

# **Universal Influenza Immunization Program**

## **Trends and Strategies to Increase Uptake**

December 2011

# Background

- Since 2000, the *Universal Influenza Immunization Program* (UIIP) has provided Ontarians protection from influenza
- Without the UIIP we could expect\*:
  - an additional 200,000 visits to GPs
    - (Avg cost of GP visit = \$32, total cost \$6,400,000)
  - 30,000 more visits to hospital ERs
    - (Avg cost of ER visit = \$148, total cost - \$2,960,000)
  - 300 more deaths

(Kwong et al 2008)

# Flu 2010-2011: Review

## Complacency

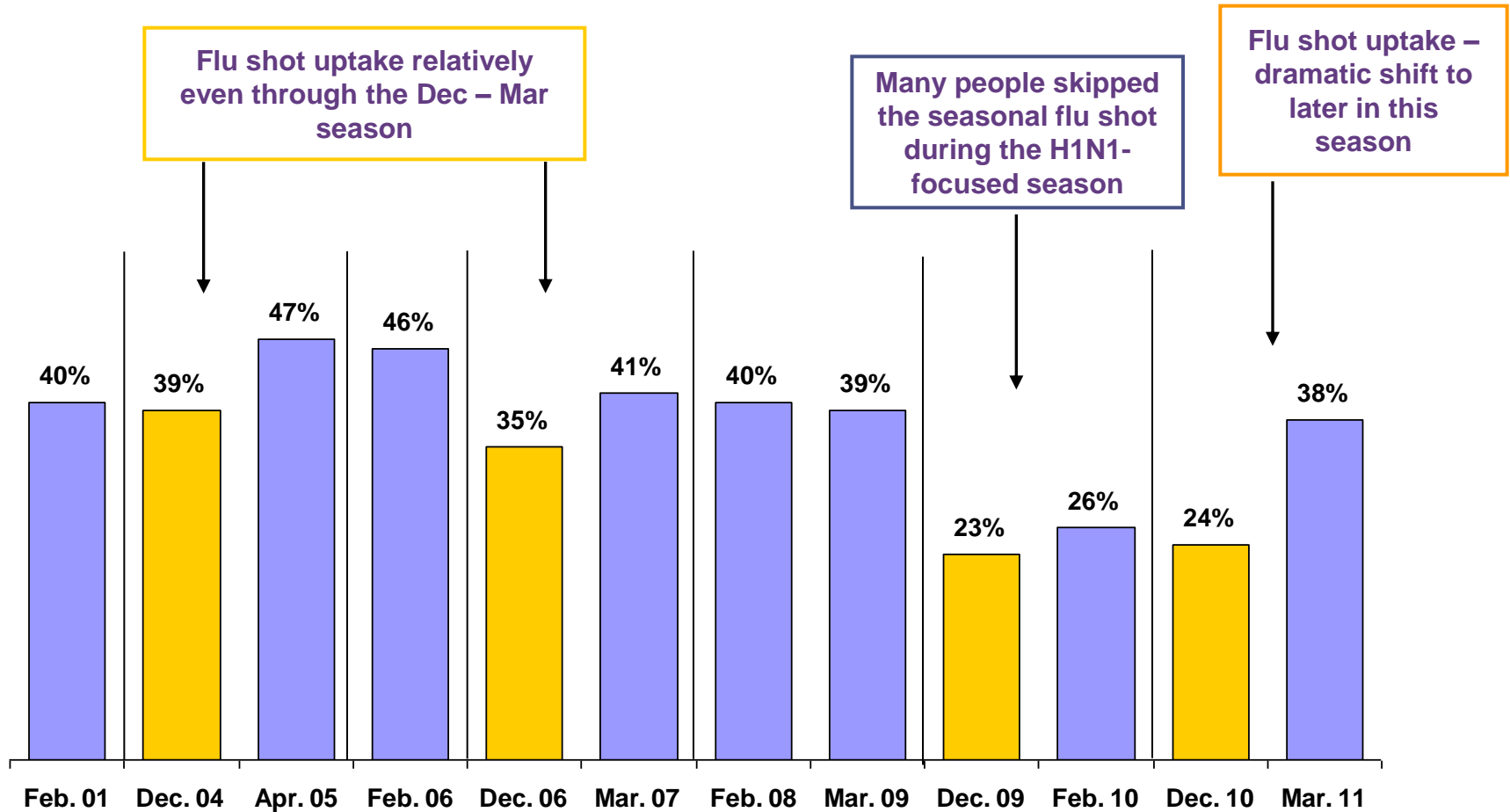
- People's habit of getting seasonal flu shot was broken during H1N1 (09/10)
- In 2008/09 (pre-H1N1) self-reported vaccine uptake was 39%; in 2009/10 uptake was 26%,
- In 2010/11 low uptake continued: 24% early in the season
- *Flu peaked in December*

## Campaign message was soft, fragmented

- Marketing centered on promoting "infection prevention behaviors" (including "get the flu shot").
- Survey shows people embraced the prevention behaviors .. but may have done so as an alternative to the flu shot: 95% hand washing; 82% cough into sleeve vs 35% get the shot
- Radio was the primary medium used (not TV). Radio did not deliver the impact.

# Uptake – Historical Comparison

There is a declining trend in flu shot uptake in Ontario, where current uptake remains close to 10 points lower than it was at its peak in 2005 and 2006.

