National Immunisation Register

Manual for NIR Administrators v2.1

Published in September 2015 by the  
Ministry of Health

****

# Contents

1 Contents ii

2 About this document 5

2.1 Document format 5

2.2 What is the National Immunisation Register? 5

2.3 Purpose of the NIR 5

2.4 Scope of the NIR 6

2.5 Quality NIR data 7

2.6 Technical and physical NIR security 7

3 Privacy and Security 8

3.1 Collecting NIR information 8

3.2 Immigrants 8

3.3 Security Policy 8

3.4 NIR Privacy Policy 9

4 Roles and Responsibilities 10

4.1 NIR DHB Administrator 10

4.2 District Health Board 11

4.3 NIR National Administrator 13

4.4 Vaccinators 13

4.5 Data entry 14

4.6 Non-vaccinators 14

4.7 Primary Health Organisations 15

4.8 Ministry of Health 15

5 NIR overview 16

5.1 Registering on the NIR 16

5.2 Opting off the NIR 17

5.3 Retention of NIR information 17

6 Access to the NIR 18

6.1 Authorised User Agreement 18

6.2 Access to data on the NIR 19

6.3 Mandatory information about approved health providers 20

7 Levels of access by authorised user/s 21

7.1 Vaccinators 21

7.2 Data enterer role 21

7.3 Non-vaccinators 22

7.4 Primary Health Organisations 22

7.5 DHB funding and planning staff 22

8 Changing how providers send messages to the NIR 25

8.1 Electronic to Manual 25

8.2 From Manual to Electronic 25

8.3 Cease sending messages to the NIR 25

9 Eligibility and Ethnicity 26

9.1 Eligibility for NIR registration 26

9.2 Collecting accurate ethnicity data 26

10 Registering an Individual on the NIR 28

10.1 Information about the parent/guardian 29

10.2 Nominated Provider: Accepting or Declining Nominations 30

10.3 Changing the Nominated Provider 30

10.4 Information about Health Provider(s) 32

10.5 Processing NIR registrations from maternity facilities 33

10.6 Processing NIR registrations from LMC’s for home births 34

10.7 Processing NIR registrations from vaccinators 35

11 Opting off the NIR 36

11.1 Provisional Opt off 36

11.2 Opt Off Authorisation 36

11.3 Changing status when an individual opts off the NIR 37

11.4 Programme opt off or Inactive 38

12 Immunisation Events & Recording 40

12.1 Recording standard immunisation event data 41

12.2 Recording alternative vaccines 41

12.3 Rescheduling an event 42

12.4 Closed events 43

12.5 Process diagram for recording rescheduled or declined immunisation events 43

12.6 Recording opportunistic immunisation event data 44

12.7 Declining an antigen and recording contraindications 45

12.8 Codes for declining reasons 46

12.9 Recording validated adverse events following immunisation (AEFIs). 46

12.10 Recording neonatal immunisations – Hepatitis B 47

12.11 Neonatal BCG immunisation 49

13 Recording High Risk Pneumococcal Immunisation 50

14 Maintaining NIR Data 51

14.1 Amending demographic data 51

14.2 Notification of the death of an individual 52

14.3 Notifying when an individual leaves or returns to New Zealand 53

14.4 Merged – linked and duplicate NHI numbers 54

14.5 Changing the DHB code 55

15 Status Query 56

15.1 Status query process diagram 56

15.2 Status query – request and response 56

16 Overdue Process 59

16.2 Optional messages to providers about an individual overdue for immunisation 60

16.3 Generating an overdue task report and liaising with providers 60

16.4 Process diagram for referral to an OIS provider 62

62

16.5 Referral to an OIS provider 63

16.6 Recording the outcome of an OIS referral on the NIR 64

17 NIR Letters and Reports 65

17.1 Letters 65

17.2 Reports 66

17.3 Reports from Primary Health Care Patient Management Systems (PMS) or Client Management Systems (CMS) 66

17.4 Reports from DHB NIR Administrator 67

17.5 Reports from Ministry of Health Datamart 68

18 NIR forms 69

19 Appendix 3 – Codes Used on the NIR 70

19.1 Individual status codes 70

19.2 Programme status codes 70

19.3 Vaccine codes 70

19.4 Immunisation event status codes 71

19.5 Body site codes 72

20 Appendix 2 – Questions and Answers for Parents 73

20.1 What is the NIR? 73

20.2 Why do we need the NIR? 73

20.3 What information will be held on the NIR? 73

20.4 What are the benefits of the NIR? 73

20.5 How will information from GPs be transferred to the NIR? 74

20.6 How will the information on the NIR be used? 74

20.7 Is it compulsory to have your child’s details on the NIR? 74

20.8 Can parents/guardians access the information held on the NIR about their child? 74

20.9 What is the NHI? 75

21 Glossary 76

# About this document

## Document format

The National Immunisation Register Manual for NIR Administrators provides an overview of the National Immunisation Register (NIR) business processes recommended by the Ministry of Health (MoH) and documents the Ministry’s expectation for:

* + registering individuals on the NIR
  + recording immunisation events on the NIR
  + maintaining an accurate immunisation record
  + querying an individual’s immunisation status
  + maintaining early born enrolment

The business processes may vary slightly between District Health Boards (DHBs). Users should also consult the Orion or Practice Management Systems (PMS) user manuals for further information on data collection.

## What is the National Immunisation Register?

The NIR is a computerised information system that holds the National Immunisation Schedule vaccine details of children immunised in New Zealand since 2005, and high risk populations. Newborns are registered at birth. Older children may become registered when they receive a National immunisation Schedule vaccine or adults as part of a special immunisation programme.

The NIR database is accessed by browser connections through the Health Intranet. The NIR system electronically messages from DHB maternity systems, the School-based Vaccination System (SBVS), to and from health provider PMS and any other approved health provider facility and the Ministry through the Health Intranet and/or the HealthLink message service.

## Purpose of the NIR

The purpose of the NIR is a tool to benefit individuals by facilitating the delivery of immunisation services and providing an accurate record of their immunisation history. In addition, the NIR provides national and regional level information on the immunisation coverage for those registered on the NIR and assists in achieving the Immunisation Health Target.

Monitoring coverage assists immunisation providers to target services to unimmunised populations.

The NIR also helps to identify individuals at risk during a disease outbreak such as measles or pertussis and to assess the risk of epidemics. An epidemic occurs when a disease is widespread in the community.

The Ministry of Health goal is to have all children offered timely immunisations based on the National Immunisation Schedule and maintain an accurate record of immunisations provided for high risk or special programmes.

**The DHB NIR Administrator Outcomes are to:**

1. Accurately record all vaccines listed on current and future National Immunisation Schedules (including those offered as part of high risk or special programmes) or privately funded vaccines given to individuals, and retain this information throughout each individual’s life plus ten years after their death; this information is available to the individual (or parent/guardian, in the case of a child) through their health provider.
2. Provide vaccinators with vaccine history of individuals recorded on the NIR, to support provision of timely service for precall/recall for a child’s scheduled immunisation event/s including opportunistic and outreach services.
3. Provide information to vaccinators about parents/guardians or individuals who decline a vaccine(s) or immunisation event.
4. Provide accurate local, district and national immunisation coverage data by antigen, milestone age, ethnicity and deprivation.
5. Identify individuals that are not accessing immunisation services, so that information and support can be supplied to enable informed decisions to be made about immunisation services.
6. Analyse population trends of those not accessing immunisation services and provide this information to your PHO/DHB to assist with planning.
7. Provide data to improve local immunisation programme policy and service delivery .
8. Provide data to your PHO/DHB to support the research and evaluation of local immunisation programmes.
9. Assist in the control of vaccine-preventable disease outbreaks.

## Scope of the NIR

The scope of the NIR is to record the following vaccines:

The National Immunisation Schedule immunisation events given at six weeks, three, five and 15 months, and at four, 11 and 12 years of age. For those individuals in the Birth Cohort (see 3.1)

Hepatitis B vaccine and immune globulin given at birth to babies born to Hepatitis B surface antigen-positive mothers for those individuals in the Birth Cohort (see 3.1)

BCG vaccinations administered to for those individuals in the Birth Cohort (see 3.1) at risk of tuberculosis

Pneumococcal vaccines (Prevenar 13 and Pneumovax 23) given as part of the High Risk Pneumococcal Immunisation Programme.

Human Papillomavirus (HPV) Immunisation Programme for girls under 20 years of age.

Special Immunisation Programmes as approved by the Ministry of Health from time to time.

The NIR was used to collect immunisation information individuals aged from zero to 20 years for the Meningococcal B Immunisation Programme (MeNZB vaccine) during 2004/05 and for the 2011 Northland DHB Meningococcal C Emergency Vaccine Programme.

## Quality NIR data

NIR immunisation data is used by health providers and organisations involved in the care and wellbeing of individuals. Examples where NIR data is used includes the following situations:

* + Health providers:
* recording the administration of vaccines (or antigens)
* confirming demographic and next of kin details
* identifying any due or overdue immunisations
* identifying and recording any Adverse Events Following Immunisation (AEFI) through the Centre for Adverse Reactions Monitoring (CARM)
  + PHO/DHB:
* identifying geographical areas where there are barriers to accessing immunisation services
* working with DHB Administrators to identify at risk populations, facilitate early enrolment at practice
* working with outreach immunisation service providers to facilitate immunisation to those individuals not accessing immunisation in primary care
* working with Ministry to reach agreed Ministry immunisation targets
  + Ministry of Health:
* monitoring national coverage rates and/or areas where vaccine preventable diseases may need to be investigated and/or contained
* working with DHBs to reach agreed Ministry immunisation targets

The quality of the NIR information is dependent on the accuracy of the information received from immunisation providers. Any administrator who is unsure of what information is required for the NIR should contact the National NIR Administrator on [nirsupport@moh.govt.nz](mailto:nirsupport@moh.govt.nz) or phone 0800 505 125. Please see Roles and Responsibilities section for quality activities.

## Technical and physical NIR security

The technical and physical security of NIR information includes:

* + user identification
  + back-up and storage of electronic data
  + storage of paper-based records
  + monitoring and logging all changes to the NIR
  + storing NIR software and hardware within a secure environment, accessible only by authorised personnel

The NIR security policy has been developed and implemented by all DHBs to ensure these aspects are documented and accepted and adhered to by all users.

# Privacy and Security

## Collecting NIR information

The management of health information including collecting, holding, using and disclosing this information and an individual’s right to access or amend it is governed by the Health Information Privacy Code 1994, which is the basis for the NIR Privacy Policy.

A health provider must collect health information from an individual or the individual’s parent/guardian and ensure they understand their information is being collected and:

* + why it is being collected
  + who will be using the information
  + the contact details for the agency who will collect and hold their information locally and nationally
  + what supply of information is voluntary and what is mandatory

Most individuals will be registered on the NIR from birth. Others will be registered when they receive a Schedule vaccine, for example: when a child is born overseas and comes to New Zealand at a later date, or is part of a high risk or special programme. The collection of immunisation information is voluntary unless the Minister of Health mandates its collection, for example: collection of immunisation information for the MeNZB™ programme was mandatory.

## Immigrants

Immunisation information about new immigrants falling within the specified cohort will be added to the NIR when they access a primary care provider.

## Security Policy

The NIR Security Policy can be found on Quickr under the Privacy and Policy tab, the Security Policy has been developed in conjunction with Information Technology: Code of Practice for Information Security Management and the Health Network Code of Practice. All DHB’s will implement the NIR in accordance with the NIR Security Policy and the NIR Use and Disclosure of Information Policy under their contractual obligations to the Ministry

of Health.

Published on Quickr – Privacy Policies

* NIR Retention Policy
* NIR Security Policy
* NIR Use and Disclosure of information held on the National Immunisation Register
* NIR Privacy Policy – Setting out the management of health information contained in the NIR

## NIR Privacy Policy

The [NIR Privacy Policy](http://www.moh.govt.nz/moh.nsf/indexmh/privacy-policy-nir-may04) provides guidance for the management of the health information held on the NIR. The SBVS is a sub-project of the NIR and therefore operates under the same privacy and governance frameworks when the information is transferred to the NIR. Primary Health Organisations and DHBs also have privacy policies for all information and these are adhered to alongside the NIR Privacy Policy in their local area. If the information from the SBVS (or alternatives) is not transferred to the NIR then Legislative requirements and the DHB privacy policies should be adhered to.

Only those who have completed an Authorised user Agreement form and have been authorised as NIR users can access the information held on the NIR. There are varying levels of access for authorised users, depending on the requirements associated with their position, which are determined by the Ministry or DHB (refer to the [NIR Privacy Policy](http://www.moh.govt.nz/moh.nsf/indexmh/privacy-policy-nir-may04) for more information on authorised users).

Parents/guardians and individuals must be well informed about the NIR and its purpose and benefits, and what data will be collected, how it will be used and who will have access to it. Information about the NIR is included on Year 8 (12 year old) HPV and Year 7 (11 year old) school based immunisation programme consent form to advise students, parents and guardians about the NIR.

The Privacy Commissioner has published a guide to the Privacy Act for principals, teachers and boards of trustees entitled *Privacy in Schools.* This is a book designed to New Zealand primary and secondary schools and their associated units find solutions to issues involving privacy. This guide can be downloaded from [**http://www.privacy.org.nz/privacy-in-schools-a-guide-to-the-privacy-act-for-principals-teachers-and-boards-of-trustees/**](http://www.privacy.org.nz/privacy-in-schools-a-guide-to-the-privacy-act-for-principals-teachers-and-boards-of-trustees/)

A copy of the NIR Privacy Policy is available from the MoH Website or Quickr

Technical and physical security will include strict user identification, back-up and storage of electronic data and paper-based records, monitoring and logging of any changes to the NIR, and storing NIR software and hardware within a secure environment accessible only by authorised personnel.

