

# Vaccinator Training Course Standards

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## Introduction

The Vaccinator Training Course Standards set the minimum education requirements which underpin safe vaccination practice in New Zealand, ensuring equity and consistency in national course delivery. The principles of Te Tiriti O Waitangi underpin our kaupapa.

Vaccinator training courses are designed for health professionals to have the appropriate competencies to vaccinate safely within their scope of practice. This may require any vaccinator, including pharmacist vaccinators, to discuss immunisation in a wider context with their clients. Following authorisation, the vaccinator is permitted to deliver vaccines on the National Immunisation Schedule and any other programmes authorised by the medical officer of health. Pharmacist vaccinators will be authorised to administer reclassified vaccines.

Facilitation of vaccinator training courses will integrate best practice principles for adult learners. A range of opportunities for learning will be incorporated into each course. This will include identifying and supporting individual learning needs in order to meet the course learning outcomes.

The vaccinator training courses are aligned with the:

- *Immunisation standards for vaccinators and guidelines for organisations offering immunisation service*, and
- *Authorisation of vaccinators and criteria for pharmacist vaccinators* in appendices 3 & 4, current [Immunisation Handbook](#) (Ministry of Health - the Ministry)

## Criteria for vaccinators

- Enrolled nurses can complete the vaccinator training course but are not eligible to apply for authorised vaccinator status
- Approval of authorised vaccinators is the responsibility of the regional medical officers of health and requirements are outlined in the current *Immunisation Handbook*
- Pharmacist vaccinators are required to complete the process outlined in the current *Immunisation Handbook*
- N.B. Vaccinators who are NOT prescribers, pharmacist vaccinators, or authorised vaccinators require a prescription or standing order to administer vaccines (see [Standing Order Guidelines](#), the Ministry)
- The local immunisation coordinator or public health unit can provide guidance for the process and requirements for authorisation
- Maintaining authorised vaccinator status or pharmacist vaccinator status (every two years and prior to expiry), is the responsibility of the individual; issues should be addressed to the appropriate regulating body
- Requirements for reauthorisation as a vaccinator (Medicine Regulations 1984 clause 44A) are obtained from the local public/population health unit or the medical officer of health

- A current CPR certificate (see [New Zealand Resuscitation Council](#)) is required at the clinical assessment (see appendix 4 *Immunisation Handbook*)
- It is recommended that all vaccinators hold personal professional indemnity insurance

## Vaccinator Training Courses (VTC)

The course consists of a minimum of 18 hours theory. There are two learning options:

- A flexible learning option includes pre-reading, twelve hours online self-study, a four hour tutorial and an open-book assessment
- A two day option includes pre-reading, two study days and an open-book assessment
- For both vaccinator training courses, an open-book assessment is completed which may be oral at the discretion of the training coordinator or National Manager

## Resources

- Health Promotion Agency and the Ministry - [Health Education](#) resources
- [IMAC](#) written resources
- [IMAC](#) influenza resources
- [Medsafe](#) vaccine data sheets
- [PHARMAC](#) website vaccine resources
- [CARM](#) reporting form - New Zealand Pharmacovigilance Centre
- [World Health Organization](#) vaccine resources
- [World Health Organization](#) immunisation resources
- [World Health Organization](#) immunisation schedules by country
- [Centers for Disease Control and Prevention](#) vaccine and immunization resources

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This publication is intended to support education sessions provided at Vaccinator Training Courses and should be used in conjunction with other evidence-based immunisation publications.

The Immunisation Advisory Centre takes no responsibility for the manner in which this information is subsequently used.

## Course objective

To provide participants with the knowledge and skills required to become competent vaccinators. Participants will understand the processes and systems which underpin vaccinator practice as outlined in the *Immunisation Handbook* and meet the minimum legal requirements for vaccinators.

