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Vaccination defaulters.



Overview of presentation

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



Introduction

- 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

- 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?

- 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)

- 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)

- 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

- 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 (copy with handout).



Ways to increase uptake

- Early introduction of vaccinations – ante nately, 6/52 check
- All staff to be vaccine aware
- Know when to immunise
- Real V False Contraindications
- 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

- 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

Duplicate Form (Part E) - Pink
**PRIMARY CHILDHOOD
 IMMUNISATION PROGRAMME**

15E 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: _____



Waterford LHO Quarterly report

- Children born between 01.04.12-30.06.12
- 481 babies born in Waterford LHO
- 58 not fully vaccinated (12%)
- Reasons not vaccinated/ on defaulter list:
- Movement in and vaccinated elsewhere - 11
- Delayed vaccination receipt of returns - 15
- Unknown reason. Parents 'forgot'/reminded - 19
- Vaccinated too soon - 2
- Parental decision to delay - 2
- Vaccinated in another LHO - 1
- Medically contra indicated - 4
- Refusals - 4



Waterford LHO Quarterly report cont'd

Only 8 not vaccinated because of either parental refusal or medically contraindicated (1.6%).

27 of the 58 are vaccinated (5.6%) and a further 2 vaccinated, but too soon.

19 of the unknown's could be potentially up to date with a rigorous follow up system.

These findings very much correlate with the uptake in the schools programmes.

In Waterford LHO 2012/2013 uptake stats for Junior infants,

Cohort 2,041 – 2,011 vaccinated with 4 in1 (98.5%)

Cohort 2,052 – 2,032 vaccinated with MMR (99%)



Conclusion

- 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.



Useful local contact details

- **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

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

Thank you



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