

# Physicians miss many opportunities to provide flu vaccinations, especially among older minority populations

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Clinicians are missing opportunities to vaccinate Medicare patients

against influenza, despite widespread availability of vaccines and no copayment for patients. In addition, disparities persist in vaccination uptake based on factors including the presence of high-risk illness as well as the beneficiary's race and ethnicity. The findings are published in *Annals of Internal Medicine*.

Medicare beneficiaries, including seniors and adults with [high-risk conditions](#), are among the populations who are most susceptible to severe influenza infections and complications. Despite the accessibility of the influenza vaccine, uptake among Medicare beneficiaries was only 50.5 percent during the 2018-2019 [flu season](#).

Researchers from the Centers for Disease Control and Prevention (CDC) studied 31.6 million U.S. adults continuously enrolled under Medicare Parts A and B during the 2018 to 2019 influenza season to describe seasonal flu vaccine uptake and identify factors associated with missed opportunities for vaccination. The researchers found that only about half of Medicare beneficiaries aged 19 or older had received an influenza vaccine during the 2018 to 2019 flu season. Individuals with at least one high-risk condition accounted for 89.3 percent of those vaccinated but did not account for more than 60 percent of the high-risk cohort. Researchers also observed disparities in vaccination status based on race and ethnicity, with far more White beneficiaries being vaccinated compared with Black and Hispanic beneficiaries. The researchers noted many missed opportunities during which all beneficiaries, including those at highest risk, could have been vaccinated but were missed both by primary care and specialty providers. The researchers suggest that public health officials, policymakers, and clinicians engage in sustained, population-specific messaging to increase vaccination rates in vulnerable populations and overcome barriers to and complete influenza vaccination during routine appointments. Pharmacies could also close the vaccination gap, with nearly 60 of beneficiaries without underlying risk conditions receiving the influenza vaccination

from a pharmacy.

**More information:** *Annals of Internal Medicine* (2021).  
[www.acpjournals.org/doi/10.7326/M21-1550](http://www.acpjournals.org/doi/10.7326/M21-1550)

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