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ADVICE NOTICE TO
GENERAL PRACTITIONERS
CONCERNING
PATIENT BENEFITS
AND OTHER SUBSIDIES —
AMENDMENT NO. 7

PURSUANT TO THE NEW ZEALAND PUBLIC HEALTH
AND DISABILITY ACT 2000

New Zealand Public Health and Disability Act 2000**Advice Notice to General Practitioners Concerning Patient Benefits and Other Subsidies - Amendment No. 7**

Pursuant to sections 88(1) and 88(3) of the New Zealand Public Health and Disability Act 2000, and with the approval of the Minister of Health under section 89(3) of that Act, the Northland District Health Board, Waitemata District Health Board, Auckland District Health Board, Counties Manukau District Health Board, Waikato District Health Board, Lakes District Health Board, Bay of Plenty District Health Board, Tairāwhiti District Health Board, Taranaki District Health Board, Hawke's Bay District Health Board, Whanganui District Health Board, MidCentral District Health Board, Hutt District Health Board, Capital and Coast District Health Board, Wairarapa District Health Board, Nelson Marlborough District Health Board, West Coast District Health Board, Canterbury District Health Board, South Canterbury District Health Board, Otago District Health Board and Southland District Health Board give the following notice.

Notice**1. Title—**

- (1) This notice is the Advice Notice to General Practitioners Concerning Patient Benefits and Other Subsidies – Amendment No. 7.
- (2) In this notice, the Advice Notice to General Practitioners Concerning Patient Benefits and Other Subsidies¹ is called the “principal notice”.

2. Commencement—

This notice comes into force on 1 July 2007.

3. Amendment—

The principal notice is amended by deleting the existing Schedule 3 and replacing it with the following Schedule:

¹ In force 1 May 2000:

Amendment No. 1: Supplement to *New Zealand Gazette*, 19 December 2001, No. 172, page 4201

Amendment No. 2: *New Zealand Gazette*, 20 June 2002, No. 67, page 1769

Amendment No. 3: *New Zealand Gazette*, 15 April 2004, No. 42, page 1068

Amendment No. 4: *New Zealand Gazette*, 5 May 2005, No. 76, page 1794

Amendment No. 5: *New Zealand Gazette*, 1 September 2005, No. 152, page 3752

Amendment No. 6: *New Zealand Gazette*, 29 June 2006, No. 73, page 1867

Schedule 3 – Immunisation Services

1 Childhood Immunisation Services – Preamble

1.1 Objective

The objective of immunisation services is to improve, promote and protect the health of the population, particularly children, both individually and collectively, by preventing and controlling vaccine-preventable diseases. Methods of reducing the impact and risk of vaccine-preventable diseases include:

- (a) increasing the numbers and proportion of children with completed scheduled childhood immunisation, including the meningococcal B vaccine, on time, by the time they are two years old, and by school entry;
- (b) developing and maintaining effective recall systems, which remind parents/caregivers of due dates for vaccinations and recall those who are delayed or late in receiving vaccinations;
- (c) ensuring children do not “fall through the gaps” by developing effective links between services and assisting individual children to access vaccination services;
- (d) maintaining high quality immunisation services;
- (e) giving up-to-date, accurate information and advice to parents/caregivers and the public about vaccines and immunisation; and
- (f) ensuring vaccine integrity by effectively maintaining and monitoring the “cold chain”.

1.2 Principles

Continuity of responsibility for immunisation

The Ministry of Health regards immunisation as an entitlement for all children. Consequently, both parents and health service providers have responsibilities to ensure that children are immunised (subject to parental consent).

For most children, their usual Primary Health Organisation and general practice provides immunisation services and is able to ensure that the child’s immunisation schedule is completed. However, some children do not have a regular provider of primary medical care, or have difficulty accessing services (for example, due to physical or financial barriers). All children should have an identified provider who is responsible for ensuring that all scheduled vaccines are given.

