

# Planning Guide: funded vaccines in community pharmacy

Version 3

**March 2025**

# Increasing access to immunisations in community pharmacy

Tēnā koutou,

On behalf of the National Public Health Service (NPHS), I would like to acknowledge the critical role community pharmacy has played in immunisation service delivery in recent years. Enabling greater access and options is a high priority for Health New Zealand | Te Whatu Ora (Health NZ) and is particularly valuable in communities with significant pressures on primary care capacity. Since joining the NPHS in October 2023, I have been consistently impressed with how the pharmacy sector has partnered with us to develop and expand vaccination services to enable greater access for whānau and support pae ora.

In **June 2023**, Pharmac removed the Xpharm restriction from four vaccines to allow vaccinating community pharmacies to provide funded immunisations to eligible people – this was in addition to community pharmacies offering COVID-19, influenza, MMR and Tdap vaccines. So far, we have seen promising uptake from pharmacies, and we are working to increase the number of community pharmacies offering these additional vaccines:

- Human papillomavirus
- Meningococcal ACWY
- Meningococcal B
- Varicella zoster

From **1 April 2024**, Pharmac removed the Xpharm restriction from the remaining vaccines on the National Immunisation Schedule (NIS). This allows vaccinating community pharmacies with authorised vaccinators (AVs) to provide funded lifespan immunisations to eligible people. Pharmacists can administer ‘whole-of-life’ vaccines and become AVs upon completion of required training and authorisation processes.

Enabling community pharmacies to offer a wider range of vaccines will help contribute to greater vaccination uptake for whānau and aligns with our commitment to Te Tiriti o Waitangi. I encourage you to utilise this new initiative to help protect our communities from vaccine preventable diseases. You may choose to offer the full suite of vaccines available to the whole whānau; focus your efforts on rangatahi, adult and maternal vaccines (which are a strong predictor of a child receiving their immunisations); or partner with a primary care provider to refer members of the community for their vaccinations.

We have updated this operational guide to assist pharmacies who are new to vaccination and those who want to expand the suite of vaccines they offer. Further updates will be cascaded via the usual pharmacy communication channels.

If you have any questions or comments at any stage, please contact the Health NZ Prevention team at [immunisation@tewhatuora.govt.nz](mailto:immunisation@tewhatuora.govt.nz) or your local Pharmacy Engagement Lead (PEL).

We are grateful for your continued support and mahi to help protect the people of Aotearoa New Zealand (NZ).

Nāku noa, nā



**Alana Ewe-Snow**

Director, Prevention

National Public Health Service

# Table of Contents

1. Links & Resources .....	5
2. Funded vaccines in pharmacy .....	7
3. Onboarding.....	8
3.1 Pharmacy does not offer a vaccination service but wishes to do so .....	9
3.2 Pharmacy holds an ICPSA Immunisation Schedule but does not use the Inventory Portal ..	10
3.3 Pharmacy holds an ICPSA Immunisation Schedule, uses the Inventory Portal, and offers a vaccination service .....	10
4. Vaccinators.....	12
4.1 Registered healthcare professional new to vaccination .....	12
4.2 Pharmacist vaccinator upskilling to authorised vaccinator .....	13
4.3 Maintaining vaccinator status.....	14
4.4 Legislation for vaccinators .....	15
4.5 Pharmacist vaccinator vs authorised vaccinator scope of practice.....	16
4.6 Vaccinating Health Worker .....	17
4.7 Training.....	17
5. Ordering .....	18
5.1 Funded vaccine stock .....	18
5.2 Private purchase vaccine stock .....	18
5.3 Ordering standard suite vaccines.....	19
5.4 Ordering expanded suite vaccines .....	19
6. Administration .....	20
6.1 Scheduled vaccines .....	20
6.2 Vaccination history .....	21
6.3 Consumables .....	21
6.4 Collateral.....	21
6.5 Screening tools .....	22
6.6 Catch-up schedule resources .....	22
6.7 Monitoring for reactions .....	22
7. Recording .....	23
7.1 Registering to use the AIR.....	23
8. Claiming.....	24
9. Promoting immunisation services.....	26
9.1 Book My Vaccine .....	26

9.2 Healthpoint.....	27
Appendix A: Vaccinator Authorisation Guide .....	28
Appendix B: Pharmacist vaccinator scope.....	29
B.1 Funded vaccines .....	29
B.2 Unfunded vaccines.....	31
Appendix C: Pharmacy Vaccination Site Checklist .....	32
Appendix D: Supporting whānau into primary care.....	36
C.1 Eligibility.....	36
C.2 Newborn hearing test .....	36

Common Abbreviations	
AIR: Aotearoa Immunisation Register	NIP: National Immunisation Programme
APC: Annual Practising Certificate	NIR: National Immunisation Register
AV: Authorised Vaccinator	NPHS: National Public Health Service
BMV: Book My Vaccine	Pharmac: Pharmaceutical Management Agency
CIR: COVID Immunisation Register	PEL: Pharmacy Engagement Lead/s
CPR: Cardiopulmonary resuscitation	PMS: Patient Management System
Health NZ: Health New Zealand   Te Whatu Ora	PSO: Practitioner Supply Order
ICPSA: Integrated Community Pharmacy Services Agreement	VFC: Vaccinator Foundation Course
IMAC: Immunisation Advisory Centre	VHW: Vaccinating Health Worker
NIS: National Immunisation Schedule	

# 1. Links & Resources

## General information

If you have any questions or comments, please reach out to the NPHS at [immunisation@tewhatuora.govt.nz](mailto:immunisation@tewhatuora.govt.nz)

This planning guide will be updated periodically and the latest version will be available on the Health NZ [Community Pharmacy Service Documents](#) webpage.

To subscribe to Health NZ immunisation update emails contact: [sandy.thambiah@tewhatuora.govt.nz](mailto:sandy.thambiah@tewhatuora.govt.nz)

## Funding eligibility

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

## Information for consumers and whānau

The [Immunise website](#) is an excellent resource for whānau centred information covering the National Immunisation Schedule (NIS). It includes features such as ‘Create a child’s personalised immunisation schedule’.

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

## Cold chain resources

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

The Immunisation Advisory Centre (IMAC) also offers a [Cold Chain Policy Template](#) and a free [training course](#) to upskill or refresh knowledge.

## Regional Pharmacy Engagement Leads (PELs)

PEL can support pharmacies and their staff through the entire journey in expanding immunisation services offered.

- **Northern: Chris Leung** [christopher.leung@tewhatuora.govt.nz](mailto:christopher.leung@tewhatuora.govt.nz)
- **Te Manawa Taki: Scott Percy** [scott.percy@bopdhb.govt.nz](mailto:scott.percy@bopdhb.govt.nz) and **Donna Gardiner** (Bay of Plenty) [donna.gardiner@bopdhb.govt.nz](mailto:donna.gardiner@bopdhb.govt.nz)
- **Te Ikaroa: Bronwyn Stoneley** [bronwyn.stoneley@tewhatuora.govt.nz](mailto:bronwyn.stoneley@tewhatuora.govt.nz)
- **Te Waipounamu: Sarah Wood** [sarah.wood@cdhb.health.nz](mailto:sarah.wood@cdhb.health.nz)

Or contact [immunisation@tewhatuora.govt.nz](mailto:immunisation@tewhatuora.govt.nz) if you don’t have your PEL contact details.

## Clinical and education queries

For all clinical advice or education related information contact IMAC on

- **0800 IMMUNE (0800 466 863)** on weekdays between 8:30am to 4:30pm.
- Clinical enquiries: [0800immune@auckland.ac.nz](mailto:0800immune@auckland.ac.nz)
- Education related enquiries: [imaceducation@auckland.ac.nz](mailto:imaceducation@auckland.ac.nz)

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

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

## Resources and Collateral

A wide variety of free consumer collateral and immunisation resources are available, including posters, brochures, vaccine-specific consent forms, vaccination information, post vaccination advice. Additional formats are available for some resources including audio, braille and large print.

- Set up a [Bluestar account](#) to have printed resources sent to your immunisation site. To register, select 'Need to Register' and complete the online registration form.
- [HealthEd](#) has a wide variety of resources available to download for immediate use or can be posted out as a physical copy.
- The [NIP Dropbox](#) has many resources, including social media tiles available for download.

Helpful resource for consult rooms: [Opportunistic vaccinations to consider for adolescents and adults](#)

## Accessibility

A pharmacy should consider how their vaccination area may be optimised to ensure it is accessible for those with disabilities or mobility issues. Resources and support are available in the [NIP Dropbox](#).

