Communication Strategies for Increasing National Seasonal Influenza Vaccine Usage

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National Center for Immunization and Respiratory Diseases

WHO GAP-II Meeting
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Objectives

- Describe CDC’s communication strategies for increasing flu vaccine coverage, with a focus on three key areas:
  - Audience segmentation and research
  - Development and distribution of messages and materials
  - Partnerships
CAMPAIGN AUDIENCES

CDC’s 2011-12 Influenza Vaccination Communication Campaign
Know Your Audience and Tailor Your Efforts

- Challenge: We have many audiences
  - The 2010-11 season was the first in which we had a “universal recommendation” for all people age 6 months and older to be vaccinated
- There are some similarities across audiences and segments, but also important differences
- Segmentation is important
  - Factors associated with more successful behavior change campaigns include:
    - A focus on homogeneous population groups
    - Use of formative research in design and planning

Know Your Audience and Tailor Your Efforts

- CDC has conducted about 50 communication studies over the past ten years with a number of these audiences/segments.
- Segmenting audiences by demographics is often not as effective as segmenting by psychographic variables.
- Knowing barriers is important, but understanding the benefits that motivate the audience is also critical.
- Important to understand that audiences are not just passive recipients of messages.
Annual Flu Vaccination Communication

Campaign Audiences

- Groups who are at high risk of having serious flu-related complications, including:
  - pregnant women,
  - people 50 years of age and older,
  - people of any age with certain chronic medical conditions, particularly asthma and diabetes, and
  - Parents of children younger than 5.
Annual Flu Vaccination Communication
Campaign Audiences

- Health care workers
- Groups who live with or care for people at high risk for developing flu-related complications, including:
  - Household contacts of persons at high risk for complications from the flu
  - Household contacts and out of home caregivers of children less than 6 months of age
Annual Flu Vaccination Communication
Campaign Audiences

- Minority populations, including: African Americans, Hispanics/Latinos, and Native/Americans Alaskan Indians
Annual Flu Vaccination Communication Campaign Audiences

- Everyone else!
  - Parents of older children
  - Healthy adults age 18-49
Major Audience Segments

There are generally three segments of people in each population group:

- People who believe in value/benefits of influenza vaccination and routinely receive an annual influenza vaccination (e.g., many of these are people 65 years old and older)
- People who sometimes receive an annual influenza vaccination (i.e., decision made annually)
- People who choose not to get an influenza vaccination – which is often inversely related to age (e.g., most likely 18-49 years old—or the last general group for whom annual vaccination was recommended)
Some Personal Barriers to Use of Influenza Vaccine

- Belief that it is unlikely they will not get ill from influenza
- Belief that influenza is a relatively mild, not usually severe, or “manageable” illness (e.g., with over-the-counter medicines)
- Belief that the influenza vaccine is not very effective at preventing illness and/or that the vaccine may create or foster illness (e.g., “the flu vaccine gave me the flu”)
- Belief that the benefits/value of vaccination do not outweigh the costs or risks, including concerns related to vaccine efficacy and side effects.
- Access is perceived as difficult or not convenient
- Lack of insurance coverage or having to pay
- Concerns about serious adverse effects/reaction
- Low trust in government and/or health care practitioners
Some External Barriers to Use of Influenza Vaccine

- Relatively little influenza circulating
- Most flu cases are occurring among people not perceived to be similar (e.g., they are older, they are in poor health)
- Lack of a provider recommendation (personally, to the individual)
- Little health care provider, public or media attention being given to influenza outbreaks or cases (which can foster perception of a “mild” influenza season)
- Vaccine supply or availability, especially at time an individual wants it
Some Personal Factors that Facilitate Use of Influenza Vaccine

- Belief that influenza causes severe, or potentially severe, illness and/or that influenza is an illness worth avoiding/preventing
- Positive beliefs regarding the value/effectiveness of the vaccine in preventing flu (for self and to protect others)
- Perceived benefits being greater than perceived costs and risks (e.g., getting the vaccine is worth the time and effort)
- High trust in government and/or health care practitioners
- Prior history/habit of getting an annual flu vaccination
- Many/most family members and friends getting vaccinated (“perceived social norm”)
- Person’s health care provider getting vaccinated
Some External Factors that Facilitate Use of Influenza Vaccine

