



MID-WESTERN
HEALTH BOARD

3rd March 2003

To: Chairman and Each Member
Mid Western Health Board

Report No: 13/03
Item No. 9 on Agenda

Report for Meeting of the Board to be held on 14th March 2003

MWHB Immunisation Uptake rates up to Quarter 3, 2002

Dear Member,

Primary Childhood Immunisation Programme (PCIP) vaccinations are available free of charge to all children. They are administered by General Practitioners who are contracted by the Health Board to do so.

The currently recommended PCIP schedule is:

2 months	DTaP/ IPV/Hib + Men C
4 months	DTaP/ IPV/Hib + Men C
6 months	DTaP/ IPV/Hib + Men C
12 – 15 months	MMR

An uptake rate of 95% of each vaccine is required to provide “herd immunity” where there are insufficient un-vaccinated individuals in the community to allow circulation of infection. These uptake rates have not been achieved.

Uptake rates are calculated on a quarterly basis for children aged 12 and 24 months. The uptake rates for Quarter 3, 2002 relate to the children who reach the age of 12 and 24 months during the quarter i.e. the 12 month rates relate to those born between 01.07.01 and 30.09.01 and the 24 month rates relate to those born between 01.07.00 and 30.09.00.

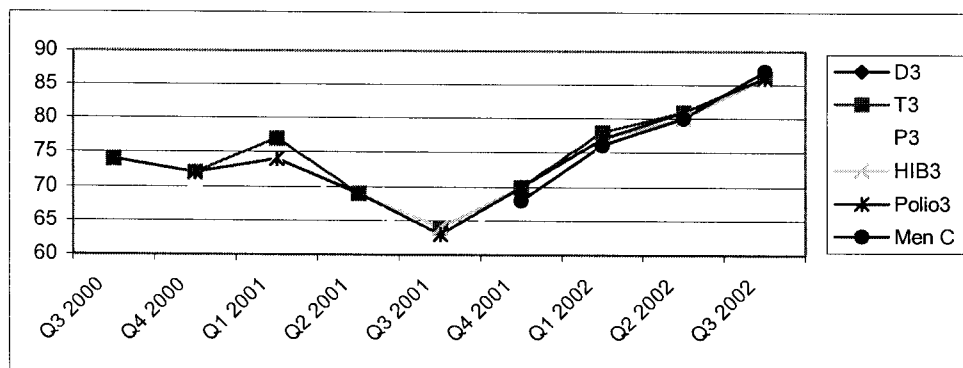


Fig. 1. MWHB Immunisation Uptake rates at 12 months Q3 2000 to Q3 2002

Uptake rates at 12 months have been recorded since Q3 2000 (Fig.1.) At 85%, the uptake for Q3 2002 is the highest recorded uptake rate per quarter to date in the Mid West. Uptake rates for all components of the programme are similar. Compared with national rates the MWHB uptake of completed Diphtheria and Tetanus (D₃T₃) at 12 months is now well above average (Fig. 2 below).

