Influenza 2015-16 Season

We are currently still seeing an upward trend in influenza rates for the 2015-16 season. The most recent FluView report shows increasing flu activity in the United States with ongoing flu activity expected for several weeks. The flu activity in Connecticut is currently classified as widespread meaning, "outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state." (http://www.cdc.gov/flu/weekly/overview.htm).

The predominant influenza viruses spreading are the A strains with a majority of those being the 2009 H1N1 type. It is important to take measures in order to protect yourself and others from the spread of influenza. The most effective way is to be vaccinated. Vaccinations are available at physician offices, health departments and pharmacies throughout the state. This year’s influenza vaccine includes strains that are predominately spreading throughout Connecticut.

To learn more regarding influenza surveillance, prevention of influenza and where to obtain a seasonal influenza vaccination please visit: www.ct.gov/dph in addition to www.cdc.gov/flu.
Flu Vaccination Coverage

Flu vaccination coverage for the 2014-15 flu season for most groups, was below the Healthy People 2020 goal of 70% vaccination coverage for individuals aged 6 months and older. Flu vaccination rates have increased over the past few years but, not to the extent the CT Immunization Coalition would like to see. The Centers for Disease Control and Prevention (CDC) recommends the following in order to reach the Healthy People 2020 goals:

- Encouraging use of evidence-based practices at medical sites to increase access to vaccination services (e.g., reducing client costs and vaccination programs in schools and WIC settings), increasing community demand for vaccinations (e.g., client reminder/recall systems), and ensuring that all those who visit a provider during the flu season receive a vaccination recommendation and offer from their provider (e.g., standing orders and provider reminders).
- Expanding access through use of non-traditional settings for vaccination (e.g., pharmacy, workplace and school venues) to reach individuals who may not visit a traditional physician’s office during the flu season.
- Broadening use of interventions to remove barriers to accessing vaccination.
- Encouraging multi-sector collaborations, including culturally relevant communications to reach specific target populations and implementing effective interventions to reduce vaccination disparities in the United States.

http://www.cdc.gov/flu/fluwatch/coverage-1415estimates.htm#limitations

Ask yourself: Where does my practice stand in terms of vaccination rates compared to the Healthy People 2020 goal? How can we increase our vaccination rates? How can I partner with other organizations to increase the community vaccination rates?

Figure 1. Seasonal Flu Vaccination Coverage, by Age Group and Season, United States, 2009-2015

Error bars represent 95% confidence intervals around the estimates. The 2009-10 estimates do not include the influenza A (H1N1) pdm09 monovalent vaccine. Starting with the 2011-12 season, adult estimates reflect changes in BRFSS survey methods: the addition of cellular telephone samples, and a new weighting method.
The CT Immunization Coalition is dedicated to the promotion of adult vaccinations for the protection from illness or complications from invasive pneumococcal disease, herpes zoster, pertussis and other vaccine preventable diseases. The coalition also focuses on influenza vaccination throughout the community. Membership is open to any person or agency interested in the scope of adult and influenza vaccinations. Through a diverse membership, the coalition is able respond to the ever-changing issues related to vaccinating the community.

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