- Severity of the flu season – in terms of number of people getting sick, types of people getting sick and/or severity of the illness being experienced
- The above get visible media or public attention (e.g., locally and/or nationally)
- News or visibility about influenza cases coincides with easy/widespread availability of flu vaccine – particularly in communities not experiencing outbreaks or large number of cases
- Trusted medical experts, public health officials, and others visibly encouraging flu vaccination
- Convenient access to flu vaccines
Which of the following factors would make you more likely to get a flu vaccination?

<table>
<thead>
<tr>
<th>Vaccines were Free (%)</th>
<th>Statistics showing Safety (%)</th>
<th>Statistics showing Effectiveness (%)</th>
<th>News of Spreading Flu (%)</th>
<th>News of Illness or Death (%)</th>
<th>Statistics Showing Self-Vaccination Protects Others (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>71</td>
<td>74</td>
<td>76</td>
<td>82</td>
<td>82</td>
</tr>
</tbody>
</table>

All Adults (18 + years)

CDC August 2010 National Flu Survey
CDC’s 2010-11 Influenza Vaccination Communication Campaign

DEVELOPMENT AND DISTRIBUTION OF MESSAGES
2011-12 Campaign Themes

THE FLU ENDS WITH U

YO ME VACUNO
protejo a...
Overarching Messages

- Everybody needs a flu vaccine every year.
- Your flu vaccine can help protect you from getting flu and can help protect those around you.
- Even healthy people can get the flu and it can be serious.
- The first and most important step in protecting against the flu is to get a flu vaccine each season.
CDC develops, uses and shares supporting messages on a number of topics, including:

- Audience-specific messages (e.g., why it is important for pregnant women to be vaccinated)
- Flu vaccine efficacy and safety
- Availability of flu vaccines
- Timing of flu vaccination
  - “Why do I need to get a flu vaccine this year if the strains haven’t changed?”
- Influenza viruses and disease activity
- Information for vaccine providers
Traditional Materials

- Print advertisements, posters, flyers, brochures
  - All materials are free for download. Some free for order.
  - Many available in English and Spanish, some in other languages.
  - Multiple audiences: Hispanics, African Americans, Native Americans
Earned and Paid Media

- **Earned media**
  - Donated ad space, matte articles, radio and satellite media tours

- **Paid media**
  - Purchased placement of CDC radio, television, print, and on-line ads
Social Media

- **Managing channels:**
  - Twitter updates through CDCgov and CDCFlu
  - Updates via CDC Facebook page
  - Videos posted to YouTube
  - Dissemination through m.cdc.gov
  - Continuation of text messaging project

- **Social media tools:**
  - Graphic web buttons
  - Widgets
  - Audience-specific eCards
CDC’s 2010-11 Influenza Vaccination Communication Campaign

PARTNERSHIPS
The Key To Success: Partnerships and Collaborations

Multi-sector partnerships play an important role in increasing influenza vaccination uptake:

• Addressing attitudinal, policy, systemic, and social-structural determinants by tapping into:
  – Local expertise
  – Local resources
  – **Credibility, trust** and access of powerful allies at the grassroots level
Strength of Partnerships
In reaching your diverse audiences

- Provides existing network of trusted messengers at the ground level to deliver vaccination messages
- Increases credibility of and validates your messages
- Utilizes existing resources and channels of communications to enhance message reach
Recruitment and Sustainability
Developing a process for long-term involvement

• Set criteria for recruitment
  - Credibility and trust
  - Accessibility
  - Level of interest
  - Resources available

• Reach out to introduce campaign
  – Acknowledge importance of their participation
  – Recognize expertise and cultural perspectives of each partner in promoting health and well being

