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Foreword

Reassessment of state and territory benchmark payment outcomes under the EVS

The Commonwealth Department of Health, Disability and Ageing has determined that exceptional circumstances apply for the purposes of payment under the Essential Vaccines Schedule (EVS) for the 2024–25 assessment period.

In accordance with the provisions of the EVS, the Commonwealth has determined that jurisdictions are deemed to have met Performance Benchmarks 1 and 5 for the purposes of associated payments for the Year 8 (2024–25) assessment.

Table F1: Achievement against EVS benchmarks assessed for the period 1 April 2024 to 31 March 2025, by state and territory, with exceptional circumstances applied for the purposes of payment

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

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

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 eighth year of the agreement, covering the assessment period 1 April 2024 to 31 March 2025. The assessments for benchmarks 1, 2, 3 and 4 account for statistical uncertainties and data variability, determining whether a jurisdiction meets the national target or baseline by comparing vaccination coverage rates with 95% variability bands. Since the assessment method differs from those used in reports produced prior to the 2023–24 assessment, the data presented in this report are not directly comparable to earlier results.

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 seasonal influenza vaccination rollout plan” is also specified in the Agreement. For the eighth year of the agreement, all states and territories achieved this milestone.

Four jurisdictions (Western Australia, South Australia, Tasmania and Australian Capital Territory) met 4 of the 5 benchmarks assessed in this report. Three jurisdictions (Victoria, Queensland and Northern Territory) met 3 of the 5 benchmarks assessed in this report (Table S1). For the 2024–25 EVS assessment period, the Department of Health, Disability and Ageing determined that exceptional circumstances applied, and payments to jurisdictions were made in accordance with the re-assessed outcomes presented in Table F1.

Table S1: Achievement against EVS benchmarks assessed for the period 1 April 2024 to 31 March 2025, by state and territory

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

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

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"[1].

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).

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 state-based seasonal influenza vaccination rollout information 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 eighth 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 and 2023. 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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[1] Australian Government (2024) *Essential Vaccines, Federation Funding Agreement - Health*. Accessed 22 October 2025, <https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2025-07/Essential%20Vaccines%20%282024-25%20variation%29.pdf>

Exceptional Circumstances assessment

Under the EVS 2024–25, if a state or territory fails to meet the performance benchmark due to exceptional circumstances beyond its control, it can present evidence to the designated delegate. Such circumstances may include unforeseen events like natural disasters. If the evidence shows these circumstances directly impacted the state or territory, it will be deemed to have met the benchmark for payment. For national impacts like pandemics or vaccine shortages, the Commonwealth will review the evidence and ensure a fair performance assessment.

Jurisdictions have raised concerns about data limitations with the Australian Immunisation Register (AIR), impacting their ability to meet benchmarks. These concerns include issues such as duplicate records, which can affect data accuracy. While the AIR is a comprehensive record of immunisations, the assessment process specified in the EVS lacks a margin of error. In response, the Department of Health, Disability and Ageing, in consultation with the AIHW, decided to incorporate statistical measures of uncertainty (95% confidence intervals/variability bands) into the 2023–24 and 2024–25 assessments under the Exceptional Circumstances clause.

This approach ensures the accuracy of coverage estimates and accounts for uncertainties inherent in data collection and handling. More detailed information is provided in the sub-section titled “Assessing performance”.

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 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 aged 15 years 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 seasonal influenza vaccination rollout plan” by a specified date is also specified in the Agreement. For the 2024–25 assessment, assessment of whether the states and territories achieved this milestone was undertaken by the Commonwealth Department of Health, Disability and Ageing. 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 (AIR). 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 2024 for benchmark 3, and 1 April 2024 to 31 March 2025 for all other benchmarks) the definitions used were those specified in Table 1.

The assessments for benchmarks 1, 2, 3 and 4 consider statistical uncertainties and random variation resulting from data quality issues in the AIR. For these benchmarks, a jurisdiction is considered to have met the national target if the upper bound of the 95% variability bands[2] (VBs) for the coverage rate in the assessment year includes or exceeds the national target. A jurisdiction is deemed to have maintained or exceeded the baseline if the vaccination coverage rate in the assessment year is not statistically significantly below the baseline at the 0.05 significance level. The 95% VBs for baselines and results are determined using binomial Wilson Score confidence intervals, while the 95% VBs for changes (or risk differences) between the assessment year and the baseline are calculated using the Miettinen-Nurminen (MN) score method. All calculations are performed in SAS 8.3.

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.
- This benchmark is deemed to have been met if a maintained or increased coverage rate (or a 95% coverage rate) is achieved.

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.

[2] Results derived from administrative data counts are not subject to sampling error but might be subject to administrative error and random variation, especially for small counts. Variability bands are similar to sampling confidence intervals, in that they provide a specified range for an estimate which is very likely (95 times out of 100) to contain the 'true' unknown value.

Benchmark 3: An increase in vaccination coverage for HPV

- Measured as percentage of adolescents meeting a full-dose HPV (1-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, based on either 1- or 2-dose vaccination coverage (as was relevant for each year).
- This benchmark is deemed to have been met if a maintained or increased coverage rate (or a 95% coverage rate) 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 achieved a maintained or increased coverage rate (or a 95% coverage rate), 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 2024–25 assessment period, Prevenar 13 (pneumococcal vaccine), ActHIB (*Haemophilus influenzae* type B vaccine), Nimenrix (MenACWY), MMR II (MMR), Priorix (MMR), 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 8 was therefore calculated excluding data for these vaccines.

Table 1: Definition of 'fully immunised' by age cohort, as at 1 April 2025

Age cohort	Vaccine
12 to <15 month age cohort	
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†	Pneumococcal dose 2
Fully Vaccinated	DTP + Polio + HIB + HepB + Pneumococcal (All previous doses are presumed as given)
Coverage at 12 to <15 months observes vaccines administered at the 2, 4 and 6 month old schedule points (excluding rotavirus). Coverage factors in individuals that may have had these vaccines up to 12 months of age.	
24 to <27 month age cohort	
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†	Pneumococcal dose 3
MenC	Meningococcal ACWY dose 1
Fully Vaccinated	DTP + Polio + HIB + HepB + MMR+ Varicella + MenC (All previous doses are presumed as given)
Coverage at 24 to <27 months observes vaccines administered at the 2, 4, 6, 12 and 18 month old schedule points. Coverage factors in individuals that may have had these vaccines up to 24 months of age.	
60 to <63 month age cohort	
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 (All previous doses are presumed as given)
Coverage at 60 to <63 months observes vaccines administered at the 4 year old schedule point. Coverage factors in individuals that may have had these vaccines up to 60 months of age.	

* 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.

Note: Vaccines for influenza and those recommended only for at-risk groups at the specified schedule points are excluded from the coverage calculations.

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.

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 statiscally significant decrease in the vaccination coverage rate for 60-<63 month olds compared with the baseline.

Benchmark 2 was not met, with statistically significant 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.

Benchmark 5 was not met, with a wastage and leakage rate exceeding the baseline for newly assessed vaccine.

Benchmark 1: Benchmark 1 was not met, with statistically significant 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, 2024–25

Jurisdiction	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NSW	94.24 (94.16 to 94.33)	93.50 (93.34 to 93.65)	-0.75* (-0.92 to -0.57)	×	×	NO

Notes

1. Benchmark 1 is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please refer to the "Assessing performance" section for more information on assessment methodology. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 2: Benchmark 2 was not met, with statistically significant 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 (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, 2024–25

Jurisdiction	Cohort	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NSW	12m–<15m	92.38 (91.77 to 92.96)	91.29 (90.65 to 91.89)	-1.09* (-1.95 to -0.23)	×	×	NO
	24m–<27m	90.74 (90.09 to 91.35)	89.16 (88.45 to 89.84)	-1.57* (-2.52 to -0.64)	×	×	
	60m–<63m	96.50 (96.04 to 96.91)	95.15 (94.63 to 95.62)	-1.35* (-2.02 to -0.69)	×	✓	

Notes

1. For each age cohort, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of the lowest coverage rate from the previous 3 years. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 2 is considered met if two or more age cohorts meet the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

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, 2024

Jurisdiction	Sex	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NSW	Boys	79.28 (79.08 to 79.48)	81.03 (80.69 to 81.36)	1.75* (1.36 to 2.13)	✓	×	YES
	Girls	82.94 (82.75 to 83.13)	85.06 (84.75 to 85.37)	2.12* (1.76 to 2.48)	✓	×	

Notes

1. For boys or girls, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 3 is deemed met if both boys and girls have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.

1. * indicates statistically significant change from the baseline at the 0.05 significance level.
2. The reference period for this benchmark is 1 January 2024 to 31 December 2024.
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, Disability and Ageing.

