



Immunisation in Pacific children: a success story

Key concepts

- The Ministry of Health goal is for 95% of two-year-old children to be fully immunised by July 2012
- Immunisations coverage rates among Pacific infants have improved substantially in recent years
- Although improvements have been made, it is still imperative that strategies continue to improve immunisation rates
- Primary care clinicians are well placed to help address barriers to immunisation and improve the health of Pacific children

Are immunisation targets being achieved?

Childhood immunisation plays an important role in the health of children, their families and the wider population. It helps prevent disease and is one of the most cost-effective public health interventions. However, for vaccine preventable disease transmission to be effectively controlled in a community there must be high immunisation coverage of approximately 95% (depending on the disease). For this reason the overall national immunisation goal set by the Ministry of Health is for 95% of two-year-old children in New Zealand to be fully immunised by July 2012.

Immunisation coverage for New Zealand children at age two years has improved over the past few years. Latest statistics show that 87% of two-year-old children were fully immunised in the three month reporting period ending June 2010.¹ However, it is concerning that by age five years only 67% of New Zealand children were fully immunised.¹

The six-month milestone provides a measure of timeliness of the primary series of immunisations. In March 2010 only 67% of New Zealand infants had received their primary series of immunisations by age six months (72% European, 64% Pacific, 53% Māori).²

Immunisation rates among Pacific children have improved

There have been past concerns about the low rates of childhood immunisation coverage among Pacific infants

PHO Performance Programme goal for immunisation

The PHO Performance Programme (PPP) was established to improve the health outcomes of people enrolled in general practice and to reduce inequalities, especially in high needs populations (Māori, Pacific peoples and those living in lower socioeconomic areas).

The current (2010) PPP goal for immunisation is for 85% or more of a PHOs enrolled population to have received their complete set of age appropriate vaccinations by their 2nd birthday.

in New Zealand. However, over recent years there have been substantial improvements (Figure 1) and initiatives to increase immunisation rates among Pacific children appear to be succeeding.³

The 1991/92 National Immunisation Coverage survey revealed that only 53% of Pacific infants were fully immunised by age two years.⁴ A follow-up survey completed in early 2005 showed that two- to three-year-old Pacific children had the highest coverage level of all ethnic groups (although the difference was not statistically significant from that of the European/Other ethnic groups).⁵

By 2009 the immunisation rates in Pacific and European children in New Zealand were both approximately 85% (Figure 1).


A success story in Waikato

In 2010 the Waikato District Health Board has achieved an increase in immunisation coverage of all two-year-olds from 76% in June 2009 to 86% in 2010. Coverage rates were higher in Pacific children and increased from 80% in 2009 to 93% in 2010.

Waikato DHB implemented a “no child left behind” initiative, which involved a collaborative approach between immunisation providers, the Immunisation Advisory Centre, primary care and outreach workers. The National Immunisation Register team and opportunistic immunisation services also had an important role in the achievements.

The Waikato region has a mobile immunisation service, with two vehicles and two nurse vaccinator teams. The service travels across the Waikato DHB region to immunise hard-to-reach children, addressing access issues such as transport and cost for parents.

The Hospital Opportunistic Immunisation Service, based at Waikato Hospital, allows children who present at hospital as either a patient or visitor, to get their required immunisations in the emergency department, wards and clinics. To date, this service has immunised more than 400 children since its inception in August 2009.⁷

 For further information about Waikato’s childhood immunisation services, visit: www.waikatodhb.govt.nz

