Flu vaccination is the best protection available against influenza. All persons 6 months and older should receive a flu vaccination every year to reduce the risk of illness, hospitalization, and even death.

The 2012-13 influenza season is a reminder of the unpredictability and severity of influenza. The 2012-13 season began early, was moderately severe, and lasted longer than average.

More children than ever before received a seasonal flu vaccination during the 2012-13 season.

- 45.0% of people in the United States 6 months and older were vaccinated during the 2012-13 season, less than half of the U.S. population 6 months and older.
- Among children, coverage was highest for children aged 6-23 months (76.9%) with large increases in vaccination for children 5-12 years old (4.4 percentage points higher for the 2012-13 season compared to the 2011-12 season) and teens 13-17 year old (8.8 percentage points higher for the 2012–13 season compared to the 2011–12 season).
- Among adults, coverage was highest for adults aged 65 years and older (66.2%) and lowest among adults aged 18-49 years (31.1%).
- Among children, coverage was highest among non-Hispanic Asian children (65.8%), Hispanic children (60.9%), non-Hispanic black children (56.7%), and non-Hispanic children of other or multiple races (58.5%). Coverage among non-Hispanic white children was lower at 53.8%.
- Among adults, differences in coverage among racial/ethnic populations remain, with coverage among adult non-Hispanic blacks (35%) and Hispanics (34%) far lower than their non-Hispanic white counterparts (45%).

Coverage by Age:

Coverage for children 6 months through 17 years of age was 56.6% in the 2012-13 season, an increase of 5.1 percentage points from the 2011-12 season. State-specific flu vaccination coverage for children 6 months through 17 years ranged from 44.0% to 81.6%.

- Coverage for children decreased with age:
  - 76.9% for children 6-23 months
  - 65.8% for children 2-4 years
  - 58.6% for children 5-12 years
  - 42.5% for children 13-17 years
- Coverage increased in the 2012-13 season:
  - Children 5-12 years: an increase of 4.4 percentage points from the 2011-12 season
  - Children 13-17 years: an increase of 8.8 percentage points from the 2011–12 season
  - Changes in coverage were not significant for other age groups

Coverage for adults aged 18 years and older was 41.5% in the 2012-13 season, an increase of 2.7 percentage points from the 2011-12 season. State-specific coverage ranged from 30.8% to 53.4%.

- Coverage for adults increased with increasing age:
  - 31.1% for adults 18-49 years
Coverage increased in the 2012-13 season:

- Adults 18-49 years: an increase of 2.5 percentage points from the 2011-12 season
- Adults 50-64 years: an increase of 2.4 percentage points from the 2011–12 season
- Adults 65 years and older: an increase of 1.3 percentage points from the 2011–12 season

- Among adults 18-49 years of age with at least one high-risk medical condition (asthma, diabetes, or heart disease), coverage for the 2012-13 season was 39.8%, an increase of 3 percentage points from the 2011-12 season coverage estimate of 36.8% State-specific coverage ranged from 17.9% to 58.8%.

**Coverage by Sex:**

**Children (6 months-17 years)**
- There were no differences in coverage for male and female children.

**Adults (18 years and older)**
- Coverage was higher for females (44.5%) than for males (38.3%).

**Coverage by Race/Ethnicity:**

**Children (6 months-17 years)**
Coverage for Asian children (65.8%) was significantly higher than all other racial/ethnic groups.
- Coverage for non-Hispanic Asian children (65.8%), Hispanic children (60.9%), non-Hispanic black children (56.7%), and non-Hispanic children of other or multiple races (58.5%) was significantly higher than for non-Hispanic white children (53.8%).
- Coverage for non-Hispanic American Indian/Alaska Native children (52.5%) was similar to that for non-Hispanic white children (53.8%).
- There were significant increases in coverage from the 2011-12 season for non-Hispanic white children (6.2 percentage points), non-Hispanic Asian children (7.6 percentage points), and non-Hispanic children of other or multiple races (8.5 percentage points).
- Coverage for non-Hispanic black, Hispanic, and non-Hispanic American Indian/Alaska Native children did not change from the 2011-12 season.

**Adults (18 years and older)**
Coverage among adults aged 18 years and older increased across all racial/ethnic groups except for American Indian/Alaska Native adults and adults of other or multiple races in which coverage did not change.
- Among adults, coverage for non-Hispanic Asians (44.8%), non-Hispanic whites (44.6%), and non-Hispanic American Indians/Alaska Natives (41.1%) was higher than coverage for non-Hispanic adults of other or multiple races (38.0%), non-Hispanic blacks (35.6%), and Hispanics (33.8%).

There is an opportunity to raise awareness of the important benefits that can be gained by increased vaccination among children and adults.
Continued efforts are needed to ensure those at higher risk of flu complications (i.e. elderly, young children, and persons with chronic health conditions) are vaccinated each year.

Access to vaccination should be expanded in non-traditional settings such as pharmacies, workplaces, and schools.

Health care providers should make a strong recommendation for and offer of vaccination to their patients and improve their use of evidence-based practices such as vaccination programs in schools and WIC settings and client reminder/recall systems.

Immunization information systems, also known as registries, should be used at the point of care and at the population level to guide clinical and public health vaccination decisions.