

Patient Education Management™

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

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Boost your immunization rates and eradicate barriers through education

First determine need, then provide targeted education

There is a simple way to prevent a multitude of life-threatening diseases in the United States. People simply need to show up at their physician's office or a clinic for a vaccine. Yet many children and adults are not up to date on their vaccinations.

Immunization coverage rates among children are at 90%; however, coverage for adolescents is only about 50%. And coverage for annual influenza immunization, which protects all age groups, is low even for at-risk populations. For example, only about 25% of adults younger than 50 who are at high risk because of medical problems such as asthma or diabetes are vaccinated for influenza, according to **David Neumann, PhD**, executive director of the National Partnership for Immunization in Alexandria, VA.

"The difficulty for younger adults is that many vaccines are not recommended for everyone," says **Lance Rodewald, MD**, director of

EXECUTIVE SUMMARY

August is National Immunization Awareness Month — a good time to take a close look at immunization in your community. Which populations are not receiving full coverage, and what is preventing their immunization? Are there misconceptions about certain vaccines, or what is required to be fully protected? And how can education help? Because vaccines play such a strong roll in preventing so many life-threatening illnesses, this entire issue of *Patient Education Management* is devoted to immunization — determining and overcoming barriers through education and finding the patient education resources to help.

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Immunization Services Division for the Centers for Disease Control and Prevention's (CDC) National Immunization Program (NIP) in Atlanta.

No matter the difficulty, education is an important factor to eradicating many of the barriers to immunization. However, it is important to know

the issues that need to be addressed, says Rodewald.

For example, studies about parents' beliefs towards vaccination and protecting their children through vaccines reveal a strong support for immunization. Therefore, this is usually not a excuse for parents not having their children's immunizations up to date, says Rodewald.

Another misconception is that children who are not fully vaccinated don't have a primary care provider. Surveys have shown that 91% of undervaccinated children have a primary care provider.

The problem is that physicians tend to overestimate how well they do in vaccinating children in their practice. Also parents often mistakenly believe their child is fully vaccinated, Rodewald says. The vaccination schedule is too complicated for many parents to track, and physicians frequently do not have a good tracking system, he says.

To help boost immunization rates, the Immunization Action Coalition in St. Paul, MN, takes all the complicated sets of recommendations that are issued by national advisory bodies and puts the information into easy to read, graphically attractive, one-page educational sheets. This information is then distributed to health care providers.

"We have a web site that is primarily for health care providers (www.immunize.org) and another site that is primarily for the public (vaccineinformation.org). Both have a ton of information that the public and providers can access to learn more," says Diane Peterson, associate director for immunization projects at the Immunization Action Coalition. (For a list of resources for educational materials on immunization, see p. 88.)

Education for providers and the public

Many immunization coalitions throughout the United States ensure that children and adults are fully immunized and also have programs to educate physicians, their staff, and their patients.

For example, to educate staff on best practices for immunization, the Childhood Immunization Coalition of Fresno/Madera Counties in California has hosted training workshops for medical assistants for the past five years.

An expert from the California state department of health services is the featured speaker during a luncheon or dinner at the workshop. The coalition sets up informational booths at the back of

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Editorial Questions

For questions or comments, call **Susan Cort Johnson** at (530) 256-2749.

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the room so the medical assistants can gather additional materials to support their efforts.

"All the information is geared to making sure that the medical assistants are doing the best job possible, whether storing the vaccine, administering it, or documenting it. Everything that could possibly affect the outcome is covered," says **Sally Negin, RN**, current treasurer and former coalition chair.

During the workshop, participants see a video on comfort measures for the baby during the immunization process. This video was produced by the California Department of Health Services to help prevent families from having a bad experience.

In an effort to increase vaccination rates among Latino children, the California Distance Learning Health Network (CDLHN) in San Diego developed a curriculum for Cultural Diversity and Customer Service workshops to educate health care providers. The effort included the video, "Immunization Techniques."

"The workshop focuses more on the interaction, like how to present information, while the video is [about] administering the shot. They complement each other. The vaccination process is a total experience, and you want it to be positive for all parties," says **Rick Dailey**, public health promotions manager for the CDLHN. (To learn where to obtain video and curriculum, see resources, p. 88.)

To address barriers to immunization it is important for health care providers to know their patient populations, says Dailey.

