



**Australian Government**  
**Australian Institute of  
Health and Welfare**

# Essential Vaccines: performance report

2022–23

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# **Essential Vaccines: performance report 2022–23**

Australian Institute of Health and Welfare  
Canberra

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# Foreword

## Reassessment of state and territory performance against EVS benchmarks

In 2021-22, the Commonwealth Department of Health and Aged Care reassessed state and territory performance against the Essential Vaccines Schedule (EVS) performance benchmarks, as outlined in the agreement. This reassessment considered the impact of COVID-19 on immunisation services, including disruption to health infrastructure, resourcing processes, and changes in health seeking behaviour.

The Commonwealth Department of Health and Aged Care determined that results in the *Essential Vaccines: performance report 2022–23* prepared by the Australian Institute of Health and Welfare (AIHW) were again impacted for the 2022–23 assessment period due to the continuing COVID-19 pandemic settings. As a result, a reassessment of achievement against EVS benchmarks was undertaken by the Department based on the AIHW's findings, considering the provisions of the agreement. The results following reassessment are reflected in the table below.

### Achievement against EVS benchmarks assessed for the period 1 April 2022 to 31 March 2023, by state and territory with consideration for COVID-19 impact

State/territory	PB1	PB2	PB3	PB4	PB5	Number of benchmarks fully met
NSW	✓	✓	✓	PARTLY (3/4)	✓	4
Vic.	✓	✓	PARTLY	✓	✓	4
Qld	✓	✓	✓	✓	✓	5
WA	✓	✗	✓	✓	✓	4
SA	✓	✓	✓	✓	✓	5
Tas.	✓	✓	✗	PARTLY (3/4)	✓	3
NT	✓	✗	PARTLY	✓	✓	3
ACT	✓	✓	✓	PARTLY (3/4)	✓	4

# Summary

This report provides an assessment of state and territory performance against the performance benchmarks outlined in the Essential Vaccines Schedule of the Federation Funding Agreement – Health (EVS), for the sixth year of the agreement, covering the assessment period 1 April 2022 to 31 March 2023.

The EVS is an agreement between the Commonwealth of Australia and the states and territories, which aims to “support the cost-effective and efficient delivery of the National Immunisation Program to protect the Australian public from the spread of vaccine preventable diseases”.

The performance benchmarks assessed in this report are:

1. maintained or increased vaccination coverage rates for 60–<63-month-olds relative to the baseline;
2. maintained or increased vaccination coverage rates for Aboriginal and Torres Strait Islander people in at least two of the following three age cohorts: 12–<15 months; 24–<27 months; and 60–<63 months, relative to the baseline;
3. an increase in the vaccination coverage rate for both adolescent boys and adolescent girls for HPV, relative to the baseline;
4. an increase in vaccination coverage rates for 60–<63-month-olds in four of the ten lowest vaccination coverage SA3 geographical areas in each jurisdiction, relative to the baseline; and
5. an annual decrease in the wastage and leakage rate for agreed vaccines, relative to the baseline.

A performance milestone of “provision of annual schools HPV immunisation data for the previous school year by 1 March each year” is also specified in the agreement. For the sixth year of the agreement, all states and territories achieved this milestone.

One jurisdiction (South Australia) met 4 of the 5 benchmarks assessed in this report. Three jurisdictions (Qld, WA and ACT) met 3 of the 5 benchmarks assessed in this report.

**Table S1: Achievement against EVS benchmarks assessed for the period 1 April 2022 to 31 March 2023, by state and territory**

State/territory	PB1	PB2	PB3	PB4	PB5	Number of benchmarks fully met
NSW	x	x	✓	PARTLY	✓	2
Vic.	x	✓	x	PARTLY	✓	2
Qld	x	x	✓	✓	✓	3
WA	x	x	✓	✓	✓	3
SA	✓	✓	✓	PARTLY	✓	4
Tas.	x	✓	x	PARTLY	✓	2
NT	x	x	x	PARTLY	x	0
ACT	✓	x	✓	PARTLY	✓	3

Note: A list of the EVS benchmarks and their detailed specifications is in Appendix A.

Results in this report should be interpreted in the context of the COVID-19 pandemic, which contributed to disruption to health infrastructure, resourcing processes, and changes in health seeking behaviour. These factors may have led to limited immunisation service access and reduced vaccine demand through the reporting period.





# 1 Introduction

This report assesses the performance of state and territory governments against the benchmarks set out in the Essential Vaccines Schedule of the Federation Funding Agreement – Health (EVS; the Agreement).

## The Essential Vaccines Schedule

The EVS is an agreement between the Commonwealth of Australia and the states and territories. The objective of the Agreement is to “support the cost-effective and efficient delivery of the National Immunisation Program (NIP) to protect the Australian public from the spread of vaccine preventable diseases”<sup>1</sup>.

The NIP is a joint initiative of the Commonwealth and the states and territories, making free vaccines for several key diseases available to eligible individuals through a range of vaccination providers in accordance with the National Immunisation Schedule (available at [www.health.gov.au/immunisation](http://www.health.gov.au/immunisation)).

The EVS is intended to facilitate achievement of 6 key outcomes, namely to:

- a) minimise the incidence of vaccine preventable diseases in the eligible Australian population for diseases with vaccines listed under the NIP;
- b) minimise the incidence of vaccine preventable diseases in Aboriginal and Torres Strait Islander people for diseases with vaccines listed under the NIP;
- c) minimise the incidence of human papillomavirus (HPV) in the eligible Australian population;
- d) ensure that Australian HPV immunisation data is provided to the Commonwealth annually;
- e) minimise the incidence of vaccine preventable diseases in the eligible Australian population in geographic areas of low coverage; and
- f) ensure that vaccines listed under the NIP are managed in a way that minimises wastage and leakage, with a target rate of wastage and leakage of 5% or lower.

A set of 5 performance benchmarks and one milestone are specified in the Agreement to inform the assessment of progress contributing to the above outcomes. The Commonwealth makes a financial contribution to states and territories based on the cost of vaccine purchases by each state and territory following annual assessments against whether these benchmarks and milestone have been met.

The Australian Institute of Health and Welfare has been tasked with providing an independent assessment as to whether the benchmarks have been met for the sixth year of the agreement. That assessment is contained in this report.

Note that the benchmarks specified in the EVS were first established in 2017 and re-established in 2021. They do not include vaccines for COVID-19. A list of the vaccines included in the coverage assessments in this report is provided in Table 1.

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<sup>1</sup> Australian Government (2021) *Essential Vaccines, Federation Funding Agreement - Health*. Accessed 27 October 2022, <<https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-02/essential-vaccine-schedule-to-2023.pdf>>

# The performance benchmarks

The 5 performance benchmarks specified in the EVS are:

1. maintained or increased vaccination coverage rates for 60–<63 month olds relative to the baseline;
2. maintained or increased vaccination coverage rates for Aboriginal and Torres Strait Islander people in at least two of the following three age cohorts: 12–<15 months; 24–<27 months; and 60–<63 months, relative to the baseline;
3. an increase in the vaccination coverage rate for both adolescent boys and adolescent girls for HPV, relative to the baseline;
4. an increase in vaccination coverage rates for 60–<63 month olds in four of the ten lowest vaccination coverage SA3 geographical areas, relative to the baseline; and
5. an annual decrease in the wastage and leakage rate for agreed vaccines, relative to the baseline.

More detailed specifications for each benchmark are provided at Appendix A.

A performance milestone of “provision of annual schools HPV immunisation data for the previous school year by 1 March each year” is also specified in the Agreement. For the 2022–23 assessment (relating to data for the 2022 school year), assessment of whether the states and territories achieved this milestone was undertaken by the Commonwealth Department of Health and Aged Care. Information on this milestone is also included in this report.

## Assessing performance

Table 4 of the EVS specifies how each performance benchmark is to be measured and assessed. Details are in Appendix A, and summarised below.

Note that coverage rates measured for these benchmarks are based on the proportion of children who are ‘fully immunised’ for their age, as defined by the Australian Immunisation Register. This definition may change over time along with changes to the NIP Schedule. For the reference period of the benchmarks assessed in this report (1 January to 31 December 2022 for benchmark 3, and 1 April 2022 to 31 March 2023 for all other benchmarks) the definitions used were those specified in Table 1.

The Commonwealth acknowledges the reference period assessed in this report was during the COVID-19 pandemic, with initial lockdowns beginning in Australia in late March 2020, and subsequent infection ‘waves’ beginning in winter 2020, winter 2021 and December 2021<sup>2</sup>. International and domestic border restrictions and a range of public health restrictions continued into 2022<sup>2</sup>. The effect of the pandemic in reducing immunisation coverage rates has been acknowledged on a global scale<sup>3</sup>. Results in this report should be interpreted in the context of the COVID-19 pandemic, which contributed to disruption to health infrastructure, resourcing processes, and changes in health seeking behaviour. These factors may have led

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<sup>2</sup> Australian Institute of Health and Welfare (2022) ‘The impact of a new disease: COVID-19 from 2020, 2021 and into 2022’. In *Australia’s health 2022: data insights*, Chapter 1.

