



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



# IMMUNISATION

Database & Forms

Vaccination & Immunisation System

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## AD/PHN role in Immunisation



- Role varies in different areas
- Main role to improve uptake
- Team approach to follow up of defaulters
- Part of regional and local management team
- Liaison with practices / PHNs / promoting
- Public awareness
- Provision and distribution of current research and information



# Topics

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- History of current IT systems
- Community Care Systems
  - Where Vaccination/Immunisation fits in
- Benefits of IT system
  - Birth Recording
  - Vaccination/Immunisation
- Recent New Schemes
- What next?
  - Proposed New National Immunisation IT System
    - Issues
- Other issues to be addressed/considered

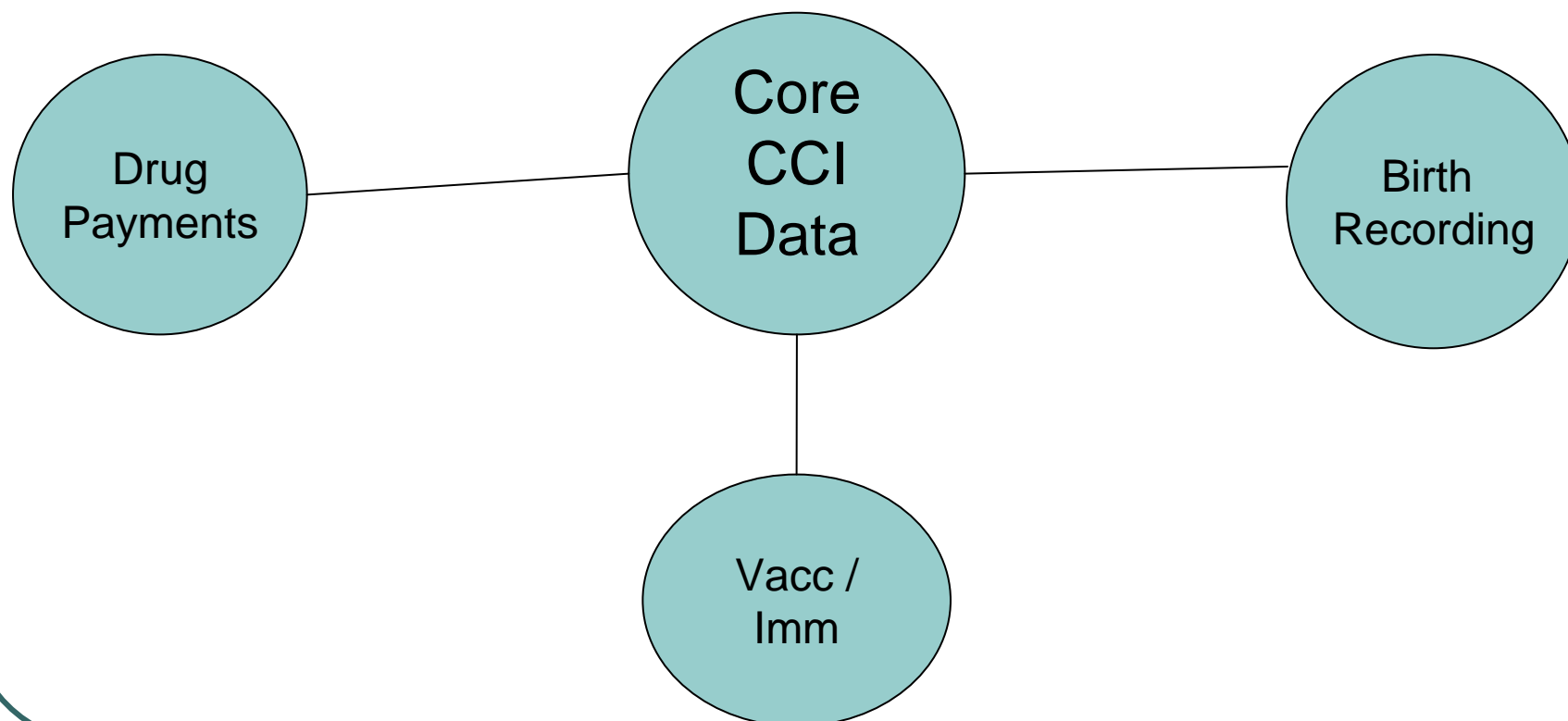


# History

- Current Birth Recording & Vaccination/Immunisation systems developed in 1993.
- Designed & written In-House – still supported In-House
- Part of a suite of Community Care orientated IT systems
- Launched in South Tipperary in 1993, rolled out to other LHO areas thereafter
- Single source of Primary Vaccination Details in the South East - almost 21 years of vaccination data at this point
- Has survived many changes – Men C, Hib, 6 in 1, PCV, HPV



