Adolescent Health Programme and its contributions to the success of vaccination

Norway

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Childhood vaccination schedule in Norway

<table>
<thead>
<tr>
<th>Age</th>
<th>DTaP</th>
<th>IPV</th>
<th>HIB</th>
<th>Hep B</th>
<th>MMR</th>
<th>dT</th>
<th>CPV 7</th>
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<td>3 months</td>
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<td>7-8 y</td>
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<td>14 – 16 y</td>
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School Age immunisations

• School start: 6 years
  – 2. year: DTP-IPV
  – 7. year: MMR
  – Secondary school (14 – 16 years): DT(P?)-IPV
The Norwegian school medicine system: organisation

• “The municipality shall offer all vaccines in the immunisation programme to the public”

• Responsible level: the municipality, practically the leading medical health officer

• Same system for infant and school based immunisations
Practical organisation of the school health system

• Almost all vaccines in Norway are given by public health nurses

• Public health nurse: Registered nurse with experience from paediatric and / or neonatal wards and one year theoretical / practical education

• Most “school health nurses” are working part time in a school, the rest of the week at well baby clinic (part of the same system)

• The “school health nurses” are taking care of
  – Illness during school time, small accidents etc
  – Lectures about diseases, sexual education
  – Immunisations
Immunisation at school

- Written information is sent by the children to the parents
- Written consent from the parents. Parents not present during immunisation sessions
- Immunisations take place during school hours: 3-4-5 pupils at a time invited to the nurse’s office
- Vaccine administered by the “school health nurse”
Financing of the child and adolescent vaccination

- All vaccines in the vaccination programme financed by the government
- Funding given to NIPH as part of their budget
- Vaccines bought by the NIPH (tender procedure) and sent free of charge to the municipalities
Introduction of new vaccines in the immunisation programme

• Expert group organised by NIPH gives medical recommendations

• Cost-benefit evaluation delivered by Norwegian Knowledge Center for Health Services or other dedicated group

• Decision made by the Ministry of Health and Social Care Services
Criteria used in the decision process

• The disease
  – Seriousness
  – Incidence in the potential target group

• The vaccine
  – Efficacy / effectiveness
  – Safety

• Economical evaluations
How will a vaccination programme work?

• Can the vaccine be easily implemented into the existing programme?
  – Age
  – Number of doses
  – Intervals
  – Need for booster(s)

• How is the disease and the vaccine regarded by the public?
  – Serious disease, important to avoid?
  – Any rumours (positive or negative) about the vaccine?

• Can introduction of this vaccine jeopardise other parts of the programme?
Coverage for child / adolescent vaccination

- Around 90 (-92) % for all vaccines given at school according to the Norwegian vaccination coverage database.
- Minimum numbers, as we know that some municipalities still have problems with notification to the database.
- Pertussis included 2006, otherwise unchanged school vaccination programme since 1983.
Strength of the school immunisation system

• Good and effective system

• Good coverage

• Accepted by the public. So far little controversy related to vaccines given at school (some problems in anthroposophic (Steiner) schools)
Challenges for the school immunisation programme

• Main challenge: Maintain priority to the system in the municipalities

• Introduction of new vaccines: acceptance or general scepticism? (HPV???)

• New vaccines not introduced in the programme: can we risk undermining of the school-based system?
Conclusions

• Norway has a well functioning school health system

• Immunisations are given by public health nurses

• High acceptance, good coverage

• Main challenge: avoid that new vaccines undermine the system, by being included or by not being included