

Planning Guide: funded vaccines in community pharmacy

Version 2

March 2024

Increasing Access To Funded Vaccines In Community Pharmacies

Tēnā koutou,

On behalf of the National Public Health Service, I would like to acknowledge the critical role community pharmacy has played in immunisation service delivery in recent years. Enabling greater access and options is a high priority for Health New Zealand | Te Whatu Ora (Health NZ) and is particularly valuable in communities with significant pressures on primary care capacity. Since joining the NPHS in October last year, I have been consistently impressed with how the pharmacy sector has partnered with us to develop and expand vaccination services to enable greater whānau access to hauora.

In **June 2023**, Pharmac removed the Xpharm restriction from an additional four vaccines to allow vaccinating community pharmacies to provide funded immunisations to eligible people. So far, we have seen promising uptake from pharmacies for these vaccines, and we are working to encourage more of these vaccines to be offered in community pharmacy settings:

- Meningococcal B
- Meningococcal ACWY
- Human papillomavirus (HPV)
- Varicella zoster (Shingles)

From **1 April 2024**, Pharmac will remove the Xpharm restriction from remaining vaccines on the National Immunisation Schedule. This will allow vaccinating community pharmacies with fully authorised vaccinators to provide funded lifespan immunisations to eligible health consumers (consumers). Enabling community pharmacy to offer all scheduled vaccines will help contribute to greater vaccination uptake for whānau and aligns with our commitment to Te Tiriti o Waitangi.

Supporting pharmacy

We have updated this operational guide to assist pharmacies who are new to vaccination and those who are offering additional vaccines as they become available. Further updates will be cascaded via usual pharmacy communication channels. The following forums are also planned:

- Training – vaccinators who will administer ‘whole-of-life’ vaccines will be required to be fully authorised vaccinators and have completed the required training and authorisation processes. (See the below section ‘[Vaccinator Authorisation](#)’)
- If you have any questions or comments at any stage, please contact the Health NZ Prevention team at immunisation@health.govt.nz

We are grateful for your continued support and incredible mahi protecting the people of Aotearoa New Zealand from vaccine preventable disease.

Nāku noa, nā



Alana Ewe-Snow













Director, Prevention

National Public Health Service

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FUNDED VACCINES AVAILABLE IN COMMUNITY PHARMACY

From 1 April 2024	
<p>Rotarix® On the immunisation <u>schedule</u> at ages 6 weeks and 3 months</p> 	<p>Infanrix®hexa On the immunisation <u>schedule</u> at ages 6 weeks, 3 months and 5 months</p> 
<p>Prevenar 13® On the immunisation <u>schedule</u> at ages 6 weeks, 5 months and 12 months</p> 	<p>Hiberix® On the immunisation <u>schedule</u> at age 15 months</p> 
<p>Varivax® On the immunisation <u>schedule</u> at age 15 months</p> 	<p>Infanrix®IPV On the immunisation <u>schedule</u> at age 4 years</p> 
Already available	
<p>Bexsero® On the immunisation <u>schedule</u> at ages 3 months, 5 months and 12 months plus high-risk groups.</p> <p>Vaccinators should also be aware of the 'alternative schedule' for MenB vaccinations starting at 8 weeks and discuss this with whānau at the six week vaccination event.</p> 	<p>Menquadfi® On the immunisation <u>schedule</u> for certain high-risk groups</p> 
<p>Boostrix® On the immunisation <u>schedule</u> at ages 11 to 12 years</p> 	<p>Priorix® On the immunisation <u>schedule</u> at ages 12 and 15 months</p> 
<p>Gardasil 9® On the immunisation <u>schedule</u> at ages 11 to 12 years</p> 	<p>Shingrix® On the immunisation <u>schedule</u> for people when aged 65.</p> 
<p>Influenza</p> <p style="text-align: center;"><i>Brand varies</i></p>	<p>COVID-19</p> <p style="text-align: center;"><i>Brand varies</i></p>

LINKS & RESOURCES

Funded eligibility

Pharmac is the agency responsible for setting the eligibility criteria for funded immunisations in Aotearoa New Zealand. For full criteria visit the [Pharmac Pharmaceutical Schedule](#).

General information

If you have any questions or comments, please reach out to the NPHS at immunisation@health.govt.nz.

Information for consumers and whānau

The [Immunise website](#) is an excellent source for whānau centre information covering the National Immunisation Schedule and 'Create a child's personalised immunisation schedule'.

The [Healthify website](#) also provides consumer focused immunisation information.

Catch up schedule resources

Refer to the [Immunisation Handbook](#) appendix 2 for advice on planning immunisation catch-ups. Catch up schedule templates can be accessed from Dropbox through [this link](#).

Regional System Design Managers - Referred Services contact details

Northern:

Daniel.Tsai@waitematadhb.govt.nz

Central:

keith.fraser@huttvalleydhd.org.nz

Te Manawa Taki:

janine.horton@lakesdhd.govt.nz until end March, then:

Iain.Diamond@tewhatauora.govt.nz

Te Waipounamu:

Michael.James@health.govt.nz (interim)

**Accurate as of 21 March 2024*

Clinical and training queries

For clinical advice contact the Immunisation Advisory Centre (IMAC):

- 0800 IMMUNE (0800 466 863) Weekdays 8:30am to 5:00pm
- 0800immune@auckland.ac.nz

Resources specific to the vaccines and vaccinator screening tools can be found on the IMAC website [here](#).

Detailed immunisation guidelines are available in the [Immunisation Handbook 2024](#)

Cold Chain resources

The [Health NZ website](#) provides information on the Cold Chain National Standards and offers resources to develop cold chain management policies, including self-assessment forms and policy templates.

See the [National Standards for Vaccine Storage and Transportation 2017 \(2nd ed\)](#).

IMAC also offers a [Cold Chain Policy Template](#).

Resources and Collateral

A [summary](#) of consumer collateral available is in the [NIP Dropbox](#). These can be downloaded for use directly from the Dropbox or printed copies can be ordered for free via [Bluestar](#). This includes vaccine-specific consent forms, vaccination information as well as post vaccination advice. Additional formats are available for some resources including audio, braille, easy read, and large print.

[HealthEd](#) also has free vaccination resources available to order.

VACCINATOR AUTHORISATION

There are three vaccinating roles that can be utilised in the pharmacy setting:

1. Fully authorised vaccinators (nurses, pharmacists, paramedics)
Authorised with age restrictions – depending on experience and clinical assessment age.
2. Pharmacist and Intern Pharmacist vaccinators
Specific vaccines and age ranges
3. Vaccinating Health Workers
Supervised role, limited vaccinations, cannot consent or screen.