# Roles and Responsibilities

## NIR DHB Administrator

The DHB NIR Administrator is responsible for ensuring NIR information is collected, maintained accurately and is valid in the NIR for individuals and providers.

The main role of a DHB NIR administrator is to:

* + Maintain Provider engagement through:
* Regular communications with Primary Care Organisations to support and facilitate early enrolment, promote immunisation and assist with epidemic control
* regular communications with all relevant Providers to support and facilitate their participation in the NIR to improve coverage rates
* work in particular with Providers who are working to improve coverage rates for populations with low coverage rates, particularly Maori and Pacific children, and children in highly mobile families
* implement systems to share information with maternity units, and LMC’s (including antenatal educators) about the function of the NIR
* maintain appropriate regular liaison and communication with maternity units, providers, and LMC’s
* assess Provider capability and participation in the NIR and implement appropriate strategies to address and manage any issues and risks that arise
* deliver training for your local Providers so they can effectively use the NIR maintain linkages and referral processes with an Outreach Immunisation Service in accordance with the Outreach Immunisation Services specification
* consult with the Ministry’s NIR team and other DHB’s on key processes, issues and outcomes
  + Manage access to the NIR by:
* ensuring the NIR Privacy policy is provided to all NIR Authorised users
* ensuring Authorised User Agreements are signed by all users wishing to access the NIR electronically
* ensuring authorised users are registered on the NIR
* user audits are performed 6monthly – access is revoked as appropriate
* facilitating NIR access for provider browser users
* facilitating access to NIR datamart reports
  + Ensure NIR information is:
* recorded accurately, up-to-date and valid
* amended / updated when required and stored securely
  + Ensure support is given to all providers by:
* validating Opt Off and Date of Death notification
* processing Status Query requests
* resolving Provider enquiries and problems promptly and effectively
* producing reports so providers are aware of immunisation rates and gaps in coverage
* resolving any security and privacy issues for authorised NIR users, including maintaining and renewing Authorised User Agreements
* communicating with parents, guardians or individuals if contacted by them about their NIR registration or opting off
* attending regional meetings with other DHB NIR Administrators and Coordinators
  + Ensure NIR information is sent to:
* individuals or their parent/guardian
* health providers who use a manual system
  + A DHB administrator may also use the NIR to:
* check, record and update events
* refer an individual to an OIS if that individual has not responded to the recall or cannot be contacted/located
* provide support to Primary Health Organisations for the purposes of enrolment and immunisation status
* update an individual’s status change, for example: from opt off to opt on
* audit and evaluate the DHBs delivery services
* register or amend an individual’s details, including information about their parent/guardian or vaccinator

NIR Administrators are authorised to access identifiable NIR information that will enable them to:

* manage an individual’s data and recall processes, including referral to OIS providers
* update and correct demographic and clinical details for individuals on the NIR, including their NHI number
* create a new record for every individual not joining the NIR via the maternity interface
* set up and modify access levels and details for authorised users

NIR Administrators are authorised to use non-identifiable NIR information to generate PHO/DHB reports for their area for planning and providing coverage rates by providers of their population.

## District Health Board

* + Ensure on-going NIR Services and Security are supported by:
* All DHB’s will implement the NIR in accordance with the NIR Security Policy and the NIR Use and Disclosure of Information Policy under their contractual obligations to the Ministry of Health
* Adequate privacy and security policies and procedures are in place to protect NIR data
* delivering immunisation services that are contractually required to provide immunisation data to the NIR and make use of the NIR to recall and follow-up individuals due for immunisation
  + Facilitate participation in the NIR by:
* providing advice, support and training to Providers (and their staff)
* communicating effectively with communities, iwi, Maori, Pacific people and other stakeholders to ensure that they are well informed about the purpose, benefits and uses of the NIR
* ensure services are targeted in particular toward Providers who are working to improve coverage rates for populations with low coverage rates, particularly Maori and Pacific children, and children in highly mobile families
* ensure the ongoing NIR services have all facilities, support and resources as may be required to ensure their effective delivery
* implement appropriate systems to ensure all Providers and NIR users comply with the NIR requirements including (without limitation) and inclusion of appropriate clauses in Provider contracts requiring such compliance
* Appoint a NIR steering group to oversee on-going NIR operation
  + Complete IT Requirements:
* ensure you have an IT person available to provide advice and support for your NIR Administrator/s
* maintain desktop computer, office and Health Intranet connections (or alternative), browser and supporting technology (printer, fax, phone) at all offices
* maintain and manage Maternity system connections and support a FTP (file transfer programme) process to send maternity messages to the NIR
* assist your NIR Administrator/s, as appropriate, in checking, assisting, and maintaining connectivity to the Provider’s PMS with the NIR and connectivity of Providers browser via the Health Intranet with the NIR
* assist your NIR Administrator/s, as appropriate, in testing and maintaining phone and fax links with Providers not electronically connected to the NIR
* work collaboratively with the Ministry to implement and maintain the national arrangements made with the selected PMS software and messaging vendors to support Providers so the providers can communicate electronically with the NIR
  + DHB funding and planning staff may access non-identifiable NIR information that will enable them to:
* determine the immunisation coverage of their population
* identify specific areas or populations with low coverage so that resources can be planned and provided
* audit providers and manage contracts to improve delivery of immunisation services

## NIR National Administrator

The key function of the NIR National Administrator is to use the NIR to manage the national collection, maintenance, and exchange of accurate and valid data. To undertake the tasks below, the NIR National Administrator has security rights to access and update key NIR system security functions, maintain the NIR system data and provide business process and data quality support to the DHB NIR Administrators. For all enquiries please contact the NIR Support team at: [nirsupport@moh.govt.nz](mailto:nirsupport@moh.govt.nz) or 0800 505 125.

* + Core tasks include:

Manage relationships with DHB NIR Administrators, including:

* communicating NIR business processes and data quality management
* advising MoH information Support Services of new problems identified requiring resolution
* provide and facilitate support, advice about the NIR for NIR users
* liaise with MoH Technical Services to advise them of incidents when beyond the scope of the National Administrator
* enter, checking and correcting specific information to ensure good data quality from time to time as required
* check integrity and validity of data
* manage tasks and messages through the Administrator Utility
* process basic trouble shooting using the NIR, including investigating missing and invalid messages
* generate and distribute reports to stakeholders (if applicable)
* record change requests for submission through agreed MoH processes
* create user accounts on the NIR
* maintain and renew NIR Authorised User Agreements (that are not managed by DHB NIR Administrators) and undertake audits to ensure security is maintained
* identify quality improvements of the NIR business processes, operations and applications
* ensure disclosures of information meet the Health Privacy Code requirements
* adequate privacy and security policies and procedures are in place to protect NIR data

## Vaccinators

Vaccinators who are authorised users of the NIR may include practice nurses, GPs, public health nurses, LMCs, Well Child providers, Outreach Immunisation Service (OIS) providers and medical officers of health.

Vaccinators using the NIR are authorised to have read and write access to identifiable NIR information that will enable them to:

* inform parents, guardians and individuals about the NIR
* check, record and update immunisations given to an individual
* update demographic information on the NIR
* provide NIR information to individuals, parents or guardians
* refer an individual to an OIS
* provide information to an OIS

## Data entry

A vaccinator or provider may delegate data entry responsibility for recording immunisation events or searching and accessing records for any individual associated to the provider. The data enterer may be a practice nurse who enters data for other clinical staff, via the Health Intranet. This individual will need to be an authorised NIR user

## Non-vaccinators

Non-vaccinating child health providers who are authorised users of the NIR include Well Child/Tamariki Ora providers, Whanau Ora providers, paediatricians, GPs, practice nurses, OIS providers, medical officers of health and emergency department providers.

Non-vaccinating health providers using the NIR are authorised to access identifiable NIR information that will enable them to:

* inform parents, guardians and individuals about the NIR
* identify the immunisation status of an individual
* provide NIR information to individuals, parents or guardians
* locate an individual who has been referred to an OIS provider
* refer an individual to a provider for immunisation
* correct demographic data held on the NIR for the individual it is associated with.

## Primary Health Organisations

Primary health organisations (PHOs) may receive identifiable and non-identifiable NIR information for their own population. Non-identifiable NIR information is available to Independent Practitioners’ Associations (IPAs).

PHOs will receive non-identifiable NIR information that will enable them to:

* determine the immunisation coverage of their population
* identify specific populations or areas with low coverage so that resources can be planned and provided
* audit the provision of their own immunisation services.

## Ministry of Health

The Ministry’s NIR team will provide non-monetary support for the ongoing NIR Services by:

Providing NIR support services

* providing agreed training from time to time and support for staff involved in the NIR
* will assist staff in communicating NIR information to providers and local communities by providing advice and communication resources such as pamphlets and media releases
* maintaining privacy, governance and stewardship frameworks, business processes, and relevant documentation
* develop and implement an evaluation framework for the NIR and worki with the Sector to implement recommendations to improve the NIR, including improvements to NIR business processes and IT systems and related immunisation strategies

The Ministry of Health National Immunisation Programme receives standard non-identifiable NIR reports for the purpose of:

* calculating immunisation coverage
* planning services
* reporting
* policy analysis
* evaluating the NIR research

# NIR overview



* Notes: NIR = National Immunisation Register; SBVS = School-Based Vaccine System; PMS = Practice Management System.

## Registering on the NIR

Phasing of the NIR into each DHB during 2004/05 has resulted in the newborn population (birth cohort) registration date being different in each DHB. From December 2006 all live-born children are registered on the NIR. The term ‘birth cohort’ refers to children who are registered on the NIR from birth.

Individuals born before the birth cohort date may be registered on the NIR if they received the Meningococcal B (MeNZB™), Meningococcal C or Human Papillomavirus (HPV) vaccine as part of these special immunisation programmes. As the previous immunisation events of these children have not been collected, the NIR does not hold a complete record of their immunisation histories.

New immigrant immunisation information (of those eligible to have their vaccines recorded on the NIR) will be added to the NIR when they have a vaccine through a primary care provider.

Most NIR registrations are received from the DHB through their maternity systems. This data is messaged to the NIR after the newborn is discharged from the maternity facility. Maternity facilities that do not have an IT system that messages to the NIR should complete an NIR1 form and fax this to their NIR Administrator to register the newborn manually. Other (newborn) registrations may be received by the NIR at the time of the first immunisation event, for example, home birth.

## Opting off the NIR

At any time an individual or their parent/guardian can choose not to have their immunisation information recorded on the NIR (this action is known as ‘opting off’).

When an individual chooses to opt off the NIR, the following information will be retained by the NIR:

* NHI number
* DHB they reside in
* date of birth
* date of opting off
* any previous immunisation events recorded prior to the opt off

All other information is removed from the NIR. The purpose for retaining this data is to provide an accurate denominator for coverage calculations and to prevent inappropriate recall and referral to outreach immunisation services.

An individual may still receive immunisation events as part of the National Immunisation Schedule despite having chosen to opt-off the NIR.

At times the Ministry may require that immunisation records are held on the NIR. For example, it may be a requirement for the licensing of a specific vaccine that this information is collected and monitored so that vaccine safety and coverage can be evaluated. During the Meningococcal B Immunisation Programme all individuals receiving the MeNZB vaccine had to be registered on the NIR and could not opt off the collection of their MeNZB immunisation information.

See process to opt off Section 11 of this guide.

## Retention of NIR information

Health information will be retained on the NIR for the whole of an individual’s life, plus a period of 10 years after the individual’s death. The purpose of retaining this information for the life of an individual is to provide an accurate record of their immunisation history and to monitor vaccine safety and efficacy.

Paper-based information received from a health provider should be retained for three months after the information has been recorded on the NIR or in accordance with the particular DHB’s policies. All correspondence from parents/caregivers (e.g. opt off forms) should be retained for a minimum of 10 years once the information has been recorded on the NIR, as there will not necessarily be another copy of this information held elsewhere. For more information refer to the NIR Privacy Policy The NIR Privacy policy is held in the Ministry of Health Library. Soft copies may be downloaded from the Ministry of Health website

<http://www.health.govt.nz/publication/privacy-policy-setting-out-management-health-information-contained-national-immunisation-register>

or available on Quickr under the Privacy Policies tab.

# Access to the NIR

The NIR Administrator registers authorised users on the NIR and maintains a list of all authorised users of the NIR system. Only approved health providers have access to the NIR and the level of access is determined by their role in immunisation services.

## Authorised User Agreement

All NIR users must sign an Authorised User Agreement before they will be authorised to begin using the NIR. This agreement is specific to NIR users and ensures users protect the identity of individuals and other users at all times.

Authorised User Agreement forms are available on Quickr or please phone the NIR Support Team: 0800 855 066 or email nirsupport@moh.govt.nz.

The NIR Authorised User Agreement (AUA) is signed by an individual provider or their employer and sent to the NIR Administrator. The AUA provides the required information for the provider’s registration on the NIR as an authorised user.

Note: the NIR AUA may be for a single provider or include the names and Medical Council of New Zealand or Nursing Council of New Zealand numbers or Pharmacist Council of New Zealand for all health providers who will be authorised users of the NIR (eg, vaccinators, GP’s or Well Child/Tamariki Ora providers).

The NIR Administrator receives the Authorised User Agreement and adds the provider to the NIR. This includes entering the provider details and includes assigning them a unique user name and password, and a level of access to the NIR determined by their role in immunisation and how they will send messages to, or receive messages from the NIR. Access levels can be referenced from the NIR Privacy Policy.

The NIR Authorised User Agreement:

* + is a written contract between the Ministry of Health and the user
  + is managed by the user’s DHB (as the Ministry’s agent)
  + documents the rights and obligations of the user and the use/disclosure of NIR information.

## Access to data on the NIR

The NIR can be accessed in the following three ways:

**1. Manual users**

A NIR manual user will be allocated a unique ID (ie: MCNZ, NZNC). This will allow administrators to verify users’ identities when information is submitted or requested.