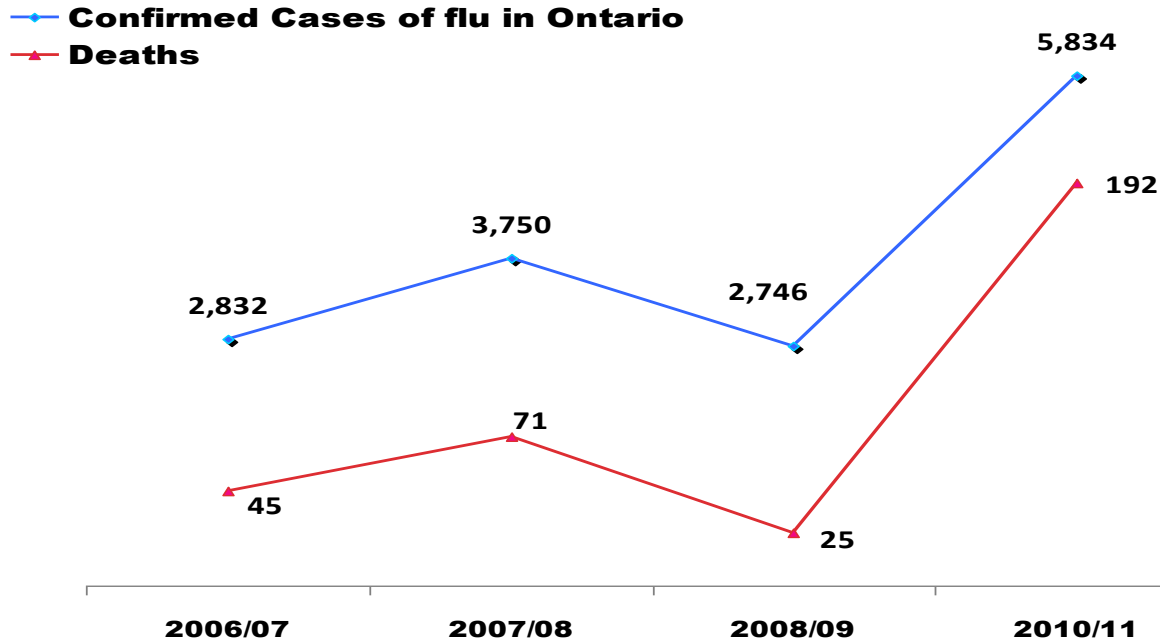


# Flu 2010-2011

- Low vaccine uptake early in season
  - + Soft messaging
  - + Early peak in flu activity
- 

**Higher burden of illness**

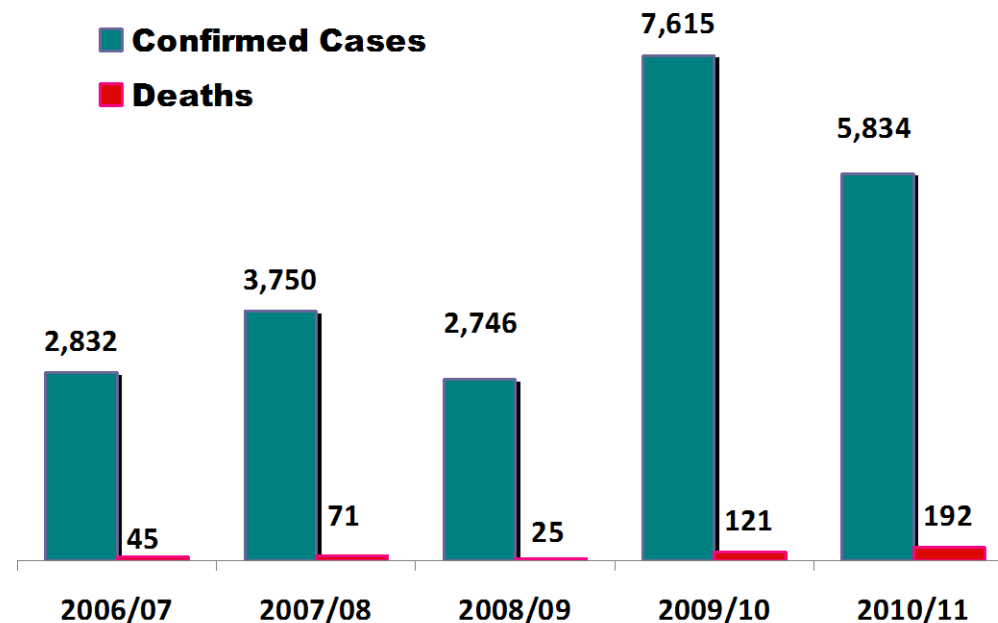
# Flu 2010-2011 – Review



- Visits to ER
  - H1N1 pandemic 58,000
  - Q4 2010 – 40,000

# Flu 2010-2011

- 2010/11 was the worst flu season in 5 years for hospitalizations and deaths
  - *More deaths than the 2009/10 pandemic year*
  - *ER wait times increased by 5.5% from December to January*



# Key Research Findings

## Beliefs around the “flu shot” & vaccinations

### Lack of Concern

- I am in good health so I don't really need a flu shot (54%)
- I may be complacent about vaccines since I've never seen a serious outbreak of a preventable illness (46%)
- Only older people are at real risk from the flu (37%)
- If I was convinced that the flu is a serious illness (73%) I would be more likely to get the flu shot



**Perceived  
Susceptibility**



**Perceived  
Severity**

### Safety and Cultural Shift

- I am concerned about serious side effects from vaccinations (59%)
- Over the past 5 years, I have gotten more concerned with the chemicals that I put in my body (79%)
- We are becoming too reliant on vaccinations to control illnesses (55%)



**Barriers to Action  
(risks/costs)**

### Influencers

- If my doctor recommended it (69%) I would be more likely to get the flu shot



**Communities of  
Influence**

# Key Learning – Physicians Surveyed

- Seasonal flu is a primary concern for doctors
- But focus is high-risk patients
  - 95% of docs recommend flu shot to high risk patients
  - 45% recommend to everyone
- 3 in 10 doctors do not actively promote flu shot to patients who are not “high-risk”\*
- Want early and customized information i.e local market data\*\*

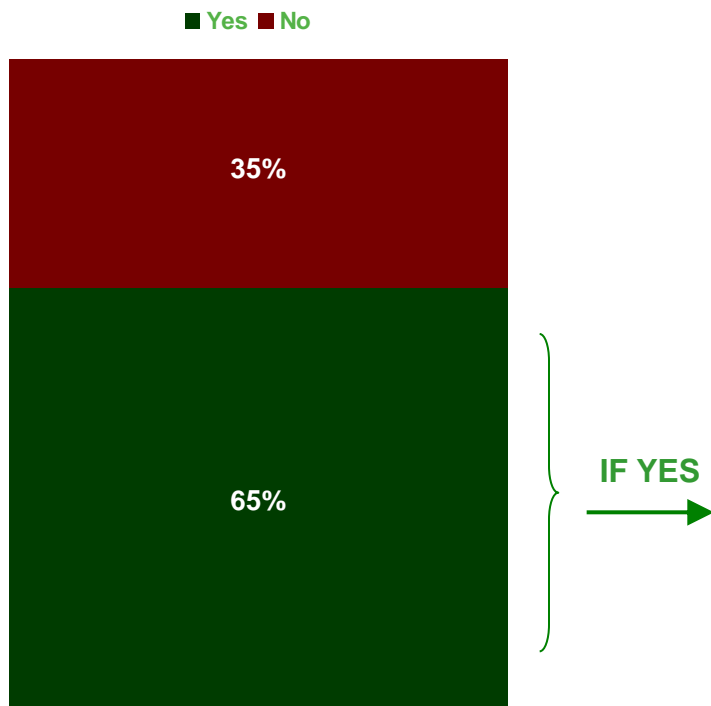
\*(Angus Reid, Feb 11); \*\*Veritas CME Report

