**Flu Vaccinations – Information for Health Providers**

Influenza causes preventable morbidity and mortality.

It accounts for 1-2% of deaths annually in Aotearoa [1].  Māori experience inequitable outcomes both in the form of having a higher burden of the disease and suffering higher rates of associated complications [2].

This results in requiring additional supports, additional medical reviews and hospitalisation. Māori have also been shown to be at much greater risk of dying prematurely from the flu (Māori are 3.6 times more likely than European and others to die due to the flu [1] when there is no pandemic, this potentially could be worse ion the setting of a pandemic, such as we are experiencing currently.

Annual flu vaccines are our best method of preventing the flu and has been shown to reduce rates of hospitalisations and those suffering flu related complications [2]. It has been widely accepted that our 2020 influenza season will likely add additional pressure to our health system. The best way to prevent this additional burden on our system is by ensuring those most at risk of flu, particularly those that experience more severe illness, all receive flu vaccines as a matter of urgent priority.

Standard practice in primary care is using a combination of recall systems to trigger patient reminders and opportunistic vaccinations during in-person consultations.  This approach however ignores the existing barriers to care and results in inequitable vaccination rates. Ministry of Health have provided guidance that overall our immunisation rates for Māori are notably lower compared to other groups [2].  Evidence has shown that the strongest single factor influencing patient uptake of the influenza vaccine has been shown to be a specific recommendation from a doctor or nurse [3].

This year, with COVID-19, with greatly reduced in-person appointments and with the public being in lock down from Wednesday 25th March, standard generic reminders will not likely be effective enough to reach those most at risk.  Instead specific and targeted measures will need to be taken in order to vaccinate our most vulnerable populations [1]. This will have the benefit of trying to protect the health of the most vulnerable and their families and to help prevent additional preventable pressures being placed on our health system at a later time, when it may be most needed.

**Handy hints:**

Dedicate a non-contact staff member to call patients to discuss their need for the flu vaccine and how it can have benefits for both them and the whānau who are in their ‘bubble’. Personal contact allows an opportunity to relay the importance and allay any fears misinformation or hesitation [3].

Priority groups for general practices will need to be identified and specifically targeted in a staggered approach. Focus should be on those who experience the most barriers to care AND those who are at highest risk of mortality and requiring medical attention in the future if they were to contract influenza. Groups which require specific targeting in order to receive more equitable access to vaccinations are:

**Funded high risk groups for 2020 (can be claimed from 18 March 2020)**

* Māori over 65 with or without co-morbid conditions.
* Māori with particular comorbid conditions o Māori who are pregnant
* Māori under the age of 4 years who have a history of significant respiratory illness whether it required hospitalisation or not (e.g. bronchiolitis, asthma, pneumonia, bronchiectasis etc.)

**Non-Funded high-risk groups**

* Māori children (Vaccination for 6mth to 3 yrs will be available from 1 April 2020)
* Māori who are quintile 4 and 5 and those living in poor quality housing and overcrowded conditions
* Homeless and those who’s mental health may be impairing their ability to adequately care for themselves

Practices should ensure they have implemented systems to ensure people needing flu vaccines are kept separate from other unwell patients, to minimise risks and inadvertent exposure to COVID-19.

Many practices are doing flu vaccinations outside to allow for large numbers of patients to be vaccinated while maintaining social distancing and helping protecting staff.

This year’s funded flu vaccine is not contraindicated in those with egg allergies/anaphylaxis as the ovalbumin content is less than that required to trigger an anaphylactic reaction [2].

IMAC have made recommendations which means that patients who meet specific criteria may be able to leave before the usual 20 min observation period is up.

This information can be found at: [www.influenza.org.nz/sites/default/files/2020/AdministrationPostFluvacWaitPositionStatementIMAC20200320V01Final.pdf](http://www.influenza.org.nz/sites/default/files/2020/AdministrationPostFluvacWaitPositionStatementIMAC20200320V01Final.pdf)

References [1] Khieu,T et al. Modelled seasonal influenza mortality shows marked differences in risk by age, sex, ethnicity and socioeconomic position in New Zealand. Journal of Infection. 2017 75(3):225-233.

[2] BPAC. Te influenza immunisation programme is starting early in 2020. March 2020 (updated 24 March). <https://bpac.org.nz/2020/flu.aspx>

[3] Burns VE, Ring C, Carroll D. Factors influencing influenza vaccination uptake in an elderly, community-based sample. Vaccine 2005 20;23(27):3604–8