

SCHOOL-BASED IMMUNISATION IN AUSTRALIA

TIME TO CHANGE



DISCUSSION PAPER

Australia's School-based Immunisation Program is one of the best in the world thanks to the work of Federal and State Governments, schools and vaccination service providers.¹ It has been operating for much of the last 80 years² protecting adolescents against a number of vaccine-preventable diseases,³ providing a critical, and sometimes underestimated, link in the chain of protection between infant and adult immunisations.

It is clear that the Program has made a significant impact with good levels of immunity² and has demonstrated advantages over delivery through local general practitioners (GPs) for this age group.²

However, the Immunisation Coalition believes there is room for improvement. While many adolescents currently receive the full schedule of vaccinations that are part of the School-based Immunisation Program, HPV registry data shows that for females, the national coverage drops below target at dose three (77%), while for boys coverage rates do not reach target for dose one (77%) and by dose three fall to 66%.^{4,5,6,7,8}

A number of changes to the School Program are being considered at a State and Federal level,⁹ and the Immunisation Coalition believes this provides the opportunity to assess the Program as a whole, to identify how we can build and strengthen it for future success.

A panel of experts representing different stakeholders involved in the Program was convened by the Immunisation Coalition, to ensure views from public health, general practice, secondary schools, parents and adolescents were considered.

The panel identified the following six opportunities to build and strengthen the School-based Immunisation Program:

ADDRESS THE INFORMATION GAPS to raise the importance of adolescent immunisation and decrease vaccine hesitancy.

SIMPLIFY THE CONSENT PROCESS to increase consent rates and decrease burden on students, parents and schools.

ALLOCATE THE APPROPRIATE RESOURCING to ensure the effective delivery of the Program continues under future frameworks.

CONNECT SCHOOLS AND GENERAL PRACTICE to make it easier for parents and GPs to understand a child's immunisation status and if catch-ups are required.

ESTABLISH A GP CATCH-UP ALERT SYSTEM to put the prompts in place to check adolescents' immunisation status.

IMPLEMENT SUPPORTING ACTIVITIES AND COMMUNICATE PROGRESS during the transition period to incorporate the School-based Immunisation Program into the whole of life Australian Immunisation Register to continue to address uptake numbers.

BACKGROUND

In Australia, school-based vaccination programs commenced in 1932 with the provision of a diphtheria-tetanus toxoid vaccine for four years, before relatively widespread provision of the bacille Calmette-Guerin (BCG) vaccine for 40 years from the late 1940s.² Some type of national program has run consistently since the early 1970s, although initially it was for females and provided just the rubella vaccine.²

The school-based program has demonstrated advantages over primary care delivery of vaccinations for adolescents² and provides a critical, and sometimes underestimated, link in the chain of protection between infant and adult immunisations.¹⁰

The program has been successful despite each state/territory having different reporting structures, different authorisation forms¹⁰ and different vaccination timings.¹⁰ With the incorporation of the school vaccine program into the Australian Immunisation register around two years away and no direct transfer of information from some GP desktop software to the HPV register at present,⁹ GPs are often unable to access data on their adolescent patient's school-based immunisations.

Research shows that parents may not be aware that once their child goes to secondary school they need additional vaccinations^{11,12} and adolescents often forget to pass their consent forms to their parents.¹³ As a result, market research conducted in Queensland suggests almost one in five adolescents in that region missed out on vaccinations due to parents simply not seeing the consent form.⁴

Uptake rates of the full three-dose School-based Immunisation Program for HPV currently fall below the national coverage target of 80%.^{4,5,6,7,8} HPV registry data shows that for females, the national coverage drops below target at dose three (77%), while for boys coverage rates do not reach target for dose one (77%) and by dose three fall to 66%.^{7,8}

In order to retain the critical link between infant and adult immunisation, and build on the chain of protection, the Immunisation Coalition believes it is time to review and transform the way this program is delivered.

TIME TO CHANGE – OPPORTUNITIES TO STRENGTHEN THE SCHOOL-BASED IMMUNISATION PROGRAM TO ENSURE FUTURE SUCCESS

After consultation with an expert panel (see *About the Panel* for details), the Immunisation Coalition recommends the following six opportunities for further consideration by all stakeholders to build and strengthen the School-based Immunisation Program.

