

## Overview of the childhood immunisation Health Target

<b>Due to MO:</b>	26 February 2025	<b>Reference</b>	HNZ00078356
<b>To:</b>	Hon Simeon Brown, Minister of Health		
<b>From:</b>	Dr Nick Chamberlain, National Director, National Public Health Service		
<b>Copy to:</b>	N/a		
<b>Security level:</b>	In Confidence	<b>Priority</b>	Routine
<b>Consulted</b>	Public Health Agency		

Contact for further discussion (if required)			
Name	Position	Phone	1st contact
Nick Chamberlain	National Director, National Public Health Service	s 9(2)(a)	x
Nikki Canter-Burgoyne	National Immunisation Health Target Programme Lead		

Attachments	
<b>Appendix 1:</b>	Immunisation Schedule for children up to 24 months
<b>Appendix 2:</b>	Q2 Data for 24 month olds (coverage, not fully immunised and declines)
<b>Appendix 3:</b>	Weekly Report Data for 24-month-olds (Week ending 16 February)
<b>Appendix 4:</b>	High Level Implementation Plan for the Childhood Immunisation Health Target

## Purpose

1. Your office asked for an overview of the childhood immunisation Health Target to brief you as the incoming Minister. They particularly requested information on the actions being undertaken to increase immunisation rates, with a particular focus on those who have 'missed' immunisations, also known as 'not fully immunised'.

## Background

*Immunisation is an effective public health measure, but childhood immunisation rates have been falling*

2. Immunisation is one of the most effective public health measures. High immunisation rates mean that most children are protected from that disease completely or there is a reduction in the severity of illness resulting in lower rates of hospitalisation. High rates also limit the spread of transmissible disease and prevent disease outbreaks.
3. Since 2017, childhood immunisation rates have fallen, with the COVID-19 pandemic further accelerating this decline.<sup>1</sup> Currently, immunisation rates, particularly for children and during pregnancy, remain below target, especially for Māori and Pacific populations. At the end of Q1 (September) 2024, 75.7% of children were fully vaccinated at 24 months of age (62% for Māori children and 69.1% for Pacific); and Q2 data figures (to end of December 2024) are 77% (63.5% Māori and 68.8% Pacific).<sup>2</sup>

*Timely immunisation ensures children are protected from disease when they are most vulnerable*

4. The National Immunisation Schedule (provided in Appendix 1) is a series of immunisations (including boosters) given across the lifespan of an individual. All of these immunisations, except for rotavirus vaccine, are given by injection. Most of these immunisations are administered in the first two years of life to provide protection when children are most vulnerable, and many have long lasting protection with boosters offered at older ages. The scheduled events contributing to the Health Target include multiple vaccines administered at the following ages: six weeks, three months, five months, 12 months and 15 months. Appendix 1 provides more detail on these immunisations.
5. On-time immunisation at six weeks is a good predictor of all childhood immunisation events being received on time. The 12- and 15-months immunisation events include dose one and dose two of the measles, mumps, rubella (MMR) vaccine. This is important to note as 95% MMR immunisation coverage is required to prevent a measles outbreak; and this is the key driver of the 95% coverage target for childhood immunisation.
6. Appendices 2 and 3 contain the most up-to-date data for 24-month-olds. Please note, Appendix 3 is the same data as supplied to you via the Weekly Report.

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<sup>1</sup> In Q2 2017 (October – December 2017) 92.3% of 24 month olds were immunised.

<sup>2</sup> Q2 figures are provisional and unpublished and are subject to change through validation processes.

### *Defining 'not fully immunised', 'missed' and 'decline'*

7. 'Not fully immunised' also known as 'missed' covers all individuals that have not had the required childhood vaccines by their 24-month birthday and have not formally declined immunisations. Some parents may not regularly turn up to their child's vaccination appointments and could be difficult to reach. They may also not want their children immunised but have not formally declined. 'Declined' covers all individuals that have not had the required childhood vaccines by their milestone birthday and have formally declined at least one of the immunisations.
8. The Immunisation Taskforce (which delivered its reports and recommendations to Health NZ in December 2022) concluded that the reasons for decline in childhood immunisations are complex and cannot be explained by a single factor.<sup>3</sup> These reasons are systemic and include deprivation, attitudes and knowledge of health professionals, racism, adverse childhood experiences and stress, trust and concerns over vaccine safety.
9. In summary, for Q2 (quarter ending 31 December 2024) 14.9% of children who turned 24 months were not fully immunised, but did not have a decline status (and therefore 'missed' their immunisation). This varied by region, ethnicity and socioeconomic status, with the highest missed rates in the Northern (18%) and Te Manawa Taki (17.9%) regions, for Māori (22%) and Pacific (24.7%), and for those children living in areas of greatest socio-economic deprivation (NZ Deprivation Index 9-10) (21.5%).<sup>4</sup>
10. Further analyses of data, including on numbers showing enrolled or unenrolled with a general practice; and immunisation status of the rest of the family is currently being undertaken by Health NZ. This will provide insights on the populations who are more likely to be missed, and to help target our resources.

