



Influenza Update

November 19th, 2014

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IHS Immunization Program Manager



Objectives

- Describe current influenza-like-illness trends across the IHS
- Know influenza vaccine coverage rates for your IHS Area
- Identify 2 strategies to increase influenza vaccine coverage in AI/AN communities

U.S. Influenza Activity

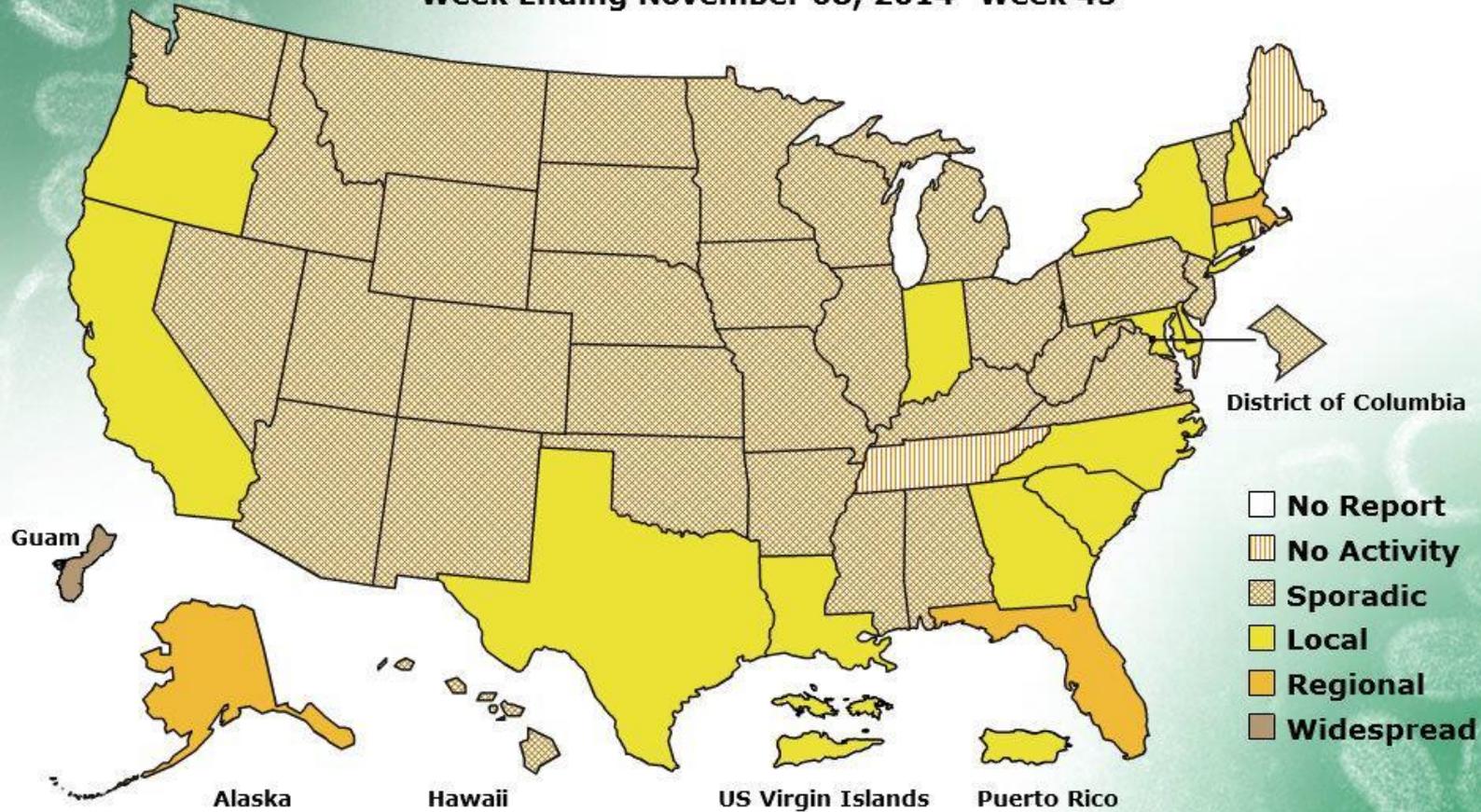
- Low activity across the U.S.
- Predominantly H3N2 and Influenza B strains circulating
 - Very little H1N1
 - Majority of circulating H3N2 strains are drifted from the H3N2 component in the vaccine
- No influenza-associated deaths have been reported