## Overall learning outcomes

At the end of the training, course participants will be able to:

- Access and utilise the current [Immunisation Handbook](#)
- Locate and use resources including the Vaccination Training Manual and recommended websites
- Access immunisation resources for parents and caregivers
- Access and use the [National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017](#)

## Prerequisites

- Current practising certificate from registration authority (e.g. Nursing Council of New Zealand, Pharmaceutical Society of New Zealand or other health professional regulating body)
- Pre-reading of the current *Immunisation Handbook*
  - Introduction
  - General immunisation principles
  - Appendices 3 & 4
- A current CPR certificate (for the clinical assessment)

## Course assessment procedures

### Open-book assessment

An open-book assessment consisting of multiple choice and short answer questions is completed in a minimum of one hour. This may be hard copy or online. The current *Immunisation Handbook* is the open book and may be used to assist participants. Not all answers will be found in this but will have been covered during the course. A pass mark of 80% for both the emergency questions and the overall test is required. If the participant fails to achieve a pass grade an open-book reassessment is possible.

Ideally, the open-book assessment is to be completed within the week following the Vaccinator Training Course. The participant is to notify the IMAC Education Administrator when an extension is required.

### Clinical assessment

Following completion of the Vaccinator Training Course and achieving a pass grade in the open-book assessment, all participants must demonstrate clinical competency through a clinical assessment. The local medical officer of health will nominate a qualified assessor to undertake the clinical assessment. The participant is responsible for arranging the assessment and negotiating a convenient time.

The [clinical assessment form](#) is located in the Vaccination Training Manual for participants to review. The assessment will be based on the *Immunisation standards for vaccinators* found in the appendices of the current *Immunisation Handbook*. A current CPR certificate for both infant and adult resuscitation is required for the clinical assessment (see [New Zealand Resuscitation Council](#) and appendix 4 of the current *Immunisation Handbook*).

The assessor will complete the clinical assessment, usually in the participant's clinical environment, for a minimum of two persons' separate vaccination events, as relevant to the vaccinator's scope of practice. For early childhood vaccinators at least one vaccination event will include a child 15 months of age or younger.

The local medical officer of health requires a copy of the completed clinical assessment form for those applying for vaccinator authorisation.

## Two day VTC course - unit timing guide

Unit	Topic	Minimum timings
1	Vaccine preventable diseases	60 minutes
2	Legislation, standards and authorisation	30 minutes
3	The immune system	60 minutes
4	The National Immunisation Schedule and vaccines across the lifespan	60 minutes
5	Types and composition of vaccines	60 minutes
6	Vaccine safety	60 minutes
7	Storage and handling of vaccines	60 minutes
8	Informed consent and communication	60 minutes
9	Vaccine administration	120 minutes
10	Improving immunisation coverage	45 minutes

## Two day VTC course - example of a programme

Day One		Unit
09:00	Welcome, introductions and housekeeping	
09:30	Vaccine preventable diseases	1
<b>10:30</b>	<b>Break</b>	
10:45	The immune system	3
12:00	The National Immunisation Schedule and vaccines across the lifespan	4
<b>13:15</b>	<b>Lunch</b>	
14:00	Types and composition of vaccines	5
<b>15:00</b>	<b>Break</b>	
15:15	Storage and handling of vaccines	7
16:15	Legislation, standards and authorisation	2
16:45	Questions and answers	
<b>17:00</b>	<b>Close</b>	

Day Two		Unit
09:00	Welcome and review	
09:15	Improving immunisation coverage	10
10:00	Catch-up schedules	10
<b>10:45</b>	<b>Break</b>	
11:00	Vaccine safety	6
12:00	Informed consent and communication	8
<b>13:00</b>	<b>Lunch</b>	
13:45	Vaccine administration theory	9
14:15	Vaccine administration practical	9
<b>15:15</b>	<b>Break</b>	
15:30	Open-book assessment preparation	
16:00	Questions and evaluation	
<b>16:30</b>	<b>Close</b>	

## Flexible Learning VTC course - example of a programme

Time	Topic	Unit
09:00	Introduction and housekeeping	
09:10	Vaccine preventable diseases overview	1
09:40	The National Immunisation Schedule and vaccines across the lifespan	4
10:00	Improving immunisation coverage	8, 10
10:30	Questions	
<b>10:40</b>	<b>Break</b>	
10:50	Storage and handling of vaccines	7
11:10	Vaccine administration - practical and group work	6, 9
12:45	Legislation, standards and authorisation	2
12:50	Manual, questions, hand out open book assessments and evaluations	
<b>13:00</b>	<b>Close</b>	

The Flexible Learning VTC course participants will have viewed the following videos during the online component:

- Vaccine preventable diseases (diphtheria; *Haemophilus influenzae* type b; hepatitis; influenza; measles)
- Chickenpox - Disease and Vaccine information
- Cold chain in New Zealand: A brief overview
- IMAC videos: administration of Zostavax, Menactra and Boostrix

## Unit 1: Vaccine preventable diseases

### Purpose

To provide an overview of vaccine preventable diseases, associated complications and long-term outcomes, and the historical impact of immunisation.