• Hold listening sessions to recruit, build and sustain partnership involvement including:
  - Key stakeholders/state/local health organizations and associations
  - Grassroots level organizations (i.e. health and community centers)
  - Local media
  - Local businesses
  - Faith ministries
Partnerships & Collaborations Strategy

- Identify and engage new and existing membership organizations, non-profit groups, and media partners who can reach our target audiences
- Provide CDC audience research results and key points to partners
- Promote a suite of both print and online offerings that partners can use
- Increase visibility of partners’ influenza vaccination and vaccine promotion activities
- Include partners in CDC activities (media tours, listen-only lines to press briefings)
- Increase participation of partners in NIVW
Partnerships at Work: Emory University Interfaith Health Program

To build relationships and capacity within trusted networks of faith-based and community organizations that extends reach to vulnerable, at-risk, and minority populations for prevention and treatment of influenza.

Building on:
• CDC with IHP/Emory (‘01 to ‘07) trained 78 teams of religious and public health leaders in 24 states to collaborate on eliminating health disparities.
• HHS/CDC work with IHP/Emory and nine sites during 2009 H1N1 pandemic.
Ten Unique Multi-Sector Sites

- Chicago – Center for Faith and Community Health Transformation (Advocate Health Care and UIC)
- Lowell, MA – Lowell Community Health Center
- NYC - South Brooklyn Interfaith Coalition (Lutheran Health Care)
- PA - Schuylkill County’s Vision
- St. Louis – Nurses for Newborns Foundation
- Los Angeles - Taiwan Buddhist Tzu Chi Medical Foundation
- Detroit – United Health Organization, Project Healthy Living
- Memphis – Methodist LeBonheur Center of Excellence in Faith and Health
- CO – Penrose-St. Frances Mission Outreach
- MN – Minnesota Immunization Networking Initiative (Fairview Health Services)
Accomplishments: “Reaching Out”

Across Boundaries of ..... 
Fear, Mistrust, Misinformation, Income, Language, Culture

- Provided information about influenza and, in many cases, flu vaccines in non-traditional settings such as soup kitchens, crisis centers, temples, mosques, child-care and senior centers
- Reached community members in more than 20 diverse ethnicities and over 65 religious traditions
- Provides 13,686 vaccinations at 138 vaccination events and distributed 1093 vaccine vouchers.
Have you seen any advertising that provides information about the importance of getting a flu vaccination since September 2010?

<table>
<thead>
<tr>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Don’t Know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>19</td>
<td>1</td>
</tr>
</tbody>
</table>

**All Adults (18 + years)**

CDC March 2011 National Flu Survey
How likely do you feel the advertising you saw made you get a flu vaccination?

<table>
<thead>
<tr>
<th>More Likely to Get Flu Vaccine (%)</th>
<th>Less Likely to Get Flu Vaccine (%)</th>
<th>Made No Difference (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>3</td>
<td>72</td>
</tr>
</tbody>
</table>

All Adults (18 + years)

CDC March 2011 National Flu Survey
Projected weekly claims for influenza vaccinations in *physician offices*, Children ≤18 yrs, United States as of April 2, 2011
Thank you for your attention!

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: http://www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Factors Associated With More Impactful Campaigns

- Promote adoption of behaviors over stopping or preventing unhealthy ones.
- Habitual behaviors are more difficult to modify than one-off ones
- Use formative research in design and planning
- Focus on homogeneous population groups
- Have multiple executions of messages
- Have a high frequency of exposure to the messages
- Use multiple channels
- Strive for sustained activity to mitigate the observed declines in behavior change after the campaign ends

The Importance of a Systems Approach

- More effective campaigns use a systems approach:
  - include mass media as well as community level activities
  - assess and address the role of larger social-structural determinants
  - go beyond a focus on communication tactics to address the other 3 “P”s of marketing (product, price, place)
    - Messaging is just one piece of the mix!
  - involve their audience as well as peers and influencers
CAMPAIGN GOAL

CDC’s 2011-12 Influenza Vaccination Communication Campaign
Set Realistic Behavior Change Goals

- A 2007 study combined the results of several reviews of the literature that together examined over 400 health communication campaigns on a variety of health topics.
- Found that targeted behaviors increase above baseline by an average of about 5 percentage points.
- Campaigns for seat belt use (15%), dental care (13%) and adult alcohol reduction (11%) have had the strongest effects. Youth alcohol and drug campaigns have had the least (1-2%).
- Caveats to these conclusions include: reach and frequency of messaging, the audience, the number of channels that were used and differences in measurement and evaluation.

