# Immunisation manual for General Practice

## A guide to strengthening immunisation delivery

Pinnacle Incorporated

Hauraki PHO

National Hauora Coalition

# Contents

Mihi ..... 3
Introduction ..... 4
Acknowledgements ..... 4
Exploring the landscape ..... 5
Barriers to immunisation and activities for change ..... 6
Newborn enrolment guideline for Waikato ..... 8
Pre-call and recall ..... 12
Delay versus decline ..... 15
PMS status query ..... 16
Recording immunisation events ..... 16
Planning immunisation catch up schedules ..... 25
Tips to immunise effectively ..... 28
AIR reports to general practice ..... 32
Outreach Immunisation Services (OIS) ..... 35
Troubleshooting for immunisation messages not reaching AIR ..... 38
Resources and key links ..... 40


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# Mihi

E te Kīngi Māori, e Kīngi Tūheitia Pōtatau Te Wherowhero te Tuāwhitū ki te rangi tēnei mātou e tuku mihi ki a koe me tō whānau te Kāhui Ariki e noho mokemoke nei mou, ōtira Waikato, Aotearoa whānui.

E mihi ana ki Te Arikinui Kuini Ngā wai hono i te pō, hei rangatira, he kaipupuri i ngā taonga tuku iho, he pou mō te Kotahitanga me te tūmanako o te iwi Māori.

Rire, rire, hau pai maarire!

He hōnore nui kia mātou te National Hauora Coalition te tuhi i tēnei mihi i runga i te ngākau kotahi pera ai te kōrero o te Kiingi ko te Kotahitanga anei mātou ngā rōpu e toru, ko te National hauora coalition, ko Pinnacle Midlands Health Network, me Hauraki PHO kua whakakotahi mai e ū ana ki te kaupapa nui, ko te whakapiki i te kapi o ngā kano ārai mate mō ngā tamariki mokopuna ki te rohe o Waikato whānui.

E whakapono ana mātou ngā roopu nei, mā te whakapakari i te haumarutanga, te tautoko, me te whakanui i ngā kano ārai mate, ka puta te māia i roto i te whānau ki te whai wāhi ki tēnei hātepe hei wāhanga o te haerenga hauora o ā tatou tamariki. Mā tēnei āhua kaupapa o te whānau, ka tipu te whakawhirinaki, ka ora te hapori, ā tōna wā ka piki ake te hauora mō te katoa.

Tēnei te mihi maioha, tēnei te ngākau whakaiti.

Mauriora ki a tātou katoa.


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# Introduction

Working together to improve childhood immunisation coverage is a priority for all providers of healthcare. It is widely known there is no one potential solution to reversing declining immunisation rates. Rather, the evidence shows that change will come through a cumulative array of many interactions and experiences in immunisation service delivery. This can range from an inviting practice reception space, friendly interactions with administrative staff, targeted literature being available, someone's name being pronounced correctly, being actively listened to and having the time to genuinely connect with skilled, well-informed and trusted healthcare professionals.

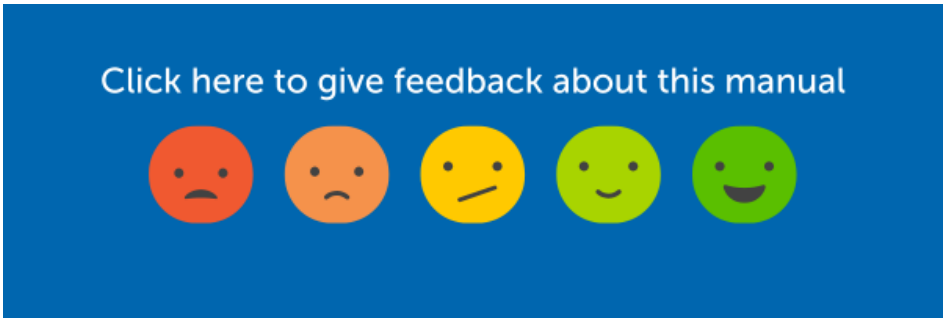
Providing an immunisation service is a complex process that requires multiple resources, process steps, knowledge, and interpersonal skills. This guide aims to provide your general practice with information to help provide an immunisation service that reflects an equitable and quality service. Other immunisation providers are welcome to use or adapt the content in this guide to their specific service.

# Acknowledgements

We want to acknowledge the creators of this original document, produced in 2014. This revised version is the work of multiple contributors from a collaborative partnership between Te Puna Hauora Matua o Hauraki, National Hauora Coalition (NHC) and Pinnacle Midlands Health Network (Pinnacle MHN). This guide would not have been possible without these organisations' knowledge, contributions, and support.

We also acknowledge the contribution of the Waikato AIR administration team and NEISS coordinator. Thanks to the Immunisation Advisory Centre (IMAC) for creating the supporting documents and links to their website. Acknowledgement also to the nurses in general practice for their input on immunisation provision from the clinic perspective. We also want to thank the whānau who have given us permission to share their kōrero and pictures, these stories draw together the real-life perspectives we hope resonate with the readers of this guide.

Most of all, thank you to all staff involved in delivering immunisation services. Your dedication does not go unnoticed, we see you, we hear you. We acknowledge the time, effort, and challenges that come with this vital mahi, and we are deeply grateful for all that you do.





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# Exploring the landscape

In 2026, we are seeing positive progress towards the government's 2030 target of 95 per cent coverage of fully immunised tamariki at 24 months of age across Aotearoa New Zealand. While encouraging, there is still work to do. As of October 2026, national immunisation coverage for the 24-month cohort is approximately 83 per cent. Continued collaboration, innovation, and whānau-centred approaches are essential to protect more tamariki from vaccine-preventable diseases.

A scan[1] of Aotearoa New Zealand and international literature was performed in 2024 to provide a review of childhood immunisation coverage, drawing out any significant changes related to the COVID-19 pandemic.

A range of contextual issues were identified.

Immunisation rates have continued to decline since 2018, with the decline accelerating in early 2020 at the start of the pandemic. Childhood immunisation resources were diverted into pandemic related work.

Immunisation inequities have worsened (since the pandemic) with Tamariki Māori and Pacific tamariki less likely to be fully vaccinated compared to non-Māori non-Pacific (at any stage in the schedule). With immunisation coverage below target, children are at risk of vaccine-preventable disease, and our health system at risk of significant burden at a time when resources are stretched. Prioritising these groups of Tamariki is vital to ensure the most vulnerable are protected.

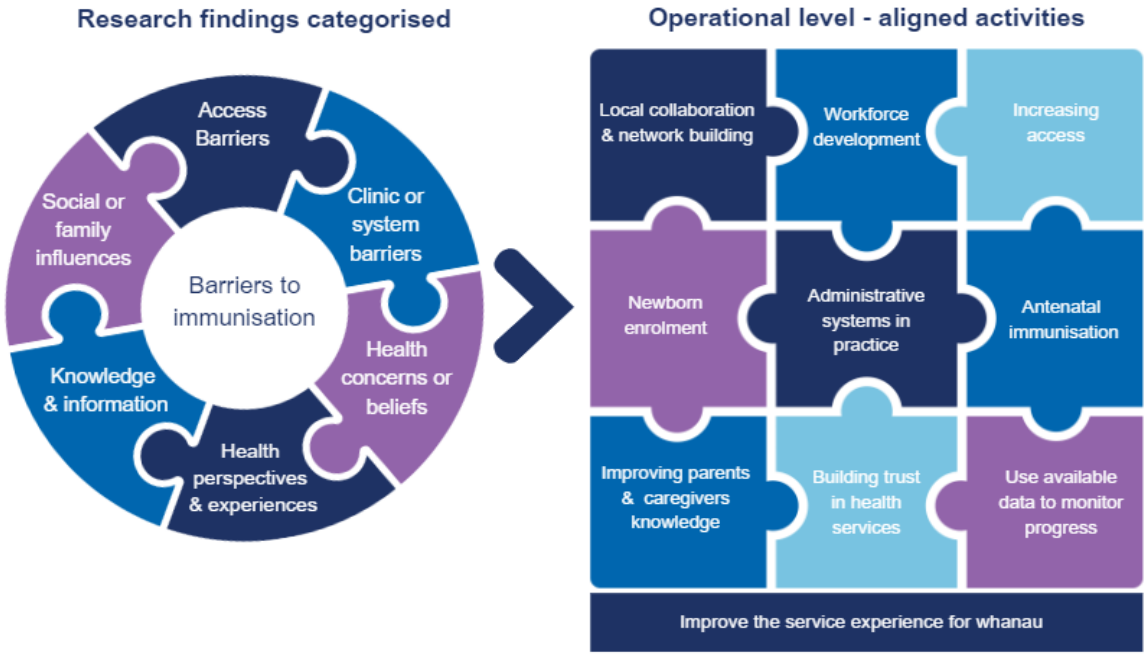
Ongoing effects of the pandemic include immunisation confidence and recovery of services to pre-pandemic levels.



[1] Amey, J. (2024, June) *Improving childhood immunisation coverage in primary care: Literature Scan* (Unpublished report) Pinnacle Midlands Health Network.


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# Barriers to immunisation and activities for change




| Area | Action or activity description |
|---|---|
| Local collaboration and network building | Building relationships with Hauora Māori and Pacific providers in your area of practice to support each other's mahi. |
| Workforce development | Prioritise immunisation training in workforce development.<br>Consider new roles to support whānau conversations in ways that are culturally safe and meaningful to them.<br>Training and mentoring for frontline staff on difficult conversations to support health promotion and change.<br>Use the skill and knowledge of staff from all disciplines to promote immunisations and work on improving engagement. |
| Increasing access | Consider ways to improve access to immunisation services such as late evening, Saturday morning, special events. |
| Newborn enrolment | Have a clear process to manage NBE with dedicated staff managing, monitoring, and reporting on this practice process. |


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| | |
|---|---|
| Administrative systems | Audit practice systems and process to identify what is working well and where improvements are needed, include culturally safe practices.<br>Identify within processes opportunities to prioritise priority populations for access to timely immunisation.<br>Have a disease management and incident management plan in place. |
| Antenatal immunisations | Support, advocate, and actively engage in delivery of antenatal immunisations. |
| Improving parents/caregivers' knowledge | Continue planned and opportunistic kōrero on the importance, safety, and effectiveness of vaccines.<br>Ensure immunisation material available in languages used by those enrolled, their parents and caregivers.<br>Access and use immunisation promotional material from Health Ed and Te Whatu Ora. |
| Building trust in health services | Have resources to hand that parents/caregivers can take away and look up themselves.<br>Support front line staff to have respectful conversations that recognise the careful contemplation of parents/caregivers' who make the choice to delay or not immunise.<br>Have conversations early with hapū māmā as this can grow confidence and build relationships (positively affecting future decisions to immunise).<br>Use of appropriate techniques to reduce pain/stress for the infant (this also improves parents/caregivers' experience of immunisations). |
| Improve service experience | Develop a holistic approach for whānau throughout assessment and referral to other immunisation services delivery methods. |
| Use available data to monitor progress | Monitor uptake of immunisations and discuss with practice team the approach taken and any feedback received throughout all immunisation conversations and encounters. |

**Important notes:** Think about your service and what changes you could implement to your processes to overcome these barriers. Small changes can make a big difference. This work starts with knowing who your people are.

# Newborn enrolment guideline for Waikato

## Introduction

The Newborn Enrolment (NBE) process is a critical step in ensuring newborns receive timely access to healthcare services. It involves registering a newborn with a general practice, which allows for the tracking of immunisations and developmental milestones, as well as facilitating access to healthcare services.

