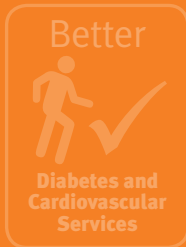


Targeting Immunisation

Increased Immunisation

Our target: 85% of two-year-olds will be fully immunised by July 2010, 90% by July 2011 and 95% by July 2012.



Providing increased immunisation



Increased immunisation is a Government health target

Since August 2007, increased immunisation has been a health target. In July 2009, the Government showed its commitment to immunisation by making it one of six nationwide health targets.

The immunisation health target requires district health boards (DHBs), which run the country's public hospitals, to ensure that:

85% of two-year-olds will be fully immunised by July 2010, 90% by July 2011 and 95% by July 2012.

Why this is important

Childhood immunisation provides protection from a range of serious illnesses, including measles, mumps, rubella, polio, diphtheria and whooping cough (also known as pertussis), all of which can have serious complications and may cause long-term harm.

Despite immunisation being recognised as one of the most effective ways of preventing a range of infectious diseases, immunisation rates among New Zealand children had been low for many decades. This has contributed to regular outbreaks of illnesses such as measles and whooping cough.

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What is being done

Over the last three years, immunisation coverage for two-year-old children has risen significantly from 67 percent in 2007 to 88 percent by December 2010.

How immunisation works

Immunisation uses the body's natural defence mechanism, the immune response, to build resistance to specific infections. When a person who has been immunised against a particular disease comes in contact with that disease in the future, their immune system will respond to prevent the disease from developing into a serious illness.

Immunisation not only provides individual protection against these diseases, but if sufficient people are vaccinated, the spread of disease in the community can be slowed or even prevented completely. This can protect vulnerable groups, such as those with impaired immune systems, infants and the elderly. This population-wide protection, also known as herd immunity, is possible only with high immunisation rates.



Increased immunisation: the Ministry of Health's role



Dr Pat Tuohy was appointed to champion immunisation and work with health professionals and district health boards (DHBs) to increase their immunisation rates.

‘The first thing I did when I was asked by the Director-General of Health to lead this work was to go to the medical literature and experts in New Zealand and find out what had been proven to work. This led me to develop an immunisation workbook containing 10 key actions, which I used as a basis for discussions with immunisation steering groups around the country.’

Dr Tuohy’s 10 actions to improve immunisation rates included the following three recommendations:

- All children should be enrolled with a general practice as soon as possible after birth.
- Parents should be contacted before each immunisation is due.
- Immunisation appointments should be made at a time that suits the parents.

‘What has really worked is that health providers, especially GPs and practice nurses, have gone the extra mile and made it easier for parents to have their children vaccinated,’ Dr Tuohy says.

‘The future is looking brighter for children’s health in this country ... we have taken huge strides in recognising and addressing children’s health needs.’ – Dr Pat Tuohy

Increased immunisation has multiple benefits for child health

Improved rates of immunisation are already contributing to significant improvements in New Zealand children's health.

'This is so important because it means that the amount of long-term disability caused by these illnesses is also reducing,' Dr Tuohy says.

One spectacular example of the impact of immunisation is the dramatic drop in the rate of pneumococcal disease in babies. Since the introduction of the pneumococcal vaccine in New Zealand in 2008, the rate of this disease in children under two years old has halved (from just over 96 cases per 100,000 to 46.4 cases per 100,000). Children with pneumococcal disease can get very sick with pneumonia or meningitis. Some will die.

Better immunisation rates are also having other major benefits for children's health.

'Because children under two years of age and their families are now seeing primary health care services regularly for vaccinations, there are many more opportunities for a wider range of health care issues to be addressed,' Dr Tuohy explains.

'This increased level of contact is especially important for Māori and Pacific children and

those from our poorest families. The health of these children is much more vulnerable, with infant mortality rates and hospital admission rates for Māori and Pacific children almost twice as high as the rates for European and Asian children,' he says.

'I think we are already seeing the impact of increased contact with general practice teams, with fewer hospital admissions for Māori and Pacific children for illnesses such as asthma, diabetes and pneumonia. The need for these admissions can be reduced by easier access to good GP care.'

Less illness amongst children in our community also has other benefits, such as parents needing to take less time off work and children spending more time playing or at school, both activities that benefit the children's growth into healthy adults.

'The future is looking brighter for children's health in this country. By creating an immunisation target, tracking immunisation events on the National Immunisation Register (NIR) and raising the importance of immunisation for our children, we have taken huge strides in recognising and addressing children's health needs,' Dr Tuohy says.

Children of all ethnicities benefiting

The national immunisation rate for Māori children is now within a few percentage points of non-Māori children, thanks to the introduction of immunisation health targets for DHBs, according to Dr Pat Tuohy.

Three years ago, the national immunisation rate for Māori children was just 64 percent. By the end of 2010, this had increased to 85 percent, just 3 percent short of the current rate for the total population of under two year olds and 14 percent higher than the rate that European children experienced three years ago.

