

Assessing Influenza Vaccination Provision within Georgia North Central Health District Pharmacy and Grocery Sites

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Abstract

Expanding influenza vaccination responsibilities beyond the clinical setting has increased access to care but decreased the ease of tracking these vaccinations. The purpose of this assessment was to analyze influenza vaccination provision rates across the Georgia Department of Public Health, North Central Health District, pharmacy and grocery sites to determine the effect that these 63 influenza vaccination provision sites had upon District influenza vaccination rates for the 2011-2014 influenza seasons. Questionnaires were mailed to pharmacy and grocery sites to assess this data. Although pharmacy and grocery sites consistently reported in-house methods for tracking influenza vaccination provision data, these records were not always available at the local level. This study provides a baseline for influenza vaccines provided and a teaching opportunity for public health to align pharmacy and grocery site efforts with the Georgia Immunization Registry law, which requires all vaccinations given in Georgia to be recorded in the Georgia Registry of Immunization Transactions and Services (GRITS).

Introduction

Thirteen counties comprise the Georgia Department of Public Health, North Central Health District (District 5-2). These counties are Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson, with the District 5-2 seat in Bibb County.

Expanding resources and locations for influenza vaccination provision confuses overall District influenza vaccination rate attainment; as more locations provide the influenza vaccination, the District loses understanding of how many people are being reached. The purpose of this study is to assess District pharmacy and grocery sites to determine how their influenza vaccination provision affects District influenza vaccination rates and whether those numbers are being recorded.

According to Georgia Immunization Registry law (Code 31-12-3-1), “any person who administers a vaccine or vaccines licensed for use by the United States Food and Drug Administration to a person” must be entered into GRITS, which acts as a secure immunization database at the state health department. Tracking immunizations enhances the health of Georgia by reducing duplicate immunizations, promoting widespread vaccine safety monitoring, and determining areas that could benefit from greater interventions.

Georgia Immunization Registry law took effect in 1996 and established GRITS as a system in which all children immunizations had to be recorded. In 2004 House Bill 1526 expanded GRITS to include all immunizations regardless of age. For state law compliance, healthcare providers have 30 days to enter an immunization into GRITS unless a parent completes an “opt-out” form for their child. Despite this law being in effect for 10 years, compliance rates remain low without a governing or enforcing body noted within the law.

Collaborative delivery between pharmacy and grocery sites and the District can increase District vaccination rates, resulting in a healthier community. Increasing the number of children and adults who annually receive an influenza vaccination is an objective of Healthy People 2020; being able to provide a realistic District influenza vaccination provision number regardless of vaccinating location would help the District in its quest for disease prevention and health promotion.

Methods

A current list of pharmacy and grocery sites that provided influenza vaccinations for 2013-2014 was obtained from the Centers for Disease Control and Prevention (CDC) and the HealthMap Vaccine Finder. Criteria for site inclusion were influenza vaccination provision and North Central Health District affiliation. Sixty-three District pharmacy and grocery sites were identified using these search tools and inclusion criteria, although three District counties—Crawford, Twiggs, and Hancock—did not have any sites germane to the study guidelines.

