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RE Official Information Act request CDHB 10703

I refer to your email dated 3 September 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

1. **Data showing immunisation rates for children at eight months of age, broken down by ethnic group, for each month in the past three years. Please provide this in a CSV or Excel spreadsheet format if possible.**

This information is provided on the Ministry of Health website and is publicly available.

<https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data>

We are therefore declining a response to this question pursuant to section 18(d) of the Official Information Act.

2. **Analysis or advice created in 2021 that examines possible reasons for a decline in vaccination rates among Māori and/or Pacific children.**

No formal analysis or advice has been created in 2021 which looks at the reason for “declines” among this group.

However, we can see that there is no increase in active immunisation “declines” – this is where a family is saying “No” to being vaccinated. We are seeing an increase in children who cannot be reached before their milestone age. This tells us that whānau want to be vaccinated – but there is some barrier / challenge to achieving this, within the current environment.

The below data (**Table one**) will show that ‘declines’ have ranged between 2.3% and 3.3% over the past three years and ‘opt-offs’ have ranged between 0.7% and 1.6%. Normally they do balance out and

range between 3.2% and 4.4%. However, our percentage of missed children has increased – this is the key group to focus on.

Table one: children fully vaccinated at eight months of age

Target: 95%	Total	Māori	Pacific	Asian	Declines	Opt offs	Combined	Missed
q1 2018/19	95%	93%	96%	99%	2.90%	0.90%	3.80%	1.200%
q2 2018/19	94%	90%	97%	96%	3.20%	1%	4.20%	1.800%
q3 2018/19	94%	91%	100%	98%	2.60%	1.60%	4.20%	1.800%
q4 2018/18	95%	90%	99%	97%	3%	1.10%	4.10%	0.900%
Q1 2019/20	95%	91%	96%	99%	3.1%	1.3%	4.40%	0.600%
Q2 2019/20	95%	92%	94%	98%	2.8%	0.7%	3.50%	1.500%
Q3 2019/20	95%	91%	95%	98%	2.9%	0.8%	3.70%	1.300%
Q4 2019/20	95%	91%	99%	97%	2.3%	0.9%	3.20%	1.800%
Q1 2020/21	94%	89%	94%	99%	2.8%	1.1%	3.90%	2.100%
Q2 2020/21	95%	89%	99%	100%	2.9%	0.7%	3.60%	1.400%
Q3 2020/21	93%	87%	93%	98%	3.3%	1.0%	4.30%	2.700%
Q4 2020/21	94%	86%	93%	98%	3.0%	1.1%	4.10%	1.900%

3. Analysis or advice created in 2021 that examines vaccine hesitancy, including in relation to the Covid-19 vaccines.

No formal analysis or advice has been created in 2021 by Canterbury DHB which looks at the reason for vaccine hesitancy among children and young people. It was only announced recently that young people aged 12+ were eligible for the Covid vaccination

4. High-level correspondence in 2021 with senior executives from other DHBs in relation to increasing childhood immunisations or addressing the decline in vaccination of Māori and/or Pacific children.

We do not hold any high-level correspondence in relation to this. However, attached is a paper drafted for TAS (a DHB shared service agency in Wellington), highlighting some immunisation challenges faced by our DHB. **(Appendix 1)** (Declined pursuant to section 18(g) of the Official Information Act.)

5. High-level correspondence in 2021 between the DHB and Ministry of Health relating to increasing childhood immunisations or addressing the decline in vaccination of Māori and/or Pacific children.

We do not hold high-level correspondence between Canterbury DHB and Ministry of Health in relation to this. While other DHBs were asked to develop an Action Plan, Canterbury DHB was not required to do this as our coverage remained high. (Declined pursuant to section 18(g) of the Official Information Act.)

6. Data showing the number of staff involved in childhood vaccinations for each month in 2021.

There are several key players in the areas of childhood immunisation – it is not possible to break down their staff each month for 2021. However, the following areas are involved in this system

- **General Practice** The majority of childhood immunisations are delivered by general practice. It is a major piece of work to identify the number of staff in individual practices. (Declined pursuant to section 18(f) of the Official Information Act i.e. to provide the information requested would take substantial collation and research”
- **Immunisation Coordinators** – we contract with two providers to offer this service and between them they have around 5 FTE. These teams provide clinical support (education, training, compliance) to general practice and other vaccinators such as pharmacy and hospital services.

