

H1N1 Vaccination Patterns Show State Variation

CDC also reported variations in vaccine uptake based on people's age and target group status.

BY MITCHEL L. ZOLER

Uptake of the influenza 2009 pandemic H1N1 vaccine by the American public showed a striking state-by-state variation, ranging from a high of 39% in Rhode Island to a low of 13% in Mississippi, the Centers for Disease Control and Prevention reported.

The CDC's H1N1 vaccination data, which covered the period through the end of January 2010, also showed sharp variations in vaccine uptake based on people's age and whether or not they fell

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into one of the initial target groups for the vaccine, the agency reported in an article in *Morbidity and Mortality Weekly Report* (2010;59:363-8).

Among Americans aged 6 months to 17 years, which was one of the initial target groups, vaccine coverage ranged from a high of 85% in Rhode Island to a low of 21% in Georgia. For all people in the initial target groups, uptake rates ranged from 58% in Rhode Island to 19% in Mississippi. In addition to children aged 6 months to 17 years, other initial target groups included pregnant women, health care and emergency medical personal, adults aged 18-24 years, and adults 25-64 years with high-risk medical conditions.

The wide geographic variation in vaccination rates "suggests opportunities for improvement" in future flu vaccine seasons, such as boosting the distribution of vaccine at public venues such as schools, the investigators wrote. Among four New England states that achieved

especially high vaccination rates of 60% or greater among children, three states—Maine, Rhode Island, and Vermont—had statewide school vaccination campaigns that coincided with a period of high vaccine demand.

"While it is premature to conclude that this [statewide school-based vaccination campaign] is the reason for their success, I think there is a compelling story there that we'll have to evaluate more carefully," Dr. Anne Schuchat, director of the CDC's National Center for Immunization and Respiratory Diseases, said at a press conference.

Health care personnel also showed high levels of H1N1 vaccine uptake, although the rate fell short of their uptake of seasonal flu vaccine during the period of August 2009 to January 2010. During that period, overall uptake of any influenza vaccine occurred in 64% of health care personnel, including 62% who received the seasonal flu vaccine and 37% who received the H1N1 vaccine. A total of 35% received both vaccines, the CDC reported in a second *MMWR* article (*MMWR* 2010;59:357-62).

The 64% overall flu vaccine uptake rate among health care personnel "for the first time meets the Healthy People 2010 target of 60%," CDC staffers noted in the article.

The CDC also found that health care personnel who were subject to employer requirements for vaccination were most likely to receive a flu vaccine. Those results were based on health care personnel flu vaccination rates obtained in an Internet-based survey with 1,417 respondents.

In addition, 81% of the health care personnel surveyed believed the seasonal influenza vaccine was safe, compared with 67% who believed the H1N1 vaccine was safe. The two most commonly cited reasons for not receiving vaccine were "I don't need it" and "I may experience side effects."

"We were very pleased that at least seasonal flu vaccine rates were higher than in prior years," Dr. Schuchat said. "Maybe we're at a tipping point, where consumers and patients will demand that health care personnel be vaccinated and institutions [will] pay attention. We'd love to see health care facilities compete with each other and publicize" their vaccination rates.

Other findings from the CDC's survey of vaccination uptake in the general U.S. population showed median, nationwide rates for H1N1 vaccination of 22% in people aged 65 years or older, 14% in those aged 25-64 years and not in an initial target group, and 25% in those aged 25-64 years in an initial target group.

The rate in the elderly notably fell far short of the typical 65% rate for season-

al flu vaccine, but still was substantially higher than the 14% rate in middle-aged adults who did not have risk factors that placed them in the initial target group, Dr. Schuchat said.

The national median rate for children aged 6 months to 17 years reached 37%, which is a "a big jump" above prior flu vaccination efforts, she said. In the 2008-2009 season, for example, immunization with seasonal flu vaccine occurred in about 24% of children aged 6 months or older.

