islander communities.

Methods of Delivery

Councils reach these populations through home visits, school-based and community outreach, and targeted interventions. They collaborate with internal teams and external partners to identify and engage individuals who may face barriers to vaccination.

Challenges and Resource Limitations

Despite their expertise, councils' current resources limit the ability to expand outreach and fully meet community needs. Delivering these programs requires additional administrative work, including planning sessions, providing education, and engaging hard-to-reach groups, yet these initiatives receive minimal or no external funding.

Opportunities to Strengthen Programs

Sustained investment would allow councils to enhance outreach, improve immunisation coverage, and reduce barriers to vaccination. Support would help

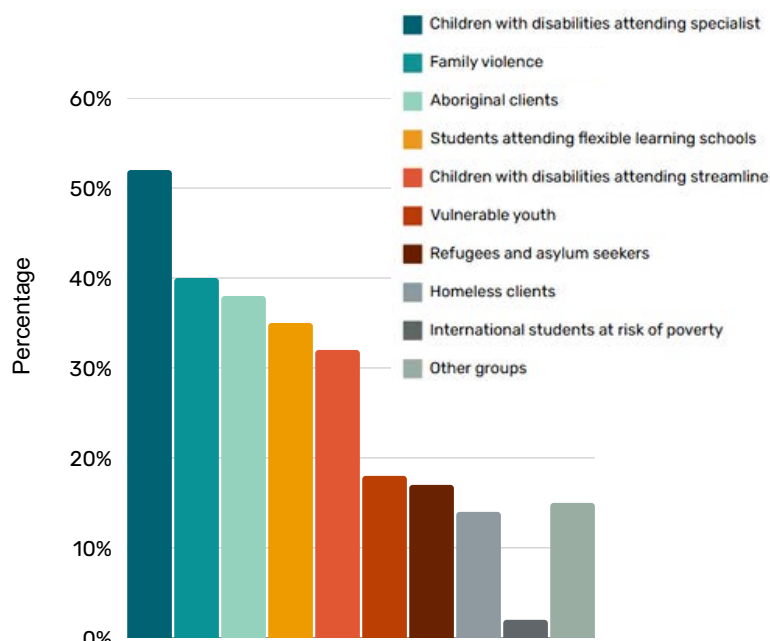
- ensure vulnerable children meet childcare and education requirements and
- improve access for all individuals facing barriers to care, strengthening equity and protecting public health across Victoria.

10

Customised immunisation services provided by councils

65 responses

School-aged children with diverse needs are a key focus for customised immunisation programs. More than half of responding councils (52%) provide tailored immunisation services for children with disabilities in specialist schools, while 32% extend these services to those in mainstream schools. Additionally, 35% of councils offer immunisation programs for students in flexible learning environments. Beyond school settings, 40% of councils have targeted programs for individuals experiencing family violence, and 38% deliver specialised services for Aboriginal clients, ensuring equitable access to immunisation for vulnerable populations.

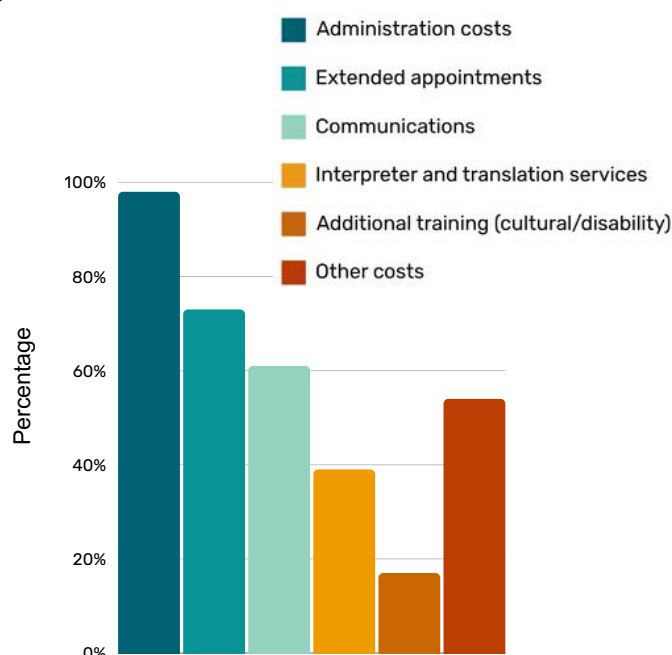


Additional costs associated with programs

49 responses

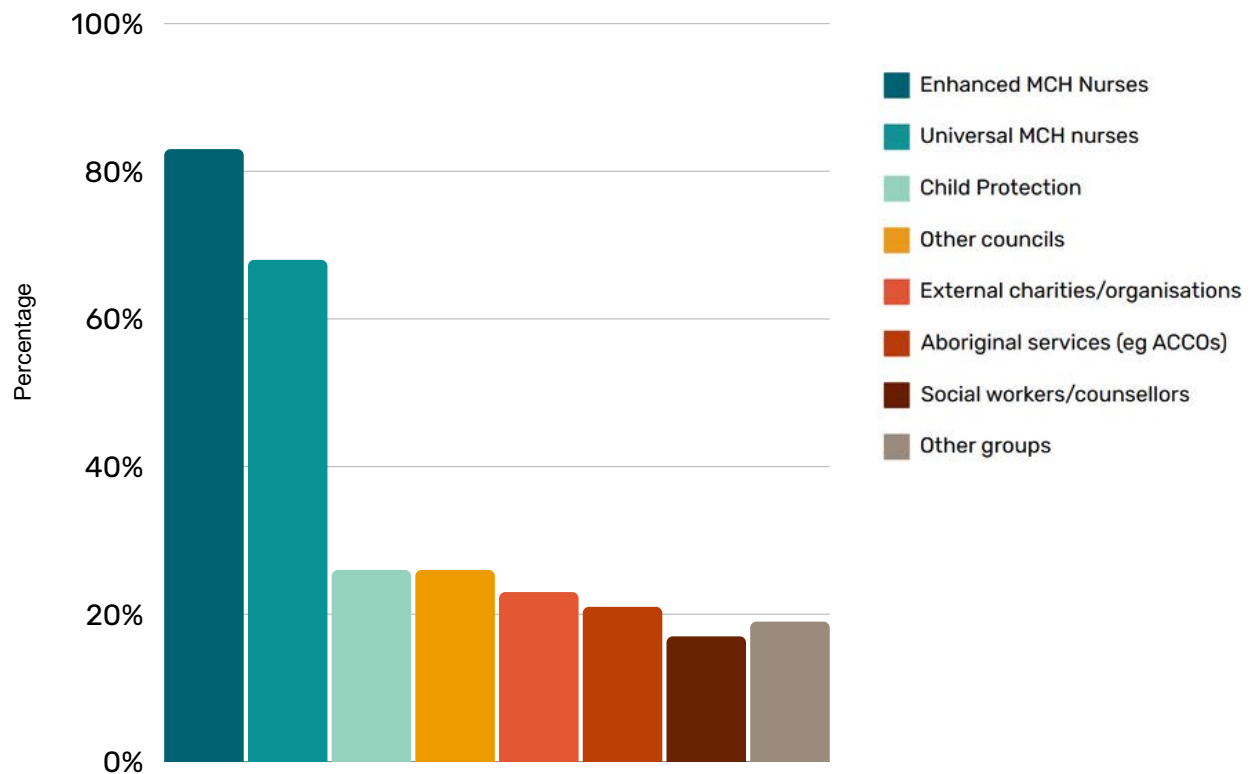
Councils reported that delivering customised immunisation programs for vulnerable cohorts often comes with additional costs, which are largely borne by councils. Nearly all councils (98%) experience increased administrative costs, while extended appointment times impact almost three-quarters (73%) of respondents. Enhanced communication efforts add further expenses for 60% of councils.

