

Immunisation Service Level Alliance Work Plan 2020-22

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Priority actions towards transformational change, improved system outcomes and/or enhanced integration			
1. Recovery: Improve health of population by responding to impact of Covid-19 and implementing associated learnings	Work with our immunisation system to reach children who have missed an immunisation event due to covid-19 restrictions.	Q1: Immunisation returns to pre-Covid-19 coverage rates.	<ul style="list-style-type: none"> ▪ Population vaccinated. ▪ Protective factors enhanced.
	Support the Ministry of Health with: <ul style="list-style-type: none"> ▪ The development of the new NIR system. ▪ Improving vaccine supply issues identified in the 2020 Flu programme ▪ Developing a Covid-19 vaccine programme. 	Q1-Q4: Canterbury DHB has a voice and influences national planning.	
2. Ensure the current Immunisation Service Model is fit for purpose to improve / maintain Immunisation coverage	Review and refresh (if necessary) the Immunisation Service Model to reflect the current Immunisation environment (EOA).	Q1: Review of service completed.	<ul style="list-style-type: none"> ▪ Contribute to National Health and Performance Targets
	Develop a plan and progress implementation of any necessary service model changes.	Q4: Implementation plan completed. Implementation of any changes in service model progressed.	
3. Protecting mother and baby	Develop a process to identify women who have and have not been vaccinated during pregnancy including by ethnicity, LMC and general practice.	Q1: Pregnancy pertussis coverage available by ethnicity.	<ul style="list-style-type: none"> ▪ Delayed/avoided burden of disease & long term conditions ▪ Protective factors enhanced. ▪ Risk factors addressed ▪ Reduce hospital admissions
	Use the data from this report on pregnancy pertussis coverage programme, to identify and engage with key stakeholders (target Lead Maternity Carers and General Practices) about improving pertussis coverage, with a focus on Māori and Pacific family/whanau.	Q3: Targeted programme around Pregnancy vaccinations developed.	
	Continue to support the Outpatients vaccination programme, and work with them to increase their coverage by 10%.	Q4: Share coverage baseline data with the Outpatients programme.	
4. Ensure timely childhood immunisation	Support the implementation of the 2020 Immunisation Schedule changes.	Schedule changes are implemented.	<ul style="list-style-type: none"> ▪ Population vaccinated. ▪ Protective factors enhanced.
	Continue to monitor immunization coverage at 8 months, 15 month, 5 years, 12 years and HPV for birth cohort year, and ensure there is equity of coverage.	Regular reports on overdue children and practice coverage shared with General Practices.	

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	Continue to offer the Immunisation Conversation Programme to general practice teams and deliver this programme to Lead Maternity Carers on an annual basis.	Programmes provided.	
Key metrics to indicate progress delivering work plan actions, impact on health outcomes and/or monitor performance			
Description of metric			Data Source
1. 95% of 8month olds, 2 year olds and 5 year olds are fully vaccinated, each quarter.			MoH
2. 70% of those born in 2007 are fully vaccinated for HPV. Annually Due in July.			MoH
3. 85% of 12 year olds are fully vaccinated for Tdap. Annually due in July.			MoH / NIR
4. 65% of pregnant women have received the Tdap vaccination during pregnancy annually due in March.			DHB NIR analysis,
5. 65% of those 65 years and older are vaccinated for Influenza. Annually to the end of September.			MoH

The 2020-21/22 CCN Work Plan for all alliance groups can be viewed on the CCN website [here](#).