‘In several parts of the country, there is now no difference in two-year-old immunisation coverage by ethnicity. To see this sort of improvement for Māori children’s health in just three years is fantastic,’ Dr Tuohy says.

Dr Caroline McElnay, Hawke’s Bay DHB’s Director of Population Health, says that the secret to her DHB achieving 95 percent immunisation for Māori and non-Māori children lay in maintaining

accurate data about Hawke’s Bay children on the NIR and training nurses in general practice and Māori health providers to use it well.

‘We haven’t introduced any spectacular new programme, just good systems that we can sustain into the future. It wouldn’t work, though, without primary health care and in particular our very dedicated nurses who see immunisation as essential for child health.’

Mark Liddle, primary health care manager for Canterbury PHO Partnership Health, sees the immunisation target as helping Canterbury PHOs to stay focused and keep improving their immunisation rates.

‘A consistently high level of performance by GP teams, coupled with accurate information and good support from immunisation coordinators, means that we are improving immunisation rates for children of all ethnicities. GP teams can pre-call and recall and then if necessary refer to outreach services to vaccinate children in the community.’

‘A consistently high level of performance by GP teams, coupled with accurate information and good support from immunisation coordinators, means that we are improving immunisation rates for children of all ethnicities.’ – Mark Liddell



Immunisation soars for New Zealand's largest Pacific community

In just one year, Counties Manukau DHB has managed to increase its rate of immunisation for Pacific children by 9 percent, taking the immunisation figure to 90 percent and achieving the national target for the 2010/11 year six months early.

Counties Manukau has more Pacific children living in its region than any other region in New Zealand, and traditionally this has been a hard-to-reach group for immunisation purposes.

'At the end of 2009, just 73 percent of Pacific children in the Counties Manukau area had been vaccinated,' recalls Carmel Ellis, Programme Manager, Child Health.

While Counties Manukau DHB's immunisation strategy focused on increasing the rate for all children in the area, it has worked most effectively for Pacific children, taking them 2 to 3 percentage points beyond the immunisation rate for other children in their community.

Pacific children have high immunisation rates when they live in the islands, but coming to New Zealand presents a number of challenges, such as getting to know how best to use the New Zealand health services, language barriers and, in some parts of South Auckland, difficulties in

getting to a general practice to get their infants immunised. When issues such as household overcrowding are added to the mix, it is not surprising that Pacific families have higher rates of infectious diseases.

'It is such an important development as Pacific, along with Māori children, are often hardest hit by diseases that you can immunise against. They also have more general hospital admissions and benefit from the extra contact with general practice teams and public health nurses that immunisation events provide,' Carmel Ellis says.

The approach used by Counties Manukau DHB to improve the immunisation rate was multi-pronged. It involved encouraging early enrolment of children with a primary health care provider; increasing families' access to immunisation facilities, providing training for all health providers, developing a good communications strategy, improving the data provided to the National Immunisation Register (NIR) and setting up strong ongoing relationships with immunisation stakeholders.

As its next goal, the DHB aims to raise the immunisation rate for its entire population, including Pacific children, to 95 percent by the end of the 2011/12 year.



'It is such an important development as Pacific, along with Māori children, are often hardest hit by diseases that you can immunise against. ... and they benefit from the extra contact with general practice teams and public health nurses that immunisation events provide.'
– Carmel Ellis

AWARD: North End Health Centre, Oamaru

Recognising high-quality, people-centred immunisation practices

Tracy Tessier-Varlet and Janice Stuart, practice nurses at North End Health Centre, Oamaru, recently received a bouquet of flowers from the Immunisation Advisory Centre (IMAC), of The University of Auckland, who once each quarter recognise a person, or people, who fits the values of providing high-quality people-centred practice in immunisation.

The bouquet for Tracy and Janice was in recognition of their commitment and proactive use of the 'Practice Nurse Recall System'.

An immunisation audit of North End Health Centre revealed 100 percent of 0- to 15-month infants and 88 to 98 percent of 15-month to 13-year-olds enrolled at the centre had up-to-date immunisations.

Well done to both Tracy and Janice for their fantastic efforts in encouraging immunisation uptake!



Helping parents to protect their children

As long as we are in a safe place and there is cellphone coverage, I am happy to meet wherever parents want to have their children immunised,' says Betty Gilsean, West Coast DHB Immunisation Facilitator.

'There are some big families on the Coast, some of them living in quite isolated places, and getting to the surgery and waiting for 20 minutes can just feel too difficult,' she explains.

The West Coast DHB is doing well on its childhood immunisation rate, reaching the 93 percent mark last November, but it has taken a concerted effort from the DHB and primary health care teams.

'We have really good staff gathering data for our part of the National Immunisation Register (NIR), general practice nurses who strongly believe in the importance of immunisation for child health and an outreach service that will travel to those

children who for some reason can't get to us,' Betty says.