<sup>3</sup> World Health Organization (2022) ‘COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades’. Available <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>

to limited immunisation service access and reduced vaccine demand through the reporting period.

### **Benchmark 1: Maintained or increased vaccination coverage for 60–<63 month olds**

- Measured as percentage of children aged 60–<63 months reported as fully immunised, compared with the baseline.
- The baseline for each assessment period is the average coverage rate of the previous 3 years for that jurisdiction.
- Where a jurisdiction achieves a coverage rate for the reference period of 95% or higher, it will be deemed to have met the benchmark.

### **Benchmark 2: Maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people**

- Measured as percentage of children aged 12–<15, 24–<27 and 60–<63 months reported as fully immunised, compared with the baseline for each cohort.
- The baseline for each assessment period is the lowest coverage rate from the previous 3 years for that jurisdiction, for each cohort.
- Where a jurisdiction achieves a coverage rate for the assessment period of 95 per cent or higher for a particular cohort, it will be deemed to have met the target for that cohort.
- This benchmark is deemed to have been met if a maintained or increased coverage rate (or a 95% coverage rate) is achieved in at least 2 of the 3 cohorts.

### **Benchmark 3: An increase in vaccination coverage for HPV**

- Measured as percentage of adolescents meeting a full-dose HPV (2-dose) immunisation by age 15, compared with the baseline.
- The baseline for each assessment period is the average coverage rate of the previous 3 years for that jurisdiction.
- This benchmark is deemed to have been met if an increase is achieved for both boys and girls.

### **Benchmark 4: An increase in vaccination coverage in low coverage areas**

- Measured as percentage of children aged 60–<63 months in each nominated SA3 reported as fully immunised, compared with the baseline.
- The baseline for each assessment period is the previous year's coverage rate for the specified SA3.
- For the purposes of this benchmark, a geographical area of low coverage is included if it is in the 10 lowest areas in the jurisdiction with coverage below 95%. SA3 areas with fewer than 100 children aged 60–<63 months are excluded. States and territories will notify the Commonwealth by 1 September each year of the 4 nominated areas to be targeted that year.
- If all SA3 areas in a jurisdiction have coverage above 95%, this benchmark is deemed to have been met.

## **Benchmark 5: Decreasing wastage and leakage**

- Measured as the percentage of NIP vaccines lost to wastage and leakage, compared with the baseline.
- The baseline for each assessment period is the previous year's wastage and leakage rate for that jurisdiction.
- For newly introduced vaccines, a baseline of 10% will be applied.
- All vaccines on the NIP provided to children are included. Those provided to other at-risk groups are excluded.
- The calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the Australian Immunisation Register.
- The calculation discounts vaccines lost to uncontrollable events such as natural disasters, power outages or refrigeration failures, as specified in reports by the relevant jurisdiction.
- Where a state or territory achieves a wastage and leakage rate of 5% or lower, it will be deemed to have met the benchmark.
- A decrease in the wastage and leakage rate (or a result of less than 5%) must be achieved for both the previously assessed and newly introduced vaccine categories for this benchmark to be met.
- During the 2022–23 assessment period, Prevenar 13 (pneumococcal vaccine), ActHIB (*Haemophilus influenzae* type B vaccine), ProQuad (MMRV) and Priorix-Tetra (MMRV) were also provided on the NIP to other (non-child) at-risk groups. As benchmark 5 relates solely to vaccines provided to children, the assessment for this benchmark for Year 6 was therefore calculated excluding data for these four vaccines.

**Table 1: Definition of ‘fully immunised’ by age cohort, as at 1 April 2023**

<b>Age cohort</b>	<b>Vaccine</b>
<b>12 to &lt;15 month age cohort</b>	
DTP	Diphtheria dose 3 + Tetanus dose 3 + Pertussis dose 3
Polio	Polio dose 3
HIB	Haemophilus type B dose 3
HepB	Hepatitis B dose 3
MMR	Not assessed
Pneumo <sup>†</sup>	Pneumococcal dose 2
Fully Vaccinated	DTP + Polio + HIB + HepB + Pneumococcal (All previous doses are presumed as given)
Only those immunisation services a child has received up to 6 months of age are included in the report.	
<b>24 to &lt;27 month age cohort</b>	
DTP	Diphtheria dose 4 + Tetanus dose 4 + Pertussis dose 4
Polio	Polio dose 3
HIB	Haemophilus type B dose 4
HepB	Hepatitis B dose 3
MMR	Measles dose 2 + Mumps dose 2 + Rubella dose 2
Varicella	Varicella dose 1
Pneumo <sup>†</sup>	Pneumococcal dose 3
MenC	Meningococcal ACWY dose 1
Fully Vaccinated	DTP + Polio + HIB + HepB + MMR+ Varicella + MenC (All previous doses are presumed as given)
Only those immunisation services a child has received up to 24 months of age are included in the report.	
<b>60 to &lt;63 month age cohort</b>	
DTP	Diphtheria dose 4 or 5 + Tetanus dose 4 or 5 + Pertussis dose 4 or 5
Polio	Polio dose 4
HIB	Not assessed
Hep B	Not assessed
MMR*	Not assessed
Fully Vaccinated	DTP + Polio
Only those immunisation services a child has received at the 4 year schedule point are included in the report.	

\* From 31 December 2017, the definition of fully immunised changed for the 60-<63 month age cohort, with MMR no longer being assessed from this date.

† From 30 September 2018, pneumococcal changed from dose 3 to dose 2 in the definition of fully immunised for the 12-<15 month cohort and pneumococcal dose 3 was included in the definition of fully immunised for the 24-<27 month cohort.

Source: Australian Immunisation Register.

## 2 Assessment against the benchmarks

This chapter presents the assessment of each state and territory's performance against the EVS benchmarks included in this period (being benchmarks 1, 2, 3, 4 and 5), and achievement of the milestone requirement. Summary tables containing data for each benchmark for all 8 jurisdictions are provided at Appendix B. Results should be interpreted in the context of potential disruption to health infrastructure and processes due to the COVID-19 pandemic.

### New South Wales

**New South Wales met 2 of the 5 benchmarks assessed in this reference period, and achieved the milestone requirement.**

**Benchmark 1 was not met, with a decrease in the vaccination coverage rate for 60-<63 month olds.**

**Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12-<15 months and 24-<27 months.**

**Benchmark 4 was partly met, with increases in only 3 of the 4 nominated low coverage SA3 geographic areas.**

**Benchmark 1:** Benchmark 1 was not met, with a 0.55 percentage point decrease in the vaccination coverage rate for 60-<63 month olds compared with the baseline (Table 2.1.1).

**Table 2.1.1: Assessment against EVS Benchmark 1—maintained or increased vaccination coverage for 60-<63 month olds, New South Wales, 2022–23**

Jurisdiction	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NSW	94.73	94.18	-0.55	*	NO

#### Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline of the average coverage rate over the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 2:** Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15 months and 24–<27 months compared with the baseline and a coverage rate greater than 95% for Aboriginal and Torres Strait Islander children aged 60–<63 months (Table 2.1.2).

**Table 2.1.2: Assessment against EVS Benchmark 2— maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people, New South Wales, 2022–23**

Jurisdiction	Cohort	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NSW	12–<15 months	93.58	93.03	-0.55	✘	NO
	24–<27 months	92.48	91.24	-1.24	✘	
	60–<63 months	97.41	96.67	-0.74	✘	

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in at least 2 of the 3 age cohorts, compared with the baseline of the lowest coverage rate from the previous 3 years, or if the coverage rate is 95% or higher.
  2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
  3. Change shown may not exactly equal difference between result and baseline due to rounding.
- Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 3:** Benchmark 3 was met, with increases in the HPV vaccination rate for both boys and girls compared with the baseline (Table 2.1.3).

**Table 2.1.3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, New South Wales, 2022**

Jurisdiction	Sex	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NSW	Boys	62.21	80.13	17.92	✓	YES
	Girls	66.63	83.60	16.97	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved for both girls and boys, compared with the baseline of the average coverage rate over the previous 3 years.
  2. The reference period for this benchmark is 1 January 2022 to 31 December 2022.
  3. Change shown may not exactly equal difference between result and baseline due to rounding.
- Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 4:** Benchmark 4 was partly met, with increases in 3 of the 4 of the nominated low coverage SA3 geographic areas compared with the baseline (Table 2.1.4).

**Table 2.1.4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, New South Wales, 2022–23**

Jurisdiction	SA3	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NSW	Tweed Valley	89.60	87.67	-1.93	✘	PARTLY
	Eastern Suburbs - South	89.61	90.64	1.03	✓	
	Auburn	90.25	91.48	1.23	✓	
	Pennant Hills - Epping	92.34	93.75	1.41	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved in all 4 selected SA3s, compared with the baseline of the coverage rate over the previous 12 months, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
4. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 5:** Benchmark 5 was met, with a wastage and leakage rate of less than 5% for previously assessed vaccines (Table 2.1.5). No new vaccines were included in the assessment for the 2022–23 reference period.

