

Planning Guide: funded vaccines in community pharmacy

Version 4

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Health New Zealand
Te Whatu Ora

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Section 1: Key information

1.1 Quick links & resources

RESOURCES FOR CONSUMERS

Consumer-focused information

The [Immunisations page](#) on the Health New Zealand (NZ) website is an excellent resource for whānau-centred information about the National Immunisation Schedule. It includes features such as the ability to create a child's personalised immunisation schedule.

The [Healthify website](#) also provides consumer focused immunisation information.

Consumer collateral & resources

A wide variety of free consumer collateral and immunisation resources are available, including vaccine-specific consent forms, vaccination information as well as post vaccination advice. Additional formats are available for some resources including audio, braille and large print.

- Set up a [Bluestar account](#) to have printed resources sent to your immunisation site.
- [HealthEd](#) has a variety of resources available to download.
- The [NIP Dropbox](#) has a range of resources, including social media tiles available for download.
- The AIR [webpage](#) has consumer privacy resources available for download, which can also be ordered from HealthEd for free.

RESOURCES FOR HEALTHCARE PROFESSIONALS

Cold chain resources

The Health NZ website provides information on the [Cold Chain National Standards](#) and offers resources to develop cold chain management policies, including self-assessment forms and policy templates.

The [Immunisation Advisory Centre \(IMAC\)](#) also has cold chain resources and guidance available [online](#).

Clinical and training

IMAC provides training and clinical support to vaccinators and clinicians. IMAC also provides information specific to [pharmacies](#).

Resources specific to vaccines and vaccinator [screening tools](#) can be found on the IMAC website.

Aotearoa Immunisation Register (AIR)

The AIR [webpage](#) on the Health NZ website is a useful resource for information on topics such as signing up to use the AIR, privacy, reporting, and accessing documentation.

Creating an NHI

Contact 0800 855 066 - Option 1. You must sight proof of residency, and you will need to provide the following information:

- Family name
- First name
- Gender
- Date of birth

1.2 Key contacts

General information

If you have any questions or comments, please reach out to the National Immunisation team Health New Zealand (NZ) at immunisation@tewhatuora.govt.nz

This planning guide will be updated periodically and the latest version will be available on the Health NZ [Community Pharmacy Service Documents](#) webpage.

Regional Pharmacy Engagement Leads (PELs)

PELs can support pharmacies and their staff through the entire journey in offering immunisation services.

Northern: Chris Leung christopher.leung@tewhatuora.govt.nz

Te Manawa Taki: Donna Gardiner donna.gardiner@tewhatuora.govt.nz

Te Ikaroa (Central): Bronwyn Stoneley bronwyn.stoneley@tewhatuora.govt.nz

Te Waipounamu: Sarah Wood sarah.wood@tewhatuora.govt.nz

Local Immunisation Coordinator

Immunisation coordinators are listed [here](#).

Clinical and training queries

Detailed immunisation guidelines are available in the [Immunisation Handbook](#). See IMAC's website for information on available courses. Alternatively, IMAC's contact details are:

- Phone: 0800 IMMUNE (0800 466 863). Weekdays 8:30am to 5:00pm
- Email: 0800immune@auckland.ac.nz

AIR Technical Support Desk

For support when using the AIR, please use this [link](#) to access the AIR service desk portal or call the team on 0800 855 066 (press 2 and then 1). These channels are currently monitored 8am – 5pm, Monday to Friday (from 9.30am on Wednesdays).













Inventory Management System

For general enquiries regarding the Inventory Management System (Inventory Portal) ordering and management email vaccinelogistics@tewhatuora.govt.nz.

For technical support with the Inventory Portal (e.g. password resets) email help@imms.min.health.nz or call 0800 223 987.

1.3 Funded vaccines in pharmacy

This list is correct at the time of review, 24 March 2026, and is subject to change.

Funded vaccines available for pharmacies			
<p>Bexsero® Meningococcal B (MenB)</p> 	<p>MenQuadfi® Meningococcal ACWY (MenACWY)</p> 		
<p>Boostrix® Tetanus, diphtheria, acellular pertussis (Tdap)</p> 	<p>Priorix® Measles, mumps & rubella (MMR)</p> 		
<p>Gardasil 9® Human papillomavirus (HPV9)</p> 	<p>Shingrix® Varicella zoster (rZV)</p> 		
<p>Influenza</p> <p><i>Brand varies</i></p>	<p>COVID-19</p> <p><i>Comirnaty</i></p>		
Funded vaccines used in scheduled childhood immunisations available for pharmacies			
<p>Rotarix® Rotavirus oral vaccine (RV1)</p> 	<p>Infanrix®hexa Diphtheria-tetanus-acellular pertussis, hepatitis B, enhanced inactivated polio vaccine and Haemophilus influenzae type b (DTaP-IPV-HepB/Hib)</p> 		
<p>Prevenar 13® Pneumococcal 13 (PCV13)</p> 	<p>Infanrix®IPV Diphtheria, tetanus, pertussis and polio (DTaP-IPV)</p> 		
<p>Varilrix® Varicella vaccine (VV)</p> 	<p>Act-HIB® Haemophilus influenzae type b (Hib)</p> 		

Section 2: Onboarding

2.1 Pharmacy new to immunisation service

The pharmacy must hold the Immunisation Service Schedule as part of the Integrated Community Pharmacy Services Agreement (ICPSA) with Health NZ to offer funded immunisation service. Contact your local Pharmacy portfolio lead for additional information (see **Section 1.2**).

