



Priority Childhood Immunisation Policy Statement

Aotearoa New Zealand
National Immunisation Programme

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Te Whatu Ora
Health New Zealand

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Definitions

Word or phrase	Definition
Concomitant vaccination	<p>Concomitant vaccination refers to administration of more than one vaccination at the same time.</p> <p>Concomitant vaccination aims to provide optimal protection against disease as quickly as possible by completing a person's recommended vaccination schedule in the shortest time frame.</p>
Immunisation Sector	The people who have day to day operational, leadership responsibilities to plan or lead immunisation services, or administer vaccines.
National Immunisation Schedule	The National Immunisation Schedule is the series of vaccines that are offered free to babies, children, adolescents and adults.
Outreach Immunisation Service	Outreach Immunisation Service (OIS) ensures Māori, Pacific peoples and other priority groups with high rates of vaccine preventable disease and low rates of immunisation, have access to services that empower them to make informed decisions regarding immunisation, and offer flexible arrangements for vaccination services in the home and community settings.
Pēpē	Baby
Rangatahi	Youth
Tamariki	Children (normally used only in the plural)
Te ao Māori	The Māori world, world view
Whānau	Extended family, family group, a familiar term of address to a number of people the primary economic unit of traditional Māori society. In the modern context, the term is sometimes used to include friends who may not have any kinship ties to other members.
Informed consent	<p>A responsible adult needs to accompany the child to their appointment(s). This may be a parent, adult family member, trusted family friend, legal power of attorney, or carer.</p> <p>Consent for vaccination needs to be given by a legal guardian of the child (under 12 years of age).</p> <p>If the adult who accompanies the child to the appointment is not the child's legal guardian:</p> <ul style="list-style-type: none"> the vaccinator will need to verbally confirm by phone with a legal guardian that they consent to the child being vaccinated, or the responsible adult can bring a signed copy of the COVID-19 vaccination consent form completed by a guardian. <p>This is standard consenting process.</p>

Whakatauki

*Mā whero mā pango ka oti ai te mahi
With red and black, the work will be complete*

The colours refer to the traditional kōwhaiwhai patterns on the inside of the meeting houses. The Whakatauki refers to working together to achieve our goals, where if everyone does their part, our Tamariki will be vaccinated.

Te Tiriti o Waitangi

Te Whatu Ora, Health New Zealand has a responsibility to contribute to the Crown meeting its obligations under Te Tiriti o Waitangi (Te Tiriti). The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal provide the framework for how we will meet our obligations under Te Tiriti in the National Immunisation Programme (the Programme).

Meeting our obligations under Te Tiriti is necessary for the overall aim of Pae Ora (healthy futures for Māori) under He Korowai Oranga (the Māori Health Strategy).

Tino rangatiratanga

The guarantee of tino rangatiratanga, which provides for Māori self-determination and Mana Motuhake in the design, delivery, and monitoring of health and disability services.

Equity

The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori. Equity is the absence of avoidable or remediable differences among groups of people and recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

Active protection

The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

Partnership

The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

Policy background and context

In Aotearoa New Zealand through the National Immunisation Programme (the Programme) leads a system wide approach to meeting the national immunisation target of 95 percent of children fully immunised by 24 months of age and as outlined in the national immunisation schedule.

In Aotearoa New Zealand, people have differences in health outcomes that are not only avoidable but unfair and unjust. Equity recognises that different people with various levels of advantage require different approaches and resources to get equitable health outcomes.

Overall, Māori and Pacific people are impacted more by communicable diseases and experience more severe social and economic consequences of serious illness. This differential impact is expected to continue or increase due to lower vaccination rates in these communities, higher rates of underlying health conditions and disabilities, and high-contact living conditions.

Immunisation is the most effective medical intervention to prevent childhood morbidity and mortality. As a health intervention its cost benefit ratio is unmatched. Despite the long-standing national immunisation target, and some success achieved between 2009 and 2017 in both increasing numbers immunised and equity all these gains have eroded away.

This failure has been greatest for Māori and the very young. These falling immunisation rates were accelerated by the COVID-19 pandemic which severely disrupted the childhood immunisation programme.

Childhood immunisation rates are now as low as they have ever been recorded.

Priority childhood immunisation

The Te Whatu Ora, Health New Zealand Immunisation Taskforce (the Taskforce) has considered this critical situation for tamariki. The national target is to achieve of 95 percent of children fully immunised by 24 months of age. The target remains unchanged.

