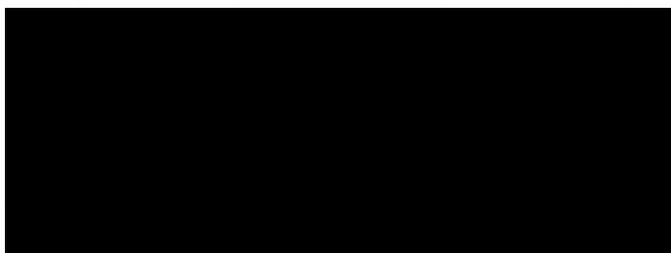


23 March 2021



**Re: OIA request – Number of measles vaccinations needed and completed**

Thank you for your Official Information Act request received 23 February seeking information from Waitematā and Auckland District Health Boards (DHBs) about progress of the measles catch-up vaccination campaign for teens and young adults.

As we are running a joint campaign across both Auckland DHB and Waitematā DHB, the following response is provided on behalf of both DHBs.

In response to your request, we are able to provide the following information:

**I'm checking in with all DHBs on progress for the measles catch-up campaign for teens and young adults. Can you please tell me:**

**1. How many people need to be vaccinated in your DHB?**

The Ministry of Health's measles catch-up campaign for teens and young adults targets people aged 15-to-30 years old. The total 2021 population in the Auckland and Waitematā DHB districts (based on 2020 Ministry of Health population data) is as follows:

- Auckland DHB: 139,240
- Waitematā DHB: 137,200.

The exact number of people in this cohort needing to be vaccinated is unknown due to incomplete vaccination history data. This is because many of the 15-30-year-olds requiring vaccination were born before the National Immunisation Register (NIR) started in 2005. Therefore, MMR records for most of this cohort are held only by GP practices.

In addition, while we are aware of the number of people aged 15-30 years old who are enrolled with primary care providers, not all of these will receive an MMR vaccination from their GP.

To provide a response to your request would require the review of a large volume of individual clinical records of patients held by the GP practices.

Due to the sensitivity of this information, our frontline clinical staff would need to review these individual clinical files and it would not be appropriate to use a contractor to review the records. This would take our frontline staff away from their clinical work over the course of months and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

However, it is expected that data-matching during the catch-up programme will allow us to better determine the true number of immunisations delivered.

## **2. How many people have you vaccinated so far?**

The challenges faced in the delivery of measles immunisations to 15-30-year-olds are detailed in question three below. Among them are the impacts of the COVID-19 global pandemic. Please note that the following data is based on the partial information available to us, as detailed below.

It is important to note that not all people in this age group have their immunisation records on the NIR. Adults have to opt-on to the register, unlike children where opt-on is automatic and their parents can opt-off. Therefore, there are likely to be people immunised whose details are not on the register.

From July 2020 to February 2021 (latest data from MoH), the following MMR doses were recorded on the NIR for 15-30-year-olds:

### **July 2020 to February 2021**

- Auckland DHB - 579 total including:
  - Māori - 51
  - Pacific - 112.
  
- Waitematā DHB - 584 total including:
  - Māori - 74
  - Pacific - 59.

The claims data from GPs and pharmacies for the number of MMR immunisations they have carried out over the same period is provided below:

### **July 2020 - February 2021**

- Auckland DHB - 736 total including:
  - Māori - 42
  - Pacific - 131.
  
- Waitematā DHB - 746 total including:
  - Māori - 68
  - Pacific - 78.

The reasons for the discrepancies in the two sets of this data are:

- only GPs and pharmacies can claim for MMR immunisations provided. Therefore, this data does not include vaccines given by DHBs and other providers, which may be recorded on the NIR
- as indicated, not all people in this age group have their immunisation records on the NIR. Therefore, there are some immunisations in one dataset and not the other.

As previously indicated, we expect to undertake data-matching during the catch-up programme which will help us to determine the true number of immunisations delivered.

### **What are you doing to reach the group you need to?**

The objectives of the Auckland and Waitematā DHBs' programme is to increase awareness among young adults of the need to receive an MMR vaccination and to increase opportunities to be immunised by reducing barriers to healthcare i.e. go to where young adults are and make it convenient to receive MMR.

