

## Influenza Vaccination Coverage among HealthCare Personnel (HCP) in IHS, Tribal and Urban Indian Facilities

As part of the Department of Health and Human Services initiative to improve influenza vaccination coverage among healthcare personnel (HCP), IHS has collected data on influenza coverage levels among HCP at all IHS and many tribal and urban health care facilities for the last 4 influenza seasons. The definition of HCP includes **all** personnel who work in a health care facility – meaning personnel with direct patient contact as well as housekeeping, food service workers, data entry clerks, administrators, etc.

Results for the 2011-2012 influenza season as of March 31<sup>st</sup>, 2012 are included below. Aggregate data can also be viewed in the Report section of the National Immunization Reporting System (NIRS) website:

<http://www.ihpes.ihs.gov/immunizations/index.cfm?module=immunizations&option=reports>

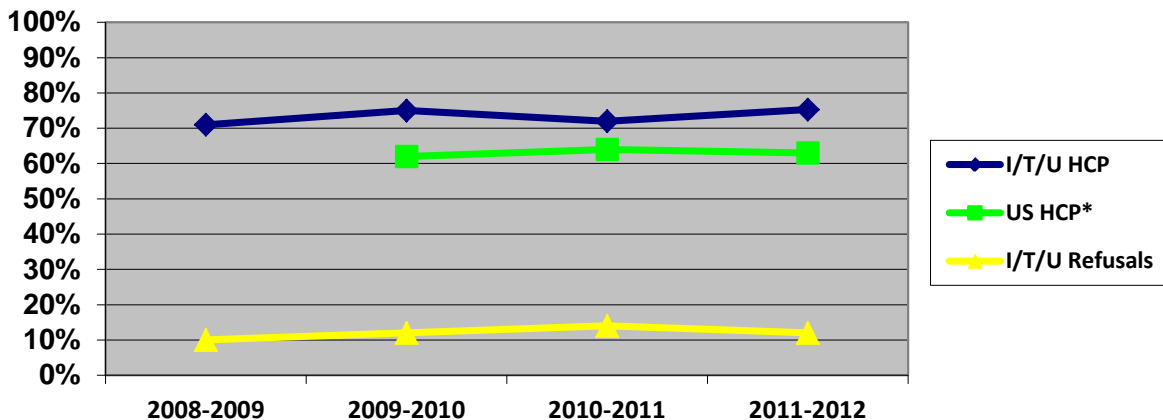
### SEASONAL INFLUENZA VACCINATION

All 12 IHS Areas submitted reports, representing 170 facilities and 29,132 HCP. A breakdown of coverage by facility type is included in Table 1. Figure 1 depicts coverage data for the 2008-2012 influenza seasons for all IHS Areas; Figure 2 provides a breakdown of coverage by IHS Area. Table 2 contains 2012 coverage data by IHS area.

**Table 1: 2011-2012 HCP Seasonal Influenza Coverage by Facility Type**

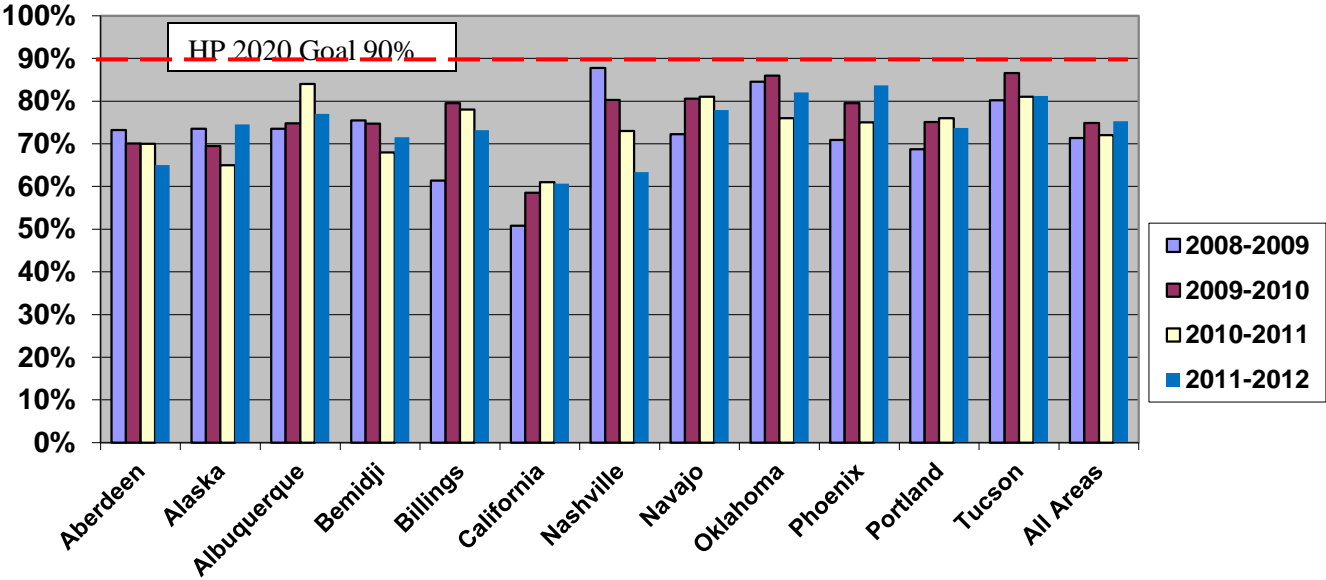
	Number of facilities	Number of HCP	% Vaccinated	% Medical Contraindications	% Refused	% Unknown
IHS Facilities	63	14,120	75.9%	0.7%	9.5 %	12.3%
Tribal Facilities	91	14,334	74.6%	1.8%	14.3%	9.7%
Urban Facilities	16	678	78.3%	0.9%	15.0%	5.8%
All Facilities	170	29,132	75.3%	1.1%	12.0%	10.8%

