

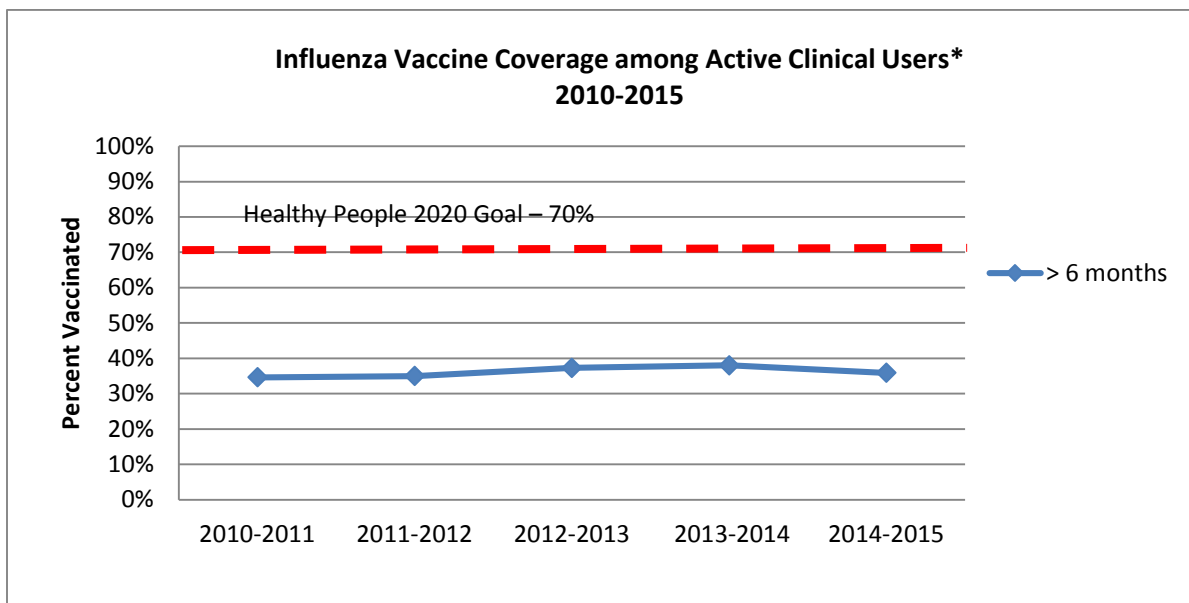
2015-2016 Indian Health Service (IHS) Influenza Plan

Background:

Influenza is a serious disease that causes significant morbidity and mortality, especially in the American Indian /Alaska Native (AI/AN) population. Influenza and resulting sequelae such as pneumonia are among the top 10 leading causes of death for AI/ANs, and influenza-related mortality is significantly higher among AI/AN populations compared with non-Hispanic Whites [1]. Influenza vaccination remains the best strategy for reducing influenza-related illness, and the Advisory Committee on Immunization Practices (ACIP) recommends everyone 6 months and older receive an influenza vaccination each year [2].

Healthy People 2020 goals for influenza vaccine are to achieve 70% seasonal influenza vaccine coverage among children ages 6 months – 17 years and among adults 18 years and older; the target among healthcare personnel (HCP) is 90% [3]. According to the Resource and Patient Management System (RPMS) Quarterly immunization data, IHS influenza vaccine coverage data for patients has remained fairly stable over the last 5 influenza seasons and remains considerably below the Healthy People 2020 goal of 70% [Figure1]. In addition, influenza vaccine coverage among HCP has remained relatively stagnant over the previous 7 influenza seasons and also falls short of the Healthy People 2020 goal of 90% [Figure 2]. The IHS Influenza Vaccination Action Plan was developed to provide a framework for IHS to increase influenza vaccination coverage among both patients and HCP with the eventual goals of reducing influenza-related morbidity and mortality among these groups while also achieving Healthy People benchmarks.