## The Aotearoa Immunisation Register (AIR)

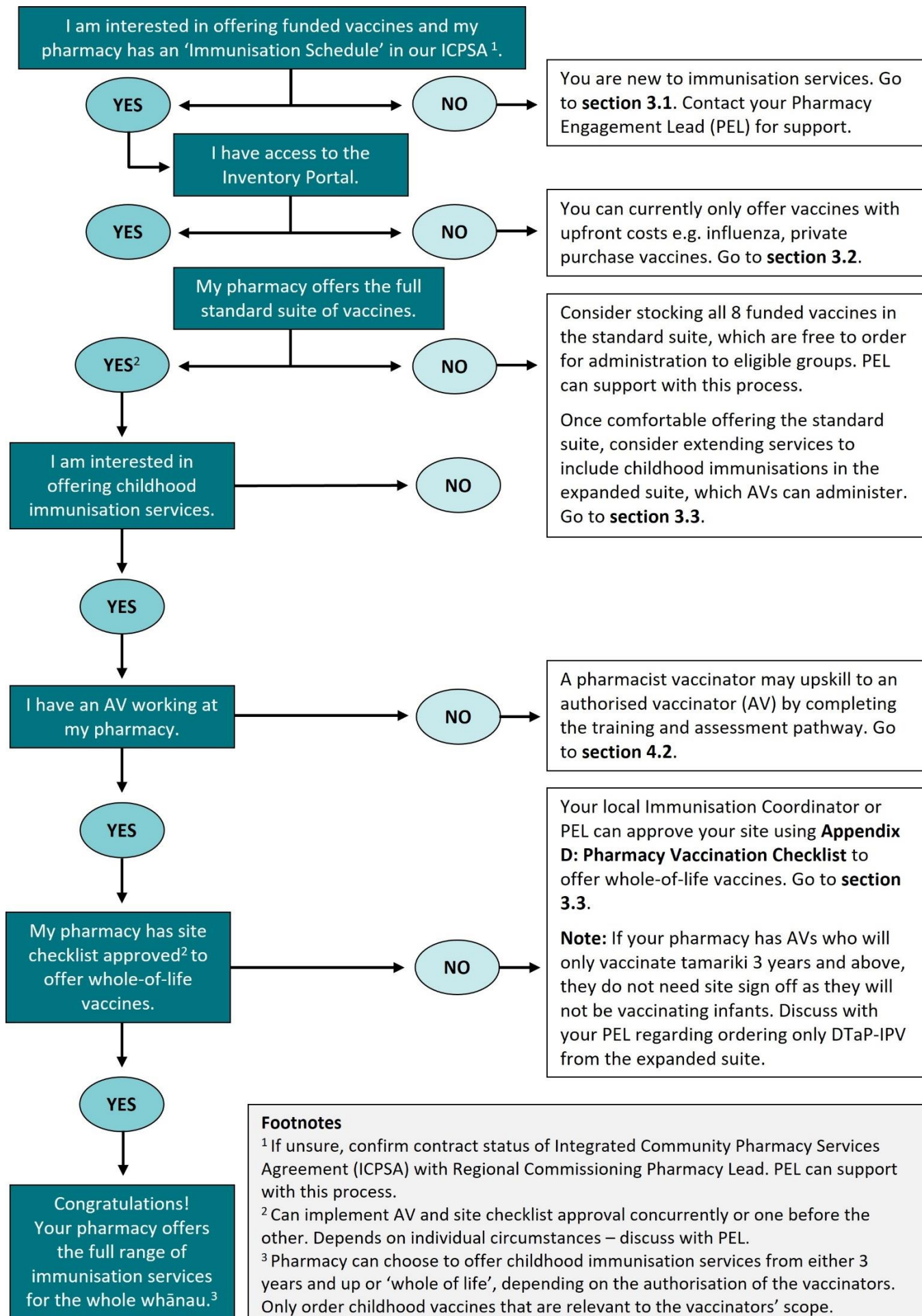
Visit the [AIR website](#) for more information on the [register](#). Order consumer AIR information from [HealthEd](#).

## 2. Funded vaccines in pharmacy

This list is correct at the time of review, 28 March 2025, and is subject to change.

Standard suite: Available for pharmacist vaccinators			
<p><b>Bexsero®</b> Meningococcal B (MenB)</p> 		<p><b>MenQuadfi®</b> Meningococcal ACWY (MenACWY)</p> 	
<p><b>Boostrix®</b> Tetanus, diphtheria, acellular pertussis (Tdap)</p> 		<p><b>Priorix®</b> Measles, mumps &amp; rubella (MMR)</p> 	
<p><b>Gardasil 9®</b> Human papillomavirus (HPV)</p> 		<p><b>Shingrix®</b> Varicella zoster (shingles)</p> 	
<p><b>Influenza</b></p> <p style="text-align: center;"><i>Brand varies</i></p>		<p><b>COVID-19</b></p> <p style="text-align: center;"><i>Brand varies</i></p>	
Expanded suite: Available for authorised vaccinators Includes vaccines in standard suite plus childhood vaccines below			
<p><b>Rotarix®</b> Rotavirus oral vaccine (RV1)</p> 		<p><b>Infanrix®hexa</b> Diphtheria-tetanus-acellular pertussis, hepatitis B, enhanced inactivated polio vaccine and Haemophilus influenzae type b (DTaP-IPV-HepB/Hib)</p> 	
<p><b>Prevenar 13®</b> Pneumococcal 13 (PCV13)</p> 		<p><b>Infanrix®IPV</b> Diphtheria, tetanus, pertussis and polio (DTaP-IPV)</p> 	
<p><b>Varilrix®</b> Varicella vaccine [chickenpox vaccine] (VV)</p> 		<p><b>Act-HIB®</b> Haemophilus influenzae type b (Hib)</p> 	

# 3. Onboarding



**Footnotes**

- <sup>1</sup> If unsure, confirm contract status of Integrated Community Pharmacy Services Agreement (ICPSA) with Regional Commissioning Pharmacy Lead. PEL can support with this process.
- <sup>2</sup> Can implement AV and site checklist approval concurrently or one before the other. Depends on individual circumstances – discuss with PEL.
- <sup>3</sup> Pharmacy can choose to offer childhood immunisation services from either 3 years and up or 'whole of life', depending on the authorisation of the vaccinators. Only order childhood vaccines that are relevant to the vaccinators' scope.

## 3.1 Pharmacy does not offer a vaccination service but wishes to do so

1. Identify your local Pharmacy Engagement Lead (PEL), who can support you through each step in this process. PEL contact details on **section 1**.
2. Contact the Regional Commissioning Pharmacy Lead to discuss the process for adding the Immunisation Schedule to your ICPSA and/or the COVID-19 immunisation contract. Regional Commissioning will liaise with Sector Operations and Immunisation Leads to update the contract. This process may take several weeks.
3. Some districts require a visit and sign-off by a District Immunisation Lead and/or Immunisation Coordinator before offering immunisation services. Your PEL will be able to advise you on the process for your District.
4. In the meantime, ensure your pharmacy has:
  - appropriately trained and qualified staff working within their scope for vaccinations to be provided,
  - standard operating procedures,
  - a robust [cold chain management process](#) in place to safely offer vaccination services, and
  - obtain access to the AIR to record all vaccinations see **section 7**.
5. Once these steps are completed, your pharmacy may order unfunded vaccines directly from usual wholesalers and/or order funded vaccines through the Inventory Portal detailed in **section 3.2**.

### Cold chain requirements

Medicines Control regulates the pharmaceutical supply chain, including community pharmacies. Pharmacies are issued with a Licence to Operate Pharmacy (Licence) in accordance with the Medicines Act 1981 and are required to have and maintain appropriate equipment necessary to provide pharmacy services (including vaccination services). **By holding a Licence to Operate Pharmacy, pharmacies providing vaccination services are deemed to hold current cold chain accreditation (CCA).**

- The [National Standards for Vaccine Storage and Transportation for Immunisation Providers](#) (Standards) outline the cold chain management requirements that all immunisation providers must meet if they provide a vaccination service.
- Community pharmacies that are offering or plan to offer vaccination services are responsible for complying with all requirements within the Standards (including appropriate equipment, monitoring and procedures). Providers must ensure that their cold chain policy is updated annually and covers all required details outlined in the Standards, policy templates are [available](#).
- Medicines Control are responsible for assessing cold chain within community pharmacy. It is good practice to complete a self-assessment annually using the [CCA review checklist](#).
- The district [Immunisation Coordinator](#) undertake spatial logging of the pharmaceutical fridge used to store vaccines. Immunisation coordinators are also available to support with general cold chain queries and provide guidance in case of cold chain breaches.

## 3.2 Pharmacy holds an ICPSA Immunisation Schedule but does not use the Inventory Portal

1. To access funded vaccines, the pharmacy requests access to the Inventory Portal. The Inventory Portal is where pharmacy can order scheduled vaccines (free of charge) for administration to eligible consumers.
2. To do so, you and your PEL contact the Regional Commissioning Pharmacy Lead to process a 'new site setup form' found in [Appendix B of the COVID-19 Operating Guidelines](#). This process can take 5 working days to establish.
3. Once access to the Inventory Portal is granted, a vaccinating pharmacy can order any or all of the available funded vaccines listed in this guide.

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

**Consider what level of service you want to offer.** It is recommended that vaccinating pharmacies offer the full standard suite of vaccines, all of which are classified for pharmacist vaccinators to administer (see **section 2**). These vaccines are free to order and having them stocked in your pharmacy vaccine fridge, even without an existing demand, will allow them to be readily available for opportunistic vaccination. In an outbreak scenario (such as meningococcal), local health authorities would refer to vaccination sites that have stock immediately available, strengthening an outbreak response.

### Promote your vaccination service

- Promote your services by ensuring the pharmacy details and the vaccines offered are correct on [Healthpoint](#) and [Book My Vaccine](#) (BMV). This is where Healthline, Health NZ and linked organisations refer most health consumers in the first instance.
- There are multiple physical resources available for display, such as posters, pamphlets as well as social media tiles. These are available from [Bluestar](#), [HealthEd](#) and the [Dropbox](#). Your PEL may also be able to support with additional regional engagement tools.
- Reaching out to local health services, such as community midwives, to set up referral pathways for immunisation services the pharmacy offers.

### Expanding your service to include all available vaccines

- From 1 April 2024, most funded childhood vaccines under the New Zealand NIS were enabled to be delivered in community pharmacy. A pharmacy interested in this service should engage with their PEL early to review the status and scope of their current vaccinators, as well as other considerations such as their current fridge space and consultation room environment.
- Pharmacist vaccinators are unable to administer childhood vaccines but are now able to upskill to become an AV who can administer all vaccines on the NIS, including childhood vaccines. An AV, depending on their authorisation, will be approved to administer vaccines independently to tamariki aged 3 years and up or 'whole-of-life'.
- There are multiple models through which pharmacy could gradually integrate childhood immunisations, such as a pharmacy providing the venue for other immunisation providers to

conduct 'pop-up' clinics or contracting part-time AVs for childhood immunisations on dedicated days at the pharmacy. These models may simultaneously provide the opportunity for a pharmacist to obtain clinical experience vaccinating infants to help build confidence with the support of experienced vaccinators.

