

Influenza Vaccine Coverage 2020-2021 Influenza Season

Summary

For the 2020-2021 influenza season, influenza vaccine coverage rates among the active clinical population (patients with 2 visits in the past 3 years), 6 months and older served by IHS, Tribal and Urban (I/T/U) facilities was 29.1%, a decrease with coverage in the previous year. Coverage from the reporting system used by IHS to monitor influenza vaccine coverage is included in Figure 1 and 2 below.

Among health care personnel (HCP) in all I/T/U facilities, coverage was 88%, compared to 89.1% in the previous season [Figure 3]. In IHS-managed facilities, HCP coverage was 92.9% compared to 95.1% in the previous season [Figure 5]. Efforts to increase influenza vaccine coverage, particularly among patients and HCP in Tribal and Urban facilities, need to continue.

Background

During each influenza season, the Indian Health Service (IHS) monitors influenza vaccine coverage among its patients and HCP. For patients, data is collected using the IHS Influenza Awareness System (IIAS). Data on HCP are collected directly from each facility. Methodological details can be found in Appendix A.

Influenza Vaccine Coverage among Patients

For the 2020-2021 influenza season, more than one third of the IHS patient population 6 months and older received a flu vaccine. Coverage in all age groups remained essentially the same as coverage reported in the 2019-2020 season. Figure 2 shows coverage by IHS Area based on the IIAS coverage data, which ranged from 19.8% (California and Oklahoma) to 45.3% (Navajo).

Figure 1: National Influenza Vaccine Coverage – IIAS Influenza Vaccine Coverage Report

