What could have been different?

Aiming for equity in an emergency meningococcal vaccination programme…

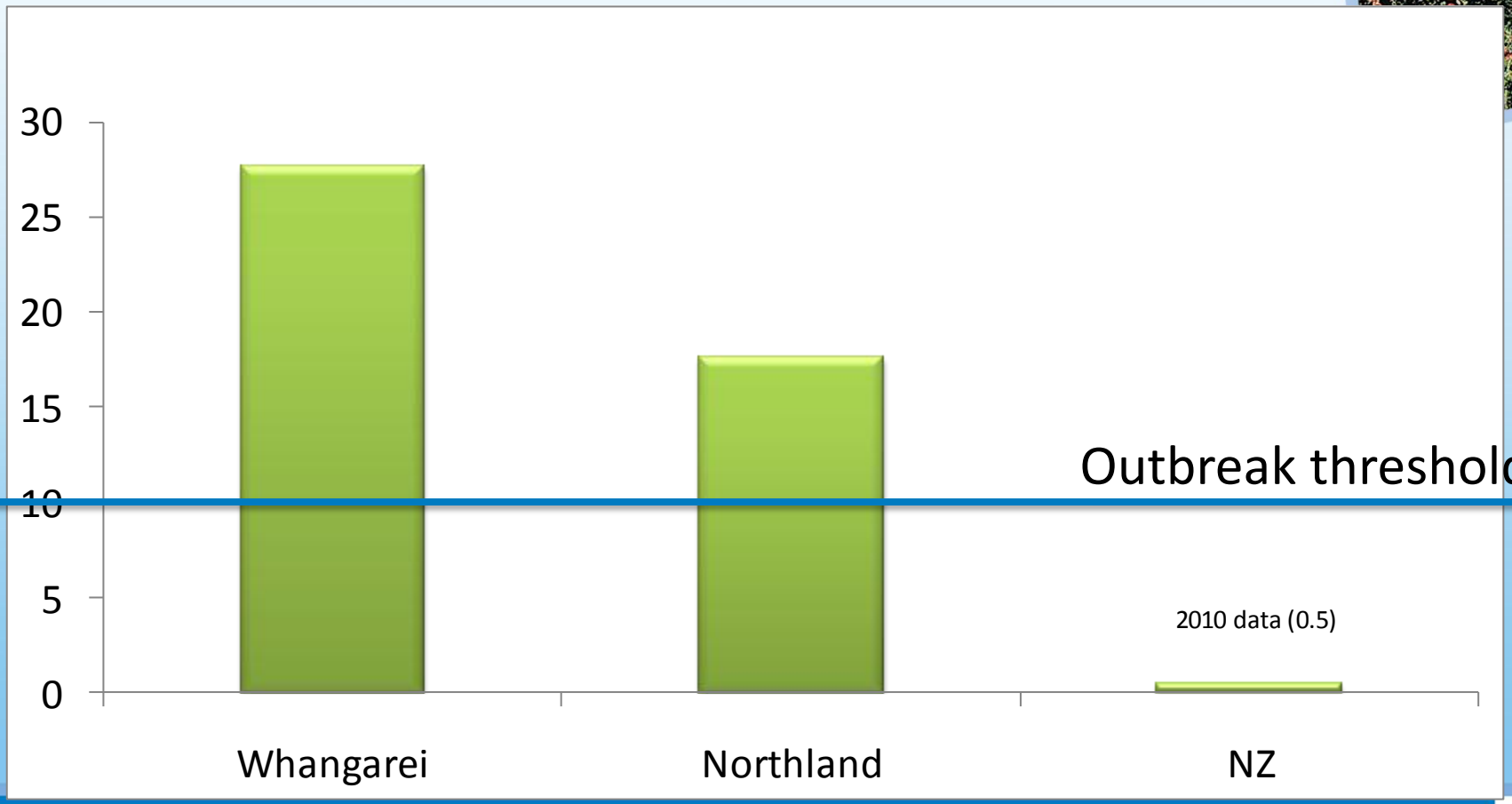
NORTHLAND DISTRICT HEALTH BOARD

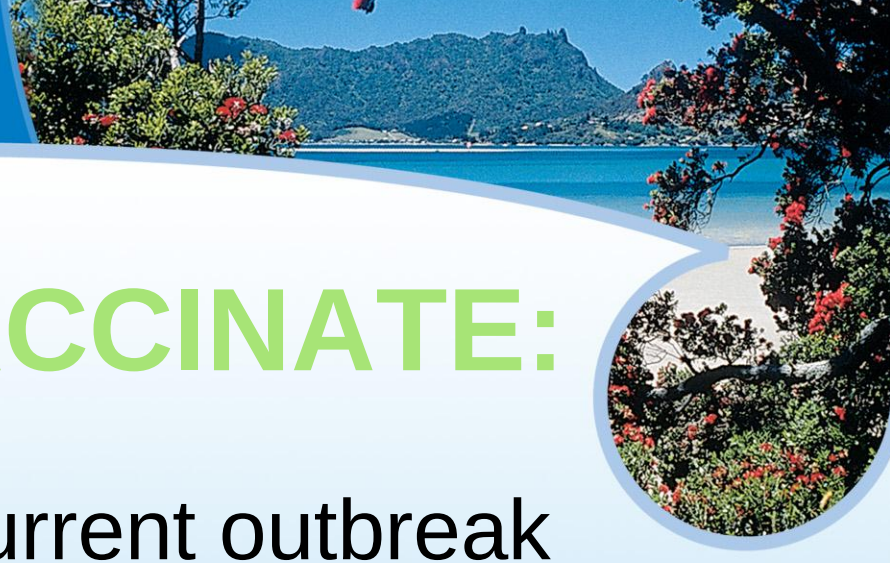
Te Poari Hauora Ā Rohe O Te Tai Tokerau

BACKGROUND

- Increase in meningococcal disease
  - Began July 2011; 4 within a month
- Thirteen confirmed cases in 2011
  - Children aged >1 to < 20 years, one elderly woman
  - **Nine were Group C**
- Three deaths (all Group C)

Rate of meningococcal C disease per 100,000 population <20 years July- Oct 2011





DECISION TO VACCINATE:

- **Aim:** control of the current outbreak

- **Goal:** Vaccinate 85% of the target population 1-<20years, **Māori and non-Māori**

- **Short time frame:** decision made Sept 12th, started programme on Sept 27, 2011.

Challenges for the Northland response

- Vaccine supply not secure initially (80 doses in NZ on Sept 12); had to phase roll out; short timeframe, competing events….
- Immunisation coverage historically inequitable & low: now ~85% at age 2 yrs and inequitable, until recently
- **Inertia - tendency to do what has always been done…(even when it doesn't work!)**

Programme approach

- **Traditionally:** general practice with outreach; school based programme
- **New (for us):**
  - "Walk in" **community clinics**
  - "Road show" vaccinating team (Māori provider)
  - Extensive use of media (including Facebook, radio & cinema advertising, YouTube video), identified DHB "Champion", multiple interviews, flyers etc (…and our secret weapon - SBW ☺)
  - PHO used call centre for after hours telephoning
  - Weekly coverage data reports from PHO; NIR "Emergency Programme" set up.