Responsibilities of primary care service providers for the early childhood immunisation schedule begin when the child:

- (a) is born and the parent or guardian identifies the nominated provider when enrolling on the National Immunisation Register ("NIR") (the NIR system sends a message to the nominated provider informing them they have been identified as the nominated provider); or
- (b) is referred from the lead maternity carer after birth; or
- (c) is referred from a Well Child service provider at approximately six weeks of age for immunisation services; or
- (d) joins the practice.

Responsibilities end when the child:

- (e) is transferred to another immunisation service provider; or
- (f) advice is received by the practice that the child has left the practice; or
- (g) is lost to follow up (after reasonable and repeated efforts to contact the caregiver have failed, and appropriate referral has been undertaken as detailed below).

Where the immunisation episode scheduled at age 11 is not given through a school programme, each general practice is also responsible for ensuring that this episode is offered. In areas where there is a school immunisation programme, parents still have the choice to have the 11 year episode given by their general practice/Primary Health Organisation. The District Health Boards will assist (where privacy issues are satisfied) by supplying regular lists of children who have been vaccinated at school to all general practitioners.

When a child is late for immunisation, despite recalls, the primary care provider shall refer the child to an appropriate Well Child service provider or immunisation co-ordinator or community immunisation service (depending on local arrangements, and privacy and consent issues) to either facilitate or undertake the child's immunisation and report back. Definitions for immunisation on time, overdue, non-responder and declined are set out in the national standardised terminology for immunisation audit.

Linkages with other services

Linkages between services can be important in ensuring that children receive their entitled immunisation and Well Child services, and that health and development problems are detected early and interventions started.

Co-ordination between providers is important to monitor trends and targets in immunisation services, and may need to be involved for some children:

- Immunisation co-ordinators working for a Primary Health Organisation (PHO), Independent Practitioners' Association

(IPA) or Primary Care Organisation (PCO), Immunisation Advisory Centre (IMAC), Public Health Service, Outreach Immunisation Services (OIS) and Maori or Pacific Health providers;

- Other primary care providers;
- The child's family;
- Other Tamariki Ora/Well Child services, including Plunket, Maori and Pacific Island child health service providers and the Maori Women's Welfare League;
- Health services for "hard to reach" children;
- Public health services;
- Paediatric services;
- Maori and Pacific health services;
- IMAC;
- Non-medical vaccinators;
- Maternity service providers, including hospital and independent midwives;
- Early childhood education services (mostly for inquiries and certificates);
- Schools (mostly for inquiries and certificates);
- Income support and child health and welfare services and agencies (including "Family Start" and "Strengthening Family Programme"), when facilitating a child's access to immunisation services;
- The Centre for Adverse Reactions Monitoring (CARM).

2 Services

- 2.1 Each Primary Health Organisation and general practitioner will provide immunisation services as specified in this Schedule 3.

The responsibilities of a general practitioner to provide immunisation services may be discharged by a registered nurse provided that the general practitioner ensures that the registered nurse complies with all of the terms and conditions set out in this Schedule 3 (and in particular the obligations of clause 2.1 (t)) and any other terms and conditions in the principal notice relevant to the provision of immunisation services. Immunisation services include, but are not limited to:

Informing parents and vaccinating children

- (a) Responsibilities for the delivery of the immunisation programme of each child who is a patient of the general practitioner from birth to age five;
- (b) Advising and informing parents whenever possible about immunisation and vaccine-preventable diseases, including pre-parental education;

- (c) Vaccinating children, as specified in the current Immunisation Schedule (included in the Immunisation Handbook and amendments notified by the Ministry of Health), or as agreed with the caregiver;
- (d) Opportunistic immunisation (including MeNZB™) of children who are not enrolled or registered patients of that general practitioner and those attending for other reasons who are found to have missed scheduled immunisations;
- (e) Encouraging parents/caregivers of children who are either not enrolled or not registered patients to enrol with primary care and Well Child providers;
- (f) Ensuring whenever possible that tuberculosis and hepatitis B prophylaxis are prescribed and given if indicated;
- (g) Where appropriate as the lead maternity carer, inform the local immunisation co-ordinator, with the relevant parental consent, of babies born to mothers who are hepatitis B carriers;

