

California's Vaccines for Children Flu Improvement Project:

Reports, Results, Next Steps 1,2

Tammy Pilisuk, MPH, Rebeca Boyte, MA, Megan Brunner¹, Michael Fortunka¹, David Hsu, MPH², Timothy Lo MPH¹, Megan McDoulett-Svean, MPH¹

California Department of Public Health, Immunization Branch, ²University of California, Berkeley, School of Public Health



Background

The Vaccines For Children (VFC) Flu Improvement Project strives to address the historical under-ordering of flu vaccines compared to other routine vaccines ordered through the VFC program. VFC developed a "flu vaccine ordering target" based on each clinic's past year's ordering history of vaccines. This gave VFC clinics a goal for how many flu doses they should be ordering for their VFC patients.

Objective

- I. Routinize the use of influenza vaccine in VFC practices so flu vaccine ordering is commensurate with other VFC vaccines.
- 2. Encourage VFC providers to meet or achieve ≥90% of their VFC flu vaccine order target.

Methods

Interventions included: 1) Three Flu Progress Reports sent to VFC clinics, which included progress on how close clinics were to meeting their flu vaccine ordering target. Reports were sent at the beginning, middle, and end of the flu season. We encouraged clinics to use 2-3 strategies from VFC's 2) Flu Action Plan, inspired by best practices from high-performing providers.



Results

Figure 1. VFC Clinics by Flu Rating Categories, 2023-24 (N=3072)

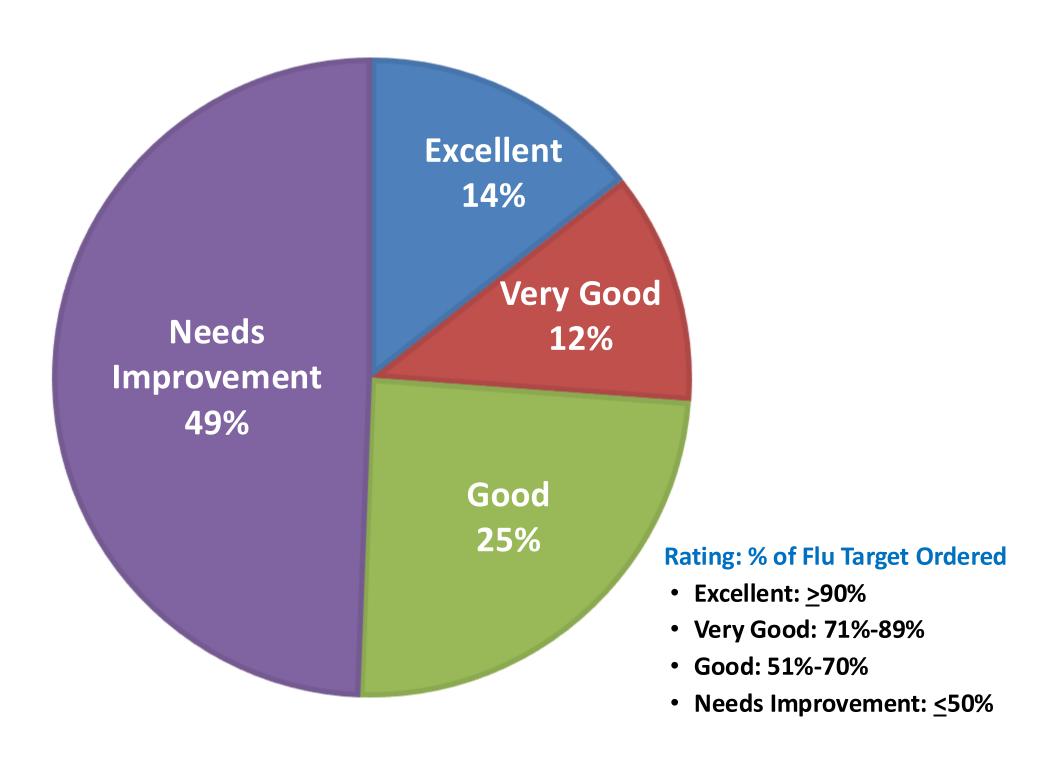
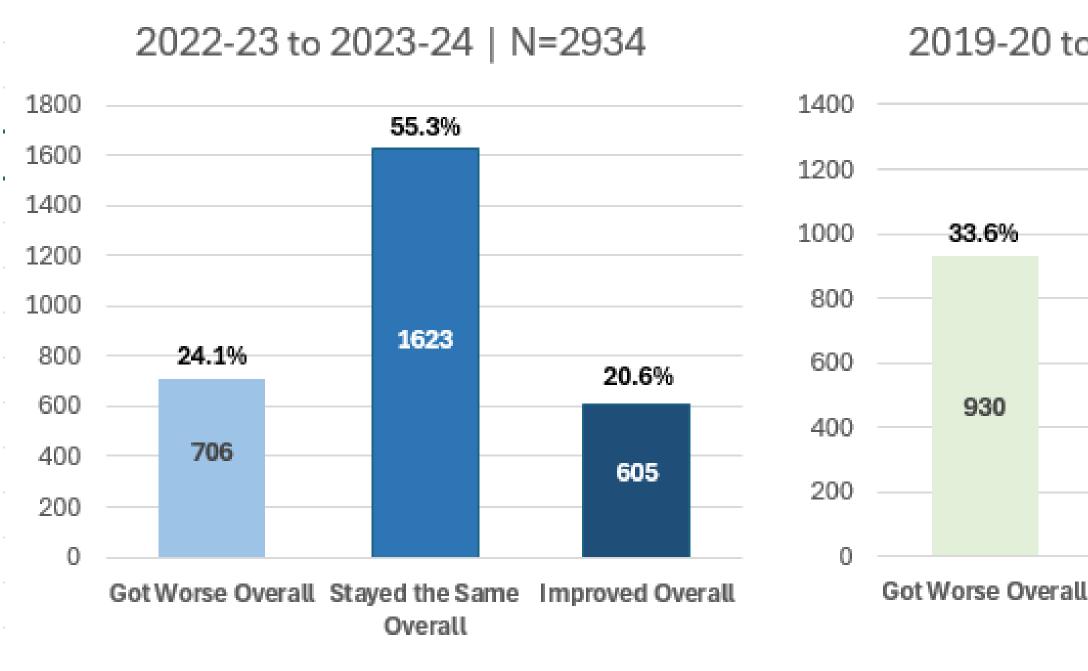