Contact your local Immunisation Coordinator and/or your regional Pharmacy Engagement Leads for support. It is important that you notify your Immunisation Coordinator that your pharmacy is interested/will be offering immunisation services.

Before any vaccinations are offered, you must ensure that:

1. ICPSA Immunisation Service contract is in place,
2. a **cold chain policy** is in place and up to date,
3. a pharmacy vaccination service **standard operating procedure** for the vaccines you are offering is in place,
4. appropriate vaccinator training is completed,
5. Inventory Management System (Inventory Portal) access is set up, and
6. your vaccinators have accessed the Aotearoa Immunisation Register to record immunisation events.

Once these steps are completed, your pharmacy can order funded vaccines through the Inventory Portal (see **section 4**). Pharmacies will need to order influenza and other unfunded vaccines directly from usual wholesalers.

If you wish to provide immunisation services to children younger than 3-years-old, you will need to obtain approval from your Immunisation Coordinator or Pharmacy Engagement Lead. Formal sign-off is required for a pharmacy to become a **childhood vaccination site**. This is to ensure that the pharmacy offers a safe environment and that relevant emergency equipment is readily available. See **Appendix 1** for more information.

Cold chain requirements

Health NZ developed a set of [FAQs](#) to support cold chain management in community pharmacies offering immunisation service.

Cold chain accreditation is included in pharmacy licences to operate, unless otherwise specified by Medicines Control. Your cold chain practice and immunisation services may be audited against the [National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017](#) (Standards) and [2021 Addendum to National Standards for Vaccine Storage and Transportation Providers 2017 \(2nd edition\)](#), and the Immunisation Handbook by the Medicines Control Team. The Standards outline the cold chain management requirements that all immunisation providers must meet if they provide a vaccination service. Pharmacies that plan to offer or are offering vaccination services are responsible for complying with all requirements within the Standards.

All staff must be familiar with the procedures for receiving vaccine deliveries and for identifying, reporting, and managing cold chain breaches.

Off-site services

If you are offering immunisation offsite, it is important that you notify your Immunisation Coordinator as additional sign-off and approval may be required. This varies between the districts.

Be aware of the additional requirements including staff training and purchasing of equipment. The Immunisation Coordinator should be advised of the intention to offer these services and can provide support to ensure providers are confident in their ability to maintain the vaccines at the required temperatures while out of the main vaccine refrigerator. More information on off-site cold chain management can be found on IMAC's [website](#).

2.2 Inventory Management System to order funded vaccines

To gain access to the Inventory Management System ([Inventory Portal](#)) for ordering funded vaccines, providers must complete the [New Facility Set Up Form](#). This provides Health NZ with all the required information to establish a facility in the Inventory Portal for ordering and delivery of vaccines, including your Facility ID (HPI-F ID). This can be found on the [HNZ website](#) in the Facility Code table.

Please return the completed form via email to your local Pharmacy Portfolio Lead and/or your regional Pharmacy Engagement Lead.

Upon being granted access to the [Inventory Portal](#) an email will be sent to the provider with log-in details. Guides to using the Inventory Portal are available by logging onto the system. A video recording for using the portal can be viewed at this [link](#) or is also available in the Immunisation Dropbox.

Once onboarded you will be able to order: *MenB*, *MenACWY*, *Tdap*, *MMR*, *HPV9*, *rZV*, and *COVID-19* vaccines. Contact your Pharmacy Engagement Lead if you wish to offer *DTaP-IPV* for the 4-years old immunisation event. For other funded childhood vaccines, a formal site approval by your Immunisation Coordinator or Pharmacy Engagement Lead will be required.

The Inventory Portal captures vaccine stock management including orders placed, orders receipted and consumption or wastage. All vaccine deliveries should be receipted, and doses consumed or wasted should also be recorded in the Inventory Portal on the day they occur to ensure an accurate national vaccine stock picture is maintained. The Inventory Portal serves as an electronic vaccine register and must be maintained.

Section 3: Vaccinators working in pharmacies

There are four vaccinating roles that can be utilised in a community pharmacy setting:

- **Pharmacist vaccinators** and **intern pharmacist vaccinators**: working under Medicine Regulations 1984 Schedule 1.
- **Authorised vaccinators** (nurses, pharmacists, paramedics): authorised via Medicines Regulations 1984, Regulation 44A.
- **Vaccinating Health Workers (Stage 1 and Stage 2)**: authorised via Medicines Regulations 1984, Regulation 44AA, with 1:1 direct supervision.

3.1 Vaccinator training

Pharmacists and intern pharmacist vaccinators

Pharmacist vaccinators and Intern Pharmacists vaccinators can vaccinate under the Medicines Regulations 1984 medicine classification statements. These classifications may contain age restrictions which needs to be considered in addition to funding criteria and clinical recommendations.

For all information and guidance on the requirements for Pharmacist and Intern Pharmacists vaccinators, please visit our [website](#).

To become a **pharmacist vaccinator** or **intern pharmacist vaccinator**, you will need to have the following:

1. Current APC
2. Completed Vaccinating Foundation Course
3. Current CPR for vaccinations
4. Immunisation clinical assessment

To **maintain** your pharmacist vaccinator status, you must have documentation of everything listed above and:

5. 2-yearly Vaccinator Update every 2 years from initial Foundation Course completion.

