

**Services for Children and Young  
People**

**Outreach Immunisation  
Services**

**Tier 2**

**September 2024**

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## 1. Status

**Approved to be used for mandatory nationwide description of services to be provided.**

**MANDATORY** ☒ **RECOMMENDED** ☐

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

## 2. Review History

Review History	Date
<b>First published on NSFL</b>	<b>2003</b>
<b>Amendments:</b> inserted Contents page, Service Definition redefined Service Objectives, Access and Exit Criteria and Process clarified. Reformatted and updated Purchase Unit Table	<b>November 2010</b>
<b>Amendment:</b> Section 8.2 to clarify reporting age ranges.	<b>July 2012</b>
<b>Amendment:</b> Reporting template corrected to PHOI0004	<b>August 2014</b>
<b>Amendment:</b> updated background, objectives, inclusions, quality requirements, references to immunisation standards and immunisation handbook.	<b>July 2020</b>
<b>Amendment:</b> added national immunisation solution	<b>March 2022</b>
Content moved to updated Health New Zealand format	<b>September 2024</b>
<b>Consideration for next service specification review</b>	<b>Within the next 5 Years</b>

**Note:** In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

**Note:** Contact the Service Specification Programme Manager, National Health Board Business Unit, to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: [Nationwide Service Framework Library – Health New Zealand](#)

### 3. Introduction

This tier two Services for Children and Young People - Outreach Immunisation Services service specification (the Service) must be used in conjunction with the overarching tier one Services for Children and Young People and the tier two Well Child Tamariki Ora service specification.

Refer to the tier two Well Child Tamariki Ora service specification for generic details on:

- Service Objectives
- Service Users
- Access
- General Service Components
- Service Linkages
- Exclusions
- Quality Requirements

The above sections are applicable to all the Service's delivery.

#### 3.1 Background

High immunisation coverage is important not only to protect the health of the individual but also to protect the community.

The aim of the National Immunisation Programme is to reduce the impact of vaccine preventable disease by increasing coverage to 95% and to eliminate inequalities in immunisation coverage.

The Service is one of an integrated set of strategies aimed at improving immunisation coverage. Other strategies to improve coverage are:

- the National Immunisation Register (NIR), that records immunisations given and assists opportunistic immunisation by allowing authorised health providers to access a complete record of any child's immunisation history, and to identify those children who are missing out on immunisation
- the National Immunisation Solution (NIS) is a new system that will replace the National Immunisation Register (NIR). The NIS will be available from 1 April 2022 but will have a phased roll out. This means that both the NIR and the NIS will be used concurrently. In time, the NIS will supersede the NIR
- enhanced immunisation promotion
- research and evaluation, and
- alignment of immunisation coordination and facilitation roles with district populations.

## 4. Service Definition

The Service is designed to assist primary health care providers, Well Child Tamariki Ora (WCTO) service providers and Immunisation Facilitators / Co-coordinators to follow up on families who have children that have missed vaccination events, as defined in the current National Immunisation Schedule.<sup>1</sup>

The principles for the Service are that it:

- is an enhancement of existing services
- is integrated with Whānau Ora services
- is built on and is an enlargement of the capacity of current WCTO and primary health care service providers to provide immunisation in a range of contexts, including the home
- must be linked to an existing primary health care service and aim to facilitate access to primary health care as part of their service provision
- must have some existing immunisation capacity and be able to adequately support vaccinators to deliver a quality service, as prescribed in the current Immunisation Handbook<sup>2</sup>
- will use community networks to locate the children and their families, provide vaccination services and ensure that the family is linked back into local primary health care and WCTO services.

## 5. Service objectives

### 5.1 General

The Service has been developed to ensure that Māori, Pacific peoples and other priority groups with high rates of vaccine preventable disease and low rates of immunisation, have access to services that:

- a. empower them to make informed decisions regarding immunisation and
- b. offer flexible arrangements for vaccination services in the home and community settings.

The primary objective for the Service is to improve childhood immunisation rates amongst Māori, and other priority groups with high rates of vaccine preventable disease and low rates of immunisation.

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<sup>1</sup> [www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule](http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule)

<sup>2</sup> [www.health.govt.nz/publication/immunisation-handbook-2017](http://www.health.govt.nz/publication/immunisation-handbook-2017)

## 5.2 Māori Health

The Service will be appropriate, acceptable and meet the needs and preferences of tamariki Māori and their whānau and families.

Māori immunisation rates are generally lower than the general population rates, and as a result, tamariki Māori are disproportionately represented in hospital admissions for vaccine preventable disease.

