



What measures and why?

Immunisation is a highly successful public health intervention. It safeguards individuals, whānau and communities against a range of potentially devastating diseases, and is a critical way of preventing and controlling infectious disease outbreaks¹. This priority focusses on the key funded immunisation indicators: Immunisation coverage for 24-months old, MMR immunisations, and flu immunisations for kaumātua (65 years and above).

This report additionally looks into hospitalisations due to vaccine-preventable diseases, which highlight the severity of these illnesses, and HPV vaccinations, which are important for preventing cancer. To understand the broader landscape, this report also looks at where Māori are getting vaccinated and understanding why vaccination rates may be decreasing.

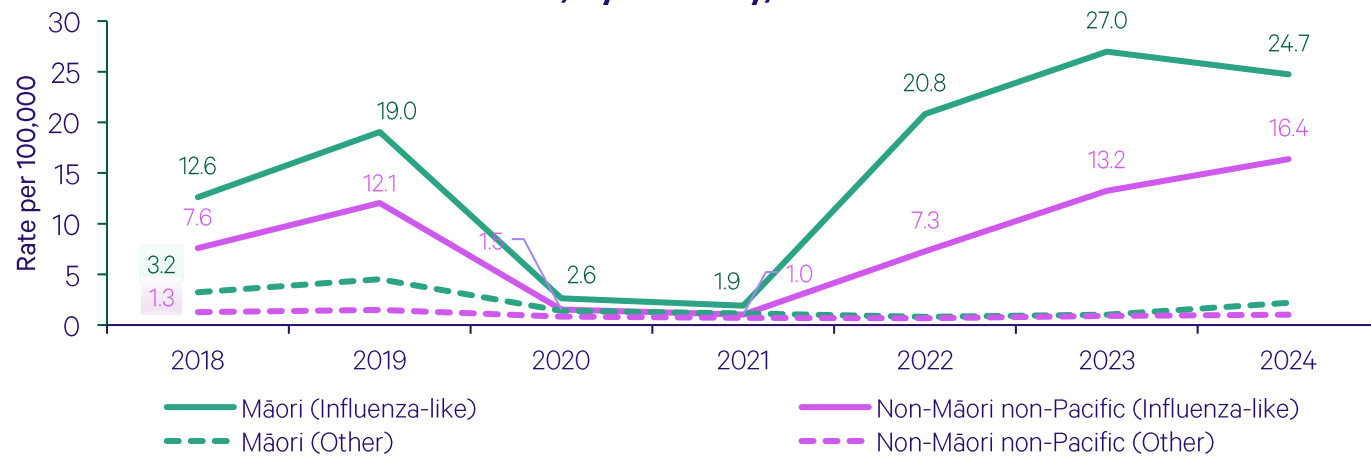
Hospitalisations due to vaccine-preventable diseases

Overall, in 2024, Māori were **1.5 times more likely** to be hospitalised for vaccine-preventable diseases than non-Māori non-Pacific peoples.

Children under four and adults older than 75 years-old are more likely to have been hospitalised for vaccine-preventable diseases.

Hospitalisations for Māori and non-Māori non-Pacific peoples decreased during the COVID-19 pandemic, however, they then increased to above pre-pandemic levels.