Margie Downs, BSN, RN, a parish nurse with the Harbor Hospital Parish Nurse Program in Baltimore, MD, agrees. This community outreach program has made it possible for the hospital to administer the influenza vaccine to its underinsured and uninsured patient population.

When nurses are out in the community they become aware of the community's health care needs, says Downs. Through a health ministry network, Harbor Hospital is partnered with more than 30 churches. This provides connections to patient populations that may not have an opportunity to obtain influenza vaccines through a physician's office or clinic.

For example, many of the churches have connections to emergency relief agencies or run soup kitchens. Through these sources, patient populations that generally fall through the cracks have an opportunity to be vaccinated.

"Each month, we produce a Parish Nurse note

that goes into all the church bulletins. We do about 1,500 Parish Nurse notes. In September, we dedicate that note to the influenza vaccine," says Downs.

Recommendations on who should receive the first vaccines available are included in the note. In addition, literature is available at the clinic with information such as who is at highest risk of complications from influenza and the difference between a cold and the flu.

The Parish Nurse program charges \$10 for each vaccine, and bills Medicare for seniors. Those who cannot pay are given the vaccine free of charge.

Overcoming barriers to immunization

Often barriers to immunization are not obvious until some research is done, says **Lynne Weaver**, immunization outreach coordinator for Douglas County, OR. Statistics collected by the health department in her area revealed that about half the children in this rural county did not have all the immunizations required by age 2, even though walk-in clinics were available through the health department.

The Douglas County Immunization Coalition was formed to determine the barriers to immunization, and they were given a \$34,000 grant from the Oregon Department of Health Services to study the problem.

To learn what prevented full immunization, the group focused on children at 2 months of age and 14 months of age using a list provided by the local health department. The coalition phoned the parents of almost 2,000 babies, and discovered that misinformation was the major factor preventing children 2 months of age from being up to date on vaccines. For example, many parents thought that, if a child was sick, he or she should not be vaccinated.

The parents felt that, after a child reached 14 months, it was the physician's responsibility to make sure they were notified when the child was due for a vaccination.

This information prompted the coalition to focus their efforts on dispelling myths about immunizations and also to work with physicians on a recall system.

The actual methods for providing education should be tailored to the community for best results, advises **Marianne Pappas**, coordinator of the Everybody Counts Immunization Coalition serving Chatham and Effingham counties in Georgia.

For example, the Be-Wise-Immunize baby duck was created to promote the importance of immunizations. Because the residents of Savannah love to party, the duck is invited to lots of celebrations and even appears in parades. He has a different outfit for each holiday and tosses buttons with holiday appropriate slogans to the crowds. On the Fourth of July the buttons read "Conquer disease — immunize" and during Christmas they read "Give the gift of health — immunize."

Immunization Education Resources

The following web sites provide valuable information for overcoming barriers to immunization, designing outreach programs, and educating consumers and health care providers about immunization.

■ Every Child by Two www.ecbt.org

This organization strives to raise awareness of the critical need for timely immunization and to establish a method to ensure immunization of all children in the United States by age 2. The web site includes information on barriers and solutions, the diseases, immunization schedule, registries, disease photos, state immunization laws, and a vaccine guide for parents.

■ Immunization Action Coalition www.immunize.org

This nonprofit organization creates educational materials for health professionals and consumers to increase immunization rates and prevent disease. The materials promote the delivery of safe and effective immunization services.

■ National Network for Immunization Information www.immunizationinfo.org

NNii provides up-to-date information on immunization science, research, and policy, as well as information on the vaccines and the diseases they prevent. A kit to help health care providers discuss immunization with their patients and fact sheets for parents is also available on the site.

■ The Vaccine Education Center at the Children's Hospital of Philadelphia www.vaccine.chop.edu

The center seeks to dispel some of the common misconceptions and misinformation surrounding childhood vaccines. They have provided a wide variety of patient information material on the web site as well as detailed information about immunization, and each vaccine.

To raise immunization rates among the adult population, the coalition created a calendar — something everyone could use. The calendar has health promotion and immunization messages for each month.

For example, because November is national diabetes month, the messages is that people with diabetes are four times more likely to die from influenza and should be vaccinated.

Costs are kept under control by having community groups sponsor each month and, to increase demand for the calendars, older women or "grandmas" are featured. For example, a 107-year-old woman was featured on older Americans month.