### **Implementation Plan for achieving the Childhood Immunisation Health Target**

11. The childhood immunisation Health Target is for 95% of children to be fully immunised at 24 months of age, by 2030. There is an interim target for each year leading up to this: for 2024/25 it is 84%; for 2025/26 it is 87%; for 2026/27 it is 90%; for 2027/28 it is 93%, and for 2028/29 it is 95%.
12. The Childhood Immunisation Health Target Implementation Plan (Implementation Plan) has five key action areas to deliver on the target, which address the recommendations in the Immunisation Taskforce Report. Appendix 4 provides the Implementation Plan on a page. The five core areas are:
  - a) Increase targeted and opportunistic immunisation for priority populations.
  - b) Enable best practice immunisation efforts.
  - c) Increase whānau and community engagement.
  - d) Increase workforce capacity and capability.

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<sup>3</sup> The Immunisation Taskforce was established in 2022 to provide recommendations and guidance to the Health NZ Executive on improving New Zealand's vaccination coverage. It was chaired by paediatrician Dr Owen Sinclair and delivered its report in December 2022.

<sup>4</sup> Data extraction date 13 January 2025.

- e) Improve data and technological capability.

13. Key action areas in the overall Implementation Plan that are being delivered on include:

- a) Increasing targeted immunisation opportunities for priority populations, including by increasing locations where immunisations are available in the community (e.g., Whānau Āwhina Plunket and community pharmacists)
- b) Ensuring the path to become an authorised vaccinator is as seamless as possible for all healthcare workers, through implementing a nationally consistent model and vaccinator workforce portal
- c) Funding lead maternity carers to deliver antenatal immunisations as immunisation in pregnancy is an important step in providing protection to babies before they receive their first immunisations, and these babies are also more likely to have their immunisations on time
- d) Funding general practice to deliver improved pre-call (notification of when an immunisation is due) and recall activities (reminder when an immunisation is overdue)
- e) Enhancing national health promotion campaigns about the importance of childhood immunisations; alongside localised community-led action that builds trust in immunisations
- f) Significant remediation work to improve immunisation reporting in the Aotearoa Immunisation Register (AIR) to ensure efficient targeted approaches to delivery can then be undertaken, including by our Hauora Maori and Pacific providers
- g) S9(2)(f)(iv)

14. These actions are supported by Health NZ, continuing to share best practice across a range of mechanisms to support national, regional and district level activity to deliver improved immunisation coverage for children. This includes fortnightly immunisation sector meetings providing clinical and operational updates attended by immunisation leaders, vaccinators, and champions across the sector.

15. General practice is the main provider of childhood immunisation delivery in New Zealand, providing between 85 – 90% of childhood immunisations. This includes some Hauora Māori and Pacific providers. Health NZ is working on expanding the range of settings where immunisation is available, including via Outreach Immunisation Services (OIS), community pharmacy, Whānau Āwhina Plunket and midwives.

16. Since December 2023, a modern vaccine technology platform called the AIR has been in place as the national register for capturing all immunisation activity. The AIR reduces administrative burden, enables data sharing with providers and the targeting of immunisation delivery.<sup>5</sup> However, there are still challenges to AIR's effectiveness, the biggest issue being that some general practices have old patient management systems (PMS) which impact the data interface between general practices and AIR. Currently,

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<sup>5</sup> Prior to this, the National Immunisation Register was used, and the transition highlighted data differences between the two systems.



manual reconciliations of AIR and general practice data have to be completed to ensure coverage is accurate. Additionally, Health NZ is working with PMS vendor MedTech (which provides PMSs to the majority of general practice in NZ) to resolve vaccine coding issues which will help improve accuracy of data flow from the PMS to AIR.

## New Investment

17. Health NZ's new investment in immunisation frontline delivery and activity for the past two years is approximately \$135 million (2023/24: \$45 million; 2024/25: \$90 million). This is additional to ongoing \$57,000,000 of funding for childhood immunisations.