An administrator receives NIR information from a manual user on the appropriate NIR form via phone, fax or mail.

Once they have received the information, the administrator:

* + verifies the user’s identity
  + checks the information submitted to ensure the information requirements are complete
  + enters and/or retrieves the information on the NIR.

If the user requests a report, the administrator must confirm delivery details with the user before sending the report.

**2. Practice Management System**

The messaging between the NIR and a user’s PMS is managed by HealthLink. Users must be registered with HealthLink, have a current electronic mailbox and have a current digital certificate. The DHB NIR Administrator will be able to help users activate messaging via their PMS. The messaging between the PMS and the NIR is managed via Healthlink.

**3. Provider Browser**

Access to the NIR via the NIR provider browser requires a connection to the Health Intranet, which allows the user direct access to the NIR. Each browser user must have a digital certificate and valid login and password in the NIR.

**Applying for access to the NIR**

Users must apply to the appropriate administrator, as identified in Table 1 below, to gain access to the NIR.

Table 1: Applying for access to the NIR

|  |  |
| --- | --- |
| User | Applies to: |
| DHB NIR Administrators | National NIR Administrator |
| DHB users | DHB NIR Administrator |
| Health providers | DHB NIR Administrator |

## Mandatory information about approved health providers

The completed NIR Authorised User Agreement records the mandatory information required for authorised users to be registered on the NIR.

Table 2: The mandatory information is shown below

|  |  |
| --- | --- |
| Provider name | Name of the individual person (eg, the name of the GP, vaccinator or Well Child provider |
| Clinic address | The street address of the clinic covered by this agreement |
| Provider ID | The MCNZ or NZNC provider number and all staff covered by this agreement |
| DHB code of clinic | The DHB code of the clinic where the provider works |
| Clinic name | The name by which the clinic is known |
| Clinic ID | The Health Facility Code for the clinic, which is allocated by the Ministry of Health |
| Clinic contact details | Address, phone, fax, email details of the clinic |
| PHO | This is compulsory if the provider belongs to a public health organisation |
| Signatures | The agreement needs to be signed by the provider or the employer |

*Any changes to the provider information must be notified to the NIR DHB Administrator for amendment.*

# Levels of access by authorised user/s

There are two NIR Authorised User Agreements for providers to sign so they are authorised to send and receive messages to the NIR, for example, find out an individual’s immunisation status or send an immunisation event message.

* AUA for individual provider
* AUA for provider, organisation or practice where there is more than one NIR user

The level of access to the NIR is determined by the role of the authorised user in immunisation and the level of access required for this role. Table 3 from the NIR Privacy Policy details the information or tasks authorised users can access, use and disclose information.

There is also a specific AUA for DHB Administrators.

## Vaccinators

Vaccinators who are authorised users of the NIR may include practice nurses, GPs, public health nurses, LMCs, Well Child providers, Outreach Immunisation Service (OIS) providers and medical officers of health.

Vaccinators using the NIR are authorised to have read and write access to identifiable NIR information that will enable them to:

* inform parents, guardians and individuals about the NIR
* check, record and update immunisations given to an individual
* update demographic information on the NIR
* provide NIR information to individuals, parents or guardians
* refer an individual to an OIS
* provide information to an OIS.

## Data enterer role

A vaccinator or provider may delegate responsibility to a person to record immunisation events on their behalf or search and access records for any individual associated to the provider. The data enterer may be a practice nurse who enters data for other clinical staff, via the Health Intranet and will need to be an NIR authorised user.

## Non-vaccinators

Non-vaccinating child health providers who are authorised users of the NIR include Well Child/Tamariki Ora providers, Whanau Ora providers, paediatricians, GPs, practice nurses, OIS providers, medical officers of health and emergency department providers.

Non-vaccinating health providers using the NIR are authorised to access identifiable NIR information that will enable them to:

* inform parents, guardians and individuals about the NIR
* identify the immunisation status of an individual
* provide NIR information to individuals, parents or guardians
* locate an individual who has been referred to an OIS provider
* refer an individual to a provider for immunisation
* correct demographic data held on the NIR for the individual it is associated with

## Primary Health Organisations

Primary health organisations (PHOs) may receive identifiable and non-identifiable NIR information for their own population. Non-identifiable NIR information is available to Independent Practitioners’ Associations (IPAs).

PHOs will receive NIR information that will enable them to:

* determine the immunisation coverage of their population
* identify specific populations or areas with low coverage so that resources can be planned and provided
* audit the provision of their own immunisation services

## DHB funding and planning staff

DHB funding and planning staff may access non-identifiable NIR information that will enable them to perform reporting and forecasting.

\* The table below from the NIR Privacy Policy outlines the levels of access to the NIR for different users. It explains how authorised users will be able to send or receive information the NIR based on their purpose for using and disclosing information held on the NIR. This is not related to how an authorised user will access the NIR (eg, using a practice management system or the Health Intranet browser or manually).

|  | **Status query on an individual (read only)** | **Provide information to register an individual on NIR** | **Add immunisation event** | **Modify demographic changes** | **Send corrected immunisation event information** | **Send corrected provider details to DHB NIR Administrator** | **Modify NIR data based on changes received** | **NHI merge** | **Modify status of individual eg, opt-off/on, death and database status** | **Delete information on NIR (eg, 20 years after death)** | **Generate standard reports − non-identifiable** | **Generate extracts − identifiable and non-identifiable (under strict business rules)** | **Receive operational reports on own patients − identifiable** | **Receive standard reports − non-identifiable** | **Receive extracts − identifiable and non-identifiable (under strict business rules)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vaccinators or the data enterers on behalf of the vaccinator | * ✓ | ✓ | ✓ | ✓  Only for associated individuals\* | ✓  Only for associated individuals | ✓  Only for self |  |  |  |  |  |  | ✓ | ✓ |  |
| Non-vaccinators | * ✓ |  |  | ✓  Notification via manual process only |  | ✓  Only for self |  |  |  |  |  |  | ✓ | ✓ |  |
| IPA |  |  |  |  |  |  |  |  |  |  |  |  |  | * ✓ |  |
| PHO |  |  |  |  |  |  |  |  |  |  |  |  | ✓ | ✓ |  |
| DHB NIR Administrator | * ✓ | ✓  District only | ✓  District only | ✓  District only |  |  | ✓  District only | ✓  Only for district where primary NHI resides | ✓  District only |  | ✓  District only | ✓  District only |  |  |  |
| National NIR Administrator | * ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓  All | ✓  All |  |  |  |
| Medical Officers of Health | * ✓ |  |  |  |  |  |  |  |  |  |  |  | ✓ | ✓ | ✓  Identifiable and non-identifiable |
| DHB Funding and Planning |  |  |  |  |  |  |  |  |  |  |  |  |  | ✓ | ✓  Non-identifiable |
| Ministry of Health (NIP) National Immunisation Programme |  |  |  |  |  |  |  |  |  |  |  |  |  | ✓ | ✓  Identifiable and non-identifiable |
| Ministry of Health ITS NIR system and analysts |  |  |  |  |  |  |  |  |  |  | ✓ | ✓ |  | ✓ | ✓  Identifiable and non-identifiable |
| Ministry of Health directorates |  |  |  |  |  |  |  |  |  |  |  |  |  | ✓ |  |
| District Immunisation Facilitators/coordinators |  |  |  |  |  |  |  |  |  |  |  |  |  | ✓ |  |
| Research |  |  |  |  |  |  |  |  |  |  |  |  |  | ✓ | ✓  Identifiable and non-identifiable via NIP |
| Institute of Environmental Science and Research (ESR) |  |  |  |  |  |  |  |  |  |  |  |  |  | ✓ | ✓  Identifiable and non-identifiable via NIP |
| CARM | * ✓ |  |  |  | ✓ |  |  |  |  |  |  |  |  | ✓ | ✓  Identifiable and non-identifiable via NIP |
| Child & Youth Mortality Review Committee |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ✓  Identifiable and non-identifiable via NIP |
| NIR auditors and evaluators |  |  |  |  |  |  |  |  |  |  |  |  |  | ✓ | ✓  Identifiable and non-identifiable via NIP |

* Note: IT system support staff at the national NIR server may need to view identifiable information for the purpose of resolving technical issues.

\*A provider can become associated with an individual by being included in the maternity information system as the LMC, nominated Primary Care Provider vor Well Child/Tamariki Ora provider; by completing an immunisation event, or by being added to an individual’s record as their provider.

# Changing how providers send messages to the NIR

## Electronic to Manual

### When a provider wants to stop sending electronic immunisation event messages to the NIR and start sending paper based manual messages

When a provider wishes to cease sending electronic messages to the NIR via their PMS or CMS they notify the NIR Administrator, giving two weeks’ written notice.

The NIR Administrator identifies any specific training needs of the provider so they can send and receive manual messages to the NIR, addresses security issues of access and assesses the need for additional resources, for example, NIR forms, so the provider can send manual immunisation event messages.

The provider is responsible for deactivating the PMS/CMS system.

## From Manual to Electronic

### When a provider wants to start sending electronic immunisation event messages to the NIR and stop sending paper based manual messages

When a provider wishes to commence sending electronic messages to the NIR via their PMS or CMS they notify the NIR Administrator, giving two weeks’ written notice.

The NIR Administrator identifies any specific training needs of the provider so they can send and receive electronic messages to the NIR, and addresses security issues of access.

The NIR Administrator also records the practice or clinic mail box ID (Clinic Identifier) and the PMS/CMS type and version and identifies if the provider wants to receive immunisation task updates and overdue task messages.

The NIR Administrator notifies MOH so the clinic details can be added to the Healthlink mapping tables at month end.

## Cease sending messages to the NIR

### When a provider wants to stop sending messages to the NIR for other reasons

If there are other reasons why the provider may want to stop sending or receiving NIR messages, this is a contractual issue for them to discuss with their DHB.

Note: *Any alterations made to the provider details must be reported to the National Administrator at NIRSupport@moh.govt.nz*

# Eligibility and Ethnicity

## Eligibility for NIR registration

Any individual born after the birth cohort date in a DHB is eligible to have their immunisation history collected on the NIR and must have an NHI number.

The Health Information Privacy Code requires parents, guardians or individuals are fully informed about the NIR, its purpose and what data will be collected, how it will be used and who will have access to it. For most individuals in the birth cohort, information about the NIR is provided by the LMC’s or DHB maternity providers to the parents during pregnancy, and most new-born babies are registered on the NIR via the maternity information received from the maternity facility they are born in.

If an individual is not registered on the NIR via the maternity interface they may be an individual:

* + who has recently moved to New Zealand and whose birth date is within the birth cohort for their DHB they reside in
  + born at home and whose birth data was not sent to the NIR, but whose birth date is within the birth cohort for the DHB they reside in

## Collecting accurate ethnicity data

Reducing health inequalities for Maori and Pacific peoples is a key priority of the Government and the MoH. The provision of high-quality ethnicity data enables current immunisation services to be evaluated and assists in planning and developing more appropriate services.

Collecting ethnicity data is aligned with Statistics New Zealand’s StandardsMinistry’s Ethnicity Data Protocols. Ethnicity is defined as the ethnic group or groups that people identify with or feel they belong to. Ethnicity is self-perceived, and people may belong to more than one ethnic group. The ethnicity of a new-born baby registered on the NIR is identified by the parent or guardian and must be collected separately from the mother’s ethnicity. Multiple ethnicities can be recorded on the NIR for an individual.

Health professionals and/or health administrators should identify the ethnicity of individuals being registered on the NIR by giving the individual, or their parent or guardian, the following ethnicity options to complete.

Table 3: Ethnicity Groups

|  |  |
| --- | --- |
| **Ethnicity** | **Grouped as** |
| Maori | Maori |
| Fijian  Niuean  Pacific Island  Tongan  Samoan  Cook Island Maori  Takelauan | Pacific |
| Asian  Indian  Chinese  Other Asian  South East Asian | Asian |
| New Zealand European | NZE |
| Anything else is:  African  European NFD  Latin American / Hispanic  Middle Eastern  Not Stated  Other Ethnicity  Other European  Declined to State (don’t know, refused to answer, response unidentified) | Other |

# Registering an Individual on the NIR

Table 4 identifies the individual’s information captured on the NIR and provides a brief description of each field. This information will be automatically added to the NIR via a Maternity System download, via the health provider’s PMS or it can be manually added by an NIR Administrator..

Table 4: NIR information required for each individual

|  |  |
| --- | --- |
| Name | Title*(preferred),* family name and first, second and/or third names. |
| NHI number | National Health Index number. |
| Alias names | Alternative family name and first, second and/or third names. |
| Date of birth | Date the individual was born. |
| Place of birth | The birthing facility where born |
| Date of death | Date the individual died (if relevant) |
| Gender | Individual’s biological gender or the gender nominated by the parent/guardian. |
| Marital status | Marital status of the individual if relevant. |
| Ethnicity | Collected to Statistics New Zealand’s standards |
| Contact address | Physical and mailing addresses (rural rapid addresses are permitted).  Address type (current mailing or business)  Address 1 (street number and name)  Address 2 (enter rural rapid address here for Geocoding)  Suburb  Town  Country  Domicile code (if relevant)  Effective date |
| Contacts | Telephone number(s) where the individual can be reached. |

## Information about the parent/guardian

Table 5 shows the parent/guardian information that is mandatory for all children aged 16 years or under. More than one parent or guardian’s details can be recorded. The child’s primary caregiver must be identified.

