AMA

AUSTRALIAN MEDICAL ASSOCIATION
ABN 37 008 426 793
T I 61 2 6270 5400
F I 61 2 6270 5499
E I ama@ama.com.au
W I www.ama.com.au
39 Brisbane Ave Barton ACT 2600
PO Box 6090 Kingston ACT 2604

POSITION STATEMENT

Immunisation

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Introduction

Immunisation is the most successful and cost-effective health intervention worldwide. Since vaccines were introduced in Australia in 1932, there has been a 99 per cent decrease in the number of deaths caused by vaccine-preventable disease (VPD).[i] Immunisation against VPD is a proven method of reducing the incidence of, and deaths from, diseases such as chicken pox, measles, shingles, whooping cough, rubella, mumps, meningococcal disease, lyssa virus, tetanus, tuberculosis, diphtheria, Hepatitis A, B, D and Haemophilus influenzae, and Influenza. Immunisation also helps prevent conditions linked to viral infections. Australia has a world-class National Immunisation Program (NIP), which provides access to free vaccines targeting specific VPDs. All efforts should be continued to champion and strengthen the NIP.

The AMA acknowledges Australia's immunisation landscape is rapidly shifting. Australia has long maintained an excellent record of high childhood immunisation rates. However, since the COVID-19 pandemic, this rate has fallen below the desired 95 per cent coverage rate across the population.[ii] The resurgence of diseases such as measles and pertussis (whooping cough), both globally and within Australia, highlights the urgent need for new strategies to boost immunisation rates.

A concerted effort must be made to rebuild community trust in vaccines and to improve immunisation rates in the Australian community.

The role of the health profession in immunisation

The AMA believes best practice is for vaccination and vaccine-related education to be provided by a medical practitioner or by a nurse working as part of a collaborative team. When delivered in general practice, this approach enables vaccination to be offered alongside comprehensive patient care and preventative health activities.

The majority of vaccinations in Australia are provided by general practice, within the context of patient-centred, comprehensive, longitudinal, and accessible care — allowing patients the time and trust needed to get vaccinated.

General practice and vaccination

General practitioners are the primary providers of vaccinations in Australia and a trusted source of immunisation information. General practice is best positioned to remain informed about patients' medical histories and can offer advice tailored to individual circumstances, based on priority criteria.

General practitioners are equipped to provide medically supervised, best-practice immunisation services delivered by a team of medical practitioners and appropriately qualified practice nurses.

General practices also have established recall processes to ensure vaccinations are completed and immunisation coverage is maximised.

Promoting access to NIP vaccines through general practices — particularly for vulnerable patients and communities targeted for increased vaccination — will ensure that individuals with concerns can discuss them with their general practitioner. This must include increasing the awareness to patients of the availability for catch-up vaccinations under the NIP.

The AMA advocates that childhood immunisation appointments are an important opportunity to assess a child's growth and development, and that they should be conducted by a general practitioner.

Broader health workforce and vaccination

The AMA acknowledges the challenges to optimising the delivery of immunisation programs, including workforce shortages, the limited scope of practice for other health professionals, and the availability and distribution of immunisation providers. The AMA has a position statement that outlines a consistent framework for immunisations conducted outside of general practices.

The AMA advocates that any expansion to the immunisation workforce must be guided by strong regulation to ensure increased access to vaccination is supported by high standards of service and resources across healthcare settings.

To rebuild trust in immunisations, it is important that vaccines are administered in settings where patients feel comfortable asking questions to address vaccine apprehension — something the AMA recognises is difficult to achieve in a retail setting.

Safety and quality of vaccination

From a safety and quality perspective, vaccinations provided outside of general practices — such as in pharmacies, clinics run by nurses or Aboriginal immunisation healthcare workers, maternal child health services, aged care facilities, and military posts — whether administered by general practitioners or other medical or health professionals, should be subject to the same safety, quality and accountability standards as those provided within a general practice.

The Australian Immunisation Handbook[xiv] provides clinical guidelines for health professionals on the safest and most effective use of vaccines. All vaccines must be administered in accordance with relevant legislation, best practices, and the guidelines and recommendations outlined in the Australian Immunisation Handbook.

Immunisation of priority populations

The AMA recognises certain groups within our society face additional barriers to accessing immunisation and therefore require focused attention and tailored initiatives. These barriers may include geographic, cultural, religious, linguistic, physical (disability-related), age-related, or economic factors.

Addressing the unique needs of priority populations through co-design with communities and experts from the relevant sectors — including primary care, relevant service providers such as aged care and disability services, and Public Health Networks — is essential.

The AMA advocates that all efforts to improve immunisation rates must be adequately resourced, informed by the specific needs of diverse population groups, and designed in full collaboration and co-design with those communities.