**Table 2.1.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, New South Wales, 2022–23**

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2022–23 result less than 5%	Decrease achieved	Benchmark met
NSW	Previously assessed	2.07	4.13	2.06	✓	✘	YES
	Newly assessed	10.00	..	..	..	..	

Notes

1. This benchmark is deemed to have been met if, for *both* vaccine status categories, a decrease in the wastage and leakage rate is achieved, compared with the baseline of the wastage and leakage rate for the previous 12-month period (or 10% for newly assessed vaccines), or if the wastage and leakage rate is less than 5%.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 6 results exclude data for the ActHIB, Prevenar 13, ProQuad and Priorix-Tetra antigens.
5. The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR. Refer to Appendix Table A5 for details.

Source: AIHW analysis of wastage and leakage data supplied by the states and territories, and AIR data supplied by the Department of Health and Aged Care.

**Milestone:** NSW achieved the milestone requirement, with annual schools HPV immunisation data for the 2022 school year being provided by 1 March 2023.



# Victoria

Victoria met 2 of the 5 of the benchmarks assessed in this reference period, and achieved the milestone requirement.

Benchmark 1 was not met, with a decrease in the vaccination coverage rate for 60–<63 month olds.

Benchmark 3 was not met, with decreases in the HPV vaccination rate for both boys and girls.

Benchmark 4 was partly met, with increases in only 3 of the 4 nominated low coverage SA3 geographic areas.

**Benchmark 1:** Benchmark 1 was not met, with a decrease of 0.80 percentage points in the vaccination coverage rate for 60–<63 month olds compared with the baseline (Table 2.2.1).

**Table 2.2.1: Assessment against EVS Benchmark 1— maintained or increased vaccination coverage for 60–<63 month olds, Victoria, 2022–23**

Jurisdiction	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Vic.	95.77	94.97	-0.80	✘	NO

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline of the average coverage rate over the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 2:** Benchmark 2 was met, with an increase in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15 months compared with the baseline and a coverage rate greater than 95% for Aboriginal and Torres Strait Islander children aged 60–<63 months (Table 2.2.2).

**Table 2.2.2: Assessment against EVS Benchmark 2— maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people, Victoria, 2022–23**

Jurisdiction	Cohort	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Vic.	12–<15 months	92.12	92.16	0.04	✓	YES
	24–<27 months	90.96	88.97	-2.00	✘	
	60–<63 months	97.22	95.57	-1.65	✘	

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in at least 2 of the 3 age cohorts, compared with the baseline of the lowest coverage rate from the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 3:** Benchmark 3 was not met, with decreases in the HPV vaccination rate for both boys and girls compared with the baseline (Table 2.2.3).

**Table 2.2.3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, Victoria, 2022**

Jurisdiction	Sex	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Vic.	Boys	77.10	75.92	-1.18	✘	NO
	Girls	80.81	80.11	-0.71	✘	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved for both girls and boys, compared with the baseline of the average coverage rate over the previous 3 years.
2. The reference period for this benchmark is 1 January 2022 to 31 December 2022.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 4:** Benchmark 4 was partly met, with increases in only 3 of the 4 of the nominated low coverage SA3 geographic areas compared with the baseline (Table 2.2.4).

**Table 2.2.4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, Victoria, 2022–23**

Jurisdiction	SA3	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Vic.	Manningham – East	92.65	96.02	3.37	✓	PARTLY
	Manningham – West	94.13	93.41	-0.72	✘	
	Glen Eira	93.85	94.00	0.15	✓	
	Monash	93.46	93.62	0.16	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved in all 4 selected SA3s, compared with the baseline of the coverage rate over the previous 12 months, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
4. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 5:** Benchmark 5 was met, with a wastage and leakage rate of less than 5% for previously assessed vaccines (Table 2.2.5). No new vaccines were included in the assessment for the 2022–23 reference period.

**Table 2.2.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Victoria, 2022–23**

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2022–23 result less than 5%	Decrease achieved	Benchmark met
Vic.	Previously assessed	-0.33*	3.28	3.61	✓	×	YES
	Newly assessed	10.00	..	..	..	..	

\* This result was less than zero when applying the methodology for calculation of performance against this Benchmark. Negative wastage and leakage results suggest that:

(a) more vaccines were administered in the reference period than were sent to vaccination providers in the reference period (i.e. existing doses in vaccination provider fridges at the start of the period may have contributed to the number of vaccines administered in the period in addition to doses sent to vaccination providers in the period); and/or

(b) the 3% adjustment factor applied in the methodology for calculation may overestimate the level of under-reporting of vaccinations to the AIR.

Notes

1. This benchmark is deemed to have been met if, for *both* vaccine status categories, a decrease in the wastage and leakage rate is achieved, compared with the baseline of the wastage and leakage rate for the previous 12-month period (or 10% for newly assessed vaccines), or if the wastage and leakage rate is less than 5%.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 6 results exclude data for the ActHIB, Prevenar 13, ProQuad and Priorix-Tetra antigens.
5. The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR. Refer to Appendix Table A5 for details.

Source: AIHW analysis of wastage and leakage data supplied by the states and territories, and AIR data supplied by the Department of Health and Aged Care.

**Milestone:** Victoria achieved the milestone requirement, with annual schools HPV immunisation data for the 2022 school year being provided by 1 March 2023.

# Queensland

Queensland met 3 of the 5 benchmarks assessed in this reference period, and achieved the milestone requirement.

Benchmark 1 was not met, with a decrease in the vaccination coverage rate for 60-<63 month olds.

Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12-<15 months and 24-<27 months.

**Benchmark 1:** Benchmark 1 was not met, with a decrease of -1.08 percentage points in the vaccination coverage rate for 60-<63 month olds compared with the baseline (Table 2.3.1).

**Table 2.3.1: Assessment against EVS Benchmark 1— maintained or increased vaccination coverage for 60-<63 month olds, Queensland, 2022–23**

Jurisdiction	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Qld	94.45	93.37	-1.08	×	NO

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline of the average coverage rate over the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 2:** Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12-<15 months and 24-<27 months compared with the baseline and a coverage rate greater than 95% for Aboriginal and Torres Strait Islander children aged 60-<63 months (Table 2.3.2).

**Table 2.3.2: Assessment against EVS Benchmark 2— maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people, Queensland, 2022–23**

Jurisdiction	Cohort	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Qld	12-<15 months	91.96	90.00	-1.96	×	NO
	24-<27 months	89.86	88.99	-0.86	×	
	60-<63 months	96.72	95.60	-1.12	×	

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in at least 2 of the 3 age cohorts, compared with the baseline of the lowest coverage rate from the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 3:** Benchmark 3 was met, with increases in the HPV vaccination rate for both boys and girls compared with the baseline (Table 2.3.3).

**Table 2.3.3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, Queensland, 2022**

Jurisdiction	Sex	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Qld	Boys	73.28	73.65	0.37	✓	YES
	Girls	76.44	77.19	0.75	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved for both girls and boys, compared with the baseline of the average coverage rate over the previous 3 years.
2. The reference period for this benchmark is 1 January 2022 to 31 December 2022.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 4:** Benchmark 4 was met, with increases in all 4 nominated low coverage SA3 geographic areas compared with the baseline (Table 2.3.4).

**Table 2.3.4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, Queensland, 2022–23**

Jurisdiction	SA3	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Qld	Beenleigh	90.64	91.55	0.91	✓	YES
	Broadbeach - Burleigh	88.11	90.33	2.22	✓	
	Coolangatta	87.84	89.23	1.39	✓	
	Surfers Paradise	90.13	91.18	1.05	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved in all 4 selected SA3s, compared with the baseline of the coverage rate over the previous 12 months, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
4. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 5:** Benchmark 5 was met, with a wastage and leakage rate of less than 5% for previously assessed vaccines (Table 2.3.5). No new vaccines were included in the assessment for the 2022–23 reference period.

**Table 2.3.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Queensland, 2022–23**

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2022–23 result less than 5%	Decrease achieved	Benchmark met
Qld	Previously assessed	2.10	4.16	2.06	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	

Notes

1. This benchmark is deemed to have been met if, for *both* vaccine status categories, a decrease in the wastage and leakage rate is achieved, compared with the baseline of the wastage and leakage rate for the previous 12-month period (or 10% for newly assessed vaccines), or if the wastage and leakage rate is less than 5%.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 6 results exclude data for the ActHIB, Prevenar 13, ProQuad and Priorix-Tetra antigens.
5. The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR. Refer to Appendix Table A5 for details.

Source: AIHW analysis of wastage and leakage data supplied by the states and territories, and AIR data supplied by the Department of Health and Aged Care.

**Milestone:** Queensland achieved the milestone requirement, with annual schools HPV immunisation data for the 2022 school year being provided by 1 March 2023.

# Western Australia

Western Australia met 3 of the 5 benchmarks assessed in this reference period, and achieved the milestone requirement.

Benchmark 1 was not met, with a decrease in the vaccination coverage rate for 60-<63 month olds.

Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children in all three age cohorts.

**Benchmark 1:** Benchmark 1 was not met, with a decrease of 0.63 percentage points in the vaccination coverage rate for 60-<63 month olds compared with the baseline (Table 2.4.1).

**Table 2.4.1: Assessment against EVS Benchmark 1— maintained or increased vaccination coverage for 60-<63 month olds, Western Australia, 2022–23**

Jurisdiction	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
WA	93.83	93.20	-0.63	x	NO

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline of the average coverage rate over the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 2:** Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12-<15 months, 24-<27 months and 60-<63 months compared with the baseline (Table 2.4.2).

**Table 2.4.2: Assessment against EVS Benchmark 2— maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people, Western Australia, 2022–23**

Jurisdiction	Cohort	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
WA	12-<15 months	87.00	86.48	-0.52	x	NO
	24-<27 months	85.04	81.06	-3.98	x	
	60-<63 months	95.12	93.82	-1.30	x	

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in at least 2 of the 3 age cohorts, compared with the baseline of the lowest coverage rate from the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 3:** Benchmark 3 was met, with increases in the HPV vaccination rate for both boys and girls compared with the baseline (Table 2.4.3).

**Table 2.4.3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, Western Australia, 2022**

Jurisdiction	Sex	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
WA	Boys	64.92	78.89	13.97	✓	YES
	Girls	66.22	80.91	14.69	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved for both girls and boys, compared with the baseline of the average coverage rate over the previous 3 years.
2. The reference period for this benchmark is 1 January 2022 to 31 December 2022.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 4:** Benchmark 4 was met, with increases in all 4 nominated low coverage SA3 geographic areas compared with the baseline (Table 2.4.4).

**Table 2.4.4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, Western Australia, 2022–23**

Jurisdiction	SA3	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
WA	Fremantle	90.36	91.83	1.47	✓	YES
	Mundaring	89.91	90.42	0.51	✓	
	Belmont - Victoria Park	91.91	93.69	1.78	✓	
	Perth City	91.34	92.66	1.32	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved in all 4 selected SA3s, compared with the baseline of the coverage rate over the previous 12 months, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
4. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.



**Benchmark 5:** Benchmark 5 was met, with a wastage and leakage rate of less than 5% for previously assessed vaccines (Table 2.4.5). No new vaccines were included in the assessment for the 2022–23 reference period.

**Table 2.4.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Western Australia, 2022–23**

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2022–23 result less than 5%	Decrease achieved	Benchmark met
WA	Previously assessed	0.94	2.32	1.37	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	

Notes

1. This benchmark is deemed to have been met if, for *both* vaccine status categories, a decrease in the wastage and leakage rate is achieved, compared with the baseline of the wastage and leakage rate for the previous 12-month period (or 10% for newly assessed vaccines), or if the wastage and leakage rate is less than 5%.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 6 results exclude data for the ActHIB, Prevenar 13, ProQuad and Priorix-Tetra antigens.
5. The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR.  
Refer to Appendix Table A5 for details.

Source: AIHW analysis of wastage and leakage data supplied by the states and territories, and AIR data supplied by the Department of Health and Aged Care.

**Milestone:** WA achieved the milestone requirement, with annual schools HPV immunisation data for the 2022 school year being provided by 1 March 2023.

# South Australia

South Australia met 4 of the 5 benchmarks assessed in this reference period, and achieved the milestone requirement.

Benchmark 4 was partly met, with increases in only 3 of the 4 nominated low coverage SA3 geographic areas.

**Benchmark 1:** Benchmark 1 was met, with a coverage rate greater than 95% for 60–<63 month olds (Table 2.5.1).

**Table 2.5.1: Assessment against EVS Benchmark 1— maintained or increased vaccination coverage for 60–<63 month olds, South Australia, 2022–23**

Jurisdiction	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
SA	95.43	95.37	-0.06	✘	YES

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline of the average coverage rate over the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 2:** Benchmark 2 was met, with increases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 24–<27 months and 60–<63 months compared with the baseline (Table 2.5.2).

**Table 2.5.2: Assessment against EVS Benchmark 2— maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people, South Australia, 2022–23**

Jurisdiction	Cohort	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
SA	12–<15 months	91.30	91.11	-0.19	✘	YES
	24–<27 months	86.34	89.11	2.77	✓	
	60–<63 months	95.31	95.76	0.45	✓	

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in at least 2 of the 3 age cohorts, compared with the baseline of the lowest coverage rate from the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 3:** Benchmark 3 was met, with increases in the HPV vaccination rate for both boys and girls compared with the baseline (Table 2.5.3).

**Table 2.5.3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, South Australia, 2022**

Jurisdiction	Sex	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
SA	Boys	57.15	71.97	14.82	✓	YES
	Girls	61.21	76.20	14.98	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved for both girls and boys, compared with the baseline of the average coverage rate over the previous 3 years.
2. The reference period for this benchmark is 1 January 2022 to 31 December 2022.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 4:** Benchmark 4 was partly met, with increases in only 3 of the 4 nominated low coverage SA3 geographic areas compared with the baseline (Table 2.5.4).

**Table 2.5.4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, South Australia, 2022–23**

Jurisdiction	SA3	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
SA	Prospect - Walkerville	94.54	96.26	1.72	✓	PARTLY
	Unley	94.72	97.13	2.40	✓	
	West Torrens	94.51	94.34	-0.16	✗	
	Outback - North and East	95.55	95.87	0.33	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved in all 4 selected SA3s, compared with the baseline of the coverage rate over the previous 12 months, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
4. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 5:** Benchmark 5 was met, with a wastage and leakage rate of less than 5% for previously assessed vaccines (Table 2.5.5). No new vaccines were included in the assessment for the 2022–23 reference period.

**Table 2.5.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, South Australia, 2022–23**

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2022–23 result less than 5%	Decrease achieved	Benchmark met
SA	Previously assessed	2.26	3.52	1.26	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	

Notes

1. This benchmark is deemed to have been met if, for *both* vaccine status categories, a decrease in the wastage and leakage rate is achieved, compared with the baseline of the wastage and leakage rate for the previous 12-month period (or 10% for newly assessed vaccines), or if the wastage and leakage rate is less than 5%.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 6 results exclude data for the ActHIB, Prevenar 13, ProQuad and Priorix-Tetra antigens.
5. The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR. Refer to Appendix Table A5 for details.

Source: AIHW analysis of wastage and leakage data supplied by the states and territories, and AIR data supplied by the Department of Health and Aged Care.

**Milestone:** SA achieved the milestone requirement, with annual schools HPV immunisation data for the 2022 school year being provided by 1 March 2023.

# Tasmania

Tasmania met 2 of the 5 benchmarks assessed in this reference period, and achieved the milestone requirement.

Benchmark 1 was not met, with a decrease in the vaccination coverage rate for 60-<63 month olds.

Benchmark 3 was not met, with decreases in the HPV vaccination rate for both boys and girls.

Benchmark 4 was partly met, with increases in only 3 of the 4 nominated low coverage SA3 geographic areas.

**Benchmark 1:** Benchmark 1 was not met, with a decrease of 0.71 percentage points in the vaccination coverage rate for 60-<63 month olds compared with the baseline (Table 2.6.1).

**Table 2.6.1: Assessment against EVS Benchmark 1— maintained or increased vaccination coverage for 60-<63 month olds, Tasmania, 2022–23**

Jurisdiction	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Tas.	94.88	94.17	-0.71	✘	NO

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline of the average coverage rate over the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 2:** Benchmark 2 was met, with increases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 24-<27 months and 60-<63 months compared with the baseline (Table 2.6.2).

**Table 2.6.2: Assessment against EVS Benchmark 2— maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people, Tasmania, 2022–23**

Jurisdiction	Cohort	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Tas.	12-<15 months	95.49	94.55	-0.94	✘	YES
	24-<27 months	92.55	94.17	1.61	✓	
	60-<63 months	97.35	97.58	0.23	✓	

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in at least 2 of the 3 age cohorts, compared with the baseline of the lowest coverage rate from the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 3:** Benchmark 3 was not met, with decreases in the HPV vaccination rate for both boys and girls compared with the baseline (Table 2.6.3).

**Table 2.6.3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, Tasmania, 2022**

Jurisdiction	Sex	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Tas.	Boys	71.10	69.91	-1.19	✘	NO
	Girls	75.65	73.50	-2.15	✘	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved for both girls and boys, compared with the baseline of the average coverage rate over the previous 3 years.
2. The reference period for this benchmark is 1 January 2022 to 31 December 2022.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 4:** Benchmark 4 was partly met, with increases in only 3 of the 4 of the nominated low coverage SA3 geographic areas compared with the baseline (Table 2.6.4).