### Learning outcomes

At the end of this session participants will be able to:

- Describe briefly the global burden of vaccine preventable diseases and the impact of immunisation
- Describe vaccine preventable diseases and their complications for informed consent
- Identify the process of notification of vaccine preventable diseases
- Describe the epidemiology of recent outbreaks of vaccine preventable diseases in New Zealand
- Adapt knowledge of vaccine preventable diseases for immunisation communication

### Recommended content

- History of vaccines and immunisation
- Epidemiology, clinical features and complications of vaccine preventable diseases in New Zealand
- Notifiable vaccine preventable diseases in New Zealand
- Disease patterns and the control of recent outbreaks in New Zealand

### Resources

- [Childhood Immunisations](#) booklet code HE1323
- [Immunise your children on time](#) pamphlet code HE1327
- [Infectious Diseases card](#) code HE1215
- [Meningococcal Disease causes Meningitis](#) code HE2417
- Vaccine preventable diseases DVD
- Medical officer of health, or communicable disease specialist if available
- Current *Immunisation Handbook*

## Unit 2: Legislation, standards and authorisation

### Purpose

To provide an overview of legislation and regulation for vaccinators.

### Learning outcomes

At the end of this session participants will be able to:

- Demonstrate an awareness of the relevant acts and regulations and how they impact on immunisation practice
- Refer to the Medicines Regulations 1984 to outline the legal role and responsibilities of vaccinators
- Locate *Immunisation standards for vaccinators and guidelines for organisations offering immunisation services* and *Authorisation of vaccinators and criteria for pharmacist vaccinators* in the current *Immunisation Handbook*
- Outline the requirements for administration of prescription medicines, including the need for prescription, or standing orders
- Describe initial authorisation and reauthorisation as a vaccinator at the local level, or the process for pharmacist vaccinators
- Identify the range of authorised vaccines under vaccinator scope of practice

### Recommended content

- Relevant acts and legislation for vaccinators and their impact on immunisation
- Documents required for practice under these acts, e.g. prescription, or standing orders if not authorised
- View immunisation standards and requirements for authorisation for all vaccinators in current *Immunisation Handbook* (appendices 3 & 4)
- The process required for application for authorisation and reauthorisation (local variation)
- The vaccines on the National Immunisation Schedule and purchased vaccines

### Resources

- Local process, and forms required for application as an authorised vaccinator
- Contact details for local medical officer of health, and local immunisation coordinator/facilitator
- [Medicines Regulations 1984](#)
- [Health \(Immunisation\) Regulations 1995](#)
- [Health Act 1956](#)
- [New Zealand Public Health and Disability Act 2000](#)
- [Health Practitioners Competence Assurance Act 2003](#)
- [Standing Order Guidelines](#)
- Current *Immunisation Handbook*

## Unit 3: The immune system

### Purpose

To provide a review of the immune system and the immune response to vaccines.

### Learning outcomes

At the end of this session participants will be able to:

- Demonstrate knowledge of the structure and function of the immune system
- Recognise the role of the cells of the innate immune system in activating lymphocytes
- Describe the specific immune response to a vaccine antigen and the generation of immune memory
- Differentiate between primary and secondary immune responses
- Describe the role of memory cells after vaccination
- Relate the infant immune response to the timing of the immunisation schedule
- Distinguish between individual and community immunity and their impact on population health
- List factors that affect the immune response to vaccines
- Explain how protection from some vaccine preventable diseases can be reduced by waning immunity
- Adapt knowledge of the immune system for use in immunisation communication

