

Clinical indicator

Increasing the proportion of children fully immunised at 24 months of age.

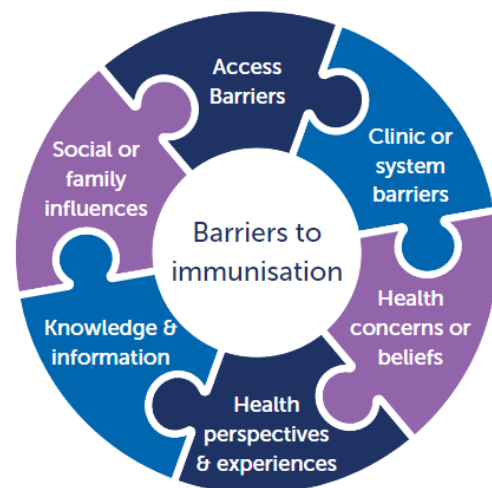
Why is this important?

Immunisation is a cornerstone of public health, offering significant benefits to individuals, communities, and societies as a whole. It remains one of the most effective tools for preventing infectious diseases and promoting health and wellbeing worldwide. The majority of childhood immunisation is carried out in general practice.

Good immunisation coverage protects individuals from serious disease and when a significant proportion of a population is vaccinated against a contagious disease, it creates herd immunity. This protects those who are not vaccinated or who cannot be vaccinated. In this way, vaccine-preventable disease is greatly reduced, resulting in less illness, less potential disability, and fewer costly hospitalisations.

What are the barriers to immunisation?

Reasons for low vaccination coverage are multilayered and complex. In a recent literature review, we summarised barriers into six key categories that impact decisions to immunise, and therefore coverage rates in the community.¹



What is the gap nationally?

Childhood immunisation rates declined nationally in Aotearoa New Zealand, particularly over the 2016- 2018 period, with the decline accelerating after the pandemic started.

Immunisation coverage for New Zealand children at 24 months of age was 81 per cent for the 12-month reporting period ending 31 December 2023. Te Whatu Ora Health NZ reports that at this age some 0.6 per cent have opted out of the schedule with another 6.4 per cent having declined (at least any one vaccination).

At the Te Manawa Taki level (the five districts of Waikato, Bay of Plenty, Taranaki, Tairāwhiti and Lakes), the total immunised was 73.9 per cent (so lower than the national average). For tamariki Māori, those fully immunised at 24 months was 60.1 per cent (compared to 71.4 per cent for Pacific; 90.1 per cent for Asian and 81.0 per cent for European/other).

¹ Pinnacle 2024 After the pandemic: Working together to improve childhood immunisation coverage in primary care.

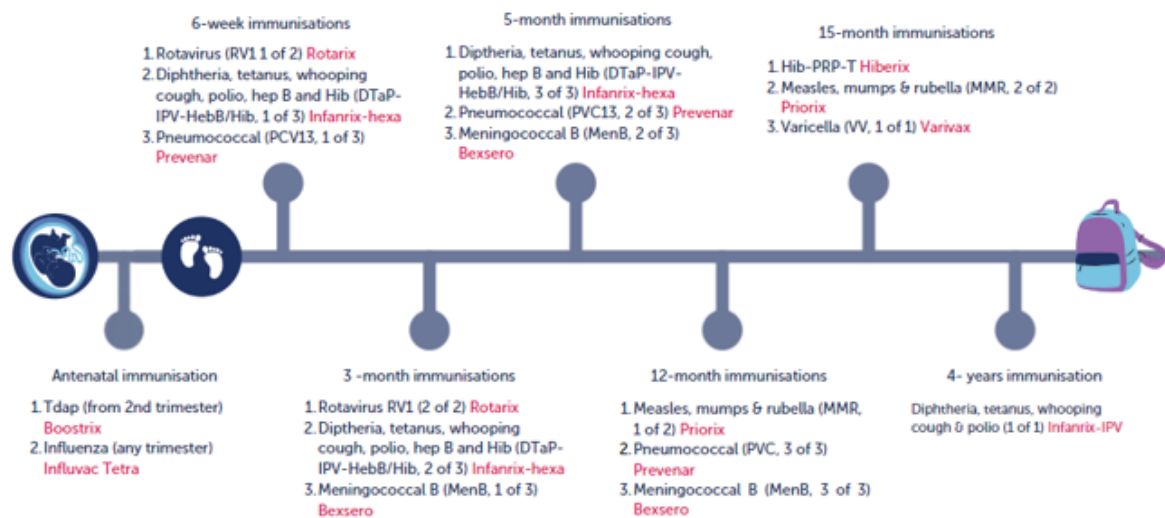
What is the gap locally?

For the 12-month period ending 31 December 2023, immunisation coverage for children at 24 months of age by Te Whatu Ora Health NZ locations was (percent fully immunised, PHOs combined).

	Total	Māori	Pacific	Asian	Euro/other
Lakes	68.9%	58.8%	63.0%	85.4%	79.3%
Tairāwhiti	69.1%	62.4%	82.4%	81.5%	79.0%
Taranaki	78.7%	69.5%	81.2%	84.4%	82.2%
Waikato	74.4%	59.3%	68.5%	90.5%	80.4%

24-month immunisation

24-month immunisation is made up of a scheduled group of time dependent vaccinations given at 6 weeks, 3 months, 5 months, 12 months and 15-month vaccinations. The current immunisation schedule is below.



What are we measuring?²

Our approach to the development of measures is to have a broad organisational measure that can be used overtime, and that will enable shorter term measures to be developed, adapted and adjusted based on population need and areas of focus at a local level. This contributes to the Government's target of 95% of children being fully immunised at 24 months of age.

² Data dictionary for clinical indicators.

Clinical indicator: Increasing the proportion of children fully immunised at 24 – months of age.

Focusing our improvement work on reducing the impact of these barriers has the potential to increase immunisation coverage in effective and efficient way.

Denominator: All children at 24 months of age.

Numerator: All children having received [all] vaccinations as per childhood immunisation schedule prior to 24 months of age.

Definition of immunisation schedule:³ 3 DTaP-IPV-HepB/Hib (Infranix- hexa), 3 PCV13 (Prevenar 13), 2 RV (Rotarix), 3 MedB (Bexsero), 2 MMR (Piorix), 1 Hib (Hiberix), 1 VW (Varivax).

³ Immunisation Handbook 2024 page 664.