**Table 2.6.4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, Tasmania, 2022–23**

Jurisdiction	SA3	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
Tas.	North East	92.35	94.93	2.58	✓	PARTLY
	Hobart - South and West	93.07	95.35	2.28	✓	
	Meander Valley - West Tamar	90.38	91.60	1.22	✓	
	West Coast	93.75	92.00	-1.75	✘	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved in all 4 selected SA3s, compared with the baseline of the coverage rate over the previous 12 months, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
4. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 5:** Benchmark 5 was met, with a wastage and leakage rate of less than 5% for previously assessed vaccines (Table 2.6.5). No new vaccines were included in the assessment for the 2022–23 reference period.

**Table 2.6.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Tasmania, 2022–23**

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2022–23 result less than 5%	Decrease achieved	Benchmark met
Tas.	Previously assessed	-3.57*	4.54	8.12	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	

\* These results were less than zero when applying the methodology for calculation of performance against this Benchmark. Negative wastage and leakage results suggest that:

(a) more vaccines were administered in the reference period than were sent to vaccination providers in the reference period (i.e. existing doses in vaccination provider fridges at the start of the period may have contributed to the number of vaccines administered in the period in addition to doses sent to vaccination providers in the period); and/or

(b) the 3% adjustment factor applied in the methodology for calculation may overestimate the level of under-reporting of vaccinations to the AIR.

Notes

1. This benchmark is deemed to have been met if, for *both* vaccine status categories, a decrease in the wastage and leakage rate is achieved, compared with the baseline of the wastage and leakage rate for the previous 12-month period (or 10% for newly assessed vaccines), or if the wastage and leakage rate is less than 5%.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 6 results exclude data for the ActHIB, Prevenar 13, ProQuad and Priorix-Tetra antigens.
5. The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR. Refer to Appendix Table A5 for details.

Source: AIHW analysis of wastage and leakage data supplied by the states and territories, and AIR data supplied by the Department of Health and Aged Care.

**Milestone:** Tasmania achieved the milestone requirement, with annual schools HPV immunisation data for the 2022 school year being provided by 1 March 2023.

# Northern Territory

The Northern Territory met 0 of the 5 benchmarks assessed in this reference period, and achieved the milestone requirement.

Benchmark 1 was not met, with a decrease in the vaccination coverage rate for 60-<63 month olds.

Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children in all three age cohorts.

Benchmark 3 was not met, with decreases in the HPV vaccination rate for both boys and girls.

Benchmark 4 was partly met, with increases in only 3 of the 4 nominated low coverage SA3 geographic areas.

Benchmark 5 was not met, with an increase in wastage and leakage rate.

**Benchmark 1:** Benchmark 1 was not met, with a decrease of 0.39 percentage points in the vaccination coverage rate for 60-<63 month olds compared with the baseline (Table 2.7.1).

**Table 2.7.1: Assessment against EVS Benchmark 1— maintained or increased vaccination coverage for 60-<63 month olds, Northern Territory, 2022–23**

Jurisdiction	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NT	94.16	93.77	-0.39	×	NO

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline of the average coverage rate over the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 2:** Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12-<15 months, 24-<27 months and 60-<63 months compared with the baseline (Table 2.7.2).

**Table 2.7.2: Assessment against EVS Benchmark 2—inc maintained or increased rearing vaccination coverage for Aboriginal and Torres Strait Islander people, Northern Territory, 2021–22**

Jurisdiction	Cohort	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NT	12-<15 months	89.82	87.67	-2.15	×	NO
	24-<27 months	87.53	84.48	-3.05	×	
	60-<63 months	95.70	94.77	-0.92	×	

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in at least 2 of the 3 age cohorts, compared with the baseline of the lowest coverage rate from the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.



**Benchmark 3:** Benchmark 3 was not met, with decreases in the HPV vaccination rate for both boys and girls compared with the baseline (Table 2.7.3).

**Table 2.7.3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, Northern Territory, 2022**

Jurisdiction	Sex	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NT	Boys	67.66	66.67	-1.00	✘	NO
	Girls	75.85	70.71	-5.13	✘	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved for both girls and boys, compared with the baseline of the average coverage rate over the previous 3 years.
2. The reference period for this benchmark is 1 January 2022 to 31 December 2022.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 4:** Benchmark 4 was partly met, with increases in only 3 of the 4 of the nominated low coverage SA3 geographic areas compared with the baseline (Table 2.7.4).

**Table 2.7.4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, Northern Territory, 2022–23**

Jurisdiction	SA3	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NT	Darwin Suburbs	92.37	94.07	1.70	✓	PARTLY
	Litchfield	93.06	93.00	-0.06	✘	
	Alice Springs	93.24	93.38	0.14	✓	
	Palmerston	93.74	94.11	0.37	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved in all 4 selected SA3s, compared with the baseline of the coverage rate over the previous 12 months, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
4. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 5:** Benchmark 5 was not met, with an increase in wastage and leakage rate to more than 5% for previously assessed vaccines (Table 2.7.5). No new vaccines were included in the assessment for the 2022–23 reference period.

**Table 2.7.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Northern Territory, 2022–23**

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2022–23 result less than 5%	Decrease achieved	Benchmark met
NT	Previously assessed	-0.22*	5.89	6.10	×	×	NO
	Newly assessed	10.00	..	..	..	..	

\* These results were less than zero when applying the methodology for calculation of performance against this Benchmark. Negative wastage and leakage results suggest that:

(a) more vaccines were administered in the reference period than were sent to vaccination providers in the reference period (i.e. existing doses in vaccination provider fridges at the start of the period may have contributed to the number of vaccines administered in the period in addition to doses sent to vaccination providers in the period); and/or

(b) the 3% adjustment factor applied in the methodology for calculation may overestimate the level of under-reporting of vaccinations to the AIR.

Notes

1. This benchmark is deemed to have been met if, for *both* vaccine status categories, a decrease in the wastage and leakage rate is achieved, compared with the baseline of the wastage and leakage rate for the previous 12-month period (or 10% for newly assessed vaccines), or if the wastage and leakage rate is less than 5%.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 6 results exclude data for the ActHIB, Prevenar 13, ProQuad and Priorix-Tetra antigens.
5. The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR. Refer to Appendix Table A5 for details.

Source: AIHW analysis of wastage and leakage data supplied by the states and territories, and AIR data supplied by the Department of Health and Aged Care.

**Milestone:** NT achieved the milestone requirement, with annual schools HPV immunisation data for the 2022 school year being provided by 1 March 2023.

# Australian Capital Territory

The Australian Capital Territory met 3 of the 5 benchmarks assessed in this reference period, and achieved the milestone requirement.

Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15 months and 24–<27 months.

Benchmark 4 was partly met, with decreases in 2 of the 4 nominated low coverage SA3 geographic areas.

**Benchmark 1:** Benchmark 1 was met, with a vaccine coverage rate greater than 95% for 60–<63 month olds (Table 2.8.1).

**Table 2.8.1: Assessment against EVS Benchmark 1— maintained or increased vaccination coverage for 60–<63 month olds, Australian Capital Territory, 2022–23**

Jurisdiction	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
ACT	95.52	95.46	-0.05	×	YES

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline of the average coverage rate over the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 2:** Benchmark 2 was not met, with decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15 months and 24–<27 months compared with the baseline and a coverage rate greater than 95% for Aboriginal and Torres Strait Islander children aged 60–<63 months (Table 2.8.2).

**Table 2.8.2: Assessment against EVS Benchmark 2— maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people, Australian Capital Territory, 2022–23**

Jurisdiction	Cohort	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
ACT	12–<15 months	93.93	93.12	-0.81	×	NO
	24–<27 months	91.28	88.30	-2.99	×	
	60–<63 months	96.45	96.02	-0.43	×	

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in at least 2 of the 3 age cohorts, compared with the baseline of the lowest coverage rate from the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 3:** Benchmark 3 was met, with increases in the HPV vaccination rate for both boys and girls compared with the baseline (Table 2.8.3).

**Table 2.8.3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, Australian Capital Territory, 2022**

Jurisdiction	Sex	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
ACT	Boys	77.90	81.59	3.69	✓	YES
	Girls	81.61	86.07	4.46	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved for both girls and boys, compared with the baseline of the average coverage rate over the previous 3 years.
2. The reference period for this benchmark is 1 January 2022 to 31 December 2022.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 4:** Benchmark 4 was partly met, with an increase in only 1 of the 4 nominated low coverage SA3 geographic areas. Another SA3 geographic area achieved a coverage rate greater than 95% (Table 2.8.4).

**Table 2.8.4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, Australian Capital Territory, 2022–23**

Jurisdiction	SA3	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
ACT	South Canberra	93.57	92.28	-1.29	✗	PARTLY
	Tuggeranong	96.45	95.69	-0.76	✗	
	Belconnen	95.22	94.87	-0.35	✗	
	Gungahlin	96.05	96.59	0.54	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved in all 4 selected SA3s, compared with the baseline of the coverage rate over the previous 12 months, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
4. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Benchmark 5:** Benchmark 5 was met, with a decrease of 2.22 percentage points from baseline for previously assessed vaccines (Table 2.8.5). No new vaccines were included in the assessment for the 2022–23 reference period.