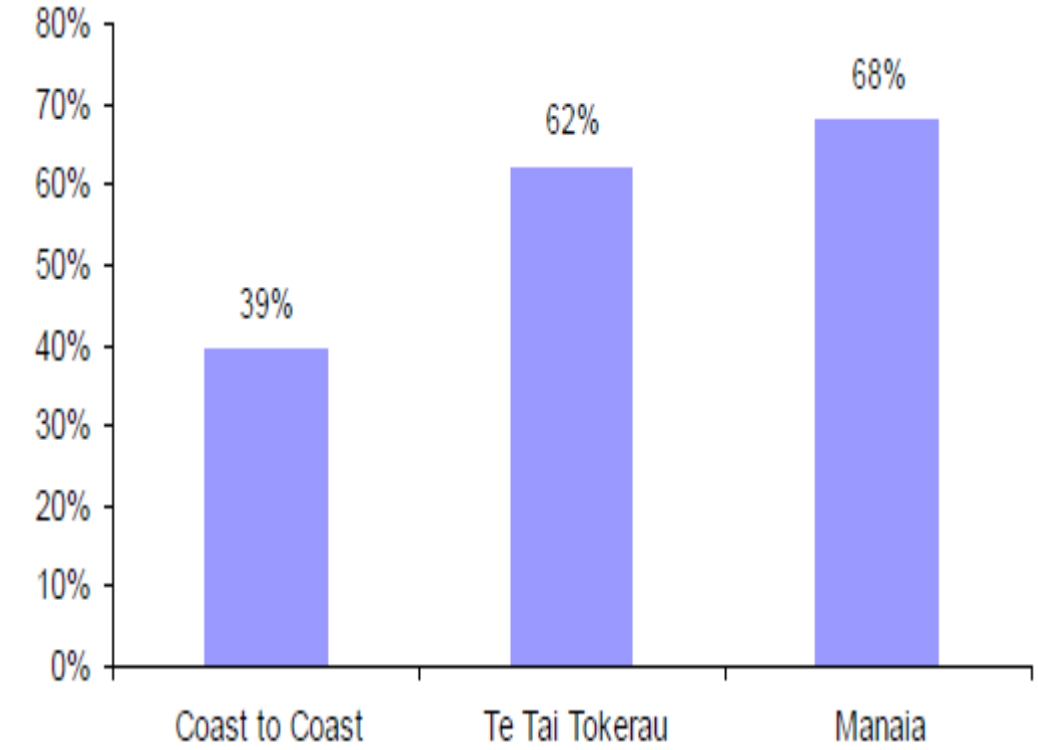

HIKARI SUSHI BAR


Children's Mobile Ear
We all Love our Ears
Primary & Community Health Services
Northland Health
Immunisation Programme
MENINGOCOCCAL C

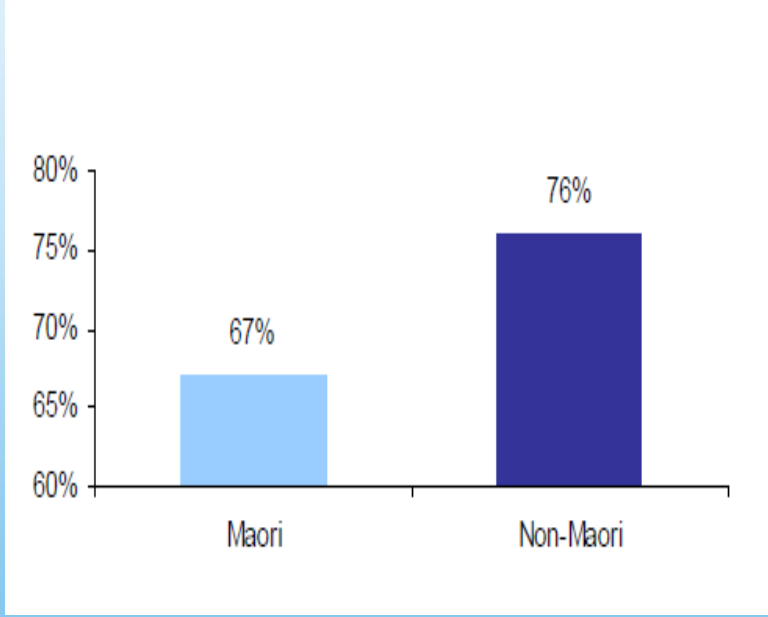
What did we achieve (in 12 weeks)?