- A pharmacist vaccinator may consider upskilling to become an AV, regardless of their intention to vaccinate tamariki. Pharmacist vaccinators work under Medicines Regulations 1984, Schedule 1, which applies age restrictions to specified vaccines. By upskilling to an AV, a pharmacist may choose to still only administer the eight vaccines available to pharmacist vaccinators but will be working under Section 44A of the Medicines Regulations 1984, which removes the age restrictions linked to each vaccine. For example, a pharmacist vaccinator cannot administer both vaccines (Tdap and HPV) due at the 9 to 13-year-old scheduled event on the NIS, whereas a pharmacist AV can as it is within their scope of Section 44A of the Medicines Regulations 1984 to administer both vaccines. See **section 4.5** for a comparison of vaccinator scopes.

A pharmacy must be approved as a childhood vaccination site before being able to offer whole-of-life immunisations. An Immunisation Coordinator or PEL will use the Pharmacy Vaccination Site Checklist (**Appendix C**) as an assessment tool. Once the pharmacy is approved, the PEL will request that childhood vaccines are made available to order via the Inventory Portal.

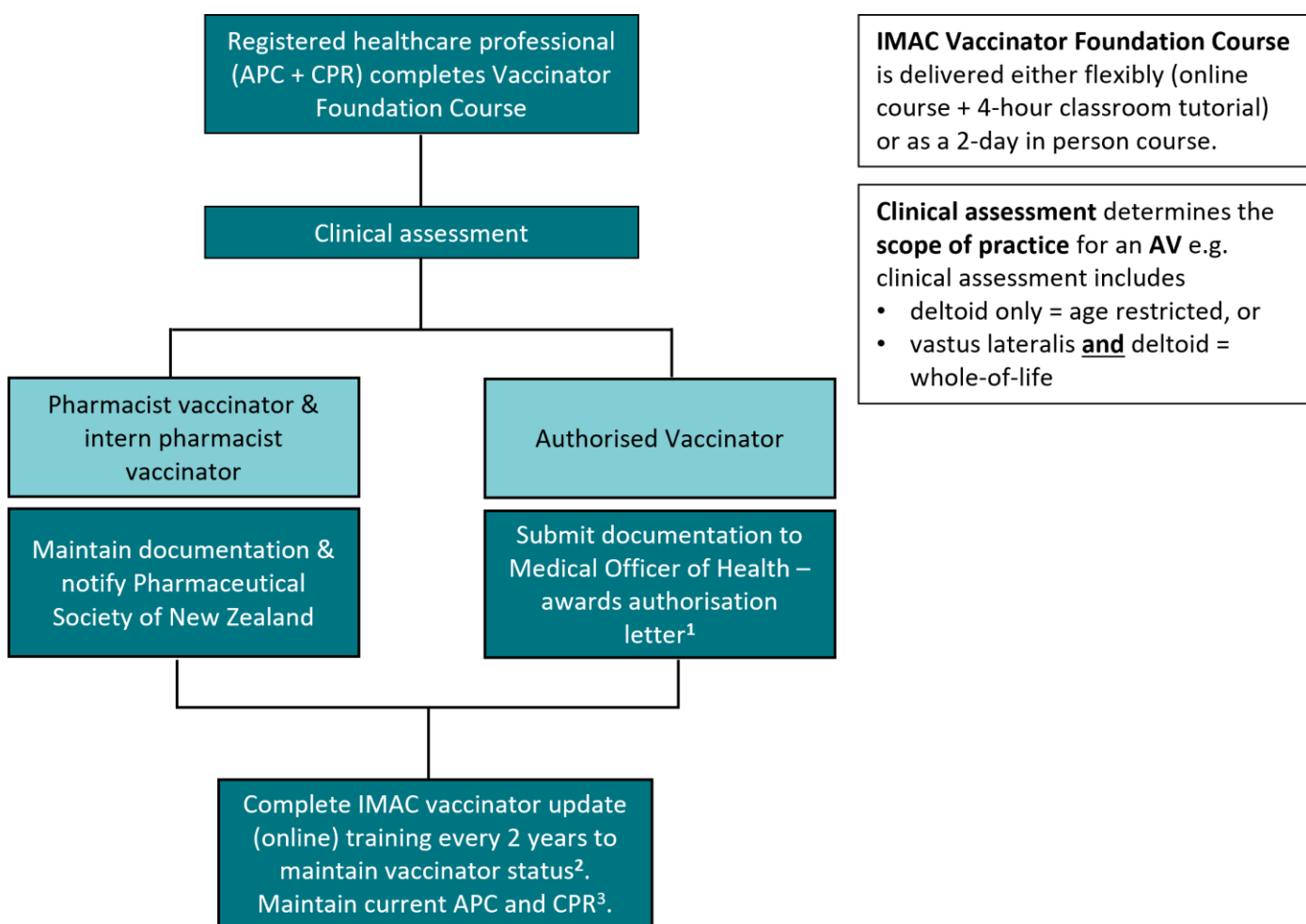
A pharmacy should only order vaccines relevant to the scope of their AVs. PELs can approve a site for DTaP-IPV without the need for site assessment if your pharmacy is only vaccinating tamariki aged 3 years and older. The pharmacy should have processes in place to ensure tamariki receiving their scheduled 4-year-old immunisation event are also referred to appropriate providers for their B4 School Check.

# 4. Vaccinators

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

- **Authorised vaccinators** (nurses, pharmacists, paramedics)  
Works under Medicine Regulations 1984, Regulations 44A.
- **Pharmacist vaccinators** and intern pharmacist vaccinators  
Works under Medicine Regulations 1984 Schedule 1, with specific vaccines and age ranges.
- **Vaccinating Health Workers** (unregistered health care workers without an APC)  
Supervised role, specified range of vaccines, cannot obtain consent or screen for eligibility.

## 4.1 Registered healthcare professional new to vaccination



### Footnotes

<sup>1</sup> Authorisation letter outlines the conditions of authorisation, including any restrictions. Currently this involves the local Medical Officer of Health, but this process will transition to a national authorisation process via a central authorisation portal. See **section 4.2**.

<sup>2</sup> Some Medical Officers of Health have local requirements for renewing authorisation, such as a peer review - confirm your local process for AV re-authorisation. Note: a peer assessment is not a renewal requirement of the national authorisation portal renewal or for pharmacist vaccinators.

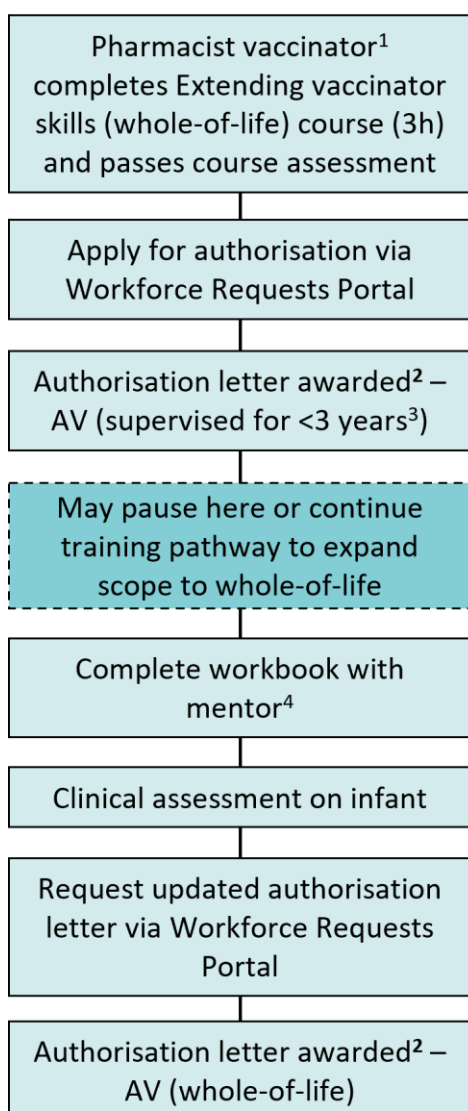
<sup>3</sup> As outlined in the Immunisation Handbook Appendix 4. Further detail outlined in **section 4.3**.

## 4.2 Pharmacist vaccinator upskilling to authorised vaccinator

From 1 April 2024, pharmacist vaccinators can upskill to become an AV. An AV has the scope to vaccinate tamariki aged from 3 years and above and can complete further training and assessment to qualify for the ‘whole-of-life’ scope (**Appendix A**) i.e., from 6-weeks of age.

There are multiple advantages of a pharmacist vaccinator upskilling to an AV, even if they do not immediately want to progress to provide ‘whole-of-life’ vaccinations. Advantages include:

- Simplification of the types of vaccines that can be legally administered
- No peer assessment required for 2-yearly re-authorisation
- A national authorisation process so application to local Medical Officer of Health is no longer required
- Automatic reminders for the 2-yearly update
- Centralised storage of documentation for audits via the Workforce Request Portal
- Once authorised, no standing order or prescription is needed to gain experience with vaccinating tamariki under 3 years of age



### Note:

- Completing the **Extending Vaccinator Skills (whole-of-life)** course allows a pharmacist vaccinator to then apply as an AV. This course would be done once to upskill from pharmacist vaccinator scope to AV scope.
- The **Vaccinator Update** course is required to be completed every 2 years by all vaccinators as part of maintaining vaccinator status.

The Extending Vaccinator Skills (whole-of-life) course does not replace the 2-yearly Vaccinator Update course.

### Footnotes

- <sup>1</sup> Also open to any existing authorised vaccinators (e.g. nurse authorised vaccinators) who may have age restrictions on their scope of practice from their local Medical Officer of Health. Pathway is not available to intern pharmacists, see **section 4.5**.
- <sup>2</sup> Authorisation expires two years from the date of your Vaccinator Foundation Course or 2-yearly Vaccinator Update course, whichever is the latest. The letter indicates any conditions of vaccinator scope. See **section 4.3**. Notify your indemnity insurance provider of change in vaccinator status.
- <sup>3</sup> Authorised vaccinators may independently vaccinate 3 years and above and vaccinate those under 3 years of age (no standing order/prescription required) under direct one-on-one supervision of a whole-of-life authorised vaccinator.
- <sup>4</sup> Supervised practice with a mentor (whole-of-life authorised vaccinator, ideally with >6 months infant vaccination experience) to build confidence and competency prior to assessment.

