Australian Government

Australia's COVID-19 Vaccine Roadmap

COVID-19 VACCINATION

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Department of Health

PHASE 1A OF THE COVID-19 VACCINE STRATEGY

Summary Document: Privacy Impact Assessment Report

February 2021

Introduction to this Summary Document

The Commonwealth Department of Health (Health) is responsible for administration of the Australian Government's COVID-19 Vaccine and Treatment Strategy and Phase 1a of the COVID-19 Vaccine National Roll-out Strategy (the Vaccine Strategy).

Health recognises the critical importance of ensuring that the Vaccine Strategy is supported by robust and enforceable privacy protections, to ensure that Australians can have trust and confidence in the handling of their personal information when they choose to receive a COVID-19 vaccine.

Accordingly, Health engaged law firm Maddocks to undertake a privacy impact assessment (PIA) in relation to the implementation of the Vaccine Strategy, to ensure that Health would be properly advised about the relevant privacy risks, and provided with any additional mitigation strategies needed to minimise the privacy impacts for individuals.

Health participated in the PIA process undertaken by Maddocks, and other stakeholders were also involved in the consultation process, including the Office of the Australian Information Commissioner.

The PIA process culminated in Maddocks preparing a PIA report containing its findings and recommendations, supported by detailed analysis of its reasoning for those findings and recommendations.

This document is designed to provide interested persons with a shorter-form document, by setting out extracts containing the essential components of the Maddocks PIA report, as part of Health's commitment to ensuring effective communication about the handling of personal information in connection with Vaccine Strategy.

This document contains the following complete sections of the Maddocks PIA report (these sections replicate those in the Maddocks PIA report, and have not been abridged or altered in any way):

- **Part A – Executive Summary**: This section contains a summary of the potential privacy risks identified by Maddocks, together with a list of the recommendations that were made as a result of the analysis in the Maddocks PIA report.
- **Part B – Methodology:** This sets out the process used by Maddocks to conduct the PIA.
- **Part C – Project Description**: This section contains a comprehensive description of the Vaccine Strategy analysed in the Maddocks PIA report, and the associated information flows, which is designed to assist readers in understanding the basis on which the PIA was undertaken.
- **Part E – Glossary**: This section sets out a list of capitalised terms that are used in the PIA report, and their definitions; and
- **Attachment 1 – Information Flow Diagram**: This section sets out the diagram of the information flows analysed as part of the PIA report.

This document does not include **Part D – Key Concepts**, or **Part E – APP Compliance**, of the Maddocks PIA report, which contain Maddocks' detailed analysis of the information flows against the requirements of the *Privacy Act 1988* (Cth) and privacy best practice, and explain how Maddocks reached its conclusions. Persons who are interested in receiving a full copy of the Maddocks PIA report can make a Freedom of Information request to the Department.

Health has also created a document setting out its responses to the recommendations in the Maddocks PIA report, which is available on its website.

Health trusts that publication of the extracts from the PIA report, together with Health's responses to the recommendations, will assist in fostering ongoing public support and participation in the COVID-19 vaccine roll-out.

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Department of Health

PHASE 1A OF THE COVID-19 VACCINE STRATEGY

Privacy Impact Assessment

Analysis as at 20 February 2021

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Part A EXECUTIVE SUMMARY

1. Introduction

1.1 Maddocks is very pleased to provide this privacy impact assessment (**PIA**) report to the Commonwealth Department of Health (**Health**) in respect of the COVID-19 Vaccine and Treatment Strategy and Phase 1a of the COVID-19 Vaccine National Roll-out Strategy (together, the **Vaccine Strategy**)[1].

1.2 The COVID-19 pandemic has created both a public health emergency, and a profound global economic shock, greatly impacting all Australians. The Australian Government considers that the availability of safe and effective COVID-19 vaccines for all Australians is a priority to improve health outcomes and societal wellbeing, and to facilitate economic recovery.

1.3 As part of the Australian Government's response to the COVID-19 pandemic, Health is implementing the Vaccine Strategy[2], which aims to support access to, and delivery of, safe and effective COVID-19 vaccines and treatments for all Australians, as soon as they are available. The Vaccine Strategy is supported by a policy released by Health, which describes the shared and separate responsibilities of the Australian, and State and Territory governments, as well as other key stakeholders, in developing and supporting the implementation of the Vaccine Strategy. Relevantly, Health intends to implement the Vaccine Strategy in phases:

1.3.1 **Phase 1a** – this phase will cover the initial rollout of a vaccine (at this stage contemplated to be a vaccine developed by Pfizer and potentially also a vaccine developed by AstraZeneca) to certain high-priority populations and the introduction of ICT systems and processes;

1.3.2 **Phase 1b** – this phase will cover the broader rollout of vaccines to additional populations, and the introduction of further ICT systems and processes;

1.3.3 **Phase 2a** – this phase will cover additional populations or cohorts across Australia;

1.3.4 **Phase 2b –** this phase will cover the rest of the adult population across Australia (including individuals who were eligible in previous phases but were not vaccinated); and

1.3.5 **Phase 3** – this phase will cover children, subject to further consideration.

1.4 Ensuring public trust in the Australian Government's implementation of the Vaccine Strategy will be critical to its successful roll out. Ensuring the Vaccine Strategy meets legislative privacy requirements will help foster that confidence.

1.5 Health has commissioned this PIA to assist in ensuring privacy risks are being appropriately considered and addressed throughout the development and implementation of Phase 1a of the Vaccine Strategy. It is intended that, as further details of, or any changes to, the Vaccine Strategy are developed (such as in respect of Phase 1b), the privacy impact of those changes will be considered through an additional supplementary PIA process to update or supplement this PIA report as required by the APP Code.

[1] The relevant documents can be found at: https://www.health.gov.au/sites/default/files/documents/2020/08/australia-s-covid-19-vaccine-and-treatment-strategy.pdf and https://www.health.gov.au/sites/default/files/documents/2021/01/australia-s-covid-19-vaccine-national-roll-out-strategy.pdf.

[2] The policy can be found at https://www.health.gov.au/sites/default/files/documents/2020/11/australian-covid-19-vaccination-policy_1.pdf.

2. This PIA process

2.1 Health is responsible for implementation of the Vaccine Strategy, in conjunction with other Commonwealth agencies and with State and Territory agencies.

2.2 The implementation of the Vaccine Strategy is now well underway, but it is undergoing continual review and refinement, including as further information becomes available, procurement processes are finalised, ICT solution designs are explored, and the relevant COVID-19 vaccines are developed, tested, approved, manufactured and used in other countries. This means that is it not yet possible to determine all of the entities that will be involved in the implementation of the Vaccine Strategy, or all of the systems, processes and data that will be used by those entities. We understand that Health is currently working, and intends to continue to work, with relevant stakeholders in its implementation of the Vaccine Strategy, including to take into account the recommendations set out in this PIA report.