We engaged with Māori and Pacific young adults from the Auckland and Waitematā DHB catchments which confirmed our strategy and roll-outs in the proposed locations, as well as identifying other locations as follows:

- **primary care** – supporting primary care practices (GPs), particularly encouraging opportunistic immunisation when young people come to a practice. Increasing the number of pharmacies offering MMR vaccinations and addressing any barriers pharmacies have to providing this service
- **schools** – offering vaccinations in 10 schools in Auckland and Waitematā DHB districts that have DHB-funded primary care services. These young people will also be offered the opportunity to have catch-up whooping cough and HPV (Human Papilloma Virus) immunisations
- **tertiary education institutions** – working with six organisations across the two DHBs to offer vaccinations on campuses and in halls-of-residence
- **Family Planning and sexual health clinics** – partnering with clinics to offer opportunistic vaccinations
- **occupational health providers** – partnering with private occupational health providers to offer vaccination in workplaces, with a particular emphasis on workplaces employing our Māori and Pacific rangitahi. Focus group members told us that workplace immunisation is convenient and has contributed to many having influenza immunisation in the past
- **community** – partnering with community organisations to offer immunisation promotion and vaccinations in locations within the community such as Pacific churches, marae etc. Our focus groups also identified public libraries as a suitable location and we are partnering with Auckland Libraries to have promotion events at key sites.

To increase awareness, campaign t-shirts, posters and leaflets have been provided to immunisation providers and are in the process of being distributed to our programme partners, detailed above.

National resources can be found at <https://www.hpa.org.nz/guardiansofthefutureresources>

A programme of promotional activities is underway to reach 15-30-year-olds, including radio (and their associated social media), billboards and mall advertising.

Following engagement with our Pacific and Māori health partners, we are also working on commissioning a Pacific dance troupe to promote MMR in the Pacific community and on a te reo promotion with a local kura kaupapa.

### **3. Are you encountering any problems or challenges?**

We acknowledge the campaign targets an age group that is traditionally hard-to-reach and less likely to be engaged with the health system than other groups. This means we are working innovatively and in collaboration with their communities to deliver vaccines in places where people work, live, learn and play. A number of pop-up community events were postponed or cancelled due to various

alert level escalations around the country. We are working closely with our providers to reschedule these.

It is important to note that, in large part due to the border closures that have been in place since last year, there are currently no cases of measles in New Zealand. Our MMR promotion campaign was due to start in February 2020. However, the arrival of the COVID-19 global pandemic to New Zealand has negatively impacted our ability to roll-out this vaccination programme.

Some of the challenges faced in the delivery of the measles immunisations to the 15-30-year-old age group are as follows:

- since early 2020, the focus and priority has been on local, regional and national responses to COVID-19 across the health sector, other organisations, local communities and groups
- COVID-19 lockdowns have meant the cancellation of some health promotion events
- the COVID-19 vaccination programme is due to be rolled-out soon; together with the seasonal 'flu vaccination programme, these nationwide programmes also need to be delivered alongside a national MMR vaccination campaign
- COVID-19 alert level changes in August and September 2020 has caused minor delays to the school programme immunisation project. Primary care, pharmacy and school attendance were reduced during this time, which led to reduced opportunities for immunisations in these settings. When students were able to return to school, our ability to offer immunisations in schools was further impacted, as learning was necessarily prioritised
- incomplete immunisation histories and population data, explained above, create challenges in identifying individuals within our populations who require immunisations, as well as some individuals' complete immunisation history
- pharmacies pay for MMR vaccines and then claim the cost, which can create a barrier to some pharmacies' ability to stock the MMR vaccine; and
- as previously outlined, the young adult population is traditionally hard-to-reach and less likely to be engaged with the health system than other groups.

#### **4. Do you need any extra support? If so, from whom?**

The MoH team is assisting us with additional support. The providers we are working with are enthusiastic about supporting the programme and improving the immunisation status of our young people.

We are working with our primary care organisations on collating data on the immunisation coverage from information that is not available through the NIR to assist with targeted follow-up of those who do not have at least one documented MMR dose.

A mechanism to make the MMR vaccine more accessible through pharmacies and private health providers has been raised with Pharmac.

You have the right to seek an investigation and review by the Ombudsman of the decisions made in providing this response. Information about how to seek a review is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

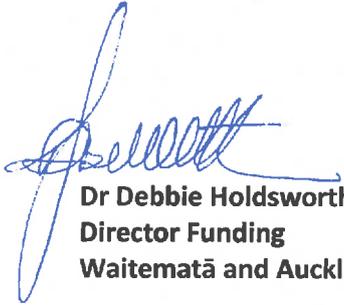
I trust that the information we have been able to provide is helpful.

Waitematā and Auckland DHBs support the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our websites from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Dr Debbie Holdsworth**  
**Director Funding**  
**Waitematā and Auckland DHBs**

Yours sincerely



**Ailsa Claire, OBE**  
**Chief Executive of Te Toka Tumai**  
**(Auckland District Health Board)**

