# He kete mātauranga mo ngā rongoā āraimate

## Immunisation Knowledge Toolkit

*Supporting conversations around immunisation*

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

# Contents

## Purpose

This immunisation conversation toolkit is to support kaimahi and community leaders as you hold conversations about immunisation .

## How different types of immunisations work

Diseases can be caused by viruses and bacteria. These are so small that you cannot see them, but they are everywhere. Most are harmless, but some can make you very sick.

Inside your body, your immune system helps fight against diseases caused by viruses and bacteria. Sometimes, your immune system needs a little help. Immunisations give your immune system instructions on how to defend itself better so your body will have the right tools for the job, meaning you are less likely to get sick when you come into contact with a disease.

## Immunisations benefit the individual and the whole population

When most people in a community are immunised, it becomes harder for diseases to spread. This protects those who can't be immunised (like very young infants or people with certain medical conditions) and helps keep everyone safer.

## The immunisation process *(post-assessment time)*

Before immunisation, there's an assessment to ensure it's safe. After immunisation, there's a short waiting period (usually around 20 minutes) to monitor for any immediate responses. This helps ensure everyone's safety and allows the health provider to address any concerns on the spot.

## How immunisations are made and tested

Before any immunisation is approved for use, it goes through a long and rigorous testing process by scientists around the world and in Aotearoa New Zealand to ensure its safety and effectiveness.

This process can take many years and compares the health of people who have been immunised with those who have not.

Once approved, the safety of the immunisation is also continuously monitored by Medsafe. As part of this process, the Centre for Adverse Reactions Monitoring at Otago University records responses reported after immunisations so that scientists can keep track of any responses that may occur.

# Engage for success

## Tips for engaging / ice breakers

Start conversations with a friendly approach and ask open-ended questions to understand people's views on immunisation. Building trust and showing empathy can help make these discussions more comfortable. Each person you engage with will be different, so listen actively to avoid asking questions that could result in a one-word answer.

*An open-ended question:*

***How can I help you get an appointment?***

*A close-ended question:*

***Do you have an appointment?***

A close-ended question gives the person the chance to "close" the conversation with a one-word answer. An open-ended question can move a conversation along by giving the person a chance to elaborate.

# Engage for success

## Tips for navigating difficult conversations with whānau who decline or are hesitant to immunise

Listen actively and acknowledge their concerns without judgment. Provide clear, fact-based information and let them know you're there to support their health decisions. Use positive, affirming framing and make the connection to the wider whānau and community wellbeing. If you're unsure about any specific facts, let them know you can connect them with someone who can answer their questions.

## Cultural safety

Cultural safety involves self-reflection, and understanding how your own background can impact your conversations when speaking with whānau about immunisation.

*Before and after each interaction, reflect on your own beliefs and biases by asking yourself a few questions:*

1. How often do I engage in **self-reflection** to examine my own cultural biases and assumptions?
2. Think about a specific situation where your **awareness of your own beliefs** changed your approach to a conversation.

   What did you learn and how did it impact the interaction with the whānau?
3. How do you respond to whānau **feedback** relating to cultural safety?
4. Think about a time when you received feedback from whānau. What did you **learn** and how will this inform your future practice?

# Managing misinformation

## Where does misinformation come from?

Misinformation about immunisations often spreads through social media or word-of-mouth and can come from misunderstandings, fear, or a lack of reliable information.

Some whānau may have had a distrust in immunisations for generations.

Knowing the source of information can help people find trustworthy information.

## Why we should listen to the science

Science-based information is thoroughly tested and verified by experts in health and medicine. Listening to science helps protect our health and make informed decisions based on facts.

Avoid repeating and focussing on the myth, as repetition reinforces misinformation.

*Myths*

**Immunisations cause autism**

1

## Misinformation

Some believe immunisations, particularly the Measles, Mumps and Rubella (MMR) immunisation, cause autism. This claim originated from an unethical and false study in 1998, which has since been retracted.

## How we can inform

### *Acknowledge the concern*

"I know many people are worried about this. It's important to discuss."

### *Offer facts*

Point out that no credible scientific research links immunisation to autism. Numerous large-scale studies over many years have found no connection between MMR immunisation and autism. Children are born with autism (it is not a disease), and have a difference in development which may be recognised by their first birthday. Usually, developmental differences become clearer when they are one to three years old.

### *Reassure*

"Immunisations are designed to protect, and the safety of children is always the priority."