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending November 08, 2014- Week 45

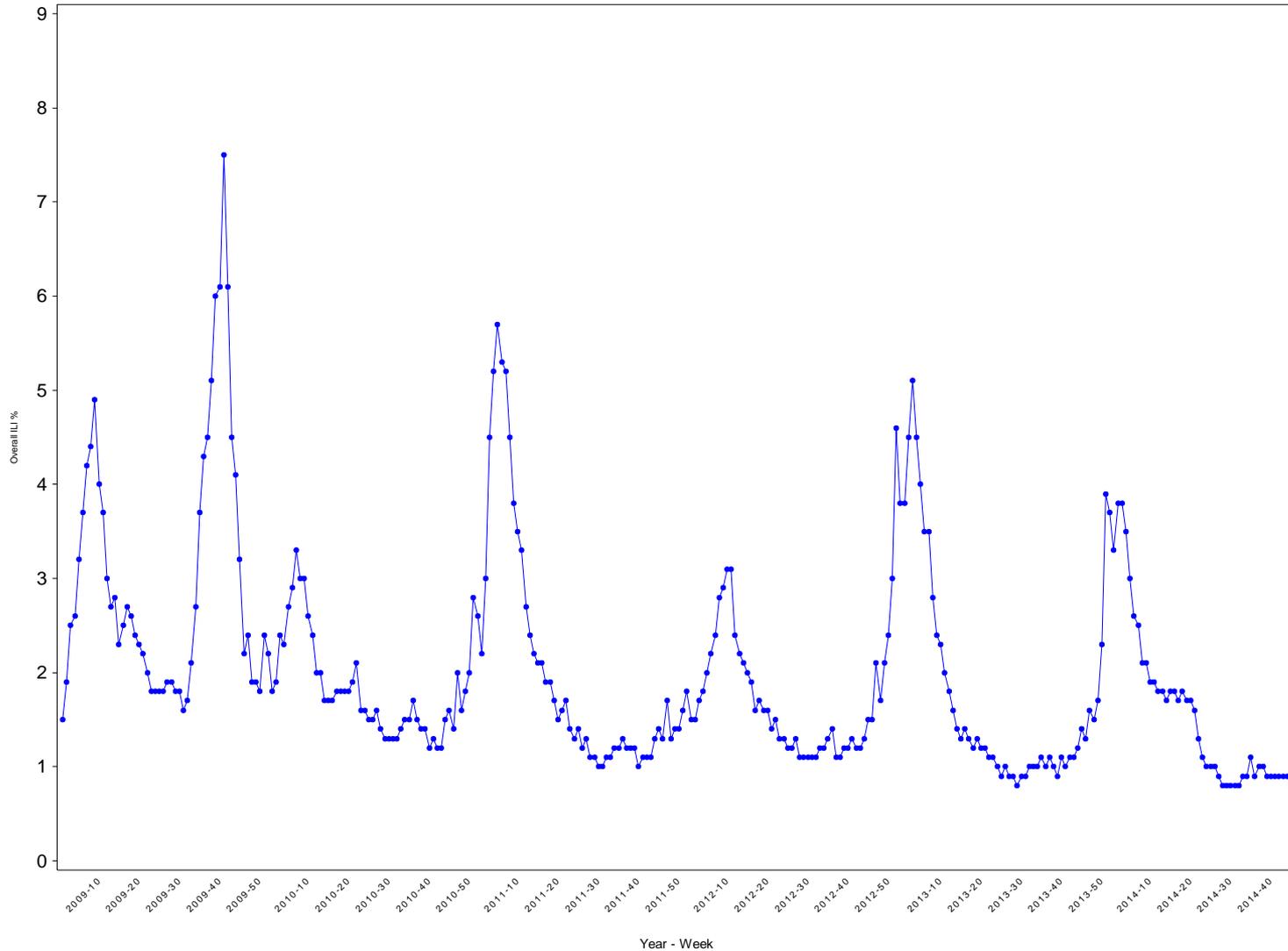


*This map indicates geographic spread and does not measure the