# Community Care Systems - where Vacc / Imm sits





## Community Care systems Where Vacc/Imm fits in

- Part of our Community Care systems.
- Community Client Index – CCI. The CCI is a file containing the basic personal information on clients who have had any data processed using any of our Community Care systems. A CCI record is created the first time a person has a contact and will remain on file indefinitely
  - Data items held on the CCI fall into two main areas, personal and household. Personal data relates solely to the individual client but household data items are shared by members of the same family group at the same address.
  - Record a client once & once only
  - Sharing of CCI data across Community Care systems



## Community Care systems Where Vacc/Imm fits in /contd

- Central storage of Core Demographic data, e.g. CCI no, Title, Surname, previous surname, Forename, DOB, Sex, marital status, client status, household id, relationship to householder, occupation code, date registered, GP, date of death, 4 lines of address, previous address(s), telephone/contact number, CWO area, PHN area.
- Single update of CCI data only required across all systems – once updated in one system, update available to all other systems
- Allows a single view of client
- Audit Trail



## Benefits of an IT system Birth Recording

- Records all birth details as per notifications received from Maternity Hospitals – 36 hr forms, e.g.
  - Birth weight, Apgar at 1min, Apgar at 5 mins, etc.
- Records Guthrie test results
- Produces labels with client details
- Records PHN of child and first contact details
  - Provides stats on number seen within a particular time-frame
- Automatically schedules the two month vaccines due for child when birth details recorded (age dependant)
- Establishes cohorts for vaccine uptake rates
- Provides lists of clients for PHN follow-up



# Benefits of an IT system Vaccination/Immunisation



- Vaccination system provides a detailed call/recall system for all PCI vaccines –
- Other Benefits
  - Sharing and visibility of data – many views of data
  - IT system helps staff follow defined Business rules
  - Provides a standard approach to how the service is delivered, e.g. do the same thing at the same time across all sites
  - In-built rules ensure veracity of vaccines administered, e.g.
    - Pre-loading of actual vaccine batch number & expiry date, means immediate flagging on screen to user if vaccine “expired”.
  - If vaccine administered outside of defined window, vaccine flagged as “too soon” on screen to user.
    - Both scenarios result in the original vaccine remaining as “pending” on the system.
    - No payment issues to the GP as vaccine not deemed to be valid



## Benefits of an IT system Vaccination/Immunisation /contd

- Listings for PHN's, GP's, Public Health staff
- Generates weekly payments to GP for vaccinations given
- Records detailed payment records for each child
- Generates bonus payments to GP's who obtain the required 95% vaccination rate
- Help identify children in an outbreak situation who may require vaccination – e.g. recent MMR outbreak
- Quickly identify any children who received a particular batch of vaccine e.g. 2 batches of BCG vaccine a few years ago were not deemed to be fully potent, recall of children who received a particular batch of Polio



## Benefits of an IT system Vaccination/Immunisation /contd

- Vacc/Imm integrated with CCI the flagging of a child as RIP on the CCI flags the child as RIP on CCI system
- Stops production of invitation letters, reminder etc to parents when child flagged as RIP.
- Provides uptake statistics – reported nationally
- Completion cards for parents of all vaccines given



# Recent New Vaccination Schemes

- Men C for second level students
  - will be on the HPV national system
- H1N1 – Winter 2009
  - New pandemic data management system introduced
- HPV
  - New national system developed
- Issues
  - Have to check three systems to get a full history
  - Inability to share data as no national identifier in place

Maternity Hospital

Notification of Birth Form



Birth Recording IT System

(child health office)



PHN-1<sup>st</sup> home visit.

Nomination of vaccinating GP form



Immunisation Database

(child health office)



Invitation Letters to Parent to Immunise Child-  
at the scheduled times



Health Promotion by PHN /Practice nurse/ GP

Child Immunised by GP practice



GP returns form to Child Health Office after each visit for the  
system to proceed.