*Myths*

**Natural immunity is better than immunisation**

2

## Misinformation

Some whānau believe that letting their children contract diseases naturally will lead to stronger immunity.

## How we can inform

### *Explain the risks*

"Relying on natural immunity comes with serious risks, including complications from diseases, like pneumonia, encephalitis (swelling of the brain), or even death."

### *Emphasise immunisation benefits*

"Immunisations offer protection without the dangers of the actual disease, making them the safer option."

"We sometimes say a baby's first immunity comes from breastmilk, but it can start in pregnancy with immunisation. Getting immunised during pregnancy can be a baby's first line of defence against certain illnesses."

### *Personal example*

Share stories about serious cases of preventable diseases to illustrate the potential harm.

**Myths**

**Immunisations contain harmful ingredients (mercury, aluminium)**

3

## Misinformation

There are fears about certain ingredients, such as mercury (thimerosal) and aluminium, being toxic or harmful.

## How we can inform

### *Explain the science*

"These ingredients are used in tiny amounts and have been thoroughly tested to ensure they are safe.

Thimerosal, while safe and effective, is not in any routine scheduled childhood vaccines in New Zealand."

### *Use comparisons*

"The amount of aluminium is less than what's found in breast milk or formula."

### *Reassure safety*

"Immunisations are continuously monitored for safety by independent health organisations."

**Myths**

**Immunisations overload the immune system**

4

## Misinformation

Some whānau worry that giving multiple immunisations at once could overwhelm their baby's immune system, leading to health problems.

## How we can inform

### *Normalise the body's capacity*

"Immunisations contain antigens. These are either small parts of bacteria or viruses, or weak versions of viruses that teach your immune system what these look like so that when your body encounters the real version, it recognises it and fights it immediately.

Everyone encounters thousands of antigens every day in food, breastmilk, and the environment. Even babies' immune systems have no problem dealing with several immunisations on the same day."

### *Address safety*

"Research shows that it's safe to give multiple immunisations at once, and it helps protect your baby as early as possible."

### *Offer reassurance*

"Immunisations work with the immune system to be effective without overloading it, and doses are spaced out to provide the best immune protection."

**Myths**

**Immunisations are only for profit**

5

## Misinformation

Some believe that pharmaceutical companies push immunisations solely for profit, disregarding their necessity or safety.

## How we can inform

### *Acknowledge concerns*

"It's understandable to question where information comes from."

### *Highlight trustworthy sources*

"I'll share with you a link about immunisations that I rely on. Unlike many places online, the Health New Zealand website has strict rules to include things like evidence and who wrote it.

If quality information helps us make quality choices, then parents need to be able to trust what they're reading."

### *Focus on community impact*

"Immunisations are really important to protect individuals and their communities. People who are vulnerable because of illness like cancer treatment, or who cannot be immunised, need the rest of the community to be immunised to protect them."

| Myth | Reality |
|---|---|
| ***Immunisations aren't necessary because diseases are no longer common*** | Diseases like measles, polio and diphtheria have become rare largely because of immunisations. Having a well-immunised community is essential to maintaining the protection we currently have against these diseases. |
| ***The flu immunisation can cause the flu*** | Some people may feel mild, flu-like symptoms as their immune system responds to getting immunised. This is normal and responses are mild and not everyone will get them. Many people get a flu-like illness and colds, especially over winter, but there are lots of other viruses which cause these other than the flu. |
| ***Immunisations can cause infertility*** | There is no scientific evidence linking immunisations to infertility. Immunisations undergo extensive safety testing to ensure they don't impact reproductive health. |
| ***Immunisation responses are worse than the disease*** | Like most medicines, immunisations can sometimes cause responses. These are usually mild, and not everyone will get them. Mild responses are normal. If you are going to have any responses, they normally happen in the first few days after getting immunised. The immunisation itself is gone from your body within a few hours or days. |
| ***Immunisation doesn't work because immunised people still get sick*** | Immunisation does not necessarily stop you from getting the disease. However, it is very effective at reducing the severity of the disease and reducing your likelihood of passing the disease on to others. High immunisation rates also protect the community by reducing the spread of illness. |

# How to counter misinformation overall

**1**

## Listen first, correct later

Avoid jumping straight into correcting the misinformation. Listen carefully to understand the whānau concerns, allowing them to feel heard before presenting information.

