

IMMUNISATION DATABASE



Current Childhood Immunisation Schedule

Age	Vaccination
At Birth	B.C.G
2 months	6 in 1+PCV
4 months	6 in1 +Men C
6 months	6 in 1 +PCV
12 months	MMR +PCV
13 months	Men C + Hib
4-5 Years	4 in 1+MMR
12-13 yrs	HPV (Girls) Men C, Tdap ₂

Targets

- WHO has set a target of 95% uptake of childhood immunisation to achieve crucial herd immunity
- Bonus payments to GPs are based on 95% uptake in their practices.

Maternity Hospital

Notification of Birth Form



Birth Register



PHN

**Child Health Validation and Immunisation
Registration form**



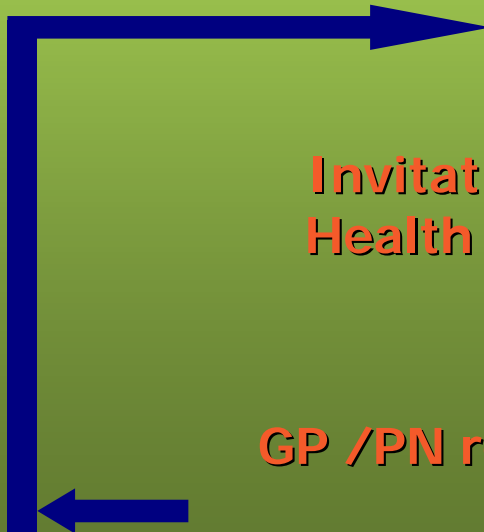
Database



**Invitation Letter to Parent to Immunise Child.
Health Promotion by PHN /Practice nurse/ GP**



**Child Immunised by G.P /PN
GP /PN returns form to child Health Immunisation
Officer**



Process

- GP, Practice Nurse and Public health nurses are crucial in promoting immunisation.
- PN discuss during pregnancy, PHN gives out immunisation booklet at first postnatal visit and completes the child health registration form. At 6 week check visit, GP arranges for immunisation visit after 2 months of age.



Bord Sláinte an Iarthair
**Western
Health Board**



Please return Green section to County
Child Health Office / Yellow section to
Liaison Public Health Nurse / White
section to be held in Child's Record

14701

CHILD HEALTH REGISTRATION FORM

Public Health Nurse to complete and return this form to county child health office within 1 week of notification of discharge/transfer of child into your area.

Child PPS/RSI (if known) _____

Surname: _____

Forename: _____

Place of Birth: _____

M ☐ F ☐ DOB: _____

Mother/Guardian

Surname: _____

First Name: _____ DOB: _____

Address: _____

Tel No.: _____ PPS/RSI _____

Mob. No. _____ Maiden name: _____

Married ☐ Single ☐ Widowed ☐ Other ☐

GP Nomination for Immunisations (as informed by Parent/Guardian)

Name of GP: _____

Address of GP: _____

Date of Discharge _____ Date of 1st Visit _____ In 24hrs ☐ In 48hrs ☐ Over 48hrs ☐

Metabolic Screening Infant Hospital No. _____ Hospital ☐ Community ☐

Date Taken: _____ Time: _____ 72-120 hrs ☐ over 120 hrs ☐

Test Sent to Neonatal Screening Centre on _____ Registration of Postage Obtained Yes ☐ No ☐

Infant Feeding on Discharge

Exclusive Breastfeeding ☐

Partial Breastfeeding ☐

Artificial Feeding ☐ Soya based formula ☐

Infant Feeding on 1st Visit

Exclusive Breastfeeding ☐

Partial Breastfeeding ☐

Artificial Feeding ☐ Soya based formula ☐

Comments: _____

Please advise parent/guardian that this information will be stored in the health boards child health database and will be subject to requirements of the Data Protection Act.

PHN Signature _____ Date: _____ Area No. _____

For office use only

Date Received: _____ W.H.B. No.: _____

Child Health/Immunisation Officer _____

Recorded by Liaison PHN: _____ LPHN _____ Date: _____

Registration By PHN

Hold registration

- Baby in SCBU/ Hospital
- Temporary address
- Undecided re name
- No GP as yet

Primary Childhood Immunisation system

On receipt of Child Health Registration form from the PHN, the child's information is set up on the immunisation system---this forms the local immunisation database.

