Service Delivery

Please note this section is under review

Revision Date: November, 2007

Delivery of Routine Childhood Immunization in Alberta

Adapted from: J. R. Waters, MD, Provincial Health Officer, Alberta Health, July 1995.

Alberta has enjoyed one of the highest immunization coverage rates for preschool children in the country, although pockets of poor coverage have certainly existed. In large measure, this success has been the result of the delivery of routine childhood immunization exclusively through the public health sector (i.e., local health units). This has been the traditional means of vaccine delivery in Alberta and was formally adopted as Alberta Health policy, with strong support from the Alberta Medical Association (AMA), in 1991. At the request of the AMA, the policy was not fully implemented until an attempt to allow the few physicians who had previously given immunizations proved to be completely unsatisfactory.

Under this system, health units had the responsibility to identify all children in their area, ensure that all were offered immunization and follow up those who did not receive vaccines. Neither individual physicians nor any other agency was in a position to perform this task for all children in an area. As the health system undergoes reorganization, it is natural to review the delivery of routine childhood immunization. However, for reasons outlined below and in the accompanying paper, we strongly recommend continued delivery of childhood immunization in Alberta through regional public health programs.

Under the new regional structure, each region retains the responsibility for ensuring that all children have access to and are offered immunization. It must monitor immunization coverage rates; ensure that children are immunized as closely as possible to the provincially and nationally established immunization schedules; ensure that no child is unimmunized except with the express, active decision of the parent (or child) to refuse immunization; and monitor and report adverse vaccine reactions. The region must also monitor the incidence of vaccine-preventable diseases and determine if failure to prevent these diseases is the result of failure to immunize.

This mandate is probably best discharged by continued delivery of immunization through the public health delivery system for immunization that has evolved in Alberta over the past few decades with the active support of the Alberta Public Health Association, the AMA and the Alberta Paediatric Society. This does not preclude more active participation of physicians in immunization programs as regions move toward more highly integrated health service delivery systems, but the most efficient delivery of service and most cost-effective use of the specific talents and expertise of various health service providers will probably continue to be the delivery of immunization by community health nurses in consultation with the regional Medical Officer of Health and the provincial Immunization Program, with the cooperation of the family’s physician.

Regardless of who delivers immunization, those responsible for population health in each region will retain the responsibility to ensure that each child is offered immunization in a timely manner, that every child not appropriately immunized is followed up and that mechanisms are in place to ensure that coverage and follow-up are documented. In line with national goals, full age-appropriate immunization should be achieved for 95 to 97% of all children at 12 and 24 months of age and for 99% of children at the end of the first year of school attendance. It is also important that Alberta’s system of surveillance of vaccine adverse reactions be maintained. This is critical to monitoring and evaluation of the immunization program provincially and nationally. Experience has shown that such surveillance is most effectively achieved in a nurse-delivered immunization program. This monitoring system should, however, be greatly enhanced with the closer links anticipated in the new health system between those delivering immunization and primary care physicians.
It is expected that the main advantage of an integrated health system will be the rationalization and completeness of individuals’ health records and better coordinated follow-up of those not immunized, not any major shift in the way, or by whom, immunization is delivered. The content of a position paper developed for the Health Unit Association of Alberta in 1993 remains valid today. A copy follows for your information.

At its February 1995 meeting, the Alberta Advisory Committee on Communicable Disease Control with membership from the AMA, the Alberta Pediatric Society, infectious disease clinicians and public health practitioners, strongly endorsed the continued public health delivery of immunization. Alberta Health encourages your support for this position.

Delivery of Childhood Immunization Programs

Issue Paper for the Health Unit Association of Alberta

1993 11 19

Submitted to the 1993 Annual General Meeting

Approved 1993 12 06

Statement of the Issue

In Alberta, childhood immunization is provided through the public health sector rather than through individual physicians. This method of program delivery, which has the support of the Alberta Medical Association, is justified. Public health must retain the total responsibility for basic child immunization services and records as it provides immunization to the largest number of children in the most cost-effective and standardized manner.

Background Information

It is the policy of Alberta Health that immunization be delivered as much as possible by community health staff in order to ensure as complete coverage as possible, to provide monitoring of adverse reactions associated with immunizing agents and to ensure that well documented immunization records are kept. The Alberta Medical Association endorses and strongly supports this Provincial Immunization Program. Since 1991 all childhood immunization in the province has been given through health units. (Calgary Health Services discontinued the provision of vaccine to physicians in approximately 1984 and Edmonton in 1991). The most compelling reason for a public health delivery system for childhood immunization is that of achieving acceptable vaccine coverage rates.