## Key messages

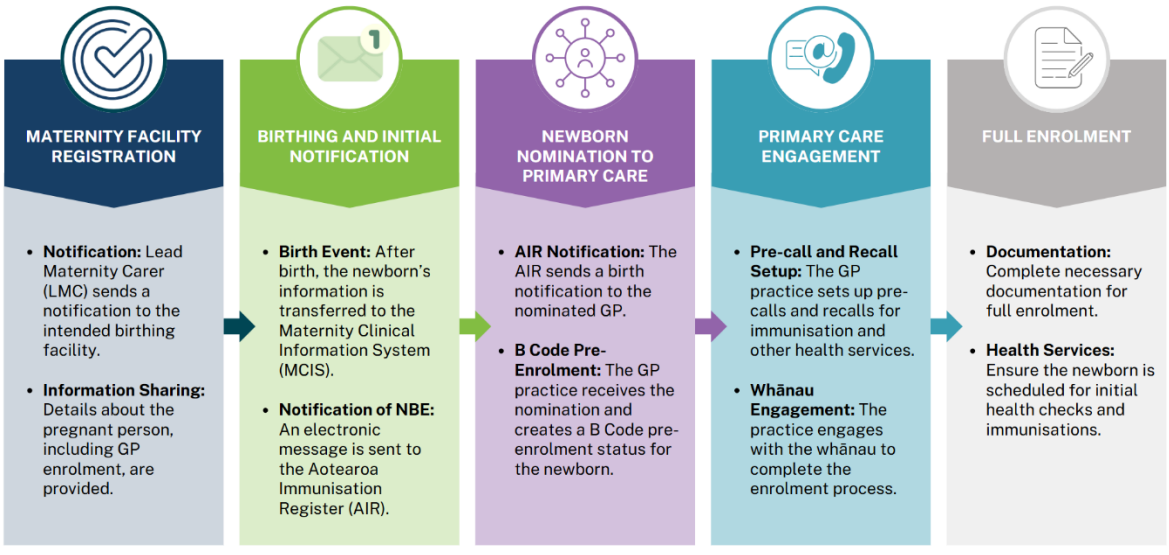
Early enrolment ensures newborns receive essential health checks and immunisations on schedule.

A streamlined NBE process supports better health outcomes for infants and their whānau.

Collaboration between whānau, Lead Maternity Carers (LMCs), and general practices is vital for a successful enrolment.

Immunisations can be provided regardless of what stage enrolment is at and should never be delayed for this reason.

## Newborn enrolment process




This guideline serves as a concise reference for general practices to navigate the NBE process effectively, ensuring all newborns within the Waikato region receive the best possible start in life.

For detailed instructions and resources, refer to the weblinks provided below:

- NIR one form completed by LMC and sent to local AIR coordinators.
- Local AIR coordinators send electronic birth notification to nominated GP.
- Whānau of all tamariki with **unknown GP** (under 6-weeks of age) receive support from NEISS coordinator to enrol at a practice.
- Tamariki that remain **unenrolled and unimmunised** at 10-weeks of age are referred to OIS through local AIR coordinators.

Practice accepts electronic newborn nomination – **NO.**

- NEISS coordinator contacts GP practice if nomination declined three times and mum is registered at the practice.
- Nomination errors and declines of all tamariki under 10-weeks of age followed up by coordinator at NEISS and supported with enrolment.

Practice accepts newborn nomination – **YES**.

- Practice accepts nomination and completes pre-enrolment (B code).
- Immunisation precall and recall contact lists monitored daily and prioritises 6-week immunisation events, particularly Māori and Pasifika tamariki. Telephone call, if possible, to arrange appointment.
- Immunisations are provided.
- Full enrolment process is commenced to avoid B code expiry, which happens at 12 months of age.

**Useful links**

Te Whatu Ora – Health NZ: National Enrolment Service 2024

Te Whatu Ora – Health NZ: Enrolment-Requirements-for-Contracted-Providers-and-PHOs-Version-4.1.pdf (tewhatuora.govt.nz) 2018

Te Whatu Ora – National Enrolment Service

Ministry of Health: Enrolling babies at birth 2014 (A resource for general practice).

New Zealand College of Midwives: Newborn Enrolment with General Practice Bill 16th February 2018.

# Newborn nomination and enrolment

The National Enrolment Service (NES), hosted by Manatū Hauora Ministry of Health is the master source of truth for a person's enrolment status. The contracted provider (primary care provider) practice management system (PMS) uploads to NES via a secure web-based service and the NES links directly to the Ministry of National Health Identify (NHI) platform. Contracted providers are required to ensure the enrolling person completes a hard copy or electronic

format enrolment form. Early newborn enrolment at primary care services increases the likelihood of on-time 6-week and subsequent immunisation events. Eligibility documentation is required to move from pre-enrolment (B code enrolment) to full enrolment. Disparities exist with costs to attain a birth certificate. Access to proof of identity should not delay providing any immunisation services and whānau be supported to fully enrol.

It is recommended that the practice has one or more nominated staff members who have responsibility for managing the new patient nominations for example, a nurse and administration staff member or a nurse and primary care practice assistant (PCPA). Newborn nominations should be monitored and actioned daily.

Activate enrolment upon receipt of one of the following (whichever comes first):

- AIR New Nomination Notification
- LMC/Birthing Summary
- Transfer of Care Summary
- Direct Contact with whanau/caregiver

**Accept a new nomination** whenever possible. Primary care providers may have restrictions in place on enrolment due to capacity issues. Wherever and whenever possible, enrol pēpi and tamariki and provide either scheduled or overdue immunisations. Enrolment status should never be reason to defer immunisations. When adding the baby in your PMS, ensure all mandatory details are entered correctly.

Next of kin details are recorded on the newborn nomination. Link the newborn nomination to the correct whānau.

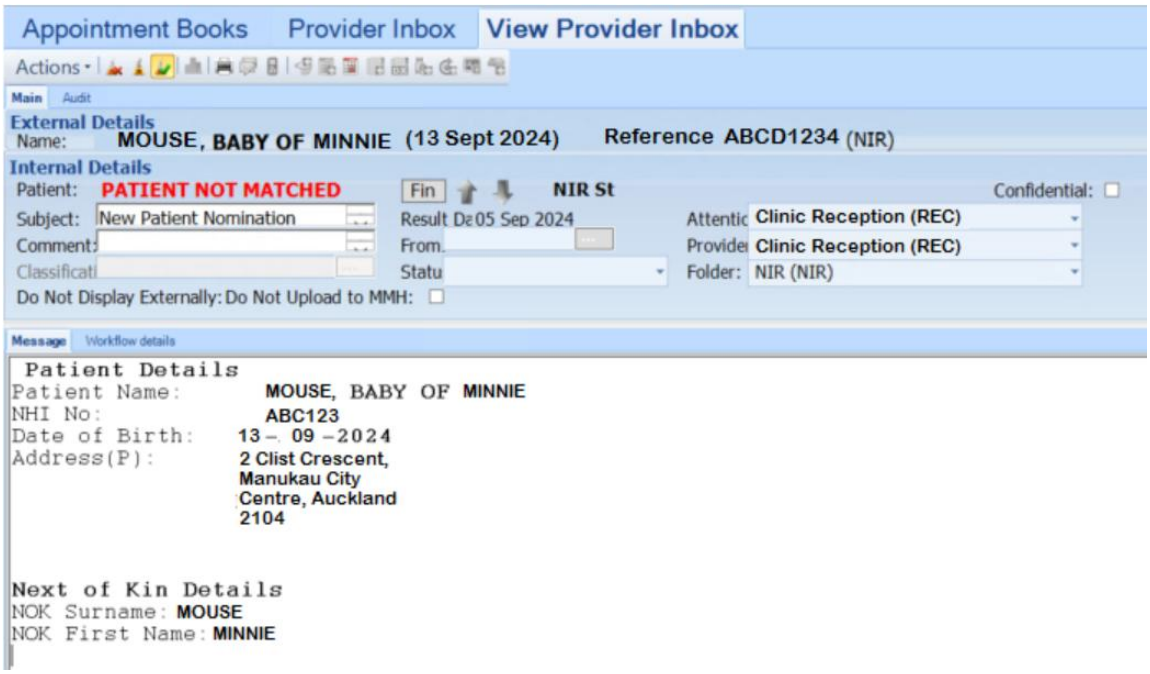


**Rejecting a new nomination** for an unmatched patient will automatically link the nomination to the "AIR Unmatched" file and send a rejection message to the AIR. Reject a nomination when you are notified by the whānau that the pēpi will not be enrolling in the practice.

A whānau having a bad debt history is not a reason to reject a pēpi new patient nomination.




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# Managing newborn notifications in general practice

| Situation | Recommended |
|---|---|
| Delayed electronic notification | Inbox needs to be monitored daily |
| Pēpi may already have an NHI assigned | Do not create a second NHI |
| Practice unable to identify next of kin as registered at the practice | Newborn nomination includes next of kin details |
| Practice not enrolling | How are you supporting whānau enrolment? |
| Full enrolment not completed | Add alert for administrators to check enrolment status at 6-week immunisation appointment |
| Practice policy content | Familiarise and review frequently |
| Avoiding immunisation delays | Postage can be slow, and addresses may be incorrect. Immunisations can be provided prior to the 6-week check being performed. |

# Pre-call and recall

**Pre-call:** When contact is made with the whānau / caregivers prior to the immunisation due date advising the whānau / caregivers to make the appointment to ensure timely immunisation.

**Recall:** When the immunisation event date has been missed, and the whānau / caregivers are contacted and encouraged to make the appointment.

Suggested recall methods:

- Telephone call
- SMS or TXT message
- Email
- Message via patient portal
- Letter
- In-person contact

Recalls should be done frequently to ensure timeliness as per the chart below. Recall lists can be used in retrospect by filtering the dates to an earlier time, e.g. one year ago, to identify children who have not been immunised, as they usually disappear from these lists once immunisations have been received. These lists will not include children who have received their immunisations elsewhere or overseas unless the PMS records have been updated.

Recalls for new patients registering will automatically start from the child's current age and therefore will not include all the immunisations that may be overdue. Requesting the vaccination history of new patients from the AIR should be routinely done, enabling catch up schedules to be devised, if needed. Records completed in Well Child Tamariki Ora books can also be used as evidence of immunisation.

If a caregiver has not presented for an appointment or declined immunisation, kōrero with the wider practice team to see if there are any other suggestions. Also, a prompt from their GP may have an impact.


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# Recommended recall and pre-call timeframes

| Age scheduled vaccines due | Pre-call #1 | Recall #1 | Recall #2 | Recall #3 | Overdue - refer to Outreach Immunisation Service |
|---|---|---|---|---|---|
| **6 weeks** | 4 weeks | 6 weeks | 8 weeks | 10 weeks | 10.5 weeks |
| **3 months** | 2.5 months | 3 months | 3.5 months | 4 months | 4.5 months |
| **5 months** | 4.5 months | 5 months | 5.5 months | 6 months | 6.5 months |
| **12 months** | 11.5 months | 12 months | 12.5 months | 13 months | 13.5 months |
| **15 months** | 14.5 months | 15 months | 15.5 months | 16 months | 16.5 months |
| **4 years** | 3 years 11.5 months | 4 years | 4 years 1 month | 4 years 2 months | 4 years 3 months |
| **9-13 years** | 2 weeks prior to birthday | 9 – 13 years | 2 weeks later | 1 month | Usually administered by PHN at school but may present to practice. |
| **45 years** | 2 weeks prior to birthday | 45 years | 2 weeks later | 1 month | Use patient prompt/ dashboard to scan for patient overdue immunisations |
| **65 years** | 2 weeks prior to birthday | 65 years | 2 weeks later | 1 month | Use patient prompt/ dashboard to scan for patient overdue immunisation |
| **Pregnancy** | 14 weeks | 16 weeks gestation | 2 weeks later | 1 month | Set patient alert and staff task to alert due immunisation |


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# Immunisation process

Each practice should have a documented immunisation process. Ensure your process is circulated amongst all staff and reviewed regularly. An immunisation process must include:

## Pre-call/recall methods:

Ensure all communication is clear, informative and reflects cultural competency. Use a minimum of three different methods of contact.

- *Telephone* – best impact with ability to confirm appointment there and then, this also confirms if the phone number is correct.
- *Text message* – use PMS function to bulk message pre-loaded text message template or individualised messaging.
- *Patient portal* – use the portal to message, recall and attach patient suitable information on immunisation such as schedule, Health-Ed immunisation information.
- *Email* – send directly from the PMS. Use the prepopulated age-appropriate invite email and supporting documentation as required.
- *Letter* – consider associated costs with postage and postage delivery timeframes which could delay timely immunisation. Use pre-loaded letter template on PMS and include patient suitable information on immunisation.

