

System Level Measures FY 2026 – 2027

Improvement Plan Guidance

Contents

1. Background	3
2. Focus on Tamariki FY 2026/27	4
3. Childhood Immunisation	5
3.1 Immunisation of 24-month-olds	5
3.2 Contributory and Balancing Measures	6
Compulsory Contributory and Balancing Measures	6
Optional Contributory and Balancing Measures	6
3.3 Immunisation Data	7
Health NZ Data Provision	7
Use of Practice Management System (PMS) Data	7
3.4 Quality Improvement Targets FY 2026/27	9
Milestone 1 Targets – Total Enrolled Population	9
Milestone 2 Targets – Māori Enrolled Population	10
4. Avoidable childhood hospitalisations	11
4.1 Ambulatory Sensitive Hospitalisations of Children aged Zero to Four Years Old	11
4.2 Contributory measures	11
4.3 ASH 0 – 4 Data	12
4.4 Selection and implementation of improvement activities	12
5. SLM Improvement Plans	13
5.1 Context and collaboration in developing PHO SLM Improvement Plans	13
5.2 Requirements of the SLM Improvement Plan	13

- 5.3 Health New Zealand assessment and approval of the SLM Improvement Plan .. 14
- 6. Reporting..... 15**
 - Progress Reporting..... 15
 - Performance Reporting..... 16
- 7. PHO Payment Structure and Timeframes..... 17**
- 8. Performance Payment..... 18**
 - 8.1 Immunisation Measures 18
 - 8.2 Partial Payments for partial achievement 18
- Appendix A: Data Definitions 21**
 - System Level Measures 21

1. Background

The System Level Measures (SLM) programme is included under Schedule G3 of the **Primary Health Organisation Services Agreement (PHOSA)** as a continuous quality improvement and integration framework. The SLM programme provides funding to the PHO to build capacity and capability in primary care to contribute towards the achievement of system level measure milestones.

The purpose of this Guidance is to outline the SLM measures, milestones and funding allocation that the PHOSA Amendment Protocol (PSAAP) negotiation group has agreed to for the Financial Year (FY) 2026/27. This Improvement Plan Guidance provides the detail for these elements and for planning as referred in Section G3 of the PHOSA.

The Guidance should be used by PHOs and Contracted Providers to guide the development of their SLM Improvement Plans for FY 2026/27.

2. Focus on Tamariki FY 2026/27

In 2025, the PSAAP negotiation group agreed that the SLM programme will continue to be leveraged to drive improvements in outcomes for tamariki in FY 2026/27. The two focus areas established for SLM FY 2025/26 will remain unchanged for the upcoming year:

- 1. Preventative healthcare through improved childhood immunisation**
- 2. Avoidable childhood hospitalisations through proactive and acute primary care**

While the SLM quality improvement programme concentrates on these two priorities, it is important to note that broader areas of health system performance – such as patient experience, smoking cessation, cardiovascular risk assessment, and clinical performance indicator reporting – remain essential elements of PHO service delivery and continuous improvement.

As outlined in the PHOSA, PHOs must also ensure that each Contracted Provider actively participates in the Health Quality Safety Commission (HQSC) adult primary care patient experience surveys.

3. Childhood Immunisation

3.1 Immunisation of 24-month-olds

Preventative healthcare in early childhood development is essential to supporting physical, cognitive, social and emotional wellbeing. Immunisation is a key component of this preventative approach. Achieving high childhood immunisation coverage reduces the risk of measles, mumps, rubella and other infectious diseases which can cause significant harm to our pēpi and tamariki.

The Government's immunisation Health Target is for 95% of children to be fully immunised at 24 months of age by 2030. Childhood immunisation has been a long-standing focus of the SLM programme and will continue as a priority in FY 2026/27.

For FY 2026/27, the SLM programme retains the same two high level system level measure milestones:

- **Milestone 1: Improved immunisation rate of enrolled 24-month-olds**

This measure seeks to improve the childhood immunisation rates of the total enrolled population. Immunisation supports New Zealanders to live longer in good health and is one of the most cost-effective public health interventions available. High coverage not only protects individual children against disease but also reduces the spread of infectious diseases across the community through herd immunity.