**2**

## Use 'Check-Ask-Explain-Ask' model

**Check**

So can I check I've understood your concern, you are concerned about _____ because you heard _____ .

I can understand you might be concerned because you are worried about _____ .

**Ask**

Can you tell me what you've heard about this?

**Explain**

Provide clear, evidence-based responses.

**Ask**

How do you feel about what we've discussed?

3

## Acknowledge circumstances

Some people would have declined immunisation for themselves or their whānau because of circumstances (for example, there were no appointments available when they were free, they weren't able to borrow a car or confirm transportation, etc.).

Listen to understand what the circumstances were and find out whether you could help remove any barriers.

4

## Present facts calmly

Stay neutral and avoid being confrontational. Correct the misinformation with simple, easy-to-understand facts and examples that show real-world benefits of immunisation.

5

## Personal stories matter

Share personal or community stories where immunisations have made a positive impact. This helps make the information relatable and grounded in real experiences.

6

## Explain what the implications are

Explain to parents what the implications are to the entire whānau when a baby is not immunised. Beyond having a very sick baby, parents would need to take time off work, other members of the whānau may get sick, and the baby may need to be hospitalised.

7

## Build trust over time

Don't expect immediate change. Misinformation is often deeply embedded. Offer ongoing support and encourage follow-up conversations.

8

## Direct whānau to trusted resources

Point whānau to credible sources like the New Zealand Ministry of Health, Info.health, Immunisation Advisory Centre (IMAC), or WHO for further reading.

9

## Follow up

Leave the door open for whānau if they're unable to get immunised this time. Tell them you'll call them back. Don't refer them on to a GP or another service they have to access, unless they have concerns that only a GP can address. Let them know that this is important to us.

*More useful resources for countering misinformation:*

immune.org.nz/resources/factsheets

immune.org.nz/resources/factsheets?type=Common+questions

immune.org.nz/vaccines/safety-monitoring

# Example summary

***Misinformation***

***Strategy***

Immunisation can cause autism.

Research shows no link between immunisations and autism. Let's talk through your concerns.

Natural immunity is better.

Natural immunity comes with serious risks. Immunisations offer protection without those dangers.

Immunisations contain harmful ingredients.

Ingredients like aluminium are present in tiny amounts and are safe. They've been thoroughly tested.

| *Misinformation* | *Strategy* |
| --- | --- |
| Immunisations overload the immune system. | Babies' immune systems encounter more antigens every day than what's in immunisations. They're designed to work together safely. |
| Immunisations are for profit. | Independent health experts recommend immunisation to protect individuals and communities, not for profit. |
| Immunisations and mandates are a way for the government to limit our freedom. | I acknowledge that you feel this way. There are non-government health providers who can talk to you about this. If you want, I can connect you with a local nurse who can give you more information. |

Strategies by response type
He ara matapaki i te rongoā āraimate

# Ready to immunise

***Immunisation discussion guide***

## Whānau who are ready to immunise

In Aotearoa New Zealand many whānau have questions about immunisation. Engaging in kōrero with whānau can help address concerns early and prevent anxiety or confusion. When whānau feel listened to and understood, they're more likely to trust the person.

Whānau who come in ready to immunise often have some questions about the process or what to expect. These might include:

- What will happen during and after the immunisation?
- How can we manage any responses?
- What are the immunisations for, and are they safe for my pēpi/tamariki?

## Supporting whānau who are ready to immunise

When whānau are ready to immunise, your kōrero may be straightforward. For informed consent, whānau need:

- To understand what immunisation involves.
- To know the benefits and risks that are important to them.

Whānau don't need every detail; instead, focus on what matters to them. Ask:

*"What would you like to know more about?"*

### Ngā Whāinga (Goals)

- To prevent vaccine hesitancy
- To support timely immunisation

# Kōrero tips

*This approach invites parents to share any worries or questions they may have.*

***How do you feel about this?***

1

## **Encourage pātai** (questions)

Encouraging whānau to ask pātai can help you understand their concerns. A useful way to open the discussion is by asking:

> Do you have some questions you'd like to ask before we start?

2

## Share knowledge

After answering questions, share important information in a reassuring way. Use phrases:

> Your pēpi might feel mildly unwell after immunisation, but most babies don't have any responses. I'll give you some tips on how to help if they do.

> What questions do you have today?