Compulsory immunization at school entry has been adjusted in other jurisdictions through legislation. However, high coverage rates for preschool children have not been obtained with this approach. Preschool children are left susceptible to vaccine-preventable diseases at a time that they are most vulnerable to the complication of disease. Such is the case in the United States, where there have been large outbreaks of measles in preschool children in recent years. ¹ Age appropriate coverage rates in Alberta in 1991 were over 92%. ²

A study done in 1987 compared childhood immunization costs and effectiveness between Alberta, with its public health system, and Ontario, where immunization is provided primarily by private physicians. The average variable cost per fully immunized preschool child was $38.91 in Alberta compared to $67.55 in Ontario. From reported disease incidence, Alberta and Ontario have achieved equal success in preventing diphtheria, tetanus and poliomyelitis among children less than four years of age. ³
The traditional arguments used by the small number of physicians who wish to provide childhood immunization include the following:

- Window of opportunity within the physician-patient visit
- Extended hours of operation
- Freedom of choice for the patient

While there is some validity to these arguments, they do not take into account the following points in support of a public health delivery system:

- The efficiency of a more centralized delivery system
- Increased coverage with a single provider
- While parents need to be responsible for the decision to immunize their children or not, the public health system ensures they are able to make an informed decision
- The public health system is able to ensure the greatest number of children are immunized, which benefits not only the individual, but the community as a whole

**Suggestions for Action**

That the Health Unit Association of Alberta reaffirms that:

1. All routine childhood immunization continues to be done in the public health sector.

2. Health units ensure adequate access to immunization services to all parents by facilitating referral for immunization from physicians, particularly for “hard-to-reach” children, and by expanding immunization clinic hours and similar measures.

3. Health units cooperate closely with physicians for those children with significant medical conditions, e.g. immune-deficiency, significant egg allergies and a history of previous severe CNS or other severe reaction to vaccine, where medical supervision of immunization is important. In such cases, immunization in a physician’s office may sometimes be appropriate.

4. Health units make every attempt to accommodate patients identified by the physicians as “hard-to-reach”, e.g. priority referral to the health unit for immunization, or immunization at home or while in hospital.

**References**


2. Communicable Disease & Epidemiology, Alberta Health, unpublished data.

Statement on Immunization Programs Delivery

Revision Date: November, 2007

Adapted from: J. R. Waters, MD, Provincial Health Officer, Alberta Health, October 1996

The following statement reflects Alberta Health and Wellness (AHW) policy regarding immunization services and their delivery. The policies relate primarily to routine childhood immunization.

- Under provisions of the Communicable Diseases Regulation, AHW purchases and provides vaccines to Regional Health Authority (RHA) public health programs. The vaccines provided, recommendations for their use, eligibility for receiving vaccines and standards for immunization in Alberta are determined by AHW and are published in the Alberta Immunization Manual and updated from time to time.

- Delivery of immunization is a responsibility of RHAs.

- Child immunization is the core public health program and the Alberta public health–delivered program is second to none in North America. It is essential to the health of Albertans that this program be maintained and enhanced.

- It is the responsibility of RHAs\(^1\) to ensure that immunization is available to all children in the region, that every child is actually offered immunization and that coverage rates of 98% are achieved for routine childhood immunization.

- It is a further responsibility of RHAs to ensure the efficient distribution and use of vaccines; to ensure the quality of immunization offered (compliance with recognized schedules, understanding of true contraindications, continuing education of providers, appropriate handling and storage of vaccine, etc.); to monitor adverse events associated with immunization; and to maintain immunization records for all children in the region.

- Public health delivery of immunization is the most efficient and effective means by which these standards and responsibilities may be met and by which the largest number of children will be immunized. Protection of the community requires that all children are adequately immunized. Physician delivery of vaccines presents problems in assurance of appropriate compliance with national and provincial schedules; presents significant problems in documenting individual immunizations; cannot ensure complete coverage (since many families do not have an ongoing relationship with a physician and since in a physician delivery system, there is no mechanism to identify those families not seeking immunization); and decreases the efficient use of vaccines (i.e., increased wastage, problems with cold chain maintenance and assurance, etc.).

Both the Alberta Medical Association and the Alberta Paediatric Society have recognized these practical problems and have, in the past, endorsed the public health delivery of vaccines in Alberta, as has the Alberta Public Health Association.

For adult immunization and immunization of persons at special risk, the public health mandate is less clear. In such selective programs, physicians are often in a better position to identify those at risk, and depending on local circumstances and the frequency with which vaccines are used, it may be entirely appropriate for physician delivery of immunization. In all cases, however, vaccines provided free of charge by the Provincial Immunization Program will be distributed only through Regional Public Health Programs which will retain responsibility for ensuring compliance with provincial recommendations for use, appropriate storage and handling and proper documentation of use.

Fiscal Considerations

Childhood immunization is one of the core services required of and for which funding is provided to RHAs. Funding levels were based on funding for community health nursing services, the primary (and in some cases majority) component of which is immunization and well-child services.
It is within the mandate of RHAs to determine how programs for which they are funded, including immunizations, are delivered. However, they have the responsibility to ensure that the programs are delivered to standards and guidelines such as those outlined above for immunization. They also must continue to fund those services within the region.

If immunization were to be transferred to physicians, the RHAs would have to pay for this service and could not expect that the health insurance plan would assume the cost of this “non-insured” service. They could not expect to shift the cost to another payer and use these funds for other programs in the RHA (i.e., if transfer were to occur, RHAs would be required to pay any physicians’ fees associated with immunization visits). Physicians would not be allowed to bill the plan for office visits for immunization and providing well-child counselling (which are already being done extremely well and cost efficiently by nurses).

**Notes**

While these are regional responsibilities, this in no way diminishes the parents’ responsibility to maintain their children’s immunization records, nor does it deny the final responsibility of the parents to decide whether or not their child should be immunized.