

THE NATIONAL INFLUENZA VACCINE SUMMIT: UPDATE

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(Brief) History of the National Influenza Vaccine Summit

- Summit conceived in response to delays in influenza vaccine production and distribution in 2000
- Co-sponsored by AMA and CDC
- 1st two Summits:
March and August 2001
- Annual meetings 2002-2006
- 7th Summit January 24-25, 2006



The Summit is . . .

- An annual meeting
- A concept
- An informal, action-oriented organization
- A resource



Composition of the Summit (1)

- Vaccine Manufacturers
- Vaccine Distributors
- Federal Agencies
- Professional Medical Organizations
- Nursing Organizations
- Public Health
- Hospitals
- Pharmacists



Composition of the Summit (2)

- Community Immunization Providers
- Occupational Health Providers
- Business
- Private Health Insurance and Managed Care
- Long-term Care
- Quality Improvement Organizations
- Consumers
- Advocacy Groups



2006 Summit Participation

- Organizations
 - 100 Participated
- Individuals
 - >400 Invited
 - 216 Attended



2006 National Influenza Vaccine Summit Objectives

- Identify issues (related to vaccine, supply, ordering and distribution) identified in 2005
- Review trends from survey data
- Prioritize identified issues
- Develop Summit recommendations
- Develop Summit activities



Surveys' Objectives

- To better understand which providers have been affected by influenza vaccine supply problems in 2005, and to what extent
- To assess the public's experience in seeking influenza vaccine in 2005



Groups Surveyed

- Internists, pediatricians, family physicians (via organizations)
- Local public health (NACCHO)
- State and local immunization grantees (POB)
- Community, occupational, and pharmacy vaccinators (National Influenza Vaccine Summit, American Pharmacists Association)
- Hospitals (AHA)
- Federally qualified health centers (NACHC, HRSA)
- The public (Gallup)



Provider Survey Instrument

- Surveys conducted mid to late November
- Questions asked (Core questions):
 - What was your experience with ordering influenza vaccine?
 - What occurred when your vaccine order(s) were/were not accepted?
 - What sources accepted your order?
 - What percent of your total order(s) have you received to date?
 - Due to inadequate vaccine supplies, have you referred any priority group to another location(s)?



Response Rates

- **77% Grantees**
- **71% Community Vaccinators**
- **64% Pediatricians**
- **62% Federally Qualified Health Centers**
- **52% Visiting Nurses Association**
- **51% Internists**
- **38% Hospitals**
- **36% County & City Health Departments**
- 10% Occupational Health Groups
- 6% Family Physicians
- 3% Pharmacists



Results - Ordering

- Very few groups did **not** order vaccine [median 4%; range 0%-15%)
- Majority placed single or multiple orders that were accepted [median 63%; range 52%-92%]
- Very few groups reported they attempted to order but no orders were accepted [median 2%; range 0%-10%]