- **Outreach Immunisation** - The DHB does contract with a community provider to deliver Outreach Immunisation Services. This team has 5 people working within it.
 - **National Immunisation Register and LinKIDS Team** – this is a team of 8 people working in Childhood Immunisation. This includes their team leader, coordinators and administrators. These are non-clinical staff who identify children overdue for an immunisation event and work with the general practice and whanau to get the child vaccinated. These FTE are not all full time on immunisation but work within the team.
7. **Data showing the number of staff who were moved from childhood vaccinations to the Covid-19 response at any time in 2021.**
- **General Practice** – most general practice staff have continued to provide, so services are normal and have not been moved to Covid-19. However, during L4 & L3 limited childhood immunisations have been given.
 - **Immunisation Coordination** – one FTE has been seconded to the Covid Programme, but her role was backfilled.
 - **Outreach Immunisation** – no impact on staff from the COVID-19 programme
 - **National Immunisation Register and LinKIDS Team** – two staff were seconded to COVID-19 in February 2021. One of these was backfilled in May 2021.
8. **Details of any recovery or action plan created in 2021 to improve the rates of childhood immunisation and reduce decline rates for Māori and/or Pacific children.**
- We are trying to gain a better understanding over why whanau are declining immunisation or not being vaccinated on time. This requires both engagement with community providers and a better understanding from the whanau who are making these decisions.
 - When the LinKIDS team is contacting parents, we are asking them what their barriers are - often this has to do with capacity at general practice.
 - We were planning on sector wide Hui in August and September, but these have been placed on hold due to Alert Levels.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Tracey Maisey
Executive Director
Planning, Funding & Decision Support

Canterbury Immunisation Approach

Prepared for: Tracey Maisey, Executive Director Planning and Funding

Prepared by: Bridget Lester, Team Leader – Child and Youth Health, Planning and Funding

Date: 5 August 2021

1. Key points

- Canterbury provides a whole of system approach to immunisation
- We have an immunisation service model which focused on
 - Clinicians doing clinical working with support from good administration.
 - Early engagement - LMCs are part of our system
 - Data is used identify areas of challenge and improvement.
- We track every child under 5 years of age and have clear referral timeframes to our Missed Events Service who works with families to get them back to general practice and if not possible, children are referred to Outreach Immunisation Services (OIS) services. This means the expensive OIS is not spending time trying to find children, and with Missed Events located within P&F, they have access to multiple resources to find missing children.
- At the end of each reporting quarter – we have an outcomes for all our children (even if it is “missed” but we know why they are missed).

2. Current concerns

- Pressure on general practice has resulted in increased referrals to Missed Events and OIS.
- Families are declining OIS and Immunisation. COVID appears to have some impact on this, but we can't explain why.
- The system is stretched due to the COVID vaccinations programme – so we have limited resources to support the current challenge.
- We can not drop of focus from childhood immunisation and influenza, just because of COVID.
- The risk is a spread of other vaccine preventable diseases.

3. Background

Canterbury DHB has an integrated immunisation strategy with a focus on clinical leadership, strong relationships and system wide processes.

The overarching clinical leadership is driven by the **Immunisation Service Level Alliance**, which consists of DHB Medical Officer of Health, General Practice, Practice Nurse, Maori, Pharmacy, LMC, and Planning and Funding.

There are a range of immunisation events free in NZ which have core targets set by the Ministry of Health. These include:

- 95% of children Fully vaccinated at 8months = 6 weeks, 3 months and 5 months events
- 95% of children Fully vaccinated at 2 years = all over the above, plus the 15month events. This also effective 1 July 2021 includes the new 12months event.
- 95% of children fully vaccinated at 5 years of age = all over the above, plus the 4 year old immunisation event.
- 75% of 13year olds having 2 doses of HPV (based on year of birth)
- 75% of those 65 years and over have had their Seasonal Influenza

Other events with no targets, but important include:

- 11 year old Tdap

- Pregnancy Tdap
- Adult MMR

In Canterbury, the majority of immunisations occur within a general practice setting, with support from the following

- 0-5 year olds = Outreach Immunisation Services provided by a contracted provider Canterbury Immunisation
- Year 8 = School Based HPV and Tdap programme, provided by the CDHB Public Health Nursing Service
- Over 65 year old Kaumatua Flu programme provided by Te Puawaitanga. (funded by the MoH Maori health team).
- Pharmacy also vaccinates for MMR for those over 16, Tdap (but not funded) and Influenza for those over 15 years old.

