



Australian Government

Department of Health and Aged Care

Ministerial Submission – Standard

MS24-001591

Version (1)

Date sent to MO: 11 December 2024

To: Minister Butler

Subject: Amendment to the Australian Immunisation Register Rule 2015 to enable the collection of antenatal vaccine information

Critical date: 20 December 2024 - to allow for registration of the Australian Immunisation Register Amendment (Reporting) (No.2) Rules 2024 on the Federal Register of Legislation before 24 December 2024.

Recommendation/s:

- | | |
|---|--|
| <p>1. APPROVE and SIGN the proposed Australian Immunisation Register Amendment (Reporting) (No.2) Rules 2024 (Attachment A) for registration on the Federal Register of Legislation.</p> <p>2. APPROVE the Explanatory Statement that accompanies the Australian Immunisation Register Amendment (Reporting) (No.2) Rules 2024 at Attachment B.</p> | <p>1. Approved and signed/
Not approved or signed/
Please discuss</p> <p>2. Approved/Not approved/
Please discuss</p> |
|---|--|

Signature
Comments:

Date: 18 / 12 / 24

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Issues:

- Your approval is sought to make proposed amendments to the Australian Immunisation Register Rule 2015 (AIR Rule) mandating the reporting of information about whether an individual was pregnant at the time of vaccination to the Australian Immunisation Register (AIR).

2. This will apply for the following vaccines (prescribed by the AIR Rule): National Immunisation Program (NIP), COVID-19, influenza, and Japanese encephalitis virus.
3. Mandating the reporting of this information will improve the validity of the data relating to pregnancy status and vaccination to:
 - enable the Australian Government and States and Territories to monitor and inform the delivery of vaccination programs. In particular, the introduction of the new National RSV Maternal and Infant Protection Program, the 2025 influenza vaccination program and the NIP more broadly.
 - support monitoring of the effectiveness and safety of maternal vaccines and vaccination programs.
 - enable the AIR to be a reliable dataset to enable the monitoring of immunisation coverage and administration.
4. Under subsection 31(1) of the *Australian Immunisation Register Act 2015* (AIR Act) you, as the Minister of Health and Aged Care, have delegate authority to amend the AIR Rule.
5. The Amendment Rules will be effective from 1 March 2025. This amendment will extend the data elements that are currently mandatory to be reported, with the addition of the requirement to report a person's pregnancy status using either the new bespoke antenatal field or the antenatal option in the existing vaccine type field (to be decommissioned in December 2025).
6. s47D

Background:

The AIR is a national immunisation register that records vaccine administration in Australia. This includes COVID-19 vaccines, vaccines given under the NIP, as well as some vaccines given privately, such as for seasonal influenza or travel.

Under Division 2A - Reporting Obligation of the AIR Act it is mandatory for all vaccination providers to report certain vaccinations, and vaccination information, to the AIR.

The AIR Rule prescribes the specific vaccines, the data elements that must be reported, and the time and manner they must be reported in. These include:

- Specific vaccine: NIP, COVID-19, influenza, and Japanese encephalitis virus.
- The manner of reporting: electronic
- The period: within 24 hours, and no more than 10 working days after the vaccination
- Personal information: Medicare number (if applicable), name, contact details, date of birth, gender
- Vaccine information: brand name, dose number and batch number, date of administration, vaccine type, and for Japanese encephalitis virus vaccines – route of administration
- Provider information: provider number, name and contact details.

Vaccination providers are encouraged to (but not required to) report other vaccines administered, as this ensures their patients have a complete AIR record.

The data reported to the AIR is used to monitor the effectiveness of vaccines and vaccination programs and to identify parts of Australia at risk during disease outbreaks.

Once an individual has been vaccinated, they cannot opt-out of having their information reported to the AIR, where the AIR Act requires reporting of the information. Under Section 11 of the AIR Act, individuals can choose to opt-out of having their personal information disclosed from the AIR. If an individual chooses to opt-out this means that no third parties, including their healthcare providers, will be able to view their information in the AIR.

Attachments:

- A:** Legislative Instrument - Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024
- B:** Explanatory Statement - Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024
- C:** Legislative Instrument - Australian Immunisation Register Rule 2015

Sensitivities:

In December 2023, the department introduced antenatal as a selection in the 'vaccine type' field. The vaccine type field was implemented to support the National Immunisation Program Vaccinations in Pharmacy Program and was leveraged as an interim solution to collect antenatal data in the 2024 influenza season, as time did not permit the development of a bespoke antenatal field. Options under the vaccine type field include:

1. Antenatal
2. NIP/commonwealth
3. Private; and
4. State Program.

The AIR Rule was amended to make the 'vaccine type' field mandatory to report to the AIR from 1 March 2024.

Only one of the four options can be selected under the 'vaccine type' field. Feedback from key stakeholders including states and territories, Primary Health Networks and vaccine administrators is that the reporting options available under vaccine type field are confusing and data quality issues have been evident.

To improve data quality, a new bespoke antenatal field will be implemented from December 2024. Vaccination providers will be required to indicate a person's pregnancy status using either the vaccine type or bespoke antenatal field until October 2025. This will allow time for providers to transition to updated software, when older versions of software allowing antenatal information to be reported via vaccine type will be retired.

The department has worked with Services Australia and software developers to ensure early, consistent, and transparent communication on the introduction of the bespoke field and new mandatory reporting requirements.

Comprehensive communications will be undertaken to ensure vaccination providers are aware of their reporting requirements and where to go for assistance. The department will continue to work with Services Australia to provide education and support to vaccination providers to ensure reporting obligations are met.

Consultations:

The department has consulted with Services Australia, the software developer industry and Jurisdictional Immunisation Coordinators on the proposed Amendment Rules.

The Legal and Assurance Division has been consulted on this Ministerial Submission and the attachments.

Subject to your approval, the department will undertake communication activities to ensure that key stakeholders are aware of the new mandatory reporting requirements.

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the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing



Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024

I, Mark Butler, Minister for Health and Aged Care, make the following rules.

Dated 2024

Mark Butler
Minister for Health and Aged Care

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Contents

1 Name	1
2 Commencement.....	1
3 Authority	1
4 Schedules	1
Schedule 1—Amendments	2
<i>Australian Immunisation Register Rule 2015</i>	<i>2</i>

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1 Name

This instrument is the *Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 March 2025.	1 March 2025

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under the *Australian Immunisation Register Act 2015*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Australian Immunisation Register Rule 2015

1 After subparagraph 9(e)(viii)

Insert:

- ; (ix) information about whether the individual was pregnant at the time of vaccine administration (via the vaccine type or antenatal field).

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Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024

I, Mark Butler, Minister for Health and Aged Care, make the following rules.

Dated 18 / 12 2024

Mark Butler
Minister for Health and Aged Care

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Contents

1 Name.....	1
2 Commencement	1
3 Authority.....	1
4 Schedules	1
Schedule 1—Amendments	2
<i>Australian Immunisation Register Rule 2015</i>	2

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Schedule 1—Amendments

Australian Immunisation Register Rule 2015

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EXPLANATORY STATEMENT

Australian Immunisation Register Act 2015

Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024

Purpose and operation

The *Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024* (Amendment Rules) amends the *Australian Immunisation Register Rule 2015* (AIR Rule) to introduce an additional reporting requirement for recognised vaccination providers from 1 March 2025.

This amendment will require a recognised vaccination provider administering a relevant vaccine prescribed by the AIR Rule to report to the Australian Immunisation Register (AI Register) with information about whether the individual was pregnant at the time of vaccination (via the vaccine type or antenatal field).

Maternal immunisation is critical in protecting pregnant women and their babies from serious illness and severe complications from vaccine preventable diseases. The additional information reported under the Amendment Rules is required to ensure that the AI Register contains a complete and reliable dataset that can be used to monitor vaccination uptake and the effectiveness and safety of maternal vaccination programs. The additional reporting information is also relevant for clinical care (to be accessible by other healthcare workers other than the original vaccination provider, as necessary).

Background

Section 10A of the *Australian Immunisation Register Act 2015* (AIR Act) requires recognised vaccination providers to report information prescribed by the rules for inclusion in the AI Register for a relevant vaccination that is administered by the recognised vaccination provider in Australia that is of a kind prescribed by the rules and administered in the circumstances prescribed by the rules. The information must be reported within the period and in the manner prescribed by the rules. Paragraph 9(a) of the AIR Rule prescribes the following as kinds of relevant vaccinations that a recognised vaccination provider must report information on for inclusion in the AI Register:

- coronavirus (known as COVID-19);
- influenza;
- vaccines specified on the National Immunisation Program (NIP); and
- Japanese encephalitis virus vaccines.

Paragraph 9(e) of the AIR Rule prescribes the information the recognised vaccination provider must report to the AI Register, including patient, provider and vaccine details.

A person who fails to comply with their reporting obligations under subsection 10A(1) of the AIR Act is liable to a civil penalty of 30 penalty units in accordance with subsection 10A(5) of the AIR Act.

It is important to note that the Amendment Rules do not make vaccination mandatory. It is only mandatory to report to the AI Register on the additional information relating to vaccinations.

In addition, under subsection 10A(2) of the AIR Act, a recognised vaccination provider is not required to comply with the reporting requirement under subsection 10A(1) where the reporting of information is likely to pose a risk to the health or safety of an individual.

Authority

Subsection 31(1) of the AIR Act provides that the Minister may, by legislative instrument, make rules prescribing matters required or permitted by the AIR Act to be prescribed by the rules, or necessary or convenient to be prescribed for carrying out or giving effect to the Act.

Reliance on subsection 33(3) of the *Acts Interpretation Act 1901*

Subsection 33(3) of the *Acts Interpretation Act 1901* provides that where an Act confers a power to make, grant or issue any instrument of a legislative or administrative character (including rules, regulations or by-laws), the power shall be construed as including a power exercisable in the like manner and subject to the like conditions (if any) to repeal, rescind, revoke, amend, or vary any such instrument.

Commencement

The Amendment Rules commence on 1 March 2025.

Consultation

The Department of Health and Aged Care (the Department) consulted with Services Australia, Jurisdictional Immunisation Coordinators in each state and territory and software vendors on the Amendment Rules. Stakeholders are supportive of the amendment.

The Department and Services Australia will undertake communication activities to ensure that key stakeholders, including vaccination providers, are aware of the new mandatory reporting requirement under the Amendment Rules.

General

The Amendment Rules are a legislative instrument for the purposes of the *Legislation Act 2003*.

Details of the Amendment Rules are set out in **Attachment A**.

The Amendment Rules are compatible with the human rights and freedoms recognised or declared under section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A full statement of compatibility is set out in **Attachment B**.

ATTACHMENT A

Details of the *Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024***Section 1 – Name**

Section 1 provides the name of the instrument is the *Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024* (Amendment Rules).

Section 2 – Commencement

Section 2 provides the Amendment Rules commence on 1 March 2025.

Section 3 – Authority

Section 3 provides the Amendment Rules are made under the *Australian Immunisation Register Act 2015*.

Section 4 – Schedules

Section 4 of the Amendment Rules has the effect that the *Australian Immunisation Register Rule 2015* is amended by the terms specified in Schedule 1 of the Amendment Rules.

Schedule 1 – Amendments

Australian Immunisation Register Rule 2015

Item 1 – At the end of paragraph 9(e)(iii)

Item 1 amends paragraph 9(e) of the *Australian Immunisation Register Rule 2015* to add a new reporting requirement requiring recognised vaccination providers to report information about whether the individual was pregnant at the time of vaccine administration using either the option of the vaccine type or antenatal field for inclusion in the Australian Immunisation Register.

The Amendment Rules engage the following human rights.

Article 12 of the Right to Health under International Covenant on Economic, Social and Cultural Rights (ICESCR)

The Amendment Rules engage Article 12 of the ICESCR by assisting with the progressive realisation by all appropriate means of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The reporting of information about whether the individual was pregnant at the time of vaccination (via the vaccine type or antenatal field) will improve reporting to the AI Register to monitor the effectiveness and safety of maternal vaccines and vaccination programs. It will also ensure that the AI Register is a complete and reliable dataset to enable the monitoring of immunisation coverage and administration and is relevant for clinical care (to be accessible by other healthcare workers other than the original vaccination provider, as necessary).

Enhancing vaccination reporting will contribute to enriched monitoring and will provide invaluable statistics on health-related issues. This is a positive step towards attaining the highest standard of health for all Australians.

Article 17 of the Right to protection of privacy and reputation under International Covenant on Civil and Political Rights (ICCPR)

The Amendment Rules engage Article 17 of the ICCPR, which is concerned with the right to privacy and reputation. The Amendment Rules require the reporting of personal information of the person being vaccinated, and the person who administered the vaccine, for inclusion in the AI Register.

However, this information is subject to the secrecy provisions in Part 4 of the AIR Act. Section 23 of the AIR Act creates an offence where a person makes a record of, discloses, or uses protected information in a way that is not authorised by section 22 of the AIR Act. Relevantly, protected information includes personal information and relevant identifying information obtained under the AIR Act (section 4 of the AIR Act). Section 22 authorises a person to collect, make a record of, disclose, or otherwise use protected information for the purposes of including such information in the AI Register. This provision also authorises the recording, disclosure, and use of protected information in other circumstances, including disclosure to specified recipients and for specified purposes.

One of these circumstances is where the Minister authorises handling protected information for a specified purpose. The Minister may only authorise the disclosure of protected information in response to a disclosure request where the Minister is satisfied it is in the public interest. All disclosure requests are considered in line with the secrecy provisions in Part 4 of the AIR Act and other relevant legislation, such as the *Privacy Act 1988*, specifically balancing the purpose of the disclosure against the privacy impact of disclosure on the affected individual.

Additionally, vaccination providers have the capacity under subsection 10A(4) of the AIR Act to decline to report the administration of a vaccination where they consider it would likely pose a risk to the health or safety of an individual to do so.

The Amendment Rules do not impact or change the protections afforded to individuals under the above provisions.

Conclusion

The Amendment Rules are compatible with human rights. The Amendment Rules promote the right to health. The reporting of additional information to the AI Register aims to protect the health of the community. The Amendment Rules also limit the right to privacy however, this limitation is reasonable and necessary, and information reported to the AI Register is protected by the secrecy provisions in the AIR Act.

