

Regulatory Impact Statement: Repeal of Health (Immunisation) Regulations 1995

Decision sought	Repeal of the Health (Immunisation) Regulations 1995
Agency responsible	Ministry of Health
Proposing Ministers	Minister for Regulation
Date finalised	17 March 2025

Based on the recommendations from the Ministry for Regulation review of Early Childhood Education, the Minister of Health proposes that the Health (Immunisation) Regulations 1995 (the Regulations) be repealed. This will remove the requirement for early childhood education and care centres (ECEs) and primary schools to maintain registers of enrolled children's immunisation status. More useful tools are currently available and used for outbreak control purposes and the current regulations are an unnecessary burden.

Summary: Problem definition and options

What is the policy problem?

Infectious diseases spread quickly within crowded indoor settings, particularly amongst young children who are at greatest risk of serious illness or death. Immunisation registers help to manage outbreaks of infectious disease by identifying who is susceptible to a particular disease so that any quarantine measures can be effective and have minimal impact.

ECEs and primary schools (schools) are required under the Regulations to collect information from parents/caregivers about their children's immunisation status, and maintain registers. Collection of this information has two policy purposes:

- 1) to help manage outbreaks of vaccine-preventable diseases such as measles by identifying children who were susceptible to infection, and
- 2) to remind parents/caregivers to get their children's immunisations up to date as they enter ECEs or school.

This paper-based system was developed before the creation of the National Immunisation Register (and subsequently the Aotearoa Immunisation Register (AIR)), and requires work by ECEs, schools, parents/caregivers, and general practices to maintain.

That system is no longer required for outbreak response as better-quality information is available for outbreak control through the AIR. The AIR electronically collects immunisation

data directly from vaccinators at the time vaccines are administered. A data sharing agreement between the Ministry of Education and Health New Zealand enables matching the AIR against ECE/school rolls. While reminding parents/caregivers to maintain children's immunisation status is still useful, it does not require regulation.

The proposal to repeal the Regulations reduces the regulatory burden on ECEs, parents/caregivers and general practices. The Ministry for Regulation have identified this, alongside other regulations, as opportunities to modernise and simplify regulations across ECEs.

What is the policy objective?

The policy objective is to reduce unnecessary work by ECEs, schools, parents/caregivers, and general practices.

Success or failure will be measured by successful management of future disease outbreaks. Relevant measurable outcomes include measles case numbers and catch-up immunisation rates for children following entry into ECEs and schools.

What policy options have been considered, including any alternatives to regulation?

Option 1 – Status quo

Option 2 – repeal the Regulations (preferred option)

The preferred option is to repeal the Regulations as it has the least regulatory impact.

The other option considered is maintaining the Regulations in place (the status quo option).

Additional options, for example amending the Regulations to prescribe alternative ways to achieve the regulations' purposes, were not within scope and would require additional consultation and analysis. Outbreak response and/or immunisation rates in ECE and primary school settings can also be improved outside of regulatory settings.

What consultation has been undertaken?

The Ministry for Regulation undertook consultation on the proposal as part of its review of Early Childhood Education regulations.

The Ministry of Health (MOH) and Health New Zealand (HNZ), including Medical Officers of Health, were consulted during the preparation of the review and support this recommendation. MOH and HNZ have not undertaken independent consultation with stakeholders.

During the course of the Review, the Ministry for Regulation also consulted with ECE service providers, the Ministry of Education, Education Review Office, Ministry for Business Innovation and Employment, Worksafe, Ministry for Social Development, Department of Internal Affairs, Taumata Arowai, Ministry for Primary Industries, Local Government Commission, Fire and Emergency New Zealand and Teaching Council of Aotearoa, New Zealand.

Is the preferred option in the Cabinet paper the same as preferred option in the RIS?

Yes.

Summary: Minister's preferred option in the Cabinet paper

Costs (Core information)

Outline the key monetised and non-monetised costs, where those costs fall (e.g. what people or organisations, or environments), and the nature of those impacts (e.g. direct or indirect)

There are no additional costs relative to the counterfactual.

The repeal is likely to be cost-neutral, with some published resources needing to be retired and others amended to reflect the change.

HNZ will develop alternative processes to replace the reminder function of the immunisation certificate. These have not yet been fully explored and decided upon, and some may have funding implications.