Figure 1: Influenza Vaccine Coverage among Active Clinical Users



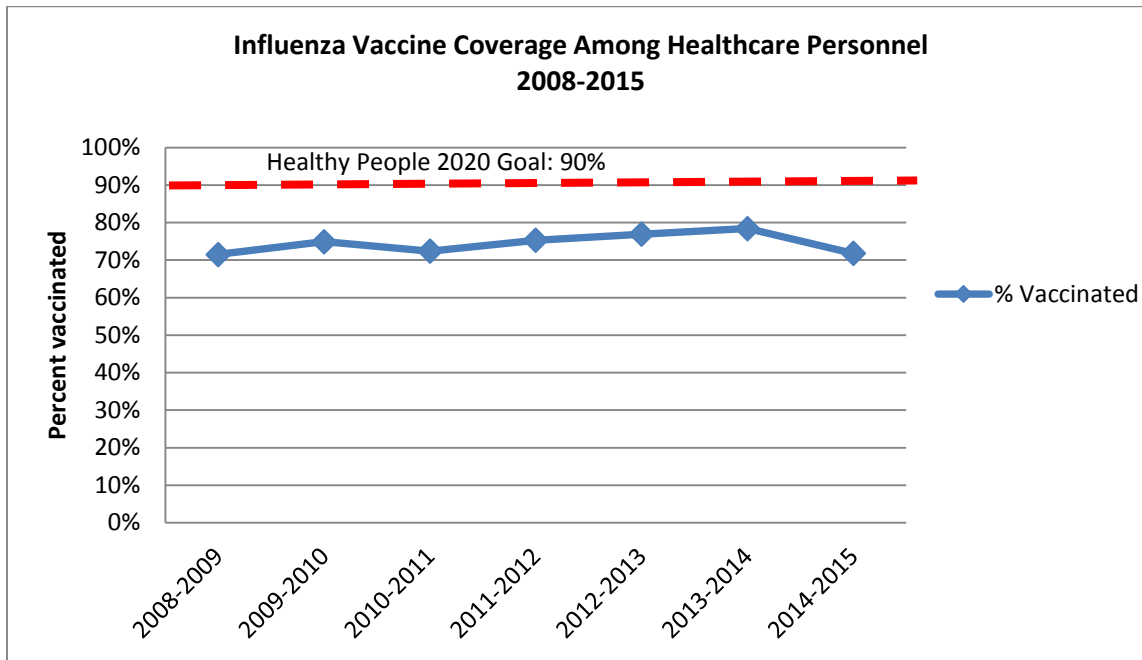
*Active Clinical Users: Patients with at least 2 visits in the last 3 years, one of which must be to a primary care clinic.

Table 1: Influenza Vaccine Coverage among patients by IHS Area, 2014-2015

Area	Children 6 months – 17 years			Adults 18 years and older		
	Active Clinical Population*	# Vaccinated	% Vaccinated	Active Clinical Population*	# Vaccinated	% Vaccinated
Alaska	12705	3573	28.1%	25206	7465	29.6%
Albuquerque	15018	5874	39.1%	41230	16241	39.4%
Bemidji	10861	2927	26.9%	23379	6687	28.6%
Billings	16536	6053	36.6%	33711	12411	36.8%
California	16164	3135	19.4%	34421	7864	22.8%
Great Plains	29594	11059	37.4%	59529	19489	32.7%
Nashville	6055	1805	29.8%	12921	2974	23.0%
Navajo	51116	23811	46.6%	123131	54012	43.9%
Oklahoma	33306	10857	32.6%	96602	36162	37.4%
Phoenix	27746	8992	32.4%	52631	18470	35.1%
Portland	14482	4724	32.6%	32169	10480	32.6%
Tucson	4609	1966	42.7%	9414	4117	43.7%
National	238192	84776	35.6%	544344	196372	36.1%

* Active Clinical User Population: Patients with at least 2 visits in the last 3 years, one of which must be to a primary care clinic

Figure 2: Influenza vaccine coverage among healthcare personnel*



*Healthcare personnel defined as all employees, contractors, volunteers and students working in IHS healthcare facilities

Table 2: Influenza vaccine coverage among healthcare personnel by IHS Area, 2014-2015

Area	Healthcare Personnel (HCP)		
	Population*	# Vaccinated	% Vaccinated
Alaska	10884	7103	65.3%
Albuquerque	996	836	83.9%
Bemidji	976	734	75.2%
Billings	1341	892	66.5%
California	1645	1183	71.9%
Great Plains	2616	1910	73.0%
Nashville	337	254	75.4%
Navajo	5813	4181	71.9%
Oklahoma	3309	2964	89.6%
Phoenix	1339	996	74.4%
Portland	1199	724	60.4%
Tucson	561	480	85.6%
National	31016	22257	71.8%

*HCP population as reported by sites

GOALS:

1. **Reduce influenza-related morbidity and mortality among AI/AN patient populations served by IHS, Tribal, and Urban healthcare facilities by:**
 - a. Increasing influenza vaccine coverage among the IHS Active Clinical User population and achieve the Healthy People 2020 goal of 70% coverage in all age groups.

