MedImmune

US Pediatric Influenza Vaccination by Pediatricians and Family Physicians/General Practice Physicians from 2006 to 2011

Seth L. Toback, MD;¹ Laurel Edelman, BSc Advanced;² Christopher S. Ambrose, MD¹ ¹MedImmune, LLC, Gaithersburg, MD, USA; ²SDI, Plymouth Meeting, PA, USA

Background

- U.S. recommendations for pediatric influenza vaccination have expanded substantially in recent years.¹
- Pediatricians (PDs), Family Medicine physicians (FPs), and General Practitioners (GPs) are the principal physician specialties that provide preventive care, including influenza vaccinations, for U.S. children.²
- Previous studies have shown that PDs and FPs/GPs have differing vaccination behaviors for other routine childhood vaccinations.3-5

Objective

 To compare pediatric influenza vaccine use by U.S. PDs and FPs/GPs during the 5 seasonal influenza seasons between 2006 and 2011

Methods

- Electronic private insurance healthcare reimbursement claims data representing more than 60% of all medical claims from the U.S. outpatient setting were collected and analyzed.
- Weekly counts of influenza vaccinations given to children 6 months through 18 years of age between August 1 and March 31 for the 2006–2007 through 2009–2010 influenza seasons and between August 1 and January 22 for the 2010–2011 influenza season were collected.
- Based on the available sample of claims and the known physician universe, vaccination counts for each season were projected (or scaled-up) to generate a national estimate of all influenza vaccinations administered in U.S. physician offices and submitted for private healthcare insurance reimbursement.

- Administrations of preservative-containing and preservative-free injectable trivalent inactivated influenza vaccine (TIV) and the nasal spray live attenuated influenza vaccine (LAIV) were identified by their specific Current Procedural Terminology codes.
- Only claims from privately insured children were available; administration of federally-purchased vaccine (ie, via the Vaccines for Children program) and vaccinations administered in settings where claims data are not generated were not captured.

Results

• In each season, 82%–85% of all pediatric seasonal influenza vaccinations were delivered by PDs, while 10%–11% were delivered by FPs/GPs (Figure 1).



- For children <9 years of age, 83%–89% and 6%–11% of vaccinations were delivered by PDs and FPs/GPs, respectively.
- Among children 9 to 18 years of age, 73%–78% and 15%-18% of vaccinations were administered by PDs and FPs/GPs, respectively.
- For children 6 to 23 months of age, use of the thimerosal-free TIV increased over the 5 seasons from 39% to 65% of all influenza vaccinations administered by PDs and from 28% to 43% of influenza vaccinations administered by FPs/GPs (Figures 2A and 2B).
- For children 2 to 18 years of age, use of intranasal LAIV increased over the 5 seasons from 9% to 42% of all influenza vaccination administered by PDs and 3% to 12% of all influenza vaccines administered by FPs/GPs (Figures 3A and 3B).
- The timing of influenza vaccinations during each season was similar for PDs and FPs/GPs.

Conclusions

- PDs deliver the vast majority of influenza vaccinations to children, but FPs/GPs also play an important role, particularly among older children and adolescents.
- Adoption of newer vaccine types such as LAIV and preservative-free TIV has been slower in recent years among FPs/GPs relative to PDs.

References

- 1. Fiore AE, et al. MMWR Recomm Rep. 2010;59:1-62.
- 2. Hsiao CJ, et al. Natl Health Stat Report. 2010;(27):1-32.
- 3. Dempsey AF, et al. J Adolesc Health. 2009:44:387-393.
- 4. Freed GL. et al. J Fam Pract. 1996:42:587-592.
- 5. Kempe A, et al. Pediatrics. 2009;124:e809-816.

Sponsored by MedImmune, LLC.