The Hon Mark Butler MP
Minister for Health and Aged Care

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Australian Immunisation Register Rule 2015

made under the

Australian Immunisation Register Act 2015

Compilation No. 4

Compilation date: 1 March 2024

Includes amendments: F2024L00222

Registered: 27 March 2024

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Prepared by the Office of Parliamentary Counsel, Canberra

About this compilation

This compilation

This is a compilation of the *Australian Immunisation Register Rule 2015* that shows the text of the law as amended and in force on 1 March 2024 (the **compilation date**).

The notes at the end of this compilation (the **endnotes**) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Contents

Part 1—Preliminary 1

1 Name1

3 Authority1

4 Definitions.....1

Part 2—Prescribed bodies 2

5 Primary health networks.....2

6 Bodies facilitating research relating to vaccines2

7 Other prescribed bodies.....2

8 Officers, employees or contractors of prescribed bodies3

Part 3—Reporting 4

9 Reporting requirement relating to certain relevant vaccinations administered in Australia4

Endnotes 5

Endnote 1—About the endnotes 5

Endnote 2—Abbreviation key 6

Endnote 3—Legislation history 7

Endnote 4—Amendment history 8

Endnote 5—Editorial changes 9

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Part 1—Preliminary

1 Name

This is the *Australian Immunisation Register Rule 2015*.

3 Authority

This instrument is made under the *Australian Immunisation Register Act 2015*.

4 Definitions

Note: A number of expressions used in this instrument are defined in the Act, including the following:

- (a) provider identification information;
- (b) recognised vaccination provider;
- (c) relevant vaccination.

In this instrument:

Act means the *Australian Immunisation Register Act 2015*.

national immunisation program vaccine means a vaccine provided under section 9B of the *National Health Act 1953*.

Note: In 2021, the vaccines that are authorised to be provided, and the circumstances in which those vaccines are authorised to be provided, under section 9B of the *National Health Act 1953* are specified in the *National Health (Immunisation Program — Designated Vaccines) Determination 2014 (No.1)*.

specified national immunisation program vaccine means a national immunisation program vaccine other than a vaccine for influenza or Q fever.

Part 2 Prescribed bodies

Section 5

Part 2—Prescribed bodies

5 Primary health networks

A person is a **prescribed body** for the purposes of the definition of that expression in section 4 of the Act if, under a funding agreement:

- (a) in force with the Commonwealth; and
- (b) made under the program administered by the Commonwealth known as the Primary Health Network Grant Programme;

the person has agreed to operate a primary health network for a region of Australia.

6 Bodies facilitating research relating to vaccines

Each of the following persons is a **prescribed body** for the purposes of the definition of that expression in section 4 of the Act:

- (a) the Australian Institute of Health and Welfare;
- (b) the Commonwealth, to the extent that it acts through the Australian Bureau of Statistics;
- (c) the Commonwealth, to the extent that it acts through the Australian Institute of Family Studies;
- (d) The Sydney Children's Hospitals Network (Randwick and Westmead) (incorporating The Royal Alexandra Hospital for Children).

7 Other prescribed bodies

Each of the following persons is a **prescribed body** for the purposes of the definition of that expression in section 4 of the Act:

- (a) New South Wales, to the extent that it acts through the NSW Ministry of Health;
- (b) Victoria, to the extent that it acts through the Department of Health and Human Services;
- (c) Queensland, to the extent that it acts through the Department of Health;
- (d) Western Australia, to the extent that it acts through the Department of Health;
- (e) South Australia, to the extent that it acts through the Department of Health and Ageing;
- (f) Tasmania, to the extent that it acts through the Department of Health and Human Services;
- (h) the Australian Capital Territory, to the extent that it acts through ACT Health;
- (i) the Northern Territory, to the extent that it acts through the Department of Health.

8 Officers, employees or contractors of prescribed bodies

A person is a *prescribed body* for the purposes of the definition of that expression in section 4 of the Act if:

- (a) the person performs work relating to the purposes of the ACI register; and
- (b) the person performs that work because the person is an officer or employee of, or is engaged by, another person who is a prescribed body because of another section of this Part.

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Part 3 Reporting

Section 9

Part 3—Reporting

9 Reporting requirement relating to certain relevant vaccinations administered in Australia

For the purposes of subsection 10A(1) of the Act:

- (a) the following kinds of relevant vaccinations are prescribed:
 - (i) a relevant vaccination for the coronavirus known as COVID-19;
 - (ii) a relevant vaccination for influenza;
 - (iii) a relevant vaccination of a person with a specified national immunisation program vaccine;
 - (iv) a relevant vaccination for the Japanese encephalitis virus; and
- (b) the prescribed circumstance is that a relevant vaccination is administered:
 - (i) for a relevant vaccination for the coronavirus known as COVID-19—on or after the commencement of this section; or
 - (ii) for a relevant vaccination for influenza—on or after 1 March 2021; or
 - (iii) for a relevant vaccination of a person with a specified national immunisation program vaccine—on or after 1 July 2021; or
 - (iv) for a relevant vaccination for the Japanese encephalitis virus—on or after the commencement of the *Australian Immunisation Register Amendment (Japanese Encephalitis Virus) Rules 2022*; and
- (c) the prescribed period is the period of:
 - (i) if it is reasonably practicable to do so—24 hours after a relevant vaccination is administered; or
 - (ii) otherwise—10 business days after a relevant vaccination is administered; and
- (d) the prescribed manner is an electronic form or, if that is not reasonably practicable, a written form; and
- (e) the following information is prescribed:
 - (i) the name, contact details, date of birth and gender of the individual to whom a relevant vaccination is administered;
 - (ii) if that individual has a medicare number (within the meaning of Part VII of the *National Health Act 1953*)—that number;
 - (iii) if that individual has a healthcare identifier (within the meaning of the *Healthcare Identifiers Act 2010*)—that identifier (if known);
 - (iv) provider identification information for the recognised vaccination provider who administers a relevant vaccination;
 - (v) the day of the vaccination;
 - (vi) the brand, dose number and batch number of the administered vaccine;
 - (vii) for vaccines prescribed under paragraph 9(a)(iv) – information about the route of administration;
 - (viii) the vaccine type information.

Endnotes

Endnote 1—About the endnotes

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

- Endnote 1—About the endnotes
- Endnote 2—Abbreviation key
- Endnote 3—Legislation history
- Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

Endnotes

Endnote 2—Abbreviation key

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s) subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnotes

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Australian Immunisation Register Rule 2015	8 Dec 2015 (F2015L01946)	1 Jan 2016 (s 2(1) item 1)	
Australian Immunisation Register Amendment (Reporting) Rules 2021	19 Feb 2021 (F2021L00133)	20 Feb 2021 (s 2(1) item 1)	—
Australian Immunisation Register Amendment (National Immunisation Program Vaccines) Rules 2021	30 June 2021 (F2021L00925)	1 July 2021 (s 2(1) item 1)	—
Australian Immunisation Register Amendment (Japanese Encephalitis Virus) Rules 2022	20 Dec 2022 (F2022L01712)	21 Dec 2022 (s 2(1) item 1)	—
Australian Immunisation Register Amendment (Reporting) Rules 2024	28 Feb 2024 (F2024L00222)	1 Mar 2024 (s 2(1) item 1)	—

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Endnotes

Endnote 4—Amendment history

Endnote 4—Amendment history

Provision affected	How affected
Part 1	
s 2.....	rep LA s 48D
s 4.....	am F2021L00133; F2021L00925
Part 3	
Part 3.....	ad F2021L00133
s 9.....	ad F2021L00133
	am F2021L00925; F2022L01712; F2024L00222
	ed C4

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Endnote 5—Editorial changes

Endnote 5—Editorial changes

In preparing this compilation for registration, the following kinds of editorial change(s) were made under the *Legislation Act 2003*.

Subparagraph 9(e)(vii)**Kind of editorial change**

Numbering or renumbering of provisions

Details of editorial change

Schedule 1 item 1 of the *Australian Immunisation Register Amendment (Reporting) Rules 2024* provides as follows:

1 Paragraph 9(e)(vii)

Repeal the paragraph, substitute:

for vaccines prescribed under paragraph 9(a)(vi) – information about the route of administration;

The substituted subparagraph does not contain a reference to the subparagraph lettering.

This compilation was editorially changed to insert “(vii)” at the beginning of subparagraph 9(e)(vii).

Subparagraph 9(e)(vii)**Kind of editorial change**

Change to punctuation

Details of editorial change

Schedule 1 item 2 of the *Australian Immunisation Register Amendment (Reporting) Rules 2024* provides as follows:

2 At the end of paragraph 9(e)(vii)

Add:

; (viii) the vaccine type information.

This amendment results in two semicolons at the end of subparagraph 9(e)(vii).

This compilation was editorially changed to remove the extra semicolon at the end of subparagraph 9(e)(vii) to bring it into line with legislative drafting practice.

s47F, s47E(c)

From: s47E(d)
Sent: Tuesday, 4 March 2025 4:52 PM
To: s47F, s47E(c)
Cc: s47E(d)
Subject: FW: PJCHR - - Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024 APH:0177125 [SEC=OFFICIAL]

Good afternoon,

For noting, please see the below.

Kind regards,

s47F, s47E(c)

s47F, s47E(c)

s47F, s47E(c)

Constitutional Risk & Legislation Section
Legal Advice and Legislation Branch

Legal Division | Corporate Operations Group
 Australian Government Department of Health and Aged Care
 T: 02 5132 s47F, s47E(c) | E: s47F, s47E(c)@health.gov.au
 PO Box 9848, Canberra ACT 2601, Australia

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

Please note that this email and attachments may contain confidential or legally privileged information. Please consult with Legal and Assurance Division before disclosing any part of this email or attachment, outside the Department. If you receive this email in error, please delete it and contact the sender immediately.

From: Minister Butler DLO s47E(d) <s47E(d)@Health.gov.au>
Sent: Tuesday, 4 March 2025 12:39 PM
To: MPS s47E(d) <s47E(d)@health.gov.au>
Cc: s47E(d) <s47E(d)@health.gov.au>
Subject: FW: PJCHR - - Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024 APH:0177125 [SEC=OFFICIAL]

Hi team

For noting – NID

Thanks

s47F, s47E(c)

s47F, s47E(c)

Departmental Liaison Officer

Office of the Hon Mark Butler MP
 Minister for Health and Aged Care
 s47F, s47E(c) s47F, s47E(c)
 s47E(d) <s47E(d)@health.gov.au>
 s47F, s47E(c) | PO Box 6022
 Parliament House, Canberra ACT, 2600

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

From: Committee, Human Rights (SEN) <Human.rights@aph.gov.au>

Sent: Tuesday, 4 March 2025 10:27 AM

To: s47E(d) <[REDACTED]@Health.gov.au>

Cc: s47F, s47E(c) <[REDACTED]@Health.gov.au>; s47F, s47E(c) <[REDACTED]@Health.gov.au>

Subject: PJCHR - - Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024 APH:0177125

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PARLIAMENT
OF AUSTRALIA

Parliamentary Joint Committee on Human Rights

Parliament House, Canberra ACT 2600

02 6277 3823 | human.rights@aph.gov.au

www.aph.gov.au/joint_humanrights

4/03/2025

The Hon Mark Butler MP
Minister for Health and Aged Care
Parliament House
Canberra ACT 2600

Dear Minister

Australian Immunisation Register Amendment (Reporting) (No. 2) Rules 2024

The Parliamentary Joint Committee on Human Rights examines all bills and legislative instruments for compatibility with human rights and reports to the Parliament on that issue (under the *Human Rights (Parliamentary Scrutiny) Act 2011*).

The committee, in its *Report 2 of 2025*, has commented on the above legislation. As the committee's comments are made on an advice only basis, the committee does not require a response in relation to this matter. A copy of the report is available on the committee's [website](#).

The committee has previously commented on the expansion of the requirement to report vaccination information on the Australian Immunisation Register and its limit on the right to privacy, raising particular concern regarding the broad ministerial discretion in the *Australian Immunisation Register Act 2015* to disclose personal information to 'any person' and for any purpose if it is considered to be 'in the public interest' to do so. The committee reiterates its concerns that there is a risk that the existing broad ministerial discretion does not sufficiently safeguard the right to privacy.

Should you have any questions regarding the committee's consideration of this legislation, please contact me (or the committee secretariat on 02 6277 3823).

Yours sincerely

s47F

Mr Josh Burns MP
Chair

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the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

s47F, s47E(c)

From: s47F, s47E(c)
Sent: Tuesday, 1 October 2024 9:45 AM
To: s47F
Cc: s47F, s47E(c) s47F, s47E(c) s47F, s47E(c) s47E(d)
 s47E(d)
Subject: FW: Request for confirmation AIR API upgrade [SEC=OFFICIAL]

Hi s47F

Further to s47F, s47E(c) email below, the department intends to update the AIR Rule making it mandatory for providers to report antenatal information from 1 March 2025 – either via the funding type field or the bespoke antenatal field.

As previously discussed, it is our preference for NSW to build to version 1.4 by 1 March 2024 to ensure you can meet the reporting obligations.

Let me know if any issues. Happy to meet to discuss if required.

Kind regards

s47F, s47E(c)

From: s47F, s47E(c) <[s47F, s47E\(c\)@servicesaustralia.gov.au](mailto:s47F, s47E(c)@servicesaustralia.gov.au)>
Sent: Tuesday, October 1, 2024 9:16 AM
To: s47F <s47F@health.nsw.gov.au>
Cc: s47E(d) <[s47E\(d\)@servicesaustralia.gov.au](mailto:s47E(d)@servicesaustralia.gov.au)>; s47E(d) <[s47E\(d\)@health.gov.au](mailto:s47E(d)@health.gov.au)>; s47F <s47F@health.nsw.gov.au>; s47E(d) <[s47E\(d\)@Health.gov.au](mailto:s47E(d)@Health.gov.au)>
Subject: FW: Request for confirmation AIR API upgrade [SEC=OFFICIAL]

Hi s47F

We can confirm that version 1.1 and 1.2 have been extended for Ministry of Health and eHealth NSW until October 2025. At this time, versions 1.1, 1.2 and 1.3 will all be retired.

Version 1.4 will be available to build to from 7 December 2024, and as such we highly recommend that you build to this version.