Recall registration, immunisation information and certificates

- (h) For any child registered or enrolled with the practice, or for a child neither enrolled nor a registered patient, obtaining immunisation history at the appropriate time and where available from previous provider, or a regional/national register, or other immunisation history source (including the Tamariki Ora Well Child Book or Immunisation Certificate);
- (i) Providing parents and caregivers with a schedule of due dates for their child's immunisation;
- (j) Accurately and completely recording immunisation episodes (including the vaccine given, the date of administration, batch number, expiry date of vaccine and site of administration, vaccinator's name) in:
 - practice records (electronic and/or written);
 - the Tamariki Ora Well Child Health Book;
- (k) ensuring the child's National Health Index (NHI) number and current address are in the practice records and recorded on the National Immunisation Register (NIR);
- (l) transmitting information on immunisation episodes electronically (in an agreed and notified format) to:
 - HealthPAC or our nominated agent (this applies to both claiming and non-claiming vaccinators);
 - any regional and/or national immunisation data network, provided that the network has met all relevant privacy, governance, ethical and iwi considerations (Note: Some

practices have exemptions from electronic data transfer, but if so will send the same information in hard copy);

- recording all immunisation events in the NIR. This information is to be sent to the NIR either electronically or manually by you as the vaccinator to the NIR Administrator. Information must be submitted according to the format supplied by the NIR and in accordance with Appendix 2 of this Schedule.
- (m) recording a decision by parents or guardians not to immunise their child or children with a schedule vaccine or MeNZB™ in the NIR. The decision to decline is either sent to the NIR electronically or manually by you as the vaccinator;
- maintaining and making appropriate use of an accurate immunisation recall register, including reminding parents/caregivers of due dates and recalling those who are delayed or late in attending for vaccinations;
 - liaison with other providers regarding children who are not registered or enrolled to ensure they are placed on a recall system;
 - referring any child (including any child not registered or enrolled with another practice/Primary Health Organisation), who is known to be more than two months overdue for any immunisation event and who has not responded to at least three contacts, to either an appropriate immunisation outreach, a Well Child service, or the local immunisation co-ordinator;
- (n) completing immunisation certificates following the 15-month immunisation episode and the pre-school immunisation episode;
- (o) sharing of a child's vaccination history with other vaccinators subject to appropriate privacy considerations;
- (p) informing the usual vaccinator of an immunisation episode within two weeks if the vaccinator is not the usual vaccinator (the usual vaccinator for any school-based vaccination programme is the School Health Service.)

Service standards

- (q) each general practitioner will meet the immunisation requirements or standards for practitioners and follow the immunisation guidelines in:
- any standards or guidelines distributed to vaccinators by the Ministry of Health or the Medical Officer of Health, or approved by the Ministry of Health (including the Immunisation Standards in the current edition of the Immunisation Handbook and any amendments); and

- relevant legislation (including regulations).
- (r) ensuring vaccinators have received appropriate training and that at least one (and preferably all) of the practice nurses in a practice has been certified by the Medical Officer of Health as a vaccinator;
- (s) reporting any significant adverse vaccine-associated events to the Centre for Adverse Reactions Monitoring;
- (t) participation in and support of immunisation promotion activities;
- (u) undertaking regular audit within the practice using a method approved by the Ministry of Health;
- (v) cold chain management, using the current standard approved by the Ministry of Health, and taking part in cold chain monitoring.
- 2.2 Each general practitioner will maintain working relationships with relevant providers including, but not limited to:
- (a) immunisation co-ordinators working for a PHO, IPA or PCO, IMAC, Public Health Service and Maori or Pacific Health Service providers;
 - (b) other primary care providers;
 - (c) Tamariki Ora Well Child services.
- 2.3 Each general practitioner will endeavour to ensure that he or she is delivering immunisation services in a culturally appropriate manner.
- 2.4 Each general practitioner will work towards meeting and maintaining the national immunisation targets that are reviewed from time to time by the District Health Board and/or the Ministry of Health.
- 2.5 Each general practitioner will assist with epidemic control and other situations where co-ordinated action is required.