**Table 1: New investment in immunisation frontline delivery and activity for 2023/24 and 2024/25**

	2023/24 Financial Year (\$m)	2024/25 Financial Year (\$m)	Total for 2023/24 and 2024/25
Childhood Immunisations Funding		\$2,600,000	\$2,600,000
Hauora Māori funding	\$12,500,000	\$25,000,000	\$37,500,000 <sup>6</sup>
Pacific funding	\$12,100,000	\$10,000,000	\$22,100,000
System Level Measure (funding to PHO services for immunisations)		\$26,000,000	\$26,000,000
AIR	\$17,000,000	\$14,100,000	\$31,100,000
Whakarongorau vaccine help line		\$700,000	\$700,000
Precall/Recall activities (notification of upcoming immunisation and reminder when overdue)	\$1,680,000	\$6,720,000	\$8,400,000
Whānau Āwhina Plunket	\$1,000,000		\$1,000,000
Enabling Pharmacies	\$250,000	\$800,000	\$1,050,000
Local Delivery Leads		\$1,400,000	\$1,400,000
Antenatal initiatives		\$500,000	\$500,000
Outreach initiatives		\$500,000	\$500,000
Bespoke Localised Vaccinator Training Services		\$500,000	\$500,000
Hapu mama day 0 dose	\$270,000	\$270,000	\$540,000
Health Promotion Communications		\$1,000,000	\$1,000,000

<sup>6</sup> Additional \$12.5m committed for FY 25/26



	2023/24 Financial Year (\$m)	2024/25 Financial Year (\$m)	Total for 2023/24 and 2024/25
Total new immunisation front-line investment	\$44,800,000	\$90,090,000	\$134,890,000

## Health NZ's plan for addressing those 'Not Fully Immunised' or 'Missed'

### *Improving PHO and general practice immunisation performance*

18. Health NZ is working with Primary Health Organisations (PHOs) and general practices to support the delivery of immunisations and lift performance. Health NZ now publishes quarterly comparative PHO immunisation performance data to drive improvements.
19. There is a 30% difference in immunisation performance among PHOs, and a 40-50% difference in performance among general practices. Neither PHO performance nor general practice performance can be fully explained by the PHO or general practice population demographics. The National Director, National Public Health Service (NPHS) met with Chief Executives of PHOs and general practice clinical leaders to discuss significant variations in performance, reiterate expectations of delivery and PHO general practice support matching the funding PHOs (in addition to general practice) now receive for immunisation.
20. As there is a significant amount of funding being provided for immunisation activity, this needs to be reflected in increased immunisation numbers. For the period 1 July 2024 to 30 June 2025, \$6.7 million has been made available to support general practice best practice pre-call and recall activities. This has shown improvements already: national coverage at eight weeks was 76% at 31 January 2025, a slight increase compared with the previous year at 73%.

### *Enhancing our engagement with communities*

21. A number of actions are underway to increase awareness about the importance of childhood immunisations amongst those who are hesitant and or have declined immunisations. These include health promotion and social marketing campaigns, and health providers engaging with whānau in person through community champions and community groups. In addition, the childhood immunisation social marketing campaign being delivered by the NPHS will continue to run until June 2025, across a variety of channels including TV, video-on-demand, and social media. Between 18 November 2024 until 19 January 2025, the digital activity has delivered over 5.2 million impressions, and 4.25 million completed video views, reaching an estimated 1.3 million people.
22. Health NZ is continuing to encourage immunisation uptake through targeted and effective multimedia campaigns across TV, radio, social media, and through trusted community advocates, including leveraging the pertussis epidemic messaging to increase all immunisation uptake. The 'Acts of Aroha' campaign, running since November 2024 through until June 2025, is focused on increasing pertussis and measles vaccinations, alongside a six-week Pertussis Awareness Campaign (Dec 2024

– February 2025).

*The Aotearoa Immunisation Register identifies late and overdue children*

23. The AIR is able to provide information to general practices on when a child is late or overdue for an immunisation, prior to a child turning 24 months old. In the AIR, a child's planned immunisation event is automatically assigned a status of 'late' when the event is two weeks late, and 'overdue' when the event is four weeks from the original due date. Once a child has been identified as late or overdue, follow-up support is put in place to engage with the child and their whānau.
24. Follow-up and monitoring continues to occur until the child is immunised, or their parent/caregiver has declined (in which case other supports are put in place to manage vaccine hesitancy).<sup>7</sup> A consistent yet tailored follow up approach is undertaken in each district. The best practice process involves:
  - a) Three pre-call and recall attempts by the child's general practice (pre-call is proactive notification before due date; and recall is notification that immunisations are overdue).
  - b) Phone call from the AIR team offering a booking with a general practice or OIS once the child is four weeks overdue.
  - c) If the OIS is preferred, parents/caregivers of the child are contacted on the day they are referred by an OIS provider to schedule a home visit or community clinic.