**Table 2.8.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Australian Capital Territory, 2022–23**

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2022–23 result less than 5%	Decrease achieved	Benchmark met
ACT	Previously assessed	4.74	2.52	-2.22	✓	✓	YES
	Newly assessed	10.00	..	..	..	..	

Notes

1. This benchmark is deemed to have been met if, for *both* vaccine status categories, a decrease in the wastage and leakage rate is achieved, compared with the baseline of the wastage and leakage rate for the previous 12-month period (or 10% for newly assessed vaccines), or if the wastage and leakage rate is less than 5%.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 6 results exclude data for the ActHIB, Prevenar 13, ProQuad and Priorix-Tetra antigens.
5. The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR. Refer to Appendix Table A5 for details.

Source: AIHW analysis of wastage and leakage data supplied by the states and territories, and AIR data supplied by the Department of Health and Aged Care.

**Milestone:** ACT achieved the milestone requirement, with annual schools HPV immunisation data for the 2022 school year being provided by 1 March 2023.

# Appendix A: Detailed benchmark specifications

**Table A1: Benchmark 1—Maintained or increased vaccination coverage rates for 60–<63 month olds relative to the baseline**

<b>Measure</b>	Change in the vaccination coverage rate for the 60–<63 month old cohort, calculated as the rate for the reference year minus the baseline rate.
<b>Numerator</b>	Number of children enrolled in Medicare aged 60–<63 months in the reference period who are recorded as 'fully vaccinated' on the Australian Immunisation Register (AIR).
<b>Denominator</b>	Number of children enrolled in Medicare aged 60–<63 months in the reference period who are registered on the AIR.
<b>Calculation of assessment year rate</b>	$100 \times (\text{numerator} \div \text{denominator})$
<b>Calculation of baseline rate</b>	For each reference period, the baseline is the average coverage rate for the previous 3 years, calculated as the sum of the coverage rates for the previous 3 years, divided by 3.
<b>Reference period</b>	12 months from 1 April to 31 March
<b>Assessment criteria</b>	<ul style="list-style-type: none"> <li>• This benchmark will be deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline.</li> <li>• Where a state or territory has achieved a coverage rate of 95% or greater, they will only be required to maintain a coverage rate of at least 95%.</li> </ul>
<b>Data source and considerations</b>	<ul style="list-style-type: none"> <li>• Data are sourced from the AIR.</li> <li>• Baseline coverage is calculated using data for the period 1 April to 31 March and processed at 31 March.</li> <li>• Data used for the coverage assessment are for the period 1 April to 31 March and processed at 31 March.</li> </ul>
<b>Other considerations</b>	<ul style="list-style-type: none"> <li>• Should the definition of 'fully immunised' change, the baseline may be reset following an independent review by an external body.</li> <li>• As at 1 April 2020, 'fully immunised' at 60 months of age is defined as a child having a record on the AIR of dose 4 or 5 of a diphtheria (D), tetanus (T) and pertussis (P)-containing vaccine; and dose 4 of a polio containing vaccine. Note that from 31 December 2017, the definition of 'fully immunised' at 60–&lt;63 months of age changed, with MMR no longer being assessed.</li> <li>• Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may include third party review as appropriate.</li> <li>• Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance benchmark, then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment.</li> </ul>

**Table A2: Benchmark 2— Maintained or increased vaccination coverage rates for Aboriginal and Torres Strait Islander people in at least 2 of the following 3 cohorts, relative to the baseline: 12–<15 months; 24–<27 months; and 60–<63 months**

<b>Measure</b>	Change in the vaccination coverage rate for each cohort, calculated as the rate for the reference year minus the baseline rate. Age cohorts for this benchmark are 12–<15 months, 24–<27 months and 60–<63 months.
<b>Numerator</b>	Number of Aboriginal and Torres Strait Islander children enrolled in Medicare in the relevant age cohort in the reference period who are recorded as 'fully vaccinated' on the Australian Immunisation Register (AIR).
<b>Denominator</b>	Number of Aboriginal and Torres Strait Islander children enrolled in Medicare in the relevant age cohort in the reference period who are registered on the AIR.
<b>Calculation of assessment year rate</b>	100 x (numerator ÷ denominator), for each age cohort
<b>Calculation of baseline rate</b>	For each reference period, the baseline is the lowest coverage rate from the previous 3 years, for the relevant age cohort.
<b>Reference period</b>	12 months from 1 April to 31 March
<b>Assessment criteria</b>	<ul style="list-style-type: none"> <li>• This benchmark will be deemed to have been met if the coverage rate is maintained or increased compared with the baseline for at least 2 of the 3 age cohorts.</li> <li>• Where a state or territory has achieved a coverage rate of 95% or greater for an age cohort, they will only be required to maintain a coverage rate of at least 95% for that cohort.</li> </ul>
<b>Data source and considerations</b>	<ul style="list-style-type: none"> <li>• Data are sourced from the AIR.</li> <li>• Baseline coverage is calculated using data for the period 1 April to 31 March and processed at 31 March.</li> <li>• Data used for the coverage assessment are for the period 1 April to 31 March and processed at 31 March.</li> </ul>
<b>Other considerations</b>	<ul style="list-style-type: none"> <li>• Should the definition of 'fully immunised' change, the baseline may be reset following an independent review by an external body.</li> <li>• As at 1 April 2020: <ul style="list-style-type: none"> <li>○ 'fully immunised' at 12 months of age is defined as a child having a record on the AIR of dose 3 of a DTP-containing vaccine; dose 3 of polio vaccine; dose 2 or 3 <i>Haemophilus influenzae</i> type b (Hib) containing vaccine depending on pathway; dose 3 of hepatitis B (hepB) vaccine; and dose 3 of 13-valent pneumococcal conjugate vaccine (13vPCV).</li> <li>○ 'fully immunised' at 24 months of age is defined as a child having a record on the AIR of dose 4 of a DTP-containing vaccine; dose 3 of polio vaccine; dose 3 or 4 of Hib containing vaccine depending on pathway; dose 3 of hepatitis B vaccine; dose 2 of a measles, mumps and rubella-containing (MMR) vaccine; dose 1 of meningococcal C (MenC) vaccine; and dose 1 of varicella vaccine.</li> <li>○ 'fully immunised' at 60 months of age is defined as a child having a record on the AIR of dose 4 or 5 of a DTP-containing vaccine; and dose 4 of a polio containing vaccine. Note that from 31 December 2017, the definition of 'fully immunised' at 60–&lt;63 months of age changed, with MMR no longer being assessed.</li> </ul> </li> <li>• Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may include third party review as appropriate.</li> </ul>

	<ul style="list-style-type: none"><li>• Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance benchmark, then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment.</li></ul>
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**Table A3: Benchmark 3—An increase in the vaccination coverage rates for both adolescent boys and adolescent girls for HPV, relative to the baseline**

<b>Measure</b>	<ul style="list-style-type: none"> <li>Change in the HPV vaccination coverage rate for adolescent girls and for adolescent boys, calculated as the rate for the reference year minus the baseline rate.</li> </ul>
<b>Numerator</b>	For boys and for girls, the number of adolescents aged 15 years in the reference period who are recorded as 'fully vaccinated' for HPV on the Australian Immunisation Register (AIR) in the reference period.
<b>Denominator</b>	For boys and for girls, the number of adolescents enrolled in Medicare aged 15 years in the reference period who are registered on the AIR.
<b>Calculation of assessment year rate</b>	$100 \times (\text{numerator} \div \text{denominator})$ , for boys and for girls.
<b>Calculation of baseline rate</b>	For each reference period, the baseline is the average coverage rate for the previous three years.
<b>Reference period</b>	12 months from 1 January to 31 December
<b>Assessment criteria</b>	<ul style="list-style-type: none"> <li>This benchmark will be deemed to have been fully met if there is an increase in the coverage rate compared with the baseline for both boys and girls.</li> <li>The benchmark will be deemed to have been partly met if there is an increase in the coverage rate compared with the baseline for either boys or girls.</li> <li>Where a state or territory has achieved a coverage rate of 95% or greater for an age cohort, they will only be required to maintain a coverage rate of at least 95% for that cohort.</li> </ul>
<b>Data source and considerations</b>	<ul style="list-style-type: none"> <li>Data are sourced from the AIR.</li> <li>Baseline coverage is calculated using data for the period 1 January to 31 December and processed at 31 December.</li> <li>Data used for the coverage assessment are for the period 1 January to 31 December and processed at 31 December.</li> </ul>
<b>Other considerations</b>	<ul style="list-style-type: none"> <li>Should the definition of 'fully immunised' change, the baseline may be reset following an independent review by an external body.</li> <li>As at 1 April 2020, 'fully immunised' for HPV is defined as a child having a record on the AIR of either 2 or 3 doses (depending on age) of HPV-containing vaccine.</li> <li>Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may include third party review as appropriate.</li> <li>Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance benchmark, then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment.</li> </ul>

**Table A4: Benchmark 4—An increase in vaccination coverage rates for 60–<63 month olds in 4 of the 10 lowest vaccination coverage SA3 geographical areas, relative to the baseline**

