

# The Changing Face of Childhood Vaccination

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# IRELAND MANY CHANGES IN LAST 7-10 YEARS

- LARGE MOVEMENT OF PEOPLE WITHIN  
THE COUNTRY FOR JOBS AND HOUSING

ASYLUM SEEKERS

ECONOMIC IMMIGRANTS

# WHO IS RESPONSIBLE FOR CHILDHOOD VACCINATION

- PRACTICE NURSES
- GENERAL PRACTITIONERS
- PUBLIC HEALTH NURSES
- PUBLIC HEALTH DOCTORS
- PAEDIATRICIANS

# IN PRACTICE WHAT HAPPENS?

- CONCEPT INTRODUCED DURING ANTENATAL CARE
- REMINDER AT 6 WEEK CHECK
- RECALL SYSTEMS IN PLACE

# WHERE CAN PROBLEMS ARISE?

- PATIENTS MOVE WITHIN IRELAND
- PATIENTS MAY INFORM US THEY ARE MOVING  
DO WE ALWAYS GIVE VACCINATION RECORD
- PATIENTS JOIN OUR PRACTICES. DO WE  
ALWAYS SEEK FULL VACCINATION RECORDS  
OR DO WE ASSUME PARENTS WORD "THEY  
HAVE HAD EVERYTHING"

- PARENTS MOVE AND DO NOT TELL US THEY ARE MOVING OR DO NOT RESPOND TO REMINDER LETTERS
- ?THE BENEFITS OF HAND HELD RECORDS FOR PARENTS TO CARRY  
EG NEW ZEALAND PLUNKETT BOOK

# PROBLEMS WITH LANGUAGE

- DIFFICULTIES ARISE WHERE ENGLISH IS NOT SPOKEN OR WELL UNDERSTOOD BY PARENTS.
- ENCOURAGE PARENTS TO BRING RELATIVE OR FRIEND WITH GOOD ENGLISH
- USE OF INTERPRETATION SERVICE IF POSSIBLE

# NATIONALITIES OF SOME OF THE PATIENTS IN OUR PRACTICE

- IRELAND
- INDIA
- CHINA
- LATVIA
- ROMANIA
- SOMALIA
- SOUTH AFRICA
- UNITED KINGDOM
- PHILLIPINES
- POLAND
- LITHUANIA
- NIGERIA
- SIERRA LEONE
- ALGERIA



- KENYA
- BURUNDI
- MOROCCO
- GUATEMALA
- BRAZIL
- USA
- FRANCE

UGANDA

IRAQ

JAPAN

VIETNAM

GERMANY

ITALY

SPAIN

# CHILDREN WHO MOVE TO OUR PRACTICES FROM OVERSEAS

- MAY HAVE MOVED WITH PARENTS AND STARTED VACCINATION PROGRAMMES ALREADY.
- MAY BE COMING TO JOIN PARENTS ALREADY LIVING IN IRELAND
- MAYBE CHILDREN OF IRISH PARENTS ADOPTED ABROAD.

- CONSIDERATION NEEDS TO BE GIVEN AS TO WHETHER THESE CHILDREN HAVE COMPLETED THE STANDARD VACCINATION PROGRAMME IN IRELAND AND WHETHER THEY HAVE STARTED OTHER PROGRAMMES ABROAD WHICH NEED TO BE COMPLETED

- EG MENINGITIS C IS NOT GIVEN IN SOME COUNTRIES
- ORAL POLIO IS STILL GIVEN IN SOME COUNTRIES
- MMR PROGRAMMES CAN DIFFER
- VARICELLA IS GIVEN IN SOME COUNTRIES AS PART OF MMR

- HEPATITIS B VACCINATION IS GIVEN AS STANDARD IN A LOT OF AUSTRALIASIA
- PNEUMOVAX PROGRAMME STARTING IN UK
- GIARDISIL PROGRAMME STARTING

- CHILDREN WHOSE MOTHERS ARE OUR PATIENTS COME TO US FOR ANTENATAL CARE AND WHO THEN RETURN HOME TO HAVE THEIR BABIES AND RETURN WHEN THEIR BABIES ARE SEVERAL MONTHS OLD

- CHILDREN WHO ARE BORN HERE AND MAY OR MAY NOT HAVE STARTED VACCINATION PROGRAMME HERE BUT WHO ARE BROUGHT TO VISIT THEIR PARENTS FAMILIES AND MAY BE OUTSIDE THE COUNTRY WHEN VACCINATIONS ARE DUE.

- CHILDREN WHO MAY ALSO NEED CONSIDERATION FOR VACCINATION OUTSIDE THE STANDARD VACCINATION PROGRAMME .
- EG CYSTIC FIBROSIS
- CHRONIC HEART AND LUNG DISEASE
- SICKLE CELL DISEASE
- IMMUNOSUPPRESSION DUE TO ILLNESS OR TREATMENT



- CHILDREN WHO ARE BORN TO PARENTS WHO ARE HIV, HEPATITIS B OR C MAY NEED ADDITIONAL VACCINATION.
- INFORMATION MAY NEED TO BE SOURCED FROM PAEDIATRICIANS WITH A SPECIAL INTEREST IN THIS AREA FOR UPTO DATE RECOMMENDATIONS.

# HOW DO WE MANAGE THE EVER CHANGING SITUATION ?

- TEAM APPROACH
- PRACTICE TEAM
- NURSES ,DOCTORS ,PRACTICE MANAGER, RECEPTIONIST

- COMMUNITY TEAM
- PHN'S PUBLIC HEALTH DOCTORS
- PAEDIATRICAINS

# IDENTIFY CHILDREN WHO MAY BE AT RISK OF NOT COMPLETING PROGRAMME

- PRACTICE TEAM WORK TOGETHER TO IDENTIFY CHILDREN
- DRAW UP PROTOCOLS AS TO WHO WILL TAKE RESPONSIBILITY OF FOLLOWING IDENTIFIED CHILDREN AND ENSURING THAT AS MUCH AS IS POSSIBLE CHILDREN RECEIVE ALL THEIR VACCINATIONS

# WHAT MEASURES WILL THIS INVOLVE?

- REGULAR MEETINGS
- FLAGGING OF NOTES
- OPPORTUNISTIC VACCINATION
- ENSURING UP TO DATE ADDRESSES AND TELEPHONE NUMBERS FOR PARENTS
- REMINDERS TO PARENTS

- WHAT DO WE DO ABOUT CHILDREN THAT MOVE AWAY OR JOIN OUR PRACTICES ?
- WHAT PLACE HAS A HAND HELD RECORD TO PLAY?

- LIASON WITH OUR PHN COLLEAGUES AND MEDICAL COLLEAGUES TO TRACK CHILDREN AND ENCOURAGE PROGRAMME COMPLETION.
- ADVICE FROM PEADIATRIC SPECIALISTS IN MORE COMPLICATED SCENARIOS WHERE ADDITIONAL VACCINATIONS ARE REQUIRED

# WHY SHOULD WE DO THIS?

- WORKLOAD IS LARGE
- HIGHER UPTAKE
- SMALLER POOL OF INFECTION IN COMMUNITY
- LESS ADMISSIONS TO HOSPITAL WITH INFECTIOUS DISEASE



# REWARDS

- LESS CHILDREN LIVING WITH THE COMPLICATIONS OF THESE INFECTIONS
- LESS CHILDREN DYING!!!