



National Immunisation Register inaccuracies and duplications: Ministry of Health response

A letter published in the *NZMJ* on 23 January 2009 claimed that inaccuracies in the National Immunisation Register were not supporting general practices in their work and were undermining confidence in the register's effectiveness.¹

The Ministry of Health takes these claims seriously and has investigated the records with Sue Taft, one of the letter's authors. We found that of all the claimed errors, only 1 child was unaccounted for.

There were 55 children with duplicate messages. Rather than being errors, these result from a deliberate catch-all mechanism that sends a message to each and every practitioner who has vaccinated or queried the immunisation status of a child on the register. This can be turned off if a provider no longer wants updates about specific children.

Of the 36 children included on the practice report but not on the National Immunisation Register report, 29 had never been immunised, nor had their immunisation status been queried by that practice so no association between these children and the practice had been made.

Of the remaining 7 children, 3 had more recently been immunised at other practices and another 3 were missing because the practice report and the register reports were for different timeframes, meaning records that showed up on one may not yet have shown up on the other.

Only 1 child was unaccounted for. An investigation into this case is underway.

There were 58 children included on the National Immunisation Register report but not on the practice register. Of these, 51 had presented to the practice at some time and either received immunisations or had their immunisation status queried, which created a link to the practice. When a child moves to a new practice, the register is not updated until the new practice enters an immunisation or a DHB administrator manually updates the record.

The association for the remaining 7 children was created when they were born and a parent/caregiver nominated a primary care provider. The National Immunisation Register notifies the provider, who can accept or decline the nomination. Unless the provider declines, they will continue to be associated with the child. A provider can ask a DHB Administrator to remove an association at any time.

On a positive note, the practice data showed a lower-than-average rate of 1.5% of total immunisations being declined.

The National Immunisation Register is an important tool in helping us reach 95% immunisation coverage rates. To get there, we need to ensure that every child is offered the chance to get immunised. We welcome any feedback that helps us achieve this.

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Reference:

1. Poskitt N, Taft S. National Immunisation Register inaccuracies and duplications [letter]. N Z Med J. 2009;122(1288):113. <http://www.nzma.org.nz/journal/122-1288/3449>