Immunisation Database

- Primary Immunisation System ,PAS Database set up in Galway Mayo Roscommon in October 1995. Other areas use Careworks database
- National Immunisation Database (in discussion)
- School Immunisation System now in place

GP Notification

Routine pre-printed vaccination forms for each child due for vaccination, are forwarded by the child health immunisation office, to the nominated GP when the child is set up on immunisation system.

A single form is issued for each child

Invitation Letter

Seven weeks after the birth of the child the **parents/guardians** of each child are sent an invitation letter to attend their nominated **GP** with their child for vaccinations

Child Immunised

- Child vaccinated as per Guidelines for Vaccinations in General practice and National Immunisation guidelines.

GP Returns

Having vaccinated the child /children the GP practice forwards the relevant section of the returns form to the child health immunisation office. It is essential that the return be made *after each visit* for the database to be accurate. Returns to be sent in timely manner particularly for late attendees.



Primary Childhood Immunisation Record/Return Form 1 (2,4,6 months of age)

Not to be used on children with
severe allergic reactions

GP INSTRUCTIONS: PLEASE USE A BALLPOINT PEN AND APPLY AMPLI PRESSURE TO PRODUCE CLEAR DETAILS ON ALL COPIES OF THIS SET. TO ENABLE PROMPT PAYMENT PLEASE RETURN TO YOUR LOCAL IMMUNISATION OFFICE BY 7TH DAY OF MONTH FOLLOWING VACCINATION.

I consent to have the above named child vaccinated against the diseases named below. I have been made aware by my General Practitioner of any possible adverse reactions to these vaccines. (Please tick as appropriate)

6 in 1 (incorporates Diphtheria, Tetanus, Whooping Cough, Polio, Haemophilus influenza B, Hepatitis B) ☐
Meningococcal C: ☐ Pneumococcal ☐ Other: ☐ Other: ☐

Signature Date:
(* Parent/Legal Guardian)

	Date Given dd/mm/yy	Batch No.	Expiry Date Month/Year	Manufacturer	Dose	Site Given	Vaccinator's Signature
6 in 1 (3rd Dose)							
PCV (2nd Dose)							
Men C (2nd Dose)							
Other							

Doctor's Signature GP Contract ID No:

	Date Given dd/mm/yy	Batch No.	Expiry Date Month/Year	Manufacturer	Dose	Site Given	Vaccinator's Signature
6 in 1 (2nd Dose)							
Men C (1st Dose)							
Other							

Doctor's Signature GP Contract ID No:

	Date Given dd/mm/yy	Batch No.	Expiry Date Month/Year	Manufacturer	Dose	Site Given	Vaccinator's Signature
6 in 1 (1st Dose)							
PCV (1st Dose)							
Other							

Doctor's Signature GP Contract ID No:



Primary Childhood Immunisation Record/Return Form 1 (12, 13 months of age)

Health Service Executive

GP INSTRUCTIONS: PLEASE USE A BALLPOINT PEN AND APPLY AMPLE PRESSURE TO PRODUCE CLEAR DETAILS ON ALL COPIES OF THIS SET. TO ENABLE PROMPT PAYMENT PLEASE RETURN TO YOUR LOCAL IMMUNISATION OFFICE BY 7TH DAY OF MONTH FOLLOWING VACCINATION. (RETAIN Final PART)

I consent to have the above named child vaccinated against the diseases named below. I have been made aware by my General Practitioner of any possible adverse reactions to these vaccines. (Please tick as appropriate)

MMR : ☐ Pneumococcal : ☐ Meningococcal C: ☐ Haemophilus influenza B: ☐
Other: _____ ☐ Other: _____ ☐

Signature Date:
(* Parent/Legal Guardian)

Reason given	Vaccine Name	Batch No.	Expiry Date Month/Year	Dose	Site Given	Date Given dd/mm/yy	Vaccinator's Signature

Doctor's Signature _____ GP Contract ID No: _____

	Date Given dd/mm/yy	Batch No.	Expiry Date Month/Year	Manufacturer	Dose	Site Given	Vaccinator's Signature
Hib Booster							
Men C (3rd Dose)							
Other							

Doctor's Signature _____ GP Contract ID No: _____

	Date Given dd/mm/yy	Batch No.	Expiry Date Month/Year	Manufacturer	Dose	Site Given	Vaccinator's Signature
PCV (3rd Dose)							
MMR							
Other							

Doctor's Signature _____ GP Contract ID No: _____

Pre-printed forms.

