Childhood Immunization Awareness & Beliefs

Description

- Proportion of parents/guardians with children attending school outside of the home who are aware that their children’s up-to-date immunization records (or valid exemptions) are required to be provided to their local health unit under the Immunization of School Pupils Act (ISPA).
- Proportion of parents/guardians with children attending school outside of the home who believe that immunizing their children protects them from disease and that vaccines are safe for children to have.

Specific Indicators

- Per cent of parents/guardians with children (4-17 years) attending school outside of the home who are aware that up-to-date immunization records for certain diseases (or valid exemptions) are required for all children attending school in Ontario by law.
- Per cent of parents/guardians with children (4-17 years) attending school outside of the home who are aware that they must notify their local public health unit each time their child receives a required immunization.
- Per cent of parents/guardians with children (4-17 years) attending school outside of the home who are aware their child could be suspended from school for not providing their local public health unit with up-to-date immunization information (or valid exemptions).
- Per cent of parents/guardians with children (4-17 years) attending school outside of the home who believe that immunizing children protects them from disease.
- Per cent of parents/guardians with children (4-17 years) attending school outside of the home who believe that vaccines are safe for children to have.

Method of Calculation

Weighted number of parents/guardians (18+ years) with at least one child (4-17 years) who attends school outside of the home who reported being aware that up-to-date immunization records (or valid exemptions) are required for all children attending school in Ontario by law

\[ \times 100 \]

Weighted number of parents/guardians (18+ years) with at least one child (4-17 years) who attends school outside of the home

Weighted number of parents/guardians (18+ years) with at least one child (4-17 years) who attends school outside of the home who reported being aware that they must notify their local public health unit each time their child receives a required immunization

\[ \times 100 \]

Weighted number of parents/guardians (18+ years) with at least one child (4-17 years) who attends school outside of the home.
Weighted number of parents/guardians (18+ years) with at least one child (4-17 years) who attends school outside of the home who reported being aware their child could be suspended from school for not providing their local public health unit with up-to-date immunization information (or valid exemptions) x100

Weighted number of parents/guardians (18+ years) with at least one child (4-17 years) who attends school outside of the home who agreed (strongly or somewhat) that immunizing children protects them from disease x100

Weighted number of parents/guardians (18+ years) with at least one child (4-17 years) who attends school outside of the home who agreed (strongly or somewhat) that vaccines are safe for children to have x100

Basic Categories
- Sex: male, female
- Age group of parents/guardians
- Geographic areas: PHU
- Household income
- Number of children under the age of 18

Data Source

Numerator & Denominator: Rapid Risk Factor Surveillance System (RRFSS)
Original source: Public Health Unit & The Institute for Social Research (ISR), York University
Distributed by: Public Health Unit
Suggested citation (see Data Citation Notes):
Survey Questions

RRFSS Questions (Childhood Immunization: Awareness & Beliefs) as of January 2019:

childimm1: Earlier you said that there was a child between 4- and 17-years old living in the household. Can you please tell me if this child attends school outside of the home?

OR

Earlier you said that there were [fill age4_17] children between 4- and 17-years old living in the household. Can you please tell me if ANY of the children attend school outside of the home?

- Yes
- No
- Don't Know
- Refused

childimm3: Now I'm going to ask you some questions about childhood immunizations. Immunization or vaccination is a method of protecting children from infectious disease. Immunizations are also sometimes called injections or shots. Are you aware that up-to-date immunizations are required for all children attending school in Ontario by law, unless you provide a signed exemption form for the child?

- Yes
- No
- Don't Know
- Refused

childimm4_r: Are you aware that parents and guardians are responsible for maintaining up-to-date immunization records for certain diseases with their local public health unit?

- Yes
- No
- Don't Know
- Refused

- Pre-2017: Are you aware that parents and guardians must notify their local public health unit each time their child is immunized?

- 2017-2018: Are you aware that parents and guardians are responsible for maintaining up-to-date immunization records for certain diseases with their local public health unit?

- 2019: Are you aware that parents and guardians must notify their local public health unit each time their child receives a required immunization?

childimm5: Are you aware that a child can be suspended from school for not providing their local public health unit with up-to-date immunization information or a signed exemption form for that child?

