

**Highlights of Influenza Vaccination Coverage Overall  
United States, 2012-13 Influenza Season  
Centers for Disease Control and Prevention**

**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

- 45.1% for adults 50-64 years
- 66.2% for adults 65 years and older

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.