Other significant cost factors include travel and staffing, as many of these programs require two staff members to provide necessary support and ensure staff safety.



Internal & external groups council's engage with to deliver these programs

47 responses



Councils work with a range of internal and external groups to help deliver these programs. Councils rely on their MCH teams with 82% working closely with their Enhanced MCH service and 68% working with the Universal service.

Externally, around a quarter of councils partner with Child Protection, other councils, charities, and Aboriginal services. Other groups who help councils deliver these programs include youth services, school staff, community health providers and government bodies.

How councils provide customised programs for vulnerable people

Councils deliver their outreach immunisation services through a wide range of approaches to reach vulnerable populations and individuals with specific needs, including:

Home Visits

- Delivered to vulnerable families, those experiencing family violence, families referred by Enhanced Maternal and Child Health (EMCH) services, and families with children under 18 months.
- Organised by referral from MCH or upon request.
- Specific plans are tailored for individuals unable to attend community sessions.

School-Based Outreach

- Vaccination programs are conducted at flexible learning schools, specialist schools, vocational major schools, and schools for children with disabilities.
- Visits include annual scheduled sessions, individualised strategies, and additional time to support students with special needs.
- Schools often collaborate to ensure consent and coordination with parents and staff.

Community Outreach

- Sessions are held at local Aboriginal gathering places, homeless shelters, women's refuges, and drop-in centres.
- Partnerships with MCH, Aboriginal Health Services, and children's services ensure referrals for families in need.
- Refugee and asylum seeker programs are offered in specific locations, such as English language schools or through collaboration with partner organisations.

Adaptability and Extended Services

- Flexible scheduling to accommodate vulnerable clients, such as early or private appointments.
- Opportunistic vaccinations during community sessions.
- Extra visits for children requiring more than one vaccination as per the NIP Schedule.

Specialised Initiatives

- Refugee vaccination programs tailored to newly arriving cohorts (where funding is available).
- Aboriginal-specific influenza clinics and health services partnerships.
- Outreach for people experiencing homelessness during flu seasons.

Collaboration

- Close collaboration with Enhanced MCH services to identify and support vulnerable families.
- Integration with broader council and community services for efficient service delivery.

Challenges

- Limited funding for outreach initiatives, with some services absorbed into routine operations.
- Difficulty accessing home-schooling networks for HPV catch-up programs.

Complexities of Program Delivery for Vulnerable Groups

Councils play a critical role in ensuring vulnerable populations have access to immunisation services, demonstrating flexibility, dedication, and expertise in overcoming barriers to care. Delivering these programs requires careful coordination, additional resources, and tailored approaches to meet the diverse needs of at-risk communities.

Attendance and Compliance

Attendance and compliance remain key challenges, with clients often missing appointments due to transport difficulties, scheduling conflicts, or limited trust in the system. Councils address these barriers through follow-up, drop-in sessions, and flexible service options, though these approaches demand extra time and resources.

Building Trust and Engagement

Engaging vulnerable populations, including refugees, individuals with complex health needs, and culturally and linguistically diverse communities, requires targeted, culturally sensitive approaches. Language barriers, fear, and competing priorities can make vaccination a low immediate concern. Tailored communication, outreach, and collaboration with community services help improve participation and vaccine uptake.

