



## **No Jab, No Pay – New Immunisation Requirements for Family Assistance Payments**

### **SUMMARY**

From 1 January 2016:

- Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive the Child Care Benefit, the Child Care Rebate and the Family Tax Benefit Part A end of year supplement. The relevant vaccinations are those under the National Immunisation Program (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Childhood Immunisation Register (ACIR).
- Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements.
- Conscientious objection and vaccination objection on non-medical grounds will no longer be a valid exemption from immunisation requirements.
- Families eligible to receive family assistance payments and have children less than 20 years of age, who may not meet the new immunisation requirements, will be notified by Centrelink.
- To support these changes, the ACIR is being expanded. From 1 January 2016, you will be able to submit the details of vaccinations given to persons less than 20 years of age to the ACIR.

#### **1. Free catch-up for children less than 10 years of age**

From 1 January 2016, all states and territories will be providing free catch-up NIP vaccines for all children less than 10 years of age on an on-going basis.

#### **2. Free catch-up for young persons 10 to 19 years of age, of families who currently receive family assistance payments**

From 1 January 2016, parents who wish to immunise their children in order to continue to receive family assistance payments will have access to free catch-up vaccines for a time-limited period (1 January 2016 to 31 December 2017).

## 1. Free catch-up for children less than 10 years of age

Children overdue for vaccines on the NIP should be commenced on a catch-up schedule covering the vaccines usually administered by 5 years of age, using the funded vaccines available on an on-going basis through the NIP.

## 2. Free catch-up for young persons 10 to 19 years of age

As a number of the vaccines required for this age group are not registered for use in those aged 10 years and over, alternative vaccines will be made available to vaccination providers at no-cost for a time-limited period. These vaccines will be available through the routine vaccine ordering systems in your state or territory.

The following information sets out the funded catch-up program for young persons aged 10-19 years.

### Standard vaccination schedule for those children aged 10 to 19 years

Table 1 sets out the vaccines which are recommended for young persons 10 to 19 years of age, however, not all are required to be eligible for family assistance payments. This is dependent on the age and vaccination status of the individual.

**Table 1: Standard vaccination catch-up recommendations for children aged 10 to 19 years [adapted from the Australian Immunisation Handbook 10th edition (updated 2015 online)]**

Vaccine (10-19 yr olds)	Clinically recommended (Funded)	Linked to family payments (10-19 yr olds)	Doses required	Min interval between dose 1 and 2	Min interval between dose 2 and 3
dT *	Yes	Yes	3 doses	4 weeks	4 weeks
Pertussis	Yes	Yes	1 dose	Not required	Not required
Poliomyelitis (IPV)	Yes	Yes	3 doses	4 weeks	4 weeks
MMR	Yes	Yes	2 doses	4 weeks	Not required
Hepatitis B Aged 10–19 years ^	Yes	Yes	3 paediatric doses	1 month	2 months <sup>†</sup>
Hepatitis B Aged 11–15 years only ^	Yes	Yes	2 adult doses	4 months	Not required
MenCCV	Yes	No	1 dose		Not required
Varicella <sup>§¶</sup>	Yes	No	At least 1 dose if aged <14 years	If 2nd dose given, a 4-week interval is required <sup>§</sup>	Not required
Varicella <sup>§¶</sup>	Yes	No	2 doses if aged ≥14 years	4 weeks	Not required
Pneumococcal	No	No			
Hib	No	No			
Rotavirus	No	No			

\* One of the doses should be given as dTpa (or dTpa-IPV if poliomyelitis vaccination is also needed) and the course completed with dT. In the unlikely event that dT is not available, dTpa or dTpa-IPV may be used for all 3 primary doses *but this is not routinely recommended as there are no data on the safety, immunogenicity or efficacy of dTpa for primary vaccination* (refer to also 4.12 Pertussis).

¶ If an individual aged >10 years has not had any previous doses of pertussis, one dose is required now.

If an individual aged >10 years has received some previous doses, but did not receive four doses in total, one additional dose of pertussis is required.

† For hepatitis B vaccine, the minimum interval between dose 1 and dose 3 is 4 months (refer to 4.5 Hepatitis B).

^ Note the age groups overlap and this is an either/or, not both.

§ Varicella vaccine is recommended for all non-immune persons. At least 1 dose should be given to those aged <14 years, and all persons aged ≥14 years should receive 2 doses. (Refer also to 4.22 *Varicella*.)

¶ MMRV is suitable to provide varicella vaccination in children aged <14 years. This vaccine is not recommended for use in persons ≥14 years of age. (Refer also to 4.22 *Varicella*.)

### Planning a catch-up vaccination schedule

In [Table 1](#), the 'doses required' column lists the number of vaccines a child should have received by their age.

Where an individual has no recorded vaccines in the ACIR they require a full catch-up schedule developed in accordance with the number of 'doses required' and the recommended intervals, to be considered fully immunised.

### Where an individual has some doses recorded, the catch-up schedule should reflect only the number of doses necessary to equal the total number of 'doses required' in Table 1, factoring in any previous doses given. Expansion of the Australian Childhood Immunisation Register (ACIR)

Currently, immunisation records for children up to 7 years of age are held on the ACIR. With the exception of the National Human Papillomavirus (HPV) Vaccination Register, there has not been a central registry to record vaccinations given to adolescents as part of state run immunisation programs, school immunisation programs, or catch-up vaccinations given to individuals 7 years and over.

### From 1 January 2016, vaccination providers must submit details to ACIR of all vaccines given to those persons less than 20 years of age.

