**Online supplement for**

**How are children who are delayed in the Childhood Vaccination Programme vaccinated: A nationwide register-based cohort study of Danish children aged 15-24 months and semi-structured interviews with vaccination providers**

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**eTable 1.** Overview of the Danish Childhood Vaccination Programme for children below 2 years of age since 1.1.1997

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommended vaccination age** | **Date of change and the recommended vaccines** | **Interval between DTaP-IPV-Hib vaccines\*\*** | **Minimum** | **Maximum** |
| 1.1.1997 | 1.7.2002 | 1.10.2007 | 19.4.2010 |
| *3 months* | DTaP-IPV and Hib | DTaP-IPV- Hib | DTaP-IPV-Hib and PCV7 | DTaP-IPV-Hib and PCV13 | - | - | - |
| *5 months\** | DTaP-IPV and Hib | DTaP-IPV- Hib | DTaP-IPV-Hib and PCV7 | DTaP-IPV-Hib and PCV13 | Between 1st and 2nd dose | 1 | None |
| *12 months\** | DTaP-IPV and Hib | DTaP-IPV- Hib | DTaP-IPV-Hib and PCV7 | DTaP-IPV-Hib and PCV13 | Between 2nd and 3rd dose | 6 | None |
| *15 months* | MMR | MMR | MMR | MMR | - | - | - |

Abbreviations: DTaP-IPV: Inactivated vaccine against diphtheria, tetanus, pertussis, and polio; Hib: Inactivated vaccine against *Haemophilus influenzae* type b; DTaP-IPV-Hib: Inactivated vaccine against diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b; MMR-1: Live attenuated vaccine against measles, mumps and rubella; PCV7: 7-valent pneumococcal conjugate vaccine; PCV13 :13-valent pneumococcal conjugate vaccine.

\* Simultaneously with a routine medical check-up performed by the general practitioner.

\*\* Same interval for all vaccination years.

**eMethods**: Questionnaire for semistructured telephone interviews

The original interview guide was in Danish, below is the authors English translation.

1. **About repondent**
2. What is your professional background?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. How long have you been employed in the practice?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. How large a proportion of the 15 months vaccinations do you perform, approximately?**\_\_\_\_\_\_\_**
5. **Who else in your practice perform 15 months vaccinations?**
6. No one else
7. Medical doctor
8. Nurse
9. Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
10. **How many in total perform childhood vaccinations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
11. **How do you perform a vaccination consultation?**

***(Ticking off and additional comments to the different issues below based on the open question. Directly asked questions should be marked with A. Spontaneously reported should be marked with S)***

□ Check vaccination status

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□ Inform about vaccination and adverse events

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□ Adress and discuss parental considrations/concerns

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□ Check the childs health status **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Check the parents expectation – what vaccine

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□ Other

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1. ***Which factor do you in general include in your considerations about vaccination of a child above 15 months, who are lacking both MMR and the third dose of DTaP-IPV-Hib?***

***(Ticking off and additional comments based on the open question. Focus on which vaccine is chosen and why. If some of the issues below are not mentioned, then you subsequently ask: We have considered that …(lacking issue).. might sometimes influence what you chose?***

***S=Spontaneously reported ; A= Directly asked questions)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue** | **A/S** | **< 6 months since DTaP-IPV-Hib** | **> 6 months since DTaP-IPV-Hib** |
| Time since DTaP-IPV-Hib |  |  |  |
| The child’s current health status (e.g. colds, fever)  |  |  |  |
| The child’s potential chronic conditions |  |  |  |
| The child is born to early  |  |  |  |
| Current epidemics (e.g. measles or pertussis)  |  |  |  |
| Number of jabs the child should have |  |  |  |
| The parents attitudes/ideas/perferences |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Which factors have the greatest impact on what you chose (and is there any difference according to time since the latest DTaP-IPV-Hib)?**

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1. **Do you in general have any concerns in relation to vaccination with DTaP-IPV-Hib? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Do you experience that parents have any concerns in relation to vaccination with DTaP-IPV-Hib? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Do you in general have any concerns in relation to vaccination with MMR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Do you experience that parents have any concerns in relation to vaccination with MMR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Next is some questions on information regarding vaccination recommendations**

1. **Do you know recommendations in case of delayed vaccination?**

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*(If yes on 11)*

1. **Where do you have your knowledge from?**

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1. **If you have any doubts regarding which vaccines a delayed child should receive, where do you seek information?**