## Opportunistic methods

- Use patient prompt / dashboard to scan for overdue immunisations.
- Check family tree function on PMS to scan for other whānau members who may be overdue immunisations.
- Scan appointment templates and notify GP of overdue immunisations. Use your PMS query builder to check all GP and nurse templates to highlight who is going to be in the practice and which immunisation recalls are outstanding.
- Practices who administer vaccinations to casual patients can claim an immunisation fee for service.
- Opportunistic immunisation provision ensures wider immunisation protection for all whānau.
- Provide immunisations whenever possible, if not schedule a time that suits whānau.
- Use culturally appropriate methods to engage whānau in immunisation conversations.
- Offer referral to Outreach Immunisation Services where appropriate and available (p.34)
- Update clinical team at each team huddle for those patients overdue for immunisations.

## Documentation and alert system

- Use PMS function to create keywords / quick keys that improve immunisation event recording (p.22).
- Follow current national immunisation standards to record immunisations.
- Use patient alert system to prompt overdue immunisations of whānau where appropriate.

### Roles and responsibilities of all team members involved (including non-clinical team members)

- Nominate at least one immunisation portfolio champion and consider rotating role to gain wider understanding among the team. This person has full clinical understanding of childhood and adult immunisation schedule, skilled in immunisation conversations and immunising.
- Ensure there are an adequate number of fully authorised immunisers within the service to cover patient need and that they are rostered to provide immunisations across practice opening times.
- Ensure all staff involved in pre-calling and recalling have a written process to follow available to them, with dedicated time allocated to this work. Protect off-roster time so they can focus on this important mahi, manage recalls promptly and effectively, and support timely immunisation for tamariki and their whānau.
- Action overdue immunisation reports and refer onto OIS where appropriate.
- Ensure non-clinical staff involved in pre-calling and recalling have clinical oversight to ensure process is meeting national immunisation standards.
- Ensure front desk staff are fully trained to prioritise immunisation appointments where possible especially for Māori and Pasifika whānau.
- Ensure practice environment and staff provide a culturally safe and comfortable experience for all whānau attending for immunisation.
- A welcoming practice environment will encourage whānau to attend for vaccination without fear of costs or challenges regarding overdue bills.

# Delay versus decline

Parents / caregivers sometimes delay immunisations for their whānau due to lack of understanding why vaccinations are recommended at certain intervals. Parents are often acting in what they believe are the best interests of their whānau.

Other reasons for delaying can include seasonal illnesses, lack of transport, and peer pressure.

Delaying vaccinations can result in increased risk of contracting vaccine-preventable diseases and a decrease in herd immunity.

Support to immunise in a timely manner begins with informed conversations and supported decision making.

When whānau indicate a choice to decline vaccinations, this conversation and process should be managed by a suitably qualified healthcare professional.

Immunisation decline conversations require an informed, sensitive approach.

Remind whānau that as scheduled immunisations become due, they will again be offered the opportunity to immunise, the door always remains open if they change their mind.

When a vaccination is declined enter this in the immunisation tab of the PMS, this then gets recorded on the AIR.


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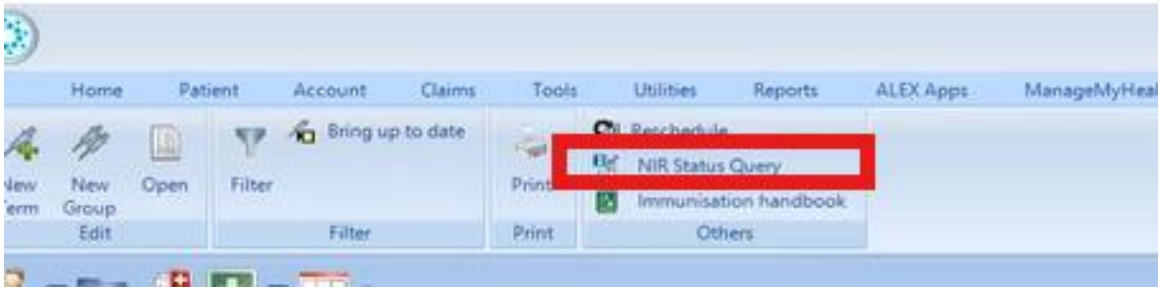
# PMS status query

It is best practice to perform a status query prior to administering vaccinations, particularly if the vaccination history is unclear or if the person may have received vaccinations elsewhere. A vaccination status query is sent via the PMS to the AIR and returns into your inbox or immunisation tab (dependent of PMS), the vaccination history is then updated.

### indici




### Medtech




# Recording immunisation events

The Aotearoa Immunisation Register (AIR) is the national register for vaccination activity and has replaced the National Immunisation Register (NIR). The AIR enables authorised health professionals to quickly and easily find out what vaccines a person has been given. This will help healthcare professionals to make a better decision about whether a person should or should not receive a vaccination. It is envisaged that the register will also provide a more accurate record of immunisation coverage rates – regionally and nationally – enabling better programme planning to target priority populations with the lowest immunisation rates.

Information is sent directly from your PMS to the AIR. The AIR helps give Te Whatu Ora Health New Zealand, and other health service providers, a better understanding of population immunity against vaccine-preventable diseases. This information helps manage public health risks by providing an accurate set of vaccination data health providers can use.


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# AIR restricted access: Impacts

Restricted access allows whānau to choose how their immunisation history is viewed and shared.

| | |
|---|---|
| **Consumers** | Vaccine history will be stored on AIR but not available to AIR users<br><br>Consumers will not be proactively contacted by Health NZ about immunisation services unless there is an emergency to prevent a serious threat.<br><br>Immunisation records cannot be viewed by consumers on My Health Record if restricted access is activated.<br><br>Consumers can request a copy of their immunisation records held in the AIR at any time. |
| **Primary Care** | Searches for consumers with restricted access will not return immunisation records; it will appear with no text<br><br>No notifications will be received about immunisations enrolled patients have received elsewhere |
| **Vaccinator portal users** | Searches for consumers with restricted access will not return immunisation records; it will display a message: "This consumer has chosen to restrict access to their immunisation records held in the AIR."<br><br>No notification will be sent to enrolled providers about immunisations delivered elsewhere. |

Privacy team - enquiries from whanau relating to restricting access, along with request forms can be sent to: hnzprivacy@tewhatuora.govt.nz

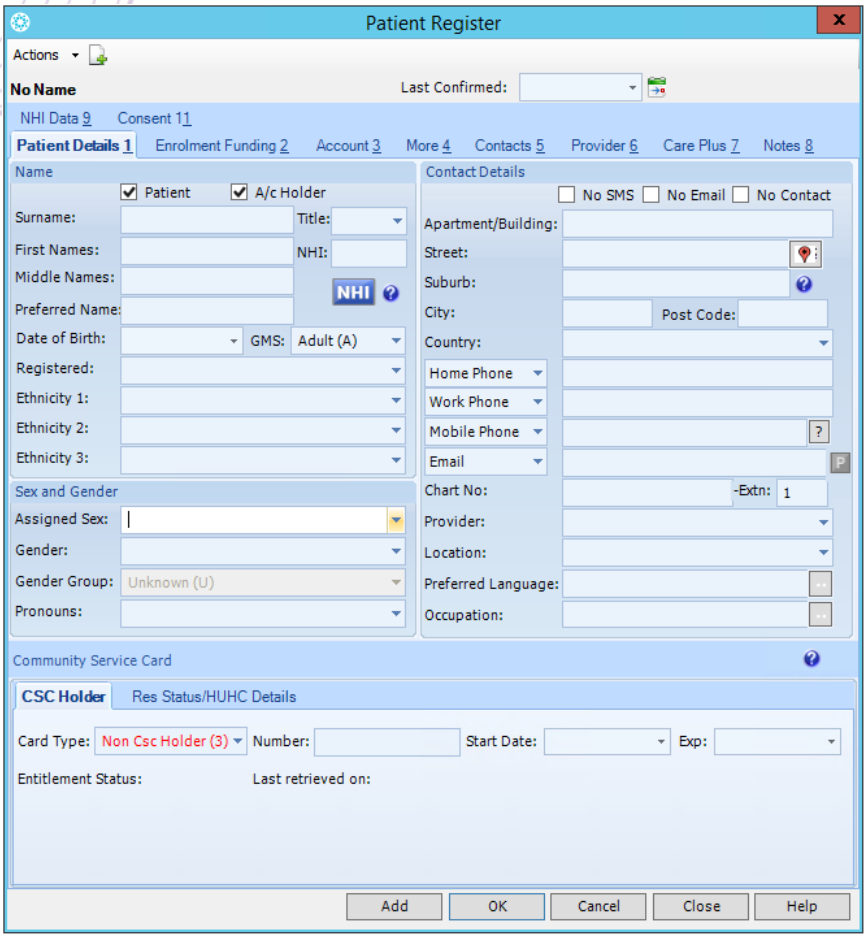
## Get it right first time

There are key pieces of information for the patient that need to be correct to ensure the immunisation message travels from the PMS to the AIR. If any details are missing an error message will appear in your PMS inbox so you can correct them.

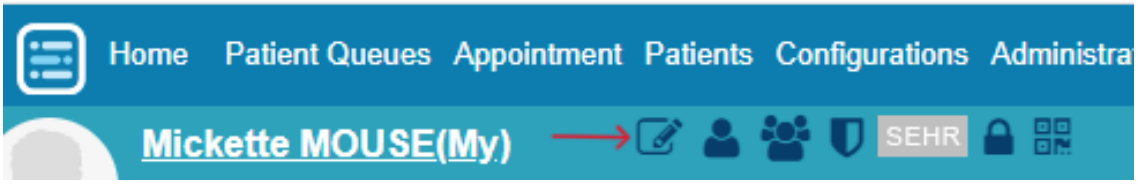
- Name — first name and last name
- Date of birth
- NHI
- Address — street address and city
- Gender
- Ethnicity
- Next of kin — first name and last name (must have a relationship entered).


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On **Medtech** select F3 to access patient register




On **indici** select Patient Quick Edit to access patient register





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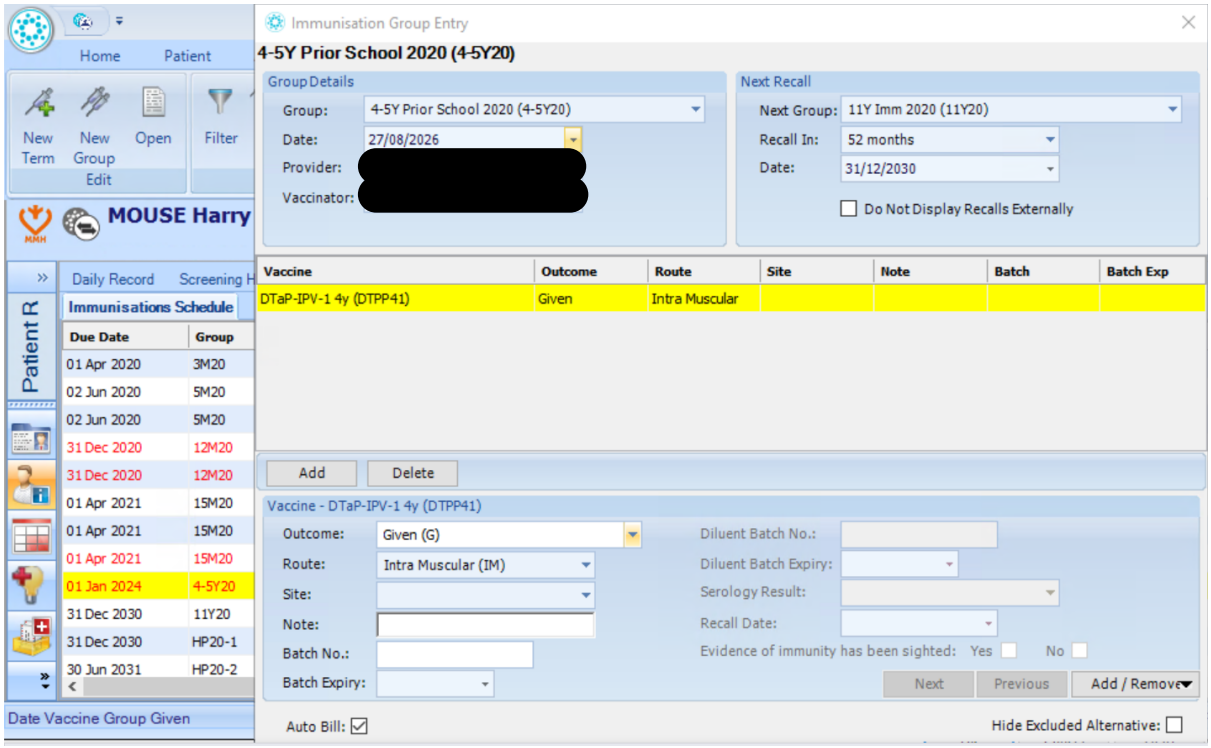
# Recording immunisations on **Medtech**

Select the immunisation icon on the patient ribbon or select F4.