Benefits (Core information)

Outline the key monetised and non-monetised benefits, where those benefits fall (e.g. what people or organisations, or environments), and the nature of those impacts (e.g. direct or indirect)

The main benefits of the preferred option are non-monetised benefits. Administrative work carried out by parents/caregivers, schools and general practices will no longer be required. In addition, AIR data is more accurate and up to date than paper-based immunisation registers, so public health officials will be using better information by default rather than as an option.

Balance of benefits and costs (Core information)

Does the RIS indicate that the benefits of the Minister's preferred option are likely to outweigh the costs?

The benefits of the preferred option will outweigh the costs, which are expected to be negligible.

Implementation

How will the proposal be implemented, who will implement it, and what are the risks?

HNZ, ECEs and schools will implement the repeal of the Regulations by revising information resources and adapting enrolment processes. The repeal is proposed for implementation by the beginning of the school year in 2026 in order to allow time for this to take place. The cost of implementation is expected to be negligible.

Paper-based immunisation registers are currently an alternative source of information in the event of IT failures or difficulty accessing the AIR, however the former is unlikely and business processes have been improved to address the latter.

ECEs and schools will be able to access information about their immunisation coverage through the data sharing agreement between Education and Health.

Limitations and Constraints on Analysis

The focus of the ECE Review was on simplifying and modernising regulations applying to ECE service providers. This meant our analysis of the Health (Immunisation) Regulations concentrated on their impact on ECEs, rather than a broader question of what regulation would best support outbreak responses and improving immunisation rates.

The constraint on the analysis is that the work undertaken by parents/caregivers, ECEs, schools and general practices to fulfil the requirements of the regulation has not been quantified. It would be difficult to do so.

Primary schools have not been consulted as part of the change process, as the review related only to Early Childhood Education. As primary schools are providers rather than users of the information collected under the Regulations, we consider that the impact of this absence of information is likely to be minimal.

I have read the Regulatory Impact Statement and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the preferred option.

Responsible Manager(s) signature:



Group Manager, Public Health Policy and Regulation

17 March 2025

Quality Assurance Statement

Reviewing Agency: Ministry of Health

Comment prepared by: Phil Knipe (Ministry of Health)

QA rating: Meets

Panel Comment:

The Ministry of Health QA panel has reviewed the Impact Statement titled "*Repeal of the Health (Immunisation) Regulations 1995*" produced by the Ministry of Health and dated March 2025.

The panel considers that the Impact Statement **Meets** the quality assurance criteria.

The Impact Statement is clear, concise, complete, consulted and convincing. The analysis is balanced in its presentation of the information.

Section 1: Diagnosing the policy problem

What is the context behind the policy problem and how is the status quo expected to develop?

1. The Health (Immunisation) Regulations 1995 (the 'Regulations') were established to address two policy purposes:
 - a. To enable public health officials to work with ECEs and primary schools to quickly identify children who may be affected by an outbreak of vaccine preventable disease.
 - b. To remind parents/caregivers enrolling their children in ECE or primary schools to check their children's immunisation status, and prompt a decision to catch up with any overdue immunisations or to remain incompletely immunised.
2. The Regulations require ECEs and primary schools to collect information from parents/caregivers about their children's immunisation status and maintain registers of that information.
3. Parents/caregivers provide that information to schools by presenting a hard-copy immunisation certificate signed by their general practice. Medical Officers of Health, Health Protection Officers or persons authorised in writing by either of them (collectively, public health officials) are able to view, and take copies of, the information in order to manage disease outbreaks in schools. These paper-based systems require work by ECEs, schools, parents/caregivers and general practices to maintain.
4. The National Immunisation Register (NIR) was established in 2005 and since then, every child born or vaccinated in New Zealand has had their scheduled immunisations recorded on the Register. Records are verified and include vaccinations that have been administered after a child has enrolled at school. The NIR was replaced in 2024 by the Aotearoa Immunisation Register (AIR).
5. The AIR is better able to capture and report on vaccinations administered in a variety of settings rather than solely general practices (some pharmacies have recently been enabled to carry out childhood immunisations). Recording of vaccines administered overseas is possible but in many cases will be incomplete.

