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RAND HEALTH

OCCASIONAL PAPER

Midseason Influenza Vaccine Use by Adults in the U.S.

A Snapshot as of Mid-November 2008

Katherine M. Harris, Juergen Maurer, and Nicole Lurie

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In mid-November, RAND conducted a survey of a nationally representative sample of adults age 18 and over (n=3,969) to collect data on the receipt of the influenza vaccine in the United States. The results of this survey will inform public health officials and other stakeholders about progress toward vaccinating adults prior to the end of the vaccination season in late winter while action can still be taken to improve uptake.

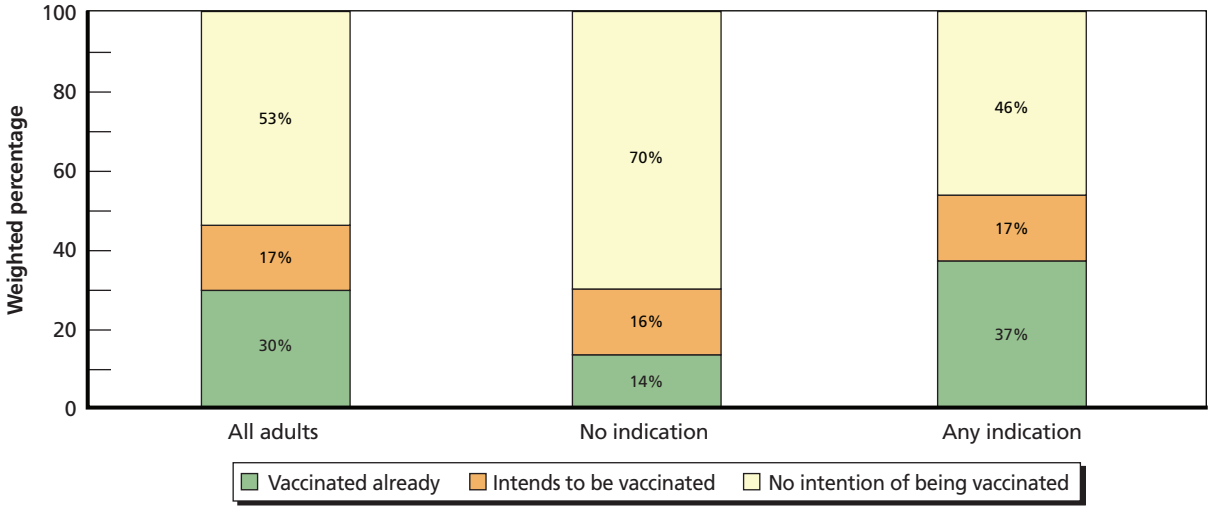
By mid-November 2008:

- **30 percent of all U.S. adults had been vaccinated against influenza**
- **37 percent of adults with a health or occupational indication had been vaccinated**
- **17 percent of all adults intended to receive the vaccine by the end of the vaccination season.**

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) specifically recommends annual influenza vaccination for adults with one or more of the following indications: age 50 or older; having a high-risk health condition; being a health-care worker; or having contact with or caring for young children, the elderly, or high-risk individuals.[1] Survey results suggest individuals with indications comprise roughly seven in ten U.S. adults. The ACIP also recommends annual vaccination against influenza for any adult who wants to reduce the risk of becoming ill with influenza or of transmitting it to others.

Actual and Intended Receipt of Influenza Vaccine by Adults Age 18 and Older in the United States, Fall 2008

By mid-November 2008, only three in ten adults had been vaccinated against influenza, and one in five intended to receive a vaccine during the remainder of the season. Adults with indications were somewhat more likely to have been vaccinated than those without. However, the two groups did not differ in terms of their intentions to be vaccinated.



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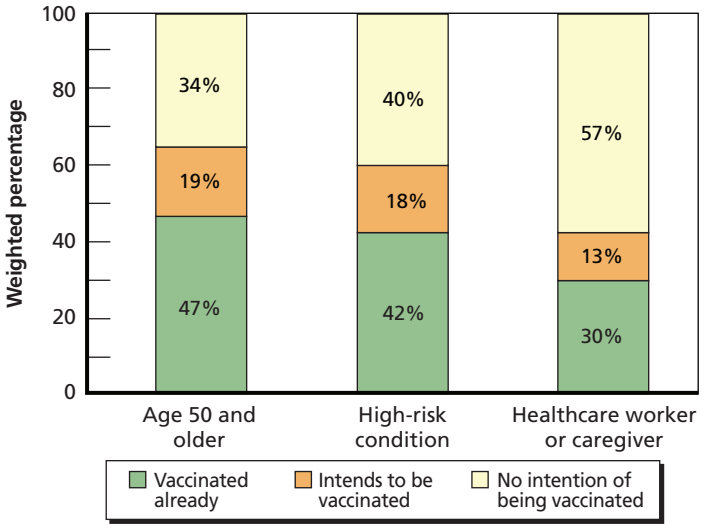
Actual and Intended Receipt of Influenza Vaccine by Indication