Home Visits and Safety Considerations

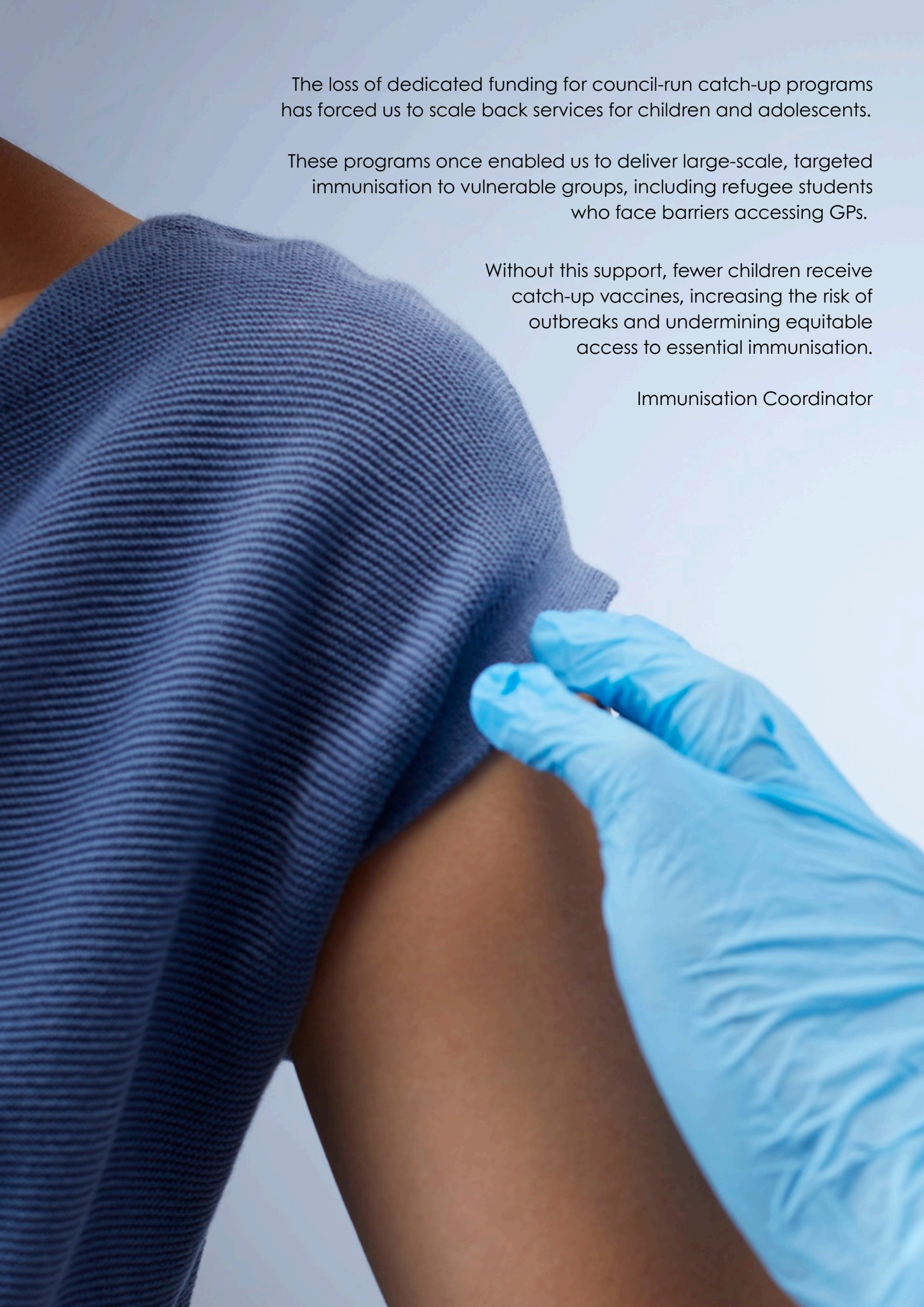
Home visits, essential for reaching clients unable to attend clinics, introduce safety considerations. Overcrowded or unpredictable environments and challenging behaviors can pose risks to staff, requiring careful planning, risk assessments, and additional personnel. Some clinic settings also require increased staffing to manage potential aggression or disruption, further increasing operational costs.

Workforce and Coordination Needs

Delivering immunisation services to vulnerable groups requires substantial staffing, coordination, and administrative effort. Additional funding for flexible scheduling, outreach, home visits, translation services, staff training, and collaboration with health and social services would enable councils to continue providing high-quality, accessible programs.

Opportunities for Improvement

With sustained support from State and Commonwealth Governments, councils can maintain service sustainability, enhance coverage, and ensure equitable access for all at-risk populations. Investing in these programs strengthens public health outcomes and ensures vulnerable communities are not left behind.



The loss of dedicated funding for council-run catch-up programs has forced us to scale back services for children and adolescents.

These programs once enabled us to deliver large-scale, targeted immunisation to vulnerable groups, including refugee students who face barriers accessing GPs.

Without this support, fewer children receive catch-up vaccines, increasing the risk of outbreaks and undermining equitable access to essential immunisation.

Immunisation Coordinator



Adult Immunisation Program

The majority of councils provide an adult immunisation program, though the scope varies across the state. Some councils only offer adult vaccines that are part of the NIP schedule, while others provide a broader range of vaccines to adult community members. Many councils also offer workplace vaccination programs as a fee-for-service activity.

Adult NIP Vaccine Delivery

Unlike other providers, councils receive no external funding to deliver free NIP vaccines to eligible adults. Nevertheless, the majority of councils (85%) continue to provide these vaccines, absorbing the full cost because they see equitable access as essential for community health.

This unfunded commitment places significant financial pressure on council immunisation programs, constraining their ability to expand or potentially sustain services into the future.

Rising Demand

Many councils report that demand for adult immunisation is rising, particularly during flu season.

Non-NIP vaccines are generally offered on a fee-for-service basis, to cover vaccine costs.

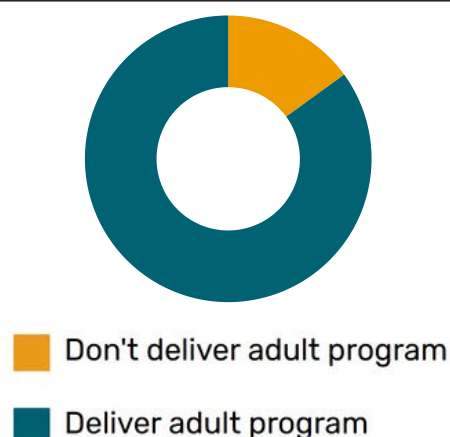
Increasingly, parents and carers are choosing to be vaccinated at community sessions alongside their infants and children, valuing these sessions as a more affordable, faster, and more convenient option.

11

Adult vaccination program

67 responses

The majority of councils (85%) deliver an adult immunisation program. This can be a mix of eligible NIP vaccines to older people and/or community flu and wider vaccination services.



Common NIP Vaccines Delivered by Councils

Influenza is by far the most common vaccine administered to adults, followed by Boostrix and Shingles. The top 10 NIP vaccines delivered in council sessions are:

- Influenza (Flu) Vaccine: The most commonly administered vaccine, particularly for those aged 65+, pregnant women, and at-risk populations.
- Boostrix (DTPa - Diphtheria, Tetanus, Pertussis/Whooping Cough): Frequently provided to pregnant women and new parents.
- Shingles (Shingrix): Commonly offered to older adults (65+).
- Pneumococcal Vaccine (Prevenar/Pneumovax 23/13): Often given to older adults and at-risk groups.
- MMR (Measles, Mumps, Rubella): Administered in specific circumstances, including refugee immunisation programs.
- Hepatitis B: Provided to eligible groups, including council staff working in high-risk areas.
- Human Papillomavirus (HPV/Gardasil): Available for young adults up to 25.
- Japanese Encephalitis (JE): offered by some councils, particularly in state-funded initiatives.
- Varicella (Chickenpox) & Varivax: Occasionally included for certain adult populations.
- Polio (IPOL): Administered mainly in refugee programs.

