



IMMUNISATION

# Health Report

## Inside this issue:

Understanding vaccines and immunisation

The impact of disease – how it affects people's lives

Lifting our immunisation rate – an investment in our future

The importance of immunising on time – 17% immunising outside the recommended timeframes<sup>1</sup>



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Working together for a healthier world™



# FOREWORD FROM THE HON TONY RYALL, MINISTER OF HEALTH AND THE HON JO GOODHEW, ASSOCIATE MINISTER OF HEALTH

**Protecting children against serious infectious disease through vaccination should be a priority for parents. It is certainly a priority for the Government. We have set ourselves the ambitious target of achieving full immunisation of 95% of eight month olds by the end of 2014.**

Children are most vulnerable to infectious disease between three and eighteen months of age.

We know that if children begin their childhood immunisations on time, then that significantly increases the likelihood of completing all their vaccinations.

That's why we've moved to the new health target: to focus on earlier, on-time vaccinations.

Up until late last year most babies were registered with a general practice when a parent first visited their GP after the baby's birth. In some cases this first visit didn't occur until well after the 6 week timeframe for baby's first immunisation.

To ensure that this first immunisation happens on time, maternity unit staff now notify general practices of a child's birth before mother and baby leave the unit. The practice can then enrol that baby into their patient management system making it easier for parents to get on-time immunisation of their child.

Vaccination is important because of the protection it provides an individual against serious life threatening diseases. It also provides population-wide protection by reducing the incidence of vaccine-preventable diseases and preventing their spread to vulnerable people.

Improving immunisation rates to reduce the exposure to our most vulnerable – our children, the elderly and the disadvantaged – requires a co-ordinated effort from Government, parents, health professionals and community organisations. It's a challenge we know we are all up for.

Which is why we commend the work done by the Meningitis Foundation in developing this Immunisation Health Report.





## A MESSAGE FROM FRANCES BENGE, MANAGING DIRECTOR, PFIZER NEW ZEALAND

**As a parent I can well remember those early visits to our family doctor to have my newborns receive their first immunisation. I went knowing that this was one of the many important milestones my children would experience throughout their lives – right alongside their first teeth, their first skinned knees, and their first day at school.**

Back then, as a nurse, there was no question in my mind that immunising was the right thing to do. Today new parents now have access to so much more information than in previous years, ranging from heavily-detailed scientific materials to online discussions from all corners of the world. And of course medicine has made considerable progress, giving us more options, more opportunities and requiring more decisions.

What has not changed is the absolute desire of parents to do the best for their children. Which is why we have prepared this report – to help parents understand just what is happening in New Zealand when it comes to immunisation. The vast majority of us have been immunised,<sup>1</sup> we get our children immunised<sup>1</sup> and we believe in the value of immunisation.<sup>1</sup> But we don't always get our children's vaccines on time.<sup>1</sup> And in rural areas, our immunisation rates are lower.<sup>1</sup>

The development of vaccines to prevent serious disease is an extraordinary story of medical achievement that has benefited generations of New Zealanders, and will benefit many more to come. As a nation, we can be proud of the enormous commitment we are making to protect the health of our children through immunisation.

I am delighted that we at Pfizer have been able to partner with the Meningitis Foundation in the development of the Immunisation Health Report. We sincerely hope this report assists parents, grandparents, carers and our healthcare community so that we can all better understand the immunisation environment in New Zealand today.



## FOREWORD FROM PAUL GILBERD, THE MENINGITIS FOUNDATION AOTEAROA NEW ZEALAND

**For many New Zealand parents, one of the biggest and most difficult decisions they have to make is whether or not to immunise their newborn baby. The decisions we make as parents affect our immediate family, our extended family, our network of friends and our whole community. To do nothing, is not an option.**

When decisions are being made about the health and wellbeing of our children, it can often be an emotional time and many alternative viewpoints are sought. To make the best possible decisions for our children, one of the biggest challenges is accessing people and information we can trust.

The Immunisation Health Report provides parents and healthcare providers with immunisation information that is relevant to the New Zealand environment. The Meningitis Foundation is pleased to have been involved in the development of this resource and actively encourages all New Zealanders to become more informed about immunisation and talk to their healthcare provider.