About two in five age 50 and older and about two in five with a high-risk health condition had received an influenza vaccination. By contrast, fewer than one in three healthcare workers or caregivers received a vaccine. The intention to be vaccinated did not differ substantially across the three indicated groups.



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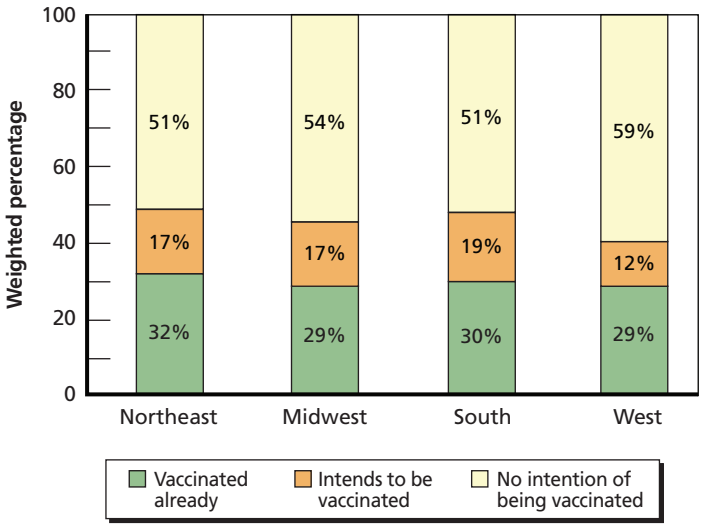
Actual and Intended Receipt of Influenza Vaccine by Region

Geographic differences in vaccination and in intended vaccination were not substantial. No more than one-third of adults had received an influenza vaccine by mid-November in any region of the country. Likewise, fewer than one in five adults intended to be vaccinated after mid-November



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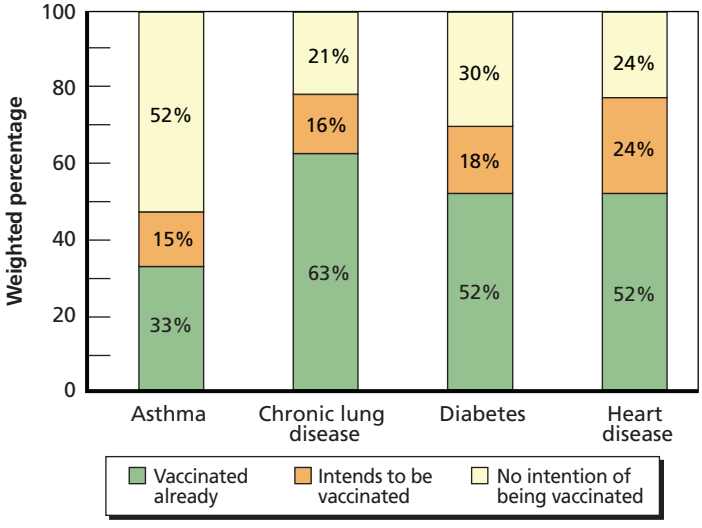
Actual and Intended Receipt of Influenza Vaccine by Selected High-Risk Health Condition

One-third of adults with asthma, nearly two-thirds of those with chronic lung disease, and one-half of those with diabetes and heart disease were vaccinated by mid-November.



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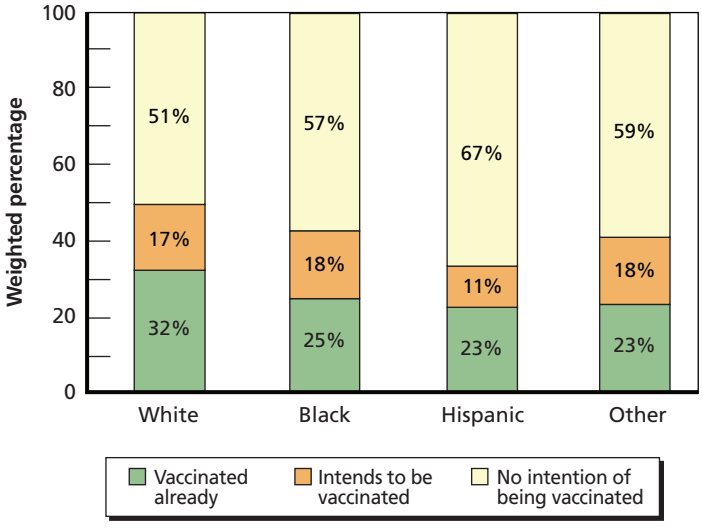
Actual and Intended Receipt of Influenza Vaccine by Race/ Ethnicity