3 Adult immunisation services

- 3.1 General practitioners shall provide the following vaccination services for adults when an adult has not completed a primary course of diphtheria, tetanus, polio, measles, mumps or rubella. In these cases the vaccine is free and the administration fee is payable to complete the course:
- (a) Adult Tetanus - Diphtheria (Td) Adults should receive boosters of Td vaccine at age 45 and 65, after some injuries and as part of any transition programme developed by the District Health Boards and/or the Ministry of Health. The vaccine is available for free, but no immunisation administration subsidised fee may be claimed for these booster doses. The practitioner is entitled to charge the patient an additional fee for this service.

- (b) Influenza for persons aged 65 years or over on the date the vaccine is administered, and for persons aged under the age of 65 years with chronic illness according to guidelines issued by the Ministry of Health applicable at the time the vaccine is administered. A subsidised fee may only be claimed for vaccines administered between 1 January and 30 June in any calendar year, unless otherwise indicated. Influenza vaccine is to be provided in accordance with the further terms set out in clause 3.2 below.

3.2 Guidelines for fully subsidised influenza vaccine

The Ministry of Health may from time to time advise the eligibility criteria for the types of patients who are eligible for fully subsidised influenza vaccination. This advice will be given through other mechanisms and not through the issuing of a notice under section 88 of the New Zealand Public Health and Disability Act 2000. The eligibility criteria are set out in Appendix 1 to this Schedule.

3A Meningococcal B immunisation

3A.1 Primary Health Organisations and general practitioners shall administer the MeNZB™ vaccine to:

- (a) all children aged six weeks up to but not including five years of age, until 30 June 2009 and
- (b) any other person within a class or category determined by the Ministry of Health.

3A.2 Primary Health Organisations and general practitioners shall administer a course of three MeNZB™ doses and a fourth MeNZB™ dose for eligible children who received the 1st dose of MeNZB™ prior to six months of age, or as otherwise advised by the Ministry of Health.

3A.3 MeNZB™ vaccine will be supplied and distributed through the Ministry of Health's nominated vaccine distributor at no cost to immunisation providers.

4 Payment of subsidised fees for immunisation

4.1 If, in the course of an immunisation programme approved by the District Health Board and/or the Ministry of Health, a vaccine supplied by our authorised agent is administered by a general practitioner or by a registered nurse acting under the direction of a general practitioner, the general practitioner shall be entitled to receive, in lieu of any other fee that the general practitioner might otherwise be entitled to receive under this Notice and in respect of each occasion on which the patient attends for the administration of any such vaccine or vaccines, the subsidised fee specified in clause 4.6 below.

4.2 The general practitioner will be entitled to receive, in lieu of any other payment that the practitioner might otherwise be entitled to receive under this Notice, the subsidised fee specified in clause 4.6 below for the administration by the general practitioner or by a registered nurse acting under the direction of the general practitioner, of an influenza

vaccine purchased from a supplier nominated by the Ministry of Health in writing from time to time.

- 4.3 Except as provided for in clause 5.9 below, nothing in this Schedule shall entitle a general practitioner to receive more than the relevant subsidised fee specified in clause 4.4 or 4.6 below in respect of the administration of more than one vaccine on the same occasion.
- 4.4 Subject to clause 4.5 below, no general practitioner shall demand or accept or be entitled to recover from the patient or any other person, any fee in respect of the services for which a subsidised fee is payable under this Schedule.
- 4.5 Nothing in clause 4.4 above shall affect the rights of a general practitioner in relation to any other service, notwithstanding other services provided on the same occasion as that on which the vaccine or vaccines were administered.
- 4.6 The subsidised fee for the administration of a vaccine episode on the childhood immunisation schedule as set out in the Immunisation Handbook (other than the influenza vaccine) is \$17.43 (excluding GST). The subsidised fee for the administration of the influenza vaccine is \$17.43 (excluding GST) plus the purchase cost (excluding GST) of the vaccine from the nominated supplier. For the purposes of clarity, a vaccine episode is a visit on any given day for the administration of any number of vaccines. The subsidised fee for immunisations will be reviewed annually by the Ministry of Health.
- 4.7 The immunisation programmes, which are currently approved under this Schedule, are detailed in the Immunisation Handbook and any subsequent amendment notified by the District Health Board and/or the Ministry of Health.

