

Expanding Flu Vaccine Window by 6 Months Adds Millions of Provider Visits, Study Says

BY KERRI WACHTER

Senior Writer

WASHINGTON — Expanding the traditional window for influenza immunization would add vaccination opportunities by increasing the number of pediatric office visits, based on data for 77.6 million children from a nationwide survey during the 2004-2005 flu season.

By expanding the vaccination window 6 months, either earlier or later, the overall number of children aged between 0 and 18 years with at least one provider visit jumped from 11.1 million to 23.4 million (July through December) or to 18.2 million (October through March), Dr. Richard G. Judelsohn reported in a poster at the jointly held annual Interscience Conference on Antimicrobial Agents and Chemotherapy and the annual meeting of the Infectious Diseases Society of America. The study was sponsored by MedImmune LLC, which makes Flumist nasal influenza vaccine. Dr. Judelsohn's coauthors are employed by MedImmune.

In early 2008, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices expanded its recommendation that all children aged 6 months to 18 years receive the seasonal flu vaccine each year. However, many children do not visit a health care provider during the traditional flu vaccine window—October through December. The need for additional office visits for the vaccine could be a barrier to increasing flu vaccination.

For this study, the researchers used data from the Medical Expenditure Panel Survey, which is a federally funded survey of families, medical providers, and employers nationwide. Data from the 2004-2005 flu season was used to assess the number of children with existing medical provider office visits during specific monthly intervals. In particular, the researchers identified the number of children with one or more provider visit for various intervals by adding 1, 2, or 3 months before or after the typical flu vaccination window of Oct. 1–Dec. 31.

The researchers also looked at the data for five distinct age groups: less than 12 months, 12-23 months, 2-4 years, 5-8 years, and 9-18 years. Well visits were summarized separately from other provider visits because these may represent the greatest yield vaccination opportunity.

"With expansion of the traditional vaccination window, the largest percentage increase in the number of children with a provider visit is seen in children 5-18 years of age," wrote Dr. Judelsohn,

a professor of pediatrics at the State University of New York at Buffalo, and his coinvestigators. The percentage jumped from 27% between October and December to 46%-48% having a visit during either 6-month window.

"Overall, the proportion of children with existing visits decreases with increasing age," they wrote. In all, 59% of children younger than 23 months had a visit between October and December, compared with 27% of children aged 5-18 years. Among children with a visit, the proportion with well child visits also decreases with increasing age.

Estimated Number of Children With at Least One Provider Visit (in millions)

Age group	Population size	Vaccination window		
		Oct.-Dec.	July-Dec.	Oct.-Mar.
<12 months	3.9	2.1	2.7	3.1
12-23 months	4.1	1.6	2.5	2.3
2-4 years	12.3	2.2	4.5	3.9
5-8 years	15.6	1.7	3.9	2.7
9-18 years	41.7	3.4	9.8	6.2
Overall	77.6	11.1	23.4	18.2

Note: Based on 2004-2005 data from the Medical Expenditure Panel Survey.
Source: Dr. Judelsohn

ELSEVIER GLOBAL MEDICAL NEWS

Flu Vaccine Is a Hard Sell to Some Parents of Children With Asthma

BY SUSAN LONDON

Contributing Writer

SEATTLE — In one-third of children with asthma who are not vaccinated against influenza, the vaccine is withheld because parents believe it has no benefit, according to results of a study of 93 children and their parents.

Influenza exacerbates asthma, and annual flu vaccination is recommended for high-risk children, including those with chronic asthma, Dr. Sudha Reddy, a fellow at the Children's Hospital of Michigan in Detroit, and her colleagues reported at the annual meeting of the American College of Allergy, Asthma, and Immunology.

To determine the prevalence of flu vaccination among children with asthma and reasons for receipt and nonreceipt of the vaccine, the investigators conducted a clinic-based study in the fall of 2004.

"During that year, there was a nationwide shortage of flu vaccine due to manufacturing problems," Dr. Reddy noted in an interview. Given media coverage of the shortage and the resulting increased public awareness, Dr. Reddy and her colleagues hypothesized that vaccination rates would be high.

Study participants were aged 5-18 years, had established asthma, and

were visiting an allergy clinic in a university-affiliated hospital. They and their parents completed questionnaires asking about demographics, the severity of their asthma, their influenza vaccination status, and reasons for vaccinating or not vaccinating.

Asthma was rated as mild in 55% and as moderate or severe in 45%.

Sixty-seven percent of the children



The leading reason parents gave for having their children vaccinated was recommendation by a physician.

DR. REDDY

received the flu vaccine. The leading reason that parents gave for vaccinating was that a physician recommended it (44%). Other reasons were: routinely getting the vaccine on an annual basis (21%), hearing about it through school (15%), being aware of the vaccine (12%), and news of the vaccine shortage (8%).

On the other hand, the leading reason parents gave for not vaccinating their children was lack of benefit of the vaccine, cited by 32%, which Dr. Reddy commented was surprising.

Other reasons included a previous

experience of vaccine-related adverse events (22%), a perception that the children would not get the flu (16%), a preference that the children would become ill rather than receive the vaccine (10%), an allergy to eggs (6%), a preference to not vaccinate (6%), and failure of the physician to recommend vaccination (3%). (In all, 5% of the parents did not respond to this question.)

In terms of perceived benefits of the flu vaccine, 48% of parents overall believed that it prevented influenza illness, and 47% believed that it helped control asthma.

Among children who received the vaccine, the most common adverse events were local pain (44%) and fever (13%). Only 2% experienced a worsening of their asthma.

The majority of parents (61%) said that their physician was their source of information about flu vaccination. Other sources included the media generally (23%), news regarding the vaccine shortage specifically (13%), and family members (3%).

The investigators concluded that physicians remain the best source of information on the flu vaccine for most patients and should discuss the topic with patients at every opportunity for vaccination.

Dr. Reddy reported that she had no conflicts of interest in association with the study.

Steroid Nasal Spray Fails to Foil OME In Young Children

RIO GRANDE, PUERTO RICO — Intranasal corticosteroids were no better than placebo for curing otitis media in children aged 4-11 years, based on data from a study of more than 200 children.

Dr. Ian Williamson of the University of Southampton (England) and his colleagues hypothesized that off-label intranasal corticosteroids might be effective against otitis media with effusion (OME), which is among the most common indications for surgery in young children in the United Kingdom.

The investigators randomized 217 children with OME diagnoses to receive 50 mcg of mometasone spray or a placebo spray in each nostril once daily for 3 months. The children were referred for the study from 99 family practices in the United Kingdom between 2004 and 2007.

The primary outcome was resolution of infection in at least one ear after 1 month, based on tympanometry data. Overall, the cure rate at 1 month was 41% among the 105 children who received corticosteroids and 45% among the 112 children who received the placebo spray. A secondary analysis at 3 months showed similar results, with cure rates of approximately 50% in each group, Dr. Williamson said at the annual meeting of the North American Primary Care Research Group.

Adverse events included nasal stinging, dry throat, cough, and nosebleed, but the incidence of these events was not significantly different.

Dr. Williamson stated that he had no financial conflicts to disclose.

—By Heidi Splete