

SCORING SYSTEM FOR THE ANTIBIOTIC-USE SCREENING EVALUATION (ABUSE) FOR PATIENTS

Total Score	Patient/Caregiver	Notes
	ABUSE Rating	
(Antibiotic-Abstaining Angels)		
0-50	Excellent	Candidate for sainthood
55-120	Good	Model citizen
125-200	Fair	Occasional abuser
205-300	Poor	Frequent abuser
305-455	Bad	Habitual abuser
460-600	Awful	Antibiotic addict and dealer
(Drug-Dependent Devils)		

Reminder Systems Improve Immunization Rates

Gina Pugliese, RN, MS
Martin S. Favero, PhD

Immunization rates for children and adults remain below national goals. While experts recommend that healthcare professionals remind patients of needed immunizations, few practitioners actually use reminders. Little is known about the effectiveness of reminders in different settings or patient populations. Szilagyi and colleagues reported on a literature review to assess the effectiveness of patient reminder systems in improving immunization rates and to compare the effectiveness of different types of reminders for a variety of patient populations.

The search was performed using MEDLINE, EMBASE, PsychINFO, Sociological Abstracts, and CAB Health Abstracts. Relevant articles, as well as pub-

lished abstracts, conference proceedings, and files of study collaborators, were searched for relevant references.

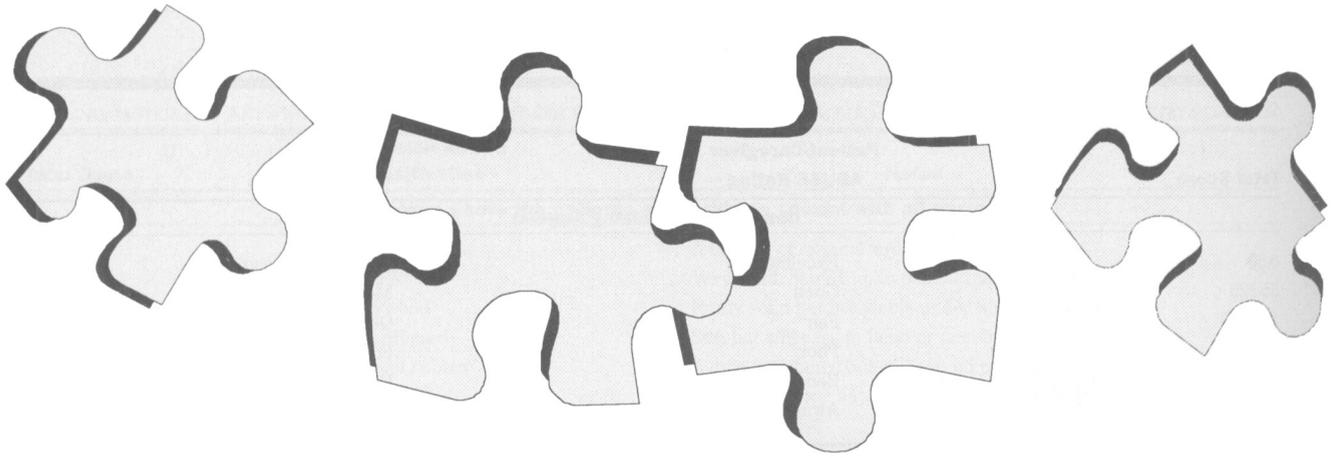
English-language studies involving patient reminder/recall interventions were eligible for review if they involved randomized controlled trials, controlled before-after studies, or interrupted time series, and measured immunization rates.

Of 109 studies identified, 41 met eligibility criteria. Patient reminder systems were effective in improving immunization rates in 33 (80%) of the 41 studies, irrespective of baseline immunization rates, patient age, setting, or vaccination type. Increases in immunization rates due to reminders ranged from 5 to 20 percentage points. Reminders were effective for childhood vaccinations, childhood influenza vaccinations, adult pneumococcus or tetanus vaccinations, and adult

influenza vaccinations. While reminders were most effective in academic settings, they were also highly effective in private practice settings and public health clinics. All types of reminders were effective (postcards, letters, and telephone or autodialer calls), with telephone reminders being most effective but costliest.

The authors concluded that patient reminder systems in primary-care settings are effective in improving immunization rates. Primary-care physicians should use patient reminders to improve immunization delivery.

FROM: Szilagyi PG, Bordley C, Vann JC, Chelminski A, Kraus RM, Margolis PA, et al. Effect of patient reminder/recall interventions on immunization rates: a review. *JAMA* 2000;284:1820-1827.



SHEA

THE SOCIETY FOR HEALTHCARE EPIDEMIOLOGY OF AMERICA

Where do you fit in *SHEA*?

SHEA was established to advance the study and application of hospital epidemiology—both traditional infectious disease epidemiology and non-infectious disease epidemiology as they relate to patient care, health care worker safety, quality improvement and outcomes research in and out of the hospital setting.

SHEA's primary goal is to educate members and improve their ability to be infection control and quality assurance practitioners. This is accomplished through our journal, *Infection Control and Hospital Epidemiology*, a series of position papers by experts in the field; annual scientific meetings; training courses in hospital epidemiology; industry surveys; and a state grassroots legislative network.

SHEA has more than 1200 members from 29 countries that are active in *SHEA* and in infection control in their own countries.

We welcome all qualified individuals working or interested in healthcare epidemiology.

Where Great Minds Join Together.

Smart membership benefits:

As part of your *SHEA* membership, you will receive the following:

The society's official journal—*Infection Control and Hospital Epidemiology*—at no charge. Non-members pay \$109 (U.S.) just for a subscription. That's the same price as annual membership dues in *SHEA*, which entitle you to yearlong benefits.

Access to the *SHEA* Web site, which includes position papers and data on salaries for healthcare epidemiologists and remuneration for part-time services in hospitals.

Reduced registration fees to annual scientific meetings and training courses.

Inclusion and access to the *SHEA* Membership Directory with more than 1200 member listings.

The opportunity to influence the field of healthcare epidemiology through participation on *SHEA* committees and boards.

To inquire about becoming a member of *SHEA*, contact us today.

Phone: 856/423-0087

Fax: 856/423-3420

E-mail: sheahq@talley.com

Web site: www.shea-online.org

Mailing address: 19 Mantua Road,
Mt. Royal, New Jersey 08061