

## Immunisation Primary & Community Care Priorities (23 October 2025)

The aim is to communicate prioritisation of immunisation activities and provide you with clarity on the current settings.

1. **Prioritise** childhood and other national immunisation schedule services. This remains a high priority to **minimise the impact on immunisation coverage**.
  - Plan, provide and publicise your approach to delivering the safest and most appropriate immunisation experience for whānau.
2. **Amplify uptake of MMR** on time at 12 and 15 months and for those who require catch-up. **This means prioritising time now to actively recall those who are due and overdue** for MMR doses 1 and 2 in the following order:
  1. Pre-call and recall for 12 & 15 month events
  2. Overdue 13 to 24 months, then
  3. 24 months to 5 years, then
  4. Those born from 2005
  5. Those born from 1969 to 2004

Consider people who received their childhood vaccines overseas. Some countries offer the first measles vaccine to children **under** 12 months of age and these people should be recommended to have 2 additional doses to be fully protected.

3. **Re-engage with whānau who have previously declined MMR** with care and curiosity offering the opportunity to ask questions. Prioritise as above – starting from youngest to oldest.
  - Advise whānau that as of 20 October public health risk of a large measles outbreak in New Zealand has now been assessed as very high. Immunisation is best protection against measles and they can reconsider – now is the time to protect your whānau.
4. **Strengthen whānau-centred care** and culturally responsive communication e.g. use BERT communication framework:
  - **Benefits** – lead with a positive benefit: e.g. when whānau are immunised they will not need to stay in quarantine if they are exposed to measles. This may be an unexpected benefit they had not thought of.
  - **Evidence** – the MMR vaccine is safe and effective. The MMR vaccine has an excellent safety record and has been used in New Zealand since 1990. Mild reactions such as fever or pain / redness at the injection site are normal and show that your immune system is responding to the vaccine.
  - **Recommend** – tell whānau you recommend the MMR vaccine. Hearing this from a trusted health professional makes a difference.
  - **Think** – give whānau autonomy and time to make decisions; let them go away, think, and discuss with whānau. Let them know they are always welcome to come back and talk about it more.

**5. MMR dose zero – recommended use**

- This early MMR dose for infants from 4 months to under the age of 12 months requires a prescription (as is off-label use). Should only be considered for infants at high risk due to international travel, **or** when requested by public health for measles contact management.
- The IMAC [MMR Dose Zero pre-screening guidance document](#) must be used when administering this additional dose.
- Any future shift to a broader, population-level approach will be clearly communicated to providers by Health NZ.

**6. No opportunity should be missed** to vaccinate. Opportunistic immunisation is encouraged. MMR can be co-administered with any other scheduled vaccine.**7. Unknown vaccine history.** If uncertain about immune status, extra doses are safe to administer when there are no contraindications to MMR vaccination.**Other key messages**

1. Ring Vaccination is a Public Health initiated strategy to contain an outbreak. Your help is appreciated to support patients requested by Public Health to get vaccinated.
2. People born between 1969 and 2004 may not have received two measles vaccinations and could be at risk of measles. This is because of immunisation schedule changes and limited information available on vaccine uptake during this time.
3. The Measles vaccine was introduced in 1969, dramatically reducing measles cases in New Zealand. In 1990 the Measles, Mumps and Rubella (MMR) vaccine was introduced at 12 months to 15 months and in 1992 a second dose was added to improve protection.
4. A more accurate view of nationwide coverage was enabled when the National Immunisation Register (NIR) was introduced in 2005 to collect vaccine records. This has now been superseded by the Aotearoa Immunisation Register (AIR).
5. Anyone born after 1 January 1969 who has not had two vaccinations against measles after the age of 12 months, or who cannot confirm if they had measles infection in the past, is recommended to be immunised with the MMR vaccine.