Just under one in three white adults and roughly one in four Hispanics, blacks, and others have received the influenza vaccine. The intention to be vaccinated after mid-November was roughly comparable across categories, with fewer than one in five adults in any category intending to receive the influenza vaccine after mid-November.



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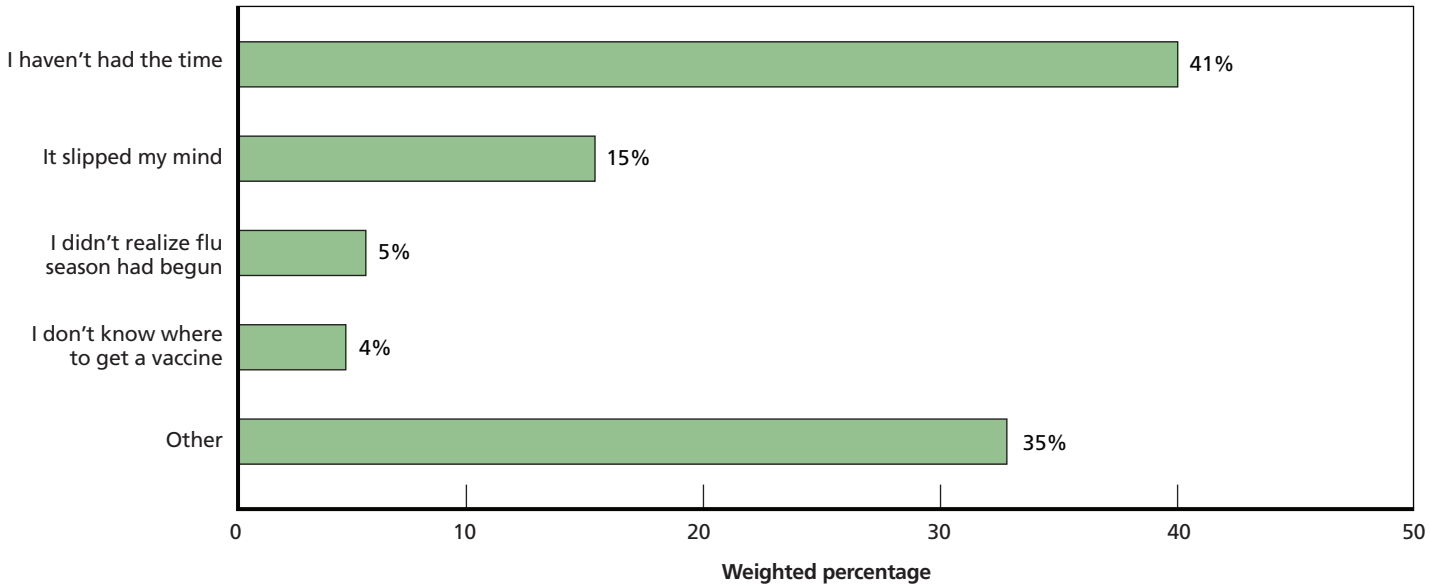
Why Adults Intending to Be Vaccinated Have Not Yet Been Vaccinated

Roughly two in five adults who intended to be vaccinated reported not having had the time as the main reason for not yet being vaccinated. Having forgotten to be vaccinated was cited as a main reason by seven in ten adults in this category.