CDC’s Influenza Vaccination Communication Campaign Goal

- Small, steady increases in flu vaccination coverage over time.
2011-12 Campaign Objectives

- Maintain and increase awareness of universal vaccination recommendation and flu-related key messages
- Foster knowledge and favorable beliefs regarding influenza vaccine and vaccination recommendations
- Maintain, extend confidence in flu vaccine safety
- Promote/encourage vaccination throughout the flu season
- Address disparities in vaccination coverage
CDC Flu Vaccine Communication Campaign Elements

- Formative research
- Development /testing of messages and materials
  - Television and radio
  - Print products
- Earned and paid media
- Web and social media
- Education and outreach to health care professionals
- National observance – National Influenza Vaccination Week
- Partner outreach and activities
- Evaluation
Partner Engagement

Engaged with OVER 250 organizations

- Parents, pregnant women, and caregivers of infants, children, AND young adults (National School Nurses Association, Families Fighting Flu)
- Health providers and healthcare workers (medical and nursing organizations)
- People with chronic health conditions (ALA)
- Baby boomers/seniors (CMS)
- Multicultural organizations (BlackDoctor.org, Hispanic PR)
- Employer groups (National Business Group on Health)
- Colleges and universities (American College Health Association)

Partnerships come in all shapes & sizes!
Partner Offerings

- Matte articles - Eng & Span
- Online widgets/banners
- Content syndication—latest flu news
- Posters and flyers
- Print ads for partner newsletters
- Presidential proclamation for replication
- Webinars
- Participation in radio/satellite media tours
- Video offerings such as PSAs and FFF vignette
- Inclusion in Open Letter ad
- Multicultural materials
- Business toolkit
National Partners United in Support of Influenza Vaccination

- Ads were placed in USA Today and Washington Post with partners’ support for vaccination – combined circulation is over 1.8 million
- Ads were also placed in the following publications
  - People – circulation over 3.5 million
  - Parenting – circulation 2.2 million
  - Ready Set Grow – circulation over 1 million
  - Parade – circulation over 3.2 million
Partnering with State and Locals to Reach Members of Ethnic/Minority Media

- Eight media roundtables organized in select U.S. cities where ethnically diverse populations are concentrated.
- **Cities included:** Albuquerque, NM; Anchorage, AK; Las Vegas, NV; Chicago, IL; Newark, NJ; Los Angeles, CA; Miami, FL; Houston, TX.
- **Coverage:** 108 reporters, 45 articles placed, garnering 60 million impressions.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>54,000</td>
</tr>
<tr>
<td>Brazilian</td>
<td>40,000</td>
</tr>
<tr>
<td>Caribbean/West Indian/Haitian</td>
<td>810,000</td>
</tr>
<tr>
<td>Caribbean/West Indian/African American</td>
<td>39,000</td>
</tr>
<tr>
<td>Chinese</td>
<td>13,586,000</td>
</tr>
<tr>
<td>Filipino</td>
<td>1,140,000</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3,305,603</td>
</tr>
<tr>
<td>Hispanic/Native American</td>
<td>94,066</td>
</tr>
<tr>
<td>Hispanic/Brazilian</td>
<td>15,000</td>
</tr>
<tr>
<td>Korean</td>
<td>176,500</td>
</tr>
<tr>
<td>Native American</td>
<td>17,000</td>
</tr>
<tr>
<td>Pakistani/South Asian</td>
<td>60,000</td>
</tr>
<tr>
<td>Polish American</td>
<td>1,000,000</td>
</tr>
<tr>
<td>South Asian/Indian</td>
<td>21,000</td>
</tr>
<tr>
<td>Thai</td>
<td>12,000</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>550,000</td>
</tr>
<tr>
<td>Multicultural</td>
<td>39,182,727</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>60,105,396</td>
</tr>
</tbody>
</table>
Online Flu Vaccination Pledge Map