2.3 The analysis in this PIA report is therefore a 'point in time' analysis which:

2.3.1 considers compliance with the *Privacy Act 1988* (Cth) (**Privacy Act**), including the Australian Privacy Principles (**APPs**) based on the available information;

2.3.2 sets out the Information Flows, which helps to highlight privacy risks and areas for improvement in terms of risk mitigation;

2.3.3 is intended to help Health manage identified privacy risks and impacts, in respect of the Vaccine Strategy;

2.3.4 may serve to inform Health and other stakeholders about the privacy elements of the Vaccine Strategy; and

2.3.5 considers the safeguards that have been, or should be, put in place to secure personal information from misuse, interference or loss, or from unauthorised access, modification or disclosure.

3. Summary of findings

3.1 As discussed above, details about the implementation of the Vaccine Strategy have been developed in parallel with this PIA process. Throughout the process, we have provided high-level guidance in relation to the identified privacy risks, which was designed to assist Health to ensure that the Vaccine Strategy, when implemented, will comply with the requirements of the APPs or the principles of the Privacy Act more broadly.

3.2 We have advised that it will be necessary for appropriate mitigation strategies to be put in place to ensure that:

3.2.1 there will be sufficient openness and transparency about how personal information will be collected, then used and disclosed, by the various entities that will be involved in the implementation of the Vaccine Strategy;

3.2.2 contractual arrangements with entities who will handle Vaccine Strategy Information (including the Partners) contain, or continue to contain, appropriate privacy obligations on those entities, including in relation to providing sufficient information about the handling of personal information to individuals who may provide Vaccine Strategy Information;

3.2.3 appropriate privacy training or guidance will be provided to entities who will handle Vaccine Strategy Information;

3.2.4 the amounts and types of Vaccine Strategy Information that will be collected by entities involved with the Vaccine Strategy is appropriate;

3.2.5 all proposed uses and disclosures of Vaccine Strategy Information will be compliant with relevant legislation, including the requirements of the APPs; and

3.2.6 Vaccine Strategy Information, including during transmission between different solutions and systems, will be sufficiently secure.

3.3 It appears to us that Health and other stakeholders have actively taken privacy issues into account as part of its implementation of the Vaccine Strategy. We suggest that Health's commissioning of a PIA at an early stage of the implementation of the Vaccine Strategy has assisted, and will continue to assist, Health in adopting a 'privacy-by-design' approach to the finalisation of the Vaccine Strategy. Identification of the privacy risks and issues identified in paragraph 3.2 above (and as discussed more fully in this PIA report) will allow these matters to continue to be explored, and further mitigation strategies developed and implemented, as the implementation progresses (including during the initial period of implementation with the selected Partners (including during any co-design activities), which we understand has been occurring in parallel with this PIA process).

3.4 The recommendations set out in paragraph 4 of this **Part A** are designed to address the identified potential privacy risks, strengthen compliance with the APPs (or, for those entities who are not APP entities and not otherwise required to comply with the APPs, to strengthen compliance with the general privacy principles that underpin the APPs) and to further enhance privacy protections for individuals who will be affected by implementation of the Vaccine Strategy. In our view, Health should consider and (if appropriate) implement the recommendations below before the commencement of Phase 1a of the Vaccine Strategy.

4. Recommendations

4.1 This PIA report makes the following recommendations in relation to the Vaccine Strategy:

Recommendation 1 **Privacy by Design**	**Relevant APPs**
We **recommend** that Health continues to take a 'privacy-by-design' approach as the implementation of the Vaccine Strategy progresses, and ensure that: • the privacy risks and issues discussed in this PIA report are continually monitored and reviewed; • the initial period of implementation with Partners (including any co-design activities), which we understand has been occurring in parallel with this PIA process, is used to further explore the identified Information Flows, and the associated handling of personal information. This should include clarifying responsibility for the de-identification of Vaccine Strategy Information in the EDW before it is made available to the VDS, and determine that appropriate de-identification processes will be used (including by seeking appropriate technical advice as required); and • Health continues to seek and consider privacy advice as required. For example, if there are any changes to the types of Vaccine Strategy Information to be collected by an entity, Health should satisfy itself that each of the pieces of Vaccine Strategy Information that will be collected (particularly where that information will be subsequently collected by Health) will be reasonably necessary for, or directly related to, the functions and activities of the collecting entity in connection with the Vaccine Strategy. This will assist Health in complying with the data minimisation principle. In addition, as implementation of the Vaccine Strategy further progresses, we **recommend** that Health continue to review its Privacy Policy, to ensure that it reflects any new or changed handling of personal information by Health as a result of the Vaccine Strategy. If appropriate, Health could also consider developing and publishing a separate Privacy Policy specific to the handling of personal information in connection with the Vaccine Strategy.	**All**

Recommendation 2 **Develop a communication strategy**	**Relevant APPs**
We **recommend** that Health ensure that is has developed a broad public communication strategy which details how Vaccine Strategy Information will be handled, and how the privacy of Patients and other individuals will be protected. Such a strategy could include: • relevant information being made publicly available on Health's website, which clearly explains the different Information Flows, the entities that will be handling personal information as part of those Information Flows, and the privacy protections that are in place (which could include a copy of the finalised PIA report, or an appropriate summary); • distribution of training or guidance material (for example, a 'privacy hand out') for entities participating in the Vaccine Strategy, which reminds them of their privacy obligations and privacy best practice. We recognise that the level of detail may vary depending on the nature and identity of the entity (for example, Health could reasonably expect general practices to have a good understanding of their privacy and professional medical obligations). Such material could outline: o Health's expectations about the handling of personal information, including when Collection Notices are to be provided to the relevant individuals; o that Vaccine Providers should only collect the minimum amount of Patient Information necessary to administer the vaccine (i.e. in accordance with the data minimisation principle); and o that each entity should review its Privacy Policy and other publicly available information (e.g. on the entity's website), to ensure that it accurately reflects any handling of personal information in connection with the Vaccine Strategy; and • taking steps to ensure that Patients, and other individuals, are made aware of how their Vaccine Strategy Information will be handled (see **Recommendation 3** below).	**All**

Recommendation 3	Awareness about handling of Vaccine Strategy Information	Relevant APPs