The percentage of West Coast families that decline immunisation is relatively high, and education remains important in helping to bring these children into the programme.

'If someone declines to have their child immunised, we always offer them immunisation information so that they have all they need to make an informed choice,' Betty explains.

Some West Coast families also opt not to have their children's immunisations recorded on the NIR, but Betty says some of these children are in fact vaccinated.

'We are always aiming high, and the extra information we now have available from the NIR allows us to see exactly who needs vaccinating and when we should contact them.'



'We have really good staff gathering data for our part of the National Immunisation Register, general practice nurses who strongly believe in the importance of immunisation for child health and an outreach service that will travel to those children who for some reason can't get to us.' – Betty Gilsean

Good data and training vital

Accurate immunisation data and enthusiastic primary care teams have been the key to Hawke's Bay DHB's success in improving its childhood immunisation rates, according to the DHB's Director of Population Health, Dr Caroline McElnay.

Since 2005, Hawke's Bay has increased its immunisation rate from 74 percent to 95 percent for children of all ethnicities, making it the top performing DHB.

Dr McElnay says that the DHB became concerned about its immunisation rate, particularly for Māori children, before the national health target was set in 2007.

'We knew it could be better and that we shouldn't accept a different immunisation rate based on ethnicity,' she explains. 'Our main strategy for improvement was to support primary care with up-to-date immunisation data through the

National Immunisation Register (NIR) and to provide training for nurses in how to use the information.'

'The data is so important as it takes away the guesswork in finding out who should be vaccinated. We know our community is a mobile one – children often move around or stay with different family members – and the NIR tells us a child's immunisation status at any given time,' she says.

The programme is also set amidst a holistic well child approach in which nurses are encouraged to immunise children opportunistically if families are visiting their general practice for another reason. The DHB's Immunisation Outreach Service is also able to visit children in their own homes to vaccinate them if their parents can't transport them to a surgery.



“The data is so important as it takes away the guesswork in finding out who should be vaccinated. We know our community is a mobile one – children often move around – and the NIR tells us a child's immunisation status at any given time.”
– Dr Caroline McElnay

CASE STUDY: Ropata Medical Centre

Focus on recalls helps centre stay on track

Employing a dedicated nurse administrator to work on recalling children for their immunisations has helped Ropata Medical Centre, Wellington, to maintain its position as one of the top performing general practices in New Zealand for immunisation.

Business Manager Jonathan Morgan says the centre has always had good recall systems but having someone dedicated to the job has meant that children continue to receive their immunisations on time, even at busy times of the year.

‘During the flu season, for example, nurses get busy with flu vaccinations, there are higher rates

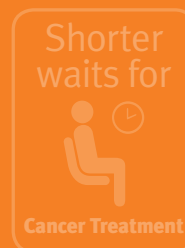
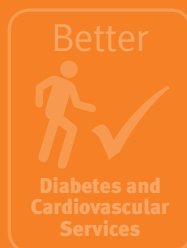
of staff sickness and recalls can slip. By having someone assigned to the job, we can remain on track with children booked to visit at times that fit both families and the practice,’ he explains.

Mr Morgan says the national immunisation target has also assisted the practice to stay on track. ‘We can measure how well we have done and more importantly see when we have slipped.’

While the majority of the 19,300 people enrolled at Ropata Medical Centre do not have high needs, Mr Morgan says the practice works hard to maintain a strong focus on their most vulnerable patients, including those who would normally have the lowest uptake of immunisation.

‘We can measure how well we have done and more importantly see when we have slipped.’ – Jonathan Morgan





The last word –

Kevin Woods, Director-General of Health



As incoming Director-General of Health I'm delighted to see the way clinicians around the country are working together to improve the care provided to New Zealanders in a number of key health target areas.

The process of changing the way we work to improve quality and efficiency in a tight fiscal environment challenges the ingenuity and creativity of health professionals. It's clearly paying dividends, with various initiatives making a positive difference to improve DHBs' performance against the health targets.

The innovations and stories featured in this publication are part of an integrated health care system that continues to deliver results for patients.

There are significant challenges, and no 'one size fits all' solutions, which is why it's so heartening to read about how local health communities are working collaboratively to deliver good health and independence outcomes for New Zealanders.

Health targets provide a clear and specific focus for action.

People in New Zealand have high expectations that they will have good access to health care services when they need them. This is as it should be – which is why it's so important that we continue to evaluate performance and report on our progress.

While substantial success has been achieved, I look forward to working with you to see continued improvements that will benefit all New Zealanders.

Additional information

More information on health targets can be found at www.govt.nz/healthtargets

More information on immunisation can be found at www.moh.govt.nz/immunisation

Clinicians and those involved with the target can access further resources and tools relating to the target on the Health Improvement and Innovation Resource Centre website – www.HIIRC.org.nz