



IMMUNISATION  
COALITION

# MASTERCLASS: IMMUNISATION OF OLDER ADULTS

## Indigenous Elders.

## Paul Van Buynder



We were young and beautiful

Now we are just beautiful

Demotivation.us

# Disclosures:

- Over the last twelve months I have received honoraria or travel support from GSK, Moderna, MSD and Sanofi.
- I am a member of the Australian Influenza Vaccination Committee, a TGA body.
- I am a past president of the Immunisation Coalition and until recently a member of its Scientific Advisory Committee.
- I am a member of the Asia Pacific Alliance for the control of influenza and am a registered expert with the International Federation of Aging.

The content of my talks at this workshop represents my personal views and not those of any vaccine company



Kumanjayi  
Little baby

**Why is this  
acceptable?**



**Ilyperenye**



# Improve Indigenous Health

65% of the Aboriginal and Torres Strait Islander population in Australia live outside a major city.

Compared to non-Indigenous Australians  
Aboriginal and Torres Strait Islanders experience:

Cancer survival rates since 2004



21% worse

1.5 to 2.5x

more likely to experience discrimination and racism

Life Expectancy



MALES 10.6 years  
FEMALES 9.5 years

LESS



55x

more likely to die of Rheumatic Heart Disease



4.9x

rate of preventable hospital admissions



6.4%

reduction in Aboriginal and Torres Strait Islander health workforce

2.3x higher burden of disease



NATIONAL RURAL HEALTH ALLIANCE LTD

The National Rural Health Alliance is asking an incoming Government to commit to:

- Endorsing the Uluru Statement from the Heart
- Funding an additional 3,000 Aboriginal and Torres Strait Health Workers and Practitioners
- Increased funding for Aboriginal Community Controlled Health Organisations
- Eliminating Rheumatic Heart Disease

[www.ruralhealth.org.au/election19/](http://www.ruralhealth.org.au/election19/)

#Vote1RuralHealth



The impact of colonisation includes:

- disconnection from culture, family, and Country
- food and resource insecurity
- intergenerational trauma
- marginalisation
- racism and systemic discrimination
- poverty

**All this is hard. Vaccination is easy!**

## The data shows:

- At all ages infectious diseases impact Indigenous Australians to a greater extent.
- This is worse in remote areas
- Our policy is to provide more vaccines for free and at an earlier age
- Vaccines only work after administration so how are we doing?

## An example of Epidemiology:

- We know lots about respiratory diseases and the greater risk
- e.g HIB infections pre vaccine in Alice Springs were 1% annually
- But what about something like zoster

# Indigenous HZ Epidemiology\*

Data source and age group	Average annual hospitalisations per 100,000 population (95% CI)		Incidence rate ratio <sup>a</sup> (95% CI)
	Indigenous	Non-Indigenous	
Sheel (2017, 2018 <sup>b</sup> ): 2007 – 2011			
0–49 years	4.1 (3.3–5.1)	2.3 (2.1–2.5)	1.81 (1.46–2.24)
50–59 years	16 (11–22)	8.3 (7.4–9.4)	1.87 (1.29–2.71)
60–69 years	34 (22–50)	18.8 (17.9–19.8)	1.77 (1.27–2.48)
70–79 years	37 (18–79)	44.8 (43.1–46.5)	0.83 (0.51–1.36)
≥80 YOA	132 (67–262)	89.8 (48.7–166)	1.47 (0.57–3.78)

Age range	Sheel (2017)		ABS Data	
	Percent of non-Indigenous population	Percent of Indigenous population	Percent of non-Indigenous population	Percent of Indigenous population
50-59	40%	57%	38%	54%
60-69	30%	28%	31%	31%
70-79	18%	11%	19%	11%
80+	12%	4%	12%	4%

Table 3-18 Model inputs for HZ incidence in the Indigenous population

Age (years)	IRR (95% CI)	HZ incidence input values
50-59	1.87 (1.29, 1.71)	0.011781
60-64	1.77 (1.27, 2.48)	0.024178
65-69	1.77 (1.27, 2.48)	0.024178
70-79	0.83 (0.51, 1.36)	0.012707
≥80	1.47 (0.57, 3.78)	0.029238

Abbreviations: CI, confidence interval; HZ, herpes zoster; IRR, incidence rate ratio.

