

# Disclosure Statement



- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.



# Minimising Immunisation Pain (MIP) of childhood vaccines: The MIP Pilot Study

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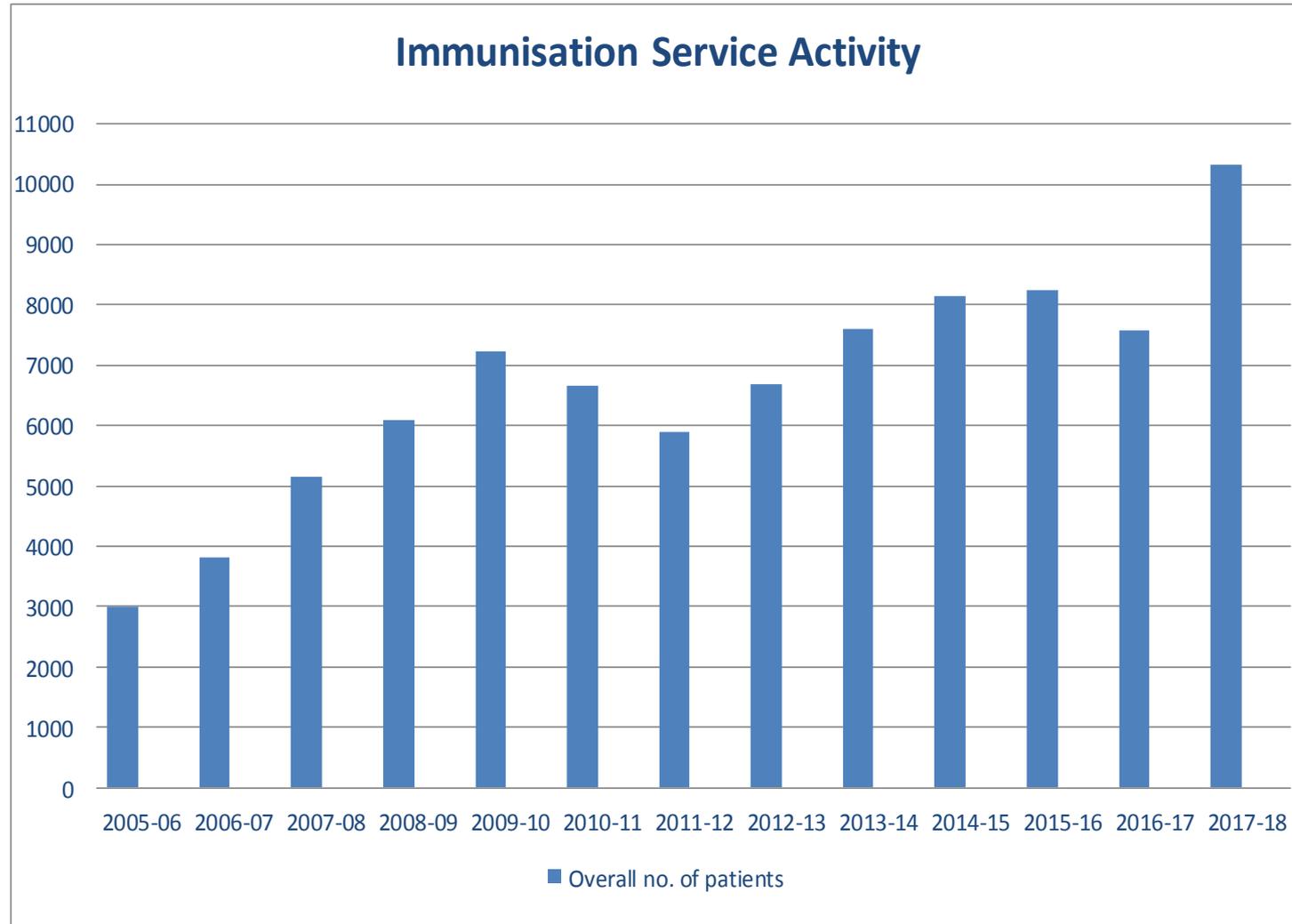
# The RCH Immunisation Service