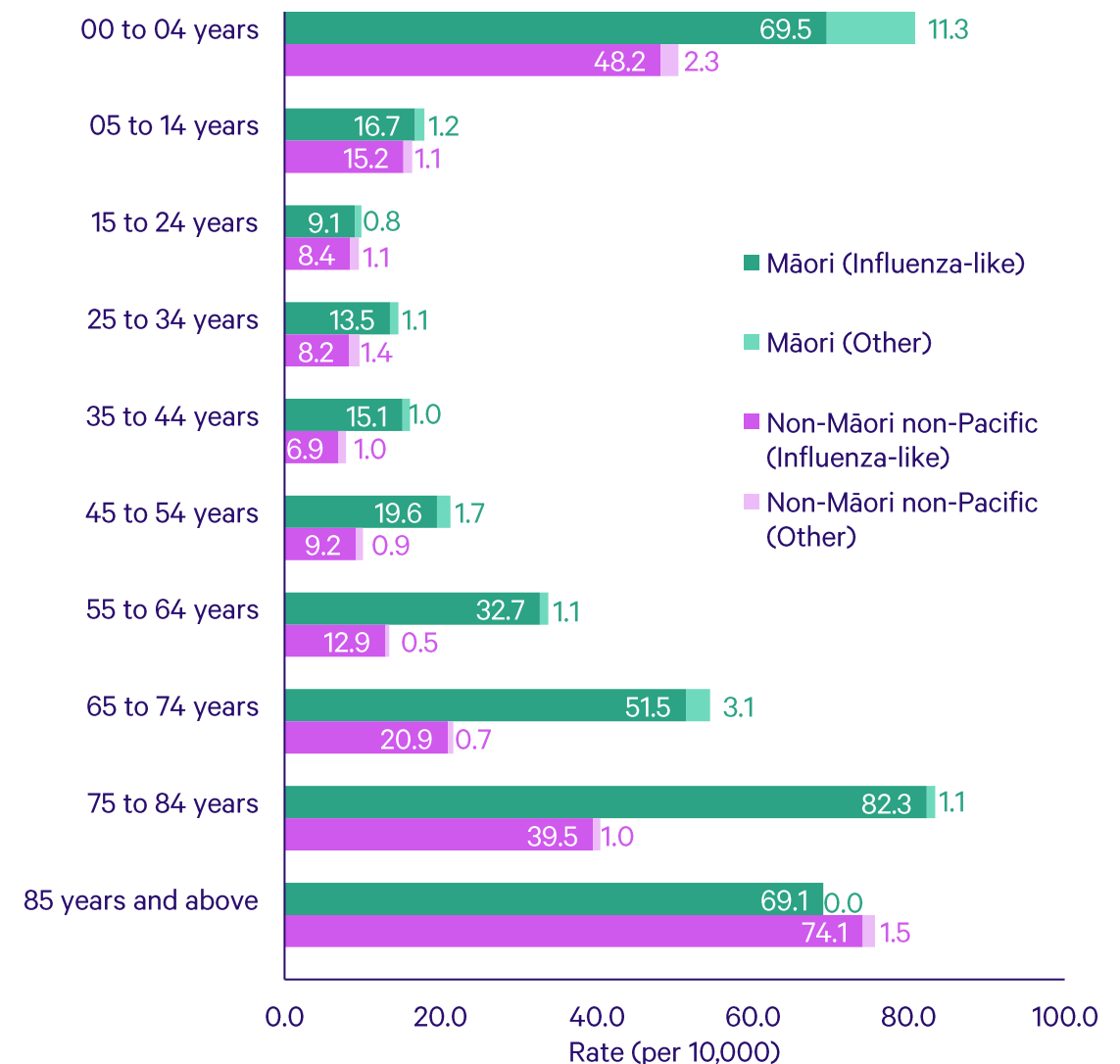
Hospitalisations for influenza-like illnesses and other vaccine-preventable diseases, by ethnicity, 2018 to 2024



76% of vaccine-preventable hospitalisations for Māori in 2024 were due to influenza-like illnesses.

Causes of vaccine-preventable hospitalisations varied by age group, but the most common causes after influenza included whooping cough and varicella-related illnesses.

Hospitalisations for influenza-like illnesses and other vaccine-preventable diseases, by age and ethnicity, 2024



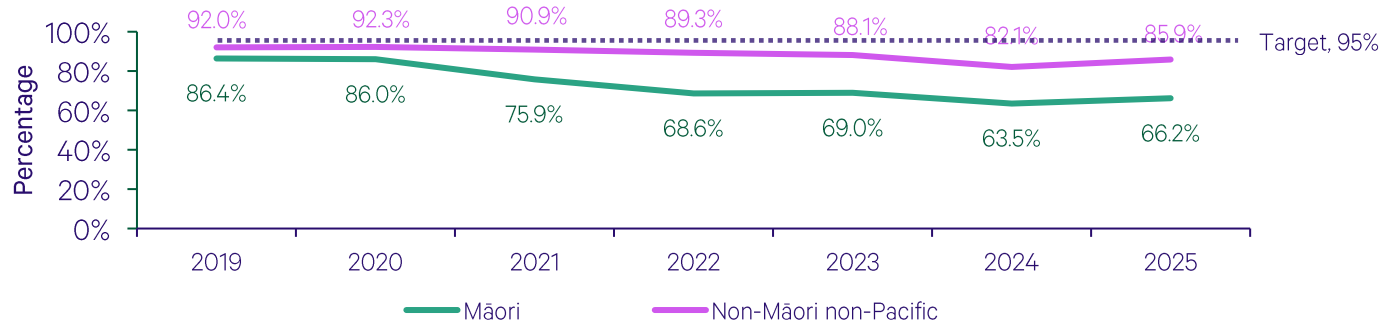


As vaccination rates decrease, rates of hospitalisations for children increase

Vaccination coverage for Māori has decreased over time.

