

AIR | Guidelines for PMS Users Recording Overseas Vaccinations

Contents

Frequently Asked Questions (FAQs).....	1
Catch-Up Planning Guidance.....	3

Frequently Asked Questions (FAQs)

1. What systems can be used to record overseas vaccinations at cutover?

At cutover, only integrated Patient Management Systems (PMS) will be able to record vaccinations administered overseas. These will be sent to the Aotearoa Immunisation Register (AIR). An update will be provided when the AIR vaccinator portal and AIR admin system functionality to record vaccinations administered overseas will be available. General practices will continue to be responsible for recording vaccinations administered overseas directly in their PMS for consumers of all ages.

2. What outcome (or status) should you record for overseas vaccinations?

Vaccinations administered overseas, that are a match for the National Immunisation Schedule (NIS), should be recorded with an outcome of *given overseas*. For recording alternative vaccines, see Question 9.

3. What indication should you record for overseas vaccinations?

Select the appropriate indication that reflects the reason the vaccination was administered, for example, for a childhood immunisation or pregnancy.

4. What date should you use when recording an overseas vaccination?

Overseas vaccinations should be recorded with the date the vaccine was administered, as per the overseas evidence.

5. Does the AIR require that you record the country where the overseas vaccination was administered?

Country is not required in the AIR for any vaccination administered overseas.

6. Can you upload evidence to the AIR when recording an overseas vaccination?

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.

7. What resources are available to help with the translation of overseas records?

Use your existing contact for foreign language translation services. It is not advisable to use Google Translate.

Please check the Immunisation Handbook for commonly used [abbreviations](#) or call IMAC (0800 IMMUNE) for clinical advice.

8. How do you determine which schedule to select when recording an overseas vaccination?

Children under 12 should be attached to the current childhood immunisation schedule.

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. 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).

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)?

Three actions are required:

- a. Record the antigen(s) that have been administered overseas as *given overseas*.
- b. The consumer should be offered catch-up immunisations as per the Immunisation Handbook [Appendix 2](#), to be bought up to date with the NIS, these should be recorded as *given* once administered.
- c. Once the missing antigens have been given, you can record the relevant vaccine antigen group in the NIS (e.g., 6w, 3m, 5m event) with an outcome of *alternative given*.

10. Where can you go for help if you are unsure how to map antigens from an overseas schedule?

Consult the Immunisation Handbook, call IMAC (0800 IMMUNE) and/or your Immunisation Co-ordinator if unsure.

11. Which overseas COVID-19 vaccines will be accepted?

For AIR, only New Zealand administered COVID-19 vaccines will need to specify which vaccine was given (for example, *Comirnaty mRNA-CV Bivalent (15mcg/15mcg)*). Overseas COVID-19 vaccines can be entered as *COVID-19 Vaccine Product Unspecified* and with the outcome of *given overseas*. The Ministry of Health will not maintain a list of 'accepted' overseas COVID-19 vaccines so there is no longer a requirement for overseas COVID-19 vaccines to meet the 'accepted in New Zealand' criteria.

12. How are overseas vaccinations recorded for non-enrolled individuals?

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. If you have further questions, please call IMAC directly (0800 IMMUNE).

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.