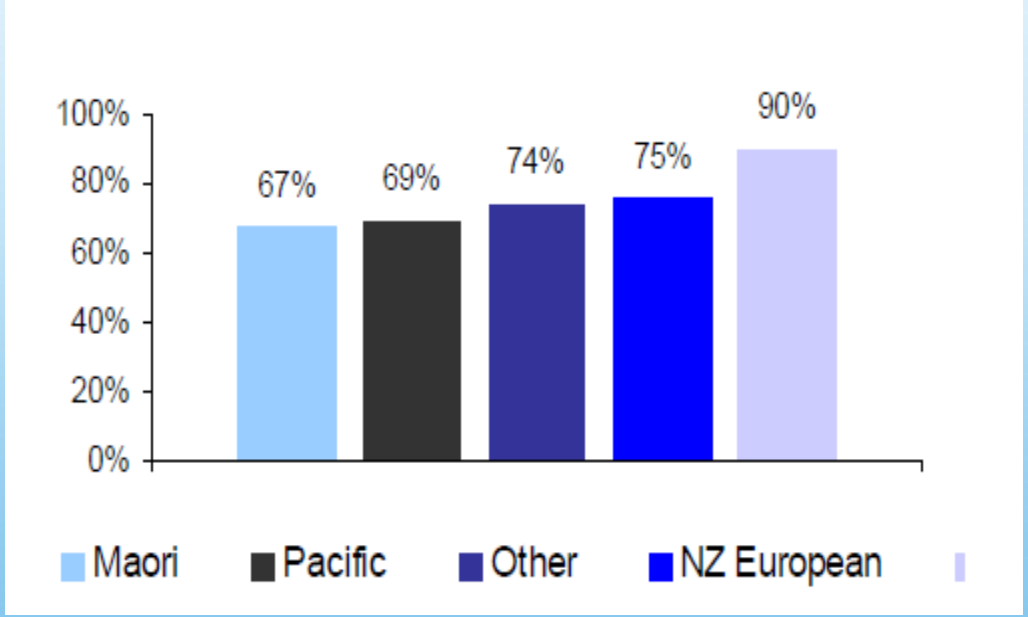
- ~30 Public Health Nurses and one Māori provider gave ~**20,000** Men C vaccines in schools and community clinics (**61%** of all the vaccines delivered).
- Primary care vaccinated **38%** of all those vaccinated **(~12,480** vaccines)
- **Total coverage 12mths-<20years = 73%; Māori 72%, non-Māori 75%**

General practice coverage (12 months<5years)