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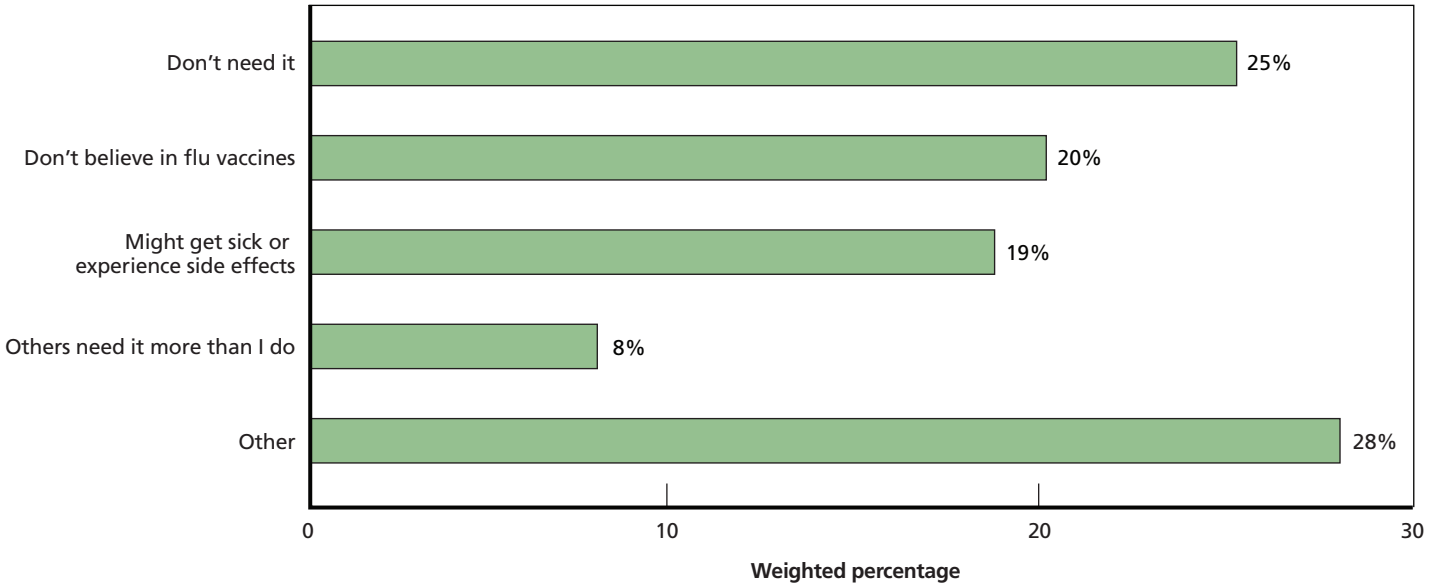
Why Unvaccinated Adults Do Not Intend to Be Vaccinated

Among unvaccinated adults who did not report an intention to be vaccinated, roughly one-quarter perceived the influenza vaccine as unnecessary. Not believing in flu vaccines and the possibility of getting sick were both cited as the main reason for not intending to be vaccinated by one in five adults in this category.



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This occasional paper presents data from a nationally representative survey of adults age 18 and older (n=3,969) conducted for RAND by Knowledge Networks, Inc., a nationally representative online research panel consisting of roughly 40,000 households. Reported percentages have been weighted to reflect the demographic composition of U.S. adults using data from the Current Population Survey. Panelists are initially recruited with known probabilities using random-digit dialing. Household members agree to respond to surveys in exchange for small financial incentives or free Internet access. Studies using the Knowledge Networks panel have been published in peer-reviewed literature.

For additional information about the survey and sampling methodology, see "Knowledge Networks Methodology," available at http://www.knowledgenetworks.com/ganp/docs/Knowledge%20Networks%20Methodology.pdf

The survey was administered to 6,045 adult panelists between November 7 and November 19. Sixty-six percent of sampled panelists completed the survey. The survey questionnaire is available at http://mrqc.knowledgenetworks.com/mrIWeb/mrIWeb.dll?I.Project=S12240&i.Test=1

For detailed tables, including 95-percent confidence intervals, completion rates, and sample sizes, see Katherine M. Harris, Juergen Maurer, and Nicole Lurie, *Midseason Influenza Vaccine Use by Adults in the U.S.: Detailed Survey Data Tables*, Santa Monica, Calif.: RAND Corporation, OP-241/1-GSK, 2008, available at http://www.rand.org/pubs/occasional_papers/OP241.1/

[1] Fiore, A.E., et al., Prevention and control of influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. MMWR Recomm Rep, 2008. 57(RR-7): pp. 1–60. High-risk health conditions include diabetes, heart disease, chronic lung disease, asthma, immune system problems, kidney disease, sickle cell disease, and hemophilia.

This survey was conducted with the funding and support of GlaxoSmithKline (GSK). The findings have been subject to RAND's quality assurance and peer review process, and RAND alone is responsible for the content. The RAND Corporation is a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. **RAND**® is a registered trademark.

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