When members of the Meningitis Foundation talk about childhood or adolescent immunisation against pneumococcal and meningococcal meningitis, we use the analogy of a seat belt in a car. We all want to keep our children safe, so the first thing we do before we go for a drive is buckle our kids into their car seats and seatbelts. We believe that immunising our kids is like putting on their seatbelt. It is the best possible protection we can provide for our children and family members. Although it may not guarantee we will avoid getting hurt in a car accident, it will make a significant difference to our outcome if we do have an accident.

By immunising our children and providing them with long-term immunity against meningitis, we not only safeguard the health and wellbeing of our own children but also protect our immediate family members. Research has shown that the overall health of multigenerational households improves when the children are immunised. We urge New Zealanders to do everything they can to protect their whānau from meningitis.

Meningococcal and pneumococcal meningitis can strike quickly. In less than 24 hours, initial flu like symptoms can escalate to a life-threatening situation. If not treated in time, meningitis can be deadly, or it may lead to permanent disability such as deafness, limb amputation or brain damage. However, if the disease is diagnosed early and treated promptly, most people make a complete recovery.

Most importantly, meningococcal and pneumococcal meningitis are vaccine preventable diseases. We encourage all parents to take action to protect their loved ones from these devastating diseases through immunisation.

The publication of this report is a major milestone for the Foundation in our efforts to inform and educate the community about meningitis.

[www.meningitis.org.nz](http://www.meningitis.org.nz)

## About this report

The Immunisation Health Report is designed to be a handy guide for parents and anyone interested in the immunisation of our children.

Research conducted by Pfizer New Zealand, consisting of a telephone poll and focus group discussions, provides a snapshot about what New Zealanders think about vaccines. Are our children getting their 'jabs'? Are our individual immunisation regimens up to date? How do we feel about vaccines?

This report does not however discuss the merits of individual vaccines – that is a matter that is best discussed with your doctor or healthcare provider, and we encourage parents and carers to do just that.

# UNDERSTANDING VACCINES

Large scale immunisation programmes have significantly reduced the threat of diseases that were once widespread and often fatal. Today, more people benefit from safe and effective vaccines than ever before — and the list of diseases that vaccines can help prevent, continues to grow.<sup>2</sup>

The Professor of Population Child and Youth Health at Auckland University is Professor Diana Lennon. Professor Lennon explains: “Vaccines prevent infections from serious, life-threatening diseases and they can also help reduce healthcare costs to both patients and the broader healthcare system by reducing the incidence of vaccine-preventable illness and their often life-long sequelae.” A sequelae is an abnormal condition, such as a disease or a disorder, which is usually the result of the patient having had a previous disease or trauma.

According to the World Health Organisation, a vaccine is any preparation intended to produce immunity to a disease by stimulating the production of antibodies.<sup>3</sup> Vaccines have conquered smallpox, which was eradicated in 1979, and have achieved a 99.7% reduction in polio.<sup>4</sup> Currently, scientists, governments and philanthropists are actively seeking to eradicate malaria through the development of a vaccine.

*Vaccination has greatly reduced the burden of infectious diseases. Only clean water, also considered to be a basic human right, performs better.<sup>5</sup>*

# EXPLAINING IMMUNISATION AND VACCINATION

The terms “vaccination” and “immunisation” are often used interchangeably - but in fact they each refer to a specific act. The following explanations are from the US Centres for Disease Control and Prevention:<sup>6</sup>

**Immunisation:** The process by which a person or animal becomes protected against a disease.

**Vaccination:** The injection of a dead or weakened infectious organism in order to prevent the disease.

**Vaccine:** A product that produces immunity, therefore protecting the body from the disease. Vaccines are administered through needle injections, by mouth and by aerosol.

According to Professor Lennon: “Immunisation has two benefits. It protects individuals from serious and potentially fatal diseases, and it protects the community from common diseases that would otherwise damage public health.”

Different vaccines can also have different purposes. For example, with tetanus an individual benefits because immunisation protects them from infection. When it comes to other vaccinations, it is not just the individual who is protected, but also the broader community. Rubella immunisation in children and adults helps stop the circulation of rubella virus in the community to protect the unborn children of pregnant women, as rubella infection during pregnancy can cause very serious birth defects.<sup>7</sup>





# WE ARE A NATION OF VACCINATORS



**For the Immunisation Health Report, we talked to more than 1,500 New Zealanders – mostly parents. Our research found that 96% of parents surveyed vaccinated their children, and 98% of parents who think vaccines are safe, vaccinate their children.<sup>1</sup>**