### Recommended content

- Revision of the immune system (types of immunity including non-specific and specific, active and passive immunity)
- Revision of chemicals (antigen, antibody) and types of leucocytes (phagocytes, granulocytes, B- and T-lymphocytes, memory cells, antigen presenting cells (macrophages and dendritic cells))
- Immune response to vaccines, and factors affecting the response
- Primary and secondary immune responses
- Immune memory
- Duration of immunity following infection and vaccination, including waning immunity
- Infant immune response, role of maternal antibody and breast milk
- The concept of community (herd) immunity
- Consideration of how the immune system underpins/relates to other units, e.g. NIS, vaccine types, vaccine safety, communication and vaccine administration

### Resources

- Current *Immunisation Handbook*

## Unit 4: The National Immunisation Schedule and vaccines across the lifespan

### Purpose

To provide an outline of the New Zealand National Immunisation Schedule vaccines, vaccines for special groups and purchased vaccines.

### Learning outcomes

At the end of this session participants will be able to:

- Utilise the National Immunisation Schedule to identify the vaccines available, their recommended timing and spacing
- Identify medical conditions that extend the eligibility for funded vaccines for special groups and high-risk populations
- Outline the vaccines available for purchase
- Identify the rationale for differing intervals between doses of the same vaccine or other vaccines

### Recommended content

- The National Immunisation Schedule - vaccines, timing and spacing
- Rationale for development of the National Immunisation Schedule
- Eligibility for special group immunisations - highlight e.g. asplenia, cochlear implant and immunosuppression
- Eligibility for high-risk populations immunisations - highlight e.g. 4-week pre-call for TB, cardiac and respiratory diseases and Down Syndrome
- Purchase vaccines in the *Immunisation Handbook*

### Resources

- [New Zealand National Immunisation Schedule](#) card code HE1308
- [Hepatitis B Information For Health Professionals](#) card code HE1401
- IMAC [National Immunisation Schedule](#) card
- IMAC [Management of tetanus-prone wounds](#) current flow chart
- IMAC [Funded vaccines for special groups](#) fact sheet
- Current *Immunisation Handbook*

## Unit 5: Types and composition of vaccines

### Purpose

To provide an outline of the types of vaccines including composition and regulation of vaccine licensure and safety.

### Learning outcomes

At the end of this session participants will be able to:

- Describe a brief overview of vaccine manufacture
- Describe the process of vaccine licensing, regulation and the role of Medsafe
- Outline the different classification (types) of vaccines
- Identify the function of vaccine components
- Identify factors that compromise vaccine stability
- Locate information on new vaccines from the Medsafe website

### Recommended content

- Overview of vaccine manufacture
- Vaccine regulation in New Zealand
- Medsafe role
- Features of types of vaccines (live/attenuated, killed/inactivated, toxoid and subunit; single vs. multiple antigens; combination vaccines)
- Vaccine components and rationale for their use
- Stability of vaccines - expiry/cold/heat/light/cumulative exposure
- Adapt knowledge of vaccine composition for immunisation communication

### Resources

- IMAC [NIS vaccines and animal derived products](#) fact sheet
- Vaccine datasheets from Medsafe website
- Expired/compromised vaccine samples
- Current *Immunisation Handbook*
- 'Let's talk about immunisation' flip chart
- IMAC vaccine composition activity (optional)

## Unit 6: Vaccine safety

### Purpose

To provide an overview of prevention strategies, management of adverse events following immunisation (AEFI), and reporting of AEFIs.

### Learning outcomes

At the end of this session participants will be able to:

- State the essential components of pre-vaccination screening
- Describe the underlying mechanisms for five World Health Organisation (WHO) AEFI definitions
- Describe common expected responses to National Immunisation Schedule vaccines
- Distinguish between adverse events and adverse reactions
- Identify true contraindications to vaccines
- Differentiate between faint, anaphylaxis, hypotonic-hyporesponsive episode (HHE) and other hypersensitivities
- Outline the process of reporting an AEFI to the Centre for Adverse Reaction Monitoring (CARM)
- State the equipment required and emergency management of anaphylaxis
- Describe the outcomes of global vaccine surveillance on local immunisation practice

