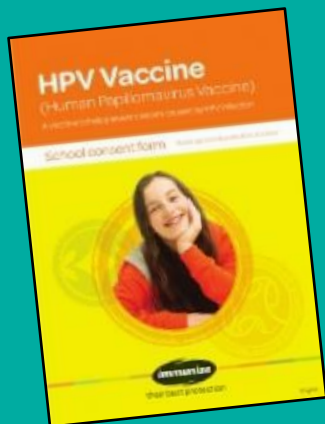
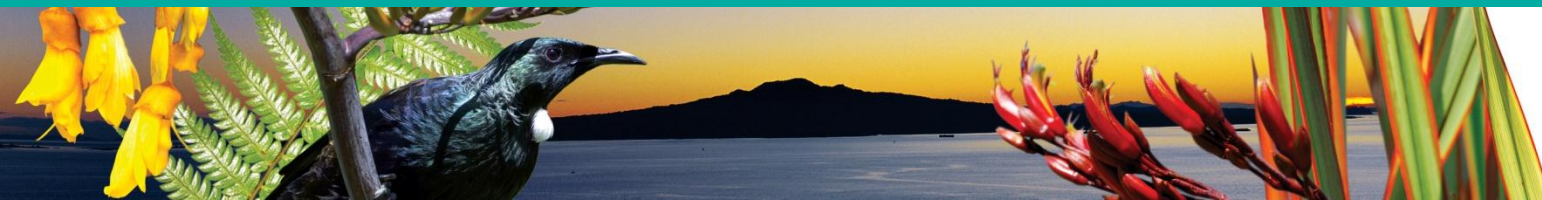


# Every Opportunity in Partnership.....

Child & Family Service working in Partnership to increase Human Papilloma Virus (HPV) coverage rates



Lorraine Glover  
[Immunisation Nurse Consultant]



# HUMAN PAPILLOMA VIRUS (HPV) VACCINE

The link between HPV infection and cervical cancer was first recognised in the 1980s. Approximately two thirds of women will have been exposed to the HPV Virus (regardless of the number of sexual partners) within 3 years of becoming sexually active . Most infections resolve without any problems within two years. However, about 2% of infections are still present after five years. Persistent infection can cause abnormal cervical cell changes and if not diagnosed or treated can lead to cancer.

The aim of the HPV immunisation programme is to protect young women from HPV infection and the risk of developing cervical cancer later in life. HPV vaccines are highly effective at preventing some of the most common genital HPV infections and therefore preventing HPV related cellular changes or cancer developing.

In New Zealand, women over 40 years of age, and women who are Māori or Pacific are at higher risk for cervical cancer if they are infected with HPV.

Māori women are almost twice as likely to get cervical cancer and almost three times as likely to die from it compared to non-Māori women (Ministry of Health).

Immunisation is one of the most successful and cost effective public health interventions known.

Research indicates that school based immunisation programmes are the most successful method of delivering adolescent vaccinations .

The Human Papilloma Virus (HPV) Vaccine was introduced to year 8 girls at 78 schools with the Waitemata region in 2009.

MOH set Immunisation targets  
Dose 1 -70% coverage  
Dose 3 – 65%



# IMPROVING HPV IMMUNISATION COVERAGE RATES



WDHB Māori HPV coverage rates were below the target set by the Ministry of Health. In 2014 an Immunisation Nurse Consultant role was introduced to the Child and Family Service to oversee the school based programme and look at initiatives to aid improving coverage. The following initiatives were identified as methods of improving coverage rates.

Collaborative working relationships with **Primary care** so that year 8 girls are **recalled** by their GP **if not vaccinated** as part of the school based programme.

**Improving** the school based immunisation programme **processes**.

**Raise awareness** and health literacy around the **importance** of being immunised.

Implement a robust school based immunisation programme which offers **each year 8 girl every opportunity to receive their HPV vaccination**.

## HOW

- An Immunisation **Nurse Consultant's role** introduced to coordinate and oversee the school based programme.
- **Catch up programmes** introduced at every school following each dose of HPV with Public Health Nurses working across the Waitemata region
- **New database** was launched within the service (SBVS) to correlate immunisation data
- Participation in monthly **collaborative meetings** with the Immunisation coordinators of the Primary Health Organisations (PHO)
- Participation in **school/community health days**
- Immunisation **newsletter** developed



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# Results



School Health Days



SBVS Database



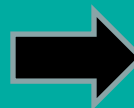
Newsletter



School Health Days

## What we did.....

- **Monthly meetings** between Nurse Consultant and PHO immunisation coordinators
- **Increased presence** at school health days
- Developed posters, games and had **knowledgeable staff on hand to answer questions**
- Offered **catch up programmes** at every participating schools (78 within Waitemata region)
- Offered **further vaccination opportunities** at each round of HPV
- Development of an **immunisation newsletter**
- Introduction of an **immunisation database**



## What we achieved.....

- **Improved** communication
- Information **sharing**
- GP practices **recalling students** who missed the vaccination at school
- Parents had access to **up to date information**
- Parents and students had **access to knowledgeable staff**
- Parents who were initially opposed to the vaccination **changed their opinions and chose to vaccinate**
- **18% increase** in the WDH B Māori coverage rate
- **Less students** requiring recall from GP
- **Stronger working relationships**
- **Improved** immunisation **reporting**
- Knowledgeable and **confident staff**



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# CONCLUSION

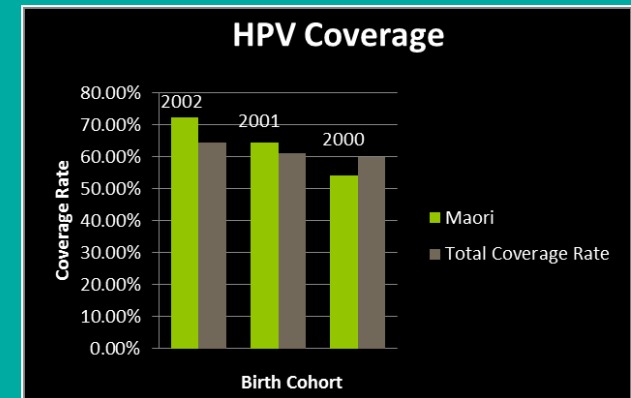
The introduction of the Immunisation Nurse Consultant Role has provided immunisation nursing leadership across the school based immunisation programme. Working actively with the Public Health Nurses, and in partnership with primary care and schools has led to increases in WDHB immunisation coverage rates.

Data indicates that not only the Maori HPV coverage has increased by 18% but also WDHB's overall coverage rate is on the increase too. Similar trends have also been seen with our Pacific coverage rates.

Instead of working as individual services we have been collaborating together as a TEAM providing every eligible student every opportunity to receive their HPV vaccinations. For when working in partnership Together Everyone Achieves More.

## Acknowledgements:

- Child & Family Public Health Nurses
- Planning and Funding Immunisation Programme Leaders
- All participating schools within the Waitemata region
- PHO immunisation coordinators
- National Immunisation Register (NIR)
- Ministry of Health



And finally.....

HPV Vaccines are one of the most cost-effective health care interventions there are. Every dollar spent on a HPV vaccination not only helps save a life, but greatly reduces spending on future healthcare.



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