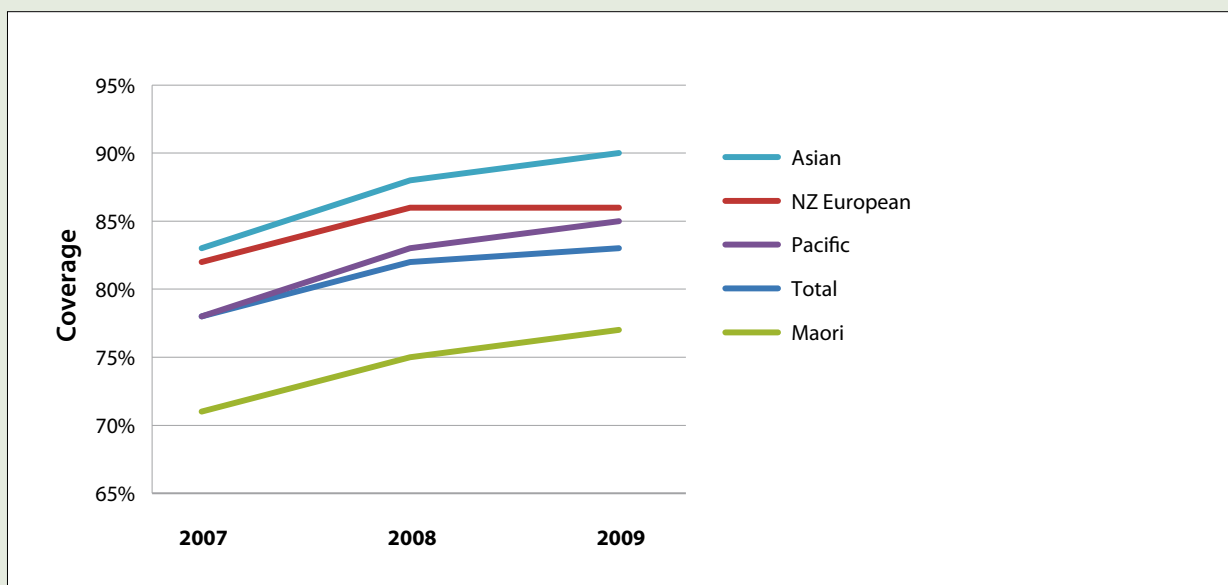


Figure 1: New Zealand children fully immunised by age two, by ethnicity (adapted from IMAC, 2010)⁶

Why are some Pacific children not being immunised?

Identifying and addressing barriers to immunisation

The National Immunisation Coverage survey (2005) explored caregivers' underlying attitudes and understanding of childhood vaccination.

Some key observations with respect to Pacific caregivers were:⁵

- The vast majority of Pacific caregivers (97%) agreed that all childhood immunisations were important (compared with 87% European/Other). However most (87%) agreed that doctors and nurses should provide more information on the benefits and risks of immunisation (compared with 55% European/Other). Of interest was that 69% of Pacific caregivers with English as their second language stated that they would understand more about immunisations if information was provided in their own language.
- Approximately half of Pacific caregivers found it hard to remember when their child's immunisations were due and also approximately half said that immunisation injections are too upsetting/painful for young children (compared with only approximately a quarter of European/Other)
- Approximately a third of Pacific caregivers said that travelling and waiting time at doctor's surgery makes it difficult to have their child immunised (compared with 12% European/Other)
- Approximately half of Pacific caregivers would rather have a nurse come to their house to give child immunisations than go to doctor's surgery (compared with 26% European/Other)


Key strategies to improve immunisation rates

Although improved coverage rates of immunisation for Pacific children is encouraging, ongoing improvement is necessary and disparities are still apparent between population groups. Timeliness of immunisations also

needs to be improved. Being aware of the fears and perceptions of parents/caregivers is a good first step. After that, planning at a practice level is necessary to address issues and disparities.

Key strategies for general practice include:

- Enrol young Pacific patients early in your practice
- Use the patient management system to target Pacific children who have delayed or missed immunisations
- Keep immunisation records up to date and make sure accurate data is recorded on the National Immunisation Register
- Collaborate with midwives, other lead maternity carers, Plunket nurses and Pacific providers to ensure that information about immunisations is consistent and reinforced
- Use community outreach immunisation services for families in which transport, cost or other barriers to immunisation may be a factor
- Keep knowledge about immunisations, adverse effects and contraindications up to date
- Effectively communicate with parents/caregivers to address any fears or misinformation about immunisation

 For further information about addressing barriers to immunisation, see "Immunisation in children by age two years" BPJ29 (Jul, 2010).

Patient resources

Ministry of Health patient information leaflets about immunisation are available in Samoan, Tongan, Cook Island Māori, Niuean, Fijian or Tokelauan languages:

1. Immunise your child
2. National Immunisation Register
3. Year 7 immunisation school programme

These resources can be ordered online at: www.healthed.govt.nz/resources/search-resources.aspx?id=15

Results from the Pacific Islands Families study

As part of the Pacific Islands Families: First Two years of Life Study, 1376 Pacific mothers were interviewed about the immunisation status of their infants.⁸ Information was gathered on which factors adversely affected immunisation of their six week old infants. In this study, 27% of mothers reported that they had not had their infant immunised at approximately six weeks of age.

After controlling for potentially confounding variables two characteristics were identified about mothers who were less likely to have their child complete the first dose of the primary immunisation series – they had more than five children and had difficulty with transport.⁸

With regard to specific Pacific ethnic groups, Samoan mothers were significantly more likely to report that they had immunised their infant. Infants older than eight weeks were more likely to have been immunised than younger infants. Maternal birthplace, household income, attendance at ante-natal classes, marital status and number of years lived in New Zealand were not significant factors.⁸

This study was performed in 2000 and immunisation rates among Pacific children have increased significantly since then. However, these findings demonstrate the need for continued education about the importance of the primary immunisation series and the current schedules, together with community resources to support mothers and overcome barriers.

References

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