Kind regards

s47F, s47E(c)s22

Australian Immunisation Register Program

02 s47F, s47E(c) | s47F

Registers and Assurance Branch | HEALTH PROGRAMS DIVISION

Level 3 South, Louisa Lawson Building

From: s47F, s47E(c) <[s47F, s47E\(c\)@health.gov.au](mailto:s47F, s47E(c)@health.gov.au)>
Sent: Monday, September 30, 2024 3:52 PM

To: s47F, s47E(c) @health.gov.au>
 Subject: FW: Request for confirmation AIR API upgrade [SEC=OFFICIAL]

From: s47F, s47E(c)
 Sent: Monday, September 30, 2024 11:37 AM
 To: s47F @health.nsw.gov.au>
 Cc: s47F @health.nsw.gov.au>; s47E(d) @Health.gov.au>
 Subject: RE: Request for confirmation AIR API upgrade [SEC=OFFICIAL]

Hi s47F

Services Australia will send advice to all software developers this week. We have asked them to address your questions below.

I assume s47F NSW Health is on the mailing list. I will let you know once it has been sent and provide you and s47F with a copy.

Kind regards

s47F, s47E(c)

From: s47F @health.nsw.gov.au>
 Sent: Thursday, September 26, 2024 3:31 PM
 To: s47F, s47E(c) @health.gov.au>
 Cc: s47F @health.nsw.gov.au>; s47E(d) @Health.gov.au>
 Subject: Request for confirmation AIR API upgrade
 Importance: High

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Dear s47F, s47E(c)

Sorry to trouble you about the AIR API issue again.

s47F met with our eMR to AIR integration team today (you will know s47F). The VaxLink (health care worker data system) and CARMI (school vaccination program system) teams are concerned they cannot meet the Dec 2024 deadline for the API upgrade. They have requested advice in writing from the Commonwealth that the requirement to upgrade to V1.3 has been postponed until March 2025. The VaxLink team has also planned to upgrade from v1.1 to 1.2 in Jan 2025 and then to 1.3.

Are you able to please respond to this email (noting there is also a letter from our CHO that has been sent) and provide advice that the upgrade to v1.3 has been postponed until March 2025 to accommodate the new antenatal field as advised at the last AIR Policy CoP meeting. Could you also please confirm if AIR API V1.1 will be functional until March 2025?

Many thanks and sorry to hassle you about this again.

Regards

s47F

Health Protection NSW

s47F

[@health.nsw.gov.au](mailto:health.nsw.gov.au)www.health.nsw.gov.au

1 Reserve Road
St Leonards, NSW 2065

s22



Health Protection NSW

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AIR enhancements - Antenatal

AIR Policy Community of Practice

Item	Update	Presenter
1	Changes to the Australian Immunisation Register Rule 2015 as of 1 March 2025	The Department of Health and Aged Care
2	The addition of a new antenatal indicator on the AIR	Services Australia (AIR Program)
3	Retiring older API versions	Services Australia (AIR Program)
4	Q&A session	Services Australia (AIR Program)

Changes to the Australian Immunisation Register Rule 2015 as of 1 March 2025

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Why antenatal data is important

- **Maternal immunisation is critical in protecting pregnant women and their babies from serious illness and severe complications from vaccine preventable diseases.**
- The collection of antenatal data is important as it ensures that the AIR contains a complete and reliable dataset to enable the monitoring:
 - of immunisation coverage and administration
 - the effectiveness and safety of maternal vaccines and vaccination programs, such as the National Immunisation Program (NIP), influenza and other respiratory vaccines and programs.
- It also enables data linkages to evaluate and inform future program policy. For example, linkages with hospitalisation data.

What we did

- To support the implementation of the National Immunisation Program Vaccinations in Pharmacy program, enhancements were made to the AIR in December 2023 to capture additional reporting information, including the vaccine type and route of administration fields.
- Due to insufficient time to implement a bespoke antenatal field, the vaccine type field was leveraged as an interim solution to enable the collection of antenatal data ahead of the 2024 influenza season.
- This has resulted in poor data quality and caused confusion amongst vaccination providers.
- To alleviate these issues:
 - a bespoke antenatal field will be added to the AIR; and
 - changes to the 'vaccine type' field will simplify and make it easier for vaccination providers to report information to the AIR.
- Key stakeholders are **supportive** of these AIR enhancements.

What we are doing

- From **1 March 2025**, amendments to the Australian Immunisation Register Rule 2015 (AIR Rule) will make it mandatory for vaccination providers to report to the AIR if an individual is pregnant at the time of vaccination.
- Vaccination providers will be required to report this information to the AIR for all vaccines prescribed by the AIR Rule (COVID-19, Influenza, NIP and Japanese encephalitis virus vaccines).
- This will enable the collection of important antenatal data during the 2025 influenza season.



Australian Immunisation Register Rule 2015

made under the

Australian Immunisation Register Act 2015

Compilation No. 3

Compilation date: 21 December 2022

Includes amendments up to: F2022L01712

Registered: 14 January 2023

The addition of a new antenatal indicator on the AIR

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7 December 2024

To support the addition of the new antenatal field to the AIR, the following APIs will be released in production:

- Record Encounter V1.4
- Update Encounter V1.3
- Individual Immunisation History Details V1.3

Vaccine type selections will also be updated in these APIs as below:

- NIP/Commonwealth
- Other (Remove 'State Program' and 'Private')

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These changes will be released in the vendor environment on 17 November 2024.



7 December 2024

New AIR Reference Data API

AIR will release a new Reference Data API for software developers to retrieve AIR vaccine information directly from Services Australia. This removes the need to access the spreadsheet embedded in 'AIR Vaccine Code Formats User Guide'.

Although this won't affect providers specifically, it will mean that reference data will be easier to update and will mean better data quality.

Software for Record Encounter V1.3 (existing version) will have a small change:

Vaccine Type will include **three** options:

- Antenatal
- NIP/Commonwealth
- Other (Remove 'State Program' and 'Private')



8 February 2025

The AIR site will be updated with the following:

Vaccine Type will include **two** options:

- NIP/Commonwealth
- Other

The 'Antenatal Indicator' will be a separate stand-alone field.

Updates will also be made to AIR reports to add the new antenatal field into the vaccine detail section of the generic reports.

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New validation rules

Below validation rules will be introduced to improve vaccination data quality:

For Record Encounter V1.4 (new version) from 7 December 2024:

- 'Antenatal indicator' selection will be mandatory when recording an encounter for a female between the age range of 10 to 65 years inclusive. An error message will be returned.
- A warning message will be returned if 'Antenatal Indicator' is selected for an individual not female or outside of the aforementioned age range.

For Record Encounter V1.3 (existing version) from 7 December 2024:

- The same warning message will also be returned if 'Antenatal' is selected under 'Vaccine Type' for an individual not female or outside of the aforementioned age range.

These validations will also apply in the AIR site from 8 February 2025.

To: **Dr Anna Peatt, First Assistant Secretary, National Immunisation Division (NID)**

ENHANCEMENTS TO THE AUSTRALIAN IMMUNISATION REGISTER – ADDITION OF AN ANTENATAL FIELD

Purpose

That you:


- **APPROVE** as delegate under Section 23 (3) of the *Performance Governance Performance and Accountability Act 2013* (PGPA Act), total expenditure of s47D [REDACTED] s47D [REDACTED] for costs relating to enhancements to the Australian Immunisation Register (AIR) for the addition of an antenatal field.
- **NOTE** subject to your approval, the commitment approval will work-flow to you through SAP ESS for online approval.
- **APPROVE** and **SIGN** the related External Costing Request (ECR) provided by Services Australia (Attachment A).
- **AGREE** with the approach to make the antenatal field mandatory to report to the AIR from 1 March 2025.
- **NOTE** the department will consult software vendors to gauge the feasibility of implementation by 1 March 2025. Further updates will be provided to you on the progress of the project.

Timing

Your approval is sought by 9 September 2024. This will ensure Services Australia can implement the changes by November 2024, and enable early engagement with the software developer industry.

Issues/Sensitivities


- On 29 July 2024, the department requested Services Australia cost the introduction of a new field in the AIR to report if a person is pregnant at the time of vaccination.
 - Stakeholders have advocated for a bespoke antenatal field due to concerns with the interim solution for reporting antenatal vaccines implemented in 2023, and the impact on data quality.
- The total cost for the AIR enhancements is s47D [REDACTED]
 - s47D [REDACTED]
- Enhancements to the AIR system also need to be built by software vendors in clinical information software as there is two-way communication with the AIR. The changes to clinical software are then rolled out to users (healthcare professionals) via system updates.
- Subject to your agreement, the department will progress an amendment to the Australian Immunisation Register Rule 2015 (AIR Rule) making it mandatory to report the antenatal field to the AIR from 1 March 2025.
 - This will ensure antenatal data is captured during the 2025 influenza season and will enable better monitoring of the effectiveness and safety of vaccines and vaccination programs.
- There is a 12 month notice agreement between Services Australia and software vendors to retire old versions of clinical software, meaning while the field will be mandatory to report in legislation, Services Australia cannot make the field mandatory in the AIR system and clinical software until October 2025. This means:

- Software vendors may not build the new field into their products and roll out the software updates before 1 March 2025.
- Vaccination providers can continue to report vaccines to the AIR using their clinical software. However, if the field is not available in clinical software, providers will be required to report antenatal vaccinations or update the missing field, using the AIR site.
- This may cause frustration with vaccination providers, as it means they will need to duplicate reporting efforts by reporting using both the AIR site and clinical software.
- There is a high risk that the department will not receive antenatal data during the 2025 influenza season, as approximately 90% of vaccinations are reported to the AIR through clinical software.
- There are further sensitivities regarding the timing for implementation of this new field. This is due to recent AIR enhancements introducing antenatal as a selection in the 'vaccine type' field in December 2023. The funding type field was leveraged as an interim solution to collect antenatal data in the 2024 influenza season. Please see further background information at [Attachment B](#).
- 
- We are investigating options with Services Australia to reduce the burden on software vendors. These include:
 - Targeted communication with the major software vendors and/or those who did not meet previous deadlines to understand what support is required to enable software vendors to incorporate the changes by the deadline.
 - Aligning communications to ensure industry understands the reasoning for the changes, the benefits of capturing this data, and the justification for a 1 March 2025 start date.
 - Potential for reduced testing requirements
 - Providing an exemption to build previous updates (funding type field) as they will be superseded by these changes.
- The department recognises the additional reporting burden placed on vaccination providers and will work with Services Australia to provide education and support to assist providers with meeting their reporting obligations.

Options

There are two options available to fund the AIR enhancements.

Option 1 (Recommended):

- 
- Proceeding with this option enables timely acceptance of the ECR and ensures Services Australia can implement the AIR changes in November 2024. This allows more time for software vendors to build and rollout the changes ahead of the 2025 influenza season.

Option 2:

s47D

Consultation

- Professor Michelle Giles, Deputy Chair of the ATAGI, and Jurisdictional Immunisation Co-ordinators have been consulted and are supportive of the proposed enhancement.
- Subject to your approval, the department will work with Services Australia to consult with software vendors. Depending on the outcomes the consultation, the department may reconsider the mandatory reporting timeframes and further advice will be provided to you separately.

Recommendation

That you:

- R1. **APPROVE** as delegate under Section 23 (3) of the PGPA Act, total expenditure of s47D enhancements to the AIR for the addition of an antenatal field. Approved / Not Approved
- R2. **NOTE** subject to your approval, the commitment approval will work-flow to you through SAP ESS for online approval. Noted / Please Discuss
- R3. **APPROVE** and **SIGN** the related ECR provided by Services Australia (Attachment A). Approved / Not approved
Signed / Not Signed
- R4. **AGREE** with the approach to make the antenatal field mandatory to report to the AIR from 1 March 2025. Agreed / Not Agreed
- R5. **NOTE** the department will engage with the software vendor industry to gauge the feasibility of updates will be provided to you on the Noted / Please Discuss

s47F

s47F Dr Anna Peatt
First Assistant Secretary
National Immunisation Division
/ 09 / 24

Attachments:

- A External Costing Request
- B Background

Contact officer: s47E(c), s47F
Phone: 02 5132 s47E(c), s47F
TRIM ref: D24-3288623
Cleared by: Dave McNally

Attachment B – Background

Sensitivities regarding recent AIR enhancements and software vendors

- To support the implementation of the National Immunisation Program Vaccinations in Pharmacy program, enhancements were made to the AIR in December 2023 to capture additional reporting information, including:
 - vaccine type (whether a vaccine is NIP funded or purchased on the private market); and
 - route of administration.
- The department progressed amendments to the Australian Immunisation Register Rule 2015 to make the additional fields mandatory for vaccination providers to report to the AIR from 1 January 2024.



- As of 6 June 2024, there were 25,488 antenatal influenza vaccines reported to the AIR (using the vaccine type field). Of this total:
 - 15% were reported as being administered to men
 - 25% were reported as being administered to children under 8 years of age and individuals over 65 years of age.

To alleviate these issues, the department is progressing the addition of a bespoke antenatal field, which will be validated to prevent the occurrence of these data quality issues.

s47E(c), s47F

From: MCNALLY, Dave
Sent: Friday, 6 September 2024 9:40 AM
To: PEATT, Anna; National Immunisation Division
Cc: s47E(c), s47F
Subject: For approval - AIR enhancement: antenatal indicator [SEC=OFFICIAL]
Attachments: 20240801 - FAS Minute - AIR enhancements - Antenatal field.DOCX; Attachment A - 012788 ECR - Addition of antenatal indicator to AIR - v0.7.DOCX

Anna,

Minute on an AIR enhancement for your approval please.

Many thanks to s47E(c), s47F and s47E(c), s47F for all the work behind the scenes to bring it together.

Happy to discuss as needed

Dave McNally
Assistant Secretary
Vaccine Policy & Transition Branch

National COVID-19 Vaccine Program Division | Health Resourcing Group
 Australian Government Department of Health and Aged Care
 T: 02 6289 s47E(c), s47F E: dave.mcnally@health.gov.au

s47F, s47E(c)

GPO Box 9848, Canberra ACT 2601, Australia

Executive Assistant: s47E(c), s47F
 Email: s47E(c), s47F@health.gov.au

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

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Date Received by
Services Australia
Costing Team:

12/07/2024

Costing Reference
Number:

012788

EXTERNAL COSTING REQUEST

Please use this form when seeking a formal costing from Services Australia.

A formal costing is required when Services Australia is requested to deliver new, or change existing, services under a government budget measure or a contract invoicing arrangement (Retained Receipts).