Common non-NIP Vaccines Delivered by Councils

Influenza and Boostrix are by far the most commonly administered non-NIP vaccines, with workplace immunisation and expectant parent programs playing a significant role. The top 10 non-NIP vaccines delivered by councils are:

- Influenza (Flu) Vaccine: The most frequently mentioned vaccine, offered for adults, workplaces, and some community programs.
- Boostrix (DTPa – Diphtheria, Tetanus, Pertussis/Whooping Cough): Commonly administered to expectant parents, grandparents, and general adult populations.
- Hepatitis B: Provided to workplace and council staff, sometimes available for a fee.
- Meningococcal B (Bexsero): Occasionally offered, with a high cost per dose.
- MMR (Measles, Mumps, Rubella): Occasionally delivered, sometimes state-funded.
- Shingles (Shingrix): Less common but available, often at a high price.
- Hepatitis A: Occasionally administered, primarily for workplace vaccination programs.
- Meningococcal ACWY (Nimenrix): Less frequently requested but still offered in some programs.
- Varicella (Chickenpox/Varivax/Varilrix): Available but not frequently requested.
- Mpox (Monkeypox): Less common and often part of a state-funded program.



Collaboration

Collaboration between councils and external agencies is essential for effective immunisation programs. Councils have historically valued their close working relationships with regional Department of Health staff, which supported consistent communication, problem-solving, and coordinated approaches across municipalities. Since the departmental restructure, many councils report that these connections have been harder to maintain.

While informal partnerships, such as staff coordinating immunisation updates and councils organising regional meetings, remain common, formal collaboration with the Department of Health and Aged Care (DHAC) and the Victorian Department of Health is now limited.

Strengthening Local Public Health Links

Councils seek stronger connections with Local Public Health Units (LPHUs), which play a central role in local public health initiatives. Formalising these relationships would enhance service delivery, particularly in high-need communities, by leveraging local expertise and resources more effectively.

Improving Data Sharing

A key barrier to coordinated immunisation efforts is the inability to share up-to-date immunisation data with local and regional partners. Without timely and accessible information, councils, health providers, and community organisations struggle to target at-risk populations and address coverage gaps. Improved data-sharing would enable more strategic and responsive service delivery, increasing the overall effectiveness of immunisation programs.

Positive Examples and Opportunities

Existing collaborations with Maternal and Child Health (MCH) teams and regional health services have strengthened communication and provided enhanced support for parents, particularly in vulnerable communities.

There is strong potential to expand structured, state-supported cross-council collaboration, drawing on MCH models that encourage regular communication, professional development, and coordinated advocacy.

Path Forward

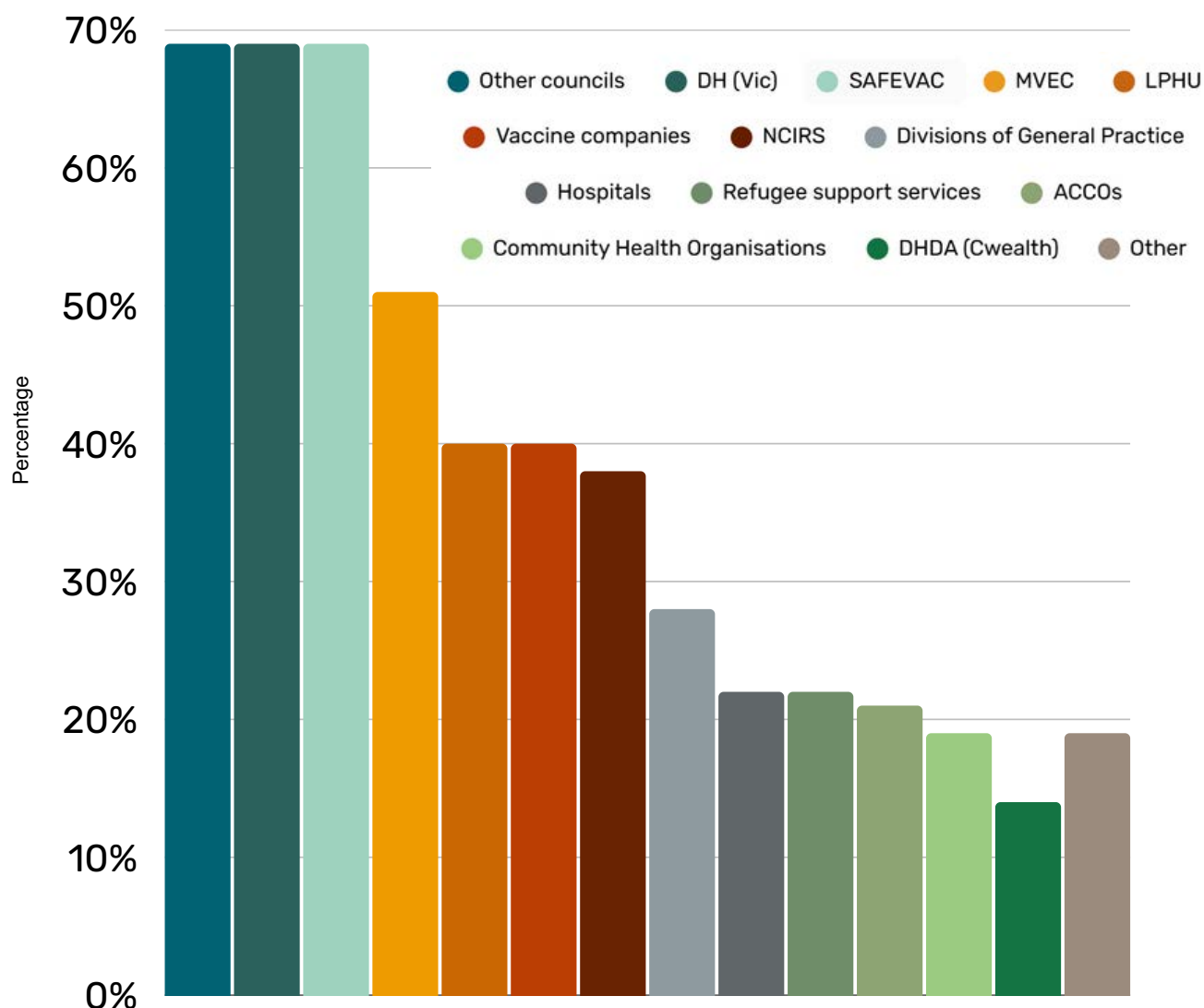
Councils are seeking consistent, coordinated support from the State Government to streamline efforts, share resources, and build sustainable partnerships.

