Maximising childhood vaccine uptake in general practice

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There can be no doubt that by maximising vaccine uptake, we can minimise serious illness in children. It is gratifying to see that the most recent report available from the Health Protection Surveillance Centre shows that there is a gradual increase in the uptake of vaccine amongst the community. At the end of 2004, the uptake rates for meningitis, diphtheria, and haemophilus were close to 90%, but the uptake rate for MMR was still approximately 81%. As general practitioners we have a responsibility to try to maximise vaccine uptake, and indeed the College of General Practitioners has provided material to its members for the last 15 years, so as to educate and inform all members how to achieve the 95% uptake. Drawing on this material, I would like to outline steps general practitioners can take to achieve the 95 % immunisation target.

There are a number of general principles which need to be employed, if the 95% target is to be achieved. These are, a rigorous in-house system for call and recall and a certain amount of dedicated time to scrutinise performance and to recall defaulters. What is specifically involved is to utilise the practice nurse and secretary, who being protocol driven will achieve higher targets. The following items then are a variety of ways in which vaccination uptake can be maximised.

Know when to immunise, and when not to.

It is important that we have an up-to-date knowledge regarding childhood immunisations and what are the contraindications both valid and invalid. The commonest false contraindications, leading to the postponement of immunisations are afebrile upper respiratory tract infections and recurrent cough.

Create a register of eligible babies.

Before being able to assess whether we have achieved our targets, we have to know what the target population is. It is certainly of great benefit that the Health Service Executive is notifying us of those children whose parents have nominated us to carry out their immunisation. However, we should also look for those children who have moved to the area recently to ensure that they do not fall between the cracks. This type of registration information can be recorded, bought manually, and on computer and ideally on both. This task is best carried out by the practice staff, but it is important to record as much detail as possible. They should include not only the mother and baby's name and date of birth, but also as many telephone numbers as you can get to facilitate recall. At this stage also an immunisation schedule can be generated. This will come with the HSE registration forms and would also be generated automatically by most of the practice software we use.

Remind defaulters within four weeks.
Immunised defaulters within eight weeks.

These are the rate limiting factors in converting the 70 to 80 % uptake amongst those parents will bring their children anyway, to the 95% of children who can be immunised. We use a ledger system within our practice. The HSE immunisation forms are filed within the relevant month the child is due the immunisation. At the end of each month, it is an easy matter to see which children have defaulted during that month. A written reminder is sent in the first week of the following month. If there is no response

by the end of that month the mother is contacted by phone, usually by the practice nurse. If the parents have any particular issue, worries or concerns about the immunisation, they are referred to the doctor for further discussion.

We have had a particular issue with parents who wish to defer their child's immunisation. Our policy is to have those parents sign a default form if the child has not been immunised within the two months of the target date. Our experience has been that in most cases parents do not wish to take this responsibility and will go ahead with the immunisation. We do make it very clear to the few parents who do not wish to immunise their children at this stage, that we will provide the vaccine for them at a later stage. It is my belief that for better or for worse in Ireland we have to support freedom of choice, even where we believe that this might put the child at risk. Again our experience has been that with very few exceptions most parents will complete the immunisation schedule before the child reaches two years of age. Why providing all parents with strongly positive messages about the advantages of immunisation, we do maintain lines of communication which in the long run ensure maximum uptake of vaccine.

Send regular returns to the HSE

It obviously undermined the integrity of the whole system if returns are not made on time. These returns have to be made on at least a monthly basis and indeed we return them more often than that. This is a task that is delegated to the secretary.

Check the child's immunisation status at each consultation

The great advantage of giving immunisations in general practice is that we will see children from many other reasons other than their vaccinations. The majority of practices are now computerised. It is a feature of the practice software that where a child has defaulted on their immunisation, but when that child's record is opened a reminder will come automatically to the screen.

Use every visit as an opportunity to immunise

Assuming the child is afebrile, every opportunity should be taken immunise the defaulting child. Even if the child is unwell, an appointment can be made for the child to return for immunisation. This kind of intervention will reduce the workload involved in subsequent recall efforts.

Offer vaccines at all surgeries

While giving vaccinations at specific clinics can be easier for the practice team, it will mitigate against maximising uptake of vaccine. Vaccinations should be available at all surgery sessions.

Give overdue vaccines with MMR

Especially now that the MMR vaccination has been brought forward, any overdue vaccines can be given concurrently with MMR at different sites.