\* Poor ascertainment in primary care so hospitalisations used for comparative data

# Current RZV NIP listing<sup>1</sup>

≥18 years old	≥18 years old	50 – 64 years old	≥50 years old	≥65 years old
<b>Immunocompromised</b> with conditions at 'high risk' of shingles*	<b>At increased risk</b> All other conditions excluding NIP 'high risk' conditions	<b>Individuals</b>	<b>Aboriginal and Torres strait Islander people</b>	<b>Individuals</b>
<b>RZV NIP</b>	<b>RZV private script</b>	<b>RZV private script</b>	<b>RZV NIP</b>	<b>RZV NIP</b>

\*These conditions are **haematopoietic stem cell transplant, solid organ transplant, haematological malignancy and advanced or untreated HIV**. See the determination for more details <https://www.legislation.gov.au/Details/F2023L01367>

## Additional funding information

- Eligible people who have received one dose of RZV privately can receive their second dose free under the NIP.
- Patients who have previously received ZVL free under the NIP cannot receive free RZV until at least 5 years after the ZVL dose.
- Patients who have previously received ZVL privately, are eligible to receive RZV free under the NIP. An interval of at least 12 months is recommended between receiving ZVL and a subsequent dose of RZV.
- The patient will still need to complete the 2-dose schedule of RZV.

NIP: National Immunisation Program; RZV: Recombinant zoster vaccine; ZVL: Zoster vaccine live

1. Department of Health. NIP Shingles Vaccination Advice for vaccination providers

<https://www.health.gov.au/resources/publications/national-immunisation-program-shingles-program-advice-for-vaccination-providers?language=en> accessed December 2023

# “Required vaccines” for health ageing

- Uptake will depend on:
  - Older persons understanding the burden of disease
  - Reassurance about vaccine safety and effectiveness
  - Easy access to immunisers
  - Affordable vaccines
- And ... TRUST in the message and the messenger
- And ... the messenger believing!!!