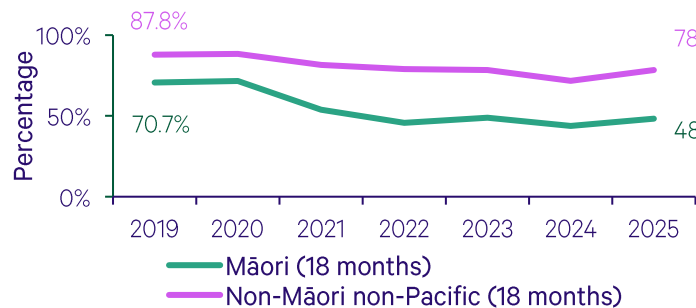
This has increased the equity gap, with non-Māori non-Pacific peoples **1.3 times more likely** to be fully immunised at 24 months than Māori in 2024-25. The Health Target for immunisations coverage is 95%.

Vaccine coverage for 24-months olds by ethnicity, 2019 to 2025
(October – September reporting period)

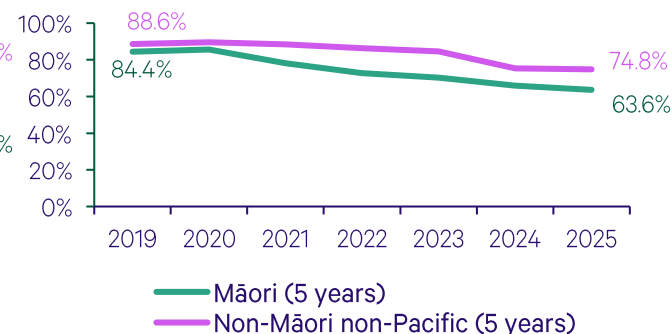


For other milestone ages, 18 months and 5 years old, rates for vaccine coverage have also decreased. The equity gap was larger at 18 months but decreases when children reach 5 years old, with non-Māori non-Pacific peoples being **1.2 times more likely** to be fully vaccinated.

Vaccine coverage for 18 months old by ethnicity, 2019 to 2025
(October - September reporting period)



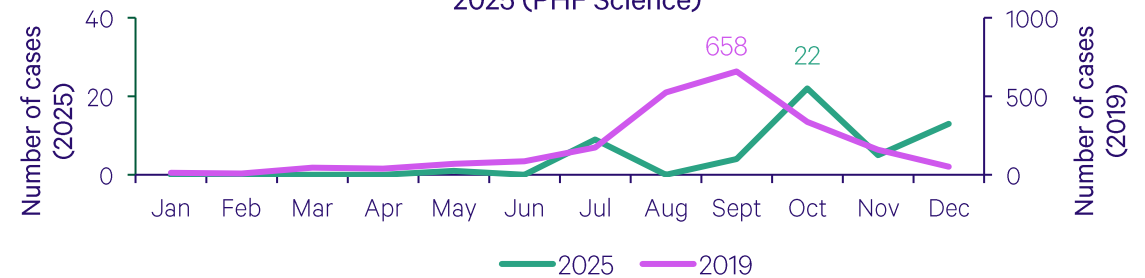
Vaccine coverage for 5 years old by ethnicity, 2019 to 2025
(October - September reporting period)



In 2024, the rate of tamariki Māori (0–4 years) being hospitalised for vaccine-preventable conditions was **1.6 times higher** than that of non-Māori non-Pacific children. Ensuring children are vaccinated is an important step in reducing hospitalisations.

The recent measles outbreak posed a risk for Māori

Provisional number of confirmed measles cases by month for 2019 and 2025 (PHF Science)



The last outbreak occurred in 2019

27 per 100,000 Māori were hospitalised, compared to 5 per 100,000 for Other ethnicities.

