

EPI-NEWS NATIONAL SURVEILLANCE OF COMMUNICABLE DISEASES

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COVERAGE OF THE CHILDHOOD VACCINATION PROGRAMME 1994-1999

Vaccination coverage is calculated from numerators derived from National Health Service item of service statistics. The numerator therefore depends on how physicians fill in the billing vouchers. The denominator is the number of children of the recommended vaccination age in the year in question.

Table 1 shows the percentage coverage of the individual childhood vaccinations over the period 1994-99. For 1996 and 1997, when the programme was modified, the denominator is the number of children corresponding to the new age of vaccination. If this is moved to an earlier age, as happened in 1996 when DT-IPV 3 was changed from 15 months to 12 months, coverage in the transitional year may be calculated as over 100%. In 1997 the age for all three Hib vaccinations was also moved back, which explains the high coverage rates calculated for that year. The same applies in 1997, if, for example, the figure for DiTe-Pol 1 given at five months is added to that for DTaP-IPV 1 given at three months.

Vaccination coverages for previous years was given in EPI-NEWS 47/97. There may be small differences from the earlier report because of revised calculation criteria.

Comment

As there were no changes to the childhood vaccination programme in 1998 or 1999, these two years can be compared with the period before 1996. During this earlier period there was a notable fall-off from the 1st to subsequent pertussis vaccinations (wP), presumably because of vaccination reactions, Table 1. It can also be concluded from the table that coverage of the DTaP-IPV programme remains at the same high level as for the previous DT-IPV programme. As a result, coverage of the 2nd and 3rd pertussis vaccinations has risen considerably.

On the basis of the coverage of the DTaP-IPV programme, the protective effectiveness of the new pertussis vaccination programme has been calculated as 0.94 and 0.97 after two and three vaccinations, respectively,

Table 1. Percentage coverage of the childhood vaccination programme 1994-1999. Recommended vaccination age in ()

	1994	1995	1996	1997	1998	1999
wP 1 (5 wks)	96	97	94	4	-	-
wP 2 (2 wks/3mths*)	91	93	86	14	-	-
wP 3 (10 mths/12mths*)	89	90	77	14	-	-
DT-IPV 1 (5 mths)	99	100	98	35	-	-
DT-IPV 2 (6 mths)	95	96	95	39	-	-
DT-IPV 3 (15 mths/12mths*)	100	97	119	21	-	-
DTaP-IPV 1 (3 mths)	-	-	-	82	95	96
DTaP-IPV 2 (5 mths)	-	-	-	69	97	99
DTaP-IPV 3 (12 mths)	-	-	-	78	99	99
Hib 1 (5 mths/3 mths**)	98	94	95	113	93	94
Hib 2 (6 mths/5 mths**)	90	92	92	106	94	97
Hib 3 (16 mths/15 mths*/12 mths**)	88	78	93	114	97	95
OPV 1 (2 yrs)	101	94	94	95	94	94
OPV 2 (3 yrs)	93	97	93	91	92	90
OPV 3 (4 yrs)	95	91	92	91	89	88
Td revaccination (5 yrs)	-	-	87	84	84	83
MMR 1 (15 mths)	88	88	85	84	91	92
MMR 2 (12 yrs)	78	81	91	90	88	87

*) vaccination age for 1996 ***) vaccination age from 1997 on

EPI-NEWS 40/00). Coverage of the DTaP-IPV and Hib programmes is satisfactory.

Coverage of the DiTe revaccination programme is less satisfactory, while that of the MMR vaccination programme was described in detail in EPI-NEWS 41/99 and 23/00. (A. H. Christiansen, P. Andersen, T. Rønne, Dept. of Epidemiology)

Evaluation of EPI-NYT

EPI-NYT, the Danish edition of EPI-NEWS, was evaluated during the autumn by Danish general practitioners in an AIM survey.

As in earlier evaluations, it appeared that EPI-NYT was assiduously read, 94% stating that they read it always (68%) or often (26%). In addition, 87% considered the policy of weekly publication satisfactory or very satisfactory, and 68% were satisfied or very satisfied with receiving EPI-NYT by second class mail. Satisfaction did not vary with sex or area of residence (the Copenhagen area, Jutland or the islands). With respect to age, physicians who qualified in the period 1973-78 tended to express greater satisfaction than those who qualified earlier or later.

The professional standard of the bulletin was judged by 92% as either satisfactory (61%) or very satisfactory (31%). Similar results were obtained with respect to information on disease incidence, current outbreaks and helpfulness with concrete problems.

For 10 selected topics, 53-91% of responders stated that coverage was satisfactory. The five most aberrant results were obtained for the following subjects:

- AIDS, which 24% stated to be covered too extensively;
- venereal diseases, which 15% considered to be inadequately covered;
- food-borne diseases, which 23% stated to be inadequately covered;
- prophylaxis for foreign travel, which 35% regarded as inadequately covered;
- use of laboratory investigations, which 43% considered to be inadequately covered.