Outbreak response

6. The Health Act 1956, the Health (Infectious and Notifiable Diseases) Regulations 2016, and the Education Act 1989 enable public health officials and principals to exclude children from school if they have been exposed to an infectious disease. ECE and school immunisation registers have been a key source of information on whether children in contact with an infectious person were themselves susceptible to the disease, and should therefore stay home from school.
7. Secondary schools have not been required to maintain immunisation registers. This has meant that during outbreaks, entire secondary school populations were sent home until they could provide immunisation records from their general practice. This information gap began to be addressed once children born since 2005 reached secondary school age.
8. In recent outbreaks, public health officials have worked with the Ministry of Education to match secondary school rolls against NIR or AIR records to provide faster and more accurate information about children's immunisation status. A formal data sharing agreement is now in place between agencies. This process could be applied to ECEs

and primary schools. It is more reliable as the information on AIR is verified and up to date rather than recorded by hand at a single point in time.

9. The data sharing agreement also enables ECEs/schools to access information from the AIR about the immunisation status of their own enrolled children, which ECEs and primary schools currently hold in their paper-based registers.

Reminding parents/caregivers about immunisation

10. Many parents/caregivers whose children who were not fully immunised have not made a conscious decision not to immunise their children, but have simply forgotten. A secondary purpose of requiring an immunisation certificate on enrolment in ECE or school, was to serve as a reminder to parents/caregivers to complete children's immunisations before they entered an environment where the spread of infectious disease was more likely.
11. The majority of parents/caregivers providing certificates have fully immunised their children, meaning universal reminders are of limited benefit to most. For those who have not, a suite of reminder processes (through general practices and HNZ) have been developed over the last twenty years to notify and offer outreach immunisation to late children.

Linkage - immunisation targets

12. The government's health targets include a target for 95% of children at age 24 months to be fully immunised. A significant body of work is underway to consider ways to support immunisation rates following decreases in in recent years, including reminders to parents/caregivers.
13. The effectiveness of the immunisation certificate process in supporting immunisation rates is not known. A reminder at ECE enrolment is only able to support reaching the 24 months target, as primary school enrolment occurs at age 5.
14. New data reporting would need to be developed to record catch up immunisation delivered at age 5 or later, to see whether the existing reminder is effective and whether any change can be observed with the repeal of the Regulations.

What is the policy problem or opportunity?

15. The development of accessible electronic immunisation records through the Aotearoa Immunisation Register (AIR) and data sharing agreements between HNZ and the Ministry of Education means that more accurate immunisation information is now available to public health officials to manage outbreaks.
16. There is an opportunity to reduce the administrative burden on parents/caregivers, ECEs and schools, and general practices during enrolment of children into ECEs and schools as the immunisation information required is retrievable from AIR. Repealing the regulation would also reduce the amount of sensitive health information that ECEs and schools need to securely store.
17. The Ministry for Regulation have identified this alongside other regulations affecting Early Childhood Education as opportunities to modernise and simplify regulations across ECEs.

What objectives are sought in relation to the policy problem?

18. Our objectives are to:
- a. maintain access to good information for infectious disease control
 - b. support immunisation for children enrolled in ECE and school; and
 - c. reduce an unnecessary administrative burden on families, schools, and general practices.

What consultation has been undertaken?

19. The Ministry for Regulation have consulted with MOH and HNZ in the review of ECE regulations. HNZ, particularly its outbreak management group within the National Public Health Service, is the exclusive user of the information gathered under the Regulations.
20. Because the review focused on ECEs, the Ministry for Regulation's consultation did not include primary schools, which are also subject to the Health (Immunisation) Regulations 1995. Schools develop and maintain immunisation registers, but we do not expect that primary schools have a particular interest in continuing to provide the information as it an administrative burden and the information is used exclusively by HNZ.
21. While public health officials directly involved in outbreak management were consulted, other health stakeholders with a general interest in maintaining high immunisation rates were not.
22. During the course of its review, the Ministry for Regulation also consulted with the Ministry of Education, Education Review Office, Ministry for Business Innovation and Employment, Worksafe, Ministry for Social Development, Department of Internal Affairs, Taumata Arowai, Ministry for Primary Industries, Local Government Commission, Fire and Emergency New Zealand and Teaching Council of Aotearoa, New Zealand.

Section 2: Assessing options to address the policy problem

What criteria will be used to compare options to the status quo?

