Contact and Communication with Healthcare Providers Regarding Influenza Vaccination During the 2009-2010 H1N1 Pandemic Jürgen Maurer, Ph.D., Katherine M. Harris, Ph.D., RAND Corporation, Arlington, VA

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Objective

To measure the frequency and nature of influenza vaccination communication between healthcare providers and adults for both seasonal and 2009 influenza A(H1N1) vaccination.

Background

Annual influenza vaccination is the most effective means of preventing influenza and minimizing preventable healthcare utilization, productivity losses and absenteeism in work settings, and morbidity and mortality associated with influenza.

The existence of two vaccines - seasonal and pandemic - created the potential for confusion and misinformation among consumers during the 2009-2010 vaccination season.

Influenza vaccination-related communication between consumers and healthcare providers had considerable promise to reassure consumers about the benefits, safety and targeting of seasonal and pandemic vaccine and facilitate vaccine uptake among targeted adults.

Methods and Measures

Internet-based survey fielded between March 4 and March 24, 2010 to adult members of Knowledge Networks' KnowledgePanel, a nationally representative survey panel that uses probability-based sampling to recruit "online" and "offline" households.

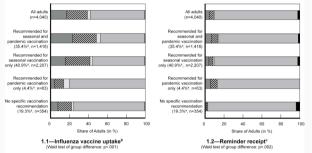
- N=4,040 adults (Completion rate: 73.5%).
- · Oversample of older adults and ethnic minorities
- · Estimations weighted to be nationally representative.
- · Rich information about influenza-related knowledge, attitudes, beliefs and behaviors as well as individual risk factors, characteristics determining membership in a priority or recommendation group and socio-demographic characteristics.

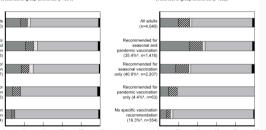
Measures of contact with healthcare providers and influenza-related provider communication include

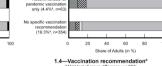
- · Self-reported doctor visits during the Fall and Winter.
- Self-reported receipt of influenza vaccination reminders for seasonal and/or pandemic
- · Self-reported occurrence of patient queries regarding seasonal and/or pandemic vaccination.
- · Self-reported receipt of provider-based recommendations regarding seasonal and/or pandemic vaccination

Results











"Weighted share of adults in recommendation group. Weighted prevalence rates of different influenza vaccinations based on self-reports. Weighted prevalence rates of different influenza vaccination reminder from a healthcare provider. Weighted share of adults reporting recept of an influenza vaccination reminder from a healthcare provider. Weighted share of adults reporting that a healthcare provider recommended that they get a flu vaccine.

Share of Adults (in %)

1.3—Patient vaccination gueries

recommendati (19.3%*, n=35

Occurrence of communication conditional on a healthcare provider visit

		Full sample	ACIP recommendation status					
	4,040		Seasonal and pandemic 1,416 35.4 (32.7;38.1)		Seasonal only 2,207 40.9 (38.2-43.5)		Pandemic only 63 4.4 (3.1-5.7)	
Unweighted N								
Weighted % ^a (95% CI)								
	N	Weighted % (95%-CI)	N	Weighted % (95%-CI)	N	Weighted % (95%-CI)	N	Weighted % (95%-CI)
Doctor visit between								
Sept. 2009 and Jan. 2010								
One or more visits	2,846	61.9 (59.1;64.7)	1,095	73.3 (69.0;77.6)	1,556	64.0 (60.3;67.7)	29	50 (32;62)
No visit	1,154	37.5 (34.7;40.2)	303	26.2 (21.9;30.5)	632	35.2 (31.5;38.9)	34	53 (38;68)
Missing	40	0.6 (0.3;0.9)	18	0.5 (0.2;0.5)	19	0.8 (0.3;1.4)	0	
Subsample with at least one doc	tor visit betw	een Sept. 2009 and Jan. 201	10 (N=2.846	0				
	Full subsample			,	ACIP r	ACIP recommendation status		
			Seasonal and pandemic		Seasonal only		Pandemic only	
Unweighted N	2,846		1,095		1,556		29	
	N	Weighted % (95%-CI)	N	Weighted %a (95%-CI)	N	Weighted % ^a (95%-CI)	N	Weighted % (95%-CI)
Vaccinated for								
Seasonal and pandemic	624	20.2 (17.5;22.9)	277	24.8 (20.0;29.6)	328	18.9 (15.7;22.1)	2	6 (0;15)
Seasonal only	890	27.8 (24.9;30.7)	320	26.9 (22.0;31.7)	538	33.5 (29.2;37.7)	2	4 (0;10)
Pandemic only	71	3.4 (2.1;4.8)	35	3.9 (2.1;5.6)	26	2.5 (0.4;4.7)	2	10 (0;23)
Neither	1,250	48.1 (44.6;51.5)	453	43.4 (37.9;48.9)	663	45.0 (40.3;49.8)	23	80 (64;96)
Missing	11	0.5 (0.0;0.9)	10	1.1 (0.0;2.2)	1	0.0 (0.0;0.0)	0	
Asked doctor about getting vaccinated for								
Seasonal and pandemic	710	22.9 (20.1;25.8)	296	25.8 (21.0;30.6)	392	22.9 (13.9;19.0)	4	17 (1;33)
Seasonal only	357	10.2 (8.3;12.1)	166	11.3 (8.3;14.4)	181	10.3 (7.7;12.9)	2	18 (0;39)
Pandemic only	141	4.5 (3.2;5.9)	55	4.2 (2.5;5.8)	85	6.4 (3.7;9.1)	0	
Neither	1,572	60.7 (57.4;64.0)	554	56.6 (51.2;62.0)	859	58.9 (54.3;63.4)	23	65 (43;88)
Missing	66	1.6 (0.9;2.4)	24	2.0 (0.6; 3.5)	39	1.6 (0.8;2.4)	0	
Received healthcare provider								
recommendation for								
Seasonal and pandemic	847	26.4 (23.5;29.3)	406	36.1 (30.8;41.4)	410	21.4 (18.1;24.6)	5	20 (3;36)
Seasonal only	599	16.6 (14.4;18.8)	232	16.8 (13.4;20.3)	350	19.6 (16.3;22.9)	5	19 (2;38)
Pandemic only	58	2.5 (1.2;3.7)	23	2.5 (0.6;4.5)	31	2.9 (0.7;5.0)	0	
Neither	1,265	52.5 (49.1;55.9)	409	42.9 (37.4;48.5)	714	53.2 (48.6;57.8)	19	61 (40;83)
Missing	77	2.0 (1.2:2.8)	25	1.6 (0.6:2.6)	51	3.0 (1.4:4.6)	0	

Discussion

Main findings:

- Low population prevalence of communication between consumers and healthcare providers regarding both seasonal and 2009 influenza A(H1N1) vaccination.
- Low prevalence of communication between consumers and healthcare providers even conditional on occurrence of a healthcare provider visit during the Fall or Winter of
- Relatively poor targeting of provider communication efforts to specific recommendation or priority groups.

Limitations:

- Generalizability to "regular" influenza seasons
- · Representativeness of the sample.
- · Imperfect recall of study subjects.

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