3

## Nurture relationships

If there's an opportunity to connect whānau with Māori or Pacific health organisations (Hauora providers, marae-based services and Hauora Māori partners, Pacific Health Providers), do so!

> "Health services have arranged for an immunisation nurse to be here every Tuesday for a free drop-in clinic, so ask me any questions you may have. And if you're free on Tuesday, I'll help arrange an appointment."

4

## Plan the next immunisation appointment

Booking the next immunisation appointment while you're with the whānau helps ensure their pēpi gets full protection on time. You might say:

> "Let's book the next appointment before you leave today to get your pēpi fully immunised."

## Further important notes

**Provide space:** Some whānau need encouragement to ask questions. Using open-ended questions like **"What would you like to talk about?"** can reduce anxiety.

**Keep the kōrero positive:** Focus on the benefits of immunisation and how it protects both pēpi and whānau.

**Make it easy:** Create an easy situation for the whānau by offering help where possible.

For more information **immunise.health.nz** | Call Healthline **0800 611 116**

# Role play

## Scenario

You are speaking with whānau who want to immunise their eight-week-old baby but haven't got around to making the appointment yet due to a busy schedule. They just need a little encouragement to prioritise it.

## Strategy tips

1. **Encouragement:** Congratulate the whānau on their intention to immunise and acknowledge their efforts.
2. **Offer practical help:** Understand what the circumstances are for each whānau. Help them overcome logistical barriers, like scheduling the appointment or sending reminders.
3. **Reinforce importance:** Gently remind them why timely immunisation is important, without adding pressure.
4. **Frame things positively:** When speaking with whānau about the immunisation schedule, avoid using words like "overdue," "late" or "behind", which have negative connotations. Frame the conversation positively and let the whānau know that this will benefit them and their community.

*Example dialogue (for facilitator to relay after role play):*

**Parent**

I know I need to get the baby immunised, but we've just been so busy with everything. I haven't managed to book the appointment yet.

**Health Promoter**

I completely understand how busy life gets with a new baby! It's great that you're planning to immunise the baby. Would you like me to help schedule an appointment right now?

**Parent**

That would actually be really helpful. I keep meaning to do it.

**Health Promoter**

Perfect. It's important so your baby gets protection as early as possible. Let's book the appointment and get everything sorted.

**Parent**

Yeah, I don't want to wait too long.

**Health Promoter**

You're doing a great job staying on top of it. I can also send you a reminder closer to the appointment if you'd like.

Strategies by response type
He ara matapaki i te rongoā āraimate

# Hesitant or uncertain

***Immunisation discussion guide***

## Understanding the concerns of whānau

Whānau who are hesitant may:

- Be motivated by influential members within the whānau (for example, parents or grandparents) to not immunise.
- Have pātai (questions) or concerns about safety.
- Want to be part of the decision-making process.
- Prefer their child to be treated individually, rather than based on population-level recommendations.
- Have lost trust in health professionals.
- Have heard or read something frightening.
- Feel a strong responsibility to make the 'right' decision for their tamariki (children).

### Ngā Whāinga (Goals)

- To guide whānau toward immunisations
- To increase confidence in immunisation

# Kōrero tips

## How to support whānau

1

### Invite questions

Ask:

> Do you have some more questions?

*Consider the views of their partner if relevant.*

2

### Acknowledge concerns

You don't have to agree, but you can acknowledge the effort of the whānau. Use phrases like:

> I can see you've put a lot of thought into this.

3

### Be open about what you don't know

If there are questions about specific scientific or medical details that you are unsure about, tell the whānau openly that you do not have the answer to that question, but you can find out for them.

4

### Summarise their concerns

Reflect what you've heard.

You can show empathy without judgement.

> You have explained that you are concerned because you worry your baby is too young to be immunised so you think it's better to wait. I can understand that you are trying to do what is best for your baby.

## How to support whānau

## Recommending immunisation confidently

**5**

### Offer to share what you know

> Can I share what I know? The immunisations your baby is due for are safe and effective and really important to protect them now from serious diseases that affect young babies.

**6**

### Set and maintain the agenda

Manage the whānau questions:

> Let's list all your pātai (questions) and go through them one by one.

**7**

### Manage the timeframe

> We have about ten minutes left. Let's address your main concerns, and then I'll explain why immunisation is important.

**8**

### Explain with confidence

You can also share personal experiences to build trust:

> I believe immunising today is the best way to protect your tamaiti (child) from serious diseases.