Will the proposal enable an effective outbreak response?

23. Immunisation registers help stop outbreaks of infectious disease by identifying who is susceptible to a particular disease so that as small a population as possible is affected by any quarantine measures. An effective outbreak response breaks chains of disease transmission as early as possible to reduce the number of people affected or seriously harmed.

Will the proposal support efficient use of resources?

24. The Ministry for Regulation in its review of ECE regulations sought to balance reducing compliance costs and administrative burdens with protecting quality care and education for young children, to enable more services to enter and expand in the market. Parents' resources in managing enrolment paperwork is more difficult to measure but should also be acknowledged. In this context resources principally refers to paid or unpaid labour.
25. Outbreak management requires intensive use of resources over short periods, which can be mitigated by longer term work to maintain infrastructure such as immunisation registers. Groups whose resources are affected by outbreak responses include the

National Public Health Service, schools, ECEs, general practices and parents/caregivers.

26. There is a natural trade-off between efficiency and resilience. Paper-based immunisation registers may provide an alternative (if inferior) source of information in the event that the AIR is unavailable. While IT failures are not likely, public health officials could not access the AIR for a short period during a recent outbreak because their logins had expired. Business processes have since been improved to reduce the chances of this reoccurring.

Will the proposal support achieving the immunisation health target?

27. The government's target of 95% of all children fully immunised at age 24 months is a key priority for the health system. High immunisation rates limit the scale of vaccine-preventable disease outbreaks and the resources needed to manage them.
28. In recent years, immunisation rates at age 2 have decreased and the number of under-immunised ECE and primary school age children has increased to the point where outbreaks are likely to be sustained. However, a significant effort is underway throughout the health system on a suite of measures to increase immunisation rates towards achieving the health target. Implementing these measures does not require regulation. Work on them can continue independently of repealing the Health (Immunisation) Regulations.

What scope will options be considered within?

29. The options will be considered within the scope set out by the ECE Review, which was on simplifying and modernising regulations applying to ECE service providers. This has narrowed MOH's focus to the impact of the Health (Immunisation) Regulations on ECEs, rather than a broader question of what regulation would best support outbreak responses and improve immunisation rates.
30. MOH identified a potential third option of developing alternative regulatory measures that would support outbreak responses and improve immunisation rates, however, it was not possible to develop and consider such alternatives within the time available. For this reason, a third option is not proposed for consideration.

What options are being considered?

Option One – Status Quo

31. Retaining the Health (Immunisation) Regulations is the status quo option, but would continue requiring parents and ECEs/schools to carry out work that is unnecessary.

Option Two – Repeal the regulations with no formal replacement

32. This is the preferred option – there is no need to replace the regulations as their benefits can be supported without them.

How do the options compare to the status quo/counterfactual?

	Option One – <i>Status Quo</i>	Option Two – Repeal the regulations with no formal replacement	Notes
Effective outbreak response	0	0	ECE and primary school immunisation data is already recorded on the AIR so either option is equivalent against this criteria.
Efficient use of resources	0	++	Option Two is less work for parents/caregivers, ECEs, primary schools and General Practices.
Support immunisation target	0	0	Each option is equally likely to support increasing immunisation rates, a government priority.
Overall assessment	0	++	Option Two will save time and work but have no adverse effect.

What option is likely to best address the problem, meet the policy objectives, and deliver the highest net benefits?

33. Option 2 of repeal best addresses the problem, meets the policy objectives and delivers the highest net benefit:
- a) *Effective outbreak response*: option 2 provides equivalent outbreak response to the status quo. While AIR data is more accurate and up to date than paper registers, it is already available to public health officials, so option 2 is neither a positive nor negative against this measure.
 - b) *Efficient use of resources*: The paper registers are more time consuming to maintain than the process of accessing AIR data. Removing that requirement enables ECEs and schools to redirect their resources to other important efforts. This means that option 2 is a significant improvement against efficient use of resources.
 - c) *Immunisation target*: Option 2 is neither a positive nor a negative impact for the immunisation target as the regulations promote actions that in most cases take place later than the immunisation target measurements. Regulations are not required to support actions underway to reach immunisation targets.

Is the Minister's preferred option in the Cabinet paper the same as the agency's preferred option in the RIS?