*Establishment of Local Operating Groups, and 24-month Immunisation Cohort Trackers*

25. In September 2024, as part of enhancing the tools available in AIR for highlighting overdue and late children and to allow for more intensive management of this cohort of children, Local Operating Groups (district level) were activated in all regions. Nationally, all of these groups track overdue children (described as above) and reduce both duplication and fragmentation of service.
26. In the Northern and Te Waipounamu regions the Local Operating Groups monitor 24-month immunisation achievement using a cohort tracking system called the 24-month Immunisation Cohort Tracker. These Groups meet weekly to review the categorised immunisations data to ensure every child is grouped and the appropriate action is taken to ensure their immunisations. This provides detailed reporting of the immunisation status of children turning 24 months between (for example) April and June 2025. There are eight categories used, based on past immunisation history; how overdue they are; which age immunisations were missed; or whether data is missing. Action is taken based on risk and urgency, including active engagement and management to OIS in receiving their immunisations.
27. Based on the success of this approach; Health NZ is currently ensuring this methodology and approach can be embedded across the two remaining regions (Te Manawa Taki and Central).

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<sup>7</sup> It is important to note that some of those children who are late or overdue with their immunisation may have parents/caregivers who are hesitant or actively avoiding immunisation. These children will eventually shift into the 'decline' category. Additional effort is put in place to engage with these families.

28. The 'overdue' categories require the most intensive active management by Health NZ as this is the cohort that will ensure the overall Health Target is achieved.

### ***Declined immunisations***

29. There has been an increase in people declining immunisations in New Zealand post-COVID-19, although this is still a smaller group than those who are late or overdue with immunisations. This is not unique to New Zealand and is a pattern seen in other parts of the world. The national percentage at Q2 2024/25 was 8.2%, an increase compared to the previous year (7%). Further data is provided in Appendix 2.
30. A range of follow-up actions are undertaken by providers once a parent/caregiver has declined a childhood immunisation. These include advising them of the risks of not immunising their child and directing them to education collateral e.g. may include provision of Health NZ immunisation booklets; the consumer-focused website on immunisation information, and encouragement of immunisation uptake via health promotion messages.

### **Next steps**

31. Officials are available to meet with you to discuss Health NZ's actions to deliver on and achieve the childhood immunisation Health Target.



## Appendix 1: Immunisation Schedule for children up to 24 months

### Pregnancy:

- Boostrix (Tdap) tetanus, diphtheria, and pertussis
- Influenza

### Six weeks:

- Rotavirus (Rotarix); (oral)
- Diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenza type b (DTaP-IPV-HepB/Hib) (Infarex hexa)
- Pneumococcal conjugate vaccine (Prevenar 13)

### Three months

- Rotavirus (Rotarix); (oral)
- Diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenza type b (DTaP-IPV-HepB/Hib) (Infrarix hexa)
- Pneumococcal conjugate vaccine (Prevenar 13) (an additional dose given to children at high risk of pneumococcal disease.)
- Meningococcal B vaccine (Bexsero)

### Five months

- Diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenza type b (DTaP-IPV-HepB/Hib) (Infrarix hexa)
- Pneumococcal conjugate vaccine (Prevenar 13)
- Meningococcal B vaccine (Bexsero)

### 12 months

- Pneumococcal conjugate vaccine (Prevenar 13)
- Meningococcal B vaccine (Bexsero)
- MMR: Measles, Mumps, Rubella (Priorix)