Ideas from other areas can be customized to fit your patient populations, but you must know the needs of your community first, says Pappas.

To get people on board to help with efforts, it is important to understand the barriers and have the statistics at hand. Then empower members of the team with education and have them come up with ideas, she says.

Every member of the Everybody Counts Immunization Coalition took a CDC video satellite course to learn all they could about immunizations. Once they passed the course, they were named immunization ambassadors, and they provided outreach education to their neighborhoods, workplace, homes, churches, and social circles, explains Pappas. ■

SOURCES

To learn more about how to overcome barriers to immunization, contact:

- **Childhood Immunization Coalition of Fresno/Madera Counties**, Isidro Fragoza, Chair, Fresno County Immunization Program, 1221 Fulton Mall, Fresno, CA 93721. Telephone: (559) 445-3550.
- **Rick Dailey**, Public Health Promotions Manager, California Distance Learning Health Network, 9245 Sky Park Court, Suite 100, San Diego, CA 92123. Web-site: www.cdln.com/
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- **Marianne Pappas**, Coordinator, Everybody Counts Immunization Coalition, Chatham County Health Department, 2011 Eisenhower Road, Savannah, GA 31406. Telephone: (912) 356-2679. E-mail: mkpappas@gdph.state.ga.us
- **Lynne Weaver**, Immunization Outreach Coordinator, Douglas County, OR. Telephone: (541) 672-6631.

Keep childhood immunization rates high

Promote registries, address barriers for best results

The immunization coverage for young children in the United States has never been higher. In fact, coverage is greater than 90% for every recommended vaccine, says **Lance Rodewald, MD**, director of the Immunization Services division of the Centers for Disease Control and Prevention (CDC) National Immunization Program (NIP) in Atlanta.

But vigilance is still required, Rodewald says, because a 1,000 babies are born every day, and each will need a series of vaccines by age 2.

While the word has gotten out about the need for vaccines, there are still many deterrents, warns **Amy Pisani, MS**, executive director of Every Child by Two in Washington, DC.

A shortage of some vaccines, such as the pneumococcal conjugate, could cause parents to lose confidence in the vaccine program, Pisani says. When there is a shortage and private health care providers are unable to get vaccines, they often send their patients to the public health department. This extra trip could be a deterrent for some.

"One of the reasons the rates have been so high is that children are getting all their care in one place now. Parents don't have to take their children to the doctor's office for the [well-baby] visit, and the public health department for immunizations," says Pisani.

Ten years ago 70% of vaccines were given at the public health department and now 70% are given in private practice, she says.

In addition, obtaining vaccines at different sites makes tracking more difficult. About 21% of children 19 to 35 months old receive one extra dose of vaccine because tracking is so poor, says Pisani. This costs the American public \$15 million per year. But computerized immunization registries make tracking much easier and far more efficient. They can help a provider assess which immunizations a child needs and automatically generate reminder cards when vaccines are due.

Participation in registries has a dramatic impact on coverage rates, says Rodewald. Yet it is estimated that only about 20% of providers use these registries.

To boost providers' participation in registries, the Everybody Counts Immunization Coalition

in Savannah, GA, provides an incentive. Each year it holds a birthday party with games and door prizes for 2-year-olds who are fully immunized. The invitation list is compiled from the All Kids Count immunization registry, says **Marianne Pappas**, coalition coordinator. Parents are told that, if they didn't get an invitation, their children are either not up to date or their physician is not in the registry, in which case, they should contact the physician's office and ask him or her to join.

Another hindrance to keeping immunization rates high among children is the cost of vaccines. "It costs about \$500 to fully vaccinate a child through school entry and, when parents are faced with having to pay for the cost, their child's immunization coverage is lower," says Rodewald.

The Vaccines for Children government program helps by providing vaccines free of charge to children who are eligible for Medicaid, are uninsured or underinsured, and are of American Indian or Alaska native descent.

The Shots for Tots program which was initiated by the Douglas County Immunization Coalition in Oregon removed the cost barrier by partnering with the local Rotary club, the state health department, and several charities to provide the vaccines for free, says **Lynne Weaver**, immunization outreach coordinator for Douglas County.