- GPs/ Practice nurses, to return A4 page for each visit.
- Must be accurate and complete, will be returned if not and therefore causes delay and may show up on defaulter lists.
- Apply ample pressure when writing on 3/4 part forms. Keep original for records. Surgeries with computerised returns will receive list of essential data needed for system.

Record

- Valid consent,
- Vaccine name, batch number, expiry date
- Dose administered
- Site used
- Date administered
- Name and signature of vaccinator
- This may be easier to do if
 - scheduled clinics are held
 - designated time is given
 - clerical staff available

Opportunistic Vaccination Forms

- When child presents, registers or transfers into an area after 7 weeks of age, there may be a delay in preprinted forms
- Similarly if child moves to different GP practice, the opportunistic form can be used

Primary Childhood Immunisations GP Nomination /Claim Form

The parent of this child has advised me that I will be the nominated G.P. for vaccination purposes. I am willing to be regarded as same and understand that if a registration fee has already been paid that I will not be entitled to same

Signed: _____ (Parent/Legal Guardian) Date: _____

Signed: _____ (G.P.) Date: _____

Name/Address of G.P. _____
whom baby was originally registered with under the Immunisation Programme if known

Child's Name: _____ D.O.B: _____

PSN: _____ CCI No: _____ Place of Birth: _____

Current Address: _____

Previous Address: _____

Name of Parent/Legal Guardian: _____ Contact No: _____

Mother's Maiden Name: _____ D.O.B: _____

Mother's Martial Status: _____ PPSN: _____

Parent/Legal Guardian Consent

I consent to have my child _____ immunised against the diseases named below (Please tick as appropriate).

I have been made aware by my General Practitioner of any possible adverse reactions to these vaccines

6in1 (Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Hepatitis B) ☐

Pneumococcal ☐ Meningococcal C ☐ MMR ☐ Hib ☐

Hepatitis B ☐ 4 in 1 ☐ Td ☐ Other please state _____

Signature: _____

Date: _____

(Parent/Legal Guardian)

Vaccination Schedule
2 Mths 6in1+PCV
4 Mths 6in1+MenC
6 Mths 6in1+PCV+MenC
12 Mths MMR+PCV
13 Mths MenC+Hib

N.B. If previous vaccinations have been given, please attach details

Vaccination Given	Date Given			Vaccine Batch Number	Expiry Date	Dose	Vaccine Manufacturer	Site	Vaccinator's Signature
	1st	2nd	3rd						
6in1									
PCV									
MenC									
MMR									
Hib									
Hep B									
4 in 1									
Td									
Other									

Doctor's Signature _____

GP Contract ID No: _____

Family Doctor ☐

Clinic Doctor ☐

Hospital Doctor ☐ (Please Tick One)

Four Part Form: Return Part 1 on First Visit, Part 2 on Second Visit, Part 3 on Third visit
Retain Final Part for GP Records

Further Reminders

Invitation letter for parents are again issued for **12 months** MMR/PCV programme and at **13 months** for Men C and Hib visit also.

Late for Vaccines

When a vaccination return form is not received **3 months** after the child's due date for primary childhood immunisation, the child's name will appear on a **defaulters list**

Quarterly defaulter lists/Cohort lists

- Each quarter a list is sent to practices of current 12 and 24 month children that have not presented for vaccinations.
- This is the cohort of children we are looking at /reporting on, but is not the full list of all children not vaccinated.

What is a defaulter?



What is a defaulter?

- A Child who has failed to turn up for all or part of their vaccinations and whose parents /guardian is hesitant and has not indicated in writing or verbally that they do not wish to be vaccinated

Reasons for defaulting

- Fear
- Lack of information
- Lack of understanding of seriousness of disease
- Communication barrier
- Parental decision to delay
- Parent forgetting /reprioritising
- Mobile population
- Media, social media, celebrity influence

- Not defaulters, vaccinated but not returned in time
- Movement out
- Change of GP
- Unwell on day

Categorise Defaulters

- Are they non consenting or
- Non attending
- And then follow up appropriately

Non attending

Make appointments at each visit for next NB
at 12 month visit

Make contact and reprioritise vaccination

Hesitant follow up

- Clear communication
- Understand specific concerns
- Avoid academic jargon
- Provide valid accurate information
- Build relationship and trust

Defaulter follow up

In the ideal world

- Allow 1 month – send reminder letter from practice
- No contact –phone/Text. NB keep up to date mobile no, get more than one.
- No contact – opportunistic vaccination /IT alert
- Contact PHN, sign refusal form
- Use positive messages all the time
- Send returns each week.