On the **Schedule Selection** tab, tick the correct schedule.

To record the immunisation, select **immunisation schedule** tab and double click the immunisation to open the entry window. Complete all the required fields for the immunisation to be recorded successfully.




Mandatory fields:

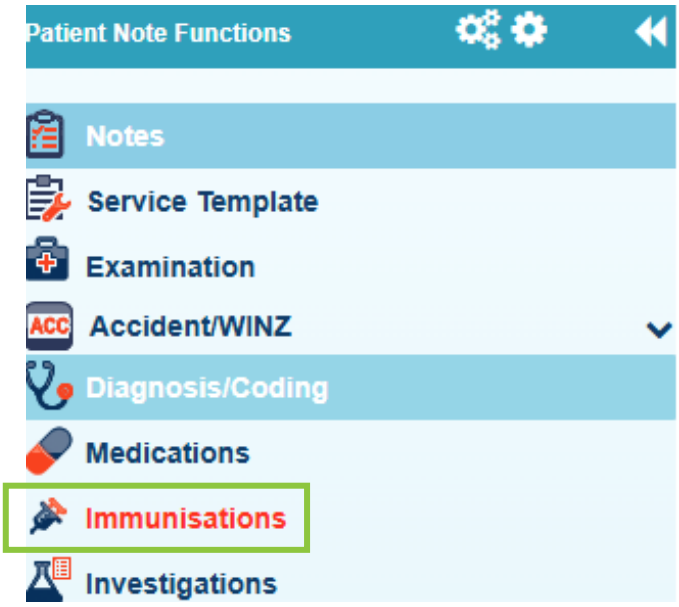
- Outcome
- Route
- Site
- Batch Number
- Batch expiry (ensure this does not predate administration date)
- Click next to add detail of second immunisation in group.


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- Ensure Auto Bill box is checked (for immunisations on the national schedule) and click OK to complete.

## Recording immunisations on **indici**

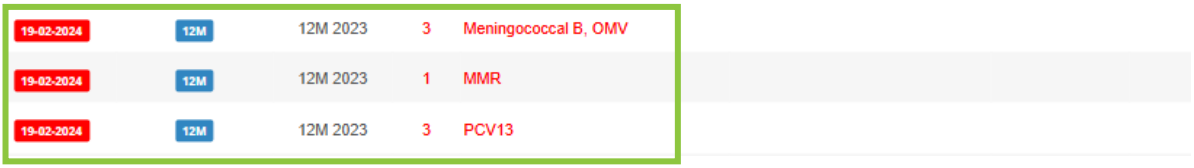
**1.0** Select the immunisation tab




**2.0** This will bring up a list of immunisations given/overdue/due in the future.

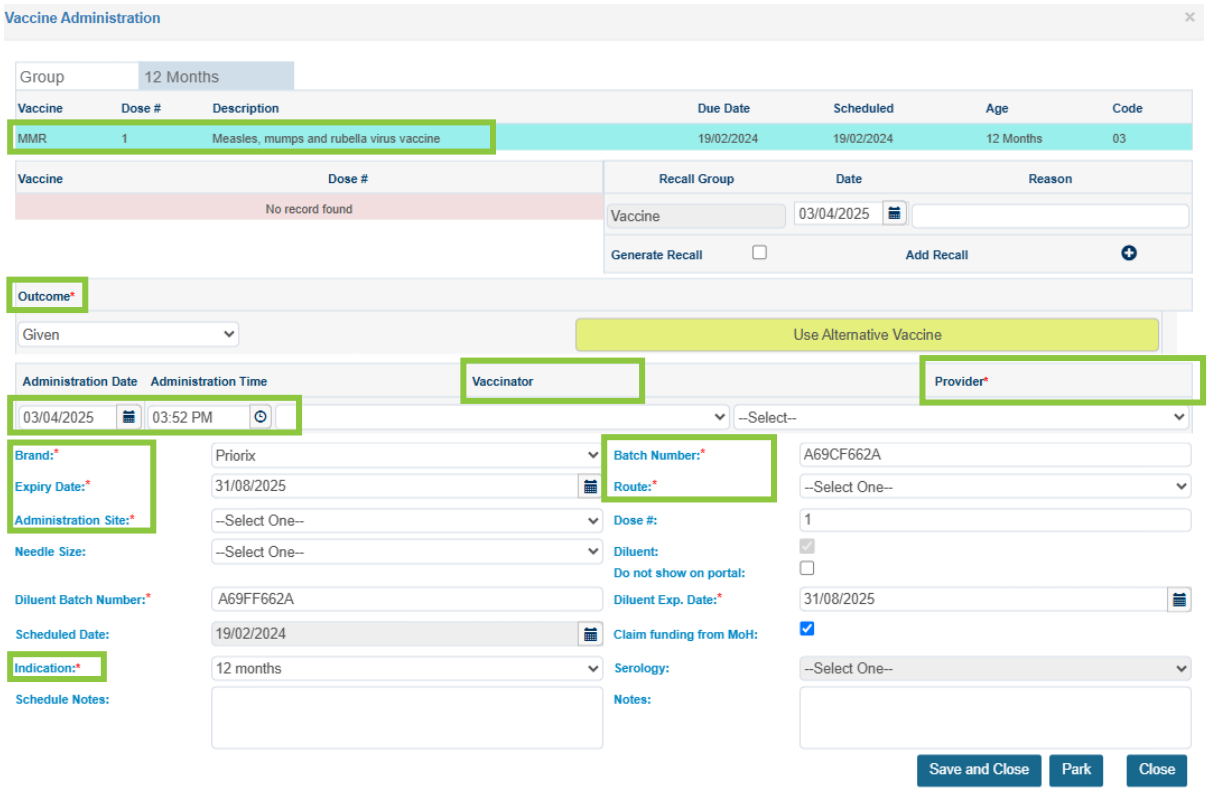



**3.0** To record the immunisation, select immunisation to be given.




Complete all the required fields for the immunisation to be recorded successfully as above for **Medtech** and select an indication and dose #.

Ensure default batch and expiry dates are correct. Sending a vaccine with an expired date will flag an issue with the AIR and cause data matching issues.




Ensure claim funding from Ministry of Health box is checked (for immunisations on the national schedule) and click close once completed.

## Don't fix later

If you receive the **'Fix later'** warning**. DO NOT** click **'Fix later'** as the immunisation will not be messaged to the AIR – fix the problem at the time.

## Do not use non-responder

**Important:** If you select **"non-responder"** as the vaccination outcome**,** the system will no longer **provide recall prompts** for this patient.

If you want the patient to **keep receiving reminders** for upcoming vaccinations**, leave the outcome field blank.**

**Providers**

- Staff details required within the staff setup on the PMS include:
- Affiliation ('NZNC,' 'NZMC')
- Registration number

Providers of the immunisation must always be a doctor with the relevant NZMC number recorded in the PMS staff setup.

Nurse vaccinator details must be setup correctly in the PMS staff setup or errors will occur. Ensure affiliation is recorded as **NZNC** not **NZMC** and registration number added in correct field

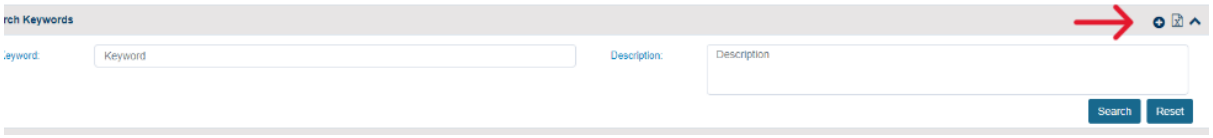
# Adding a keyword to your PMS

Keywords are a tool that creates a pre-loaded consultation notes template. Keywords prompt the user to cover certain topics during the consultation and provides space to record vital information. Each organisation can create their own keywords and save them on their PMS for future use.

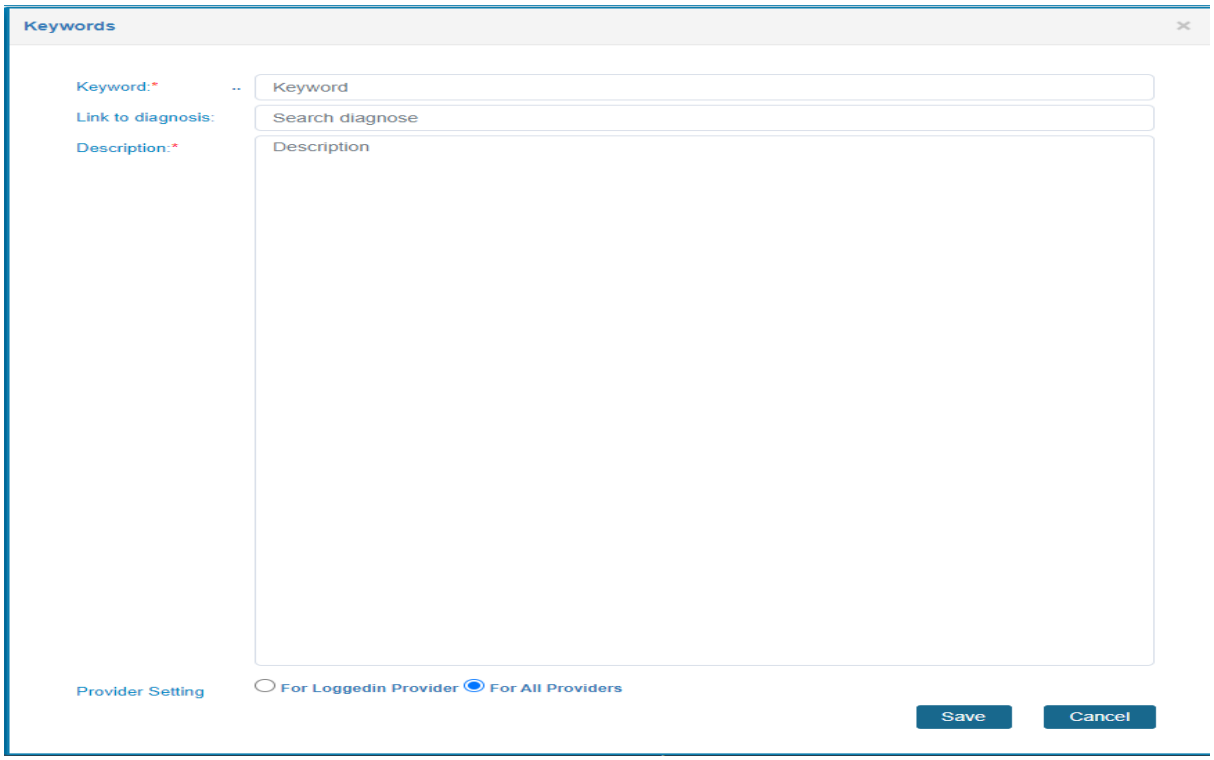
## indici

Configuration – General configurations – Keywords

To create your own keyword, click on the + symbol. Enter your keyword (the word you will type into the consultation notes that brings up the template).




Add the template wording into the description box and create the keyword, such as 'imms.'