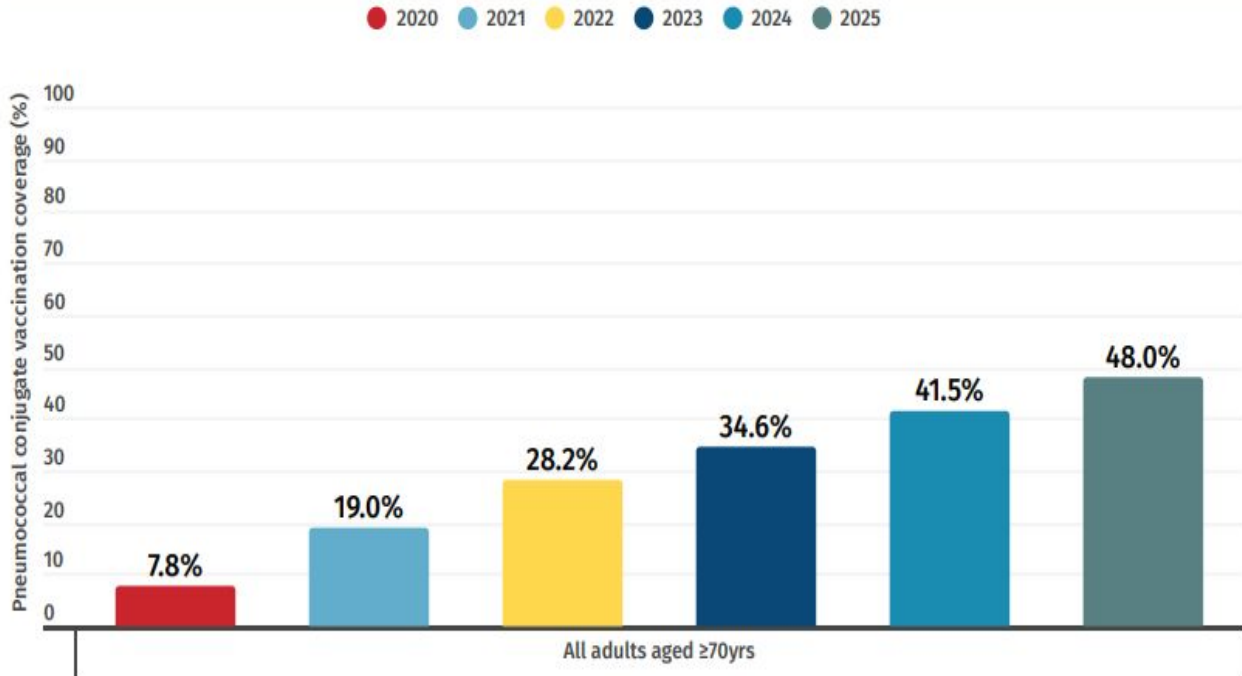
# “Recent Audits in AHS settings

- Vaccine coverage in 50 + years attendees:
  - 6% had accessed vaccine
  - Not hesitant
  - Not offered
  - Structured system to boost
- COVID boosting in older persons
  - <20% in attendees
  - No better in AHWs or vaccine nurses
  - And influenza just as bad.
- If the messenger doesn't believe in the issue, then vaccine is not recommended nor given

# All adults

## Pneumococcal

While **adult coverage of PCV** has continued to increase year-on-year, it remains suboptimal. In 2025, less than half of adults aged 70 years and over were recorded as having previously received an adult dose of PCV.



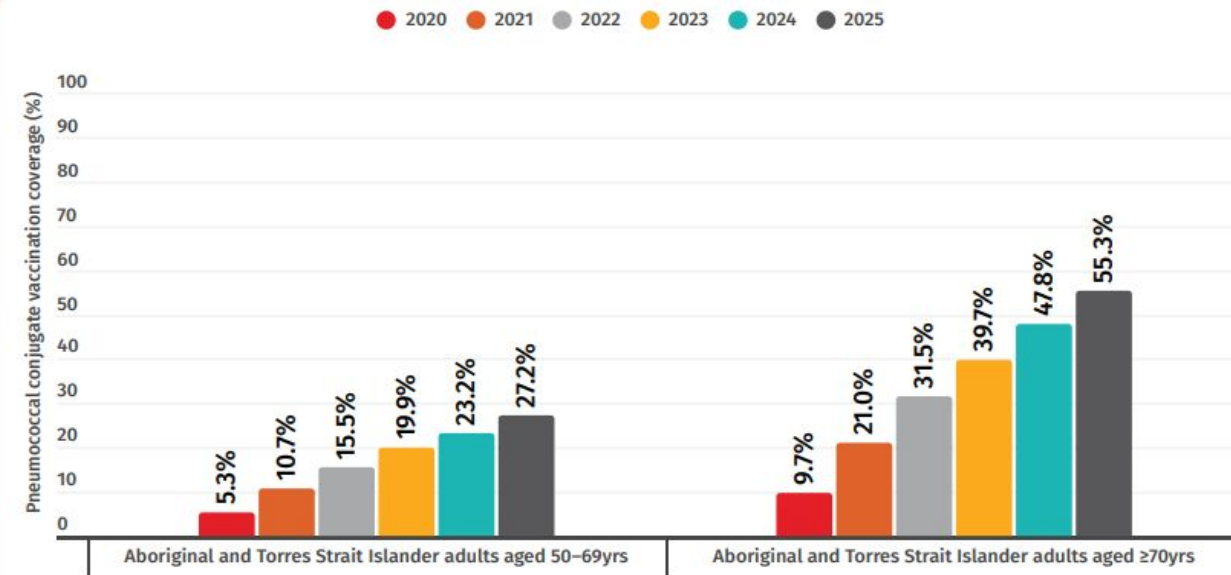
# Aboriginal and Torres Strait Islander adults

## Pneumococcal

**Coverage of PCV** in Aboriginal and Torres Strait Islander adults has increased substantially year-on-year, but there remains room for further improvement.

PCV vaccination is NIP-funded for Aboriginal and Torres Strait Islander adults aged 50 years and over.

In 2025, just over one-quarter of Aboriginal and Torres Strait Islander adults aged 50–69 years and just over half of those aged 70 years and over were recorded as having previously received an adult dose of PCV.