Immunisation during pregnancy

The AMA advocates that vaccination during pregnancy not only protects the pregnant person but also provides protection to the unborn baby, as antibodies generated during pregnancy can cross the placenta. This immunity can persist for several months after birth, protecting newborn babies until they are able to be vaccinated from six weeks of age.

Some infectious diseases can cause serious harm to pregnant people and/or their unborn babies. As such, influenza, whooping cough (pertussis), and respiratory syncytial virus (RSV) vaccines are available through the NIP for those who are pregnant.

For individuals planning to have a baby, it is recommended that their routine immunisations are up to date. This should be discussed with a qualified health professional.

Aboriginal and Torres Strait Islander people

The AMA recognises Aboriginal and Torres Strait Islander peoples experience higher rates of certain VPDs compared to non-Indigenous people, partly due to lower uptake or delayed administration of immunisations.[iii]

The AMA calls for essential access to culturally safe healthcare and culturally appropriate educational resources to ensure equitable immunisation coverage for Aboriginal and Torres Strait Islander communities. This should include support for the Aboriginal and Torres Strait Islander health workforce, as well as programs led by the communities themselves.

Refugees and asylum seekers

The AMA maintains refugees and asylum seekers must be provided with catch-up immunisation programs, including all vaccines listed on the Australian Immunisation Schedule, as well as COVID-19, influenza, and other population-specific vaccinations as required. This must be supported by tailored, culturally safe education and engagement programs.

Culturally and linguistically diverse people

The AMA recognises patients from culturally and linguistically diverse backgrounds face greater risks of lower-quality healthcare, service delivery, and health outcomes compared to other Australians.[iv] Contributing factors include language barriers, lower health literacy, and difficulties in navigating unfamiliar health systems.

It is important to recognise multicultural communities are not homogenous. Government policies and services often group people from multicultural backgrounds together under the single label of 'culturally and linguistically diverse', which overlooks significant differences between communities, such as culture and language.[v]

For instance, levels of digital literacy can vary greatly between multicultural communities. As a result, information about vaccination must go beyond language accessibility, to ensure information is both culturally and clinically appropriate.

Childhood immunisation

The AMA believes the first 2,000 days of a child's life must be a core policy priority for all governments to ensure strong developmental health and provide for the best start in life. Immunisation is a key component of this work.

The AMA maintains childhood immunisation appointments provide an important opportunity to assess a child's growth and development and should be conducted by a general practitioner.

These appointments enable general practitioners to provide additional services alongside immunisation. This includes addressing caregiver concerns, conducting developmental assessment and management, and providing guidance on nutrition and caregiver education.

The NIP provides routine childhood immunisations recommended for all children in Australia, free of charge, helping to protect them from the most serious childhood infections.

The AMA advocates that parents and carers must be supported to ensure their children are adequately immunised, and that governments and healthcare providers work collaboratively to remove barriers to immunisation access.

It is also important to recognise the transition to young adulthood and the need for targeted health literacy efforts to help adolescents understand the importance of maintaining their vaccinations into adulthood.

Vaccination delivery in schools under the NIP is an important component of childhood immunisation, that should remain supported and well resourced.

People with disability

The AMA recognises the importance of seeking advice and guidance from people with disability and relevant stakeholders, ensuring transparency in vaccination decision-making, and providing information in accessible formats.

The AMA advocates for the rights of all individuals to access vaccinations safely, equitably, transparently, with timely and accessible information.

People in custodial settings

As for the broader community, the AMA maintains that the provision of primary healthcare in custodial settings is fundamental to maintaining positive health outcomes and ensuring individuals receive appropriate treatment and referrals.

The AMA recognises that correctional settings present additional public health challenges to infection control and pandemic preparedness. These include the proximity of individuals within custodial settings, the movement of people into and out of facilities, heightened overall health vulnerabilities among incarcerated populations, and an increased risk of complications arising from infections.

The AMA advocates that access to comprehensive primary healthcare should be equitable at all stages of the custodial journey and must include timely and appropriate access to vaccination.

Barriers to immunisation

A range of barriers have been identified regarding access to immunisation, and informed decision-making. Typically, these barriers coincide with factors that place individuals at greater risk of contracting VPDs and experiencing more severe outcomes.