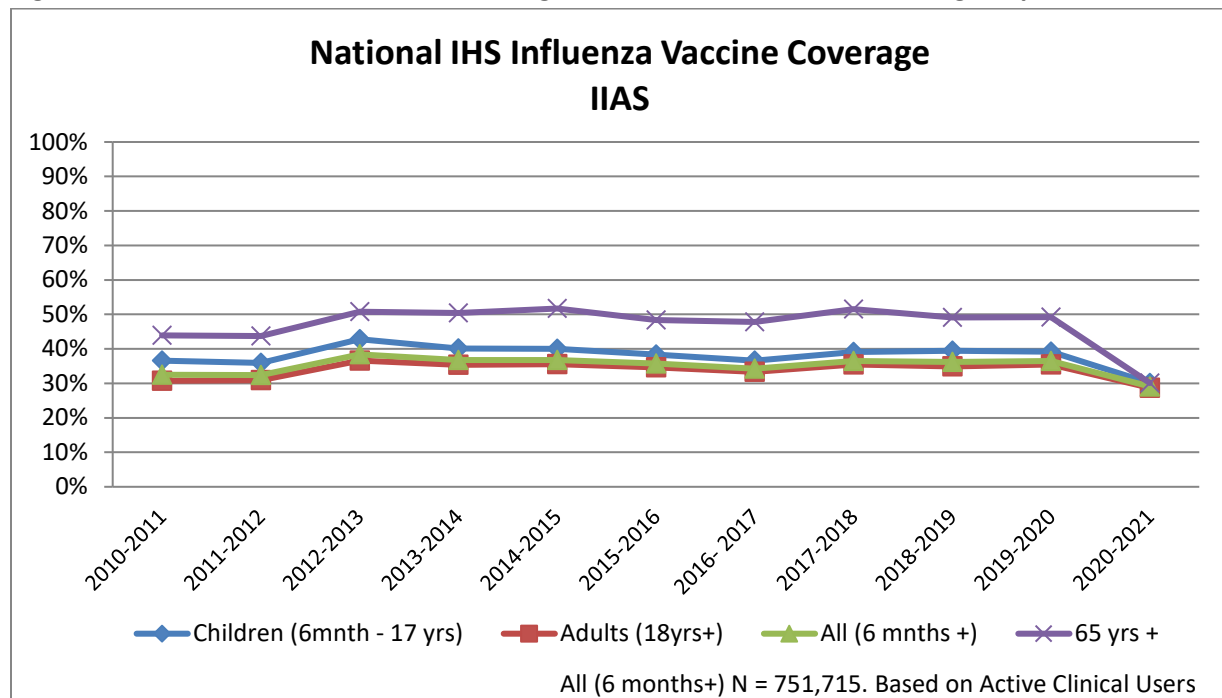
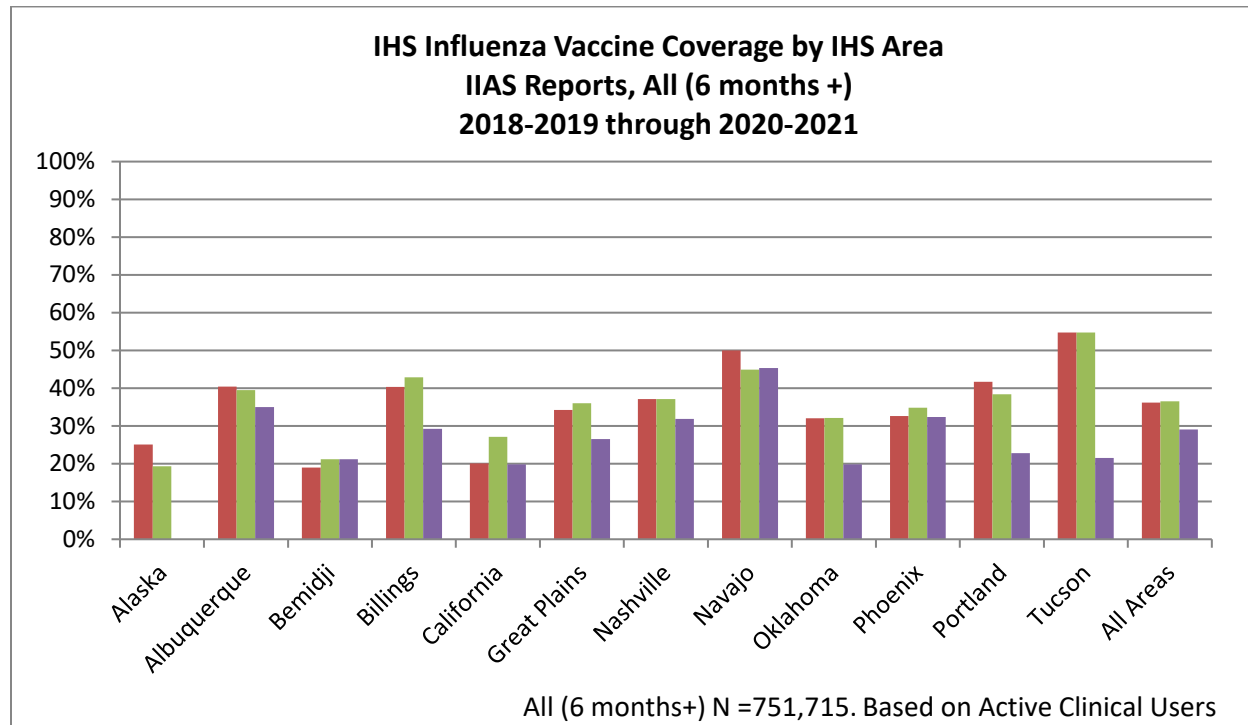


Figure 2: Influenza Vaccine Coverage by IHS Area – IIAS Influenza Vaccine Coverage Report



Healthcare Personnel

For the 2020-2021 influenza season coverage among HCP working in I/T/U facilities decreased 1.1% compared to the 2019-20 season (from 89.1% to 88%). Coverage for HCP who did not receive a flu vaccine and HCP with an unknown vaccination status were similar compared to previous years (Figure 3). Coverage by IHS Area is included in Figure 4, and ranged from 68.2% (Nashville Area) to 96.4% (Navajo Area).

While overall HCP coverage increased in I/T/U facilities, coverage among IHS-managed facilities was higher than coverage in Tribal facilities (Figure 5), and the Healthy people 2020 Goal of 90% coverage was achieved for the second year. Coverage in IHS-managed facilities decreased by 2.2% compared to the previous year.