"We wanted people to be able to walk through the door no matter what their income level was, no matter what their situation was, and be able to get their kids [immunized]," says Weaver. ■

SOURCES

For more information about how to keep child immunization rates up, contact:

- **Marianne Pappas**, Coordinator, Everybody Counts Immunization Coalition, Chatham County Health Department, 2011 Eisenhower Road, Savannah, GA 31406. Telephone: (912) 356-2679. E-mail: mkpappas@gdph.state.ga.us
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- **Lance Rodewald, MD**, Director of Immunization Services, National Immunization Program, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333. Telephone: (404) 639-3311. Web site: www.cdc.gov
- **Lynne Weaver**, Immunization Outreach Coordinator, Douglas County, OR. Telephone: (541) 672-6631.

Immunizations: Important at every stage of life

By **Stephen L. Cochi, M.D., M.P.H.**
Captain, United States Public Health Service
Acting Director
National Immunization Program
Centers for Disease Control and Prevention

The National Partnership for Immunization designates every August as National Immunization Awareness Month (NIAM). The goal is to raise awareness about immunization across the lifespan as families prepare for the return to school, and the medical community begins preparations for the upcoming influenza season. This month is a reminder to parents, caregivers, health care providers, and others that immunization improves the quality of life for persons of all ages in the United States.

Immunizations are important at every stage of life. It is just as important for adolescents and adults to get their shots as it is for infants and children. In fact, adolescence and adulthood are opportunities to catch up with vaccinations that may have been missed in childhood.

Immunizations are critical in stopping the spread of diseases that can disable and kill. Health education professionals are in a special position to convey information about these immunizations throughout a person's life.

In this article, some of the key facts about the recommended adult and adolescent vaccines are highlighted to help health care professionals inform patients and others about the vaccines that can best protect them.

Vaccines for Adolescents

The American Academy of Pediatrics recommends specific vaccines for teenagers and college students. These are the varicella (chickenpox) vaccine, the hepatitis B vaccine, the Measles-Mumps-Rubella (MMR) vaccine, the tetanus-diphtheria vaccine, and the meningococcus vaccine for college students.

Varicella (chickenpox) vaccine: Chickenpox is a disease that can have serious complications, especially for older children and adults. It can lead to severe skin infection, scars, pneumonia, brain damage, and death. Also a person who has had chickenpox can get a painful rash called shingles

years later. Although many adults had this disease as children and lived to tell the tale, others have not been as lucky. Until we started using the varicella vaccine in the past several years, 100 people died from chickenpox each year and 12,000 had to be hospitalized for it. Now these numbers are greatly reduced.

Chickenpox vaccine can prevent these serious complications and also shingles. Most people who get this vaccine do not get chickenpox. But if someone who got vaccinated does get chickenpox, it is usually a very mild case. They will have fewer spots, are less likely to have a fever, and will recover faster.

If a teenager has not received this vaccination by age 13, he or she should be given two doses of the vaccine with a four to eight week interval between the first and second dose.

Hepatitis B vaccine: This vaccine protects against a serious disease caused by a virus that attacks the liver. This hepatitis B virus (HBV) can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Anyone who is 18 years of age or younger should get this vaccine.

Measles-Mumps-Rubella (MMR) vaccine: Everyone should get two doses of the MMR vaccine. The second dose of this vaccine can be given at any age as long as it is at least 28 days after the first dose. Some adults should also get the MMR vaccine. Generally, anyone 18 years of age or older, who was born after 1956, should get at least one dose of the MMR vaccine unless they can show that they have had either the vaccines or the disease.

History has shown us the importance of the second dose of the measles vaccine. The measles vaccine, which was introduced in 1963, led to a 99% reduction in the incidence of measles. However, because many children did not get the vaccine or received only one dose, a measles epidemic struck the U.S. between 1989 and 1991.

A more recent example of how a disease can return involves a teenager who was not vaccinated against the measles. While traveling abroad, he contracted this infectious disease and returned by plane to the United States. In the process, he infected two of his fellow students and then his sister after he arrived home.

Measles disease can be serious. Approximately 20% of reported measles cases experience one or more complications. These complications are

more common among children younger than 5 and adults older than 20. For every 1,000 children who get measles, one or two will die from it. Measles can also make a pregnant woman have a miscarriage, give birth prematurely, or have a low-birth-weight baby.

Tetanus-diphtheria vaccine: A Tetanus-diphtheria vaccine booster dose is recommended every 10 years after the initial series of shots. Most reported cases of tetanus (lockjaw) occur in people who have never been vaccinated or those who have not had a booster vaccination in the past 10 years.