### 15 months

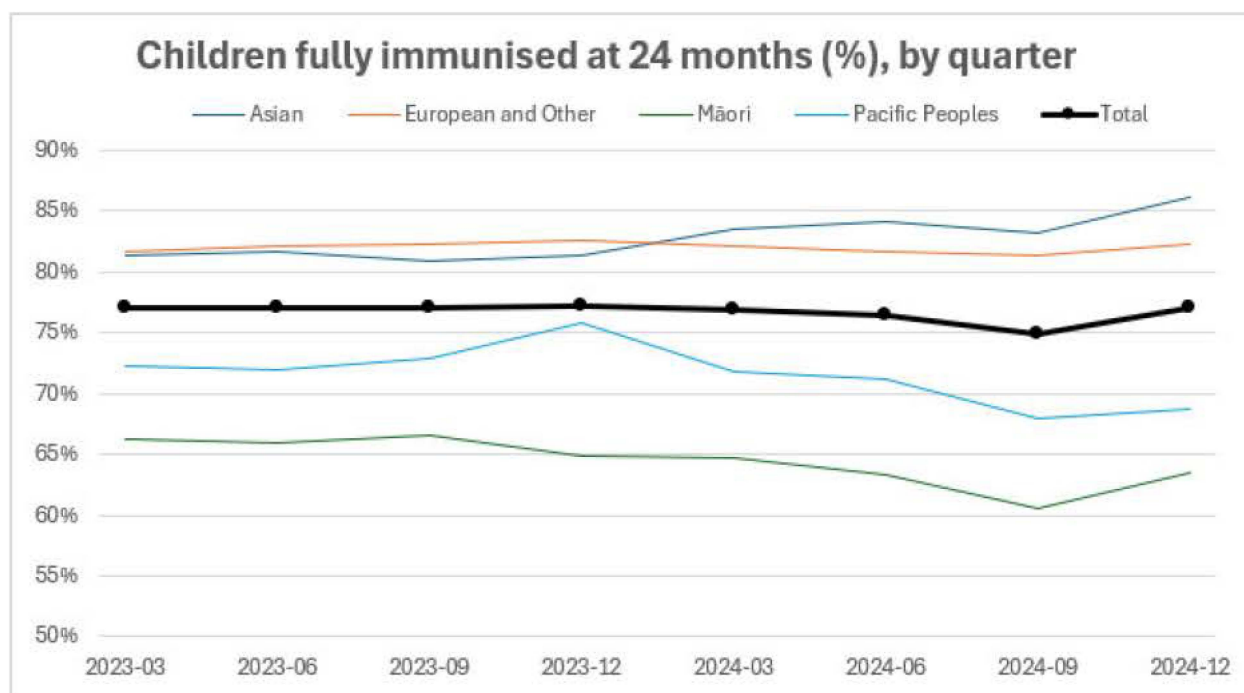
- MMR: Measles, Mumps, Rubella (Priorix)
- Haemophilus influenza type b (Act-HIB)
- Varicella (chickenpox) vaccine (Varilrix)



## Appendix 2: Q2 Data for 24 month olds (coverage, not fully immunised and declines)

### Coverage at 24 months by ethnicity

Graph 1: Children fully immunised at 24 months



### Not Fully Immunised at 24 months

Table 1: Q2 2024/25<sup>8</sup> provisional data for not fully immunised at 24 months, by region

Area	Eligible	Missed	Missed rate
Northern	5,931	1,068	18%
Te Manawa Taki	3,185	569	17.9%
Central	2,596	365	14.1%
Te Waipounamu	3,168	201	6.3%
National (also includes a small number not assigned to a district)	14,891	2,213	14.9%

<sup>8</sup> 1 October – 31 December 2024

Table 2: Q2 2024/25 provisional data for not fully immunised at 24 months, by ethnicity

	Eligible	Missed	Missed rate
Māori	3,814	841	22.1%
Pacific	1,483	367	24.7%
Asian	3,114	377	12.1%
European or Other	6,480	628	9.7%

Table 3: Q2 2024/25 provisional data using deprivation (using NZ Deprivation Index)

	Eligible	Missed	Missed rate
Decile 1-2	2,518	248	9.8%
Decile 3-4	2,543	277	10.9%
Decile 5-6	2,806	351	12.5%
Decile 7-8	3,156	489	15.55
Decile 9-10	3,751	807	21.5%
Deprivation unknown	117	41	35%

## **Declined**

Table 4: Q2 2024/25 provisional data for Declined Immunisations, by Region

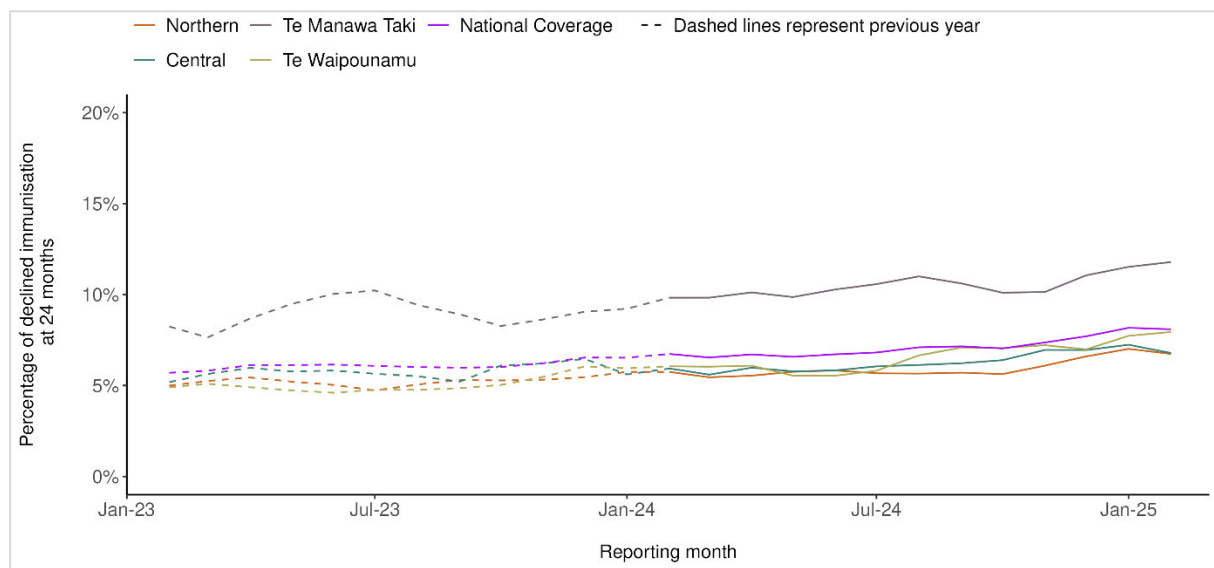
Area	Eligible	Declined	Decline rate
Northern	5,931	416	7.0%
Te Manawa Taki	3,185	367	11.5%
Te Waipounamu	3,168	245	7.7%
Central	2,596	188	7.2%
National (also includes a small number not assigned to a district)	14,891	1,216	8.2%