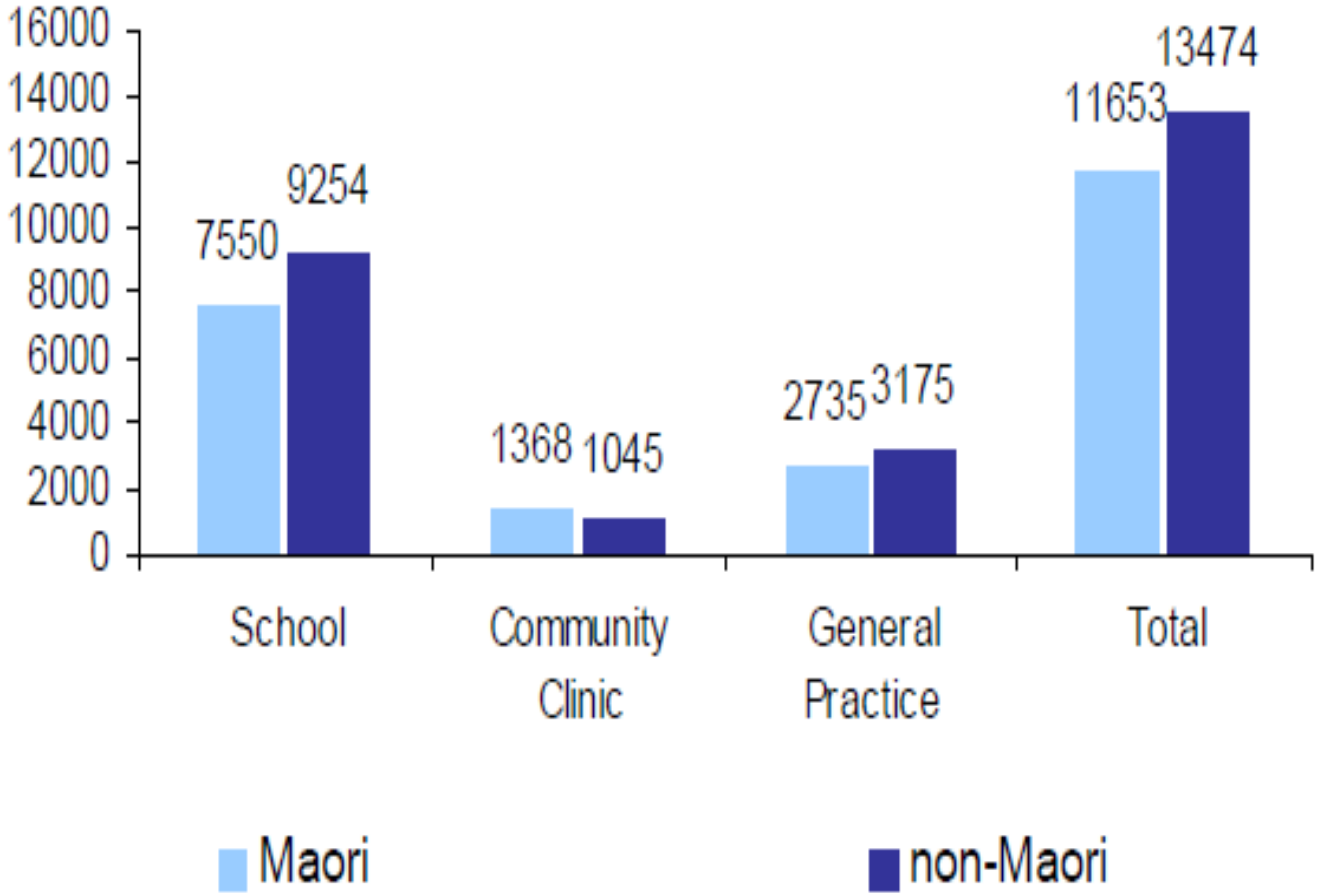


Total GP AND community clinic coverage, 12 months to <5 years, by ethnicity (71%)