Refusal

Where a parent/guardian refuses to have a child vaccinated, the standard refusal form should be completed and returned to the Child health immunisation dept

REFUSAL FORM

Address:

Contact No:

Family Doctor:

• **Having read, discussed and understood immunisation leaflets, I DO NOT WISH for my child** (insert name) **to avail of**

- | | | | | | | | | |
|--|--------|--------|-----|-------|-----|-----|-------|--|
| (a) Any immunisations | | | | | | | | |
| (b) Primary immunisations | BCG | 6 in 1 | PCV | Men C | MMR | HIB | HEP B | |
| (c) School Entry Booster | 4 in 1 | MMR | | | | | | |
| (d) <i>Second: MMR</i>
Secondary School Booster | Td | | | | | | | |
| (e) Other | | | | | | | | |

at this time, either from my Family Doctor or any HSE Medical Officer.

- **Your decision to sign this form does not prevent you from availing of the free immunisation service in the future.**

Signed : _____ Signed: _____
Parent/Guardian GP/PN/PHN/AMO (Please circle)

Parent/Guardian		GP/PN/PHN/AMO (Please circle)	
Date:		Date:	

Reason for refusal: _____

GLOSSARY		
BCG	Bacille Calmette Guerin Vaccine protects against Tuberculosis	
6 in 1	Diphtheria, Tetanus, Whooping cough, Hib, Polio and Hepatitis B vaccine	
PCV	Pneumococcal vaccine	
Men C	Meningococcal C vaccine	
MMR	Measles, Mumps, Rubella vaccine	
Hib	Haemophilus Influenzae B vaccine	
4 in 1	Diphtheria, Tetanus, Whooping cough and Polio vaccine	
Td	Tetanus and Diphtheria (low dose) vaccine	
Hep B	Hepatitis B vaccine	

Moving in and out

- Public Health Nurses complete transfer of records form, on becoming aware of movement *out* to another area.
- PHNs complete and submit child immunisation registration validation form for *all* children under 6yrs *into* the county.
- GP/ Practice nurse should notify immunisation Dept when a child moves from practice or out of county/country. Change of address and change in circumstances can be written on defaulter lists and returned.
- Social workers issue a change of circumstances form for child protection situations.

Problems arise with families with no forwarding address

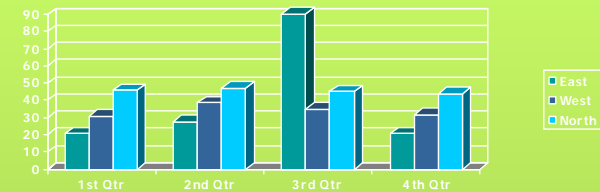
Death of a child

- In case of the death of a child, the PHN / GP practice nurse submit notification of death form ASAP to child health immunisation office.

