

Criteria: Policies		
Indicators	Description	Status
National aged care strategies include discussion of older adult immunization. ¹	Vaccination/immunization is not included in the National Strategy for an Ageing Australia. ^{1,2}	
<p>The National Immunization Programme/Plan (NIP) specifies older adults in vaccination schedules.</p> <ul style="list-style-type: none"> ✓ COVID-19 (Age: 60+) ✓ Influenza (Age: 60+) ✗ DTap (Age: 60+) ✓ Pneumococcal pneumonia (Age: 50-59) ✗ Respiratory syncytial virus (RSV) ✓ Shingles (Age: 50+) 	<p>Australia has several age-specific vaccines outlined in its NIP.^{3,4}</p> <p>COVID-19 vaccination is recommended for people under 64 every 12 months. People ages 65-74 are eligible for a dose every 6 months, and the vaccine is recommended every 6 months for ages 75+.⁵</p> <p>The high-dose influenza vaccine is recommended in preference to the standard-dose influenza vaccine for adults aged ≥65 years.⁶</p> <p>Pneumococcal pneumonia vaccination is available for a minimum interval of 12 months after any previous dose of pneumococcal polysaccharide vaccine; catch-up vaccinations are available for people aged ≥71 years.</p> <p>Lastly, older adults are eligible for two doses of shingles (herpes zoster) 2-6 months apart.³</p>	
National advisory committees on immunization (e.g., NITAGs) include expertise on ageing, geriatrics, internal medicine and/or adult vaccination, and a life course approach to immunization is included within decision-making processes and recommendations, with reference to key performance indicators and immunization rate targets specific to older adults.	The Australian Technical Advisory Group on Immunization has experts and specialists in adults and pediatrics. ⁷	

¹Vaccines examined in the GAAV include influenza, pneumococcal pneumonia, COVID-19, RSV, pertussis, and shingles.

Criteria: Funding		
Indicators	Description	Status
Government programs reimburse vaccines included in the NIP for at-risk populations, including older adults and people with chronic conditions.	Australia's NIP provides free routine vaccinations for adults. This includes influenza and shingles vaccines for people 65+ and free pneumococcal vaccines for people 70+. ⁸	
National strategies prioritize the need for continuous monitoring of allocated budgets related to the funding and reimbursement of vaccines and public health efforts for older adults.	The Australian Institute of Health and Welfare outlines vaccination goals but does not outline how this will be funded or planned financially. ⁹ As of 2022, The Australian Government's Institute of Health and Welfare spent \$8.3 billion on primary healthcare, including COVID-19 vaccination, and \$4.2 billion on hospital spending. ⁸	

Criteria: Program		
Indicators	Description	Status
Campaigns target older and at-risk adults by providing easily accessible information (web pages, brochures, television/radio ads, social media) on adult immunization and promoting a life course approach to immunization.	Most of the public health campaigns are targeted at increasing COVID-19 vaccination for older adults (to the exclusion of other vaccines). Still, information on adult vaccination is reasonably easy to find online.	
<p>Policy supports expansion of vaccination administrators to include other healthcare workers and professionals, such as pharmacists, nurses, and support workers, through easily accessible sites.</p> <ul style="list-style-type: none"> ✗ Community health workers ✓ Medical/Pharmacy and/or nursing students *with supervision ✓ Midwives ✓ Nurses (including Nurse Practitioners) ✓ Paramedics ✓ Physicians ? Physician assistants ✓ Pharmacists ✓ Pharmacy technicians ? Support workers 	<p>In Australia, vaccination administrator eligibility largely depends on state/jurisdictional guidelines.</p> <p>Physicians and nurses can administer vaccines.</p> <p>Administrative authority of medical/pharmacy/nursing students is dependent on jurisdiction/state. Some areas require supervision, while others require completion of third-year medical school.</p> <p>Midwives can administer vaccinations if they are an authorized midwife immunizer.</p> <p>Paramedics can administer vaccinations with appropriate training.</p> <p>Pharmacists can administer vaccines if they are appropriately qualified.</p> <p>Pharmacy technicians can administer with pharmacist supervision, depending on state/territory regulations.</p> <p>Aboriginal and Torres Strait Island Health Workers can administer in isolated practice areas in Queensland.¹⁰</p>	