2. **Reduce influenza-related morbidity and mortality among HCP and nosocomial influenza transmission in health facilities serving AI/ANs by:**
 - a. Increasing influenza vaccine coverage among HCP and achieve the Healthy People 2020 goal of 90% coverage among HCP.

IHS NATIONAL INFLUENZA PLAN for 2015-2016

To make progress towards achieving these goals, proposed national activities for the 2015-2016 influenza season include:

1. Training and Dissemination of Best Practices

- a. Provide technical assistance to IHS Areas to develop Area Influenza Plan** - Provide data and other resources to assist each IHS Area in developing an Area influenza plan (see Appendix A). Key components will include:
 - i. Identification of barriers to influenza vaccination
 - ii. Strategies to increase influenza vaccine uptake
 - iii. Resources
- b. IHS Influenza Kick-off Event** - In September, IHS will hold a “Flu Kick-off” call for all of IHS. Main topics will include: review of current vaccine and treatment recommendations, vaccine supply and procurement updates, and best practices for increasing influenza vaccination.
- c. Monthly Flu Update Calls** – The IHS Immunization Program will hold monthly calls to provide updates on influenza activity both nationally and within Indian Country, review cumulative influenza vaccine coverage data, and share best practices with sites.
- d. Training opportunities** - The IHS Immunization Program will host training opportunities for IHS providers on the following topics:
 - i. Developing an Area Flu Plan – August 2015
 - ii. Influenza 101 (PHNs, CHRs) – Sept 2015
 - iii. IHS Mandatory Influenza Vaccination for Healthcare Personnel policy – Sept 2015
 1. Tracking vaccine coverage for employees
 2. Overview of Joint Commission, CMS requirements re: tracking influenza vaccine coverage for healthcare personnel

2. Monitoring and Feedback

- a. Establish an IHS Director’s Award for influenza vaccine coverage for the 2015-2016 season**
 - i. Formally recognize all Areas meeting or exceeding the Healthy People 2020 Goal of 90% influenza vaccine coverage among healthcare personnel (HCP)
 - ii. Formally recognize the 2 IHS Areas with the highest influenza vaccine coverage among patients 6 months and older
 - iii. Formally recognize the 2 IHS areas with the Most Improved influenza vaccine coverage (compared to 2014-2015)
- b. Monthly Patient Influenza Vaccine Coverage Report** – The IHS Immunization Program will develop and disseminate a monthly influenza vaccine coverage report by IHS Area. This report will be generated and disseminated to Area CMOs at the beginning of each month during the influenza season, using vaccine coverage data collected through the IHS Influenza Awareness System (IIAS).

- c. **Healthcare Personnel Vaccination Update** – data on influenza vaccine coverage are collected as of Dec. 31st and March 31st through the National Immunization Reporting System (NIRS) and will be shared as part of the monthly flu update calls as available.
- d. **Government Performance and Results Act (GPRA) Influenza Measure** - For fiscal year (FY) 2016, the GPRA Influenza measure will collect baseline data on influenza vaccine coverage among children ages 6 months – 17 years , adults ages 18 years and older, and overall coverage for patients ages 6 months and older. These data will be used to determine the FY 2017 GPRA influenza vaccine coverage goals.
- e. **Weekly IIAS report** – The IHS Immunization Program will publish a weekly IIAS report available for IHS Area contacts from September to April. This report contains data from the IIAS on Influenza-like illness activity and influenza vaccine coverage.

3. Community Outreach

- a. **Distribution of radio PSAs developed for AI/AN communities to Tribal radio stations** –IHS Immunization Program will work with partners and IHS Public Affairs to distribute PSAs developed by CDC for AI/AN communities and featuring native speakers to tribal radio stations (<http://www.nativepublicmedia.org/radio>) across the country. PSAs can be found here: <http://www.cdc.gov/flu/freeresources/media-psa.htm>.
- b. **Update IHS influenza website to include current influenza resources** – The IHS Immunization Program will ensure the most current AI/AN influenza reports and influenza-related vaccination materials and guidance are available on the IHS seasonal influenza website.

