## Vaccination Programs: Client Reminder and Recall Systems

Summary Evidence Table (1997–2007)

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Armstrong 1999 (1996)	Location: USA; Philadelphia, PA Intervention: Client reminder/	University primary care sites  Clients aged 65 years or older from study primary care sites  N eligible: 8,596	Client self- reported receipt of influenza vaccine (that season)	Comparison 56.9%	Intervention 66.4%	9.5 pct pts (p=0.04) (95%CI 0.3, 18.7) Relative change	1 flu season
Design suitability (design): Greatest (individual randomized trial)		Random assignment to condition with subsample selected for evaluation				(16.7%)	
Quality of execution (# of Limitations): Fair (3)	Comparison: Client reminder/ recall -mailed postcard	N assigned N sampled CRR+CE 390 229 (59%) CRR 5000 (350) 202 (58%)					
Outcome Measurement: Adults 65 yrs + Outpatients Influenza							

Study	Location and Intervention	Study Population ar	nd Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: UK;	Study general practice		Note: Study	CRR	Home visit	Home visit over	1 flu season
(study period):	Melton Mowbray			provides	67.9%	74.3%	CRR	
Arthur 2002 (2000)		All clients aged 75 year	rs and older	comparison of			6.4 pct pts	
	Intervention:	who were free-living ar	nd	home visit			(p=0.003)	
Design suitability	Home visit (part of	registered with the stu-	dy practice	versus client	Pre CRR	Post CRR	(95% CI 2.2,	
(design): Greatest	health check) with			reminder/recall.	46.7%	67.9%	10.4)	
(individual	provision of	Random assignment (h	ouseholds)					
randomized trial)	vaccination			Receipt of				
	(advance letter	Group N assigned	N analyses	influenza			CRR pre-post	
Quality of	borderline Client	Home visit 680	680	vaccine (that			change	
execution	Reminder/Recall	CRR-letter 1372	1372	season-ending			21.2 pct pts	
(# of				Dec 31,2000)			(95%CI 17.6,	
Limitations):	Comparison:						21.8)	
Fair (4)	Client reminder/			Note: Study			Relative change	
	recall			provides			(45%)	
Outcome	-mailed personal			sufficient data				
Measurement:	letter			to estimate				
Adults 75 yrs +				1999-2000				
Outpatients				change in				
Influenza				vaccination				
				among clients				
				in the CRR arm				

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA,	Group model health centers of	Influenza				1 flu
(study period):	Northeast region	Kaiser Permanente-Northeast	vaccination				season
Clayton 1999			coverage rates				
(1997 influenza	Intervention:	Adults aged 65 years or older who	of study clients				
season)	Client reminder	had a record of receiving the	for the 1997 flu				
	postcard + client	influenza vaccine in the previous	season	<u>1996</u>	<u>1997</u>		
Design suitability	education (small	year (1996)					
(design): Greatest	media) + provider		Inter	(100%)	78.6%	1.4 pct pts	
(iRCT)	education	Random assignment				(95% CI -0.8,	
		Group N enrolled N analyses	Comp	(100%)	77.2%	3.6)	
Quality of	Comparison:	Inter 2631 2631			p=0.222	Relative change	
execution	Client education +	Comp 2647 2647				(1.8%)	
(# of	provider education						
Limitations):							
Fair (4)							
Outcome							
Measurement:							
Adults 65 yrs +							
Outpatients							
Influenza							

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA;	Study Pediatric Primary Care clinic	Up-to-date				
(study period):	Denver, Colorado		vaccination	<u>Comparison</u>	<u>Intervention</u>	1 pct pt (Not	2 months
Daley 2004b		Children 5-17 months who were	status for study	16%	17%	significant)	
(2000)	Intervention:	not up-to-date	children age 5-			(95%CI -6.1,	
	Client		17m of age			8.1)	
Design suitability	reminder/recall	Group N assigned	(note: not up to			Relative change	
(design): Greatest	mailed postcard	Client reminder/recall+ provider	date at time of			(6.2%)	
(individual	and telephone	reminder + provider education	assignment)				
randomized trial)	(following a QI	205					
	project)	Provider reminder+Provider	In 2 month				
Quality of		education 215	follow-up a				
execution	Comparison:		client reminder				
(# of	Usual care		postcard did not				
Limitations):	following QI		add to the				
Fair	project		interventions				
			(PR+PE)				
Outcome	QI effort (provider		adopted as part				
Measurement:	reminders +		of a clinic				
Children not up-to-	provider		Quality				
date	education)		Improvement				
Outpatients			effort				
Childhood series							