severity of influenza activity.

IHS INFLUENZA AWARENESS SYSTEM (IIAS)

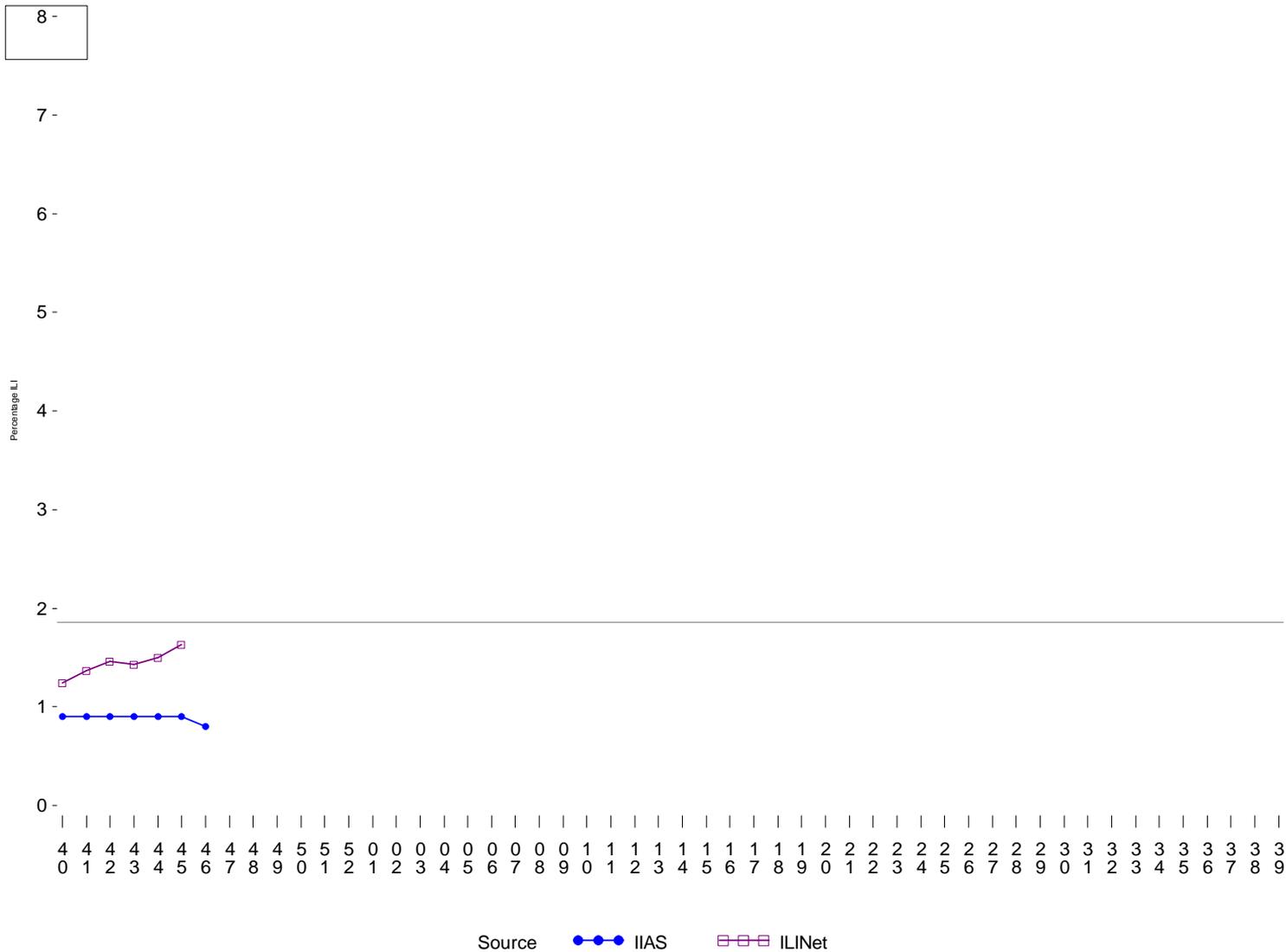
**All IHS Areas
Influenza-Like Illness (ILI) All Surveillance Years - Continuous**