- Yes
- No
- Don't Know
- Refused
childimm6: By immunizing children we are protecting them from disease. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

- Strongly agree
- Somewhat agree
- Disagree
- Strongly disagree
- Don't Know
- Refused

childimm7: Vaccines are safe for children to have. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

- Strongly agree
- Somewhat agree
- Disagree
- Strongly disagree
- Don't Know
- Refused

Analysis Check List

- Users should refer to the most recent RRFSS Manual of Operations for a complete list of RRFSS analysis guidelines.
- Denominator Data - cell size less than 30 not to be released (based on unweighted data).
- Numerator Data - cell size less than 5 not to be released (based on unweighted data).
- Coefficients of variation (CV) should be calculated for every estimate. The following categories determine the release of the data:
  - CV between 0 and 16.5: estimate can be released without qualification.
  - CV between 16.6 and 33.3: estimate can be released with qualification: interpret with caution due to high variability.
  - CV greater than 33.3: estimate should not be released regardless of the cell size.
- 95% confidence intervals should accompany all released estimates. In general, the simple computation of the C.I. for a proportion assuming $\text{SE}_p = \sqrt{pq/n}$ and $\text{CI}_{95\%} = p \pm 1.96 \times \text{SE}_p$ is sufficient. However, if estimates are close to 0 or 100% and the simple computation confidence intervals include values less than zero or greater than 100 then the Fleiss 2nd edition computation for skewed estimates should be employed.
- Weighting:
  - General household weight will be applied for questions related to the individual.
  - Household weight is to be applied for questions about households when we wish to determine the population/number of people affected.
  - Household weight is not to be applied for child proxy questions (bicycle helmet use, car seat safety), dog and cat immunization modules, or other questions that relate to the household rather than the respondent.
  - Household weights are not required to be recalculated for sub-population-based questions; for example, mammography in women ages 35+ years and 50-74 years.
  - If the weights supplied with the data set (health unit wave specific, health unit cumulative total, all health units combined wave specific, all health units combined cumulative total) are not appropriate for the required analysis, then a time-specific weight must be calculated. For example, a new weight is required for all seasonal modules.
- If the cell size of 'Don't Know' responses is 5% or greater, 'Don't Know' responses should be included in the denominator of the analyses and reported separately.
- If the cell size of 'Refusal' responses is 5% or greater, 'Refusal' responses should be included in the denominator of the analyses and reported separately.
• When an indicator is being compared between groups (e.g. time periods, gender), if any one group has 'Don't Know' and/or 'Refusal' responses that are 5% or greater, 'Don't Know' and/or 'Refusal' responses should be included in the denominator of the analyses and reported separately for all groups.
• A provincial sample is not available with the RRFSS.
• Refer to the RRFSS Data Dictionaries at http://www.rrfss.ca/ for more information about module questions and indicators.

Indicator Comments

• Analyses should consider the point(s) in time where suspension notices are issued in relation to the administration of the RRFSS survey. If the module is asked only immediately following suspension notices being issued, an increase in the percentage of parents who are knowledgeable of the requirement(s) may be observed, compared to asking the module before issuing suspension notices.
• This indicator only pertains to vaccines covered under the ISPA, which are diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis and varicella (for children born in 2010 or later).
• As of September 2017, parents/guardians who wish to get an exemption for their child(ren) due to conscience or religious beliefs must attend an immunization education session by their public health unit and then submit a notarized legal exemption form. Prior to 2017, the notarized legal exemption form could be submitted without an education session.
• Parents/guardians can submit their children’s immunization records to public health in several ways: in-person, over the phone, fax or online through their health unit’s website.

Corresponding Health Indicator(s) from Statistics Canada

• None

Ontario Public Health Standards (OPHS): Requirements for programs, services and accountability

The role of boards of health is to support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population, with a focus on promoting the protective factors and addressing the risk factors associated with health outcomes. The Ontario Public Health Standards (OPHS) define the responsibilities of boards of health in an integrated health system and are informed by the core public health functions, which include assessment and surveillance, health promotion and policy development, health protection, disease prevention and emergency management. The boards of health are responsible for programs and services in all core functional areas as well as demonstrating accountability to the ministry, and monitoring and measuring effectiveness, impact and the success of their programs and services.

This indicator relates to the following Ontario public health standards:

• Immunization
• Infectious and Communicable Diseases Prevention and Control
• School health

www.ontario.ca/publichealthstandards

References

Acknowledgements

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