

HPSC sees slight increase in over 65s getting influenza vaccine

Latest figures from the HPSC show that uptake of the influenza vaccine increased slightly during the 2007/2008 influenza season when compared with the previous year.

The HPSC system for monitoring influenza vaccine uptake measures the number of people over 65 with a medical card or GP visit card who availed of the vaccine. During the 2007 / 2008 influenza season 61.7% of people in this category received the vaccine compared with 60.6% for the previous season. However, uptake is still below the World Health Organization (WHO) target of 75% by 2010. Uptake rates varied in the different HSE areas, as illustrated in figure 1.

People aged 75 or over were most likely to get vaccinated while those aged between 65 and 69 were less likely to avail of the vaccine as shown in table 1.

Influenza vaccination is free in Ireland for everyone who has a medical or GP visit card. From mid-2001 to the end of 2008, everyone aged 70 years or older was entitled to a medical card. According to The Primary Care Reimbursement Service and the 2006 CSO population census, 419,767 (89.7%) of the population aged 65 years or older had either a medical card or a GP visit card on August 1st 2008.

In Ireland, annual influenza vaccination is recommended for adults and children who are at risk of influenza-related complications, including everyone over 65 years of age. Clearly some of the over 65s are not availing of the vaccine. However, as this system only monitors medical and GP visit cardholders it does not include 50% of the 65-69 age group who are not entitled to these cards. The uptake in this particular group is unknown.

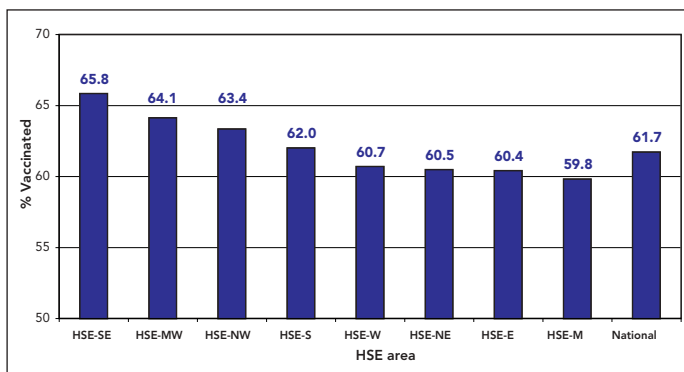


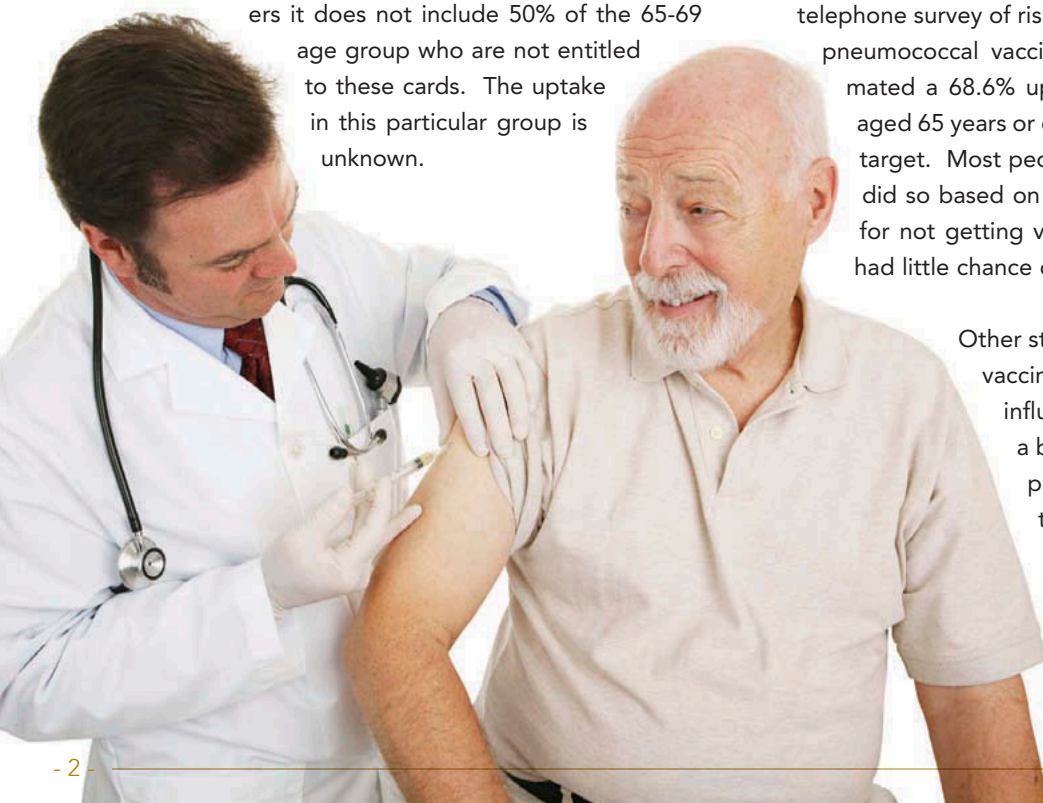
Figure 1. Percentage of people over 65 with a medical or GP visit card who received influenza vaccine during the 2007/2008-influenza season, by HSE area

