

FACT SHEET | MARCH 2019

[*Translated and adapted from ORS PACA]

EVIDENCE-BASED INTERVENTIONS TO ENHANCE VACCINATION RATES

Providers-based interventions

Reminder and recall systems for providers

LEVEL OF EVIDENCE

Strong evidence of effectiveness in increasing vaccination rates

Moderate evidence of effectiveness in increasing vaccination rates

Insufficient evidence of effectiveness in increasing vaccination rates

Strong evidence of ineffectiveness in increasing vaccination rates

Reminder and recall systems for providers aim to inform those who administer vaccines that individual clients are overdue (recall) or are due (reminder) for specific vaccines. Reminders and recalls can be done in different ways: notes inserted in the patient's medical file, alerts in the patient's electronic medical file, mail, or email (Community Preventive Services Task Force 2015).

Expected impact

Increase in vaccination rates.

Other possible impacts

There is not enough information on this question in the literature.

Review of evidence

Overview

The effectiveness of reminder and recall systems for providers in increasing vaccination rates has been demonstrated by several systematic literature reviews (Dubé et al. 2015; Briss et al. 2000; Groom et al. 2015; Odone et al. 2015; Williams et al. 2011; Community Preventive Services Task Force 2015). A systematic review showed an increase of at least 10% in vaccine coverage rates in half of 22 studies included (Community Preventive Services Task Force 2015).

Effectiveness according to population subsets and vaccines

The effectiveness of reminder and recall systems for providers has been shown for different groups of patients and for different vaccines (Briss et al. 2000; Community Preventive Services Task Force 2016; Dubé et al. 2015; Groom et al. 2015; Odone et al. 2015), particularly for childhood vaccines (Williams et al. 2011). Scientific evidence is not as strong with regard to influenza vaccination for the elderly, due in part to a limited number of studies available, and to the lack of a significant effect of this intervention in some of them (Thomas & Lorenzetti 2014).

Effectiveness according to means of intervention

Reminder and recall systems for providers are effective whether they are delivered on paper or in electronic format (Williams et al. 2011; Community Preventive Services Task Force 2015).

Cost-effectiveness questions

Reminder and recall systems for providers are among the least costly interventions to increase vaccination rates, in terms of cost per additional person vaccinated. However,

reminder and recall systems for providers appear to be more expensive than those for patients (Jacob et al. 2016).

Promising interventions

There is not enough information on this question in the literature.

Impact on inequalities

The scientific evidence regarding the impact of reminder and recall systems for providers on social inequalities is limited. In a literature review on this issue, only two studies included reminder and recall systems for providers, and their results were contradictory (Jacob et al. 2016).

Example

In Quebec, Canada, the implementation of a reminder/recall system for providers who administer vaccines was among the priorities included in the provincial Vaccination Promotional Plan. It plans the implementation of the reminder/recall system at the local level within health centres and medical clinic, based on a dedicated information system (Institut national de santé publique du Québec 2010).

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This vaccination-themed fact sheet was written by the l'Observatoire Régional de la Santé Provence-Alpes-Côte d'Azur (ORS Paca) as part of a study conducted in 2016-2017, thanks to financial support from l'Agence Régionale de Santé Provence-Alpes-Côte d'Azur (ARS Paca). The original version is available here: <http://www.sirsepaca.org/territoires-actions-probantes/>.

This study's objectives were to help actors and decision-makers identify their territory's strengths and weaknesses with the help of synthetic indicators on the state of health and its determinants (available in SIRSéPACA) and to go from observation to action, through guiding them in the choice of actions to put in place. This study built on the American experience, *County Health Rankings and Roadmaps* (www.countyhealthrankings.org).

On the choice of actions to implement, bibliographic research was undertaken using different databases (Cochrane Library, Health Evidence, The Community Guide, Medline...). This permitted the identification of three main types of interventions (interventions to increase community demand for vaccination, to enhance access to vaccine services or provider-based interventions). The effectiveness of these interventions was evaluated in accordance with the number, type and methodological quality of studies available, as well as the breadth and coherence of the results (Briss P et al. *Developing an evidence-based Guide to Community Preventive Services-methods*. Am J Prev Med 2000;18(1S):35-43).

Ten themed fact sheets oriented to the principal types of interventions in the field of vaccination were written. All documents are available on the website of the System of Regional Health Information PACA (www.sirsepaca.org).

TYPE OF INTERVENTIONS	FACT SHEETS
Interventions to increase community demand for vaccination	Client-based written education interventions when used alone Person-to-person interactions Mass media campaigns Multicomponent interventions with at least one education / information component Client incentives and rewards Reminder and recall systems for clients
Interventions to enhance access to vaccine services	Home visits
Provider-based interventions	Reminder and recall systems for providers Audit and feedback Standing orders

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