Authorised vaccinators

Authorised vaccinators are registered health professionals who can administer vaccines listed on the NZ Immunisation Schedule and any other vaccines that are a part of an approved immunisation programme to all eligible groups, according to the conditions of their vaccinator authorisation. The following registered health professionals are eligible to become authorised vaccinators:

1. Registered nurses and enrolled nurses
2. Paramedics
3. Registered pharmacists
4. Midwives

For all information and guidance on the training and authorisation pathway for authorised vaccinators, please visit our [website](#).

Authorised Vaccinators transitioning to whole-of-life authorised vaccinators

The transition pathway to whole-of-life authorisation is designed to support knowledge and skill development in childhood immunisation if an authorised vaccinator has not had recent experience vaccinating children under 3 years of age.

For all information and guidance on the training and authorisation pathway for authorised vaccinators transitioning to whole-of-life, please visit our [website](#).

Vaccinating Health Worker

The Vaccinating Health Worker (VHW) role is for pharmacy technicians, community health care workers, healthcare assistants and kaiāwhina to prepare and/or administer a range of vaccines after a period of training and authorisation.

There are two stages to the VHW role:

- **Stage 1:** VHWs will be able to administer COVID-19 and the influenza vaccines for 12 years and older and for Human Papillomavirus (HPV9) and Tetanus, Diphtheria and Pertussis (Tdap) vaccines to those aged 11 years and over.
- **Stage 2:** VHWs will be able to prepare and administer all vaccines outlined in Stage 1, including administering COVID-19, influenza to children from 5 years old; and MMR vaccine to those aged 5 years and over.

VHWs need to be authorised through the Health NZ [Workforce Request Portal](#) and have gained experience as a Stage 1 VHW before gaining access to VHW Stage 2 training.

The VHW operating model is a team-based approach. VHWs work under the clinical supervision and direction of a registered health professional qualified as vaccinator, and cannot obtain informed consent from the consumer.

The employer's role is to support the training of their staff to become a VHW or VHW Clinical Supervisor, and to ensure all vaccinators and supervisors are working within their scope.

For all information related to the VHW role, including training and authorisation requirements, visit the Health NZ vaccinator workforce [webpage](#). A course is also available for Clinical Supervisors of VHW through [IMAC](#).

3.2 Pharmacist vaccinator upskilling to authorised vaccinator

Pharmacist vaccinators can upskill to become Authorised Vaccinators. This will mean they can administer vaccines to people aged 3 years and over. Once they have received

authorisation, they may wish to complete further training to administer vaccines to people 6 weeks of age and over (whole-of-life). For all information and guidance on the training and authorisation pathway for pharmacist vaccinators transitioning to authorised vaccinators, please visit our [website](#).

3.3 Upskilling, authorisation, and documentation FAQ

Topic	Additional Information
Authorisation expiry	If you upskill to an AV, your authorisation expiry date remains linked to your latest 2-yearly update. Your first authorisation letter (via the Workforce Request Portal) will expire at the same time as your 2-yearly Vaccinator Update, or 2 years from completing your Vaccinator Foundation Course (VFC).
Extending Vaccinator Skills vs Vaccinator Update courses	The Extending Vaccinator Skills (whole-of-life) course is completed only once when you decide to upskill from a pharmacist vaccinator to an authorised vaccinator, but it does not replace the 2-yearly Vaccinator Update. All vaccinators must complete a Vaccinator Update every 2 years, regardless of their vaccinator status.
Maintaining documentation	Pharmacist vaccinators are responsible for keeping their own records as described in the Immunisation Handbook. These are subject to audit by Medicines Control.
Workforce Requests Portal reminders	The Workforce Requests Portal sends reminder emails 60 and 30 days before expiry, on the day of expiry, and again at 31 and 90 days after expiry with next steps. It offers a centralised documentation storage for all relevant vaccination certification for audits.
Intern pharmacist vaccinators wanting to upskill to become authorised vaccinator	Intern pharmacist vaccinators cannot upskill to become an authorised vaccinator and will need to wait until they are a registered pharmacist before upskilling.

3.4 Pharmacist vaccinator vs authorised vaccinator scope of practice

Health NZ developed a PDF poster that can be printed to provide additional clarification on scope of immunisation between intern pharmacist vaccinator, pharmacist vaccinator,

authorised vaccinator, and whole-of-life authorised vaccinator. This can be downloaded [here](#).

Section 4: Ordering vaccine and consumables

4.1 Funded vaccine stock

Pharmacies can place orders for available funded vaccines (excluding influenza vaccines) via the Inventory Management System (Inventory Portal). These funded vaccines are provided at no cost to the site and can only be administered to those who qualify for the vaccine in accordance with the Pharmac eligibility criteria. There is one delivery a week through the Inventory Portal at no charge. Order sufficient stock to ensure opportunistic vaccinations within your set weekly delivery dates. There are no minimum order requirements, but it is important to factor in refrigerator capacity.

The Inventory Portal manages vaccine stock including orders placed, orders receipted and consumption or wastage. All vaccine deliveries should be receipted, and doses consumed or wasted should also be recorded in the Inventory Portal.

For general enquiries regarding the Inventory Portal ordering and management email vaccinelogistics@tewhatuora.govt.nz

For technical support with the Inventory Portal (e.g. password resets) email help@imms.min.health.nz or call 0800 223 987.