To ensure compliance with APP 5, we **recommend** that Health take steps to ensure that Patients, Vaccinators and Provider Personnel, and Distribution Chain Personnel, are aware of how their personal information will be handled. ***Patients*** This should include steps to ensure that Patients are aware: • of the reasons why their personal information is being collected in connection with the Vaccine Strategy, what the information will be used for, and who it may be disclosed to; • that the *Australian Immunisation Register Act 2015* (Cth) (**AIR Act**) authorises (and requires) the collection of the personal information, explaining that if they consent to receiving the vaccine, it will be mandatory for their personal information to be reported to the Australian Immunisation Register (**AIR**), but that they can opt-out from having their information disclosed to other entities from the AIR (and they should also be made aware of how to do so, and of any consequences that flow on as a result); • of the relevant contact details of the collecting entities (including that Health may collect their personal information from other entities in connection with the Vaccine Strategy); • of how they can make a complaint and access or correct their personal information; and • of whether or not the individual's personal information is likely to be disclosed to any overseas entity. The relevant information should: • be easy to understand and delivered in plain English; and • to the extent possible and practicable, meet best practice accessibility requirements, to facilitate those with a disability, or those from culturally and linguistically diverse communities, being able to understand the information provided to them. Health could consider tailoring the relevant information, taking into account the needs of different groups in the community (such as Patients in aged care). We **recommend** that Health, taking into account what is possible and practicable from an operational perspective, either: • develop and implement a consistent form of Collection Notice that will be provided to all Patients (for example, by requiring Vaccine Providers to provide this Collection Notice to all Patients). We consider that this option would represent privacy best practice, and could be implemented, for example, by: o a separate form of Collection Notice being developed by Health, with Vaccine Providers instructed (during the onboarding process) to provide a copy to the Patient: - ideally, at the first point of collection, being the time that the Patient makes a booking with the relevant Vaccine Provider (i.e. through the Vaccine Provider's booking system); or - if this is not practical in the circumstances, at the time of administering each dose of the vaccine; or o if other information must be provided to Patients by Vaccine Providers, a Collection Notice being included in that material (e.g. as part of information about the vaccine possible side-effects and what to do in the event of an adverse reaction, or in a form used to obtain a Patient's consent to receive the vaccine, which Health makes available to Vaccine Providers).	**APP 1, APP 3, APP 5, APP 6, APP 10**

We note that it may not be practical for a lengthy notice to be included in that material, but Health could adopt a 'layered' approach, as contemplated by the APP Guidelines. Such an approach would involve the material including a brief notice, with a reference (such as a website address or QR code) to a more comprehensive notice containing additional information about the APP 5.2 matters; or

- adopt a range of other strategies that are reasonable in the circumstances to ensure that Patients are made aware of how their Patient Information will be handled in connection with the Vaccine Strategy. This could include Health, for example:
    - advising Vaccine Providers that they should inform Patients about how their Patient Information will be handled in connection with the Vaccine Strategy, for example through the Vaccine Provider's booking system, or by oral or written means when the Patient attends their appointment;
    - ensuring that Vaccine Providers are given appropriate training about what Patients should be told in relation to the handling of their Patient Information, and how the message should be communicated to Patients;
    - developing and distributing material for Patients that contains the relevant information, for example, standardised content developed by Health for Vaccine Providers to provide to Patients;
    - issuing Vaccine Providers with guidance that includes a reminder for them to provide the relevant information to Patients (this may include, for example, a clear explanation of their obligations under the Privacy Act, including to provide Patients with appropriate Collection Notices);
    - including the relevant information on its website (which could also potentially include a Vaccine Strategy specific Privacy Policy, as discussed in **Recommendation 1**); and
    - ensuring that appropriate public communication strategies are implemented (as discussed in relation to **Recommendation 2**).

Vaccinators and Provider Personnel, and Distribution Chain Personnel

We **recommend** that Health take steps to ensure that Vaccinators, Provider Personnel, and Contact Personal also understand how their personal information will be handled. This could involve a Collection Notice or other relevant information (as discussed in relation to Patients) being provided to:

- Vaccinators and Provider Personnel – we suggest that this could be done as part of the onboarding process for the Vaccine Strategy (such as when they receive any relevant training to administer the COVID-19 vaccine, or use associated systems connected with the Vaccine Strategy); and
- Distribution Chain Personnel – we suggest that the details of who is to be responsible for providing the Collection Notice or relevant information should be determined as part of transition-in activities under the Logistics and Distribution Partner Contract or the relevant Supply Agreement.

Recommendation 4 **Partner Contracts**	**Relevant APPs**
We **recommend** that Health regularly reviews the privacy and security obligations in its Partner Contracts to ensure that they are appropriate, including whether any changes are needed to reflect any new or changed collections, uses or disclosures of personal information by the relevant Partner (including because of the introduction of new processes or system functionalities).	**All**

Recommendation 5	Contractual and other arrangements with other entities handling Vaccine Strategy Information	Relevant APPs
We **recommend** that, as Health further progresses implementation of the Vaccine Strategy, Health consider and ensure that all entities who are not Partners but will collect personal information: • are clearly identified (so that it is clear whether or not they are an APP entity and subject to the Privacy Act); • have functions and activities which are consistent with the collection of the relevant personal information; • have entered into appropriate contractual or other administrative arrangements as required (depending on the identity and nature of the entity and their role in the Vaccine Strategy); • only collect or have access to identified information if this is necessary (or whether, for example, information in any reports received by that entity could be included in a properly de-identified form); and • if it is necessary for identified information to be provided, that the entity is subject to appropriate privacy obligations (e.g. under State or Territory privacy legislation or contractual arrangements). We **recommend** that Health design contractual or other administrative arrangements with other entities to appropriately specify or limit the subsequent use or disclosure of personal information, which may include: • appropriate restrictions on the use and disclosure of personal information for the purposes of direct marketing; • appropriate permissions or restrictions in relation to the use and disclosure of government-related identifiers; • minimum security requirements (including restriction on transferring personal information to, or permitting access from, overseas); and • any appropriate requirements for deletion or de-identification of the personal information. For example, we suggest that Health ensure that the relevant Supply Agreements contain appropriate clauses to restrict each Supplier's use and disclosure of personal information to the provision of the services under the relevant agreement, and include appropriate confidentiality, security and privacy clauses. We also **recommend** that Health ensure that contractual and other arrangements with entities other than Partners involved in the Vaccine Strategy contain obligations designed to facilitate Health's ability to be open and transparent about the handling of personal information (such as, if applicable, a requirement to provide any information about the handling of Vaccine Strategy Information to individuals, as required or directed by Health).		**All**

Recommendation 6	Testing and security of solutions handling Vaccine Strategy Information	Relevant APPs
Given the sensitive nature of the Vaccine Strategy Information, we **recommend** that Health: • ensure that sufficient time and resources are allocated during the initial period of implementation with Partners (including during any co-design activities) to satisfy itself that the de-identification, testing and quality assurance processes for transfer of Vaccine Strategy Information between entities and their systems are sufficient and appropriate to ensure that no inappropriate changes have occurred to the relevant Vaccine Strategy Information during the transmission process; and • take reasonable steps (including obtaining relevant cybersecurity advice as required) to: o specify minimum functional and non-functional security requirements for each solution that may store or handle Vaccine Strategy Information; o minimise access to Vaccine Strategy Information to the minimum number of persons who have a legitimate 'need to know' that information, and who meet minimum security requirements specified by Health; and o implement ongoing testing for security vulnerabilities for any solutions which store Vaccine Strategy Information.		**APP 10, APP 11**

Recommendation 7	Measures in relation to Health's use and disclosure of Vaccine Strategy Information	Relevant APPs
	If Health considers it is likely that it will disclose any *identified* Vaccine Strategy Information to other entities, we **recommend** that Health consider whether there are steps it should take to further enhance public confidence in the handling of Vaccine Strategy Information, such as: • complying with Health's usual data management and governance processes if it wishes to use and disclose Vaccine Strategy Information held by it (to consider and ensure that any uses and disclosures will comply with the requirements of APP 6, and the requirements of the AIR Act); and • ensuring that any entities that do receive identified Vaccine Strategy Information will comply with their obligations under the Privacy Act or otherwise handle any Vaccine Strategy Information provided to them in an appropriate manner. For example, Health may wish to consider: o agreeing clearly documented agreements or other arrangements with the recipient entities, which set out how these entities may handle Vaccine Strategy Information provided to them in connection with the Vaccine Strategy; o including appropriate terms and conditions of use, to which authorised individuals of the recipient entities would need to agree before being provided with access to the Vaccine Strategy Information; and/or o issuing guidance material to the recipient entities (which could be in letter form), which provides guidance about how these entities should handle Patient Information provided to them in connection with the Vaccine Strategy.	**APP 6, APP 11**

Part B METHODOLOGY AND ASSUMPTIONS

5. Our methodology

5.1 This PIA process is being conducted to ensure that any identified privacy risks can be considered and addressed so as to minimise the impact upon individuals whose personal information may be collected in connection with the Vaccine Strategy Information.