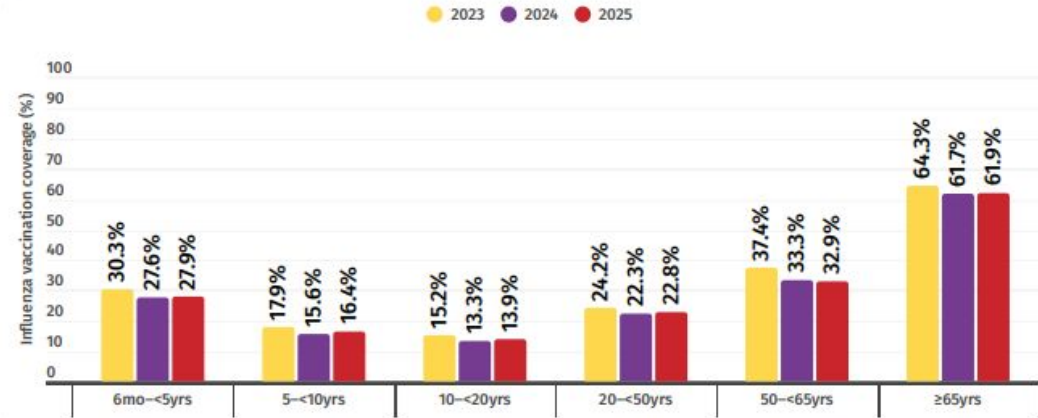
Positive trends in increasing uptake of pneumococcal conjugate vaccine (PCV) in Aboriginal and Torres Strait Islander adults continue. However, awareness of eligibility for this vaccine under the NIP from 50 years of age may be low among communities and healthcare providers, given PCV is not funded for non-Indigenous adults until 70\* years of age.

# Influenza

## All persons

Influenza vaccination coverage across all age groups in 2025 was similar to 2024, but lower than in 2023.

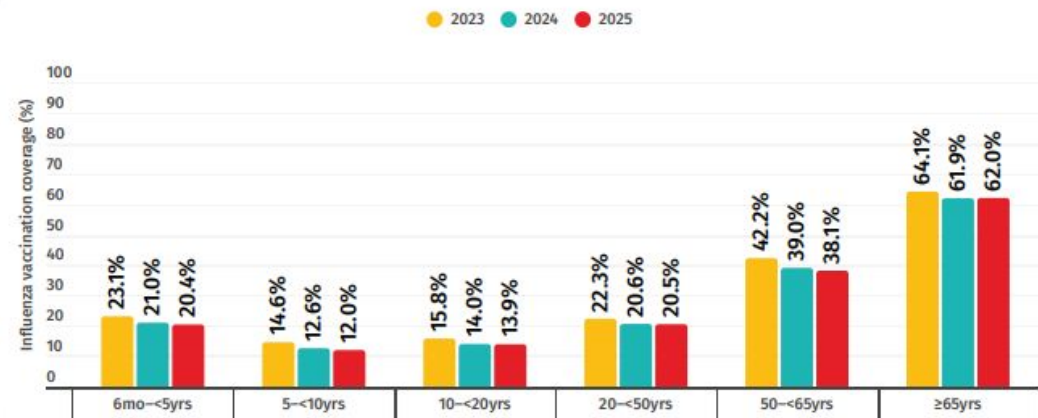
Annual influenza vaccination is NIP-funded for all children aged 6 months to less than 5 years and adults aged 65 years and over. However, less than one-third of children and just under two-thirds of adults in these age groups received an influenza vaccine in 2025.



## Aboriginal and Torres Strait Islander persons

Influenza vaccination coverage in Aboriginal and Torres Strait Islander Peoples in 2025 was similar to 2024 for those aged 10 years and over, but lower for younger age groups.

Annual influenza vaccination is funded for all Aboriginal and Torres Strait Islander persons aged 6 months and over.



- Influenza vaccination is NIP-funded for all Aboriginal and Torres Strait Islander persons aged 6 months and over; coverage across all age groups in 2025 was suboptimal.

- Detailed assessment of the drivers of declines in vaccination coverage in Aboriginal and Torres Strait Islander Peoples, along with targeted strategies to address these, are urgently required.

- Supporting communities to develop innovative and culturally appropriate strategies to address barriers to vaccination and improve equity of access to all NIP-funded vaccines should be a priority across all age groups.

# The solution?

- Improved uptake will depend on:
  - STAFF understanding the burden of disease, vaccine safety and effectiveness and committed to addressing this
- Role for NACCHO and its subsidiaries
- Medical Directors at each AMS
- GPs and specialists
- Indigenous vaccine champions



# Questions

