Much of influenza-related illness is preventable with flu vaccination each fall season. Influenza is responsible for an estimated 36,000 deaths and 110,000 to 200,000 hospitalizations in the United States each year, depending on the severity of the seasonal epidemic. In Los Angeles County, the annual number of influenza-related deaths ranged from 1,300 to 2,100 between 1992 and 1998. Groups that are at especially high risk of severe illness from influenza include the elderly, infants, and persons with chronic medical conditions such as heart disease, diabetes, and asthma.

The Healthy People 2010 goal is to increase annual influenza vaccination to at least 90% of adults ages 65 years and older.

Results of the 2002-2003 Los Angeles County Health Survey (LACHS) indicate that only 70% of older adults (those ages 65 years and older) have received the flu vaccine in the past year, similar to the rates reported for California (69%) and the nation (66%) in 2001.

Vaccination rates were even lower for African-American older adults (42%) (Figure 1). The percentage vaccinated was also slightly lower among females (68%) than males (72%), and was lowest in the South (48%) and Antelope Valley (59%) Service Planning Areas (SPAs) (Table 1).

Results from the survey indicate that many older adults with chronic illnesses were not vaccinated for influenza in the past year. (Figure 2). The highest vaccination rates were among adults with heart disease (81%) and diabetes (80%), and lower for adults with asthma (69%) and other chronic respiratory conditions (72%) such as emphysema and chronic bronchitis (Figure 2). Among those who described their health as poor or fair, only 73% had been vaccinated.

Many older adults who experience barriers to accessing health care are not vaccinated annually for influenza (Figure 3). For example, only 57% of older adults without a regular source of care were vaccinated. Although the percentage of adults ages 65 and older without a regular source of care is quite small (6%), the total estimated number of seniors without a regular source of care that are not vaccinated is sizeable—approximately 25,000 persons. Among those who reported difficulty getting needed medical care (approximately 12% of adults ages 65 and older) only 64% were immunized for influenza.

No local data are available on influenza vaccination rates among adults ages 50 to 64. Nationally, only 37% of adults ages 50 to 64 received the influenza vaccine.²

What Can be Done?
Preparing for the Upcoming Cold and flu Season

Vaccination on an annual basis is the most effective means of preventing influenza and reducing the severity of influenza illness. The optimal time to receive influenza vaccine is October and November.

The U.S. Centers for Disease Control and Prevention (CDC) recommends that all adults age 50 and older receive the vaccine. In addition, it is recommended that any person with a chronic health condition who is at least 6 months of age receive the flu vaccine each fall. The CDC also encourages that healthy children ages 6 to 23 months be vaccinated.³,⁴

The CDC has determined that vaccine production and distribution schedules will allow for a sufficient supply of influenza vaccine during the 2003-04 season, unlike in past years where shortages determined the need to prioritize higher risk groups.³ Information about free or low-cost vaccination as well as additional recommendations for vaccination can be found by using Internet links to the CDC and other organizations (see “on the web” section on page 3).

Influenza vaccination results in significant cost savings to society through substantial reductions in hospitalization and death among adults ages 65 and older.⁶,⁷ Among younger adults, those under age 65, vaccination reduces both health-care costs and productivity losses associated with influenza illness, for example, 34% to 44% reductions in physician visits and 32% to 45% fewer lost workdays.⁸,⁹

Results from the survey indicate the need to improve influenza vaccination levels for all older adults in the County, especially those with chronic health conditions, African-Americans, and adults in the South and Antelope Valley Service Planning Areas. Continual education of providers and the community is needed to increase awareness of and demand for adult immunization services. Successful vaccination programs

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include the following components: a plan for identifying persons at high risk, publicity to promote vaccination, education for potential vaccine recipients and health-care workers, and efforts to remove administrative and financial barriers that prevent persons from receiving the vaccine.

Results from the survey show that most (73%) older adults were vaccinated in private doctor’s offices, another 7% in County or community clinics, and 6% in hospital outpatient clinics (Figure 4). Vaccination against influenza should be offered to persons during hospitalizations or routine health-care visits before the influenza season so that special visits to physician's offices or clinics can be avoided. In these settings, “reminder” systems designed to inform health care providers who administer vaccinations when individual clients are due (reminder) or overdue (recall) for specific vaccinations have been documented to be very successful in improving vaccination coverage in adults. Measurement and feedback about providers’ performance in delivering vaccines has been documented to enhance coverage rates as well, either by changing provider knowledge, attitudes, and behaviors or by stimulating changes in the vaccine delivery system.10

Approximately 14% of older adults reported that they were vaccinated in non-medical settings. These community venues represent important opportunities to improve coverage rates. In addition, many opportunities to vaccinate adults exist, but are often missed. For example, vaccination in emergency departments is likely to be effective in reaching select populations that may be difficult to vaccinate in provider’s offices. Increasing vaccination rates among residents and staff in nursing homes and chronic care facilities can reduce the risk for outbreaks. Finally, vaccination of health-care workers and other persons who have close contact with persons at increased risk for severe influenza illness is an important component of controlling the spread of influenza.

While influenza vaccination is the single most effective strategy to prevent influenza illness, there are other steps that can be taken to reduce the transmission of influenza. Because influenza is extremely contagious, people with flu-like symptoms—fever, muscle ache, and fatigue—should stay home during the first three days of their illness to avoid

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exposing others to the virus. Aspirin and cold medications containing acetylsalicylic acid (major ingredient in aspirin) should never be taken for symptoms of possible influenza since this increases the risk of a rare but potentially fatal liver disease called Reye syndrome, especially in children and young adults. Covering your mouth when you sneeze and cough, and washing your hands frequently with soap and water are common sense, but can also prevent the spread of colds and the flu.