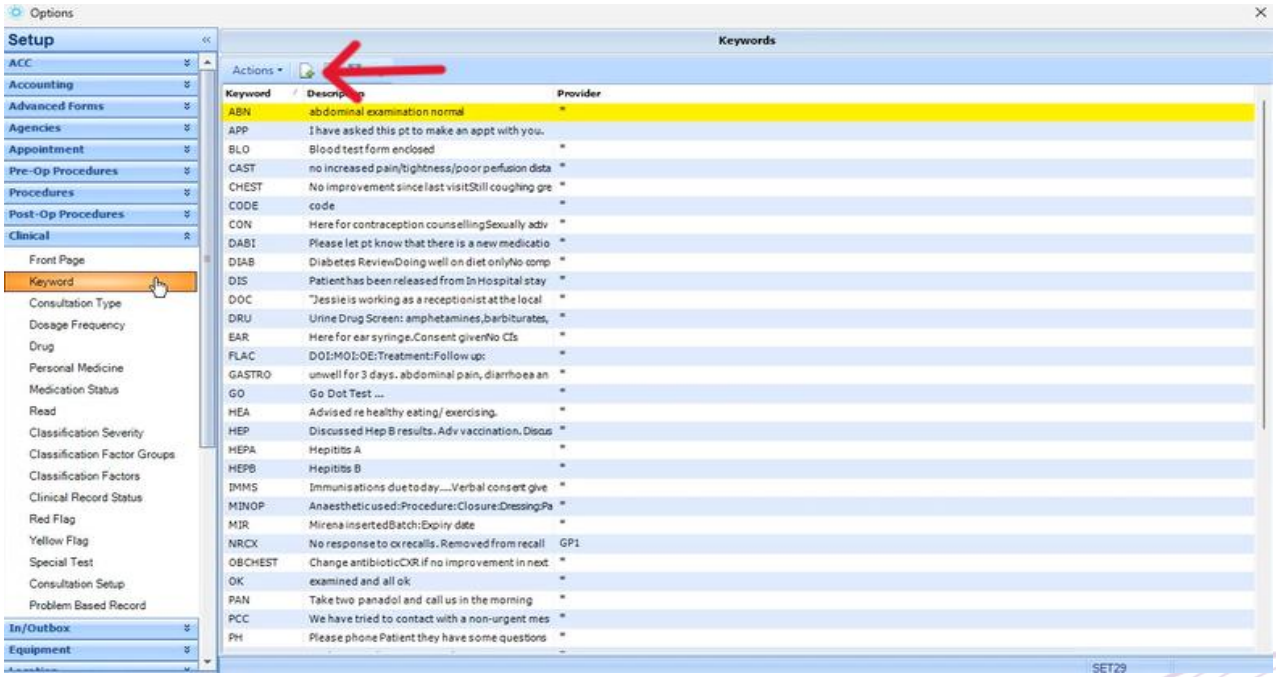
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## Medtech

Setup menu/clinical/keyword



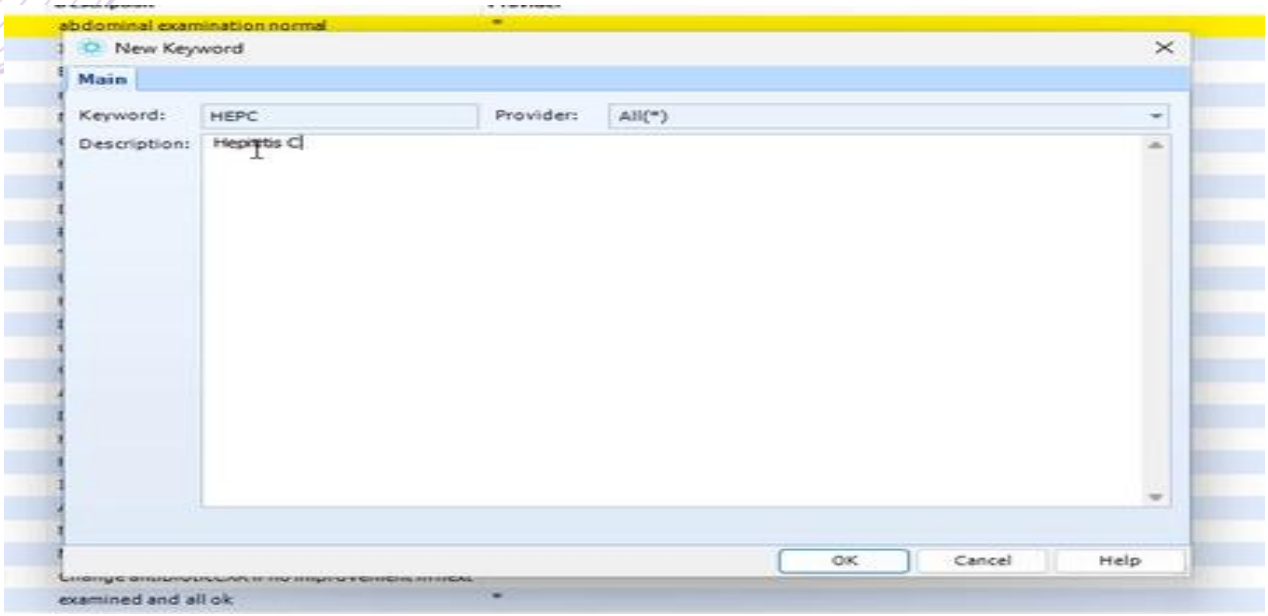

Select icon to add a new keyword template (or Ctrl + N)





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Give the keyword a title, such as 'Imms,' select provider 'ALL' and add the template wording in the description box. Save by selecting OK.




To add to consult note (F12) type '. imms' and press enter.

Here are some keyword suggestions you can use or modify. Immunisation keywords

# Immunisations given elsewhere in NZ

- Your PMS inbox will receive a notification when immunisations have been given elsewhere (this goes to nurses or GPs depending on your setup). Update these records in the PMS.
- Complete a status query in your PMS. This prompts AIR to send all vaccination history they hold for the patient (unless access is restricted).
- Update PMS Immunisation Tab. Upload the AIR history into the PMS immunisation tab. This may happen automatically or require manual update, depending on your PMS.
- Check Immunisation Schedule, ensuring the patient is on the correct schedule. Identify any overdue immunisations. Create a catch-up plan for missed doses.

**Steps to reconcile PMS and AIR immunisation records**

- If immunisations are showing in your PMS as given elsewhere in NZ but are not showing on AIR you cannot resend these from your PMS to AIR if you are not the original provider.
- Instead:
  - inform AIR coordinators of the location where the immunisations were originally administered (if known)
  - AIR coordinators will contact the local AIR office at that location
  - that office will manage the resend process to AIR.
- Final update of PMS records – once AIR receives the correct records you can perform a status query to update your PMS with the complete immunisation history.


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## Entering overseas immunisations

Ensure you have sighted written evidence of the antigens the child has received, including dates administered. Where possible make a copy of this evidence and attach it to the patient file. If unsure of how to map antigens from an overseas schedule call **IMAC (0800 466863**) or email o800immune@auckland.ac.nz

Also consider using the Best Care Immunisation Catch Up Tool which can be used within your practice's PMS to plan immunisation catch-ups.

Useful resources can be found on the Gen2040 website | Poipoia Te Kākano Kia Puāwai

## Enrol the patient on the correct schedule

Complete the child's earlier immunisation history using the actual date of the vaccination. The vaccination date will affect the coverage reports if you are not using the actual or closest to actual date. *Some data entry has been completed using the date of the first initial visit with the health professional in New Zealand and not the actual vaccination date when given overseas**. This is an incorrect practice and should not be followed.***

- Choose the vaccine which is the closest match for the antigens given overseas.
- Select 'given overseas' in the outcome tab
- Batch number or expiry date are not required
- Ensure auto bill or MoH claim box is unticked then select OK to save the entry.
- The information will message through to the AIR.
- Once the missing antigens have been given, you can record the relevant vaccine antigen group in the NIS (for example, 6w, 3m, 5m event) with an outcome of alternative given.

For further information on entering overseas immunisations, please refer to this guide Link

Other resources include an aid to translating foreign immunisation records.

# Planning immunisation catch up schedules

## Introduction

A catch-up schedule is a programme of immunisations given to tamariki who are not current with their immunisations. An immunisation catch up may be needed for:

- tamariki from overseas who have followed different national schedules
- tamariki who have not had all doses from the New Zealand schedule.

# IMAC general principles of a 'catch-up'

- Every child under 18 years of age in Aotearoa New Zealand is funded for National Immunisation Schedule (NIS) vaccines, regardless of immigration or enrolment status.
- Some NIS vaccines are funded for people over 18 years of age who are eligible for Aotearoa New Zealand funded healthcare.
- People immunised overseas are transferred to the current Aotearoa New Zealand NIS and, if required, an age-appropriate catch-up programme is planned.
- Identify documented antigens previously received and at what age (Note: HepB birth doses do not count as part of primary course).
- Do not repeat prior doses or restart a vaccine course, even if significant time has elapsed.
- Plan a catch-up immunisation schedule to maximise protection as soon as possible.
- Ensure a minimum 4-week (28 day) interval between vaccines of same antigen, except 8-week interval between first two doses of PCV and MenB and final two doses of HepB which should be at least five months apart.
- When giving different live vaccines, give on the same day or at a minimum 4-week (28 day) interval.
- DTaP-IPV-HepB/Hib (Infanrix-Hexa) and DTaP-IPV (Infanrix-IPV) can be used up to 10 years of age.

For at risk or special groups, such as pneumococcal or BCG, refer to the Immunisation Handbook.

Opportunistic vaccinations to consider for adolescents and adults - Factsheets - Immunisation Advisory Centre (immune.org.nz)

Catch-up vaccinations for those with unknown or incomplete immunisation history - Factsheets - Immunisation Advisory Centre (immune.org.nz)

Appendix 2: Planning immunisation catch-ups – Health New Zealand | Te Whatu Ora

# Have a go at a case scenario:

Catch-up vaccination worksheet - children - Factsheets - Immunisation Advisory Centre (immune.org.nz)

Using a table is helpful to plan the catch-up schedule. Document the entire catch-up schedule in the PMS notes so everyone is aware of what is required at each visit.

| | | | | |
|---|---|---|---|---|
| **First dose (today)** | | | | |
| **_ weeks later (2nd visit)** | | | | |
| **_ weeks later (3rd visit)** | | | | |
| | | | | |
| | | | | |


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## Feedback from vaccinators in general practice on what has helped with a smooth catch-up consultation:

***Whānau-focused immunisation is a Partnership*:** By ensuring that immunisation feels safe, supported, and celebrated, we help whānau build confidence in the process and encourage them to make it a regular part of their children's health journey. This approach not only strengthens trust but also contributes to healthier, more resilient communities.

***Respect cultural practices:*** Be mindful of tikanga Māori and other cultural protocols. Offer whakawhanaungatanga (relationship-building) activities, such as allowing time for a korero (conversation) to ease any anxiety.

***Be kind:*** There are many reasons for late immunisation such as, other children to care for, no transport, being contemplative about immunisation, sickness, concerns about owing money at the general practice, recent change of phone number, had not received recalls, personal choice - prefers them to be given later.

***Acknowledge whānau for coming in and the challenges they may have had:*** Make a catch-up schedule and advise the whānau of what is required, and which ones are no longer required e.g. rotavirus as outside of the recommended age of receiving.

Book in their next catch-up appointment and send a reminder of their appointment a few days before. Double check contact information details.