## 4.3 Maintaining vaccinator status

The [Immunisation Handbook, Appendix 4](#) outlines the process for renewal of vaccinator status.

- AVs have an expiry on their authorisation letter, usually 2 years from the date of their last training course. They must resubmit [required documentation](#) to either the local Medical Officer of Health or the [Workforce Requests Portal](#) before the expiry date to ensure they maintain their vaccinator status.
- Pharmacist vaccinators are responsible for maintaining their own documentation. Their vaccinator status expires 2 years from the date of Vaccinator Foundation Course (VFC) or date of their last 2-yearly Vaccinator Update. Pharmacist vaccinators are responsible for ensuring they can demonstrate that they have maintained continuous vaccinator scope by completing their 2-yearly updates on time, as well as keeping a record of their VFC and clinical assessment.
- There is a grace period applied to vaccinators if they complete the 2-yearly Vaccinator Update within a month of their status expiring. If this grace period is exceeded, depending on the length of time passed, there will be additional training or assessments required to be re-authorised. Discuss with PEL or refer to the [Immunisation Handbook](#) for more information.
- All AVs and pharmacist vaccinators must maintain a current Annual Practising Certificate (APC) and be current with the appropriate level of cardiopulmonary resuscitation (CPR) as part of documentation required for maintaining vaccinator scope.

If a pharmacist vaccinator upskills to an AV, the expiry date on their authorisation letter will be based off their last 2-yearly Vaccinator Update. This is because the Extending Vaccinator Skills (whole-of-life) course **does not** replace the 2-yearly Vaccinator Update course.

The [Workforce Requests Portal](#) sends out reminder emails to AVs within its system 60 days and 30 days before their vaccinator status is to expire. It sends a further email 31 days after authorisation has expired, which explains the renewal requirements as grace period for authorisation has lapsed.

### Case study of pharmacist upskilling to AV

Olivia has been a pharmacist vaccinator for 10 years. She has kept her Vaccinator Foundation Course certificate, original clinical assessment and four 2-yearly Vaccinator Update certificates showing she has maintained continuous vaccinator scope. She was asked for this evidence at a recent pharmacy audit.

She completes the Extending Vaccinator Skills (whole-of-life) course and submits all documentation required for authorisation to the Workforce Requests Portal, including the previous two 2-yearly Vaccinator Update courses – the most recent of which was completed 18 months ago.

This means her authorisation letter from the Workforce Requests Portal has an expiry date only 6 months away. She will need to complete another 2-yearly vaccinator update course before the expiry date, resubmit the completion certificate along with evidence of current APC and CPR. Her next authorisation letter will have an expiry date in 2 years' time.

Olivia can now administer vaccines listed on the National Immunisation Schedule to tamariki aged 3 years and older.

For any questions relating to authorisation, contact: [vaccinatorauthorisations@tewhatuora.govt.nz](mailto:vaccinatorauthorisations@tewhatuora.govt.nz)

## 4.4 Legislation for vaccinators

All vaccines are prescription only medications, however Medicine Regulations 1984 provides exemptions for vaccinators to administer certain vaccines without need for a prescription (**Appendix B**).

Authorised vaccinators (AVs) work under Medicine Regulations 1984, Regulation 44A; where an AV may legally administer vaccines if the vaccines are part of an approved immunisation programme. This includes vaccines listed on the NIS and those special groups listed in the Pharmaceutical Schedule. A local Medical Officer of Health or the Director-General can approve 'immunisation programmes', such as for mpox and scheduled vaccines that a person may not qualify for but wishes to purchase unfunded.

### **Vaccines that are within scope for authorise vaccinators include:**

- All vaccines listed on the National Immunisation Schedule and in Pharmaceutical Schedule – whether they are funded (as per Regulation 44A) or unfunded (as per approved immunisation programme),
- Supervision conditions for certain ages may apply to a vaccinator's scope of practice depending on training and authorisation. This is outlined in the authorisation letter.

Pharmacist vaccinators work under Medicine Regulations 1984, Schedule 1; where the following vaccines are individually listed as being able to be legally administered (funded or unfunded) by a pharmacist vaccinator. The legislation in some cases specifies age restrictions, which must be considered in addition to Pharmaceutical Schedule eligibility criteria for funded use.

### **Vaccines that are within scope for pharmacist vaccinators and their legal descriptions:**

- |  |   |
|--|---|
| • COVID-19 vaccine (requires completion of additional COVID-19 education course) | • Meningococcal vaccine (MenB) to a person 16 years of age or over                                |
| • HPV vaccine  | • MMR vaccine   |
| • Influenza vaccine  | • Shingles vaccine (varicella) to a person 50 years of age or over                                |
| • Meningococcal vaccine (MenACWY) to a person 16 years of age or over            | • Tdap vaccine to a person 18 years of age or over or to a pregnant person aged 13 years and over |

Intern pharmacist vaccinators work under the same legislation as pharmacist vaccinators, but the following vaccines are out of scope: Tdap, meningococcal vaccines (MenB and MenACWY) and shingles vaccines.

As per their Annual Practising Certificate, intern pharmacists must work under direct supervision of a registered pharmacist. Therefore, intern pharmacist vaccinators cannot upskill to an AV, as they can't act independently as an AV. Intern pharmacist vaccinators must wait until they register as a pharmacist before upskilling to an AV.

## 4.5 Pharmacist vaccinator vs authorised vaccinator scope of practice

**This is not an exhaustive list:** More vaccines for special groups are outlined in the Pharmaceutical Schedule, including catch up programmes. To determine clinical indication for a vaccine, refer to the Immunisation Handbook and/or call 0800 466 863. See **Appendix A** and **Appendix B** for additional guidance.

	Vaccine	Pharmacist vaccinator	AV (supervised for under 3y*)	AV (whole-of-life)
National Immunisation Schedule (NIS)	6-week event 3-month event 5-month event 12-month event 15-month event	Out of scope	Within scope (under 3y*)	Within scope
	4-year event (DTaP-IPV)	Out of scope	Within scope	Within scope
	9-13 years event (Tdap and HPV)	Can only administer HPV	Within scope	Within scope
	45-year event (Tdap) 65-year event (Tdap and shingles)	Within scope	Within scope	Within scope
Pharmaceutical Schedule	Influenza	Within scope (3y+)	Within scope (under 3y*)	Within scope
	Meningococcal (MenB and MenACWY): funded if aged between 13 to 25 years and entering close living environments	Can administer if consumer is aged 16 or over. Otherwise, a prescription is required to administer to consumer aged 13 to 15.	Within scope	Within scope
	Shingles: funded if aged 18 or over and immunocompromised	Can administer if aged 50 or over. If qualify for funded vaccine but aged 18-49, need prescription.	Within scope	Within scope
Unfunded	Respiratory syncytial virus (RSVpreF)	<a href="#">Gazetted</a> on 19 Dec 2024: Can administer for prevention of lower respiratory tract disease caused by respiratory syncytial virus RSV-A and RSV-B subtypes to consumer aged 60 or over.	As of January 2025, AV would need a prescription to administer Arexvy, as is not listed on NIS or Pharmaceutical Schedule. If in the future Arexvy is added to the Pharmaceutical Schedule, an AV can administer it funded for those who meet Pharmaceutical Schedule criteria. All others i.e. unfunded use, would require a prescription.	

\*May administer vaccines to those aged under 3 years if under 1:1 supervision from an experienced whole-of-life AV (ideally with more than 6 months experience vaccinating infants).

## 4.6 Vaccinating Health Worker

The Vaccinating Health Worker (VHW) role enables pharmacy technicians, community health care workers, healthcare assistants and kaiāwhina to prepare and/or administer a range of vaccines under the supervision of a vaccinator who is a registered health professional (clinical supervisor) with a current NZ APC. The vaccines that VHWs can administer depend on their stage of training.

### Authorised VHW Stage 1 can:

- administer COVID-19 Comirnaty and influenza vaccines to people aged 12 years and over
- administer Tdap and HPV vaccines to consumers aged 11 years and over

### Authorised VHW Stage 2 can:

- administer VHW Stage 1 vaccines and,
- MMR vaccine to consumers aged 11 years and over

### After workplace practice and assessment on tamariki aged under 11 years, a VHW stage 2 can:

- administer MMR, COVID-19 Comirnaty and influenza vaccines to consumers aged 5 years and over
- prepare MMR and COVID-19 Comirnaty single and multi-dose vaccines

VHWs need to be authorised by Health NZ and gain experience as a Stage 1 VHW before gaining access to VHW Stage 2 training. The VHW operating model is a team-based approach. VHWs work under the clinical supervision and direction of a registered health professional. **Note:** screening and consent must be obtained by the clinical supervisor.

Employer's role:

- register and support staff completing the VHW training
- support staff working as a VHW clinical supervisor
- ensure processes and procedures are always followed

## 4.7 Training

All information related to the VHW role, training and authorisation requirements are available online:

[IMAC website](#)

- Step by step training pathways
- Regional contacts for VHW education and support
- Details of planned face-to-face practical workshops

[Health NZ website](#)

- Guide: Becoming a Vaccinating Health Worker
- Guide: Information for Vaccinating Health Worker employers

- Guide: Information for Vaccinating Health Worker clinical supervisor
- Vaccinating Health Worker capability matrix

VHW clinical supervisors are critical to the success of the VHW role by helping ensure vaccines are prepared and administered safely and competently. They support training of VHWs, provide direct clinical supervision for VHWs and obtain informed consent from the consumer. There is a [course](#) available, which is highly recommended for authorised and pharmacist vaccinators who are moving into or are currently in clinical supervision roles.