Figure 3: Influenza Vaccine Coverage among Healthcare Personnel

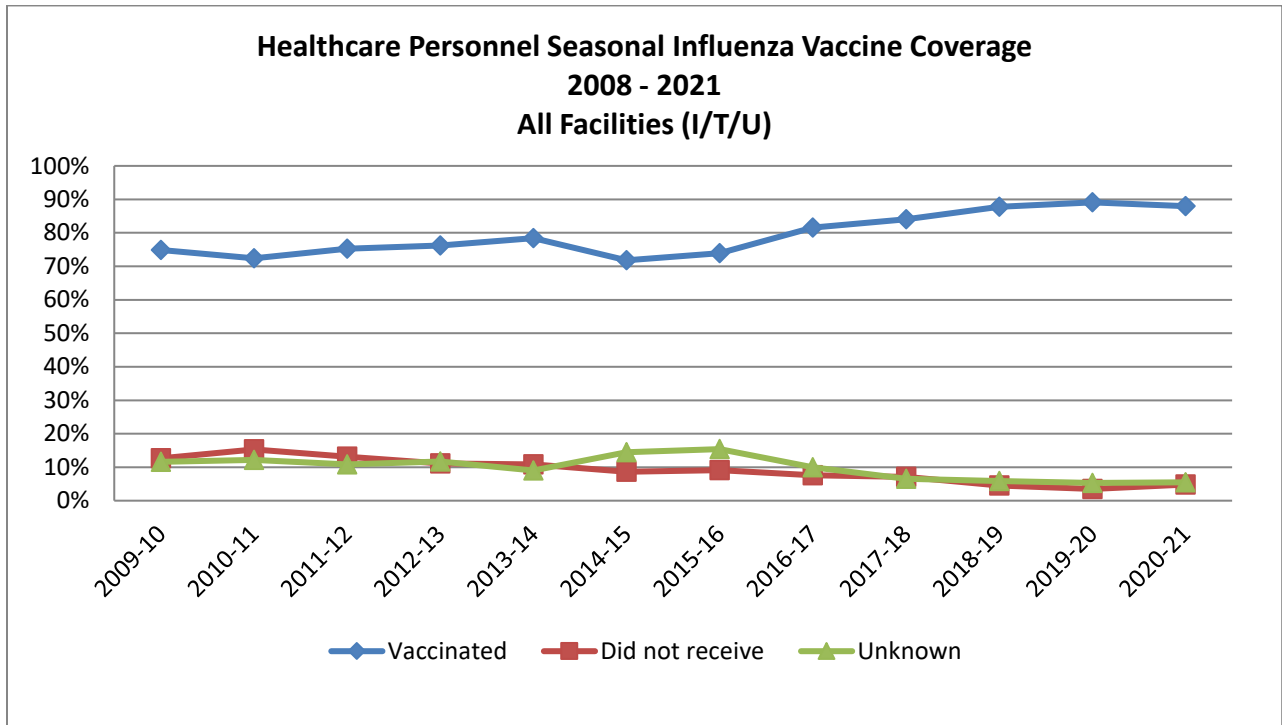