- **Milestone 2: Improved immunisation rate of enrolled Māori 24-month-olds**

This measure specifically focuses on improving immunisation rates for Māori tamariki. The decision to continue targeting the Māori immunisation rate, rather than the equity gap used in previous years, reflects the ongoing concern that Māori coverage remains significantly lower than the total population rate. National interim targets have sought to incrementally lift total population coverage, but improving the absolute rate remains a primary priority for Māori population health. An equity focus continues to be essential; however, achieving higher overall coverage for Māori tamariki is the most critical step toward long-term, sustainable equity.

3.2 Contributory and Balancing Measures

Contributory measures provide a deeper view of progress toward the high-level measures and help identify where targets actions can support improvement and equity for specific population groups. Balancing measures help identify and mitigate any unintended consequences or perverse incentives that may arise in efforts to increase immunisation rates.

Because no single measure can fully capture performance, monitoring a combination of contributory and balancing measures is essential for effective and responsible quality improvement.

Compulsory Contributory and Balancing Measures

For FY 2026/27, the following three measures remain compulsory. These must be included in SLM Improvement Plans and monitored and reported as part of continuous quality improvement:

1. **Immunisation rates of Pacific Island children**
2. **'Declined immunisation'** rates of 24-month-old children
3. **Newborn enrolment rates within the geographical area, at a regional and district level**

Optional Contributory and Balancing Measures

In addition to the compulsory measures, PHOs and general practices are encouraged to select additional measures that are relevant to the local population needs and improvement priorities.

These measures should be described in SLM Improvement Plans and monitored locally as part of continuous quality improvement. They are not required for formal reporting but can support insights and service strengthening.

Examples of optional contributory and balancing measures include:

- **Equity gap** (relative rate) between non-Māori and Māori immunisation coverage at 24 months
- Immunisation rates by **Milestone Age** (e.g., 6, 8, 12, and 18 months)
- Immunisation rates by **Ethnicity** (Māori, Pacific Peoples, Asian, Other)
- Immunisation rates by **Deprivation Quintile** (1 – 5, and unknown)

- Immunisation rates of **Unenrolled** 24-month-olds within the geographical area
- Immunisation rates by **Rural-urban geographical classification** (GCH)

3.3 Immunisation Data

The [Aotearoa Immunisation Register](#) (AIR) remains the default and authoritative source of data for determining baseline, progress, and performance reporting for the immunisation-related SLM measures.

PHO-level immunisation rates are sourced from the AIR Power BI Immunisation Summary Dashboard. Information on how to request access to the Immunisation Summary Dashboard and the AIR Operational Reports, is available at: [Signing up to use the AIR](#). PHOs and general practices are encouraged to work proactively with the National Public Health Service (NPHS) to reconcile immunisation records to ensure accuracy within the AIR.

NHI-level data for all contributory and balancing measures is available to approved PHO and practice staff through the AIR Power BI Operational Reports, supporting locally driven improvement activities.

Health NZ Data Provision

Health NZ will provide PHOs with the following baseline and quarterly AIR-sourced data:

- Immunisation rate of 24-month-olds for each PHO's total enrolled population (Milestone 1)
- Immunisation rate of 24-month-olds for each PHO's Māori enrolled population (Milestone 2)
- Immunisation rates of 24-month-old Pacific children within each PHO (Contributory measure)
- Rates of 'declined immunisation' for 24-month-olds within each PHO

Regional Health NZ teams will provide newborn enrolment rates at regional and district levels.

Use of Practice Management System (PMS) Data

In recognition of ongoing efforts to resolve parity issues between PMS and AIR, PHOs may use PMS-sourced data for SLM performance reporting. This applies solely to performance-reporting, and not to baseline or progress reporting.

Where PMS data is used for performance reporting:

- It must be securely supplied to Health NZ as NHI-identifiable data by the performance submission deadline
- PHOs must demonstrate a clear process for ensuring this data will also be transferred into AIR.

Further detail on data definitions can be found in **Appendix A**.

3.4 Quality Improvement Targets FY 2026/27

Quality improvement targets are based on each PHO’s baseline immunisation rate and are designed to balance ambition with achievability. The targets recognise that significant system-wide action is required to lift childhood immunisation rates, while also acknowledging the increasing effort needed both to maintain high performance and to drive improvements as PHOs move closer to the national Health Target of 95% coverage.

SLM baselines will be based on preceding Q4 FY 2025/26 performance related to practices that are part of a PHO from 1 July. This means that PHO baselines will need to be calculated after the confirmed shifts of practices from 1 July for all PHOs and will be based on the collective prior Q4 performance of their associated practices.