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## Notification of Child's Forename/Vaccination G.P. and Newborn Bloodspot Screening Form

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ C.C.I. NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ U.P.I. NO. \_\_\_\_\_

Please return the following information within 2 weeks of date of birth

Child's Forename: \_\_\_\_\_

Date of 1st visit: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Local Health Centre: \_\_\_\_\_

Nominated G.P. for Vaccination: \_\_\_\_\_ Family Doctor \*See Notes \_\_\_\_\_

Vaccination G.P. Address: \_\_\_\_\_

Signed: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Newborn Bloodspot Screening: Screened ☐ Refused ☐ Date: \_\_\_\_\_

Location Taken: Community ☐ Hospital ☐ Name of Hospital: \_\_\_\_\_

Signature: PHN ☐ RGN/RM ☐ \_\_\_\_\_ Date: \_\_\_\_\_



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

RETURN FORM to::

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts, 1988 and 2003. The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes, provide health care and to facilitate payments to your General Practitioner (GP).

**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 Child Health office by 7th day of month following vaccination.

GP Practice Name, MCRN, Address or Stamp	HSE Client ID:	PPS No.
	Child's Forename:	Child's Surname:
	Child's DOB:	Male/Female:
	Child's Current Address:	
	Mother's Name:	
GP PCI Contract/PCRS ID (Payments):	Mother's Maiden Name:	Mother's DOB:
	Mother's PPS No. (optional):	
	(The above information may be used to facilitate client validation)	
	Daytime Phone No.:	Mobile Phone No.:
	(By supplying your mobile phone number you are consenting to receiving vaccination related texts)	
Outbreak <input type="checkbox"/>		

I have been made aware of any possible adverse reactions to these vaccines. I confirm by signing this form that I am authorised to give consent on behalf of the above named child. I consent to have this child vaccinated against the diseases named below.

Diphtheria, Tetanus, Whooping Cough, Polio, Haemophilus influenza B, Hepatitis B (6 in 1) ☐

Meningococcal C (Men C): ☐ Pneumococcal (PCV) ☐ Other: ☐ Other: ☐

Signature: ..... Date: ...../...../.....  
 (Please tick) Parent ☐ Legal Guardian ☐

Child's Forename/Surname:		DOB:		Client ID:	
Address:					
	Date Given dd/mm/yy	Vaccine Name/ Manufacturer	Batch No.	Expiry Date Month/Year	Site Given
6 in 1 (3)					
PCV (2)					
Men C (2)					
Other					

Doctor's Signature: \_\_\_\_\_ GP Contract ID No: \_\_\_\_\_

Child's Forename/Surname:		DOB:		Client ID:	
Address:					
	Date Given dd/mm/yy	Vaccine Name/ Manufacturer	Batch No.	Expiry Date Month/Year	Site Given
6 in 1 (2)					
Men C (1)					
Other					

Doctor's Signature: \_\_\_\_\_ GP Contract ID No: \_\_\_\_\_

Child's Forename/Surname:		DOB:		Client ID:	
Address:					
	Date Given dd/mm/yy	Vaccine Name/ Manufacturer	Batch No.	Expiry Date Month/Year	Site Given
6 in 1 (1)					
PCV (1)					
Other					

Doctor's Signature: \_\_\_\_\_ GP Contract ID No: \_\_\_\_\_

**Two Part Form: Return perforated sections on completion of each visit, to your local child health office.**



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## Primary Childhood Immunisation Record/Return Form 2 (12, 13 months of age)

RETURN FORM to::

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts, 1988 and 2003. The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes, provide health care and to facilitate payments to your General Practitioner (GP).

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 Child Health office by 7th day of month following vaccination.

GP Practice Name, MCRN, Address or Stamp	HSE Client ID:	PPS No.
	Child's Forename:	Child's Surname:
GP PCI Contract/PCRS ID (Payments):	Child's DOB:	Male/Female:
	Child's Current Address:	
Outbreak <input type="checkbox"/>	Mother's Name:	Mother's DOB:
	Mother's Maiden Name:	
	Mother's PPS No. (optional):	
	(The above information may be used to facilitate client validation)	
	Daytime Phone No.:	Mobile Phone No.:
	(By supplying your mobile phone number you are consenting to receiving vaccination related texts)	

I have been made aware of any possible adverse reactions to these vaccines. I confirm by signing this form that I am authorised to give consent on behalf of the above named child. I consent to have this child vaccinated against the diseases named below.

