

# Interventions to Promote Seasonal Influenza Vaccinations among Non-Healthcare Workers Interventions with On-site, Reduced Cost, Actively Promoted Vaccinations

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## Task Force Finding and Rationale Statement

### Intervention Definition

Interventions with on-site, reduced cost, and actively promoted influenza vaccinations provide access to reduced-cost vaccinations at the worksite in which recipients normally work. They announce vaccination availability through formal worksite announcements, such as in newsletters, e-mails, or paycheck inserts. These interventions may include additional components, such as health education and mobile carts.

### Task Force Finding (June 2008)

The Community Preventive Services Task Force recommends interventions with on-site, reduced cost, and actively promoted influenza vaccinations, when implemented alone or as part of a multicomponent intervention, based on sufficient evidence of their effectiveness in increasing influenza vaccination coverage among workers in worksites.

### Rationale

Studies evaluating interventions with on-site, reduced cost, and actively promoted influenza vaccinations in worksites provided sufficient evidence to support a determination on effectiveness. The evidence included 5 studies (1 with greatest suitability of study design and fair quality of execution and 4 with least suitability of design, 1 with good execution and 3 with fair), whose effect sizes were moderate to large and in favor of the intervention. All five studies evaluated vaccination coverage and the median difference was an absolute increase of 21 percentage points for studies of greatest suitability and 38 percentage points for studies of least suitability. Only one study provided information on productivity. That study reported a small, non-significant finding not favoring the intervention. No other studies included in this review provided evidence on other morbidity, mortality, or productivity outcomes. Studies examined approaches that included no additional components and that combined provision of information, enhanced access, and changing attitudes and norms in different combinations. All combinations increased vaccination coverage among workers. These data were obtained from studies conducted in medium and large worksites, mostly in the U.S., with one conducted in Philippines.

### Economic Review

The systematic economic review identified only one study. This study conducted a cost-benefit analysis of a comprehensive intervention with a 4-week campaign to increase accessibility and improve seasonal influenza vaccination coverage among workers in the general (nonhealthcare) worksite. The combined direct and indirect cost savings were estimated to be \$129.41 per vaccinated person. However, the study did not consider costs associated with the campaign or costs of medical care due to adverse reaction from the vaccines; these could reduce the value of actual cost savings. Although the reviewed study tends to favor the economic viability of on-site, actively promoted worksite seasonal influenza vaccination programs, additional research is necessary before any firm conclusion can be drawn regarding the economic benefits from such programs.

*The data presented here are preliminary and are subject to change as the systematic review goes through the scientific peer review process.*

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## **Disclaimer**

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

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