**“I am all in favour of vaccinating. I was brought up and was fully vaccinated. It is better we immunise our children as this is why a lot of diseases have been eradicated. When people stop immunising, that’s when some of them [the diseases] come back.”** Mum of one year old girl (Focus Group Research).<sup>8</sup>

Our research also found that 87%<sup>1</sup> of parents had their children fully vaccinated. While that figure is encouraging, Dr Api Talemaitoga, a practising general practitioner at Normans Road Surgery in Christchurch, says:

**“It is very important to stick to and complete the schedule. Not immunising your child obviously increases the risk of them getting an avoidable infection, and missing a scheduled immunisation also reduces the level of protection that the immunisation can provide.”**

Meningitis survivor Tania Wolfram is a strong advocate for immunisation, having experienced the effects of meningitis first hand.

**“Meningitis is a truly horrific disease, the pain is unbearable and the consequences, if you survive, will be life-long. I am only grateful that it was me and not my children or any family members**

**who had the disease. I have had my children vaccinated because, like wearing a seatbelt, there’s no guarantee that someone won’t crash into you. But by having a seatbelt on, you have a better chance of survival.”**

We know that there is still work to be done to ensure that more New Zealanders avoid the effects of debilitating and deadly diseases like meningitis. 4% of parents surveyed told us they do not immunise their children at all.<sup>1</sup> Of those parents who do fully vaccinate their children, 19% do not adhere, or were unsure they adhered, to the age appropriate schedule and this rises to 50% among parents who only partially vaccinate.<sup>1</sup>

Dr Talemaitoga explains: “GP’s understand that parents get busy and it can be easy for them to think that it won’t matter if they delay their kid’s immunisation. There are a few scenarios where a delay is okay, but it’s really important that the parents talk this through with their healthcare provider. Clinics are now embracing technology, like text messaging, to remind parents and this is really helping to get children vaccinated a lot closer to the key dates outlined in the National Immunisation Schedule.”





## WE WANT ACCESS TO MORE INFORMATION

**Around 1 in 10 parents do not feel well informed about vaccines and would like access to more information. The parents who said they were not well informed were most likely to be aged under 25 or living in rural areas and towns.<sup>1</sup>**

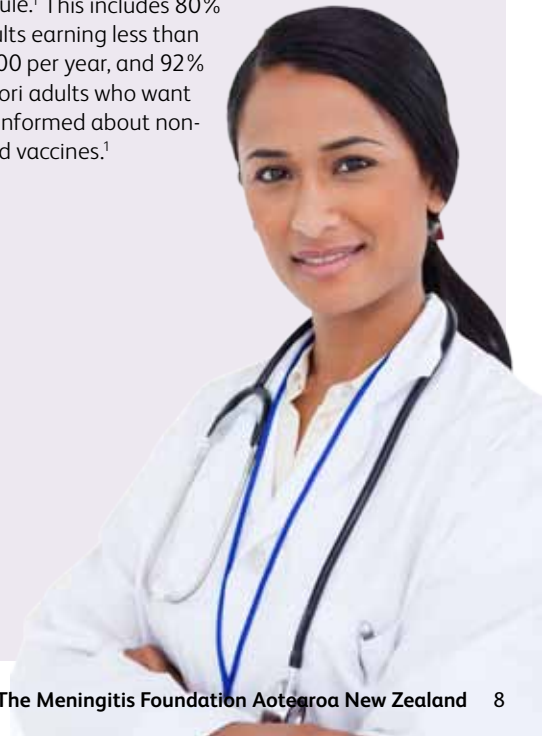
Encouragingly, 90% of all respondents thought that vaccines were safe. Of the remaining 10%, half of those had concerns about vaccine safety, with the remaining 5% unsure.<sup>1</sup> Young parents in particular were more likely to believe that vaccines were unsafe, corresponding to lower levels of immunisation in their children compared to other groups.<sup>1</sup> 80% of parents aged 18 to 24 years had their children fully vaccinated, compared to 89% of those parents in the 25-44 age group.<sup>1</sup> Taken together these figures suggest that more can be done to ensure these groups have easy access to accurate, current and trustworthy information.