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1. ADDRESS PARENTS' INFORMATION GAPS TO RAISE THE IMPORTANCE OF ADOLESCENT IMMUNISATION AND DECREASE VACCINE HESITANCY

An analysis of information resources provided on the School-based Immunisation Program shows there is no nationally-consistent set of resources used for parents although resources are developed by the Commonwealth. Resources used are developed individually by the states and territories and are delivered as part of, or along with consent forms. There is also no requirement for health or education departments to provide education about vaccinations offered in schools or the diseases they protect against, however some states and territories do provide this type of education or at least offer resources to do so.¹⁰

A meta-analysis of international data related to the information needs of parents regarding adolescent immunisation, conducted by Italian Ministry of Health, found that many parents do not consent to have their children vaccinated due to a lack of understanding of the risk-benefit equation,¹⁴ principally:

- They lack knowledge on the impact of vaccine-preventable disease such as HPV infection¹⁴
- They lack knowledge on the effectiveness of vaccines¹⁴ and,
- Most importantly, they may have heard stories about purported serious side effects of vaccines,¹⁴ the supposed 'newness' of some vaccines and the risks of vaccinating their children.¹⁴

The Immunisation Coalition believes that increasing parents' understanding of the seriousness of complications arising from vaccine-preventable diseases, and the safety and efficacy of vaccines, can help improve adolescent vaccination uptake.¹⁴

OPPORTUNITIES

ENSURE PARENTS ARE PROVIDED WITH CLEAR AND RELEVANT EXPERT INFORMATION:

Service providers and public health units have a lead role in providing educational information for immunisation service providers to give to schools for parents' secondary school enrolment information packs.

PLACE THE SCHOOL-BASED IMMUNISATION ON PARENTS' RADAR EARLY:

Immunisation service providers can take advantage of parent information evenings in the last year of primary school to provide the facts about immunisation, answer parents' questions and address any misconceptions.

ADDRESS AWARENESS NATIONALLY AND ANNUALLY:

An annual awareness campaign could be conducted to help further educate parents on the benefits of immunising their adolescent children more broadly.

2. SIMPLIFY THE PARENTAL CONSENT PROCESS TO INCREASE CONSENT RATES AND DECREASE BURDEN ON STUDENTS, PARENTS AND SCHOOLS

Obtaining parental consent, via signed paper consent forms returned to the school, is one of the biggest barriers affecting the delivery of the School-based Immunisation Program.¹⁰ Forms are lost, are not taken home, or are left in the bottom of the school bag, meaning communications don't always get through to all parents.¹⁰

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A current pilot program addressing this issue through the Gold Coast Public Health Unit has seen a transition from paper-based consent to online forms.¹⁵ The Immunisation Coalition understands this transition has made the process easier for parents to make an informed decision and have details transferred between school and general practice, however a formal analysis is yet to be completed as the pilot is ongoing.

OPPORTUNITIES

FACILITATE A BROADER DISCUSSION ABOUT THE FEASIBILITY OF A NATIONAL ONLINE CONSENT PROCESS:

While the Immunisation Coalition recognises that this process fits within the State/Territory Government remit, we welcome the opportunity to discuss the outcomes of the Gold Coast trial and have a broader discussion with Government departments to look at the practicalities of a national online consent approach. A blended approach may be needed to ensure access for low socioeconomic families.

INVESTIGATE OPPORTUNITIES FOR INNOVATION IN SCHOOL REMINDER SYSTEMS:

Consider how schools can use existing alert/reminder systems such as text messaging for reminders/follow ups for consent letters and missed doses.

START THE CONSENT PROCESS EARLIER TO ALLOW TIME TO ENSURE REMINDERS CAN BE SENT:

Include the consent forms as part of the secondary enrolment process, or allow enough time to send out reminders to parents if necessary.

3. ALLOCATE THE APPROPRIATE RESOURCING TO ENSURE THE EFFECTIVE DELIVERY OF THE PROGRAM CONTINUES UNDER FUTURE FRAMEWORKS

Current funding models for vaccination programs may present barriers to maintaining the success of the School-based Immunisation Program in the future.

In some states, the Program is funded on an antigen basis. For example in Queensland, in 2016, a realignment to a grade 7 program had two school year groups (grade 7 and grade 8) with funding for five different antigens. The change to a single school year group, the cessation of the varicella (chickenpox) vaccination program, possible cessation of the pertussis (whooping cough) vaccination catch-up program as well as possible movement to a two dose HPV (human papillomavirus) vaccination regime will plausibly reduce 2016 funding levels by 80 per cent in 2018. Other states also fund on an antigen delivered basis.

With this in mind, the Immunisation Coalition is concerned antigen based funding models will see insufficient funds for vaccine service providers to maintain core infrastructure and this would lead to a reduction in uptake.

OPPORTUNITIES

MAINTAIN CORE FUNDING:

Funding needs to be maintained at a core level for resourcing of the Program to be viable.

TAKE A COLLABORATIVE APPROACH TO FUNDING DECISIONS:

To understand the most cost effective model that will support the continued drive to increase uptake rates.