The Service will be provided recognising the needs of tamariki Māori and seek to increase immunisation coverage rates. The Service is expected to contribute to a reduction in health inequalities.

The Service provider will document how they will:

- ensure effectiveness and the acceptability and accessibility of services to Māori
- align the Service to their immunisation plan for Māori
- monitor and measure Māori health outcomes as they relate to this Service.

## 6. Service Users

The Service is for children and families and whānau who are currently not accessing immunisation services. However, as a priority, the Service will be directed towards Māori and Pacific peoples, families and whānau.

### 6.1 Inclusions

All children 0-6 (inclusive) years who have not accessed scheduled immunisation services and where primary health care services are either unable to locate them or have not been successful in bringing the family and whānau in to the primary health care service for immunisation. Individuals older than 6 years may also be included as specifically agreed with the Ministry of Health.

### 6.2 Exclusions

- Immunisation will not be delivered in the community to children who have experienced previous adverse reactions to vaccine as defined in the current Immunisation Handbook.
- Immunisation will not be delivered to children where caregivers / family and whānau have declined to have their children immunised.
- BCG vaccinations will not be given under this Service.

## 7. Access

### 7.1 Entry and Exit Criteria

Entry for children to the Service will be by referral from:

- other health care providers such as a specialist paediatrician
- a Public Health Nurse
- an Immunisation Co-ordinator / District Facilitator
- NIR staff, or
- as locally agreed by the Region or District.

### 7.2 Provider management of access

The Service provider will:

- provide information about the disease and the benefits/risks of vaccination to individuals / parents / guardians to enable them to make an informed decision and give informed consent
- obtain informed consent for each child accessing the Service
- give priority to children that are behind in the schedule and require a catch up programme
- ensure that priority for children receiving the Service is within the Territorial Local Authority population of the District region
- ensure the Services is provided at no cost to the client
- ensure days and hours of operation are flexible enough to meet the needs of the client group – this may necessitate weekend and evening services.

### 7.3 Exit Criteria

A child will exit the Service on referral to a primary health care provider and may also exit in the following circumstances:

- where it is established that the child is no longer domiciled in the District area and a referral has been made to the responsible Region if the child is still resident in NZ
- where the parent / guardian / caregiver has refused immunisation
- where the individual accesses immunisation services with a primary health care provider before contact is established with the Service
- unable to locate after a minimum of six attempts using a variety of approach methods eg, face-to-face visit, text, phone, courier etc.

The Service will undertake no permanent enrolment of clients.



## 8. Service Components

### 8.1 Processes

The Service provider will:

- check current immunisation status of referred child on the NIR (or NIS)
- confirm that the child has missed an immunisation event
- ensure parent / guardian / caregiver has adequate information regarding immunisation to enable them to make informed consent decisions
- ensure that information collected electronically is to be made available to the General Practitioner (GP) and WCTO provider for which the family and whānau are enrolled. The Service will work with WCTO services to offer the most appropriate and accessible options regarding immunisation. There will be close liaison with the primary health care team involved
- deliver the vaccination as per the Immunisation Standards for Vaccinators contained in the current Immunisation Handbook
- record all immunisations given, in the NIR (or NIS)
- record all adverse events following immunisation to the Medical Assessor, Centre for Adverse Reactions Monitoring (CARM) as per the process outlined in the current Immunisation Handbook
- if appropriate, arrange for the WCTO provider to deliver the immunisation in the home or community setting
- in circumstances where the Immunisation Vaccinator deems that it is as appropriate for the vaccination to be delivered in a home or community setting, he / she will refer the child and their family and whānau to their GP for the vaccination
- assist the family and whānau to access the primary health care setting for immunisation where home / community vaccination is clinically inappropriate
- refer the child and family and whānau to local GP and WCTO providers to ensure that children are enrolled with a care provider for subsequent vaccinations and WCTO checks
- provide culturally appropriate services and information to all children and their families and whānau. Services should recognise the needs of identified priority groups including tamariki Māori and Pacific children
- be represented on the District Immunisation Steering Group.

In addition the Service provider will

- work with family and whānau to breakdown any barriers to accessing immunisation services
- develop processes of referral and feedback to primary health care and other WCTO agencies
- contribute to the process of local co-ordination and integration by attending / participating in any immunisation networks or group activity in the district /locality
- meet with other Immunisation service providers in the region, at regular intervals, to consider options for increasing coverage



- participate in district or locality immunisation audits, which will assist in identifying trends and changes in immunisation coverage for the region, and ensure such audits include analysis by ethnicity
- contribute to the development of appropriate immunisation information
- actively undertake educational activities that work in the region. This may be in conjunction with other providers of linked services and from possible national updates
- promote the Service with all providers in the area.