Our research asked participants whether they would like their healthcare provider to talk about what their child was being immunised against. One respondent said:

**“I would like to know before the vaccination, what it [the vaccine] is going to be for. Leading up to it, I would like to know [from the GP] “Ok, this vaccination coming up in such and such time is for this” so I can make an informed decision.”**

Dad to 2 & 5 year old girls. (Focus Group Research).<sup>8</sup>

The research also shows that 86% of adults want healthcare providers to inform them of vaccines that provide extra coverage against diseases, even if these are not funded through the National Immunisation Schedule.<sup>1</sup> This includes 80% of adults earning less than \$30,000 per year, and 92% of Maori adults who want to be informed about non-funded vaccines.<sup>1</sup>



# DON'T LEAVE IT TO OTHERS TO DO THE HEAVY LIFTING

**As rates of immunisation increase, the risk of disease – even among those who are not immunised – decreases. This is called ‘herd’ immunity.**

Professor Lennon states: “Herd immunity is helpful in controlling epidemics. For example, if most of the community is vaccinated against measles, then the measles virus finds it hard to get a toehold to set off another epidemic among the unimmunised.”

“Another example is the way that the pneumococcal conjugate vaccine has helped protect not only the children that receive it but also the elderly and the wider community.” Pneumococcal disease can cause meningitis, an infection of the membranes that cover the brain and spinal cord; septicaemia or blood poisoning. The bacteria can also cause pneumonia, ear and sinus infections.<sup>9</sup>

“Now that vaccination of pre-schoolers with the pneumococcal vaccine is widespread, they are no longer spreading this bug to their parents and grandparents and this has resulted in a reduction of pneumococcal pneumonia, a very important disease of the elderly.”

“In the case of pneumococcal disease, immunising children has led to health gains for the elderly – directly attributable to ‘herd’ immunity,” says Professor Lennon.

While the Immunisation Health Report research shows that 87% of parents had fully vaccinated their children, and 96% had at least partly vaccinated their children, there are still 4% of parents who choose not to immunise their children at all.<sup>1</sup>

Local and international scientists warn us against becoming complacent,

suggesting that as more people choose not to vaccinate, the community can once again become at risk from disease.

“The view of parents that it is alright for their children not to be immunised because other children are, is simply dangerous,” says Dr Talemaitoga.

“Communicable diseases such as whooping cough, measles and pneumococcal disease can be devastating not just for the child but indeed for the entire family. Many of these diseases are life



*“I think we have a responsibility to those few who can't get their children vaccinated. For those of us who can get vaccinated we should do it for their protection as well.”*

Mum to two girls (Focus Group Research)<sup>8</sup>

threatening, often with serious long term effects.

“Misinformation about vaccines is simply that – misinformation – and parents should be guided by the overwhelming weight of local and international evidence which details the positive impact of vaccination on their child’s health and wellbeing”.

Dr Talemaitoga believes that immunisation plays an important role. “It ensures your child

gets the best chance at a good life. You’re giving your child the opportunity to grow up to be a productive and healthy member of society”.





A lush green forest with a stream flowing over mossy rocks. The scene is vibrant with various shades of green, from deep forest greens to bright, sunlit highlights on the leaves and moss. The stream is in the foreground, with white water splashing over dark, moss-covered rocks. The background is filled with dense foliage and hanging moss, creating a sense of a deep, untouched natural environment.

## RURAL NEW ZEALANDERS AND IMMUNISATION

The Immunisation Health Report research shows that rural New Zealanders are likely to have higher levels of non-immunisation. Dr Talemaitoga, suggests the comparatively lower rates of vaccinated children in rural areas could be attributed to a number of factors such as access to GP practices and poor access to information and resources.

New Zealand's health professionals and Government are addressing this issue by collaborating between the housing, education and health sectors. Dr Talemaitoga has experienced firsthand the positive impact on immunisation rates when parents feel empowered. He notes that working with other important organisations within the "village" such as churches and community outreach groups has also been helpful in some areas.