#### **Non-vaccinating staff in the pharmacy - second checker course**

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

## 5. Ordering

### 5.1 Funded vaccine stock

- Funded vaccines are provided at no cost to the pharmacy via the Inventory Portal.
- The Inventory Portal manages vaccine stock including orders placed, orders receipted and consumption or wastage. All vaccine deliveries should be receipted, and doses consumed or wasted should also be recorded in the Inventory Portal to ensure an accurate national vaccine stock picture is maintained.
- There is one delivery a week through the portal at no charge. Additional orders will incur a charge. Order sufficient stock to ensure opportunistic vaccinations within your set weekly delivery dates. There are no minimum order requirements.
- For general enquiries regarding the Inventory Portal email [vaccineanalytics@tewhatuora.govt.nz](mailto:vaccineanalytics@tewhatuora.govt.nz)
- For technical support with the Inventory Portal (e.g. password resets) email [help@imms.min.health.nz](mailto:help@imms.min.health.nz)

### 5.2 Private purchase vaccine stock

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

## 5.3 Ordering standard suite vaccines

Vaccine	Pharmacode – Funded	Pharmacode – Unfunded
<b>COVID-19</b>	Order via Inventory Portal (various Pharmacodes & pack sizes)	
<b>HPV</b> Human papillomavirus	Gardasil9 2506254 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>	HCL – Gardasil 9 2485427 (single)
<b>Influenza</b>	Order via usual pharmaceutical wholesaler (e.g. ProPharma, HCL). Has upfront cost.	
<b>MenACYW</b> Meningococcal ACWY	MenQuadfi 2649012 (single) <i>Maximum order quantity: 10 units</i>	HCL – Menactra 2401959 (single)
<b>MenB</b> Meningococcal B vaccine	Bexsero 2671948 (10 pack) <i>Maximum order quantity: 30 units</i>	HCL – Bexsero 2556251 (single)
<b>MMR</b> Measles, mumps, rubella	Priorix 2509369 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>	HCL – Priorix 1161737 (single)
<b>Tdap</b> Tetanus, diphtheria, acellular pertussis	Boostrix 2459418 (10 pack) <i>Maximum order quantity: 50 units (5xOP)</i>	HCL/Propharma – Boostrix 2061996 (single)
<b>rZV/Shingles</b> Zoster (shingles) vaccine	Shingrix 2631687 (single) Shingrix 2671921 (10 pack) <i>Maximum order quantity: 30 units</i>	HCL – Shingrix 1173125 (single) Propharma – Shingrix 2631687 (single)

## 5.4 Ordering expanded suite vaccines

### Authorised vaccinator scope and ordering childhood vaccines

If a pharmacy has AVs who will only vaccinate tamariki aged 3 years and above, they do not need site signoff to be an approved childhood site as they will not be vaccinating infants. The pharmacy should order the vaccines in the standard suite and possibly Infanrix IPV - Diphtheria, tetanus, pertussis and polio (DTaP-IPV) which is the vaccine given at the 4-year-old event on the National Immunisation Schedule. A pharmacy could use the site checklist (**Appendix C**) as a self-reflection of best practice.

If a pharmacy has AVs approved to provide whole-of-life vaccinations, they will be able to order the childhood vaccines in the expanded suite once they have been signed off as an approved childhood immunisation site. This is to consider the space and privacy requirements involved with vaccinating infants. The checklist to be approved as a childhood immunisation site is found in **Appendix C**. Your PEL can assist you with this process.

Vaccine	Pharmacode – Funded
<b>DTaP-IPV</b> Diphtheria, tetanus, acellular pertussis, polio	Infanrix-IPV 2086417 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>
<b>Vaccines below require the pharmacy to be approved as a childhood immunisation site by completing Appendix C prior to ordering</b>	
<b>DTaP-IPV-HepB-Hib</b> Diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenzae type b	Infanrix-hexa 2459396 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>
<b>Hib</b> Haemophilus influenzae type b	Act-HIB 2404699 (single) <i>Maximum order quantity: 30 units</i>
<b>PCV13</b> Pneumococcal conjugate vaccine (13 valent)	Prevenar 13 2383047 (single) Prevenar 13 2451085 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>
<b>RV1</b> Rotavirus	Rotarix 2650290 (tube 10 pack) 2509415 (applicator 10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>
<b>VV</b> Varicella (chickenpox) vaccine	Varilrix 2678950 (10 pack) <i>Maximum order quantity: 30 units (3xOP)</i>

## 6. Administration

### Informed Consent

- Verbal consent is appropriate in most situations. A vaccinator’s clinical knowledge will allow for a robust informed consent conversation with the consumer, including discussion around risks and benefits. A pre-vaccination [screening checklist](#) will ensure safe consenting process. Processes for safe immunisation is also covered in Chapter 2 of the [Immunisation Handbook](#).
- Written consent is recommended if a vaccine is to be administered under a prescription. Note: the AIR does not have the functionality to upload written consent forms and so physical copies must be kept by the provider for 10 years to meet Health Act Regulations.

### 6.1 Scheduled vaccines

Vaccinators should be aware of what vaccines are due when, as outlined on the NIS, as well what they can administer within their own scope of practice and when to refer to other immunisation providers.

Vaccinators and other pharmacy staff who interact and support consumers to identify what vaccines are due at different life stages, must be familiar with the NIS, for example, pertussis vaccination during every pregnancy to protect the newborn.

The National Immunisation Schedule (NIS) chart provides a comprehensive overview of vaccine recommendations across various life stages. It is organized into columns for 'Stages', 'Disease to protect against', and 'Vaccine'. The stages include Pregnancy, 6 weeks, 3 months, 5 months, 12 months, 15 months, 4 years, 9-13 years, 45 years, and 65 years. Each stage lists the specific diseases targeted by the vaccine and the corresponding vaccine name(s). For example, at 6 weeks, the vaccine targets Tetanus + diphtheria + whooping cough (pertussis) and Influenza, with the vaccine being Boostrix® and 5-in-1 (DTaP-IPV).

A vaccinator scope guide is provided in **Appendix D** to support pharmacy staff. IMAC also has various [clinical resources](#) to assist vaccinators.

## 6.2 Vaccination history

It is essential to review a consumer's vaccination history prior to administering any vaccine to ensure they receive the appropriate protection.

**Eligibility:** All scheduled and catch-up vaccinations are free for children until they turn 18 years old, regardless of visa status.

If a dose is not documented in AIR but clinically indicated, the vaccinator should proceed after discussion with the consumer. Vaccination history may also be confirmed with the GP if unclear. More detail on clinical decision-making process is covered in IMAC clinical training courses or vaccinators can call 0800 466 863 for support.

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

Vaccination history may not be visible if the consumer has requested restricted access to their records. See page 19 for 'Privacy & Restricted Access'.

## 6.3 Consumables

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

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

## 6.4 Collateral

Consumer collateral can be downloaded for use directly from the NIP [Dropbox](#) or printed copies can be ordered for free via [Bluestar](#). This includes vaccine-specific vaccination information as well as post vaccination advice. Written consent forms are available via [Dropbox](#) and [Bluestar](#) for influenza, COVID-19, Tdap, MMR and antenatal immunisations. A [generic written consent](#) form is available from the NIP [Dropbox](#).

Consumer collateral related to the AIR can be downloaded from either the AIR website or available to order.

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

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

Consumers can also obtain information from the new [immunisation website](#).

The current versions of consumer collaterals should be available for vaccinators to use prior to commencing vaccination events.

## 6.5 Screening tools

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

## 6.6 Catch-up schedule resources

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

## 6.7 Monitoring for reactions

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

Reports are made to Centre for Adverse Reactions Monitoring (CARM), either on their [website](#) or via 'New Zealand Adverse Reactions Reporting Form' in AIR.

### **Prophylactic paracetamol for Meningococcal B vaccine**

It is recommended that pēpi aged under 2 years to receive prophylactic paracetamol alongside their Bexsero vaccination. Pharmacists are able to supply paracetamol for whānau to take home as one dose of paracetamol before and two doses after Bexsero immunisation is recommended to reduce the chance of baby developing high fevers.

Pharmacists may supply paracetamol oral liquid to whānau of pēpi receiving Bexsero by Direct Provision under the Pharmaceutical Schedule:

- direct provision by a pharmacist of up to 200mL permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine (Bexsero).
- Process under the patient's name, with J4 funded code and the pharmacist as prescriber. Complete instructions as usual for paracetamol.
- 120 mg/5 mL strength is recommended to reduce error and align with consumer collateral.

Vaccinators in primary care may obtain paracetamol oral liquid on Practitioner's Supply Order (PSO) for this purpose.

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

consumer leaflets to support the use of prophylactic paracetamol which can be accessed in the NIP [Dropbox](#), [HealthEd](#) or [Bluestar](#).

Additional resources:

- [NIP8788 MenB paracetamol use under 2 years – A5 fact sheet WEB.pdf \(dropbox.com\)](#)
- [Bexsero - Immunisation Advisory Centre \(immune.org.nz\)](#)

## 7. Recording

All vaccinations must be recorded in the AIR. It is best practice to have access to the AIR within the vaccination room to minimise transcribing errors.

The AIR vaccinator portal displays a consumer's immunisation history. When an immunisation is recorded in AIR, this immunisation can be seen by other authorised health professionals through the AIR vaccinator portal or connected systems. If the consumer is enrolled with a general practice, that practice will receive a notification of immunisations recorded in the AIR to their Patient Management System (PMS).

AIR has reporting functions which can assist with daily reconciliation, facility consumption and claiming reports. To access this, go to the 'Reports' tab within the AIR vaccinator portal. Further information can be found under the 'Help Centre' tab within the portal.

### Privacy & Restricted Access

The AIR privacy collateral must be made available to all consumers. Consumers can request to [restrict access](#) to their immunisation records, meaning that healthcare providers may not have full access to their immunisation history. In this case, AIR will identify a person's profile as 'restricted access', from there the healthcare provider can initiate a conversation about what vaccines the person may or may not have previously received. The Immunisation Handbook provides advice for how to proceed without a documented history of vaccination. Vaccinators are advised to use clinical judgement, in consultation with the consumer, when deciding whether a vaccination is appropriate to administer.

For further information on Privacy please refer to the [AIR website](#) and ensure AIR consumer collateral is available.

### 7.1 Registering to use the AIR

For pharmacies who are not registered to use the AIR, please follow this [link](#) and complete the sign-up steps. For more support using the AIR, there is a [guide](#) available on the AIR [website](#). Registration with and access to the AIR is mandatory before any funded vaccines are provided to a community pharmacy. It is expected that pharmacies will also document the vaccination event in their pharmacy management system (e.g. Toniq, RxOne, or ScriptSense). Some districts may provide local training on entering vaccinations and connect vaccinators with local AIR administration teams for support.