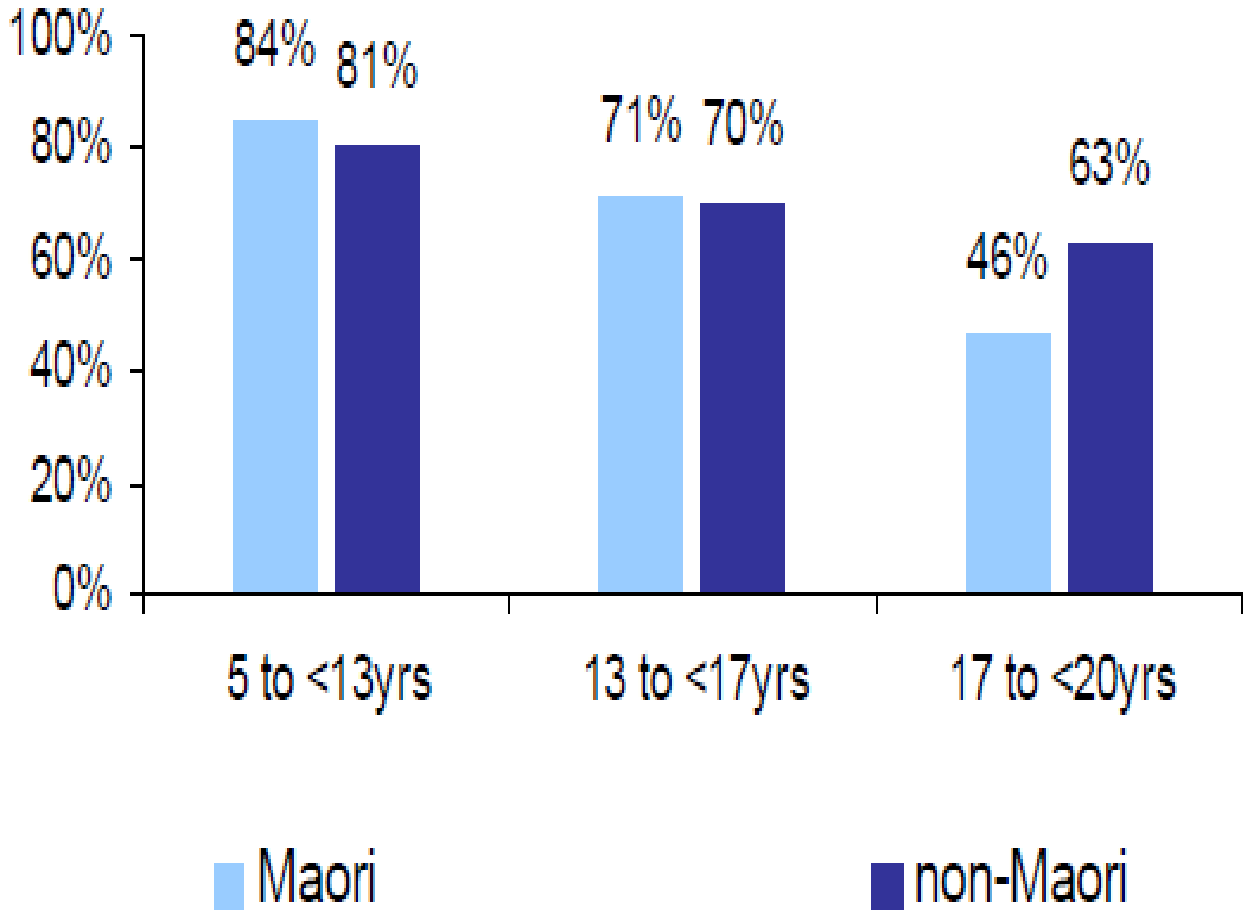


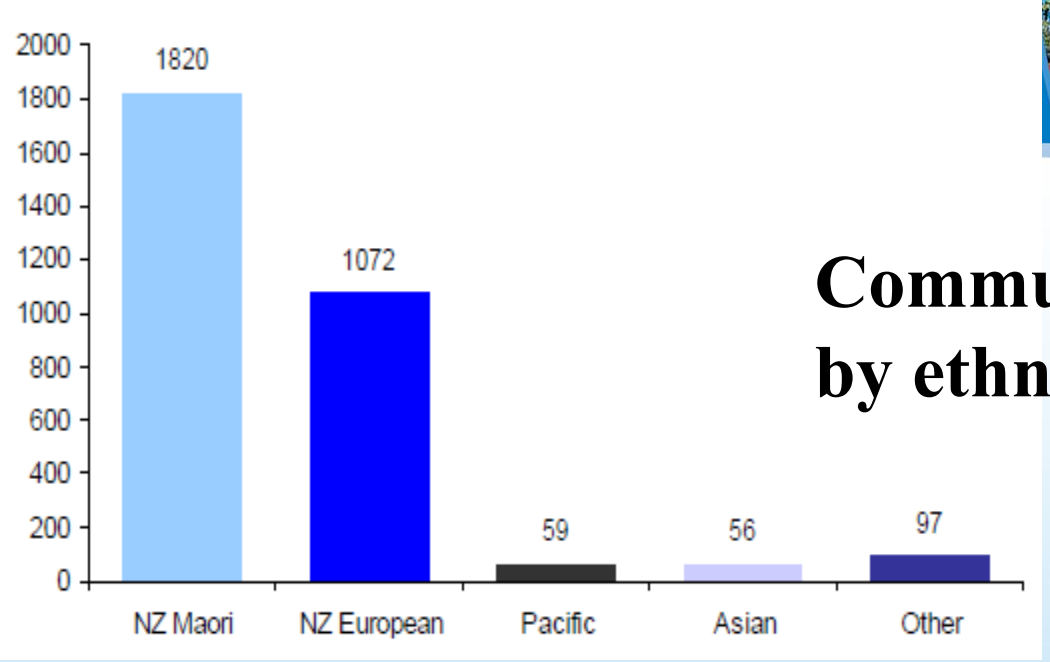


Vaccinations given across all services 