

PEARLS Practical Evidence About Real Life Situations

Interventions effective in increasing influenza vaccination rates

Clinical question	How effective are access, provider, system and societal interventions in increasing the uptake of influenza vaccination in people aged 60 years and older in the community?
Bottom line	Effective interventions for increasing community demand were a letter plus leaflet/postcard (compared with a letter), nurses/pharmacists educating plus vaccinating patients, a phone call from a senior, a telephone invitation rather than clinic drop-in, free groceries lottery and nurses educating and vaccinating patients. Effective interventions for enhancing vaccination access were home visits (compared with clinic invitation), free vaccine and patient group visits. Effective provider/system interventions were paying physicians, reminding physicians about all their patients, posters plus postcards, chart review/feedback and educational outreach/feedback.
Caveat	Trials did not report adverse events. There were no trials of interventions at a societal level. A key problem was measuring how complete the assessment of influenza vaccination was, as in most of the US studies it was possible for participants to receive vaccination at walk-in clinics and during campaigns, instead of their regular clinics; some studies did not perform independent verification of the accuracy and completeness of their clinic records or financial billings.
Context	Many health authorities recommend influenza vaccination of older people. However, vaccination uptake in people aged 60 and older varies across countries, socioeconomic and health-risk groups. It is important to identify effective interventions to increase influenza vaccination uptake.
Cochrane Systematic Review	Thomas RE, Lorenzetti DI. Interventions to increase influenza vaccination rates of those 60 years and older in the community. Cochrane Reviews, 2014, Issue 7. Art. No.: CD005188.DOI: 10.1002/14651858. CD005188.pub3. This review contains 57 studies

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Ministry of Health and are written by Prof. Brian McAvoy, Honorary/Adjunct Professor of General Practice at the Universities of Auckland, Melbourne, Monash and Queensland.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

The PEARLS can be used free of charge for research or teaching. No commercial use is allowed.

View PEARLS online at:

www.cochraneprimarycare.org



PEARLS

Practical Evidence About Real Life Situations

involving 896,531 participants.

Pearls No. 447, November 2014, written by Brian R McAvoy

[References]

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Ministry of Health and are written by Prof. Brian McAvoy, Honorary/Adjunct Professor of General Practice at the Universities of Auckland, Melbourne, Monash and Queensland.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

The PEARLS can be used free of charge for research or teaching. No commercial use is allowed.

View PEARLS online at:

www.cochraneprimarycare.org