5.2 We are conducting this PIA in accordance with the *Privacy Impact Assessment Guide* (**PIA Guide**) issued by the Office of the Australian Information Commissioner (**OAIC**), as follows:

Stage	Description of steps
1.	**Plan for this PIA:** We reviewed some relevant background material provided by Health, and were provided with briefings by officers from Health. We also agreed on the scope of this PIA report (discussed further in **Part C** below), the approach to undertaking a broader stakeholder consultation process, and the timeframes for the necessary activities involved in conducting the PIA.
2.	**Project Description and Information Flows**: We prepared an initial draft Project Description, which described our understanding of the Vaccine Strategy. This draft was refined and then finalised following ongoing feedback from Health about further developments in the Vaccine Strategy.
3.	**Privacy impact analysis and compliance check:** In this step we focussed on compliance against each APP and privacy best practice. The analysis set out in this document is consistent with the *Australian Privacy Principles Guidelines* (**APP Guidelines**) issued by the OAIC, which outline the mandatory requirements of the APPs, how the OAIC will interpret the APPs, and matters that may be taken into account when assessing Health's compliance with the Privacy Act. We also considered some other relevant legislation, such as the AIR Act. We have not undertaken a rigorous risk assessment methodology to identify the magnitude of each of the identified risks. However, this could be done at a later stage, as required, including as part of Health's consideration and implementation of our recommendations.
4.	**Privacy management and addressing risks:** We considered potential mitigation strategies that could reduce or remove the privacy impacts and risks identified during the previous step.
5.	**Recommendations:** From the steps referred to above, we developed our recommendations, designed to remove or reduce privacy risks.
6.	**Draft report:** We prepared a draft version of this PIA report, which was further updated based on additional information provided and changes made to the Vaccine Strategy.
7.	**Stakeholder consultation:** Given the general interest surrounding the development and implementation of the Vaccine Strategy, a Stakeholder Consultation Document was provided to several stakeholders for consideration, including the OAIC, and other Australian Government agencies involved in the Vaccine Strategy. We received comments by these stakeholders on draft versions of the PIA report.
8.	**Privacy management and addressing risks:** We further refined our analysis and the potential mitigation strategies that could reduce or remove the privacy impacts and risks identified during the privacy impact analysis step, taking into account stakeholder feedback.
9.	**Recommendations:** From the steps referred to above, we refined our recommendations, designed to remove or reduce privacy risks.
10.	**Report:** We finalised this PIA report.

5.3 We understand that Health will review this PIA report, in consultation with other stakeholders as required, and separately respond to our recommendations.

5.4 A glossary of defined terms and acronyms is at **Part F [Glossary]** of this PIA report.

6. Community expectations

6.1 This PIA report assesses risks based on our understanding of reasonable community expectations of privacy. For example, The *Australian Community Attitudes to Privacy Survey 2020* commissioned by the OAIC, which included a supplementary survey around COVID-19 concerns in April 2020, contains useful information regarding current community expectations.[3] Relevantly:

6.1.1 70% of Australians see the protection of personal information as a major concern in their life;

6.1.2 Australians believe that the biggest privacy risks facing the community are identity theft and fraud (76%), data security and data breaches (61%), digital services, including social media sites (58%) and smartphone apps (49%);

6.1.3 60% of Australians are reluctant to provide medical or health information to a business, organisation or government agency, with 8% more reluctant to provide this than any other kind of information;

6.1.4 when the community was asked how trustworthy they considered different types of organisation, the highest levels of trust were recorded for health service providers (70%), Federal Government departments (61%) and financial institutions (50%);

6.1.5 40% of Australians are comfortable with government agencies using their personal details for research or policy-making purposes, while 27% are not comfortable;

6.1.6 55% of Australians are comfortable with a government body using surveillance for public safety, and 35% with a government body using biometrics and smart technologies for the delivery of services;

6.1.7 36% of the community are comfortable with the government sharing their personal information with other government agencies, but only 15% are comfortable with the government sharing this information with businesses in Australia;

6.1.8 83% of Australians would like the government to do more to protect the privacy of their data, 24% feel their data is well protected, while 40% feel it is poorly protected;

6.1.9 50% of Australians consider their privacy more at risk in a COVID-19 environment, with 40% considering their health and medical information to be more at risk, but 60% agree that short-term privacy concessions must be made to combat COVID-19 for the greater good; and

6.1.10 52% of Australians are comfortable with government authorities, medical staff, hospitals and care facilities sharing their personal information to combat COVID-19.

[3] This survey was published in September 2020.

7. Assumptions and qualifications

7.1 This PIA report has been conducted from the perspective of Health, as the Commonwealth agency responsible for the implementation of the Vaccine Strategy, and not from the perspective of any other entity involved with the Vaccine Strategy (including the Therapeutic Goods Administration (**TGA**) or any State and Territory authorities).

7.2 As discussed in **Part A [Executive Summary]** above, the implementation of the Vaccine Strategy has continued to develop during this PIA process (including through development of this PIA report). This has meant that it has been necessary to:

7.2.1 conduct this PIA as a 'point in time' analysis for Phase 1a of the Vaccine Strategy, based on the factual information provided by Health as set out in **Part C [Project Description and Information Flows]** of this PIA report (we have not independently verified that that factual information is correct or complete, and acknowledge that it may not remain up-to-date);

7.2.2 consider the privacy risks and impacts of the Vaccine Strategy at a relatively high level (rather than simply analysing Health's compliance with the APPs) given that some details in relation to the implementation of the strategy were developed in parallel with this PIA process; and

7.2.3 make some assumptions about the likely nature of some entities who will handle personal information in connection with the Vaccine Strategies where the identity of these entities is not yet known (e.g. we have assumed that the Partners are likely to be 'organisations' for the purposes of the Privacy Act).

7.3 This PIA report is limited to considering Phase 1a of the Vaccine Strategy. While this PIA report references our understanding of some of the matters that are likely to be covered in Phase 1b or later stages of the Vaccine Strategy, this PIA report does not analyse or make recommendations into those matters. We understand that Health intends to undertake further analysis in relation to later stages of the Vaccine Strategy, after the finalisation of this PIA.

