



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

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23 September 2021

9(2)(a)

RE Official Information Act request WCDHB 9599

I refer to your email dated 3 September 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

- 1. Data showing immunisation rates for children at eight months of age, broken down by ethnic group, for each month in the past three years. Please provide this in a CSV or Excel spreadsheet format if possible.**

This information is provided on the Ministry of Health website and is publicly available.

<https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data>

We are therefore declining a response to this question pursuant to section 18(d) of the Official Information Act.

- 2. Analysis or advice created in 2021 that examines possible reasons for a decline in vaccination rates among Māori and/or Pacific children.**

No formal analysis or advice has been created in 2021 which looks at the reason for “declines” among this group. On the West Coast we typically reach most of our children whose family consent to be vaccinated. (Declined pursuant to section 18(g) of the Official Information Act i.e. “...we do not hold this information” and section 18(e) of the Official Information Act i.e. “the information does not exist”)

We have a large percentage of families who opt off the NIR (National Immunisation Register) including from within religious communities. The West Coast also have very small numbers with around 90 children due each quarter – so 4% will equate to three children.

Please refer to **Table one** (overleaf) for percentages of children fully vaccinated at eight months of age.

Table one: children fully vaccinated at 8 months of age

Target: 95%	Total	Māori	Pacific	Declined	Opt Off	Missed
Q1 2018/19	77.0%	85.0%	N/A	7.4%	10.6%	5.0%
Q2 2018/19	80.0%	85.0%	75.0%	5.4%	10.3%	4.3%
Q3 2018/19	83.0%	83.0%	N/A	8.0%	6.9%	2.1%
Q4 2018/19	75.0%	85.0%	N/A	7.6%	12.7%	4.7%
Q1 2019/20	80.0%	80.0%	100.0%	12.6%		7.4%
Q2 2019/20	76.0%	87.0%	100.0%	19.0%		5.0%
Q3 2019/20	76.0%	80.0%	100.0%	20.4%		3.6%
Q4 2019/20	82.0%	85.0%	100.0%	13.5%		4.5%
Q1 2020/21	80.5%	88.2%	50.0%	5.7%	10.3%	3.5%
Q2 2020/21	87.0%	100.0%	100.0%	2.6%	9.1%	1.3%
Q3 2020/21	78.0%	77.8%	n/a	5.5%	13.2%	3.3%
Q4 2020/21	77.0%	82.4%	100.0%	17.5%		5.5%

3. Analysis or advice created in 2021 that examines vaccine hesitancy, including in relation to the Covid-19 vaccines.

No formal analysis or advice has been created in 2021 by West Coast DHB which looks at the reason for vaccine hesitancy among children and young people. It was only announced recently that young people aged 12+ were eligible for the Covid vaccination

(Declined pursuant to section 18(g) of the Official Information Act i.e. *"...we do not hold this information"* and section 18(e) of the Official Information Act i.e. *"the information does not exist"*)

4. High-level correspondence in 2021 with senior executives from other DHBs in relation to increasing childhood immunisations or addressing the decline in vaccination of Māori and/or Pacific children.

We do not hold any high-level correspondence in relation to this. (Declined pursuant to section 18(g) of the Official Information Act i.e. *"...we do not hold this information"* and section 18(e) of the Official Information Act i.e. *"the information does not exist"*)

5. High-level correspondence in 2021 between the DHB and Ministry of Health relating to increasing childhood immunisations or addressing the decline in vaccination of Māori and/or Pacific children.

We do not hold any high-level correspondence with the Ministry of Health in relation to this.

(Declined pursuant to section 18(g) of the Official Information Act i.e. *"...we do not hold this information"* and section 18(e) of the Official Information Act i.e. *"the information does not exist"*)

We were asked by the Ministry of Health to provide some clarification on our Immunisation Coverage. A copy of this is attached as **Appendix 1**. **Please note:** We have redacted information pursuant to section 9(2)(a) of the Official Information Act i.e. *"...to protect individual privacy"*)

6. Data showing the number of staff involved in childhood vaccinations for each month in 2021.

There are several key players in the areas of childhood immunisation – it is not possible to break down their staff each month for 2021. However, the following areas are involved in this system