## 8.2 Evaluation

The Service provider will work with Health New Zealand / Districts to develop a service monitoring and evaluation design. The Service provider will also participate in monitoring and evaluation of the Service.

## 8.3 Settings

The Service will be delivered in settings most appropriate to reach clients, inclusive of, but not limited to:

- the home
- marae
- kohanga reo
- other childcare facility
- mobile bus / van
- clinic facility
- any other setting as appropriate.

## 8.4 Equipment

Refer to the PHO Agreement and General Medical Subsidy requirements.

Equipment will meet the requirements of the Immunisation Standards for Vaccinators refer to the Appendix 3 of the current Immunisation Handbook.

## 8.5 Key Inputs

### Competency of staff

All Outreach Immunisation Service vaccinators must meet the requirements of the Immunisation Standards for Vaccinators refer to Appendix 3, and be authorised independent vaccinators refer to Appendix 4 of the current Immunisation Handbook .

## 9. Service Linkages

Co-ordination of all of the Service's delivery will ensure appropriateness, effectiveness, accessibility and availability. The relationship between local and district immunisation facilitators / co-ordinators is critical to the success of the Service. The District NIR co-ordinator / facilitator acts as a conduit between primary health care and the Service, and identify and collate the names of those family and whānau non-responding after three recalls from their usual provider.

Linkages will be maintained with:

Service Provider	Nature of Linkage	Accountabilities
General Practitioner (GP) Team, Nurse Practitioners and primary health carers	Referral, Liaison and consultation	Liaise and work with relevant LMC to ensure seamless transfer of care for the child.
Lead Maternity Carers (LMC)	Referral, Liaison and consultation	Liaise and work with relevant GP Team to ensure seamless transfer of care for the client and whenever there are client concerns or issues
WCTO providers (WCPs)	Liaison	Liaise and work with the relevant WCTO provider to ensure seamless WCTO delivery for all families.
Local and District Immunisation Facilitators/Co-ordinators	Liaison	Liaise and work with relevant facilitator/coordinator
Immunisation Advisory Centre (IMAC)	Referral	Refer families for advice. Refer to IMAC for technical advice.
Family Start (FS) (Where service is in area)	Liaison	Liaise and work with the relevant FS worker to ensure seamless delivery for high need families.
Intensive Home Visiting Service (IHV) (Where service is in area)	Liaison	Liaise and work with the relevant IHV worker to ensure seamless delivery for families.
Oranga Tamariki	Referral	Refer to Oranga Tamariki where a child's safety is at risk from abuse or neglect.
Interagency Co-ordination (Strengthening Families)	Attend or instigate meetings	Attend or instigate Interagency Co-ordination meetings as appropriate.
Hospital Services	Liaison	Liaise and work with relevant professional whenever there are concerns relating to the health or development of a particular child.
Community Agencies	Referral	Refer or liaise re individual children as appropriate

You will have written protocols and systems in place to facilitate these linkages.

## 10. Exclusions

Not required

## 11. Quality Requirements

The Service must comply with:

- the Ministry of Health's Provider Quality Specifications
- the Immunisation Standards for Vaccinators (contained in the current Immunisation Handbook)
- Code of Health and Disability Services Consumer's Rights Regulations
- Privacy Act and Health Information Privacy Code
- Children's Act
- Health and Safety at Work Act

The following additional specific requirements also apply:

- parent(s) / guardian(s) / caregiver(s) will be in attendance during any vaccination events and will be kept well informed throughout. The experience of the family and whānau can contribute to all subsequent immunisation events.

## 12. Purchase Units

Purchase Unit (PU) codes are defined in Health New Zealand's Nationwide Service Framework Data Dictionary. The following PU codes apply to this Service.

PU Code	PU Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections or Payment Systems
PHOI0004	Outreach Immunisation Services provided by PHOs	Immunisations targeted to Maori, Pacific and other priority groups with high rates of vaccine-preventable diseases and low rates of immunisation by PHO providers	Vaccination	Number of vaccinations given	National Immunisation Register Information Database
COCH0013	Outreach Immunisation Services provided by Other Providers	Immunisations targeted to Maori, Pacific and other priority groups with high rates of vaccine-preventable diseases and low rates of immunisation by other providers	Vaccination	Number of vaccinations given	National Immunisation Register Information Database

PU Code	PU Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections or Payment Systems
COCH0023	Immunisation Coordination	Service to increase the number of immunised children, identify and implement immunisation education opportunities for Primary Care staff. Increase families, communities and health professionals understanding of immunisation, and the diseases which immunisation can prevent.	Service		NNPAC or CMS

The Service must comply with the requirements of national data collections (if applicable).