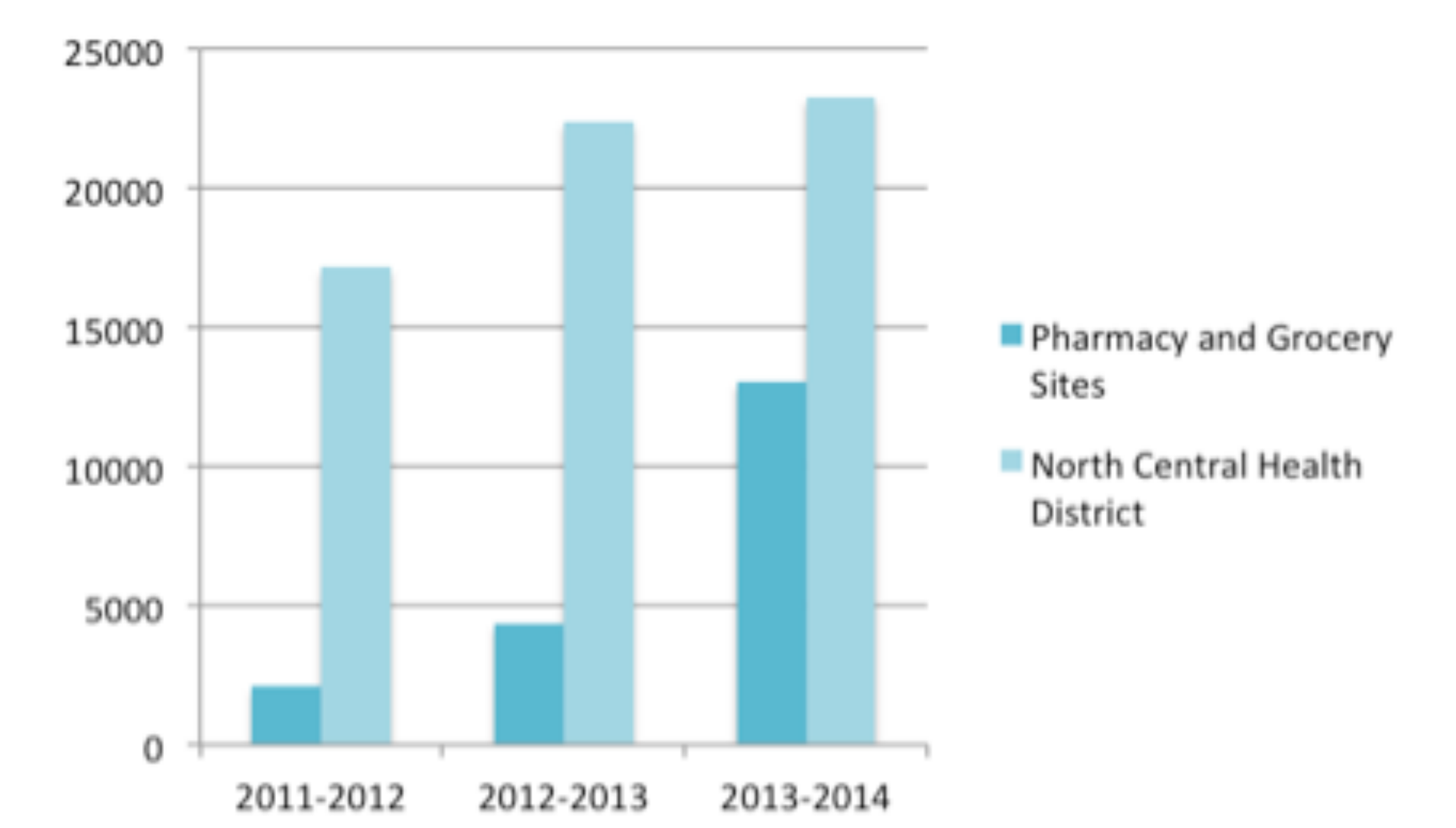
Once Institutional Review Board research proposal consent was obtained from Mercer University, an introductory letter and survey was mailed to each pharmacy and grocery site location and addressed to the pharmacy manager. A stamped return envelope was enclosed with the questionnaire to facilitate responses. Both the survey letter and questionnaire were printed on District letterhead.

Pharmacy managers were given approximately 10 days to respond before a follow-up phone call and the option to complete the assessments via telephone. District influenza vaccination statistics were obtained from the District office.