Figure 4: HCP Influenza Vaccine Coverage by IHS Area

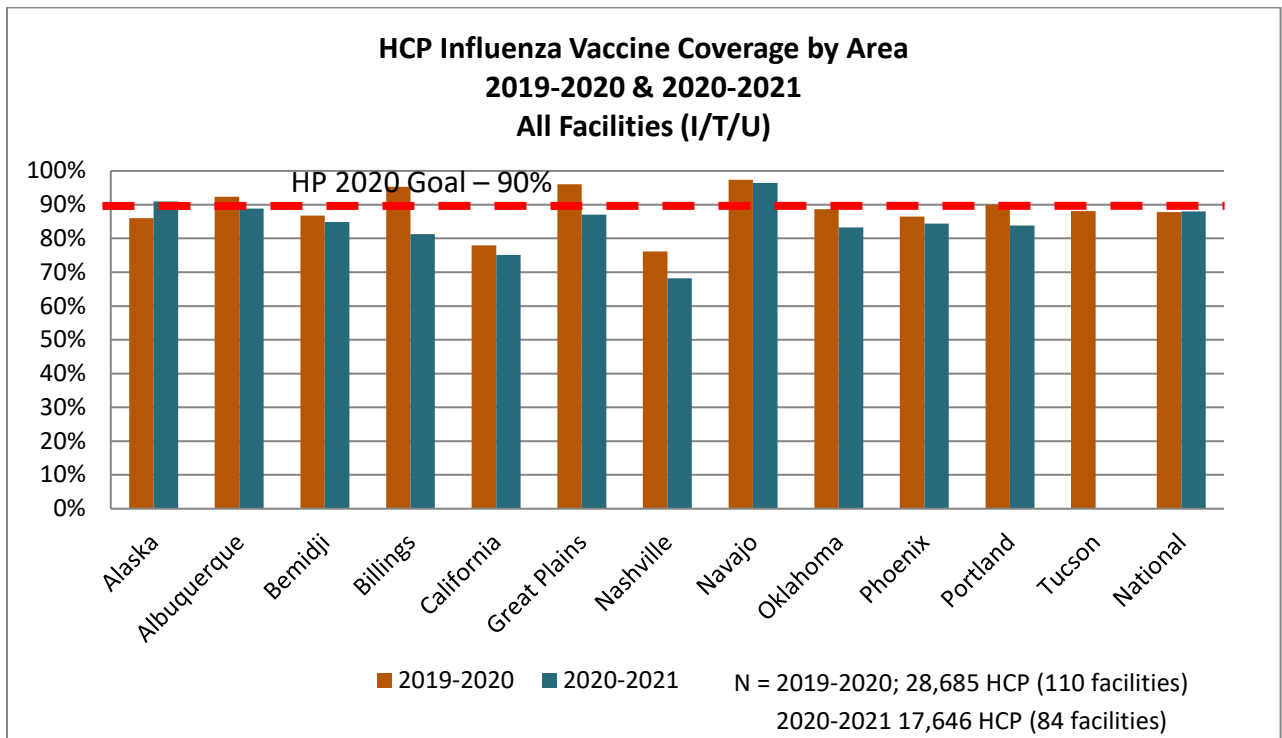
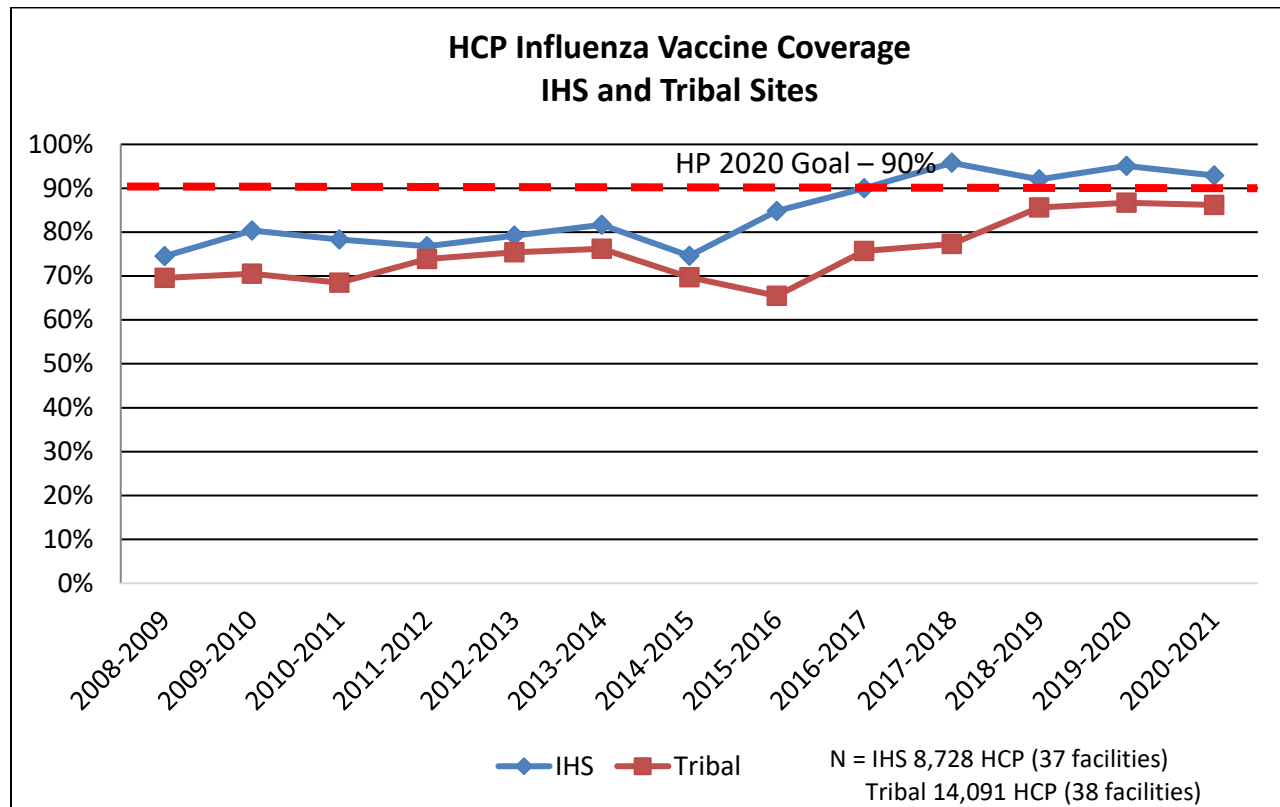