4. Policy

- a. **Mandatory Influenza vaccination policy for healthcare personnel** – Beginning with the 2015-2016 influenza season, IHS will implement a mandatory influenza vaccination policy for all employees, contractors, volunteers and students working in IHS healthcare facilities. All IHS facilities are required to track and report influenza vaccine coverage among HCP for the periods ending Dec. 31st, 2015 and March 31st, 2016, through the National Immunization Reporting System.
- b. **FY 2016 Agency Performance Elements and Cascades** - Under “Critical Element #5: Results Driven”, include cascading performance element language to include the development of an Area-level flu plan to increase patient and HCP influenza vaccine coverage (see below). Examples of cascading performance element language can be found in Appendix B.
 - i. **“GPRA and Influenza Immunization Plan.** Achieves and/or maintains all national FY 2015 GPRA targets, as approved by the IHS Director, for IHS operated health care facilities. Provides support and assistance, as appropriate, to Tribal and Urban health programs, to achieve and/or maintain FY 2015 GPRA targets. Demonstrates at least one activity to improve quality of care and access to care that results in measurable

improvements/outcomes in GPRA indicators. **Develop an Area plan to increase influenza vaccine coverage among patients and healthcare personnel in FY 2016 and make progress towards achieving Healthy People 2020 goal of 70% influenza vaccine coverage among children and adults, and 90% coverage among healthcare personnel by 2020.** Communicates GPRA activities and results to staff, patients and Tribes.

References

1. Groom A et al. Pneumonia and Influenza Mortality among American Indian and Alaska Native People, 1990-2009. Am J Public Health. 2014 June; 104. Supplement 3: S460–S469. Published online April 2014. Accessed 1/27/15: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035860/>
2. Centers for Disease Control and Prevention. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season. 2014. MMWR 63(32);691-697. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm>
3. Healthy People 2020 Objectives. <http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>

Appendix A: Developing an Area Influenza Plan

As part of the FY 2016 Agency Performance Elements and Cascades each Area is required to develop an Area influenza plan. The Area influenza plan should provide background on the current status of influenza vaccine coverage among facilities in the Area, identify barriers and issues related to increasing influenza vaccination, provide guidance to facilities on implementing strategies to increase influenza vaccine coverage, and identify measures for monitoring progress in increasing influenza vaccination uptake.

Background

- Current influenza vaccine coverage rates among patients and employees for the Area
- Difference between current coverage and HP 2020 goal
- Current barriers to increasing vaccination

Action Steps

- **Area level support activities**
 - Develop Cascading Performance Element for facilities to include in PMAPs (see example Appendix B)
 - Identify measureable outcomes to monitor progress in increasing influenza vaccine coverage
 - Identify data needed
 - Support facilities in developing and implementing strategies to increase influenza vaccination
 - Identify specific strategies to increase coverage (see Appendix C)
 - Develop Facility Driver diagram (see Appendix D)
 - Identify process and outcome measures to monitor success of implementing strategies

Appendix B: Sample Language for Cascading Performance Element

Objectives are written at Level 3 – Achieves Expected Results (AE). This cascade element relates to the Agency Critical Element #5: Results Driven, 5b. GPRA and Influenza Immunization Plan.

1. Develop an Area Plan to increase influenza vaccine coverage among patients in CY 2016 to (X %) compared to (X%) in CY 2015 to meet the target of 70 % by CY 2020
 - Develop in-service training opportunities for local Tribal healthcare workers, i.e. CHR's, in home health care providers, etc. by X date
 - Develop a plan for community awareness activities including health fairs and meeting with targeted groups to raise awareness & introduce a "Kick Off Event" partnering with Tribal Health Programs, schools and other community based organizations
 - Develop a plan to host an IHS Influenza Kickoff Event with X months of community awareness events & forums.
 - Provide in-service training opportunities for local Tribal healthcare workers, i.e. CHR's, in home health care providers, etc. by X date
 - Actively participate in the identified community awareness activities through health fairs and meeting with targeted groups to raise awareness & introduce a "Kick Off Event" partnering with Tribal Health Programs, schools and other community based organizations
 - Host an IHS Influenza Kickoff Event with X months of community awareness events & forums.
 - Disseminate Area influenza vaccine coverage data on monthly basis

2. Develop an Area Plan to increase influenza vaccine coverage among Health Care personnel in CY 2016 to (X %), compared to (X%) in CY 2015 to meet the target of 90 % by CY 2020
 - Develop in-services & training schedule for employees through Employee Health/Infection Control program
 - Actively attend meetings regarding the implementation of the Mandatory Influenza vaccination policy for healthcare personnel
 - Provide in-services & training to employees through Employee Health/Infection Control program
 - Participate in the implementation of the Mandatory Influenza vaccination policy for healthcare personnel