Table 5: NIR required parent/guardian information

|  |  |
| --- | --- |
| NHI | Parent/guardian’s National Health Index number. *(if provided)* |
| Name | Parent/guardian’s family name and first, second and/or third names. |
| Alias names | Alternative family name and first, second and/or third names. |
| Relationship | Relationship to the individual. |
| Contacts | Telephone number where the parent/guardian can be reached. |
| Primary caregiver | A tick box to indicate whether the parent/guardian is the primary caregiver. |
| Contact address | Physical and mailing addresses (rural rapid addresses are permitted).   1. Address type (current, mailing or business) 2. Address 1 (street number and name) 3. Address 2 (enter rural rapid address here for Geocoding) 4. Suburb 5. Town 6. Country 7. Domicile code (if relevant) 8. Effective date. |

## Nominated Provider: Accepting or Declining Nominations

A Provider is nominated by the parents/caregivers of a baby to provide immunisation services. The Nominated Provider can either accept or decline a request to provide immunisation services to an individual. Ideally the Nominated Provider is confirmed before child receives their six week immunisation.

If the Nominated Provider declines the individual, their association with the individual is removed from the NIR. The NIR DHB Administrator liaises with the individual or their parent/guardian and/or the DHB's Outreach Immunisation Service to identify another Nominated Provider for the individual and repeats the confirmation process.

The process for managing a decline varies between DHB’s. However, in all instances it is important that a person or organisation works with the individual (or their parent/guardian) to find a suitable primary care or immunisation provider.

## Changing the Nominated Provider

An individual (or their parent/guardian) may choose to change their Nominated Provider at any time. Where this occurs, you will need to liaise with both providers.

The DHB NIR Administrator may be advised by a Provider, Parent, or another DHB that an individual has changed their Nominated Provider. The NIR Administrator is the only person authorised to change the nominated provider data for an individual on the NIR.

Table 6: Process

| Step | Task |
| --- | --- |
| 1 | Contact the current Nominated Provider recorded on the NIR and the new Nominated Provider to confirm the change. |
| 2 | Add the new provider to the individual’s list of providers and tick the Nominated Provider box. |
| 3 | The NIR Administrator will be advised when a clinic no longer wishes to receive notifications regarding an individual. In this instance the Administrator will remove the ticked notifications in the Provider’s details in the individual’s medical detail’s screen and then inactivate the provider from the record by clicking on the red cross icon next to the provider’s name. |

**Confirming nominated providers diagram**



## Information about Health Provider(s)

More than one provider’s details can be captured on the NIR, and the NIR details for an individual must include a nominated provider. It is recommended that the NIR also capture the details for the LMC and Well Child/Tamariki Ora provider.

Table 7: NIR required health provider information

|  |  |
| --- | --- |
| Name | Name of health provider |
| Status | The provider’s status (the default status is active) |
| Clinic | The clinic/s where the provider is working |
| Provider role | The provider’s profession (GP, LMC, immunisation provider) |
| Nominated provider | A tick box to indicate whether the provider is the nominated provider |
| Associate provider | A provider who is associated with the individual in addition to the nominated provider |

Table 8: Steps to initiate the NIR registration

| Step | Task |
| --- | --- |
| 1 | Ensure the individual’s details are complete, including details of their nominated provider *(if available),* and recorded on the NIR. |
| 2 | Generate and send a NIR registration letter (NIR 1) to the individual (or their parent/guardian). This letter welcomes the individual to the NIR and requests that the individual (or their parent/guardian) confirm or amend the all details. |
| 3 | If the individual’s and the parent/guardian’s (where appropriate) details are correct, this part of the process is complete. |
| 4 | If the parent/guardian advises the individual’s details are incorrect, amend the individual’s record accordingly. |
| 5 | Generate and send a NIR confirmation letter (NIR 2) to the individual (or their parent/guardian) to confirm the changes. |

## Processing NIR registrations from maternity facilities

Most NIR registrations are received for babies born in the maternity facilities in each DHB. The NIR receives the new registration message either electronically, or manually or fax (if there is no electronic link to the NIR).

Table 9: Steps to processing Maternity files

| Step | Task |
| --- | --- |
| 1 | Within 48 hours after discharge from the maternity facility the information required for an NIR registration is sent to the NIR  Electronic: Automatically sent from the Maternity Information System  Manual: The Maternity administrator will fax the registration to the NIR Administrator using the NIR1 form.  The NIR Administrator will manually enter the data on the register |
| 2 | A letter confirming registration on the NIR is sent to the parent, guardian or individual |
| 3 | Either the NIR system informs the nominated providers identified in the registration electronically or the NIR Administrator faxes the nominated providers manually |

If any of the mandatory data is missing from the electronic or manual message the registration cannot proceed. The NIR Administrator contacts the LMC or DHB maternity provider for the missing information. Once the information is updated, the NIR Administrator completes the registration.

Any Hepatitis B vaccine and Hepatitis B immune globulin recorded in the maternity data is sent to the NIR either electronically or manually.

Please note: *BCG data can only be sent manually to the NIR*

## Processing NIR registrations from LMC’s for home births

Table 10:

| Step | Task |
| --- | --- |
| 1 | If an electronic system is available: The LMC records the home details on the maternity information system, the NIR registration is sent electronically |
| 2 | If an electronic system is not available: The LMC sends the registration NIR1 form to the NIR Administrator  The NIR Administrator will enter the details manually into the register |
| 3 | A letter confirming registration on the NIR is sent to the parent, guardian or individual |
| 4 | Either the NIR system informs the nominated providers identified in the registration electronically or the NIR Administrator faxes the nominated providers manually |

If any of the mandatory data is missing from the electronic or manual message the registration cannot proceed. The NIR Administrator contacts the LMC or DHB maternity provider for the missing information. Once the information is updated, the NIR Administrator completes the registration.

Any Hepatitis B and Hepatitis B immune globulin recorded in the maternity data is sent to the NIR either electronically or manually.

Please note: *BCG data can only be sent manually to the NIR*

## Processing NIR registrations from vaccinators

Although most NIR registrations will be received from the maternity interface data for newborn babies, some NIR registrations will be received at the time of an immunisation event. These will be for individuals who are:

* in the birth cohort, but born at home or outside New Zealand
* eligible for special immunisation programmes as defined by the Ministry of Health

If an individual attends a primary health care service and is eligible to join the NIR, registration occurs when the first immunisation event data is sent to the NIR by the vaccinator or provider.

Table 11:

| Step | Task |
| --- | --- |
| 1 | Electronic: the immunisation event data is sent to the NIR and the individual is registered on the NIR  Manual: the vaccinator or provider faxes the immunisation event data form NIR3 to the NIR Administrator  The NIR Administrator will manually enter the data on the register |
| 2 | A letter confirming registration on the NIR is sent to the parent, guardian or individual if on the Childhood Immunisation programme. |

If any of the mandatory data is missing from the electronic message or the manual registration form the registration cannot proceed and the NIR Administrator contacts the health provider for the missing information.

# Opting off the NIR

If the NIR Administrator receives a signed Opt Off Authorisation form (NIR2) from the parent, guardian or individual, and the individual has received an immunisation, the data required to record the opt off is entered and the person is sent the Confirmation of Opt Off Status letter (NIR letter 4).

A provider using a practice management system (PMS) or client management system (CMS) will send the opt off message to the NIR with no immunisation event data.

## Provisional Opt off

Provisional Opt off status is used to allow the NIR administrator time to send an NIR 2 out to the individual/parent/guardian to sign. On receiving the NIR 2, the NIR Administrator opts an individual off the database completely.

The effect of Provisional Opt off is:

* An Opt off letter is generated (ready for when the database is changed to Opt off)
* The database status is Provisional Opt off with the date of the status change
* Programme status is set to Inactive provisional opt off
* No overdue messages are generated
* Immunisation tasks from practice will still message. These tasks are held in Warnings and Alerts for the NIR Administrator to delete or load pending on receiving the NIR 2
* Practices doing status query will receive the message that a result could not be returned as individual has opted off system

## Opt Off Authorisation

Opt off status is where an individual/parent/guardian has chosen not to have their immunisation data collected on the NIR. This is not the same as a decision to decline immunisation events. An individual can continue with immunisations but this data will not be recorded on the NIR.

The affect of Opt off is:

* Only the NHI, DOB, DHB and the Date of Opt off will be retained.
* Previous immunisation events will be retained if before the opt off date.
* All other details are removed.
* All notes related to individual are removed
* All provider relationships are removed
* All history screen is removed
* Any associated merged records are also Opted off
* Schedules are deleted
* Programme status is changed to inactive for all programmes
* All messaging is blocked
* Incoming messages do not affect the status
* Practices doing Status queries get an auto reply –( Individual has withdrawn consent for their data to be stored on NIR).

## Changing status when an individual opts off the NIR

Note: This is not the same as a decision to decline immunisation events.

An individual can opt off the NIR and continue to receive immunisations, and the provider will continue to record immunisation history in the patient’s notes. The immunisation history is not recorded on the NIR.

A parent/guardian or individual over 16 years of age may choose to not have their immunisation information recorded on the NIR. This changes the individual’s immunisation status to ‘Provisional Opt Off’ until such time as an Opt Off form has been received.

An individual may decide to opt back on to the NIR by contacting their provider or the NIR Administrator.

Similarly, an individual can withdraw from a programme or decline immunisation events but remain on the NIR.

If the NIR registration is being initiated at the same time as an immunisation event being given or declined, the opt-off decision prevents the immunisation event data being recorded on the NIR.

The information retained on the NIR for an individual who has opted off is:

* NHI number
* date of birth
* DHB code
* date of opt off
* immunisation history before the opt-off date

The opt-off decision is recorded by the LMC or the DHB maternity provider in the maternity data or manually on the Registration on NIR form (NIR1). This is recorded on the NIR as a Provisional Opt Off. When the signed authorisation form is received, the Confirmation of Registration letter is generated and sent to the caregiver.

## Programme opt off or Inactive

Status is active on the NIR however individual/parent/guardian has chosen not to have their immunisation data collected for a particular programme.

Example: Individual Opted off the HPV programme but active for the Boostrix programme or MeNZB programme

The affect of Programme Opt off is:

* Programme status inactive opted off
* Overdue and Schedules are deleted
* No overdue messages are generated
* Incoming messages do not affect the status

Withdrawn status

Withdrawn status is where the individual/parent guardian has stated they no longer want the child on the programme. Parents who do not wish to be managed by follow up processes or referrals to Outreach.

The affect of Withdrawn is:

* Completed/declined tasks are retained
* Overdue and scheduled tasks are removed
* No overdue messages are generated
* Immunisation/declined tasks will still load
* Incoming tasks do not affect the status of the programme

Table 12: Manual Steps to changing the status to Opt Off

| Step | Task |
| --- | --- |
| 1 | The Opt Off Authorisation NIR2 form has been received by the NIR Administrator and has been signed by the parent, guardian or individual  The Health provider provides the NHI number on the form |
| 2 | The NIR Administrator sends a confirmation of Opt Off Status Letter to the parent, guardian or individual confirming the individuals Opt Off status on the NIR.  Included on the letter are details to follow the process for registering in the future if required |
| 3 | Future messages about the individual are blocked and senders receive an automatic reply advising them the individual has Opted Off the NIR |

Table 13: Electronic Steps to changing the status to Opt Off

| Step | Task |
| --- | --- |
| 1 | Electronic PMS or CMS; the vaccinator records the Opt Off decision. No immunisation event data is sent to the NIR |

When the NIR Administrator has received the authorised signed Opt Off Authorisation form the status of the person is changed to ‘opt off’.

7. The information retained on the NIR for an individual who has opted off is their:

* NHI number
* date of birth
* DHB code
* date of opt off
* immunisation history before the opt-off date

# Immunisation Events & Recording

Immunisation recording process

 If an individual who is already on the NIR receives an immunisation, the data for this event is sent to the NIR and recorded. If the individual is not on the NIR but is eligible to join the NIR, the immunisation event message will also create a new NIR registration.

## Recording standard immunisation event data

Table 14:

|  |  |
| --- | --- |
| Date of event | Date of immunisation event (eg, 20/12/2013) |
| Status | Completed, declined, rescheduled or closed |
| Details | Identifies whether the vaccination has been given overseas, an alternative antigen has been given or an adverse reaction has been experienced |
| Antigen details  (if appropriate) | Name of alternative and/or declined antigen if appropriate. |
| Vaccine batch number | Batch number of the vaccine |
| Diluent batch number | Batch number of the diluent used (if applicable) |
| Batch expiry date | Batch expiry date of the vaccine |
| Diluent expiry date | Expiry date of the diluent used (if applicable) |
| Body site | Where (on the body) the immunisation has been given |
| Vaccinator | Name of vaccinator |
| AEFI date  (if appropriate) | Adverse Events Following Immunisation (AEFI) date (the date the adverse reaction was experienced). |

## Recording alternative vaccines

When required ,a combination vaccine can be given as separate antigens. This may occur when an individual has previously reacted to an antigen or the individual or parent/guardian declines an antigen. This is recorded as ‘Alternative Given’, and any antigens declined or rescheduled are recorded.

If a vaccine is administered that is not for a scheduled event (for example, as a booster), the event is still recorded in the NIR. Any scheduled events remain open.

When an alternative vaccine is given other than the scheduled group of antigens, this is recorded on the NIR. The NIR records the original scheduled event as Alternative Given. The alternative vaccine given is recorded.

Table 15:

|  |  |
| --- | --- |
| Step | Task |
| 1 | Electronic: the vaccinator records this in the CMS/PMS. The CMS/PMS will prompt the vaccinator with certain questions when they record the immunisation to ensure all the clinical decisions are recorded and the correct data for the alternative immunisation given and for the immunisation declined, is sent to the NIR |
| 2 | Manual: the alternative immunisation given is recorded on the manual immunisation event form (NIR3) and sent to the NIR Administrator. The process for recording alternative immunisations on the NIR is outlined in the IT manual for NIR Administrators |
| Note | Any antigen that has been declined or rescheduled is recorded appropriately..  If the vaccinator administers a vaccine for an individual that is not for a scheduled event, this immunisation event message is sent to the NIR and is recorded. Any scheduled events remain open |

## Rescheduling an event

Sometimes it is necessary for an event to be rescheduled. The reason for the rescheduling and the new scheduled date must be recorded for the event. The codes for recording the reasons for rescheduling an event are shown in Table 13 below.

