

Disease Prevention; Strategies For Improving Vaccine Coverage

GPRA – SEASONAL INFLUENZA VACCINATION

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Seasonal Influenza Vaccination

- Vaccine Information and Coverage Data
- Disease Risk
- Challenges/Opportunities
- Best Practices
- Resources

2012-2013 Influenza Vaccine

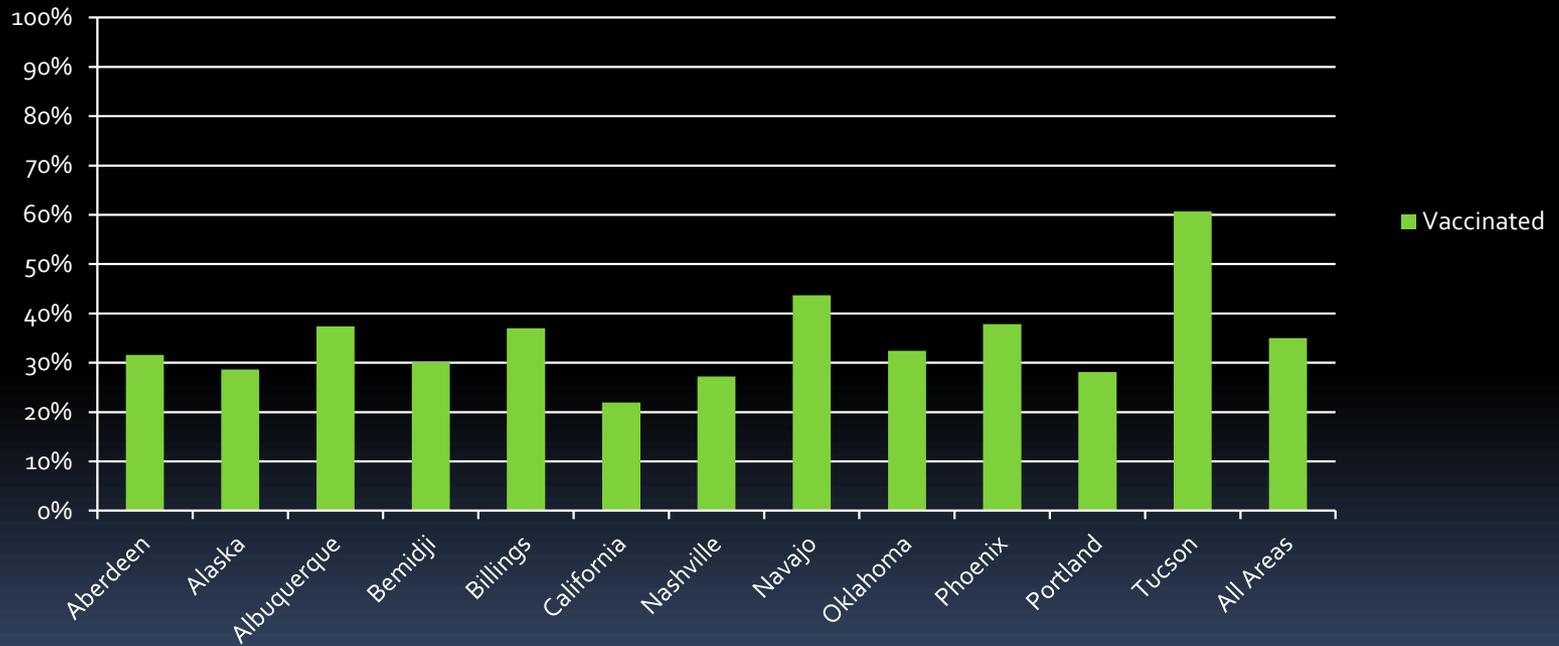
- This season's influenza vaccine is a trivalent vaccine selected to protect against:
 - H₃N₂ virus
 - Influenza B virus
 - H₁N₁ virus (same as 2011)
- People 65 years and older will have **two options**:
 1. Regular strength dose
 2. High dose vaccine designed for people 65 and older; associated with a stronger immune response to vaccination

Influenza Vaccine Availability

- As of October 8, 2012, 105 million doses have been distributed in public and private sectors
- Manufacturers project that as many of 135 million doses of flu vaccine will be produced for use during the 2012-2013 influenza season

2012 Influenza Vaccine Coverage

IHS Influenza Vaccine Coverage by IHS Area
RPMS Reports
All Ages



N = 808,178. Based on Active Clinical Users

Who should be immunized?

- Universal vaccination for all people 6 months of age and older (unless medically contraindicated)
- Targeted efforts for patients identified as high risk

Why do we need to improve our vaccination efforts?

- At high risk for influenza-related complications:
 - Older adults
 - Young children
 - People with certain health conditions
 - American Indians and Alaska Natives (AI/AN)s

Health Care Workers and Influenza Vaccination

- Healthcare workers have a special role in the fight against influenza
 - Protect health of healthcare workers; their patients, families and communities
- Annual vaccination is important because influenza is unpredictable and flu viruses are constantly changing.

Influenza Vaccination Challenges

- Availability of vaccine and procurement issues
- “Flu” shots received elsewhere ; not captured in RPMS Immunization Package
- Vaccination refusals/ hesitancy
- Continuing Education for Health Care Personnel

Additional Challenges

- Keeping pace with data entry /coding RPMS/CRS updates
- Need for systematic, team-based, patient centered approach
- Competing care priorities/limited staffing (limited case management)

What Works - Local Efforts

- Targeted patient and provider education
- Promotions to encourage vaccination (Area and Local)
- Accessible and no cost vaccine offered on multiple days, at various venues
- Routine monitoring of vaccination status by staff
- Reminder notifications for patients as well as health care personnel (HCP)

What Works – Local “Best Practices”:

- Lake County Tribal Health Consortium
- Northern Valley Indian Health

Documentation and Coding/Software Resources

- RPMS Immunization Package User Manual :
http://www.ihs.gov/RPMS/PackageDocs/bi/bi_o84u.pdf
- **RPMS OIT Training:**
www.ihs.gov/RPMS/index.cfm?module=home&option=index&cfid=12725839&CFTOKEN=391598
- RPMS Immunization Module:
http://www.ihs.gov/cio/ca/index.cfm?module=dsp_ca_immunization_module

Influenza Vaccination Practice Resources

- CAO Website/Immunizations: www.ihs.gov/california/index.cfm/clinical-management/immunization/
- California Department of Public Health/ Immunization Branch: www.cdph.ca.gov/programs/immunize/Pages/default.aspx
- Immunization Action Coalition: www.immunize.org/
- California Immunization Coalition: www.immunizeca.org/

Influenza Vaccine Practice Resources

- Centers for Disease Control, American Indian/Alaska Native Immunization Website:
www.cdc.gov/nip/specint/ai-na/
- IHS Division of Epidemiology and Disease Prevention - National Immunization Program : www.ihs.gov/Epi/
- Centers for Disease Control and Prevention:
www.cdc.gov/vaccines/vpd-vac/default.htm
- Federal Government Influenza Information Website:
www.Flu.gov

GPRRA and Immunization Contacts:

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