Meningococcus vaccine: This is required by many colleges for incoming students, particularly those living in college dormitories. Although this disease is highest among children under 1 year of age, it increases in adolescents who are older than 15 years of age, although not nearly to the level that occurs in young children.

Given this information, it is of value to immunize incoming college freshmen with the meningococcal vaccine. However, given that the incidence of the disease begins to rise in late adolescence, it may be more effective to immunize children at 11 to 12 years of age, when they are receiving a series of other vaccines.

A very practical and succinct introduction to meningococcal meningitis for college-bound students, their parents, and others is the brochure, "Meningitis on Campus: Don't Wait. Vaccinate," produced by the National Meningitis Association.

This can be found on the CDC National Immunization Program web site at <http://www.cdc.gov/nip/recs/teen-schedule.htm>

Vaccines for Adults

Many of the recommended vaccines for adults are similar to those recommended for teens. The vaccines recommended for adults are hepatitis B vaccine (for adults at risk), measles-mumps-rubella vaccine (for susceptible adults), tetanus-diphtheria vaccine (for all adults, every 10 years), vaccines for travelers, varicella vaccine (for susceptible adults), the influenza vaccine (for adults 50 and older) and pneumococcal vaccine (for adults 65 and older).

Detailed information on who should get these vaccines and on the diseases they protect against can be found on the CDC web site (www.cdc.gov/nip) and at the National Immunization Partnership web site (<http://www.partnersforimmunization.org/niam>).

Influenza Vaccine

One vaccine that adults are likely to inquire about this year is the influenza "flu" vaccine. The flu vaccine is the primary method for preventing influenza and its severe complications. There are two types: the "flu shot" which contains an inactivated vaccine (killed virus) and a nasal-spray flu vaccine (sometimes referred to as LAIV for Live Attenuated Influenza Vaccine) which contains attenuated or weakened live viruses. The LAIV is approved only for use for healthy people between the ages of 5 and 49.

The flu virus causes disease among all age groups. Although flu is most common among children, the rates of serious illness and death are highest among persons 65 years and older and for anyone with medical conditions that place them at increased risk for complications from the flu.

The flu vaccine provides a high degree of protection for the majority of vaccinated children and young adults. One study reported that, for "non-institutionalized" persons who are older than 60, the vaccine was 58% effective in preventing influenza symptoms. It also indicated that this number could be lower for people who are older than 70.

In general, the effectiveness of the flu vaccine shot depends primarily on the age and health condition of the vaccinee and how well matched the viruses in the vaccine are with those in circulation during that particular influenza season.

Recently, the Advisory Committee on Immunization Practices (ACIP), which advises CDC on vaccine recommendations, recommended that the primary adult groups for the flu vaccine should be:

- *Persons at increased risk for influenza-related complications*
For example, adults who are older than 65 years of age, pregnant women, and anyone who suffers from certain chronic medical conditions
- *Persons who are between 50 to 64 years of age*
This age group is more likely to have chronic medical conditions
- *Persons who live with or care for persons at high risk*
For example, healthcare workers and household contacts who have frequent contact with persons at high risk and who can infect others at high risk for the flu.

The ACIP also recommended the following for the upcoming 2004-2005 flu season:

- Inactivated vaccine is preferred over live, attenuated influenza vaccine (LAIV) for vaccinating household members, health care workers, and others who have close contact with severely immunosuppressed persons during periods when such persons require care in a protected environment.
- If a health care worker receives LAIV, the health care worker should refrain from contact with severely immunosuppressed patients for 7 days after vaccine receipt. No preference exists for inactivated vaccine use by health care workers or other persons who have close contact with persons with lesser degrees of immunosuppression.
- Severely immunosuppressed persons should not administer LAIV. However, other persons at high risk for influenza complications may administer LAIV (see "Personnel Who May Administer LAIV" in the ACIP recommendations¹).
- The 2004-05 trivalent vaccine virus strains are A/Fujian/411/2002 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Shanghai/361/2002-like antigens. For the A/Fujian/411/2002 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/Wyoming/3/2003 [H3N2] virus, and for the B/Shanghai/361/2002-like antigen, manufacturers may use the antigenically equivalent B/Jilin/20/2003 virus or B/Jiangsu/10/2003 virus (see "Influenza Vaccine Composition" in the ACIP recommendations¹).