Table 16:

|  |  |
| --- | --- |
| Code | Reason |
| RESTC | Temporary contraindication. |
| RESREF | Referred elsewhere for immunisation, eg, specialist. |
| RESCHO | Parental or individual choice to reschedule. |

*Text notes may be added.*

**If the process is electronic:**

* the vaccinator records the reason for the rescheduled event in the PMS/CMS or on the browser screen, and this is sent to or recorded on the NIR

**If the process is manual:**

* the vaccinator completes the Immunisation Event Data form (NIR3) detailing the reschedule details and faxes it to the NIR Administrator, who enters the rescheduled immunisation event data manually.

2. The relevant rescheduled immunisation due date is determined by the provider following the *Immunisation Handbook 2011* rules. Future recalls and overdue messages are determined by the rescheduled date and generated by the NIR system.

## Closed events

The NIR Administrator, on instruction from a provider, can close a scheduled event when:

* the event is not required due to a change in the schedule – CIS
* closed under provider instruction for another reason − CPI

Note: *There are no tasks associated with a closed event.*

## Process diagram for recording rescheduled or declined immunisation events



When an immunisation is rescheduled and not declined, the reason for the rescheduling is stated in code and text and the immunisation dates are rescheduled. Any catch-up schedule is managed by the provider. Only the standard schedule is managed by the NIR.

## Recording opportunistic immunisation event data

When an individual attends a Primary Health Care Provider as a casual patient, they may receive an opportunistic immunisation from a vaccinator who is not the nominated provider for the individual on the NIR.

Table 17:

|  |  |
| --- | --- |
| Step | Task |
| 1 | The vaccinator sends a Status Query Request to the NIR system to find out the individual’s immunisation history, clinically assesses the individual and obtains consent for the immunisation. |
| 2 | After the immunisation has been administered, the immunisation event data is sent to the NIR.  Electronic: the vaccinator records the immunisation event data in the PMS/CMS or by browser, and this is sent and recorded on the NIR  Manual: the vaccinator faxes the Immunisation Event Data form (NIR3) to the NIR Administrator, who enters the data for the immunisation event manually |
| 4 | The NIR sends an electronic message to the nominated provider about the recent immunisation event their patient has been given. The nominated provider then updates the patient immunisation screen with the new information to match the NIR data for that individual |
| Note | Opportunistic immunisation event messages are sent electronically by the NIR to providers who are PMS or CMS users, and by fax to manual providers. A provider can choose if they want to receive the immunisation task updates. If they do not want to receive them, they may choose to do a status query on an individual who is overdue for immunisation to ascertain if they have received their immunisation elsewhere |

If any of the mandatory data is missing from the electronic or manual message, the immunisation event data cannot be recorded and the NIR Administrator contacts the vaccinator for the missing information.

## Declining an antigen and recording contraindications

An individual may choose to decline an antigen or vaccine. It is important to record the reasons for declining an antigen (or group of antigens) and any contraindications. Information about contraindications is displayed against the individual’s immunisation record, and the individual remains on the NIR. The codes for recording a decline are listed in the table below.

Information about contraindications is displayed on a Status Query Response. When an immunisation has been declined, the individual remains on the NIR with the record of the declined immunisation.

Table 18:

|  |  |
| --- | --- |
| Step | Task |
| 1 | Electronic, the vaccinator enters the information about the declined immunisation in the PMS/CMS or on the browser screen and this is sent to or recorded on the NIR. |
| 2 | Manual, the vaccinator faxes the Immunisation Event Data form (NIR3) to the NIR Administrator, who enters the information on the NIR manually. |
| 3 | The NIR system informs any associated providers of the contraindication record electronically via the PMS/CMS or manually by fax. |
| 4 | The NIR system generates the next relevant immunisation task and any text recorded on the NIR is displayed on a Status Query. |
| Note | The specific vaccine or vaccine components declined are recorded and free text can be included.  The NIR Administrator contacts the vaccinator if any required information is missing or invalid.  If an individual chooses to decline all antigens and vaccines, they are not opting off the NIR. |

When the parent, guardian or individual declines a particular vaccine, the vaccinator sends the code for the decline and the particular vaccine declined to the NIR:

If an individual chooses to decline an antigen or vaccine:

* + he/she remains on the NIR
  + the reason for declining the antigen or vaccine is recorded on the NIR
  + any alternative antigens or vaccines are recorded on the NIR

## Codes for declining reasons

Table 19:

| Code | Reason |
| --- | --- |
| DPC | declined by parent, guardian choice |
| DIC | declined by individual choice. |
| DMC | declined by medical/vaccinator because of permanent contraindication |
| DNI | declined because of natural immunity confirmed by documented serology |

## Recording validated adverse events following immunisation (AEFIs).

AEFI information is not recorded on the NIR at the time of the immunisation event. AEFI’s must be validated by the Centre for Adverse Reaction Monitoring (CARM) at New Zealand Pharmacovigilance before being recorded in the NIR. Recording validated AEFI’s on the NIR ensures that all health providers involved in an individual’s care are aware of the reaction. This enables future immunisations to be administered according to the individual’s needs and clinical safety

Table 20:

|  |  |
| --- | --- |
| Step | Task |
| 1 | The vaccinator sends the immunisation event data to the NIR |
| 2 | When an adverse event occurs after an immunisation is given, the vaccinator reports the AEFI to the Centre for Adverse Reaction Monitoring (CARM) at the New Zealand Pharmacovigilance Centre (as outlined in the *Immunisation Handbook*). |
| 3 | CARM assesses the AEFI to determine if it is vaccine linked and sends the report to the provider. |
| 4 | The provider/vaccinator notifies the NIR Administrator manually using the Notification to NIR form (NIR4). |
| 5 | The NIR Administrator records the validated AEFI code and any free text in the individual’s record manually. |
| 6 | All associated providers are notified after the validated AEFI is recorded on the NIR. |
| Note | **AEFI information is not recorded on the NIR at the time of the immunisation event**. This section explains how the NIR Administrator receives and enters validated AEFI data on the NIR manually. Information about AEFIs appears on subsequent Status Query Reports. For more information about managing and recording AEFIs, see the *Immunisation Handbook 2011*. |

| Code | Reason |
| --- | --- |
| AEFISA | Serious and/or severe AEFI other - indicating contraindication |
| AEFISO | Serious and/or severe AEFI - indicating caution |
| AEFIOT | other AEFI or concern |
| AEFISX | Serious and/or severe AEFI – anaphylaxis – indicating contraindication |
| Note | Free text about AEFI’s can also be included |

## Recording neonatal immunisations – Hepatitis B

**Hepatitis B vaccine and Hepatitis B immune globulin for neonates at risk of Hepatitis**

The NIR records neonatal immunisation information for babies of Hepatitis B surface antigen-positive mothers. LMCs and DHB maternity providers are the usual vaccinators for the neonatal immunisations given to new-born babies at risk of contracting Hepatitis B from surface antigen-positive mothers. Sending and receiving messages to the NIR for neonatal immunisation events can be electronic via the maternity information system, or a manual process when the LMC or DHB maternity provider sends the immunisation event information to the NIR Administrator, who enters the data manually.

Table 22:

|  |  |
| --- | --- |
| Step | Task |
| 1 | The antenatal laboratory screen identifies the mother as Hepatitis B surface antigen-positive. |
| 2 | At the next antenatal visit the LMC or DHB maternity provider advises and discusses this result with the mother and gives her the Hepatitis B information pack and consent form. |
| 3 | The LMC or DHB maternity provider asks the mother to sign the consent form for her baby to receive the Hepatitis B vaccine and Hepatitis B immune globulin within 12 hours of birth. (Health providers use the Ministry of Health *Hepatitis B – Information for Health Professionals on the Management of Babies Born to Hepatitis B Surface Antigen Positive Mothers*.) |
| 4 | Within 12 hours of the birth, the LMC or DHB maternity provider gives the newborn baby the Hepatitis B vaccine and Hepatitis B immune globulin. |
| 5 | After the vaccine has been administered the LMC or DHB maternity provider enters the information on the maternity information system or sends the Registration on NIR form (NIR1). |
| 6 | If any of the required information is missing the NIR Administrator contacts the LMC or DHB maternity provider so that the recording of the immunisation event data can proceed. |
| 7 | Following NIR registration the baby is enrolled in on the Hepatitis B Immunisation Programme and the routine National Immunisation Schedule. Vaccines are given   * at birth: Hepatitis B immune globulin and Hepatitis B vaccine * at six weeks: Childhood Immunisation Schedule vaccines given * at three months: Childhood Immunisation Schedule vaccines given * at five months: serology blood test and Childhood Immunisation Schedule vaccines given * at six months: if required an additional hepatitis B vaccine * at seven months: if required an additional hepatitis B vaccine * at eight months: repeat serology blood test   Usual 15 month, four-year and 11-year-old childhood schedule immunisations given. |
| 8 | When the baby is five months old the provider receives an electronic recall message for the five-month serology test, if they have opted to receive overdue task messages, or the NIR Administrator contacts the provider manually, requesting that the result of the overdue five-month serology test be sent to the NIR.  An additional 2 hepatitis B vaccines (6 and 7 months of age) and 1 additional serology test at 8 months of age can be manually recorded |
|  | * The nominated provider sends the outcome of the serology test to the NIR Administrator. |
|  | * It is recorded on the NIR as: * P protected (> 100 mIU/ml of Anti-HB measurement) * IND indeterminable (10−100 mIU/ml of Anti-HB measurement) * NP not protected (< 10 mIU/ml of Anti-HB measurement) * PDS parent declined serology. |
| Note | Any further follow-up for Hepatitis B vaccination or serology required after the eight -month serology test is by the GP or Medical Officer of Health See the *Immunisation Handbook 2011*  for further information. |

## Neonatal BCG immunisation

The NIR records neonatal BCG immunisation information for babies at risk of contracting tuberculosis, and the immunisation event data can only be sent manually by the vaccinator to the NIR.

During the antenatal period, pregnant women are assessed as to whether their baby is likely to be at risk of tuberculosis and requiring BCG immunisation. The LMC is one of the providers who will identify these babies.

Before discharge from hospital or within the first weeks of life, the baby assessed as at risk of tuberculosis receives the BCG immunisation, after discussion and informed consent of the mother.

The criteria for this immunisation is outlined in the *Immunisation Handbook 2011*. The neonatal BCG immunisation is offered to babies who:

* will be living in a house or family/whanau with a person with either current TB or a past history of TB
* have one or both parents or household members or carers, who within the last five years lived for a period of six months or longer in countries with a rate > 40 per 100,000
* during their first five years will be living for three months or longer in a country with a rate> 40 per 100,000 and are likely to be exposed to those with TB

Note: the countries with a rate > 40 per 100,000 can be found at http://www.health.govt.nz/yourhealth-topics/children/immunisation/diseases-and-vaccines/tuberculosis-tb

Vaccinators gazetted under the Tuberculosis Regulations 1951 provide this service on behalf of the medical officers of health and include public health nurses and some DHB midwives. The BCG immunisation is desirable before the baby leaves hospital, although children who have missed the BCG immunisation at birth can be immunised at any time up to five years of age.

Table 23:

|  |  |
| --- | --- |
| Step | Task |
| 1 | The vaccinator sends a copy of the NIR Immunisation Event Data form (NIR3) or the Registration on NIR form (NIR1) to the NIR Administrator |
| 2 | If the baby is registered on the NIR, the NIR Administrator enters the immunisation event data on the NIR manually |
| 3 | If the baby has not been registered on the NIR (it may still be in the maternity facility), the NIR Administrator enters the immunisation event data after the baby is registered on the NIR |
| Note | This is a manual process only. If any of the required immunisation event data is missing, the NIR Administrator contacts the vaccinator so that immunisation event data can be recorded on the NIR |

# Recording High Risk Pneumococcal Immunisation

The NIR records the pneumococcal vaccine (PCV7, PCV10 OR PCV13) as part of the routine Childhood Immunisation Schedule.

For babies and children under 5 years of age who are at high risk from pneumococcal disease PCV13 replaces the PCV10 vaccine once they are identified as high risk (i.e. either at birth or any age under 5 years). These children are also eligible to receive pneumovax23 (23PPV) vaccine at age 2 years or older.

The number of doses of PCV13 a child requires differs depending on what age they are identified as high risk. For more information see pages 192-197 of the *Immunisation Handbook 2011.*

Children eligible for the high risk pneumococcal immunisation programme are those:

* on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufﬁcient immune response
* with primary immune deﬁciencies
* with HIV infection
* with renal failure, or nephrotic syndrome
* who are immune-suppressed following organ transplantation
* with cochlear implants or intracranial shunts
* with cerebrospinal ﬂuid leaks
* receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater
* with chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy)
* pre term infants, born before 28 weeks gestation
* with cardiac disease, with cyanosis or failure
* with diabetes
* with Down syndrome
* who are pre-or post-splenectomy, or with functional asplenia.

# Maintaining NIR Data

## Amending demographic data

Accurate, up-to-date demographic data on the NIR enables an individual to be located when a vaccination is overdue. Demographic details should be confirmed each time an individual has contact with a vaccinator or health professional administering immunisations.

Previous addresses are retained in the NIR. OIS providers can use this information to help them locate individuals who are overdue for immunisation.