63 per 100,000 Māori contracted measles, compared to 19 per 100,000 of Other ethnicities.

In the 2025 outbreak, PHF Science reported a total of 54 potential measles cases, peaking in October, and Health NZ reported 35 confirmed cases. Since September 2025, 5 of 17 cases of measles for Māori resulted in hospitalisation (30%), compared to 6 of 25 cases for European and Other ethnicities* (25%) (PHF Science).

Potential reasons for decrease in immunisations may include:



Difficulty accessing vaccinators. This includes transport and appointment availability. 1 in 4 Māori live rurally, and those who live the most rurally have the lowest vaccination rates.



Distrust of health providers. Some Māori mothers expressed a lack of trust in health providers and lack of mutual respect.



Increased need for information and choice. Māori are wanting more information and support in order to make informed decisions for themselves and their whānau.

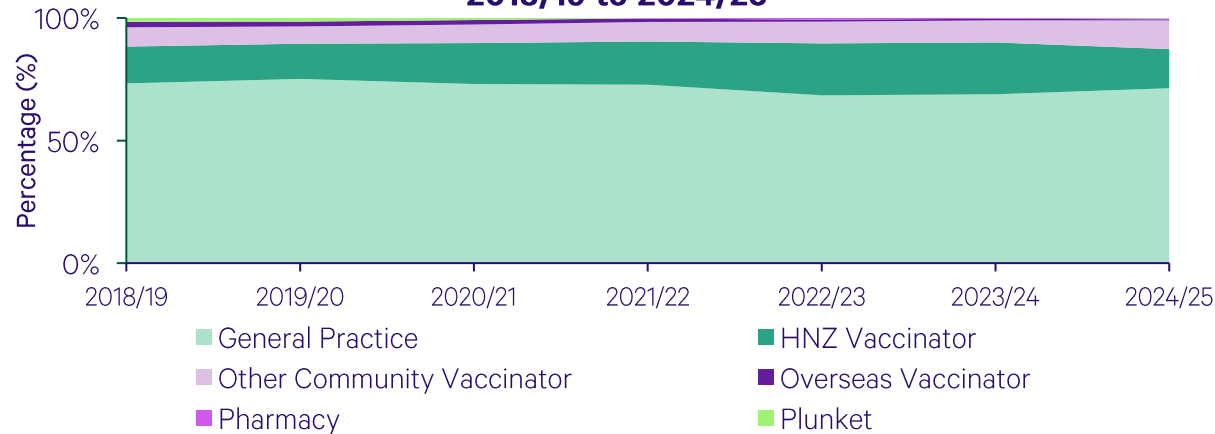
Many of these experiences were exacerbated by the COVID-19 pandemic