Sites should ensure they have a process for managing interruptions to business such as in the event of a power and/or internet outage which may affect ability to record vaccines into the AIR. Written

consent forms or AIR vaccine recording forms should be readily available for this situation; these can be found on the [AIR website](#), in [Dropbox](#), or ordered via [Bluestar](#).

### Technical support

For technical support with the Aotearoa Immunisation Register (AIR) please use the link [here](#) to access the AIR service desk or call 0800 855 066 (press 2 and then 1).

Otherwise, may email [help@imms.min.health.nz](mailto:help@imms.min.health.nz). These channels are currently monitored:

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

Note: you can report critical service outages at any time by calling 0800 855 066.

## 8. Claiming

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

### Processing any funded vaccine via your pharmacy management system:

1. Dispense the vaccine(s) administered to the eligible consumer with the vaccinator (or clinical supervisor in case of VHW) as ‘prescriber’.
2. Only one administration fee is payable for all vaccines administered to the same patient on the same day. Dispense one immunisation administration fee to claim the service fee for administration of funded vaccine(s)
  - ‘Immunisation administration fee – influenza’ (Pharmacode 2660733) **\$36.05**
  - ‘Immunisation co-administration fee – influenza **and** shingles’ (Pharmacode 2664453) **\$56.57**
  - ‘Immunisation co-administration fee – influenza **and** Tdap for pregnant people (paid via batch-claiming) **\$56.57**
  - ‘Immunisation administration fee – all other vaccines’ (Pharmacode 2692813) **\$41.20**
  - These new Pharmacodes are effective 1 Dec 2024 to reflect new service fee in the latest ICPSA (voluntary variation 6).
3. The process for claiming for COVID-19 vaccinations has not changed as it sits in a different Immunisation Schedule. Continue to record and claim for COVID-19 vaccinations in the AIR

- If two or more vaccines (other than influenza and shingles) are administered to the same patient on the same day, only one immunisation administration fee may be claimed. The higher value is claimable. For example, if MMR and influenza are co-administered, claim one ‘immunisation admin fee – all other vaccines’.
- General practice and pharmacy have the same funding model where a single administration fee is payable ‘per immunisation event’ rather than ‘per vaccine’. Further claiming details can be found in a pharmacy’s ICPSA immunisation services schedule.
- Some vaccines may have two Pharmacodes, e.g. the HPV vaccine comes as a 10-pack when ordered via the Inventory Portal and as a single pack via a wholesaler (for unfunded vaccinations). Pharmacies must ensure they select the correct Pharmacode based on the pack size and the eligibility of the consumer.

- Other vaccines may have one Pharmacode, e.g. meningococcal vaccines, covering both funded and unfunded (private) purchased stock. The pharmacy is required to code the vaccine as Y4/J4/A4/S4 if Pharmaceutical Schedule eligibility criteria are met or NSS if the vaccine is to be purchased privately.

Vaccines	Pharmacode – Funded Order via Inventory Portal	Claiming
<b>COVID-19</b>	Various Pharmacodes/pack sizes	Complete as usual in AIR: each vaccination will automatically generate the separate COVID-19 Vaccination Administration Fee.
<b>DTaP-IPV</b> Diphtheria, tetanus, acellular pertussis, polio	Infanrix-IPV 2086417	Complete in Pharmacy Management System (Toniq, RxOne, ScriptSense). <b>If funded:</b> <ol style="list-style-type: none"> <li>Select as appropriate: Y4/J4/A4/S4</li> <li>Dispense vaccine(s) administered</li> <li>Dispense <b>one administration fee</b> from options below:                Immunisation administration fee – influenza <b>2660733</b>                Immunisation co-administration fee – influenza and shingles <b>2664453</b>                Immunisation administration fee – all other vaccines <b>2692813</b> </li> </ol> <b>If unfunded</b> enter vaccine(s) as NSS. The cost of the vaccine plus an administration fee can be passed to the consumer as a private purchase.
<b>DTap-IPV-HepB-Hib</b> Diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenzae type b	Infanrix-hexa 2459396	
<b>Hib</b> Haemophilus influenzae type b	Act-HIB 2404699	
<b>HPV</b> Human papillomavirus	Gardasil 9 2506254	
<b>Influenza</b>	Various brands Order via usual wholesaler	
<b>MenACYW</b> Meningococcal ACWY	MenQuadfi 2649012	
<b>MenB</b> Meningococcal B vaccine	Bexsero 2671948	
<b>MMR</b> Measles, mumps, rubella	Priorix 2509369	
<b>PCV13</b> Pneumococcal conjugate vaccine (13 valent)	Prevenar 13 2383047 (single) 2451085 (10 pack)	
<b>RV1</b> Rotavirus	Rotarix 2650290 (tube) 2509415 (applicator)	
<b>Tdap</b> Tetanus, diphtheria, acellular pertussis	Boostrix 2459418 (10 pack)	
<b>VV</b> Varicella (chickenpox) vaccine	Varilrix 2678950 (10 pack)	
<b>rZV/Shingles</b> Zoster (shingles) vaccine	Shingrix 2631687 (single) 2671921 (10 pack)	

- Pharmacies must purchase influenza vaccine upfront. When claiming funded influenza vaccines, the payment includes the cost of the vaccine (with the reimbursement price set by Pharmac through the Pharmaceutical Schedule) plus an administration fee.

Note: Pack sizes and Pharmacodes correct at time of print – can change dependant on stock availability.

Health NZ acknowledges the additional workload on community pharmacy to record the administration of the vaccination in AIR and then claim for the vaccine administration fee via the pharmacy management system (Toniq, RxOne, ScriptSense).

Investigative work is underway to connect pharmacy management systems to AIR so claiming and recording can be done with a single entry, reducing administrative workload for the pharmacy sector. Health NZ will advise the pharmacy sector when a timeline is developed.

## 9. Promoting immunisation services

Health NZ encourages vaccination providers to use Book My Vaccine (BMV) to help assist consumer identify their closest vaccination site, and if the pharmacy chooses, could book appointments at days/times set by the pharmacy.

### 9.1 Book My Vaccine

Consumers can find their local immunisation providers through BMV for the following vaccines. Providers can select which vaccines to show as available.

- |             |                    |                                     |
|-------------|--------------------|-------------------------------------|
| • COVID-19  | • Tdap             | • MenB and MenACWY                  |
| • MMR       | • HPV              | • Scheduled childhood immunisations |
| • Influenza | • Shingles vaccine |                                     |

Health NZ often refers consumers to [BMV](#) and [Healthpoint](#) to encourage whānau to find their closest immunisation provider. Ensuring the provider details are up to date are important.

- Vaccinating pharmacies who want to sign up to use BMV can choose to either offer an appointment model or just be listed as vaccination provider. New sites and users can sign up to [BMV](#).
- Vaccinating pharmacies who are existing users of BMV and would like to change the vaccines available for appointments can log in and [manage their vaccine supplies](#).
- Vaccinating pharmacies who offer appointments on BMV will need to log in to view consumer bookings and manage appointment schedules.
- To request technical support with using BMV, email [help@imms.min.health.nz](mailto:help@imms.min.health.nz) or call 0800 223 987.

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

## 9.2 Healthpoint

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

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

# Appendix A: Vaccinator Authorisation Guide

	VACCINATOR ROLES										
SCHEDULE	AUTHORISED <sup>1, 2</sup>			PHARMACIST		INTERN PHARMACIST		VHW STAGE 1		VHW STAGE 2	
	Hapū Mama Pregnancy	TDAP	FLU + COVID		TDAP	FLU	×	FLU	TDAP	FLU	TDAP
6 weeks	RV1	DTAP-IPV-HEPB/HIB	PCV	×	×	×	×	×	×	×	
3 months	RV1	DTAP-IPV-HEPB/HIB	MENB								
5 months	MENB	DTAP-IPV-HEPB/HIB	PCV								
12 months	MMR	MENB	PCV								
15 months	HIB	MMR	VV								
4 years	DTAP-IPV										
11 – 12 years <sup>3</sup>	TDAP	HPV		HPV <sup>4</sup>	HPV <sup>4</sup>	TDAP <sup>5</sup>	TDAP <sup>5</sup>				
						HPV	HPV				
45 years	TDAP			TDAP	×	TDAP	TDAP				
65 years	TDAP	rZV		TDAP		rZV	TDAP	TDAP			
Influenza	YES			YES (3+ YEARS)	YES (3+ YEARS)	YES (12+ YEARS)	YES (5+ YEARS)				
COVID-19	YES <sup>6</sup>			YES (3+ YEARS) <sup>6</sup>	YES (3+ YEARS) <sup>6</sup>	YES <sup>6</sup> (12+ YEARS)	YES <sup>6</sup> (5+ YEARS)				
MMR catch-up	YES			YES <sup>7</sup>	YES <sup>7</sup>	×	YES (5+ YEARS)				
MenB/MenACYW	YES			YES (16+ YEARS)	×	×					

## Vaccine Key

**FLU:** influenza (brand varies)  
**RV:** rotavirus (Rotarix)  
**DTaP-IPV-HepB/Hib:** diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenzae type b (Infanrix-hexa)  
**PCV:** pneumococcal conjugate vaccine (Prevenar 13)  
**MenB:** meningococcal B vaccine (Bexsero)  
**MenACWY:** Meningococcal ACWY-D vaccine (Menactra)  
**Hib:** Haemophilus influenzae type b (Act-HIB)  
**VV:** varicella (chickenpox) vaccine (Varilrix)  
**MMR:** measles, mumps, rubella (Priorix)  
**DTaP-IPV:** diphtheria, tetanus, acellular pertussis, polio (Infanrix-IPV)  
**Tdap:** tetanus, diphtheria, acellular pertussis (Boostrix)  
**HPV:** human papillomavirus (Gardasil 9)  
**rZV:** Zoster (shingles) vaccine (Shingrix)

## Caveats

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

# Appendix B: Pharmacist vaccinator scope

## B.1 Funded vaccines

All vaccinators must stay up to date with Pharmaceutical Schedule to confirm eligibility for funded vaccines, that the vaccine is within their scope according to the legislation that applies and use appropriate screening tools to ensure each vaccine is clinically appropriate.