Table 24: Steps to amending demographic data on the NIR

|  |  |
| --- | --- |
| Step | Task |
| 1 | NIR Administrator: Caregiver Notification  Phone requests: The NIR Administrator confirms the identity of the parent/guardian or individual by asking their name and two of the following identifying facts – name of LMC, NHI of baby, date of birth, address, name of maternity facility where baby was born, or phone number. If there is any doubt, the NIR Administrator asks the person to put their request in writing.  NIR Administrator updates the records |
| 2 | Generate and send a letter of notification to the individual to confirm the changes. |
| 3 | NIR Administrator: Provider Notification  Electronic: The provider enters the amended demographic data in the PMS/CMS or on the browser screen |
| 4 | NIR receives the electronic message is updated |
| Note | The NIR Administrator can record the reasons for the changes in the note fields. There are six note fields in the NIR used to record notes concerning the individual, their parent or guardian, referrals, transfers, providers or programmes.  The NIR Administrator contacts the provider or vaccinator if any clarification about the changes to the data is necessary  No previous captured data is deleted and the individuals full address history can be used by an OIS provider to locate individuals overdue for immunisation |

## 

## Notification of the death of an individual

It is important the NIR is notified as soon as possible when an individual on the NIR has died to prevent follow-up information about the individual’s NIR registration being sent inappropriately to the parent, guardian or individual. This will also prevent child health providers recalling the individual for immunisation and help achieve accurate immunisation coverage data because the denominator population is accurate.

Each DHB will have different processes in place for dealing with deceased notifications. Immediately changing the status of the individual to deceased unconfirmed prevents any information being sent to the parent/guardian or overdue messages being sent to the health provider.

All immunisation information held before the individual’s date of death is retained on the NIR. An individual’s NIR status should not be updated to deceased until confirmation has been received from an authorised source.

Table 25:Steps to notifications of deceased on the NIR

|  |  |
| --- | --- |
| Step | Task |
| 1 | Manual Notification: The provider faxes the NIR Administrator the completed NIR4 form |
| 2 | The NIR Administrator updates the individual’s NIR status to ‘Deceased - Unconfirmed’ until confirmation has been received from Births, Deaths and Marriages |
| 3 | The NIR Administrator validates the information by checking the provisional date of death with the NHI register held by the Ministry of Health and with other relevant providers. (The Ministry of Health data is confirmed with the Births, Deaths and Marriages Register.) |
| 4 | Once the date of death is confirmed, the NIR Administrator enters it onto the NIR which then changes the individuals status on the NIR to ‘deceased’ |
| Note | All immunisation information held before an individual’s date of death is retained on the NIR  Only NIR Administrators can change the individuals status to ‘deceased – unconfirmed’ or ‘deceased’ |

## Notifying when an individual leaves or returns to New Zealand

All providers, including vaccinators, are encouraged to notify the NIR when they are aware an individual has emigrated from New Zealand on a long-term or permanent basis to prevent the person being followed up for overdue immunisations and to improve the accuracy of immunisation coverage data. All immunisation data on the NIR for this individual is retained.

When an individual leaves New Zealand (temporarily or permanently), the vaccinator must update the NIR to ensure the individual’s NIR record remains accurate. All immunisation data on the NIR for this individual are retained.

The nominated provider will advise the DHB’s NIR Administrator of an individual’s departure or return by submitting a NIR 4 notification form for manual update on the NIR.

Table 26: Steps to notifying an individual’s departure or return

|  |  |
| --- | --- |
| Step | Task |
| 1 | The provider notifies the NIR Administrator by phone or by completing the NIR4 form and faxing it to the NIR Administrator |
| 2 | The NIR Administrator ensures the individual’s NIR status in the Medical details screen is set to ‘Active’ for each programme |
| 3 | Update the patient details and select Overseas, when prompted for date enter the date of departure and add any appropriate notes. This will automatically set the status to ‘On Hold – Overseas’ for each immunisation programme. |
| 4 | If the individual has returned from overseas, a new amendment to status message is sent to the NIR Administrator on the NIR4 form (or the programme is reactivated on receipt of electronic immunisation event details). |
| 5 | On receipt of an NIR4 the NIR Administrator updates the individual’s NIR status to ‘Active’ on the Patient Details screen and record the date and make each applicable programme in the Medical details screen ‘Active’ again. |

## Merged – linked and duplicate NHI numbers

All immunisation records require an accurate NHI number, and the NIR system validates any NHI number entered to ensure it is unique within the NIR. When an NHI number has been linked by the Ministry of Health on the NHI (usually on the request of health and disability support services) the NIR is advised and the NHI numbers are merged within the NIR. The number remains linked to any other NHI numbers that are duplicates. Only the NIR Administrator in the ‘owning’ DHB can merge records, and the merging of NHI numbers on the NIR is completed by processing two NHI numbers at a time. After merging, both NHI numbers are recorded and any messages quoting either NHI number are processed correctly. The merged record is in effect a new record and subject to all updated messages received. A Status Query Request for the individual will show all immunisation events or data held for all the merged records.

Table 27:

|  |  |
| --- | --- |
| Step | Task |
| 1 | An NIR Administrator identifies two NHIs on the NIR that appear to be for the same individual. |
| 2 | The NIR Administrator emails the details to the Ministry of Health NIRsupport@moh.govt.nz. The report includes the NHI number, name, date of birth, gender, address and caregiver NHI and name for each NHI entry |
| 3 | The MoH emails the confirmed merges to the NIR Administrator, who enters the linked NHI numbers for the individual on the NIR database via the Merge Screen |
| Note | **If merged NHI records are inaccurate**, the NIR Administrator can delete the merge via the Merge Screen |

## Changing the DHB code

The DHB code for an individual on the NIR is determined by the individual’s address. When a change of address is recorded on the NIR, the address change may result in a change of DHB code if the new address is in a different DHB area.

Table 28:

|  |  |
| --- | --- |
| Step | Task |
| 1 | Electronic:  The NIR system receives the new address for an individual from the PMS/CMS system or browser user and the DHB code automatically changes if the new address is in a different DHB. |
| 2 | Manual:  The NIR Administrator receives the amended change of address from the provider or caregiver and enters it on the NIR manually. The NIR system automatically changes the DHB code if the new address is in a different DHB. |

If an individual receives an opportunistic immunisation event while living at a temporary address, this temporary address may be sent to the NIR, and may trigger a change of DHB code if the address is in a different DHB area.

If the individual then appears on an overdue immunisation list, the NIR Administrator will liaise with the other DHB NIR Administrator to identify the correct address and the correct DHB code.

The NIR Administrators confirm the transfer with each other before the accurate address and DHB code are validated.

Where geo-coding is unable to set the DHB correctly, the individual’s NIR Administrator is able to manually assign a DHB to the individual.

# Status Query

## Status query process diagram



## Status query – request and response

An individual’s status on the NIR and their immunisation history are displayed or sent to authorised providers when they send a Status Query Request to the NIR.

Authorised NIR users can find out the immunisation status of an individual or record immunisation data on the NIR in three ways. They can use:

* an electronic practice management system (PMS) or client management system (CMS), or a school-based vaccine system (SBVS) to send data to the NIR via Healthlink
* a browser that accesses the NIR, and the requested information is displayed on-screen or new information is recorded on the NIR via the Health Intranet
* a paper-based system to record and send or receive information from the NIR by fax, post or phone

The NIR at each DHB is linked to the national NIR database.

The Status Query Response shows all immunisations given to an individual from all schedules and identifies any immunisation events that are due within the next four weeks and any immunisations that are overdue.. The Status Query Response also identifies the nominated GP and Well Child provider and shows declined and rescheduled immunisations in chronological order. Medical information text about contraindications or validated adverse events following immunisations is also shown, and an indication is given of whether an individual’s immunisation history on the NIR may be incomplete. A status query cannot be provided for those individuals opted off the NIR.

The provider may use this information to inform the parent, guardian or individual of the immunisation status. The Status Query Response can also be used by the providers to complete the Well Child Certificate but does not replace it.

A vaccinator may also use this process when an individual is overdue for immunisations to find out if the individual has had the immunisation elsewhere, particularly if the provider has chosen not to receive immunisation task update messages.

The NIR Administrator is involved only when manual Status Query Requests are received.

### Process

1. Vaccinating and non-vaccinating providers who are authorised NIR users can send a Status Query Request to the NIR.

**If the process is electronic via a PMS or CMS**, vaccinators or providers with appropriate software electronically request the immunisation status of any individual on the NIR, using their NHI number. The NIR system automatically sends the Status Query Respone message to the provider. This is displayed on the screen for the provider to view,print or update their records electronically,

**If the process is by browser**, the provider logs in and enters the NHI and/or the ‘name, gender and age range’ of the individual whose immunisation history they need to know. The status of the individual is displayed on the browser screen for the provider to view or print.

**If the process is manual**, the provider faxes, emails or phones the NIR Administrator with the Notification to NIR (NIR4).

The NIR Administrator verifies the vaccinator or provider is an authorised user and generates a Status Query Response from the NIR and faxes this to the provider. If there is any doubt about the identity of the provider the NIR Administrator may ask for their NZMC number, or phones them back using the practice phone number or asks the provider to submit their Status Query Request in writing.

2. If there is more than one individual on the NIR with the same name, gender and age range, the provider may need to contact the NHI help desk (0800 855 151) to confirm the NHI so the correct individual on the NIR is selected. The Status Query Response does not display the address.

3. When the Status Query Response is received, either electronically or manually, the following information is included:

* individual’s NHI, date of birth, family name, given name, gender and ethnicity on the NIR
* GP, LMC or Well Child provider
* all vaccinations given, including responsible clinician, event status due and date completed
* all vaccinations due within the next four weeks
* All overdue vaccinations
* any rescheduled or declined events in chronological order
* medical information text, if present
* warnings if information may be incomplete
* validated AEFI warning
* linked and merged NHIs
* contraindication information
* the programme status of the individual

# Overdue Process

## 

Process diagram for overdue immunisations

NIR intervention

date for overdue

immunisations

Does provider

want to receive

electronic overdue

task message for an

individual?

No

Yes

Provider uses own

recall system

NIR

Provider uses overdue task

message to do recalls

Is individual still

overdue for

immunisation?

No

Yes

Provider completes any

relevant details and

returns overdue task

report to NIR

Administrator

NIR Administrator

generates overdue task

report and sends to

provider

No action

required

Does DHB

have OIS?

No

Yes

Provider follows

local protocols

Individual referred

to OIS

Go to Referral

to OIS

DHB process

### NIR intervention date for overdue immunisations

Window periods for immunisation recalls are defined as acceptable delays in service delivery. An individual is due for immunisation if they are inside the window period for a scheduled vaccine and have not had the vaccine or have not declined it. An individual is overdue for immunisation when they are outside the window period for a scheduled vaccine and have not had the vaccine or have not declined it.

The NIR intervention date for overdue immunisations is the date that an individual will appear on the Overdue Report produced by the NIR Administrator.

### NIR intervention date for overdue childhood schedule immunisations

|  |  |  |  |
| --- | --- | --- | --- |
| **Schedule** | **Immunisation provider window period** | **NIR intervention date for overdue immunisations** | **Age of child** |
| 6 weeks | 2 weeks | 4 weeks | 10 weeks |
| 3 months | 1 month | 6 weeks | 4.5 months |
| 5 months | 1 month | 6 weeks | 6.5 months |
| 15 months | 1 month | 6 weeks | 16.5 months |
| 4 years | 1 month | 6 month | 4 years 6 month |
| Year 7 (11 years) | 18 months | 2 years | 13 years |

## Optional messages to providers about an individual overdue for immunisation

The NIR system is able to send an electronic overdue task message to the nominated provider advising them that an individual is overdue for immunisation. This message is sent to the provider for each individual overdue for immunisation.

Note: Providers can indicate if they do not want to receive these messages to supplement their own recall systems. The NIR Administrator can activate or deactivate the messaging for each provider.

## Generating an overdue task report and liaising with providers

On a regular basis, the NIR Administrator generates an Overdue Task Report of the individuals in the DHB area who are overdue for immunisation and gives the appropriate information to the relevant providers or vaccinators. The vaccinator or provider checks that the recall process has been implemented and notifies the NIR of any relevant updates or information.

Table 29: Overdue process

|  |  |
| --- | --- |
| Step | Task |
| 1 | The NIR Administrator regularly contacts the provider about individuals overdue for vaccinations. At agreed intervals the NIR Administrator sends an Overdue Task Report to the nominated primary health care provider of the individuals in their practice identified by the NIR system as overdue for immunisation. |
| 2 | The provider or vaccinator reviews the immunisation history and demographic details of the individuals on the list. |
| 3 | If the individual has received the overdue immunisation or the immunisation event has been declined or rescheduled, the vaccinator sends the correct details to the NIR. |
| 4 | Electronic process, the vaccinator records the immunisation event on the PMS/CMS or browser screen and this is sent to or recorded on the NIR. |
| 5 | Manual process, the vaccinator faxes the NIR Administrator the Immunisation Event Data form (NIR3) |
| Note | If the vaccinator has information explaining why the individual is on the overdue task list (eg, they have moved away from the area), the vaccinator adds this information to the overdue task report and faxes it to the NIR Administrator. The NIR Administrator updates the individual’s record.  When the vaccinator cannot locate the individual who is overdue for immunisation the individual is referred to an outreach immunisation service for immunisation facilitation if the OIS eligibility criteria has been met (this may differ in each DHB). |

## 

## Process diagram for referral to an OIS provider

## 

## Referral to an OIS provider

Outreach immunisation services are provided by each DHB. These services ensure that Mäori tamariki, Pacific children and other priority groups under the age of five with high rates of vaccine-preventable disease and low rates of immunisation have access to services that empower them to make informed decisions about immunisation, offer flexible arrangements for vaccination services in the home and community settings, and assist in linking them back to a nominated primary care service and/or Well Child provider for their ongoing Well Child needs.

There are different models of outreach immunisation and facilitation services, and referral to an OIS provider is made when an individual who is overdue for immunisation has not responded to three documented recalls by the provider (as outlined in the *National Standardised Terminology for Immunisation Audit* report), or after local recall protocols have been implemented. The referral process may vary in different DHBs and the outcome of the OIS process is recorded on the NIR.