**Percentage of Visits for ILI per week
05/31/09 to 11/15/14**



Percentage of ILI visits is number of ILI visits divided by total number of daily visits.

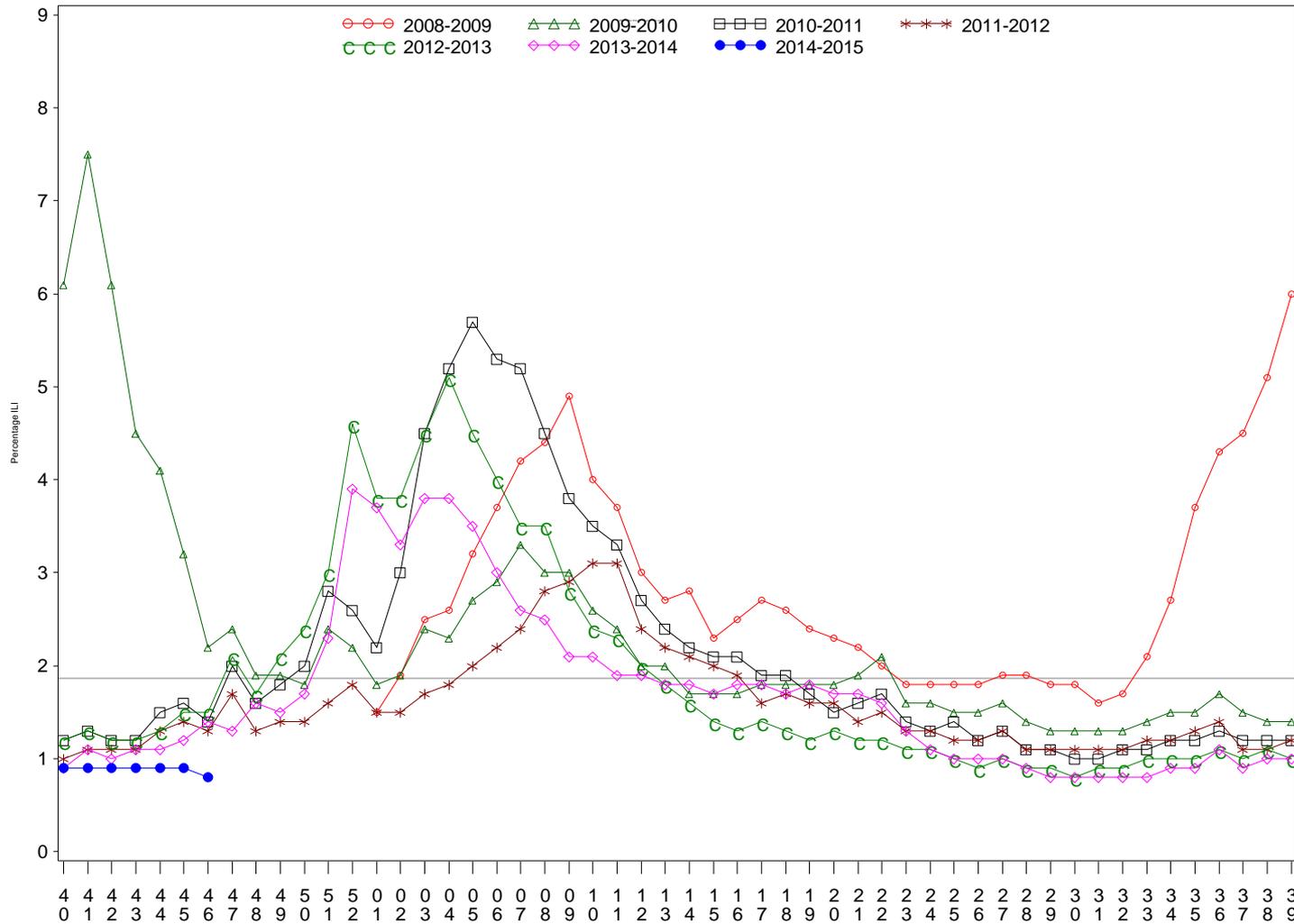
Proportion of Outpatient Visits for Influenza-Like Illness (ILI)
Percent ILI for FluYear 2014 - 2015
ILINet vs. IIAS