> I've had my own tamariki (children) immunised.

## Rebooking or referring

### 9 Encourage rebooking

> We've had a good kōrero (discussion) today. Shall we book another appointment to cover more details?

### 10 Refer to a healthcare professional

(for example, doctor/nurse/pharmacist/midwife)

> Your healthcare provider can help answer some of your deeper concerns or questions about immunisations.

## Plan and close

### 11 Summarise the consultation by putting forward the next steps

> I recommend we do all of the immunisations due today to keep your child safe from serious diseases.

### 12 Ensure the next appointment is scheduled

> Let's make sure we have an appointment for the next dose for your tamaiti (child) before you leave.

# Role play

## Scenario

You are speaking with whānau who are hesitant about getting their six-week-old baby immunised. They've heard some negative things about immunisations and are unsure if it's the right choice. They have not yet ruled out immunisation but are asking lots of questions.

## Strategy tips

1. **Empathy first:** Acknowledge whānau concerns without rushing into correcting them.
2. **Check-Ask-Explain-Ask:** Use open-ended questions to invite concerns, then explain facts in a calm and clear way, followed by another question to keep the dialogue open.
3. **Offer evidence:** Share clear, evidence-based information, but avoid overwhelming them with too many facts at once.

*Example dialogue (for facilitator to relay after role play):*

| ***Caregiver*** | ***Lead maternity carer*** |
| --- | --- |
| I've heard that some babies can have bad responses to immunisation. I'm worried about what might happen. How do I know it's safe? | I understand your concern. It's great that you're thinking carefully about baby's health. Can I share some information on how we know immunisations are safe? |
| Sure, but I've also read about how immunisations have preservatives. That's what worries me. | Many whānau have similar questions. The preservatives are there to keep them safe, and they are used in tiny amounts. |
| That might help. I just want to make sure I'm doing the right thing. | It's good to ask these questions, and it's important to feel comfortable with your decision. Would it be helpful if I showed you how I made the decision to immunise my own child? |

Strategies by response type
He ara matapaki i te rongoā āraimate

# Whānau who are declining immunisation

***Immunisation discussion guide***

## Understanding whānau who are declining immunisations

Whānau who are declining immunisations may:

- Have never been immunised or have stopped being immunised altogether
- Not want to discuss immunisation at all
- Present for other reasons, such as requesting a medical exemption or dealing with another medical concern
- Distrust 'big pharma', the government or conventional medicine
- Be experiencing pressure, both positive or negative, from whānau, friends or community
- Prefer rongoā Māori (traditional Māori medicine) or other complementary and alternative medicines
- Have had a bad experience, such as an AEFI (Adverse Event Following Immunisation) or traumatic birth
- Feel strongly about getting the "right" information and feel responsible for making the correct decision.

If whānau have declined because of a specific circumstance (such as there were no appointment dates available, getting immunised required travelling very far, leave from work was not approved), continue to offer when each immunisation event is due, as the whānau situation may have changed and they are open to receiving immunisation. Keep the door open and build a trusting relationship.

### Ngā Whāinga (Goals)

- **Maintain trust** and keep whānau engaged with health services. Try to keep engaging positively so that the person is happy with how the conversation went.
- Keep consultations **brief and focused.**

# Kōrero tips

## Consultations with whānau declining immunisations

1

### Permission to discuss

Confirm whether the whānau has chosen not to immunise, or if they're undecided and just haven't got around to it.

> Can you tell me why you've decided not to immunise George?

2

### Elicit the reasons

Use open-ended questions to gather as much information as possible.

> Can you tell me what led you to your decision?

> Is there something that might make you reconsider immunising in the future?

## Maintaining the conversation

### 3 Resist the 'Righting Reflex'

Correcting misinformation before whānau express their concerns can close down the conversation. Instead, listen first.

> Can you tell me more about that?

### 4 Acknowledge the efforts of the whānau

You don't need to agree, but acknowledging their effort helps build trust.

> I can see you've put a lot of thought into this.

## Offering to share information

### 5 Present your suggestions

Even if the whānau isn't ready to immunise, making your position clear is important. Present options tailored to their concerns.

> Infectious diseases can be mild, but I have also seen tamariki (children) become very ill. Can I tell you about those experiences?

### 6 Explore motivations to reconsider

> Would you consider immunisation if there was an outbreak* in our community?