### Process

1. Following agreed local protocols for referral between the provider or vaccinator and the NIR Administrator, a decision is made to refer the individual to the OIS provider.

2. **Either:** The provider refers the individual directly to the OIS and notifies the NIR that the individual has been referred by faxing the Notification to NIR form (NIR4)

**or:** the NIR Administrator at the provider’s request sends the referral to the OIS after the provider has agreed that this is the required next step.

3. The NIR Administrator checks the individual has not been immunised by another provider before registering the individual on the Outreach Programme and changes the status of the individual on the NIR to ‘on hold – with outreach’. The on-hold status stops further overdue messages being sent to providers for this individual.

4. OIS providers are associated with the individual in the same way as other providers.

5. The NIR Administrator generates the Outreach Report for that individual and sends it to the OIS. The Outreach Report includes all:

* demographic information
* immunisation status information
* contact details
* provider details
* NIR Administrator notes

6. The OIS accepts or declines the referral and notifies the NIR Administrator.

7. If the OIS accepts the referral, the NIR Administrator associates them as a provider in the individual’s record.

8. If the OIS declines the referral, the NIR Administrator contacts another provider.

## Recording the outcome of an OIS referral on the NIR

When an individual who is overdue for immunisation has been referred to an OIS, their status is recorded on the NIR and the outcome of the outreach referral is recorded as a task update. The NIR does not record the steps taken by the OIS provider to locate the individual who is overdue for immunisation.

### Process

1. The OIS provider provides updates to the NIR Administrator of any relevant information and sends the Outcome of Outreach Immunisation Service Referral form (NIR5).

2. **If the individual has been located:**

* the OIS provider provides the immunisation or facilitates the individual’s referral to a primary health care provider for immunisation.
* the immunisation event message is sent to the NIR by the OIS or other vaccinator either electronically via the PMS/CMS or manually on the Immunisation Event Data form (NIR3)

The individual’s status on the NIR is automatically set to ‘active’ 3**. If the individual is not located**, the OIS provider sends the NIR5 form

* the NIR Administrator changes the status of the individual on the NIR to ‘on hold –non-responding’ or ‘on hold –gone no address’.

Note: This status can change to ‘active’ if the individual receives immunisation in the future and an immunisation event message is recorded on the NIR.

# NIR Letters and Reports

## Letters

The NIR Administrator is responsible for generating reports and letters from the NIR system. This section of the manual summarises the reports and letters used in the NIR.

Table 30: The NIR DHB administrator can generate the following letters from the NIR system

| Letter | Reason |
| --- | --- |
| Confirmation of Registration on the NIR | Used to confirm NIR registration and is sent to the parent, guardian or individual confirming an individual’s demographic details. The letter asks them to notify the NIR Administrator if any of the data needs amending or if they want to opt off the NIR. The Confirmation of NIR Registration letter is sent to individuals who are registered on the NIR from the birth cohort. |
| Confirmation of Amendment to Registration on NIR | Confirms any requested changes to an individual’s demographic details |
| Confirmation of Opt Off Status | Used to confirm that opt off status has been processed after the NIR Administrator has received a signed request from the parent, guardian or individual. |
| Confirmation of No Further Follow-up by the NIR | Used to confirm that an individual has withdrawn from an immunisation programme and is sent to the parent, guardian or individual. |
| Notifying the Nominated Provider | Used for manual-based providers to notify them that they have been identified by the parent, guardian or individual as their nominated provider. The provider accepts or declines this nomination. |
| Referral to an Outreach Immunisation Service | Sent by NIR Administrator to OIS asking them to accept referral for an individual significantly overdue for immunisation. The provider accepts or declines the referral. |

## 

## Reports

The NIR Privacy Policy determines who is an authorised user of the NIR and the type of information they are able to access via the NIR reports. For example, vaccinators who are authorised users of the NIR can access NIR reports, for their patient population only. Below is a summary of the reports available to vaccinators. A more detailed manual on NIR Reports for NIR Administrators will be available. The NIR reports for vaccinating health providers are available from three sources.

## Reports from Primary Health Care Patient Management Systems (PMS) or Client Management Systems (CMS)

Some reports will be available from the PMS, (CMS) once the PMS, (CMS) upgrades for the NIR are complete. They include:

**Table: 31**

|  |  |  |
| --- | --- | --- |
| Ref | Report Name | Purpose |
| 1 | Status Query | To identify the immunisation status of an individual on the NIR and sent, on request, to manual providers with no electronic link to the NIR |
| 2 | Immunisation coverage report | Summary of immunisation outcomes achieved for the provider’s population that is used to help reach immunisation targets. |
| 3 | Recall report for scheduled immunisation events (available from PMS) | Identifies individuals in the provider’s population who are to be recalled for a scheduled immunisation event. |
| 4 | Task update messages and overdue task messages | Optional message sent via PMS to providers who choose to receive these for individuals on the NIR they are associated with. |

## Reports from DHB NIR Administrator

The DHB NIR Administrator is able to generate reports for providers. Browser users can view the information for their population only on the screen and the information viewed on screen can be printed or the NIR Administrator can email or fax the report to the provider.

**Table: 32**

|  |  |  |
| --- | --- | --- |
| Ref | Report Name | Purpose |
| 1 | Status query report: | To identify the immunisation status of an individual on the NIR and sent, on request, to manual providers with no electronic link to NIR. |
| 2 | Task update messages and overdue task message report: | Optional reports sent to manual providers who choose to receive these messages for individuals on the NIR they are associated with. Other providers receive these electronically on PMS (CMS). |
| 3 | Overdue Report: | Sent to provider to identify individuals overdue for immunisation. |
| 4 | Outreach referral reports: | Sent to Outreach Immunisation Service providers when individuals who are significantly overdue for immunisation have been referred to the OIS. |
| 5 | Volumes reports: | To compare volumes reported at clinic, local and national level by counting total number of immunisations per clinic and vaccinator. |
| 6 | Vaccination list reports: | To reconcile provider records and NIR records by advising the practice what the NIR has recorded for each of their patients. |
| 7 | Recall report (for faulty vaccine): | To provide clinics with a list of individuals for recalling who have been vaccinated with a faulty vaccine. |
| 8 | Practice level coverage reports: | Coverage reports by antigen or by vaccine that summarise the outcomes achieved by a practice and help providers reach immunisation targets. These reports are also available on the Ministry of Health Datamart. |

## Reports from Ministry of Health Datamart

PHOs are able to access reports from the Ministry of Health Datamart. The Datamart is a database of information held on the NIR that is needed for national and district reporting and is updated regularly. The reports are of non-identifiable data.

**Table: 33**

|  |  |  |
| --- | --- | --- |
| Ref | Report Name | Purpose |
| 1 | Coverage reports: | Percentage of children in the target group for reporting who have received all due vaccinations as specified by the Childhood Immunisation Schedule at the following milestones:  (a) by 6 months of age  (b) by 8 months of age  (c) by 12 months of age  (d) by 18 months of age  (e) by 24 months of age  (f) by 5 years of age  (g) by 12 years of age |
| 2 | Vaccinated to date report: | Percentage of children in the target group for reporting who have ‘to date’ received all vaccinations as specified by the Childhood Immunisation Schedule, regardless of when vaccination was received. |
| 3 | Vaccination reports related to audit timeframe: | There are a number of reports for vaccinations as specified by the Childhood Immunisation Schedule and related to the timeframe specified by the IMAC and Ministry of Health Audit Guidelines. These include:   * Last vaccination within audit timeframe (by antigen) * Last vaccination within audit timeframe (by vaccination event) * All vaccinations within audit timeframe (by antigen) * Last vaccination not within audit timeframe (by antigen) * “Never vaccinated” report (by antigen) |

# NIR forms

**Table: 34**

|  |  |  |
| --- | --- | --- |
| Ref | Form Name | Purpose |
| NIR 1 | Registration Form | Sent by the provider to the NIR to notify a new registration, including information if the individual is opting off the NIR.. |
| NIR 2 | Authorisation to Opt Off the NIR | Form signed by individual (or parent/guardian) to confirm their decision to opt off the NIR. |
| NIR 3 | Immunisation Event Form | Used by the health provider to notify that an immunisation event has been given, declined or rescheduled (including neonatal immunisations). |
| NIR 4 | NIR Notification  (multi-purpose use) | Sent by the health provider to the NIR administrator for:   * immunisation status queries * demographic changes * opting off the NIR * referral to an OIS * death of an individual registered on the NIR * validating AEFIs |
| NIR 5 | Notification of Outcome of Outreach Immunisation Service Referral | Used by the health provider to advise the NIR of the outcome of an OIS referral. |

Each copy of the NIR forms described in the table are provided in duplicate, so health providers can retain a copy in their patient notes.

They are available from the Ministry of Health through their publications distributor Wickliffe at:

Ministry of Health Publications   
c/- Wickliffe (NZ) Ltd  
PO Box 932, Dunedin  
New Zealand  
or phone: (04) 496 2277   
or email: [moh@wickliffe.co.nz](mailto:moh@wickliffe.co.nz)

or: The Ministry of Health Website

# Appendix 3 – Codes Used on the NIR

## Individual status codes

The status of an individual on the NIR database is one of:

* active
* opt off – provisional
* opt off
* deceased – unconfirmed
* deceased
* overseas
* inactive

## Programme status codes

The status of a programme on the NIR database is one of:

* active
* withdrawn
* on hold
* with outreach
* non-responder
* gone no address
* inactive (used when individual status is opt off or deceased).

## Vaccine codes etc

<http://www.health.govt.nz/new-zealand-health-system/claims-provider-payments-and-entitlements/immunisation-subsidy>

| **Vaccine** | **Antigens included in vaccine** |
| --- | --- |
| Td | Adult tetanus, diphtheria |
| BCG | Tuberculosis |
| DT | Child tetanus diphtheria |
| DTaP/Hib | Diphtheria, tetanus, acellular pertussis, haemophilus influenzae type b |
| DTaP-IPV | Diphtheria, tetanus, acellular pertussis, inactivated polio |
| DTaP-IPV-HepB/Hib | Diphtheria, tetanus, acellular pertussis, inactivated polio, hepatitis B, haemophilus influenzae type b |
| HBIG | Hepatitis B immune globulin |
| HepB-Adult | Hepatitis B (adult) |
| HepB-Paed | Hepatitis B (paediatric) |
| Hib | Haemophilus influenzae type b |
| Hib-HepB | Haemophilus influenzae type b, Hepatitis B |
| HPV | Human papillomavirus |
| IPV | Inactivated polio |
| MeNZB | Meningococcal group B |
| MMR | Measles, mumps, rubella |
| PCV | Pneumococcal conjugate vaccine – generic code used for scheduling |
| PCV7 | Pneumococcal conjugate vaccine 7 valent |
| PCV10 | Pneumococcal conjugate vaccine 10 valent |
| PCV13 | Pneumococcal conjugate vaccine 13 valent |
| 23 PPV | Pneumococcal polysacharride vaccine 23 valent |
| Rub | Rubella |
| DTaP | Diphtheria, Tetanus, acellular pertussis |
| D | Diphtheria |
| T | Tetanus |
| Tdap | Adult tetanus, diphtheria, acellular pertussis |
| HepA-B | Hepatitis A and B |
| d | Adult diphtheria |

|  |  |
| --- | --- |
| AEFISA | Serious and/or severe AEFI - indicating contraindication |
| AEFISO | Serious and/or severe AEFI - indicating caution |
| AEFIOT | other AEFI or concern |
| AEFISX | Serious and/or severe AEFI – anaphylaxis – indicating contraindication |

## Immunisation event status codes

| **Type of event** | **Immunisation event status code** | **Comment** |
| --- | --- | --- |
| **Given** | Completed | Immunisation event given or Alternative Given |
| **AEFI** | **AEFISA**: serious and/or severe AEFI – indicating contraindication  **AEFISO**: serious and/or severe AEFI – indicating caution  **AEFIOT**: other AEFI or concern  **AEFISX**: serious and/or severe AEFI – anaphylaxis – indicating contraindication | Only AEFIs validated by CARM – the vaccinator notifies the NIR and the AEFI is recorded on the NIR by the NIR Administrator. |
| **Declined** | Vaccinator declined because of:  **DMC**: permanent contraindication  **DNI**: natural immunity confirmed by documented serology.  Declined because of:  **DPC:** choice by parent or guardian  **DIC:** choice by individual. |  |
| **Rescheduled** | **RESTC**: temporary contraindication (eg, child on steroids, immuno-suppressants).  **RESREF**: referred to another provider or specialist immunisation facility.  **RESCHO**: parent or individual choice to reschedule (eg, on holiday or no car at present). | A date must be included with a rescheduled status |
| **Closed** | **CIS** event not required due to change in schedule  **CPI** closed under provider instruction | The NIR Administrator on instruction from a provider can close a scheduled event in these circumstances |
| **5 / 8 month serology for Hepatitis B** | **P** Protected >100 mIU/ml  **IND** Indeterminate 10−100 mIU/ml  **NTP** Unprotected <10 mIU/ml  **PDS** Parent declined serology | Blood test to check seroconversion antibody levels for babies born to Hepatitis B positive mothers |

## Body site codes

|  |  |
| --- | --- |
| RD | Right deltoid (upper arm) |
| LD | Left deltoid (lower arm) |
| RVL | Right vastus lateralis (outer thigh) |
| LVL | Left vastus lateralis (outer thigh) |
| O | Other |

# Appendix 2 – Questions and Answers for Parents

## What is the NIR?

The National Immunisation Register (NIR) is a computerised information system that has been developed to hold immunisation details of New Zealand children.

## Why do we need the NIR?

The NIR is a key tool that will assist New Zealand to improve its immunisation rates. Improved immunisation coverage will offer individual protection against vaccine-preventable diseases and protection for the community against recurring epidemics.