Table 5: Q2 2024/25 provisional data for Declined Immunisations, by ethnicity

Area	Eligible	Declined	Decline rate
Māori	3,814	550	14.4%
Pacific	1,483	95	6.4%
Asian	3,114	53	1.7%
European	6,480	518	8.0%

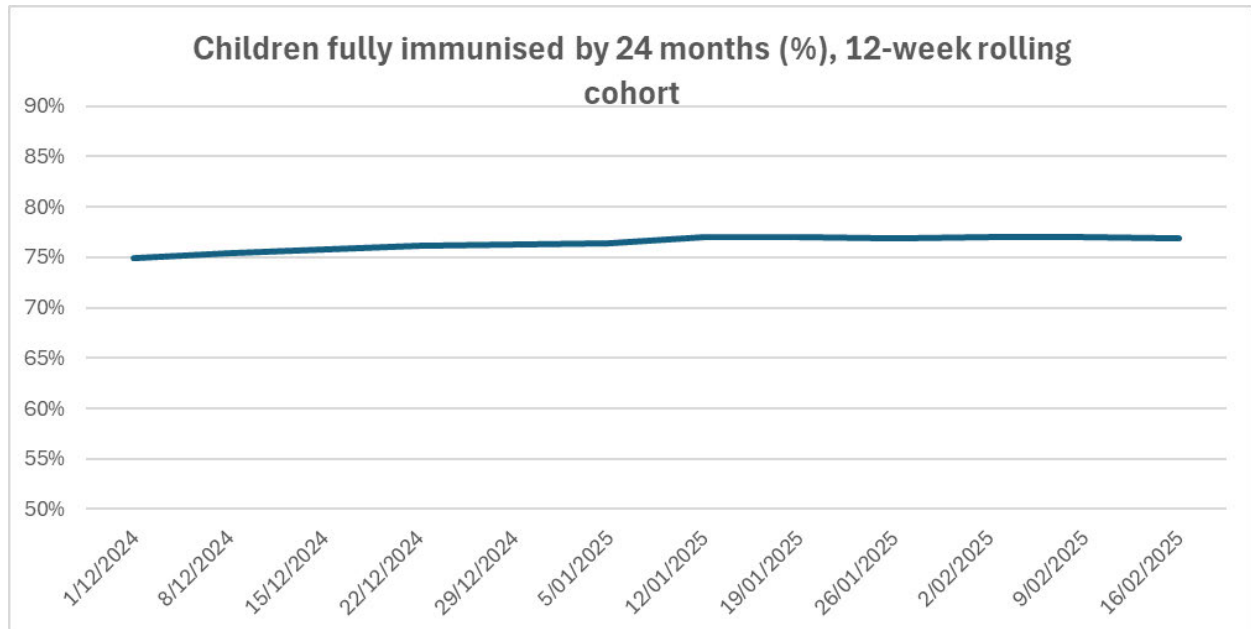