620 Total Pledges
Socialmoms Tweet-a-Thon

- December 5-11, 2010
- 3,214,722 campaign impressions
- 121 moms participated
- 158 tweets
National Influenza Vaccination Week

- National Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination, as well as fostering greater use of flu vaccine after the holiday season into January and beyond.
- NIVW 2011-2012 is scheduled for December 4-10, 2011.
How frequently you saw or heard this advertising?

<table>
<thead>
<tr>
<th></th>
<th>Very Frequently (%)</th>
<th>Somewhat Frequently (%)</th>
<th>Not Very Frequently (%)</th>
<th>Not at All Frequently (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Adults (18 + years)</td>
<td>33</td>
<td>46</td>
<td>17</td>
<td>4</td>
</tr>
</tbody>
</table>

CDC March 2011 National Flu Survey
Cumulative number of doses of influenza vaccines distributed by month by season, 2004-05 through 2010-11

Source: Biologics data
<table>
<thead>
<tr>
<th>Group</th>
<th>2008-09 (%)1</th>
<th>2009-10 (%)2</th>
<th>2010-11 (%)2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall (persons aged ≥ 6 mos)</td>
<td>N/A*</td>
<td>41.3</td>
<td>42.8</td>
</tr>
<tr>
<td>Children, 6 mos-17 years</td>
<td>24.0</td>
<td>42.3</td>
<td>49.0</td>
</tr>
<tr>
<td>6 mos-4 years</td>
<td>32.0-40.9</td>
<td>N/A</td>
<td>61.3</td>
</tr>
<tr>
<td>Persons ≥ 18 yrs</td>
<td>36.2</td>
<td>40.5</td>
<td>40.9</td>
</tr>
<tr>
<td>Persons 18-49 yrs, all</td>
<td>24.8</td>
<td>30.3</td>
<td>30.2</td>
</tr>
<tr>
<td>Persons 18-49 yrs, high risk</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Persons 50-64 yrs</td>
<td>41.8</td>
<td>44.8</td>
<td>45.6</td>
</tr>
<tr>
<td>Persons ≥ 65 yrs</td>
<td>67.1</td>
<td>68.9</td>
<td>68.6</td>
</tr>
</tbody>
</table>

*N/A = Not available

1. BRFSS estimates, (19 states for children; 43 states plus DC for adults) online at: http://www.cdc.gov/mmwr/PDF/wk/mm5839.pdf and CDC unpublished
2. BRFSS and NHFS estimates, 2009-10; BRFSS and NIS estimates, 2010-11, both years for 50 states plus DC for children, 43 states plus DC for adults, MMWR, June 10, 2011
### Seasonal Influenza Vaccination Coverage by Race/Ethnicity: 2008-09 -- 2010-11 Seasons

<table>
<thead>
<tr>
<th>Group</th>
<th>2008-09 (%)</th>
<th>2009-10 (%)</th>
<th>2010-11 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/ethnicity (adults)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>39.7</td>
<td>43.8</td>
<td>43.3</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>26.8</td>
<td>31.3</td>
<td>34.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>25.6</td>
<td>30.6</td>
<td>32.4</td>
</tr>
<tr>
<td><strong>Race/ethnicity (children)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>24.9</td>
<td>42.5</td>
<td>46.3</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>20.0</td>
<td>35.5</td>
<td>47.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.4</td>
<td>43.9</td>
<td>55.3</td>
</tr>
</tbody>
</table>

