A home based health check combined with influenza vaccination improved uptake of influenza vaccination in people ≥75 years of age


QUESTION: In people ≥75 years of age, what is the effectiveness of 2 services (a home based health check combined with influenza vaccination and a personal letter of invitation to attend an influenza vaccination clinic) for maximising uptake of influenza vaccination?

Design
Randomised (unclear allocation concealment), blinded [data collectors]*, controlled trial with follow up of approximately 14 weeks.

Setting
A primary care practice in Melton Mowbray, Leicestershire, UK.

Patients
2052 adults ≥75 years of age (median age 79 y, 61% women) who were registered at a primary care practice. Adults living in residential care, nursing homes, or sheltered accommodation were excluded. Follow up was 100%.

Intervention
680 patients were allocated to an offer for a health check (including assessment of physical and mental health) given by a practice nurse in the patient’s home combined with an offer for influenza vaccination (health check group). 1372 patients were allocated to receive a personal letter of invitation to attend an influenza vaccination clinic (personal letter group). The letter stressed the importance of vaccination and reassured patients that there were few vaccination associated adverse effects.

Main outcome measures
Proportion of patients receiving the influenza vaccination.

Main results
Analysis was by intention to treat. Among the 680 patients in the health check group, 468 (69%) actually received the health check. Among the 1372 patients in the personal letter group, 66 (4.8%) received the influenza vaccination at home because of medical reasons. Participants in the health check group were more likely to receive the influenza vaccination than those in the personal letter group (table). Among those who had not received influenza immunisation in the previous year, patients in the health check group achieved a higher inoculation rate than those in the personal letter group.

Conclusion
In patients ≥75 years of age, a home based health check combined with influenza vaccination improved uptake of influenza vaccination more than an invitation to attend a vaccination clinic.  

*Information provided by author.

Continued on next page
Telephone appointing by receptionists improved uptake of influenza immunisation in low risk people aged 65–74 years


QUESTION: In elderly patients aged 65–74 years who have not previously been recalled for influenza immunisation, is telephone appointing by receptionists effective for improving uptake of influenza immunisation?

Design
Randomised [allocation concealed]*, blinded [health-care providers, data collectors, data analysts]*, controlled trial with approximately 3 months of follow up.

Setting
3 general practices in London and Essex, UK.

Patients
1318 patients who were 65–74 years of age and registered at 1 of 3 general practices that serve a multi-ethnic, inner city population. Patients with chronic disease who had been previously recalled for influenza immunisation were excluded. Follow up was 100%.

Intervention
1206 households (1318 patients, mean age 69 y, 55% women), which were grouped within each practice, were allocated to telephone appointing (intervention group, 605 households, 660 patients) or to the control group (601 households, 658 patients). Each household in the intervention group received ≤2 telephone contacts (made at different times during the day) by a receptionist who offered to make an appointment for influenza vaccination at a nurse run clinic. The study coincided with a letter and leaflet mailout to every general practice registered patient aged ≥65 years, which promoted influenza immunisation uptake, and a national television campaign promoting influenza immunisation.

Main results
Analysis was by intention to treat. Of the 605 households in the intervention group, 360 (59.5%) were contacted by telephone, 30 (5%) already had an appointment for influenza vaccination, 102 (17%) could not be contacted by telephone, and 113 (19%) had no telephone. A higher rate of uptake of influenza immunisation was seen among patients in the intervention group than in the control group (table).

Conclusion
In elderly patients aged 65–74 years who had not previously been recalled for influenza immunisation, telephone appointing by receptionists improved uptake of influenza immunisation.

*Information provided by author.

<table>
<thead>
<tr>
<th>Outcome at approximately 3 months</th>
<th>Telephone appointing</th>
<th>Control</th>
<th>RBI (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uptake of influenza immunisation</td>
<td>50%</td>
<td>44%</td>
<td>14% (1 to 28)</td>
<td>17 (9 to 186)</td>
</tr>
</tbody>
</table>

COMMENTARY—continued from previous page

An economic analysis would help readers place the effects of these interventions into context. Practices in the UK receive an item of service payment for each vaccination given to persons >65 years. However, this cost will be offset by reduced visits to general practitioners, home visits, drugs, and hospital admissions, plus the advantage to patients of illness prevention.

A recent systematic review identified that organisational changes, such as separate clinics, deployment of non-medical staff (eg, nurses), patient financial incentives, and patient reminders are the most effective ways of improving uptake of adult immunisation and screening. Clearly, the interventions used in the studies by Arthur et al and Hull et al fit many of these criteria. A package of interventions is most likely to be effective for increasing uptake of vaccination. It would be interesting to see if the effects of the interventions evaluated here could be further improved by the incorporation of other strategies (eg, patient financial incentives).

These 2 interventions should be seen as part of a larger strategy to vaccinate vulnerable patients. Clinics need to be held at convenient times and be easily accessible. Mobile outreach or weekend clinics may be required. Publicity, ranging from media campaigns to personal letters to patients, needs to be appropriate and widely dispersed in simple language.

Telephone appointing by receptionists improved uptake of influenza immunisation in low risk people aged 65–74 years

Evid Based Nurs 2003 6: 53
doi: 10.1136/ebn.6.2.53

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