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**The Royal Australasian College of
Physicians' submission to Pharmac |
Te Pātaka Whaioranga**

**Proposal for new supply agreements
for funded vaccines in the National
Immunisation Schedule, and widened
access to influenza schedule**

Haratua | May 2026

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to Pharmac | Te Pātaka Whaioranga on the proposal for new supply agreements for funded vaccines in the National Immunisation Schedule, and widened access to influenza schedule.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our expert members to develop policies that promote a healthier society. By working together, our members advance the interest of the medical profession, our patients and the broader community.

We have consulted with our members, including our paediatricians. RACP paediatricians play a key role in preventing vaccine-preventable illness through clinical care, immunisation advocacy, and providing advice on policies that improve child health outcomes.

The RACP's Position and Response to Pharmac's proposals

The RACP supports Pharmac's proposals to widen access to funded influenza vaccines:

- **supports funding Flud for all people 65 years of age and over;**
- **supports funding Flucelvax for all children aged 6 months to 4 years 11 months inclusive;**
- **supports funding Fluelvax for people under 65 years of age who meet health criteria.**

Aotearoa is experiencing record rates of hospitalisations for acute respiratory illness¹, with the highest rates of hospitalisation for children under 15 years. Hospitalisation rates are disproportionately high for tamariki Māori, Pacific children, and children living in the most deprived areas, with Pacific children experiencing the highest rates of hospitalisation².

The RACP supports widening access to funded vaccines to capture these at-risk age groups. RACP paediatricians advise that providing access to funded influenza vaccines for children aged 6 months to 5 years would have a clinical impact on infant and pre-school hospitalisations for flu lower respiratory tract infections, as well as positively impact the wider population, as young children are often host-vectors of illnesses. This aligns with recommendations made in Cure Kids' fifth State of Child Health in Aotearoa New Zealand Report, calling for universal funding of annual influenza vaccinations for children aged five years and under². Further, wider social benefits are likely, including lower levels of non-hospital level illness allowing improved school and ECE participation and reduced leave due to sickness for those in paid employment.

¹ Telfar-Barnard, L. & Zhang, J. The impact of respiratory disease in New Zealand: 2023 update. University of Otago, 2024. Available from: <https://www.asthmafoundation.org.nz/assets/documents/Respiratory-Impact-Report-2023.pdf>

² Cure Kids. State of Child Health in Aotearoa New Zealand 2026. Available from: <https://www.curekids.org.nz/news/article/cure-kids-calls-for-urgent-collaborative-action-as-new-report-reveals-increase-in-child-hospitalisation-rates-for-preventable-illnesses>

Health, System and Equity Benefits

Expanding funded influenza vaccination for children aged under five will deliver significant health and equity benefits.

1. Health benefits - reduced illness and hospitalisations

International evidence demonstrates that childhood influenza vaccination reduces influenza-related illness, healthcare utilisation and hospital admissions, with studies reporting **reductions in influenza-associated hospitalisation of up to 40–60% in vaccinated children**. Wider access to funded vaccination is therefore likely to reduce avoidable winter hospitalisations and primary care presentations among young children^{3,4}.

2. System benefits

Broader benefits of expanding access to influenza vaccination include reduced transmission within households and communities and herd immunity⁵, fewer disruptions to participation in early childhood education and schooling⁶, and reduced workforce absenteeism among parents and caregivers⁷.

3. Equity benefits

Given the disproportionate burden of respiratory illness borne by Māori and Pacific children, equitable uptake of vaccination also has the potential to contribute to reducing longstanding inequities in child health outcomes².

RACP physicians caution that **funding vaccines is not the only consideration** – effectiveness of vaccine programs will depend on effective delivery, including culturally appropriate systems of delivery orientated to safely vaccinating Māori and Pacific communities. As noted in a recent episode of the RACP's Pomegranate Podcast⁸, vaccination rates of children in Aotearoa are currently worryingly low⁹. This disproportionately affects tamariki Māori and children of Pacific heritage, their families and communities¹⁰. Funding must also be allocated towards culturally appropriate systems of delivery that

³ Kalligeros, M et al. Influenza vaccine effectiveness against influenza-associated hospitalization in children: A systematic review and meta-analysis. *Vaccine*, 2020, 38 (14). Available from: <https://doi.org/10.1016/j.vaccine.2020.02.049>

⁴ Boddington, N.L. et al. Effectiveness of influenza vaccination in preventing hospitalization due to influenza in children: A systematic review and meta-analysis. *Clinical Infectious Diseases*, 2021, 73 (9). Available from: <https://doi.org/10.1093/cid/ciab270>