Benchmark 4: Benchmark 4 was met, as the coverage rates for all 4 of the nominated low coverage SA3 geographic areas have maintained or exceeded 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, 2024–25

Jurisdiction	SA3	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NSW	Manly	91.13 (88.15 to 93.42)	90.71 (87.72 to 93.03)	-0.42 (-4.20 to 3.37)	✓	×	YES
	Coffs Harbour	90.98 (89.05 to 92.60)	92.60 (90.86 to 94.03)	1.62 (-0.75 to 4.03)	✓	×	
	Eastern Suburbs - North	88.24 (86.29 to 89.94)	89.82 (87.97 to 91.40)	1.58 (-0.93 to 4.09)	✓	×	
	Eastern Suburbs - South	91.10 (89.47 to 92.50)	91.14 (89.50 to 92.54)	0.03 (-2.12 to 2.19)	✓	×	

Notes

1. For each SA3 area, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded or the baseline of the coverage rate from the previous year. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 4 is considered fully met if all 4 selected SA3s have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
4. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
5. 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, Disability and Ageing.

Benchmark 5: Benchmark 5 was not met, with a wastage and leakage rate of less than 5% for previously assessed vaccines, and a wastage and leakage rate exceeding the baseline for newly assessed vaccine. (Table 2.1.5).

Table 2.1.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, New South Wales, 2024–25

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2024–25 result less than 5%	Decrease achieved	Benchmark met
NSW	Previously assessed	3.73	1.08	-2.66	✓	✓	NO
	Newly assessed	10.00	13.76	3.76	×	×	

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 2024 to 31 March 2025.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 8 results include data for the Infanrix (DTPa), Infanrix Hexa (DTPa-hepB-IPV-Hib), Infanrix IPV (DTPa-IPV), Quadracel (DTPa-IPV), Rotarix (Rotavirus), Tripacel (DTPa) and Vaxelis (DTPa-hepB-IPV-Hib) antigens.
5. Both baseline and year 8 results exclude data for the ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix, and Priorix-Tetra antigens.
6. Vaxelis (DTPa-hepB-IPV-Hib) is included for the first time in the 2024–25 reference period as a newly assessed vaccine.
7. 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, Disability and Ageing.

Milestone: NSW achieved the milestone requirement, with seasonal influenza vaccination rollout plan for the 2025 influenza season being provided by 11 March 2025.

Victoria

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

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

Benchmark 5 was not met, with an increased wastage and leakage rate for previously assessed vaccines compared with the baseline.

Benchmark 1: Benchmark 1 was not met, with a statistically significant decrease 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, 2024–25

Jurisdiction	Baseline (95% VBs)	Result (95% VBs)	Change (95% VBs)	Baseline met	National target met	Benchmark met
Vic.	95.11 (95.02 to 95.20)	94.46 (94.29 to 94.61)	-0.65* (-0.84 to -0.47)	×	×	NO

Notes

1. Benchmark 1 is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 2: Benchmark 2 was met, with the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15 months, 24–<27 months, and 60–<63 months maintaining or exceeding the baseline (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, 2024–25

Jurisdiction	Cohort	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Vic.	12m–<15m	91.84 (90.49 to 93.01)	90.70 (89.30 to 91.93)	-1.14 (-2.97 to 0.68)	✓	×	YES
	24m–<27m	88.97 (87.40 to 90.36)	89.14 (87.64 to 90.47)	0.17 (-1.88 to 2.23)	✓	×	
	60m–<63m	95.27 (94.18 to 96.16)	95.99 (94.95 to 96.82)	0.72 (-0.65 to 2.1)	✓	✓	

Notes

1. For each age cohort, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of the lowest coverage rate from the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 2 is considered met if two or more age cohorts meet the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 3: Benchmark 3 was met, with increases 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, 2024

Jurisdiction	Sex	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Vic.	Boys	75.61 (75.37 to 75.85)	82.35 (81.98 to 82.71)	6.73* (6.29 to 7.17)	✓	×	YES
	Girls	79.10 (78.87 to 79.34)	84.44 (84.08 to 84.79)	5.33* (4.90 to 5.76)	✓	×	

Notes

1. For boys or girls, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 3 is deemed met if both boys and girls have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
2. The reference period for this benchmark is 1 January 2024 to 31 December 2025.
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, Disability and Ageing.

Benchmark 4: Benchmark 4 was met, as all 4 of the nominated low coverage SA3 geographic areas have maintained or exceeded 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, 2024–25

Jurisdiction	SA3	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Vic.	Bayside	93.68 (91.95 to 95.06)	93.84 (92.14 to 95.20)	0.16 (-2.03 to 2.37)	✓	✓	YES
	Murray River – Swan Hill	93.38 (90.48 to 95.45)	95.02 (92.44 to 96.76)	1.64 (-1.66 to 5.04)	✓	✓	
	Casey – North	92.62 (91.31 to 93.75)	93.05 (91.77 to 94.15)	0.43 (-1.28 to 2.14)	✓	×	
	Baw Baw	92.18 (89.98 to 93.93)	93.58 (91.64 to 95.10)	1.40 (-1.21 to 4.08)	✓	✓	

Notes

1. For each SA3 area, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded or the baseline of the coverage rate from the previous year. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 4 is considered fully met if all 4 selected SA3s have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
4. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
5. 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, Disability and Ageing.

Benchmark 5: Benchmark 5 was not met, with an increased wastage and leakage rate for previously assessed vaccines compared with the baseline (Table 2.2.5).

Table 2.2.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Victoria, 2024–25

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2024–25 result less than 5%	Decrease achieved	Benchmark met
Vic.	Previously assessed	1.43	5.69	4.26	×	×	NO
	Newly assessed	10.00	-1.70*	-11.70	✓	✓	

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 2024 to 31 March 2025.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 8 results include data for the Infanrix (DTPa), Infanrix Hexa (DTPa-hepB-IPV-Hib), Infanrix IPV (DTPa-IPV), Quadracel (DTPa-IPV), Rotarix (Rotavirus), Tripacel (DTPa) and Vaxelis (DTPa-hepB-IPV-Hib) antigens.
5. Both baseline and year 8 results exclude data for the ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix, and Priorix-Tetra antigens.
6. Vaxelis (DTPa-hepB-IPV-Hib) is included for the first time in the 2024–25 reference period as a newly assessed vaccine.
7. 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, Disability and Ageing.

Milestone: Victoria achieved the milestone requirement, with seasonal influenza vaccination rollout plan for the 2025 influenza season being provided by 11 March 2025.

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 statistically signficant decrease in the vaccination coverage rate for 60–<63 month olds compared with the baseline.

Benchmark 2 was not met, with statistically signficant decreases in the vaccination coverage rate for Aboriginal and Torres Strait Islander children aged 12–<15 months, 24–<27 months and 60–<63 compared with the baseline.

Benchmark 1: Benchmark 1 was not met, with a statistically significant decrease 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, 2024–25

Jurisdiction	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Qld	93.45 (93.34 to 93.56)	92.09 (91.88 to 92.30)	-1.36* (-1.60 to -1.13)	×	×	NO

Notes

1. Benchmark 1 is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 2: Benchmark 2 was not met, with statistically significant decreases in the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15 months, 24–<27 months and 60–<63 compared with the baseline (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, 2024–25

Jurisdiction	Cohort	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Qld	12m–<15m	90.00 (89.26 to 90.69)	88.77 (88.00 to 89.51)	-1.22* (-2.26 to -0.18)	×	×	NO
	24m–<27m	88.99 (88.21 to 89.73)	87.16 (86.34 to 87.93)	-1.84* (-2.94 to -0.74)	×	×	
	60m–<63m	95.30 (94.74 to 95.79)	94.15 (93.55 to 94.69)	-1.15* (-1.93 to -0.37)	×	×	

Notes

1. For each age cohort, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of the lowest coverage rate from the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 2 is considered met if two or more age cohorts meet the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.

3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

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, 2024

Jurisdiction	Sex	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Qld	Boys	72.27 (72.01 to 72.54)	78.61 (78.19 to 79.02)	6.34* (5.84 to 6.83)	✓	×	YES
	Girls	75.81 (75.55 to 76.07)	80.88 (80.46 to 81.28)	5.07* (4.58 to 5.55)	✓	×	

Notes

1. For boys or girls, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 3 is deemed met if both boys and girls have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
3. * indicates statistically significant change from the baseline at the 0.05 significance level.
2. The reference period for this benchmark is 1 January 2024 to 31 December 2024.
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, Disability and Ageing.

