

11 May 2022

s 9(2)(a)

By email: s 9(2)(a)

Ref: H202204534

Tēnā koe s 9(2)(a)

### Response to your request for official information

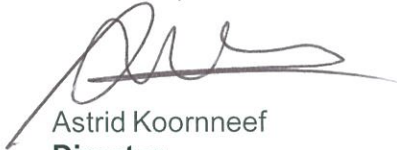
Thank you for your request under the Official Information Act 1982 (the Act) on 24 March 2022 for information relating to the Measles, Mumps and Rubella (MMR) vaccination programme. You specifically requested:

*"I would like to request access to the document listed below titled 'Update on the MMR vaccination programme'".*

The Ministry is releasing this document to you in full and a copy is attached to this response.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Nāku noa, nā



Astrid Koornneef

**Director**

**National Immunisation Programme**

## Information and Advice Request Form

<b>Document Title</b>	Update on the MMR vaccination programme
<b>Date Requested</b>	16/11/2021
<b>Date Due</b>	19/11/2021
<b>Type</b>	Briefing: <input type="checkbox"/> Memo: <input type="checkbox"/> Aide Memoir: <input type="checkbox"/> Event Briefing: <input type="checkbox"/> Information Request: <input checked="" type="checkbox"/>
<b>Background</b>	We anticipate soon receiving media queries around the immunisation programme and in particular the MMR campaign.
<b>Request/Content</b>	Can we please have an update on the MMR campaign including: <ul style="list-style-type: none"> <li>- how we are tracking against the targets</li> <li>- reasons for any discrepancies (I understand levels were tracking down before COVID and COVID has further complicated it eg previously unable to concomitantly administer) and</li> <li>- how many have been administered over the last 5 years if possible.</li> </ul>
<b>Additional information (optional)</b>	<p>You have requested an update on the National Measles Immunisation Campaign (the campaign) which was effectively paused in April this year to prioritise the delivery of COVID-19, influenza and childhood immunisations. The campaign has now restarted with a focus on increasing immunisation rates amongst Māori and Pacific populations and a wider age range to include all children and young people under the age of 30 who have not had two doses of the measles, mumps and rubella (MMR) vaccination.</p> <p>Coverage is currently below herd immunity level (95 percent)</p> <ul style="list-style-type: none"> <li>• there is an immunity gap in 15 to 30 year-olds – approximately 230,000 people were not given the MMR vaccine as children due to past immunisation schedule changes - changing the ages the doses are given from four years and 11 years to two and four years, and then from 12 months and four years to 12 and 15 months</li> <li>• there continues to be a decline in on-time immunisations for children which includes the MMR vaccine.</li> </ul> <p><b>How we are tracking against the targets?</b></p> <p>There was no central register until 2005 when the National Immunisation Register was introduced and therefore MMR coverage across the population cannot be fully estimated. Estimates of vaccine coverage prior to the campaign commencing have been developed but are not accurate enough to support the development of target numbers for individual district health boards (DHBs) at this point across all age ranges.</p> <p>According to the National Immunisation Register (NIR), between 1 July 2020 to 31 October 2021:</p> <p><b>Total doses:</b></p> <ul style="list-style-type: none"> <li>• <b>274,074 MMR</b> vaccinations were administered in total, across all age groups</li> </ul> <p><b>Breakdown of doses:</b></p> <ul style="list-style-type: none"> <li>• 254,439 MMR vaccinations were administered to those outside 15-30 year olds</li> <li>• 19,635 MMR vaccinations were administered to 15-30 year olds</li> </ul>

Reasons for any discrepancies (I understand levels were tracking down before COVID and COVID has further complicated it e.g., previously unable to concomitantly administer)

### Impact on the 15-30 year old catch up campaign

The campaign achieved good momentum before being paused.

We saw reasonable vaccination numbers in April, May, June 2021 as DHBs continued with already planned activity. However, numbers started declining from July and dropped significantly in September when the COVID-19 vaccine became available to 15-30 year olds (see table below).

