

Immunisation Service Level Alliance Work Plan 2021-22

Objectives	Actions	Measures of Success / Targets / Milestones	System Outcomes
Priority actions towards transformational change, improved system outcomes and/or enhanced integration			
1. Ensure the current Immunisation Service Model is fit for purpose to improve / maintain Immunisation coverage	Continue the refresh to the Immunisation Service Model to reflect the current Immunisation environment (EOA).	Q4: A new service model is implemented.	<ul style="list-style-type: none"> ▪ Population Vaccinated. ▪ Delayed/ avoided burden of disease & long-term conditions.
2. Immunisation communication and engagement plan	Develop an engagement and communications plan in partnership with Māori, Pasifika and other consumers to more effectively promote / increase knowledge of the importance of immunisation, particularly amongst high need and hard to reach populations (EOA).	Q1: Hui on key messages completed. Q2: Engagement and Communication Plan developed.	<ul style="list-style-type: none"> ▪ Community capacity enhanced. ▪ Population Vaccinated.
	Identify and implement two priority actions from the Immunisation Engagement and Communications Plan (EOA).	Q2: Priorities identified. Q4: Two priorities implemented.	
3. Protecting mother and baby	Continue to identify ways to improve immunisation coverage of pregnant women.	Q3: Maintain pregnancy pertussis coverage over 60% for the 2021 year.	<ul style="list-style-type: none"> ▪ Population Vaccinated. ▪ Reduce hospital admissions. ▪ Delayed/ avoided burden of disease and long-term conditions.
	Review the effectiveness of the Outpatients vaccination programme.	Q4: Share coverage baseline data with the Outpatients programme team.	
4. Ensure timely childhood immunisation	Continue to monitor immunisation coverage at 8 months, 15 month, 5 years, 12 years and HPV for birth cohort year, and ensure there is equity of coverage (EOA).	Q4: Regular reports on overdue children and practice coverage shared with General Practices.	<ul style="list-style-type: none"> ▪ Population Vaccinated. ▪ Delayed/ avoided burden of disease and long-term conditions.
	Restart the Immunisation Conversation Programme that was placed on hold in 2020-21 due to Covid-19 vaccination programme (EOA).	Q3: Programme restarted 2022.	
	Provide an updated process chart to general practice to raise awareness about the timeframes for the new 12-month immunisation event.	Q2: Updated process chart distributed to general practice.	
	Develop a pathway to identify children who are overdue for their 12- and 15-month immunisations and link them back to their general practice, to enable the practice to prioritise and reach the families of children overdue for vaccinations.	Q1: Pathway agreed and implemented.	

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5. Ensure equity of access to Immunisation	<p>Review the current processes undertaken by the National Immunisation Register team to identify children overdue for immunisations. In doing so ensure:</p> <ul style="list-style-type: none"> ▪ NIR and NES ethnicity for children match and if not, the child's ethnicity is confirmed. ▪ Māori and Pacific children are referred to the Missed Events Service within the agreed timeframes. ▪ Māori and Pacific families, who agree to be referred to Outreach Immunisation Services are given a priority referral. (SLM) 	<p>Q1: Review complete. Q2: Processes confirmed and updated with the NIR team.</p>	<ul style="list-style-type: none"> ▪ Population vaccinated. ▪ Delayed/ avoided burden of disease and long-term conditions. ▪ Reduce inequitable outcomes.
	<p>Implement key learnings from the 2020 Kaumātua Flu programme:</p> <ul style="list-style-type: none"> ▪ Partner with the Māui Collective and public health team to deliver community-led education and awareness sessions on the importance of immunisation for Māori. ▪ Develop a process to support general practice to improve Māori ethnicity data collection for Kaumātua, so this group can be prioritised for Influenza vaccinations (EOA). 	<p>Q1: Process agreed. Q3: Annual sessions planned and delivered. Q3: Māori influenza vaccination coverage increases.</p>	<ul style="list-style-type: none"> ▪ Community capacity enhanced. ▪ Population vaccinated.

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 current CCN Work Plan for all alliance groups can be viewed on the CCN website [here](#).