7.4 This PIA report does not analyse or examine any Information Flows, or associated privacy risks or compliance issues, for Phase 1a that are not described in **Part C [Project Description and Information Flows]** of this PIA report.

Part C PROJECT DESCRIPTION AND INFORMATION FLOWS

8. Overview of the Vaccine Strategy

8.1 As discussed in **Part A [Executive Summary]**, as part of the Australian Government's response to the COVID-19 pandemic, Health is implementing the Vaccine Strategy. The Vaccine Strategy aims to support access to, and delivery of, safe and effective COVID-19 vaccines and treatments for all Australians, as soon as they are available. Health has engaged organisations to provide services in order to assist it with the implementation of the Vaccine Strategy, including:

8.1.1 a **Strategy Partner**, who will assist Health by undertaking program management and support services, including contract management, risk identification and mitigation, and stakeholder engagement, in relation to the planning, implementation and rollout of a national COVID-19 vaccination program;

8.1.2 one or more **Logistics and Distribution Partners**, who will assist Health by co-designing, establishing and operating a logistics and distribution network for COVID-19 vaccines, including provision of associated consumables (e.g. needles, syringes, personal protective equipment), over the life of the national COVID-19 vaccination program, and who will be responsible for the distribution of the COVID-19 vaccines in connection with Phase 1a of the Vaccine Strategy;

8.1.3 a **Data Partner**, who will assist Health by designing, developing and implementing a data solution (to be known as the **Vaccines Data Solution** or **VDS**) to enable the tracking and reporting of COVID-19 vaccines across the vaccination delivery chain, over the life of the national COVID-19 vaccination program;

8.1.4 one or more **Vaccine Administrators**, who will provide services to administer the delivery of the COVID-19 vaccines on an "as-needed" basis to supplement delivery of the vaccines by other entities, including to particular priority and other vulnerable or hard to reach populations or communities, or in other circumstances where an additional workforce is required; and

8.1.5 a **Training Partner**, who will deliver training to various entities and individuals involved implementing the Vaccine Strategy,

(collectively, the **Partners**).

8.2 The contractual arrangements with some Partners (**Partner Contracts**), involve a period of co-design, during which Health will work with some or all of the Partners (and other stakeholders) to workshop and further develop and refine the details of the implementation of the Vaccine Strategy, the national COVID-19 vaccination program, and the services that each Partner will provide to Health.

8.3 This means that this Project Description is necessarily at a high level, as some of the specific details are being developed in parallel with this PIA process. Nevertheless, we have set out below our understanding of how the Vaccine Strategy is currently intended to operate (noting that some details may change during the initial period of implementation with Partners (including during any co-design activities)).

9. How will Phase 1a of the Vaccine Strategy work?

9.1 We have categorised the various interactions associated with the operation of Phase 1a of the Vaccine Strategy into the following high level Information Flows.

Flow 1: Doses and vials of vaccine are received by Logistics and Distribution Partner for distribution

9.2 The Commonwealth has entered into agreements with Pfizer Australia Pty Ltd and with AstraZeneca Pty Ltd (together, the **Suppliers**), for the supply of COVID-19 vaccines (**Supply Agreements**)[4].

9.3 Oversight of dose stock levels, dose allocation, and coordination of movement and tracking of doses will be managed by the Australian Government (including through the Logistics and Distribution Partners), in consultation with States and Territories. Health may use its existing Vaccine Administration System (**VAS**) to assist with these processes.[5]

9.4 We understand that the Supplier may deliver the vaccines to the Logistics and Distribution Partner, or the Logistics and Distribution Partner may be required to collect the vaccines from the Supplier.

9.5 This involves the following potential collections of personal information, being contact details to facilitate the delivery of the vaccines:

9.5.1 the Supplier may collect personal information about Logistics and Distribution Partner's personnel from Health; and

9.5.2 the Logistics and Distribution Partner may collect personal information about the Supplier's personnel, potentially from Health.

9.6 The Logistics and Distribution Partner will be required to track and report on the location and 'cold chain compliance' of all doses in the distribution network at all times, including monitoring of stock levels of vaccines and consumables across the various sites. Information about these supply-chain matters will be provided to Health daily and on-demand, and may also be required to be provided to other Australian Government and/or State or Territory reporting systems.

9.7 We understand that the Supplier and the Logistics and Distribution Partner may also input information received about the doses and vials (including the intended or actual delivery of these doses and vials) into their own internal ICT systems.[6]

Flow 2: Vials and doses delivered to Vaccine Provider

9.8 After receiving the doses and vials, the Logistics and Distribution Partner may deliver the vaccines directly to the destination to which the doses and vials are to be administered (operated by a **Vaccine Provider**[7]), or may instead deliver the vaccines to nominated delivery locations, which will then be delivered to Vaccine Providers.

[4] As the Supply Agreements are subject to a strict confidentiality regime, they have not been provided to us.
[5] We understand that the VAS is Health's system for procuring and distributing vaccines to States and Territories, facilitating management of supply chains for all vaccines procured by the Commonwealth under the National Immunisation Program (**NIP**). This includes forecast, order, delivery and financial management as well as reporting national vaccine procurement and distribution to State and Territory health departments.
[6] This PIA does not examine or consider the use of any internal systems used to handle information by Suppliers, Logistics and Distribution Partners, or operators of nominated delivery locations.
[7] A Vaccine Administrator may be a Vaccine Provider in its own right for a particular location, or it may simply provide staff to work collaboratively with, or under the supervision of, staff of another Vaccine Provider.

9.9 This involves the following potential collections of personal information, being contact details to facilitate the delivery of the vaccines:

9.9.1 the Logistics and Distribution Partner may collect personal information about the Vaccine Provider's personnel (**Provider Personnel**), or about personnel of nominated delivery locations, potentially from Health; and

9.9.2 it is also possible that the Logistics and Distribution Partner may collect personal information about a specific Vaccine Provider (if a sole trader[8]).

9.10 At this stage, we understand that the Logistics and Distribution Partner will input into its own systems, information about the doses and vials delivered.

9.11 We understand that before administering any vaccines, Provider Personnel will need to undergo an onboarding process in connection with Phase 1a of the Vaccine Strategy. We understand that all Provider Personnel will be required to complete training developed by the Training Partner. For Phase 1a of the Vaccine Strategy, we understand that Vaccine Providers:

9.11.1 will be arranged by the relevant State and Territory; or

9.11.2 will be a Vaccine Administrator (for example, for aged care homes).

9.12 For completeness, we understand that in future Phases, Vaccine Providers may also include:

9.12.1 other Vaccine Administrators;

9.12.2 general practices;

9.12.3 general practitioner respiratory clinics;

9.12.4 primary health networks (**PHNs**);

9.12.5 established clinics and hospitals;

9.12.6 in-reach vaccination teams for prisons, workplaces etc; and/or

9.12.7 pharmacies.

9.13 We also understand that the Vaccine Provider will input into its own systems information about the doses and vials it has received (such as by scanning the vial barcodes and vaccine packaging).