There are two options for pharmacists to become vaccinators:

1. Operate under the existing classification statements in the Medicine Regulations, which has limits on age ranges and types of vaccines they are able to administer, or
2. Become fully authorised vaccinators and be authorised under section 44A of the Medicines Regulations. (Disclaimer: this is currently dependent on local conditions and contracts but is under review.)

Fully Authorised Vaccinator

Fully Authorised Vaccinators are registered health professionals who have completed foundation vaccinator training, undergone an independent clinical assessment by an immunisation coordinator or an approved assessor, and are authorised by a medical officer of health. They can deliver all vaccines listed on the New Zealand Immunisation Schedule or those part of an approved immunisation programme to eligible patients of all ages.

To maintain authorisation they must adhere to the requirements in the [Immunisation Handbook](#), including:

- Complete update training
- Have a current Annual Practising Certificate
- Have a valid and relevant CPR Certification.

Training

For registered health professionals to become a vaccinator, they must complete the Vaccinator Foundation Course. This course is delivered two ways:

1. Flexible learning vaccinator foundation course. 14 hours of self-directed online learning followed by a 4-hour classroom tutorial.
2. 2-day Vaccinator foundation course (2 days in a classroom setting).

A current Fully Authorised Vaccinator needs to complete update training every two years to maintain their authorisation. They can access the Vaccinator update (whole-of-life) course online.

After successful completion of their training, they must apply for authorisation.

Pharmacist Vaccinators & Intern Pharmacist Vaccinators

Pharmacist Vaccinators and Intern Pharmacists Vaccinators are enabled to vaccinate under the Medicines Regulations, medicine classification statements. They must complete foundation vaccinator training and a clinical assessment by an immunisation coordinator or an approved assessor.

Pharmacist Vaccinators and Intern Pharmacist Vaccinators must maintain all documentation and evidence that demonstrates they meet the Manatū Hauora Immunisation Standards for Vaccinators, as outlined in the [Immunisation Handbook](#). This includes evidence of:

- Clinical assessment
- Current Annual Practising Certificate
- Valid and relevant CPR Certification
- All training courses, including update training.

Training

If a pharmacist or intern pharmacist would like to become a pharmacist vaccinator, they must complete the Vaccinators Foundation Course. This course is delivered two ways:

1. Flexible learning vaccinator foundation course. 14 hours of self-directed online learning followed by a 4-hour classroom tutorial.
2. 2-day Vaccinator foundation course (2 days in a classroom setting).

A current pharmacist or intern pharmacist must complete update training every two years to maintain their authorisation. They can access the [Vaccinator update \(whole-of-life\) course](#) online.

Pharmacist vaccinator wanting to become a fully authorised vaccinator (whole-of-life)

If a pharmacist vaccinator wants to expand their scope and become a fully authorised vaccinator (whole-of-life) they need to:

1. Successfully complete Extending Vaccinator Skills (whole-of-life) course.
2. Apply for authorisation, which will enable the vaccinator to (see the figure below):
 - Administer a wider range of vaccines and age ranges,
 - Administer vaccines to people under five years old, under direct supervision, whilst gaining experience and confidence to complete a clinical assessment for a person under two years old,
 - Administer vaccines without a standing order or prescription.
3. Complete supervised practice.
4. Complete a workbook.
5. Successfully complete a clinical assessment on a person under two years old.
6. Submit their workbook and clinical assessment documentation to the [Health NZ authorisation portal](#).

Pharmacists who wish to undertake this process should discuss it with their [local Immunisation Coordinator](#), IMAC or email vaccinatorauthorisations@health.govt.nz.

Enabling Pharmacies – pharmacist vaccinator training and authorisation pathway



*You can submit your workbook and clinical assessment to authorisation portal at the same time.

Vaccinating Health Worker (VHW)

The VHW role enables pharmacy technicians, community health care workers, healthcare assistants and kaiāwhina to prepare and/or administer a range of vaccines after a period of training and authorisation.

There are two stages to the VHW role:

- Stage 1: VHWs will be able to administer COVID-19 (Pfizer) and the influenza vaccines for 12 years+ and vaccines for Human Papillomavirus (HPV9) and Tetanus, Diphtheria and Pertussis (whooping cough) (Tdap) for 11 years+.
- Stage 2: VHWs will be able to prepare and administer all vaccines outlined in Stage 1, including administering COVID-19 (Pfizer) and influenza to 5 years+, and MMR for 5 years+.

VHWs need to be authorised by Health NZ and have gained experience as a Stage 1 VHW before gaining access to VHW Stage 2 training.

The VHW operating model is a team-based approach. VHWs work under the clinical supervision and direction of a registered health professional.

The employer's role is to register and support the training of their staff to become a VHW or VHW Clinical Supervisor, and to ensure the proper procedures are followed.

Training

For all information related to the Vaccinating Health Worker role, training and authorisation requirements, a number of resources are available online:

- [Vaccinating Health Worker Guide](#)
- Quick info sheets
 - [Becoming a Vaccinating Health Worker](#)
 - [Information for Vaccinating Health Worker Clinical Supervisors](#)
 - [Information for Employers new to the Vaccinating Health Worker role](#)

A course is also available for Clinical Supervisors of VHW. You can access this through the [IMAC website](#). Note: all training for and related to the VHW role is free.

Non-vaccinating staff in the pharmacy

Second checker course

The [Second Checker course](#) is for non-registered team members such as kaiāwhina, health care assistants, administration staff, pharmacy technicians and assistants to enable them to complete specific checks of the vaccine preparation process in settings where there is limited clinical staff onsite.

Training

For all education and training related information contact the Immunisation Advisory Centre (IMAC):

Email imaceducation@auckland.ac.nz

Call 0800 882 873

To get in touch with local coordinators and regional advisors, visit the [IMAC website](#).

Authorisation

It is the responsibility of each vaccinator to ensure they maintain their relevant training and authorisation requirements and only practice within their scope.

For any questions related to authorisation, including how to apply, please contact vaccinatorauthorisations@health.govt.nz.