*Graph 2: Percentage of Declines at 24 months – All Immunisations, by Region*

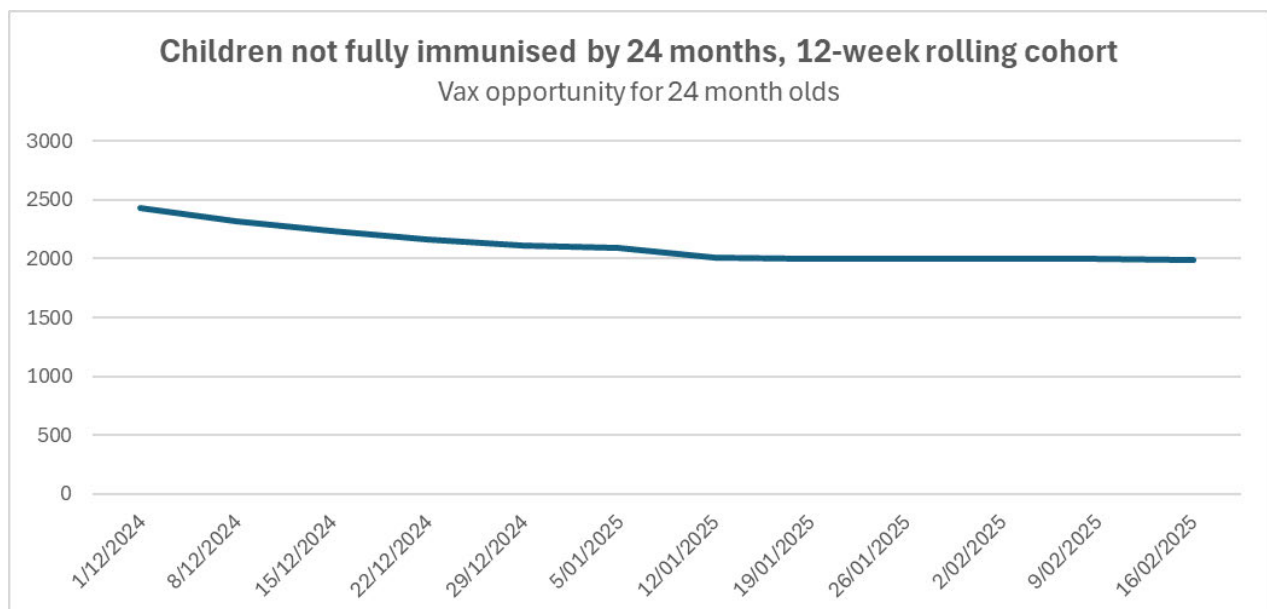


## Appendix 3: Weekly Report Data for 24-month-olds (Week ending 16 February)

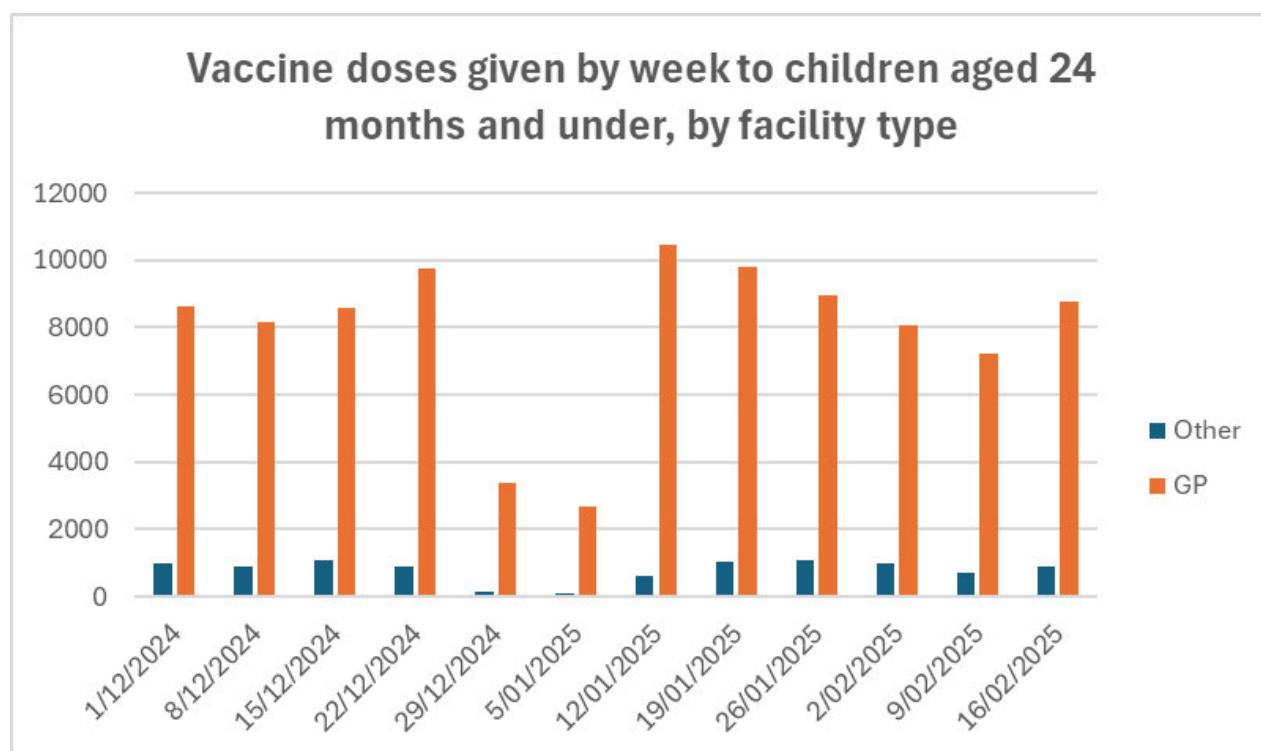
Graph 1: Children fully immunised by 24 months, by 12-week cohort