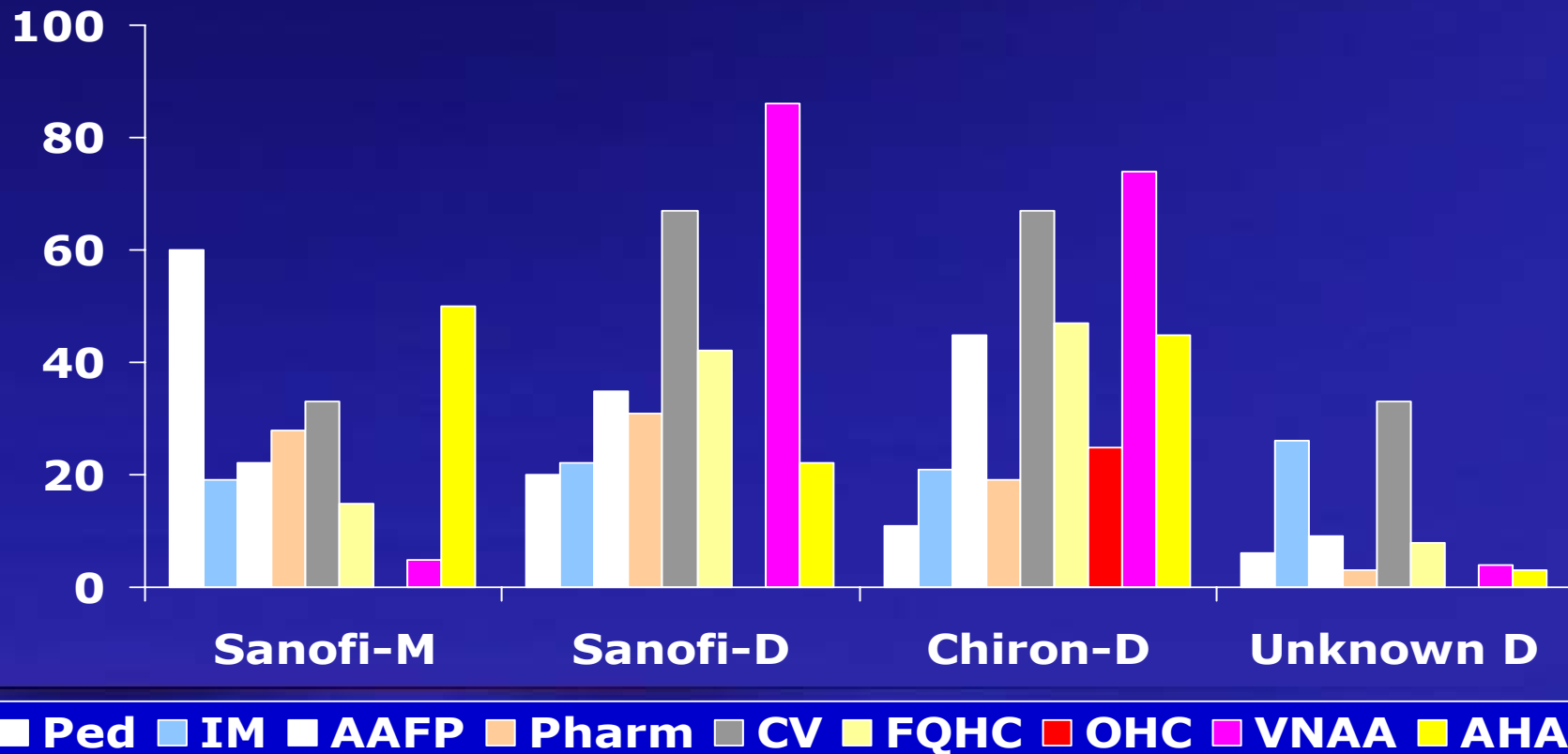


Results – Order Sources

- More Pediatricians (60%) and Hospitals (50%) reported ordering FluZone® (sanofi) directly from manufacturer
- More Community Vaccinators (60%) and members of the Visiting Nurses Association (86%) than other providers (median: 22%; range: 0%-42%) reported ordering FluZone® (sanofi) from a vaccine distributor
- More Community Vaccinators (60%) and members of the Visiting Nurses Association (74%) than other providers (median: 23%; range: 8%-47%) reported ordering Fluvirin™ (Chiron) from a vaccine distributor



Vaccine ordering practices by group



Results – Order Sources 2

- More Community Vaccinators (30%) and Internists (25%) ordered from unknown distributors than other providers (median: 4%; range: 0%-9%).
- Most community vaccinators, Pediatricians, Federally Qualified Health Centers, and members of the Visiting Nurses Association ordered from ≥ 2 sources, whereas most respondents in all other groups ordered from 1 source.



Results - % Orders Received

- At least 50% in all groups reported they received >40% of their orders except Family Physicians (43%)
- More government providers, including state and local federal immunization grantees (86%) and county & city health departments (70%) received >80% of their orders than providers in other groups [median 50%; range 24%-64%]



Results – >60% Orders Received by Source

- FQHCs
 - Chiron only: 25%
 - Source other than Chiron: 61%
 - Sanofi manu only: 25%
 - Sanofi dist only: 67%
- Hospitals
 - Chiron only: 16%
 - Source other than Chiron: 86%
 - Sanofi manu only: 91%
 - Sanofi dist only: 89%



Results – >60% Orders Received by Source

- Internists

- Chiron only: 16%
- Source other than Chiron: 67%
- Sanofi manu only: 69%
- Sanofi dist only: 91%

- Pediatricians

- Chiron only: 0% (2 responses)
- Source other than Chiron: 76%
- Sanofi manu only: 90%
- Sanofi dist only: 40%



Results – Patient Referral

- At least 50% in all groups reported they referred priority group patients to another location for flu shots due to inadequate vaccine supplies, except Pediatricians (39%) and Occupational Health Groups (25%)
- Common complaint among many groups
 - Grocery stores and pharmacies are getting the vaccine but we [physicians] can't get it



Gallup Survey Methods

- Survey panel of 1000 participants
 - Originally included only respondents who received the flu shot last year (~300)
 - Conducted survey again to capture everyone ~900 responded so response rate varied by questions
- Weighted by region, age and education level to represent U.S.