With enhanced collaboration, structured cross-council networks, and stronger engagement with LPHUs, councils can ensure immunisation services are more efficient, accessible, and equitable across Victoria.

12

Organisations councils collaborate with on immunisation

72 responses



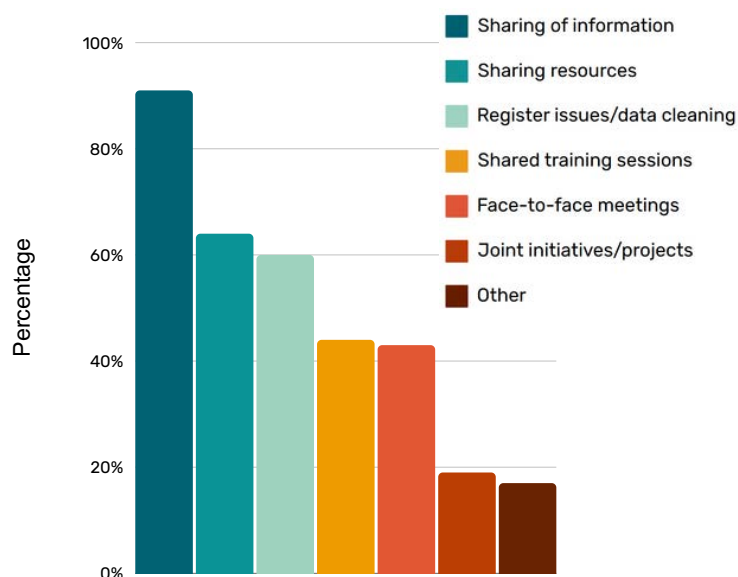
Councils report collaborating with a variety of organisations on immunisation activities, most commonly other councils, the Victorian Department of Health (DH), and SAFEVAC. It is important to note that while many councils listed these partners, the graph does not indicate the level, frequency, or effectiveness of engagement. Councils have highlighted that access to DH has become more challenging since the COVID-19 pandemic, with the removal of a direct phone contact point causing delays when clinical support is needed. Changes to funding have also affected services such as the Melbourne Vaccine Education Centre (MVEC), reducing access to education resources.

Other reported collaborators include schools, health networks, pharmacists, and the Australian Immunisation Register (AIR), though engagement with these partners similarly varies in scope and intensity across councils.

Nature of the collaboration

70 responses

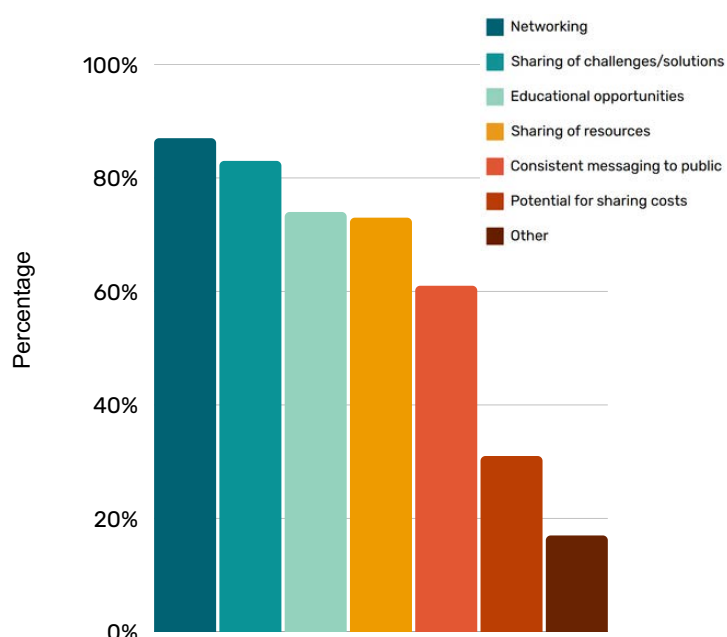
The most common form of collaboration among councils is information sharing (91%), followed by resource sharing (64%) and efforts to address issues with immunisation registers, including data cleansing. Nearly half of all councils (44%) engage in resource-sharing initiatives, while 19% collaborate on joint projects and initiatives to improve immunisation services.



Advantages of collaboration

70 responses

Collaboration provides numerous benefits, with 87% of councils highlighting networking as a key advantage. It facilitates the sharing of challenges and joint problem-solving (83%), enhances education opportunities (74%), and supports resource sharing (73%). Councils see the value in collaborations enabling the development of consistent messaging around vaccination (61%) and the potential for sharing resources (31%). It also helps councils gain a broader understanding of regional and statewide issues, promoting best practices in service delivery.