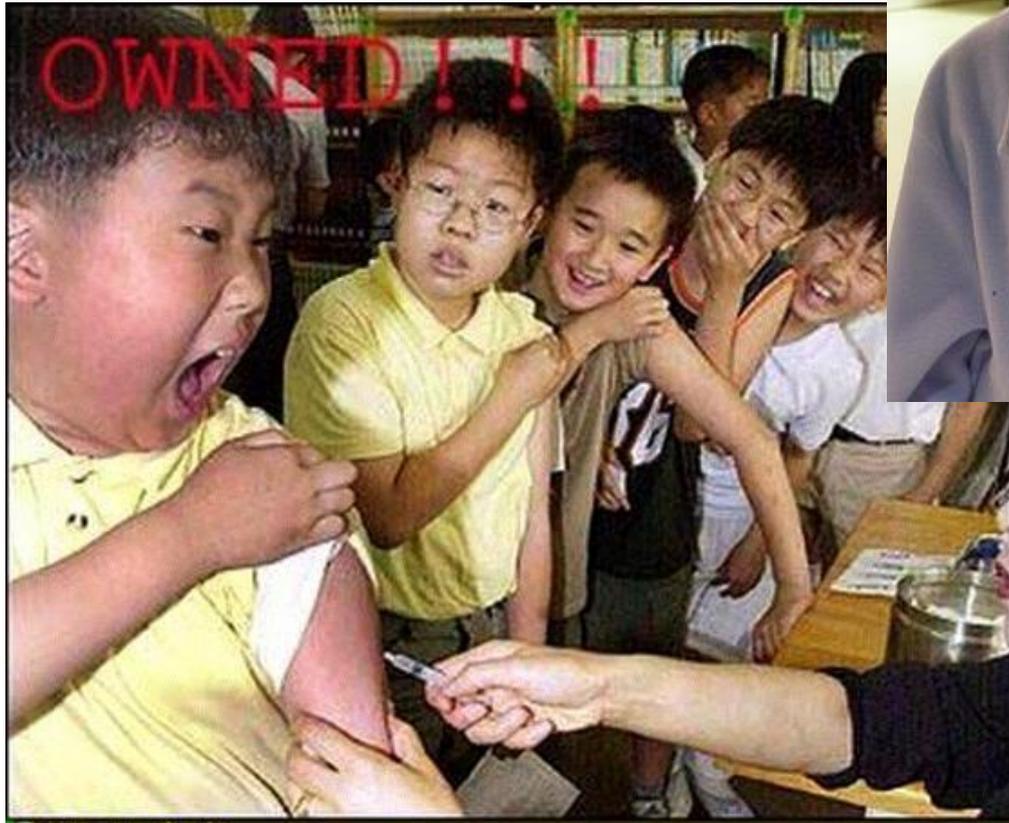


- Three core services:
  - Drop-In Centre
  - Telephone Advice Line
  - Weekly outpatient clinic
- Inpatient immunisation
- Funding through partnerships with the Vic. Dept of Health & Human Services - Immunisation section



# Annual Service Activity





# Background



- Most children dislike needles and are quite anxious about them
- Some develop a considerable fear (needle phobia)
- About 10% of adults have needle phobia<sup>1</sup>
  - onset of needle phobia is prior to age 10 in 70%

1. Ost LG. Blood and Injection phobia: background and cognitive, physiological and behavioural variables. J Abnormal Psychology 1992;101 (1)68 – 74



# Background cont....

- A Child's early experiences can determine whether medical help is sought in the future<sup>2</sup>
- Distress with immunisation can also lead to non-adherence with immunisation schedules<sup>3</sup>
- Important to reduce pain and distress when immunising

2. Jenkins, K. Needle Phobia. A Psychological Perspective. British Journal of Anaesthesia 2014; 113(1): 4-6.

3. Schechter, N. et al. (2007). Pain reduction during pediatric immunizations: evidence-based review and recommendations. Pediatrics 119(5), e1184-1198.