Measles Mumps Rubella (MMR): ☐ Pneumococcal (PCV) : ☐ Meningococcal C (Men C): ☐ Haemophilus influenza B(Hib) : ☐

Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_ ☐

Signature: ..... Date: ...../...../.....  
(Please tick) 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: \_\_\_\_\_

Child's Forename/Surname:	DOB:	Client ID:
Address:		
	Date Given dd/mm/yy	Vaccine Name/ Manufacturer
	Batch No.	Expiry Date Month/Year
	Site Given	Vaccinator's Signature & PIN/MCRN
<b>Hib Booster</b>		
<b>Men C (3)</b>		
<b>Other</b>		

Doctor's Signature: \_\_\_\_\_ GP Contract ID No: \_\_\_\_\_

Child's Forename/Surname:	DOB:	Client ID:
Address:		
	Date Given dd/mm/yy	Vaccine Name/ Manufacturer
	Batch No.	Expiry Date Month/Year
	Site Given	Vaccinator's Signature & PIN/MCRN
<b>PCV (3)</b>		
<b>MMR</b>		
<b>Other</b>		

Doctor's Signature: \_\_\_\_\_ GP Contract ID No: \_\_\_\_\_

Two Part Form: Return perforated sections on completion of each visit, to your local child health office.





## Documentation

### Vaccination Forms – to GP

- Pre-printed vaccination forms for each child due 1st vaccination are sent to the nominated GP (when known) before 1<sup>st</sup> vaccinations are due.

### Invitation letters – to Parents

- A week before the first vaccine is due, invitation letters are generated by the system and sent to the **parents/guardians** inviting them to bring their child to their nominated **GP** for vaccination.
- No invitation letters issue for 2<sup>nd</sup> & 3<sup>rd</sup> vaccines – national decision.
- At **12 months** an invitation letter for **MMR/PCV & Men C & Hib** (due at 13 months) vaccines issues to parents/guardians. This letter lists all vaccines the child has received up to this point.

## Reminders



- A reminder letter is generated if a child has not received their vaccine two months after it's due date.
- Reminder letters generate at each vaccine stage if applicable.
- Nationally agreed template for reminder letters.

## Opportunistic Vaccinations

- When child presents, registers or transfers into an area, no pre-printed vaccination return forms will generate. Use a blank form
- If child moves to different GP practice, the opportunistic form can also 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



# 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**

## Movements 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 5yrs who move **into** the county.
- GP/ PN should notify Immunisation Office when a child moves from a practice or out of county/country.
- GP/ PN when submitting a vaccine for a child who has moved in to their practice from another area, should submit details of previous address or previous vaccination history if available
- Change of address and change in circumstances can be written on defaulter lists and returned.
- Problems arise with families with no forwarding address

# School schedule



## HSE- South East

### Primary Schools:

- The school immunisation service offer 4-in-1 and MMR boosters to school children in junior infants with mop up clinics at planned stages.
- BCG - Neonatal programme ongoing and 'catch up' of older children via schools or clinics.

### Secondary Schools:

- Low dose Tdap in 1<sup>st</sup> /2<sup>nd</sup> year secondary school children.
- HPV to children in 1<sup>st</sup> year
- Men C in 1<sup>st</sup> year from 2015



## Issues that need to be addressed

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- National Client Identifier – required to enable better data sharing
- Better linkages to other systems
  - GRO – Births, Deaths & Marriages
  - PCRS – Primary Care Re-imbursement Service
    - GP contract details
  - GP Practice Management Systems
    - Avoid duplication of data and data entry
  - Department of Education
    - School class lists



# The End

*With thanks to Breeda Feeney Senior Systems Analyst, Edel Conway, ADPHN,  
& Susan O'Hara, Siobhan Hennessy, GIV, Child Health Office,*

## Further Information

- [www.immunisation .ie](http://www.immunisation.ie)
- [www.hpsc.ie](http://www.hpsc.ie)
- [www.who.int](http://www.who.int)
- [www.immunisation.org.uk](http://www.immunisation.org.uk)
- [www.ich.ucl.ac.uk](http://www.ich.ucl.ac.uk)

## References

- Immunisation Guidelines for Ireland (2008)  
<http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008>
- A Practical Guide to Immunisation, National Immunisation Office (2008). <http://www.immunisation.ie/en/HealthcareProfessionals/TrainingManual/>