The 2011/2012 New Zealand Health Survey suggests another explanation for the reduced access to primary healthcare. About 3.2% of children were unable to see a GP because of transport problems. Children living in the most deprived areas were much more likely to have been unable to see a GP due to lack of transport at some time.<sup>10</sup>



# IMMUNISE ON TIME

**Dr Talemaitoga, who has also held the position of Chief Advisor for Community Health Service Improvement and Clinical Director Pacific Health, has a wealth of experience working with people here in New Zealand as well as around the Pacific. As a GP, he sometimes gets parents coming to him with information they have gleaned from chat rooms or internet sites suggesting reasons not to immunise. He also speaks with parents who are nervous about immunising their child.**

*“I have to nicely say that’s not the evidence - that’s other people’s opinions, but there is evidence available. People have undertaken research and have spent most of their lives doing it, so it’s better to direct people to the right information. Most people are technologically savvy and feel really good when I can empower them to research it themselves so they can come back and discuss it with me,” says Dr Talemaitoga.*

The results of this research provides valuable insight into how many children aren’t being immunised on time according to the advice provided in the National Immunisation Schedule (NIS). 17% of those surveyed told us they were not immunising close to the NIS recommendation, with some waiting months beyond the recommended due date to get their child vaccinated.<sup>1</sup>

*“I tell my patients that it is really important to stick to the [NIS] Schedule. The only thing that gets in the way is if your child is unwell. So I tell the parents who bring their child in for their vaccination, and who is not well, that we can delay by a few days,” says Dr Talemaitoga. He stresses that: “A few days is okay just until the child is better, but waiting weeks or months is not advised”.*

Professor Lennon agrees. “Our immunisation rate for on-time vaccination is still not good enough and this is an important factor in our current whooping cough epidemic which is unacceptable”.

# TALK TO YOUR GP OR HEALTHCARE PROVIDER

Dr Talemaitoga says that in the past it was sometimes difficult to get some parents in to see their GP for their child's next immunisation. "I remember 10 to 15 years ago, [health authorities asked] why do Maori or Pacific [parents] not turn up or why are they late? The recall letter turns up in the form of a letter, Mum is at the factory, Dad is working somewhere else, and Grandma cannot read English, thinks it's a bill and chucks it into the bin. So they never even get the recall that it is time for the next jabs".

Now more and more health professionals are embracing technology and other methods to help ensure parents can get their child immunised, and in the right timeframe. "Now, most people have cell phones and Mum gets a text saying; 'Anna's due for her

immunisation, please call or text back....' and Mum can just text back and organise the immunisation appointment there and then," says Dr Talemaitoga.

The Government's catch phrase for healthcare is: "Better, Sooner, More Convenient" with the aim of giving New Zealanders a more personalised healthcare system with services available closer to home.<sup>11</sup> In his time working at the Ministry of Health in 2012, Dr Talemaitoga worked closely with the Primary Care team to develop the Newborn Enrolment Policy. This means that babies will be enrolled with their GP soon after birth so they receive essential healthcare including immunisations, sooner.<sup>12</sup> "That's good news for all parents and children", adds Dr Talemaitoga.



# OUR NATIONAL IMMUNISATION SCHEDULE

The series of age based vaccines that our children receive free of charge is called the National Immunisation Schedule (NIS).



*“The diseases chosen for the New Zealand immunisation programme are based on the facts surrounding the death and disability caused by those diseases. For example it is well known that rubella causes major neurological defects (damage to the nerve functions in the brain) in newborn babies as a result of rubella in the mother. This of course will be a lifetime cost for the family and for the State”.*

Professor Diana Lennon, Professor of Population Child & Youth Health, Auckland School of Medicine

The last century has seen a dramatic decline in vaccine-preventable diseases in New Zealand, much of it due to the effectiveness and quality of the National Immunisation Schedule.<sup>13</sup> Professor Lennon also attributes improved vaccine coverage to the New Zealand Immunisation Handbook and more recently the National Immunisation Register. “It has been a major factor in improving knowledge and educating the medical and wider communities. Following the meningococcal epidemic in the 1990s and the development of a vaccine programme and immunisation register, the ability to measure vaccine coverage means that

we have a far better understanding of where we are failing,” Professor Lennon says.

“New Zealand, as a developed country, was relatively slow to embrace the benefits of immunisation but we are now well on track.” Professor Lennon adds, “In the current environment the possibility for a vaccine to prevent rheumatic fever is being supported by the New Zealand Government where \$3 million has been put aside for early vaccine development in a joint venture between the Australian and New Zealand Prime Ministers.”