Percentage of ILI visits is number of ILI visits divided by total number of daily visits (outpatient visits).
 The horizontal line represents the 2013-2014 baseline. The baseline is the mean percentage of patient visits for ILI during non-influenza weeks for the previous three seasons plus two standard deviations.

Sources: ILINet - CDC Sentinal Surveillance System for Influenza-Like Illness, IIAS - IHS Influenza Awareness System

All IHS Areas
Influenza-Like Illness (ILI) for All Surveillance Years
Percentage of Visits for ILI per week



Percentage of ILI visits is number of ILI visits divided by total number of daily visits.
 The horizontal line represents the 2013-2014 baseline. The baseline is the mean percentage of patient visits for ILI during non-influenza weeks for the previous three seasons plus two standard deviations.

Seasonal Influenza Vaccine Coverage by Age Group*

06/29/14 to 11/15/14

Active Clinical Population**

Age Group	Active Clinical Population**	Seasonal Flu Vaccine (At Least 1 Dose)***	% Seasonal Flu (At Least 1 Dose)	Seasonal Flu Vaccine (At Least 2 Doses)	% Seasonal Flu (At Least 2 Doses)	Total #Doses Administered****
0 - 5 months	5,435	58	1.1	4	0.1	62
6 - 23 months	27,137	8,019	29.6	453	1.7	8,486
2 - 4 years	65,671	12,899	19.6	119	0.2	13,054
5 - 17 years	244,493	54,515	22.3	373	0.2	55,058
18 - 49 years	518,255	91,830	17.7	614	0.1	92,805
50 - 64 years	206,972	62,612	30.3	459	0.2	63,337
65 + years	115,426	43,110	37.3	371	0.3	43,765
Children (6 months-17 years)	337,301	75,433	22.4	945	0.3	76,598
Adults (18 + years)	840,653	197,552	23.5	1,444	0.2	199,907
All (6 months +)	1,177,954	272,985	23.2	2,389	0.2	276,505