- **Primary Practice** The majority of childhood immunisations are delivered by general practice, on the West Coast all but 2 are owned by the DHB. It is a major piece of work to identify the number of staff in individual practices. (Declined pursuant to section 18(f) of the Official

Information Act i.e. to provide the information requested would take substantial collation and research”

- **Immunisation Coordinators** – we employ 1 FTE to provide this service. This person provides clinical support (education, training, compliance) to general practice and other vaccinators such as pharmacy and hospital services.
- **Outreach Immunisation** – We employ one part time vaccinator to deliver Outreach Immunisation Services and one full time administrator.
- **Public Health Nursing Service** – our PHNS provide support to our HPV programme.
- **National Immunisation Register** – one person is employee to provide this service with support from the outreach administrator.

7. Data showing the number of staff who were moved from childhood vaccinations to the Covid-19 response at any time in 2021.

- **General Practice** – most general practice staff have continued to provide so services are normal and have not been moved to Covid-19. However, during L4 & L3 limited childhood immunisations have been given.
- **Immunisation Coordination** – this one FTE has been seconded to the Covid Programme.
- **Outreach Immunisation** – no impact on staff from the COVID-19 programme
- **National Immunisation Register** – staff supported the initial programme set up but have not been involved in the long term.

8. Details of any recovery or action plan created in 2021 to improve the rates of childhood immunisation and reduce decline rates for Māori and/or Pacific children.

- We have not developed a recovery plan, as our coverage has not changed.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold/decline information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Tracey Maisey
Executive Director
Planning, Funding & Decision Support



PLANNING AND FUNDING

14 July 2021

9(2)(a)

Ministry of Health
133 Molesworth Street
PO Box 6140
Wellington 6140

Dear 9(2)

Re: West Coast DHB Immunisation Coverage

I am in receipt of 9(2)(a) letter, dated 28th June, around the national decline in immunisation coverage. We too are very concerned with the declining immunisation coverage that New Zealand is currently experiencing, and the impact this will have on our overall herd immunity. However, this decline does not appear to be occurring on the West Coast, where our coverage remains consistent. Please see Figure 1, on page 2.

1. Barriers to reaching target

Immunisation on the West Coast is historically challenged by three key drivers:

- The 9(2)(a) – this community chooses to not vaccinate, and all children born in this community opt off the NIR. Currently, this community makes up around 13% of all births on the West Coast.
- Our population has pockets within the community who actively decline immunisation due to their social beliefs. We have worked with these whānau in the past and support them to decline instead of opting off the National Immunisation Register (NIR).
- Small population size – this means the decision by a small number of families has a large impact on the overall coverage. In total we have around 80 children in each age cohort per quarter.

The West Coast DHB has worked collaboratively with the Ministry of Health for several years on these ongoing issues. Due to these complex challenges, the West Coast DHB have never reached the national immunisation health targets. However, we aim to reach 100% of those children whose whānau consent for them to be vaccinated.

In the last four quarters we have achieved the following coverage:

Figure 1 West Coast Immunisation Coverage 2020/21 year

8 month olds	Total	Māori	Pacific	Asian	Declines	Opt off	Missed
Q1 2020/21	80.50%	88.20%	50%	100%	10.30%		3 children or 3%
Q2 2020/21	87%	100%	100%	100%	12%		1 child or 1%
Q3 2020/21	78.00%	77.80%	n/a	100%	6%	13%	3 children or 3%
Q4 2020/21	77%	82%	100%	100%	6.80%	12.2	4.1% missed

2 year olds	Total	Māori	Pacific	Asian	Declines	Opt off	Missed
Q1 2020/21	77.60%	91.70%	0	100%	12.90%		0 children or 0%
Q2 2020/21	82.10%	66.70%	100%	100%	16%		1 child or 1%
Q3 2020/21	79.50%	78.9	100%	100%	6%	14.50%	0 children or 0%
Q4 2020/21	80%	89%	100%	100%	6.30%	11.3	2.5% missed

5 year olds	Total	Māori	Pacific	Asian	Declines	Opt off	Missed
Q1 2020/21	82.70%	88.90%	100%		13.60%		1 child or 1.2%
Q2 2020/21	73.70%	76.50%	110%	66.70%	26%		0 children or 0%
Q3 2020/21	74.40%	76.50%	-	100%	12%	7%	6 children or 14%
Q4 2020/21	85%	87%	100%	50%	6.30%	6.3	2.5% missed

This data highlights that our biggest challenge is our high number of opt off.