ONBOARDING

Community pharmacy is known for clear processes and efficient workflow systems. During times of change or new service implementation, it is particularly important to ensure continuous quality improvement processes are in place to ensure a high-quality service is maintained at all times. It is strongly recommended that:

- 1) Standard Operating Procedures (SOPs) are regularly updated to reflect the pharmacy's current procedures and always adhered to. SOPs should include Health and Safety considerations and be culturally responsive.
- 2) A robust cold chain and inventory management system is in place.
- 3) Inventory management system must include and differentiate between funded and unfunded vaccine stock.
- 4) All staff have completed relevant training, have access to required systems and understand their scope of practice within the operation.
- 5) All staff have undertaken appropriate cultural competency training.
- 6) All required emergency equipment appropriate to the age range of consumers being vaccinated is readily available and within use-by date.
- 7) Near misses are recorded and vaccine related errors are investigated and reported through usual incident management channels.
- 8) Consider completing a 'dry run' of the Service before beginning vaccinations to ensure staff are familiar with their roles and consumer flow is tested.
- 9) Consider a 'wet run' i.e., running at 50% capacity on the first day with any new service.
- 10) It is recommended that pharmacies adding childhood vaccines to their portfolios are already confident providers of adult vaccinations.

The first step to offer any of these newly available funded vaccines is to identify your current situation and follow the steps below. The community pharmacy **must** hold an Immunisation Schedule within their Integrated Community Pharmacy Services Agreement (ICPSA) to offer funded immunisation services. If in doubt, confirm with your regional System Design Manager – Referred Services (contact details in Links & Resources section). Funding for the new childhood immunisations will be enabled through a letter adding these vaccines to Schedule 3A.5 (Immunisation Services) of the ICPSA.

A) Pharmacy offers a vaccination service, holds an ICPSA Immunisation Schedule and uses the Inventory Portal

- From 1 April 2024 most funded childhood vaccines under the New Zealand National Immunisation Schedule will be available to approved pharmacies.

B) Pharmacy offers a vaccination service, holds an ICPSA Immunisation Schedule but does not use the Inventory Portal

- The pharmacy must request access to the Inventory Portal to access funded vaccines. The Pharmacy must contact their regional System Design Manager – Referred Service to process a new site setup form found in Appendix B of the COVID-19 Operating Guidelines [here](#). This process takes 5 working days to establish.
- Once access to the Inventory Portal is granted, a vaccinating pharmacy can order any or all of the available funded vaccines listed on page 4.

C) Pharmacy does not offer a vaccination service but wishes to do so

- Contact the regional System Design Manager – Referred Service to discuss the process to include the Immunisation Schedule in their ICPSA. The System Design Manager will liaise with Sector Operations and Immunisation leads to update the contract. Note, this process may take several weeks. Confirm with the regional System Design Manager when the pharmacy can start offering funded vaccinations during this process. Some districts require a visit and sign-off by a District Immunisation Lead and/or Immunisation Co-ordinators before the expanded schedule can be offered.
- The pharmacy must ensure they have appropriately trained and qualified staff working within their scope for the vaccinations to be provided, standard operating procedures and a robust cold chain and inventory management system in place to safely offer vaccination services. District Immunisation Leads and/or Immunisation Co-ordinators may be able to assist with the onboarding process.
- Medicines Control regulates the pharmaceutical supply chain, including community pharmacies. Pharmacies are issued with a Licence to Operate Pharmacy (Licence) in accordance with the Medicines Act 1981 and are required to have and maintain appropriate equipment necessary to provide pharmacy services (including vaccination services). By holding a Licence to Operate Pharmacy, pharmacies providing vaccination services are deemed to hold current cold chain accreditation.
- In 2017, the Ministry of Health published the National Standards for Vaccine Storage and Transportation for Immunisation Providers, which outline the cold chain management requirements that all immunisation providers, (including community pharmacies) must meet if they provide a vaccination service.
- Community pharmacies who are offering or who plan to offer vaccination services are responsible for complying with all requirements within the Standards (including appropriate equipment, monitoring, recording, and policies and procedures).
- Notwithstanding this requirement on pharmacies, the district Immunisation Co-ordinator will need to undertake spatial logging of the pharmaceutical refrigerator used to store vaccines.
- The pharmacy must request access to the Inventory Portal where funded vaccines are managed. The pharmacy must contact their regional System Design Manager – Referred Service to process a new site setup form found in Appendix B of the National Immunisation Operating Guidelines COVID-19 Vaccines and General Operating Guidance here. This process takes 5 working days to establish.
- The pharmacy's inventory management processes must differentiate between funded and unfunded vaccine stock.
- Once access to the Inventory Portal is granted, a vaccinating pharmacy can order any or all of the available funded vaccines listed on page 4 as and when their team are ready to commence offering these new vaccination services.

Coordinating services

It is recommended that a vaccinating pharmacy notifies their local Immunisation Co-ordinator, District Immunisation Lead, and regional System Design Manager – Referred Service to let them know that they are offering new vaccination services. Notification pathways may differ between regions and may include Development and Delivery Leads, LV System Design and/or Pharmacy Engagement Leads; adhere to local guidelines accordingly. This information assists with the wider district planning and central consumer communications.

Accessibility

A pharmacy should consider how their vaccination area/space may be optimised to ensure it is accessible for those with disabilities or mobility issues. Resources and support are available in the NIP Dropbox. See the site checklist for complete guidance. The vaccination area should be child friendly and include distractions suitable for younger whānau members. Access to interpreter services should be in place based on local processes.

ORDERING

Funded vaccine stock

- To ensure vaccines are used, and to reduce wastage, we ask that pharmacies only order vaccines where they actively plan to offer them to their community.
- Pharmacies can place orders for available funded vaccines via their Inventory Portal. These funded vaccines are provided at no cost to the pharmacy and can only be administered to those who qualify for the vaccine in accordance with the Pharmac eligibility criteria.
- Orders will be delivered **weekly** on designated delivery days i.e., the same day as existing COVID-19 vaccine delivery. The designated delivery day is established when the Inventory Portal is first set up and is listed in the Inventory Portal. Order sufficient stock to ensure opportunistic vaccinations within your set weekly delivery dates.

Private purchase vaccine stock

- Pharmacies must order private purchase vaccines via their usual wholesaler for consumers who do not meet Pharmac vaccine eligibility criteria. The upfront cost of the vaccine plus the administration fee can be passed to the consumer as a private purchase.
- Funded vaccine stock (obtained via the Inventory Portal) should be kept separate from privately purchased stock in a pharmacy's vaccine refrigerator. Funded vaccines are to be strictly used only for those who meet Pharmac's eligibility criteria.