9.14 In addition, we understand that Vaccine Providers are likely to be required to maintain records, and to report, in relation to the doses and vials received and administered. This is likely to include:

9.14.1 vaccine details such as brand name and strength;

9.14.2 number of doses received;

9.14.3 batch and serial numbers received;

9.14.4 doses administered; and

9.14.5 wastage (i.e. box dropped, vial opened but only 8 of 10 doses used).

[8] As discussed further in **Part D [Key Concepts]**, it is not intended that any Vaccine Providers in Phase 1a will be sole traders, but we have included consideration of this possibility for completeness.

Flow 3: Patient attends appointment to be vaccinated

9.15 An individual wishing to receive a vaccine for COVID-19 (**Patient**) will make an appointment for a Provider Personnel (**Vaccinator**) to deliver the vaccine. We understand that for Phase 1a, a Patient may make an appointment with a Vaccinator through normal business as usual (**BAU**) processes, such as via an online booking system, or by telephoning the relevant Vaccine Provider.[9]

9.16 As part of these BAU processes, the Vaccinator and/or Vaccine Provider will collect information relevant to booking an appointment. This will include personal information (such as the Patient's name and contact details), including personal information which is sensitive information (such as whether the Patient has any allergies).

9.17 Once the Patient attends their appointment, the Vaccinator will view the Patient's immunisation history.[10] This can be done through several ways, which are not within the scope of this PIA as they reflect existing mechanisms and processes, including by:

9.17.1 the Patient showing their immunisation history statement which they have previously received from Medicare or accessed via Medicare Online Services;

9.17.2 the Patient showing their immunisation history statement which they have previously received through My Health Record;

9.17.3 the Vaccinator logging into the AIR to access the Patient's immunisation history; or

9.17.4 the Vaccinator accessing and viewing the Patient's immunisation history on My Health Record.

9.18 The Vaccinator will then:

9.18.1 discuss with the Patient the process for vaccination (including any potential side effects); and

9.18.2 obtain the Patient's consent to receive the vaccine.

9.19 Once the relevant consent is obtained from the Patient (or presumably another person able to give consent on behalf of the Patient), the Vaccinator will administer the vaccine to that Patient, and will record details of this vaccination into the Vaccine Provider's internal systems (such as the CIS),[11] and/or directly into the AIR.

9.20 Although it is still under consideration, the Vaccinator may then provide the Patient with a paper and/or digital vaccination record card, which may record:

9.20.1 the brand of vaccination;

9.20.2 the date the vaccination was administered; and

9.20.3 details of the dose and vial/batch number of the vaccine.

[9] Methods by which a Patient makes an appointment with a Vaccinator will be part of the Vaccine Provider's BAU processes, and accordingly, not within the scope of the PIA. However, any information collected as a result of a Patient's attendance at that appointment falls within the scope of this PIA.
[10] We understand that the processes by which the Vaccinator will check a Patient's immunisation history are still subject to further consideration. This PIA does not examine in detail BAU processes that are already used by Vaccinators to check a Patient's immunisation history.
[11] Any handling of information in connection with Vaccine Providers' and/or Vaccinators' internal systems are BAU processes, and outside the scope of this PIA.

9.21 We understand that it is intended that the relevant vaccine will be required to be administered twice for each Patient. Accordingly, after receiving their first dose of the vaccine, the Patient will be required to book a second appointment to receive the second dose.[12] It is possible that some Vaccine Provider's booking systems may have the functionality to send the Patient a reminder notification to book a second appointment.

9.22 Once a Patient has received both doses of the vaccine, the Patient will be able to access and display proof or evidence of their vaccination, by logging into their accounts through MyGov and accessing the Medicare systems or My Health Record.

Adverse reaction

9.23 Although not within the scope of this PIA as it reflects existing mechanisms and processes, we understand that if a Patient experiences any adverse reactions, this will be reported via existing reporting mechanisms to the TGA. For example, this may be through the Patient:

9.23.1 contacting a medical practitioner about an adverse reaction, either via phone or in person, noting that the Patient may still be at the Vaccine Provider's site at the time of the adverse reaction, or contacting a hospital or medical practitioner at a later time. In this case, we understand that the relevant medical practitioner would provide any required treatment and report the adverse reaction to the Therapeutic Goods Association (**TGA**)[13] and/or record any adverse reaction in the Patient's My Health Record[14];

9.23.2 calling the Coronavirus national helpline, which would provide advice to the Patient in relation to the call, and may potentially report the adverse event to the TGA.[15] The Coronavirus national helpline also stores information received during calls in a system known as "MediRecords"; or

9.23.3 logging into their myGov account to access their My Health Record, and entering information relating to their adverse reaction directly into My Health Record,[16] or report the adverse reaction directly to the TGA (using the same process discussed in paragraph 9.23.1 above).

9.24 Similarly, though again it is not within the scope of this PIA, we also understand that Vaccine Providers may be required to:

9.24.1 report adverse reactions directly to State and Territory health departments and/or the TGA; and/or

9.24.2 use the Commonwealth funded platform for the active monitoring of adverse events following immunisation known as AusVaxSafety[17].

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[12] As this relates to the booking of appointments as a BAU activity, this Information Flow is outside the scope of this PIA.

[13] We note that anyone can report an adverse event to the TGA, through the online adverse event reporting site https://aems.tga.gov.au/. If an adverse event in relation to a Patient is reported to the TGA, this information will be recorded on its adverse event register. TGA then investigates the adverse event. Disclosure of information to, and use of information by, the TGA falls outside the scope of the PIA.

[14] We understand that there is currently no mechanism for information about adverse reactions to be automatically transferred between My Health Record and the TGA.

[15] This PIA does not consider the handling of personal information provided to, or used or disclosed by, the Coronavirus national helpline.

[16] For completeness, we note that there are several additional Information Flows if a Patient contacts or uses resources provided by, State and Territory providers after experiencing an adverse reaction. These Information Flows relate to BAU handling of information by those State and Territory providers and accordingly fall outside of the scope of this PIA.

[17] For example, Health's RFT documentation seeking a Vaccine Administrator contained a requirement for the successful tenderer to report all adverse events in line with guidance from Health, and noted that such guidance may include these requirements. We understand that AusVaxSafety is a system led by the National Centre of Immunisation Research and Surveillance to track vaccine safety using SmartVax or Vaxtracker software, but this PIA does not examine the collection, use or disclosure of information by the entities which operate or use this software or AusVaxSafety. We understand that this functionality may be part of Phase 1b of the Vaccine Strategy.