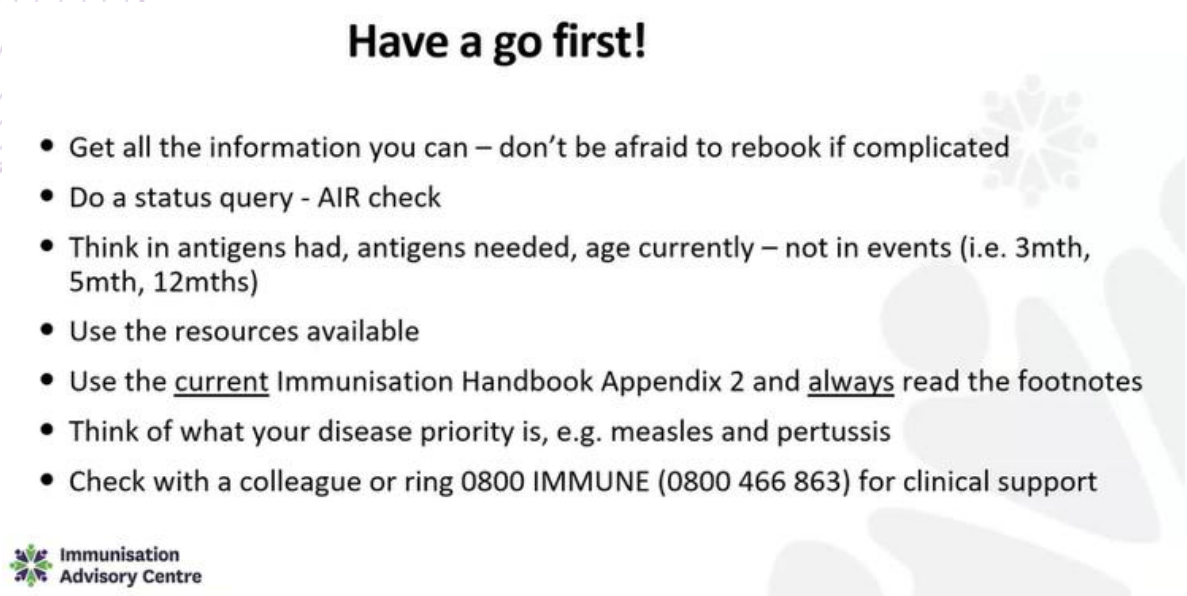
***Make a plan with the shortest number of visits required.***

***Be flexible*:** If whānau are requesting only one or two immunisations per visit, make them aware having multiple vaccines in one visit is safe and recommended but that you will do what they consent to. In the future, continue to offer what is required, whānau may change their mind on the number of vaccines they are willing to receive.

If whānau request only one or two vaccines, consider what is happening in the community. If there are measles or whooping cough cases, choose protection from these preventable diseases as a priority.

Ultimately, whānau choose and you need to be flexible around this.

Provide evidence-based resources.




View the national immunisation schedule

https://www.immune.org.nz/factsheets/national-immunisation-schedule

# Tips to immunise effectively

## Day to day administration

### Engaging all practice staff

Ask reception staff to identify children that present who are due for immunisations.

Ask wider practice team to get involved in the conversation, especially regarding declines, population health, risk of disease and the benefit of immunisation.

Scan appointment templates daily or use query build to look for tamariki booked to attend the practice who are overdue for immunisations. Discuss with the practice team at morning huddle or at other opportunities.

### Have an immunisation champion

Lead, develop and improve your current processes.

Monitor progress to improve immunisation coverage and initiate discussions at a practice level.

Consider sharing this portfolio and rotate to ensure all nursing staff have a sound understanding of the immunisation landscape.

Promote, promote, promote.

## Recalls and pre-calls

Create friendly, welcoming precall messages and send in a timely manner as per the recommended precall/recall guide (p13).

Precall children using a variety of methods such as telephone, email, portal messaging service or text.

## Overdues

Proactively identify whānau who face barriers to attend for vaccinations and refer to outreach within agreed timeframes. https://www.pinnaclepractices.co.nz/resources/waikato-outreach-immunisation-services-updates/

Action overdue reports as soon as possible, this ensures the data you are working on is the most up to date version.

## Sharing information

Promote immunisation to patients with whānau friendly, appropriate immunisation resources. These resources can be found on Health Ed https://healthed.govt.nz/ or BlueStar portal https://portal.bluestar.co.nz/login/moh_vaccine

Share immunisation coverage rates and latest immunisation information with staff at team meetings or using visual displays.

## Best practice for vaccinators

Ensure there are an adequate number of vaccinators available every day to cover immunisation service requirements.

Spend time with the immunisation facilitator for orientation and clinical assessments.

Keep up to date with recommendations for improved patient approaches.

## Cold chain

Maintain accreditation. View IMAC information and resources https://www.immune.org.nz/vaccines/cold-chain

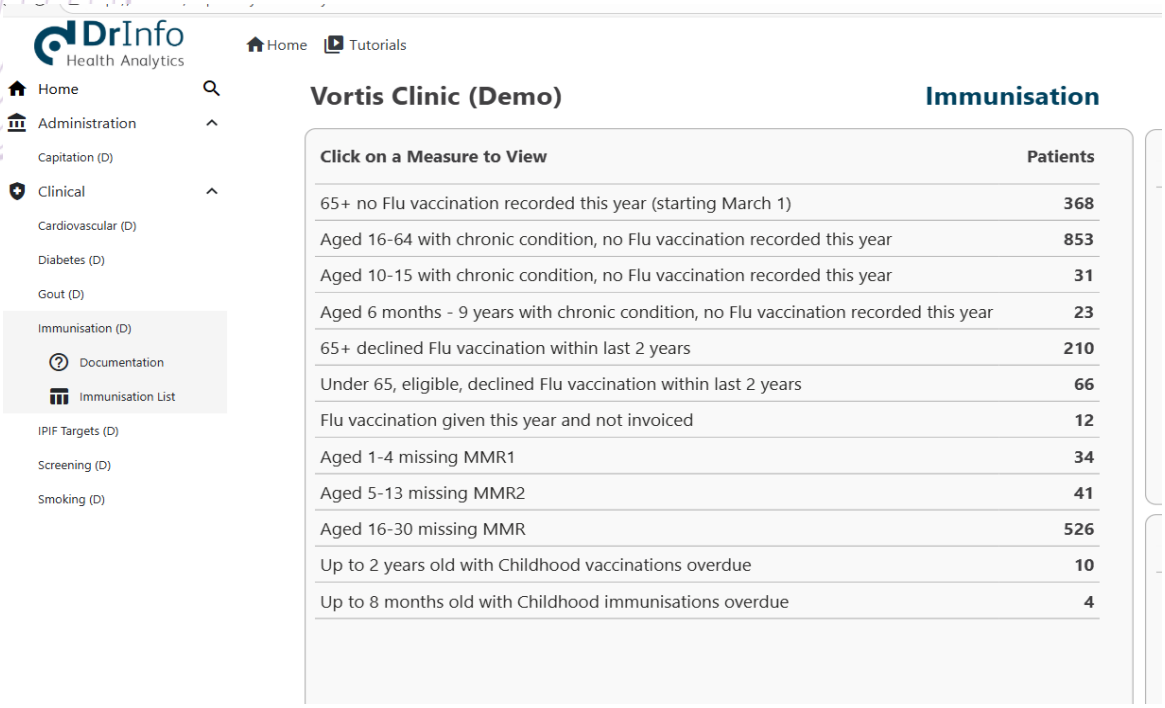
Seek advice about vaccination fridges and fridge failures where necessary.

## Quality initiatives

Use all patient management system tools, such as alerts and bulk text messaging functions e.g. Text2Remind, Patient Prompt, Patient Portal.

Monitor immunisation performance via PMS query builds. This can help identify missed and overdue immunisations among various age groups and vaccines. Medtech also has DrInfo, a useful tool that runs alongside the PMS. This can be used to identify overdue and high-risk tamariki. https://drinfo.nz/


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DrInfo
Health Analytics
Home
Tutorials
Home
Administration
Capitation (D)
Clinical
Cardiovascular (D)
Diabetes (D)
Gout (D)
Immunisation (D)
Documentation
Immunisation List
IPIF Targets (D)
Screening (D)
Smoking (D)
Vortis Clinic (Demo)
Immunisation
Click on a Measure to View
Patients
65+ no Flu vaccination recorded this year (starting March 1) 368
Aged 16-64 with chronic condition, no Flu vaccination recorded this year 853
Aged 10-15 with chronic condition, no Flu vaccination recorded this year 31
Aged 6 months - 9 years with chronic condition, no Flu vaccination recorded this year 23
65+ declined Flu vaccination within last 2 years 210
Under 65, eligible, declined Flu vaccination within last 2 years 66
Flu vaccination given this year and not invoiced 12
Aged 1-4 missing MMR1 34
Aged 5-13 missing MMR2 41
Aged 16-30 missing MMR 526
Up to 2 years old with Childhood vaccinations overdue 10
Up to 8 months old with Childhood immunisations overdue 4



# Vaccine administration by nurses

Authorised vaccinators may administer National Immunisation Schedule vaccines without the need for a prescription. Any vaccine not on the National Immunisation Schedule must be either prescribed or covered by a standing order.

All registered nurses can administer NIS vaccines to patients when they have been prescribed or administered under a valid standing order. View standing order guidelines www.health.govt.nz/system/files/2012-06/standing-order-guidelines-aug16-v2.pdf

It is best practice for nurses to become authorised vaccinators. Vaccinator training courses are run by the Immunisation Advisory Centre, details of which can be found at www.immune.org.nz or by calling **0800 IMMUNE**.

## Clinic perspective

### Feedback from vaccinators in general practice on what has helped with a smooth immunisation consultation

"...A warm and friendly interaction at reception starts the event well and can help reduce parental/caregiver anxiety..."

"...A quick introduction, especially with whānau that you do not know well, prior to starting the immunisation consultation. This helps with relationship building and gaining trust. It's a good time to check on mum and dad and ask how they are doing..."

"...An environment that is child friendly with colourful posters on walls..."

"...If you have a good connection with the whānau and the event went well rebook the next vaccination event with yourself, as having a familiar face administer the immunisations may reduce anxiety..."

"...If the experience of immunisation is pleasant for the whānau. These pēpi are more likely to be brought back in for further immunisations..."

### Make the immunisation event fun...

- Make the immunisation appointment a special event for the child.
- Have child friendly background music playing.
- Bubbles, balloons, toys or moving objects for distraction while receiving immunisations. Windup toys that jiggle or jump work well.
- Encourage parents, caregivers, to comfort their children after immunisations have been administered, e.g. breastfeed, bottles, snacks, and lots of cuddles.
- A room designated for immunisation with posters and child friendly decorations and toys.
- Posters can be downloaded from HealthEd or obtained in hardcopy. https://portal.bluestar.co.nz/login/moh_vaccine


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# AIR reports to general practice

## Overdue reports

Every three weeks, general practices receive a password protected overdue report via email from local AIR coordinators. This report is emailed to a key clinical person within the practice. If you wish to change who receives this report, please email AIR coordinators: NIRCoordinators@waikatodhb.health.nz.

This report lists individuals aged from **10 weeks to 24 months** who are overdue immunisations according to the AIR intervention date for immunisations.

Practices can use this report to check that the recall process has been implemented and notify the AIR of any relevant updates e.g. previously vaccinated, delaying immunisation and vaccines resent.

For example, if the individual has received the overdue immunisation or the immunisation event has been declined, the vaccinator resends the immunisation records via the PMS, updates the overdue report, and returns the report to the AIR coordinator.

If the vaccinator has information explaining why the individual remains uncontactable e.g., they have moved away from the area, the vaccinator adds this information to the overdue report prior to returning the report to the AIR coordinator. The AIR coordinator updates the individual's record on the AIR database accordingly e.g. overseas. Non-responders will remain on the overdue report.

When recall attempts have not been successful the individual who is overdue for immunisation is referred to the Outreach Immunisation Service. The referral request can be indicated on the overdue report prior to returning the report to the AIR coordinator. Information to include when requesting OIS can be found in the OIS section of this guide (p.35).

The overdue report ensures the data captured on the AIR matches the data captured in the practice PMS.


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## Whānau story

"I was amazed to find out that outreach could come to my family and I for immunisations. I'm currently in emergency housing and have no other way of transport during the day unless it's public transport. Having outreach come to where I stay was easy to organise. The nurse who did my kids immunisations was patient as she had three kids to do including myself. She also rewarded my kids with a balloon each after their shots were done. I am so grateful to an organisation that can come over to my home to do immunisations as it was not easy having to take three kids to the doctors."




## Whānau story

"Me and my four children had been living in emergency housing for three months or so when I saw two immunisation nurses and asked if they could check if my babies were up to date with their imms. They weren't but are all up to date now. In our second visit we met with the kai manaaki, and she gave us a run down on how we could be fast-tracked into a house. We now live in a three-bedroom kaainga ora house and have been helped so much and are very thankful for the services and help we have received after moving into our house."