Benchmark 4: Benchmark 4 was met, as the coverage rates in all 4 of the assessed low coverage SA3 geographic areas have maintained or exceeded 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, 2024–25

Jurisdiction	SA3	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Qld	Noosa	85.31 (81.80 to 88.25)	86.07 (82.52 to 89.89)	0.76 (-3.86 to 5.35)	✓	×	YES
	Maroochy	85.60 (82.59 to 88.16)	87.41 (84.49 to 89.86)	1.82 (-2.07 to 5.70)	✓	×	
	Sunshine Coast Hinterland	87.61 (84.93 to 89.87)	87.72 (85.16 to 89.89)	0.11 (-3.31 to 3.56)	✓	×	
	Granite Belt	87.62 (84.05 to 90.48)	89.04 (85.74 to 91.66)	1.42 (-2.96 to 5.87)	✓	×	

Notes

1. For each SA3 area, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded or the baseline of the coverage rate from the previous year. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 4 is considered fully met if all 4 selected SA3s have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 5: Benchmark 5 was met, with a wastage and leakage rate of less than 5% for previously assessed and newly assessed vaccines (Table 2.3.5).

Table 2.3.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Queensland, 2024–25

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2024–25 result less than 5%	Decrease achieved	Benchmark met
Qld	Previously assessed	-3.92*	4.75	8.67	✓	×	YES
	Newly assessed	10.00	3.99	-6.01	✓	✓	

* The assessment 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 2024 to 31 March 2025.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 8 results include data for the Infanrix (DTPa), Infanrix Hexa (DTPa-hepB-IPV-Hib), Infanrix IPV (DTPa-IPV), Quadracel (DTPa-IPV), Rotarix (Rotavirus), Tripacel (DTPa), Vaqta Paediatric (HepA) and Vaxelis (DTPa-hepB-IPV-Hib) antigens.
5. Both baseline and year 8 results exclude data for the ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix, and Priorix-Tetra antigens.
6. Vaxelis (DTPa-hepB-IPV-Hib) is included for the first time in the 2024–25 reference period as a newly assessed vaccine.
7. 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, Disability and Ageing.

Milestone: Queensland achieved the milestone requirement, with seasonal influenza vaccination rollout plan for the 2025 influenza season being provided by 11 March 2025.

Western Australia

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

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

Benchmark 1: Benchmark 1 was not met, with a statistically significant decrease 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, 2024–25

Jurisdiction	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
WA	93.27 (93.12 to 93.42)	92.18 (91.90 to 92.46)	-1.09* (-1.41 to -0.77)	×	×	NO

Notes

1. Benchmark 1 is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 2: Benchmark 2 was met, as the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15 months, 24–<27 months and 60–<63 months have maintained or exceeded 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, 2024–25

Jurisdiction	Cohort	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
WA	12–<15m	84.94 (83.49 to 86.27)	85.57 (84.19 to 86.86)	0.64 (-1.29 to 2.57)	✓	×	YES
	24–<27m	81.06 (79.52 to 82.51)	80.55 (78.98 to 82.02)	-0.51 (-2.65 to 1.62)	✓	×	
	60–<63m	93.82 (92.82 to 94.70)	92.53 (91.45 to 93.49)	-1.29 (-2.68 to 0.10)	✓	×	

Notes

1. For each age cohort, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of the lowest coverage rate from the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 2 is considered met if two or more age cohorts meet the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

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, 2024

Jurisdiction	Sex	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
WA	Boys	77.62 (77.27 to 77.97)	81.48 (80.91 to 82.03)	3.86* (3.19 to 4.51)	✓	×	YES
	Girls	79.06 (78.71 to 79.41)	82.85 (82.29 to 83.41)	3.80* (3.13 to 4.45)	✓	×	

Notes

1. For boys or girls, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 3 is deemed met if both boys and girls have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
4. * indicates statistically significant change from the baseline at the 0.05 significance level.
2. The reference period for this benchmark is 1 January 2024 to 31 December 2024.
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, Disability and Ageing.

Benchmark 4: Benchmark 4 was met, as the vaccination coverage rates for all 4 of the assessed low coverage SA3 geographic areas have maintained or exceeded 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, 2024–25

Jurisdiction	SA3	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
WA	Manjimup	85.36 (80.31 to 89.28)	85.00 (79.93 to 88.96)	-0.36 (-6.80 to 6.09)	✓	×	YES
	Canning	91.77 (89.97 to 93.27)	94.93 (93.51 to 96.05)	3.16* (1.10 to 5.29)	✓	✓	
	Bayswater - Bassendean	92.47 (90.64 to 93.97)	93.56 (91.87 to 94.91)	1.08 (-1.17 to 3.37)	✓	×	
	South Perth	91.30 (88.09 to 93.71)	91.77 (88.62 to 94.11)	0.47 (-3.51 to 4.46)	✓	×	

Notes

1. For each SA3 area, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded or the baseline of the coverage rate from the previous year. Please oall 4 selected SA3s have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
4. The SA3 Gascoyne was not assessed due to changes between the 2011 and 2016/2021 ASGS standards and the use of different standards for quarters within the reference period.
5. 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, Disability and Ageing.

Benchmark 5: Benchmark 5 was met, with a decrease in the wastage and leakage rate for newly assessed vaccine compared with the baseline and a wastage and leakage rate of less than 5% for previously assessed vaccines (Table 2.4.5).

Table 2.4.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Western Australia, 2024–25

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2024–25 result less than 5%	Decrease achieved	Benchmark met
WA	Previously assessed	-0.31*	1.81	2.12	✓	×	YES
	Newly assessed	10.00	4.74	-5.26	✓	✓	

* The assessment 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 2024 to 31 March 2025.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 8 results include data for the Infanrix (DTPa), Infanrix Hexa (DTPa-hepB-IPV-Hib), Infanrix IPV (DTPa-IPV), Quadracel (DTPa-IPV), Rotarix (Rotavirus), Tripacel (DTPa), Vaqta Paediatric (HepA) and Vaxelis (DTPa-hepB-IPV-Hib) antigens.
5. Both baseline and year 8 results exclude data for the ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix, and Priorix-Tetra antigens.
6. Vaxelis (DTPa-hepB-IPV-Hib) is included for the first time in the 2024–25 reference period as a newly assessed vaccine.
7. 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, Disability and Ageing.

Milestone: WA achieved the milestone requirement, with seasonal influenza vaccination rollout plan for the 2025 influenza season being provided by 11 March 2025.

South Australia

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

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

Benchmark 1: Benchmark 1 was not met, with a statistically significant decrease in the vaccination coverage rate for 60–<63 month olds compared with the baseline (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, 2024–25

Jurisdiction	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
SA	95.49 (95.32 to 95.65)	94.42 (94.09 to 94.73)	-1.07* (-1.44 to -0.71)	×	×	NO

Notes

1. Benchmark 1 is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 2: Benchmark 2 was met, as the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15 months, 24–<27 months and 60–<63 months have maintained or exceeded 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, 2024–25

Jurisdiction	Cohort	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
SA	12–<15m	88.97 (86.97 to 90.70)	90.07 (88.18 to 91.69)	1.10 (-1.46 to 3.68)	✓	×	YES
	24–<27m	88.34 (86.38 to 90.05)	85.70 (83.51 to 87.65)	-2.64 (-5.43 to 0.12)	✓	×	
	60–<63m	95.60 (94.22 to 96.67)	95.35 (93.93 to 96.46)	-0.25 (-2.03 to 1.53)	✓	✓	

Notes

1. For each age cohort, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of the lowest coverage rate from the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 2 is considered met if two or more age cohorts meet the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

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, 2024

Jurisdiction	Sex	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
SA	Boys	70.37 (69.87 to 70.87)	77.46 (76.68 to 78.23)	7.09* (6.16 to 8.01)	✓	×	YES
	Girls	74.32 (73.83 to 74.80)	81.71 (80.96 to 82.44)	7.40* (6.50 to 8.27)	✓	×	

Notes

1. For boys or girls, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 3 is deemed met if both boys and girls have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
5. * indicates statistically significant change from the baseline at the 0.05 significance level.
2. The reference period for this benchmark is 1 January 2024 to 31 December 2024.
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, Disability and Ageing.