Petousis-Harris et al 2002; Brown et al 2021; Charania et al 2024

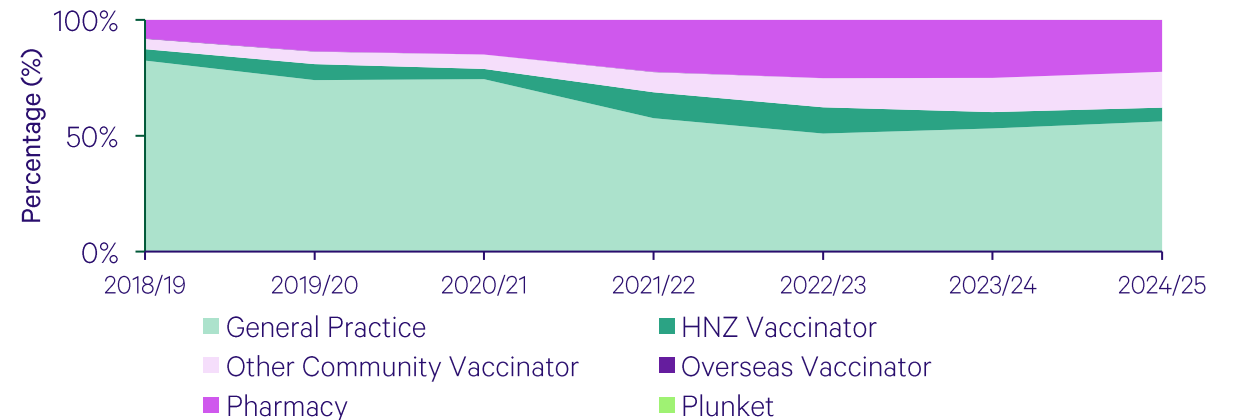


Where people get vaccinated can be influenced by age and vaccination type

Locations for vaccinations for Māori under 14 years old
2018/19 to 2024/25



Locations of vaccinations for Māori aged 14 and older,
2018/19 to 2024/25



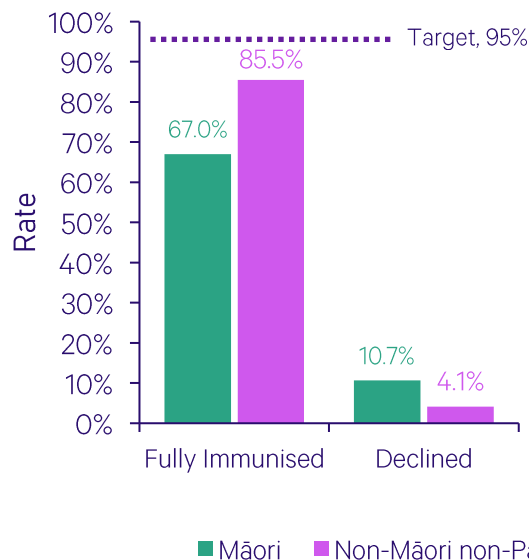
Over 70% of Māori aged younger than 14 have maintained similar rates of receiving vaccinations at their general practice since 2018/19. HNZ-funded vaccinators and other community vaccinators accounted for the remaining, highlighting the importance of general practices for this age group.

In contrast, over 50% of Māori aged 14 years and older were vaccinated at a general practice in 2024/25, with increasing rates being vaccinated at pharmacies and other community vaccinators. This highlights the importance of diversity in vaccinating practitioners.



There is room for improvement for key vaccinations for different age groups

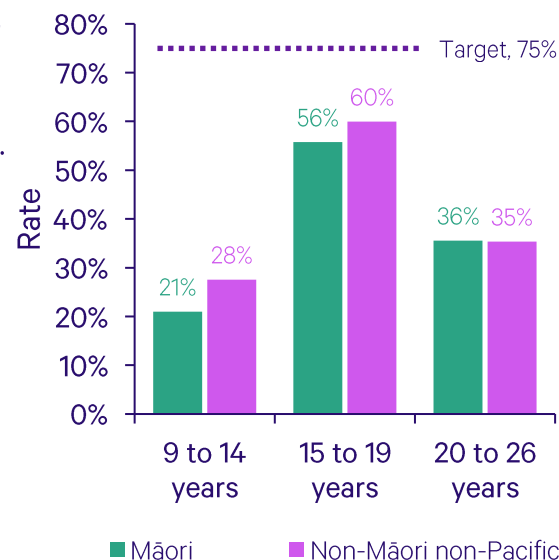
24 months old immunised vs declined immunisation for MMR, by ethnicity, 2024



Māori children had a lower rate of being vaccinated against MMR than non-Māori non-Pacific children. Both fall short of the 95% target.

Additionally, a higher rate of Māori have a status of declined vaccination than non-Māori non-Pacific children, highlighting the need to target this group.

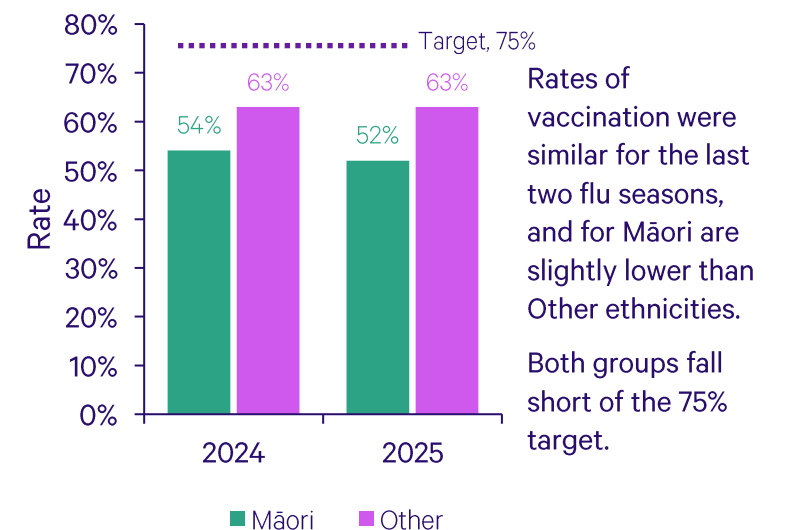
Fully vaccinated against HPV for rangatahi, by ethnicity, 2025