The measurement of influenza vaccine uptake began in the 2003/2004 flu season, initially amongst over 65s with medical cards. GP visit cardholders were included from 2006/2007 onwards. A study of various European countries during the 2006/2007-influenza season reported uptake rates in older people ranging from 1.8% - 82.1%. The World Health Organization (WHO) has set a target uptake rate of 75% for influenza vaccine in those aged 65 years or older, to be reached by 2010, which is an increase from the 50% WHO target that was set for 2006.

There are no clear reasons for the inadequate vaccination uptake rates, particularly among those aged 65-74 years. A national telephone survey of risk groups and the uptake of influenza and pneumococcal vaccine in Ireland, conducted in 2006, estimated a 68.6% uptake of influenza vaccine among those aged 65 years or older, which reached the then 2006 WHO target. Most people surveyed who availed of the vaccine did so based on the advice of their GP. The main reason for not getting vaccinated was because people felt they had little chance of actually getting influenza.

Other studies have also reported that the cost of vaccination, a lack of awareness of the risks of influenza disease, a distrust of vaccinations, a belief that vaccines don't work and health professionals not recommending vaccination strongly enough are possible reasons for inadequate vaccination uptake.

Influenza and its related illnesses remain a major cause of preventable illness and death in older people worldwide. Vaccination is thought to reduce influenza-



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Table 1. National average influenza immunisation uptake by age group for the last five influenza seasons for people aged 65 or over and who hold medical or GP visit cards

Age Group (years)	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
65-69	51.6	49.1	52.9	50.2	51.0
70-74	58.7	57.6	61.5	59.2	60.0
75+	67.3	67.4	66.9	64.7	66.1
65+	62.0	61.4	63.0	60.6	61.7

related illness by 60% and influenza-related deaths by 70-80% in older people.

HPSC believes that health professionals should encourage and facilitate access to vaccination for their at-risk patients, including everyone aged 65 or older. Work is also needed to increase awareness within the wider community of the value of vaccination for those at risk of influenza complications and should be supported as part of the efforts to increase vaccine coverage.

The need for a national immunisation register is more relevant than ever. This would provide more timely and complete influenza vaccination uptake rates in risk groups, individuals aged 65 years and older, and health care workers.

Projects also need to be developed to promote influenza vaccination uptake among health care workers as recommended by the European Centre for Disease Prevention and Control (ECDC).

The methodology for the HPSC influenza uptake survey and references are available from the authors, by contacting info@hpsc.ie

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In Brief...

Get the jab – not the mumps

Teenagers and young adults have been warned by the HPSC to make sure that they have had two doses of MMR vaccine following the provisional reporting of 1389 cases of the disease in 2008. This compares with 142 for 2007. Dr Suzanne Cotter, Specialist in Public Health Medicine at HPSC advised that MMR vaccination is the only way to tackle this increase.

“The huge rise in cases – nearly 60% of whom are between 15 and 24 years old - highlights once again the importance of getting vaccinated with two doses of MMR, which are needed to minimise the risk of infection. This is especially important for all teenagers and young adults, particularly students in schools and colleges following at least seven outbreaks in third level colleges last year,” she said.

89%

of children received the first dose of MMR at two years of age in quarter 3, 2008. This is the latest statistic available and is the highest uptake rate ever recorded in Ireland. However, it is still below the 95% uptake rate recommended by the World Health Organization.

Erratum

Last month's EPI Insight article - *Meningitis in Ireland, 2007/2008* – contained a typographical error. The third sentence of the discussion on page 3 should have read: “Clearly, the MenC vaccine continues to have a positive impact on the number of serogroup C cases (and not serogroup B cases as stated) seven years after its introduction.”

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