Benchmark 4: Benchmark 4 was met, with all 4 of the nominated low coverage SA3 geographic areas having maintained or exceeded 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, 2024–25

Jurisdiction	SA3	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
SA	Tea Tree Gully	94.61 (93.06 to 95.82)	96.08 (94.75 to 97.09)	1.48 (-0.32 to 3.33)	✓	✓	YES
	Holdfast Bay	93.36 (89.75 to 95.76)	93.64 (90.17 to 95.94)	0.28 (-3.95 to 4.58)	✓	✓	
	Port Adelaide - West	93.36 (91.15 to 95.05)	93.77 (91.68 to 95.36)	0.40 (-2.28 to 3.13)	✓	✓	
	Eyre Peninsula and South West	93.78 (91.70 to 95.36)	91.30 (88.97 to 93.18)	-2.47 (-5.32 to 0.32)	✓	×	

Notes

1. For each SA3 area, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded or the baseline of the coverage rate from the previous year. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 4 is considered fully met if all 4 selected SA3s have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
4. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
5. 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, Disability and Ageing.

Benchmark 5: Benchmark 5 was met, with decreases in wastage and leakage rate for previously assessed vaccines and newly assessed vaccine compared with the baseline (Table 2.5.5).

Table 2.5.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, South Australia, 2024–25

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2024–25 result less than 5%	Decrease achieved	Benchmark met
SA	Previously assessed	1.47	0.53	-0.94	✓	✓	YES
	Newly assessed	10.00	1.17	-8.83	✓	✓	

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 2024 to 31 March 2025.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 8 results include data for the Infanrix (DTPa), Infanrix Hexa (DTPa-hepB-IPV-Hib), Infanrix IPV (DTPa-IPV), Quadracel (DTPa-IPV), Rotarix (Rotavirus), Tripacel (DTPa), Vaqta Paediatric (HepA) and Vaxelis (DTPa-hepB-IPV-Hib) antigens.
5. Both baseline and year 8 results exclude data for the ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix, and Priorix-Tetra antigens.
6. Vaxelis (DTPa-hepB-IPV-Hib) is included for the first time in the 2024–25 reference period as a newly assessed vaccine.
7. 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, Disability and Ageing.

Milestone: SA achieved the milestone requirement, with seasonal influenza vaccination rollout plan for the 2025 influenza season being provided by 11 March 2025.

Tasmania

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

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

Benchmark 1: Benchmark 1 was not met, with a statistically significant decrease 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, 2024–25

Jurisdiction	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Tas.	94.30 (93.95 to 94.63)	93.33 (92.66 to 93.95)	-0.97* (-1.71 to -0.26)	×	×	NO

Notes

1. Benchmark 1 is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 2: Benchmark 2 was met, as the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15 months, 24–<27 months and 60–<63 months have maintained or exceeded 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, 2024–25

Jurisdiction	Cohort	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Tas.	12–<15m	94.55 (92.54 to 96.03)	93.43 (91.21 to 95.12)	-1.12 (-3.80 to 1.50)	✓	✓	YES
	24–<27m	93.18 (90.81 to 94.97)	92.66 (90.37 to 94.43)	-0.53 (-3.44 to 2.43)	✓	×	
	60–<63m	95.94 (94.08 to 97.24)	95.07 (92.97 to 96.57)	-0.87 (-3.35 to 1.52)	✓	✓	

Notes

1. For each age cohort, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of the lowest coverage rate from the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 2 is considered met if two or more age cohorts meet the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 3: Benchmark 3 was met, with increases 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, 2024

Jurisdiction	Sex	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Tas.	Boys	69.10 (68.21 to 69.99)	77.95 (76.54 to 79.29)	8.84* (7.19 to 10.46)	✓	×	YES
	Girls	74.17 (73.30 to 75.02)	81.50 (80.16 to 82.78)	7.34* (5.75 to 8.88)	✓	×	

Notes

1. For boys or girls, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 3 is deemed met if both boys and girls have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
6. * indicates statistically significant change from the baseline at the 0.05 significance level.
2. The reference period for this benchmark is 1 January 2024 to 31 December 2024.
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, Disability and Ageing.

Benchmark 4: Benchmark 4 was met, as the vaccination coverage rates for all 4 of nominated low coverage SA3 geographic areas have maintained or exceeded 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, 2024–25

Jurisdiction	SA3	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
Tas.	Hobart Inner	91.45 (88.39 to 93.76)	94.84 (92.38 to 96.54)	3.39* (0.04 to 6.93)	✓	✓	YES
	Hobart - South and West	90.77 (87.49 to 93.26)	92.64 (89.74 to 94.76)	1.87 (-1.95 to 5.80)	✓	×	
	North East	92.80 (89.86 to 94.94)	93.10 (90.21 to 95.19)	0.30 (-3.30 to 3.92)	✓	✓	
	Meander Valley - West Tamar	90.04 (85.50 to 93.27)	89.86 (85.13 to 93.21)	-0.18 (-5.94 to 5.49)	✓	×	

Notes

1. For each SA3 area, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded or the baseline of the coverage rate from the previous year. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 4 is considered fully met if all 4 selected SA3s have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 5: Benchmark 5 was met, with wastage and leakage rates of less than 5% for both previously assessed and newly assessed vaccines (Table 2.6.5).

Table 2.6.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Tasmania, 2024–25

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2024–25 result less than 5%	Decrease achieved	Benchmark met
Tas.	Previously assessed	0.60	-0.18	-0.79	✓	✓	YES
	Newly assessed	10.00	4.82	-5.18	✓	✓	

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 2024 to 31 March 2025.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 8 results include data for the Infanrix (DTPa), Infanrix Hexa (DTPa-hepB-IPV-Hib), Infanrix IPV (DTPa-IPV), Quadracel (DTPa-IPV), Rotarix (Rotavirus), Tripacel (DTPa) and Vaxelis (DTPa-hepB-IPV-Hib) antigens.
5. Both baseline and year 8 results exclude data for the ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix, and Priorix-Tetra antigens.
6. Vaxelis (DTPa-hepB-IPV-Hib) is included for the first time in the 2024–25 reference period as a newly assessed vaccine.
7. 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, Disability and Ageing.

Milestone: Tasmania achieved the milestone requirement, with seasonal influenza vaccination rollout plan for the 2025 influenza season being provided by 11 March 2025.

Northern Territory

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

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

Benchmark 5 was not met, with an increase in the wastage and leakage rate for previously assessed vaccines compared with the baseline.

Benchmark 1: Benchmark 1 was not met, with a statistically significantly decrease 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, 2024–25

Jurisdiction	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NT	93.08 (92.55 to 93.58)	91.34 (90.28 to 92.30)	-1.74* (-2.91 to -0.65)	×	×	NO

Notes

1. Benchmark 1 is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 2: Benchmark 2 was met, as the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12-<15 months, 24-<27 months and 60-<63 months have maintained or exceeded the baseline (Table 2.7.2).

Table 2.7.2: Assessment against EVS Benchmark 2—inc maintained or increased reasing vaccination coverage for Aboriginal and Torres Strait Islander people, Northern Territory, 2024–25

Jurisdiction	Cohort	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NT	12–<15m	87.67 (85.65 to 89.45)	88.85 (86.91 to 90.54)	1.18 (-1.46 to 3.82)	✓	×	YES
	24–<27m	84.48 (82.23 to 86.50)	87.47 (85.41 to 89.27)	2.98 (0.11 to 5.88)	✓	×	
	60–<63m	92.84 (91.17 to 94.22)	94.86 (93.38 to 96.02)	2.01 (0.00 to 4.06)	✓	✓	

Notes

1. For each age cohort, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of the lowest coverage rate from the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 2 is considered met if two or more age cohorts meet the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 3: Benchmark 3 was met, with increases 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, 2024

Jurisdiction	Sex	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NT	Boys	63.85 (62.46 to 65.22)	72.22 (69.99 to 74.35)	8.37* (5.76 to 10.91)	✓	×	YES
	Girls	71.31 (69.99 to 72.59)	78.60 (76.44 to 80.60)	7.29* (4.79 to 9.70)	✓	×	

Notes

1. For boys or girls, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 3 is deemed met if both boys and girls have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
7. * indicates statistically significant change from the baseline at the 0.05 significance level.
2. The reference period for this benchmark is 1 January 2024 to 31 December 2024.
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, Disability and Ageing.

Benchmark 4: Benchmark 4 was met, as the vaccination coverage rates for all 4 nominated low coverage areas have maintained or exceeded 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, 2024–25

Jurisdiction	SA3	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NT	Alice Springs	89.40 (86.23 to 91.91)	92.01 (89.34 to 94.05)	2.60 (-1.06 to 6.40)	✓	×	YES
	Darwin City	91.79 (87.88 to 94.52)	90.00 (86.01 to 92.95)	-1.79 (-6.66 to 3.10)	✓	×	
	Darwin Suburbs	89.53 (87.02 to 91.61)	89.52 (87.11 to 91.52)	-0.02 (-3.20 to 3.20)	✓	×	
	East Arnhem	93.70 (88.06 to 96.77)	91.95 (86.45 to 95.33)	-1.75 (-8.14 to 4.83)	✓	✓	

Notes

1. For each SA3 area, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded or the baseline of the coverage rate from the previous year. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 4 is considered fully met if all 4 selected SA3s have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 5: Benchmark 5 was not met, with an increase in wastage and leakage rate for previously assessed vaccines compared with the baseline (Table 2.7.5).