Gallup Results

- Gender
 - 46% male
 - 54% female
- Age
 - 58% 18-49 yrs
 - 24% 50-64 yrs
 - 17% \geq 65 yrs



Gallup Results

- How often do you get the flu shot?
 - 57% rarely
 - 13% almost every year
 - 29% every year
- Did you get a flu shot last year?
 - 33% yes
 - 67% no



Gallup Results

- Did you get a flu shot this year?
 - 38% Yes
 - 10% Not yet, but intend to
 - 4% Tried to, but not available
 - 48% No, don't plan to
- Have you ever been told to get the flu shot because you are ≥ 65 yrs or because you have high-risk condition?
 - 22% Yes



Gallup Results

- Among those who received the flu shot, Where did you get your flu shot?
 - 39% Dr office/HMO
 - 17% Workplace
 - 10% Other clinic/health center
 - 10% Store (grocery/pharmacy)
 - 8% Health Department
 - 6% Hospital
 - 4% Senior/Recreation center
 - 4% Other
 - 2% School



Gallup Results

- Among those who received the flu shot, Where would you prefer to get your flu shot?
 - 50% Dr office/HMO
 - 17% Workplace
 - 11% Other
 - 8% Other clinic/health center
 - 5% Hospital
 - 4% Health Department
 - 3% Store (grocery/pharmacy)
 - 2% Senior/Recreation center



Limitations

- Surveys conducted with different methods
- Convenience sampling
- Low response rates
- Response bias



Summary

- Most groups are referring patients to other providers if supplies were inadequate
- Most received >40% supply
- About half of all groups received >80%
- (Subset analysis): those ordering from non-Chiron source more likely to report >60% order received
- Uncertain if public demand increased since 2003 or 2004; not decreased



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Issues Identified

- Vaccine Supply and Distribution – multiple recommendations
- CDC's tiering recommendations – prefer none
- Communications – early and often
- Process of vaccine testing and release – improve efficiency
- Communicating ordering and shipping policies – transparency needed
- Hospital and long-term care facility residents (including home-health care recipients) – acknowledge shortages effects on accountability
- Knowing the location of influenza vaccine – pre-book, distribution, provider levels
- Governments' role in a vaccine supply issue – tracking, purchase, guarantees, redistribution
- Anti-thimerosal legislation – advocacy by members recommended
- Improving vaccine demand – especially if >100 million doses arrive in 2006
 - universal immunization
 - adult immunization program
- Prebooking of vaccine – transparency and communications – already lacking?



Selected Issues: Vaccine Supply and Distribution

- Recommendations
 - Communicate in a timely way, timing of supply and distribution
 - Make distribution system(s) transparent
 - Guarantee to manufacturers of minimum demand (purchase)
 - Complete production and distribution by September
 - Increase demand to justify increased supply
 - e.g., work with employers, employees, insurers
 - Address late season vaccine – returns, govt. purchase, tax credits
 - Limit partial shipments if supply is adequate
 - Consistent policies, well communicated about partial shipments
 - CDC to purchase pre-season stockpile, not late season



Selected Short Term Issues - I

- Establish vaccine supply Task Force to address activities derived at the Summit meetings
- Prepare letter to ACIP highlighting:
 - Previous season exposed weaknesses in the tiering recommendation
 - Summit strongly supports universal recommendation
 - Summit urges timely and clear communication of ACIP recs re: vaccine use
 - Data suggest that a springtime "priming " dose for young children is of little value. Sould providers offer 2 doses this fall to these patients?
- Communications WG and Executive Committee to examine
 - Immediate communication necessities (eg, explanatory message to nation on the past influenza season)
 - Mid-term communications (eg, create contingency messages for upcoming season and design communication plan through summer for educating and preparing public)
 - Long-term plans (eg, create strategy to increase demand for vaccine).



Selected Short Term Issues - II

- Follow up with reimbursement WG to see direction with respect to encouraging coverage of influenza vaccine and other payment issues
- Summit to issue statement on national adult immunization program
- Arrange meeting between CDC, manufacturers, distributors, and Summit partners to discuss data availability and accessibility.
- National Strategy for Influenza
- Urge FDA and manufacturers to maximize efficiencies.



Summit Contacts

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