Influenza Update

October 14th, 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 their IHS Area
• Identify 2 strategies to increase influenza vaccine coverage in AI/AN communities
All IHS Areas
Influenza-Like Illness (ILI) All Surveillance Years-Continuous
Percentage of Visits for ILI per week
05/31/09 to 10/11/14

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 Flu Year 2014-2015

ILINet vs. IIAS

09/28/14 to 10/11/14

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 Sentinel 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
01/04/09 to 10/11/14

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 10/11/14**

**Active Clinical Population**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Active Clinical Population*</th>
<th>Seasonal Flu Vaccine (At Least 1 Dose)***</th>
<th>% Seasonal Flu (At Least 1 Dose)</th>
<th>Seasonal Flu Vaccine (At Least 2 Doses)</th>
<th>% Seasonal Flu (At Least 2 Doses)</th>
<th>Total #Doses Administered***</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 5 months</td>
<td>5,377</td>
<td>24</td>
<td>0.4</td>
<td>4</td>
<td>0.1</td>
<td>28</td>
</tr>
<tr>
<td>6 - 23 months</td>
<td>26,810</td>
<td>2,394</td>
<td>8.9</td>
<td>15</td>
<td>0.1</td>
<td>2,412</td>
</tr>
<tr>
<td>2 - 4 years</td>
<td>64,427</td>
<td>3,950</td>
<td>6.1</td>
<td>10</td>
<td>0.0</td>
<td>3,966</td>
</tr>
<tr>
<td>5 - 17 years</td>
<td>240,195</td>
<td>14,144</td>
<td>5.9</td>
<td>46</td>
<td>0.0</td>
<td>14,215</td>
</tr>
<tr>
<td>18 - 49 years</td>
<td>507,136</td>
<td>32,994</td>
<td>6.5</td>
<td>121</td>
<td>0.0</td>
<td>33,271</td>
</tr>
<tr>
<td>50 - 64 years</td>
<td>201,969</td>
<td>23,277</td>
<td>11.5</td>
<td>98</td>
<td>0.0</td>
<td>23,487</td>
</tr>
<tr>
<td>65 + years</td>
<td>112,785</td>
<td>16,486</td>
<td>14.6</td>
<td>71</td>
<td>0.1</td>
<td>16,682</td>
</tr>
<tr>
<td>Children (6 months-17 years)</td>
<td>331,432</td>
<td>20,488</td>
<td>6.2</td>
<td>71</td>
<td>0.0</td>
<td>20,593</td>
</tr>
<tr>
<td>Adults (18 + years)</td>
<td>821,890</td>
<td>72,757</td>
<td>8.9</td>
<td>290</td>
<td>0.0</td>
<td>73,440</td>
</tr>
<tr>
<td>All (6 months +)</td>
<td>1,153,322</td>
<td>93,245</td>
<td>8.1</td>
<td>361</td>
<td>0.0</td>
<td>94,033</td>
</tr>
</tbody>
</table>
Influenza Vaccine Coverage by Age Groups-All (6 months +) for National Area
06/29/14 to 10/11/14
% Seasonal Flu (At Least 1 Dose) for Active Clinical Population

[Bar chart showing coverage by age group]
SPIRIT LAKE HEALTH CENTER

ABERDEEN SERVICE AREA
FORT TOTTEN, ND TYLER LANNOYE, PHARM D
PREVENTING INFLUENZA
ON THE SPIRIT LAKE RESERVATION
THE PRACTICE PROFILE

- 6000 total eligible patients
  - Females: 51%
  - Males 49%
- User pop of about 4000 during project

- 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%
# THE PRACTICE PROFILE

## Top 10 Diagnoses/Conditions

1. Hypertension
2. Diabetes Mellitus w/o Complications
3. Hyperlipidemia
4. Esophageal Reflux
5. Depression
6. Asthma
7. Neuropathy in Diabetes Mellitus
8. Tobacco Use Disorder
9. Hypothyroidism
10. Chronic pain

## Top 5 Referrals

1. Chest Pain
2. Alcohol Abuse
3. Joint Pain
4. Coronary Atherosclerosis
5. End Stage Renal Disease
SERVICES PROVIDED

- Main Clinic
  - Pharmacy
  - Lab
  - Radiology
  - Outpatient Care

- Outside Main Clinic
  - Behavioral Health
  - Dental
  - Public Health Nursing
IDENTIFYING A NEED

• × IMMUNIZATION RATES WERE REVIEWED AND IT WAS OBVIOUS WE NEEDED TO IMPROVE

• × THE LARGEST USER POPULATION WAS AGES 18-49
  • × This group also had the second lowest immunization rates.