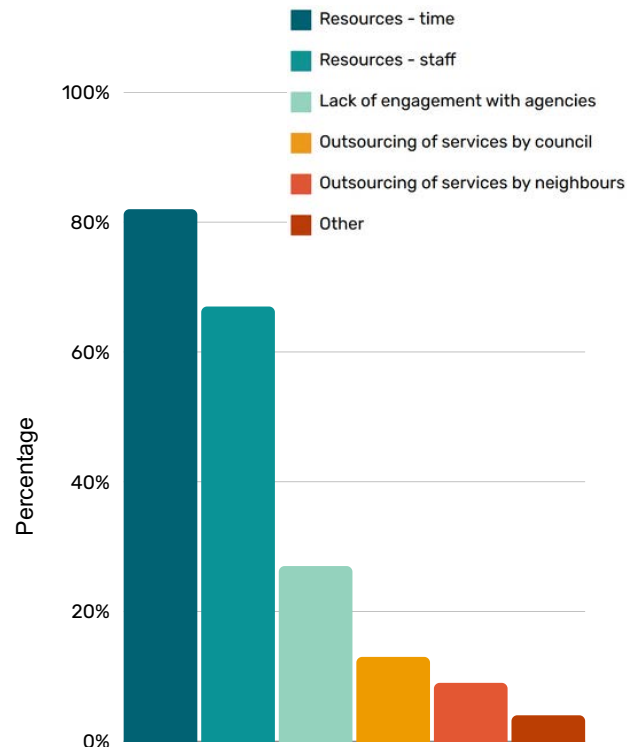
Challenges impacting collaboration

55 responses

While councils recognise the importance of collaboration, they face persistent challenges in engaging effectively with partners. The most significant barriers are limited time (82%) and workforce capacity (67%).

Around one quarter of councils also reported reduced engagement from agencies, often linked to resource constraints and departmental restructures. In this context, councils are increasingly taking the lead in driving regional collaboration. However, without centralised support, these efforts can be fragmented and limit councils' ability to maintain a broader, statewide perspective.

Additional pressures come from the outsourcing of immunisation services, both by councils themselves (13%) and neighbouring councils (9%), which can complicate coordination and reduce continuity. Funding cuts to education partners further restrict councils' access to up-to-date immunisation resources, making it harder to stay aligned with best practice.



Opportunities to Strengthen Collaboration

Councils identified a range of opportunities to enhance collaboration both regionally and at the state level.

Improve Communication and Networking

- Reintroduce regular regional and statewide forums to share ideas, experiences, and innovations between councils, the Department of Health, and other stakeholders.
- Establish streamlined communication channels, such as digital platforms, for real-time information exchange, case study sharing, and peer support.

Enhance Support and Resources

- Encourage resource sharing and workforce flexibility across councils to strengthen service delivery and reduce costs.
- Provide targeted training opportunities and reinstate support platforms (such as MVEC) to build skills, maintain best practice, and support collaborative learning.

Promote State and Local Partnerships

- Strengthen the Department of Health's role in supporting local immunisation, including attendance at regional meetings, timely data sharing, and co-design of solutions.
- Ensure clear, coordinated responses to challenges such as low immunisation rates or disease outbreaks.

Boost Public Engagement

- Develop creative, community-led campaigns to improve awareness and perceptions of immunisation.
- Support outreach with innovative tools and partnerships with local groups to increase reach and impact.

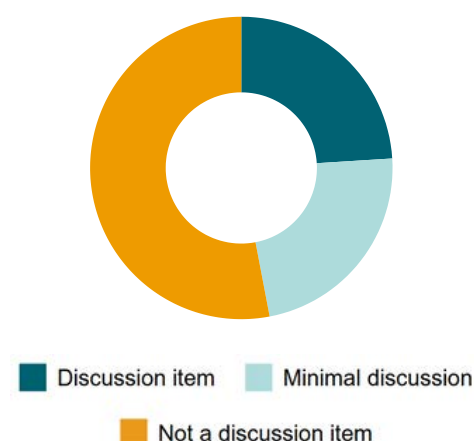
Local Public Health Units

66 responses

Local Public Health Units (LPHUs) were established in 2020 during the COVID-19 pandemic to manage local cases and outbreaks of COVID-19. From July 2022 LPHUs began undertaking additional public health responsibilities for other notifiable conditions.

Over half of responding councils (53%) have not discussed immunisation service delivery with their LPHU. Where councils had discussed immunisation with their LPHU many reported the discussion were minimal, with some being a one off or adhoc in nature.

IS IMMUNISATION SERVICE DELIVERY A DISCUSSION ITEM WITH LPHU?



