



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Results of Mid-term Evaluation Hib Booster Catch - up Campaign

Dr. Jolita Mereckiene

EPIET Fellow

Health Protection Surveillance Centre

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Background to Hib Campaign

- Summer 2005
 - Hib Booster Catch up campaign recommended by NIAC
- September 2005
 - Hib National working group was convened
 - Plans for campaign started, a phased approach agreed, and included a mid term evaluation
- November 21, 2005
 - Booster catch-up campaign started (Phase 1 cohort aged 12-23 months)
 - Media campaign and letters to GPs, parents of targeted children
- January 23rd 2006
 - Phase 2 started (children aged 24-35 months)
- Jan- Feb 2006
 - Hib mid term evaluation survey done

Methodology

- Cross-sectional telephone survey
- Study population (Programme for Action for Children)
 - GP practices receiving Hib vaccine in each HSE area
- Random sample
 - 116 GP practices selected
 - Eleven-twelve per strata (HSE area)
- Questionnaire
 - 2 paged standardised questionnaire
 - Administered at local HSE area level by staff involved in immunisation activities
- Collation of data
 - Local (or HPSC) data entry to Access or Excel database

Analysis

- EpiInfo Version 3.3.2.
- Analysis
 - Frequencies, calculation of means (medians)
 - 2 by 2 tables on selected variables

Summary Results

- Overall participation rate – 92% (107/116)
 - Participation rate by HSE areas – 100%
 - Except two areas
- Respondents
 - Practice Nurses - 60%
 - GPs - 37%
- Received cohort list - 98% (105/107)
 - List considered accurate - 91% (97/106)
 - Practices reporting list inaccurate - 9%

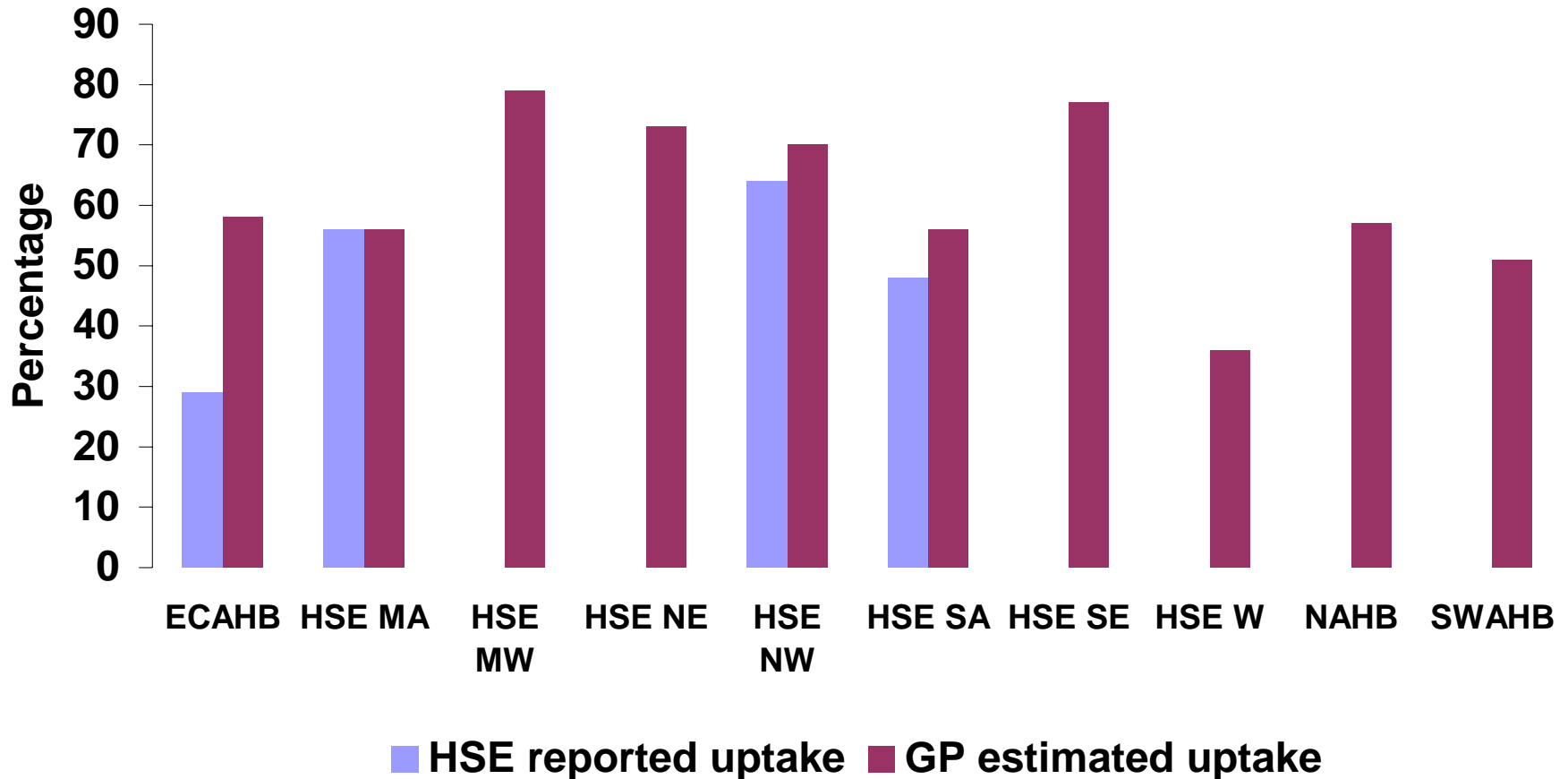
GP Practice Characteristics

Question	Yes /Total respondents	Percent	Mean
Practice predominantly •Urban •Rural •Mixed	30/107 32/107 45/107	28 30 42	
Practice population (socio-economic) •Mainly affluent •Mainly deprived •Relatively affluent •Mixed	8/107 3/107 20/107 76/107	7 3 19 71	
Practice size (range 300-18000)			3475
GPs in practice (range 1-11)			1.9
Practice Nurses in practice (range 1-3) n=73			1.3