2. Implementation Plan

The MoH has asked for a plan around what we intend to do to improve immunisation coverage. As you can see, unless we make immunisation compulsory or remove the 9(2)(a) community from our population, the West Coast will not achieve the national immunisation target. However, this is what we have been doing:

- **Equity – Steps the West Coast DHB is taking to address childhood immunisation outcomes, particularly regarding equity** - The data below shows that equity is not an issue on the West Coast, we regularly vaccinate 100% of Pacific and Asian children and high percentages of our Māori children. Due to our low numbers, when we don't have 100% coverage - this normally means one child missed (or declined) immunisation.

The West Coast Immunisation team (NIR, Immunisation Coordination, Outreach Immunisation Services) are situated with the wider Population Health Team. 75% of the Immunisation team identify as Māori. This includes the recent appointment of a Tamariki Administrator / Kaitautoko Whānau into this team.

- **Working with Māori and Pacific communities to improve outcomes for tamariki** – Māori are included in our Immunisation Advisory Group, and we work directly with our Māori WCTO provider when whānau have been identified as requiring additional support. We have worked closely with Māori provider, Poutini Waihora and the DHB Māori Health Team on the development of the Covid Vaccination Programme, Measles Catch Up Programme and the Kaumatau Flu Programme.
- **The role outreach plays in improving coverage** – in 2020 West Coast DHB worked in collaboration with Canterbury DHB and streamline our process for monitoring and managing target children. This includes tracking all children and ensuring outreach engagement of all children.
- **What is working well on the West Coast** – as indicated above, our NIR team is part of the wider population health team (with Public Health Nursing, Oral Health, B4SC) which also sits alongside Planning and Funding. We therefore have an integrated model of service delivery. We know our population and our practices, so we know when to help and when to support, as our population is small.

3. Ministry of Health support for immunisation improvement

In your letter you indicated that the MoH is committed to supporting immunisation coverage. There are three key areas we see that the MoH plays a role:

- **National communication with general public (esp. on schedule changes)**

When the immunisation schedule changed on 1 October 2020, there was limited national communication around this change. This was one of the biggest immunisation schedule changes we had seen in years, but families/whānau are not aware of this change. The introduction of the 12month event, is now being counted, and a child now requires 2 MMR to be called 'fully vaccinated'. Whānau have not been aware of this change – and a national communication programme was required to support this. Overall immunisation coverage for fully vaccinated 2 year olds will drop in the next few quarters, due to this reason.

- **Reporting**

Nationally there has been a change in immunisation reporting. It has been great to see this level of commitment from the MoH; however, we would like to use this opportunity to provide some feedback:

- Due to our small numbers – reporting only on percentages is difficult for us to monitor e.g. 2.5% missed, we don't actually know the total children this is impacting.
- HPV and 11 year old Tdap reporting – this is not currently not available in Qlik, and the reports in DataMart are no longer updated, and report incorrect information. Correct reporting is necessary for DHB to manage coverage data, and to work with practices to reach their population. We ask that these reports are updated and improved.
- Reporting in Qlik has moved from using NIR address to using NES address to determine the DHB a child lives in. This requires another layer of data cleansing.

- **National leadership**

Each DHB is struggling with immunisation coverage to resolve this we need to work together and learn from each other. The MoH has previously led national workshops and meetings for DHBs to get together and share ideas. Over the past two years there have been a number of staff changes at the MoH. West Coast DHB is unsure who our key liaison person is, it would be great to get a better understanding of the MoH team and who we work with on specific immunisation events.

If you have any questions regarding West Coast Immunisation, please contact our immunisation lead Bridget Lester on bridget.lester@cdhb.health.nz or phone 9(2)(a) [REDACTED].

We look forward to working with you and the MoH team on improving national immunisation rates.

Your sincerely



Tracey Maisy
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Canterbury and West Coast DHBs