* *Make sure you have the correct information about current outbreaks in Aotearoa, if the conversation goes there.*

## Plan and close

**7**

### Thank them for their time and perspective

> Thank you for telling me about your concerns. Do you have any feedback on how we can improve?

**8**

### Offer to revisit the discussion

Assure whānau that they can revisit the conversation to help maintain engagement.

> Would you like to come back in two weeks to discuss this again?

*After the conversation, send over a link for more information or leave your number.*

**9**

### Refer to local doctor/nurse/pharmacist

> I can refer you to a local doctor that specialises in immunisation. They may help answer your questions.

# Role play

## Scenario

You are speaking with whānau who have decided not to immunise their three-month-old grandchild, for whom they are the main caregiver. They believe immunisations are unnecessary because they prefer natural health solutions and don't trust the pharmaceutical industry.

## Strategy tips

1. **Respect the decision:** Avoid trying to "convince" them right away. Respect their choice while leaving the door open for future conversations.
2. **Avoid debate:** Debating their beliefs can backfire. Instead, offer to share information if and when they're ready.
3. **Maintain engagement:** Encourage ongoing contact and let them know you'll be available if they change their mind. Show your understanding of their perspective while sharing good information.

*Example dialogue (for facilitator to relay after role play):*

**Grandparent**

We've decided not to immunise our baby. We believe natural immunity is better, and I just don't trust the pharmaceutical companies.

**Lead maternity carer**

I can hear that you've thought a lot about this, and I respect your decision. Would you be open to talking more about how immunisation works, and what they're designed to do?

**Grandparent**

I'm not sure it would make much difference. I've done my research.

**Lead maternity carer**

I understand you've put a lot of effort into researching this. Sometimes it helps to hear about the risks of some of the diseases we immunise against. Would you like to talk about that, or would it help to revisit this conversation in the future?

**Grandparent**

Maybe, but I'm not planning to immunise anytime soon.

**Lead maternity carer**

That's okay. If you ever want to discuss anything you've read further or have questions, I'm happy to talk.

# The National Immunisation Schedule

*In Aotearoa New Zealand we have a National Immunisation Schedule. This sets out the free immunisations offered to all pēpi, tamariki, teenagers and eligible adults at certain times in their life.*

*Following this schedule helps ensure protection when it's most needed and maximises the effectiveness of the immunisation.*

## Why we have different immunisations at different times

The schedule is deliberately spaced to boost a child's immunity. For the best protection against disease, children should be immunised at the recommended times. Not getting immunised on time puts children at greater risk of getting a serious disease.

## Why you need extra doses

To be fully protected, people usually need more than one dose of an immunisation.

When first immunised, the body learns what to do if it meets a particular virus or bacteria. The second (and sometimes third or fourth) dose boosts the immune system to have stronger, and longer-lasting, protection.

Different immunisations protect for different lengths of time, which is why boosters are needed to strengthen immunity.

## Some immunisations protect against more than one disease

Some immunisations provide protection against more than one disease. For example, the measles, mumps and rubella (MMR) vaccine protects against three diseases. This means fewer appointments and fewer injections.

It is not always possible to have a different vaccine if you want protection against only one of the diseases. The immune system is used to dealing with thousands of viruses and bacteria every day – there are no safety concerns with having multiple immunisations at the same time.

## Catching up on immunisations

If a scheduled immunisation has been missed, people can catch up.

Although getting immunised on time is recommended for the best protection, it is easy to catch up.

Catch-up immunisations are free for all children under 18 years old. Lots of catch-up adult immunisations are also free.

**Tip:** When speaking with whānau about the immunisation schedule, avoid using words like "overdue," "late" or "behind", which have negative connotations.

Frame the conversation positively and let whānau know this will benefit them and their community as they do their bit to keep everyone safe.

## Key milestones and rationale for timings and follow-ups

Certain ages are critical for immunisation because of the body's development or higher risk periods for getting the disease. Regular follow-ups or boosters may be needed to maintain strong immunity.

## How to check if an immunisation has been missed

To find out if there are immunisations to catch up on, people can:

- Check **My Health Record** online (for anyone aged 16 and over who has used health or disability services in Aotearoa)
- Check their **Well Child Tamariki Ora My Health Book** (previously called Plunket Book)
- Phone and talk to their doctor, nurse, pharmacist or healthcare provider.

# Responses to immunisations

Minor immunisation responses are common, such as soreness, mild fever, or fatigue. These responses typically last only a day or two and show that the body is building immunity. Severe responses are very rare, and medical teams are trained to handle them if they occur.