4.2 Influenza vaccines

Funded Influenza vaccinations are available to the eligible population, as set by Pharmac. Information on eligibility and vaccine brand can be found [here](#).

There is an upfront cost to order the funded Influenza vaccine, and they can be ordered through Healthcare Logistics or your usual wholesaler. Pharmacies can claim the cost of the vaccine and the immunisation administration fee for influenza given to an eligible individual via usual claiming process. See **Section 7** for more information on claiming.

4.3 Private purchase vaccine stock

Pharmacies must order private purchase vaccines via their usual wholesaler for consumers who do not meet Pharmac vaccine eligibility criteria. The upfront cost of the vaccine plus the administration fee can be passed to the consumer as a private purchase.

Funded vaccine stock (obtained via the Inventory Portal) should be kept separate from privately purchased stock in a provider's vaccine refrigerator. Funded vaccines are to be strictly used only for those who meet the Pharmac eligibility criteria.

4.4 Vaccine consumables

Needles for drawing up and administration, plasters and other consumables not provided with the vaccine must be purchased by the immunisation provider. The cost of these consumables is covered by the immunisation administration fee.

Sites should hold a variety of needle sizes to ensure the appropriate one is selected for the consumer. Consumables should be purchased directly from the usual medical suppliers. Refer to the [Immunisation Handbook](#) for more information.

Section 5: Vaccine administration

Safe immunisation practice and consent:

- Processes for safe immunisation is also covered in Chapter 2 of the [Immunisation Handbook](#).
- A pre-vaccination [screening checklist](#) will ensure safe consenting process. A consumer version of the screening checklist is also available on [IMAC](#).
- IMAC's [7 RIGHTS of vaccine administration](#) supports safe immunisation administration.
- Verbal consent is appropriate in most situations.
- Written consent is recommended if a vaccine is to be administered under a prescription.
- Provide post-vaccination advice.

5.1 National Immunisation Schedule

Vaccinators should be aware of what vaccines are due as outlined in the [National Immunisation Schedule](#), as well as understanding the scope of practice. Vaccinators need to refer consumer to an alternative immunisation provider if the consumer needs additional care and follow up outside of a pharmacy setting. This includes referring infants and children to general practice or Well Child Tamariki Ora providers for their [core checks](#) from 4 weeks up to 5 years old.

Eligibility: All scheduled and catch-up vaccinations are free for children until they turn 18 years old regardless of their visa status.

Pharmacy sites need to be aware that whānau who are not currently enrolled or engaged with a primary care provider may attend for vaccination at the pharmacy. Appropriate referral to primary care services is important. See **Appendix 2** for more information.

5.2 Checking vaccination history

It is essential to review a consumer's vaccination history on AIR prior to administering any vaccine to ensure they receive the appropriate care. Vaccination history may also be confirmed with the consumer or their GP if status is unclear. More detail on clinical decision-making process is covered in IMAC clinical training courses or vaccinators can call 0800 466 863 for support.

Vaccination history may not be visible if the consumer has requested restricted access to their records. Vaccination history must be confirmed with the consumer.

5.3 Screening and informed consent

It is the vaccinator's responsibility to ensure any vaccine administered is appropriately indicated for the consumer and that the consumer has met the Pharmac funding criteria.

IMAC has developed a [health professional screening tool](#) as well as a [consumer version](#) to assist with the screening and informed consent process. For guidance on supporting people with disabilities with decision-making and consent, IMAC offer a free [online course](#).

Written consent forms are available via Dropbox and Bluestar for influenza, COVID-19, Tdap, MMR and antenatal immunisations. A generic written consent form is available (currently in soft copy only) from the [NIP Dropbox](#). Providers may wish to design their own consent forms; however, these must meet required standards of the Code of Health and Disability Services Consumers' Rights.

Part of the consent process involves obtaining consent from the consumer to upload the immunisation event to AIR. It is also important that consumers are given information of what to expect after the vaccines as well as where and how to seek help if required. Written post-vaccination information is available on HealthEd, Bluestar and the NIP Dropbox.

5.4 Catch-up schedule resources

Refer to the [Immunisation Handbook](#) Appendix 2 for advice on planning immunisation catch-ups. Catch-up schedule templates can be accessed from [Dropbox](#).

IMAC has also produced guidance on [catch-up vaccinations funded for those with unknown or incomplete immunisation history](#) with [tips when immunising children](#). IMAC also has a [webinar](#) on key concepts and guidance on immunisation catch ups.

5.5 Monitoring for reactions

It is the vaccinator's responsibility to monitor the consumer for potential adverse reactions following vaccination. Vaccinators must also ensure that the consumer understands the signs and symptoms of possible anaphylaxis and knows to alert staff immediately if these occur during the observation period. If a reaction occurs while the consumer is waiting, the vaccinator must make sure appropriate medical attention is given.

Reports of reactions following vaccination is a key tool for Medsafe to understand the experience of people who are vaccinated in Aotearoa New Zealand. Reports are made to Centre for Adverse Reactions Monitoring (CARM), either on their [website](#) or via 'New Zealand Adverse Reactions Reporting Form' in AIR.

5.6 Post vaccination wait time

Standard post-vaccination wait time is 15 minutes across for all vaccines in NZ. Wait times can be increased on an individual basis as deemed appropriate by the vaccinator or reduced to 5 minutes, when specific criteria are met. This IMAC [factsheet](#) provides guidance on reducing post-vaccination wait times.