Section One PROPOSAL DETAILS (requesting agency to complete)		
Section 1.1 – Proposal Overview		
Title of the Proposal	Addition of an antenatal field to the Australian Immunisation Register (AIR).	
Requesting/Lead Agency	Department of Health and Aged Care	
Requesting Agency Contact Officer. <i>Please nominate a contact officer who will be available for questions while the proposal is being costed.</i>	Name:	s47E(c), s47F
	Phone Number:	02 6289 s47E(c), s47F
	Email:	s47E(c), s47F@health.gov.au
Request Authorised by (from requesting agency - SES B1 minimum)	Name:	Dave McNally
	Position:	Assistant Secretary
	Phone Number:	02 6289 s47E(c), s47F
Implementation Date (This is the date by which the proposal must be delivered.)	1 November 2024	The antenatal field needs to be implemented and available to report ahead of the 2025 influenza season. This will also support amendments to the Australian Immunisation Register Rule 2015 to make the field mandatory to report to the AIR from 1 March 2025.
Date costing is required	30 July 2024	
Executive Summary of the Proposal	<p>The Department of Health and Aged Care (the department) is requesting the addition of an antenatal field to the AIR by 1 November 2024.</p> <p>This enhancement ensures that the AIR contains a complete and reliable dataset to enable the monitoring of immunisation coverage and administration. It also enables the Department to identify the effectiveness and safety of vaccines and vaccination programs.</p> <p>The antenatal field will be a stand-alone field to identify, and report to the AIR, if the person receiving the vaccine is pregnant at the time of vaccine administration. The antenatal field is required to be recorded for each vaccination encounter.</p>	
Section 1.1- Proposal Overview (continued)		
Method of Funding	Retained Receipts	

(Will Services Australia receive Appropriation from Government? Or be required to enter into an invoicing arrangement with the partner agency to obtain funding?)	Where Services Australia will not be directly appropriated, and an invoicing arrangement will be entered (Retained Receipts).								
	If Appropriation, which Budget Round?	N/A							
Life of the Proposal?	Ongoing	If terminating, please provide termination date:	N/A						
New policy, new work or Change Request?	New policy								
Has this been costed previously?	No	If yes, please provide previous costing reference number or when it was completed.	N/A						
Is Legislation required? If yes, which legislation/legislative instrument will require amendment?	Yes Amendments to the Australian Immunisation Register Rule 2015 are required.	If yes, when is legislation expected to be tabled before parliament?	N/A Amendments to the Australian Immunisation Register Rule 2015 will take effect on 1 March 2025.						
		Are there possible difficulties with the passage of legislation?	Nil.						
Section 1.2 - Proposal Details									
<p>When filling out this section please consider the following:</p> <table border="0"> <tr> <td data-bbox="161 1155 587 1402"> Claiming/registering/processing: Registration (new or existing) Online functionality Automation Limitations e.g. claim once per year Data transfer Migration of existing data Claim form development required </td> <td data-bbox="671 1155 1094 1402"> Payment: Processing requirements Frequency of payments Limitations e.g. payment cap Statements (new or existing) Changes to assessment/collection Review/appeal and debt processes Notification of outcomes </td> <td data-bbox="1145 1155 1453 1402"> Other: Legislation changes Schedule changes Third party involvement e.g. software vendor Communication of proposal Stakeholder engagement </td> </tr> <tr> <td data-bbox="161 1431 432 1585"> End user: Eligibility Enquiries handling Target audience Customer vulnerability </td> <td data-bbox="671 1431 900 1585"> Compliance: Audit requirements Frequency Risks Take-up rates </td> <td data-bbox="1145 1431 1445 1800"> Web-based solution required? Change Management Preparing people for change Co-ordination of Internal/External communication strategy Training impacts for staff Customer experience engagement </td> </tr> </table>				Claiming/registering/processing: Registration (new or existing) Online functionality Automation Limitations e.g. claim once per year Data transfer Migration of existing data Claim form development required	Payment: Processing requirements Frequency of payments Limitations e.g. payment cap Statements (new or existing) Changes to assessment/collection Review/appeal and debt processes Notification of outcomes	Other: Legislation changes Schedule changes Third party involvement e.g. software vendor Communication of proposal Stakeholder engagement	End user: Eligibility Enquiries handling Target audience Customer vulnerability	Compliance: Audit requirements Frequency Risks Take-up rates	Web-based solution required? Change Management Preparing people for change Co-ordination of Internal/External communication strategy Training impacts for staff Customer experience engagement
Claiming/registering/processing: Registration (new or existing) Online functionality Automation Limitations e.g. claim once per year Data transfer Migration of existing data Claim form development required	Payment: Processing requirements Frequency of payments Limitations e.g. payment cap Statements (new or existing) Changes to assessment/collection Review/appeal and debt processes Notification of outcomes	Other: Legislation changes Schedule changes Third party involvement e.g. software vendor Communication of proposal Stakeholder engagement							
End user: Eligibility Enquiries handling Target audience Customer vulnerability	Compliance: Audit requirements Frequency Risks Take-up rates	Web-based solution required? Change Management Preparing people for change Co-ordination of Internal/External communication strategy Training impacts for staff Customer experience engagement							
Proposal Details (include underlying policy assumptions and perceived benefits)	The department is requesting the following enhancements to the AIR by 1 November 2024 (or earlier): 1. Addition of an antenatal field to the AIR								

- Add a new stand-alone field to enable vaccination providers to identify, and report to the AIR, if the person receiving the vaccine is pregnant at the time of vaccine administration.
 - The department should be consulted on the design and display of the antenatal field.
- The antenatal field should be:
 - reportable to the AIR through all existing reporting channels (i.e. Practice Management Software (PMS), AIR Site and relevant forms etc.)
 - mandatory to report for specific antigens/vaccine brands, when the reporting provider is the administering provider.
 - Optional to report to the AIR when the reporting provider is not the administering provider (i.e. given by another provider within Australia or overseas).
 - The field needs to be made mandatory to report by 1 March 2025 to enable the capture of pregnancy information, which is vital for the monitoring of vaccination programs ahead of the influenza season. This includes supporting software developers to build and roll out the required changes by 1 March 2025.
 - recorded at the vaccine level and not time limited (for example, ticked/unticked or has an expiry date).
 - validated to ensure quality data is reported to the AIR. The validations should:
 - be based on gender/sex and age cohorts.
 - be easily updateable to align with any new policy requirements that may emerge.
 - display as a warning message and require acknowledgement from the vaccination provider when they attempt to report the antenatal field and it doesn't align with the validations.
 - displayed within an individual's vaccination history within the AIR (AIR site and third party software).
 - updateable by vaccination providers after they've reported the vaccination/s to the AIR (i.e. using the update encounter function).

2. Updates to the 'Vaccine Type' field

- With the addition of a stand-alone antenatal field, updates are required to remove the 'Antenatal' option from the 'Vaccine Type' field to prevent duplicate reporting.

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	<ul style="list-style-type: none"> • Data cleansing activities are required to rectify the existing vaccination records that have been reported to the AIR using the 'Antenatal' selection within the 'Vaccine Type' field. • Further refinements to what vaccination providers can report under the 'Vaccine Type' are required. The following options should be selectable: <ul style="list-style-type: none"> ○ NIP/Commonwealth ○ Other <p>Note: 'Private' and 'State' options should be removed from the selections.</p> <p>3. Update reports</p> <ul style="list-style-type: none"> • Update AIR site reports to allow vaccination providers to choose whether antenatal information displays in the reports that they generate. • Update the XCOM data transfer to ensure the antenatal field and information is reported to the department (per the existing process). • Update the data transfer to ensure the antenatal field is reported to the National Centre for Immunisation Research and Surveillance (NCIRS) (per the existing process). • Introduce a report that details how many vaccinations have been administered to a person who is pregnant. Further consultation is required to determine who has access to the report (i.e. state and territory health departments), the frequency of reporting and what information should appear in the report. For example, a report based on specified timeframes by vaccine brand, age and jurisdiction etc. <p>4. Communications</p> <ul style="list-style-type: none"> • Communicate these changes to any impacted stakeholders, including organisations that consume AIR vaccination information. • Make necessary changes and updates to the Services Australia website, forms and promotional material where applicable. <p>5. Other</p> <ul style="list-style-type: none"> • There are no impacts/changes required to: <ul style="list-style-type: none"> ○ Overdue Reminder Letters sent from the AIR ○ Immunisation History Statements ○ AIR Provider payments or family assistance payments
Section 1.2 - Proposal Details (continued)	
Deregulation Agenda Will this proposal result in additional regulatory impact for	Nil.

<p>individuals, businesses and/or community organisations?</p> <p>Please provide details of the impact and offsetting arrangements.</p>					
<p>Automation Considerations</p> <p>Safe, legal and ethical automation is key to unlocking opportunities to enhance customer service outcomes and reduce service demand through policy simplification, service efficiency and transformation.</p> <p>Please outline policy, legal and ethical considerations that need to be addressed as part of any automation design.</p>	Existing process with the addition of a new indicator. No new automation requirements				
<p>Risks</p> <p>(including mitigation strategies)</p>	<p>The current interim solution to report a vaccine administered to a pregnant person under the 'Vaccine Type' field (antenatal option) is causing confusion and angst amongst vaccination providers. There is a risk that this could lead to data quality issues.</p> <p>The addition of a bespoke antenatal field and refinement of the vaccine type field will mitigate this risk.</p>				
<p>Payments Affected</p>	Nil.				
<p>Reporting Requirements</p>	<p>Updates are required to AIR site reports, XCOM data feed and NCIRS data transfer.</p> <p>Services Australia to assess and determine whether updates are required to My Health Record.</p>				
<p>Impact of the proposal upon other agencies</p>	<p>Services Australia to assess and determine impacts to My Health Record/ Australian Digital Health Agency.</p>				
<p>Section 1.3 - Processing Volumes and/or Customer Cohort Numbers</p> <p>Some proposals are volume based such as PBS changes. Some proposals may impact on customer numbers such as Aged Pension payment recipients. Put those numbers in this section.</p> <ul style="list-style-type: none"> <i>It is understood that volume/customer information may only be available during the costing process. Please forward on this information as soon as it becomes available</i> <i>Requesting agencies may wish to attach relevant data models to indicate volumes</i> 					
Volumes / Customer Cohorts	2024-25	2025-26	2026-27	2027-28	2028-29
There will be no change to volumes as antenatal vaccinations are already available to report to the AIR.	N/A	N/A	N/A	N/A	N/A

Flow on consequences to other customer cohorts/processing and other volumes					
There will be no change to volumes as antenatal vaccinations are already available to report to the AIR.	N/A	N/A	N/A	N/A	N/A

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Section Two Services Australia CONTACTS, ENDORSEMENT AND ASSUMPTIONS (Services Australia to complete)		
Section 2.1 – Services Australia contact details and endorsements		
Services Australia Business Owner Details		
Services Australia Contact Officer	Name:	s47F, s47E(c) s47F, s47E(c)
<i>Please nominate a contact officer who will be available for questions while the proposal is being costed.</i>	Phone Number:	s47F, s47E(c) s47F, s47E(c)
	Branch:	Registers and Assurance Branch
	Positional email:	s47F, s47E(c) servicesaustralia.gov.au s47F, s47E(c) servicesaustralia.gov.au
Services Australia Endorsement		
Endorsed by:	Business Owner National Manager	
Name	John Kalokerinos	
Division or Branch	Registers and Assurance Branch	
Signature: (email authorisation will be accepted)	_____ SES B1 minimum	
Date:		

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Section 2.2 – Services Australia Business Assumptions

NOTE: External Costing Requests received by Services Australia must not be distributed to Services Australia positional/shared mailboxes. Completed External Costing Request may only be distributed on a need-to-know basis.

Internal Executive Summary	<p>The Department of Health and Aged Care (the department) is anticipating changes to the NIP with the potential addition of an RSV vaccine for individuals who are pregnant. To support this change, the department is requesting the addition of an antenatal field.</p> <p>The antenatal field will be a stand-alone field to identify, and report to the AIR, if the person receiving the vaccine is pregnant at the time of vaccine administration. The antenatal field is required to be recorded for each appropriate vaccination encounter. Rules are detailed in section 2.3 and the list of appropriate vaccinations will be provided to AIR ICT as part of the Detailed Business Requirements document.</p> <p>This enhancement ensures that the AIR contains a complete and reliable dataset to enable the monitoring of immunisation coverage and administration. It also enables the Department to identify the effectiveness of vaccines and vaccination programs.</p>
Will this proposal:	
- be a registered project?	Yes
- amend an existing payment?	No
- create new payments?	No
- affect existing or require a new automated solution?	No
- affect the review or appeal process?	No
- affect debt raising/recovery activities?	No
- Require internal staff training and /or activities?	Yes
- Require customer communications	Providers will require communication which will be managed by Department of Health and Aging.
- require a new letter or a change to an existing letter?	No
- please provide the volume of letters to be sent by payment type.	N/A

- require a new form or a change to an existing form (including information booklets)?	Yes IM013 and IM018 forms		
- generate additional compliance activities?	Yes – Data cleansing activities will occur as part of this change		
- affect Management Information (MI) deliverables?	Yes		
- require data collection/exchange with another agency?	Yes		
- affect Management Information deliverables?	<div> <div>MI requirement:</div> <div>New</div> </div> <div> <div>If other, please specify MI requirement</div> <div>N/A</div> </div> <div> <div>Type of payment:</div> <div>N/A</div> </div> <div> <div>If other, please specify payment type</div> <div>N/A</div> </div>		
- MI related tables	Simple tables	No of tables	1
- any Metadata related	New data collection and storage	Amend to existing data exchange with another agency	New reporting requirements (eg. MI, OI, data visualisations)
- any reporting	<div>Type of report:</div> <div>Ongoing</div> <div>Number of required report:</div> <div>Number of reports 1 to 2</div> <div>Type of payment:</div> <div>N/A</div> <div>If other, please specify payment type</div> <div>N/A</div>		<div>Frequency of the report:</div> <div>Other</div> <div>If other, please specify the frequency of the report:</div> <div>Daily via XCOM data feed to the Department of health and Aged Care</div> <div>Weekly/quarterly reports to be distributed via the NCIRS reports</div>
- any Geospatial	Choose an item.	Choose an item.	Choose an item.
Subsection 2.2 (a) – Business Stakeholder Assumptions			

Business Stakeholder assumptions will be provided to the Business Owner for clearance during the costing process. Subsection 2.2 (a) does not need to be completed prior to submitting the External Costing Request form.