Figure 2. Overall Improvement in Flu Rating Categories



Confidential - Low

Figure 3. Median Improvement (Among Those Clinics That Improved)

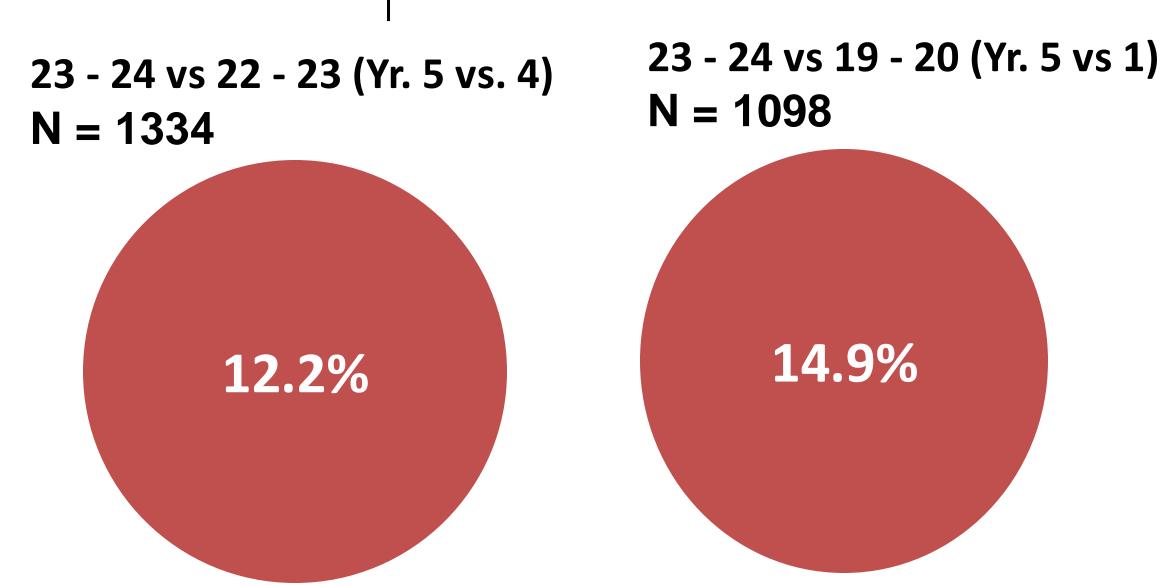


Figure 4. End-of-Season Flu Activities Survey Aug.2024 (N= 543)

- 85% shared VFC Flu Report with other clinic staff
- 80% found Flu Report motivating to improve flu activities.
- 89% shared Flu Tips with other clinicians;
- 81% found the tips useful or very useful.
 - To with the same day."

 To with the same day."

 To with the same way, the same day."

 To with the same way, the same day."