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1. **How satisfied are you with the availability of information regarding how to handle children who are delayed according to the childhood vaccination program?**

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1. **How satisfied are you with the content of the information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **If you could decide, how should you receive information regarding vaccination recommendations?**

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1. **Does it affect your compliance if it is called a ”vaccination recommendation” or a ”vaccination instruction”?**

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1. **Other comments?**

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**eFigure 1:** Median age with interquartile range and spread at vaccination per type of vaccine for children having less than 6 months, or 6 months or more between DTaP-IPV-Hib2 and their third vaccination visit



Abbreviations: DTaP-IPV-Hib: Inactivated vaccine against diphtheria, tetanus, pertussis, polio, and *Haemophilus influenzae* type b. MMR-1: Live attenuated vaccine against measles, mumps and rubella; <6 months: Less than 6 months since receiving DTaP-IPV-Hib-2 at the third vaccination visit; 6 months+: 6 months or more since receiving DTaP-IPV-Hib-2 at the third vaccination visit; N: number of children.

Note: The gray box represents the interquartile ranges (values from the 25th percentile to the 75th percentile) and the horizontal line in the box is the median. The vertical lines outside the box ending in a horizontal line are defined as follows: the largest observed value less than the 75th percentile plus 1.5 times the interquartile range (upper line) and the lowest observed value above the 25th percentile minus 1.5 times the interquartile range (lower line). Dots outside these lines indicates extreme values.

**eFigure 2**. Overview of selection criteria, possible participating GP practices, and number of completed semi-structured interviews

**Percentage of eligible children receiving**

**MMR-1+DTaP-IPV-Hib-3 >= 20%**

38 GP practices

**Percentage of eligible children receiving**

**MMR-1>= 45% and DTaP-IPV-Hib-3>= 45%**

67 GP practices

**Percentage of eligible children receiving**

**MMR-1>= 70%**

64 GP practices

**Percentage of eligible children receiving**

**DTaP-IPV-Hib-3>= 70%**

38 GP practices

**Contact attempted**

14 GP practices

**Contact attempted**

16 GP practices

**Contact attempted**

15 GP practices

**Contact attempted**

7 GP practices

**3 interviews completed**

11 Contact not achieved\*

0 lost after initial contact

**3 interviews completed**

12 Contact not achieved\*

0 declined participation

**3 interviews completed**

12 Contact not achieved\*

0 declined participation

**3 interviews completed**

4 Contact not achieved\*

0 declined participation

0 declined participation

0 lost after initial contact

0 lost after initial contact

1 lost after initial contact

Legend: Only GP practices which were registered as solo-practices (i.e. only one GP attached to the GP identification code) and who between January 1st 2000 to June 30th 2015 had vaccinated at least 25 children who were lacking both DTaP-IPV-Hib-3 and MMR-1 after 15 months of age and who had been vaccinated with DTaP-IPV-Hib2 for more than 6 months ago at the time of the vaccination visit.

\*Each selected GP practice was contacted by telephone 3 times during regular office hours to arrange an interview.

Abbreviations: DTaP-IPV-Hib: Inactivated vaccine against diphtheria, tetanus, pertussis, polio, and *Haemophilus influenzae* type b (the number following this abbreviation indicate dose number); MMR-1: First dose of the live attenuated vaccine against measles, mumps, and rubella; GP: General Practitioner.

**eResults:**

Most informants used the homepage of Statens Serum Institut (www.ssi.dk) to obtain information about vaccination recommendations for delayed children, but some also mentioned the weekly newsletter “EPI-NYT” and the telephone hotline at the Department of Infectious Disease Epidemiology and Prevention at Statens Serum Institut as sources of information.

Most informants were satisfied with the availability and content of the information about vaccination of delayed children on the homepage, but it was mentioned that it could be difficult to navigate on the homepage and some information was missing.

Overall, some informants preferred information about vaccination guidelines on the homepage of Statens Serum Institut, while others preferred written information sent out by mail and others again the newsletter “EPI-NYT” sent out by e-mail. One informant found the telephone hotline important.

Some informants stated that their compliance would be the same irrespective of whether the term ”vaccination recommendation” or the term ”vaccination instruction” was used; some preferred ”vaccination recommendation” and others ”vaccination instruction”.