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Short communication

Receipt of other routinely recommended vaccines relative to receipt of seasonal influenza vaccines: Trends from medicare administrative data, 2013–2015

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ABSTRACT

Annual influenza vaccination campaigns emphasize the importance of getting vaccinated against influenza. These campaigns offer potential opportunities to raise awareness of all vaccines. We explored the peak timing of the receipt of influenza and other routinely recommended vaccinations.

We examined administrative claims data of 31 million Medicare fee-for-service beneficiaries, eligible to receive vaccinations administered from 2013 to 2015 from Medicare Part B (medical insurance) and Medicare Part D (prescription drug benefit).

From 2013 to 2015, 88% of over 50 million influenza vaccination claims occurred in September, October, and November. Claims for pneumococcal (42%), herpes zoster (36%), and tetanus-containing (32%) vaccines were also concentrated during these months. For pneumococcal vaccines, this concentration occurred across various provider settings, including traditional doctor's offices, pharmacies, and hospitals. Herpes zoster (92%) and tetanus-containing (72%) vaccines were largely administered in the pharmacy.

Annual influenza vaccination efforts offer additional opportunities to assess, recommend, and administer other recommended vaccinations.

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1. Introduction

In the United States, influenza and its complications disproportionately affect older adults who experience more influenza-related deaths and hospitalizations than younger adults [1–4]. Annually, much effort is invested in influenza vaccination campaigns that target older adults and emphasize the importance of getting vaccinated against influenza [5]. These campaigns often have dedicated resources and facilitate contact points between the healthcare system and the general public, including visits with physicians and pharmacists [6,7]. These contact points provide opportunities to educate patients on vaccine recommendations and administer vaccines when necessary [7–10].

The influenza vaccination season occurs in the fall of each year. Public health promotion of influenza vaccination emphasizes that vaccination is the best way to protect against influenza signifi-

cantly reducing influenza mortality and morbidity. Annual campaigns aim to increase uptake of seasonal influenza vaccination particularly in risk groups such as older adults and those with underlying health conditions who are at higher risk of serious influenza complications. Given the greater focus on utilization of healthcare contact points during the influenza vaccination season, we sought to explore the seasonality of influenza vaccination among Medicare beneficiaries aged ≥ 65 years and compare the timing of influenza vaccinations with the timing of other Advisory Committee on Immunization Practices (ACIP)-recommended vaccines that are not inherently seasonal.

2. Methods

This analysis identified Medicare Part B (medical insurance) and Part D (prescription drug benefit) covered vaccinations that were administered from 2013 to 2015 and recorded on Medicare fee-for-service (FFS) claims. We used the claims' *procedure date* variables to summarize trends in vaccination utilization for Table 1 and Figs. 1 and 2. Routinely recommended vaccines covered under

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Table 1
Concomitant administration of influenza vaccines + other vaccines.

Vaccine Type	Pneumococcal		Herpes Zoster		Tetanus		Hepatitis B	
Total vaccinations administered during 2013–2015 influenza vaccination seasons (September–November)	5,441,821	100%	1,328,967	100%	347,298	100%	271,930	100%
Administered on the same day as an influenza vaccination	3,008,591	55%	210,301	16%	52,739	15%	70,242	26%
Administered during the 30 days following an influenza vaccination	772,682	14%	176,207	13%	31,475	9%	49,185	18%