Although influenza vaccination levels increased substantially during the 1990s, further improvements in vaccine coverage levels are needed, chiefly among persons who are older than 65 years and are at increased risk for flu-related complications among all racial and ethnic groups.

There are some actions that the health care community can take to boost influenza rates:

- Vaccinating before the start of the flu season
- Vaccinating patients during hospital stays or during routine health care visits so that an extra trip to get a flu vaccination is unnecessary
- Vaccinating persons who live in closed settings, such as nursing homes and other chronic-care facilities, and the staff who work there
- Using reminder/recall systems so that high risk populations remember to get their flu shots

On-line CDC Immunization Resources

Vaccines for children information

<http://www.cdc.gov/nip/recs/child-schedule.htm>

Vaccines for teens information

<http://www.cdc.gov/nip/recs/teen-schedule.htm>

Vaccines for adults information

<http://www.cdc.gov/nip/recs/adult-schedule.htm>

Immunization schedules:

- **Childhood and Adolescent immunization schedule**

<http://www.cdc.gov/nip/recs/lamin-card-child-4-5x3.pdf>

- **Adult immunization schedule**

<http://www.cdc.gov/nip/recs/adult-schedule.htm#print>

National Immunization Awareness Month

<http://www.partnersforimmunization.org/niam.html>

Influenza patient education materials

<http://www.cdc.gov/flu/professionals/patiented.htm>

Immunization education and training materials

<http://www.cdc.gov/nip/publications/default.htm#whoquestion>

Links to additional immunization web sites

<http://www.cdc.gov/nip/links.htm>

Source: Centers for Disease Prevention and Control, National Immunization Program, Atlanta.

Immunizations are among the most successful and most effective public health tools we have for protecting the public against the spread of disease. They have been so successful that smallpox has been eradicated, polio has nearly been eliminated, and many other vaccine-preventable diseases have virtually disappeared.

Despite this success, more can be accomplished. As a result of the success of immunizations, there are clinicians who have never seen certain vaccine-preventable diseases, and there are members of the public who do not perceive them as a threat. The fact that some diseases are rare in the United States does not mean they cannot return; some are just a plane ride away. It is still important for individuals to be protected against vaccine-preventable diseases.

Vaccines not only help to protect individuals, but also help to protect entire communities by preventing and reducing the spread of infectious agents.

The complete ACIP influenza recommendations can be found in the May 28th 2004 edition of CDC's *Monthly Morbidity Weekly Report (MMWR)* at www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm

(Editor's note: For more information on pandemic influenza, rapid diagnosis, and treatment with antivirals, see 'Audio conference prepares you for influenza season,' p. 95.) ■

Immunization awareness activities raise coverage

Use education to improve immunization rates

Education is key to improving immunization rates. National Infant Immunization Week, which occurs in April, and National Immunization Month in August are key times in which local media and other resources are used to call special attention to the importance of immunization.

National Infant Immunization Week

One of the objectives of National Infant Immunization Week (NIIW) is to provide a forum to pitch news stories, provide a media hook to interest local media in developing feature stories on the importance of childhood immunization, and create opportunities for local media interviews with immunization experts, says **Curtis Allen**, a spokesman for the Centers for Disease Control and Prevention in Atlanta.

The next weeklong health observance is scheduled for April 24-30, 2005, and it is much more than a media event. "When we first began 11 years ago, our original intent was to make a media event, but now it has grown much beyond that and encompasses many other objectives. Part of that is to increase awareness among providers and partners," says Allen.

One goal is to encourage better communication between parents and their health care provider about their children's vaccination needs. It is the provider's responsibility to inform parents about immunization and listen to their concerns as well as answer their questions and provide information on immunization, he adds. Physicians should consider every office visit an opportunity

to vaccinate and talk with parents about immunizations, Allen says.

And parents should also take the initiative and ask the provider at each visit if their children's immunizations are up to date. "It is a partnership between parents and providers, and each have a certain responsibility," he explains.

One of NIIW's successes has been an increase in immunization awareness within the political and business communities. This is extremely important because it takes an entire community to immunize a child — not just the provider and parent, according to Allen.

Partnerships are very valuable, especially when trying to educate people in hard to reach areas, he says.

National Immunization Awareness Month

It is a constant challenge to make sure that vaccines among children are up to date, says **David Neumann**, PhD, executive director of the National Partnership for Immunization in Alexandria, VA.

