

# Early Childhood Education Workforce Immunisation and Vaccination

This document contains background information and a copy of the proposed Immunisation and Vaccination Record form for ECE teaching staff with guidance for its use.

## Background Information

### What we know about ECE teaching staff vaccination rates

Early childhood teaching staff are falling through a vaccination policy gap according to a paper<sup>1</sup> published in the NZ Medical Journal. The paper's authors Namrata Prasad, Nikki Turner, and Sarah Alexander point to many children attending ECE services being too young to be fully protected against vaccine-preventable diseases. The nature of close and frequent contact between staff and children means both are at risk of acquiring and transmitting communicable diseases. At present the importance of vaccination is not directly communicated to ECE staff when commencing employment and they are not asked to consider their vaccination status.

Data accessed from the OECE sector employment survey of more than 4,000 teaching staff that inquired into the immunisation status of respondents showed only around 50% of staff were immunised against whooping cough, hepatitis A, and hepatitis B. A higher proportion of staff believed they were immunised against measles, mumps, and rubella (85%) and had immunity against chicken pox (82%).

### Latest health warnings

1. In December 2022, the Chief Medical Officer of Health (interim) wrote to all ECE services that: *"the MMR immunisation rate for Māori in Aotearoa/NZ is dangerously low, and the overall immunisation rate is below that required for herd immunity... A community needs about 95% of its people to be immune to be protected from measles... You will no doubt be aware of your responsibilities to maintain a register of vaccination status. The register is critically important during a measles outbreak to reduce the risk of spread and keep tamariki safe... Where the vaccination status of a child is incompletely vaccinated or not known, supportive non-judgemental conversations with whānau from a trusted person can make a real difference to their decision to become vaccinated. If a whānau asks for access to information about immunisation or access to vaccination services it should be provided."*<sup>2</sup>
2. Wild poliovirus has been eliminated from New Zealand, but in January 2023 there were warnings of increased risk of polio in Aotearoa amid an outbreak overseas.

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<sup>1</sup> Prasad, N., Turner, N., & Alexander, S. (2022). Early childhood education staff are falling through a vaccination policy gap in New Zealand. *New Zealand Medical Journal*, Vol 135, 1548. [PubMed \(nih.gov\)](#)

<sup>22</sup> Rawiri McKree Jansen and Leanne Te Karu. [ECE-PANUI-measles-Final.pdf \(education.govt.nz\)](#)

## Requirements

The Education (Early Childhood Services) Regulation 2008 and licensing criteria require services to take steps to ensure persons with a contagious disease do not come into contact with children:

*“Children do not come into contact with any person (adult or child) who is suffering from a disease or condition likely to be passed on to children and likely to have a detrimental effect on them. The criterion aims to uphold the health and safety of children by preventing undue exposure to disease or illness.”<sup>3</sup>*

The Health (Immunisation) Regulations 1995 regulations require ECE services to keep an immunisation register of children attending. Three purposes of the regulations outlined in it are:

- to promote the immunisation of children against disease,
- to encourage caregivers to make an informed choice regarding the immunisation of their children, and
- to facilitate disease control<sup>4</sup>:

According to the Ministry of Health *“the register can help reduce the spread of vaccine-preventable diseases in early childhood services as well as the wider community, by providing an ongoing record of who has been immunised for what and when. It also encourages completion of the immunisations where parents or guardians may need a reminder to catch up with their children’s immunisations.”<sup>5</sup>*

## Recommendations

The Ministry of Health (NZ Immunisation Handbook 2020)<sup>6</sup> explains that early childhood education services staff are *“at significant occupational risk of acquiring or transmitting a vaccine-preventable disease,”* and they *“may transmit infections such as influenza, rubella, measles, mumps, varicella and pertussis to susceptible contacts, with the potential for serious outcomes.”*

The NZ Immunisation Handbook lists the following recommended vaccines for early childhood education services staff:

- Tdap – at least every 10 years,
- IPV,
- MMR,
- Varicella,

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<sup>3</sup> Health and Safety Practices Criterion response to infectious diseases and illnesses No. 26 for Education and Care Centres and Nga Kōhanga Reo; No. 23 for Home-based Services.

