

# **National Immunisation Register Requirements**

PHO Agreement  
Referenced Document

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# 1. Background

- 1.1 Increasing immunisation coverage in order to prevent vaccine preventable diseases is the highest priority of the National Immunisation Programme.
- 1.2 The development of a national immunisation register to record individual immunisation histories and produce accurate population-based coverage reports is a strategy supported by evidence and international practice. Although many health providers in New Zealand have developed information systems to keep track of the immunisations given to their patients, these local systems do not interconnect or provide the benefits of a national register.

# 2. The National Immunisation Register

- 2.1 The National Immunisation Register (NIR) will:
  - (a) allow querying of the database for an individual's immunisation status
  - (b) provide accurate immunisation status of an individual
  - (c) aid opportunistic immunisation
  - (d) assist providers in referral to immunisation facilitation and outreach services for children that are not found by GP recall systems
  - (e) provide accurate immunisation coverage data at the local (PHO), DHB and national levels.

# 3. Purpose of this Referenced Document

- 3.1 The requirements for data reporting to the NIR have been previously outlined in the PHO 'Access' and 'Interim' agreements 2002-3 (see I8, reporting requirements). Section 88 (Schedule 3, 2:Services, clause (I)) also states that providers should report data to a national register in an 'agreed and notified format'.
- 3.2 The required changes outlined in this reference document specify the data and format(s) required for PHOs to meet this previously agreed position.

## 4. NIR Data Flows

- 4.1 The NIR design is based on messaging of data from primary care Practice Management Systems (PMS) to the NIR, so that data flows electronically when entered/downloaded after each vaccination event.
- 4.2 Access to/use of the NIR is also possible via web browser and the Health Intranet. Manual (paper/fax) processes are in place to enable providers to report data to the NIR who do not have compatible PMS systems or health intranet access.
- 4.3 The primary care provider will be required to send immunisation event data to the NIR for each registered individual, in addition to demographic and vaccinator information (see data tables appended).
- 4.4 For practices with NIR compatible Practice Management Systems (PMS), immunisation information will be sent automatically to the NIR by electronic messaging. There are five Practice Management Systems (PMS) that the NIR project team is currently negotiating with to upgrade their systems to meet the data and messaging requirements of the NIR system (see Table 1: PMS Systems).
- 4.5 All PMS systems messaging to the NIR require approval by the Ministry of Health and must meet the NIR user requirements, messaging and data standards, and Ministry testing protocols.

**Table 1:** PMS systems

Product	Company
Medtech32	MedTech NZ
Next Generation Clinical Notes	Next Gen
VIP Houston	Houston Medical Systems
Profile for Windows/Mac	Intra Health
MedCen Medical Centre Software	MedCen

## 5. NIR Data Requirements

- 5.1 For children in the NIR birth cohort, registration information will be provided from the maternity system for 90–95% of children. Primary health care providers will need to supply registration information for others – for example, new migrants, home births and all those receiving MeNZB who are not already registered on the NIR. The information required for an NIR registration is appended.

- 5.2 In special circumstances, primary health care providers will need to provide some additional information to the NIR. This will include:
- (a) notifying the NIR when an individual (or their parent/guardian) wishes to opt off having any future immunisation data recorded on the NIR
  - (b) notifying the NIR of a referral to an outreach immunisation service, or of a validated adverse event following immunisation (AEFI), the death of a registered individual, or a request for a Status Query Request by a provider.

## 6. Roles and Responsibilities

6.1 The Ministry of Health (and/or DHBs as their agent) will:

- (a) provide the central NIR application
- (b) negotiate with and resource selected PMS vendors for software upgrades to allow PMS compatibility with the NIR (see Table 1)
- (c) resource selected maternity IT vendor systems to ensure the birth cohort is registered on the NIR
- (d) provide national privacy, security and operational policies for management of data on the NIR
- (e) provide a national governance body for the NIR
- (f) notify the PHO and primary care providers of the 'Go Live' date in each DHB
- (g) provide vaccinator and non-vaccinator operational manuals for NIR users
- (h) provide immunisation promotion and NIR information resources for the public
- (i) support PHOs and primary care providers to conform with NIR data requirements (including support for PMS upgrades, and for DHB project management, provider liaison funding for NIR implementation and provider training, via DHB funding)
- (j) provide a DHB NIR data administrator(s) in each DHB to support data quality and management of immunisation data at the local level, including referral processes for overdue children.