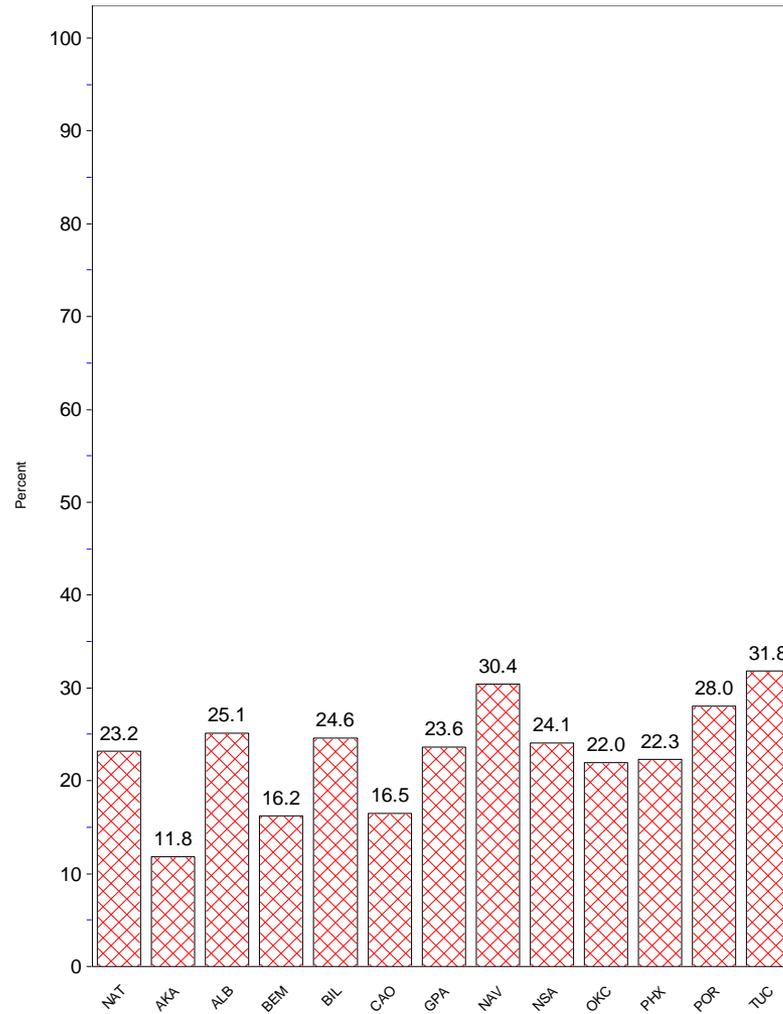
* Limited to sites that exported both doses administered and active clinical population data.