Now, and in the absence of a vaccine preventable outbreak, the Taskforce is acting to avoid further inequity and preventable illness. The Taskforce, as sector leaders, support a time bound response to the critical situation. The Matrix outlines to goal of achieving 95% immunisation with primary series vaccinations in tamariki aged 0-5 years on time, without inequity of vaccination coverage across the population.

We know small changes locally make big differences nationally.

Purpose

To provide a policy statement on priority childhood immunisation in Aotearoa New Zealand to address the crisis of declining childhood immunisation rates.

This policy statement should be read alongside:

[Te Pae Tata Interim New Zealand Health Plan 2022](#), which is the first New Zealand Health Plan published under the Pae Ora legislation. It is an interim plan for the first two years of operation for Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority. This interim plan takes significant steps in priority areas to build our future health system, and to improve health outcomes and equity amongst New Zealanders.

The [Immunisation Handbook \(2020\)](#) provides clinical guidelines for health professionals on the safest and most effective use of vaccines in their practice.

Other relevant immunisation policy statements available on the [Ministry of Health's website](#).

Policy Statement

The Taskforce has endorsed the *Childhood Immunisation Resource Prioritisation Matrix* (the Matrix) outlined below. Two immunological principles are weighted in preparing the Matrix. The Matrix prioritises the immunisation sector's efforts and resources. The principles are:

- The disease coverage the vaccination events provide
- The disease prevention impact for the priority population group

From late 2022 to December 2023, the immunisation sector will prioritise vaccinating:

- **Māori pēpē 6-week-old vaccines**
- **Māori and Pacific tamariki MMR-1¹ vaccine**
- **Non-Māori and non-Pacific residing in Quintile 5 MMR-1, New Zealand Deprivation measure^{2 3}, and**
- **Pregnant women antenatal pertussis and influenza vaccines**

Now, and in the absence of a vaccine preventable outbreak, the Aotearoa New Zealand immunisation sector is tasked to vaccinate **Priority Group 1** of the *Childhood Immunisation Resource Prioritisation Matrix*.

¹ MMR vaccine protects against measles, mumps, and rubella

² May be adjusted depending on the presence of the disease in the community

³ The NZDep is an area-based measure of socioeconomic deprivation in New Zealand. It measures the level of deprivation for people in each small area. It's based on nine Census variables. In general, people who live in more deprived areas i.e., Quintile 5 (NZDep decile 9 and 10) are more susceptible to inequitable access to health care and experience inequitable health outcomes.

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.

And 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

Policy Statement Objectives

The following section outlines the programme objectives for the different elements or tikanga of a whānau-centred approach:

1. Equity
2. Access

Equity

1. Equity	
1.1	A Provider ensures sites administering childhood and antenatal vaccines provide equitable opportunity to Māori and Pacific people, to be enrolled, offered, and recalled for Priority Group 1 vaccines.
1.2	A Provider ensures sites administering childhood and antenatal vaccines on the Schedule are actively incorporating the principles and intent of Te Tiriti o Waitangi in their practice.
1.3	A whānau-centred approach to primary health care services leads to improved Māori and Pacific health and wellbeing outcomes. Refer to <i>Te Piringa: Whānau-centred Māori and Pacific Led Primary Health Care Case Studies 2020</i> , linked in Appendix One.

Access

2. Access	
2.1	A provider ensures sites administering vaccines are easily accessible and there is enough physical space. This includes space and environment to accommodate whānau groups to have their vaccines together.
2.2	A provider ensures whānau may provide a suitable mode of transport arrangements to access services. To allow for enough time to organise appropriate transport this could be arranged ahead of the appointment.
2.3	A provider may provide a mobile vaccination service to whānau. This includes pop up sites at locations such as a marae, share community spaces, mobile/outreach services. Disability and whānau access will be offered at mobile sites.
2.4	The Programme provides whānau with sufficient consumer centred information that is easily accessible and readable to determine vaccine eligibility. This will be provided through a wide range of channels and languages to promote equitable outcomes.
2.5	A provider may provide drop-in options for sites administering vaccines. Drop-in sites allow consumers to receive their vaccination without the need to book an appointment in advance.
2.6	A provider may provide flexible vaccine clinic or site hours and/or home visits to whānau.
2.7	A provider provides whānau maanaki after the appointment (eg, a cup of tea, kai, hygiene packs).

References

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Appendix One

Te Piringa: Whānau-centred Māori and Pacific Led Primary Health Care Case Studies 2020
<https://www.tpk.govt.nz/en/o-matou-mohiotanga/health/te-piringa-whanaucentred-primary-health-care>