5.7 Vaccination administration errors and incidents

Adverse events should be managed in accordance with Te Tāhū Hauora Health Quality Safety Commission (Te Tāhū Hauora) [National Adverse Events Reporting Policy 2023](#). A vaccine administration error is any preventable event that may cause, or lead to, inappropriate use of a vaccine or consumer harm. Administration errors can occur at any stage of the vaccination process (such as storage or handling, site/route of administration, or dosage given). In the event of a vaccine administration error or incident, notify your Immunisation Coordinator or IMAC and complete the [online incident/error reporting notification](#). Notify the consumer of the incident and complete any recommended remedial actions as required.

Section 6: Recording vaccinations in AIR

All vaccinations administered must be recorded in the Aotearoa Immunisation Register (AIR). Facility registration with and vaccinator access to the AIR is mandatory before any funded vaccines are provided to a community pharmacy.

For pharmacies who are not registered to use the AIR, please follow this [link](#) and complete the sign-up steps. For more support using the AIR, there is a [guide](#) available on the AIR [website](#).

Pharmacies should ensure they have a process for managing interruptions to business such as in the event of a power and/or internet outage which may affect ability to record vaccines into the AIR. Written consent forms or [AIR vaccine recording forms](#) should be readily available for this situation.

AIR technical support

For technical support with the AIR please use the link [here](#) to access the AIR service desk or call 0800 855 066 (press 2 and then 1). Alternatively, email help@imms.min.health.nz. These channels are currently monitored:

8:00am – 5:00pm, Monday to Friday (from 9:30am on Wednesdays)

Note: you can report critical service outages at any time by calling 0800 855 066.

6.1 Privacy & Restricted Access

The AIR privacy collateral must be made available to all consumers. Consumers can request to [restrict access](#) to their immunisation records, meaning that healthcare providers may not have full access to their immunisation history. The Immunisation Handbook provides advice for how to proceed without a documented history of vaccination. Vaccinators are advised to use clinical judgement, in consultation with the consumer, when deciding whether a vaccination is appropriate.

6.2 Uploading overseas immunisation record onto AIR

Pharmacies are unable to enter consumers' overseas immunisation record directly onto AIR. If patients present with overseas immunisations record, please send them to your local AIR teams or help@imms.min.health.nz for entry.

Section 7: Claiming via PhMS

Claiming for a funded vaccine administration should be processed via the prescription batch claiming process as you would with a funded prescription item through your pharmacy management system (PhMS). The pharmacy is required to code the vaccine as Y4/J4/A4/S4 if Pharmac Schedule eligibility criteria are met.

7.1 Claiming prior to 1 April 2026

Claiming for funded vaccine and administration fee via your PhMS before 1 April 2026:

1. Process funded vaccine(s) on PhMS to the consumer with vaccinator entered in the 'prescriber' field.
2. Only one administration fee should be claimed for the same patient on the same day, regardless of the number of vaccines administered in a single event.

Process only one **immunisation administration fee** to claim for the administration service fee of funded vaccines by choosing one of the following:

Description	Pharmacode	Rate
Immunisation administration fee – influenza	2660733	\$36.05
Immunisation co-administration fee – influenza and shingles	2664453	\$56.57
Immunisation administration fee – all other vaccines	2692813	\$41.20

3. For co-administration of influenza and Tdap for **pregnancy**, claim for 'Immunisation administration fee – influenza' (2660733) and the additional uplift payment will be paid using information entered on AIR. Uplift **will not** be made the event is process under any other administration fee claimed.
4. The process for claiming for COVID-19 vaccinations has not changed. Continue to record and claim for COVID-19 vaccinations through AIR.

7.2 Claiming from 1 April 2026

From 1 April 2026, immunisation administration fee (other than COVID-19) and any co-administration fee will be automatically paid when funded vaccine(s) are processed on the PhMS to a consumer. There is no change to COVID-19 immunisation administration claiming process and COVID-19 immunisation continues to be claimed via AIR.

The immunisation administration fee for all immunisations excluding influenza and COVID-19 will increase 11.65% from \$41.20 to **\$46.00**. Administration fees for influenza and COVID-19 will increase by 4.02% from \$36.05 to **\$37.50**, and an immunisation co-administration fee of **\$20.52** will be introduced on all co-administered vaccines. The total impact will depend on uptake of childhood immunisations in pharmacy settings. See **Appendix 3** for more information.

Please refer to your ICPSA contract and contract variation for more information.

7.3 Direct Provision of medicines used in approved immunisation programmes by pharmacist

Adrenaline for post-vaccination anaphylaxis

Adrenaline (1:1000 ampoule) is used to treat anaphylaxis, a rare but serious adverse event following vaccination, and can be supplied by Direct Provision by a pharmacist.

Auto-injectors for self-administration of adrenaline (e.g. Epipen) are not recommended to be used as a substitute for adrenaline ampoules.

For pharmacist direct provision, enter pharmacist details as into PhMS prescriber field.

Prophylactic paracetamol for Bexsero vaccination for children under two

It is recommended that children under 2 years receive [prophylactic paracetamol with Bexsero](#) vaccination. Pharmacists can supply take-home paracetamol, with one dose before and two doses after vaccination to reduce the risk of high fever by Direct Provision by a pharmacist.

For pharmacist direct provision, enter pharmacist details as into PhMS prescriber field.

