Out with the Old, in with the Flu!

New Zealand Immunisation Conference
9 September 2017

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Overview

• Annual Influenza Immunisation Programme aim and goals
• Changes to the Programme over the years
• An example of how policy improves access to and coverage of influenza vaccination
• Summary of the 2017 Programme
• Next steps
New Zealand Influenza Immunisation Programme

Aim:
To protect those at higher risk of influenza morbidity and mortality

2017 Goals:

• Improve influenza immunisation coverage for those aged:
  - under 65 years at high risk (including pregnant women)
  - 65+ (particularly Māori and Pacific)

• Achieve 1.2 million doses distributed annually

• Achieve 75% of those aged 65+ are immunised against influenza
**The Programme over the years...**

- 20 years since influenza vaccine was funded for those aged 65+ years

- Targets:
  - 1.2M doses distributed achieved since 2013
  - 75% of those aged 65+ are immunised against influenza annually

- Approximately:
  - 25% of New Zealanders have been immunised against influenza
  - 67% of those aged 65+ years have been immunised over the past few years

- DHB healthcare worker coverage improved from 45% in 2010 to 65% in 2016

- Pharmacist vaccinators began offering non-funded influenza vaccine in 2012

- Vaccine availability – usually late Feb/early March and until 31 July (sometimes extended)
Historically vaccine uptake has been measured via immunisation benefit claims data.

An NIR report has now been developed that reports on influenza immunisation coverage by DHB, PHO, age, ethnicity and deprivation:
  - Will replace claims-based reports for measuring performance
  - Means that all influenza immunisations must be entered into the NIR via patient management systems or ImmuniseNow
What did we do differently in 2017?

• From 1 April 2017 community pharmacists have been providing funded influenza vaccine to:
  - those aged 65+
  - pregnant women

• From 2017 onwards, the end of the funded programme is 31 December

• DHB performance measure 2017/18 – 75% of those 65+ years are immunised against influenza

• Infrastructure support
  - Influenza NIR DataMart reports available
  - ImmuniseNow roll out to pharmacies
Influenza Programme Strategy Building Blocks

- Ministry leads Influenza Immunisation Programme strategy
- Install influenza champions
- Review influenza literature

Implementation
- Confirm roles and responsibilities
- Execute timely messages
- Monitor and disseminate information

Communicate the Strategy
- Establish a communications network
- Develop a communications plan

Reach policy decisions
- Apply a well thought out, no surprise approach to decision making
- Develop and agree processes and timelines that contain some flexibility
- Agree measurable outcomes

Inform the strategy
- Use forums to check and articulate goals
- Engage with Maori and Pacific community leaders
- Seek advice from other local experts and communities

Review the policy evidence
- Confirm roles and responsibilities
- Execute timely messages
- Monitor and disseminate information
Improving access to influenza vaccination

By enabling community pharmacists to provide funded influenza vaccine to:

- those aged 65+
- pregnant women
Pharmacist vaccinators - background

- Since 2012, the Ministry has supported the policy position to enable community pharmacists to offer vaccination

- Reclassification of the influenza vaccine by the Medicines Classification Committee

- Aim of the reclassification was to increase access to the influenza vaccine, improve convenience, increase uptake and reduce the healthcare burden of influenza

- Pharmacists are required to comply with the Immunisation Standards and successfully complete vaccinator training and clinical assessment
What was happening?

2016 Influenza Immunisation Coverage

- NIR influenza coverage for those aged 65+:
  - total coverage 56%
  - coverage for Māori was 48%, Pacific 64% and Asian 50%
- Approximately 30% of pregnant women are vaccinated during pregnancy
- Number of those aged 65+ is increasing
- Older people may have a reduced immune response to influenza vaccine
- A(H3N2) has historically been associated with higher morbidity and mortality

Review the policy evidence
Why change?

- There were vulnerable groups who would benefit from influenza vaccination
- Enabling pharmacist vaccinators to provide funded influenza vaccination would improve uptake among eligible individuals who have difficulty accessing general practice
- Approximately 300 pharmacies were already offering vaccination services
- Aware that it takes time to imbed change
Guiding Principles

Pharmacists:

• are appropriately trained and meet the Immunisation Standards

• have access to the infrastructure that supports the National Immunisation Programme i.e. NIR web application ImmuniseNow

• can claim for the cost of the vaccine and administration fee

• need to inform the individual’s general practice that they have been immunised
  • an automated process for notifying the GP is under development
Strategic alignment

This policy change aligns with the:

Inform the Strategy
Collaboration and System changes

The Ministry worked collaboratively with PHARMAC and DHBs to enable the system changes to support this policy direction

Changes were made to:

- New Zealand Pharmaceutical Schedule
- DHB pharmacy contracts
- IT infrastructure
How did we do this year?

- Provisional claims data is not yet available

- Approximately 600 pharmacists have a contract with their DHB to provide funded influenza vaccination

- 3% of influenza vaccine distribution attributed to pharmacists

- Nearly double the volumes of influenza vaccine have been distributed to pharmacists
NIR influenza coverage at age 65+ by DHB (1/3/17 – 31/08/17)*

Total NIR 65+ national coverage: 54%
- Highest regional total coverage 62%
- Lowest regional total coverage 38%

Māori NIR 65+ national coverage: 45%
- Highest regional Māori coverage 65%
- Lowest regional Māori coverage 32%

* Note: Provisional NIR data
NIR influenza coverage at age 65+ by DHB (1/3/17 – 31/08/17)*

Pacific NIR 65+ national coverage: 50%
• Highest regional Pacific coverage 62%
• Lowest regional Pacific coverage 31%

Asian NIR 65+ national coverage: 45%
• Highest regional Asian coverage 52%
• Lowest regional Asian coverage 18%

*Note: Provisional NIR data
Unintended consequences

- Increased pressure placed on immunisation coordinators to undertake clinical assessment and Cold Chain Accreditation (CCA) assessments
- More pharmacists interested in offering funded influenza vaccination than expected
- Pharmacists offering workplace vaccination services
- New role for Medicines Control in CCA
Next steps - policy questions

- How do we ensure everyone is offered influenza vaccination?
- What is the aim of the Programme?
- Are the targets fit for purpose?
- How do we identify high risk individuals?
- When is the best time to start the Programme?
- What needs to change to improve coverage?
- How will the new vaccines impact on the Programme?