Graph 2: Children not fully immunised by 24 months by 12 week rolling cohort



Graph 3: Vaccine doses given by week to children aged 24 months and under<sup>9</sup>



<sup>9</sup> Other includes pharmacy, hospital, and community

## Appendix 4: High Level Implementation Plan for the Childhood Immunisation Health Target

### Improving childhood immunisations

**Health Outcome:** Keep children healthy and well in all population groups and regions by reducing risk of and/or severity of vaccine-preventable disease.

**Health Target:** 95% of tamariki fully immunised at 24 months of age by 2030.

**Problem Statement:** While the majority of whānau may visit a general practice for their immunisations, the health target will be achieved by increasing immunisation service options for whānau, including Hauora Māori partners, Pacific health providers, outreach services, and pharmacy. Equity will be achieved by taking a whānau-centred approach, engaging with communities, ensuring immunisation services are best suited to the needs of priority populations<sup>1</sup> and building trust and confidence in immunisation services.

<sup>1</sup> Priority populations include Māori, Pacific peoples, rural communities, and tangata whaikaha

#### 2024-2029 Performance expectations:

2024/25: 84%  
2025/26: 87%  
2026/27: 90%  
2027/28: 93%  
2028/29: 95%

#### Enablers

Regional delivery

Best practice

Community and Whānau engagement

Workforce

Infrastructure (data & digital technology)

Funding

#### Focus area

Increase targeted and opportunistic immunisation for priority populations

Increase best practice immunisation efforts

Increase whānau and community engagement

Increase workforce capacity and capability

Improve data and technological capability

#### Interventions / activities

Aligned to the New Zealand Health Strategy, Pae Tū, Te Mana Ola, and the Immunisation Taskforce recommendations

Expand the vaccinator workforce to deliver local and accessible immunisation services for priority populations<sup>1</sup>. Examples include Well Child Tamariki Ora, Hauora Māori partners, Pacific health partners, Whānau Āwhina Plunket, midwifery services, pharmacy, primary care, and public health nurses.

Establish processes for ensuring hospital inpatient and outpatient delivery of immunisations.

Invest in community action and engagement approaches that are holistic, whānau centred, and build trust to support uptake of childhood immunisation.

\$4.6m investment for General Practice for pre-call and re-call activity to provide 6-week immunisations. In addition, \$1.6 million is being provided to PHOs to provide local coordination support for general practice pre-call and recall.

Re-establish Clinical Oversight Group to provide guidance and advice to immunisation sector and support successful implementation of initiatives.

Implement health promotion activities that are co-designed with priority populations and informed by existing reviews and insights, local evidence, research, subject-matter expertise, and evaluation.

Enhance current outreach immunisation service to be nationally consistent, regionally delivered, and effectively coordinated through national principles.

Implement the Enabling Pharmacies Project to onboard pharmacies through a streamlined process to deliver immunisations across the lifespan.

Redesign of vaccinator training and support services to enhance workforce capacity and capability, with particular focus to increase access for priority populations.

Implement a centralised vaccinator authorisation portal and review vaccinator authorisation cycle.

Progress transformational digital solutions including the Aotearoa Immunisation Register (AIR), the Vaccinator Authorisation Portal, and the Newborn enrolment service integration via Whaihua.

Ensure data-sharing agreements are in place with all hauora Māori partners, Pacific health partners, and Iwi Māori Partnership Boards.

Provide regular and user-friendly reporting to providers.

#### Outputs

Expanding access to immunisation services, including opportunistic immunisation for whānau that have little or no engagement with primary care.

Timely newborn enrolment and support for whānau to access ongoing immunisation services across the National Immunisation Schedule.

Quality, safety, and successful implementation of initiatives.

Relevant communications and information for both the workforce, communities, and whānau.

Trust built with priority populations leading to increased immunisation uptake.

Growth and retention of a diverse and highly skilled workforce who receive ongoing support.

Digital solutions are fit-for-purpose and accurately capture data at different levels to inform decision-making.

Communities and Iwi have the right information as partners.

#### Metrics

Quarterly immunisation coverage at 24-months by ethnicity and NZDep

Total childhood doses administered by setting (GP, pharmacy, and other – includes hospital, outreach, Māori partners and Pacific providers)

Number and distribution of fully authorised vaccinators

Number and distribution of partners and providers (by type)

#### Monitoring and Evaluation