Flow 4: Information is inputted into the AIR

9.25 After administering a vaccine to a Patient, we understand that the Vaccinator (or a person on their behalf at the Vaccine Provider, such as Provider Personnel) will input information about the vaccination into the AIR (which is the national register where vaccinations are recorded).[18]

9.26 In accordance with the legislative requirements under the *Australian Immunisation Register Act 2015* (Cth) (**AIR Act**), we understand that the information that may be inputted into the AIR at this point include:

9.26.1 information about the Patient (including their full name, date of birth, gender, address, Indigenous status, their Medicare number and other identifiers relating to the Patient, such as the Individual Health Identifier (**IHI**));

9.26.2 information about the vaccine administered (including brand, dose number, batch number and possibly the serial number);

9.26.3 the date the vaccination was administered;

9.26.4 information about the person who administered the vaccine (including details of the Vaccinator's site and their relevant provider number);

9.26.5 information relating to the Vaccine Provider;

9.26.6 information about the doses and vials the Vaccinator has administered; and

9.26.7 other information related to the Patient's health (such as medical contraindications, natural immunity, and if the Patient is on a vaccine catch up schedule).

9.27 We also understand that Vaccinators will have access to the AIR, and will be able to access information in the AIR in accordance with current practices and relevant legislation, including the AIR Act.

9.28 In accordance with current BAU processes, the information in the AIR is uploaded overnight from Services Australia's ICT environment into Health's Enterprise Data Warehouse (**EDW**), unless the Patient has provided the required request under section 11(2) of the AIR Act that their personal information not be disclosed from the AIR[19].

9.29 For completeness, we understand that in Phase 1b of the Vaccine Strategy, it is intended that the Vaccine Provider may input the information into the AIR using a new Australian Government clinician vaccine integrated platform (**Integrated Platform**), which will then automatically upload the information to the AIR (see further discussion of the AIR below, including in ***Flow 4***)[20]. The Integrated Platform may include, or be supplemented by, a software application (**App**) to be developed by the Australian Digital Health Agency (**ADHA**) (or a contractor of the ADHA). However, the implementation of the Integrated Platform and the App is outside the scope of this PIA.

[18] We understand that in Phase 1b of the Vaccine Strategy, it is intended that the Vaccine Provider will also be able to input this information into the Integrated Platform (or into the associated App), which will then automatically upload the information to the AIR and to My Health Record. However, the implementation of the Integrated Platform and the App is outside the scope of this PIA.

[19] We note that the BAU interaction between the AIR and Health was the subject of a separate PIA process (which is currently being updated), and accordingly these Information Flows fall outside the scope of this PIA process.

[20] We understand that the Integrated Platform is currently being developed by the ADHA and it is intended that this integrated platform will assist with streamlining Information Flows. Currently Vaccine Providers use their Clinical Information System (**CIS**), which is an internal system used by medical practitioners to maintain and manage Patient records. However, such a CIS will not currently automatically upload information to the AIR. Accordingly, the Integrated Platform and/or associated App is being implemented by the ADHA to allow for the automatic upload of information from the Vaccine Provider's systems to the AIR (we understand that details of how this will occur are still being developed, but may be through, for example, Provider Personnel or Vaccinators inputting the relevant information into the App).

Flow 5: VDS receives relevant de-identified information and makes this information available to Health for reporting

9.30 We understand that it is intended that the primary purpose of the VDS is to monitor and be able to create reports on the current location of all available COVID-19 vaccines, rather than to track information about the individuals who have received one or more doses of the vaccine. Accordingly, it is not intended that the VDS will contain any identified information about any individual. To the extent that the VDS extracts or uses any information about a Patient, Vaccinator or other individual from a data source, it is intended that that information will be de-identified, using robust de-identification methods, before being collected by or stored within the VDS.

9.31 We understand that the VDS will be developed by the Data Partner, and hosted on cloud services provided by Amazon Web Services and using software provided by Salesforce.

9.32 The VDS will receive information about doses and vials from two sources:

9.32.1 information extracted from the Logistics and Distribution Partners' systems; and

9.32.2 information received from Health's EDW which has in turn been received from the AIR, but then de-identified (we note for completeness that under the AIR Act, individuals have the ability to 'opt-out' from having their information disclosed to other entities from the AIR, meaning that this information will not be sent to the EDW, and consequently will not be received by the VDS).

9.33 The VDS will be able to generate reports (which contain de-identified information), and to disclose the information to Health (and Health will correspondingly collect this information).[21] We understand that it is intended that these reports will be used to monitor:

9.33.1 dose wastage, delivery performance, and service capacity; and

9.33.2 vaccine coverage across Australia by started and completed dose regime, by vaccine and by administration location, linked to vaccine stock availability and population data; phase coverage; and partial vs complete coverage.

9.34 Although not yet determined, reports may be provided to various other entities, including State and Territory entities if needed for the purposes of the Vaccine Strategy.

9.35 For completeness, we note that in accordance with current BAU processes, information from the AIR received by the Health EDW (which may include identifiable information) may also be securely accessed by States and Territories, as necessary and permitted by the AIR Act.[22]

9.36 ***Flow 5*** will occur at the same time as the other Information Flows (we have given it a number for reference purposes, but it is not a sequential Information Flow).

[21] We understand that it has not yet been determined how information will be transferred from the VDS to Health, with these processes will be determined through the initial period of implementation (including any co-design activities) with the Data Partner.

[22] As above, the BAU interaction between the AIR and Health/States and Territories was the subject of a separate PIA process (which is currently being updated), and accordingly these Information Flows fall outside the scope of this PIA process.

