



ABSTRACTS

PAEDIATRICS AND CHILD HEALTH

ECONOMIC COSTS OF FETAL ALCOHOL SPECTRUM DISORDER (FASD)

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Background: Fetal Alcohol Spectrum Disorder (FASD) is the most common preventable cause of neurodevelopmental disability in the Western world. We lack Australian data on its economic impacts to guide policy and health service planning.

Aim: To review the published literature investigating the economic burden of FASD.

Methods: Following PRISMA guidelines we systematically searched electronic databases to identify relevant studies and assess study quality. Inclusion criteria included: original research reporting costs directly related to FASD; details about the study population; and well-defined measures of economic costs.

Results: Studies were identified from Canada, the US and New Zealand. Direct costs of FASD (health care, criminal justice, education, other services) in the total population ranged from CA \$762 million to \$10.5 billion annually. Indirect costs from lost productivity due to morbidity/premature mortality from FASD ranged from CA\$46.8 million to \$2.4 billion annually. Criminal justice system costs contributed most to the total financial burden of FASD (\$CA395 million to \$7.2 billion) followed by loss of productivity (CA\$46.8 million to \$2.4 billion). Costs of health care accounted for CA\$7 to \$265 million.

Conclusion: FASD places an enormous financial burden on individuals, families and society. Critically, FASD is preventable and evidence-based prevention policy is urgently needed. Also, costs associated with caring for people with FASD can be minimised by early diagnosis and interventions. Accurate economic analysis of the cost of FASD in Australia is required to underpin development of local public policy relevant to health, education and justice systems.

References:

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IMPACT OF 'NO JAB' POLICIES ON PARENTS AND IMMUNISATION SERVICES, RCH, MELBOURNE

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Background: On 1st January 2016, immunisation policies 'No Jab, No Play' and 'No Jab, No Pay' were introduced in Victoria and nationally respectively, to target under and non-vaccination. The policies have not been formally evaluated despite concern about broader impact on families. We aimed to ascertain the impact on parents, especially vaccine hesitant parents, the RCH immunisation service and vaccine uptake.

Methods: Parents and Guardians completed questionnaires between 1st October 2016–31st May 2017 in the nurse-led Drop in Centre (DIC) and clinician-led Specialist Immunisation Clinic (SIC). Clinicians completed post-consultation questionnaires. Data collected included reason to attend the services, impact of the policies on attendance and baseline approach to vaccination. Data was also obtained regarding opinion of the policies and their influence on vaccination decisions. Australian Immunisation Register (AIR) data was accessed to ascertain vaccine uptake. The data was analysed using Stata14©, reporting 95% CIs.

Results: Of 607 eligible patients, 393 (87.1%) and 214 (75.6%) were included from the DIC and SIC respectively. 11.5% and 15.4% of parents were motivated by the policies to attend the DIC and SIC respectively, with vaccine hesitant (VH) parents more motivated to attend than vaccine acceptors (38.1% vs 7.9%; difference 22.2%, CI 12–32.5%, p<0.01). Of the 10.7% (23/214) seeking medical exemptions, 65% (13/20) were motivated by policies. However, only 13.6% (3/22) of those seeking exemption were granted overall, and none were granted to those motivated by the policies, seeking exemption. More VH parents felt the policies forced or prompted them to vaccinate compared to vaccine acceptors (54.5% vs 7.8%; difference 46.7%, CI 36–57.4%, p<0.01). However only 8.3% (7/84), 20.2% (17/84) and 38.1% (32/84) of VH or refusing parents planned to fully, partially or refused to vaccinate respectively. Referrals to SIC for VH did not increase compared to the pre-policy period (26.1% vs 28.1% in 2012; difference 2%, CI -6.1–10.1%)¹. 67% of all parent comments regarding the policies were negative, although there was majority support for No Jab, No Pay (84.8% DIC; 69.6% SIC) and No Jab, No Play (86% DIC; 72% SIC) in survey responses. Vaccine uptake one and seven months post attendance will be presented.

Conclusion: The new Australian immunisation policies have influenced hospital immunisation service attendance by VH parents, however more than a third continued to refuse vaccination despite the majority not receiving a medical exemption. The policies may not be impacting the behavior of VH and refusing parents and the social/financial impact of these policies requires evaluation, in addition to vaccine uptake.