The Canterbury Immunisation Service Model has been seen as a successful model, due to our consistent high performance. Other DHBs (Bay of Plenty, Waikato, Mid Central, Auckland and Waitemata DHBs have visited us to better understand our model, and improve many of our process.

4. Process for each key milestone targets

Childhood Immunisation

- The NIR team provide regular overdue reports to general practice for children who are overdue an immunisation event. This is done by running regular reports of all children due each quarter and tracking the immunisation status of each child. If a child is overdue, a report is sent to the general practice. If they are still over 4 weeks after the milestone age, these children are referred to Missed Events Services (part of LinKIDS Team). This service contacts families and works to get these children into general practice. For those who can't get to general practice then they are referred to OIS.
- This process is followed for the 8month, 2 year and 5year old events. Tracking starts the quarter before the child is due to ensure that the child is reviewed with enough time to be vaccinated before their milestone age.

11year old event and HPV

In Canterbury and the West Coast, we run a mixed service model. Children are offered 11year event and HPV in general practice at 11 years of age. For those who don't receive this vaccine at general practice they are also offered it in School at Year 8. Canterbury's coverage for this is 64% (2020/21), of which around 50% are vaccinated in general practice, and 14% in the school setting.

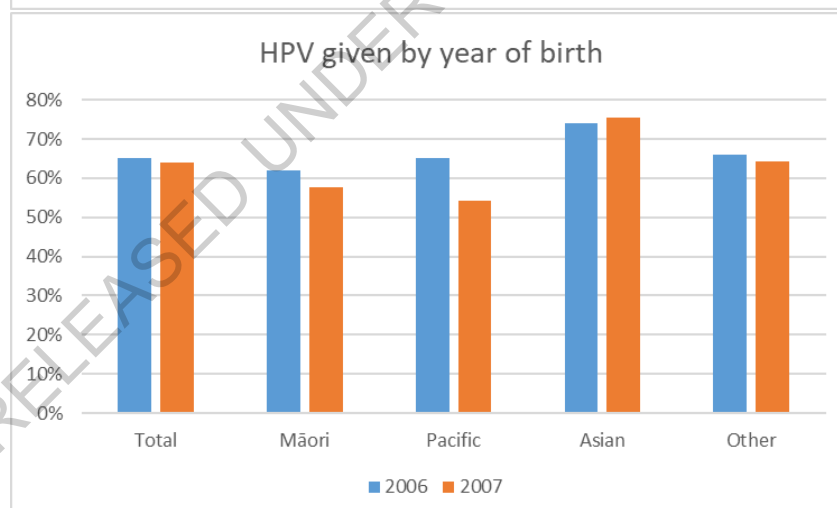
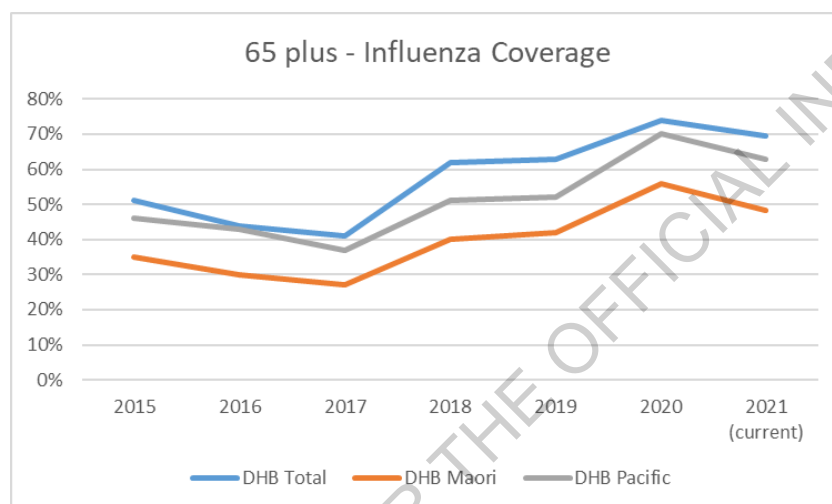
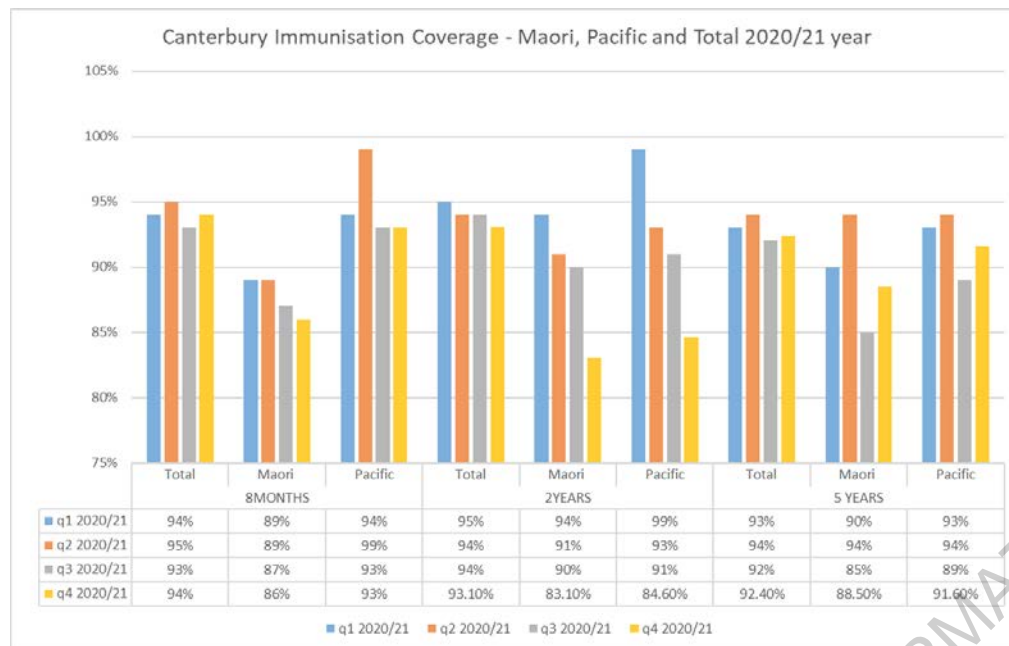
To support this progress the NIR team runs reports of all target children as follows