# Why is Flu Shot Uptake Declining?

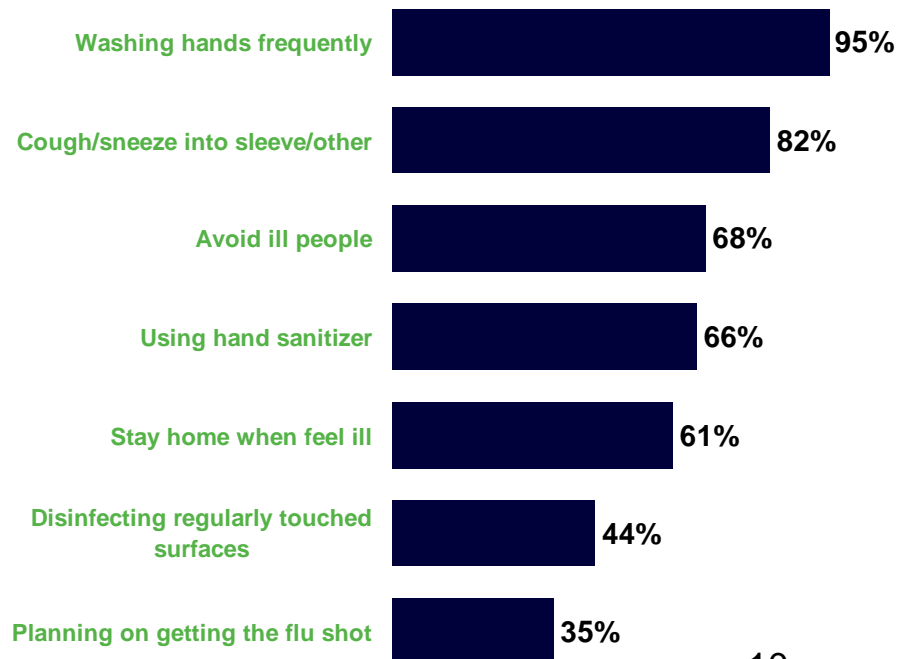
## People have embraced other prevention behaviours

The decline in concern about the seasonal flu is being driven, at least in part, by an increasing number of Ontarians who say they do in fact take actions to prevent the flu, but not necessarily relying on the flu shot.

### Currently Taking Actions Vs Flu



### Specific Actions Taken



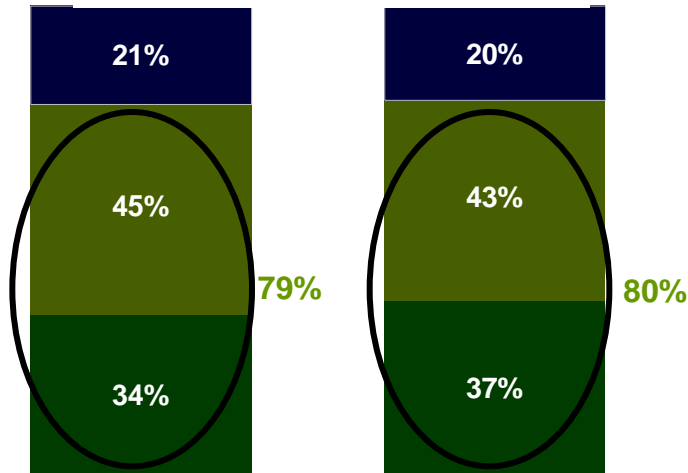
# Why is Flu Shot Uptake Declining?

## Increased questioning of health and vaccinations in general

There is greater consciousness about health in general and an increased concern about vaccine safety. The vast majority of Ontarians are more concerned currently - compared with 5 years ago - about what they put in their and their children's bodies. Four in 10 Ontarians say they are more concerned about vaccine safety now than they were 5 years ago. Only 3 in 10 Ontarians are convinced ("strongly agree") of the safety of flu vaccinations.

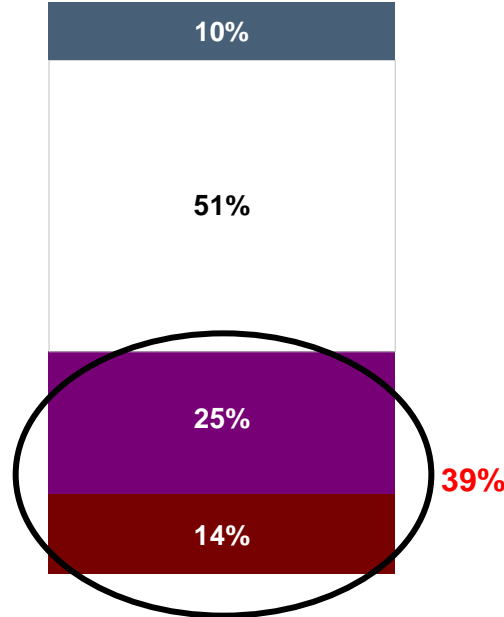
### Concerned About What Put in Body vs 5 Years Ago

- Somewhat/strongly disagree
- Somewhat agree
- Strongly agree



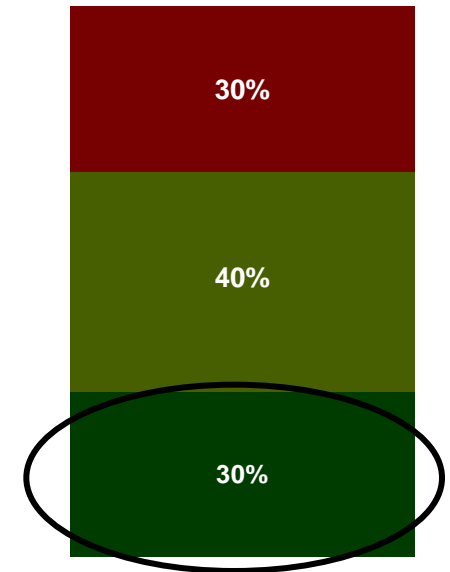
### Concerned About the Safety of Vaccinations Generally vs 5 Years Ago