Subsection 2.2 (b) – Change Management Considerations

Refer to the [Resourcing for Change guide](#) for more information.

Change management will be provided by existing resources within Business and the Change Management Office.

Section 2.3 – Services Australia ICT Requirements (Business to complete)

ICT Requirements

To support the potential addition of a RSV vaccine on the NIP for individuals who are pregnant, the department is requesting the following enhancements to the AIR by 1 November 2024:

1. Addition of an antenatal field to the AIR


- Add a new stand-alone field to enable vaccination providers to identify, and report to the AIR, if the person receiving the vaccine is pregnant at the time of vaccine administration.
- The antenatal field should be:
 - reportable to the AIR through all existing reporting channels (i.e. Practice Management Software (PMS), AIR Site and relevant forms etc.)
 - mandatory to report for specific antigens/vaccine brands, when the reporting provider is the administering provider.
 - Optional to report to the AIR when the reporting provider is not the administering provider (i.e. given by another provider within Australia or overseas).
 - The field needs to be made mandatory to report by 1 March 2025 to enable the capture of pregnancy information, which is vital for the monitoring of vaccination programs ahead of the influenza season. This includes supporting software developers to build and roll out the required changes by 1 March 2025.
 - recorded at the vaccine level and not time limited.
 - validated to ensure quality data is reported to the AIR. The validations should:
 - be based on gender/sex and age cohorts.
 - be easily updateable to align with any new policy requirements that may emerge.
 - display as a warning message and require acknowledgement from the vaccination provider when they attempt to report the antenatal field and it doesn't align with the validations.

	<ul style="list-style-type: none"> ○ displayed within an individual's vaccination history within the AIR (AIR site and third party software). ○ updateable by vaccination providers after they've reported the vaccination/s to the AIR (i.e. using the update encounter function). <p>2. Updates to the 'Funding Type' field</p> <ul style="list-style-type: none"> • With the addition of a stand-alone antenatal field, updates are required to remove the 'Antenatal' option from the 'Funding Type' field to prevent duplicate reporting. • Data cleansing activities are required to rectify the existing vaccination records that have been reported to the AIR using the 'Antenatal' selection within the 'Funding Type' field. <p>More information on data cleansing rules to be supplied in DBRS.</p> <ul style="list-style-type: none"> • Further refinements to what vaccination providers can report under the 'Funding Type' are required. <p>3. Update reports</p> <ul style="list-style-type: none"> • Update AIR site reports to allow vaccination providers to choose whether antenatal information displays in the reports that they generate. • Update the XCOM data transfer to ensure the antenatal field and information is reported to the department (per the existing process). • Update the data transfer to ensure the antenatal field is reported to the National Centre for Immunisation Research and Surveillance (NCIRS) (per the existing process). • Introduce/update a report that details how many vaccinations have been administered to a person who is pregnant. Further consultation is required to determine who has access to the report (i.e. State and territory health departments), the frequency of reporting and what information should appear in the report. For example, a report based on specified timeframes by vaccine brand, age and jurisdiction etc. <p>4. Version 1.3 of Record Encounter</p> <ul style="list-style-type: none"> • As part of this change, Services Australia will decommission version 1.3 of Record Encounter web service at a specified date.
<p>Will the ICT functionality for this proposal be required for a defined period or ongoing?</p> <p>Will the ICT functionality for this proposal be delivered online?</p>	<p><i>Ongoing</i></p> <p><i>Yes, Online</i></p>

What elements of the ICT functionality for this proposal can be automated?	N/A
Is this a repeatable change?	No
Subsection 2.3 (a) – ICT Proposed Solution	
<p><i>The Proposed ICT Solution will be provided to the Business Owner at the end of the costing process. Subsection 2.3 (a) does not need to be completed before submitting the External Costing Request form.</i></p>	

Section 2.4 – Financial Summary						
<p><i>The Financial Summary will be provided to the Business Owner at the end of the costing process. Section 2.4 does not need to be completed before submitting the External Costing Request form.</i></p>						
Department of Finance Standard Costing Agreement	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029	Total
	\$m	\$m	\$m	\$m	\$m	\$m
Impact on Fiscal Balance	<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: #cccccc; display: flex; align-items: center; justify-content: center; font-size: 4em; font-weight: bold;">s47D</div> </div>					
Impact on Underlying Cash						
Departmental Expense						
Capital						
Departmental Resourcing						
<p>Note: Costings are valid for a period of 6 months from the date the costing is finalised or until one month prior to the date work must commence, whichever is sooner.</p>						

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Section Three Partner Agency Authorisation		
Authorisation Officer:	Initiative Scope Agreed	Costing Agreed
Name	Dave McNally	Dr Anna Peatt
Position	Assistant Secretary	First Assistant Secretary
Email	Dave.McNally@health.gov.au	Anna.Peatt@health.gov.au
Delegate signature:	Approved via email _____ SES B1 minimum	Approved via email  _____ SES B1 minimum
Date:	26/07/2024	09/09/2024

Note:

- 1) This section applies only to commercial costings, where the partner agency's agreement to costs is required. Appropriation funded proposals will be agreed by the relevant Agency Advice Unit within the Department of Finance.

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Section Four VERSION CHANGE CONTROL (requesting agency and Services Australia to complete)			
Version Number	Date	Amended by	Brief description of the changes
0.1	05/06/2024	s47E(c), s47F	Draft
0.2	19/06/2024	s47E(c), s47F	Peer review
0.3	26/06/2024	s47E(c), s47F	Minor amendments throughout following feedback session.
0.4	11/07/2024	s47F, s47E(c)	Updated Services Australia sections of costing.
0.5	12/07/2024	Costings – s47F	Moved all v0.4 ECR contents to ECR 0.1.1
0.6	31/07/2024	Costings – s47F, s47E(c)	DOHAC - 24/07/2024 - s47E(c), s47F s47E(c), s47F – has made minor amendments to the executive summary, method of funding and proposal details sections. Therefore, Costings updated Section 1 according to the ECR sent by DoHAC dated 29/07/2024 in this ECR.
0.7	22/08/2024	Costings – s47F	Costs updated in 2.4

s47E(c), s47F

From: s47F @health.nsw.gov.au>
Sent: Wednesday, 17 July 2024 3:15 PM
To: s47F, s47E(c)
Cc: s47F, s47E(c)
Subject: RE: Seeking feedback - Bespoke antenatal field in AIR [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

Thanks s47E(c), s47F sounds good!

Regards

s47F

s47F

Health Protection NSW

s47F @health.nsw.gov.au

www.health.nsw.gov.au

1 Reserve Road
 St Leonards, NSW 2065

s22



Health Protection NSW

From: s47E(c), s47F
Sent: Wednesday, July 17, 2024 2:58 PM
To: s47F
Cc: s47E(c), s47F
Subject: RE: Seeking feedback - Bespoke antenatal field in AIR [SEC=OFFICIAL]

Thanks for getting back to us so quickly, appreciate the feedback.

We will discuss further with all jurisdictions at the next AIR Policy COP meeting.

s47E(c), s47F

From: s47F @health.nsw.gov.au>
Sent: Wednesday, July 17, 2024 9:24 AM
To: s47E(c), s47F @health.gov.au>
Cc: s47E(c), s47F @health.gov.au>
Subject: RE: Seeking feedback - Bespoke antenatal field in AIR [SEC=OFFICIAL]

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s47E(c), s47F

Thanks for reaching out and outlining the plans.. I like antenatal being a separate field for all encounters and also the alert flags that are proposed.

The changes to vaccine type field will definitely help to reduce the provider confusion and may also help improve data accuracy especially around the various state-funded programs, for example a person could receive funded menB in QLD or SA and move to NSW where it is not funded (but have menB recorded as state-funded). I still think some providers do not know what is NIP or private stock (yes I know they should!) so maybe some pop up boxes added to the AIR when they select the vaccine type may help (ie link to the immunisation schedule if they don't know if it's an NIP vaccine).

Many thanks again for reaching out!

Regards

s47F

Health Protection NSW

s47F

[@health.nsw.gov.au](mailto:s47F@health.nsw.gov.au)

www.health.nsw.gov.au

1 Reserve Road
St Leonards, NSW 2065

Working days Monday to Friday 8:30am to 5pm



Health Protection NSW

From: s47E(c), s47F

[@health.gov.au](mailto:s47F@health.gov.au)

Sent: Tuesday, July 16, 2024 4:07 PM

To: s47F

[@health.nsw.gov.au](mailto:s47F@health.nsw.gov.au)

Cc: s47E(c), s47F

[@health.gov.au](mailto:s47F@health.gov.au)

Subject: Seeking feedback - Bespoke antenatal field in AIR [SEC=OFFICIAL]

Hi s47F

As discussed previously, we are investigating options for a bespoke antenatal field in the AIR to enable vaccination providers to report if a person receiving a vaccine is pregnant at the time of vaccine administration. The antenatal field would be completed for each vaccination encounter and validation rules would be applied based on age and gender to improve the quality of AIR data.

For example, if a vaccination provider attempts to report the antenatal field for an 8-year-old child or a male the AIR system would display a warning message to the provider to flag that they may have selected it by mistake or looked up the wrong record etc. If the provider disregards the warning message and reports the information anyway, it will result in a pending status and require manual intervention from Services Australia staff. This involves the staff calling the provider to confirm the information they've reported and correcting (if required).

To make the field mandatory in the AIR system/clinical software a yes/no response would be required for each vaccination encounter a provider reports.

In addition, we're also considering making changes to the existing 'Vaccine type' field to remove 'antenatal' and 'state program' options, and change 'private market' to 'other'. Providers would either report:

- NIP/Commonwealth (i.e. NIP and COVID-19 vaccines only)
- Other (i.e. Private, state and all other vaccines)

This is in response to feedback received by providers that the fields are confusing, and they are unsure what the vaccine type is – particularly with NIP vs state program.

Grateful if you can provide feedback on the proposed changes above by **COB Thursday, 18 July 2024**. Once confirmed, we will then work with Services Australia to determine the feasibility of these changes and will keep you updated.

Happy to set up a time for a quick chat tomorrow/Thursday if you want more information or to talk through the proposal.

Kind regards

s47E(c), s47F

s47E(c), s47F

Immunisation Program Policy Branch

National Immunisation Division | Primary and Community Care Group
Australian Government Department of Health and Aged Care

s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)

This email comes to you from Ngunnawal country

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

This email is intended for the addressee named and may contain confidential information. If you are not the intended recipient, you must not disclose, copy or distribute this email. If you have received this email in error, please notify the sender immediately, delete it from your system and destroy any copies.

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Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

s47E(c), s47F

From: Michelle Giles <michelle.giles@unimelb.edu.au>
Sent: Tuesday, 23 July 2024 6:13 AM
To: s47E(c), s47F
Cc: s47E(c), s47F
Subject: Re: Seeking feedback - Bespoke antenatal field in AIR [SEC=OFFICIAL]

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s47E(c), s47F

Thank you for the reminder.

I think this sounds like an excellent solution to improve the quality of data collection.

It will be a significant improvement to separate out the antenatal field as a stand alone field from funding questions. Also, (theoretically) asking for each vaccine encounter also builds in a safety net in case a vaccine CI in pregnancy is being given inadvertently to someone who is pregnant. I also agree with your validation fields and proposed funding question. I suspect providers will still get a bit confused between NIP and State but that will not reflect the question asked rather the lack of awareness.

Kind regards

Michelle

Professor Michelle Giles | Infectious Diseases Physician and Vaccine Research Leader

Department of Infectious Diseases

Melbourne Medical School

Faculty of Medicine, Dentistry and Health Sciences

The University of Melbourne, Victoria 3010 Australia

E: michelle.giles@unimelb.edu.au

The Peter Doherty Institute for Infection and Immunity

792 Elizabeth Street | Melbourne | Victoria | Australia | 3000

doherty.edu.au



A joint venture between The University of Melbourne and The Royal Melbourne Hospital

From: s47E(c), s47F @health.gov.au>
Date: Monday, 22 July 2024 at 3:56 PM
To: Michelle Giles <michelle.giles@unimelb.edu.au>
Cc: s47E(c), s47F @health.gov.au>, s47E(c), s47F
s47E(c), s47F@health.gov.au>
Subject: [EXT] RE: Seeking feedback - Bespoke antenatal field in AIR [SEC=OFFICIAL]

External email: Please exercise caution

Hi Michelle

Apologies for the follow up, I know how busy you are. Just wondering if you have had a chance to consider the requirements for the proposed bespoke pregnancy indicator outlined below.

Happy to set up a quick meeting if it easier to talk it through?

Kind regards

s47E(c), s47F

From s47E(c), s47F

Sent: Tuesday, July 16, 2024 4:05 PM

To: michelle giles unimelb <michelle.giles@unimelb.edu.au>

Cc: s47E(c), s47F @health.gov.au>; MCNALLY, Dave <Dave.McNally@health.gov.au>

Subject: Seeking feedback - Bespoke antenatal field in AIR [SEC=OFFICIAL]

Hi Michelle

As discussed previously, we are investigating options for a bespoke antenatal field in the AIR to enable vaccination providers to report if a person receiving a vaccine is pregnant at the time of vaccine administration. The antenatal field would be completed for each vaccination encounter and validation rules would be applied based on age and gender to improve the quality of AIR data.

For example, if a vaccination provider attempts to report the antenatal field for an 8-year-old child or a male the AIR system would display a warning message to the provider to flag that they may have selected it by mistake or looked up the wrong record etc. If the provider disregards the warning message and reports the information anyway, it will result in a pended status and require manual intervention from Services Australia staff. This involves the staff calling the provider to confirm the information they've reported and correcting (if required).

To make the field mandatory in the AIR system/clinical software a yes/no response would be required for each vaccination encounter a provider reports.

In addition, we're also considering making changes to the existing 'Vaccine type' field to remove 'antenatal' and 'state program' options, and change 'private market' to 'other'. Providers would either report:

- NIP/Commonwealth (i.e. NIP and COVID-19 vaccines only)
- Other (i.e. Private, state and all other vaccines)

This is in response to feedback received by providers that the fields are confusing, and they are unsure what the vaccine type is – particularly with NIP vs state program.