As of 2025, rangatahi aged 15 to 19 years old (56%) were more likely to have had their full HPV vaccination than other older (21%) or younger (36%) age groups.

Māori had similar rates to non-Māori non-Pacific peoples, however both fall short of 75% target.

Influenza vaccination rates for 65 years and older in the flu season by ethnicity, over time, 2024 to 2025



Rates of vaccination were similar for the last two flu seasons, and for Māori are slightly lower than Other ethnicities.

Both groups fall short of the 75% target.

GPS Expectations		Health System Actions	What's happening in the system?
<p>Access</p> <ul style="list-style-type: none"> Deliver immunisation services that meet the needs of communities, especially for those with the poorest immunisation rates, including Māori and Pacific peoples. Work in partnership with local communities to ensure primary and community care services are increasingly tailored to better respond to people's needs, including family and community-based services. Improve access to information and advice services, through easy access to information, advice and support to navigate the health system, communication, translation and interpretation services. 		<p>New Zealand Health Plan</p> <ul style="list-style-type: none"> Improve access to enhanced community pharmacy services. Develop and enhance national and regional communicable disease outbreak models and processes, incorporating targeted interventions for populations with greatest need. Extend options for people to digitally access and manage their own health information, including related to advice, entitlements and service eligibility. 	<p>Health of New Zealand's Letters of Expectations, 2025</p> <p>Expectations for Health New Zealand regarding protecting against communicable diseases is largely in reference to supporting and working towards the health target, which includes reaching 95% immunisation coverage for 24-month-olds. Primary health organisations are particularly recognised in supporting and providing the delivery of vaccinations.</p> <p>Additionally, it is expected there will be a fully operational Winter Preparedness Plan in place by the end of February 2026, to ensure timely implementation, which includes providing protection via immunisations.</p> <p><u>Immunising our Tamariki</u></p> <p><i>Immunising our Tamariki</i> is a programme launched in 2023, aiming to improve childhood immunisation rates for children who may not be reached through traditional health channels such as GPs or pharmacies. The programme has invested \$50 million in Māori health providers to deliver targeted, community-based immunisation outreach, and has administered more than 132,000 vaccinations to children under 24 months old.</p> <p><u>Plunket Immunisations</u></p> <p>Plunket is providing immunisation services at select clinics around Aotearoa New Zealand. This is a pilot programme run in partnership with Health New Zealand to make immunisation more accessible to whānau, and is running from October 2024 to June 2026.</p> <p>This programme aims to improve childhood immunisation rates. Whānau Āwhina Plunket are offering immunisations alongside Well Child visits at clinics, community events, and home. It is about providing access opportunities.</p>
<p>Timeliness</p> <ul style="list-style-type: none"> Ensure that people can access general practice services and mental health and addiction services within a reasonable timeframe. 		<p>Health Targets Implementation Plan</p> <ul style="list-style-type: none"> Increase targeted and opportunistic immunisation for priority populations. 	
<p>Quality</p> <ul style="list-style-type: none"> Strengthen public health surveillance to increase the detection of and response to communicable and non-communicable diseases, and information on the distribution of wider determinants of health and wellbeing. Ensure that service users are appropriately informed about and involved in their care so they can actively manage their health and wellbeing in ways that work for them. Improve the national approach to gathering feedback and responding to and learning from complaints and health care harm, including the development of culturally-appropriate and accessible feedback channels, as well as restorative practice. 		<ul style="list-style-type: none"> Enabling best practice immunisations efforts. Increase whānau and community engagement. Increase workforce capacity and capability. Improve data and technological capability. 	
<p>Workforce</p> <ul style="list-style-type: none"> Develop the public and population health workforce to support ongoing pandemic preparedness and a strengthened focus on prevention. 			