- Somewhat/much less concerned
- The same
- Somewhat more
- Much more concerned



### Safety of Flu Vaccinations

- Somewhat/strongly disagree
- Somewhat agree
- Strongly agree



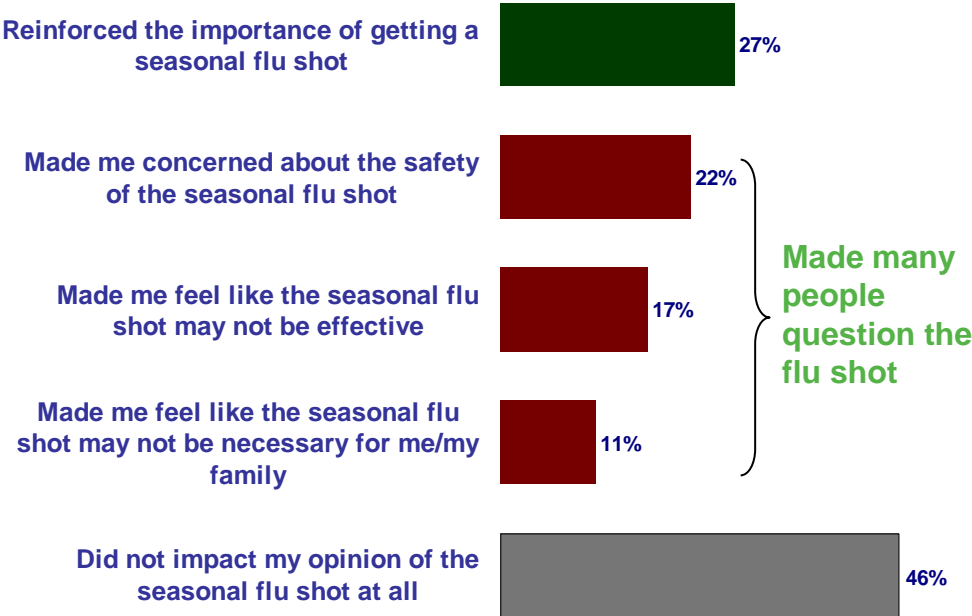
The flu shot is safe

# Why is Flu Shot Uptake Declining? cont'd

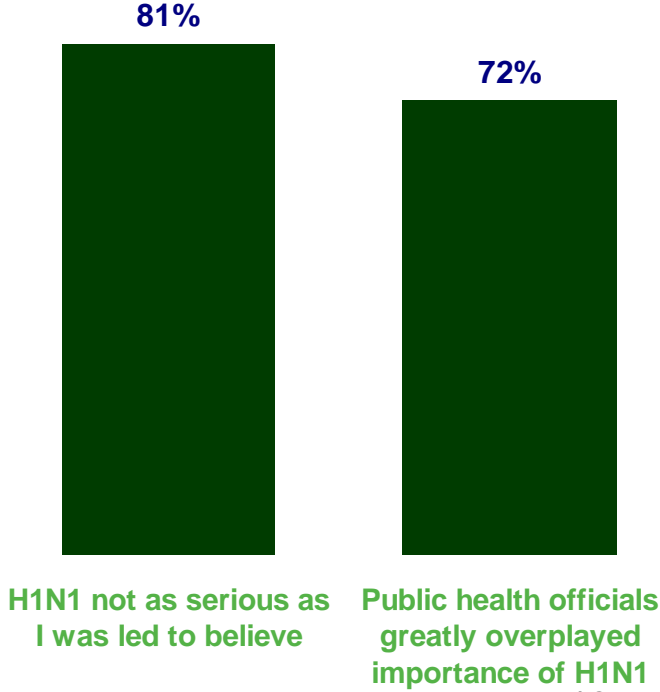
## H1N1 experiences set the seasonal program back

Experiences with H1N1 in previous flu season had some impact on opinions toward the seasonal flu shot. For example, many indicate that as a result of their H1N1 experiences they are more concerned about the safety of a seasonal vaccine, and more likely to question effectiveness and efficacy.

### Impact of H1N1 Season on Opinions Toward Seasonal Flu Shot

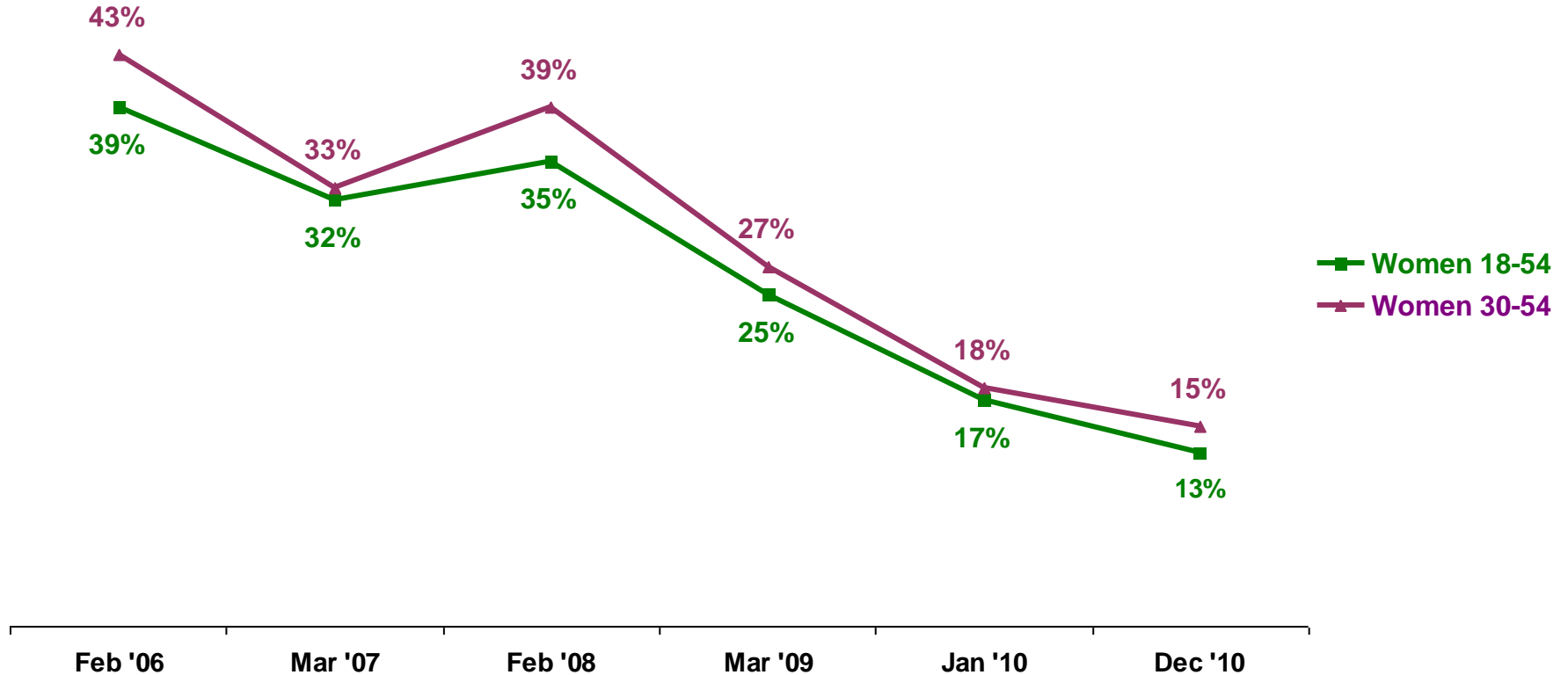


### Opinions Near End of H1N1 Season Were Skeptical



# Is Flu Shot Uptake Declining Among Any Particular Demographic?

Seasonal Flu Vaccination Uptake 2006 – 2010 (Women)