Potential barriers to immunisation include:

- lack of understanding or confusion about receiving a vaccine, including where they are available, who is eligible, and how to book an appointment
- administration barriers, including access to digital technology, and difficulties making an appointment, providing personal details, or completing forms
- language barriers, including communicating with healthcare providers
- geographical distance from vaccination services, and/or an inability to travel to those services (particularly due to limited transport options), especially in rural and remote areas with limited access to general practitioner-led primary care
- lack of access to culturally safe or community-led vaccination services, especially among Aboriginal and Torres Strait Islander peoples
- the physical accessibility of vaccination services, including a lack of accommodations for people with disabilities, or the inability to take time off work or caring responsibilities to attend a vaccination appointment
- Direct financial barriers to receiving vaccines
- Indirect financial barriers, such as the cost of transport, accommodation, parking, or childcare required to attend a vaccination service
- family and domestic violence, where access to healthcare is restricted as a means of coercion or control
- vaccine hesitancy or unwillingness to receive a vaccine, including:
    - concerns about vaccine side-effects or long-term health impacts
    - general fear or phobia of needles
    - exposure to misinformation about the effects of a vaccine
    - religious or cultural reasons
    - perceptions that vaccination is unnecessary or irrelevant
    - mistrust of government in general, often based on negative past experiences with government policies or programs
- mistrust of government, particularly regarding the provision of health services, and the historical legacies of non-consensual medical research and procedures — especially among Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.

The AMA advocates that these barriers need to be considered and addressed to improve immunisation rates across Australia.

Addressing health literacy concerns

The AMA advocates that medical professionals —and health systems more broadly — play a vital role in improving health literacy by communicating effectively and sensitively with patients, encouraging discussion, and providing information that is understandable and relevant. This includes informing patients about vaccination and addressing misinformation associated with immunisation.[vi]

Health literacy is a dynamic concept. The health literacy of any individual can fluctuate throughout their life based on age, health status, education, personal circumstances, disability, and cognitive ability.

Low levels of health literacy are associated with other measures of social and economic disadvantage. Therefore, efforts to improve health literacy must adopt nuanced approaches that address these disadvantages and respond appropriately to the diverse needs of different population groups.

The AMA suggests strategic, carefully targeted, evidence-informed immunisation education campaigns should be commissioned and championed by multiple stakeholders including medical professionals, community leaders, and all levels of government.

It must also be conveyed that governments, schools, businesses, the media, researchers, industry, health providers, and individuals can all make meaningful contributions to improving health literacy.

Public attitudes toward immunisation suggest some individuals may perceive vaccines as unaffordable, may not fully understand the benefits of immunisation, or may be sceptical about vaccine safety.[vii] Strategies must be developed urgently to combat vaccine hesitancy due to misinformation and misunderstanding.

Communicating the availability of specific vaccines through the NIP to priority groups — including individuals with medical risk conditions and older adults — is essential for improving adult immunisation rates.[viii]

Strategies must be developed to improve health literacy among culturally and linguistically diverse communities through co-design, drawing on their unique cultural perspectives, languages, and backgrounds.

This must also involve a better understanding of, and efforts to address, religious concerns surrounding vaccine development and immunisation.

Health literacy tools, such as the Sharing Knowledge About Immunisation (SKAI) website, are important and should be maintained to support patient education.[ix]

Principles for equitable vaccination

The allocation and delivery of vaccines should be based on ethical principles. The AMA highlights the following principles to achieve vaccine equity.

Transparency

Transparency in decision-making processes regarding vaccine allocation and distribution is vital. Priority groups — including individuals with lived experience — should be consulted at all stages of this process. This must include clear detail on governance mechanisms and public transparency about when and how decisions are made.

Community-driven and consultative

In Australia and globally, all partners should collaborate to tailor vaccine delivery to community expectations, lifestyles, and relationships, while upholding essential healthcare standards and protocols.

Decisions regarding vaccine rollouts should respect and acknowledge local values and cultural norms in vaccine communication, and leverage these to encourage evidence-informed decision-making. Approaches grounded in local contexts have already shown significant success in addressing vaccine hesitancy and increasing vaccination rates in Australia.

Evidence-based

It is essential vaccine provision strategies are informed by an accurate understanding of the reasons behind under-vaccination. High-quality research is needed in the medium and long term to better understand the underlying drivers of low vaccination rates within specific population groups. The Australian Government should continue to fund high-quality participatory research within all communities experiencing low vaccination rates.

Holistic

Given the barriers associated with receiving vaccines, the measure of success for vaccination must be the number of doses administered to individuals, rather than the number of doses available. Minimising dose wastage is also a key marker of success.

Domestically, this requires systematic approaches by federal, state, territory, local, and community-specific health services to increase vaccination rates among priority groups. These approaches must include active outreach, flexible and mobile vaccine delivery, and opportunistic vaccination, in addition to standard vaccine clinics. 'Mainstream' state and territory vaccination clinics and primary care vaccine providers must be supported in their efforts to reach individuals and population groups who may face barriers to vaccination.

Global vaccine equity

There is both a moral imperative and health and economic benefit for high-income countries to protect the world's most at-risk populations by facilitating equitable vaccination globally.