Funding Requirements		Legal Requirement	
National Immunisation Schedule (NIS) & other funded vaccinations on Pharmaceutical Schedule		Pharmacist vaccinator	Intern pharmacist vaccinator
<b>Every Pregnancy</b> <ul style="list-style-type: none"> <li>• <b>Tdap 'Boostrix'</b></li> </ul>	<b>1 dose</b> from 16 weeks gestation (recommended). Funded at any time in 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester. At every opportunity, offer immunisation. NZ has low pregnancy immunisation rates putting newborns at significant risk of pertussis.	Tdap vaccine administration restricted to those 18 years and over or 13 years and over if pregnant.	Tdap vaccine administration out of scope.
	<ul style="list-style-type: none"> <li>• <b>Influenza Brand varies</b></li> </ul> Can have at any stage of the pregnancy.	Influenza vaccine within scope.	
<b>6 weeks</b> <b>3 months</b> <b>5 months</b> <b>12 months</b> <b>15 months</b> <b>4 years</b>	Events on the NIS, plus catch-up schedules and special groups outlined in the Pharmaceutical Schedule.	Childhood vaccines administered at these events are not within legislative scope.	
<b>9 to 13 years</b>  <ul style="list-style-type: none"> <li>• <b>HPV 'Gardasil 9'</b></li> </ul>	This event usually completed by School Based Immunisation Programme. At every opportunity, confirm these scheduled vaccines are completed, as well as 2 documented doses of MMR vaccine.	MMR vaccine administration has no specific age restrictions in legislation. Pharmacist vaccinators and intern pharmacist vaccinators can catch up anyone from 3 years and up to those born after 1 January 1969.	
	<ul style="list-style-type: none"> <li>• <b>2 doses (6 to 12 months apart)</b> for 9 to 13 years NIS event. Pharmac funds 2 doses if 14 years and under; OR 3 doses if aged 15 to 26 years; OR 3 doses if aged 9 to 26 years if <a href="#">immunocompromised</a>.</li> </ul>	HPV vaccine administration has no specific age restrictions in legislation. Datasheet indicates from 9 years of age. See <a href="#">Immunisation Handbook</a> for further detail and spacing of giving a 2-dose or 3-dose schedule.	
	<ul style="list-style-type: none"> <li>• <b>Tdap 'Boostrix'</b></li> </ul> <b>1 dose</b> for 9 to 13 years NIS event.	Tdap vaccine administration out of scope for pharmacist vaccinators and intern pharmacist vaccinators for 9 to 13 years NIS event. <b>Need prescription or refer to other service provider.</b>	

To be continued

Funding Requirements		Legal Requirement	
National Immunisation Schedule (NIS) & other funded vaccinations on Pharmaceutical Schedule		Pharmacist vaccinator	Intern pharmacist vaccinator
<b>13 to 25 years - close living</b> <ul style="list-style-type: none"> <li>• <b>MenB 'Bexsero'</b></li> <li>• <b>MenACWY 'MenQuadfi'</b></li> </ul>	<b>2 doses 8 weeks apart</b> if aged between 13 to 25 years and entering close living within next 3 months. See <a href="#">Pharmaceutical Schedule</a> for full criteria.	Meningococcal vaccine administration restricted to 16 years and over. <b>Need prescription or refer to another service provider if qualify but aged 13 to 15 years.</b>	Meningococcal vaccine administration out of scope.
	<b>1 dose</b> if aged between 13 to 25 years and entering close living within next 3 months. See <a href="#">Pharmaceutical Schedule</a> for full criteria.		
<b>45 years</b> <ul style="list-style-type: none"> <li>• <b>Tdap 'Boostrix'</b></li> </ul>	<b>1 dose</b> for those aged <b>from 45 years old</b> who have not had 4 previous tetanus doses (i.e., may have had additional dose due to a tetanus prone wound)	Tdap vaccine administration restricted to those 18 years and over, or 13 years and over if pregnant.	Tdap vaccine administration out of scope.
<b>65 years</b> <ul style="list-style-type: none"> <li>• <b>Tdap 'Boostrix'</b></li> <li>• <b>Shingles 'Shingrix'</b></li> </ul>	<b>1 dose</b> for those aged <b>from 65 years old</b> if been >10 years since previous dose of tetanus	Tdap vaccine administration restricted to those 18 years and over, or 13 years and over if pregnant.	Tdap vaccine administration out of scope.
	<b>2 doses (2 to 6 months apart) funded at the age of 65 years.</b> Must <i>start</i> course while 65, may receive second dose once 66.	Shingles vaccine within scope if administered to those 50 years and over.	Shingles vaccine administration out of scope.
<b>MMR catch up</b> <ul style="list-style-type: none"> <li>• <b>MMR 'Priorix'</b></li> </ul>	<b>2 doses 4 weeks apart for any person born after 1969</b> , who has not had 2 documented doses. Concerns regarding imminent measles outbreak, offer vaccination at every opportunity.	MMR vaccine administration has no specific age restrictions in legislation. Pharmacist vaccinators and intern pharmacist vaccinators can catch up anyone from 3 years and up to those born after 1 January 1969.	
<b>Additional Pharmaceutical Schedule eligibility</b> <ul style="list-style-type: none"> <li>• <b>Shingles 'Shingrix'</b></li> </ul>	2 doses funded for <a href="#">immunocompromised</a> people 18 years or older	Shingles vaccine within scope if administered to those 50 years and over. <b>Need prescription or refer to other service provider if qualify but aged 18 to 49 years.</b>	Shingles vaccine administration out of scope.
<ul style="list-style-type: none"> <li>• <b>COVID-19 vaccines</b> <i>Brand varies</i></li> </ul>	Funded as per Pharmaceutical Schedule criteria.	Can administer to 3 years and over with completion of appropriate <a href="#">COVID-19 training</a> .	
<ul style="list-style-type: none"> <li>• <b>Influenza vaccines</b> <i>Brand varies</i></li> </ul>	Funded as per Pharmaceutical Schedule criteria.	Can administer to 3 years and over (funded or unfunded).	

## B.2 Unfunded vaccines

If a person does not qualify for a funded vaccine as per the Pharmaceutical Schedule eligibility, they may still receive it unfunded if [clinically indicated](#). Pharmacist vaccinators and intern pharmacist vaccinators are able to administer unfunded vaccines as specified in [Medicine Regulations 1984](#). Unfunded vaccines would be purchased by the pharmacy from wholesalers and costs passed on to the consumer.

**This is not an exhaustive list:** refer to the [Immunisation Handbook](#) and/or call 0800 466 863.

Vaccine	Recommendations <i>Immunisation handbook has 'recommended but not funded' sections for many vaccines</i>	Legal Requirement	
		Pharmacist vaccinator	Intern pharmacist vaccinator
<b>HPV</b> <ul style="list-style-type: none"> <li>• <b>'Gardasil 9'</b></li> </ul>	Recommended but not funded for those aged 27 years and older	Yes	Yes
<b>Meningococcal</b> <ul style="list-style-type: none"> <li>• <b>'Bexsero'</b></li> <li>• <b>'MenQuadfi'</b></li> </ul>	Recommended but not funded for non-high-risk tamariki and adolescents not eligible for funded vaccine.	Meningococcal vaccine administration restricted to 16 years and over. Need prescription or refer to another service provider if under 16 years.	Meningococcal vaccine administration out of scope.
<b>Tdap</b> <ul style="list-style-type: none"> <li>• <b>'Boostrix'</b></li> </ul>	Recommended but not funded for: <ul style="list-style-type: none"> <li>• professionals/students in contact with infants e.g. ECE</li> <li>• household members who have regular contact with a newborn e.g. non-birthing parent, grandparents.</li> <li>• Adults not eligible for funded vaccine but have medical condition who are at increased risk of severe consequences of pertussis.</li> </ul>	Tdap vaccine administration restricted to those 18 years and over or 13 years and over if pregnant.	Tdap vaccine administration out of scope.
<b>Shingles</b> <ul style="list-style-type: none"> <li>• <b>'Shingrix'</b></li> </ul>	Recommended but not funded for: <ul style="list-style-type: none"> <li>• from 50 years, including those aged 66 years and older</li> <li>• those aged 18 years or older with increased risk of shingles due to being immunocompromise but not eligible for funded vaccine</li> </ul>	Shingles vaccine within scope if administered to those 50 years and over. Need a prescription or refer to another service provider if qualify but aged 18 to 49 years.	Shingles vaccine administration out of scope.
<b>Varicella (chickenpox) vaccine</b> <ul style="list-style-type: none"> <li>• <b>'Varilrix'</b></li> </ul>	<ul style="list-style-type: none"> <li>• 1 dose for all susceptible healthy tamariki aged under 13 years who do not meet the eligibility criteria for the funded dose.</li> <li>• 2 doses, at least 6 weeks apart, for all susceptible people.</li> </ul>	Chickenpox vaccine administration out of scope.	
<b>Respiratory syncytial virus (RSVpreF)</b> <ul style="list-style-type: none"> <li>• <b>'Arexvy'</b></li> </ul>	Is currently <b>unfunded</b> . Can be administered without need for prescription if aged over 60 for prevention of lower respiratory tract disease.	RSV vaccine within scope if administered to those 60 years and over.	RSV vaccine administration out of scope.

# Appendix C: Pharmacy Vaccination Site Checklist

This checklist highlights all the criteria that must be met by a community pharmacy to be approved as a childhood vaccination site. This assessment will be completed by the regional Pharmacy Engagement Lead (PEL) or Immunisation Co-ordinator (IC). This is to ensure the site has considered all additional aspects required for delivering safe and best practice vaccinations for pēpi, young tamariki and their whānau. The checklist below could also be used by pharmacy offering any immunisation services as a self-assessment tool to ensure best practice.