<sup>4</sup> [Health \(Immunisation\) Regulations 1995 \(SR 1995/304\) \(as at 01 July 2022\) 3 Purposes of these regulations – New Zealand Legislation](#)

<sup>5</sup> [Immunisation Guidelines for Early Childhood Services and Primary School – HealthEd](#)

<sup>6</sup> [Immunisation of special groups – Immunisation Handbook 2020 | Ministry of Health NZ](#)

- Hepatitis A,
- Hepatitis B,
- Influenza – annually, and
- COVID-19.

It recommends that:

*“Where workers are at significant occupational risk of acquiring or transmitting a vaccine-preventable disease [as in early childhood education services], the employer should implement a comprehensive risk-based occupational vaccination programme, including vaccination policies, staff vaccination records, information about the relevant vaccine-preventable diseases and the management of vaccine refusal.”*

## **Health and safety at work**

Under NZ law, employers cannot fire a staff member and early childhood services cannot exclude a child from enrolment because of their vaccination status or refusal to get any vaccine. Employers however have a duty under the Health and Safety at Work Act 2015 to minimise or eliminate risks to health and safety in the workplace so far as is reasonably practicable. Since the Ministry of Health views ECE services staff as “at significant occupational risk of acquiring or transmitting a vaccine-preventable disease,” employers have a responsibility to raise awareness of the importance of staff immunisation and support staff to consider their vaccination status.

## **Financial support**

Currently the cost of unfunded vaccinations for ECE services staff falls on the individual. Ideally, the Ministry of Education would make available a flexible pool of funding to pay for the costs of additional vaccines and voluntary vaccination for ECE services staff.

## **Introducing an immunisation and vaccination record for ECE services staff**

It is proposed that just as children on enrolment provide an immunisation record, something similar could also be asked of staff. Please know that the privacy of personal information must be protected. Please also know that unlike for children, there is no legal requirement for staff to provide information on their vaccination status. The form is designed for employers/services to give to staff to help staff to consider their vaccination status and raise awareness of the benefits of checking their protection. The idea for this approach for raising awareness was discussed at an ECAC (early childhood advisory meeting) and we are most grateful to the Immunisation Advisory Centre (IMAC) for their clinical input into the proposed form and guidance.

# Immunisation and Vaccination Record

Teaching Staff, Students-in-training, Home-based Educators, and Managers.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Please complete the table indicating whether you were vaccinated and when. Leave the 'when' column blank if not vaccinated or you do not know.

	Vaccination	When/Date
<p><b>Pertussis (whooping cough)</b> It is strongly recommended that you be protected against pertussis if you are with infants under 6 months and recommended if you are with children aged 6 to 36 months. It is also recommended if you are with children who have younger siblings who may visit the service or have a new baby in their family.</p>	Every 10 years.	
<p><b>MMR</b></p> <ul style="list-style-type: none"> <li>• Measles</li> <li>• Mumps</li> <li>• Rubella</li> </ul> <p>For children 3 years and older pertussis becomes less of a risk (but still present), however measles, mumps and rubella are a great risk for unprotected children. Measles is expected to be our next epidemic so vaccination is strongly recommended if you were born after 1 Jan 1969.</p>	<p>Two doses (one month apart).</p> <p>Anyone born after 1 Jan 1969 needs to have 2 documented doses of MMR, and if not or if it is not known for certain, then they are entitled to receive a funded vaccine/s.</p>	
<p><b>Varicella (chickenpox)</b> It is important you are aware of your vaccination status as children may transmit the virus to you and you may transmit varicella to unprotected children. This is a nasty disease in adults and there is a wild-type varicella circulating in NZ/Aotearoa.</p>	Adults who have not previously had chickenpox should get this vaccination.	
<p><b>Influenza</b> Children are at risk of influenza from adults who are not protected. You are at risk when working with young children who may have the virus.</p>	Yearly vaccination.	
<p><b>Covid-19</b> The global pandemic is ongoing and vaccination is still the best line of defence</p>	Two primary doses, plus booster. Second booster at least 6 months after the last dose or 3 months after infection.	

Please also consider if these other vaccine-preventable diseases are relevant to you, or possibly to the setting you are working in.