Section 8: Promoting immunisation services

8.1 Book My Vaccine

The National Immunisation Booking System, also known as Book my Vaccine, is a booking tool that connects consumers and vaccine providers together. Consumers can view locations and select an appointment time that works for them, while providers use the system to manage appointment schedules and availability. Pharmacies can also use BMV to list immunisation services being offered without utilising the booking functionality. For more information on listing see [BMV-Listing-Guide.pdf](#)

The BMV platform is free for providers to use. For information on how to sign up for Book My Vaccine, go to [Login | Salesforce](#). The service is usually up and running within three business days. For more information on BMV, go to [About Book My Vaccine: Information for providers – Health New Zealand | Te Whatu Ora](#)

For further support or queries, contact the Health NZ helpdesk on 0800 223987 or email help@imms.min.health.nz

8.2 Healthpoint

Health NZ often refer people to [Healthpoint](#) to check what their local providers offer so it's important this information is current and regularly checked. A pharmacy should check that their Healthpoint profile accurately reflects which vaccines are currently being offered by their pharmacy and to which age groups, and if they are offering walk in services. There is an option on Healthpoint to add a "book a vaccination" button to link the pharmacy's Healthpoint profile to a booking system of your choice.

Visit www.healthpoint.co.nz to log-in and update Healthpoint profile. For further assistance with editing: visit [How to Edit and Update your Healthpoint page](#). For further support please contact Healthpoint on info@healthpoint.co.nz or 09 630 0828.

Appendix 1: Pharmacy vaccination site checklist for vaccinating young children (Assessment Tool)

This is an assessment tool to support local Immunisation Coordinator and/or regional Pharmacy Engagement Leads in determining whether a pharmacy is suited to offer immunisation to children under three years old. The checklist supports best practice and helps ensure the pharmacy has considered all additional aspects required for delivering safe and best practice vaccinations. This assessment must be completed before a pharmacy start offering immunisations to children under the age of three. This assessment is not required if the pharmacy is only offering immunisations to individuals aged 3 years and over.

Documentation

- Standard Operating Procedures (SOPs) are culturally responsive and consider te ao Māori and Te Tiriti o Waitangi. He Pikinga Waiora and Te Tiriti o Waitangi Frameworks can be applied to help develop culturally safe SOPs. Another resource that can be referred to is Ao Mai te Rā The Anti-Racism Kaupapa.
- Immunisation SOPs (adult and childhood) to document expected processes for all staff to follow to ensure best practice is consistently provided. SOPs should describe:
 - Evidence that staff qualifications (APC, CPR, vaccinator authorisation etc) are up to date and a process to monitor they stay current.
 - How to order stock and maintain inventory of funded and unfunded vaccine stock, who is responsible including covering staff absence (e.g. Aotearoa Immunisation Register (AIR) and Inventory log ins).
 - Detailed procedures specific to the pharmacy for whole immunisation event: booking or walk in process; checking of immunisation history, consent process (e.g., written vs verbal, patient notes), preparation and administration of vaccines (processes for multiple vaccines administered in a single event); claiming and recording processes. Include a business continuity plan in case of internet/IT outages.
 - A process is in place for whānau to plan their next vaccination event and includes ensuring they understand how to access this.
 - Observation processes (e.g., who has responsibility for monitoring whānau, privacy for breastfeeding).
 - Up-to-date list of relevant contact details including Immunisation Advisory Centre (IMAC) clinical support, pharmacy engagement lead (PEL) for immunisations, local immunisation co-ordinator (IC), local AIR administrator, Inventory Management System (Inventory Portal), AIR and helpdesk number.
 - Cleaning schedule for preparation and consultation area including waste disposal (including sharps disposal) and equipment.
 - How to ensure consumer collateral (e.g. after care leaflets) and consumables (e.g., full range of needle sizes) are sufficiently stocked and up to date, including the process to order more.
 - Schedule to check emergency equipment daily and the staff member/s assigned to this.

- Needlestick injury process.
- Error management and notification process.

- Referral pathways SOP clearly document the local processes for referring whānau to other healthcare providers. Regional PEL will be able to advise local contacts to complete the template provided. It is your professional responsibility to refer a patient in your care to other services when additional expertise is required, such as a 6-week baby check. This SOP should include an up-to-date list of the following (include any required forms and website links to complete referrals):

- Where whānau can receive primary care services if not already enrolled.
- Where to refer whānau in a situation where an infant or their whānau require urgent medical review.
- Local Well Child Tamariki Ora services who can provide Well Child checks and support if whānau are not already accessing these.

Cold Chain

Under the License to Operate Pharmacy a community pharmacy is deemed to have cold chain accreditation. Please note that cold chain policies must be reviewed annually, when there is a change in equipment or with changes in cold chain or immunisation lead staff.