VACCINES	Pharmacode – FUNDED <i>Order via Inventory Portal weekly</i>	Pharmacode - UNFUNDED
COVID-19	Order via Inventory Portal (various brands)	
DTaP-IPV diphtheria, tetanus, acellular pertussis, polio	Infanrix-IPV 2086417 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>	
DTaP-IPV-HepB-Hib diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenzae type b	Infanrix-hexa 2459396 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>	
Hib Haemophilus influenzae type b	Hiberix 2087758 (single) <i>Maximum order quantity: 30 units</i>	
HPV human papillomavirus	Gardasil9 2506254 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>	HCL - Gardasil 9 2485427 (single)
Influenza	Order via usual pharmacy wholesaler. Has upfront cost.	
MenACYW Meningococcal ACWY	MenQuadfi 2649012 (single) <i>Maximum order quantity: 10 units</i>	HCL - Menactra 1179341 (5 pack) HCL - MenQuadfi 2649012 (single)
MenB meningococcal B vaccine	Bexsero 2556251 (single) <i>Maximum order quantity: 30 units</i>	HCL – Bexsero 2556251 (single)
MMR measles, mumps, rubella	Priorix 2509369 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>	HCL - Priorix 1161737 (single)
PCV13 pneumococcal conjugate vaccine (13 valent)	Prevenar 13 2383047 (single) 2451085 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>	

VACCINES	Pharmacode – FUNDED <i>Order via Inventory Portal weekly</i>	Pharmacode - UNFUNDED
RV Rotavirus	Rotarix 2650290 (tube 10 pack) 2509415 (applicator 10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>	
Tdap tetanus, diphtheria, acellular pertussis	Boostrix 2459418 (10 pack) <i>Maximum order quantity: 50 units (5xOP)</i>	HCL/Propharma - 2061996 (single) Boostrix
VV varicella (chickenpox) vaccine	Varivax 2173085 (single) 2593793 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>	
ZV/Shingles zoster (shingles) vaccine	Shingrix 2631687 (single) <i>Maximum order quantity: 30 units</i>	HCL - Shingrix 1173125 (single) Propharma - 2631687 (single) Shingrix

ADMINISTRATION

Consent

- The Programme assumes verbal consent is appropriate in most situations. A vaccinator's clinical knowledge will allow for a robust informed consent conversation with the consumer, including discussion around risks and benefits. Generic screening tools are also available to assist (see links below).
- For guidance on supporting people with disabilities with decision-making and consent, IMAC offer a free online course.
- Written consent is recommended when a consumer is not competent to make an informed choice and give consent for their vaccine or if a vaccine is to be administered under a prescription. Written consent forms are available via Dropbox and Bluestar for influenza, COVID-19, Tdap, MMR and antenatal immunisations. A generic written consent form is available (in soft copy only at this stage) from the NIP Dropbox.
- NB the Aotearoa Immunisation Register (AIR) does not have the functionality to upload written consent forms and so physical copies must be kept by the provider for 10 years to meet Health Act Regulations.

Vaccination history

Vaccinators should review a consumer's vaccination history to determine which vaccines the person may be due for. It is best clinical practice to discuss vaccination status with the consumer prior to administering any vaccine. This will help determine if the consumer is eligible for other vaccines.

If a dose of a particular vaccine is not documented and is clinically indicated for the consumer, the vaccinator should proceed with vaccination. If the whānau have a GP, their medical centre could be contacted to confirm doses if vaccination history is not clear. More detail on this clinical decision-making process is covered in IMAC clinical training courses or vaccinators can call 0800 IMMUNE for clinical support.

The Aotearoa Immunisation Register (AIR) vaccinator portal now displays a consumer's vaccination history from records previously entered into the COVID-19 Immunisation Register (CIR) and National Immunisation Register (NIR). Note, the AIR record may be incomplete for people born before 2005.

Consumables

Needles for drawing up and administration, plasters and other consumables not provided with the vaccine must be purchased by the immunisation provider. The cost of these consumables is covered by the immunisation administration fee.

Pharmacies should hold a variety of needle sizes to ensure the appropriate one is selected for the consumer. Consumables can be purchased from your usual pharmacy wholesalers, EBOS or Amtech.

Collateral

A summary of consumer collateral available is in the NIP Dropbox. These can be downloaded for use directly from the Dropbox or printed copies can be ordered for free via Bluestar. This includes vaccine-specific consent forms, vaccination information as well as post vaccination advice.

HealthEd also has free vaccination resources available to order. To register on the Bluestar portal pharmacies should select 'Need to Register' and complete the online registration form.

In the NIP Dropbox there are additional formats for some resources, including audio, braille, easy read, and large print.

Consumers can also obtain information from the new immunisation website: (pages are also available in a printable format) (<https://www.immunise.health.nz/>)

Consumer collaterals should be available in their most current version for vaccinators to use prior to commencing vaccinating.

Monitoring for reactions

It is the vaccinator's responsibility to monitor the safety of the consumer for potential reactions after vaccination. If a reaction occurs while the consumer is waiting, first make sure appropriate medical attention is given. Reports of reactions following vaccination is a key tool for Medsafe to understand the experience of people who are vaccinated in Aotearoa New Zealand. Any member of the public including consumers, vaccinators and healthcare professionals are encouraged to submit a report for themselves or others who have experienced a reaction following vaccination, no matter how minor or severe.

Please submit reports online directly to the Centre for Adverse Reactions

Monitoring on their website
(<https://pophealth.my.site.com/carmreportnz/s/>)

Screening tools

It is the vaccinator's responsibility to ensure any vaccine administered is appropriately indicated for the consumer and that the consumer has met the Pharmac eligibility criteria. IMAC has developed a [health professional screening tool](#) as well as a [consumer version](#) to assist with the screening and informed consent process.

Prophylactic paracetamol for Meningococcal B vaccine

It is recommended that pēpi aged under 2 years receive prophylactic paracetamol alongside their Bexsero vaccination. [Bexsero - Immunisation Advisory Centre \(immune.org.nz\)](#).

Pharmacists may supply paracetamol oral liquid (120 mg/5 mL or 250 mg/5 mL) to whānau of pēpi receiving Bexsero by Direct Provision under the Pharmaceutical Schedule:

- Direct Provision by a pharmacist of up to 200mL permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine (Bexsero).

Vaccinators in primary care may obtain paracetamol oral liquid on PSO for this purpose.

It is recommended to obtain a recent weight for an infant to calculate the correct dose of paracetamol. Access to baby scales in the vaccination room is suggested.