	<b>Vaccination</b>	<b>When/Date</b>
<b>Hepatitis A</b> If there is effective infection control, such as when changing infant nappies and preparing or handling food, this can mitigate risk. Vaccination is particularly recommended if you have newly emigrated.	Two doses (6 - 12 months apart).	
<b>Hepatitis B</b> Transmission is bloodborne, so the risk depends on the setting and on effective infection control.	One dose.	
<b>Polio</b> Vaccination is recommended if you are working with children who are newly emigrated. Effective infection control, such as when changing infant nappies, can mitigate risk.	Three doses (4 – 8 weeks apart)	
<b>TB - Tuberculosis</b> An adult who is positive for TB may expose unvaccinated children in the ECE service. It is recommended that you be screened for TB if you have arrived in NZ/Aotearoa from a high-risk area.		

## Personal Declaration

Tick the statements below you agree with.

- I have read and understood the service's policies relating to immunisation and vaccination.
- I understand that I have a duty of care to consider my vaccination status since my role involves contact with young children - some of whom may not be protected or may be too young to be fully protected.
- I understand that vaccinations are a personal choice and I cannot be discriminated against in employment because of my immunisation status, however in the event of an outbreak of any of disease in the above lists I may be asked to stay home until it is safe to return.
- I have been advised to discuss my questions on vaccines and vaccinations with my doctor.
- I understand that maintaining immunity against certain diseases can require further vaccinations or boosters.
- I will update this record when I receive relevant vaccinations and boosters to ensure the record continues to accurately reflect my vaccinations and immunisation status.
- I understand that under the Privacy Act (2020) the information recorded here is private and cannot be shared with anyone without my expressed consent.

Any comment you may wish to add: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Guidance

### Teaching Staff, Students-in-training, Home-based Educators, and Managers

Your early childhood service should have an Immunisation and Infectious Diseases Policy (this may be separate to, or part of, its policy on health). Ask to read this. If there is anything in the policy you are unsure about talk with the service leader and ask for clarification.

It may be many years since you had vaccinations for diseases such as measles. If you cannot remember or do not have a record or Plunket book that shows this, check with your family doctor.

Did you know that it is safe to have additional vaccines if you are not 100% certain of being vaccinated? Serological testing, blood tests to determine if you are immune (have antibodies to a disease) is also available as an option. But serological testing is not generally recommended as it can be time-consuming and costly - requires a doctor's appointment and follow-up appointments.

Anyone born after 1 Jan 1969 who does not have 2 documented doses of MMR can receive a funded vaccine/s – so ask your doctor or local medical clinic about this. Covid-19 vaccines are also free. Some ECE employers help meet the cost of influenza vaccination.

The Immunisation and Vaccination Record form is voluntary to complete and provide to your service. The purpose of the form is to encourage you to consider your vaccination status, given that working in an early childhood service with young children places you at significant occupational risk of acquiring or transmitting a vaccine-preventable disease. By completing the form, you are also assisting the service to meet its health and safety obligations. It may be used by your employer for quick identification of the immunisation status of staff so unimmunised staff can be informed quickly and advised not to come into work in the event of an outbreak.

Some useful links to health information are:

- [Videos - Immunisation Advisory Centre \(immune.org.nz\)](https://www.immune.org.nz)
- [Immunisation | Ministry of Health NZ](https://www.health.govt.nz/our-services/immunisation)

### Services/ Employers

Provide a copy of this Immunisation and Vaccination Record form to your teaching staff, employees, relief staff, educators, and volunteers such as students on teaching practicum who have, or are likely to have, contact with children. Making staff aware that working in a service with young children places them at significant occupational risk of acquiring or transmitting a vaccine-preventable disease and giving staff support to consider their own vaccination status, will help you meet health and safety obligations. Regularly remind them to check and update their form and include when they have had boosters. Under the Privacy Act (2020) information about a person must not be shared with anyone without the person's consent. Should a government agency, parent or any other person enquire about the immunisation status of any individual, you may reassure them that the service takes its health and safety obligations seriously by keeping worker immunisation and vaccination records.

Does your service have a policy on immunisation and infectious diseases? Is it due for review? refer to guidance and a template at [Immunisation and Infectious Diseases Policy - The Office of ECE \(oece.nz\)](https://www.oece.nz/our-services/immunisation-and-infectious-diseases-policy)

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Not to be implemented or copied.