Over the coming year, the ACIR will be expanded further to include all ages and will become the Australian Immunisation Register (AIR). Information on the staged approach to the expansion is available in the fact sheet - UPDATE: *Expansion of Australia's Immunisation Registers* at [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

## Question and Answers

### How do I access an immunisation history?

If you are a general practitioner or vaccination provider, you can access the immunisation history of an individual by visiting the ACIR secure area of the Health Professional Online Service ([humanservices.gov.au/hpos](http://humanservices.gov.au/hpos)). You can also access a range of immunisation reports from this site.

### What do I do if information is missing or incomplete?

If there are any missing immunisation details for an individual or the information is incorrect, please submit the correct information to the ACIR (see below: How do I submit information to ACIR?).

In the event that there is no vaccination record for an individual on the ACIR, and the parent is unable to provide evidence to the vaccination provider that their child has received the required vaccinations, then it will be assumed that the vaccines have not been administered. The vaccination provider is required to develop a catch-up plan based on documented vaccination history and vaccinate accordingly. Testing of children to assess serological status prior to vaccination is generally not recommended. If serology testing is undertaken, this is undertaken at the expense of the individual.

An individual may have received vaccines such as dTpa or MMR previously given through school delivery programs and it is possible that these vaccinations may count towards an individual's catch-up schedule. In these situations, a parent may approach Public Health Units (PHU) or Local Government Services in some states and territories to request evidence of these vaccinations and provide this evidence to you to be recorded on the ACIR. In some circumstances PHUs and Local Governments who have access to this information can use their provider access to enter details of these vaccinations directly into the ACIR (see below: How do I submit information to ACIR?).

### How do I order vaccines for catch-up?

When families present to commence a catch-up schedule you will need to place an order for the nationally funded vaccines through the process currently used to order vaccines for other Commonwealth or state run immunisation programmes. Contact the health department in your state or territory if you need more information on this process.

### How do I submit information to the ACIR?

From 1 January 2016, vaccination providers should submit details to ACIR of all vaccines given to those persons less than 20 years of age. When a vaccination is given to an individual, the details should be submitted promptly to ensure family assistance payments are not delayed.

### Information can be submitted to the ACIR using:

- Medicare Online - a software application that allows the transmission of ACIR data via the vaccination provider's desktop software. For more information about Medicare Online, contact 1800 700 199.
- Health Professional Online Services (HPOS) – recognised vaccination providers can submit immunisation details using the Identify Child and Record Encounter function through the ACIR secure area within HPOS.
- Manually - by completing either an Immunisation Encounter form or an Immunisation History form and sending it to DHS/ACIR (return details are provided on the form).
- If you currently send data to the ACIR via your state or territory health department you should continue to do so.

Information about registering to send or receive immunisation data from the ACIR is available on the Australian Government Department of Human Services website at: [humanservices.gov.au/health-professionals/services/australian-childhood-immunisation-register/](http://humanservices.gov.au/health-professionals/services/australian-childhood-immunisation-register/)

You will need to ensure you refresh your practice management software to ensure you are working with the latest update.

### How do I report a valid medical exemption to ACIR?

From 1 January 2016, notifications of medical contraindication and natural immunity will NOT be accepted on practice/GP letterhead and must be provided on the approved *ACIR Immunisation Medical Exemption* form. The *ACIR Immunisation Medical Exemption* form has recently been updated to include guidance for general practitioners on what is, and is not, considered a valid medical contraindication to immunisation and to include a section to notify a natural immunity. This form can only be completed by general practitioners.

**Please ensure you destroy any printed copies of old versions of this form, as old forms signed after 1 January 2016 will not be accepted. Incorrect forms will be returned and you will be required to complete the correct form. This could impact on a family's timely receipt of family assistance payments.**

**Medical contraindication** – you can complete the *ACIR Immunisation Medical Exemption* form to identify which vaccine the individual cannot receive and whether the contraindication is temporary or permanent.

Medical contraindications should only be prepared for valid medical reasons and not due to parent hesitations and/or a parent's personal belief towards vaccination. **Medical contraindications are rare.** Refer to page two of the *ACIR Immunisation Medical Exemption* form and the *Australian Immunisation Handbook* 10th edition (updated 2015 online) for details.

**Natural immunity to a disease** – you can complete the *ACIR Immunisation Medical Exemption* form outlining that you believe the individual does not require a vaccine because they have a natural immunity to the disease. Natural immunity can only be reported for certain diseases, including: Hepatitis B, Measles, Mumps, Rubella and Varicella.

The *ACIR Immunisation Medical Exemption* form is available from: [humanservices.gov.au/health-professionals/forms/](http://humanservices.gov.au/health-professionals/forms/)

### What resources may assist discussing immunisation and vaccines with hesitant parents?

Some parents/carers will have concerns or questions about immunisation. Along with the *Myths and Realities: Responding to arguments against vaccination*, the Department of Health has commissioned the National Centre for Immunisation Research and Surveillance (NCIRS) to develop a number of new fact sheets to address commonly held concerns. These resources can help frame discussions about immunisation with parents and provide evidence-based answers to commonly held concerns and myths surrounding immunisation. These resources are available from the Immunise Australia website at [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

Additionally your state and territory may have a specialist service that can address immunisation issues with parents. Call your health department for state and territory contact details.

### State and Territory Health Department contact details.

- ACT - (02) 6205 2300
- QLD - 13 HEALTH (13 43 25 84)
- SA - 1300 232 272
- TAS - 1800 671 738
- NSW - 1300 066 055
- VIC - 1300 882 008
- NT - (08) 8922 8044



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• WA - (08) 9321 1312