For all Americans aged 6 months or older, the median H1N1 vaccination rate was 24%, the CDC reported in the *MMWR*. As of the end of February 2010, between 72 million and 81 million Americans had received at least one dose of the H1N1 vaccine, Dr. Schuchat said. ■

H1N1 Hospitalizations Rise in Georgia as Flu Season Continues

The 2009 H1N1 influenza virus has not disappeared, and Georgia has seen a surge in hospitalizations among adults due to H1N1 flu over the past several weeks, a federal official reported during a teleconference.

Most new hospitalizations related to the H1N1 flu in Georgia have occurred in adults with chronic conditions, such as diabetes, heart disease, and asthma, said Dr. Anne Schuchat, director of the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases.

"We are continuing to see people with serious illness from the pandemic H1N1 virus," said Dr. Schuchat. Disease rates in most parts of the United States are, on average, lower than they were last fall, but individuals continue to get sick, become hospitalized, and die, she emphasized.

No states are currently reporting widespread activity, but three states—Georgia, Alabama, and South Carolina—are reporting regional flu activity, and the rate of laboratory-confirmed hospitalizations for H1N1 illness in Georgia has returned to levels similar to those seen last fall.

Early in March, Georgia public health officials requested the CDC's help in investigating the cause of the surge in hospitalizations, and this investigation is ongoing.

"The findings we have so far suggest the value of vaccination, particularly among adults with chronic illness or advanced age, who are more likely to become severely ill if they encounter the H1N1 virus," Dr. Schuchat said. "We don't have any evidence that the H1N1 virus has changed."

The H1N1 vaccine is widely avail-

able across the United States in doctors' offices, public health clinics, and other settings.

"The CDC strongly urges people with underlying health conditions and those over 64 year to get vaccinated. We have an excellent safety record now for the H1N1 vaccine," she added.

U.S. Surgeon General Regina Benjamin emphasized the continuing need to educate the public about the value of H1N1 vaccination, especially minority groups, who are more likely to have the chronic medical conditions that put people at increased risk.



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DR. SCHUCHAT

"The flu season is not over yet," Dr. Benjamin said. "Vaccination is the best protection."

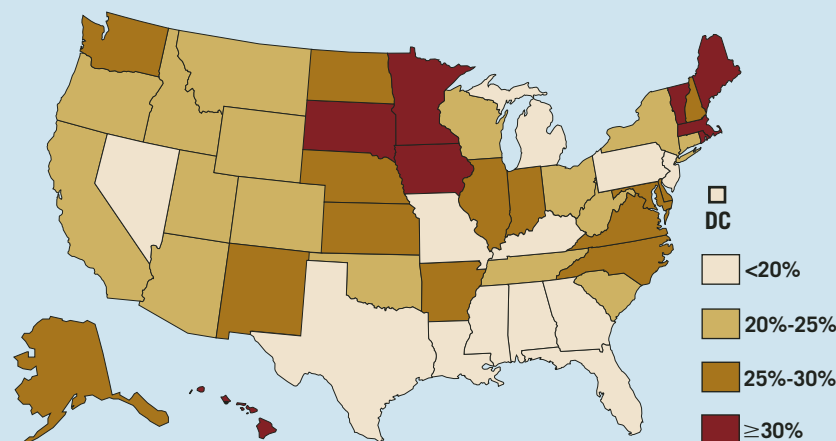
Dr. Schuchat confirmed that the H1N1 virus will be part of a trivalent influenza vaccine that will be available this fall. This vaccine will include the 2009 H1N1 strain, an influenza B strain, and an influenza A H3N2 strain.

The CDC recommends vaccination with the current H1N1 vaccine now for protection in the months ahead until the trivalent vaccine becomes available, said Dr. Schuchat.

"We really don't know whether this H1N1 will continue to circulate during the summer the way it did last year," she said.

—Heidi Splete

Estimated Influenza 2009 H1N1 Vaccination Coverage



Note: Based on Behavioral Risk Factor Surveillance System and National 2009 H1N1 Flu Survey data for 73,864 children and 140,452 adults.

Source: *MMWR*