Hib Booster Vaccine Uptake

Question	Yes /Total respondents	Percent	Mean
Able to estimate vaccine uptake	96/105	91	
How did they make this estimate <ul style="list-style-type: none"> <li data-bbox="47 634 597 676">•Immunisation information <li data-bbox="47 705 649 748">•Anecdotal reports from staff <li data-bbox="47 776 496 819">•Personal impression 	37/98	38	
	12/98	12	
	40/98	41	
Information system using in clinics for immunisation <ul style="list-style-type: none"> <li data-bbox="47 976 274 1019">•Computer <li data-bbox="47 1048 544 1090">•Immunisation registers <li data-bbox="47 1119 357 1162">•Patient charts 	49/107	46	
	21/107	20	
	16/107	15	
GP estimated vaccine uptake (range 10-100) n=96			62%
HSE reported vaccine uptake (range 0-100) n=42			50%

HSE reported and GP estimated Vaccine Uptake by Area



Communications

Question	Yes/Total respondents	Percent	Range (mean)
Parents received HSE letter	93/102	91	
Parents who did not received HSE letters			1-20 (7)
Contact made with parents	36/102	35	
Type of contact			
•Letters	4/31	13	
•Phone calls	21/31	68	
•Letter and phone calls	4/31	13	
Follow-up of non-attendees	42/100	42	
Type of following-up			
•Letters	4/42	9	
•Phone calls	28/42	67	
•Letters and phone calls	5/42	12	
Satisfied with HSE communications	86/91	94	
Sufficient information leaflets	87/90	97	

Satisfaction with Vaccine Supply

Question	Yes/Total respondents	Percent
Sufficient vaccine supply	85/92	92
Comments on lack of vaccine supply <ul style="list-style-type: none"> •Not enough initially •Not enough, on holidays at time of delivery •Special delivery was necessary 	<p style="text-align: center;">6/8</p> <p style="text-align: center;">1/8</p> <p style="text-align: center;">1/8</p>	<p style="text-align: center;">76</p> <p style="text-align: center;">12</p> <p style="text-align: center;">12</p>
Satisfied with vaccine delivery	89/92	97
Comments vaccine delivery <ul style="list-style-type: none"> •Not enough at first delivery •More frequent delivery needed •Prefer old system •Difficult for planning 	<p style="text-align: center;">1/5</p> <p style="text-align: center;">2/5</p> <p style="text-align: center;">1/5</p> <p style="text-align: center;">1/5</p>	<p style="text-align: center;">20</p> <p style="text-align: center;">40</p> <p style="text-align: center;">20</p> <p style="text-align: center;">20</p>

Methods of Hib Vaccine administration in GP Practice (n=92)

Question	Always %	Usually %	Sometimes %	Never %
For Hib vaccine booster campaign				
•Schedule appointments	45	28	13	14
•Organise Hib vaccine clinics	4	0	6	90
•Vaccinate children opportunistically	36	13	42	9
Administering Hib vaccine in the practice				
•GP	49	2	35	14
•Practice Nurse	45	22	5	28
•Nurse recruited for this purpose	0	0	0	100

Factors associated with higher estimated Hib uptake

Looked at – urban/rural, socio-economic, methods of estimation etc.

Factor	GP contacted parent				
	Yes	No	OR	95%CI	p value
High uptake GP*	27	20	3.42	1.38-8.59	0.003
Low uptake GP	15	38	Ref.		
Total	58	42			

* High uptake greater than 70%

General GPs recommendations for improving campaigns in the future

Comments	Yes /Total respondents	Percent
Better publicity	16/51	31
Advance warning to GPs	13/51	25
Defaulter follow-up	6/51	12
Confusion between Hib campaign and routine vaccination	4/51	8
Target non-nationals	3/51	6
More accurate register children's who moved in/out	2/51	4
National database	2/51	4
Other	5/51	10

Summary

- Telephone Survey on randomly selected GP practices was undertaken
 - Good participation rate (92%)
- Majority GPs received cohort list, which was accurate
- Average GP estimated vaccine uptake 62%
 - 38 % estimated vaccine uptake on immunisation information
 - 41% on personal impression
- Average HSE reported vaccine uptake 50%
- Follow-up by GPs
 - 35% GPs made contact with parents (associated with increase uptake)
 - 68% by phone calls
 - 42% follow-up non attendees
 - 67% by phone calls
- About 90% GPs satisfied with communications, vaccine supply and delivery

Conclusions

- Mid term evaluation identifies difference in estimated versus validated uptake
 - Difference may be related to delay in GP notifications, or GPs over-estimating uptake
 - Uptake generally suboptimal and of concern
 - Reasons for poor uptake do not appear to be relate to supply of vaccine, lists or leaflets
 - Poor uptake may be linked to parents lack of awareness of campaignbut this study did not look specifically at this

Recommendations

- Consider need for increase communications to parents
 - Via media
 - Via GPs communicating to parents (phone better)
 - Following up non-attendees

Summary of results will be published in magazine Forum and bulletin EPI-Insight

Acknowledgments

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- Thank you for attention!