### MMR administered to 15-30 year olds 1 January to 31 October 2021 by month

	2021									
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
National	824	1796	3221	2350	2662	1921	1067	725	322	471

Source: National Immunisation Register, 8 Nov 2021

On 7 September 2021, the COVID-19 Vaccination Technical Advisory Group (CV TAG) advised that there no longer needed to be spacing between the Pfizer COVID-19 vaccine and most other vaccines on the National Immunisation Schedule (the exception being Zostervax). A sector-wide communication outlining this updated guidance was sent on 27 September 2021.

We are directly engaging with all DHBs to ensure that they are prioritising getting their campaigns up and running. We are facilitating monthly hui with DHB campaign leads and have extended DHB contracts for the campaign to 31 March 2022.

Towards the end of the influenza programme, those DHBs and providers with Māori influenza and measles vaccination contracts were advised to focus on the measles campaign.

We are working closely with the Ministry's COVID-19 Vaccination and Immunisation Programme (CVIP) to progress opportunities for concomitant administration.

### Impact on Childhood immunisation – MMR events at 12 and 15 months:

MMR vaccination rates were tracking down before the COVID-19 pandemic. However, data from the last quarter shows that the rates are now increasing across all ethnicities.

Immunisation coverage is measured at the 24 month milestone - for the **first dose** of MMR (due at 12 months of age) this is now 85.8 percent across all ethnicities compared to 84.2 percent in the previous quarter.

For the **second dose** of MMR (due at 15 months) there is also an increase over the previous quarter - the rate is 70.1 percent across all ethnicities, compared to 52.8 percent in the previous quarter.

The concerning issue is the low coverage for the **second dose** most likely due to the change in the childhood immunisation schedule in October 2020 (children now receive the second dose of their MMR immunisation at age 15 months rather than at four years). This schedule change has not been well understood and has led to a cohort of children aged one to four years who have missed out on that dose at 15 months. In addition, there is a consistent equity gap between Māori and Pacific and non-Māori/non-Pacific children at the at the 24 month milestone for the two required MMR doses. (See table below). The MMR coverage and equity gap relating to MMR vaccinations has a significant impact on the low overall childhood immunisation coverage.

**Coverage rate for the first and second dose of MMR by ethnicity.**

Year Quarter	2 Year Milestone MMR Dose One (percentage)		
	Maori	Pacific	*NMNP
2020 Q1	85.1	89.3	90.7
2020 Q2	82.6	87.5	90.4
2020 Q3	81.2	84.3	89.9
2020 Q4	79.0	82.8	90.8
2021 Q1	80.4	85.9	91.3
Year Quarter	2 Year Milestone MMR Dose Two (percentage)		
	Maori	Pacific	*NMNP
2020 Q1	34.3	35.8	47.0
2020 Q2	37.3	40.6	52.4
2020 Q3	41.7	45.5	55.7
2020 Q4	46.5	49.5	62.5
2021 Q1	61.5	68.7	80.2

\*Non Māori, Non Pacific

To address this issue the Ministry is:

- requesting providers proactively recall children on the old schedule
- implementing a social media communications strategy to inform parents of the schedule change - this is currently in market
- actively working with DHBs to support the implementation of their childhood immunisation plans with a particular focus on how they will lift rates among Māori and Pacific children
- including immunisation in 3 Well Child Tamariki Ora enhanced support pilots with young hapū māmā
- collaborating with CVIP to leverage opportunities to offer childhood immunisations, particularly MMR, when tamariki come in with whānau who are having COVID-19 vaccinations
- continuing to build on the positive outcomes of the Māori Influenza Vaccination Programme (now in its second year and incorporating measles vaccination) to include Pacific providers and all immunisation events. Funding for the Māori Influenza Vaccination Programme or equivalent for 2022 is yet to be confirmed
- undertaking a large study with Colmar Brunton (led by Māori Health Directorate) to gain more insight into vaccine hesitancy in this population group.