Criteria: Program		
Indicators	Description	Status
Healthcare professionals are well-trained, informed, and upskilled on the benefits and administration of vaccines for older adults (e.g., specialized education on adult vaccination is included in medical curriculum, continuous education is available to healthcare professionals).	<p>The Australian Government, Department of Health and Aged Care offers a non-extensive page on older adult immunization.⁹</p> <p>Immunization courses are provided by the six state governments. For instance, the Government of Western Australian, Department of Health, and the Government of New South Wales both offer several immunization courses, but none of the courses are explicitly dedicated to older adult vaccination.^{10,11}</p> <p>Moreover, The Royal Australian College of Physicians provides an advanced training curriculum for the Adult Medicine Division, Geriatric Medicine, which includes discussion of adult vaccination and interventions to address impaired immunity.¹²</p>	
Authorities define clear administrative guidelines, including eligibility criteria and protocols, for each vaccine.	Dose course(s), age eligibility, and Indigenous/ First Nations/ Aboriginal/ Torres Strait Islander adult eligibility are clearly outlined for each vaccine. ³	

Criteria: Performance		
Indicators	Description	Status
National Immunization Programmes or Plans set goals and targets for the reduction of VPD rates and adult immunization coverage.	The National Immunization Strategy discusses sub-optimal vaccination coverage/uptake for influenza, pneumococcal disease, and shingles. ^{1,2,13} Specific goals, beyond “better” monitoring and improved vaccination rates are not outlined. ¹³	
Authorities collect and update comprehensive coverage data for adult immunization (2021 or earlier), extending beyond coverage rates for influenza and COVID-19 through adult national immunization coverage data collection templates (e.g., aNICs).	Comprehensive immunization coverage data is available from the National Centre for Immunisation Research and Surveillance Australia (NCIRS) in their Annual Immunisation Coverage report as of 2022. ¹⁴	
Stakeholders and/or authorities collect and document age-disaggregated data, including immunization and burden of disease rates, to support evidence-informed decision-making and strategy development on vaccination.	Age-segregated data, including vaccination coverage of older adults, with aims to reduce VPD burden across the life course, is available. ^{14,15}	

Criteria: Equity		
Indicators	Description	Status
The NIP provides a specific focus on sub-groups of older adult populations at high risk of infectious diseases (e.g., those with cardiovascular diseases, diabetes, and other non-communicable diseases).	The NIP discusses vaccination of older adults and higher-risk populations such as Aboriginal and Torres Strait Islander people but does not discuss intersecting high-risk social locations or diseases (ie. Older AND type 1 diabetic). ^{3,4}	
Vaccine administrative pathways acknowledge and accommodate equity-based barriers, driven by the social determinants of health, to older adult sub-group populations, such as refugees, Indigenous populations, and older adults residing in rural settings.	<p>Federal equity initiatives include a commitment to COVAX, a global effort that provides fair, equitable COVID-19 vaccine distribution.¹⁶ Aboriginal and Torres Strait Islander people may also receive free COVID-19, influenza, shingles, and pneumococcal vaccinations, under Australia's NIP.¹⁷ Additionally, NCIRS has compiled various culturally informed/collaborative resources to encourage conversations and education concerning vaccination for these populations.</p> <p>Most equity-oriented vaccination programs in Australia are state/jurisdictionally based. Still, research suggests that the limited number of venues and overall inaccessibility of these settings act as barriers to vaccine distribution.¹⁸</p>	

Criteria: Long-Term Care Settings		
Indicators	Description	Status
The NIP explicitly acknowledges older residents (65+) in long-term care settings as at-risk, or high-risk populations.	Medical risk conditions of older adults are considered for pneumococcal and influenza vaccinations. While not explicitly stated, these doses are administered to people with complex needs, who often occupy long-term care settings. ³	
National long-term care strategies (if present) include adult immunization.	It is unclear if a national long-term care strategy exists in Australia.	

Criteria: Civil Society Organizations		
Indicators	Description	Status
Civil society organizations (e.g. community groups, NGOs, labour unions, patient organizations, professional organizations) provide evidence on immunization to help inform policy creation that is reflective of the needs of older adults across the country.	Australian CSOs contribute to research and limited knowledge mobilization efforts. Efforts are largely divided between states and territories and are not nationally based. ¹⁹⁻²¹	Yellow
Civil society organizations provide educational resources to constituents on the importance of adult vaccination across the country.		Yellow
Civil society organizations advocate to raise political and governmental will to invest in preventative measures and strategies, including the prioritization of adult vaccination.		Yellow

Legend	
Criteria is fully met	Green
Criteria is partially met	Yellow
Criteria is not met	Red
Insufficient/ inaccessible/unclear evidence.	Blue

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