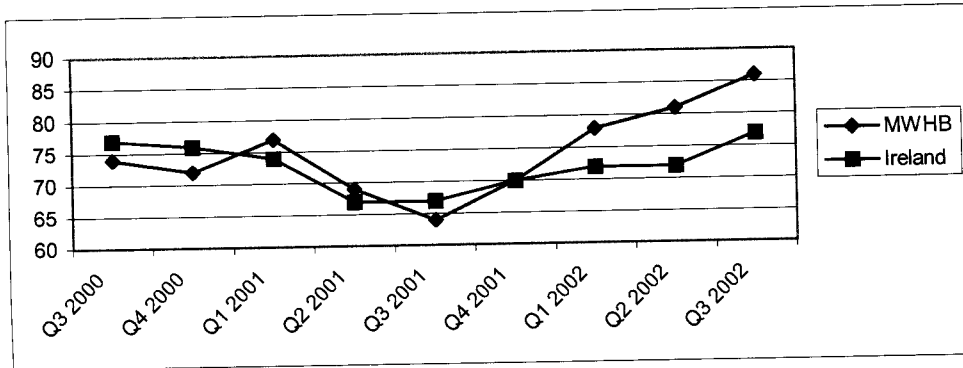


Fig. 2. D₃T₃ Uptake at 12 months MWHB and Nationally

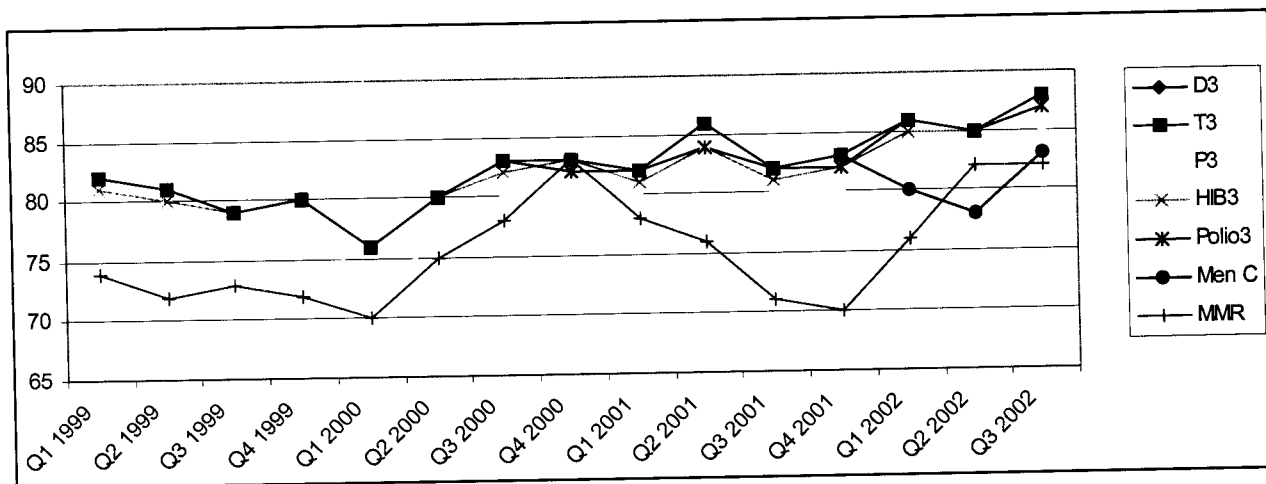


Fig.3. MWHB Immunisation Uptake rates at 24 months Q1 1999 to Q3 2002

MWHB Immunisation Uptake rates at 24 months from Q1 1999 to Q3 2002 are shown in Fig.3. There has been a gradual increase in recorded uptake throughout this period with an 88% uptake of Diphtheria/Tetanus in Q3 2002. There was a significant fall in the uptake of MMR during Q4 2001 (71%) and Q1 2002 (70%). MMR uptake again stands at 82% for Q2 and Q3 2002.