**Figure 1: HCP Influenza Coverage 2008 - 2012**



\*2011-2012 data preliminary, November 2011

**Figure 2: Seasonal Influenza Vaccination Coverage of HCP by IHS Area  
IHS, Tribal, and Urban Facilities**



**Table 2: 2011 -2012 HCP Seasonal Influenza Vaccine Coverage by IHS Area**

	<b>Number Facilities</b>	<b>Number HCP</b>	<b>% Vaccinated</b>	<b>% Medical Contraindications</b>	<b>% Refused</b>	<b>% Unknown</b>
<b>Aberdeen</b>	18	2246	65.0%	1.0%	10.1%	14.2%
<b>Alaska</b>	13	6548	74.5%	0.9%	13.8%	10.8%
<b>Albuquerque</b>	11	843	77.0%	0.7%	11.5%	7.8%
<b>Bemidji</b>	15	1209	71.5%	1.1%	18.2%	9.3%
<b>Billings</b>	9	1237	73.2%	0.6%	13.0%	13.1%
<b>California</b>	26	1985	60.7%	4.7%	19.7%	15.4%
<b>Nashville</b>	12	437	63.4%	0.0%	16.7%	19.9%
<b>Navajo</b>	8	6183	77.9%	0.3%	6.5%	15.4%
<b>Oklahoma</b>	27	3226	82.0%	1.3%	12.2%	4.6%
<b>Phoenix</b>	9	3601	83.7%	1.2%	10.6%	4.6%
<b>Portland</b>	21	1165	73.7%	0.9%	16.1%	9.3%
<b>Tucson</b>	1	452	81.2%	0.0%	13.1%	5.8%
<b>All Areas</b>	170	29,132	75.3%	1.1%	12.0%	10.8%

**Conclusion:**

As an agency, IHS achieved 75.3% coverage with seasonal influenza vaccine among HCP in the 2011-2012 flu season, a 2.9% increase compared to the 2010-2011 influenza season. The Urban facilities reported the highest influenza immunization coverage for HCP (78.3%). While overall IHS coverage is higher than preliminary coverage data reported by CDC for U.S. HCP, the increase in coverage for IHS is modest, and coverage levels have remained relatively static for the last 4 years. Clearly more needs to be done in order to achieve the HP 2020 goal of 90%.

There is considerable coverage variation between Areas. Coverage by IHS Area ranged from 60.7% (CAO) to 83.7% (PHX). The Alaska Area reported the largest increase (9.5%) compared to 2010-2011.

Factors contributing to IHS's success in achieving coverage levels of 75.3% include concerted vaccination and educational efforts carried out by local staff re: the importance of influenza vaccination; implementation of comprehensive influenza vaccination policies at some facilities; establishment of a national system to monitor and report influenza vaccination coverage levels; and the relatively high proportion of Commissioned Corp personnel, for whom seasonal influenza vaccination is a readiness requirement.

Implementing facility policies re: influenza vaccination for HCP, continuing to explore and address HCP reasons for refusing the vaccine, and addressing challenges in effectively tracking influenza vaccine coverage among HCP are needed to continue to increase coverage levels.