• + The second largest group was the 5-17 YOA group
• + The third largest group was 50-64 YOA
WHERE TO MAKE THE IMPACT

 It was very important to decide where we could have the most immediate impact.
  + The 5-17 group would be harder for us to target because it would have to be done in the schools and would take a lot of collaboration.
  + The 18-64 YOA would be easy to target and we could begin immediately.
GOALS

• ✗ INITIAL
  • + IMMUNIZE MORE COMMUNITY MEMBERS AGAINST THE INFLUENZA VIRUS
• + FOCUS ON AREA WHERE LARGEST IMPACT
• COULD BE MADE
• + MAKE INFLUENZA IMMUNIZATION “STANDARD”
• PRACTICE FOR ALL WHO PROVIDE CARE
• + INFORM PATIENTS ABOUT BENEFITS OF
• IMMUNIZING
GOALS

• ✗ INTERMEDIATE
  • + INCREASE ALL IMMUNIZATIONS IN ALL AGE GROUPS
  • + INCREASE COMMUNITY AWARENESS AND KNOWLEDGE ABOUT VACCINATIONS
• + ADVERTISE OUR GOALS AND MAINTAIN STAFF
• + MOTIVATION
GOALS

- LONG TERM
  - PROMOTE, DEVELOP, AND MAINTAIN WELLNESS IN THE COMMUNITY
WHY PHARMACY

- Pharmacy took leadership of PI project
  - Pharmacists generally see more patients throughout the day than any other department
  - Pharmacists are an integral part of the healthcare team
  - Pharmacists are one of the most accessible members of the healthcare team
  - Tribal groups may not be able to bill
POLICIES AND PROCEDURES

- OLD
  - MANY POLICIES AND PROCEDURES ALREADY IN PLACE
    - REVIEWING THEM AS WELL AS MAKING IT KNOWN WE HAVE THEM WAS KEY

- NEW
  - INVOLVED ALL TO GET MORE ENERGY AND SUPPORT AS WELL AS ADVERTISEMENT ABOUT P&P.
CLINICAL INFORMATION SYSTEMS

- ✗ CLINICAL INFORMATION SYSTEM
- + DATA COLLECTION & REPORTING
  - ✗ TIME MANAGEMENT
  - ✗ REPORTING CONSISTENCY
- + EASE OF DOCUMENTATION
  - ✗ MADE IT EASIER TO RECORD AND CODE
ENGAGING COMMUNITY AND LEADERSHIP

- LEADERSHIP
  - SUPPORT WAS THERE, WE JUST NEEDED A CATALYST

- COMMUNITY
  - INVOLVEMENT FROM COMMUNITY PROGRAMS SUPPORTIVE.
    - TRIBAL PUBLIC HEALTH NURSES AND BUSINESSES WERE SOMEWHAT HESITANT THE FIRST YEAR BUT BECAME EXCITED FOLLOWING INITIAL SUCCESS.
PLAN 2012-2013

- In the 2012-2013 flu season, pharmacy changed method of medication dispensing
- Every person that presented was offered a flu shot
  - Customers were assured they would not have to wait and could get it right now
  - Patients who refused the flu vaccine were educated on why they should get it
    - Sometimes it just takes a little encouragement.
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
SUCCESS! TWO YEARS OF WORK

- ✗ ALL AGE GROUPS INCREASED FROM 36.6% TO 44%
- ✗ 18-49 YOA
  - + RATES INCREASED FROM 29.5% TO 39%
  - + HR 18-49 INCREASED FROM 41.8% TO 49%
- ✗ 50-64 YOA FROM 46.1% TO 57%
- ✗ 65+ YOA FROM 60.3% TO 65%
TOTAL INFLUENZA VACCINATION RATES

- 2011-12: 36.6%
- 2012-13: 41.90%
- 2013-14: 44%

Legend:
- Fort Totten
- Aberdeen Area
- National IHS
FORT TOTTEN PROGRESS
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?
PUBLIC HEALTH NURSING: Influenza Prevention

Anna Thompson, RN DPHN
De Ann Eastman-Jansen, RN PHN
Rosebud Sioux Tribe

- Comprised of 20 Communities
- Encompasses over 1900 Square miles
- User Population > 12,000
- Federal PHN Program staff
  - 1 DPHN
  - 4 PHNs (one current vacancy)
  - 1 PHN Technician
  - 1 part-time Office Support Assistant
Targeted Community Influenza Clinics

- Infants & Young Children
  - 6 Head Start locations
    - Offered at least once from Oct - Dec
  - WIC Office (mobile)
    - Offered in conjunction with monthly Childhood Immunization Clinics

- School Age Children / Adolescents
  - 4 Schools with Secondary students
  - 14 Schools with Primary age students
    - Multi-School Event planned
  - 1 Juvenile Detention Center
    - Offered at least once from Oct - Dec
Natalie Keating & Deb Jackson

Tailgate PHN Style
Targeted Community Influenza Clinics

- Adults
  - 1 College Center
  - 1 Adult Correctional Facility
  - 1 Casino
  - 6 Elderly Nutrition Centers
    - 4 communities have Elderly Complexes
  - DM Prevention Center
  - Tribal Headquarters
- Other Locations
  - Grocery Stores
  - Tree of Life Community Outreach Center
  - Community Centers in outlying districts
Collaboration

- PHN Office offers lifespan immunizations every Monday 9am-5pm walk-in
- OPD offers walk-in vaccination during clinic hours (including extended access on weekends)
- Pharmacy offers vaccination
- Calendar of ALL vaccination opportunities is printed on back of immunization recall letters to patients
- Radio station is provided PSAs and announces daily events throughout the month
Tracking & Evaluation

- Monitor influenza report on a monthly basis targeting:
  - kid’s age 6 months to 5 years
  - elders more than 55 years
Questions