CHILDHOOD IMMUNISATIONS

What is this?

Immunisation uses the body’s natural defence mechanism, the immune response, to build resistance to specific infections. When an immunised person comes in contact with that disease in the future, their immune system will respond to prevent them developing the disease.¹

Why is it important?

Immunisation protects people against harmful infections, which can cause serious complications, including death. It is one of the most effective, and cost-effective medical interventions to prevent disease. Although the incidence of a number of vaccine preventable diseases has been markedly reduced, vaccination levels need to be improved to further reduce the levels of these diseases because they are still prevalent either in NZ or in other countries. Any reduction in vaccine coverage would result in the re-emergence of these diseases and their complications.²

The New Zealand immunisation schedule sets out the series of immunisations (including boosters) that is recommended for children to develop immunity against a range of serious diseases.³ New Zealand has low immunisation coverage by western standards with epidemics of vaccine preventable disease still occurring.⁴ Increasing immunisation coverage is a national and Canterbury DHB health target.⁵

Data

Data regarding a child’s vaccination status is recorded on the National Immunisation Register (NIR). This is a national database used by all vaccinators to record an immunisation event and to track immunisation rates and overdue events. Data is made available quarterly for each District Health Board.⁶ Parents and guardians may request their child’s immunisation information, or request that information be corrected, at any time through their health professional or by contacting their local DHB and asking for the National Immunisation Register.

² Ibid.
⁶ Ibid.
The national immunisation target is for 95 percent of two-year-olds to be fully immunised. Canterbury District Health Board has not reached the overall targets to date. In the year ending in June 2012, 92% of Canterbury two-year olds were fully immunised.\(^7\)

**Impact on inequalities**

National coverage\(^8\) of Maori and Pacific two-year-olds is 91% and 95% respectively. Coverage of Maori two-year-olds in Canterbury is 93% and Pacific two-year-olds is 95%.

Coverage by deprivation index (decile 1 is least deprived through to decile 10 most deprived) over the past 12 months shows no strong pattern with the lowest rates of coverage in the middle decile groups (decile 5-6).

**Figure 1** Immunisation coverage rates at 2 years of age, by decile\(^9\), Canterbury and National, year ending June 2012.\(^10\)

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**Solutions**

In Canterbury over 90% of all vaccinations occur in GP settings with the majority of immunisations given by practice nurses. There are two programmes in Canterbury that target children who are not or cannot be vaccinated in General Practice. These are:

- Outreach Immunisation Service (OIS)
- Children at risk of tuberculosis

Coordinated promotion of immunisation in Canterbury is an important aspect of the strategy to see continued improvement in immunisation coverage.

Most vaccine preventable diseases are notifiable under the Health Act (1956).\(^11\) In Canterbury, the Medical Officer of Health at Community and Public Health (C&PH) is notified about these


\(^8\) Ibid.

\(^9\) Decile 1 indicates least deprived areas through to decile 10 which is most deprived.

\(^10\) Ibid.
diseases, which enables monitoring and, in the event of an outbreak, implementation of control measures in collaboration with primary care and diagnostic services.

**Data limitations**

The National Immunisation Register (NIR), established in 2005, is a key tool that addresses previous data limitations and contributes to increasing immunisation coverage in New Zealand. Parents may choose to ‘opt off’ putting any details of their child’s immunisations on the NIR. Where parents choose not to immunise their child, this is recorded on the NIR as a declined immunisation event.

**Connections with other issues**

Access to After Hours through Primary Healthcare.

**Impact of the earthquakes**

As time passes and these papers are updated the initial sections on the impact of the earthquake are going to be kept as an archive of what we thought the situation was at the time. Updates where possible are provided.

As at November 2012

The earthquakes appear to have not affected over all rates which for Canterbury which have been over 90% since July 2010.12

As at November 2011

In the early weeks after the February quake, there was anecdotal evidence that parents were not keeping appointments with their children’s health providers. This may be due to a number of things, including the general disruption caused by the quakes and the impact on public transport. When looking at immunisation coverage this does not appear to have affected over all rates which for Canterbury which have been 91 or 92% from July 2010 through to April 2011.

Prepared by Community and Public Health with comments by IMAC.

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Read about the Te Pae Mahutonga Māori Health Model at www.haora.co.nz/resources/tepaemahutongatxtvers.pdf