Although immunization rates among children are around 90%, they begin to drop off across the age span. For example, immunization rates among adolescents are around 50%, according to Neumann.

To help keep childhood immunization rates up and increase vaccines across the lifespan, the National Partnership for Immunization named August National Immunization Awareness Month.

"We selected August because that gives us an opportunity to take advantage of people getting their kids ready for school entry where they face quite a number of immunization requirements. Also, it is a good time to remind adolescents, especially those getting ready for college, that there are certain immunizations that are appropriate for them," says Neumann.

SOURCES

For more information about national observances and innovative outreach ideas, contact:

- **National Infant Immunization Week** – National Immunization Program, Centers for Disease Control and Prevention, 1600 Clifton Road N.E., MS E-05, Atlanta, GA 30333. Telephone: (800) 232-2522. Web site: www.cdc.gov/nip/events/niiw/
- **National Immunization Awareness Month** – National Partnership for Immunization, 121 N. Washington St., Suite 300, Alexandria, VA 22314. Telephone: (703) 836-6110. Web site: www.partnersforimmunization.org/

In addition, it is not too early to remind people about the importance of influenza immunization, he adds.

Many teens are not fully immunized against measles, and it is also important for them to be up to date on the chicken pox or varicella vaccine as well as hepatitis B, says Neumann. College students are often asked to have a meningococcal vaccine, especially if they are living in a dormitory.

While stronger attention is being given to influenza immunization, adults who work in health care and educational settings should get a hepatitis B vaccine, and in some communities the hepatitis A vaccine is recommended. Tetanus-diphtheria boosters are required every 10 years. And while there are few cases seen today in the United States, tetanus is a very debilitating disease, says Neumann.

National observances are a good way to call attention to the importance of immunization across the lifespan, he stresses. ■

Strategies seek to boost health provider flu shots

APIC: Educate staff as well as patients

Health care workers need an annual influenza (flu) vaccine to protect themselves and their patients, advise national infection control officials.

The Association for Professionals in Infection Control and Epidemiology (APIC), based in Washington, DC, has added its voice and power to that message. APIC recently released a position paper on influenza immunization and is urging hospitals to improve their rates.

Only 36% of health care workers receive the vaccines annually, according to the National Health Interview Survey.

“With other preventable diseases, we’ve placed much more emphasis on making sure we have immunity,” says **Jeanne Pfeiffer**, RN, MPH, CIC, APIC president, who is infection control program coordinator at Hennepin County Medical Center in Minneapolis.

APIC joins other organizations, including the National Foundation for Infectious Diseases and the Center for Disease Control and Prevention, in making a greater push for influenza immunization.

It won’t be easy, acknowledges Pfeiffer. “Even

in our facility, where we’ve had an active program in place for about 10 years, we are at a little over 50%,” she says.

The recommendations issued by APIC include the following:

1. All health care facilities should prepare a written policy stressing the importance of influenza vaccination among health care workers. This policy should strongly recommend that health care workers receive annual influenza vaccination to prevent spread of the virus to vulnerable patients. Every organization, regardless of size or type, should demonstrate its commitment by creating and distributing the policy to all employees.
2. Influenza immunization programs should be designed and implemented annually to increase vaccination rates. These programs should be designed to
 - Educate health care workers about the importance of influenza immunization in health care settings and the low risk of adverse events associated with immunization
 - Increase vaccine demand among health care workers
 - Reduce barriers to health care worker immunization, by developing programs that increase access to immunization and reduce cost of the vaccine
 - Facilitate the influenza vaccination process, such as through the use of standing orders issued by the Occupational Health Program for health care worker influenza vaccination
3. Monitor annual immunization rates of employees, and provide feedback through the infection control and patient safety programs.
4. Monitor and track health care-associated influenza, in comparison to the health care worker immunization rates. Providing this information may stimulate health care workers to seek vaccination.
5. Track community incidence of influenza with public health officials using data from emergency rooms, physician offices and clinics. As the incidence increases, infection control and hospital administration should work together to identify pending admissions of potential influenza cases and to establish parameters for visitor restrictions. Specific interventions that facilities should consider include:

- Holding vaccine clinics in easily accessible locations and at varied times, so that clinics are convenient for workers on all shifts
- Bringing vaccine to employees, wherever they might be, via a rolling cart
- Areas to consider include cafeterias, employee entrances, medical records department, medical wards, grand rounds
- Educating employees, through a variety of channels about the need to be vaccinated, and dispelling myths

For example, employee newsletters, e-mails, posters can be used to address the misconception that inactivated influenza vaccine can cause the flu, and other similar myths.