5 Claims for immunisation subsidised fees

- 5.1 Claims for payment of immunisation subsidised fees are to be submitted to HealthPAC electronically in accordance with the Business Rules unless otherwise approved by us.
- 5.2 Each claim for any individual must clearly identify all of the following information:
 - (a) The name and date of birth of the person to whom the vaccine was or the vaccines were given; and
 - (b) either the NHI number or the address of the person to whom the vaccination was given; and
 - (c) the type of vaccine or vaccines given to each person; and
 - (d) the date that the vaccine was or the vaccines were given.
- 5.3 A subsidised fee will be paid to a general practitioner for the administration of a vaccine or vaccines as set out in this Notice subject to the following conditions:

- (a) The immunisation has not already been given and a reasonable effort has been made to check whether the immunisation has not been given and the subsidised fee is claimed in accordance with the claiming and NHI number requirements of this Notice, and the claim complies with the information requirements set out in the information schedule of this agreement; and
 - (b) The general practitioner will not charge the patient for immunisation services where a subsidised fee is available and payable under this Notice. If any general medical service other than immunisation is provided by the practitioner at the same time as the consultation for the immunisation service, then the general practitioner may charge for that other service (including claiming the General Medical Services Benefit if eligible). A simple check of fitness (without clinical indication) for immunisation is considered part of the immunisation service.
 - (c) A practitioner will not be eligible to receive a payment unless the practitioner has made a reasonable effort to check whether the immunisation service has been previously performed.
- 5.4 The NHI requirements for immunisation claims to be paid in full is that 85 % of immunisation claims must have valid NHI numbers. Where the proportion of NHI numbers in a whole claim is less than 85%, those single claims that do not have NHI numbers will not be paid.
- 5.5 For all immunisations eligible for a payment of a subsidised fee, the subsidised fee is \$17.43 (excluding GST) in respect of each immunisation episode as set out in this Notice. The subsidised fee for immunisations will be reviewed annually by the Ministry of Health.
- 5.6 The following provisions apply to influenza immunisations:
- (a) Subject to all other provisions of this Notice below, a payment comprising of the vaccine cost plus the immunisation subsidised fee as advised by the Ministry of Health from time to time will be paid for influenza immunisations administered to eligible people as defined by Ministry of Health Influenza Guidelines. The Ministry of Health from time to time will also advise the vaccine cost, and the District Health Board will advise any change to the vaccine cost one month prior to the commencement of the programme.
 - (b) The Ministry of Health Influenza Guidelines may be amended from time to time. The Ministry of Health will consult with the sector on any change to such guidelines.
 - (c) Payments will be made only for influenza vaccinations administered between 1 January and 30 June in any calendar year.
 - (d) The Ministry of Health will advise each general practitioner (in a manner to be determined by the Ministry of Health) of the supplier from whom the vaccine is to be purchased and the price as required from time to time.

- 5.7 A subsidised fee of \$17.43 (excluding GST) will be paid for the administration of a vaccine or vaccines where:
- (a) the person is a household contact or sexual contact of a person with acute hepatitis B or a carrier of hepatitis B; or
 - (b) the person is a household contact of a person with measles, mumps or rubella.

This subsidised fee will be reviewed annually by the Ministry of Health.

- 5.8 A subsidy of \$17.43 (excluding GST) will be paid for administering a MeNZB™ vaccine episode.
- 5.9 If the general practitioner administers more than one vaccine on the same occasion and one of those vaccines is MeNZB™, the general practitioner is entitled to receive a subsidy for MeNZB™ in addition to any other immunisation subsidy to which the general practitioner is entitled under this Schedule.

