

# Opportunistic Vaccinations at Covid Vaccination Centres

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# Key Points

- ❖ What We Did
- ❖ What Went Well
- ❖ Barriers and Remedies
- ❖ Outcomes

# Why

- ❖ COVID 19 contributed to delayed or missed scheduled immunisations
- ❖ PHNs asked to trial offering missed vaccinations in Covid Vaccination Centres
- ❖ Immunisations to be offered;
  - ❖ Boostrix for pregnant women over 16 weeks
  - ❖ HPV to under 27 year olds
  - ❖ MMR - 2 doses if born after 1990
  - ❖ Infanrix Hexa, Infanrix IPV, and Boostrix

# Planning

- ❖ Developed screening tool to identify target population
- ❖ Developed workflow for each site
- ❖ Ordered vaccinations from ProPharma
- ❖ Collaborated with site leads and staff
- ❖ Resource Folder created
- ❖ Ensured staff also trained to deliver COVID vaccinations
- ❖ Roster created balancing staff experience
- ❖ Located IT resources...

# What We Did and What Went Well

- Orewa -gave 34 due vaccines, only 2 'missed' vaccines
- MMR x3, InfanrixIPV x2, Boostrix x20, HPV x9
- Albany – gave 28 vaccines, approximately half of which were 'missed'
- MMR x4, InfanrixIPV x4, Boostrix x9 , HPV x11
- Albany – has embedded process to offer MMR –if no evidence, offered to all born prior to 1990 – has delivered 12 MMR in first three days.

# Barriers and Remedies

- ❖ Different approach at each CVC site due to space and staffing limitations
- ❖ IT functionality – we fell between NRHCC and WDHB
- ❖ GP access and NIR access by phone limited
- ❖ Drive through vaccination model

# Outcomes

- IT capability essential
- Reliable access to NIR, CIR
- NIR records unreliable, checking with GP clinics very time consuming, often not achievable.
- Catch-up immunisation plan communicated to GP/Practice Nurses