3. Communicate GPRA activities and results to staff, patients and Tribes (quarterly, annually, biannually)

Appendix C: Best Practice Strategies

To Increase Access to Vaccine

- Implement standing orders to facilitate vaccination at every opportunity
- Increase opportunities for vaccination
 - Pharmacy based immunization
 - Walk in immunization clinics
 - After hours clinics
 - Community –based clinics
 - Mobile vaccine carts (employees)

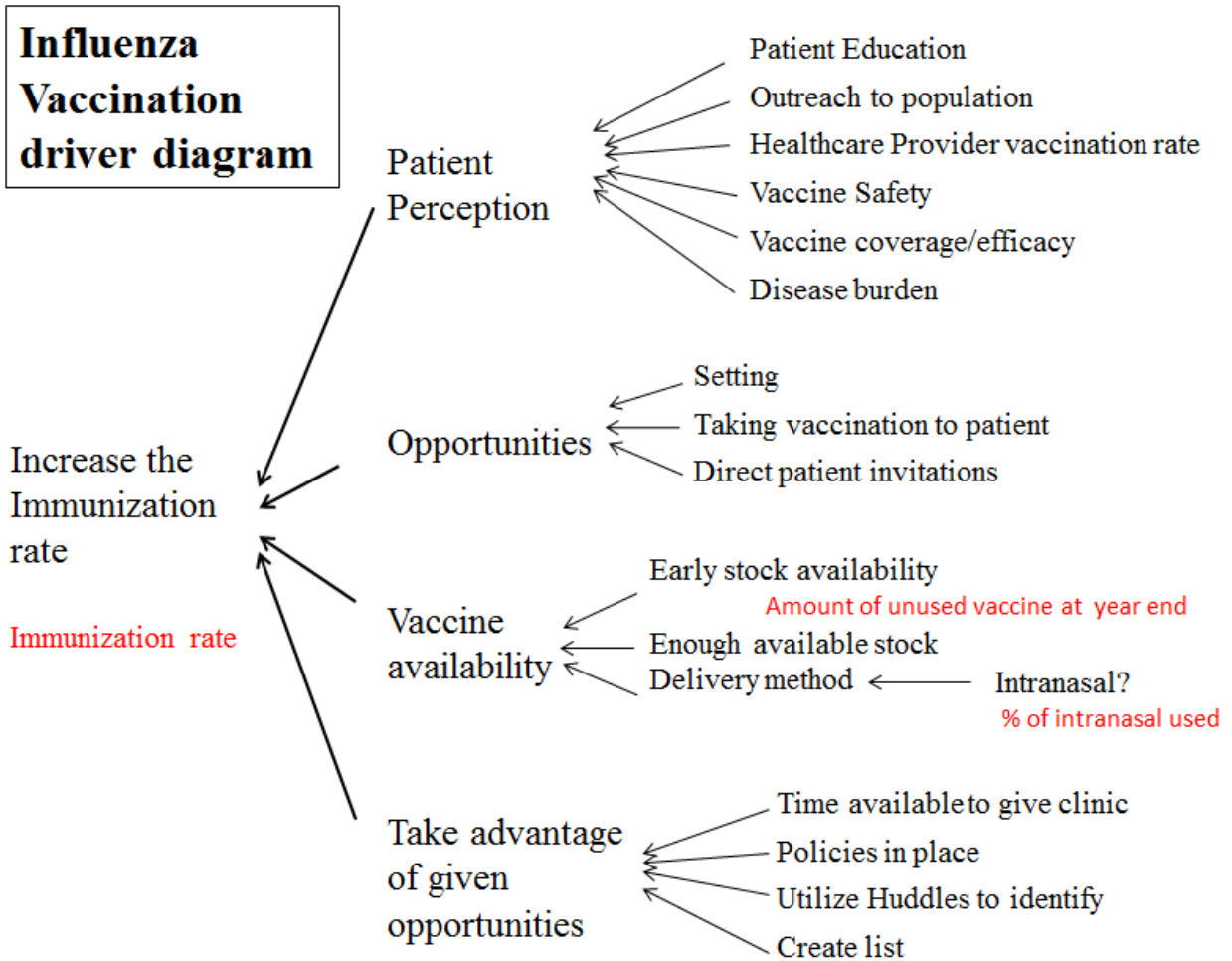
To Increase Provider Awareness

- Influenza education sessions – providers, PHNS, CHRs
- Data feedback – share information re: immunization vaccine coverage on an on-going basis throughout flu season

