

## **Influenza Vaccination Campaign 2010 – Don't let the FLU get YOU**

The Monovalent H1N1 Influenza Vaccination Campaign closed on 15<sup>th</sup> March 2010. Thank you to those practices and clinics that delivered or referred patients seeking the vaccine. The Seasonal Influenza Campaign has been underway since 1<sup>st</sup> March 2010.

The eligibility Criteria for Seasonal Influenza Vaccination has been expanded for this year and includes:

- Pregnant women
- Significantly Overweight individuals (BMI +35)
- Anyone aged 6m to 65y with an eligible medical condition. A list of eligible medical conditions is available in the 2010 Influenza Kit or at <http://www.influenza.org.nz/?t=890>
- Anyone aged 65y or over
- Healthy Maori, Pacific or high needs children aged between 6m – 5y.

Seasonal Influenza Kits and resources have been distributed. If you have not received a 2010 Influenza Kit contact the immunisation facilitator. The kit contains important information for healthcare professionals delivering influenza vaccine and promotional information for patients / care givers.

### **Specific CARM Reporting Form for Influenza Vaccine in 2010**

An Influenza specific CARM report has been developed to monitor adverse events follow seasonal influenza vaccination this year. The form is able to be printed and posted or fax but can be submitted electronically and is available on <https://nzphvc-01.otago.ac.nz/influenza/>

### **At Risk Children... Influenza**

2009 hospitalisation statistics for Pandemic Influenza suggest that children with chronic medical conditions, particularly respiratory and neurological; children from areas of high deprivation and Maori and Pacific children are more at risk of hospitalisation from swine flu.

Children with certain chronic conditions are already eligible for free influenza vaccination however, the Ministry of Health has expanded the eligibility for FREE influenza vaccination to include more children aged between 6 months and 5 years. General Practices can use their discretion to offer free flu immunisation to children from high deprivation backgrounds.

Children vaccinated for the first time in 2010 require two influenza vaccinations 1 month apart to optimise the H1N1 component of the 2010 seasonal influenza vaccine. For more information on vaccination of children for influenza in 2010, refer to the 2010 Influenza Resource Kit.

### **Who's Who in Imms...? Jane Green, NIR Administrator**

**Jane Green** is the *NIR Administrator* for the NMDHB Public Health Service. Her role is to

- Record all notifications of birth registrations
- Record any requests to "Opt Off". When opting off, their NHI, date of birth and any immunisations already recorded on the NIR are retained.
- Record any immunisation events that have been given, declined or rescheduled outside of general Practice mainly by the Out Reach Immunisation Nurses
- Process reports of children who are overdue their immunisations
- Jane can be contacted on 03 539 3536.

### **National Immunisation Register (NIR)**

The National Immunisation Register is an electronic immunisation programme developed by the Ministry of Health that assists with the collection and access of immunisation information and the improvement of NZ immunisation rates in NZ. The NIR can provide:

- facilitation of opportunistic vaccination
- assistance with recall and audit/coverage at practice level.
- information on the immunisation status of a new patient.
- a comprehensive report of a child's immunisations, including any vaccine contraindications.
- timely identification of any child who is overdue for an immunisation event

Every baby born in the region since the 5<sup>th</sup> December 2005 is registered on the National Immunisation Register. The NIR helps track a child's immunisation and supports health providers to ensure the child is up to date with vaccinations regardless where they move to in NZ.

The NIR links to other computer systems such as Practice PMS, Maternity and School-Based Vaccination Systems to ensure a full picture of immunisation is held. In order for NIR to work efficiently make sure you understand how messages are sent from the PMS and where to retrieve NIR messages from the practice / clinic inbox. A child's vaccination status can be looked up by accessing the NIR electronically or contacting 0800 505 999 or 03 546 1072. The NIR status of each new child enrolled in your practice should be checked as part of the enrolment process, the need for catch ups identified and a plan discussed with parents / guardians.

### NIR Messaging

A number of issues have arisen where immunisation information has not transported from the PMS to the NIR. This is mostly due to a lack of connection. Some practices do not have a continually open internet access therefore any information or electronic requests will not be sent to NIR unless Internet is open.

The NIR will message the practice relating to issues or information requested. It is important that the patient inbox is checked regularly so as these messages can be received. If you have requested a NIR look up and have not had feedback within 5 minutes you might like to use the telephone look up. NIR Lookup Numbers are 0800 505 999 or 03 546 1072.

The ZZ ethnicity code has been retired. NIR have identified the ethnicity codes of patients that have registered as ZZ. The list of these patients will be forwarded to practices in the future. Please do not register patients using the NIR ZZ code.

The correct coding of ethnicity assists to establish trends of immunisation and supports the opportunity to develop a specific immunisation focus for an identified group.

### Improving Coverage

Understanding barriers to immunisation helps promoters and providers of immunisation to provide relevant timely information to help patients / caregivers make an informed choice about immunisation. Research suggests that there are 5 key components that influence the decision to immunise. These include;

Barrier	Strategy to Overcome
<b>Perception of disease seriousness and risk</b>	Be familiar with vaccine preventable diseases and support parents / caregivers to understand the risks associated with contracting the disease. Resources such as 'In the Loop' are a particularly good tool to discuss disease risks.
<b>Knowledge of vaccine efficacy and length of protection</b>	Be familiar with the vaccine you are giving, how it works, how long it takes to work, how long it works for, when it is contraindicated and what are the consequences when given. Vaccinator knowledge and the ability to communicate with people is vital. The vaccine information sheet and <a href="http://www.medsafe.govt.nz/">http://www.medsafe.govt.nz/</a> have valuable information to inform vaccinators. It is also important to understand the current community perceptions of vaccines and vaccination e.g. MMR and Autism
<b>Age, education and experience of parents</b>	Younger parents may not have experienced or witnessed vaccine preventable diseases and have no experience to draw on to assist in support their decision to vaccinate. Parents with larger families often find the logistics of getting one child vaccinated whilst ensuring the safety of others is challenging. What strategies do your practice / clinic have to manage this situation?
<b>Media exposure</b>	What is being discussed in the media has a bearing on the decisions to vaccinate. Not all media information is supported by research. In order to support immunisation decisions vaccinators need to be aware of media relating to immunisation and be sufficiently informed to be able to discuss these issues. For help & support with current information, contact your Immunisation Facilitator.
<b>Ethnicity – Maori, Pacific Island</b>	It is well recognised that some ethnicities are at higher risk of vaccine preventable diseases and less able to access vaccination. What strategies do your practice / clinic have to ensure at risk people can be vaccinated e.g. identifying at risk groups, access to translated information, identification of barriers that may deter parents from bringing their children in – eg. financial, social, language, access barriers. Refer all non-responders to Outreach Immunisation Services (OIS) after 3 attempts to recall. OIS: Contact <u>Sharon Osborne</u> , Maataa Waka, phone 577 9256

As promoters and providers of immunisation, understanding these barriers may support parents / caregivers to be more informed about immunisation and the risks of not immunising. For more information, please contact the Immunisation Facilitator.

### Measles Mumps and Rubella

The Ministry of Health has advised that the early recall campaign for measles, mumps and rubella vaccination has been discontinued. The adjustment to the schedule for MMR resulted in a substantial uptake around NZ and potentially reduced the impact of the measles outbreak at the time. Children should now be vaccinated with MMR at 15m and 4y.