6 Statement of reasons for departure from terms and conditions of the principal notice for purposes of section 89(5) of the New Zealand Public Health and Disability Act 2000

The terms and conditions in this notice depart from the terms and conditions in the principal notice for the following reasons:

- (a) to increase the subsidised fee for immunisations by 2.6%;
- (b) to update some terms and conditions of the principle notice.

Dated this 15th day of June 2007.

CRAIG CLIMO

CHIEF EXECUTIVE

For and on behalf of the:

SOUTH CANTERBURY DISTRICT HEALTH BOARD
AND AS DELEGATE ON BEHALF OF THE 20 DHBS LISTED BELOW
NORTHLAND DISTRICT HEALTH BOARD
WAITEMATA DISTRICT HEALTH BOARD
AUCKLAND DISTRICT HEALTH BOARD
COUNTIES MANUKAU DISTRICT HEALTH BOARD
WAIKATO DISTRICT HEALTH BOARD
LAKES DISTRICT HEALTH BOARD
BAY OF PLENTY DISTRICT HEALTH BOARD
TAIRAWHITI DISTRICT HEALTH BOARD
TARANAKI DISTRICT HEALTH BOARD
HAWKE'S BAY DISTRICT HEALTH BOARD
WHANGANUI DISTRICT HEALTH BOARD
MIDCENTRAL DISTRICT HEALTH BOARD
HUTT DISTRICT HEALTH BOARD

CAPITAL AND COAST DISTRICT HEALTH BOARD
WAIRARAPA DISTRICT HEALTH BOARD
NELSON MARLBOROUGH DISTRICT HEALTH BOARD
WEST COAST DISTRICT HEALTH BOARD
CANTERBURY DISTRICT HEALTH BOARD
OTAGO DISTRICT HEALTH BOARD
SOUTHLAND DISTRICT HEALTH BOARD

Appendix 1 to Schedule 3

The eligibility criteria for fully subsidised influenza vaccine are as follows:

- (a) Any person aged 65 years and over; and
- (b) Any person under the age of 65 years with one or more of the following conditions:
 - (i) cardiovascular diseases, including:
 - A ischaemic heart disease;
 - B congestive heart failure;
 - C rheumatic heart disease;
 - D congenital heart disease;
 - E cerebrovascular disease.
 - (ii) chronic respiratory diseases, including:
 - A asthma, if on regular preventative therapy;
 - B all other chronic respiratory diseases with impaired lung function.
 - (iii) diabetes;
 - (iv) chronic renal disease;
 - (v) any malignancy but excluding basal cell and squamous cell carcinoma if the latter two are not invasive;
 - (vi) other conditions, including:
 - A auto-immune diseases;
 - B immunosuppression;
 - C HIV;
 - D transplant recipients;
 - E neuromuscular and CNS;
 - F haemoglobinopathies.
 - G children on long term aspirin.

Patients with the following conditions are not eligible for fully subsidised influenza vaccination:

- (a) Asthma not requiring regular preventative therapy;
- (b) Hypertension and/or dyslipidaemia without evidence of end-organ disease;
- (c) Pregnancy in the absence of another risk factor.

Appendix 2 to Schedule 3

REFERENCE DOCUMENT – NATIONAL IMMUNISATION REGISTER REQUIREMENTS

- 1.0 Increasing immunisation coverage in order to prevent vaccine preventable diseases is the highest priority of the National Immunisation Programme. The development of a National Immunisation Register to record individual immunisation histories and produce accurate population-based coverage reports is a strategy supported by evidence and international practice.

Although many health providers in New Zealand have developed information systems to keep track of the immunisations given to their patients, these local systems do not interconnect or provide the benefits of a national register.