# Has the Decline in Flu Shot Uptake Been Driven by Any Particular Demographic Group?

## Middle-aged women in particular appear to be a concern

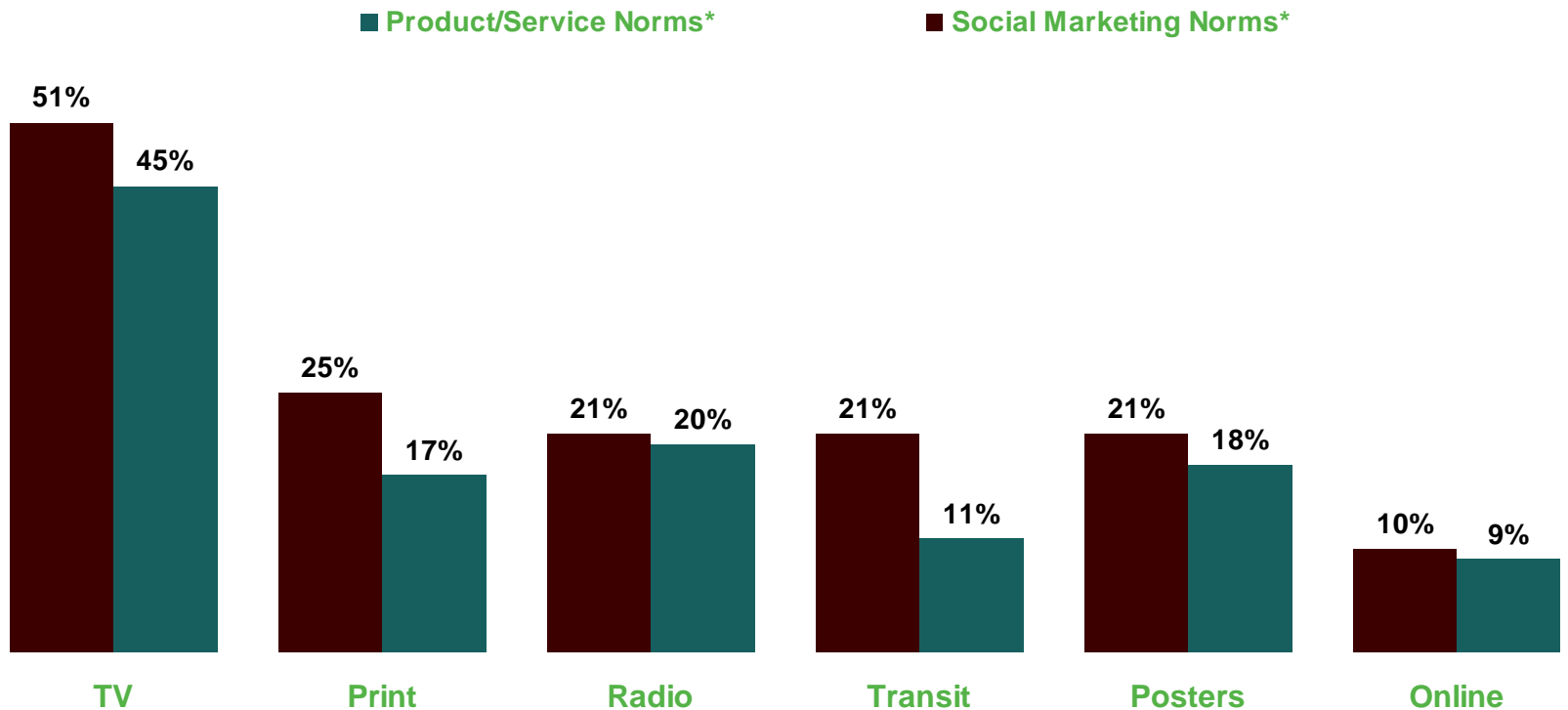
A comparison of the demographic results for when the overall uptake numbers were near/at their peak (February 2006) against current shows significant declines almost across the board but the biggest are among women. All regions show declines except the North which has actually gained.

	Feb. '06	Mar. '11	Net Change		Feb. '06	Mar. '11	Net Change
	%	%	%		%	%	%
Overall	46	38	-8	Overall	46	38	-8
Men Total	43	38	-5	GTA 416	46	38	-8
Women Total	48	38	-10	Central	44	34	-10
				East	46	35	-11
18-34 years	30	23	-7	Southwest	50	41	-9
35-54 years	39	31	-8	North	39	44	+5
55 years/older	68	61	-7				
Women 18-34 yrs	36	19	-17				
Women 35-54 yrs	42	33	-9				
Women 55 yrs+	65	61	-4				
Men 18-34 yrs	24	27	+3				
Men 35-54 yrs	36	29	-7				
Men 55 yrs+	70	62	-8				