The most recent statistics from the Ministry of Health suggest that New Zealand is on track to achieve its ambitious goal of having 95% of babies fully immunised by the age of eight months, by the end of 2014.<sup>14</sup>

However, there is still work to be done. The Immunisation Health Report findings confirm that as a country we are working hard to lift rates of immunisation. 96% of surveyed parents vaccinate their children, only 87% indicated their child had been fully vaccinated, and only 78% had their children vaccinated on time.<sup>1</sup>

# ALIJAH'S STORY

## Believing myths about vaccines is not the same as getting the facts.

Ian Williams never expected he'd be sitting next to his son's hospital bed holding his son's hand, Alijah's back arching at such extremes he felt the muscles could break his bones at any second. Worse, his heart could stop. For three weeks, Ian watched his son's seven year old body violently and painfully convulsing as tetanus attacked his nervous system.

Alijah was lying in hospital suffering from a preventable disease –something he should have been immunised against, but which Ian and his wife Linda had decided not to do.

“You have no idea how it feels to watch blood dripping from your child's mouth, Alijah saying ‘save me daddy,’” said Ian. “I did feel powerless but it was something I could have prevented. I could have made a simple decision, based on evidence, to immunise Alijah.”

“Parents like us make the decision to not vaccinate on very little factual information about the actual consequences of the diseases. We fall for the myths and conspiracies that exist on the internet. We had underestimated the diseases and we had overestimated the adverse reactions [to vaccines],” he added.

After Alijah's tetanus diagnosis, Ian and Linda were told he had a 1 in 10 chance of dying versus the very rare chance of having a serious

reaction to the vaccination, such as painful nerve inflammation, to the tetanus vaccine.

Alijah spent 26 days in hospital, and faced months of recovery, including having to learn to eat and walk again.

Since Alijah's diagnosis the Williams' have immunised their other children and written to Alijah's school to warn other parents of the risks of choosing not to vaccinate.

Ian suggests that parents wondering if they should immunise their children do two things. “The first is to question what percentage of GPs and paediatricians are pro-vaccination? Then ask yourself why almost all doctors are pro-vaccination. These are people who are smart and they have compassion,” he says.

Ian also suggests that for those who still aren't sure then they should “dive into the diseases. Learn everything you can and do it accurately. You can also find a video of a child suffering tetanus or whooping cough then make your decision based on what could happen if you didn't immunise.”

Ian did not realise the severity of tetanus until his son went through it.

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“We're sharing our story and journey with Alijah for one reason – to prevent any other kids and parents going through what we have gone through.”

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Photographer: John Selkirk

# TESH'S STORY

Letitia (Tesh) Gallagher was only 18 years old when meningitis took her from her family, friends and boyfriend. Within a matter of hours Tesh went from having 'a bit of a sore throat' to screaming, extreme vomiting and fever until her body gave up fighting the aggressive disease that is meningococcal meningitis.

Tesh's boyfriend accompanied her to hospital, and when her parents arrived she was already gravely ill.

Tesh's parents, Mark and Lisa Gallagher explain: "When we arrived at the hospital I took one look at Tesh thrashing around on the bed delirious and nearly passed out. It was then that the doctors explained they were testing Tesh for a number of things, including meningitis." Within minutes Lisa and Mark were told by the doctors that Tesh had meningitis.

"The doctor explained that Tesh was one in a million where the disease had taken hold so rapidly and that the latest scan showed that meningitis had caused a lot of devastation to her brain – she was dying," says dad Mark. "She was so fit and strong yet there was nothing anyone could do."



Tesh was a talented athlete, loved to travel and was always ready to help when someone needed a hand or was in trouble. Only weeks earlier, Tesh had talked with her parents about her wish to donate her organs if something happened to her. Now, her parents were faced with fulfilling her wish.

Tests confirmed Tesh brain-dead at 3pm on 24 July 2012 – but machines kept her heart beating to preserve her organs.

"Knowing her organs helped five people live, and that her heart valves can aid even more people, makes me so proud," says mum Lisa.

The family want to warn teens like Tesh to be careful, and not to share drinks, cigarettes, glasses, lip-gloss or anything that could put them at risk of contracting the disease.

Invasive meningococcal disease is caused when bacteria living in the nose or throat enter the

bloodstream. When that happens it can cause meningitis, which is an infection or inflammation of the membranes that cover the brain and spinal cord.<sup>15</sup>

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# SYMPTOMS OF MENINGITIS<sup>16</sup>

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While meningococcal disease can have a range of symptoms such as fever, headaches, light sensitivity, vomiting, confusion, a rash that doesn't fade and sleepiness, it can be difficult to diagnose because the symptoms occur in other illnesses such as the flu.

In Tesh's case, her dad Mark says: "Tesh showed few symptoms and the rash most commonly associated with the disease didn't show up until after the doctors told us there was no hope."