- Ensure documentation requirements and criteria included in the National Standards for Vaccine Storage and Transportation are being consistently met, complete a cold chain accreditation (CCA) self-assessment and discuss with your PEL/IC.
- Consider adding offsite immunisation services and add this to your cold chain policy. Talk to the local IC regarding SOPs, documentation and equipment requirements/training required to offer this service.
- If extending immunisation service to include childhood immunisations, the current facility-specific cold-chain policy must be updated to include the following:
 - New vaccines offered need to be named in the cold chain policy with minimum and maximum stock levels.
 - The fridge must have sufficient storage capacity to store increased number of vaccines, in line with National Vaccine Storage and Transportation Standards.
 - All staff accessing vaccine fridges have cold chain training (IMAC cold chain course or vaccinator training course) and are orientated to the cold chain policy e.g., all staff understand importance of not overfilling vaccine fridge with large orders.
 - Management of a cold chain adverse event and processes to relocate a greater volume of vaccines to the backup fridge/s if required e.g., bigger chilly bin, ice packs, ensuring back up fridge/s has sufficient storage capacity.
- Inventory records include vaccine deliveries (date received, batch number and expiry date), doses consumed, doses wasted or expired.
 - Inventory Management System (Inventory Portal) is sufficient for inventory management for funded vaccines.
 - Private purchase vaccines must be managed on a separate register (hard copy, spreadsheet).

Physical Space

Childhood immunisation services require more space than adult vaccination services to deliver a positive immunisation experience to tamariki and their whānau. *This will look different with each pharmacy and can be discussed early on with your Pharmacy Engagement Lead.*

- Waiting area pre immunisation should have at least 2 seats as well as space for a pram/capsule and other children.
- Consultation room designated must ensure privacy and confidentiality:
 - With adequate space for at least 3 seats, work area for documentation and vaccine equipment, in addition to sufficient floor space to accommodate a pram/capsule and other children.
 - Computer screens should be orientated so that it cannot be viewed by other consumers.
 - The consultation room may be used for other purposes (such as an office or storage space) when not used for clinical service delivery, however it must always maintain the appearance of a professional and dedicated clinical space. It would be inappropriate to store staff belongings, retail stock, prescription filing or dispensary equipment (bottles/skillets) in this space unless they are stored in a lockable cupboard/s. Ensuring security of vaccines with a locked fridge is permitted.
- A single consultation room may be sufficient if your processes can accommodate whānau to complete the post vaccination observation period in that same room. This would provide privacy for breastfeeding. In busier vaccinating pharmacies, two or more consultation rooms may be more appropriate to allow one room to be used for both vaccine administration and post vaccination observation without holding up workflow.
- Baby nappy changing area readily available: change table, or space to lay down a changing mat. Consider sanitation equipment (for change mat and hand cleaning) and nappy disposal bags (for caregivers to take dirty nappies away).
 - Best practice: wheelchair accessible change table (wall mounted).
- Closest appropriate public bathroom facilities noted for all whānau including young children and those with accessibility needs.

Equipment & Resourcing

- Adequate staffing with appropriate training and qualification to support safe immunisation service delivery. Vaccinators are aware of the scope of their practice relevant to their authorisation.
- Vaccinating staff have own unique access to AIR.
- Vaccination staff **demonstrate familiarity** with these referral processes and understand their professional responsibility to ensure referrals are completed. Failure to utilise referral pathways could jeopardise the immunisation programme, especially if a child misses essential health checks that are not provided within the vaccinating pharmacy.
- Access to Inventory Management System (Inventory Portal) is live. Recommended that 'Standard Suite' of adult vaccines are stocked and routinely offered as part of whole whānau approach.
- Vaccination consumables (syringes, kidney dishes, gauze, plasters) and consumer collateral, including but not limited to catch-up vaccination resources; vaccine information leaflets, National Immunisation Schedule, consent forms and post vaccination forms. Handouts are up to date and available.
- Scales: required for calculating weight for prophylaxis paracetamol with Bexsero vaccination. Baby scales are preferred for weighing infants.
- Sharps bin: easily accessed by vaccinator but away from reach of children.

- Emergency equipment to manage anaphylaxis for age ranges being vaccinated as per Immunisation Handbook requirements, includes but not limited to:

at least 3 x 1:1,000 (1 mg /mL) adrenaline ampoules (not EpiPens)	adrenaline dosage charts
1.0mL tuberculin syringes (minimum of 3)	access to a telephone
range of needle lengths and gauges, including 23 or 25 G × 25 mm, 22 G × 38 mm	Adult and paediatric (child and infant) bag valve mask resuscitator (e.g. Ambu bag),

Appendix 2: Supporting whānau into primary care

Pharmacy sites need to be aware that whānau who are not currently enrolled or engaged with a primary care provider may attend for vaccination at the pharmacy. Appropriate referral to primary care services is important.

A 6-week medical check is not the same as a Well Child health check that may be carried out by a Well Child Tamariki Ora nurse. A medical check is a full examination to check for congenital abnormalities as well as general wellbeing and development. Whānau may not be aware that a medical check is highly recommended and is different from a check that may be carried out by a Well Child Tamariki Ora nurse.

While it is preferable that a 6-week medical check is completed prior to the first immunisations being administered, if the whānau report no concerns and the pharmacist is confident to proceed, the vaccines should be given. For clinical support to make this decision, a pharmacist should call 0800 466 863 or contact the district team / local medical centre if accepting new patients to arrange a 6 week check prior to vaccinating.

If a pharmacist has any immediate concerns for the welfare of baby, the pharmacist should refer whānau immediately for medical review at their GP or at an After Hours or Emergency Department (ED) service. It would be recommended that a call ahead is done so that the service is expecting the whānau and knows how to contact them if the whānau do not attend.

If pharmacy staff have any concern that a child may have been subjected to any abuse or neglect it is their legal obligation to refer to Social Services/ [Oranga Tamariki](#) (0508 326 459) or if you believe a child is in immediate danger, call the Police on 111.