What issues are discussed with LPHUs

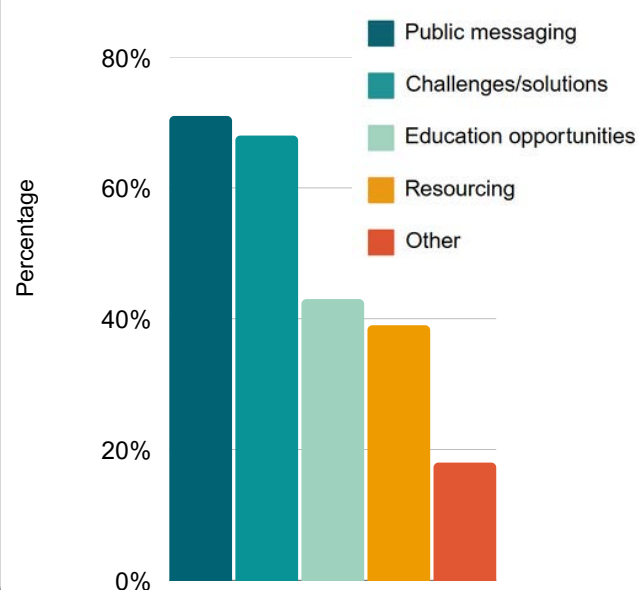
28 responses

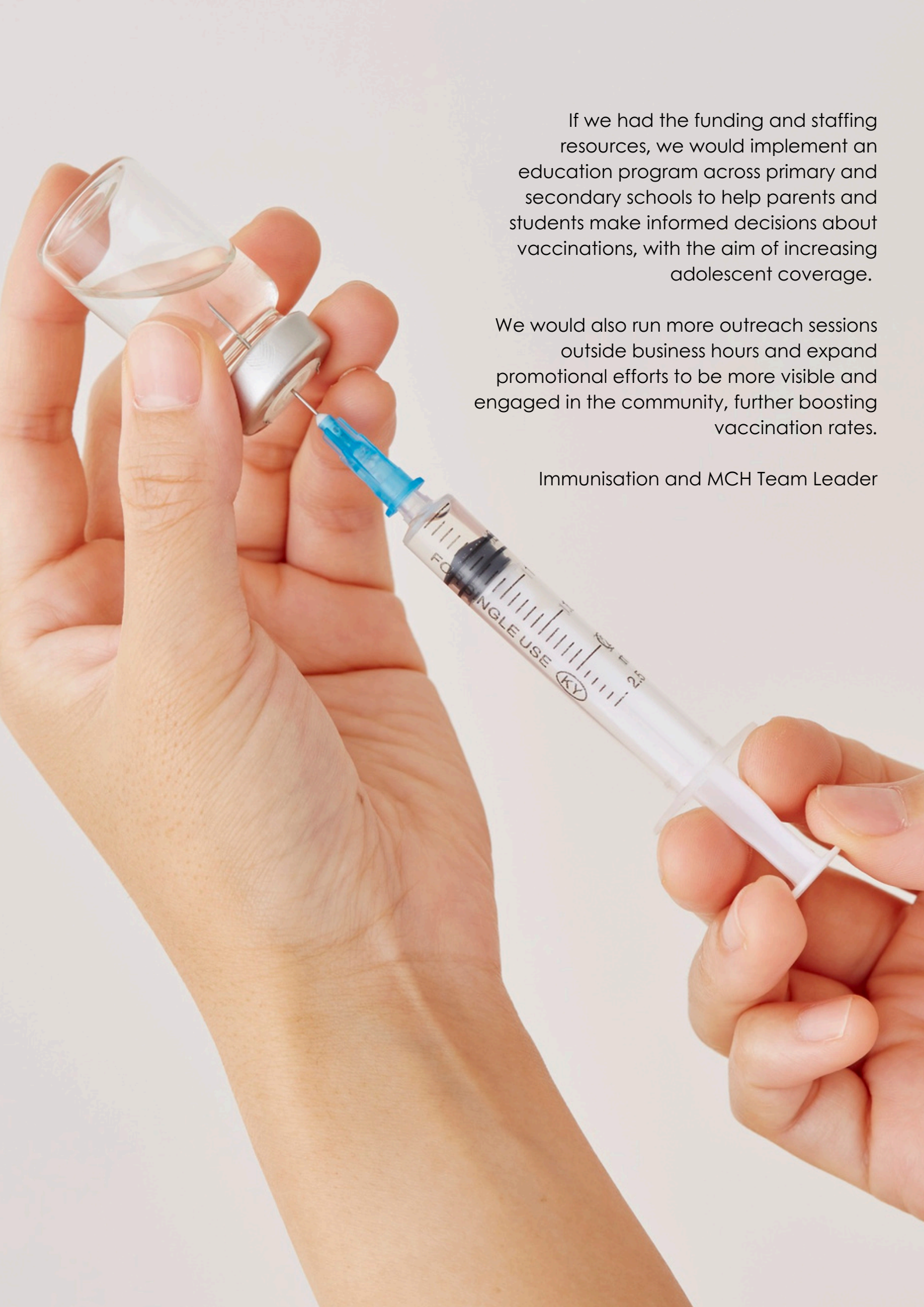
For councils that engage with their Local Public Health Unit (LPHU) on immunisation, the most common topics of discussion are public messaging (71%) and local challenges and possible solutions (68%).

Fewer than half of councils discuss education opportunities (43%) or resourcing (39%).

Other key issues raised include local outbreaks and targeted programs, such as initiatives to improve HPV vaccination rates.

Councils would welcome improved relationships with their LPHUs on immunisation service delivery.



A close-up photograph of a person's hand holding a small, clear glass vial with a silver cap. The cap is removed, and a blue syringe is inserted into the vial's opening. The syringe is being used to draw a clear liquid from the vial. The background is a soft, out-of-focus light blue.

If we had the funding and staffing resources, we would implement an education program across primary and secondary schools to help parents and students make informed decisions about vaccinations, with the aim of increasing adolescent coverage.

We would also run more outreach sessions outside business hours and expand promotional efforts to be more visible and engaged in the community, further boosting vaccination rates.

Immunisation and MCH Team Leader



Future of Council Immunisation Programs



Looking Ahead

Over the coming five years, the shape of council immunisation programs will depend on how funding, workforce capacity, and system-level challenges are addressed. Without change, councils foresee a future where access and delivery vary significantly across the state - some programs may expand, while others risk scaling back or outsourcing, creating uneven access and outcomes.

Diverging Models of Delivery

Without additional investment, councils may adopt different approaches to service delivery. Some could maintain in-house programs, while others may be forced to outsource due to financial pressures. This divergence could exacerbate disparities, particularly in rural or underserved regions where outsourcing is less practical.

Scaling Back vs Expanding Services

Councils with constrained budgets may narrow services to focus primarily on National Immunisation Program (NIP) vaccines, reducing catch-up sessions, school programs, and community outreach. In contrast, better-funded councils could expand services, offering after-hours or weekend sessions, targeting refugees, Indigenous communities, and other underserved groups, and investing in education campaigns to close coverage gaps.

The Impact of Unequal Funding Models

Differences in funding between councils, GPs, and pharmacies will further drive divergence. GPs and pharmacies, supported by Commonwealth funding, can more readily expand services, particularly in metropolitan areas. Councils, receiving comparatively less, may struggle to maintain programs, resulting in a fragmented system where some communities rely on well-funded providers, while others face reduced access.

Workforce Pressures

Staffing shortages, especially in rural areas, will continue to challenge councils. Recruiting and retaining qualified immunisation nurses may become increasingly difficult, leading to inconsistent service provision. Some regions may be unable to offer regular sessions, while others focus on highly targeted outreach, further compounding inequities.

A Patchwork Future

If these challenges persist, Victoria risks a “patchwork” immunisation landscape: some communities enjoying robust, locally delivered services, while others face reduced access or reliance on external providers.

The Consequences of Inaction

The consequences of leaving these challenges unaddressed would be stark. Reduced outreach and catch-up programs would leave vulnerable populations, including children, refugees, and Indigenous communities, at higher risk of missing essential vaccinations.

Lower coverage rates could lead to preventable disease outbreaks, while workforce pressures would exacerbate service gaps, particularly in rural and regional areas. Inequities would widen as some communities rely on well-funded providers while others face limited or inconsistent access, undermining Victoria’s overall public health outcomes.