## 13. Reporting Requirements

The Service provider will establish and maintain a register of all children accepted into the Service. Ethnicity data and National Health Index (NHI) must be recorded in all documentation. The register will record the following information for each child as follows:

- family and first name
- NHI number
- date of birth
- ethnicity (to statistics NZ standards)
- address and phone number(s)
- parent / guardian / caregivers name and address and phone number(s)
- next of kin name and address and any alternative contact details
- GP's name and address
- WCTO provider
- date of referral to the Outreach Immunisation Service
- date and record of each contact and attempted contact
- full details on all vaccinations given (consent, vaccinator, vaccine, batch number, site of administration, expiry date, any adverse reactions reported, contraindications)
- date of exit from Outreach Immunisation Service and primary health care provider that the child is linked back to.

The Service provider will provide all information required to the NIR (and NIS) and will also access the NIR (or NIS) and for other relevant purposes (eg, querying immunisation history).

Data on all individual and aggregate immunisations given by the Service must be transmitted electronically to nominated agent as per the requirements detailed in the Access Primary Health Organisation (PHO) Agreement, Reporting Requirements Part I (I.2) and Schedule F2 (see relevant schedules appended).

### 13.1 Quarterly Reporting

The quarterly reports of the Service include the following:

- name and qualifications of staff employed to provide the Service with reference to vaccinator training and authorisation status of staff member(s) employed
- professional development planned or undertaken by the staff member employed
- linkages established between the Service and primary health care providers, Māori and Pacific service providers, WCTO providers, LMCs, public health nurses and immunisation co-ordinators in the service coverage area
- a service delivery plan for the next twelve months
- equipment purchased.

PU Code	Reporting Requirements	
	Frequency	Reporting Units
PHOI0004 (for PHOs) or COCH0013 (For Other Providers)	Quarterly	<ol style="list-style-type: none"> <li>1. Total number of clients by ethnicity* and age as follows: Total number of clients by age (&lt;6 months) Total number of clients by age (6 - 11 months) Total number of clients by age (12 - 23 months) Total number of clients by age (24 - 47 months) Total number of clients by age (48 - 71 months)</li> <li>2. Total vaccinations given, and type (by standard NIR vaccination codes)</li> <li>3. Identification of where vaccinations are given (percentage at home, mobile unit or community setting)</li> <li>4. Total number of referrals to the Outreach Immunisation Service.</li> <li>5. Number of referrals actioned.</li> <li>6. Number of referrals where vaccination was completed.</li> <li>7. Number of referrals where vaccination is declined.</li> <li>8. Number of referrals unable to be contacted.</li> </ol> <p>* Ethnicity - NZ Māori, Pacific Island, Other</p>
	Quarterly	<p>A brief narrative report on progress to date including:</p> <ul style="list-style-type: none"> <li>• New initiatives set up by the <b>Outreach Immunisation Service</b>.</li> <li>• Linkages with other services and the nature of these links, including number and outcome of liaison meetings with other providers.</li> <li>• A summary of the origin and numbers of the referrals received by the service.</li> <li>• Positive aspects of the programme implementation.</li> <li>• Areas for improvement.</li> <li>• On going training of staff.</li> </ul>

You will ensure that, within 24 hours of providing the vaccine, the vaccinating provider transmits the following information to the NIR (or NIS):

<b>Basic client record (static)</b>	Name
	Date of birth
	NHI
	Sex
	Ethnicity
	Place of birth
	Mother's/parent/caregiver details
	Immunisation status for age (as per audit definitions)

<b>Immunisation episode (one record per vaccine given)</b>	Vaccine given
	Date of administration
	Vaccinator
	Status (ie, given/declined/contra-indicated)
	Batch number
	Expiry date
	Site of administration
<b>Recall Enabling Information</b>	Nominated vaccinator
	Nominated well child provider
	Child's address
	Parent / guardian/ caregiver contact information
	Alternative contact information.
	Opt on/opt off the register/programme
<b>Other Information</b>	Adverse events
	Contraindications

## 13.2 Annual Reporting

An annual report will be completed by the Provider at the completion of each year of service delivery. The report will include:

- the overview of the Service provided including discussion of any new service configurations established and any change in immunisation coverage rates for the population in their service area
- a aggregate summary of the events (by NHI) for the current year (see Section 8.1)
- training and development of staff undertaken and an analysis of the training and development requirements planned for the Service in the following year.

## 14. Glossary

Not required

## 15. Appendices

Not required