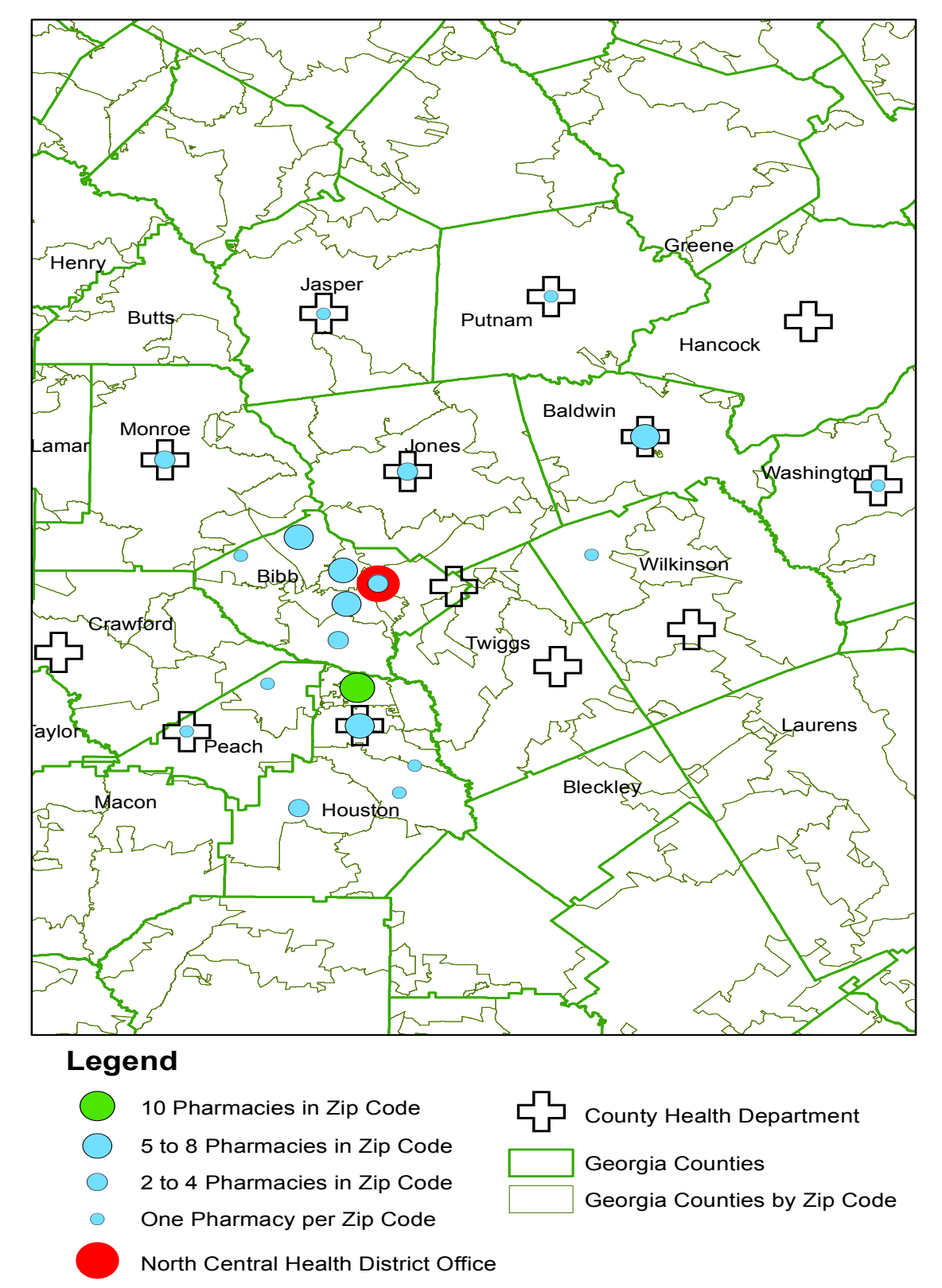
Results

This study had a 59% survey response rate with 29% of the surveys being returned by mail and 30% of the pharmacists opting to complete the survey via the telephone. Approximately 97% of the pharmacies reported an influenza tracking system. All pharmacists in all telephone interviews reported using an in-house system tracking method instead of entering information into GRITS.

North Central Health District reported influenza vaccination rates, 2011-2014



Number of Pharmacies per County by Zip Code



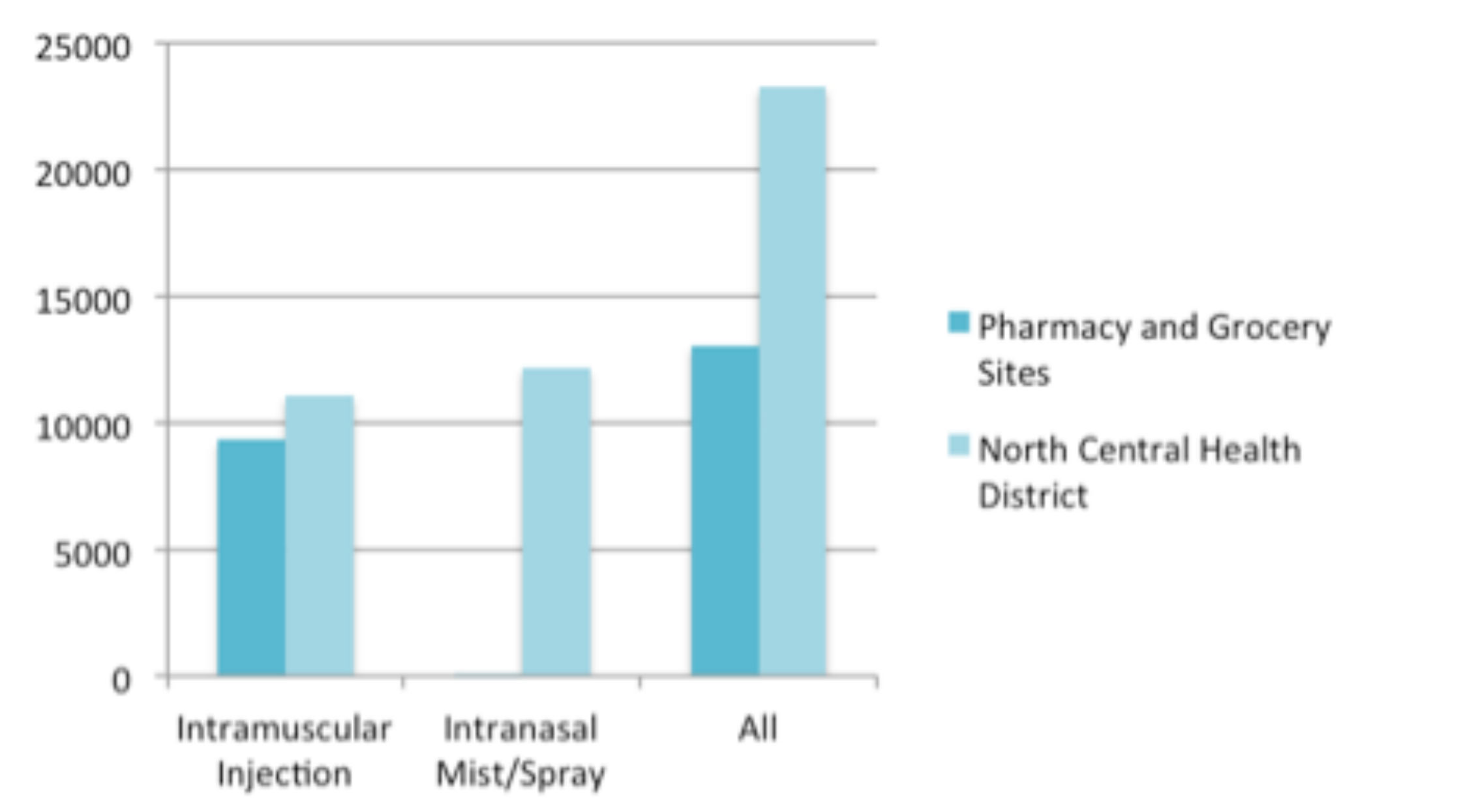
Influenza vaccination rates by location, year, and provision method