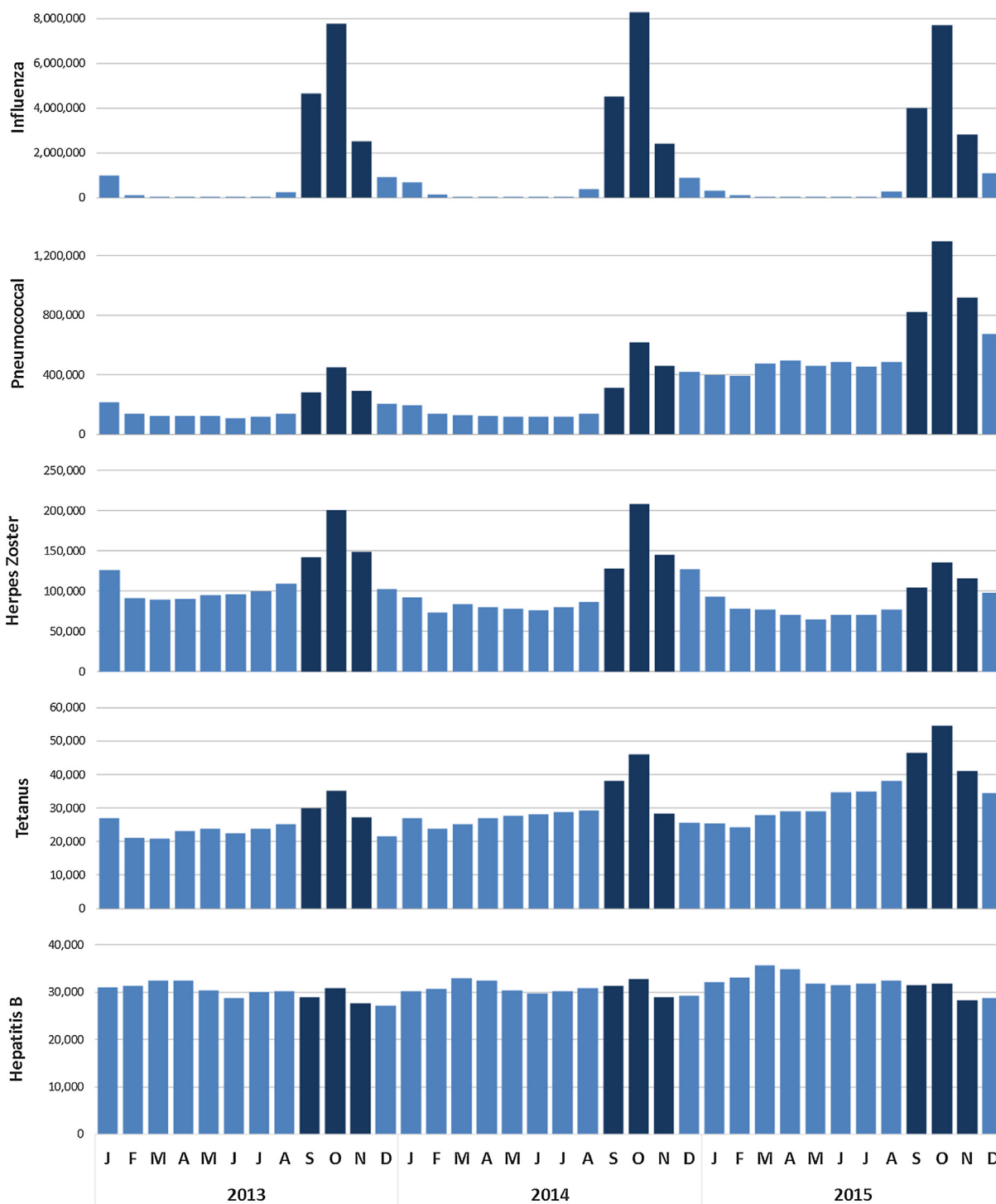


Fig. 1. Monthly distribution of selected Medicare Part B and Part D vaccines in all settings, 2013–2015.

Part B (influenza, pneumococcal, tetanus for wound care) were observed using Common Procedure Terminology (CPT) and Health Common Procedure Coding System (HCPCS) codes. Pneumococcal

vaccinations include both 23-valent pneumococcal polysaccharide (PPSV23) and 13-valent pneumococcal conjugate (PCV13) vaccines. Routinely recommended vaccinations covered under Part D

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