Sites should have up to date consumer leaflets to support the use of prophylactic paracetamol which can be accessed in the NIP Dropbox or via HealthEd / Bluestar. [NIP8788 MenB paracetamol use under 2 years – A5 fact sheet WEB.pdf \(dropbox.com\)](#).

RECORDING

All vaccinations should be recorded in the Aotearoa Immunisation Register (AIR).

The AIR vaccinator portal displays a consumer's immunisation history. When an immunisation is recorded by a vaccinator in the AIR, this immunisation will also be able to be seen by other authorised health professionals through the AIR vaccinator portal. If the consumer is enrolled with a medical centre, they will receive a notification of any immunisation recorded in the AIR to their Patient Management System (PMS).

For pharmacies who are not registered to use the AIR, please follow the link [here](#) and complete the sign-up steps. For more support using the AIR, there is a [toolkit](#) available on the [AIR website](#). Registration with and access to the AIR is mandatory before any funded vaccines are provided through a community pharmacy. It is expected that pharmacies will also document the vaccination event in their PMS. Some Districts may provide local training on entering vaccinations and link with local AIR admin teams for support.

Sites should ensure they have a process for managing interruptions to business such as power / internet outage which may affect ability to record vaccines into the AIR. Written consent forms or AIR vaccine recording forms should be available for this situation; these can be found on the [AIR website](#), in [the Dropbox](#) or ordered via [Bluestar](#).

The Inventory Portal captures vaccine stock management including orders placed, orders receipted and consumption or wastage. All vaccine deliveries should be receipted, and doses consumed or wasted should also be recorded in the inventory portal to ensure an accurate national vaccine stock picture is maintained.

Support for immunisation systems

For technical support with the Aotearoa Immunisation Register (AIR) please use the link [here](#) to access the AIR service desk or call 0800 855 066 (press 2 and then 1). For support with the Inventory Portal and Book My Vaccine call 0800 223 987. For all systems email help@imms.min.health.nz. These channels are currently monitored:

8:00am – 5:00pm, Monday to Friday (from 9:30am on Wednesdays)

9:00am – 2:00pm, Saturday

CLAIMING

Claiming for a funded vaccine administration should be processed like a normal prescription – via the prescription batch claiming process through your pharmacy management system (Toniq or RxOne).

Processing any funded vaccine via your pharmacy management system

- 1) Dispense the vaccine(s) administered to the eligible consumer.
- 2) Dispense one 'Immunisation Administration' (Pharmacode 2660733) to claim the service fee for administration of funded vaccine(s), or
- 3) When influenza vaccine and shingles vaccine are administered to the same patient on the same day, dispense one 'Immunisation co-administration (influenza & shingles) fee' (Pharmacode 2664453).

- Some vaccines may have two Pharmacodes, e.g., the HPV vaccine comes as a 10-pack when ordered via the Inventory Portal and as a single pack via a wholesaler (for unfunded vaccinations). Pharmacies should ensure they select the correct Pharmacode based on the pack size and the eligibility of the consumer.
- Other vaccines may have one Pharmacode, e.g., meningococcal vaccines, covering both funded and unfunded (private) purchased stock. The pharmacy is required to code the vaccine as J4/A4 if Pharmac's eligibility criteria is met or NSS if the vaccine is to be purchased privately.
- Pharmacies must purchase the funded immunisation vaccine upfront. Pharmacies can claim reimbursement for the funded influenza vaccine; the cost of the vaccine (with the reimbursement price set by Pharmac through the Pharmaceutical Schedule) plus an administration fee.

The process for claiming for COVID-19 vaccinations has not changed as it sits in a different Immunisation Schedule. Continue to record and claim for COVID-19 vaccinations in the AIR.

VACCINES	Pharmacode – FUNDED <i>Order via Inventory Portal</i>	CLAIMING
COVID-19	Various brands Order via Inventory Portal	Complete as usual in the Inventory Portal: each vaccination will automatically generate the separate COVID-19 Vaccination Administration Fee.
DTaP-IPV diphtheria, tetanus, acellular pertussis, polio	Infanrix-IPV 2086417 (10 pack)	<p>Complete in Pharmacy Management System (Toniq, RxOne).</p> <p>Select the correct Pharmacode based on table.</p> <p>If funded:</p> <ol style="list-style-type: none"> 1. Dispense vaccine(s) as A4/J4 2. Dispense one 'Immunisation Administration' to claim fee Pharmacode 2660733 <p>or</p> <ol style="list-style-type: none"> 3. Dispense one 'Immunisation co-administration (influenza & shingles) fee' (Pharmacode 2664453) <p>If unfunded enter vaccine(s) as NSS. The cost of the vaccine plus the administration fee can be passed to the consumer as a private purchase.</p>
DTap-IPV-HepB-Hib diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenzae type b	Infanrix-hexa 2459396 (10 pack)	
Hib Haemophilus influenzae type b	Hiberix 2087758 (single)	
HPV human papillomavirus	Gardasil 9 2506254 (10 pack)	
Influenza	Various brands Order via usual wholesaler	
MenACYW Meningococcal ACWY	MenQuadfi 2649012 (single)	
MenB meningococcal B vaccine	Bexsero 2556251 (single)	
MMR measles, mumps, rubella	Priorix 2509369 (10 pack)	
PCV13 pneumococcal conjugate vaccine (13 valent)	Prevenar 13 2383047 (single) 2451085 (10 pack)	
RV Rotavirus	Rotarix 2650290 (tube 10 pack) 2509415 (applicator 10 pack)	
Tdap tetanus, diphtheria, acellular pertussis	Boostrix 2459418 (10 pack)	
VV varicella (chickenpox) vaccine	Varivax 2173085 (single) 2593793 (10 pack)	
ZV/Shingles zoster (shingles) vaccine	Shingrix 2631687 (single)	

The Programme acknowledges the additional workload on community pharmacy to record the administration of the vaccination in AIR and then claim for the vaccine administration fee via the pharmacy management system (Toniq or RxOne). Work is underway to streamline this process to reduce administrative workload for the pharmacy sector.

VACCINE BOOKINGS

The Programme encourages vaccination providers to use **Book My Vaccine (BMV)** to help assist and simplify workflow for making consumer bookings.