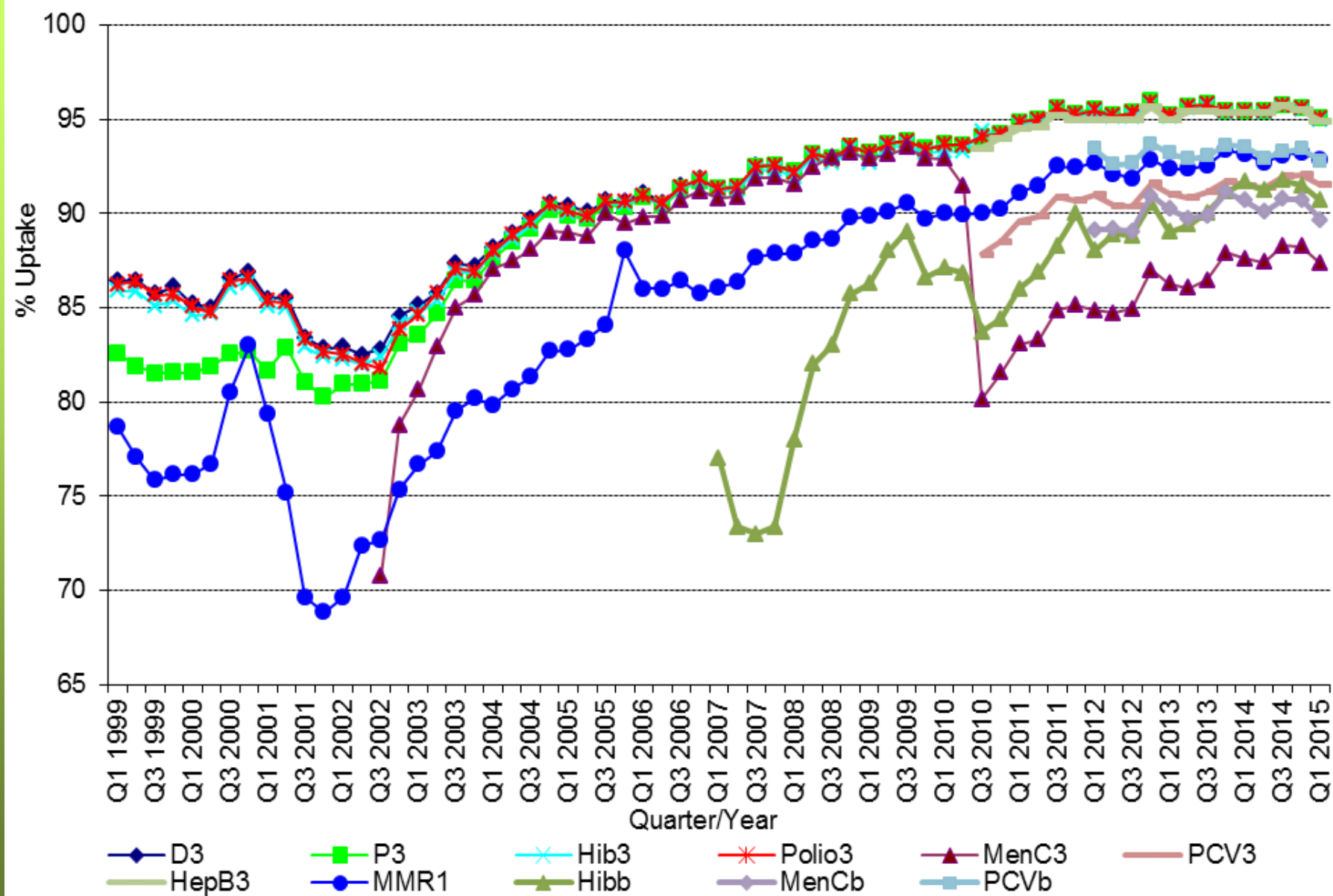
Compiling and reporting data

- Each quarter vaccinated 12 and 24 month children are compiled and reported centrally to the Health Protection Surveillance centre (HPSC)
- HPSC issues this data on a quarterly basis nationally, regionally and per LHO/ County area

Quarterly statistics



- We return what is available and accurate on that date
- Only what is returned and accurate can be reported on.



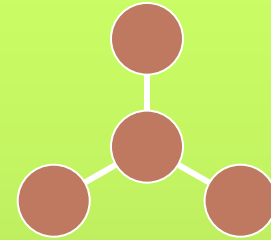
School schedule

Junior infants Offered 4 in 1 and MMR

First years Offered Tdap MenC and HPV for girls

All going up on National database: School
Immunisation System

Role



Each member of the team contributes to keeping the database up to date and current and also strives to achieve the recommended uptake levels for immunisation.

PHN Immunisation Role

- Public awareness
- Group educational sessions.
- Liaison with practices/PHNs
- Individual follow up with defaulters
- Provision and distribution of current research and information.

Child health & Immunisation Office.

Catriona Harrington, Asst Staff Officer,
HSE Lanesboro Rd
Roscommon
09066-37514

Fiona Quinn Ass Dir PHN

Mayo

- Noreen Heston
 - Clerical Officer
 - PCCC,
 - St Marys
 - Castlebar
 - 094 9042519
-
- Edel Deane
 - Ass.Director Immunisation
 - 094-9042520

Galway Office

- Brid O Connell, Clerical Officer,
- Child health Office
- 25 Newcastle Rd
- Galway
- 091 546180-5

Useful Websites

- www.immunisation.ie
- ☐ www.hpsc.ie
- ☐ www.who.int
- ☐ www.cdc.gov
- ☐ www.ndsc.ie
- ☐ www.meningitis.org
- ☐ www.immunisation.org.uk

Thank You

Promote Immunisations