Employees should be educated about prevention of transmission, as well as benefits of vaccination.

- Removing all costs associated with vaccination
- As a patient safety measure, institutions should provide employees with influenza vaccination just as they do other infection control interventions, such as personal protective equipment and hand hygiene products (e.g., soap or alcohol hand rubs).
- Conducting a public health campaign with media coverage
- Adding influenza immunizations to the standard curricula in teaching institutions
- Immunizations should be available to students at the academic institutions and paid for through student fees
- Implementing additional mechanisms as necessary to facilitate the administration of vaccinations to health care workers in all settings

(Editor's note: A copy of the APIC position paper on influenza vaccination of health care workers is available at www.apic.org/position%20statement1.pdf) ■

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Audio conference prepares you for influenza season

Brace yourself: Flu season is right around the corner. The annual impact of influenza (flu) on the United States is staggering: 10% to 20% of the population will get the flu. 36,000 people will die. And 114,000 will be hospitalized. Most of those who die will be over 65, but children 2 years old and younger will be as likely to be hospitalized as the elderly.

Are you prepared? And what if an influenza pandemic hits where the entire United States population is at risk? Thomson American Health Consultants is offering an audio conference with the information necessary to help you diagnose and treat patients with flu symptoms and, as important, prepare for an influenza pandemic.

Get Ready For Influenza Season: What You Need to Know About the Threat, Diagnosis and Treatment Audio Conference

*September 28, 2004
2:30 – 3:30pm, EST*

Presented by: Dr. Benjamin Schwartz and Dr. Frederick Hayden

Benjamin Schwartz, MD will discuss the potential impact of an influenza pandemic, who you should contact, and what you should do to handle this potential crisis. Schwartz is with the National Vaccine Program Office, and is spearheading the development of the National Pandemic Influenza Preparedness and Response Plan.

Frederick Hayden, MD will discuss current methods of rapid diagnosis and when to use them. He will also present the latest information on treatment with antivirals, including which ones to use, indications for use, precautions, and efficacy. Hayden is professor of internal medicine and pathology at the University of Virginia School of Medicine, Charlottesville.

This program will serve as an invaluable resource for your entire staff. Your fee of \$249 includes presentation material, additional reading, and continuing education credit.

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COMING IN FUTURE MONTHS

■ Incorporate consumer input into educational strategies

■ Tips on educating via the telephone

■ The best in translation practices

■ Creating policy for interpreter services

■ Best methods for evaluating programs

CE instructions

Nurses and other patient education professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity each semester, you must complete the evaluation form provided and return it in the reply envelope provided in order to receive a certificate of completion. When your evaluation is received, a certificate will be mailed to you. ■

CE Questions

5. To address barriers to immunization it is important for health care providers to do which of the following?
 - A. Assess their patient populations
 - B. Educate staff on best practices
 - C. Learn how many seniors were admitted to the hospital.
 - D. A and B
6. To help keep immunization rates among children high, physicians should participate in registries and send reminder cards when a child is due for a vaccine.
 - A. True
 - B. False
7. Which of the following vaccines is NOT specifically recommended by the American Academy of Pediatrics for teenagers and college students?
 - A. varicella and hepatitis B
 - B. measles-mumps-rubella (MMR) and meningococcus
 - C. pneumococcal
 - D. meningococcus and varicella
8. Which of the following primary adult groups does the Advisory Committee on Immunization Practices recommend for an annual flu vaccine?
 - A. Persons at increased risk for influenza-related complications
 - B. Persons who are between 50 to 64 years of age
 - C. Persons who live with or care for persons at high risk
 - D. All of the above

Answers: 5. D; 6. A; 7. C; 8. D.

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CE objectives

After reading *Patient Education Management*, health professionals will be able to:

- identify management, clinical, educational, and financial issues relevant to patient education;
- explain how those issues impact health care educators and patients;
- describe practical ways to solve problems that care providers commonly encounter in their daily activities;
- develop or adapt patient education programs based on existing programs from other facilities. ■