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Promoting Influenza Immunizations for Seniors in South Central Kentucky

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Introduction
Influenza is a major health problem causing 250,000 to 500,000 deaths worldwide each year (WHO, 2016). It is estimated that between 71 and 85% of all influenza-related deaths, along with 54 to 70% of influenza-related hospitalizations, are in seniors age 65 or older (CDC, 2016b). Episodes of influenza can exacerbate chronic medical conditions and lead to secondary bacterial pneumonia (Nagata et al., 2013). Influenza has a huge impact not only on the individual but also on society imposing significant economic burden in terms of hospitalization and treatment (WHO, 2003). The key to preventing these unnecessary hospitalizations is due to influenza is to increase immunizations among the senior population.

The World Health Organization endorses seasonal influenza vaccination for seniors (WHO, 2016). Immunization is recommended as the first and most effective strategy in preventing influenza; however, the influenza immunization rate among seniors is approximately 60.4% (CDC, 2016b). In addition, studies reveal a significant increase in immunization rates for this population over the past several influenza seasons. Global preventive interventions include measures to increase immunization coverage for influenza, using interventions that encourage influenza recommendations (Nagata et al., 2013). A national health goal identified by Healthy People 2010 is to increase immunization rates in seniors age 65 and older to 90% by the year 2020 (Humiston et al., 2011). Multi-strategy interventions are more effective than a single strategy intervention (Daniels et al., 2011). The challenge is to develop a creative educational intervention such as social media along with an effective marketing plan to reach all seniors to address the benefits of immunizations and eliminate fears of immunization that are perceived as barriers. Electronic health records and online health portals of seniors may provide education for the need for the influenza immunization.

Limitations/Recommendations
The study was limited in scope and design failing to survey seniors who refuse the influenza immunization. The study did not replicate with a larger sample size and at a different venue to capture seniors who “do not take it” and those who are aware of taking it but closed-ended which restricted the seniors to choose among the given options. An open-ended survey would have identified other factors that influence their decision.

Conclusion
The results of this pilot study support offering influenza immunizations in local communities at a minimum cost (eliminating barriers), education to increase understanding, and a personal belief in the need for the immunization, and the ill-effects of not being immunized, and publicity for the immunization events. Findings also supported the idea that providing incentives to eliminate the fears and myths associated with the influenza immunization which curtail seniors from engaging in an important preventive practice. Increasing the influenza immunization rate among seniors is a major public health challenge and will take a combination of diverse strategies and collaboration among diverse health care professionals to determine the most effective intervention.

References
CDC (2016a). What you should know and do this flu season if you’re 65 years or older. Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/flu/about/age50plus.htm