⁵ Grijalva, C.G. et al. Estimated Effectiveness of Influenza Vaccines in Preventing Secondary Infections in Households. *JAMA Netw Open*, 2024, 7(11). Available from: <https://doi:10.1001/jamanetworkopen.2024.46814>

⁶ Benjamin-Chung, J. Impact of School-Located Influenza Vaccination on Vaccination Coverage, School Absenteeism, and Influenza Hospitalization. *Open Forum Infect Dis*, 2018, 26(5). Available from: <https://doi.org/10.1093/ofid/ofy229.2194>

⁷ Imai, C. et al. A systematic review and meta-analysis of the direct epidemiological and economic effects of seasonal influenza vaccination on healthcare workers. *PLOS ONE*, 2018, 13(6). Available from: <https://doi.org/10.1371/journal.pone.0198685>

⁸ RACP Pomegranate Health Podcast: Responding to vaccine hesitancy, 2026. Available from: <https://www.racp.edu.au/pomegranate/view/contagious-conversations-responding-to-vaccine-hesitancy>

⁹ RNZ, 2025. NZ's vaccination rates among lowest among high-income countries – study. Available from: <https://www.rnz.co.nz/news/national/565118/nz-s-vaccination-rates-among-lowest-among-high-income-countries-study>

¹⁰ RNZCGP, 2023. Abysmal childhood immunisation rates a recipe for disaster. Available from: <https://www.rnzcgp.org.nz/news/clinical/abysmal-childhood-immunisation-rates-a-recipe-for-disaster/>

are community based, include communities in decision-making, and are designed to reach those communities with lower vaccine uptake, including Māori and Pacific communities, to restore confidence and trust in vaccination⁵.

Effective delivery systems should include:

- dedicated Māori and Pacific vaccination outreach funding;
- funding for kaupapa Māori providers;
- funding for Pacific-led providers;
- mobile vaccination services, particularly in rural and under-served areas;
- community-led vaccination campaigns co-designed with whānau and communities^{11,12}.

Address Uneven Access

There is a significant variation in access to vaccines across the country, with reduced access to primary care in many rural and remote communities. Further thought needs to be given to delivery of funded vaccination programmes in these areas to move towards health equity

Key barriers include: workforce shortages in primary care (including GPs and nurses); long travel distances; limited outreach services; reduced availability of after-hours care. These barriers disproportionately affect Māori, Pacific communities, and those living in areas of high deprivation. Key barriers include: workforce shortages in primary care (including GPs and nurses); long travel distances; limited outreach services; reduced availability of after-hours care. These barriers disproportionately affect Māori, Pacific communities, and those living in areas of high deprivation. The RACP emphasises that **expanding eligibility without addressing access barriers will not achieve equitable uptake**. Targeted investment in workforce capacity, outreach, and service accessibility is required.

RSV Prevention Opportunity

The RACP would like to draw Pharmac's attention to a further prevention opportunity recommended in Cure Kids' State of Child Health in Aotearoa New Zealand 2026 Report: **funding nirsevimab for all infants**. . Respiratory syncytial virus (RSV) is one of the most common and serious respiratory infections in infants, and places enormous strain on our hospitals every winter¹³. Funding nirsevimab would dramatically reduce RSV-related infant hospitalisations, ease winter demand on health services and aligns with a prevention-focused approach to child health.

¹¹ Ministry of Health, 2025. *Strategic Approach to Immunisation in New Zealand 2025–2030*.

¹² Te Kāwanatanga o Aotearoa | New Zealand Government, 2024. Govt funding boosts immunisation in high needs communities. Available from: <https://www.beehive.govt.nz/release/govt-funding-boosts-immunisation-high-needs-communities>

¹³ Asthama + Respiratory Foundation NZ, 2025. Call for swift action on new RSV protection for infants. Available from: asthmafoundation.org.nz/news-events/call-for-swift-action-on-new-rsv-protection-for-infants

Conclusion

The RACP:

- **supports** widening access criteria to funded influenza vaccinations;
- **emphasises** the need for investment in culturally appropriate delivery systems;
- **emphasises** the importance of addressing inequitable access to, particularly in rural and underserved communities; and
- **supports** Cure Kids' call for funding of nirsevimab for all infants in Aotearoa.

The RACP thanks Pharmac | Te Pātaka Whaioranga for the opportunity to provide feedback on this consultation.

To discuss this submission further, please contact Jacqui Wallens, Senior Policy & Advocacy Officer, of the Aotearoa NZ Policy and Advocacy Team at policy@racp.org.nz.