

INTRODUCTION

Every year, millions of people in the United States contract influenza, a highly contagious respiratory tract disease that sends approximately 200,000 people to the hospital with influenza (the flu) related complications. Flu seasons vary and can be quite severe. Between 1976 and 2006, a period of over 30 years, influenza-related deaths in the United States ranged from a low of 3,000 to a high of 49,000 people. Influenza infection is preventable with vaccination.

Each year, new influenza vaccines are created to protect and prevent influenza A and B strains expected to cause infections during upcoming winter months. Exposure to one strain through vaccination or natural infection does not necessarily promote cross-protective immunity to other influenza strains. Repeat vaccinations are required annually.

The influenza vaccine is safe, inexpensive and effective when strains are well-matched. It is 70%–90% effective for healthy adults who are less than 65 years of age. In times when the flu vaccine and circulating strains are not well-matched, vaccine effectiveness has been variable in reducing morbidity and mortality.

The flu vaccine is the single best way to prevent flu and potentially serious complications. Even though immunization rates overall have improved in the general population, disparities continue to exist among groups and populations such as older adults 65 years of age or older and in African Americans and Hispanics. More than 90% of those who die from the flu are seniors aged 65 years and older. Racial and ethnic minorities often have higher rates of chronic medical conditions such as heart and lung disease, and diabetes, which put them at greater risk for complications, including death from influenza.

This website has been designed to serve as a toolkit for health care professionals in their efforts to prevent influenza disease and increase vaccination rates. Consumers who wish to learn more about the flu will find a wealth of information and resources that will enhance their knowledge of the subject. We hope that you find the contents useful and the resources helpful in Protecting All from the Flu.

Partners and Supporting Organizations

- W. Montague Cobb/National Medical Association Health Institute
- National Medical Association
- National Hispanic Medical Association
- Centers for Disease Control and Prevention
- United States Health and Human Services, Office of Minority Health

Acknowledgments

Protecting All from Flu Campaign

A variety of strategies proposed by the Centers for Disease Control and Prevention (CDC) to improve vaccination rates include:

1. Standing orders that allow other health professionals to administer vaccines without physician orders
2. Prompts to alert physicians which patients are eligible for vaccination to prevent missed opportunities to vaccinate patients Presenting to a clinic setting for other services presenting to a clinic setting for other services, and
3. Reminder/recall systems that serve as reminders to both health care providers and patients of the Emergency Department for upcoming or missed immunizations.

Together with the Office of Minority Health, the CDC is supporting partnerships such as the W. Montague Cobb/National Medical Association Health Institute and the National Hispanic Medical Association (NHMA) alliance to encourage physicians to apply these evidenced-based strategies in their practices by way of a multi-faceted campaign that targets both physicians and their clients.

As with other major diseases, influenza disproportionately affects minorities and those of lower socioeconomic status.

- Among all persons aged ≥ 6 months, flu vaccination coverage in the United States was higher for non-Hispanic whites (44.0%) compared with non-Hispanic blacks (38.8%) and Hispanics (40.6%) and similar to coverage for non-Hispanic others (42.8%).
- Among adults, non-Hispanic whites (43.3%) had the highest coverage, followed by non-Hispanic others (39.0%), and non-Hispanic blacks (34.9%) and Hispanics (32.4%).
- In 2012–13, adult vaccination coverage for non-Hispanic whites and non-Hispanic other was higher than for Hispanics and non-Hispanic Blacks populations. (38%, 32%, 25%, & 29% respectively).
- Among children, national coverage was higher for Hispanics (58%) and non-Hispanic others (62%) compared with non-Hispanic whites (53%), and
- non-Hispanic blacks (54%).

In 2012-13, the disparities continued with slight improvements for all adult racial groups with the largest increase among African Americans adults. ([click link to view Table 1](#)). However, the overall rates still fall well below the Healthy People 2020 goals.

The increases for all children racial groups were seen ranging from 2.2% -10.1% with the greatest increase among non-Hispanic other category. ([click link to view Table 2](#))

Source:

http://www.cdc.gov/flu/pdf/fluview/kennedy_2013_summit_slides2.pdf

Protecting All from Flu...

...a Health and Human Service (HHS) demonstration project, will expand provider efforts to reduce disparities in vaccination coverage among minority populations and seniors.

Project Goals:

- Increase provider knowledge regarding the Advisory Committee on Immunization Practices (ACIP) recommendations for influenza vaccine.
- Increase knowledge among patients regarding the need for influenza vaccination.
- Encourage standing orders and promote greater use of recall/reminder systems especially for high risk patients.

Provider participation is critical because studies show that patients are more accepting of recommendations to get vaccinated if they come from their health care provider.

Protecting All from Flu programs are located in cities with significant vaccination disparities, as well as the availability of Health and Human Services (HHS) infrastructure and resources.

Partner Cities:

Atlanta GA	Indianapolis IN
Bronx NY	Philadelphia PA
Chicago IL	Washington DC
Houston TX	Detroit MI
Kansas City MO	Sarasota FL

NMA will work closely with our network of providers and partner organizations to reduce disparities and increase flu vaccination rates among minorities. To this end we encourage all our member physicians to join us in this important effort.

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“WE LOOK FORWARD TO STRENGTHENING THE PARTNERSHIP BETWEEN NMA, NHMA, ASTHO, CDC, AND OMH WORKING TOGETHER FOR BETTER HEALTH FOR MINORITY POPULATIONS.”

– Randall Morgan, MD, MBA, Executive Director, W. Montague Cobb/NMA Health Institute

Preliminary influenza vaccination coverage for the 2012-13 season compared to the 2011-12 season by racial/ethnic group for Adults, BRFSS **Table 1**

Race/Ethnicity	2011-12 Season, % Vaccinations received through November 2011 (95% CI)*	2012-13 Season, % Vaccinations received through November 2012 (95% CI)*
Non-Hispanic, White	35.8 ± 0.4	38.0 ± 0.8
Non-Hispanic, Black	22.9 ± 1.2	28.7 ± 2.5
Hispanic	22.3 ± 1.4	25.0 ± 2.7
Non-Hispanic, Other	28.3 ± 1.8	32.1 ± 3.3

* % - Kaplan-Meier coverage estimate; 95% CI - confidence interval half-width

Preliminary influenza vaccination coverage for the 2012-13 season compared to the 2011-12 season by racial/ethnic group for Children, NIS **Table 2**

Race/Ethnicity	2011-12 Season, % Vaccinations received through February 2012 (95% CI)*	2012-13 Season, % Vaccinations received through November 2013 (95% CI)*
Non-Hispanic, White	46.7 ± 1.0	52.5 ± 1.3
Non-Hispanic, Black	50.2 ± 2.7	53.7 ± 3.4
Hispanic	55.7 ± 2.3	57.9 ± 3.0
Non-Hispanic, Other	52.2 ± 2.8	62.3 ± 4.2

* % - Kaplan-Meier coverage estimate; 95% CI - confidence interval half-width