Book My Vaccine

Consumers can make vaccination bookings through Book My Vaccine (BMV) for COVID-19 (all ages), influenza (all ages), Tdap (11 years and older) and MMR (12 months and older), HPV9 (9 to 45 years), MenB and MenACWY (13 to 25 years), rZV (herpes zoster/shingles) (50 years and older), and scheduled childhood immunisations and catch-ups. All of these vaccines are available for providers to add to their site **now**.

If a pharmacy delivers publicly funded vaccinations to casual or unenrolled consumers, it is encouraged they use BMV to ensure whānau can self-identify how to access vaccinations from their local providers.

The scheduled childhood immunisations and catch-ups are currently scheduled for consumers to be able to book from 2 April.

- Vaccinating pharmacies who want to sign up to use BMV can choose to either offer 'live' appointments or be listed as vaccination provider with a link to a website for further information. A new site and user set up form can be accessed [here](#), and returned to help@imms.min.health.nz.
- Vaccinating pharmacies who are existing users of BMV and would like to change the vaccines available for appointments can log in and [manage their vaccine supplies](#), or complete a [new vaccine form](#) and return to help@imms.min.health.nz.
- Vaccinating pharmacies who use BMV will need to log in to view consumer bookings and manage appointment schedules.
- To request technical support with using BMV, email help@imms.min.health.nz or call 0800 223 987.

Further information on BMV for providers can be found [here](#). Additionally, if a pharmacy is willing to offer a 'walk in' service they should include this on their Healthpoint summary including hours this service is more likely to be available.

Healthpoint

A pharmacy should check that their Healthpoint profile accurately reflects which vaccines are currently being offered by their pharmacy and if they are offering walk in services. Health NZ and Whakarongorau resources often refer people to Healthpoint to check what their local providers offer so it's important this information is current and regularly checked.

- Go to www.healthpoint.co.nz to log-in and update your Healthpoint profile.
- If you need assistance with editing: visit [How to Edit and Update your Healthpoint page](#)
- For further support please contact info@healthpoint.co.nz or Healthpoint on 09 630 0828.

Site checklist

As a general principle, the vaccinating site and staff should be well-prepared and adhere to standard operating procedures (SOPs) and best practice standards. These include the clinical governance and health and safety standards that would be expected in a clinical environment to ensure staff and consumer safety.

1) Planning	Y / N
Goal: Whānau can easily access a vaccination service which meets their needs in a whānau centred manner.	
A plan is in place for equitable access, including:	
<ul style="list-style-type: none"> • Access to translation and interpretation services including sign language 	Y <input type="checkbox"/> N <input type="checkbox"/>
<ul style="list-style-type: none"> • Service delivery space can comfortably support whānau/support people who may accompany consumers (including toddlers, and children who may be in prams), as well as kaiāwhina service if required 	Y <input type="checkbox"/> N <input type="checkbox"/>
<ul style="list-style-type: none"> • Venue access caters for people with disabilities and support for those with visual or hearing impairments 	Y <input type="checkbox"/> N <input type="checkbox"/>
<ul style="list-style-type: none"> • Utilise accessibility resources in the Immunisation Dropbox Vaccine teams – making your venue more accessible - Dropbox 	Y <input type="checkbox"/> N <input type="checkbox"/>
<ul style="list-style-type: none"> • SOPs are culturally responsive and consider te ao Māori and Te Tiriti o Waitangi. He Pikinga Waiora and Te Tiriti o Waitangi Frameworks can be applied to help develop culturally safe SOPs. Another resources is Ao Mai te Rā The Anti-Racism Kaupapa. 	Y <input type="checkbox"/> N <input type="checkbox"/>
A plan is in place to manage bookings and walk-ins.	
<p><i>NB while a walk-in service is ideal it is acknowledged that this may not always be possible; therefore, it is recommended that the plan includes an appropriate staff member who can assess the whānau situation for the ability and likelihood of returning at another time and reschedule based on this. This plan may include referral to another service eg outreach.</i></p>	
Y <input type="checkbox"/> N <input type="checkbox"/>	
Online booking and information portals are up to date with correct and relevant information:	
<ul style="list-style-type: none"> • Book My Vaccine (BMV). You can Log in / Sign up to Book My Vaccine here: Login Salesforce 	Y <input type="checkbox"/> N <input type="checkbox"/>
<ul style="list-style-type: none"> • Healthpoint 	Y <input type="checkbox"/> N <input type="checkbox"/>
Appropriate facility measures are in place including:	
<ul style="list-style-type: none"> • Site has SOP and Health and Safety policies in place 	Y <input type="checkbox"/> N <input type="checkbox"/>
<ul style="list-style-type: none"> • A documented risk assessment has been conducted for the facility before commencing childhood vaccines 	Y <input type="checkbox"/> N <input type="checkbox"/>
<ul style="list-style-type: none"> • Ensure there is a system in place to check emergency equipment regularly and a staff member has been assigned to this 	Y <input type="checkbox"/> N <input type="checkbox"/>
<ul style="list-style-type: none"> • A business continuity plan, if relevant 	Y <input type="checkbox"/> N <input type="checkbox"/>
<ul style="list-style-type: none"> • A facility evacuation plan is in place 	Y <input type="checkbox"/> N <input type="checkbox"/>

<p>A process is in place for whānau to plan their next vaccination event and includes ensuring they understand how to access this.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p>The site has a process in place for referring whānau to other healthcare providers as required. This process should include an up-to-date list of the following as well as the required forms and website links to complete referrals:</p> <ul style="list-style-type: none"> • Where whānau can receive primary care services if not already enrolled • Where to refer whānau in a situation where an infant or their whānau require urgent medical review • Referral process for whānau to receive future vaccinations from an outreach service if required • Local Well Child Tamariki Ora services who can provide Well Child checks and support if whānau are not already accessing these <p>NB collaboration between local health care providers including midwife, primary care, well child health providers etc will provide whānau with the most appropriate care and it is recommended Districts provide opportunities for collaboration if these are not already in place.</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p>Consumer collaterals including vaccine information leaflets, consent forms and post vaccination information handouts are up to date and available.</p> <p>These can be ordered via Bluestar / HealthEd or printed directly from the Immunisation Dropbox: National Immunisation Programme – Vaccine resources - Dropbox</p> <p>It is also suggested staff are aware of the consumer immunisation website and how to generate an individualised immunisation schedule: Immunise Health NZ</p>	<p>Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p>The inventory ordering portal is active and staff responsible for vaccine inventory and ordering have completed the required training and have access to systems.</p> <p><i>A new facility form must be completed for any facility without current access to the Inventory Portal, found at the following link. https://www.tewhatauora.govt.nz/assets/For-the-health-sector/COVID-19-Information-for-health-professionals/Vaccine-operating-and-planning-guidelines/Appendices/Appendix-B-New-Inventory-Facility-Site-Setup-.pdf</i></p>	<p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>

2) Process

Y / N

Goal: Whānau experience a quality vaccination event which meets the needs of all whānau members and provides a safe space for informed consent conversations.