This checklist is not intended to be used to approve a pharmacy new to all vaccination services. It is expected a pharmacy has experience delivering adult vaccinations before expanding to a childhood service.

## Documentation

- 
- Standard Operating Procedures (SOPs) are culturally responsive and consider te ao Māori and Te Tiriti o Waitangi. He Pikinga Waiora and Te Tiriti o Waitangi Frameworks can be applied to help develop culturally safe SOPs. Another resource that can be referred to is Ao Mai te Rā The Anti-Racism Kaupapa.

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  - Immunisation SOPs (adult and childhood) to document expected processes for all staff to follow to ensure best practice is consistently provided. SOPs should describe:
    - Evidence that staff qualifications (APC, CPR, vaccinator authorisation etc) are up to date and a process to monitor they stay current.

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    - How to order stock and maintain inventory, who is responsible including covering staff absence (e.g. Aotearoa Immunisation Register (AIR) and Inventory log ins).

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    - Detailed procedures specific to the pharmacy for whole immunisation event: booking or walk in process; checking of immunisation history, consent process (e.g., written vs verbal, patient notes), preparation and administration of vaccines (processes for multiple vaccines administered in a single event); claiming and recording processes. Include a business continuity plan in case of internet/IT outages.

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    - A process is in place for whānau to plan their next vaccination event and includes ensuring they understand how to access this.

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    - Observation processes (e.g., who has responsibility for monitoring whānau, privacy for breastfeeding).

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    - Up-to-date list of relevant contact details including Immunisation Advisory Centre (IMAC) clinical support, pharmacy engagement lead (PEL) for immunisations, local immunisation co-ordinator (IC), local AIR administrator, Inventory Portal service, AIR service and helpdesk number.

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    - Cleaning schedule for preparation and consultation area including waste disposal (including sharps disposal) and equipment.

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    - How to ensure consumer collateral (e.g. after care leaflets) and consumables (e.g., full range of needle sizes) are sufficiently stocked and up to date, including the process to order more.

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    - Schedule to check emergency equipment every 4 weeks and the staff member/s assigned to this.

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    - Needlestick injury process.

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    - Error management and notification process.
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- 
- Referral pathways SOP clearly document the local processes for referring whānau to other healthcare providers. Regional PEL will be able to advise local contacts to complete the template provided. It is your professional responsibility to refer a patient in your care to other services when additional expertise is required, such as a 6-week baby check. This SOP should include an up-to-date list of the following (include any required forms and website links to complete referrals):
    - Where whānau can receive primary care services if not already enrolled.
    - Where to refer whānau in a situation where an infant or their whānau require urgent medical review.
    - Local Well Child Tamariki Ora services who can provide Well Child checks and support if whānau are not already accessing these.
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## Cold Chain

Under the License to Operate Pharmacy a community pharmacy is deemed to have cold chain accreditation. Please note that cold chain policies must be reviewed annually, when there is a change in equipment or with changes in cold chain or immunisation lead staff.

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- To ensure documentation requirements and criteria included in the National Standards for Vaccine Storage and Transportation are being consistently met, complete a cold chain accreditation (CCA) self-assessment and discuss with your PEL/IC.
  - Consider adding offsite immunisation services and add this to your cold chain policy. Talk to the local IC regarding SOPs, documentation and equipment requirements/training required to offer this service.
  - If extending immunisation service to include childhood immunisations, the current facility-specific cold-chain policy must be updated to include the following:
    - New vaccines offered need to be named in the cold chain policy.
    - The fridge must have sufficient storage capacity to store increased number of vaccines, in line with National Vaccine Storage and Transportation Standards.
    - All staff accessing vaccine fridges have cold chain training (IMAC cold chain course or vaccinator training course) and are orientated to the cold chain policy e.g., all staff understand importance of not overfilling vaccine fridge with large orders.
    - Management of a cold chain adverse event and processes to relocate a greater volume of vaccines to the backup fridge/s if required e.g., bigger chilly bin, ice packs, ensuring back up fridge/s has sufficient storage capacity.
  - Inventory records include vaccine deliveries (date received, batch number and expiry date), doses consumed, doses wasted or expired.
    - Inventory Portal is sufficient for inventory management for funded vaccines.
    - Private purchase vaccines must be managed on a separate register (hard copy, spreadsheet).
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## Physical Space

Childhood immunisation services require more space than adult vaccination services to deliver a positive immunisation experience to tamariki and their whānau. *This will look different with each pharmacy and can be discussed early on with your PEL.*

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- Waiting area pre immunisation should have at least 2 seats as well as space for a pram/capsule and other children.
- 
- Consultation room designated must ensure privacy and confidentiality:
    - With adequate space for at least 3 seats, work area for documentation and vaccine equipment, in addition to sufficient floor space to accommodate a pram/capsule and other children.
  - Computer screens should be orientated so that it cannot be viewed by other consumers.
  - The consultation room may be used for other purposes (such as an office or storage space) when not used for clinical service delivery, however it must always maintain the appearance of a professional and dedicated clinical space. It would be inappropriate to store staff belongings, retail stock, prescription filing or dispensary equipment (bottles/skillets) in this space unless they are stored in a lockable cupboard/s. Ensuring security of vaccines with a locked fridge is permitted.
- 
- A single consultation room may be sufficient if your processes can accommodate whānau to complete the post vaccination observation period in that same room. This would provide privacy for breastfeeding. In busier vaccinating pharmacies, two or more consultation rooms may be more appropriate to allow one room to be used for both vaccine administration and post vaccination observation without holding up workflow.
- 
- Baby nappy changing area readily available: change table, or space to lay down a changing mat. Consider sanitation equipment (for change mat and hand cleaning) and nappy disposal bags (for caregivers to take dirty nappies away).
    - Best practice: wheelchair accessible change table (wall mounted).
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- Closest appropriate public bathroom facilities noted for all whānau including young children and those with accessibility needs.
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## Equipment & Resourcing

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- Adequate staffing with appropriate training and qualification to support safe immunisation service delivery. Vaccinators are aware of the scope of their practice relevant to their authorisation.
- 
- Vaccinating staff have own unique access to AIR.
  - Vaccination staff **demonstrate familiarity** with these referral processes and understand their professional responsibility to ensure referrals are completed. Failure to utilise referral pathways could jeopardise the immunisation programme, especially if a child misses essential health checks that are not provided within the vaccinating pharmacy.
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- Access to Inventory Portal is live. Recommended that 'Standard Suite' of adult vaccines are stocked and routinely offered as part of whole whānau approach.
- 
- Vaccination consumables (syringes, kidney dishes, gauze, plasters) and consumer collateral, including but not limited to catch-up vaccination resources; vaccine information leaflets, National Immunisation Schedule, consent forms and post vaccination forms. Handouts are up to date and available.
-

- Scales: required for calculating weight for prophylaxis paracetamol with Bexsero vaccination. Baby scales are preferred for weighing infants.
- Sharps bin: easily accessed by vaccinator but away from reach of children.
- Emergency equipment to manage anaphylaxis for age ranges being vaccinated as per Immunisation Handbook requirements, includes but not limited to:

at least 3 x 1:1,000 (1 mg /mL) adrenaline ampoules (not EpiPens)	adrenaline dosage charts
1.0mL tuberculin syringes (minimum of 3)	access to a telephone
range of needle lengths and gauges, including 23 or 25 G × 25 mm, 22 G × 38 mm	Adult and paediatric bag valve mask resuscitator (eg Ambu bag)

# Appendix D: Supporting whānau into primary care

Pharmacy sites need to be aware that whānau who are not currently enrolled or engaged with a primary care provider may attend for vaccination at the pharmacy. Appropriate referral to primary care services is important.

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

While it is preferable that a 6-week medical check is completed prior to the first immunisations being administered, if the whānau report no concerns and the pharmacist is confident to proceed, the vaccines should be given. For clinical support to make this decision, a pharmacist should call 0800 466 863 or contact the district team / local medical centre if accepting new patients to arrange a 6 week check prior to vaccinating.

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

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

## C.1 Eligibility

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

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

## C.2 Newborn hearing test

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

## BABY PRESENTS FOR VACCINATION

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

### A ENROLLED WITH PRIMARY CARE | 6 WEEK MEDICAL CHECK COMPLETED

No action required. Explain that the consumer's immunisation record will be referred to their enrolled medical centre to update their IT system, which will help track when their next vaccine due. They can visit their medical centre or return to a pharmacy if more convenient for their whānau (provide booking details). Offer to print an individualised immunisation schedule and update the Well Child Tamariki Ora book, including weight if recorded.

### B ENROLLED WITH PRIMARY CARE | NO 6 WEEK MEDICAL CHECK

Explore why the whānau hasn't accessed this yet: Is timing an issue, or has the medical centre not received the newborn notification? Encourage booking a 6-week medical check and explain its importance. Offer to call the medical centre to make the appointment or discuss alternative locations. Offer to print an individualised immunisation schedule and update the Well Child Tamariki Ora book, including weight if recorded. Provide the "Why a six-week check is important" leaflet.

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

Explain the importance of the 6-week medical check and provide the "Why a six-week check is important" leaflet. If a local medical centre is accepting new patients, ask for permission to refer the unenrolled child for ongoing health care. If no local options are available, seek permission to refer the whānau to the district team for assistance.

Explain when the whānau should expect to hear from the medical centre or district team and advise on following up if there's no contact. Provide written details, including contacts. Explain that vaccination records are held electronically and are accessible by the new medical centre. Ensure they know when the next vaccine is due and how to access it if not arranged. Offer to print an individualised immunisation schedule and update the Well Child Tamariki Ora book, including weight if recorded.

#### Contact List (for pharmacy to complete based on local contacts and refer to as necessary)

Contact details for **local medical centres** taking on new patients:

Contact details and referral instructions for the **district team** to arrange a 6-week medical check and medical centre enrolment:

Contact details and referral instructions for **Outreach Immunisation Services** if required:

Contact details for **newborn hearing screening test team**:

#### Other relevant contacts