** Active Clinical is defined as patients who have had at least 2 visits in the last 3 years.

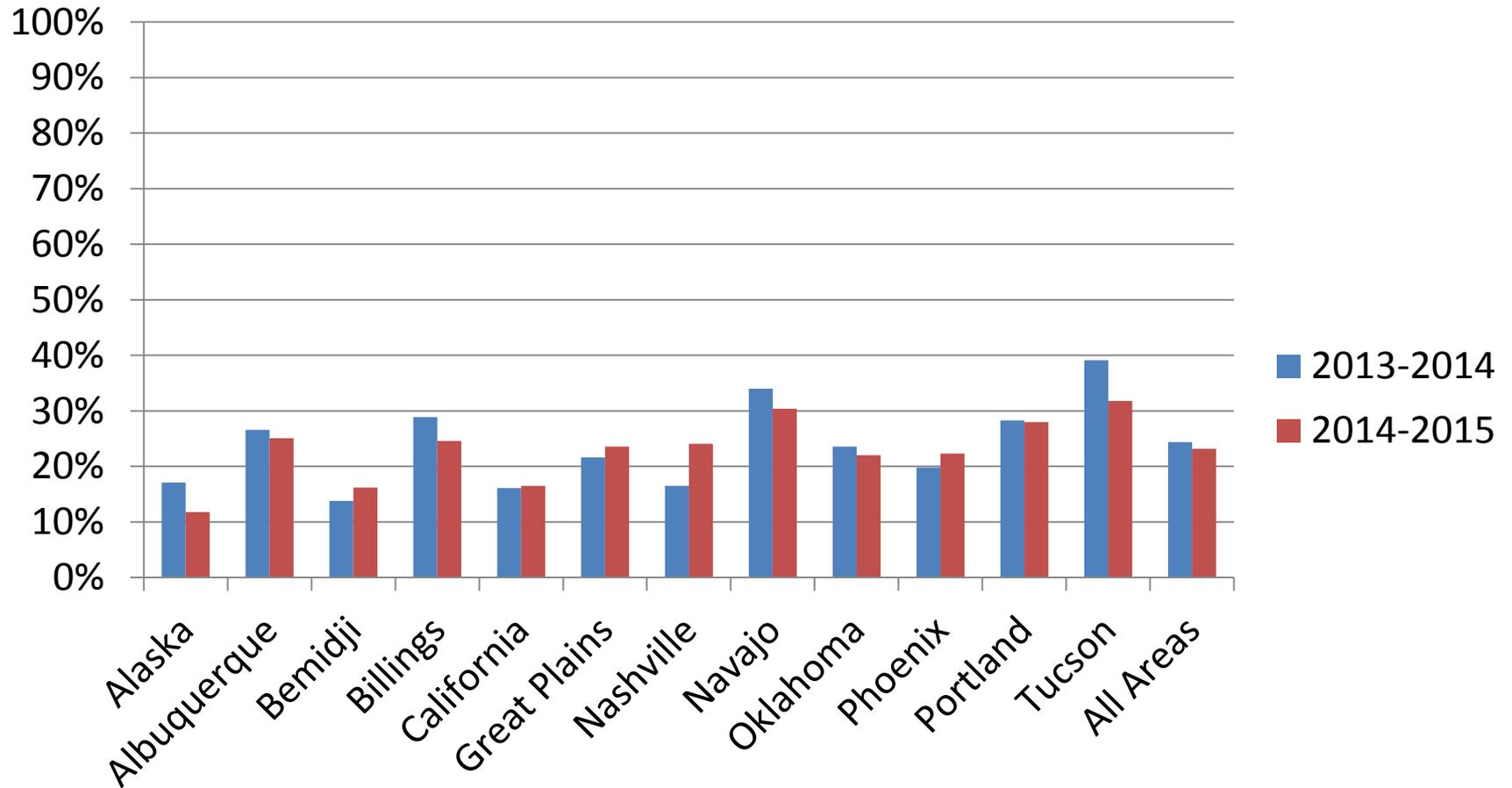
*** Number of unique patients with at least 1 dose.

**** Total # Doses Administered = All doses administered to patients including doses not included in coverage calculation due to lack of Active Clinical Population data.

Influenza Vaccine Coverage by Age Groups - All (6 months +)
for National and Area
06/29/14 to 11/15/14
% Seasonal Flu (At Least 1 Dose) for Active Clinical Population



Influenza Vaccine Coverage All Ages Active Clinical User



LAIV Effectiveness

- No changes to current influenza vaccine recommendations
- Recent study found that LAIV NOT effective against H1N1
- Previous studies found good effectiveness against H3N2 and Influenza B strains
- For more information , see CDC statement at:
 - <http://www.cdc.gov/flu/news/nasal-spray-effectiveness.htm>

SPIRIT LAKE HEALTH CENTER

GREAT PLAINS AREA

FORT TOTTEN, ND

JEANETTE ROSENHEIM, RN

AMY SIMON, PHARM D

PREVENTING INFLUENZA ON THE SPIRIT LAKE RESERVATION



OBJECTIVES

- ✘ Apply information from the Spirit Lake Health Center influenza experience to local service unit.
- ✘ Develop ways to increase community awareness and knowledge about vaccinations.
- ✘ Formulate a “standard” of practice for administering influenza vaccines.

