Contact and Communication with Healthcare Providers Regarding Influenza Vaccination During the 2009-2010 H1N1 Pandemic
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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.
- 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 vaccination.
- 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

Occurrence of communication conditional on a healthcare provider visit

Table: Occurrence of any doctor visit, vaccine uptake and vaccination-related communication among U.S. adults, March 2010, n=4,040

<table>
<thead>
<tr>
<th>Event</th>
<th>Vaccination status</th>
<th>Unweighted N</th>
<th>Weighted % (95%-CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor visit between Sept. 2009 and Jan. 2010</td>
<td>Full subsample</td>
<td>2,860</td>
<td>77.8 (74.9;80.7)</td>
</tr>
<tr>
<td>Doctor visit between Sept. 2009 and Jan. 2010</td>
<td>Full sample</td>
<td>1,154</td>
<td>71.9 (68.0;75.8)</td>
</tr>
<tr>
<td>Doctor visit between Sept. 2009 and Jan. 2010</td>
<td>All adults (N=4,040)</td>
<td>1,154</td>
<td>71.9 (68.0;75.8)</td>
</tr>
</tbody>
</table>

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 2009/2010.
- 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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