Grateful if you can provide feedback on the proposed changes above by **COB Thursday, 18 July 2024**. Once confirmed, we will then work with Services Australia to determine the feasibility of these changes and will keep you updated.

Happy to set up a time for a quick chat if you want more information or to talk through the proposal.

Kind regards

s47E(c), s47F

s47E(c), s47F

s47E(c), s47F **Australian Immunisation Register Policy**

Immunisation Program Policy Branch

National Immunisation Division | Primary and Community Care Group
Australian Government Department of Health and Aged Care

s47E(c), s47F [@health.gov.au](mailto:health.gov.au)

This email comes to you from Ngunnawal country

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

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the Freedom Of Information Act 1982 by
the Department of Health, Disability and Ageing

s47E(c), s47F

From: s47E(d)
Sent: Wednesday, 18 December 2024 3:27 PM
To: s47F, s47E(c)
Cc: s47E(d) s47E(d)
Subject: FW: Mandatory vaccine types [SEC=OFFICIAL]

Hi s47F, s47E(c)

Apologies for the delay in getting back to you, we have done some cross checking on our side and made updates to your list below.

Some vaccines to note (highlighted in red):

- Engerix b – s22
- Neisvac C – s47G
- Vaccine brands that are not available for administration in Australia. You'll see that we've separate these vaccines as they should not be assessed/included in the mandatory reporting rules for the vaccine type and antenatal fields.

Big shout out to s47E(c), s47F and s47E(c), s47F for reviewing! Happy to discuss if you have any further questions.

Kind regards

Australian Immunisation Register Policy Section
Immunisation Program Policy Branch

National Immunisation Division | Primary and Community Care Group
 Australian Government Department of Health and Aged Care

s47E(d) [@Health.gov.au](mailto:s47E(d)@Health.gov.au)

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From: s47F, s47E(c) [@servicesaustralia.gov.au](mailto:s47F,s47E(c)@servicesaustralia.gov.au)

Sent: Tuesday, 3 December 2024 2:00 PM

To: s47E(c), s47F [@health.gov.au](mailto:s47E(c),s47F@health.gov.au)

Cc: s47E(d) s47E(d) [@health.gov.au](mailto:s47E(d)@health.gov.au); s47E(d)

s47E(d)

Subject: Mandatory vaccine types [SEC=OFFICIAL]

Hi s47E(c), s47F

As requested, below is a list of all vaccines which are currently set to mandatory to have a vaccine type input when recording a vaccine on the AIR.

In addition to this, to ensure that we are only making the antenatal field mandatory for vaccines that are required to be reported to the AIR, are you able to provide a list of all mandatory vaccines that need to be reported?

- Adacel
- Afluria Quad
- Bexsero
- Boostrix

- Comirnaty Biv BA.4-5
- Comirnaty Biv BA.1
- Comirnaty
- Comirnaty XBB.1.5
- Comirnaty JN.1
- Vaxzevria
- **Engerix-B (Paediatric only)**
- Flucelvax Quad
- Fluzone High-Dose Quad
- Fluad Quad
- Fluarix Tetra
- FluQuadri
- Generic Influenza
- Generic Japanese Encephalitis
- Vaqta Paed Adol
- H-B-Vax II (Paediatric)
- H-B-Vax II (Adult)
- Gardasil 9
- Infanrix Hexa
- Infanrix IPV
- Infanrix
- Imojev
- Influvac Tetra
- IPOL
- Jespect
- JE-VAX
- MenQuadfi
- MMR II
- Priorix
- Spikevax Biv BA.4-5
- Spikevax Biv BA.1
- Spikevax
- Spikevax XBB.1.5
- **NeisVac-C**
- Nimenrix
- Nuvaxovid
- Pneumovax 23
- ProQuad
- ActHIB
- Prevenar 13
- Priorix-Tetra
- Quadracel
- Rotarix
- Shingrix
- Tripacel
- Vaxelis
- Vaxigrip Tetra
- Varivax

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While it is mandatory to report COVID-19, NIP, influenza and JEV vaccines, the brands below are not available for administration in Australia. Based on this, we recommend these vaccines not be included in the mandatory validations for the vaccine type and antenatal fields:

- Covishield – OS only
- Covaxin – OS only

- Sputnik V – OS only
- IXIARO – OS only
- COVID-19 Vaccine Janssen – OS only
- BBIBP-CorV – OS only
- Coronavac – OS only
- Fluvirin – OS only
- Fluarix– OS only
- Fluvax– OS only
- FluQuadri Junior– OS only
- Panvax– OS only
- Influvac– OS only
- Agrippal– OS only
- Vaxigrip Junior– OS only
- Fluvax Junior– OS only
- Fluad – OS only
- Fluzone high-dose– OS only
- Vaxigrip– OS only

s47F, s47E(cs47F, s47E(c)

Australian Immunisation Register (AIR) Program
Registers and Assurance Branch | HEALTH PROGRAMS DIVISION

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NCRIS - Monthly catch up

Monday, 17 February 2025 2:31 PM

s22

AIR updates:

- **s22**

- **Antenatal comms**

- Dec - Field became available for software developers to build
- 8 Feb - introduced in the AIR site
- 1 March- will be mandatory to report to the AIR.
- Validations to improve data quality

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AIR Policy Community of Practice Meeting - TPs

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Addition of bespoke antenatal field on the AIR

- The department is investigating options to introduce a bespoke antenatal field in the AIR to enable vaccination providers to report if a person receiving a vaccine is pregnant at the time of vaccine administration.
- We anticipate the antenatal field would be completed for each vaccination encounter and validation rules would be applied based on age and gender to improve the quality of AIR data.
- For example, if a vaccination provider attempts to report the antenatal field for an 8-year-old child or a male the AIR system would display a warning message to the provider to flag that they may have selected it by mistake or looked up the wrong record etc. If the provider disregards the warning message and reports the information anyway, it will result in a pending status and require manual intervention from Services Australia staff. This involves the staff calling the provider to confirm the information they've reported and correcting (if required).
- We also would look to make the field mandatory in the AIR system/clinical software a yes/no response would be required for each vaccination encounter a provider reports.
- In addition, we're considering making changes to the existing 'Vaccine type' field to remove 'antenatal', 'state program' and 'private market' options. Instead, providers would either report:
 - NIP/Commonwealth (i.e. NIP and COVID-19 vaccines only)
 - Other (i.e. Private, state and all other vaccines)
- This is in response to feedback received by providers that the fields are confusing, and they are unsure what the vaccine type is – particularly with NIP vs state program.
- We are working with Services Australia to determine the feasibility of these changes and will provide an update at the next AIR CoP meeting.

s47E(c), s47F

From: s47E(d) s47E(d)@health.gov.au>
Sent: Tuesday, 6 August 2024 11:42 AM
To: s47F
Cc: s47E(d)
Subject: RE: Antenatal flag [SEC=OFFICIAL]

Good morning s47F

Thank you for your email.

The department is investigating options for a bespoke antenatal field in the AIR to enable vaccination providers to report if a person receiving a vaccine is pregnant at the time of vaccine administration.

We anticipate the antenatal field would be completed for each vaccination encounter and validation rules would be applied based on age and gender to improve the quality of AIR data. For example, if a vaccination provider attempts to report the antenatal field for an 8-year-old child or a male the AIR system would display a warning message to the provider to flag that they may have selected it by mistake or looked up the wrong record etc. If the provider disregards the warning message and reports the information anyway, it will result in a pending status and require manual intervention from Services Australia staff. This involves the staff calling the provider to confirm the information they've reported and correcting (if required).

We would also aim to make the field mandatory in the AIR system/clinical software, therefore a yes/no response would be required for each vaccination encounter a provider reports.

In addition, we're also considering making changes to the existing 'vaccine type' field to remove 'antenatal' and 'state program' options, and change 'private market' to 'other'. Providers would either report:

- NIP/Commonwealth (i.e. NIP and COVID-19 vaccines only)
- Other (i.e. Private, state and all other vaccines)

This is in response to feedback received by providers that the fields are confusing, and they are unsure what the vaccine type is – particularly with NIP vs state program.

We are working with Services Australia to determine the feasibility of these changes and will provide an update at the next AIR CoP meeting scheduled for 3 September 2024. As these are only proposed changes and are subject to approval, we would appreciate if this information is not shared further.

Kind regards,

s47E(c), s47F

s47E(c), s47F – Australian Immunisation Register Policy Section
 Immunisation Program Policy Branch

National Immunisation Division | Primary and Community Care Group
 Australian Government Department of Health and Aged Care
 T: (02) 6289 s47E(c), s47F @Health.gov.au

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From: s47E(d)

Sent: Monday, August 5, 2024 1:22 PM

To: s47E(d)
 Cc: s47E(d)
 Subject: FW: Antenatal flag [SEC=OFFICIAL]

Hi team

Could you please assist s47F with the below query?

Kind regards,

s47E(c), s47F
 s47E(c), s47F – Data Reporting & Analysis
 Immunisation Reform

From: s47F <s47F@health.qld.gov.au>
 Sent: Monday, August 5, 2024 11:45 AM
 To: s47E(d) <[s47E\(d\)@Health.gov.au](mailto:s47E(d)@Health.gov.au)>
 Subject: Antenatal flag

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Hi team

Can you please send me any information you can share about an antenatal flag in the AIR?

Thanks

s47F



s47F
 Principal Public Health Officer
 Immunisation Unit, Communicable Diseases Branch |
 Queensland Health

E s47F <s47F@health.qld.gov.au>

W s47F@health.qld.gov.au

A s47F

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 SAVE LIVES**

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s47E(c), s47F

Subject: FW: Anna/Dave and s47E(c), s47F to discuss FAS minute | AIR enhancements-Antenatal field [SEC=OFFICIAL]
Location: FAS office and Teams
Start: Mon 9/09/2024 10:00 AM
End: Mon 9/09/2024 10:15 AM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: PEATT, Anna

-----Original Appointment-----

From: PEATT, Anna**Sent:** Friday, September 6, 2024 12:36 PM**To:** PEATT, Anna; MCNALLY, Dave; s47E(c), s47F**Cc:** s47F, s47E(c)**Subject:** Anna/Dave and s47E(c), s47F to discuss FAS minute | AIR enhancements-Antenatal field [SEC=OFFICIAL]**When:** Monday, 9 September 2024 10:00 AM-10:15 AM (UTC+10:00) Canberra, Melbourne, Sydney.**Where:** FAS office and Teams

6/9 update: s47E(c), s47F offline Monday so Dave and s47E(c), s47F will talk Anna through Minute. s47E(c), s47F moved to optional field for visibility on return.

FAS comment/request:

Hi s47E(c), s47F - this all makes sense to me except for how we would provide the finding – ie difference between option 1 and 2 – could we have a quick chat on Monday about this – s47E(c), s47F can you arrange thank you – only need 10 min. Anna

(Dave s47E(c), s47F for visibility)

Microsoft Teams [Need help?](#)

[Join the meeting now](#)

Meeting ID: 499 485 853 007

Passcode: JG7ZPq

Join on a video conferencing device

Tenant key: health-au@m.webex.com

Video ID: 136 297 848 0

[More info](#)

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

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s47E(c), s47F

Subject: Planning session - Updating the AIR Rule 2015 re: Antenatal vaccinations
[SEC=OFFICIAL]

Location: Microsoft Teams Meeting

Start: Wed 18/09/2024 10:00 AM
End: Wed 18/09/2024 10:30 AM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: s47E(c), s47F
Required Attendees: s47E(c), s47F

Hi all

Booking in sometime for a brainstorming session re: amending the AIR rule to make it mandatory to report pregnancy information to the AIR.

Let me know if this time doesn't suit.

Kind regards

s47E(c), s47F

Microsoft Teams [Need help?](#)

[Join the meeting now](#)

Meeting ID: 451 784 584 515

Passcode: ey8wHa

Dial in by phone

[+61 2 8318 0010, 966557669#](#) Australia, Sydney

[Find a local number](#)

Phone conference ID: 966 557 669#

Join on a video conferencing device

Tenant key: health-au@m.webex.com

Video ID: 136 722 604 5

[More info](#)

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s47E(c), s47F

From: s47E(c), s47F
Sent: Monday, 30 September 2024 2:06 PM
To: s47F, s47E(c)
Cc: s47F, s47E(c); servicesaustralia.gov.au; s47E(c), s47F s47F, s47E(c)
Subject: Summary of meeting on 18 September 2024 - Health & Services Australia [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

Hi s47F, s47E(c)

Thanks for meeting with s47E(c), s47F and I the other day to discuss the implementation of the antenatal field. To recap our conversation, please see key points below:

1. Antenatal field

To support amendments to the Australian Immunisation Register Rule 2015 to make it mandatory for vaccination providers to report if a person is pregnant at the time of vaccination (from 1 March 2025), the department is requesting Services Australia collect antenatal information using the 'Vaccine type' and/or bespoke 'Antenatal' field (in parallel) until everyone is transitioned to the latest web service version 1.4 in October 2025. This approach will also support providers in the transition of web services from version 1.3 to 1.4 and ensures there is no additional reporting burden placed on providers to meet their reporting obligations.

To support this approach, Services Australia confirmed it's possible to update the options available under the vaccine type field based on web service version. For example:

1. Implement changes to the 'vaccine type' options ASAP to only allow vaccination providers reporting to the AIR using version 1.3 or the AIR site, to be able to select/report:
 - NIP/Commonwealth
 - Other
 - Antenatal
2. Once the antenatal field is implemented in December 2024, then only allow providers reporting to the AIR using version 1.4, to select/report the following options under the 'vaccine type' field:
 - NIP/Commonwealth
 - Other

In addition, the new antenatal field will be mandatory to report from 1 March 2025 (for select cohorts).

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Please let me know if I've missed anything/ you have any concerns.

Kind regards

s47E(c), s47F
s47E(c), s47F – Australian Immunisation Register Policy Section
Immunisation Program Policy

National Immunisation Division | Primary and Community Care Group
Australian Government Department of Health and Aged Care
T: 02 5156 s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)
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s47E(c), s47F

From: s47F, s47E(c) @servicesaustralia.gov.au>
Sent: Wednesday, 2 October 2024 1:48 PM
To: s47E(c), s47F s47F, s47E(c) s47E(c), s47F s47E(d)
Cc: s47E(d)
Subject: RE: Software Vendor Comms - Article for review [SEC=OFFICIAL]
Attachments: 20240927 - Services Australia software vendor comms 7 Dec 2024 - API retirement v0.4.docx

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Hi s47F, s47E(c)

Attached is a copy of the comms scheduled for distribution this afternoon. If we receive any feedback, we will certainly let you know.