6.2 PHOs/PHO primary care providers will:

- (a) sign the NIR authorised user agreement and agree to abide by NIR security and privacy policies, and operational processes as per NIR Privacy Policy and operational manuals
- (b) accept (or decline) 'nominated provider' status for any individual who (or whose parent/care giver) nominates the PHO provider as their nominated immunisation provider, when registering on the NIR

- (c) send vaccination event data (given or declined, as per the appended data table) for all events on the childhood immunisation schedule in the Ministry approved electronic format or approved paper forms to the NIR:
  - for all individuals that are enrolled in the PHO
  - all individuals who attend the provider for vaccination events as casual users
- (d) register and send vaccination event data (given or declined, as per the appended data table) to the NIR on all MeNZB immunisations given to individuals enrolled in the PHO or casual users. This is mandatory for vaccine safety and efficacy monitoring, with no 'opt off' NIR option for MeNZB recipients
- (e) register on the NIR individuals in the 'birth cohort' age group when they are not registered on the NIR directly from maternity data extracts – for example, new migrants and home births presenting in primary care for immunisations
- (f) notify the NIR when an individual in the 'birth cohort' (or their parent/guardian) wishes to opt off having any future immunisation data recorded on the NIR
- (g) update individuals' demographic information as required, at a vaccine event
- (h) provide required data on provider identification and demographics (as per the data table appended)
- (i) supply additional data (on forms supplied by the Ministry of Health) to the NIR, in specific circumstances, as per clause 5.2 above.

## Appendix – Data Tables

**Table 2:** Provider details data held by the NIR

Data	Comment	
Provider name	Given name and family name	Mandatory
Provider ID number	For example, NZMC or NCNZ number	Mandatory
PHO	Name	Mandatory
Clinic name	Name	Mandatory
Clinic address and DHB	Postal/street address	Mandatory
Clinic contact details	Phone number, email etc	Mandatory
Clinic health facility code number	Health facility ID number	Mandatory
Signatures of authorised users	For NIR Authorised User Agreement	Mandatory

**Table 3:** Immunisation event data

Data	Comment	Field comment
Event status	The code for completion is given – task completed, declined or rescheduled	Mandatory
Date given	Date of immunisation event, for example, 20/12/03. If event is declined or rescheduled, the appropriate date is recorded.	Mandatory
Scheduled event	For example, 15-month MMR	Mandatory
Vaccine given	For example, MMR	Mandatory
Vaccine dose number	1, 2, etc	Mandatory
Body site	See standard list in <i>Immunisation Handbook</i> , for example left deltoid	Mandatory
Vaccine batch number	Batch number of vaccine	Mandatory
Vaccine expiry date	Expiry date of vaccine	Mandatory
Vaccinator	Name of person who administers vaccine	Mandatory
Vaccinator ID	NZMC/NZNC number	Mandatory
Responsible clinician	Authorised vaccinator or the doctor in general practice setting	Mandatory
Clinic where given	Clinic name	Mandatory

**Table 4:** Information required for NIR registration and all vaccination data in primary health care

Data	Comment	Field comment
Given name and family name (record aliases)	Providing a third name is optional. Aliases can also be collected.	Mandatory
NHI	Unique national health index number.	Mandatory
Date of birth		Mandatory
Address	Current residential address at which the person has been, or plans to be living at for three months or more. Street number and name (or rapid address for rural area). Post office boxes or other types of address are permitted. Town or city	Mandatory
Phone number	A phone number where the person or their caregiver can be contacted.	Optional
Gender	The patient's gender (as defined by them or their parent).	Mandatory
Ethnicity	Ethnicity is collected using census definitions and Statistics New Zealand data standard Level 2.	First field is mandatory. Three fields may be reported.
Contact person (or people)	Parent or guardian name.	Mandatory if person aged under 16
Contact person's address	For recall purposes	Optional
Contact person's phone number	For recall purposes	Optional
Contact person's relationship to child	What best describes the relationship to child, for example, mother, aunt. This information is used for recall purposes.	Optional
Alternative contact person	As above	Optional
Alternative contact address		Optional
Alternative contact phone		Optional
Alternative contact relationship to child		Optional
Nominated general practitioner	Provider name, clinic address, provider identification, DHB of clinic, clinic name, address, Independent Practitioner's Association/primary health organisation, child-provider relationship.	Optional
Nominated Well Child provider	Provider name, clinic address, provider identification, DHB of clinic, child-provider relationship.	Optional

NB: It is highly desirable that 'optional' fields are completed to assist in recall and follow up of individual children.