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
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


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/](http://www.cdc.gov/nip/specint/ai-na/)

- IHS Division of Epidemiology and Disease Prevention - National Immunization Program: [www.ihs.gov/Epi/](http://www.ihs.gov/Epi/)

- Centers for Disease Control and Prevention: [www.cdc.gov/vaccines/vpd-vac/default.htm](http://www.cdc.gov/vaccines/vpd-vac/default.htm)

- Federal Government Influenza Information Website: [www.Flu.gov](http://www.Flu.gov)
## GPRA and Immunization Contacts:

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