# Outreach Immunisation Services (OIS)

## Childhood immunisation outreach referral criteria

***All children under six years of age and overdue for routine childhood immunisations can be referred to Outreach Immunisation Services. Please use the following criteria for referral.***

Make a minimum of three attempts to contact the child's family using a range of modes (i.e. phone call, text, email, or letter).

Check for additional/updated contact information via PMS (check other whānau member contact details), Clinical Workstation or AIR Administrators on 0800 100 237 option 1 (Waikato).

If new contact information is available, make at least one more attempt to contact via updated information.

Make a referral to Outreach Immunisation Services via the AIR administrators, overdue report or BPAC referral. The referral must include the following information.

**Full name** of the child, **DOB, NHI**

**Name of primary caregiver**

**Contact details**

Phone numbers of primary caregiver and additional contacts (i.e. Mum 012 345 678, Dad 023 456 789), current address and email if possible.

**Overdue vaccines**

**Relevant medical history**

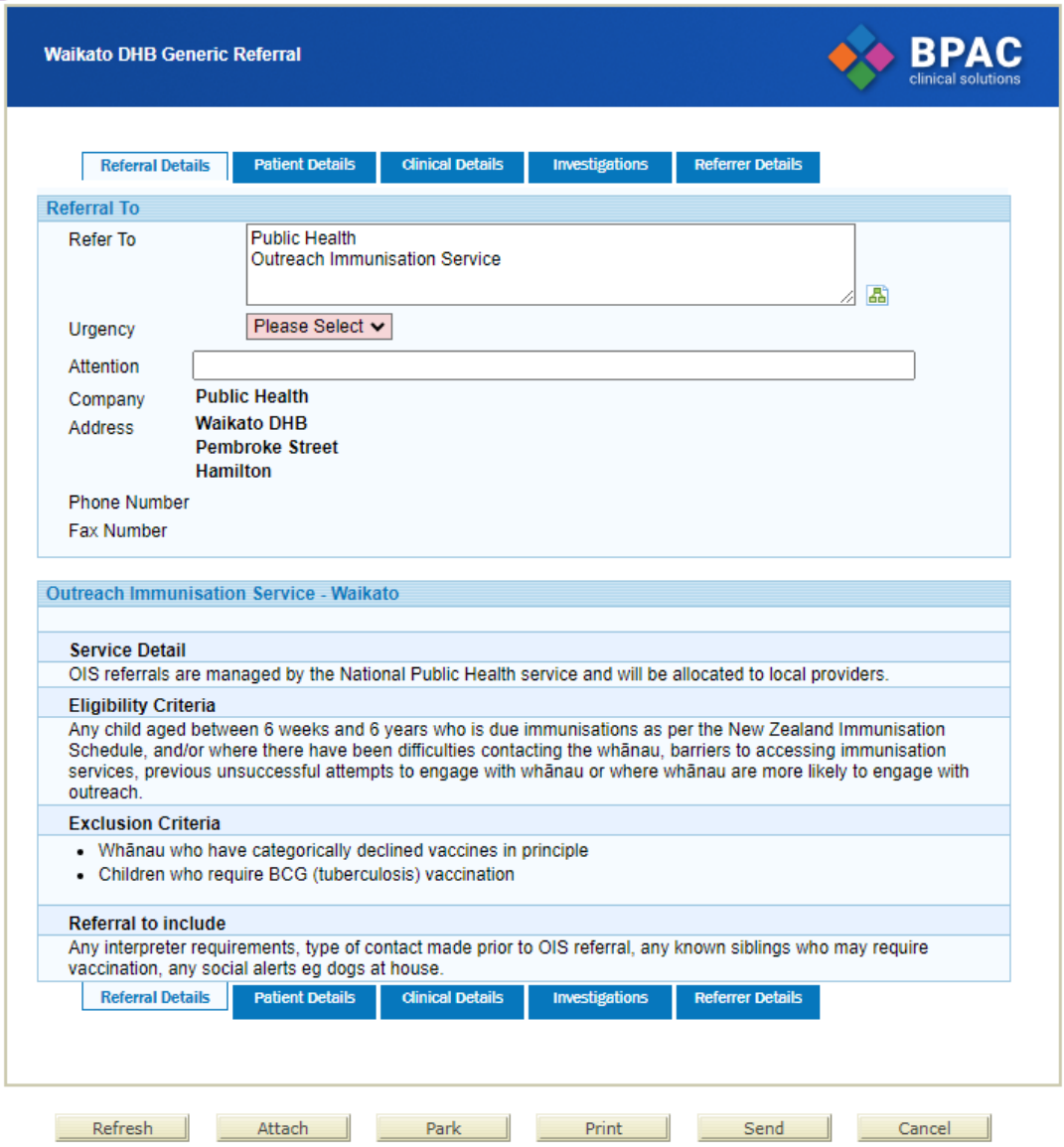
Such as born at 27/40 weeks gestation, six-week vaccines administered in NICU. Under the care of Neonatal Homecare Nurse.

**Relevant social history**

Such as Oranga Tamariki involvement, living with extended whānau, frequent changes of address etc.


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# BPAC Referral form




# Process for Outreach Immunisation Service referral

## Process for provider

All referrals for children under six years of age are to be sent to the regional AIR Team (children with no GP are identified and managed by the AIR administrator).

The provider refers to OIS via the electronic outreach referral form via the outbox document on the practice PMS **or** via the returned overdue report. The referral must state what attempts


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have been made to invite the whānau for their immunisations or relevant information as to why the child is being referred.

The AIR administrator checks the individual has not been immunised by another provider before completing an OIS referral via Whaihua. Once this is done the AIR administrator changes the status of the individual on the AIR to 'on hold – with outreach'. The on-hold status stops further overdue messages being sent to providers for this individual.

There is a range of providers of Outreach Immunisation Services across the Waikato, the AIR administrators assign a provider based on the PHO the client is aligned with, geography and ethnicity.

The AIR administrator generates a referral report for OIS with all the information they have available, including demographic information, current contact details, provider details and AIR administrator notes.

See section below for information about what actions the OIS team take once a referral has been received.

## What happens once a referral is received by an Outreach Immunisation Service?

1. Referrals to Outreach Immunisation Services are received via Whaihua (the messaging system linked to the AIR). New referrals are triaged based on the age of the client and vaccinations required.
2. Once the client files are completed, administrators begin contact attempts. A range of methods are attempted such as phone call, text messages, emails and at times private social media messaging services are used. If Outreach Immunisation Services have been unable to engage with the person via messaging, then they attempt cold calling (home visit). Cold calling is the mode of last resort as Outreach Immunisation Services recognise this can be quite confronting for some people. Multiple attempts to contact the person will be made, over a period of weeks.
3. Below is a list of the possible outcomes of referrals to Outreach Immunisation Services.
    a) The person is vaccinated by OIS and the information is uploaded into AIR either via the PMS or entered directly into AIR via the portal. The person's profile status on the AIR is automatically set to active again. A letter is sent to their general practice acknowledging the vaccines given and any further plans to immunise (if further catch ups are required) or to discharge back to general practice for future vaccinations.
    b) The person and their whānau decline immunisations, OIS update AIR and send a letter to their general practice acknowledging the decline. General practice must ensure that the immunisation information in these notifications is entered onto the PMS immunisation record.
    c) In the event of the whānau preference to access their immunisations at the general practice, a letter is sent to the general practice, which includes any updated contact information and acknowledgement that the whānau has asked

to be recalled by the practice. General practice must have a process in place to action these updates.

d) Unable to locate/engage with whānau, after multiple attempts of contact, OIS is unable to locate the whanau. OIS will let AIR and the general practice know they have not been able to locate the whānau and that they will update the status on AIR to Unable to contact (Gone no address). These tamariki may still be included in reporting. If updated contact information becomes available in the future the whānau can be re-referred. General practice must have a process in place to action these updates.

e) If Outreach Immunisation Services discovers a person has gone overseas, then they will contact the AIR administrator to change the status of the individual on AIR to 'Overseas'. These tamariki may still be included in reporting.

Note: This status will change to 'active' if the person receives immunisation in the future and an immunisation event message is recorded on the AIR.



# Troubleshooting for immunisation messages not reaching AIR

Refer to table on the following page.


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| Check | Follow up actions |
|---|---|
| **Complete mandatory fields**<br>That all the mandatory fields required in the patient register screen have been completed. Check specifically for next of kin (surname and given name) and relationship, ethnicity, date of birth, NHI number. | *Creating a report e.g. a PMS query build can identify such gaps which you can then address. (However, ensuring all mandatory fields are completed initially will avoid this re- work.)* |
| **Immunisation documentation screen**<br>All the mandatory fields required in the immunisation documentation screen have been completed. | *Check specifically for 'outcome' and 'site'. There is no default autofill for these. While you are there, check that the recall is correct. Overdue immunisation reports will contain details of vaccinations that have not reached AIR and may need resending.* |
| **Provider inbox messages are checked and actioned**<br>Check and action relevant provider inbox messages asking for mandatory data. Input the missing data and resend the message to the AIR. | *Never choose the 'Correct Later' option – correct the information immediately when prompted by the PMS. If unable to fix immediately wait until all information is available, then enter and send to the AIR.* |
| **Resending messages to air**<br>PMS Provider Inbox messages ' Error occurred in sending data', 'Maximum Retry...' not actioned. | *Correct and resend each message this applies to. Your IT provider can help you with this.* |
| **Named providers on air**<br>Vaccinators names, affiliation & registration number should be set up on the PMS to allow completed vaccinations to be recorded on the AIR. Do not use generic terms like 'locum' 'external provider' or 'nurse'. | *Your practice manager can assist you with this.* |
| **Provider invalid**<br>Provider invalid not recognised by the AIR e.g. not a doctor. The provider must be a GP with affiliation and registration number recorded in staff setup on PMS | *Correct and resend the vaccination message.* |


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**Healthlink connection**

Message Transfer Utility

*If you suspect this, your practice manager can assist you to check which messages did not go, and either resend them altogether or one by one using the AIR Transfer Utility. Refer to your PMS training guide.*

# Resources and key links

## National Immunisation Standards

There are six standards from Appendix 3 of the Immunisation handbook that vaccinators are assessed against during the clinical assessment and adhere to throughout their immunisation practice. These standards apply to fully authorised, pharmacist and provisional vaccinators. For vaccinating health workers, see relevant section of the immunisation handbook.

1. The vaccinator is competent in all aspects of the immunisation technique and has the appropriate knowledge and skills for the task.
2. The vaccinator obtains informed consent to immunise.
3. The vaccinator provides safe immunisation.
4. The vaccinator documents information on the vaccine(s) administered and maintains patient confidentiality.
5. The vaccinator administers all vaccine doses for which the vaccinee is due at each visit and only follows true contraindications.
6. The vaccinator reports adverse events following immunisation promptly, accurately and completely.

### Key links

Aotearoa Immunisation Register (AIR)

www.immune.org.nz

www.immune.org.nz/resources/regional-advisors-and-local-coordinators

### Immunisation standards

Appendix 2: Planning immunisations catch-ups – Health New Zealand | Te Whatu Ora

Appendix 3: Immunisation standards for vaccinators and guidelines for organisations offering immunisation services.


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## Cold chain

https://www.immune.org.nz/vaccines/cold-chain

## PMS guide

Indici has an inbuilt user manual and "how to documents" under the help section on the provider dashboard

Medtech has a learning platform https://medtech.loodle.co/app?lx=items

## Childhood Immunisation Prioritisation Matrix

In the matrix, priority group 1 indicates the highest priority vaccination activity to receive the immunisation sector's priority efforts, and wherever possible additional vaccination resource. Priority groups 2 to 6 are graduated prioritised vaccination activity, presented as a guide for national, regional, district and local immunisation decision making when aligning other immunisation priorities.

| Vaccine Schedule | Māori | Pacific | Quintile 5 Non-Māori & non-Pacific | Quintile 1-4 Non-Māori & non-Pacific |
|---|---|---|---|---|
| 6-week | 1 | 2 | 2 | 4 |
| Antenatal Pertussis and flu | 1 | 2 | 2 | 4 |
| MMR-1 | 1 | 1 | 1/2* | 3 |
| 3-Month | 2 | 3 | 3 | 4 |
| 5-Month | 2 | 3 | 3 | 4 |
| MMR-2 | 3 | 4 | 4 | 5 |
| 4 -Year | 3 | 5 | 5 | 6 |

* May be adjusted depending on the presence of disease in the community

Te Whatu Ora. (2022). Priority childhood immunisation policy statement: Aotearoa New Zealand National Immunisation Programme (Version 1.0).