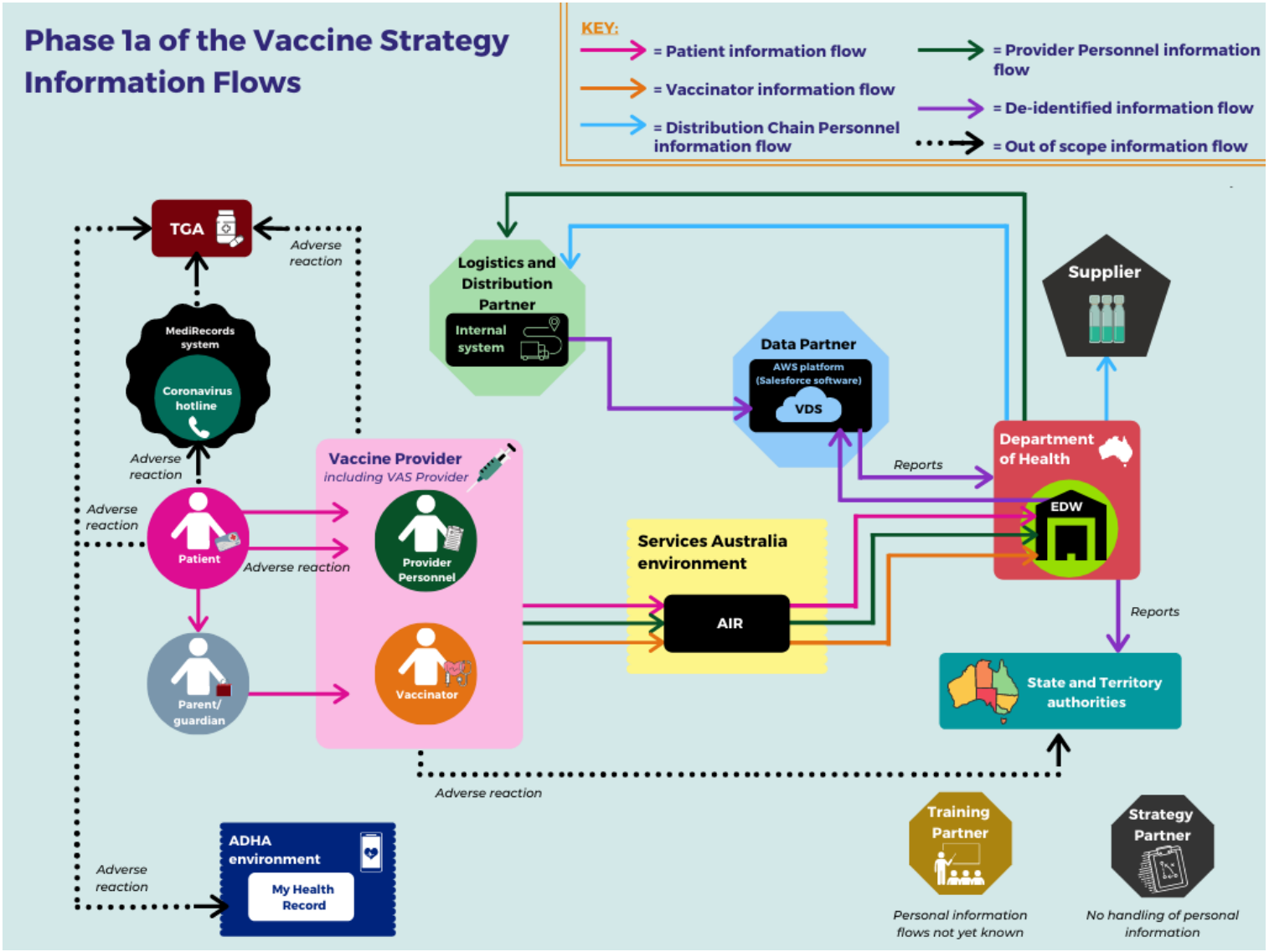
Part F GLOSSARY

Definitions	
ADHA	means the Australian Digital Health Agency.
AIR	means the Australian Immunisation Register.
AIR Act	means *Australian Immunisation Register Act 2015* (Cth).
APP, or Australian Privacy Principle	has the meaning given to it in the Privacy Act.
App	means a potential software application which may be developed by the ADHA in order to assist Vaccine Providers/Vaccinators transmit and input relevant Vaccine Strategy Information into the AIR.
APP Code	means the *Privacy (Australian Government Agencies – Governance) APP Code 2017*.
Archives Act	means the *Archives Act 1983* (Cth).
CIS	means the Clinical Information System, which is the internal system used by medical practitioners to maintain and manage Patient records.
Collection Notice	means a notice provided to individuals before their personal information (including sensitive information) is collected, which provides them with information on how their Vaccine Strategy Information will be handled in connection with the Vaccine Strategy (including any subsequent uses and disclosures of that information).
COVID-19	means the coronavirus disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
Data Partner	means the provider contracted by Health who will design, develop and implement the VDS.
Distribution Chain Personnel	means the relevant personnel of the Supplier, of the Logistics and Distribution Partner, or at the nominated delivery location, whose contact details are needed for the purpose of COVID-19 vaccine distribution logistics.
Distribution Chain Personnel Information	means information collected about Distribution Chain Personnel, which may include personal information.
EDW	means the Enterprise Data Warehouse, which is a platform that supports Health's storage of health data in a secure environment.
Eligible Data Breach	has the meaning given to that term in the Privacy Act.
FOI Act	means the *Freedom of Information Act 1982* (Cth).
Health	means the Commonwealth Department of Health.
Information Flow	means a flow of personal information as described in this PIA report.

Definitions	
Integrated Platform	means the Australian Government's new clinical vaccine integrated platform that is being developed by the ADHA, designed to assist with streamlining Information Flows.
Logistics and Distribution Partner	means the provider contracted by Health who will co-design, establish and operate a logistics and distribution network for COVID-19 vaccines, and who is responsible for the distribution of the COVID-19 vaccines in connection with Phase 1a of the Vaccine Strategy.
My Health Record	means the online summary of a Patient's key health information.
OAIC	means the Office of the Australian Information Commissioner.
organisation	has the same meaning given by section 6C of the Privacy Act.
Partners	collectively means the Data Partner, Strategy Partner, Logistics and Distribution Partner, Vaccine Administrator, and Training Partner, as engaged by Health under a Partner Contract.
Partner Contract	means the contractual arrangements between Health and a Partner.
Patient	means an individual wishing to receive a vaccine for COVID-19.
Patient Information	means information collected about a Patient, which may include personal information (including sensitive information).
personal information	has the meaning given in section 6 of the Privacy Act.
PIA	means this privacy impact assessment.
Privacy Act	means the *Privacy Act 1988* (Cth).
Privacy Policy	means a privacy policy, developed in accordance with the Privacy Act (including the requirements of APP 1).
Provider Personnel	means the Vaccine Provider's personnel.
Provider Personnel Information	means information collected about Provider Personnel, which may include personal information.
sensitive information	has the same meaning given by section 6 of the Privacy Act.
Strategy Partner	means the provider contracted by Health to provide management and support services in relation to the implementation and rollout of the national COVID-19 vaccination program.
Supplier	means an entity engaged by Health to supply a COVID-19 vaccine to the Australian Government.
Training Partner	means the provider contracted by Health who will provide training to various entities and individuals involved in implementing the Vaccine Strategy.
TGA	means the Therapeutic Goods Association.
Vaccinator	means a Provider Personnel who will administer a COVID-19 vaccine to a Patient.

Definitions	
Vaccinator Information	means information collected about the Vaccinator who administers the relevant vaccine, which may include personal information.
Vaccine Administrator	means the provider contracted by Health who will provide vaccine administration services, on an 'as required' basis, to supplement delivery of the vaccines by other entities, including to particular priority and other vulnerable or hard to reach populations or communities, or in other circumstances where an additional workforce is required. The Vaccine Administrator may be a Vaccine Provider for particular locations.
Vaccine Provider	means the entity responsible for operating the site at which the COVID-19 vaccines will be administered to Patients. The Vaccine Administrator may be a Vaccine Provider.
Vaccine Strategy	means the COVID-19 Vaccine and Treatment Strategy and the COVID-19 Vaccine National Roll-out Strategy, currently being implemented as part of the Australian Government's response to the COVID-19 pandemic.
Vaccine Strategy Information	means any Patient Information, Vaccinator Information, other Provider Personnel Information, and Distribution Chain Personnel Information collected under the Vaccine Strategy.
VAS	means the Vaccine Administration System, which is Health's system for procuring and distributing vaccines to States and Territories, facilitating management of supply chains for all vaccines procured by the Commonwealth
VDS	means the data solution developed by the Data Partner to enable the tracking and reporting of COVID-19 vaccines across the vaccination delivery chain, over the life of the national COVID-19 vaccination program.

Attachment 1 Diagram of Information Flows



* Information flows relating to adverse reactions are still being developed, and are subject to change.