### Recommended content

- Pre-vaccination screening - true contraindications and specific contraindications
- AEFI causality assessment (product, quality, immunisation error, anxiety and coincidental event)
- Expected responses to vaccines
- Identification and management of anaphylaxis
- Safety equipment required for management of anaphylaxis (importance of accessibility and checking of equipment)
- Identification, management and documentation of adverse events following immunisation and reporting to CARM
- Vaccine safety surveillance - national and global examples of impact on immunisation programmes

### Resources

- IMAC [Anaphylaxis and vaccination](#) fact sheet
- Link to electronic form for [CARM](#) reporting - New Zealand Pharmacovigilance Centre
- Current *Immunisation Handbook*

## Unit 7: Storage and handling of vaccines

### Purpose

To outline the standards for the correct storage and transport of vaccines, along with provider evidence demonstrating this.

### Learning outcomes

At the end of this session participants will be able to:

- Define the vaccine cold chain
- Describe the key elements that support the integrity of the cold chain
- Explain why vaccines must be stored in the cold chain
- Identify the management process in the event of a cold chain breach
- Access the National Standards for Vaccine Storage and Transportation for Immunisation Providers as a key reference for vaccine cold chain
- Demonstrate an awareness of the National Cold Chain Audit process, Cold Chain Accreditation and the provider cold chain policy
- Describe the procedure for receiving vaccines from suppliers

### Recommended content

- Purpose of, and key steps in, the cold chain
- Vaccine storage requirements (provider and off-site) including temperature control and monitoring, prevention of light exposure, packaging, fridge stock rotation and air circulation
- Stability of vaccines - expiry/cold/heat/light/cumulative exposure
- Vaccine transport requirements for any vaccination site
- Data logger, temperature monitoring and data interpretation
- Define cold chain breach criteria and actions when vaccines compromised
- Refrigerator maintenance requirements (weekly, monthly, six-monthly and annually)
- Introduce the National Cold Chain Audit, the Cold Chain Accreditation process and the provider cold chain policy requirement
- Procedure for accepting vaccines and stock control

### Resources

- [National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017](#)
- [Annual Cold Chain Management Record](#)
- [Cold Chain Accreditation Review for Immunisation Services](#)
- [Cold Chain Accreditation Self - Assessment Form](#)
- [The essential cold chain](#) fact sheet

- [The essential data logger](#) fact sheet
- [Initial steps in a cold chain breach](#) fact sheet
- [COOL Project Report](#)
- Current *Immunisation Handbook*

## Unit 8: Informed consent and communication

### Purpose

To outline the process for informed consent for administration of vaccines and introduce evidence-based strategies to enhance immunisation communication.

### Learning outcomes

At the end of this session participants will be able to:

- Describe the informed consent process, including who can provide consent, and how it relates to vaccination
- Demonstrate client-centred communication for understanding and responding to vaccine hesitancy
- Describe robust strategies to overcome immunisation barriers and to support vaccine acceptance
- Offer culturally appropriate resources
- Demonstrate client centred immunisation communication
- Display an awareness that decliner and non-responder practices need to be robust and used with caution
- Identify appropriate information to provide to decliners
- Meet professional documentation standards for the consent process

### Recommended content

- Review the essential elements for informed consent (Rights 5-7 of Code of Health and Disability Services Consumers' Rights 1996)
- Review acts and legislation that underpin consent for vaccination and data collection (National Immunisation Register)
- Documentation of consent and requirement of consent for each immunisation event
- Consent for immunisations
- Consent for older children - the issues of competency to consent (Gillick) and the role of the health professional in decision-making
- Confidence with appropriate communication of evidence-based immunisation information (benefits and risks, refute myths and misconceptions, health literacy)
- Confidence with tailoring immunisation conversations (respect and cultural competency, vaccine hesitancy, delayers/objectors and addressing concerns)
- Barriers to consent and dealing with declines
- Resources for common immunisation concerns, e.g. vaccine safety, multiple injections, how vaccines work, vaccine misconceptions, natural immunity versus vaccine immunity, why vaccines are necessary

## Resources

- [Privacy Act 1993](#)
- [Code of Health and Disability Services Consumers' Rights 1996](#)
- [Health Practitioners Competence Assurance Act 2003](#)
- [Care of Children Act 2004](#)
- Chapters 2 & 3 Current *Immunisation Handbook*

## Unit 9: Vaccine administration

### Purpose

To promote administration of vaccinations in New Zealand according to best practice standards.