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"I want people to understand how dangerous meningococcal disease is and to be vigilant. I don't want other people to go through what we are still going through."

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Someone with meningitis will become very ill. The illness may progress over one or two days, but it can also develop very quickly, sometimes in a matter of hours. Most cases of meningitis start with a high fever, severe headache and stiff neck (however a stiff neck is an uncommon symptom in young children). Vomiting and drowsiness often follow. The person may complain of discomfort when looking at bright lights, however this is also an uncommon symptom in young children. In some cases a rash may appear. If you suspect meningitis, seek urgent medical attention. Do not wait for a rash to appear.

## COMMON SYMPTOMS:

**Infants:** fever, possibly with cold hands and feet; refusing feeds or vomiting; high pitched moaning crying or whimpering; neck retraction with arching of back; blank and staring expression; child is difficult to wake, lethargic; pale, blotchy complexion.

**Adults:** stiff neck; headache; fever; vomiting; light sensitivity; drowsiness or confusion; joint pain; fitting.

For more information about meningitis please visit the Meningitis Foundation website:

[www.meningitis.org.nz](http://www.meningitis.org.nz)





# WHY DO WE IMMUNISE?

**Without doubt, vaccines are among the most efficient tools for promoting individual and public health and deserve better press.<sup>17</sup>**

It is estimated that vaccines prevent almost 6 million deaths worldwide every year.<sup>18</sup>

Immunisation is the most effective way to actively protect our children from preventable diseases, including whooping cough, meningitis and measles.<sup>19</sup>

Where disease does occur, it is usually milder in people who are vaccinated than those that are not. Examples include pertussis<sup>20,21</sup> (whooping cough), varicella<sup>22</sup> (chicken pox) and rotavirus<sup>23</sup> (a cause of gastroenteritis).

We asked New Zealand parents why they vaccinate. 67% of parents said they immunised their children to prevent disease,<sup>1</sup> 13% said it is “just what you do”<sup>1</sup> and 8% said they did it specifically because a healthcare provider recommended vaccinating.<sup>1</sup>

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**“That’s just what we do – it’s like feeding the children.”**

Mum to two girls: 3 years and 17 months. (Focus Group Research).<sup>8</sup>

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Of those parents who did not vaccinate their children, 45% said it was because they think vaccines are unsafe or risky,<sup>1</sup> and 8% said it was because they do not think vaccines are effective.<sup>1</sup>

Most encouraging was that 98% of parents who think vaccines are safe, vaccinate their children.<sup>1</sup>

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**“I just think some of the things they are vaccinated against could lead to being worse than the potential side effect of vaccination, so if you weigh and balance that, personally I feel that immunisation is the safer way to go.”**

Mum to 9 month old boy. (Focus Group Research)<sup>8</sup>

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# WHAT DO WE THINK ABOUT PEOPLE WHO DO NOT IMMUNISE?



**As we found in the Immunisation Health Report, the vast majority of New Zealanders are vaccinating their children. But what do we think about people who do not immunise?**

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“The argument [some parents make which] I don’t like is ‘but those illnesses just don’t exist anymore so why should I vaccinate against them?’ I think that is the worst short sighted argument. If people are not informed I think it’s fair enough and then you can inform them and they can make a decision.”

Mum to 9 month old boy. (Focus Group Research).<sup>8</sup>

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“It can be hard to figure out, there is a lot of information out there, right and wrong, and it can be difficult to figure out what is right and what is wrong. Even the really misguided information can sound really factual and kosher and most of the people I know who have chosen not to vaccinate haven’t really been naïve – they just got confused by all the information and have not known what to do and therefore leant on the side that they felt safe.”


Mum to two boys, aged 3 and 5 years. (Focus Group Research).<sup>8</sup>

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We asked whether families should lose some of their family tax benefit (as part of Working for Families) if they do not have their children immunised. Opinion was divided – 49% of respondents did not agree with financial penalties; 40% were in favour, and 11% did not know.<sup>1</sup>

We also asked whether children who have not been vaccinated should be accepted into early childhood centres such as day care. Opinion was again divided. While 45% of respondents would not exclude non-vaccinated children, 42% were in favour of exclusion, and a further 13% were unable to answer or did not respond.<sup>1</sup>

# AN INVESTMENT IN OUR FUTURE



Healthy children perform better at school, and healthy adults are both more productive at work and better able to tend to the health and education of their children. Healthy families are also more likely to save for the future, since they tend to have fewer children, and the resources spent on them go further, thereby improving their life prospects. Finally, healthier societies may be a stronger magnet for foreign direct investment and tourism than those where disease poses a constant threat.<sup>24</sup>

The positive impact of vaccination on death from preventable disease is well known.<sup>25</sup> What may be less well known is the positive effect vaccines are having on overall health and wellbeing, social cohesion and the economic growth of a nation.

