

12 February 2010

Committee Secretariat
Health
Parliament Buildings
Wellington

Inquiry Into How To Improve Completion Rates Of Childhood Immunisation

The NZMA is New Zealand's largest medical organisation and has a pan professional membership. We have around 4500 members who come from all areas of medicine including medical students, resident medical officers, general practitioners, and other specialists.

The NZMA aims to provide leadership of the medical profession, and promote:

- professional unity and values;
- the health of New Zealanders.

The key roles of the NZMA are to:

- provide advocacy on behalf of doctors and their patients;
- provide support and services to members and their practices;
- publish and maintain the Code of Ethics for the profession; and
- publish the New Zealand Medical Journal.

Key Statistics

Statistics for the first quarter of 2009/10 of DHBs performance against health targets for immunisation for 2009/2010 appear to show that there has been a 1% increase in the national immunisation coverage of two year olds to 81%¹. The Ministry of Health says that the DHBs are on target to meet their modest goal of 85% of two year olds to be fully immunised by July 2010, 90% by July 2011 and 95% by July 2012. We welcome this apparent improvement. However, we have some concern about the accuracy of the base statistics. It is possible that the actual situation is better (or worse) than the statistics indicate. We understand for example, that while Lakes DHB is shown to have the lowest immunisation rates in the country, anecdotal evidence from local GPs suggests that actual rates may be better than those stated. It may be that the overall rate for Lakes is heavily influenced by small pockets within the region which in turn has pulled down what would otherwise be a fairly high rate. We would however like to see validation of those rates.

¹ Health Targets 2009/10 progress – Quarter 1, Ministry of Health

At face value however we accept that New Zealand ranks poorly when compared to other countries. A 2005 UNICEF summary of infant immunisation placed New Zealand 101st of 193 countries globally and 31st of 37 industrialised countries.² Although there are some individual results for DHBs that are satisfactory, there are also some which indicate the push for greater immunisation has either stalled or fallen behind. It is clear, as the Ministry of Health comments in respect of the figures given, that there is a need to share learnings across DHBs and regions so that improvements in all DHBs' immunisation rates can be seen. The NZMA continues to be alarmed at DHBs' apparent inability to share information and successes in such a critical area of public health.

Barriers to Immunisation

a) Cost

From a general practice perspective one of the main barriers to increasing immunisation rates is cost. Doctor Nikki Turner et al researched this issue late last year³ and found that the cost of immunisation significantly exceeded the current level of the immunisation benefit subsidy. The study found that the most significant costs were in informed consent although a disproportionately large time could be spent in follow up in regard to late immunisations. The study also found that very little time was committed to opportunistic vaccinations and posited that the inadequate incentive system meant that the extra time commitment spent in regard to this was not financially feasible. The NZMA has argued for many years that the inadequate remuneration to general practice for immunisation is a substantial factor in New Zealand's inadequate performance.

b) Access

Studies at individual DHBs continue to show that access is a problem, either because of transport issues or inability to attend. (e.g. Because on the date set for the immunisation to occur, the child was sick and a subsequent date for immunisation was not set⁴).

c) Systemic Failings

The results of an audit of opportunistic immunisation of paediatric inpatients at Rotorua Hospital⁵ revealed a number of systemic failings that prevented more children from being immunised. These included

- Documentation of immunisation status missed in 16% of admission clerkings and Ministry of Health data only available for 36% of patients. Of the data collected by the Ministry 28% of the records contradicted parental reporting of immunisation status.

² Turner, N et al "The Cost of Immunising at the General Practice Level", Journal of Primary Health Care 2009 1 (4): 286-296, UNICEF. Progress for Children: A Report Card on Immunization (No. 3). In: UNICEF, editor. New York; 2005

³ Turner, N et al, above n2.

⁴ Gilbert, R et al "Opportunistic Immunisation of Paediatric Inpatients at Rotorua, Audit and Discussion", NZMJ 3 July 2009, Vol 122 No 1298.

⁵ Above n4.

- In 90 patients, 79% of those in whom catch-up vaccination was indicated, no action was documented.
- Lack of a pre-ordered vaccine supply (in respect of hospital ward rounds).⁶
- Inadequate availability of staff trained in immunisation.

The study noted with concern the lack of action when children were found to be behind in immunisation. Despite catch-up immunisation being recommended by many bodies, and being adopted as a clinical indicator for the children's unit, only 4% of under immunised children received immunisations in hospital.

While the above study relates to Rotorua hospital alone it is likely that some or all of the above factors are working in other hospitals.

Finally, under this heading we note our concern that the current system of maternity care, which often disrupts the continuity of access to general practice care, may be a factor.

d) National Immunisation Register

We have had reports of significant problems with the National Immunisation Register. In particular general practitioners report frustrations with the inaccuracy of the data.

e) Knowledge and Education

There are two aspects to this; the knowledge and education of health professionals regarding immunisation, as well as that of the general public.

A survey of New Zealand general practitioners demonstrated significant knowledge gaps in regard to immunisation among health professionals⁷ while research in Rotorua found that a significant proportion of health professionals lack confidence around immunisation safety⁸. Having said that since this research was done nurses in general practice have increasingly taken over the role of childhood immunisation and in order to do so are undertaking well run courses on the subject.

In regard to the general public there is evidence that many of the parents who choose not to immunise their children are distrustful of information provided by the Ministry of Health. Many of them undertake their own research and as a result:

- Are concerned about the risk of side effects and complications from immunisations.

⁶ Above n4. The study notes that while vaccines are always available from the hospital pharmacy, they needed a doctor's prescription before they could be obtained on the ward and it could not be ordered in advance.

⁷ Petousis-Harris H, Goodyear-Smith F, Turner N, Soe B. "Family physician perspectives on barriers to childhood immunisation". *Vaccine*. 2003; Turner, N, "Concerns of Health Providers and Parents Affect Immunisation Coverage", *NZMJ*, 20 February 2004 vol 117, No 1189.

⁸ Jellyman, T et al, "Attitudes to Immunisation: A Survey of Health Professionals in the Rotorua District", *NZMJ* 20 February 2004, Vol 117 No 1189.

- Are concerned that the child's immune system should be given an opportunity to develop naturally as immunisation weakens the immune system.
- Believe that the diseases being immunised against are rare and not life threatening;
- Believe that the vaccine offered is ineffective.
- Are influenced by direct or indirect knowledge of other children who have been adversely affected by immunisation (including short term adverse reactions)⁹.

It is also possible that some of the concerns raised regarding the safety and efficacy of vaccines has been stirred by anti-immunisation lobbyists and the misinformation spread by them.

f) Technology

One of the problems with achieving satisfactory immunisation rates is that when patients move practices their medical records are unable to be transmitted electronically field to field. While the National Immunisation Register will solve that problem with time (but creates its own problems as mentioned elsewhere), at present one of the most effective means of improving childhood immunisation rates would be to have field to field transfer of the immunisation record. This would mean that when a child transfers from one practice to another, the new practice would easily know which immunisations had been given and would not have to re-key this information. There is a project called GP2GP which aims to solve this problem – it needs to be implemented as soon as possible.

We would like the opportunity to speak to the Select Committee.

Yours faithfully



Dr Peter Foley
Chair

⁹ Hamilton, M et al "Why do Parents Choose not to Immunise their Children?" NZMJ, 20 February 2004, vol 117, No 1189.