5-<20years, by ethnicity



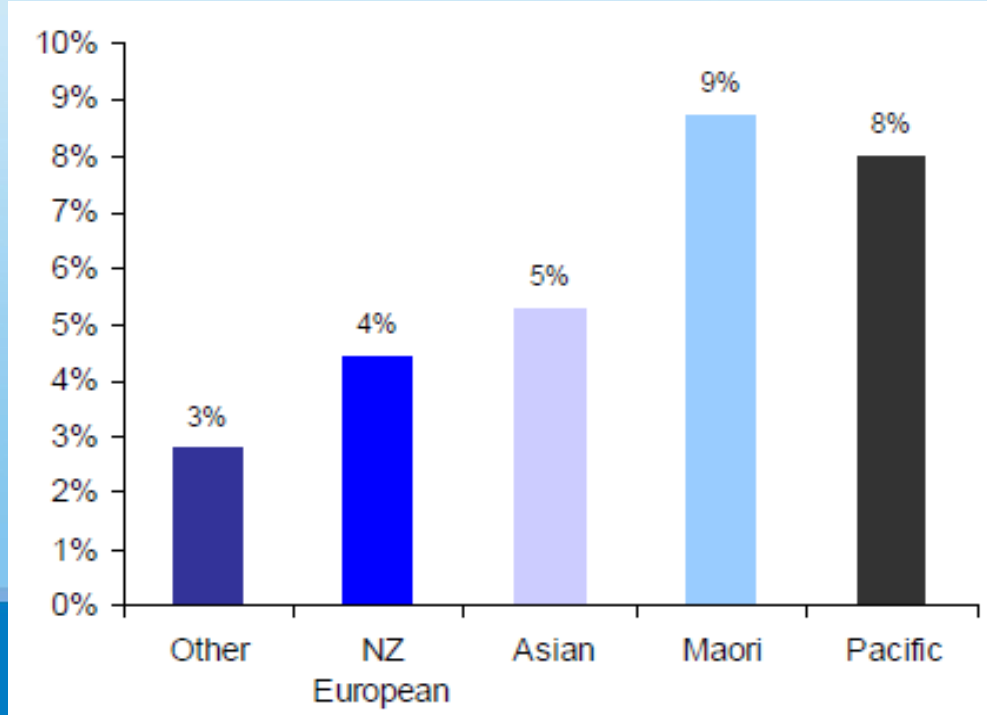
Vaccination coverage 5-<20yrs, by ethnicity