# Waikato hepatitis protocol for management of pregnant woman, household contacts and babies born to HBsAg mothers

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

**Screen all women early in pregnancy for Hepatitis B surface antigen (if no screening, refer to Waikato DHB 'management of maternal Hepatitis B status and neonatal vaccination and immunoglobulin' protocol)**

→ HBsAg negative – Follow usual childhood immunisation schedule

- Lead maternity carer
- Blood Bank
- National immunisation register
- Waikato immunisation facilitator
- General practitioner (GP)
- Population Health
- Hepatitis Foundation

HBsAg Positive

**Lead maternity carer** to give the baby (within 12 hours):
- Hepatitis B immunoglobulin 100-110IU IM into the right thigh-as supplied by Blood Bank
- Hepatitis B vaccine 5µg IM into the left thigh

→ Antenatal screen received by Population Health from Pathlab or Waikato Hospital Laboratory. Record filed for reference and statistics only

← For additional information see the Immunisation Handbook

**Blood Bank** to:
- Ensure sticker is sent with immunoglobulin

Ministry of Health Hepatitis B form – code 1446

**Lead maternity carer actions:**
- White copy to remain with infant's clinical record
- Email / fax / post copy of white page to National Immunisation Register: NIRcoordinators@waikatodhb.health.nz / 07 834 3637 / Private Bag 3200, Hamilton 3240
- Yellow copy fax/post to medical officer of health: 07 838 2382 / Private Bag 3200, Hamilton 3240
- Green copy to infant's GP

**Lead maternity carer** to:
- Ensure sticker goes into Well Child Book
- Complete a Ministry of Health Hepatitis B consent form (code 1446)
- Record information in maternal clinical record and infant's clinical record, and on maternity information system
- Complete NIR registration process
- Remind the mother of the importance of follow up Hepatitis B immunisations and nine month blood test

→ **Lead maternity carer:**
- Upon receipt of the HBsAg result, check that add-ons have been done (HBeAg + LFT's). If not, request them off existing blood samples at laboratory
- Take additional sample in EDTA tube for HBV DNA
- Interpretation and/or referral (under Section 88):
  - If ALT elevated and/or HBV DNA >2000 IU/mL → standard referral to viral Hepatitis Clinic (via Referral Coordination Centre)
  - If HBV DNA >7 $\log_{10}$ IU/mL → urgent referral to viral Hepatitis Clinic
  - If ALT normal + HBV DNA <2000IU/mL - refer to GP for annual testing and follow up, or to the Hepatitis Foundation National HBV surveillance programme
- Record results in women's clinical record and advise other carers - e.g. GP or midwife
- Discuss follow up and referral processes with mother - both for mother and baby at birth
- Refer to Hepatitis Foundation for follow up of mother and contacts

**National immunisation register** to forward form to Waikato immunisation facilitator

**Waikato immunisation facilitator** to follow up with infant's GP practice to ensure alert is loaded. Also enter hard copy alert in infant's clinical record at GP practice

Hand over to GP via Proforma

**GP** actions:
- Load pre-calls for vaccines and serology
- Baby to receive usual national schedule immunisations at six weeks, three months and five months AND
- Nine month blood test form for Hepatitis B immunity given to the parent/caregiver (emphasise importance of this test being completed)
- On the form for Hepatitis B serology request copy to Medical Officer of Health

→ **Hepatitis Foundation**
- Check immunisation status of family members and/or sexual partners and advise to contact their GP for management
- Provide woman with information pack and consent form, and discuss. It is available from Population Health: 07 838 2569 or Waikato Hospital Ext 92061

**GP** actions:
If blood test is declined the degree of protection conferred by the immunisations would be unknown. As the rate of infection in these circumstances is so high the risks need to be explained by the GP. If there is still no consent the family should be counselled as though the child were a carrier and the management/ implications of that condition explained.

Blood test declined

GP pre-call for nine month serology

Nine month blood test completed

Yes

**GP** actions and follow up

HBsAg -ve and anti-HBs > 10IU/L = immune
HBsAg +ve = baby infected
HBsAg -ve and anti-HBs <10IU/L = not immune
Test results loaded into Patient management system and National Immunisation Register
Parents advised of result

Immune → No further action is required

Not Immune

Administer doses of Hepatitis B vaccine and blood testing as outlined in the immunisation handbook

- Test results loaded into Patient management system and National Immunisation Register
- Parents advised of result
- If baby has not seroconverted or becomes infected, discuss with Medical Officer of Health

Baby does not present for Hepatitis B boosters and/ or blood test

No → **Waikato immunisation facilitator** to follow up with GP practice until a result is obtained

→ **National immunisation register** to send overdue reminder to practice

→ GP practice to follow up as per normal outreach/referral process to ensure serology result obtained

**If you have any questions about any elements of management contact the Medical Officer of Health 07 838 2569 or the NIR 0800 100 273**

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# Your child's health pathway

Congratulations on your pregnancy or new baby. The health of both you and your child is important and you are entitled to a number of free* child health services from pregnancy until your child is five years old, to ensure your child grows and develops to their full potential. Follow this pathway to ensure your child gets the best start in life!

Well Child Tamariki Ora



## BIRTH TO 72 HOURS

- Midwife newborn clinical assessment
- BCG/Hep B vaccination (if required)
- Vitamin K injection/oral
- Hip check
- Heel prick test
- Newborn hearing screening
- Complete GP and Well Child Tamariki Ora enrolment form
- Automatic enrolment onto the Aotearoa Immunisation Register (AIR)
- Download apps **breastfednz.co.nz** **wellchildapp.co.nz**

## ANTENATAL
### Third trimester onwards

- Attend antenatal classes
- Write a birth plan
- Get immunised against whooping cough and influenza
- Check apps **breastfednz.co.nz** – **wellchildapp.co.nz**
- Choose a Well Child Tamariki Ora provider (page 2)

## UP TO 1 WEEK

- Midwife clinical assessment
- Second Vitamin K dose (if oral)



## 2-6 WEEKS

- Midwife clinical assessment
- Midwife referral to Well Child Tamariki Ora
- Book six-week GP check and immunisations – Date
- Book five week Well Child Tamariki Ora visit – Date
- Third Vitamin K dose (if oral and breastfeeding)
- Discharge from midwife





## 8-10 WEEKS

- Well Child Tamariki Ora visit

## 6 WEEKS

- Six week check (GP)
- First immunisations (GP)

## 3 MONTHS

- Well Child Tamariki Ora visit
- Second immunisations (GP)

## 4-6 WEEKS

- Well Child Tamariki Ora visit

## 15-18 MONTHS

- Well Child Tamariki Ora visit
- Fifth immunisation (GP)
- If no oral health check appointment received phone 0800 TALK TEETH

## 5-7 MONTHS

- Well Child Tamariki Ora visit
- Third immunisations (GP)

## 2-3 YEARS

- Well Child Tamariki Ora visit
- Oral health check (Waikato Oral Health)

## 9-12 MONTHS

- Well Child Tamariki Ora visit
- Automatic enrolment into Community Oral Health
- First oral health check at approx 12 months (Waikato Oral Health)
- Fourth immunisations (GP)





## 3-4 YEARS

- Early Childhood Education (ECE) enrolment
- Oral health check (Waikato Oral Health)

## 4 YEARS

- B4 School Check
- Oral health check (Waikato Oral Health)
- Sixth immunisation (GP)

## 5 YEARS

- START SCHOOL (5–6 years)
- Oral health check (Waikato Oral Health)

C16/HWF 12/22TM

Te Whatu Ora
Health New Zealand

# You have a choice

There are eight Well Child Tamariki Ora providers in the Waikato to choose from once your baby is born. Each provides health services for **after-birth checks, child health milestones, vision and hearing checks**. Please take the time now to consider your options and find out more information.

Well Child Tamariki Ora

## Well Child Tamariki Ora providers in Waikato

**Raukura Hauora o Tainui**
raukura.org.nz
Coverage area: Huntly, Ngāruawāhia, Raglan and Hamilton city

**K'aute Pasifika Services**
kautepasifika.co.nz
Coverage area: Hamilton, Te Kūiti

**Te Kōhao Health**
tekohaohealth.co.nz
Coverage area: Hamilton city

**Whānau Āwhina Plunket**
plunket.org.nz
Coverage area: Waikato (extends to Thames, Waihi, Taumarunui and Raglan)

**Te Korowai Hauora o Hauraki**
korowai.co.nz
Coverage area: Thames, Paeroa, Waihi, Hauraki, Te Aroha, Coromandel

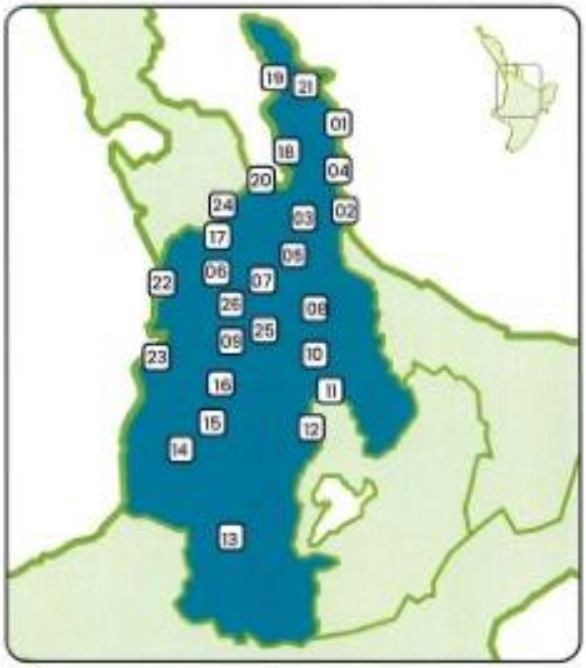
**Raukawa Charitable Trust**
raukawa.org.nz
Coverage area: Matamata, Cambridge, Tokoroa, Putāruru, Tīrau, Te Awamutu and surrounding areas

**South Waikato Pacific Island Community Services**
swpics.nz
Coverage area: Tokoroa

**Ngati Maniapoto Marae Pact Trust**
maniapoto.org.nz
Coverage area: Waipa district (including Kāwhia), Te Kūiti, Waitomo, Ōtorohanga

Te Whatu Ora – Waikato area

| | | | |
|---|---|---|---|
| 01 Tairua | 08 Matamata | 14 Piopio | 21 Whitianga |
| 02 Waihi | 09 Te Awamutu | 15 Te Kūiti | 22 Raglan |
| 03 Paeroa | 10 Putāruru | 16 Ōtorohanga | 23 Kāwhia |
| 04 Whangamatā | 11 Tokoroa | 17 Huntly | 24 Te Kauwhata |
| 05 Te Aroha | 12 Mangakino (Lakes DHB) | 18 Thames | 25 Cambridge |
| 06 Ngāruawāhia | 13 Taumarunui | 19 Coromandel | 26 Hamilton |
| 07 Morrinsville | | 20 Ngātea | |




## Other child health services

### Waikato Oral Health

Your child will be automatically enrolled with Waikato Oral Health FREE dental care is available for your child from birth to 18 years.

**For more information call 0800 Talk Teeth (0800 825 583) or visit talkteethwaikato.co.nz**

BABY TEETH MATTER

### Aotearoa Immunisation Register (AIR)

Your child will be automatically enrolled on this national register which records your immunisations of all New Zealand children for use by health professionals. It also ensures essential vaccines are given at the right time for best protection against a range of serious illnesses.

**For more information call 0800 100 273 or visit www.health.govt.nz**

AOTEAROA IMMUNISATION REGISTER

### Newborn Enrolment and Immunisation Improvement Service (NEIIS)

It is really important that your child receives their free checks and immunisations on time. NEIIS supports you by reminding your doctor, midwife or other health professional that your child's immunisations are due or overdue. If you don't have a doctor (GP) or health provider yet, we can help you find one.

**For more information call 0800 634 470**




Te Whatu Ora
Health New Zealand