To Increase Community Acceptance

- Provide education and materials to CHRs
- Reach out to local tribal radio stations to air radio PSAs re: flu
- Provide information in tribal newspapers re: influenza

Appendix D: Examples of Influenza Vaccination Driver Diagrams:



Appendix D: Examples of Influenza Vaccination Driver Diagrams continued:

Strategy (or Change Concept)	Primary Drivers	Secondary Drivers	Constraints
<p>Start vaccinating sooner</p>	<p>Clinic Readiness</p>	<ul style="list-style-type: none"> • Pre-scheduled walk-in flu vaccine clinics • Pharmacists, Mas and nurses trained and ready to vaccinate • All necessary supplies in place prior to arrival of vaccines (gloves, syringes, needles, alcohol wipes, bandaids, VIS, etc) 	<p>Highly dependent on timely vaccine supply delivery to clinic</p>
	<p>Community Readiness</p>	<ul style="list-style-type: none"> • Pre-placed articles/ads in local newspapers about when flu vaccines will be given, benefits of flu vaccines, etc • Messaging throughout the community- posters, brochures, PSAs, video-messages, Social Media, radio, etc • Community-based vaccine days/sites pre-planned 	

Strategy (or Change Concept)	Primary Drivers	Secondary Drivers	Constraints
<p>Sustain period of maximum vaccination rate longer</p>	<p>Clinic Capability</p>	<ul style="list-style-type: none"> • Ensure adequate staffing throughout the month of November • Extend/maintain flu vaccine walk-in clinics • Ensure adequate supplies to last for the duration of the extend flu vaccine campaign 	<ul style="list-style-type: none"> • Dependent on a sustained demand from patients/community • May require additional efforts to vaccinate outside of the clinic
	<p>Community Demand or Acceptance</p>	<ul style="list-style-type: none"> • May need to develop new messaging strategies or repeat messages multiple times • Anticipate and provide information about the benefits of flu vaccine specific to any issues that develop (vaccine mismatch, adverse events, reported “severity” of the circulating flu strain, special populations. 	<ul style="list-style-type: none"> • Mistrust of IHS/CDC • Negative media messages

Strategy (or Change Concept)	Primary Drivers	Secondary Drivers	Constraints
<p>Increase weekly number of vaccines given per week by some percent (e.g., by 25%)</p>	<p>Clinical systems change to increase capacity</p>	<ul style="list-style-type: none"> • Remove barriers to getting flu vaccine (standing orders, walk-in clinics, offering universally to all patients, etc) • Provide multiple types of vaccine (live attenuated, preservative free, high-dose, quadrivalent, etc) • Providers educated and committed to providing flu vaccine to all patients • Providers and staff get vaccinated • Create new vaccination venues- evening/weekend clinics, community-based clinics, etc. 	<ul style="list-style-type: none"> • System must increase its daily capacity to give vaccines (staff must work harder than previous years) • Staff reluctance to promote vaccine or reluctance to receive their own flu vaccine • Insufficient staff to provide evening/weekend vaccination clinics
	<p>Community Demand or Acceptance</p>	<ul style="list-style-type: none"> • May need to develop new messaging strategies or repeat messages multiple times • Anticipate and provide information about the benefits of flu vaccine specific to any issues that develop (vaccine mismatch, adverse events, reported “severity” of the circulating flu strain, special populations. 	<ul style="list-style-type: none"> • Mistrust of IHS/CDC • Negative media messages

Appendix E: Influenza Resources

1. **Centers for Disease Control and Prevention Flu website** – includes surveillance data, fact sheets for providers and patients about influenza and influenza vaccine, and free printed, video and radio resources - www.cdc.gov/flu
2. **Influenza Manual from the Veterans' Administration** - includes guidance for facilities re: setting up a comprehensive staff and patient influenza vaccination programs: <http://www.publichealth.va.gov/docs/flu/va-flu-manual.pdf#>
3. **Indian Health Service Flu website** – links to IHS surveillance data and educational resources for American Indian and Alaska Native Communities – www.ihs.gov/flu
4. **Department of Health and Human Services Influenza website** – www.flu.gov
5. **National Foundation of Infectious Disease** - Information for Healthcare Professionals – <http://www.nfid.org/influenza>
6. **Personal Testimonies** - Stories about families affected by flu - <http://www.familiesfightingflu.org/>
<http://www.vaccineinformation.org/influenza/>
7. **Influenza Vaccine and Antiviral Ordering** - IHS National Supply Service Center <http://www.ihs.gov/NSSC/>