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Deputy Bernard J. Durkan,  
Dáil Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

**PQ 47817/19 - To ask the Minister for Health the frequency with which school medical examinations take place nationwide in both urban and rural settings; and if he will make a statement on the matter.**

**- Bernard J. Durkan**

Dear Deputy Durkan,

The National Healthy Childhood Programme is similar to international models and consists of child health assessments, screening and vaccinations. It is delivered from the antenatal stage up to the child's 13th birthday (first year in post primary school).

The aspects of the programme delivered in schools consist of:

- Vaccinations
  - 4 in 1 booster (diphtheria, tetanus, whooping cough and polio) and 2nd dose MMR in junior infants
  - 1st and 2nd dose HPV vaccine; Tdap and MenC boosters delivered to 12-14 fourteen year olds in first year in post primary school
- Screening
  - Hearing screening in Junior Infants in primary school
  - Vision screening in Junior Infants in primary school
  - These screenings are carried out on the school premises and the school principal is told of the date of the screenings in advance so that parents can be notified and are entitled to be present if they wish.
- Where requested by the parent, or deemed necessary, a physical examination may be carried including growth monitoring.
- School entry questionnaire is completed by parents
- Dental health – preventative programme can be delivered when the child is in 2nd, 4th or 6th class in either the primary school or HSE clinic.
- Health promotion, provided via the school Social, Political and Health Education (SPHE) curriculum and opportunistically by school health staff

Parental consent is required for the administration of vaccinations and the screening programme for children and young people up to the age of 16.

School health services are delivered by public health nurses, community medical doctors and dentists employed by the HSE, with some areas having dedicated School Health and Immunisation teams.

Health issues identified via the screening and surveillance process are treated free of charge. Any further treatment required following the initial referral is provided to the child free of charge as a public patient.

There is currently no national ICT system to support the ongoing monitoring of the school health services and to support retrieval of data pertaining to the programme. Elements of the service, such as vaccination uptake rates, are monitored and reported at both local and national level.


In the academic year of 2017/2018 DTaP-IPV\* and MMR<sup>†</sup> vaccines in junior infant schoolchildren/children aged 4-5 years were delivered in 30 Local Health Offices (LHOs) by HSE school teams and in two LHOs based in the North West by GPs only DTaP-IPV uptake:

- Between 2016/2017 and 2017/2018, overall uptake in HSE-vaccine administered LHOs decreased minimally from 91.6% to 91.5%
- Between 2016/2017 and 2017/2018 uptake increased from 92.1% to 92.8% in GP- vaccine administered LHOs (Donegal; Sligo/Leitrim): Donegal reported an uptake increase of +0.3%, and Sligo/Leitrim reported a larger an increase of +1.1%
- MMR uptake:
  - Overall uptake between 2016/2017 and 2017/2018 in HSE-vaccine administered LHOs decreased slightly from 91.4% to 91.2%.
  - In GP-vaccine administered LHOs uptake increased from 91.8% to 92.5% between 2016/2017 and 2017/2018: Donegal reported an uptake increase of +0.5%, whilst Sligo/Leitrim also reported a slight increase of +0.8%

Uptake less than 95% for these vaccines indicates vulnerability amongst the children who have not availed of the vaccines aimed at preventing serious diseases (diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella).

I trust this information is of assistance to you.

Yours sincerely,



David Walsh,  
National Director,  
Community Operations