Table 2.7.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Northern Territory, 2024–25

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2024–25 result less than 5%	Decrease achieved	Benchmark met
NT	Previously assessed	1.07	10.12	9.06	×	×	NO
	Newly assessed	10.00	6.85	-3.15	×	✓	

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 2024 to 31 March 2025.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 8 results include data for the Infanrix (DTPa), Infanrix Hexa (DTPa-hepB-IPV-Hib), Infanrix IPV (DTPa-IPV), Quadracel (DTPa-IPV), Rotarix (Rotavirus), Tripacel (DTPa), Vaqta Paediatric (HepA) and Vaxelis (DTPa-hepB-IPV-Hib) antigens.
5. Both baseline and year 8 results exclude data for the ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix, and Priorix-Tetra antigens.
6. Vaxelis (DTPa-hepB-IPV-Hib) is included for the first time in the 2024–25 reference period as a newly assessed vaccine.
7. 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, Disability and Ageing.

Milestone: NT achieved the milestone requirement, with seasonal influenza vaccination rollout plan for the 2025 influenza season being provided by 11 March 2025.

Australian Capital Territory

The Australian Capital Territory met 4 of the 5 benchmarks assessed in this reference period, and achieved the milestone requirement.

Benchmark 4 was partly met, with the vaccination coverage rates for 3 of the 4 nominated low coverage SA3 geographic areas maintaining or exceeding the baseline.

Benchmark 1: Benchmark 1 was met, with the vaccination coverage rate for 60–<63 month olds meeting the national target (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, 2024–25

Jurisdiction	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
ACT	95.77 (95.46 to 96.06)	94.98 (94.37 to 95.53)	-0.79* (-1.47 to -0.16)	×	✓	YES

Notes

1. Benchmark 1 is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Benchmark 2: Benchmark 2 was met, as the vaccination coverage rates for Aboriginal and Torres Strait Islander children aged 12–<15months, 24–<27 months and 60–<63 months have maintained or exceeded the baseline (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, 2024–25

Jurisdiction	Cohort	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
ACT	12–<15m	91.67 (86.89 to 94.81)	88.11 (83.25 to 91.70)	-3.56 (-9.42 to 2.40)	✓	×	YES
	24–<27m	88.30 (82.92 to 92.14)	88.54 (83.26 to 92.31)	0.24 (-6.33 to 6.85)	✓	×	
	60–<63m	96.02 (92.02 to 98.06)	93.69 (89.50 to 96.28)	-2.33 (-7.06 to 2.40)	✓	✓	

Notes

1. For each age cohort, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of the lowest coverage rate from the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 2 is considered met if two or more age cohorts meet the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

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, 2024

Jurisdiction	Sex	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
ACT	Boys	80.84 (79.97 to 81.67)	88.29 (87.06 to 89.42)	7.45* (5.97 to 8.88)	✓	×	YES
	Girls	84.08 (83.25 to 84.88)	88.92 (87.68 to 90.04)	4.83* (3.37 to 6.24)	✓	×	

Notes

1. For boys or girls, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please refer to the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 3 is deemed met if both boys and girls have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
8. * indicates statistically significant change from the baseline at the 0.05 significance level.
2. The reference period for this benchmark is 1 January 2024 to 31 December 2024.
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, Disability and Ageing.

Benchmark 4: Benchmark 4 was partly met, with the vaccination coverage rates for 3 of the 4 nominated low coverage SA3 geographic areas maintaining or exceeding the baseline (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, 2024–25

Jurisdiction	SA3	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
ACT	South Canberra	92.69 (88.87 to 95.27)	87.45 (82.82 to 90.97)	-5.24* (-10.61 to -0.08)	×	×	PARTLY
	North Canberra	93.17 (90.56 to 95.09)	93.13 (90.47 to 95.09)	-0.03 (-3.33 to 3.24)	✓	✓	
	Gungahlin	96.09 (94.89 to 97.01)	96.24 (95.10 to 97.12)	0.15 (-1.32 to 1.64)	✓	✓	
	Tuggeranong	96.44 (95.17 to 97.39)	96.54 (95.28 to 97.47)	0.09 (-1.48 to 1.67)	✓	✓	

Notes

1. For each SA3 area, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded or the baseline of the coverage rate from the previous year. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 4 is considered fully met if all 4 selected SA3s have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
4. When assessing coverage of geographic areas with low numbers of children, small changes in the number of children being counted can impact coverage rates.
5. 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, Disability and Ageing.

Benchmark 5: Benchmark 5 was met, with a wastage and leakage rate of less than 5% for previously assessed vaccines and a decrease in the wastage and leakage rate for newly assessed vaccine compared with the baseline (Table 2.8.5).

Table 2.8.5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, Australian Capital Territory, 2024–25

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2024–25 result less than 5%	Decrease achieved	Benchmark met
ACT	Previously assessed	-4.57*	-1.69*	2.88	✓	×	YES
	Newly assessed	10.00	0.27	-9.73	✓	✓	

* The assessment 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 2024 to 31 March 2025.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 8 results include data for the Infanrix (DTPa), Infanrix Hexa (DTPa-hepB-IPV-Hib), Infanrix IPV (DTPa-IPV), Quadracel (DTPa-IPV), Rotarix (Rotavirus), Tripacel (DTPa) and Vaxelis (DTPa-hepB-IPV-Hib) antigens.
5. Both baseline and year 8 results exclude data for the ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix, and Priorix-Tetra antigens.
6. Vaxelis (DTPa-hepB-IPV-Hib) is included for the first time in the 2024–25 reference period as a newly assessed vaccine.
7. 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, Disability and Ageing.

Milestone: ACT achieved the milestone requirement, with seasonal influenza vaccination rollout plan for the 2025 influenza season being provided by 11 March 2025.

Appendix A: Detailed benchmark specifications

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

Measure	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.
Numerator	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).
Denominator	Number of children enrolled in Medicare aged 60–<63 months in the reference period who are registered on the AIR.
Calculation of assessment year rate	100 x (numerator ÷ denominator)
Calculation of baseline rate	The baseline is the pooled average coverage rate for the previous 3 years.
Reference period	12 months from 1 April to 31 March
Assessment criteria	• The benchmark is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline rate. • The assessment considers statistical uncertainties and random variation resulting from data quality issues in the AIR. The national target is considered met if the upper bound of the 95% variability band for the coverage rate in the assessment year includes or exceeds the national target. A jurisdiction is deemed to have maintained or exceeded the baseline if the vaccination coverage rate in the assessment year is not statistically significantly below the baseline at the 0.05 significance level.
Data source and considerations	• Data are sourced from the AIR. • Baseline coverage is calculated using data for the period 1 April to 31 March and processed at 31 March. • Data used for the coverage assessment are for the period 1 April to 31 March and processed at 31 March.
Other considerations	• Should the definition of 'fully immunised' change, the baseline may be reset following an independent review by an external body. • 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-<63 months of age changed, with MMR no longer being assessed. • Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control because of exceptional circumstances, then the state or territory may present a case to the designated delegate outlining mitigating circumstances supported by appropriate evidence. Such circumstances may include unforeseen or isolated events (e.g. natural disasters). If it is determined upon consideration of the presented evidence that the exceptional circumstance(s) 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. Where exceptional events demonstrably have a national impact (including but not limited to pandemics, national vaccine supply shortages or changes to the National Immunisation Program schedule within a reporting period), the Commonwealth will consider available evidence on behalf of jurisdictions and make a determination to support fair performance assessment.

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

Measure	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.
Numerator	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).
Denominator	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.
Calculation of assessment year rate	100 x (numerator ÷ denominator), for each age cohort
Calculation of baseline rate	For each reference period, the baseline is the lowest coverage rate from the previous 3 years, for the relevant age cohort.
Reference period	12 months from 1 April to 31 March
Assessment criteria	• The benchmark is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline rate, for at least 2 of the 3 age cohorts. • The assessment considers statistical uncertainties and random variation resulting from data quality issues in the AIR. The national target is considered met if the upper bound of the 95% variability band for the coverage rate in the assessment year includes or exceeds the national target. A jurisdiction is deemed to have maintained or exceeded the baseline if the vaccination coverage rate in the assessment year is not statistically significantly below the baseline at the 0.05 significance level.
Data source and considerations	• Data are sourced from the AIR. • Baseline coverage is calculated using data for the period 1 April to 31 March and processed at 31 March. • Data used for the coverage assessment are for the period 1 April to 31 March and processed at 31 March.
Other considerations	• Should the definition of 'fully immunised' change, the baseline may be reset following an independent review by an external body. • As at 1 April 2020: o '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 *Haemophilus influenzae* 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). o '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. o '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-<63 months of age changed, with MMR no longer being assessed.

	• Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control because of exceptional circumstances, then the state or territory may present a case to the designated delegate outlining mitigating circumstances supported by appropriate evidence. Such circumstances may include unforeseen or isolated events (e.g. natural disasters). If it is determined upon consideration of the presented evidence that the exceptional circumstance(s) 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. Where exceptional events demonstrably have a national impact (including but not limited to pandemics, national vaccine supply shortages or changes to the National Immunisation Program schedule within a reporting period), the Commonwealth will consider available evidence on behalf of jurisdictions and make a determination to support fair performance assessment.

Table A3: Benchmark 3—An increase in the vaccination coverage rates for both adolescent boys and adolescent girls for HPV, relative to the baseline

Measure	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.
Numerator	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.
Denominator	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.
Calculation of assessment year rate	100 x (numerator ÷ denominator), for boys and for girls.
Calculation of baseline rate	For each reference period, the baseline is the average coverage rate for the previous three years, based on 2-dose HPV vaccination coverage.
Reference period	12 months from 1 January to 31 December
Assessment criteria	• This benchmark will be deemed to have been fully met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline rate for both boys and girls. • The benchmark will be deemed to have been partly met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline rate for either boys or girls. • The assessment considers statistical uncertainties and random variation resulting from data quality issues in the AIR. The national target is considered met if the upper bound of the 95% variability band for the coverage rate in the assessment year includes or exceeds the national target. A jurisdiction is deemed to have maintained or exceeded the baseline if the vaccination coverage rate in the assessment year is not statistically significantly below the baseline at the 0.05 significance level.
Data source and considerations	• Data are sourced from the AIR. • Baseline coverage is calculated using data for the period 1 January to 31 December and processed at 31 December. • Data used for the coverage assessment are for the period 1 January to 31 December and processed at 31 December.
Other considerations	• Should the definition of 'fully immunised' change, the baseline may be reset following an independent review by an external body. • From February 2023, HPV vaccines were administered as a single-dose vaccine rather than a two-dose vaccine. • Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control because of exceptional circumstances, then the state or territory may present a case to the designated delegate outlining mitigating circumstances supported by appropriate evidence. Such circumstances may include unforeseen or isolated events (e.g. natural disasters). If it is determined upon consideration of the presented evidence that the exceptional circumstance(s) 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. Where exceptional events demonstrably have a national impact (including but not limited to pandemics, national vaccine supply shortages or changes to the National Immunisation Program schedule within a reporting period), the Commonwealth will consider available evidence on behalf of jurisdictions and make a determination to support fair performance assessment.

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

Measure	• Change in the vaccination coverage rate for the 60–<63 month old cohort in each selected SA3 geographic area, calculated as the rate for the reference year minus the baseline rate. • Jurisdictions will notify the Commonwealth by 1 September of each reference year of the 4 nominated SA3 geographic areas to be targeted.
Numerator	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.
Denominator	For each geographic area, the number of resident children aged 60–<63 months in the reference period who are registered on the AIR.
Calculation of assessment year rate	100 x (numerator ÷ denominator), for each geographic area.
Calculation of baseline rate	For each reference period, the baseline is the coverage rate for the previous 12 month period.
Reference period	12 months from 1 April to 31 March
Assessment criteria	• This benchmark will be deemed to have been fully met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline rate for all of the selected SA3 geographic areas. • The benchmark will be deemed to have been partly met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline rate for some of the selected SA3 geographic areas. • The assessment considers statistical uncertainties and random variation resulting from data quality issues in the AIR. The national target is considered met if the upper bound of the 95% variability band for the coverage rate in the assessment year includes or exceeds the national target. A jurisdiction is deemed to have maintained or exceeded the baseline if the vaccination coverage rate in the assessment year is not statistically significantly below the baseline at the 0.05 significance level.
Data source and considerations	• Data are sourced from the AIR. • Baseline coverage is calculated using data for the period 1 April to 31 March and processed at 31 March. • Data used for the coverage assessment are for the period 1 April to 31 March and processed at 31 March.
Other considerations	• 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. • Should the definition of 'fully immunised' change, the baseline may be reset following an independent review by an external body. • 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-<63 months of age changed, with MMR no longer being assessed.

	• Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control because of exceptional circumstances, then the state or territory may present a case to the designated delegate outlining mitigating circumstances supported by appropriate evidence. Such circumstances may include unforeseen or isolated events (e.g. natural disasters). If it is determined upon consideration of the presented evidence that the exceptional circumstance(s) 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. Where exceptional events demonstrably have a national impact (including but not limited to pandemics, national vaccine supply shortages or changes to the National Immunisation Program schedule within a reporting period), the Commonwealth will consider available evidence on behalf of jurisdictions and make a determination to support fair performance assessment.

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

Measure	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.
Numerator	Number of NIP vaccines lost to wastage and leakage in the reference period, calculated as A – (B x 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
Denominator	Number of vaccines distributed to providers in the reference period.
Calculation of assessment year rate	100 x (numerator ÷ denominator)
Calculation of baseline rate	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.
Reference period	12 months from 1 April to 31 March
Assessment criteria	• This benchmark will be deemed to have been met if there is a decrease in the wastage and leakage rate compared with the baseline. • 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.
Data source and considerations	Data are sourced from States and Territories and from the Australian Immunisation Register (AIR). • Baseline coverage is calculated using data for the period 1 April to 31 March and processed at 31 March. • Data used for the coverage assessment are for the period 1 April to 31 March and processed at 31 March.

Other considerations	• The wastage and leakage calculation includes an adjustment factor of 3% to account for potential under-reporting of immunisations to the AIR.
	• 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.
	• Where a new vaccine is added to the NIP for children only, a baseline of 10% wastage and leakage will be applied.
	• Analysis by State/Territory is based on postcode of residence of the child as recorded on the AIR. As children may receive vaccinations in locations other than where they live, this data does not necessarily reflect the location in which services were received.
	• The following vaccines are in scope of the eighth year of assessment:
	  ○ Infanrix Hexa (DTPa-hepB-IPV-Hib) – previously assessed
	  ○ Infanrix (DTPa) – previously assessed
	  ○ Tripacel (DTPa) – previously assessed
	  ○ Infanrix IPV (DTPa-IPV) – previously assessed
	  ○ Quadracel (DTPa-IPV) – previously assessed
	  ○ Rotarix (Rotavirus) – previously assessed
	  ○ Vaqta Paediatric (HepA) – previously assessed (NT, Qld, SA, WA only)
	  ○ Vaxelis (DTPa-hepB-IPV-Hib) – newly assessed
	• Note that data on ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix and Priorix-Tetra were excluded from the year 8 assessment as these antigens are available under the NIP for people aged 10 years and over.

	• Where a state or territory does not meet the performance benchmark and considers that this outcome is beyond its control because of exceptional circumstances, then the state or territory may present a case to the designated delegate outlining mitigating circumstances supported by appropriate evidence. Such circumstances may include unforeseen or isolated events (e.g. natural disasters). If it is determined upon consideration of the presented evidence that the exceptional circumstance(s) 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. Where exceptional events demonstrably have a national impact (including but not limited to pandemics, national vaccine supply shortages or changes to the National Immunisation Program schedule within a reporting period), the Commonwealth will consider available evidence on behalf of jurisdictions and make a determination to support fair performance assessment.