## Common responses and their likelihood

Mild responses are normal and show that the immune system is responding to the immunisation.

If you are going to have any responses, they normally happen in the first few days after getting immunised.

The immunisation itself is gone from your body within a few hours or days as it gets processed by the immune system.

# Responses to immunisations

| **Common responses** - very likely | **Less common responses** - less likely |
| --- | --- |
| **Pain or redness at the injection site**<br>This is the most common response, affecting about one in two people.<br><br>**Mild fever**<br>Some people may experience a fever as the immune system responds, usually affecting about one in four people.<br><br>**Fatigue and muscle aches**<br>Many people feel slightly tired or achy, occurring in about one in three people.<br><br>**Headache**<br>Mild headaches can happen in about one in five people. | **Swelling at the injection site**<br>Some may notice swelling or a small, firm bump where the immunisation was given, affecting about one in six people.<br><br>**Nausea or upset stomach**<br>A few people, roughly one in ten, may feel a bit queasy after immunisation.<br><br>**Mild rash**<br>A mild rash is possible after some immunisations like MMR or chickenpox, affecting about one in 20 people. |

# Responses to immunisations

## **Rare responses** - unlikely

**Serious responses are very rare**

Medical teams are trained to assist if they happen, and the benefits of immunisation far outweigh these rare risks.

**Severe allergic response (anaphylaxis)**

This occurs in about one in a million cases. It can happen within minutes of receiving the immunisation, which is why a short monitoring period is recommended. This response is treatable with immediate medical care.

# Responses by specific childhood immunisation

| **Hepatitis B** vaccine | **Rotavirus** vaccine | **Diphtheria, tetanus, pertussis, polio, hepatitis B** and **Haemophilus influenzae type b** vaccine | **Pneumococcal** vaccine |
|---|---|---|---|
| **Injection site**<br>Pain, redness, or swelling<br><br>**General**<br>Mild fever, irritability, or fatigue<br><br>**Likelihood**<br>Common (up to one in ten) | **Oral vaccine responses**<br>Mild diarrhoea, irritability, or temporary fussiness<br><br>**Serious (rare)**<br>Intussusception (a type of bowel blockage) is extremely rare but is a known risk<br><br>**Likelihood**<br>Mild side effects in one in ten children; serious side effects in about one in 20,000 children | **Injection site**<br>Soreness, redness, or swelling<br><br>**General**<br>Mild fever, irritability, tiredness, or loss of appetite<br><br>**Likelihood**<br>Common (one in four); fever higher than 39°C is less common | **Injection site**<br>Swelling, redness, or tenderness at the site<br><br>**General**<br>Mild fever, irritability, or decreased appetite<br><br>**Likelihood**<br>Common (up to one in ten) |

# Responses by specific childhood immunisation

| **Measles mumps** and **rubella** vaccine | **Varicella (Chickenpox)** vaccine | **Human Papillomavirus** vaccine **(HPV)** | **Meningococcal** vaccine **(MenB, MenACWY)** |
|---|---|---|---|
| **Injection site**<br>Pain, redness, or swelling<br><br>**General**<br>Fever, mild rash (seven to 12 days after immunisation, swollen glands)<br><br>**Rare**<br>Febrile seizure (one in 3,000), temporary joint pain, or temporary drop in platelet count<br><br>**Likelihood**<br>Mild responses are common (one in six); serious effects are very rare | **Injection site**<br>Redness or swelling<br><br>**General**<br>Mild rash (up to one in ten), mild fever<br><br>**Rare**<br>High fever or febrile seizure (less than one in 1,000)<br><br>**Likelihood**<br>Mild responses are common; severe responses are very rare | **Injection site**<br>Soreness, redness, or swelling<br><br>**General**<br>Headache, mild fever, fatigue, or fainting (especially in teens)<br><br>**Likelihood**<br>Common to have a response at injection site; fainting is less common – eating before is a good idea to prevent this | **Injection site**<br>Pain, redness, or swelling<br><br>**General**<br>Mild fever, irritability, drowsiness, or temporary loss of appetite<br><br>**Likelihood**<br>Common (up to one in ten); serious responses are rare |

*For more information*

***immunise.health.nz***

*Call **Healthline***

***0800 611 116***

**Te Kāwanatanga o Aotearoa**
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