Community clinic use by ethnicity

% of children <5yrs, by ethnicity, vaccinated in community clinics

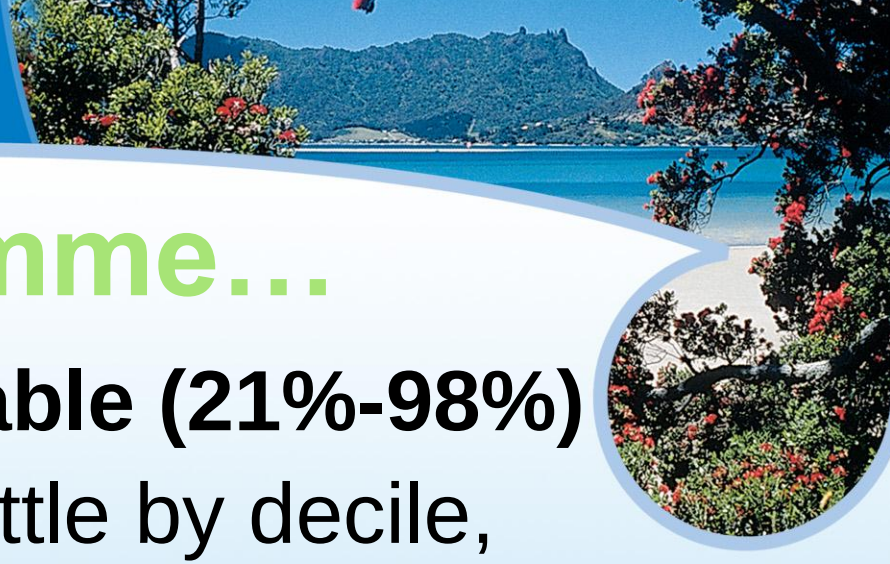


Primary care

- **General practice coverage highly variable: from 7.8% to 98%**
- Only **6/37** practices achieved over 85% coverage for 12mth-<5yr by their own efforts
- **Independent of practice demographics**
- **Some large inequities** in coverage, especially Whangarei, where non-Māori coverage was **17% higher** than Māori.

Primary care

- Overall, **decline rates** for Māori were **lower** than non-Māori (0-4% versus 9-12%, depending on area)
- However because a lower proportion of Māori were “reached” by GPs overall than non-Māori, final coverage was **lower** for Māori
- Coverage **VERY low for 17-19yrs in GP**(~16%).



School programme…

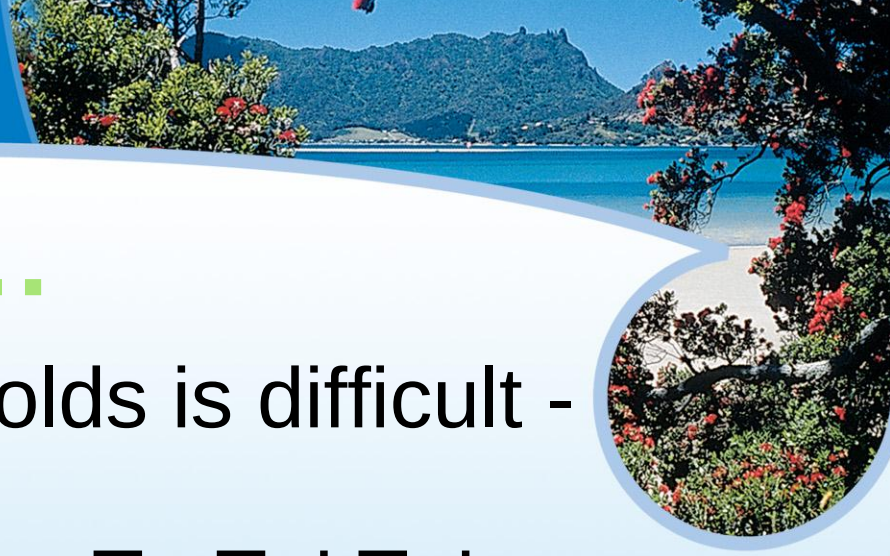
- **Coverage highly variable (21%-98%)**
- Coverage varied very little by decile, slightly **higher** in low decile (most deprived) and decile 3 &4 schools than in least deprived schools….
- In the same area, different schools achieved completely different results in terms of equity and overall coverage.

Overall…

- 10% of all vaccinations were given in community “walk in” clinics
- Māori utilisation of community clinics closed the “equity gap” in coverage for the 5-20yr age group to **1.1%** (73.5% for Māori, & 74.6% for non-Māori)

Key Learnings….

- Setting an equitable target is just the start: implementing strategies to achieve this requires using evidence, “champions”, persistence, a willingness to change, and timely data!
- Inequities in access persist, especially in general practice – though the best practices achieved high, equitable coverage, irrespective of demographics.



Key learnings…

- Engaging 16-19year olds is difficult - even at school.
- "Walk in" clinics across Te Tai Tokerau were important access points for Māori whānau and youth; highlights importance of convenience and access
- The combined efforts of general practice, community clinics and school programmes achieved very high coverage in the highest performing areas.

Key learnings…

- If we are to achieve equity, we must:
  - Challenge the "status quo" that normalises inequities
  - Persist even when the response is "no"
  - Use evidence to confront poor quality practice; inequity in health service delivery is evidence of poor performance.

Thanks to all involved!

- Ngā mihi nui ki a koutou…
- And special thanks to Jacqui Westren (project lead) and Liane Penney (evaluator)