Strategies to Improve Influenza Vaccination in Pediatric Inflammatory Bowel Disease Through Education and Access

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Background

Influenza vaccine uptake remains low in patients with inflammatory bowel disease despite an increased risk of complications from infection. We studied barriers to vaccination and evaluated the impact of an educational intervention and vaccine provision in pediatric patients with inflammatory bowel disease.

Methods

A prospective cohort study was completed over 2 successive influenza seasons. In year 1, we surveyed parents and patients aged 14 years or older regarding influenza vaccination. In year 2, before the influenza season, patients were provided with an educational module. After influenza vaccine availability, patients were offered both education and vaccine in clinic. Chi-squared analysis was used to identify significant differences in vaccination rates in each intervention group. Demographic factors were associated with vaccination status.

Results

In year 1, 180 parents and 183 adolescents completed the survey. In year 1, 47% of patients obtained the influenza vaccine and 34% of patients reported obtaining the vaccine annually. Top reasons for nonvaccination were perceived lack of benefit (28%) and concerns about adverse events (19%). In year 2 (n = 228), the vaccination rate in patients who received the education alone was 75.0%, compared with 89.5% of patients who received both education and vaccine access in clinic ($P = 0.0043$). Among the patients who took part in both study years (n = 129), influenza vaccination rates increased from 45% in year 1 to 82% in year 2 ($P < 0.0001$).

Conclusions

The educational intervention was associated with improved influenza vaccination rates. Additional vaccine uptake was achieved with provision of influenza vaccination during clinic visits.