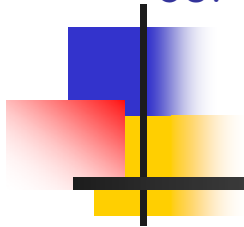


Marie Rafter  
Community Care Services  
Immunisation Office  
St Senans  
Enniscorthy  
Co. Wexford



Vaccination defaulters.

National Immunisation Programme HSE South 25<sup>th</sup> August 2016



## Overview of presentation

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- Introduction
- Team Approach
- What is a defaulter
- Reason for 'defaulting'
- Late entrants
- Ways to achieve 95% uptake
- Wexford LHO Quarterly uptake rate
- Conclusion
- Useful sources of information/ contact details



# Introduction

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- Childhood vaccines currently globally save 3 million lives and are among the most successful and cost effective Public Health measures.
- Immunising children not only protects individuals from infection but also contributes to population based immunity by reducing the circulation of infectious diseases leading to community wide health gains.
- To maximize the potential population wide benefits, targets of 95% uptake are set, yet national figures show that this coverage is not being met.
- This presentation sets out to look at our vaccination defaulters, the reasons for defaulting and how we can achieve 95% uptake.



## Team Approach

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- Multi disciplinary
- Maternity Hospital staff
- Child Health Admin staff and IT staff
- Area Medical Officers
- PHN'S and ADPHN
- PN's
- GP's
- Practice admin staff
- Regional Co ordinator of Immunisation services
- Dept of Public Health

# What is a defaulter?





## What is a defaulter?

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- A Child who has failed to turn up for all or part of their vaccination schedule and whose parents/guardian has not indicated in writing or verbally that they do not wish to be vaccinated.
- When a vaccination return form is not received 3 months after the child's due date for vaccination , the child's name will appear on a defaulter list.



## Reasons for 'defaulting' (1)

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- Fear of side effects
- Safety concerns
- Lack of information
- Lack of understanding ( the seriousness of the diseases)
- Communication barrier
- Parental decision to delay
- Parent forgetting
- Victim of its own success
- Media influence
- Celebrity influence
- Mobile population



## Reasons for defaulting (2)

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- Not true defaulters as child vaccinated but details not submitted on time.
- Movement into the area and details not updated
- Moved out of the area and system not updated
- Change of GP
- Vaccinated too early and need re vaccination.
- Medically contra indicated
- Child unwell on the day





## Late entrants

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- In the absence of reliable information/documentation to the contrary, children should be assumed to be un-immunised and started an age appropriate catch up programme.
- If the child has already received some doses, these do not need to be repeated.
- Exercise caution if information is not reliable or if there are any concerns regarding reliability of the cold chain being maintained.
- Follow NIO guidelines available on line.
- [www.immunisation.ie](http://www.immunisation.ie)



## Ways to increase uptake

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- Early introduction of vaccinations – ante natal clinic, 6/52 check
- All staff to be vaccine aware
- Know when to immunise
- Correct information sites.
- Designate a responsible person
- Create a system to flag when vaccines are due/overdue
- Have vaccine status clearly visible in patient records
- Be vaccine aware in all consultations
- Encourage parents to make appointment for next lot
- Be flexible and vaccinate opportunistically
- Reminders to parents: Phone/text, letter, family member
- Professional approach
- Planning ahead with adequate stock



## HSE defaulter follow up

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- Reminders are sent weekly to parents.
- Quarterly default list generated sent to GP's
- Default list sent to PHN's
- Admin staff and ADPHN contact GP Practices, Parents, PHN's
- Phone calls to parents followed up with letters
- Health Protection Surveillance Centre generate uptake stats quarterly

**PRIMARY CHILDHOOD  
IMMUNISATION PROGRAMME**

*duplicate form (part E) - link  
HSE copy*



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**G.P. Return for Vaccinations Not Given (Defaulter)**

G.P. Name: \_\_\_\_\_ G.P. No.: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Address: \_\_\_\_\_ CCI. No.: \_\_\_\_\_

**Insert X through vaccinations not given 2 months after due date.**

Vaccine	6 in 1	6 in 1	6 in 1	PCV	PCV	PCV	Men C	Men C	Men C	MMR	Hib
Dose	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	4th
Recommended Vaccination Age	2 months	4 months	6 months	2 months	6 months	12 months	4 months	6 months	13 months	12 months	13 months

**REASON VACCINE NOT GIVEN:**

**1. Deceased**

**2. New to this practice:**

If known, please insert previous address and G.P. details: \_\_\_\_\_  
\_\_\_\_\_

**3. Vaccine given elsewhere:**

If known, please attach copy of records or insert details: \_\_\_\_\_

**4. Moved out of area:**

If known, please insert new address: \_\_\_\_\_

**5. Child now attends another G.P. for vaccination:**

If known, please insert details: \_\_\_\_\_

**6. Permanent Contraindication:**

Please specify: \_\_\_\_\_

**7. Refusal:** It is best practice to have parent sign refusal form and attach copy.

- Parent refuses to have the child vaccinated
- Parent refuses MMR but is giving single vaccines.
- Parent wants to postpone MMR until after 2 years of age.