# To what extent is TV significant to the campaign and uptake rates?

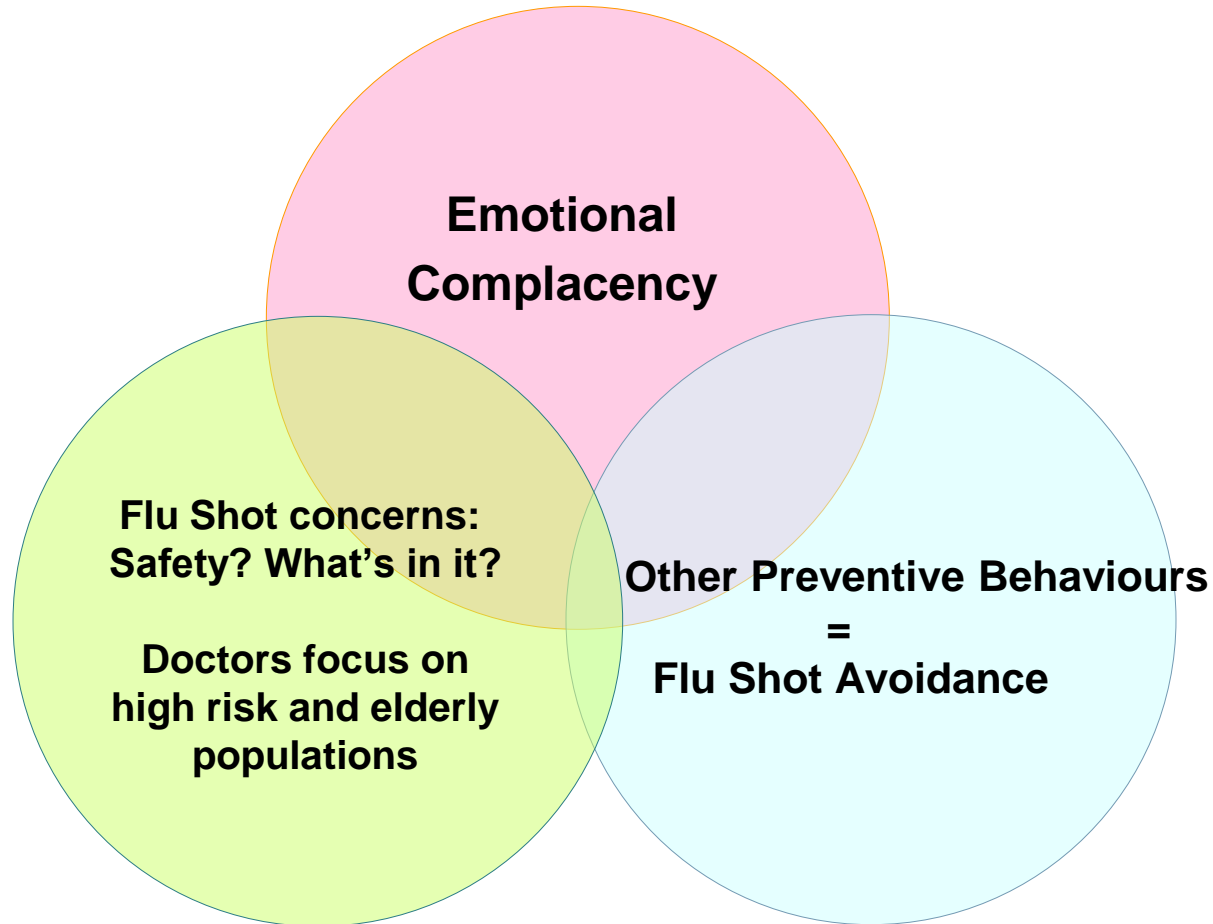
## TV can be very significant in expanding campaign reach

TV produces at least twice the reach of any of the other mediums individually. Print, radio and OOH (e.g., transit, posters) are grouped second, while online trails. We know that the primary demographic group identified for potential special attention, middle-aged women (as well as middle-aged men and older men and women) are high consumers of TV.



\*Norms are approximate as they vary by GRPs, ad length/size, etc.

# **In Summary: Why Flu Shots Are Not on the Radar**



**THIS YEAR**

# Communications Objectives

## The Public

- Remind “flu shot veterans” that it’s time to get their flu shot
- Re-engage “lapsed users,” shaking them out of complacency
- Encourage uptake of the flu shot early in the season (Oct-Dec)

## Health Care Providers

- Ensure providers and other influencers have the most current, evidence-based information about the flu shot
- Provide HCP tools to help them promote the flu shot to their patients
- Increase the percentage of health care providers who proactively recommend the flu shot to their patients in general (not just to those at high risk)

# Who is our target?

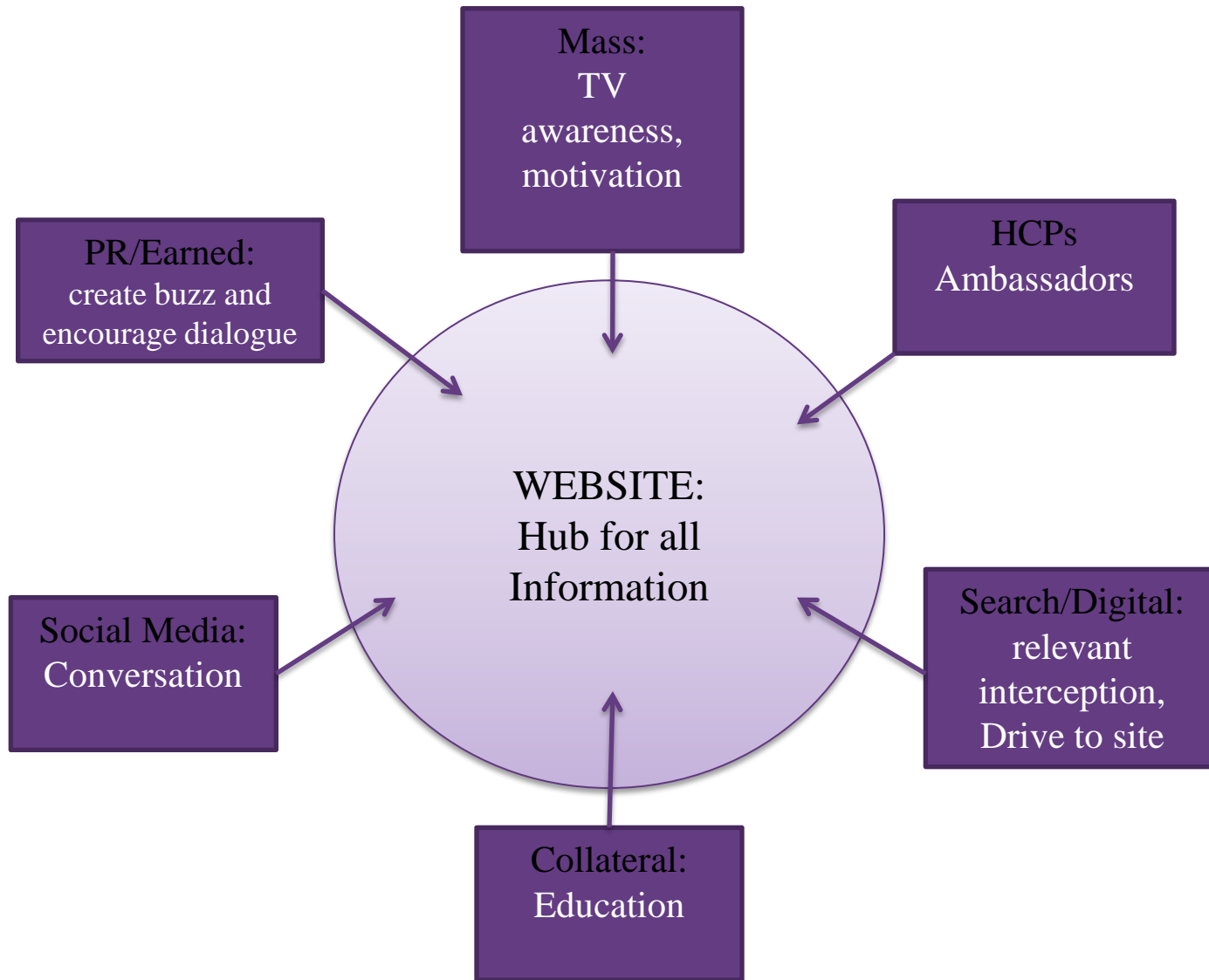
## The Public

- *Lapsed Users*: particularly women, 18-54 years old
  - Driving the decline in vaccine uptake
  - Were 'veteran' vaccine users before H1N1 season
  - Custodians of family health decisions
- *Veterans*:
  - Men and women, 55+ years old
  - Flu shot is routine practice in autumn