The NIR will enable authorised health professionals to find out quickly and easily what vaccines a child has been given, including children whose family has shifted or changed health care providers. This will help to make sure immunisations are given at the appropriate time. The NIR will also provide a more accurate record of immunisation coverage rates – regionally and nationally, which will enable better programme planning to target populations with the lowest immunisation rates.

## What information will be held on the NIR?

The NIR will include the following information: child’s name, date of birth, gender, health number National Health Index (NHI) and ethnicity; parent or guardian details and contact information; nominated health professionals (doctor, lead maternity carer, Well Child provider) and immunisations given. It will also be able to record if a parent chooses not to immunise their child for a particular vaccine, or if there are medical reasons not to do so. This information will be collected and updated regularly by authorised health care providers.

## What are the benefits of the NIR?

Benefits of the NIR include:

* providing quick access to a child’s immunisation status, which will assist in the child receiving appropriate immunisations at the scheduled time
* enabling the NIR health professionals to recall individuals overdue for immunisation and locate children of highly mobile families, check their immunisation history and offer vaccination (this will also help link children back to primary health care services)
* providing local, regional and national immunisation coverage data, which will help to support programme planning so that resources can be targeted at populations where immunisation coverage is lowest
* improving monitoring of vaccine safety and effectiveness improving access to immunisation services, increasing coverage rates and reducing immunisation disparities among people of different socioeconomic and ethnic groups.

## How will information from GPs be transferred to the NIR?

GP’s and other vaccination providers with an electronic patient management system (PMS) or client management system (CMS) will be able to link into the NIR. Providers without electronic systems will use paper-based systems to provide data. Immunisation information will then be transferred to the NIR. Providers will be able to access the NIR through their existing PMS/CMS or by fax or phone.

## How will the information on the NIR be used?

Only authorised providers can update or amend the database. The NIR will protect the privacy of consumers and users at all times.

Authorised health professionals will use the NIR to check a child’s immunisation status to assist with the appropriate immunisations being given at the scheduled time. In the event of an outbreak of vaccine-preventable disease they may also use the information on the NIR to control the spread of the disease.

District Health Boards and the Ministry of Health will use non-identifiable information from the NIR to assess immunisation rates, develop policy and improve services.

## Is it compulsory to have your child’s details on the NIR?

During pregnancy and after the birth of their child all parents will be informed about the NIR. Parents may choose to opt off recording details of their child’s immunisations on the NIR or may choose not to immunise their child. However, in both cases the child’s health number (National Health Index), date of birth, DHB, vaccines they were recorded on the NIR before opt-off and the date of opt off will remain on the NIR so that immunisation coverage can be assessed.

If the NIR registration is being initiated at the same time as an immunisation event being given or declined, the opt-off decision prevents the immunisation event data being recorded on the NIR.

The information retained on the NIR for an individual who has opted off is their:

* NHI number
* date of birth
* DHB code
* date of opt off
* immunisation history before the opt-off date

## Can parents/guardians access the information held on the NIR about their child?

Parents and guardians may request their child’s immunisation information, or request that information be corrected, at any time, through their health professional.

## What is the NHI?

The National Health Index (NHI) is a system used by public hospitals and other health and disability support services to assign a unique number (the NHI number) to people who use their services. Most people know the NHI number as their hospital number; it is the number on their clinical notes and on the hospital identity bracelets.

New Zealand’s health professionals have used the NHI for many years, and most people now receive their NHI number at birth.

The NHI holds information on:

* names and addresses
* ethnicity, gender, date of birth
* New Zealand resident status

Health professionals use NHI numbers for clinical and administrative purposes. The main purposes of a NHI number are to identify you and ensure your information is correctly associated with your record. In the case of the NIR every vaccination event (and all other information held) is stored against a NHI number. When an authorised health professional searches the NIR he or she is actually searching using the patient’s NHI number. It is therefore useful to know your child’s NHI number, especially if you are not visiting your usual health professional (your child’s NHI number should be recorded in his or her *Well Child Health Book*, which is also where vaccination histories are recorded).

Where a NHI number is not known the authorised health professional will first search the NHI for the patient’s NHI number, then using this NHI number, search the NIR, for example, to find the vaccination history.

More information on the NHI can be found on the Ministry of Health website: <http://www.nzhis.govt.nz/index.html>.

# Glossary

| Term | | Definition |
| --- | --- | --- |
| AEFI | | Adverse Events Following Immunisation – see the latest Immunisation Handbookfor reporting definitions. Only AEFIs validated by CARM are recorded on the NIR. |
| AEFI codes used in NIR | AEFISA: severe AEFI with anaphylaxis. AEFISO: severe AEFI-other. AEFIOT: other AEFI or concern. | |
| Aka | Also known as | |
| Alternative vaccine | | A vaccine other than the scheduled group of antigens (usually omitting one or more of the usual antigens) given to an individual. |
| Antigens | | Component of a vaccine protective against a disease. |
| Associated provider | | A provider who is or has been associated with the individual. This association (between provider and individual) is created when a completed immunisation event done by that provider has been recorded in the system. |
| Authorised user | | An individual who has signed the NIR authorised user agreement or who works for an organisation where a responsible person has signed on behalf of the organisation. Such a user is authorised to use and disclose NIR data and information in accordance with their function. |
| Authorised User Agreement | | A standard term agreement between the Ministry of Health and the authorised user. |
| BCG | | Bacillus Calmette Guerin – a vaccine against tuberculosis. |
| Birth cohort | | The Birth cohort relates to the those individuals eligible to be on the Childhood Immunisation schedule in the NIR. This is based on the individual’s date of birth and is different for each DHB.. |
| Browser user | | A user connecting electronically to the NIR via the Health Intranet. |
| Caregiver | An adult who has responsibility for a child’s care and wellbeing. They are unable to give consent for an immunisation or to opt off the NIR (only a parent or guardian can authorise this). | |
| CARM | | Centre for Adverse Reaction Monitoring – a unit within the New Zealand Pharmacovigilance Centre. |
| CIS | | Change in Schedule |
| Clinic | | The physical location of the practice and/or place where an immunisation event occurs. |
| Clinic ID | | A health provider’s clinic’s Health Facility Code (HFC) number. For schools, this is their Ministry of Education school number. |
| CMS | Client management system – a software system used by some health care providers to record and manage the care they give to their clients. See *PMS*. | |
| Contraindication | | The reason why a vaccine should not be administered. |
| CPI | Closed Provider Instructions | |
| Data enterer | A person who has been delegated responsibility to record immunisation events, or search and access immunisation records on behalf of a provider or vaccinator (eg, a practice nurse who enters data for other clinical staff). | |
| Database status code (for NIR) | The status of an individual on the NIR database is one of the following:   * active * opt off – provisional * opt off * deceased – unconfirmed * deceased * overseas * inactive | |
| Decline immunisation | The parent, guardian or the individual who is to receive the vaccination does not consent to the vaccination, or the provider declines to vaccinate a person (eg, for medical reasons such as contraindications). | |
| Declined codes | Vaccinator declined:   * DMC: declined medical contraindication * DNI: declined natural immunity confirmed by documented serology. * Parent, guardian or individual declined: * DPC: declined by parent or guardian choice * DIC: declined by individual choice | |
| Demographic data | | Personal information for an individual held on the NIR (eg, name, address, date of birth and NHI). |
| DHB | | District Health Board – established under the New Zealand Public Health and Disability Act 2000. |
| DHB code | | A code assigned to each DHB. An individual’s DHB code is determined by their home address. A provider’s DHB code is determined by the clinic’s address. |
| DHB’s NIR Administrator | | A person who manages the collection, maintenance and exchange of accurate and valid data for the NIR at each DHB. |
| DOB | | Date of birth |
| DOD | | Date of death. |
| Electronic user | | A provider who has a PMS or browser link to the NIR. |
| Ethnicity | | The ethnic group or groups with which an individual identifies or to which they feel they belong. An ethnic group is a social group whose members:   * share a sense of common origins * claim a common and distinctive history and destiny * possess one or more dimensions of collective cultural individuality * feel a sense of unique collective solidarity   Ethnicity is self perceived, and an individual can belong to more than one ethnic group. An individual can identify with an ethnicity even though they may not be descended from ancestors with that ethnicity.  Conversely, an individual may choose to not identify with an ethnicity even though they are descended from ancestors with that ethnicity.  This is the Statistics New Zealand’s Level 2 standard. |
| Fully vaccinated | | When a child has received all vaccines listed on the New Zealand Childhood Immunisation Schedule, as appropriate to his/her age. |
| Facility Code | | A code number allocated to all health facilities by the *NZHIS*. Within the *NIR* this is used to identify the maternity facility where the child was born and to identify the clinic where the vaccination was done. It is also known as a Health Facility Code (*HFC*). |
| Gender Code | | F = Female.  M = Male.  U = Unknown – an unknown code must be updated as soon as possible after admission.  I = Indeterminate – for use in cases where it is not possible to determine the infant’s sex. |
| GP | | A general practitioner – an authorised practitioner who is in the register of medical practitioners maintained by the Medical Council of New Zealand, and holds a current annual practising certificate issued by that council. |
| Guardian | | A status awarded by the Family Court. On the NIR, a parent or guardian must be the contact person if the individual is under 16 years of age. |
| Hep B | | Hepatitis B vaccine code or event. |
| HFC | | Health Facility Code. (see facility code) |
| Immunisation Schedule | | The National Immunisation Schedule issued by the Ministry of Health. |
| Individual | | The term used to describe a child or person who is registered on the NIR. |
| IPA | | Independent Practitioners Association |
| IT | | Information Technology |
| LMC | | Lead maternity carer – an authorised practitioner who is a midwife, or a *GP* with a Diploma in Obstetrics (or equivalent, as determined by the New Zealand College of General Practitioners), or an obstetrician who has been selected by the woman to provide her lead maternity care. |
| Manual user | | A provider with no electronic link to the NIR. |
| Maternity Administrator | | Administration staff in a maternity facility who manage and maintain admission and discharge data for transfer to the NIR (eg, a ward clerk, a booking clerk, a unit secretary, a non-clinical co‑ordinator, or an administration assistant). |
| Maternity information pack | | Antenatal or maternity information given to a woman during pregnancy, which includes information on the *NIR*. |
| Maternity facility | | A facility that provides both labour and birth services and inpatient postnatal care. |
| Maternity providers | | Professional staff providing maternity services, including LMCs, GPs, obstetricians and maternity facility staff. |
| MeNZB™ | | Serogroup B meningococcal vaccine. |
| MIS | | Maternity Information System, which records birth data. |
| MoH | | Ministry of Health |
| NCNZ | | Nursing Council of New Zealand, the registration body for nurses in New Zealand. |
| Neonatal immunisation | | Immunisations given to newborn babies within the first month of life. |
| NHI number | | National Health Index number allocated to an individual. |
| NIR | | National Immunisation Register. |
| NIR intervention date | | The date an individual will appear on the overdue report produced by a DHB’s NIR administrator. |
| Nominated provider | | Identified by the parent, guardian or individual as the person responsible for providing immunisations (usually the GP). The nominated provider formally accepts this role. |
| NZHIS | | The New Zealand Health Information Service, a unit within the Ministry of Health responsible for collecting and disseminating health-related data. |
| NZMC | | The New Zealand Medical Council, the registration body for medical practitioners in New Zealand. |
| NZPhvC | | NZ Pharmacovigilance Centre. See *CARM*. |
| OIS | | Outreach Immunisation Service. |
| OIS provider | | OIS providers work with primary health care and Well Child/Tamariki Ora providers to follow up and offer vaccinations to individuals who have either missed scheduled vaccinations or not responded to recall procedures. |
| On hold | | See *Programme status code*. |
| Opportunistic immunisation | | An immunisation given by a vaccinator or provider who is not the individual’s usual provider. |
| Opt off | | Where a parent, guardian or individual has chosen not to have immunisation information collected on the NIR. |
| Outreach immunisation service provider | | Outreach immunisation service providers work with primary care and Well Child services to follow-up and offer vaccinations to children who have either missed scheduled vaccinations or who have not responded to recall procedures. |
| Parent or primary caregiver | | A biological or legal (in the case of adopted children) status. |
| PHO | | Primary health organisation. |
| PMS | | Practice Management System – a software system used by health providers to record and manage the care of their patients. |
| Programme | | A series of vaccines an individual is enrolled to receive. |
| Programme status code (for NIR) | | The status of a programme on the NIR database is one of:   * active * withdrawn * on hold: * with outreach * non-responder * gone no address * inactive – used when individual status is opt off or deceased |
| Relationship to child | | Description of the contact person’s relationship to the individual. |
| Rescheduled | | An immunisation event that is not given and has been rebooked. |
| Rescheduled codes | | The codes are one of:   * RESTC: temporary contraindication * RESREF: referred to another provider or specialist immunisation facility * RESCHO: parent, guardian or individual choice to reschedule |
| SBVS | | School-based vaccination system – provides school-based immunisation event data to the *NIR*. |
| Schedule | | See *Immunisation Schedule*. |
| Section 88 | | Sets out the terms and conditions for provision of specific health services pursuant to the New Zealand Public Health and Disability Act 2000. |
| Status query | | A process used to retrieve an individual’s immunisation status on the NIR. |
| Tamariki | | Children |
| Te Tiriti o Waitangi | | The Treaty of Waitangi. |
| Vaccine code | | A standardised code for vaccine/antigens. |
| Vaccinator | | A health professional who provides an immunisation event. |
| WCP | | Well Child provider – a health care provider who provides health education and support for babies and children as described in the Well Child Tamariki Ora National Schedule. |
| Window period | | An acceptable delay in service delivery for immunisation recalls. |
| Withdrawn | | An individual who has been taken out of a specified immunisation programme. |