Baseline rates will be confirmed and provided to PHOs during Quarter 1 of FY 2026/27. Progress will then be monitored quarterly, with final performance measured using Quarter 4 2026/27 coverage.

Milestone 1 Targets – Total Enrolled Population

Table 1: PHO Targets for Immunisation Coverage of Enrolled 24-month-olds (Milestone 1)

Baseline	Target	Examples
PHO Immunisation Rate of 24-month-olds (Q4 2025/26)	PHO Immunisation Rate of 24-month-olds (Q4 2026/27)	
Less than 80%	10 percentage improvement on baseline	If baseline is 40%, then target is 50% If baseline is 76%, then target is 86%
80% or above	90%	If baseline is 85%, then target is 90% If baseline is 92%, then target is 90%

Milestone 2 Targets – Māori Enrolled Population

Table 2: PHO Targets for Immunisation Coverage of Māori 24-month-olds (Milestone 2)

Baseline	Target	Examples
PHO Māori Immunisation Rate of 24-month-olds (Q4 2025/26)	PHO Māori Immunisation Rate of 24-month-olds (Q4 2026/27)	
If less than 80%	10 percent improvement on baseline	If baseline is 40%, then target is 50% If baseline is 76%, then target is 86%
If 80% and above	90%	If baseline is 85%, then target is 90% If baseline is 92%, then target is 90%

4. Avoidable childhood hospitalisations

4.1 Ambulatory Sensitive Hospitalisations of Children aged Zero to Four Years Old

An Ambulatory Sensitive Hospitalisation (ASH) is a hospital event for a condition that the hospitalisation could potentially have been avoided by the provision of appropriate and early disease management, normally delivered in primary and community-based care settings.

Admission rates can serve as proxy markers for primary care access and quality, with high admission rates indicating difficulty in accessing care in a timely fashion, poor care coordination or care continuity, or structural constraints such as limited supply of primary care workers.

ASH rates are also determined by other factors, such as hospital emergency departments and admission policies, health literacy and other social determinants of health such as housing and poverty. This measure can also highlight variation between different population groups.

However, there are some interventions that can be made to reduce avoidable hospitalisations of young tamariki. The following are examples of potential focus areas in primary care that may be considered:

- Recurrent skin infection management plans
- Respiratory admissions, for example through asthma management including prescription of preventer medicine (current best practice medicine), healthy homes referral, smoking cessation support for parents
- Access to acute general practice care for high-risk and priority populations
- Dental admissions, through supporting child enrolment in dental services

ASH 0 – 4 data **will not** be assessed by Health NZ in the determination of successful performance and there is no performance funding allocated to the ASH 0-4 measure. The purpose of the inclusion of ASH 0-4 in the SLM programme is for quality improvement planning and implementation.

4.2 Contributory measures

Contributory measures are paramount to assessing the impact of quality improvement activities to reduce avoidable hospitalisations in a PHO. SLM improvement plans must

include an equity focus and must demonstrate that potentially avoidable hospitalisations of tamariki Māori are included in the planning of improvement activities. SLM improvement plans can focus on improving an ASH condition for a specific population group.

4.3 ASH 0 – 4 Data

ASH 0 – 4 describes the rate of hospital admissions for children under five for an illness that might have been prevented or better managed in the community. Health NZ is in the process of making available up to date ASH 0 – 4 data by PHO. Data is reported on a rolling 12-month basis, and a list of ASH conditions is applied.

4.4 Selection and implementation of improvement activities

PHOs are expected to work across primary and secondary care, to examine data and understand the top conditions and populations contributing to ASH rates for 0–4-year-olds in their PHOs and regions, identify equity gaps, and focus their improvement activities on reducing equity gaps for Māori populations.

SLM quality improvement plans are to outline:

- The top ASH 0-4 conditions for each PHO
- Equity gaps for Māori
- Other identified needs of the population

SLM quality improvement plans are to outline specific quality improvement activities that:

- Address equity gaps for Māori
- Are specific to an identified ASH condition, or population, or other identified improvement area.

The SLM improvement plans will outline precisely what actions will be taken and how those actions will be measured and deemed successful or not.

Performance assessment will be on PHOs having demonstrated complete implementation of their chosen improvement activities, including a narrative on whether the activities were successful or not.