- 1.1 The National Immunisation Register (NIR) will allow querying of the database for an individual's immunisation status, providing accurate immunisation status of an individual and aiding opportunistic immunisation. The NIR will assist providers in referral to immunisation facilitation and outreach services for children that are not found by general practitioner recall systems. It will provide accurate immunisation coverage data at the local provider (Primary Health Organisation), District Health Board and national levels.
- 1.2 The requirements for data reporting to the NIR have been previously outlined in the Primary Health Organisation (PHO) "Access" and "Interim" agreements 2002-3 (see I8, Reporting Requirements). Schedule 3 of the principal notice also states that providers should report data to a national register in an "agreed and notified format". The required changes outlined in this reference document specify the data and format(s) required for PHOs to meet this previously agreed position.
- 1.3 The NIR design is based on messaging of data from primary care Practice Management Systems (PMS) to the NIR, so that data flows electronically when entered/downloaded after each vaccination event. Access to/use of the NIR is also possible via web browser and the Health Intranet. Manual (paper/fax) processes are in place to enable providers to report data to the NIR who do not have compatible PMS or health intranet access. The primary care provider will be required to send immunisation event data to the NIR for each registered individual, in addition to demographic and vaccinator information (see data table appended).
- 1.4 For practices with NIR compatible PMS, immunisation information will be sent automatically to the NIR by electronic messaging.
- 1.5 All PMS messaging to the NIR require approval by the Ministry of Health and must meet the NIR user requirements, messaging and data standards, and Ministry testing protocols.

TABLE 1: PMS systems

Product	Company
Medtech32	MedTech NZ
Next Generation	Clinical Notes Next Gen
VIP Houston	Houston Medical Systems
Profile for Windows/Mac	Intra Health
MedCen Medical Centre Software	MedCen

- 1.6 For children in the NIR birth cohort, registration information will be provided from the maternity system for 90-95% of children. Primary health care providers will need to supply registration information for others - for example, new migrants, home births and all those receiving MeNZB™ who are not already registered on the NIR. The information required for an NIR registration is appended.
- 1.7 In special circumstances, primary health care providers will need to provide some additional information to the NIR. This will include:
- (a) notifying the NIR when an individual (or their parent/guardian) wishes to “opt off” having any future immunisation data recorded on the NIR;
 - (b) notifying the NIR of a referral to an outreach immunisation service or of a validated adverse event following immunisation (AEFI), the death of a registered individual, or a request for a Status Query Request by a provider.
- 1.8 The Ministry of Health (and/or District Health Boards (DHBs) as their agent) will:
- (a) Provide the central NIR application;
 - (b) Negotiate with and resource selected PMS vendors for software upgrades to allow PMS compatibility with the NIR (see Table 1);
 - (c) Resource selected maternity IT vendor systems to ensure the birth cohort is registered on the NIR;
 - (d) Provide national privacy, security and operational policies for management of data on the NIR;
 - (e) Provide a national governance body for the NIR;
 - (f) Provide vaccinator and non-vaccinator operational manuals for NIR users;
 - (g) Provide immunisation promotion and NIR information resources for the public;
 - (h) Support PHOs and primary care providers to conform with NIR data requirements (including support for PMS upgrades, and for DHB project management, provider liaison funding for NIR implementation and provider training, via DHB funding);

- (i) Provide a DHB NIR data administrator(s) in each DHB to support data quality and management of immunisation data at the local level, including referral processes for overdue children.

