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 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 GIS 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 reports were not always available at the local level. This study identifies a baseline for influenza vaccination provision rates. GIS 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.

Methods
A current list of pharmacy and grocery sites that provided influenza vaccination 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 Northern 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 Department of Public Health.

Results
This study had a 59% survey response rate with 29% of the surveys being returned by mail and 30% of the pharmacies opting to complete the survey via the telephone. Approximately 50% of the pharmacies reported an influenza vaccination tracking system. All pharmacies in all telephone interviews reported using an in-house system tracking method instead of entering information into GRITS.

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 9% could access October 2011-January 2012 influenza season results.

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

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 pharmacies report 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.

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 1128, 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.