5. SLM Improvement Plans

5.1 Context and collaboration in developing PHO SLM Improvement Plans

Each PHO is expected to develop an SLM Improvement Plan in collaboration with their Contracted Providers, and in partnership with Health NZ and other health partners who contribute to collective progress on SLM measures.

The development and implementation of the SLM Improvement Plan is an opportunity to align current work programmes with Health NZ regional public health immunisation delivery plans, and other relevant health sector plans. The SLM Improvement Plans are expected to cross-reference relevant delivery plans and include specific activities that PHOs will pursue.

5.2 Requirements of the SLM Improvement Plan

Each PHO must submit its SLM Improvement Plan to its Health NZ regional team no later than **30 April 2026**.

SLM Improvement Plans must include:

1. Recent Immunisation Coverage

Immunisation coverage data for each milestone, sourced from the AIR (e.g. the most recent SLM progress data from Health NZ).

2. Contributory and Balancing Measures

A list of additional contributory and balancing measures the PHO will monitor alongside the milestone measures.

3. Approach to Collaboration

A brief description of how the plan was developed, including how the PHO will collaborate with Health NZ during implementation, and how key insights and successes will be shared with Contracted Providers.

4. Quality Improvement Actions

A set of frontline quality improvement actions for each Milestone Measure and Contributory and Balancing Measure that the PHO commits to implement.

- Actions must be SMART (Specific, Measurable, Achievable, Realistic, and Time-bound).
- Each action must clearly describe:

- How implementation progress will be monitored
- How the PHO will determine whether the action has been successfully delivered.
- Deliverables must be explicit and easy to identify.

5. A Focus on Equity

A clear and actionable approach to improving equity, including how equity-related insights will inform implementation and monitoring.

PHOs must submit their completed SLM Improvement Plan to the Health NZ region with which their PHO Services Agreement is held:

- Northern region: samantha.gregory2@tewhatauora.govt.nz
- Te Manawa Taki region: LivingWellTMT@TeWhatuOra.govt.nz
- Central region: kim.teofilo@tewhatauora.govt.nz
- Te Waipounamu region: TWP-PrimaryandRural@TeWhatuOra.govt.nz

5.3 Health New Zealand assessment and approval of the SLM Improvement Plan

Each Health NZ region is responsible for reviewing SLM Improvement Plans and providing feedback to PHOs by **20 May 2026**. PHOs must take all practical steps to incorporate this feedback and resubmit an updated plan that addresses any material issues raised.

Approval will be granted when the plan clearly meets all the requirements outlined in Section 5.2.

Health NZ will take all reasonable steps to complete the approval process for all plans by **30 June 2026**. Formal approval will be provided in writing to the PHO by the relevant regional Health NZ team.

6. Reporting

Progress Reporting

Health NZ will provide PHOs with the quarterly data outlined in Section 3.3 by the end of the month following each completed quarter.

Using this data, PHOs will prepare a reflection on their progress. Quarterly progress reporting should include:

- A brief analysis of the quarterly immunisation data and progress toward each Milestone
- A concise summary of the improvement actions undertaken during the quarter for each improvement activity outlined in the Improvement Plan, including those for the ASH measure.
- An overview of collaborative activities undertaken with Health NZ, Contracted Providers, and other health partners in support of SLM measures
- A statement indicating whether the PHO is likely to achieve their Milestone target for each SLM in Quarter Four. If it is unlikely to do so, an outline of what steps will be taken to try to ensure that the Milestone is achieved (which could include changes to the Improvement Plan).

Progress Reports are to be submitted to the PHOs Health NZ regional team.

Table 3: Progress Reporting Schedule

Report	Reporting Period	Submission Deadline
Q1 Progress	1 July 2026 to 30 September 2026	20 November 2026
Q2 Progress	1 October 2026 to 31 December 2026	20 February 2027
Q3 Progress	1 January 2027 to 31 March 2027	20 May 2027

PHOs must submit their quarterly progress reports to the Health NZ region with which their PHO Services Agreement is held:

- Northern region: samantha.gregory2@tewhatauora.govt.nz
- Te Manawa Taki region: LivingWellTMT@TeWhatuOra.govt.nz
- Central region: kim.teofilo@tewhatauora.govt.nz
- Te Waipounamu region: TWP-PrimaryandRural@TeWhatuOra.govt.nz

Performance Reporting

At the conclusion of Quarter 4, Health NZ will provide each PHO with its SLM Performance Report for the immunisation Milestones. This report will include the verified milestone results, calculated using data extracted from the Aotearoa Immunisation Register (AIR).