This includes providing vaccine dose donations and significant funding to support sustainable primary care infrastructure. It requires increased financial commitment from the Australian Government to strengthen healthcare workforce capacity, vaccine transport and storage, medical infrastructure and supplies, public immunisation campaigns, and community outreach in low- and lower-middle income countries.

Any doses ordered by the Australian Government that are not required for domestic vaccination should be donated in a timely manner, with attention to expiry dates, to help boost global vaccination rates and prevent waste.

Vaccines provided should also be appropriate for the conditions in which they will be administered.

While antimicrobial resistance occurs naturally over time, the largely unrestrained use of antimicrobials in human and animal health and agriculture combined with several other complex

factors is accelerating the emergence and spread of resistant pathogens. Antimicrobial resistance presents a serious threat for global fights against many nonbacterial infectious diseases, and must be considered within the global vaccine equity context.

Horizon scanning, disease surveillance and pandemic preparedness

Vaccine approval process

To ensure appropriate and timely vaccine access, approval procedures must be underpinned by streamlined and efficient processes that are evidence-based, with the primary goal of delivering safe and timely immunisation for patients. Approval must be decided based on the tangible and non-tangible costs of VPD to the community.

The AMA supports the development of a proactive vaccine assessment pathway, as the current model — with multiple assessments that do not work in parallel — often adds years of delay and contributes to public confusion.

The AMA acknowledges the increasing impacts of climate change, the emergence of new diseases, and antimicrobial resistance are placing immense pressure on Australia's vaccine delivery systems, highlighting the urgent need for reform.

Australian Centre for Disease Control

The AMA emphasises that the CDC must be adequately funded and resourced over the long term to fulfill its many functions, including rapid risk assessment, scientific briefings, public education, and disease prevention.

The AMA remains a strong supporter of the CDC, recognising it will be essential to ensuring we are better prepared for future pandemics. If properly funded and provided with a broad mandate, the CDC can lead both preventative and responsive vaccination programs.

The AMA also notes the importance of ongoing work to actively monitor vaccine safety in Australia through AusVaxSafety. Using de-identified data reported directly by individuals receiving vaccines (or their parent or carer), AusVaxSafety tracks adverse events following immunisation and facilitates early detection of potential safety issues.[x]

Australian Immunisation Register

The AMA recognises the role of the Australian Immunisation Register (AIR) as a national system that records all funded vaccinations, as well as most privately purchased vaccines that are administered to individuals of all ages who live in Australia.

Vaccination providers are mandated to report all COVID-19, influenza, NIP, and Japanese encephalitis virus vaccinations to the AIR.

No-fault compensation scheme

The AMA strongly supports the establishment of a no-fault compensation scheme for vaccine injuries. The AMA led advocacy to introduce the scheme during the COVID-19 vaccine rollout, which likely contributed to increased public participation and clinician engagement.

The AMA advocates that, if implemented more broadly, a no-fault scheme would ensure the small number of patients injured by a vaccine product or vaccinator negligence receive fair compensation through a straightforward claims process, without the burden of litigation.

See also:

AMA Position Statement on Social Determinants of Health

AMA Position Statement on Cultural Safety

AMA Position Statement on One Health

AMA Position Statement on Health Literacy

AMA Report- Antimicrobial resistance: the silent global pandemic

[i] Immunisation Foundation of Australia (2025) *Immunisation*. Available at: https://www.ifa.org.au/immunisation
[ii] Australian Government Department of Health and Aged Care (2025) *Current coverage data tables for all children*. Available at: https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/current-coverage-data-tables-for-all-children.
[iii] Australian Government Department of Health and Aged Care (2025) *Immunisation for Aboriginal and Torres Strait Islander people*. Available at: https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/immunisation-for-aboriginal-and-torres-strait-islander-people.
[iv] Australian Institute of Health and Welfare (2025) *Culturally and linguistically diverse Australians: Overview*. Available at: https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview
[v] Federation of Ethnic Communities' Councils of Australia (2023) *Combatting misinformation and disinformation*. Available at: https://fecca.org.au/updates/combatting-misinformation-and-disinformation/
[vi] Ibid.
[vii] Dyda Amalie, Lawford Harriet, Lau Colleen L., Sampson Kim (2024) Investigating behaviours and attitudes regarding recommended vaccination in adults 50 years and above in Australia. *Australian Journal of Primary Health* 30, PY24055.
[viii] Australian Government Department of Health and Aged Care (2025) *Immunisation for people with medical risk conditions*. Available at: https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/immunisation-for-people-with-medical-risk-conditions
[ix]SKAI (Sharing Knowledge About Immunisation) (2025) *Sharing Knowledge About Immunisation*. Available at: https://skai.org.au/
[x] AusVaxSafety (2025) *Active vaccine safety surveillance*. Available at: https://www.ausvaxsafety.org.au/our-work/active-vaccine-safety-surveillance