Dr Talemaitoga explains: “In my experience as a GP, healthier workers, like healthier school children, have better attendance rates and are more energetic and mentally robust. Workers in healthy communities need to take less time off to care for sick relatives”.

The New Zealand Government recognises the importance of supporting a range of preventative health measures, including immunisation. Through the National Immunisation Schedule the Government has committed to ensuring New Zealanders do not have to personally pay for many important vaccines, in particular those given in the early years of life.

Government efforts to educate New Zealanders on the importance of vaccines appear to be getting through. 89% of survey respondents tell us they feel well or very well informed about the vaccines available under the National Immunisation Schedule.<sup>1</sup>

New Zealanders are also interested in other vaccines that are not funded by the Government, indicating we are prepared to personally pay for some vaccines in the interests of preventative health. Some 86% of respondents said they would like to be informed about vaccines which are not funded by the Government, but are available privately.<sup>1</sup> This interest is not limited to higher income New Zealanders. Four out of five people in lower income households would also like their healthcare professional to inform them about non-funded vaccines.<sup>1</sup>

# USEFUL INFORMATION ABOUT IMMUNISATION FOR PARENTS AND CARERS

## New Zealand resources

[www.meningitis.org.nz](http://www.meningitis.org.nz)

An organisation promoting the prevention, control and awareness of meningitis within the community and with health and education professionals.

[www.immune.org.nz](http://www.immune.org.nz)

Provides independent and factual information to the public and healthcare providers on all aspects of childhood immunisation against vaccine-preventable diseases.

[www.health.govt.nz](http://www.health.govt.nz)

Contains full details of the National Immunisation Schedule which is the series of vaccines that are offered free to babies, children, adolescents and adults.

[www.esr.cri.nz](http://www.esr.cri.nz)

ESR, the Institute of Environmental Science and Research, is responsible for the surveillance of notifiable diseases, disease outbreaks, sexually transmitted infections, influenza and respiratory, enteric and herpes viruses.

[www.kidshealth.org.nz](http://www.kidshealth.org.nz)

A joint initiative between the Starship Foundation and the Paediatric Society of New Zealand that provides information for New Zealand parents and caregivers about children's health.

[www.plunket.org.nz](http://www.plunket.org.nz)

Plunket is New Zealand's largest provider of support services for the development, health and wellbeing of children under five years of age.

## International resources

[www.who.int/topics/immunization](http://www.who.int/topics/immunization)

WHO is the directing and coordinating authority for health within the United Nations system.

[www.immunise.health.gov.au](http://www.immunise.health.gov.au)

The Immunise Australia Program aims to increase national immunisation rates by funding free vaccination programs, administering the Australian Childhood Immunisation register and communicating information about immunisation to the general public and health professionals.

[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

The CDC is dedicated to protecting health and promoting quality of life through the prevention and control of disease, injury, and disability.

[www.comoonline.org](http://www.comoonline.org)

CoMO aims to amplify the voices of its members through advocacy and to help them to be sustainable and to work together in the fight against meningitis.

If you would like printed copies of the Immunisation Health Report please email: [contactus.newzealand@pfizer.com](mailto:contactus.newzealand@pfizer.com) or free phone 0800 699 276

## About the research

The Immunisation Health Report research was carried out by Curia research in October 2012, using a quantitative permission-based phone poll of 1,500 New Zealand adults aged 18 years and over. To ensure that the research was representative of the New Zealand adult population, results were weighted by gender, age, ethnicity, household income and area. This sample size gives an approximate confidence level of plus or minus 2.5% at the 95% confidence level.

The Immunisation Health Report focus groups were carried out by Curia Research in November 2012. This research comprised two face-to-face group sessions in Auckland and Wellington, with 12 participants.

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Vaccines are prescription medicines. For more information about the benefits and possible risks of individual vaccines, talk to your healthcare professional.



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