Those who are 11, reports are run in July to identify children who are not vaccinated, and overdue report sent to general practice. The aim is to also provide the PHNS with list of overdue children in Nov of each year, so that they can plan their service for the following year.

Those who have finished Year 8 – reports are run after the School Programme is completed, to let practices know who is still overdue and requires follow-up. Practices have to the June of the following year to get these children vaccinated to be counted.

Please note: further information can also be provided on Influenza and Pregnancy Tdap.

Performance Data



5. Key players in Immunisation System

- General Practice – all general practice in Canterbury vaccinate
- Pharmacy – over half of our pharmacies in Canterbury hold contracts to vaccinate

- PHOs have a role in supporting their general practices to vaccinate.
- National Immunisation Register team – located within Planning and Funding- there role is to ensure information on the NIR is accurate, to support achievement of health targets.
- Missed Events Service - support general practice with overdue children and ensure accurate referrals to outreach immunisation.
- Outreach Immunisation - provides a home based vaccination programme for those 0-5 years of age
- Immunisation Coordination - provide clinical support, cold chain monitoring and education to immunisation providers. These services are provided by Pegasus Health and Canterbury Immunisation.
- Immunisation Medical Advisory Council (IMAC) – national education and clinical support to providers. Work closely in partnership with Local Immunisation Coordinators.
- Lead Maternity Carers – providers initial immunisation information to partners and encourage pregnancy vaccinations. They also discuss new-born enrolment in general practice.
- Well Child Tamariki Ora Providers – provide and promote around immunisation at the core health checks.
- DHB Secondary Care – provide a Outpatients vaccination programme for Pregnant women, provide Tetanus vaccines in ED and also provide opportunistic vaccinations when children are in hospital.
- Private Occupational Health Providers – provide private vaccinations into workplaces.
- Planning and Funding (Child and Youth Team) provide a systems wide overview of immunisation and coordinator service improvements.

RELEASED UNDER THE OFFICIAL INFORMATION ACT