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, 2024–25

Jurisdiction	Baseline (95% VB)	Result (95% VB)	Change (95% VBs)	Baseline Met	National target met	Benchmark met
NSW	94.24 (94.16 to 94.33)	93.50 (93.34 to 93.65)	-0.75* (-0.92 to -0.57)	×	×	NO
Vic.	95.11 (95.02 to 95.20)	94.46 (94.29 to 94.61)	-0.65* (-0.84 to -0.47)	×	×	NO
Qld	93.45 (93.34 to 93.56)	92.09 (91.88 to 92.30)	-1.36* (-1.60 to -1.13)	×	×	NO
WA	93.27 (93.12 to 93.42)	92.18 (91.90 to 92.46)	-1.09* (-1.41 to -0.77)	×	×	NO
SA	95.49 (95.32 to 95.65)	94.42 (94.09 to 94.73)	-1.07* (-1.44 to -0.71)	×	×	NO
Tas.	94.30 (93.95 to 94.63)	93.33 (92.66 to 93.95)	-0.97* (-1.71 to -0.26)	×	×	NO
NT	93.08 (92.55 to 93.58)	91.34 (90.28 to 92.30)	-1.74* (-2.91 to -0.65)	×	×	NO
ACT	95.77 (95.46 to 96.06)	94.98 (94.37 to 95.53)	-0.79* (-1.47 to -0.16)	×	✓	YES

Notes

1. Benchmark 1 is considered met if the vaccination coverage rate in the assessment period has met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the “Assessing performance” section for more information on assessment methodology. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Table B2: Assessment against EVS Benchmark 2—maintained or increased vaccination coverage for Aboriginal and Torres Strait Islander people, by state and territory, 2024–25

Jurisdiction	Cohort	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NSW	12m–<15m	92.38 (91.77 to 92.96)	91.29 (90.65 to 91.89)	-1.09* (-1.95 to -0.23)	×	×	
	24m–<27m	90.74 (90.09 to 91.35)	89.16 (88.45 to 89.84)	-1.57* (-2.52 to -0.64)	×	×	NO
	60m–<63m	96.50 (96.04 to 96.91)	95.15 (94.63 to 95.62)	-1.35* (-2.02 to -0.69)	×	✓	
Vic.	12m–<15m	91.84 (90.49 to 93.01)	90.70 (89.30 to 91.93)	-1.14 (-2.97 to 0.68)	✓	×	
	24m–<27m	88.97 (87.40 to 90.36)	89.14 (87.64 to 90.47)	0.17 (-1.88 to 2.23)	✓	×	YES
	60m–<63m	95.27 (94.18 to 96.16)	95.99 (94.95 to 96.82)	0.72 (-0.65 to 2.1)	✓	✓	
Qld	12m–<15m	90.00 (89.26 to 90.69)	88.77 (88.00 to 89.51)	-1.22* (-2.26 to -0.18)	×	×	
	24m–<27m	88.99 (88.21 to 89.73)	87.16 (86.34 to 87.93)	-1.84* (-2.94 to -0.74)	×	×	NO
	60m–<63m	95.30 (94.74 to 95.79)	94.15 (93.55 to 94.69)	-1.15* (-1.93 to -0.37)	×	×	
WA	12m–<15m	84.94 (83.49 to 86.27)	85.57 (84.19 to 86.86)	0.64 (-1.29 to 2.57)	✓	×	
	24m–<27m	81.06 (79.52 to 82.51)	80.55 (78.98 to 82.02)	-0.51 (-2.65 to 1.62)	✓	×	YES
	60m–<63m	93.82 (92.82 to 94.70)	92.53 (91.45 to 93.49)	-1.29 (-2.68 to 0.1)	✓	×	
SA	12m–<15m	88.97 (86.97 to 90.70)	90.07 (88.18 to 91.69)	1.10 (-1.46 to 3.68)	✓	×	
	24m–<27m	88.34 (86.38 to 90.05)	85.70 (83.51 to 87.65)	-2.64 (-5.43 to 0.12)	✓	×	YES
	60m–<63m	95.60 (94.22 to 96.67)	95.35 (93.93 to 96.46)	-0.25 (-2.03 to 1.53)	✓	✓	
Tas.	12m–<15m	94.55 (92.54 to 96.03)	93.43 (91.21 to 95.12)	-1.12 (-3.80 to 1.50)	✓	✓	
	24m–<27m	93.18 (90.81 to 94.97)	92.66 (90.37 to 94.43)	-0.53 (-3.44 to 2.43)	✓	×	YES
	60m–<63m	95.94 (94.08 to 97.24)	95.07 (92.97 to 96.57)	-0.87 (-3.35 to 1.52)	✓	✓	
NT	12m–<15m	87.67 (85.65 to 89.45)	88.85 (86.91 to 90.54)	1.18 (-1.46 to 3.82)	✓	×	
	24m–<27m	84.48 (82.23 to 86.50)	87.47 (85.41 to 89.27)	2.98 (0.11 to 5.88)	✓	×	YES
	60m–<63m	92.84 (91.17 to 94.22)	94.86 (93.38 to 96.02)	2.01 (0.00 to 4.06)	✓	✓	

Table B2 (continued)

ACT	12m–<15m	91.67 (86.89 to 94.81)	88.11 (83.25 to 91.70)	-3.56 (-9.42 to 2.40)	✓	×	
	24m–<27m	88.30 (82.92 to 92.14)	88.54 (83.26 to 92.31)	0.24 (-6.33 to 6.85)	✓	×	YES
	60m–<63m	96.02 (92.02 to 98.06)	93.69 (89.50 to 96.28)	-2.33 (-7.06 to 2.40)	✓	✓	

Notes

1. For each age cohort, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of the lowest coverage rate from the previous 3 years. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 2 is considered met if two or more age cohorts meet the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
3. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
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, Disability and Ageing.

Table B3: Assessment against EVS Benchmark 3—increasing HPV vaccination coverage for adolescent boys and girls, by state and territory, 2024

Jurisdiction	Sex	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NSW	Boys	79.28 (79.08 to 79.48)	81.03 (80.69 to 81.36)	1.75* (1.36 to 2.13)	✓	×	YES
	Girls	82.94 (82.75 to 83.13)	85.06 (84.75 to 85.37)	2.12* (1.76 to 2.48)	✓	×	
Vic.	Boys	75.61 (75.37 to 75.85)	82.35 (81.98 to 82.71)	6.73* (6.29 to 7.17)	✓	×	YES
	Girls	79.10 (78.87 to 79.34)	84.44 (84.08 to 84.79)	5.33* (4.90 to 5.76)	✓	×	
Qld	Boys	72.27 (72.01 to 72.54)	78.61 (78.19 to 79.02)	6.34* (5.84 to 6.83)	✓	×	YES
	Girls	75.81 (75.55 to 76.07)	80.88 (80.46 to 81.28)	5.07* (4.58 to 5.55)	✓	×	
WA	Boys	77.62 (77.27 to 77.97)	81.48 (80.91 to 82.03)	3.86* (3.19 to 4.51)	✓	×	YES
	Girls	79.06 (78.71 to 79.41)	82.85 (82.29 to 83.41)	3.80* (3.13 to 4.45)	✓	×	
SA	Boys	70.37 (69.87 to 70.87)	77.46 (76.68 to 78.23)	7.09* (6.16 to 8.01)	✓	×	YES
	Girls	74.32 (73.83 to 74.80)	81.71 (80.96 to 82.44)	7.40* (6.50 to 8.27)	✓	×	
Tas.	Boys	69.10 (68.21 to 69.99)	77.95 (76.54 to 79.29)	8.84* (7.19 to 10.46)	✓	×	YES
	Girls	74.17 (73.30 to 75.02)	81.50 (80.16 to 82.78)	7.34* (5.75 to 8.88)	✓	×	
NT	Boys	63.85 (62.46 to 65.22)	72.22 (69.99 to 74.35)	8.37* (5.76 to 10.91)	✓	×	YES
	Girls	71.31 (69.99 to 72.59)	78.60 (76.44 to 80.60)	7.29* (4.79 to 9.70)	✓	×	
ACT	Boys	80.84 (79.97 to 81.67)	88.29 (87.06 to 89.42)	7.45* (5.97 to 8.88)	✓	×	YES
	Girls	84.08 (83.25 to 84.88)	88.92 (87.68 to 90.04)	4.83* (3.37 to 6.24)	✓	×	

Notes

1. For boys or girls, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded the baseline of pooled average coverage rate over the previous 3 years. Please see the "Assessing performance" section for more information on assessment methodology. Overall, benchmark 3 is deemed met if both boys and girls have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.
2. * indicates statistically significant change from the baseline at the 0.05 significance level.
9. The reference period for this benchmark is 1 January 2024 to 31 December 2024.
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, Disability and Ageing.