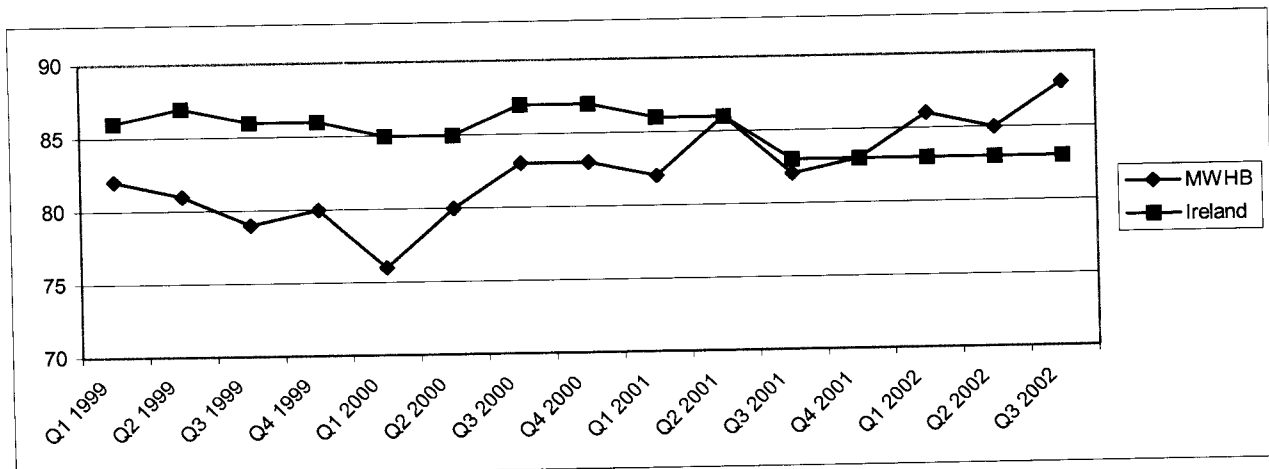


Fig. 4. D₃T₃ Uptake at 24 months MWHB and Nationally

Comparison of MWHB uptake of third dose Diphtheria and Tetanus (D₃T₃) at 24 months with uptakes at 24 months nationally (Fig. 4) shows that uptake rates in the Mid West have gradually increased over the time period for which statistics are available, while uptake rates fell nationally from 87% in Q4 2000 to 83% in Q3 2001 and have remained at that level.

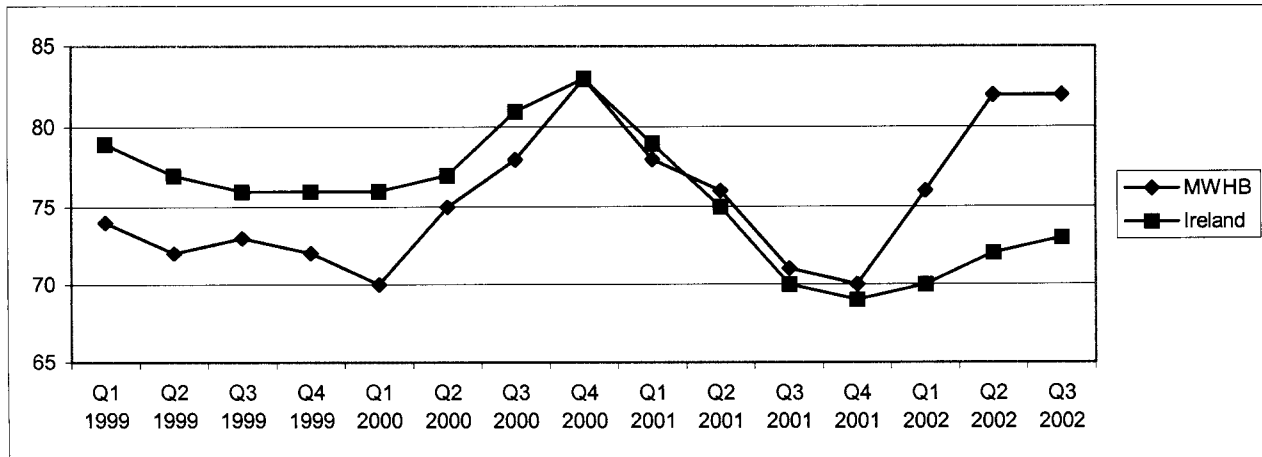


Fig.5. MMR Uptake at 24 months MWHB and Nationally

Fig. 5 compares the MWHB uptake of MMR at 24 months with national rates. MWHB cohorts born before Q4 2000 had lower uptake rates of MMR than national rates. The MWHB and national uptake rates peaked at 83% in Q4 2000 and fell to lows of 70% and 69% respectively in Q4 2001, most likely due to the controversy regarding MMR vaccine. Recovery has been much quicker and more successful in this region than for the country as a whole.

Uptake rates for Q3 2002 were calculated from the PCIP database in early February 2003. Reports are normally run 8-10 weeks after the end of each quarter. As this report was run later than usual the high uptake rates, especially at 12 months, may not be repeated in future reports.

Many people in the Mid-Western Health Board region, Health Board personnel (Area Medical Officers, Public Health Nurses, Clerical supports) and General Practitioners/ Practice Nurses have worked hard to achieve improved immunisation uptake rates in the Mid West. All of these parties are to be congratulated upon their success to date.

The Health Board continues to invest significant resources into the promotion of childhood immunisation, including the development and provision of information materials for parents and professionals alike, training of professionals, maintenance and development of immunisation databases, and the follow-up of those who default from immunisations. It is important that current immunisation uptake rates be maintained and improved upon and that we endeavour to attain 95% uptake rate for all elements of the primary childhood immunisation programme.

Yours sincerely,

Dr. Kevin Kelleher
Director of Public Health