



## National Immunisation Register inaccuracies and duplications

For some time we have been concerned about inaccuracies and duplications with the National Immunisation Register (NIR) database. Below are results from a local audit of patients linked to the NIR at a general practice level in the Rotorua region.

The NIR Coordinator from Lakes DHB undertook an NIR download with the following criteria: Using a birth cohort from 1 Aug 2005 to current; children domiciled to Lakes DHB as of 28/10/08; data from one medium-sized General Practice in urban Rotorua with a registered population of 5100 which includes 234 children born on or after 1 August 2005. The practice uses Profile as its Practice Management System.

The results showed: 253 children (born on or after 1 August 2005) had an NIR link to the practice, and of these:

- 55 children (22%) had duplicate messages because they had seen more than 1 provider at the surgery—nominated and associated provider status.
- 7 children (2.7%) had never been seen at the surgery at any time in their lives.
- 26 children (10%) had transferred out of the DHB region.
- 21 children (8%) had transferred to other surgeries within the Rotorua region.
- Only 198 of the 253 (78%) with an NIR link to the practice were currently registered with the practice:
  - Of these 198 children, 43 (21%) were “late” (mostly due to having to backdate entries and catch ups for the introduction of Prevenar™)
  - Only 3 (1.5%) were informed consent declines.
  - In total, 155 (78%) were fully vaccinated or informed consent declines.

Furthermore there were an additional 36 children in the eligible age group who were registered with the practice but had no NIR link from this download.

The above data confirms our concerns about the accuracy of using NIR data as the basis for establishing immunisation rates. It also highlights where some of the errors are occurring. The level of duplicated messages has created a considerable burden for Practice Nurses. As a result, many have stopped routinely using the NIR. There is no NIR facility currently available for practices to notify transfers both from and to the surgery.

The current functionality of the NIR is not supportive of General Practice processes. This has created a significant lack of confidence in the effectiveness of the NIR at a provider level. We are currently working with the DHB at addressing some of these issues locally but clearly this is a national issue.

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