

Personal practice

Immunisation for all?

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Success

Success of an immunisation programme depends upon enthusiasm, knowledge, and administrative efficiency. These are most important at the level of the individual practice or clinic. Immunisation figures for a district hide a huge range of local variation. Collection of local figures for a clinic or practice provides a powerful reinforcement of the practice and an excellent incentive to improve matters where outcomes are poor.

From the outset it must be clear who is responsible for immunising which children. Stating people's responsibilities in these terms is essential if immunisation uptakes are to be good. If it is not, the doctor or the community nurse would be content to wait for every immunisation initiative to be taken higher up in the hierarchy and merely respond to the demand that this generates. An example—general practitioners may immunise some children in their practice but not set out with the well thought out task of immunising them all.

Roles

Immunisations may be given by community nurses, general practitioners, or child health doctors. Doctors are an extremely expensive source of manpower for giving immunisations. Many district health authorities and general practitioners still rely upon doctors to carry out this activity. In community child health clinics in Nottingham immunisations are given by trained clinic nurses after a prescription has been written in the notes by the clinic doctor at the six week check.

In the world of 'do it yourself' blood pressure measurements I wonder how far off is the vending machine in which an appropriate limb is inserted and after putting in the token received by post the correct immunisation is given. Could we provide a 24 hour service?

Some professional problems and their solutions

Immunisation is a far more opportunistic process than we perhaps accept. The idea of the queue of prams and their occupants forming spontaneously outside every child health clinic when children are at the age of 3 months, 5 months, and 10 months, is but a community paediatrician's dream. In my own clinic in a deprived inner city area less than 10% of immunisations are given at scheduled times. Immunisation, therefore, represents a continuous campaign with them being given at all ages with modest peaks only around the target ages. Effectively, therefore, any clinic contact can be used for immunisation. Reminding the doctor or nurse about the immunisation status of the child by recording it boldly on the cover of the notes is an important means to identifying unimmunised children at any type of clinic attendance. Having found one such child at a clinic, the next step is to look at the immunisations of brothers and sisters who may be innocently accompanying them to the clinic or who should be asked to come next time. Records must of course be up to date if this method is to be useful.

The profession, nurses and doctors, have been shown to be uncertain in their knowledge about immunisation. Their drawers may be stuffed with outdated and confusing local and national memoranda on immunisation collected over the last 20 to 30 years. Spring cleaning of out of date memoranda and their replacement in Nottingham by our own 'Practical Guide to Immunisation' has provided doctors and nurses with practical and positive advice which is consistent across the district and enables them to answer the types of questions that parents ask, and to counsel parents effectively. The 'Practical Guide to Immunisation' is now included within a structured training procedure which includes a video and trainer's manual.¹

Where in doubt doctors need a source of advice on immunisation; the availability by telephone of

the community paediatrician enables nearly all uncertainties to be resolved very easily.

It is often difficult to judge contraindications from neonatal discharge letters. But those with direct care of the child at this time are probably those best able to judge whether or not genuine contraindications exist. It is therefore the practice in Nottingham to give positive advice in neonatal discharge summaries.

In the clinic

It is important to allocate an adequate amount of time for counselling parents. This is the only way to avoid children not being immunised because of 'asthmatic fits' or 'fits of temper' because sufficient time was not taken to get a proper history. Where parents are anxious or uncertain, rather than pushing them into a hasty decision, it is much better to arrange to see them again. Sometimes it is important to see other important people, for example, grandparents, whose views may be very important and who may be exerting considerable pressure on the mother. There is clearly an element of diminishing returns here in that there are some who will never be persuaded however often we may see them, but certainly a second and sometimes a third consultation followed up by opportunistic reminders can be very successful.

Appointment cards sent to parents need not be just bland invitations. They can carry an important health education message with regard to immunisation and can be personalised. Parent held records are also valuable in reinforcing the message.

In the clinic efficient administration is important to ensure that immunisation records can be quickly

found and that these records are up to date. The clinic staff must also be aware of the need to update histories before immunisations are given.

Home visits can be valuable in mopping up pockets of unimmunised children. Very often the parent will attend clinic for subsequent immunisations after the demonstration to them of the importance that the doctor attaches to immunisation.

Inviting school children to the clinic to look at our work may provide an additional ally in the home. Parents may remark that after one of these activities their school aged children are consistently nagging them to bring the baby to the clinic for immunisation. Stickers or certificates for immunised children may prove to be additional incentives.

Summary

Immunisation programmes can be successful if there is continuous effort among those concerned, who have confidence in their knowledge, and a high level of commitment to immunisation. Training is required for all.¹ Feedback of results is essential.

Nottingham training package on immunisation (£90.00 each), training manual only (£5.50 each), and practical guide only (£2.00 each) can be obtained from Mrs K Tyler, Assistant Director Support Services, Community Unit, Memorial House, Standard Hill, Nottingham NG1 6FX.

Reference

- ¹ Hutchison T, Nicholl A, Polnay L, Roden D. A training procedure for immunisation. *Health Trends* 1987;19:19-24.

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