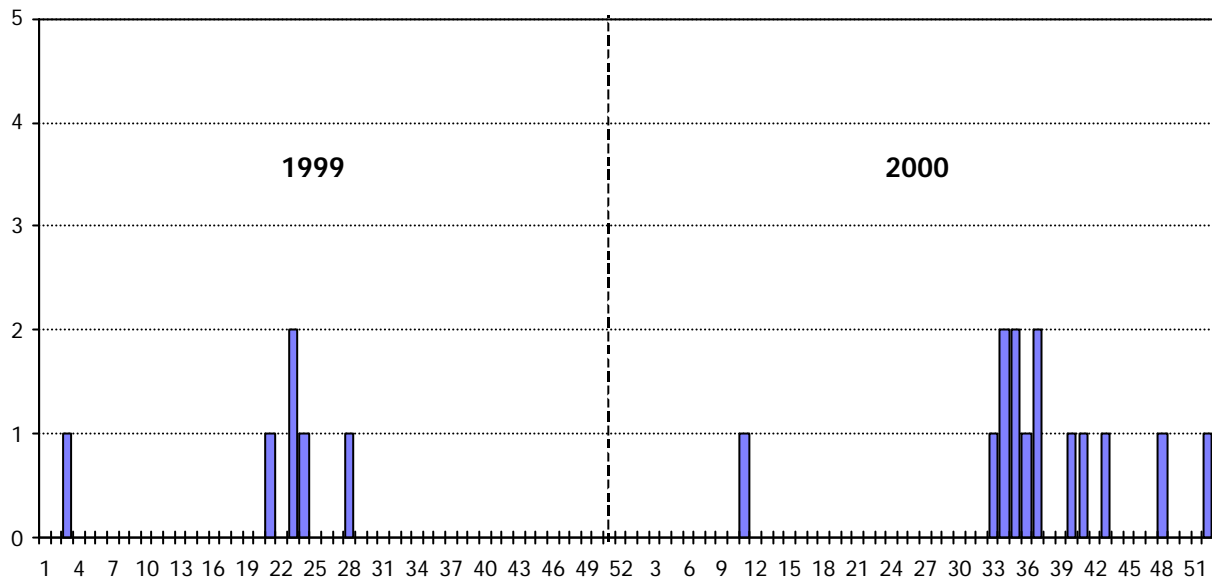
Coverage of the childhood vaccination programme, meningitis, influenza, hepatitis and tuberculosis was regarded as satisfactory.

Comment

Readers are most welcome to send in suggestions for topics they want discussed, especially in connection with the four areas in which coverage was regarded as inadequate: venereal diseases, food-borne diseases, travel prophylaxis and the use of laboratory investigations. This also applies to any other topics relevant to the occurrence and prevention of infectious diseases that they feel should be treated in EPI-NEWS. Suggestions can be sent by mail, fax (+45 3268 3874) or e-mail (tr@ssi.dk). (Tove Rønne, Dept. of Epidemiol.)

17 January 2001

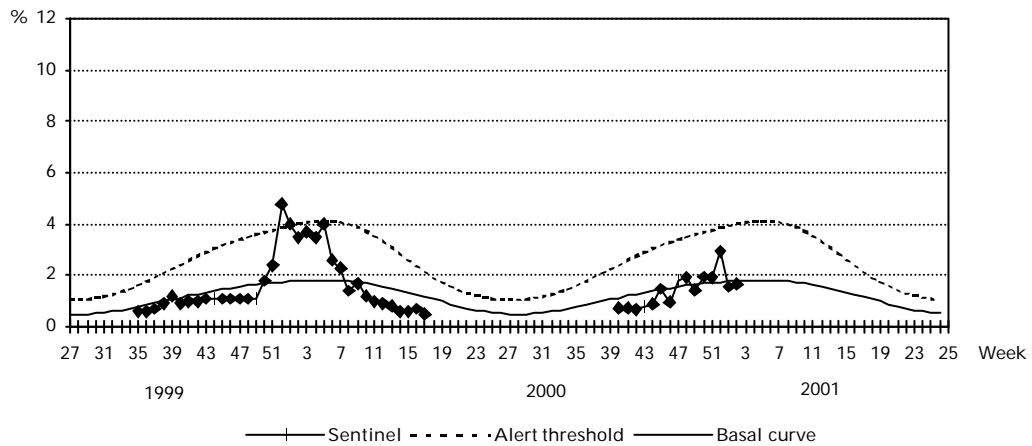
No. of notified cases of measles per week, 1999 - 2000



(Dept. of Epidemiology)

Sentinel surveillance of influenza activity

Weekly percentage of consultations, 1999/2000/2001



- Sentinel:** Influenza consultations as % of total consultations
- Basal curve:** Expected frequency of influenza consultations under non-epidemic conditions
- Alert threshold:** Possible incipient epidemic

(Dept. of Epidemiology)