## Influencers and Advocates

- Health Care Providers
- Social Influencers

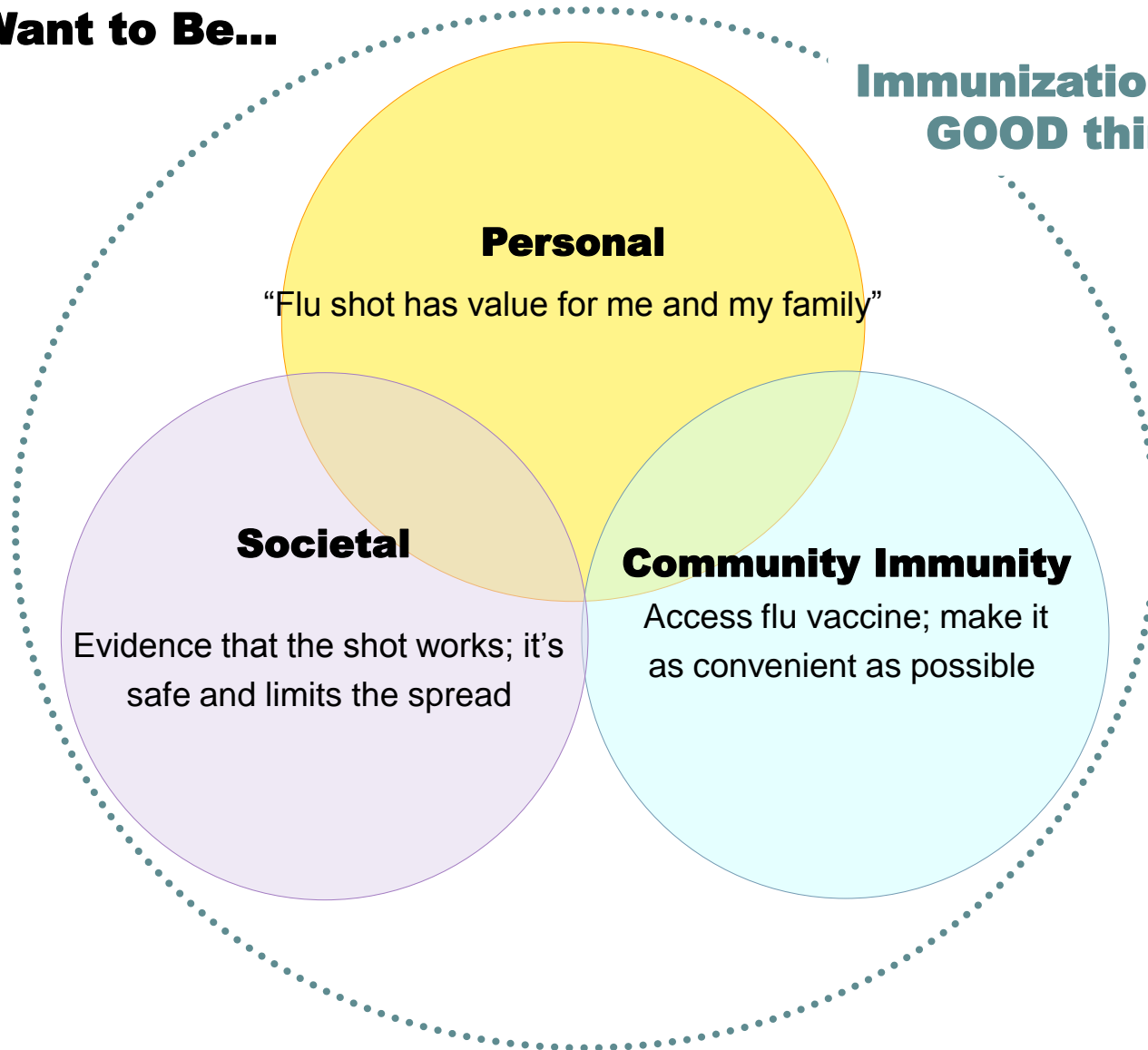
# Role of Communications Channels



# Strategic Framework

**Where We Want to Be...**

**Immunization is a  
GOOD thing**



# 2011/12 Strategic Approach

## The Public

- Single focused message (the flu shot), instead of multiple preventive behaviors
- More convenient opportunities to get the flu shot
- Overcome concerns re: the vaccine (e.g., safety)
  - By re-framing immunization away from a focus on the 'artificial/chemical' makeup of a vaccine (what's in it) to a focus on immunization as boosting the body's natural immune response to fighting disease.

# Tactical Approach

## The Public

- Launch campaign early in the season (1<sup>st</sup> week of October)
- Use TV as primary medium
- Greater effort to encourage pharmacy-based flu shot clinics to expand access to convenient locations
- Message focus: The flu shot – Making your immune system stronger

# 2011/12 Strategic Approach

## Influencers

- Encourage HCPs to recommend the shot to all patients, not just to those at high risk
- Encourage HCPs to get the flu shot themselves
- Leverage health care providers and stakeholder associations to address the barriers to uptake and tell the positive immunization/flu protection story
- Reach out to established “social media influencers” to help us disseminate the positive flu immunization protection story

# Tactical Approach

## Influencers

- Health care provider education
- Paid advertising to reach HCPs
- Provide HCPs tools for patients, explaining benefits of flu shot
- Leverage stakeholder associations

# Message

- The flu shot is the most effective way to help you and your family stay healthy.
- It's safe and it strengthens your immune system to fight the flu.
- Get the flu shot. Get it early.

# Tactics – Target Public Audience

- **Paid Advertising** – TV and digital/online. Launched October 3; On air 5 weeks
- **Earned media/PR** -- Mid October thru November
  - Media pitching of creative news angles; use of 3<sup>rd</sup> party experts
  - Audio news releases and other media products (e.g., slow-mo video, radio chat sheets)
- **More digital/online advertising** -- in November to support pharmacy-based flu clinics
- **Website** re-architected with new graphics and functionality;
  - Downloadable/shareable information (i.e. **new videos** and **info-graphics** under development to augment current Web/digital experience. Topics include: a) how the flu shot makes your immune system stronger, b) the anatomy of a sneeze c) the distance the flu can spread in a single day

# Website

The screenshot shows the Ontario.ca/flu website layout. At the top is a search bar and navigation links for HOME, PUBLIC INFORMATION, HEALTH CARE PROFESSIONALS, and NEWS ROOM. A left sidebar contains a 'Your Ministry' dropdown menu with options like 'Public Information', 'About the Flu', 'Dealing with the Flu', 'Avoiding the Flu', 'Flu Assessment Tool', 'About the Flu shot', 'Where can I get a Flu shot?', 'Who should get the Flu shot?', 'Common concerns', 'Promotional Materials', 'Health Care Professionals', and 'Set up a Flu clinic'. Below this are 'Explore Government', 'Contacts', and 'Connect With Us' sections with social media icons for Facebook, Twitter, YouTube, and RSS. The main content area features a large banner titled 'THE FLU IS EVERYWHERE' with images of a woman coughing, a doctor, and a woman with a baby. Below the banner are three columns of content: 'Get Your Flu Shot!' with text explaining the vaccine's benefits, 'You and the flu (2:28)' with a video player showing a man thinking, and a map titled 'Get your Flu shot today!' with a red pin. At the bottom, there are three small feature boxes: 'About the flu', 'About the flu shot', and 'Health Care Professionals', each with a representative image and a brief description.