Table B4: Assessment against EVS Benchmark 4—increasing vaccination coverage for 60–<63 month olds in low coverage areas, 2024–25

Jurisdiction	SA3	Baseline (95% VB)	Result (95% VB)	Change (95% VB)	Baseline met	National target met	Benchmark met
NSW	Manly	91.13 (88.15 to 93.42)	90.71 (87.72 to 93.03)	-0.42 (-4.20 to 3.37)	✓	×	YES
	Coffs Harbour	90.98 (89.05 to 92.60)	92.60 (90.86 to 94.03)	1.62 (-0.75 to 4.03)	✓	×	
	Eastern Suburbs - North	88.24 (86.29 to 89.94)	89.82 (87.97 to 91.40)	1.58 (-0.93 to 4.09)	✓	×	
	Eastern Suburbs - South	91.10 (89.47 to 92.50)	91.14 (89.50 to 92.54)	0.03 (-2.12 to 2.19)	✓	×	
Vic.	Bayside	93.68 (91.95 to 95.06)	93.84 (92.14 to 95.20)	0.16 (-2.03 to 2.37)	✓	✓	YES
	Murray River – Swan Hill	93.38 (90.48 to 95.45)	95.02 (92.44 to 96.76)	1.64 (-1.66 to 5.04)	✓	✓	
	Casey – North	92.62 (91.31 to 93.75)	93.05 (91.77 to 94.15)	0.43 (-1.28 to 2.14)	✓	×	
	Baw Baw	92.18 (89.98 to 93.93)	93.58 (91.64 to 95.10)	1.40 (-1.21 to 4.08)	✓	✓	
Qld	Noosa	85.31 (81.80 to 88.25)	86.07 (82.52 to 89.89)	0.76 (-3.86 to 5.35)	✓	×	YES
	Maroochy	85.60 (82.59 to 88.16)	87.41 (84.49 to 89.86)	1.82 (-2.07 to 5.70)	✓	×	
	Sunshine Coast Hinterland	87.61 (84.93 to 89.87)	87.72 (85.16 to 89.89)	0.11 (-3.31 to 3.56)	✓	×	
	Granite Belt	87.62 (84.05 to 90.48)	89.04 (85.74 to 91.66)	1.42 (-2.96 to 5.87)	✓	×	
WA	Manjimup	85.36 (80.31 to 89.28)	85.00 (79.93 to 88.96)	-0.36 (-6.80 to 6.09)	✓	×	YES
	Canning	91.77 (89.97 to 93.27)	94.93 (93.51 to 96.05)	3.16* (1.10 to 5.29)	✓	✓	
	Bayswater - Bassendean	92.47 (90.64 to 93.97)	93.56 (91.87 to 94.91)	1.08 (-1.17 to 3.37)	✓	×	
	South Perth	91.30 (88.09 to 93.71)	91.77 (88.62 to 94.11)	0.47 (-3.51 to 4.46)	✓	×	
SA	Tea Tree Gully	94.61 (93.06 to 95.82)	96.08 (94.75 to 97.09)	1.48 (-0.32 to 3.33)	✓	✓	YES
	Holdfast Bay	93.36 (89.75 to 95.76)	93.64 (90.17 to 95.94)	0.28 (-3.95 to 4.58)	✓	✓	
	Port Adelaide - West	93.36 (91.15 to 95.05)	93.77 (91.68 to 95.36)	0.40 (-2.28 to 3.13)	✓	✓	
	Eyre Peninsula and South West	93.78 (91.70 to 95.36)	91.30 (88.97 to 93.18)	-2.47 (-5.32 to 0.32)	✓	×	

Table B4 (continued)

Tas.	Hobart Inner	91.45 (88.39 to 93.76)	94.84 (92.38 to 96.54)	3.39* (0.04 to 6.93)	✓	✓	YES
	Hobart - South and West	90.77 (87.49 to 93.26)	92.64 (89.74 to 94.76)	1.87 (-1.95 to 5.80)	✓	×	
	North East	92.80 (89.86 to 94.94)	93.10 (90.21 to 95.19)	0.30 (-3.30 to 3.92)	✓	✓	
	Meander Valley - West Tamar	90.04 (85.50 to 93.27)	89.86 (85.13 to 93.21)	-0.18 (-5.94 to 5.49)	✓	×	
NT	Alice Springs	89.40 (86.23 to 91.91)	92.01 (89.34 to 94.05)	2.60 (-1.06 to 6.40)	✓	×	YES
	Darwin City	91.79 (87.88 to 94.52)	90.00 (86.01 to 92.95)	-1.79* (-6.66 to 3.10)	✓	×	
	Darwin Suburbs	89.53 (87.02 to 91.61)	89.52 (87.11 to 91.52)	-0.02 (-3.20 to 3.20)	✓	×	
	East Arnhem	93.70 (88.06 to 96.77)	91.95 (86.45 to 95.33)	-1.75 (-8.14 to 4.83)	✓	✓	
ACT	South Canberra	92.69 (88.87 to 95.27)	87.45 (82.82 to 90.97)	-5.24* (-10.61 to -0.08)	×	×	PARTLY
	North Canberra	93.17 (90.56 to 95.09)	93.13 (90.47 to 95.09)	-0.03 (-3.33 to 3.24)	✓	✓	
	Gungahlin	96.09 (94.89 to 97.01)	96.24 (95.10 to 97.12)	0.15 (-1.32 to 1.64)	✓	✓	
	Tuggeranong	96.44 (95.17 to 97.39)	96.54 (95.28 to 97.47)	0.09 (-1.48 to 1.67)	✓	✓	

Notes

1. For each SA3 area, this benchmark is considered met if vaccination coverage rates in the assessment period have met the national target of 95%, or if the vaccination coverage rate has maintained or exceeded or the baseline of the coverage rate from the previous year. Please see the “Assessing performance” section for more information on assessment methodology. Overall, benchmark 4 is considered fully met if all 4 selected SA3s have met the benchmark. Please note that the assessment method used in this report is different to the method used for previous reports and therefore the data are not comparable.

1. * indicates statistically significant change from the baseline at the 0.05 significance level.
2. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
3. The SA3s Nambour-Pomona and Gascoyne were not assessed due to changes between the 2011 and 2016/2021 ASGS standards and the use of different standards for quarters within the reference period.
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, Disability and Ageing.

Table B5: Assessment against EVS Benchmark 5—decreasing wastage and leakage rates, by state and territory, 2024–25

Jurisdiction	Vaccine status	Baseline (%)	Result (%)	Change (percentage points)	2024–25 result less than 5%	Decrease achieved	Benchmark met
NSW	Previously assessed	3.73	1.08	-2.66	✓	✓	NO
	Newly assessed	10.00	13.76	3.76	×	×	
Vic.	Previously assessed	1.43	5.69	4.26	×	×	NO
	Newly assessed	10.00	-1.70*	-11.70	✓	✓	
Qld	Previously assessed	-3.92*	4.75	8.67	✓	×	YES
	Newly assessed	10.00	3.99	-6.01	✓	✓	
WA	Previously assessed	-0.31*	1.81	2.12	✓	×	YES
	Newly assessed	10.00	4.74	-5.26	✓	✓	
SA	Previously assessed	1.47	0.53	-0.94	✓	✓	YES
	Newly assessed	10.00	1.17	-8.83	✓	✓	
Tas.	Previously assessed	0.60	-0.18	-0.79	✓	✓	YES
	Newly assessed	10.00	4.82	-5.18	✓	✓	
NT	Previously assessed	1.07	10.12	9.06	×	×	NO
	Newly assessed	10.00	6.85	-3.15	×	✓	
ACT	Previously assessed	-4.57*	-1.69*	2.88	✓	×	YES
	Newly assessed	10.00	0.27	-9.73	✓	✓	

* The assessment 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%. Vaxelis was included as a newly assessed vaccine in the assessment for the 2024–25 reference period.
2. The reference period for this benchmark is 1 April 2024 to 31 March 2025.
3. Change shown may not exactly equal difference between result and baseline due to rounding.
4. Both baseline and year 8 results include data for the Infanrix (DTPa), Infanrix Hexa (DTPa-hepB-IPV-Hib), Infanrix IPV (DTPa-IPV), Quadracel (DTPa-IPV), Rotarix (Rotavirus), Tripacel (DTPa) and Vaqta Paediatric (HepA) (NT, QLD, SA, WA only) and Vaxelis (DTPa-hepB-IPV-Hib) antigens.
5. Both baseline and year 8 results exclude data for the ActHIB, Prevenar 13, Nimenrix, MMR II, ProQuad, Priorix, and Priorix-Tetra antigens.
6. Vaxelis (DTPa-hepB-IPV-Hib) is included for the first time in the 2024–25 reference period as a newly assessed vaccine.
7. 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, Disability and Ageing.

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	*haemophilus influenzae* 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
VB	variability band
Vic.	Victoria
WA	Western Australia

Symbols

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

List of tables

Related publications

This report, *Essential Vaccines: performance report 2024–25*, 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 2025. 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.
- 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.

This report provides an assessment of state and territory performance against the benchmarks outlined in the Essential Vaccines Schedule for the period 1 April 2024 to 31 March 2025.

For the 2024–25 EVS assessment period, the Department of Health, Disability and Ageing determined that exceptional circumstances applied for the purposes of payment. Following the application of exceptional circumstances, five jurisdictions were deemed to have met all benchmarks assessed in this period for the purposes of payment.

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