

Smaller Pediatric Offices Have Higher In-Office Influenza Vaccination Rates

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Background

- In 2008, the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices recommended that all children 6 months to 18 years of age receive annual vaccination against influenza as early as vaccine becomes available.
- · Recommendations included healthy children 6 to 23 months of age in 2004² and healthy children 24 to 59 months of age in 2006.³
- Because of this recommendation and the limited time available in which to deliver influenza vaccine each year, efficient delivery of influenza vaccines by office-based providers is critical.
- The majority of influenza vaccinations administered to US children are given by office-based pediatricians.4
- To our knowledge, no evaluations of the characteristics and activities that correlate with influenza vaccination coverage (receipt of ≥1 dose) have been performed over multiple seasons with the same methodology.

Objective

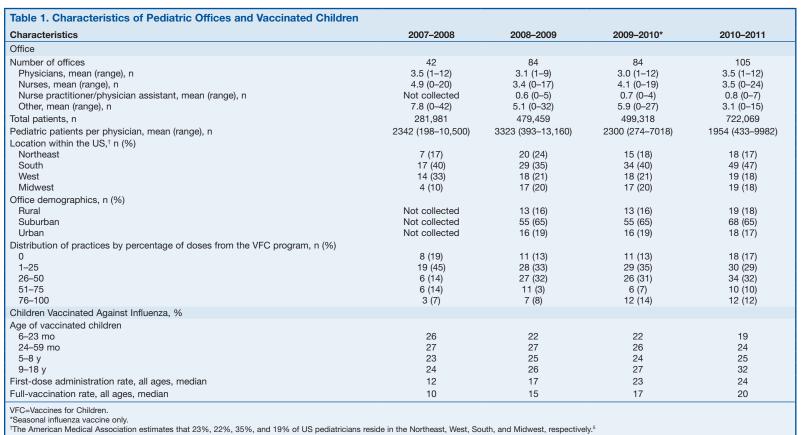
 To evaluate characteristics and activities that correlate with influenza vaccination coverage in US pediatric offices over multiple influenza seasons

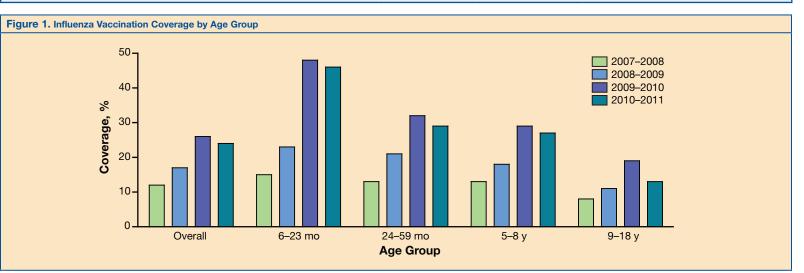
Methods

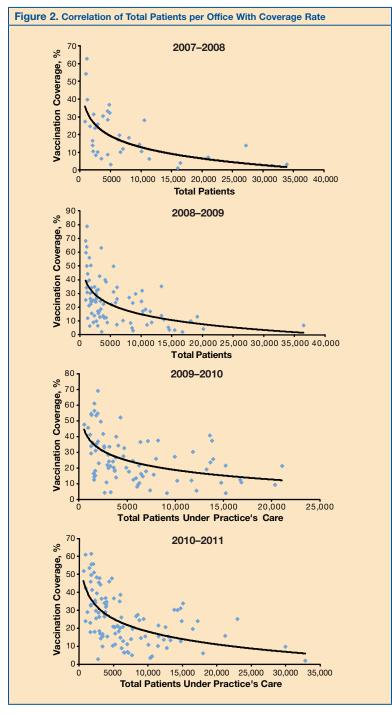
- A multiyear, observational study of US outpatient pediatric offices prospectively captured influenza vaccinations by age group and activities to increase vaccine uptake during the 2007–2008 through 2010–2011 influenza seasons.
- Offices were recruited from a random sample of the American Medical Association list of pediatricians.
- · Vaccination coverage was calculated as the number of children vaccinated with ≥1 dose divided by the total number of children under the office's care.
- Offices with unexplained vaccination rates of >100% in any age group were excluded from the analysis.
- For each season, office characteristics that were correlated with officelevel coverage were evaluated qualitatively and with regression analyses.

Results

- Characteristics of the 42, 84, 84, and 105 pediatric offices that participated in the study during the 2007–2008, 2008–2009, 2009–2010, and 2010–2011 influenza seasons, respectively, are presented in Table 1.
- · Vaccination coverage for children 6 months to 18 years of age was assessed in 36, 76, 82, and 103 pediatric offices during the 2007–2008. 2008–2009, 2009–2010, and 2010–2011 influenza seasons, respectively.
- Coverage rates increased by year and decreased by age (Figure 1).
- · Across all 4 seasons, lower coverage rates were observed in offices with more children under their care.
- With each 10-fold increase in total patients, office-level vaccination coverage fell by 21% (P<0.001), 24% (P<0.001), 20% (P<0.001), and 24% (P<0.001) in each of the 4 study seasons, respectively (Figure 2).
- · No other variable assessed (Table 2) was similarly correlated with coverage.







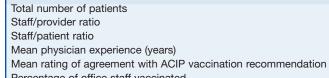


Table 2. Office Characteristics Assessed Each Season

Percentage of office staff vaccinated

Geographic setting (urban, rural, suburban)

Percentage of vaccines administered during sick visits

Percentage of vaccines administered in clinics during normal office hours Percentage of vaccines administered in clinics outside of normal office hours

Percentage of vaccine supplied by VFC

Percentage of vaccine reimbursed as cash

Duration vaccine was available to patients

Number of days vaccine was administered before October 1, 2010

Number of days vaccine was administered after November 30, 2010

Total hours per week of vaccine availability

Percentage of vaccine administered as preservative free single doses

Percentage of vaccine administered as intranasal vaccinations

Standing order for vaccine administration

Family member offered vaccination (yes/no)

Presence of local influenza vaccination activities

Local media coverage of influenza

Staff education workshops/speakers during influenza season

Internal benchmarking of staff vaccination rates

Study site participated in previous study years (returning site)

Number of vaccine shipments

Handed out reading material, poster, or flyers

Played televised reminders in office/waiting room

Offered incentives to patients

Mailed/phoned reminders to patients

Provided recorded messages while on hold

E-mailed reminders to patients

Computer-prompted vaccination reminders to providers

ACIP=Advisory Committee on Immunization Practices; VFC=Vaccines for Children program.

Conclusions

- Larger offices appear to be disadvantaged in delivering influenza vaccine to their patients, perhaps because of less inherent "surge-capacity" during vaccination season.
- · Larger offices should consider steps to enhance their vaccination efforts to overcome this barrier.

References

- 1. Fiore AE, et al. MMWR Recomm Rep. 2008;57:1-60.
- 2. Harper SA, et al. MMWR Recomm Rep. 2004;53:1-40.
- 3. Smith NM. et al. MMWR Recomm Rep. 2006:55:1-42.
- 4. Toback SL, et al. Vaccine. 2011;29:4225-4229.
- 5. Smart DR. Physician Characteristics and Distribution in the US. Chicago, IL: American Medical Association; 2010.

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