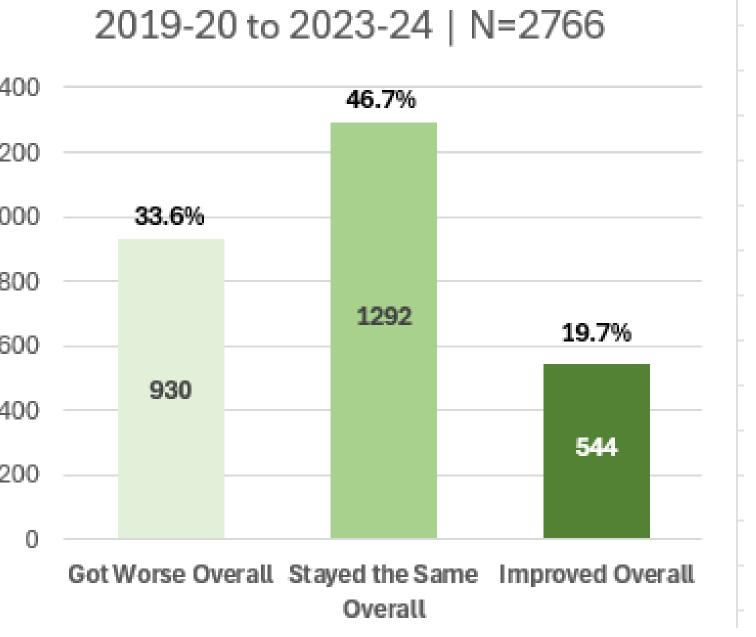
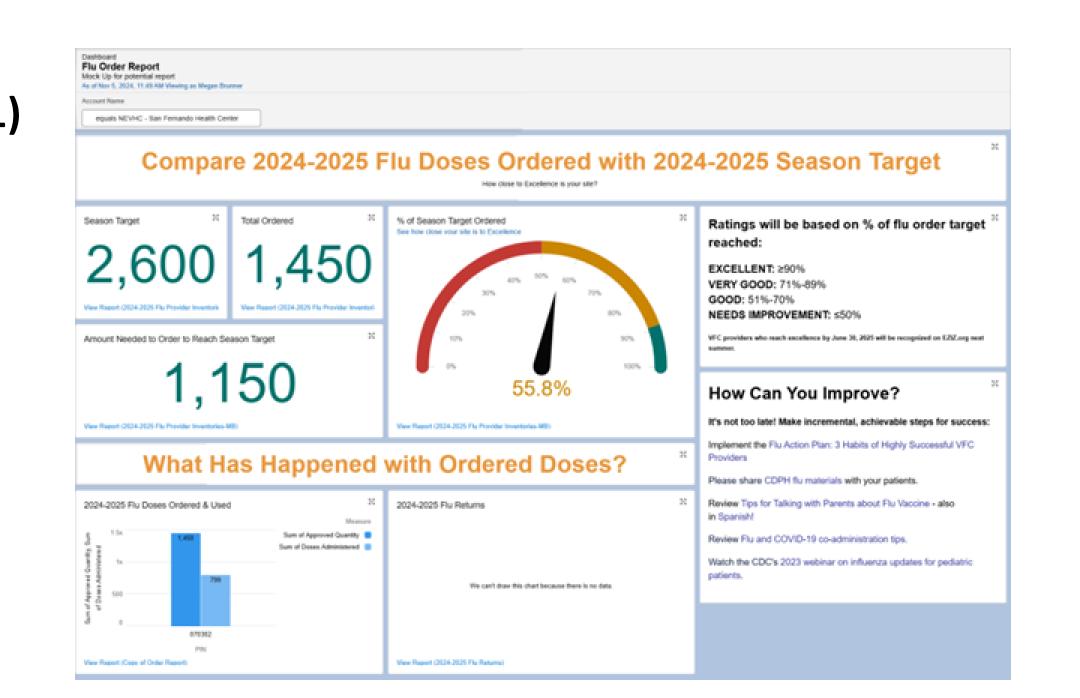


Figure 5. Mock-Up of Flu/COVID-19 Dashboard, in Progress



Summary

- VFC's Flu Improvement Project continues to be a multipronged effort to assist VFC clinics with meeting their customized VFC flu vaccine ordering target.
- While a slim majority of clinics are not improving, nearly half (45%) are improving towards their target. Those improving are typically making a modest(15%) improvement in their flu vaccine ordering.
- VFC providers value the interventions; those who responded to an end-of-season survey rated the interventions highly.
- With new technology and aspirations, the project team plans to expand soon by introducing a new dynamic dashboard that replaces the flu reports (Figure 5). The dashboard will update in real-time and will include ordering (and preliminary administration) targets for both COVID-19 and flu vaccines.

Limitations

This is an ongoing project with VFC program participants and not a research study. As such, we do not have a control group for our findings. Other factors beyond our interventions may also impact the ordering quantities of flu vaccine at VFC clinics (e.g., decrease or increase in clinic staff) that we are not accounting for.

Targets do not yet reflect vaccine administration data from our immunization registry, an important quality metric due to current technology barriers.

Recommendations

We are in process of expanding this quality improvement effort on several fronts:

- 1) We are moving to a dynamic flu dashboard, with clinic-level flu vaccine data accessible on-demand. This build soft launched during the latter part of 2024-25 flu season and will be promoted and evaluated during the 2025-26 flu season.
- 2) We are adding target methodology to COVID-19 vaccines, which are now ordered at rates much lower than flu. COVID-19 vaccine ordering targets will help routinize COVID-19. This new functionality will enable us to better highlight low ordering levels of this vaccine using our flu model.
- 3) We recommend adding a target for vaccine administration data, an important metric. Doing this will require enhanced programming between large disparate data systems.

For more information, please contact: Tammy Pilisuk at Tammy.Pilisuk@cdph.ca.gov or Rebeca.Boyte@cdph.ca.gov

Acknowledgments

 Claudia Aguiluz, Justin McNiff, Andrey Rashidov, Christina Sapad, MPA, Ayumi Taniguchi, MA, Liana Vannouvong, MPH