		2011-2012	2012-2013	2013-2014
Pharmacy and Grocery Sites	Intramuscular Injection	1970	2950	9369
	Intranasal Mist/Spray	•	•	30
	Total	2090	4348	13075
North Central Health District	Intramuscular Injection	7509	9014	11086
	Intranasal Mist/Spray	9648	13364	12177
	Total	17157	22378	23263

Note. Intranasal mist/spray statistics were not available for all years

Vaccination numbers were reported from 70% of the pharmacies for the current October 2013-January 2014 influenza season; only 27% of the pharmacies could access October 2012-January 2013 vaccination data, and only 19% could access October 2011-January 2012 influenza season results.

Influenza vaccination provision methods, 2013-2014



Note. Not all pharmacy and grocery sites provide the intranasal mist/spray as an intramuscular injection alternative.

Twenty-four percent of the pharmacies offered the intranasal mist/spray influenza vaccine, but of those pharmacies, only 44.4% reported the mist/spray influenza vaccine as always being available. Only 10.8% of the pharmacies consistently offered the mist/spray as an injection alternative.

Median influenza vaccination cash cost during October 2013-January 2014 was \$30 for the intramuscular injection and \$40 for the intranasal mist/spray. The range was \$15-\$33 and \$28-\$40, respectively. The October 2012-January 2013 influenza intramuscular injection vaccine median was \$28 with a range of \$25-\$32; no cash cost was available for the intranasal mist/spray. The October 2011-January 2012 influenza intramuscular injection vaccine cash cost median was slightly lower at \$25, but the range was the same at \$25-\$32. District influenza vaccination cash cost remained \$25 irrespective of vaccination method across the three-year study period.

Limitations

Study limitations included difficulty in contacting pharmacy managers. The study was limited to pharmacies and grocery sites, and not inclusive of physician offices, which are another location in which people receive influenza vaccinations. Having physician office influenza vaccination numbers would give a more precise provision count. Difficulty in reaching pharmacy managers for the voluntary survey completion was a limitation because it could have increased the response rate.

Delimitations of the study include pharmacy managers not completing the entire survey, i.e. —leaving many of the answer spaces and options blank. An additional delimitation was that District pharmacy and grocery sites did not enter influenza vaccination into GRITS, which would provide a precise number. In-house tracking systems, while in place, did not prove to be accessible consistently to the pharmacy managers.

Conclusions

Further research is needed to delineate the precise effect pharmacies and grocery sites have upon District influenza vaccination rates. By Georgia Immunization Registry law (Code 31-12-3-1) and House Bill 1526, vaccinations are to be entered into GRITS. With no enforcing body or compliance structure noted in the Georgia Immunization Registry law, participation by sites providing additional access points for influenza vaccination is being overlooked.

Recommendations include educating pharmacy managers and corresponding corporations on the available GRITS vaccination tracking system. As a prominent public health provider within this geographical area, the District could take advantage of this teaching moment by bringing pharmacy and grocery sites into compliance with Georgia Immunization Registry law, and strengthening relationships and communications between these different sites.

Additional recommended research areas could include assessing influenza vaccination provision by county; assessing the time (month) of the year when most vaccinations are provided; assessing compliance with entering data into GRITS by public health staff; and assessing if demographic disparities exist among those acquiring influenza vaccinations. This study, performed on a macro level, serves as an indication and baseline for further extensive research.