<b>Measure</b>	<ul style="list-style-type: none"> <li>• Change in the vaccination coverage rate for the 60–&lt;63 month old cohort in each selected SA3 geographic area, calculated as the rate for the reference year minus the baseline rate.</li> <li>• Jurisdictions will notify the Commonwealth by 1 September of each reference year of the 4 nominated SA3 geographic areas to be targeted.</li> </ul>
<b>Numerator</b>	For each SA3 geographic area, the number of resident children aged 60–<63 months in the reference period who are recorded as 'fully vaccinated' on the Australian Immunisation Register (AIR) in the reference period.
<b>Denominator</b>	For each geographic area, the number of resident children aged 60–<63 months in the reference period who are registered on the AIR.
<b>Calculation of assessment year rate</b>	100 x (numerator ÷ denominator), for each geographic area.
<b>Calculation of baseline rate</b>	For each reference period, the baseline is the coverage rate for the previous 12 month period.
<b>Reference period</b>	12 months from 1 April to 31 March
<b>Assessment criteria</b>	<ul style="list-style-type: none"> <li>• This benchmark will be deemed to have been fully met if there is an increase in the coverage rate compared with the baseline for all of the selected geographic areas.</li> <li>• The benchmark will be deemed to have been partly met if there is an increase in the coverage rate compared with the baseline for some of the selected geographic areas.</li> <li>• Where a state or territory has achieved a coverage rate of at least 95% in all SA3 geographical areas, this benchmark is deemed to have been met.</li> </ul>
<b>Data source and considerations</b>	<ul style="list-style-type: none"> <li>• Data are sourced from the AIR.</li> <li>• Baseline coverage is calculated using data for the period 1 April to 31 March and processed at 31 March.</li> <li>• Data used for the coverage assessment are for the period 1 April to 31 March and processed at 31 March.</li> </ul>
<b>Other considerations</b>	<ul style="list-style-type: none"> <li>• For the purposes of this benchmark, a geographic area of low coverage is included if it is in the 10 lowest SA3 geographic areas with coverage below 95% in the relevant jurisdiction.</li> <li>• Should the definition of 'fully immunised' change, the baseline may be reset following an independent review by an external body.</li> <li>• As at 1 April 2020, 'fully immunised' at 60 months of age is defined as a child having a record on the AIR of dose 4 or 5 of a DTP-containing vaccine; and dose 4 of a polio containing vaccine. Note that from 31 December 2017, the definition of 'fully immunised' at 60-&lt;63 months of age changed, with MMR no longer being assessed.</li> <li>• Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may include third party review as appropriate.</li> <li>• Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance benchmark, then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment.</li> </ul>

**Table A5: Benchmark 5—An annual decrease in the wastage and leakage rate for agreed vaccines, relative to the baseline**

<b>Measure</b>	Change in the wastage and leakage rate for NIP vaccines provided to children, calculated as the rate for the reference year minus the baseline rate.
<b>Numerator</b>	Number of NIP vaccines lost to wastage and leakage in the reference period, calculated as $A - (B \times 1.03) - C$ where: A = number of vaccines distributed to providers in the reference period B = number of vaccines reported as given to children under 10 years of age during the reference period C = number of vaccines reported as wasted due to unavoidable circumstances during the reference period
<b>Denominator</b>	Number of vaccines distributed to providers in the reference period.
<b>Calculation of assessment year rate</b>	$100 \times (\text{numerator} \div \text{denominator})$
<b>Calculation of baseline rate</b>	For each reference period, the baseline is the wastage and leakage rate for the previous 12 month period, or 5%, whichever is greater. For newly introduced vaccines, a baseline of 10% will be applied.
<b>Reference period</b>	12 months from 1 April to 31 March
<b>Assessment criteria</b>	<ul style="list-style-type: none"> <li>• This benchmark will be deemed to have been met if there is a decrease in the wastage and leakage rate compared with the baseline.</li> <li>• Where a state or territory has achieved a wastage and leakage rate of 5% or lower, this benchmark will be deemed to have been met.</li> </ul>
<b>Data source and considerations</b>	<p>Data are sourced from States and Territories and from the Australian Immunisation Register (AIR).</p> <ul style="list-style-type: none"> <li>• Baseline coverage is calculated using data for the period 1 April to 31 March and processed at 31 March.</li> <li>• Data used for the coverage assessment are for the period 1 April to 31 March and processed at 31 March.</li> </ul>
<b>Other considerations</b>	<ul style="list-style-type: none"> <li>• The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR.</li> <li>• The wastage and leakage calculation discounts vaccines lost due to uncontrollable events such as natural disasters, power outages or refrigeration failures. States must provide reports that outline any known wastage that has occurred due to such events.</li> <li>• Where a new vaccine is added to the NIP for children only, a baseline of 10% wastage and leakage will be applied.</li> <li>• Where a new vaccine or program has been implemented within a reporting period, States may request in writing a reassessment of the Performance Benchmark. This process may include third party review as appropriate.</li> <li>• The following vaccines are in scope of the sixth year of assessment: <ul style="list-style-type: none"> <li>○ Infanrix Hexa (DTPa-hepB-IPV-Hib) – previously assessed</li> <li>○ Infanrix (DTPa) – previously assessed</li> <li>○ Tripacel (DTPa) – previously assessed</li> <li>○ Infanrix IPV (DTPa-IPV) – previously assessed</li> <li>○ Quadracel (DTPa-IPV) – previously assessed</li> <li>○ Rotarix (Rotavirus) – previously assessed</li> <li>○ Vaqta Paediatric (HepA) – previously assessed (NT, Qld, SA, WA only)</li> </ul> </li> <li>• Note that data on ActHIB, Prevenar 13, ProQuad and Priorix-Tetra were excluded from the year 6 assessment as these antigens are available under the NIP for people aged 10 years and over.</li> </ul>

	<ul style="list-style-type: none"><li>• Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control as a consequence of public responses to the COVID-19 pandemic, then the state or territory may present a case to the Commonwealth outlining mitigating circumstances supported by appropriate evidence. In considering such a case to inform the respective performance assessment, the Commonwealth may obtain any information from any source to support this consideration. If it is determined upon consideration of the presented evidence that COVID-19 directly contributed to the state or territory not meeting the performance benchmark, then the state or territory will be deemed to have met the performance benchmark for the purpose of receiving the associated payment.</li></ul>
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# Appendix B: Summary of performance assessment data, by benchmark

**Table B1: Assessment against EVS Benchmark 1—maintained or increased vaccination coverage for 60–<63 month olds, by state and territory, 2022–23**

Jurisdiction	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NSW	94.73	94.18	-0.55	✘	NO
Vic.	95.77	94.97	-0.80	✘	NO
Qld	94.45	93.37	-1.08	✘	NO
WA	93.83	93.20	-0.63	✘	NO
SA	95.43	95.37	-0.06	✘	YES
Tas.	94.88	94.17	-0.71	✘	NO
NT	94.16	93.77	-0.39	✘	NO
ACT	95.52	95.46	-0.05	✘	YES

**Notes**

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in the assessment period, compared with the baseline of the average coverage rate over the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Table B2: Assessment against EVS Benchmark 2—maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people, by state and territory, 2022–23**

Jurisdiction	Cohort	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NSW	12–<15 months	93.58	93.03	-0.55	✘	NO
	24–<27 months	92.48	91.24	-1.24	✘	
	60–<63 months	97.41	96.67	-0.74	✘	
Vic.	12–<15 months	92.12	92.16	0.04	✓	YES
	24–<27 months	90.96	88.97	-2.00	✘	
	60–<63 months	97.22	95.57	-1.65	✘	
Qld	12–<15 months	91.96	90.00	-1.96	✘	NO
	24–<27 months	89.86	88.99	-0.86	✘	
	60–<63 months	96.72	95.60	-1.12	✘	
WA	12–<15 months	87.00	86.48	-0.52	✘	NO
	24–<27 months	85.04	81.06	-3.98	✘	
	60–<63 months	95.12	93.82	-1.30	✘	
SA	12–<15 months	91.30	91.11	-0.19	✘	YES
	24–<27 months	86.34	89.11	2.77	✓	
	60–<63 months	95.31	95.76	0.45	✓	
Tas.	12–<15 months	95.49	94.55	-0.94	✘	YES
	24–<27 months	92.55	94.17	1.61	✓	
	60–<63 months	97.35	97.58	0.23	✓	
NT	12–<15 months	89.82	87.67	-2.15	✘	NO
	24–<27 months	87.53	84.48	-3.05	✘	
	60–<63 months	95.70	94.77	-0.92	✘	
ACT	12–<15 months	93.93	93.12	-0.81	✘	NO
	24–<27 months	91.28	88.30	-2.99	✘	
	60–<63 months	96.45	96.02	-0.43	✘	

Notes

1. This benchmark is deemed to have been met if the coverage rate is maintained or increased in at least 2 of the 3 age cohorts, compared with the baseline of the lowest coverage rate from the previous 3 years, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Table B3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, by state and territory, 2022**

Jurisdiction	Sex	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NSW	Boys	62.21	80.13	17.92	✓	YES
	Girls	66.63	83.60	16.97	✓	
Vic.	Boys	77.10	75.92	-1.18	✗	NO
	Girls	80.81	80.11	-0.71	✗	
Qld	Boys	73.28	73.65	0.37	✓	YES
	Girls	76.44	77.19	0.75	✓	
WA	Boys	64.92	78.89	13.97	✓	YES
	Girls	66.22	80.91	14.69	✓	
SA	Boys	57.15	71.97	14.82	✓	YES
	Girls	61.21	76.20	14.98	✓	
Tas.	Boys	71.10	69.91	-1.19	✗	NO
	Girls	75.65	73.50	-2.15	✗	
NT	Boys	67.66	66.67	-1.00	✗	NO
	Girls	75.85	70.71	-5.13	✗	
ACT	Boys	77.90	81.59	3.69	✓	YES
	Girls	81.61	86.07	4.46	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved for both boys and girls, compared with the baseline of the average coverage rate over the previous 3 years.
2. The reference period for this benchmark is 1 January 2022 to 31 December 2022.
3. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.