### Learning outcomes

At the end of this session participants will be able to:

- Outline pre-vaccination screening requirements and rationale
- Demonstrate and understand safe preparation of vaccines and management of the vaccination event
- Identify the correct route, site, and positioning of limbs when administering vaccines
- Instruct caregiver to position and hold baby appropriately for vaccination
- Outline the best practice requirements for the safe administration of vaccines
- Identify techniques that help to provide a calm vaccination experience
- Identify the correct method for disposal of vaccines and associated equipment
- Access suitable resources for vaccinees to support post-vaccination advice
- Describe the professional documentation requirements for vaccine administration

### Recommended content

- Review pre-vaccination screening assessment
- Suitable environment for optimal vaccine delivery
- Preparation of vaccines including reconstitution if required (checking of fridge temperature, expiry, vaccine type and sharps disposal, using vaccines within time frame after preparation)
- Safe and appropriate holding and distraction techniques for all vaccinees
- Location and rationale for injection site(s), angle of insertion, speed of administration, needle gauge(s) and length(s)
- Best practice techniques for vaccine administration, including oral vaccines (least to most painful) for all ages, and pain mitigation
- Safe and appropriate disposal of vaccines and associated equipment
- Post-vaccination advice and resources provided (live attenuated, oral vaccine care)
- Documentation of vaccination event

### Resources

- [The National Immunisation Schedule](#) card code HE1308
- [Immunisation Certificate](#) code HE7013
- [Immunisation Record](#) code HE1309
- [Childhood Immunisation](#) booklet code HE1323
- [After Your Child is Immunised](#) leaflet code HE1504

- [Immunise against whooping cough](#) pamphlet code HE2503
- [Successful strategies towards BEST Practice for vaccination 2017](#) fact sheet
- [Guidelines for Nurses on the Administration of Medicines](#)
- [Well Child Tamariki Ora My Health Book HE7012](#)
- Expired/compromised vaccine samples, needles and syringes
- Infant doll(s) for demonstration/practical session
- Current *Immunisation Handbook*

## Unit 10: Improving immunisation coverage

### Purpose

To outline a range of evidence-based strategies to achieve and maintain immunisation targets to prevent vaccine preventable diseases.

### Learning outcomes

At the end of this session participants will be able to:

- Explain the importance of immunisation coverage and timeliness
- Identify immunisation national targets and indicators, including expected outcomes
- Describe the role of the National Immunisation Register
- Identify groups at risk of vaccine preventable diseases for opportunistic vaccination or referral to Outreach Immunisation Services (OIS)
- Identify strategies to achieve immunisation equity and high coverage for population health
- Describe strategies to protect special groups and specific programmes, i.e. influenza and HPV
- Use principles in the *Immunisation Handbook* to plan catch-up immunisation and other variations to the standard schedule

### Recommended content

- Immunisation targets for infants in New Zealand
- Improving maternal (pregnancy) immunisation rates
- The National Immunisation Register - coverage rates, transfer of data between providers, timeliness, targeting groups with low rates, status queries
- Current New Zealand coverage statistics (including what is hidden by averages)
- Discussion of factors that affect immunisation coverage (including equity, social determinants of health)
- Client and provider-based strategies: Lead Maternity Carer (LMC), pre-call, recall, OIS, catch-ups, opportunistic immunisation, late clinics, electronic messaging, all with focus for all health care staff, and education for parents and providers
- Local and national strategies: local service and church groups, health promotion, national targets, immunisation champion
- Strategies to improve immunisation coverage for groups at risk of vaccine preventable diseases (including Māori and Pacific, deprived socioeconomic groups, migrants, mobile groups)
- Strategies to improve immunisation coverage for special groups (including pregnant women, severely immunocompromised, babies of hepatitis B positive mothers, those without a spleen)
- Use scenarios to plan catch-up immunisations

## Resources

- [Health targets: Increased immunisation](#)
- [National Immunisation Register publications](#)
- [Questions and answers - National Immunisation Register](#)
- [Questions and answers - Recording adult vaccines on the National Immunisation Register](#)
- Current *Immunisation Handbook*