THE PRACTICE PROFILE

- ✘ 6000 total eligible patients
 - + Females: 51%
 - + Males 49%
- ✘ Estimated Age Distribution:
 - ✘ Birth – 10 years: 26%
 - ✘ 11 – 18 years: 13%
 - ✘ 19 – 45 years: 39%
 - ✘ 46 – 64 years: 17%
 - ✘ 65 – 79 years: 4%
 - ✘ 80 + years: 1%

IDENTIFYING A NEED

- ✘ Immunization rates for 10months to 18 years were reviewed:
 - + 2013 (fully immunized) (7/1/2013-03/31/2014):
 - ✘ 10-23m: 44%
 - ✘ 2-4y: 33%
 - ✘ 5-17y: 41%
 - ✘ 18-49: 41%

WHERE TO MAKE THE IMPACT

- ✘ It was very important to decide where we could have the most immediate impact.
 - + Lowest rate: 2-4y
 - ✘ Parents would need to be contacted by letters/phone calls regarding immunizations past due
 - + Second lowest group: 5-18y
 - ✘ Majority of these children are in school and most likely would have to be vaccinated while in school.

GOALS

✘ INITIAL

- + FOCUS ON AREA WHERE LARGEST IMPACT COULD BE MADE
 - ✘ School Age Children
 - ✘ County nurse asking for assistance
- + MAKE INFLUENZA IMMUNIZATION “STANDARD” PRACTICE FOR ALL WHO PROVIDE CARE
- + INFORM PATIENTS ABOUT BENEFITS OF IMMUNIZING

PLAN: LARGEST IMPACT

✘ School age Children

- + Contacted school administrators in July and held a meeting to discuss need for influenza vaccinations in the schools.
- + Developed a letter and consent form in compliance with the ND State Health Department.
- + Distributed consents in the schools, through tribal programs, and at the clinic.

QUESTION 1

- ✘ Do Vaccine Information Sheets need to be a part of the consent form?
 - + A) No
 - + B) yes
 - + C) yes, must be current and include both inactive and active statements

PLAN: MAKE IMMUNIZATIONS A STANDARD OF PRACTICE

- ✘ Clinic created policies allowing:
 - + Nurse only visits for vaccinations
 - + Pharmacy administered vaccinations
 - ✘ Influenza 5y and older
- ✘ Immunizations were being offered at ALL visits to any patient.
 - ✘ General clinic visits, dental appointments, pharmacy visits

QUESTION: 2

- ✘ When creating vaccination policies/standard orders who needs to sign them?
 - + A) Facilities Manager
 - + B) Medical Staff
 - + C) Congress

PLAN: INCREASE COMMUNITY AWARENESS AND INFORM PATIENT'S OF THE BENEFITS

- ✘ Make Flyers
 - + Distribute around clinic and reservation
- ✘ Public Service Announcements
- ✘ Discuss with patient's when present in the clinic and in the community.

PLAN 2014-2015

- ✘ In collaboration with tribal health; coordinated and attended 12 Community Clinics
 - + 4 school clinics: increased 5-fold from 2013-2014 influenza season
 - + Currently (8/1/14-11/14/2014) our rates are:
 - ✘ 10-23m: 16%
 - ✘ 2-4y: 18%
 - ✘ 5-17y: 30%
 - ✘ 18-49: 30%

2012-2014

- ✘ Pharmacists opened up communication with the tribal Public Health Nursing Department and the county and state health departments
 - + Worked with appropriate businesses and schools to schedule times when vaccines would be offered outside the clinic

QUESTION: 3

- ✘ Where is a good reference to get information on the influenza vaccine for public service announcements and flyers?
 - + A) CDC website
 - + B) Local newspaper
 - + C) Facebook

LESSONS LEARNED

- ✘ Involve the community and tribe
- ✘ Use others to advertise for you
- ✘ Pick high traffic times and offer multiple times
- ✘ Let every part of your health care team know what you are up to even if they are not taking part in the actual immunizing.

LESSONS LEARNED

- ✘ Do not settle for letting others do work that you can do
- ✘ Extend a helping hand to help improve other work
- ✘ Often times schools will be more accepting of the clinic planning an event rather than a county or state official
- ✘ Adapt and think outside the box

QUESTIONS?

