

Guidelines for PMS users recording overseas vaccinations

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Frequently Asked Questions

Question	Answer
1. What systems can be used to record overseas vaccinations?	<p>Both integrated Practice Management Systems (PMS) and the Aotearoa Immunisation Register (AIR) admin system users can record vaccinations administered overseas.</p> <p>General practices continue to be responsible for recording vaccinations administered overseas for their enrolled patients in their PMS for consumers of all ages.</p> <p>PMS users should work with AIR administrators to ensure that events are successfully transferred to the AIR.</p>
2. What outcome (or status) should you record for overseas vaccinations?	<p>Vaccinations administered overseas, that are a match for the National Immunisation Schedule (NIS), should be recorded with an outcome of <i>given overseas</i>.</p> <p>For recording alternative vaccines, refer to question number nine.</p>
3. What indication should you record for overseas vaccinations?	<p>Select the appropriate indication that reflects the reason the vaccination was administered, for example, for a childhood immunisation.</p> <p>The indication should be based on the age of the child when the vaccination was given rather than their current age. Where appropriate align to the NIS.</p>
4. What date should you use when recording an overseas vaccination?	<p>Overseas vaccinations should be recorded with the date the vaccine was administered, as per the overseas evidence.</p> <p>Care should be taken not to record the date that the overseas vaccination was entered in the PMS or via the AIR admin system.</p> <p>Please ensure the date is in the New Zealand format DD/MM/YYYY and that the date is logical, for example vaccine date does not pre-date date of birth.</p>
5. Does the AIR require that you record the country where the overseas vaccination was administered?	<p>Country is not required when recording any vaccination administered overseas.</p>
6. Can you upload evidence to the AIR when recording an overseas vaccination?	<p>Evidence of overseas vaccinations cannot be uploaded to the AIR. If access to the evidence is required, this evidence should be stored as per your current process. Once the evidence is no longer required, it is recommended that you securely destroy it as per your current process for destroying personal information or return it to the consumer.</p>

<p>7. What resources are available to help with the translation of overseas records?</p>	<p>Where possible use of translation services should be prioritised to confirm information.</p> <p>Google Translate may be a helpful tool that can be used to understand the information presented in the overseas record.</p> <p>Please check the Immunisation Handbook for commonly used abbreviations, or contact IMAC (0800 IMMUNE) for clinical advice.</p>
<p>8. How do you determine which schedule to select when recording an overseas vaccination? (<i>PMS users only</i>)</p>	<p>Children aged under 12 years should be attached to the current childhood immunisation schedule.</p> <p>For individuals over the age of 12, immunisation history should be checked against catch-up schedules in the Immunisation Handbook Appendix 2, with additional vaccinations offered as appropriate. If available in your PMS, choose an appropriate catch-up schedule. If there is not an appropriate schedule in your PMS, still ensure to record all administered vaccinations. Individuals eligible for high-risk vaccines should be attached to the relevant high-risk schedule in your PMS.</p> <p>If you are unsure which schedule to select, check your PMS user guide in the first instance. If you have further questions, call IMAC (0800 IMMUNE).</p>
<p>9. How should you record vaccines that are not a direct match to the National Immunisation Schedule? (for example, DTaP-IPV/Hib administered overseas rather than DTaP-IPV-HepB/Hib)</p>	<p>Three actions are required:</p> <ol style="list-style-type: none"> 1. Record the antigen(s) that have been administered overseas as <i>given overseas</i>. 2. The consumer should be offered catch-up immunisations as per the Immunisation Handbook Appendix 2, to be brought up to date with the NIS. These should be recorded as <i>given</i> once administered. 3. Once the missing antigens have been given, you can record the relevant vaccine antigen group in the NIS (for example, 6w, 3m, 5m event) with an outcome of <i>alternative given</i>.
<p>10. Where can you go for help if you are unsure how to map antigens from an overseas schedule?</p>	<p>Consult the Immunisation Handbook, call IMAC (0800 IMMUNE), and/or your Immunisation Co-ordinator.</p>
<p>11. Which overseas COVID-19 vaccines will be accepted?</p>	<p>Overseas COVID-19 vaccines can be entered as <i>COVID-19 Vaccine Product Unspecified</i> and with the outcome of <i>given overseas</i>.</p> <p>COVID-19 indications can only be primary or booster. Most commonly you will use dose 1 and 2 for primary doses, and dose</p>

	3+ for booster doses. Some vaccines require only a single dose primary course.
12. How are overseas vaccinations recorded for individuals who are not enrolled with a general practice?	A copy of the overseas evidence can be sent to an AIR admin, who will ensure this is recorded.

Catch-up planning guidance

Refer to the Immunisation Handbook, [Appendix 2: Planning immunisation catch-ups](#).

If you require further support, the Immunisation Advisor Centre - IMAC can help confirm which vaccines received overseas can be accepted in New Zealand, and what catch-up is required to protect against the disease risk in New Zealand.

IMAC recommends the following guidelines for planning catch-up immunisations, as per the [Immunisation Handbook 2020](#). If you have further questions, please call IMAC directly (0800 IMMUNE). You can also watch this IMAC video on immunisation catch-up, including guidance for children from overseas: [Immunisation catchups the basics on Vimeo](#).

Remember to

- Administer catch-up immunisations as per the New Zealand National Immunisation Schedule, not an overseas immunisation schedule.
- Check the number of antigens received, and age received.

DTaP-IPV

- 4th dose given under 3 years of age should not be counted as 4yr DTaP-IPV.
- The pentavalent vaccine given overseas contains 5 antigens, but the hexavalent vaccine required in New Zealand contains 6 antigens. Depending on the country it is given in, the pentavalent vaccine will be missing either the HepB, Hib, or polio antigen.

HepB

- Do not count a HepB birth dose – any dose given prior to 4 weeks of age is considered a birth/late birth dose.
- Children who receive HepB on an accelerated course may need a booster dose.

OPV/IPV

- Count both OPV and IPV doses as valid doses - where both were given on the same day or less than 4 weeks apart, count these as a single polio dose.
- Children who have received a full course of OPV should be offered a single dose of IPV.
- Do not count a birth dose – any dose given prior to 4 weeks of age is considered a birth/late birth dose.

MMR

- MMR is counted as MMRO if given prior to 11 months of age. Two doses of MMR are still recommended from 12 months of age.

Measles/MR

- Do not count single antigen measles or MR vaccines. Offer MMR.