1.9 PHOs/PHO primary care providers will:

- (a) sign the NIR Authorised User Agreement and agree to abide by NIR security and privacy policies, and operational processes as per NIR Privacy Policy and operational manuals;
- (b) accept (or decline) “nominated provider” status for any individual who (or whose parent/caregiver) nominates the PHO provider as his/her nominated immunisation provider, when registering on the NIR;
- (c) send vaccination event data (given or declined, as per the appended data table) for all events on the childhood immunisation schedule in the Ministry approved electronic format or approved paper forms to the NIR:
 - for all individuals that are enrolled in the PHO; and
 - all individuals who attend the provider for vaccination events as casual users.
- (d) register and send vaccination event data (given or declined, as per the appended data table) to the NIR on all MeNZB™ immunisations given and any concurrent immunisations given to individuals enrolled in the PHO or casual users. This is mandatory for vaccine safety and efficacy monitoring, with no “opt off” NIR option for MeNZB™ recipients;
- (e) register on the NIR individuals in the “birth cohort” age group when they are not registered on the NIR directly from maternity data extracts - for example, new migrants and home births presenting in primary care for immunisations;
- (f) notify the NIR when an individual in the “birth cohort” (or their parent/guardian) wishes to “opt off” having any future immunisation data recorded on the NIR;
- (g) update individuals’ demographic information as required, at a vaccine event;
- (h) provide required data on provider identification and demographics (as per the data table appended);
- (i) supply additional data (on forms supplied by the Ministry of Health) to the NIR, in specific circumstances, as per clause 1.7 above;
- (j) perform a “Status Query” from the NIR to determine the current immunisation status of the individual and transfer this information on to the Patient Management System (PMS).

NIR DATA TABLES**TABLE 2: PROVIDER DETAILS DATA HELD BY THE NIR**

Data	Details	Comment
Provider name	Given name, family name	Mandatory
Provider ID	NZMC or NZNC number	Mandatory
PHO	Name of PHO belongs to	If applicable
Clinic name	Name of CLINIC	Mandatory
Clinic HFC code	Health facility code	Mandatory
Clinic EDI account	Mailbox details	For electronic sites
Clinic address	Postal and street address	Mandatory
Clinic contact	Phone, fax, email etc	
PMS application	Type of PMS	For electronic sites
Signatures for AUA	Authorised user agreement to be signed	Mandatory

TABLE 3: IMMUNISATION EVENT DATA

Data	Details	Comment
Event status	Task completed, declined, rescheduled	Mandatory
Date given	Date of event	Mandatory
Vaccine	eg: MMRV 15 month	Mandatory
Vaccine dose	15 month	Mandatory
Body site	eg: left deltoid	See standard list in Immunisation Handbook
Vaccine batch number	The batch number of vaccine	Mandatory
Vaccine expiry date	Expiry date of vaccine	Mandatory
Vaccinator	Name of person who administers the vaccine	Mandatory
Vaccinator ID	NZMC or NZNC number	Mandatory
Responsible clinician	Doctor in general practice	Mandatory
Clinic	Clinic where immunisation given	Mandatory

TABLE 4: INFORMATION REQUIRED FOR NIR REGISTRATION AND ALL VACCINATION DATA IN PRIMARY HEALTH CARE

(N.B.: It is highly desirable that “Optional” fields are completed to assist in recall and follow up of individual children).

Data	Details	Comment
Given name and family name (record aliases)	Providing a third name is optional. Aliases can also be collected	Mandatory
NHI Unique national health index number		Mandatory
Date of birth		Mandatory
Place of birth		Mandatory
Address	Current residential address at which the person has been, or plans to be living at for three months or more. Street number and name (or rapid address for rural area). Post office boxes or other types of address are permitted. Town or city.	Mandatory
Phone number	A phone number where the person or their caregiver can be contacted.	Optional
Gender	The patient's gender (as defined by them or their parent).	Mandatory
Ethnicity	Ethnicity is collected using census definitions and Statistics New Zealand data standard Level 2.	First field is mandatory. Three fields may be reported.
Contact person (or people)	Parent or guardian name.	Mandatory if person aged under 16.
Contact person's address	For recall purposes.	Optional
Contact person's phone number	For recall purposes.	Optional
Contact person's relationship to child	What best describes the relationship to child, eg, mother, aunt. This information is used for recall purposes.	Optional
Alternative contact person	As above.	Optional
Alternative contact address		Optional

Alternative contact phone		Optional
Alternative contact relationship to child		Optional
Nominated general practitioner	Provider name, clinic address, provider identification, DHB of clinic, clinic name, address, independent practitioner's association/primary health organisation, child-provider relationship.	Optional
Nominated Well Child provider	Provider name, clinic address, provider identification, DHB of clinic, child-provider relationship.	Optional