Eligibility

Whānau on visas without permanent residency in Aotearoa New Zealand may be concerned that they are not entitled for healthcare. This [link](#) outlines who is entitled to receive free healthcare in Aotearoa New Zealand.

All vaccinations regardless of visa status are free for every child aged until they turn 18 years. This includes any catch-up vaccines. Refer to the [Immunisation Handbook Appendix 2](#), for advice on planning Immunisation Catch-up schedules. Catch up schedule templates can be accessed from [Dropbox](#).

Newborn hearing test

Whānau should also be aware that their baby is also entitled to a free newborn hearing test. In some cases, this may have been completed in hospital or birthing centre before baby goes home but some whānau may have missed this opportunity. Pharmacies should be aware how whānau can access this locally if not already completed. See [Universal Newborn Hearing Screening Programme](#).

BABY PRESENTS FOR VACCINATION

Pharmacy vaccinator discusses infant's current primary care enrolment status with whānau.

A ENROLLED WITH PRIMARY CARE | 6 WEEK MEDICAL CHECK COMPLETED

No action required. Explain that the consumer's immunisation record will be referred to their enrolled medical centre to update their IT system, which will help track when their next vaccine due. They can visit their medical centre or return to a pharmacy if more convenient for their whānau (provide booking details). Offer to print an individualised immunisation schedule and update the Well Child Tamariki Ora book, including weight if recorded.

B ENROLLED WITH PRIMARY CARE | NO 6 WEEK MEDICAL CHECK

Explore why the whānau hasn't accessed this yet: Is timing an issue, or has the medical centre not received the newborn notification? Encourage booking a 6-week medical check and explain its importance. Offer to call the medical centre to make the appointment or discuss alternative locations. Offer to print an individualised immunisation schedule and update the Well Child Tamariki Ora book, including weight if recorded. Provide the "Why a six-week check is important" leaflet.

C NOT ENROLLED WITH PRIMARY CARE | NO 6 WEEK MEDICAL CHECK

Explain the importance of the 6-week medical check and provide the "Why a six-week check is important" leaflet. If a local medical centre is accepting new patients, ask for permission to refer the unenrolled child for ongoing health care. If no local options are available, seek permission to refer the whānau to the local district Health NZ team for assistance.

Explain when the whānau should expect to hear from the medical centre or district team and advise on following up if there's no contact. Provide written details, including contacts. Explain that vaccination records are held electronically and are accessible by the new medical centre. Ensure they know when the next vaccine is due and how to access it if not arranged. Offer to print an individualised immunisation schedule and update the Well Child Tamariki Ora book, including weight if recorded.

Contact List (for pharmacy to complete based on local contacts and refer to as necessary)

Contact details for **local medical centres** taking on new patients:

Contact details and referral instructions for the **district team** to arrange a 6-week medical check and medical centre enrolment:

Contact details and referral instructions for **Outreach Immunisation Services** if required:

Contact details for **newborn hearing screening test team**:

Other relevant contacts

Appendix 3: Funded vaccine Pharmacode (via Inventory Management System)

Vaccine antigen(s)	Brand name & pack size	Pharmacode	Maximum quantity per order
COVID-19	Comirnaty (various pack sizes)	Various pharmacodes	Not applicable
HPV9 Human papillomavirus	Gardasil9 (pack of 10 units)	2506254	3 packs (30 units)
MenACYW Meningococcal ACWY	MenQuadfi (single unit)	2649012	10 packs (10 units)
MenB Meningococcal B	Bexsero (pack of 10 units)	2671948	3 packs (30 units)
MMR Measles, mumps, rubella	Priorix (pack of 10 units)	2509369	3 packs (30 units)
Tdap Tetanus, diphtheria, acellular pertussis	Boostrix (pack of 10 units)	2459418	5 packs (50 units)
rZV Zoster (shingles) vaccine	Shingrix (pack of 10 units)	2671921	3 packs (30 units)
Notify your Pharmacy Engagement Lead to enable the DTaP-IPV vaccine for ordering if you wish to offer the 4-years old scheduled immunisation event.			
DTaP-IPV Diphtheria, tetanus, acellular pertussis, polio	Infanrix-IPV (pack of 10 units)	2086417	3 packs (30 units)
You will need to complete Appendix 1: Pharmacy vaccination site checklist for vaccinating young children (Assessment Tool) before you can order the following vaccines used in scheduled childhood immunisation events.			
DTaP-IPV-HepB-Hib Diphtheria, tetanus, acellular pertussis, polio, hepatitis B, Haemophilus influenzae type b	Infanrix-hexa (pack of 10 units)	2459396	3 packs (30 units)
Hib Haemophilus influenzae type b	Act-HIB (single unit)	2697955	30 packs (30 units)
PCV13 Pneumococcal conjugate vaccine (13 valent)	Prevenar 13 (single unit)	2383047	30 packs (30 units)
	Prevenar 13 (pack of 10 units)	2451085	3 packs (30 units)
RV1 Rotavirus	Rotarix (pack of 10 tubes – PCV free)	2679558	3 packs (30 units)
	Rotarix (pack of 10 applicators)	2509415	3 packs (30 units)

VV Varicella (chickenpox) vaccine	Varilrix (pack of 10 units)	2678950	3 packs (30 units)
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Note: Pack sizes and pharmacodes are up to date at time of publishing (24/03/2026) but is subject to change based on stock availability.