# Standard care/Distrraction Techniques



Bubbles



Toys

Buzzy®





# Coolsense®



# RCH Immunisation Service and Coolsense®



- RCH Immunisation Service began using device in May 2017
- Used for ages 3.5 yrs – 18 yrs
- Widely accepted and simple to use
- Continual monitoring of effectiveness and safety in all age-groups
- Pilot study commenced late May 2017

# Minimising Immunisation Pain (MIP) – Pilot Study



## Trial / Pilot Objectives:

1. Determine feasibility for larger RCT
2. Provide data to inform sample size for RCT
3. Measure patient compliance
4. Measure parents perceptions of device effectiveness

# MIP – Pilot Study cont.



## Study Design/Methods:

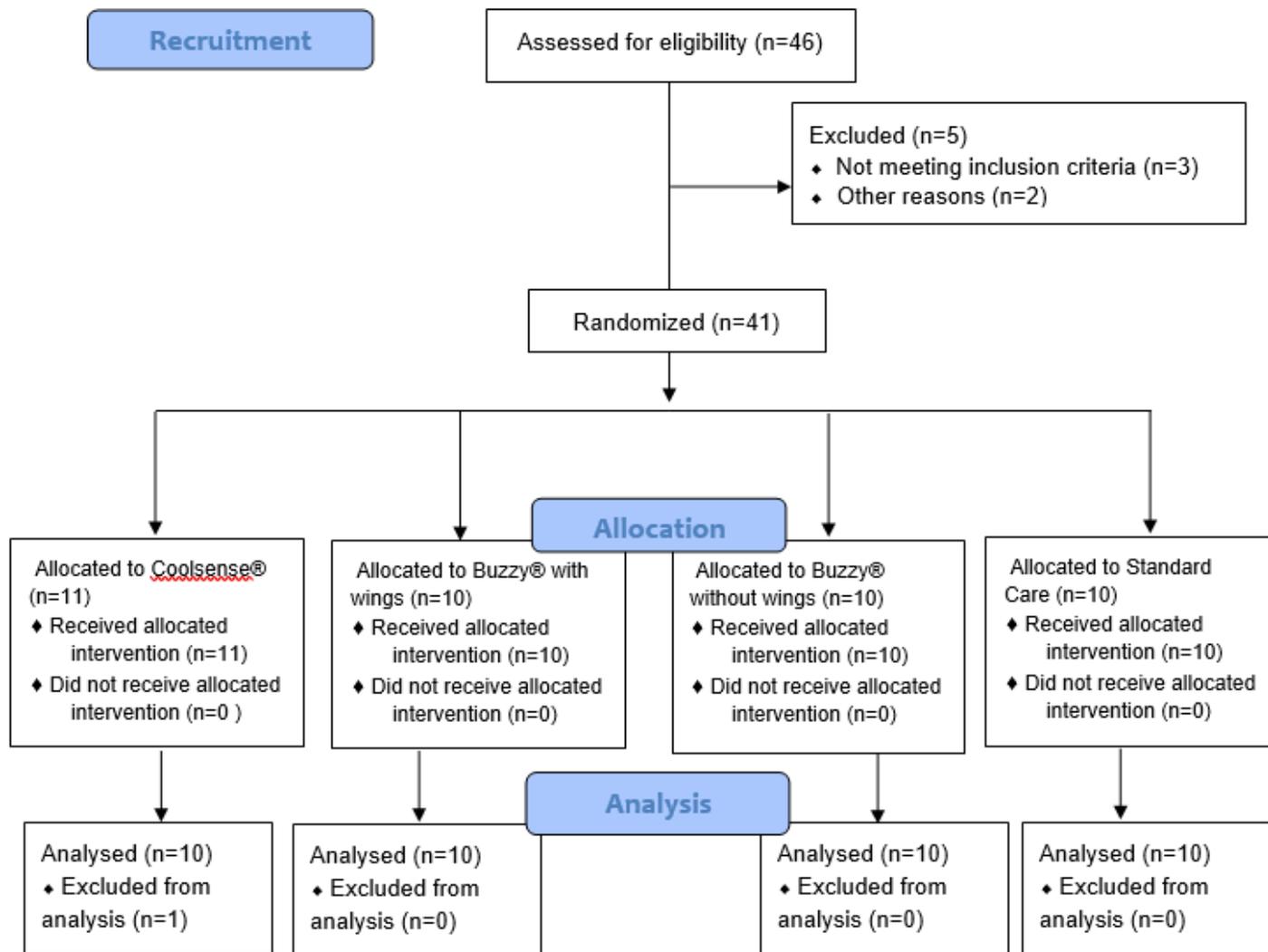
- Sequential Randomisation into four groups: 10 children per group = 40 total:
  1. **Standard care** – distraction using bubbles
  2. **Buzzy® (no wings) and standard care**
  3. **Buzzy® (with wings) and standard care**
  4. **Coolsense® and standard care**