Kind regards

s47F, s47E(c)

From: s47E(c), s47F @health.gov.au>
Sent: Wednesday, October 2, 2024 1:27 PM
To: s47F, s47E(c) @servicesaustralia.gov.au>; s47E(c), s47F s47E(c), s47F @health.gov.au>; s47E(d)
Cc: s47F, s47E(c) @servicesaustralia.gov.au>; s47E(d) s47E(d) @servicesaustralia.gov.au>; s47E(d) @servicesaustralia.gov.au>
Subject: RE: Software Vendor Comms - Article for review [SEC=OFFICIAL]

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Hi s47F, s47E(c)

I understand the software vendor comms have been circulated – can you please send me a copy.

Has there been any feedback?

s47E(c), s

From: s47F, s47E(c) @servicesaustralia.gov.au>
Sent: Monday, September 30, 2024 12:40 PM
To: s47E(c), s47F @health.gov.au>; s47E(d) s47E(d)
Cc: s47F, s47E(c) @servicesaustralia.gov.au>; s47E(c), s47F s47E(c), s47F @health.gov.au>; s47E(d) @servicesaustralia.gov.au>; s47F, s47E(c) @servicesaustralia.gov.au>; s47F, s47E(c) @servicesaustralia.gov.au>; s47F, s47E(c) @servicesaustralia.gov.au>; s47E(c), s47F @Health.gov.au>;

s47E(d) [redacted] @servicesaustralia.gov.au>

Subject: RE: Software Vendor Comms - Article for review [SEC=OFFICIAL]

Hi s47E(c), s47F [redacted]

Thank you very much for providing your feedback. We have accepted your feedback, and addressed your questions in the article.

- Given the length of the article already we won't be able to address the testing protocols at this point. I can confirm that the agreement is to only ask vendors to test for the new parts of v1.4 given most of them have only just recently completed testing for 1.3. We will be able to go into that at the webinar and also touch on it in the article which accompanies the TECH.SIS guides when they go out.
- We are also unable to provide the exact date in October that the TECH.SIS guides will be released, as even though we are aiming for 14 October, if ICT is delayed in getting the specs to us, we might miss that date.
- Lastly, while it's been announced the earlier versions will be decommissioned in December, we will indeed be keeping that path opened for the few who are still utilising 1.1/1.2 until 1.3 is decommissioned in October 2025. We will also be reaching out to them separately.

s47F, s47E(c)s47E(c), s47F

Australian Immunisation Register (AIR) Program
Registers and Assurance Branch | HEALTH PROGRAMS DIVISION

[redacted]

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From s47E(c), s47F [redacted] @health.gov.au>

Sent: Friday, September 27, 2024 4:08 PM

To: s47F, s47E(c) [redacted] @servicesaustralia.gov.au>; s47E(d)

s47E(d)

Cc: s47F, s47E(c) [redacted] @servicesaustralia.gov.au>; s47E(c), s47F

s47E(c), s47F [redacted] s47E(d) [redacted] @servicesaustralia.gov.au>; s47F, s47E(c)

s47F, s47E(c) [redacted] @servicesaustralia.gov.au>; s47F, s47E(c) [redacted] @servicesaustralia.gov.au>;

s47F, s47E(c) [redacted] @servicesaustralia.gov.au>; s47E(c), s47F [redacted] @Health.gov.au>

Subject: RE: Software Vendor Comms - Article for review [SEC=OFFICIAL]

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Hi s47F, s47E(c) [redacted]

Thanks for the opportunity to review and provide feedback on the communications to software vendors re: the Antenatal field.

Please see our updates in track changes (attached). To summarise the changes, we've covered off the following:

- Emphasised upfront why we're making the changes.
- The importance of collecting antenatal data during the influenza season.
- Amendments to the AIR Rule – Making it mandatory to report from 1 March 2025, including the two reporting pathways.
- Changes/simplification to the 'vaccine type' field.

I've also flagged a few comments for your consideration and follow up.

Hopefully if all makes sense, but feel free to reach out if you have any questions.

Enjoy your weekend!

Kind regards

s47E(c), s47F

s47E(c), s47F – Australian Immunisation Register Policy Section
Immunisation Program Policy

National Immunisation Division | Primary and Community Care Group

Australian Government Department of Health and Aged Care

T: 02 5156 s47F, s47E(c) @health.gov.au

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From: s47F, s47E(c) @servicesaustralia.gov.au>

Sent: Wednesday, September 25, 2024 10:23 AM

To: s47E(d) @health.gov.au>

Cc: s47F, s47E(c) @servicesaustralia.gov.au>; s47E(c), s47F

s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(d)

s47E(d) @servicesaustralia.gov.au>; s47F, s47E(c) @servicesaustralia.gov.au>;

s47F, s47E(c) @servicesaustralia.gov.au>; s47F, s47E(c) @servicesaustralia.gov.au>;

s47E(c), s47F @Health.gov.au>

Subject: Software Vendor Comms - Article for review [SEC=OFFICIAL]

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Good morning team,

In line with the communication strategy we previously outlined for software vendors, we have drafted an article for distribution next week to advise the s47F is coming.

Can you please review the document attached and provide any feedback by COB Friday 27/09/24.

Happy to discuss.

s47F, s47E(c) s47E(c), s47F

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New - Australian Immunisation Register (AIR) web service version - 7 December 2024

Maternal immunisation is critical in protecting pregnant women and their babies from serious illness and severe complications from vaccine preventable diseases. To enable monitoring of vaccine uptake and the effectiveness and safety of maternal vaccination programs a new bespoke antenatal field will be added to the AIR.

To support the addition of the new field to the AIR, the following APIs will be released into vendor and production on 7 December 2024:

- Record Encounter v1.4
- Update Encounter 1.3
- Individual Immunisation History Details 1.3

This enhancement ensures that the AIR contains a complete and reliable dataset to enable the monitoring of immunisation coverage and administration.

The collection of antenatal data during the 2025 influenza season is important. As such, amendments to the Australian Immunisation Register Rule 2015 will make it mandatory for vaccination providers to report antenatal data to the AIR from 1 March 2025.

To alleviate pressure on software developers and support vaccination providers in meeting their reporting obligations, providers will have the ability to report antenatal data to the AIR using the:

- new 'Antenatal' field, or
- existing 'Vaccine type' field, using the 'Antenatal' option.

In addition, changes to the 'Vaccine type' field in Record Encounter v1.4 will simplify the reporting options and make it easier for vaccination providers to report information to the AIR.

S22

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s47E(c), s47F

From: s47E(d) @health.gov.au>
Sent: Friday, 18 October 2024 2:43 PM
To: Catherine Radkowski; s47F
Cc: s47F, s47E(c) (Health); s47F, s47E(c) (Health); Immunisation.Health.Vic
Subject: RE: OFFICIAL: RE: Addition of an antenatal field to the Australian Immunisation Register (AIR) - Report options - Due 3pm 27 September 2024 [SEC=OFFICIAL]

Good afternoon Catherine,

Thank you for providing feedback regarding reporting options for the antenatal field and apologies for the delay in responding.

Please find a response to your queries below:

1. Will the antenatal option from the "Vaccine Type" field (with NIP, state funded & private) be removed?

Yes, there will be improvements made to the 'vaccine type' field to simplify the reporting options available for vaccination providers. This means the antenatal option will be removed from the 'vaccine type' field eventually, however it will depend on how up to date a provider's clinical software is.

Background

Services Australia is required to give software developers 12 months' notice before decommissioning old technology that is used in clinical software. This means there may be some clinical software that will continue to have the 'antenatal' option under the 'vaccine type' field until October 2025. Please see details below:

- From December 2024, software developers will have the ability to build the new bespoke 'antenatal' field into their clinical software products (Version 1.4). Vaccination providers using this updated software will have the ability to report the following options under the 'vaccine type' field:
 - NIP/Commonwealth
 - Other
- From March 2025, vaccination providers using the AIR site will have the ability to report the new bespoke 'antenatal' field to the AIR and the following options under the 'vaccine type' field:
 - NIP/Commonwealth
 - Other
- Between December 2024 and October 2025, vaccination providers using clinical software with the older technology (version 1.3), will have the ability to report the following options under the 'vaccine type' field:
 - NIP/Commonwealth
 - Other
 - Antenatal

The department intends to make amendments to the Australian Immunisation Register Rule 2015 to make it mandatory for vaccination providers to report antenatal information to the AIR from 1 March 2025. This will enable the collection of antenatal data during the 2025 influenza season. To support vaccination providers to meet their reporting obligations, providers will have the ability to report antenatal data to the AIR using either the:

- new 'Antenatal' field, or
- existing 'Vaccine type' field, using the 'Antenatal' option (where their clinical software hasn't been updated with the new 'Antenatal' field).

2. Will this data field be included in the EDW? This is a strong preference for VIC.

Yes, the department will provide an update shortly on when the field will be available in the EDW.

Please reach out if you have any further questions or concerns.

Kind regards,

**Australian Immunisation Register Policy Section
Immunisation Program Policy Branch**

National Immunisation Division | Primary and Community Care Group
Australian Government Department of Health and Aged Care

s47E(d) @Health.gov.au

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From: Catherine Radkowski (Health)

Sent: Monday, September 30, 2024 10:03 AM

To: s47E(d); s47F

s47F

Cc: s47F; Immunisation.Health.Vic

Subject: [ATTACHMENT UNSCANNED]OFFICIAL: RE: Addition of an antenatal field to the Australian Immunisation Register (AIR) - Report options - Due 3pm 27 September 2024 [SEC=OFFICIAL]

The URL Reputation Scanner encountered an error and was unable to determine the reputation of one or more URLs contained within the e-mail message. Use caution when clicking on URLs contained within an e-mail message that has been sent to you by an unfamiliar sender.

Dear Commonwealth colleagues,

VIC's preference is Option 2.

Can we please confirm the following (apologies if this was already covered in the AIR data COP):

- Will the antenatal option from the "Vaccine Type" field (with NIP, state funded & private) be removed?
- Will this data field be included in the EDW? This is a strong preference for VIC.

Many thanks,

Catherine Radkowski

Senior Technical Specialist | Immunisation Program

Public Health Network and Programs Branch | Community and Public Health Division

Department of Health

Contact number s47F catherine.radkowski@health.vic.gov.au

www.health.vic.gov.au | www.vic.gov.au



Department
of Health



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The Department of Health celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

OFFICIAL

From: s47E(d) <s47E(d)@health.gov.au>
 Sent: Thursday, September 26, 2024 12:11 PM
 To: s47F <s47F@health.nsw.gov.au>; s47F <s47F@health.vic.gov.au>; s47F <s47F@health.wa.gov.au>
 Subject: Addition of an antenatal field to the Australian Immunisation Register (AIR) - Report options - Due 3pm 27 September 2024 [SEC=OFFICIAL]

Dear JICs,

We are writing to please seek your input on the proposed reporting options to support the addition of an antenatal field to the Australian Immunisation Register (AIR).

As discussed at the recent AIR Policy CoP meeting, vaccination providers will have the ability to report a bespoke antenatal field to the AIR through all existing reporting channels (i.e. clinical software, AIR Site and relevant forms etc.). As part of these enhancements, Services Australia is introducing new reporting capability that will allow state and territories to determine how many vaccinations have been administered to a person who is pregnant.

For your feedback, we are proposing to introduce one of the following options:

Option 1

A high-level statistical report that will be available to states and territories to generate through the AIR site based on the number of vaccinations administered to a person who is pregnant by vaccine brand and age range, see **example 1** attached.

Option 2

Alternatively, Services Australia can expand the existing **AIR002A report** that is already available in the AIR site to include antenatal information. The AIR002A report provides statistical information on the number of individuals who have received valid vaccinations (that have been reported to the AIR).

Users can customise the report including:

Customise	Option
Report frequency	Once only, weekly, monthly, quarterly
Areas of Operation	State or by postcode range
Vaccination Data Type	Disease or vaccine brand
Date	Either vaccination date or current date
Age	Date of birth or by age
Immunisation date range	Customisable 'From' and 'To' date range

In addition to the above options, users will have the ability to include a breakdown on antenatal and gender data. Services Australia has provided an example of the proposed report, see **Example 2** attached.

Please let us know if you prefer **option 1** or **2** and if you have any additional feedback/comments.

Apologies for the tight turnaround, however we would be grateful for any input or feedback on the above by **3pm Friday, 27 September 2024**.

Please do not hesitate to contact us if you have any questions.

Kind regards,

**Australian Immunisation Register Policy Section
Immunisation Program Policy Branch**

National Immunisation Division | Primary and Community Care Group
Australian Government Department of Health and Aged Care
s47E(d) [@Health.gov.au](mailto:s47E(d)@Health.gov.au)

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s47E(c), s47F

Subject: FW: Services Australia - Australian Immunisation Register (AIR) software developer information session 24 October 2024 13:00-14:00 AEDT [SEC=OFFICIAL]
Location: Microsoft Teams Meeting
Start: Thu 24/10/2024 1:00 PM
End: Thu 24/10/2024 2:00 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: s47F, s47E(c)

-----Original Appointment-----

From: s47F, s47E(c)**Sent:** Monday, October 21, 2024 11:44 AM**To:** s47F, s47E(c)**Subject:** Services Australia - Australian Immunisation Register (AIR) software developer information session 24 October 2024 13:00-14:00 AEDT**When:** Thursday, 24 October 2024 1:00 PM-2:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.**Where:** Microsoft Teams Meeting

Good morning/afternoon,

Services Australia invites you to join an information session to ensure communication and collaboration with the software developer industry about upcoming changes to the AIR.

This information session is designed to provide information to industry on upcoming changes that may impact developers and/or their customers.

In this session, we will discuss:

- Changes to the Australian Immunisation Register Rule 2015 as of 1 March 2025
- The addition of a new antenatal indicator to the AIR
- New versions of Record Encounter, Update Encounter and Individual Immunisation History Details APIs
- New AIR Reference Data API

Entry into this session will only be granted to identifiable attendees, **please ensure your name and the organisation you represent is visible** on teams. You may be refused access to this session or removed from this session if Services Australia is unable to identify you, this is to ensure we are able to provide updates on potentially sensitive issues to the Software developer industry in a timely manner and in more detail.

