

“Flu & Pneumo Vaccination in General Practice”

A study of targeted administration of influenza & pneumococcal vaccine was conducted in four Victorian practices from Feb 2000 to June 2001.

A project of the Central Highlands Division in consultation with CSL Ltd & WHO Melbourne.
Funded by DHS Communicable Diseases Section.

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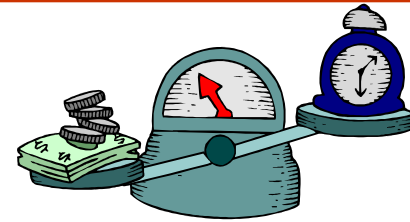
Systematic approach to flu & pneumo vaccination - why does it matter?

- NHMRC recommendations = professional obligation to patients
- Government immunisation programs = obligation to the wider population.
- Analysis of practice roles & time → greater cost efficiency

Estimated vaccine uptake in study practices for 1998, 1999 & 2000

	% Patients Given Flu Vaccine			% Patients Given Pneumo Vaccine		
Practice \ Year	1998	1999	2000	1998	1999	2000
A - second year of using target lists and holding clinics.	65	78	92	16	63	10
B – first year of using target lists and holding clinic.	-	~61	85	-	~8-16	40
C – no computer database; opportunistic vaccination.	-	~20	~24	-	~2.6	~5.6
D – no computer database; opportunistic vaccination.	50	54	~55	~5.5	~5.5	~2.2
State average – based on provision of funded vaccine.	70	76	?	29	27	?

Vaccination clinic cost estimate



- **Expenses:** target lists, cross-checking, letter template, mail-merge, enveloping, postage; pre-clinic patient file checks, nurse clinic time, record keeping, post-clinic data collection & patient follow-up. [Note, includes learning the ropes] \$934
- **GP time:** 16 hrs @ \$50 \$800
- **Income:** bulk-billing x 200 patients @ item 3. [Plus future income created by good-will.] \$2,150
- **Balance** approx. \$416

Benefits of targeted vaccination



- Organised approach improves vaccine uptake significantly
- Pneumo vaccine uptake particularly improves in the first year
- Clinics are cost effective (or at least neutral)
- Doctor and staff satisfaction
- Patient satisfaction and service.

Benefits, contd.



- Allows time for informed consent
- Vaccinating the “non-sick”
- Vaccinating early in the season
- Add-ons: pneumo & ADT/Boostrix vaccination
- Systems improve; database updated
- Practice team skills can be used for other applications.

Difficulties and barriers to targeted vaccination



- Many practices do not have well-established computer recall systems
- No easy way to produce an “<65 at risk” list without auto recall function
- Hand-written admin tallies are hit and miss
- Not enough time
- Flu vaccination programs are not seen as a priority.

The Division package

- Promotion of systematic approach to flu vaccination, through weekly fax / mail / email
- Creation & distribution of a manual
- Help desk
- Visits as required.

‘Flu & Pneumo Vaccination Manual’

Three main (practical) benefits:

1. a tool around which to meet as a practice team
2. checklists
3. patient resources.

Three main components of manual:

1. a place to file info on the current govt program & to store practice records
2. instructions on how to produce letters of invitation
3. instructions on how to run a vaccine clinic.

List of contents

1. Current season campaign
2. GP & patient info sheets, brochures, etc
3. Practice planning checklist
4. Creating recall lists
5. Sample letters
6. Running a vaccine clinic
7. Dealing with children & under 65s
8. Useful contact numbers.

About letters of invitation

- The practice invites patients either to make vaccination appt, or to attend a clinic for vaccination; sample letters provided
- Produce a target list using selection criteria, or use auto flu / pneumo recall function
- First target list = all over 65s + others eligible
- Second target list (optional) = under 65s at risk
- Mail merge letters (<65s) or labels (>65s)
- When giving vaccines use history codes & flag history for recall; auto-link some disease history codes to recalls.

About running a vaccine clinic

The manual contains:

- What is a Flu Vaccination Clinic?
- How to Run a Flu Vaccination Clinic
- Vaccination Clinic Checklist
- Vaccination Clinic Attendance Tally sheet
- HIC info paper on mass immunisation.