**8. Defaulter:** This child is a defaulter whom I am unable to vaccinate and I have made the following contacts:

Letter to parent – Date \_\_\_\_\_ Discussed with parent – Date \_\_\_\_\_

Liaison with PHN – Date \_\_\_\_\_

**9. Other Reason:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

		Q1 2016, 12 month uptake rates (%)										
		BCG	D3T3	P3	Hib3	Polio3	HPB3	PCV2	MenC2			
Region		88.4	92.0	92.0	92.0	92.0	92.0	91.1	91.0			
Carlow		81.7	87.2	87.2	87.2	87.2	87.2	86.7	84.9			
Kilkenny		85.0	92.3	92.3	92.3	92.3	92.3	91.5	89.8			
Carlow/Kilkenny		83.4	89.9	89.9	89.9	89.9	89.9	89.2	87.5			
Tip South		93.5	92.8	92.8	92.8	92.8	92.8	92.8	93.5			
Waterford		89.1	92.3	92.3	92.3	92.3	92.3	88.9	90.8			
Wexford		89.7	93.5	93.5	93.5	93.5	93.5	94.0	93.1			
Total CCAs		88.9	92.1	92.1	92.1	92.1	92.1	91.2	91.2			
		Q1 2016, 24 month uptake rates (%)										
		D3T3	P3	Hib3	Hib4	Polio3	HepB3	MenC3	PCV 3	MMR1	PCVb	MenCb
Region		95.0	95.0	95.0	95.1	95.0	94.8	87.4	92.1	93.3	94.0	91.6
Carlow		95.0	95.0	95.0	97.7	95.0	95.0	87.8	92.8	92.8	96.1	92.3
Kilkenny		95.9	95.9	95.9	94.8	95.9	95.9	83.6	90.0	92.2	93.3	89.6
Carlow/Kilkenny		95.6	95.6	95.6	96.0	95.6	95.6	85.3	91.1	92.4	94.4	90.7
Tip South		97.1	97.1	97.1	97.8	97.1	96.7	91.2	94.9	96.0	95.6	94.1
Waterford		91.1	91.1	91.1	91.3	91.1	90.6	85.6	90.1	90.4	90.6	88.2
Wexford		96.7	96.7	96.7	96.0	96.7	96.7	88.5	93.1	95.0	95.6	93.7
Total CCAs		95.1	95.1	95.1	95.1	95.1	94.9	87.7	92.3	93.4	94.0	91.6



## Conclusion

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- Vaccination is the most important, successful and cost effective public health measure since the introduction of clean water.
- Achieving 95% is the most effective way of providing herd Immunity and protecting those who can not be vaccinated or who do not respond to vaccinations.
- Lets work together to achieve the target of 95% and protect our children and families. Tean
- Thanks to Ursula Murray ADPHN Immunisation for her slides.



## Useful local contact details

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- **Carlow/Kilkenny**
- Grade 4 Clerical Officer 056 7784670
- Margaret Fogarty ADPHN 056 8831306
- School Immunisation Team Admin 056 7784496
- **South Tipperary**
- Grade 4 Clerical Officer 052 6177246
- Edel Conway ADPHN 052 6177143
- School Immunisation Team Admin 052 6177245
- **Waterford**
- Grade 4 Clerical Officer 051 842908
- Ursula Murray ADPHN 051 842909
- School Immunisation Team Admin 051 846772
- **Wexford**
- Grade 4 Clerical Officer 053 9123522
- Marie Rafter ADPHN 053 9421374
- School Immunisation Team Admin 053 9243290



## Useful websites

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- [www.immunisation.ie](http://www.immunisation.ie)
- [www.hpsc.ie](http://www.hpsc.ie)
- [www.who.int](http://www.who.int)
- [www.cdc.gov](http://www.cdc.gov)
- [www.ndsc.ie](http://www.ndsc.ie)
- [www.meningitis.org](http://www.meningitis.org)
- [www.immunisation.org.uk](http://www.immunisation.org.uk)



Thank you



*“I had no idea that exercising  
my right of immunity meant  
this.”*