PHOs are not required to submit a narrative performance report. Instead, each PHO must:

- **Review** the performance results supplied by Health NZ
- **Verify** the accuracy and completeness of the data
- **Confirm acceptance** of the results within the timeframe specified by the regional team

If a PHO identifies has concerns about the data, it must notify its Health NZ regional team promptly so that these can be investigated and, where appropriate, rectified.

Once the PHO has confirmed acceptance of the results, Health NZ will process any applicable performance payments. Payments will only be released once the acceptance of results is complete and no outstanding data issues remain.

Health NZ regional teams will be available to support PHOs with any questions or clarifications required during the verification process.

7. PHO Payment Structure and Timeframes

Health NZ makes up to three SLM payments to PHOs each year under Part G of the PHOSA.

Payment 1 is to assist PHOs to build their capacity and capability, and the capability and capacity of their Contracted Providers, so that agreed milestones in the Improvement Plans are achieved in the coming year. Payment 2 is for the approval of the Improvement Plan. Payment 3 is contingent on the PHOs performance in the two immunisation Milestones.

The payment structure and timeframes for FY 2026/27 is as follows.

Table 4: PHO Payment Structure and Timeframes

SLM Payment	Purpose	Timeframe
Payment 1 (25%)	For capacity and capability building	Payment on 15 July 2026
Payment 2 (50%)	For approval of SLM Improvement Plan	<p>If the Improvement Plan is submitted by 30 April, and:</p> <ul style="list-style-type: none"> • Health NZ does not advise that any material changes need to be made to the plan by 20 May; or • The plan is approved by Health NZ by 30 June <p>Then, payment will be on 15 September 2026.</p> <p>If the Improvement Plan is submitted after 30 April, payment will be on the 15th day of the month after the month in which the plan is approved by Health NZ.</p>
Payment 3 (25%)	For achievement of SLM Immunisation Measure Targets	Payment on 15 September 2027 .

8. Performance Payment

8.1 Immunisation Measures

There is an equal split of performance funding (Payment 3) for each immunisation measure, therefore 50% of the allocated performance funding is allocated to Milestone 1 and 50% to Milestone 2.

Milestone 1 is for increasing the immunisation rate of the total enrolled population, and Milestone 2 is for increasing the immunisation rate of the Māori enrolled population.

It is possible for a PHO to fully achieve the targets of both measures, one measure, or neither measure.

There is no performance payment allocated to ASH 0-4.

8.2 Partial Payments for partial achievement

There is a partial payment system for partial improvements in both immunisation measures. Payments will be made in increments. Increments are defined as relative increases between the baseline and the target for a respective PHO:

- a) If PHO baseline less than 80%: Partial payment will be made for every full percentage point increase on the baseline immunisation rate, and the payments will be made based on this whole percentage, proportional to the improvement goal (Table 5)
- b) If PHO baseline greater than or equal to 80%: Partial payment will be made for every 10 percent increase in immunisation rate relative to the baseline and 90% target (Table 6)

Table 5: Partial Payments for Partial Improvement in Measure 1 and Measure 2 where PHO baseline < 80%

Percentage Improvement in Measure of 24-month-olds for the 3 months to 30 June 2027	Proportion of Measure Payment	Examples
+1%	10%	If baseline is 78.0% and PHO reaches 79.0%
+2%	20%	If baseline is 78.0% and PHO reaches 80.0%
+3%	30%	If baseline is 78.0% and PHO reaches 81.0%
+4%	40%	If baseline is 78.0% and PHO reaches 82.0%
+5%	50%	If baseline is 78.0% and PHO reaches 83.0%
+6%	60%	If baseline is 78.0% and PHO reaches 84.0%
+7%	70%	If baseline is 78.0% and PHO reaches 85.0%
+8%	80%	If baseline is 78.0% and PHO reaches 86.0%
+9%	90%	If baseline is 78.0% and PHO reaches 87.0%
+10% or above	100%	If baseline is 78.0% and PHO reaches 88.0%

Table 6: Partial Payments for Partial Improvement in Measure 1 and Measure 2 where PHO baseline \geq 80%

