Influenza Vaccine Coverage
2013 – 2014 Influenza Season

Summary
For the 2013-2014 influenza season, 38% of the active clinical population 6 months and older served by IHS, Tribal and Urban (I/T/U) facilities received an influenza vaccine, an increase from the proportion vaccinated in the previous influenza season. Among healthcare personnel (HCP), coverage was 78%, representing a modest increase compared to previous years. More needs to be done to increase both patient and HCP influenza vaccination coverage.

Background
Each year the Indian Health Service (IHS) monitors influenza vaccine coverage among its patients and healthcare personnel (HCP). For patients, data are collected using the IHS Influenza Awareness System (IIAS) as well as the RPMS Influenza vaccine coverage report. Data on HCP are collected from each facility. Methodological details can be found in Appendix A.

Influenza Vaccine Coverage Among Patients
For the 2013-2014 influenza season, approximately one third of the IHS patient population received a flu vaccine. Coverage for the 2013-2014 influenza season stayed the same compared to coverage reported for the 2012-2013 season for all age and risk groups. A breakdown of coverage as reported in the 2 different systems is included below in Figures 1 and 2. Figure 3 shows coverage by IHS Area, which ranged from 27% (CAO) to 49% (TUC).

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

![National IHS Influenza Vaccine Coverage IIAS](image)

*All N = 1,169,094. Based on Active Clinical Users.
**Figure 2: National Influenza Vaccine Coverage – RPMS Influenza Vaccine Coverage Report**

National IHS Influenza Vaccine Coverage
RPMS Reports

*All N = 831,924. Based on Active Clinical Users.*

**Figure 3: Influenza Vaccine Coverage by IHS Area – RPMS Influenza Vaccine Coverage Report**

IHS Influenza Vaccine Coverage by IHS Area
RPMS Reports
All Ages

N = 831,924. Based on Active Clinical Users
**Healthcare Personnel**

For the 2013-2014 influenza season coverage among HCP increased 1.5% compared to the 2012-13 season (76.9% to 78.4%). Medical contraindications and refusals were slightly lower compared to previous years. (Figure 4)

**Figure 4: Influenza Vaccine Coverage among Healthcare Personnel**

![Healthcare Personnel Seasonal Influenza Vaccine Coverage 2008 - 2014*](chart)

* * N= 32,691

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**Conclusion**

While patient coverage estimates differ depending on the data source used, the IIAS vaccine coverage report shows a decrease in the 2013-2014 season; the RPMS influenza vaccine coverage reports shows a slight increase in coverage. For the last 3 seasons just over one third of the active 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. In addition, missing data in the RPMS system, particularly in those IHS Areas with large urban populations with other sources of care, likely contributes to an underestimate of true coverage.

Although encouraging that coverage estimates for HCP increased compared to previous years, the increase was modest and coverage appears to be plateauing. Establishing a comprehensive agency-wide policy on employee vaccination may help to lay the foundation for additional action.
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, and are limited to active clinical patients, defined as patients who have had at least 2 visits in the last 3 years. For the 2013-2014 season the IIAS captured data on 1.1 million active clinical patients from 366 of 690 (53%) total exporting facilities. Exporting facilities defined by the IIAS include Alaska Village Clinics, Health Centers, Health Locations, Health Stations and Hospitals.

RPMS Influenza Vaccine Coverage Report
Reports on patient influenza vaccine coverage generated using the RPMS influenza vaccine coverage report are collected from each facility on Dec. 31st and March 31st and compiled at the national and IHS Area levels. The RPMS influenza vaccine coverage report is based on vaccine doses administered and recorded in the RPMS system, and is limited to active clinical patients, defined as patients who have had at least 2 visits in the last 3 years. RPMS influenza vaccine coverage reports were collected from 183 facilities, representing 831,924 active clinical patients.

Health Care Personnel Influenza Vaccine Coverage Reports
This year IHS adopted the National Quality Forum (NQF) Healthcare Personnel influenza vaccination measure and reporting process. For this initiative, 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. For HCP, influenza doses administered either at the facility or elsewhere were counted as “vaccinated”; information on refusals and medical contraindications was also collected. In 2009, there were approximately 38,000 people employed in the I/T/U system, though not all of them worked in healthcare facilities. For the 2013-2014 influenza season HCP data were collected from 159 facilities on 32,691 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.