34. Yes

What are the marginal costs and benefits of the preferred option in the Cabinet paper?

Affected groups (identify)	Comment <i>nature of cost or benefit (eg, ongoing, one-off), evidence and assumption (eg, compliance rates), risks.</i>	Impact <i>\$m present value where appropriate, for monetised impacts; high, medium or low for non-monetised impacts.</i>	Evidence Certainty <i>High, medium, or low, and explain reasoning in comment column.</i>
Additional costs of the preferred option compared to taking no action			
Regulated groups	A small amount of work may be needed to revise enrolment processes and supporting information. ECEs had the opportunity to raise any concerns about implementation costs during the Review.	Low to zero	High
Regulators	We are unaware of any regulator action that will be affected by the change. The Education	Zero	High

	Review Office had the opportunity to raise any concerns about implementation costs during the Ministry for Regulation review.		
Others (eg, wider govt, consumers, etc.) <i>For fiscal costs, both increased costs and loss of revenue could be relevant</i>	The preferred option will reduce the availability of one source of information for health services but a superior alternative is available.	Low	High
Total monetised costs	-	-	-
Non-monetised costs		Low to zero	
Additional benefits of the preferred option compared to taking no action			
Regulated groups	The preferred option will reduce non-monetised costs (in terms of administrative work) ECEs and schools, but the amount is difficult to quantify.	Medium	High
Regulators	The Education Review Office will no longer need to monitor compliance with the regulations. We are unaware of the amount of work they currently undertake to enforce the regulations.	Medium	Low
Others (eg, wider govt, consumers, etc.)	The preferred option will reduce non-monetised costs in terms of unpaid work for parents and unfunded work for general practices.	Medium	Low
Total monetised benefits	-	-	-
Non-monetised benefits		Medium	

Section 3: Delivering an option

How will the proposal be implemented?

35. The preferred option is proposed for implementation by the beginning of the school year in 2026. This will enable ECEs and schools to adapt their enrolment processes in time for the seasonal increase in enrolment at primary schools.
36. Repealing the Regulations will require HNZ, ECEs and schools to make changes to information material and develop alternative processes to replace the reminder function of the immunisation certificate. While some alternative processes have been identified, they have not yet been fully explored and decided upon.
37. The following risks have been identified and mitigation planned for:

The repeal of the Regulations removes an immunisation reminder for families

- a) MOH and HNZ intend to mitigate this by communicating the change to Health and Education sectors and strengthening existing immunisation prompts including through the Well Child Tamariki Ora Programme checks and the B4School check.

AIR data may not be available to users outside of business hours if their accounts expire

- b) HNZ is enabling access to the AIR for all public health officials as required for outbreak response, and ensuring users follow guidance to maintain access (eg users need to log in regularly to avoid passwords expiring). Integration between AIR and the Notifiable Disease Management System is a work in progress that will support outbreak response.

ECEs and school will no longer directly collect information on their immunisation coverage rates

- c) Outside of outbreak responses, school boards of trustees and ECE business owners may consider that not collecting their own information on immunisation coverage for their sites, particularly related to measles, poses a health and safety risk. HNZ is able to use the existing Ministry of Education Information Sharing Agreement to provide non-identifiable coverage data to ECEs/schools on request. During outbreak responses public health officials and ECEs/schools work closely together sharing identifiable information.

How will the proposal be monitored, evaluated, and reviewed?

38. The impact of repealing the regulations on the management of outbreaks will be monitored through feedback from Medical Officers of Health to HNZ as part of regular incident management feedback reviews. This feedback has previously identified challenges with access to AIR data in managing secondary school outbreaks, which have since been addressed.
39. The impact of repealing the regulations on immunisation rates will be difficult to measure on its own. The intervention is one of a suite of other interventions that support childhood immunisation rates. Its timing at ECE or primary school enrolment is either variable depending on family circumstances, or coincides with the final point at which childhood immunisation rates measured at age 5 years. This means that any changes that emerge after that age will not appear in standard reports. The development of new reports to track any change has not yet been fully explored with HNZ.

40. However, immunisation rates will continue to be monitored as part of health agencies' efforts to reach the government's target of 95% of children fully immunised at age 2 years. The broad suite of interventions to support that target will continue to be monitored and reviewed as required.