Adequate space (including also for whānau/support persons, prams/baby car seats and other children) and associated capacity for:

- Waiting area pre immunisation Y N
- Vaccine administration area – privacy considerations for vaccination consent conversations, breastfeeding as required, area to weigh baby prior to vaccine administration as required, appropriate seating for whānau to hold infant securely Y N
- Post-vaccination observation area – private space for breastfeeding as required and an area for other children to play safely Y N
- Baby nappy change area with hand cleaning facility Y N
- Appropriate bathroom facilities for all whānau including young children and those with particular accessibility needs Y N
- Recommended: baby scales suitable for weighing infants and children (required for calculating weight for prophylaxis paracetamol pre Bexsero vaccination) Y N

Appropriate emergency equipment to manage anaphylaxis for the age ranges being vaccinated to include but not limited to;

- Adult, child, and infant bag valve mask resuscitator (eg Ambu bag) Y N
- at least 3 x 1:1,000 (1 mg /mL) adrenaline ampules (not EpiPens) Y N
- range of IM needle lengths (including drawing up needles) Y N
- syringes (6 x 1 mL tuberculin syringes) Y N
- adrenaline dosage charts etc. Refer to Anaphylaxis response/management in the [Immunisation Handbook 2024](#). Y N
- Access to a telephone Y N

Vaccinators have access to an up-to-date list of relevant contact numbers including IMAC clinical support, local immunisation co-ordinator, Inventory Portal service, AIR service and helpdesk number etc.

Y N

There is an incident management process in place to document and manage any incident or error. This includes relevant notification forms and contact details of local immunisation co-ordinators and district teams.

Y N

3) Vaccine storage and preparation

Y / N

Goal: Whānau will have access and confidence in the safety of the vaccine from supply to administration of the vaccines, and to ensure that vaccinators are provided with the confidence and skill to store vaccines safely.

The National Standards for Vaccine Storage and Transportation are being met: [Cold chain standards for vaccines – Health NZ](#)

Under the License to Operate Pharmacy a community pharmacy is deemed to have cold chain accreditation.

If extending immunisation service to include childhood immunisations the current facility-specific cold-chain policy (SoP) must be updated to include the following (see [Links & Resources](#) section for guidance):

- Management of a cold chain adverse event and processes to move vaccines to the backup fridge if required Y N
- Cold chain lead is identified and there is a backup staff member in place Y N
- Up to date contact details for local immunisation co-ordinator. Y N

There is appropriate fridge storage capacity for increased number of vaccines and ability to manage stock inventory. Y N

Inventory records include doses wasted and consumed as well as vaccine deliveries and transfers. Y N

Appropriate vaccine preparation area (should be separate from other medication preparation if possible and allow for vaccines to reach appropriate temperatures, if required for vaccine). Y N

Vaccines are marked with an expiry date that is checked during stocktakes and prior to administration. Y N

Needlestick injury policy is in place and vaccinating staff are aware of the process to follow. Y N

4) Workforce

Y / N

Goal: Whānau will experience kaimahi who are appropriately trained, confident, knowledgeable, and able to refer whānau to other health care providers as appropriate.

Staffing requirements have been reviewed and there are the required number of staff in place to provide a quality and safe vaccination event. These numbers also include access to a 'second checker' who has completed the relevant training. Y N

Staff are aware of the requirements of the Children's Act 2014 and have completed the required checks. More information can be found [here](#). Y N

Vaccinators who are offering 'whole-of-life' vaccinations have completed any required bridging courses and assessments. Y N

Vaccinating staff hold an up-to-date vaccinators authorisation relevant to their role. This includes the required resuscitation certification, NZ APC and indemnity insurance. Y N

Vaccinators are aware of the scope of their practice relevant to their authorisation eg VHW roles etc. Y N

All site staff are confident of their role in an emergency and there are an appropriate number of CPR trained staff available when the service is offering vaccinations.	Y <input type="checkbox"/> N <input type="checkbox"/>
There is access to a phone and staff are aware of how to call an ambulance and direct them to the site.	Y <input type="checkbox"/> N <input type="checkbox"/>
There is a workforce plan in place to roster staff including managing unavailability, illness and other absences.	Y <input type="checkbox"/> N <input type="checkbox"/>
Members of the vaccinating team who will require access to vaccination records (either for entering vaccination events or looking up vaccination history) have completed the required AIR training and onboarding.	Y <input type="checkbox"/> N <input type="checkbox"/>
Staff who will have access to consumer records have completed privacy training. See LearnOnline.Health.nz: Log in to the site.	Y <input type="checkbox"/> N <input type="checkbox"/>
All staff have undertaken cultural competency training. Modules can be found on LearnHealth.	Y <input type="checkbox"/> N <input type="checkbox"/>
All staff have completed disability awareness training Disability Awareness LearnOnline.Health.nz: Log in to the site.	Y <input type="checkbox"/> N <input type="checkbox"/>

Vaccinating Authorisation Guide

VACCINATOR ROLES											
SCHEDULE	FULLY AUTHORISED			PHARMACIST		INTERN PHARMACIST		VHW STAGE 1		VHW STAGE 2	
Hapū Mama	TDAP		FLU	TDAP	FLU	×	FLU	TDAP	FLU	TDAP	FLU
6 weeks	RV	DTAP-IPV-HEPB/HIB	PCV	×	×	×	×	×	×	×	×
3 months	RV	DTAP-IPV-HEPB/HIB	MENB								
5 months	MENB	DTAP-IPV-HEPB/HIB	PCV								
12 months	MMR	MENB	PCV								
15 months	HIB	MMR	VV								
4 years	DTAP-IPV										
11 – 12 years ³	TDAP		HPV								
						HPV	HPV				
45 years	TDAP			TDAP		×	TDAP	TDAP			
65 years	TDAP	ZV		TDAP	ZV		TDAP	TDAP			
Influenza	YES			YES (3+ YEARS)		YES (3+ YEARS)		YES (12+ YEARS)		YES (5+ YEARS)	
COVID-19	YES ⁶			YES (3+ YEARS) ⁶		YES (3+ YEARS) ⁶		YES (12+ YEARS)		YES (5+ YEARS)	
MMR catch-up	YES			YES ⁷		YES		×		YES (5+ YEARS)	
MenB/MenACYW	YES			YES (16+ YEARS)		×		×			

