Authors' reply: Australian immunisation registers: established foundations and opportunities for improvement

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We welcome the insight of Sheridan et al. regarding the potential for the Australian Childhood Immunisation Register (ACIR) to be utilised for public health benefit in data linking, not only for examining vaccine safety, but also vaccine effectiveness. Jurisdictional studies have shown the value of this methodology in evaluating the effectiveness of a nationally-funded rotavirus programme within Queensland and Central Australia [1,2]. Gold et al. were also able to demonstrate the feasibility of ACIR data linkage in a single hospital study evaluating measles-mumps-rubella vaccine and thrombocytopenia [3].

In Australia, while federal and jurisdictional privacy laws are potential impediments, ethical arguments support data linking for vaccine surveillance as a public health imperative [4]. In addition, the vast majority of the public, when consulted, supported this process [5]. A computer-assisted telephone interview of randomly-selected rural and metropolitan households in South Australia in 2011 found 96.4% of respondents supported data linkage for post-licensure surveillance of vaccines. Notably, opt-out consent (40.4%) or no consent needed (30.6%) was favoured over opt-in consent (24.6%) [5].

In a country which traditionally has been an early adopter of vaccines, and allocates national programme funding based upon cost-effectiveness assessments, it is critical that both post-licensure safety and effectiveness can be assessed comprehensively and in a timely fashion [6]. This will maximise protection of vaccine recipients, confidence in the immunisation programme, and allow appropriate allocation of taxpayer resources. Linkage of national immunisation datasets with health outcome data offers a powerful public health resource.

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