4. CONNECT SCHOOLS AND GENERAL PRACTICE TO MAKE IT EASIER FOR PARENTS AND GPs TO UNDERSTAND A CHILD'S IMMUNISATION STATUS AND IF CATCH-UPS ARE REQUIRED

State and territory health departments are responsible for recording the vaccines delivered through the School Immunisation Program. The reporting mechanisms, type of data and timing of collection varies, as does the recording of vaccines given to adolescents outside of school.¹⁰

It is critical that the school programs remain adequately supported by registry services once the vaccines are incorporated into AIR. The HPV register has demonstrated that coverage can be improved by routinely providing information about children who are overdue to immunisation providers and communicating this to parents, over and above the on the ground work the school teams routinely do.¹⁶

Without a national infrastructure or communication channel in place to share information between school vaccine service providers (VSPs) and local doctors, it is not simple for local doctors to know the vaccination status of a patient. This makes the role of GPs in monitoring vaccine doses and supporting any required catch-ups challenging.

The Immunisation Coalition believes the incorporation of reporting for school-based vaccines into the Australian Immunisation Register, will help overcome this issue. In the interim, the exploration of other enhancements to address this disconnect between schools and GPs regarding adolescent immunisation is encouraged, to help maintain and increase adolescent vaccination rates.

OPPORTUNITIES

SET UP COMMUNICATION CHANNELS BETWEEN SCHOOL VSPS AND THEIR LOCAL GENERAL PRACTICES:

Make it easier for parents and GPs to understand a child's immunisation status and if catch-ups are required. For example, legislation passed in Queensland requiring school class lists to be given to VSPs to support school-based immunisation can help, as it will provide another means to identify those that have missed a vaccination, and this information could be passed to the local doctor to support catch-ups.

5. ESTABLISH A GP CATCH-UP ALERT SYSTEM TO PUT THE PROMPTS IN PLACE TO CHECK ADOLESCENTS' IMMUNISATION STATUS

Whilst a national reporting mechanism for school-based immunisations is in the process of being determined, GPs can still ask adolescent patients in the appropriate age group if they are up to date with their vaccinations during appointments.¹⁷

Another opportunity to prompt a check of adolescents' immunisation status can be provided by the Smart Vax adverse event system, as reminders for the school-based program are currently being built into this. These could be shared with GP practices who are registered with SmartVax, where students have identified a GP.

OPPORTUNITIES

ENSURE GPs CAN ACCESS THE AUSTRALIAN IMMUNISATION REGISTER:

This will enable them to check vaccination status of their adolescent patients, assuming this system is used to record school-based immunisations.

IMPLEMENT A REMINDER PROMPT IN PRACTICE SOFTWARE:

GP software systems can incorporate a pop-up reminder to prompt GPs to ask if their adolescent patients are up to date on vaccinations.

6. IMPLEMENT SUPPORTING ACTIVITIES AND COMMUNICATE PROGRESS DURING TRANSITION PERIOD TO CONTINUE TO ADDRESS UPTAKE NUMBERS

The Immunisation Coalition is keen to see incorporation of the school-based vaccines into the Australian Immunisation Register in the near future.

It should be noted that information on adolescent vaccination is not uploaded onto the patient's GP practice-based health record if the vaccination is not completed in primary care. Consequently, GPs don't know if a patient in this age group is up to date on all their vaccinations, unless they are linked to the HPV register and search it, or they contact the register directly. Few GPs do this at the moment due to time pressures.¹⁷

Improved interlinkages between online data for the school-based program, with a registry that GPs can access, will provide a single source / access point on a child's vaccination history and current status.

OPPORTUNITIES

COMMUNICATE REGISTRY CHANGES AND PROGRESS UPDATES TO THE CLINICAL COMMUNITY REGULARLY:

To ensure all stakeholders involved in the School-based Immunisation Program are kept informed in the lead up to data from this program being included in the whole of life Australian Immunisation Registry.

HIGHLIGHT THE ROLE PARENTS NEED TO CONTINUE TO PLAY IN IMMUNISATION:

To ensure they understand the importance of adolescent vaccination; the need to find, sign and return the consent forms; and to ensure their child visits their local doctor to catch up with any missed doses.

The Immunisation Coalition welcomes further discussion with all stakeholders regarding the opportunities raised in this discussion paper to build and strengthen the School Immunisation Program.

ABOUT THE PANEL

The Panel convened on Thursday 8 December and included views from:

- Professor Paul Van Buynder - Chairman of the Immunisation Coalition and Public Health physician with the Gold Coast Health Service.
- Professor Robert Booy - Head of the Clinical Research team at the National Centre for Immunisation Research and Surveillance (NCIRS) and Immunisation Coalition Board Member.
- Dr Leanne Jones - GP in Launceston, parent and Immunisation Coalition Board Member.
- Mr Kim Sampson - CEO, Immunisation Coalition.
- Mr Rob Nairn - Executive Director - Australian Secondary Principals Association.
- Mr Matthew Roussis - YMCA NSW Youth Parliament Youth Governor elect.

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