Figure 5: HCP Influenza Coverage: IHS vs. Tribal Sites



Conclusion

Coverage estimates are similar and reflect a slight increase compared with the previous year. For the last 8 seasons just over one third of the active clinical patients seen at an I/T/U facility received an influenza vaccine, indicating that more needs to be done to promote and support vaccination efforts in I/T/U settings. While regional variation in coverage levels may be attributed in part to different vaccination strategies employed in different Areas, differences in AI/AN population size and relative proximity to an I/T/U facility likely play a role.

HCP vaccination coverage among I/T/U facilities increased compared with previous years, and in IHS-managed facilities, the Healthy people 2020 Goal of 90% coverage was achieved for the second year, likely due in part to the IHS mandatory HCP influenza vaccination policy first instituted during the 2015-2016 influenza season. Tribal facilities interested in increasing HCP influenza vaccine coverage levels may wish to consider a mandatory influenza vaccination policy for their HCP.

Appendix A - METHODS

IHS Influenza Awareness System

For patients, national influenza vaccine coverage is monitored weekly throughout the influenza season using the IHS Influenza Awareness System (IIAS). Data are based on vaccine doses administered and recorded in the RPMS system, the IHS' unique electronic health record software, and are limited to active clinical patients, defined as patients who have had at least 2 visits in the last 3 years. For the 2020-2021 season, the IIAS captured data on 751,715 active clinical patients from 183 total exporting facilities. Exporting facilities defined by the IIAS include Alaska Village Clinics, Health Centers, Health Locations, Health Stations and Hospitals.

Health Care Personnel Influenza Vaccine Coverage Reports

IHS adopted the National Quality Forum (NQF) Healthcare Personnel influenza vaccination measure. Within this measure, Healthcare Personnel (HCP) are defined as any IHS, Tribal or other employee who has been physically present in an IHS, Tribal or Urban Indian (I/T/U) healthcare facility for at least 1 working day between October 1 and March 31, regardless of their contact with patients. Because data for HCP are not usually captured in the RPMS patient database, tracking of influenza vaccine among HCP is done either manually or using other software products sites may have in place. To categorize HCP as vaccinated, influenza doses administered either at the facility or elsewhere were counted; data on refusals, religious exemptions and medical contraindications were also collected. For the 2020-2021 influenza season HCP data were collected from 84 facilities on 23,945 HCP.

Limitations

While existing data are helpful in providing an overall picture of influenza vaccine coverage and can be useful for monitoring trends over time, there are limitations. Not all sites participate in reporting, and patient data are not de-duplicated between facilities which can lead to an underestimate of coverage.