# MIP – Pilot Study cont.



- Inclusion Criteria:
  - All children aged 3.5 to 6 years of age inclusive
  - Presenting for a **single** immunisation
- Exclusion Criteria:
  - Confirmed needle phobia
  - Child with Haemophilia or bleeding disorder
  - Eczema/skin damage at injection site
  - Child with development/behavioural disorder

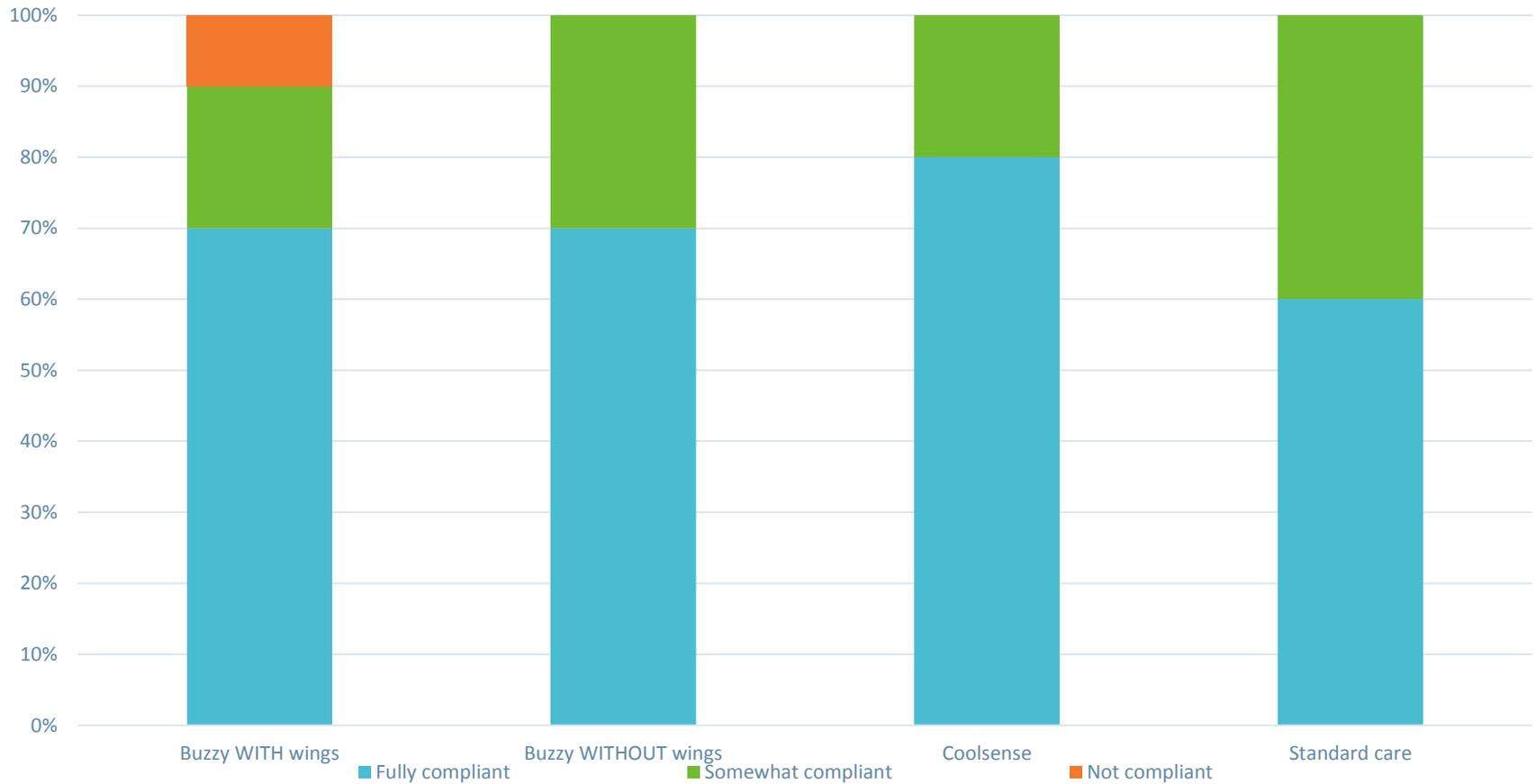
# Recruitment and Analysis



# Results



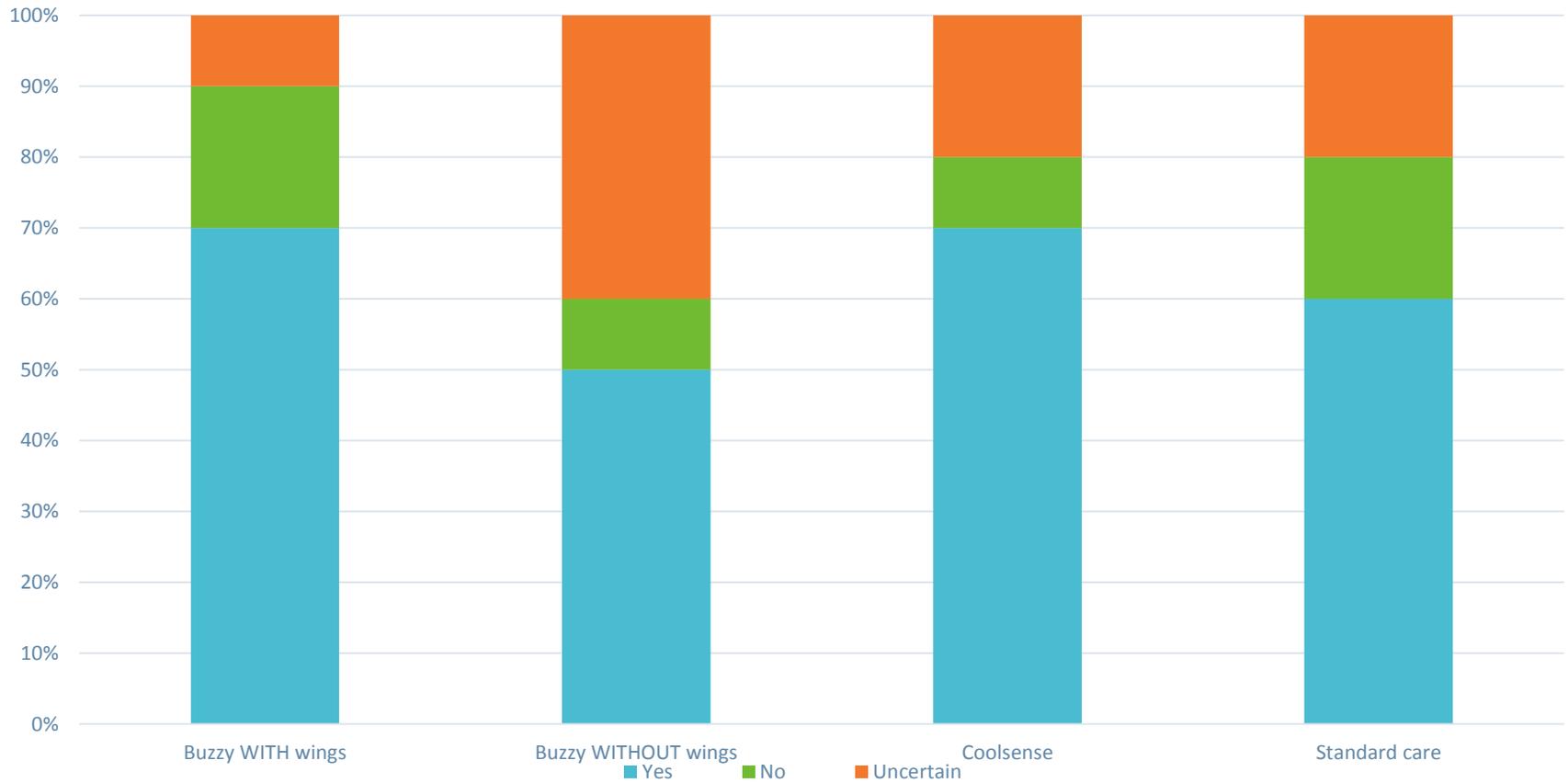
## Patient Compliance



# Results cont.



Technique Effectiveness (as per parents)



