

Nearly three-fourths of all vaccines administered in the U.S. are given in physician and other health care provider settings (e.g., hospitals, health clinics and health departments). A substantial number of influenza vaccines, however, are administered in “non-traditional” settings such as senior centers, the workplace and retail stores. The U.S. Centers for Disease Control and Prevention (CDC) supports identifying persons in need of influenza vaccine and immunizing them in non-traditional settings.

As more groups are targeted to receive vaccination, the demand for influenza vaccine will increase as will the need to use every reasonable opportunity and setting to deliver influenza vaccine. While physician offices and clinics remain a primary site of influenza vaccination, they alone will be unable to administer the estimated the more than 100 million doses available during influenza vaccination season. Continued development of alternate vaccine delivery settings will create avenues that can be used in the event of a pandemic and the likely increase in vaccine demand that will accompany it.

Where Do Children and Adults Get Their Influenza Vaccine?

The vast majority of children receive their influenza vaccine in pediatrician and family physician offices. While primarily vaccinated in health care provider offices, adults also access influenza vaccine in other settings (**Figure**).

According to the CDC’s Influenza Vaccine Supply Gallup Survey 2005-06 of 1,000 participants, the most common locations where patients received their influenza vaccine were a doctor’s office or HMO (39 percent), the workplace (18 percent) and community health centers (10 percent).

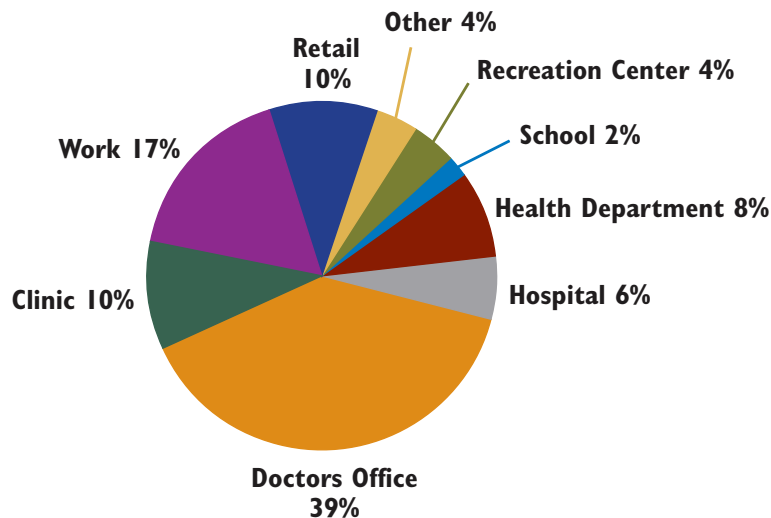
The Role of Alternative Vaccination Settings and Immunization Programs

For the upcoming influenza season, vaccine manufacturers anticipate supplying 100 million or more influenza vaccine doses to meet demand. Development of routine methods for use of alternative settings will enhance influenza vaccine delivery to those who need it most.

Alternative settings may enhance vaccine access through extended hours, easily accessible and/or frequently visited loca-

Figure. Where Do Patients Receive Their Influenza Vaccinations?

Nearly all children receive their influenza vaccine from a pediatrician or family physician, but adults access the vaccine in a variety of locations.



Source: Centers for Disease Control and Prevention (Gallup results).

tions (e.g., pharmacies, supermarkets, senior centers, workplace). These settings may also provide vaccine access for people who do not make regular visits to a physician or other health care provider.

Chain pharmacies and supermarkets often provide vaccine at reasonable costs to the public, who are able to capitalize on this important public health habit during a regular visit to one of these locations.

The CDC strongly recommends medical facilities (e.g., hospitals, nursing homes) provide free or low-cost vaccine to their employees as a protective measure for patients. Other types of workplaces also provide influenza vaccine annually. Large companies with influenza vaccine programs for their employees include Coca-Cola Co., InterContinental Hotel Group and Home Depot.

Issues for Vaccine Providers

The CDC has called on all immunization providers to offer influenza vaccine and schedule immunization clinics throughout the influenza season, including after influenza activity has begun in the community. In the United States, annual epidemics of influenza typically occur during the fall or winter months, but the peak of influenza activity can occur in February or later. Therefore, the CDC recommends influenza vaccination begin in the fall and continue through winter months and beyond. It takes approximately two weeks after vaccination to develop protective antibodies.

The CDC also strongly encourages immunization providers to use every visit as an opportunity to vaccinate patients throughout the season. Failure to discuss vaccination, to vaccinate at acute care visits, and low frequency of preventive visits all result in missed opportunities to vaccinate.

The CDC and others also strongly urge all health care providers to get an influenza vaccination annually. In fact, the CDC recommends that health care administrators consider the level of vaccination coverage among health care workers to be one measure of a patient safety quality program. The CDC recommends health care administrators implement policies to encourage health care worker vaccination, such as obtaining signed statements from health care workers who decline influenza vaccination.

Unvaccinated health care workers can spread influenza to patients in their care. This is of particular concern for patients at increased risk of influenza-related complications. Vaccination also protects the workers themselves and reduces influenza-related absenteeism. Keeping health care workers healthy and on the job throughout the winter influenza season is essential to good quality health care. Finally, immunized health care workers are also positive role models for those to whom they are recommending the vaccine.

References

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