We Can Change This

The future doesn’t have to be this way. With a renewed commitment to partnership, where all levels of government invest equitably in immunisation, councils can be empowered to sustain services, innovate, and tailor programs to meet the needs of their communities.

With the right support, we can create a future in which vaccination rates remain high, access to services is universal, and the health of all Victorians is safeguarded. A collaborative approach ensures that councils can continue to deliver locally responsive, high-quality programs that protect communities and strengthen public health across the state.

13



The Future can be...

If your council had adequate funding and resources, what measures or programs would it implement to meet community demands, gaps in coverage, or improve the service?

Expanding Outreach to Vulnerable Communities

With adequate funding, councils would prioritise outreach to communities who face the greatest barriers to accessing immunisation. This includes refugees, Aboriginal and Torres Strait Islander families, older people, those experiencing homelessness or family violence, and culturally diverse communities. Councils identified opportunities to provide home visits, tailored sessions, and stronger partnerships with local services. Investment in bilingual staff and translated resources would also ensure services are culturally safe and accessible.

Increasing Access and Flexibility

Many councils highlighted the need to make immunisation more convenient and widely available. With additional resources, they would expand community sessions, introduce more after-hours and weekend clinics, and extend outreach into smaller or remote communities. Several councils also noted they would reinstate or broaden influenza vaccination programs, particularly for children under 10 who can find it difficult to access flu vaccines through mainstream health providers.

Strengthening Education and Awareness

Education remains central to supporting strong uptake. Councils would enhance collaboration with schools to lift adolescent vaccination rates, deliver community campaigns to improve awareness, and support parents and families with accurate information.

Strengthening catch-up programs for children, refugees, and adults from culturally diverse backgrounds was also identified as a priority.

Building Stronger Partnerships

Collaboration with GPs, pharmacies, schools, aged care homes, and kindergartens would be expanded to close coverage gaps and extend service reach. Councils see themselves as key local partners who can link with multiple providers to ensure more consistent access for communities.

Investing in Workforce and Technology

Councils also emphasised the need to strengthen workforce capacity and resilience. Addressing staffing shortages and building a skilled pipeline of immunisation staff would be critical to meeting future demand. Alongside this, councils identified opportunities to adopt new technologies to streamline bookings, data entry, and follow-up, improving both efficiency and client experience.

Delivering Stronger Public Health Outcomes

Taken together, these initiatives would enable councils to increase access, strengthen equity, and improve uptake across all age groups. With the right investment, immunisation services could be more flexible, culturally responsive, and better positioned to protect public health across Victoria.



We are committed to delivering this vital, preventative public health service, but current external funding does not cover the true cost of immunisation delivery.

Without adequate support, council-run immunisation programs are under serious threat, and their future at the local government level is uncertain.

Team Leader Immunisation Services





Recommendations and Conclusion

Recommendations

Immunisation is a shared responsibility, and councils play a critical role in delivering vaccines to communities across Victoria. Supporting councils through sustainable funding, workforce development, and strong partnerships is essential to ensure equitable access, maintain high coverage, and help achieve the goals of the National Immunisation Strategy and the state Public Health and Wellbeing Plan. The MAV recommends the following actions to strengthen local government immunisation programs:

Increase Funding for NIP Vaccine Delivery

The MAV calls on both State and Commonwealth Governments to increase contributions to the delivery of National Immunisation Program (NIP) vaccines through local government. This should include support for priority groups beyond infants and preschool-aged children and reflect the rising costs of service delivery. A fairer and more sustainable funding model at the Commonwealth level is needed to match the support provided to GPs and pharmacies and recognise councils' vital role in reaching vulnerable populations and delivering accessible, community-based services.

Reinstate Free Access to a Data Reporting Platform

The MAV calls on the State Government to provide councils and health providers with ongoing access to a free vaccination data-reporting platform.

This will

- ensure accurate, up-to-date coverage data,
- support evidence-based policy development, and
- enable targeted programs to improve access, while allowing councils to focus resources on direct service delivery.

Reliable data strengthens both state and national planning and ensures programs are responsive to community needs.

Contribute to Initiatives for Vulnerable Populations

The MAV recommends that State and Commonwealth Governments contribute to programs supporting vulnerable populations, including overseas catch-up immunisation and outreach to disadvantaged groups.

Dedicated resources will allow councils to implement tailored services, ensuring all communities have equitable access to essential vaccinations.

Invest in Workforce Development

The MAV calls on the State Government to support the recruitment, retention, and professional development of immunisation nurses, particularly in rural and regional areas. Initiatives could include

- scholarships or subsidies for immunisation qualifications,
- access to professional development opportunities similar to those for MCH nurses, and
- refresher training in key skills such as CPR and anaphylaxis management.

A skilled and adaptable workforce is essential to maintain high standards of care and respond effectively to outbreaks.

Strengthen Collaboration Across All Levels of Government

The MAV calls on the State and Commonwealth Governments to strengthen engagement with local government to improve coordination and optimise immunisation delivery across communities. This includes aligning funding, sharing resources, and developing consistent strategies to meet the needs of all communities. A unified approach will ensure services are efficient, effective, and sustainable, providing equitable access to vaccines for all Victorians.

14



Conclusion

Vaccination is one of the most effective ways to protect individuals and communities from preventable diseases. It safeguards health, supports participation in everyday life, and strengthens community resilience.

Councils play a central role in delivering these services, ensuring that all Victorians (including those in vulnerable, rural, or underserved communities) can access timely immunisations.

Greater investment in local government immunisation programs would deliver maximum impact, as councils use their local knowledge and networks to improve access and remove barriers for all Victorians.

Strong partnerships between State, Commonwealth, and local governments ensure that no one is left behind. Equitable support enables councils to expand outreach, reduce health inequities, and protect communities across Victoria.

Supporting council-led immunisation programs strengthens public health, prevents the spread of disease, and ensures resources are used effectively.

Protecting every Victorian is a shared responsibility - with the right investment, we can build a safer, healthier, and fairer future for all.



Municipal Association of Victoria
Level 5, 1 Nicholson Street, East Melbourne VIC 3002
PO Box 24131, 15 Southern Cross Lane, Melbourne VIC 3000
Telephone: 03 9667 5555 Email: inquiries@mav.asn.au
www.mav.asn.au