1. BRFSS estimates, (19 states for children; 43 states plus DC for adults) online at: [http://www.cdc.gov/mmwr/PDF/wk/mm5839.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm5839.pdf) and CDC, unpublished
2. BRFSS and NHFS estimates, 2009-10; BRFSS and NIS estimates, 2010-11, both years for 50 states plus DC for children, 43 states plus DC for adults. In press, MMWR, June 10, 2011
Place of Influenza Vaccination Among Adults – United States, 2010-11 Season

MMWR June 17, 2011

% of vaccinated by place

- Doctor's office/HMO
- Hospital/ED
- Other clinic/health center
- Health Department
- Store
- Workplace
- Senior rec/comm center
- School
- Other non-medical

18+ yrs
18-49
50-64
65+
Place of Influenza Vaccination Among Adults – United States, 2010-11 Season

MMWR June 17, 2011

- Doctor’s office is most important medical setting
- Workplace and store important non-medical settings
- Increase in store vaccination (18.4%) compared to 1998-99 (5%) and 2006-07 (7%)
- Increases in persons vaccinated since 2006-07
  - Doctor’s office: 28 million (2006-07) to 37 million (2010-11)
  - Store: 6 million (2006-07) to 17 million (2010-11)
- % vaccinated in non-medical settings higher for:
  - whites (44%) vs. blacks (29%), Hispanics (34%)
  - Attended college (47%) vs. < high school education (28%)
# Seasonal Influenza Vaccination Coverage of HCP and Pregnant Women: 2008-09 -- 2010-11 Seasons

<table>
<thead>
<tr>
<th>Group</th>
<th>2008-09 (%)</th>
<th>2009-10 (%)</th>
<th>2010-11 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women</td>
<td>6-19&lt;sup&gt;1&lt;/sup&gt;</td>
<td>32-51&lt;sup&gt;2&lt;/sup&gt;</td>
<td>44(±28)-49&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Health care personnel</td>
<td>53&lt;sup&gt;4&lt;/sup&gt;</td>
<td>62&lt;sup&gt;5&lt;/sup&gt;</td>
<td>56 - 65(±10)&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Hospital staff</td>
<td></td>
<td>72</td>
<td>68 (±5.3)</td>
</tr>
<tr>
<td>Ambulatory/Outpatient/Dental</td>
<td></td>
<td>64</td>
<td>60 (±6.5)</td>
</tr>
<tr>
<td>Long Term Care</td>
<td></td>
<td>54</td>
<td>48 (±8.4)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>48</td>
<td>40 (±6.6)</td>
</tr>
</tbody>
</table>

1. NHIS estimates, MMWR, August 6, 2010 / 59(rr08);1-62
2. MMWR, December 3, 2010 / 59(47);1541-1545 (PRAMS) and Ding et al., AJOG 2011 June Supplement, S96-S106 (NHFS)
3. NFS (unstable estimates) and mid-November internet panel estimates, online at: [http://www.cdc.gov/flu/professionals/vaccination/vaccinecoverage.htm](http://www.cdc.gov/flu/professionals/vaccination/vaccinecoverage.htm)
5. MMWR, April 2, 2010/59(12);357-362 (internet panel survey, vaccinations by end of January 2010)
Summary

- 48 million more seasonal (trivalent) influenza vaccine doses distributed than in 2009-10
  - Coverage levels by census population estimates can provide estimates of doses administered
- Moderate increase in children’s coverage since 2009; large increases since 2008
- Wide variations among states
- Racial/ethnic disparities among all adults persist
  - Non-Hispanic white adults significantly higher levels
- Children: nH-whites did not have higher coverage vs. other racial/ethnic groups, 2009-10 and 2010-11
  - Hispanic children significantly higher levels in 2010-11
    - Remain when have final data from all states?
- Maintained last season’s increases for pregnant women, healthcare personnel
Vaccination in the 2010-2011 Influenza Season: What did the US achieve?

• Despite the expected challenge of “flu fatigue”, overall vaccine coverage maintained last season’s increases
  – Significant increases in Hispanic and non-Hispanic black children

• Multiple venues were accessed for vaccination

• Challenges for the coming season
  – Maintain the gains
  – Improve vaccination coverage among adults with risk conditions