Please note the use of AI bots to record or transcribe this session is strictly prohibited due to privacy concerns.

Date: 24 October 2024**Time:** 1.00pm to 2.00pm (AEDT)

We will host the session using Microsoft Teams:

Microsoft Teams [Need help?](#)

[Join the meeting now](#)

s47E(d)

For organizers: [Meeting options](#)

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Email content:

Dear [Name or Group],

I am writing to seek your assistance to distribute the following information to your networks regarding upcoming amendments to the Australian Immunisation Register Rule 2015 (AIR Rule).

From **1 March 2025**, it will be mandatory for all vaccination providers to report to the Australian Immunisation Register (AIR) information about whether an individual was pregnant at the time of vaccine administration.

Maternal immunisation is critical in protecting pregnant women and their babies from serious illness and severe complications from vaccine preventable diseases.

The collection of antenatal data is important as it ensures that the AIR contains a complete and reliable dataset to enable the monitoring:

- of immunisation coverage and administration
- the effectiveness and safety of maternal vaccines and vaccination programs, such as the:
 - NIP
 - influenza
 - other respiratory vaccines.

Next steps for vaccination providers:

Vaccination providers can report antenatal information to the AIR through clinical software or the AIR site, using either the:

- **antenatal indicator** - the new indicator will be rolled out in clinical software throughout 2025. Vaccination providers should update to the latest version of their clinical software to make sure they have the latest functionality
- **vaccine type field** – if the new Antenatal indicator is not yet available in your clinical software, you must report antenatal information to the AIR using the 'Antenatal' option under the 'Vaccine type' field

Vaccination providers wanting to know when the new Antenatal indicator will be available in their clinical software are encouraged to speak with their software provider.

The department will continue to work with Services Australia to provide education and support to vaccination providers to ensure reporting obligations are met.

For further information on reporting information to the AIR, please visit servicesaustralia.gov.au/hpair

If you have any questions or concerns, please contact **s47E(d)** [@health.gov.au](mailto:s47E(d)@health.gov.au).

Thank you for your continued support.

s47E(c), s47F

From: s47E(c), s47F
Sent: Thursday, 10 October 2024 3:34 PM
To: s47F health.nsw.gov.au
Cc: s47E(c), s47F s47E(d)
Subject: Software developer comms - AIR [SEC=OFFICIAL]
Attachments: 20240927 - Services Australia software vendor comms 7 Dec 2024 - API retirement v0.4.docx

Follow Up Flag: Follow up
Flag Status: Completed

Hi s47F

Please find attached communications that were recently sent to software developers in relation to the introduction of a bespoke antenatal field to the AIR.

As discussed, we're holding off communicating these changes more broadly until Services Australia have held a seminar with software developers.

Kind regards

s47E(c), s47F
 s47E(c), s47F - Australian Immunisation Register Policy Section
 Immunisation Program Policy

National Immunisation Division | Primary and Community Care Group
 Australian Government Department of Health and Aged Care

T: 02 5156 s47E(c), s47F @health.gov.au

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AIR Software Developer Information Session

24 October 2024

AIR update

Item	Update	Presenter
1	Changes to the Australian Immunisation Register Rule 2015 as of 1 March 2025	The Department of Health and Aged Care
2	Introduce a new antenatal indicator to the AIR. New versions of below APIs will be updated: <ul style="list-style-type: none"> Record Encounter Update Encounter Individual Immunisation History Details 	AIR Program
3	New AIR Reference Data API	AIR Program
4	Retiring older API versions	AIR Program
5	Q&A session	AIR Program/ AIR ICT

Housekeeping



No AI bots or anonymous attendees

- Both will be removed from the meeting.
- Please ensure you can be identified.



Please turn camera off when not speaking

- Due to the large number of attendees please leave your camera off unless speaking.



Please identify yourself when speaking.

- Please turn cameras on when speaking.
- First name and where you are from is sufficient.



Questions on notice

- Some questions may need to be taken on notice to follow up out of session.
- If this occurs, please place the question in the chat to ensure its accurately captured and we can respond appropriately.



Please don't interrupt speakers

- Raise your hand or place your question in the chat
- We will address questions at the end of presentations.

Update 1

Changes to the Australian Immunisation Register Rule 2015 as of 1 March 2025

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Why antenatal data is important

- **Maternal immunisation is critical in protecting pregnant women and their babies from serious illness and severe complications from vaccine preventable diseases.**
- The collection of antenatal data is important as it ensures that the AIR contains a complete and reliable dataset to enable the monitoring:
 - of immunisation coverage and administration
 - the effectiveness and safety of maternal vaccines and vaccination programs, such as the National Immunisation Program (NIP), influenza and other respiratory vaccines and programs.
- It also enables data linkages to evaluate and inform future program policy. For example, linkages with hospitalisation data.

What we did

- To support the implementation of the National Immunisation Program Vaccinations in Pharmacy program, enhancements were made to the AIR in December 2023 to capture additional reporting information, including the vaccine type and route of administration fields.
- Due to insufficient time to implement a bespoke antenatal field, the vaccine type field was leveraged as an interim solution to enable the collection of antenatal data ahead of the 2024 influenza season.
- This has resulted in poor data quality and caused confusion amongst vaccination providers.
- To alleviate these issues:
 - a bespoke antenatal field will be added to the AIR; and
 - changes to the 'vaccine type' field will simplify and make it easier for vaccination providers to report information to the AIR.
- Key stakeholders are **supportive** of these AIR enhancements.

What we are doing

- From 1 March 2025, amendments to the Australian Immunisation Register Rule 2015 (AIR Rule) will make it mandatory for vaccination providers to report to the AIR if an individual is pregnant at the time of vaccination.
- Vaccination providers will be required to report this information to the AIR for all vaccines prescribed by the AIR Rule (COVID-19, Influenza, NIP and Japanese encephalitis virus vaccines).
- This will enable the collection of important antenatal data during the 2025 influenza season.



Australian Immunisation Register Rule 2015

made under the

Australian Immunisation Register Act 2015

Compilation No. 3

Compilation date: 21 December 2022

Includes amendments up to: F2022L01712

Registered: 14 January 2023

Update 2

The addition of a new antenatal indicator to the AIR

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Adding new 'antenatal indicator' field

To support the addition of the new field to the AIR, the following APIs will be released:

- Record Encounter V1.4
- Update Encounter V1.3
- Individual Immunisation History Details V1.3

These new API versions will be available in vendor environment from 17 November 2024.

These new API versions will be available in production from 7 December 2024.

The relevant TECH.SIS guides will be published in the Portal shortly.

Changes to existing AIR APIs

Changes to Vaccine Type selections will be made to the below existing APIs from 7 December 2024:

- Record Encounter (V1.3)
- Update Encounter (V1.2)
- Individual Immunisation History Details (V1.2)

Vaccine type selections will be updated as below:

- Antenatal
- NIP/ Commonwealth
- Other (Remove 'State Program' and 'Private')

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Vaccine type selections

For Record Encounter V1.4 (new version):

Vaccine Type will include **two** options:

- NIP/Commonwealth
- Other

'Antenatal Indicator' will be a separate stand-alone field.

For Record Encounter V1.3 (existing version):

Vaccine Type will include **three** options:

- Antenatal
- NIP/Commonwealth
- Other

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New validation rules

Below validation rules will be introduced to improve vaccination data quality:

For Record Encounter V1.4 (new version) from 7 December 2024:

- 'Antenatal indicator' selection will be mandatory when recording an encounter for a female of age ranged between 10 to 65 years inclusive. An error message will be returned.
- A warning message will be returned if 'Antenatal Indicator' is selected for an individual not female or outside of the aforementioned age range.

For Record Encounter V1.3 (existing version) from 7 December 2024:

- The same warning message will also be returned if 'Antenatal' is selected under 'Vaccine Type' for an individual not female or outside of the aforementioned age range.



Australian Government
Services Australia

012788 - Addition of antenatal field to the AIR
Implementation Date: 01/11/2024

Costing Details

Title - Costing	Addition of antenatal field to the AIR
Costing Description	<p>The Department of Health and Aged Care (the department) is requesting the addition of an antenatal field to the AIR by 1 November 2024.</p> <p>This enhancement ensures that the AIR contains a complete and reliable dataset to enable the monitoring of immunisation coverage and administration. It also enables the Department to identify the effectiveness and safety of vaccines and vaccination programs.</p> <p>The antenatal field will be a stand-alone field to identify, and report to the AIR, if the person receiving the vaccine is pregnant at the time of vaccine administration. The antenatal fields is required to be recorded for each vaccination encounter.</p>

Costing Details	
Year	2024-2025 Commercial
Costing Type	Commercial Revenue
Budget Cycle	Commercial
Funding Source	Department of Health and Aged Care
Funding Source Other	
Partner Agency	Department of Health and Aged Care
Partner Agency Costing Number	
Funding Type	Departmental
Costing Package	

Timeframe			
Implementation Start Date	1/11/2024		
Initiative Life	Ongoing	Funding Life	Ongoing
Initiative End Date		Funding End Date	

Business Owner	
Business Owner - Branch	REGISTERS AND ASSURANCE
Business Owner - Contact Name	s47F, s47E(c)
Responsible SES Officer	John Kalokerinos
Endorsing Deputy Secretary	

Costing Team Information	
Coster Name	s47F
ICT Reference	012788, 012788, 012788, 012788, 012788, 012788

CBMS	
Programme	

CAVEAT:
This costing has been derived using indicative service specifications and customer numbers provided to Services. Australia. Services Australia reserves the right to recost this initiative should service specifications change or if there is a variance in customer numbers.
Costings are valid for a period of 6 months from the date the costing is finalised or until one month prior to the date work must commence, whichever is sooner.
All costs provided are GST exclusive

Commercial Revenue costing



Australian Government
Services Australia

Ref No: 012788

Implementation Date: 1/11/2024

Addition of antenatal field to the AIR

s47D

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From: s47F, s47E(c) <[redacted]> [servicesaustralia.gov.au](mailto:s47F, s47E(c)@servicesaustralia.gov.au)>
 Sent: Friday, 12 July 2024 9:20 AM
 To: s47F, s47E(c) <[redacted]> [.Health.gov.au](mailto:s47F, s47E(c)@health.gov.au)>
 Cc: s47F, s47E(c) <[redacted]> [.servicesaustralia.gov.au](mailto:s47F, s47E(c)@servicesaustralia.gov.au)>; s47F, s47E(c) <[redacted]> [.servicesaustralia.gov.au](mailto:s47F, s47E(c)@servicesaustralia.gov.au)>; s47F, s47E(c) <[redacted]> [.servicesaustralia.gov.au](mailto:s47F, s47E(c)@servicesaustralia.gov.au)>; s47F, s47E(c) <[redacted]> [.servicesaustralia.gov.au](mailto:s47F, s47E(c)@servicesaustralia.gov.au)>; s47F, s47E(c) <[redacted]> [.servicesaustralia.gov.au](mailto:s47F, s47E(c)@servicesaustralia.gov.au)>; s47F, s47E(c) <[redacted]> [.Health.gov.au](mailto:s47F, s47E(c)@health.gov.au)>; s47F, s47E(c) <[redacted]> [.Health.gov.au](mailto:s47F, s47E(c)@health.gov.au)>; s47F, s47E(c) <[redacted]> [.Health.gov.au](mailto:s47F, s47E(c)@health.gov.au)>; s47F, s47E(c) <[redacted]> [.servicesaustralia.gov.au](mailto:s47F, s47E(c)@servicesaustralia.gov.au)>; s47F, s47E(c) <[redacted]> [.servicesaustralia.gov.au](mailto:s47F, s47E(c)@servicesaustralia.gov.au)>
 Subject: RE: Draft ECR relating to the addition of an antenatal field on the AIR [SEC-~~PROTECTED~~]

Thanks s47F, s47E(c) <[redacted]>

We are progressing this ECR.

I have some questions which don't need to be included in the ECR but will need to be included in our requirements for ICT and will impact the costing.

1. Will the relevant legislation be updated? Because developers will ask what authority DoHAC has to make this reporting 'mandatory'?

Yes, amendments to the Australian Immunisation Register Rule 2015 (AIR Rule) will be made to make it mandatory for vaccination providers to report pregnancy information to the AIR from 1 March 2025. This will ensure valuable data is reported to the AIR ahead of the 2025 influenza season and will enable the department to monitor the effectiveness and safety of vaccines and vaccination programs.

2. Does DoHAC expect Record Encounter Version 1.3 to be retired? If so is the expectation it will be retired by 1 March or 12 months from the notification date?

The policy requirement is that the antenatal field needs be mandatory to report to the AIR from 1 March 2025. This will ensure the AIR system aligns with mandatory reporting requirements/legislation and providers meet their reporting obligations.

The department is requesting the new field be made available in November 2024 (or earlier) to give software developers as much time as possible to build and rollout the changes before the field becomes mandatory to report. We also strongly encourage early communication with the software industry so they have as much notice as possible to integrate with their software.

3. More information is required (not in the ECR) in order to implement the requirement "validated to ensure quality data is reported to the AIR."

The validations should:

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- ii. be easily updateable to align with any new policy requirements that may emerge. – What does this mean, what may change?

The validations that are implemented need to be easily updateable (to avoid needing ECRs for amendments to the validation rules). For example, if the above validation rules are used and it is determined that there are large volumes of legitimate antenatal vaccinations being administered and reported to the AIR for individuals who are over 60 year of age, there needs to be a process/mechanism that allows your team to update the rule (i.e. amending the age criteria).

Additionally, the mandatory reporting rules for the antenatal field need to be flexible/easily updateable. For example, currently it is mandatory for all vaccination providers to report to the AIR all NIP, COVID-19, influenza and Japanese encephalitis virus vaccinations administered in Australia. If the AIR Rule is amended in the future to include other vaccines, the solution for the way this is managed needs to be easily updatable/flexible.

Monday, 5 August 2024 3:12 PM

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1. Antenatal

Waiting for an ECR back from Services Australia to progress enhancements to introduce an antenatal field in the AIR to capture whether an individual is pregnant at the time of receiving a vaccination .

- In the meantime, we're drafting a minute to Anna as there will be sensitives with software developer industry and implementation timeframes as we're hoping to make the field mandatory to report to the AIR from 1 March 2025 ahead of next years flu season.

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