# Conclusion

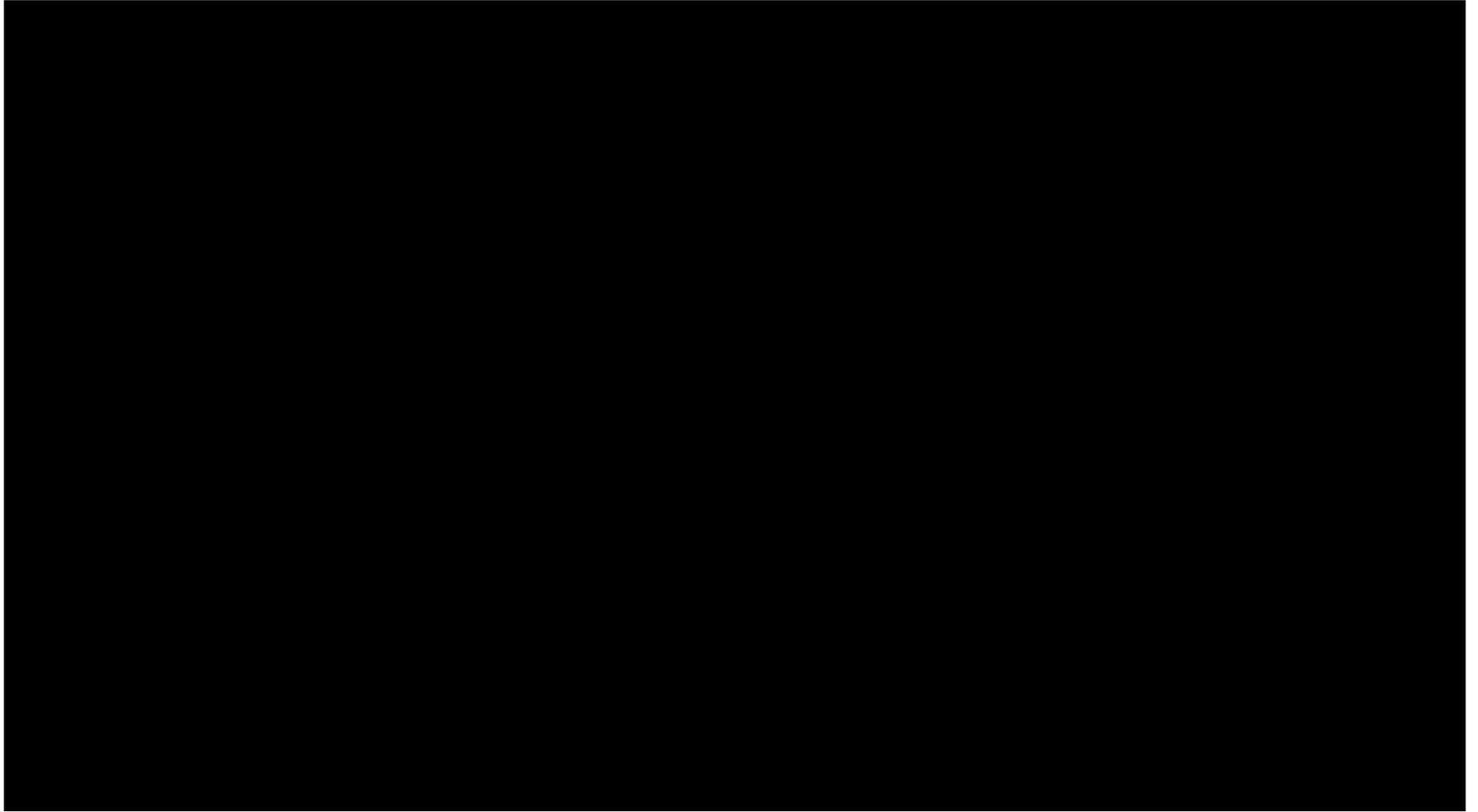


- Timely recruitment (12 days)
- 100% Parent information consent forms completed
- Data Entry streamlined
- Minor amendment made to study protocol
  - Ethics resubmission
  - Staff education
- Feasibility of study design demonstrated
- Sample size for larger RCT calculated

# Moving Forward . . . .



- Two larger RCTs to be conducted
  - Younger children (MIPY)
  - Older children (MIPO)
  - 492 participants per group
- Primary outcome evaluate efficacy of devices compared to standard care
- Buzzy® (without wings) removed
- Pain assessment tool for MIPY reviewed



# Acknowledgements



- Dr Kirsten Perrett
- Sonja Elia
- RCH Immunisation service nurses, medical and admin
- RCH Comfort Kids
- Templestowe Auxillaries and RCH Foundation
- DHHS Victoria – Immunisation section





Questions?