Ministry website: [ontario.ca/flu](http://ontario.ca/flu)

A green rectangular button with rounded corners. On the left is a circular image of a woman kissing a baby on the cheek. To the right of the image, the text reads 'THE FLU SHOT. MAKING YOUR IMMUNE SYSTEM STRONGER.' Below this text is a white button with the text 'LEARN MORE'.

A green rectangular button with rounded corners. On the left is a circular image of a woman with glasses holding a baby. To the right of the image, the text reads 'LE VACCIN CONTRE LA GRIPPE RENFORCE VOTRE SYSTEME IMMUNITAIRE.' Below this text is a white button with the text 'EN SAVOIR PLUS'.

Web buttons for PHU sites

# Print Collateral

**THE FLU IS EVERYWHERE.**

**Why get the flu shot?**  
Influenza is a serious illness that can lead to pneumonia. The flu shot is safe and it's the **most effective** way to protect you and your family from the flu. Studies have found that the flu shot can prevent up to 90%\* of influenza in healthy adults and children. An Ontario study\*\* showed that every year, the flu shot eliminates the need for over 200,000 visits to doctors' offices and 30,000 visits to hospital emergency departments. It also prevents approximately 300 deaths.

**What's in the flu shot?**  
The World Health Organization (WHO) determines the three most likely flu virus strains to be circulating in the upcoming flu season. The vaccine is then manufactured to protect against these strains. Because the flu shot contains particles of inactivated (dead) flu virus, you cannot get influenza from the flu shot.

**How does it work?**  
The flu shot strengthens your immune system against the three strains of the flu virus. It does this by stimulating your immune system to build up antibodies against the virus, making it stronger so that it's ready to fight off the illness before it starts.

**Why should I get it early in the season?**  
Getting your flu shot early in the season lets your immune system build up antibodies sooner, so it's ready when flu season starts. It can take up to 2 weeks for antibodies to build up after you get the shot. So make sure to get the flu shot early this year.

**Who should get it?**  
The flu shot is recommended for everyone over six months of age. It's especially important for:

- People with weakened immune systems.
- Young children.
- Pregnant women.
- The elderly.
- Anyone who takes care of people in these groups.

**What are the potential side effects?**  
The most common side effect from a flu shot is soreness at the injection site. It is usually temporary and rarely interferes with normal activities.

\* National Advisory Committee on Immunization (NACI), Statement on Seasonal Trivalent Inactivated Influenza Vaccine (TIV) 2010-2011  
\*\* Kwong JC, et al. 2009

**THE FLU SHOT. MAKING YOUR IMMUNE SYSTEM STRONGER.**

ontario.ca/flu   • 1-877-844-1944 • TTY 1-800-387-5559




Tear Sheet




**Get your flu shot.**

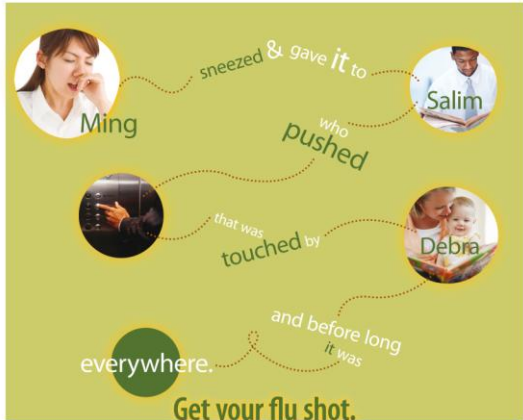
The earlier you get it, the sooner you're protected.

**THE FLU SHOT. MAKING YOUR IMMUNE SYSTEM STRONGER.**

ontario.ca/flu   • 1-877-844-1944 • TTY 1-800-387-5559



Awareness Poster





**Get your flu shot.**


It boosts your immune system, making you stronger and healthier.  
The earlier you get it, the sooner you're protected.

Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Bring your immunization record if it can be updated. You may be asked to show proof that you live, work or attend school in Ontario.

**THE FLU SHOT. MAKING YOUR IMMUNE SYSTEM STRONGER.**

ontario.ca/flu   • 1-877-844-1944 • TTY 1-800-387-5559



Clinic Poster

# Social Media

- MOHLTC social media channels (Twitter, Facebook, Flickr, Youtube, blogs) leveraged to push flu messaging out
- Produced *The Flu and You* video series, making a complex topic friendly and graphically engaging. Videos posted on MOHLTC's YouTube channel and website.
  - *The Flu and You: How the flu makes you sick*
  - *The Flu and You: Making the vaccine*

Note: The videos are being well received. The Discovery Channel will be running portions of the videos in their programming. A number of public health units are also playing the videos via TV displays at community centres and other municipal locations.

- New digital tool created for the website to help the public find the flu shot clinic nearest their location

# Tactics – Health Care Providers

## Key Messages:

- HCWs are a prime group to get immunized to prevent spread of flu to vulnerable populations
- Encourage all patients (not just those who are high-risk) to get the flu shot.

## Tactics:

- Accredited Continuing Medical Education (CME) program for doctors, pharmacists and nurses launched September. Promoted via
  - Professional association endorsements
  - Direct mail to hospitals, FHTs, individual doctors/NCPs/pharmacists
- Outreach to HCPs through the **Rogers Healthcare Portal**, a gated portal for healthcare professionals (banner ads, e-Newsletters, custom e-mail)
- Collateral materials for use with patients (clinic posters, patient QA handout)

# Tactics – Health Care Providers

- Outreach to pharmacists to encourage pharmacy-based clinics,
  - leveraging associations, chain drugstores,
  - direct mail to independent pharmacists;
  - access to online listing of pre-qualified nursing agencies
  - templated promotional items and media tools

## Workplaces

Direct Mail to employers with 50+ staff to encourage workplace flu shot clinics

Provide collateral materials (posters, tear sheets) to promote clinics

**QUESTIONS?**