Percentage Improvement in Measure relative to the 90% Target, for the 3 months to 30 June 2027	Proportion of Measure Payment	Examples
+10%	10%	If baseline is 83.3% and PHO reaches 84.0%
+20%	20%	If baseline is 83.3% and PHO reaches 84.6%
+30%	30%	If baseline is 83.3% and PHO reaches 85.3%
+40%	40%	If baseline is 83.3% and PHO reaches 86.0%
+50%	50%	If baseline is 83.3% and PHO reaches 86.6%
+60%	60%	If baseline is 83.3% and PHO reaches 87.3%
+70%	70%	If baseline is 83.3% and PHO reaches 88.0%
+80%	80%	If baseline is 83.3% and PHO reaches 88.7%
+90%	90%	If baseline is 83.3% and PHO reaches 89.3%
+100% or above	100%	If baseline is 83.3% and PHO reaches 90.0%

Appendix A: Data Definitions

System Level Measures

Description of Measure 1: PHO Immunisation Rate of 24-month-olds

The percentage of enrolled children¹ who turned 24 months old during the reporting period², who are recorded as fully immunised for age on the Aotearoa Immunisation Register (AIR), including all scheduled vaccines due between birth and age 24 months.

Numerator	Denominator	Data Source
<p>Total count of enrolled children who have completed all their age-appropriate immunisations in the National Immunisation Schedule (NIS) on or before they turn 24 months of age in the reporting period.</p> <p>See Exclusions</p>	<p>Total count of enrolled children turning 24 months of age in the reporting period.</p> <p>This includes:</p> <ul style="list-style-type: none"> children who have previously opted off the National Immunisation Register (NIR) or have declined at least one immunisation. children for whom vaccination is not clinically indicated, i.e. those who have permanent medical contraindications to a vaccine or have pre-existing immunity to a disease 	<p>AIR database</p> <p>Available at: Health NZ Immunisation Summary Dashboard (request access here)</p>

¹ 'Enrolled children' includes those who are 'pre-enrolled' in a PHO based on the National Enrolment Service (NES).

² 'Reporting period' is the 3-month quarter that is being reported on.

Description of Measure 2: PHO Immunisation Rate of Māori 24-month-olds

The percentage of Māori enrolled children³ who turned 24 months old during the reporting period⁴, who are recorded as fully immunised for age on the Aotearoa Immunisation Register (AIR), including all scheduled vaccines due between birth and age 24 months.

Numerator	Denominator	Data Source
<p>Total count of enrolled Māori children who have completed all their age-appropriate immunisations in the National Immunisation Schedule (NIS) on or before they turn 24 months of age in the reporting period.</p> <p>See Exclusions</p>	<p>Total count of enrolled Māori children turning 24 months of age in the reporting period.</p> <p>This includes:</p> <ul style="list-style-type: none"> • children who have previously opted off the National Immunisation Register (NIR) or have declined at least one immunisation. • children for whom vaccination is not clinically indicated, i.e. those who have permanent medical contraindications to a vaccine or have pre-existing immunity to a disease 	<p>AIR database</p> <p>Available at: Health NZ Immunisation Summary Dashboard (request access here)</p>

³ ‘Enrolled children’ includes those who are ‘pre-enrolled’ in a PHO based on the National Enrolment Service (NES).

⁴ ‘Reporting period’ is the 3-month quarter that is being reported on.

Exclusions

Currently the following vaccinations are not included in the Milestone Coverage vaccination counts for the following reasons:

1. Meningococcal B vaccine was introduced to the childhood immunisation schedule in March 2023 and includes a catch-up programme until August 2025 for all children under 5 years, and this is the reason for its exclusion from the Milestone Coverage reporting at this stage.
2. For clinical safety reasons, infants must receive dose one of the Rotavirus vaccine by age 15 weeks and dose two by age 25 weeks. There is no catch-up option available for this vaccination, and this is the reason for its exclusion from the Milestone Coverage reporting.
3. A positive history of Varicella infection (chickenpox) could be taken as indicating immunity and is the reason for its exclusion from the Milestone Coverage reporting at this stage.

Further detail can be found here: <https://www.tewhatauora.govt.nz/assets/Health-services-and-programmes/Immunisation/AIR/AIR-PowerBI-Immunisation-Summary-Dashboard-report-detail.pdf>