AIM
ASSOCIATION OF IMMUNIZATION MANAGERS

Childhood Influenza Vaccination: Immunization Program Observations

Influenza vaccination has been shown to reduce flu illnesses, hospitalization, and even death in children[1] —yet flu vaccination coverage for children remains below HealthyPeople 2020 goals.[2] The Advisory Committee on Immunization Practices (ACIP) recommends that healthy children 6 months or older receive flu vaccination annually, unless the vaccine is contraindicated.[3]

The 64 state, territorial, and local Centers for Disease Control and Prevention (CDC) National Center for Immunization and Respiratory Diseases (NCIRD) awardees—the Immunization Programs (IPs)—are major stakeholders in this annual effort to ensure all eligible children receive the flu vaccine.

To learn more about IP efforts, AIM held a roundtable discussion on December 11, 2018 with 13 IP managers to discuss the challenges and barriers in promoting childhood flu vaccination and strategies for improving uptake of flu vaccination. The information in this fact sheet is not representative or inclusive of all 64 state, local, and territorial IPs. It serves as a summary of the discussion and provides some insight into the IP perspective.

Barriers and Challenges

Program managers (PMs) identified the following barriers and challenges that limit flu vaccination uptake:

Structural

- Providers may not have the capacity to hold evening or weekend flu vaccination clinics.
- State laws may prohibit pharmacists from administering vaccines to children.[4]
- Pharmacists may not have the resources to adhere to all Vaccines for Children (VFC) requirements.
- States may not have an active immunization coalition and may have minimal provider participation.

Financial

- Pharmacists and local health departments may be considered out-of-network providers and unable to bill insurance for vaccine administration.
- Local public health agencies may have limited funding to run school-located vaccination clinics and bill for reimbursement.
- Third-party vaccinators may be unable to supply VFC vaccine and bill for private insurance-eligible children in the same school-located vaccination clinic.
- Medicaid reimbursement for the vaccine administration fee is low in many states.
- Federally Qualified Health Centers (FQHCs) may be unable to bill for reimbursement when vaccination clinic staff consists of only nurses, with no qualified physician.

Attitudinal

- Published reports of vaccine efficacy data may lead to mistrust in the value of vaccines and/or lead people to feel they have no reason to get vaccinated.
- Local public health departments may not vaccinate and/or enroll in VFC.
- Schools may be unwilling to switch to intramuscular injection when live, attenuated influenza vaccine (LAIV) is unavailable for school-located vaccination clinics.
- Providers may set artificial end-of-season dates and stop ordering and administering vaccine even if the vaccine is still available.

Suggested Program Practices

PMs discussed strategies for improving flu vaccination uptake and suggested the following program practices:

Before Flu Vaccination Season

- **Include flu vaccination coverage rates in quality improvement efforts.** Make providers aware of their rates.
  - Run provider-based combo 10 coverage reports[5] to determine if disparities are related to the flu or if the provider has overall low coverage rates.
  - Show providers their flu vaccination rate from the previous year and flu vaccine order data. Discuss ways to improve.
- **Provide educational materials to providers.** Empower providers and their staff to fight misinformation.
- **Encourage providers to conduct reminder recall (RR).** Ensure providers know how to run the RR in the immunization information system (IIS) and utilize site visits to reinforce messaging. Consider utilizing other educational tools—such as a quick reference guide, YouTube videos, etc.—that can easily demonstrate the RR process.
- **Encourage providers to schedule appointments for patients.** Remind providers about other revenue-generating opportunities when patients come in for flu vaccination, such as other vaccines and services.
- **Advocate for the inclusion of flu vaccine in quality measures for Medicaid and private payers** (e.g., combo 10)[5].
- **Work with state and local medical associations** to better understand practice-based operations and to further communicate important messages to provider groups.
- **Plan and promote walk-in mass vaccination clinics** at local public health departments. Promote clinics through press releases, flyers, and social media posts.
- **Obtain funds from insurance carriers** for annual school-located vaccination campaigns.
- **Partner with community vaccinators** to conduct school-located vaccination clinics. Some may have the ability to obtain parental consent online, report data to IIS, and bill insurers or Medicaid.

Initial Months of Flu Vaccination Season

- **Distribute VFC influenza vaccine** as soon as it is received.
- **Send routine communication to providers and partners** to educate them about the current status of flu season. Share surveillance data, vaccine delivery projections/expectations, vaccine ordering and administration data, rates by age group, shortage information, etc.
- **Encourage providers to make a "strong recommendation"** for flu vaccination and to vaccinate at every visit.
- **Educate providers about flu vaccine ordering trends.** Send flu ordering data and offer guidance to providers on ordering more vaccine based on patient population, pre-book projections, and/or the previous year's vaccine use.
- **Focus communications on the importance of flu vaccine.** Utilize the AIM/Immunization Action Coalition **webinar on seasonal flu** and **"Communicating the Benefits of Seasonal Influenza Vaccine" fact sheet** as resources.
- **Conduct collaborative mass vaccination campaigns** to vaccinate VFC-eligible children with partners, such as local health departments. Have pharmacists available to vaccinate/bill people with private health coverage at the same venue.

Mid/Late Flu Vaccination Season

- **Utilize the IIS to track coverage rates and send mid-season flu report cards** to providers in January. Include flu vaccine coverage rates by age range, the provider's current rank compared with other VFC providers, and comparison data with last year's practice- and national-based averages.
- **If providers conduct centralized RR, do a mass recall for children who need a second dose.** Coordinate the release in January and/or National Influenza Vaccination Week, which is usually the first week of December.
- **Promote continued vaccination by developing a provider "late season" vaccination campaign** to encourage vaccination past the holiday season.

1. www.cdc.gov/Flu/pdf/freeresources/general/strong-defense-against-Flu.pdf
2. www.cdc.gov/flu/fluvaxview/coverage-1718estimates-children.htm
3. www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm
4. Laws governing pharmacists' ability to vaccinate children vary by state, www.cdc.gov/phlp/publications/topic/vaccinations.html.
5. Combo 10 includes: 4 diphtheria, tetanus and acellular pertussis (DTaP) vaccinations; - 3 polio (IPV) vaccinations; - 1 measles, mumps and rubella (MMR) vaccination; - 3 Haemophilus influenzae type b (Hib) vaccinations; - 3 hepatitis B (HepB) vaccinations; - 1 varicella (VZV) vaccination; - 4 pneumococcal conjugate (PCV) vaccinations; - 1 hepatitis A (HepA) vaccination; - 2 or 3 rotavirus (RV) vaccination; - 2 influenza (Flu) vaccines. https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf

AIM
ASSOCIATION OF IMMUNIZATION MANAGERS

620 Hungerford Drive, Suite 29 Rockville, MD 20850
Tel: (301) 424-6080 | Fax: (301) 424-6081

*This resource was made possible through support from **Seqirus**.*