VACCINE KEY

FLU: influenza (brand varies)

RV: rotavirus (Rotarix)

DTaP-IPV-HepB/Hib: diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenzae type b (Infanrix-hexa)

PCV: pneumococcal conjugate vaccine (Prevenar 13)

MenB: meningococcal B vaccine (Bexsero)

MenACWY: Meningococcal ACWY-D vaccine (Menactra)

Hib: Haemophilus influenzae type b (Hiberix)

VV: varicella (chickenpox) vaccine (Varivax)

MMR: measles, mumps, rubella (Priorix)

DTaP-IPV: diphtheria, tetanus, acellular pertussis, polio (Infanrix-IPV)

Tdap: tetanus, diphtheria, acellular pertussis (Boostrix)

HPV: human papillomavirus (Gardasil 9)

ZV: Zoster (shingles) vaccine (Shingrix)

CAVEATS

- For Individual authorisation, ask the vaccinator.
- Fully Authorised Vaccinators require additional appropriate supervised assessment and sign-off to vaccinate children under 5 years.
- HPV can be administered at 9+ years by fully authorised, pharmacist, and intern pharmacist vaccinators (with scheduled event at 11-12 years).
- This person is likely to also be due their Tdap but would need referral to another vaccinator who can administer (Medicines classification restrict pharmacist vaccinators to administer Tdap to anyone 18 years and over, or 13 years and over if pregnant).
- Although pharmacist vaccinators cannot administer Tdap to this age group, they can supervise VHWs to administer.
- With completion of approved COVID-19 training.
- Pharmacist vaccinator training and clinical assessment limits supply to people aged 3 years and over.

Supporting whānau into primary care

Pharmacy sites need to be aware that whānau that are not currently enrolled/engaged with primary care may attend for vaccination.

A 6 week medical check is not the same as a Well Child health check that may be carried out by a Well Child nurse (e.g., Plunket Nurse). A medical check is a full examination to check for congenital abnormalities as well as general wellbeing and development. Whānau may not be aware that a medical check is highly recommended and is different from a check that may be carried out by a midwife or Well Child nurse.

While it is preferable that a 6 week medical check is completed prior to the first immunisations being administered, if the whānau report no concerns and the pharmacist is confident to proceed, the vaccines should be given. For clinical support to make this decision, a pharmacist should call 0800 IMMUNE or contact the District team / local medical centre if accepting new patients to arrange a 6 week check prior to vaccinating.

If a pharmacist has any immediate concerns for the welfare of baby, the pharmacist should refer whānau immediately for medical review either at an After Hours or Emergency Department (ED) service. It would be recommended that a call ahead is done so that the service is expecting the whānau and knows how to contact them if the whānau do not attend.

If pharmacy staff have any concern that a child may have been subjected to any abuse or neglect it is their legal obligation to refer to Social Services/ [Oranga Tamariki](#) – (0508 326 459) or if you believe a child is in immediate danger, call the Police on 111.

Eligibility

Whānau on visas without permanent residency in Aotearoa New Zealand may be concerned that they are not entitled for healthcare. This [link](#) outlines who is entitled to receive free healthcare in Aotearoa New Zealand.

All vaccinations regardless of visa status are free for every child aged until they turn 18 years. This includes any catch up vaccines. Refer to the [Immunisation Handbook](#), Appendix 2, for advice on planning Immunisation Catch-up schedules. Catch up schedule templates can be accessed from Dropbox through [this link](#).

Newborn hearing test

Whānau should also be aware that their baby is also entitled to a free newborn hearing test. In some cases, this may have been completed in hospital or birthing centre before baby goes home but some whānau may have missed this opportunity. Pharmacies should be aware how whānau can access this locally if not already completed. See [Universal Newborn Hearing Screening Programme](#).

BABY PRESENTS FOR VACCINATION

Pharmacy vaccinator discusses infant's current primary care enrolment status with whānau

A ENROLLED WITH PRIMARY CARE | 6 WEEK MEDICAL CHECK COMPLETED

No action required - explain that the consumer's immunisation record will be referred to their enrolled medical centre to update their system. This will help determine when their next vaccine will be due and how this can be accessed. They can go direct to their medical centre as their records will be updated, or return to a pharmacy, if this is a more convenient location for whānau (explain how to book this). Offer to print an [individualised childhood immunisation schedule](#) and update Well Child book if whānau have it with them, including weight if recorded.

B ENROLLED WITH PRIMARY CARE | NO 6 WEEK MEDICAL CHECK

Explore the reasons the whānau hasn't been able to access this yet: is there an issue with a suitable time; has the medical centre not received the newborn notification? Encourage an appointment to be made for a 6 week medical check and explain the importance of this check. Offer to call the medical centre to book the appointment or ask if they would like to have this administered elsewhere. Offer to print an [individualised childhood immunisation schedule](#) and update Well Child book if whānau have it with them, including weight if recorded. Provide whānau with "Why a six week check is important" leaflet.

C NOT ENROLLED WITH PRIMARY CARE | NO 6 WEEK MEDICAL CHECK

Explain the importance of the 6 week medical check. Provide whānau with 'Why a six week check is important' leaflet. If the pharmacist is aware of a local medical centre taking on new patients, ask the whānau permission to refer the unenrolled child directly to the medical centre to support them having access to ongoing health care and a 6 week medical check. If no local medical centres can accommodate new patients, ask permission to refer the whānau to the District team to arrange this for them.

Explain to whānau when they should expect to hear from the medical centre or District and advise on how to follow up on the referral if they haven't heard anything. Provide written information including contact details for the medical centre/ District team. Explain that vaccination records will be held electronically, and the new medical centre will be able to access these. Ensure whānau know when the next vaccine is due and how to access this if not arranged through the medical centre. Offer to print an [individualised childhood immunisation schedule](#) and update Well Child book if whānau have it with them, including weight if recorded.

CONTACT LIST (for pharmacy to complete based on local contacts and refer to as necessary)

Contact details for local medical centres taking on new patients:	
Contact details and referral instructions for the District team to arrange a 6 week medical check and medical centre enrolment:	
Contact details and referral instructions for Outreach Immunisation Services if required:	
Contact details for newborn hearing screening test team :	

Other relevant contacts	