**Table B4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, 2022–23**

Jurisdiction	SA3	Baseline (%)	Result (%)	Change (percentage points)	Increase achieved	Benchmark met
NSW	Tweed Valley	89.60	87.67	-1.93	✘	PARTLY
	Eastern Suburbs - South	89.61	90.64	1.03	✓	
	Auburn	90.25	91.48	1.23	✓	
	Pennant Hills - Epping	92.34	93.75	1.41	✓	
Vic.	Manningham – East	92.65	96.02	3.37	✓	PARTLY
	Manningham – West	94.13	93.41	-0.72	✘	
	Glen Eira	93.85	94.00	0.15	✓	
	Monash	93.46	93.62	0.16	✓	
Qld	Beenleigh	90.64	91.55	0.91	✓	YES
	Broadbeach - Burleigh	88.11	90.33	2.22	✓	
	Coolangatta	87.84	89.23	1.39	✓	
	Surfers Paradise	90.13	91.18	1.05	✓	
WA	Fremantle	90.36	91.83	1.47	✓	YES
	Mundaring	89.91	90.42	0.51	✓	
	Belmont - Victoria Park	91.91	93.69	1.78	✓	
	Perth City	91.34	92.66	1.32	✓	
SA	Prospect - Walkerville	94.54	96.26	1.72	✓	PARTLY
	Unley	94.72	97.13	2.40	✓	
	West Torrens	94.51	94.34	-0.16	✘	
	Outback - North and East	95.55	95.87	0.33	✓	
Tas.	North East	92.35	94.93	2.58	✓	PARTLY
	Hobart - South and West	93.07	95.35	2.28	✓	
	Meander Valley - West Tama	90.38	91.60	1.22	✓	
	West Coast	93.75	92.00	-1.75	✘	
NT	Darwin Suburbs	92.37	94.07	1.70	✓	PARTLY
	Litchfield	93.06	93.00	-0.06	✘	
	Alice Springs	93.24	93.38	0.14	✓	
	Palmerston	93.74	94.11	0.37	✓	
ACT	South Canberra	93.57	92.28	-1.29	✘	PARTLY
	Tuggeranong	96.45	95.69	-0.76	✘	
	Belconnen	95.22	94.87	-0.35	✘	
	Gungahlin	96.05	96.59	0.54	✓	

Notes

1. This benchmark is deemed to have been met if increases in coverage are achieved in all 4 selected SA3s, compared with the baseline of the coverage rate over the previous 12 months, or if the coverage rate is 95% or higher.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
4. Change shown may not exactly equal difference between result and baseline due to rounding.

Source: AIHW analysis of AIR data supplied by the Department of Health and Aged Care.



**Table B5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, by state and territory, 2022–23**

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2022–23 result less than 5%	Decrease achieved	Benchmark met
NSW	Previously assessed	2.07	4.13	2.06	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	
Vic.	Previously assessed	-0.33*	3.28	3.61	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	
Qld	Previously assessed	2.10	4.16	2.06	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	
WA	Previously assessed	0.94	2.32	1.37	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	
SA	Previously assessed	2.26	3.52	1.26	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	
Tas.	Previously assessed	-3.57*	4.54	8.12	✓	✗	YES
	Newly assessed	10.00	..	..	..	..	
NT	Previously assessed	-0.22*	5.89	6.10	✗	✗	NO
	Newly assessed	10.00	..	..	..	..	
ACT	Previously assessed	4.74	2.52	-2.22	✓	✓	YES
	Newly assessed	10.00	..	..	..	..	

\* The baseline results were less than zero when applying the methodology for calculation of performance against this Benchmark. Negative wastage and leakage results suggest that:

(a) more vaccines were administered in the reference period than were sent to vaccination providers in the reference period (i.e. existing doses in vaccination provider fridges at the start of the period may have contributed to the number of vaccines administered in the period in addition to doses sent to vaccination providers in the period); and/or

(b) the 3% adjustment factor applied in the methodology for calculation may overestimate the level of under-reporting of vaccinations to the AIR.

Notes

1. This benchmark is deemed to have been met if, for *both* vaccine status categories, a decrease in the wastage and leakage rate is achieved, compared with the baseline of the wastage and leakage rate for the previous 12-month period (or 10% for newly assessed vaccines), or if the wastage and leakage rates is less than 5%. No newly assessed vaccines were included in the assessment for the 2022–23 reference period.
2. The reference period for this benchmark is 1 April 2022 to 31 March 2023.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 6 results exclude data for the ActHIB, Prevenar 13, ProQuad and Priorix-Tetra antigens.
5. The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR. Refer to Appendix Table A5 for details.

Source: AIHW analysis of wastage and leakage data supplied by the states and territories, and AIR data supplied by the Department of Health and Aged Care.

# Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AIR	Australian Immunisation Register
DTP	diphtheria—tetanus—pertussis
EVS	Essential Vaccines Schedule, Federation Funding Agreement – Health
HepB	hepatitis B
HIB	<i>haemophilus influenzae</i> type b
HPV	human papillomavirus
MenC	meningococcal serogroup C
MMR	measles—mumps—rubella
NIP	National Immunisation Program
NSW	New South Wales
NT	Northern Territory
PB	performance benchmark
Pneumo	pneumococcal
Qld	Queensland
SA	South Australia
SA3	Statistical Area 3 as per Australian Statistical Geography Standard 2016
Tas.	Tasmania
Vic.	Victoria
WA	Western Australia

# Symbols

## Symbol Definition

..	no data/insufficient data
– (minus)	negative or minus values
–<	to less than

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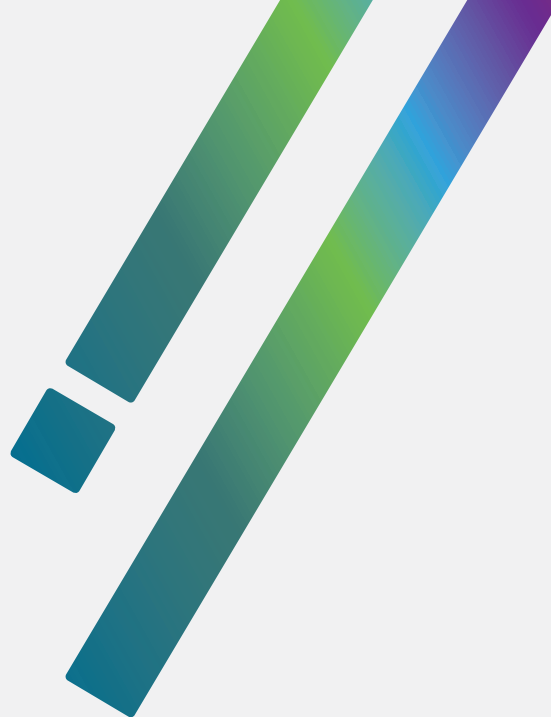
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## Related publications

This report, *Essential Vaccines: performance report 2022–23*, is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the AIHW website <<https://www.aihw.gov.au/reports-data/health-welfare-services/immunisation/reports>>. The website also includes information on ordering printed copies.

The following AIHW publications relating to immunisation might also be of interest:

- AIHW 2018. Immunisation rates for children in 2016–17. Cat. no. HPF 16. Canberra: AIHW.
- AIHW 2018. HPV immunisation rates in 2015–16. Cat. no. HPF 17. Canberra: AIHW.
- AIHW 2018. Vaccine-preventable diseases (fact sheet set). Cat. no. PHE 236. Canberra: AIHW.
- AIHW 2019. The burden of vaccine preventable diseases in Australia. Cat. no. PHE 263. Canberra: AIHW.



This report provides an assessment of state and territory performance against the benchmarks outlined in the Essential Vaccines Schedule for the period 1 April 2022 to 31 March 2023.

Results in this report should be interpreted in the context of the COVID-19 pandemic, which may have led to limited immunisation service access and reduced vaccine demand through the reporting period. Following reassessment, 2 jurisdictions met all benchmarks assessed in this period.

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