

National Healthcare Agreement: P09-Immunisation rates for vaccines in the national schedule (Australian Childhood Immunisation Register), 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	392607
Registration status:	Health , Superseded 08/06/2011

Data quality

Data quality statement summary:

- The data used to calculate this indicator are from an administrative data collection—the Australian Childhood Immunisation Register (ACIR)—for which there is an incentive payment for notification, and there are further incentives for parents to have their child's vaccination status up to date. The Register is linked to the Medicare enrolment register, and approximately 99% of children are registered with Medicare by 12 months of age.
- Data has been reported using the ACIR definition of fully-immunised children; that is, children who have received all age appropriate immunisations. Although there are now more vaccines on the National Immunisation Program Schedule for children than are reported here, these are not in scope for those children aged 5 years at the time of reporting.

Institutional environment:

The ACIR is administered and operated by Medicare Australia for the Australian Government Department of Health and Ageing (DoHA). Medicare Australia provides DoHA with quarterly coverage reports at the national and state level.

Immunisations are notified to Medicare Australia by a range of immunisation providers including general practitioners, councils, Aboriginal medical services and the state and territory health authorities.

For information on the institutional environment of the ACIR, including the legislative obligations of the ACIR, financing and governance arrangements, and mechanisms for scrutiny of ACIR operations, please see <http://www.medicareaustralia.gov.au/public/services/acir/index.jsp>.

The tables for this indicator were prepared by the Department of Health and Ageing and quality-assessed by the AIHW. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Timeliness:

A minimum 3-month lag period is allowed for late notification of immunisations to the Register. Data have been presented for children born between 1 January 2004 and 31 March 2004.

Accessibility:

Information contained within the indicator for disaggregations by Indigenous, SEIFA and Remoteness are not currently publicly accessible. Current total percentage and total numbers however can be viewed on Medicare Australia's web site.

Medicare Australia publishes current immunisation coverage from the ACIR on its web site, www.medicareaustralia.gov.au. Authorised immunisation providers can access detailed reports via a secured area of the Medicare Australia web site.

Immunisation coverage data derived from the ACIR have been reported in *Communicable Diseases Intelligence* since early 1998. Data for 3 key milestone ages (12 months, 24 months and 5 years (6 years prior to 2008)), nationally and by jurisdiction are published quarterly.

Interpretability:

Further information on the ACIR can be found at:

<http://www.medicareaustralia.gov.au/public/services/acir/index.jsp>.

Information on the National Immunisation Program Schedule and vaccinations can be found at:

<http://www.immunise.health.gov.au/>.

Relevance:

The ACIR records details of vaccinations given to children under seven years of age who live in Australia, however reporting for the Australian Healthcare Agreement is only for those children aged five years, which are those children born between 1 January 2004 and 31 March 2004.

Data has been reported using the ACIR definition of fully-immunised children; that is, children who have received all age appropriate immunisations for Diphtheria, Tetanus, Pertussis, Hepatitis B, Poliomyelitis, Haemophilus influenzae type B, Measles, Mumps and Rubella.

The National Immunisation Program Schedule (NIPS) also includes Hepatitis A (Indigenous children only), Meningococcal C, Pneumococcal, Rotavirus and Varicella.

The Varicella vaccine was added to the NIPS for children born from 1 May 2004; the Pneumococcal vaccine was added to the NIPS for children born from 1 January 2005; and the Rotavirus vaccine was added to the NIPS for children born from 1 May 2007. Consequently, data for these vaccinations are not available for the cohort of children being reported for this indicator this year.

There are possible gaps in coverage due to unknown vaccination status of children less than 5 years migrating to Australia. The extent of this is not currently quantifiable.

The analyses by state/territory, remoteness and socioeconomic status are based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, this data does not necessarily reflect the location in which services were received.

Accuracy:

Vaccination coverage rates calculated using ACIR data are believed to underestimate actual vaccination rates because of under-reporting by immunisation providers. However, the extent of any under-reporting has not been estimated.

Programs, such as the General Practice Immunisation Incentive (GPPI), and provider incentive payments have helped minimise under-reporting by providing a financial incentive to report clean and accurate data.

The data contains minimal if any duplication of immunisations, as children are identified via their Medicare number. Approximately 99 per cent of children are registered with Medicare by 12 months of age.

The ACIR covers virtually all children, particularly because participation in the ACIR is via an 'opt-out' arrangement.

The ACIR is considered to have high levels of Indigenous identification (estimated to be 95% in 2005).

The Department of Health and Ageing used tables and concordance files to construct rates by remoteness and socioeconomic status. These tables and concordance files were provided by the AIHW, based on ABS statistical products.

Coherence:

The numerators and denominators have been consistent since the inception of the ACIR in 1996.

Relational attributes

Related metadata references:

Has been superseded by [National Healthcare Agreement: P109-Immunisation rates for vaccines in the national schedule \(Australian Childhood Immunisation Register\), 2011 QS](#)

[Health](#), Superseded 04/12/2012

See also [National Healthcare Agreement: P09-Immunisation rates for vaccines in the national schedule \(Adult Vaccination Survey\), 2010 QS](#)

[Health](#), Superseded 08/06/2011

See also [National Healthcare Agreement: P09-Immunisation rates for vaccines in the national schedule \(National Aboriginal and Torres Strait Islander Health Survey\), 2010 QS](#)

[Health](#), Retired 12/03/2015

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: P09-Immunisation rates for vaccines in the national schedule, 2010](#)

[Health](#), Superseded 08/06/2011