Study	Location and Intervention	Study Pop	oulation a	and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Dini 2000 (1993- 1996)	Location: USA; Denver, CO Intervention:	the vaccinat	four public health clinics utilizing he vaccination database shouseholds of children listed in the						22 months
,	Computer	vaccination	database		age				
Design suitability	vaccination	-Children 60	)-90 days	of age		<u>Comparison</u>	<u>Intervention</u>		
(design): Greatest	database				Overall (Any	40.9%	49.2%	8.3 pct pts	
(individual randomized trial)	employed	Telephone+		N receipt	CRR)			(95%CI 0.7, 15.9)	
	<ul> <li>Telephone and</li> </ul>		215	177				Relative change	
Quality of	letter	Telephone of	•					(20.3%)	
execution	reminder/recall		217	189				Rate ratio=1.21	
(# of	+ database		16	183				(1.01,1.44)	
Limitations):	<ul> <li>Telephone</li> </ul>	Comp 2	13	186					
Fair (2)	reminder + database	Overall loss	to f/u: 12	26 (14.6%) of	Telephone + letter	40.9%	50.2%	9.3 pct pts (NS)	
Outcome	<ul> <li>Letter recall +</li> </ul>	861 enrolled	t						
Measurement:	database				Telephone only	40.9%	49.3%	8.4 pct pts (NS)	
Children									
Outpatients	Comparison:				Letter only	40.9%	48.2%	7.3 pct pts (NS)	
Vaccination series	Usual care +								
at 24m of age	database				Intention to				
Computer					treat analyses				
generated					(all compared				
reminders by					to the usual				
telephone and					care group)				
mailed recall letters									

Study	Location and Intervention	Study Popul	ation an	d Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA;	Participating pr	=		Proportion of study children				
(study period): Franzini 2000	Houston ,Texas	Houston/Harris	, , ,						NR
(1997-1998)	Intervention: Client reminder/	Clinics were ra condition	ndomly a	ssigned to	DTaP over the period of study				(30 days post appt)
Design suitability	<u>-</u>								
(design): Greatest (group randomized trial)		Eligible childred age of study cl Group CRR-phone		N clients 314	Overall (any CRR)	Comparison 63.6%	Intervention 82.5%	18.9 pct pts (95%CI 13.6, 24.2) Relative change	
Outcome Measurement:	(mailed postcard)	CRR-postcard Comp	NR NR	395 429				(29.7%)	
Children Outpatient DTaP vaccine	Comparison: Usual care	·			Telephone- autodial	63.6%	86.0%	22.4 pct pts	
Drai vaccine					Postcards	63.6%	79.7%	16.1 pct pts	
					Note: Rate of return visits was significantly higher in CRR arms			Rate of return visits 23.7 pct pts	

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Gil 2000 (1997-1999)  Design suitability (design): Moderate (retrospective cohort)  Outcome Measurement: Adults 65 yrs + Outpatient Influenza	Location: USA; North Wilmington, Delaware  Intervention: Provider reminder (computer prompt in patient electronic medical record) + client reminder (postcard sent in October)  Comparison: Pre- Post	N=344 evaluated over two influenza seasons	Proportion of eligible patients who received an influenza vaccination (n=344)	<u>1997-pre</u> 50.4%	1998-post 61.6%	11.2 pct points (p<0.001) (95%CI 4, 19) Relative change (22%)	2 years

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Hambidge 2004 (1998-2000)  Design suitability (design): Greatest (group randomized control trial)  Outcome Measurement: Children (infants) Outpatients Pediatric Immunizations	marked if behind on immunizations or well child visits) + provider assessment & feedback (monthly cycles) + provider education + client reminder/recall (postcard reminder) +	School-based clinics within the Denver Health Medical Center: n=11  Patients born at study medical center between July 1, 1998 and June 1999.  Group N patients 1. Imm. Arm (4 clinics) 1030 2. WCV Arm (3 clinics) 475 3. Control (4 clinics) 1160	% Up to date at 12 months  Results provided here reflect the immunization study arm compared to the comparison arm	Comparison: 71%	Intervention: 76%	5 pct pts (95% CI 1.3, 8.7) Relative (7%) Multivariable analysis: Up to date Risk ratio 1.09 (95%CI 0.97, 1.20)	12 months
	registry/database  Comparison: Usual care						

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location:	Cohort of children born Aug 24,	Measles				
(study period):	Australia; Ballarat	1987-Feb 28, 1988 enrolled and	vaccination at		I: 79%	12 pct pts	NR
Hawe 1998		randomly assigned to condition	15 months of		C: 67%	(95%CI 2, 23)	(15 m of age)
(1988-1989)	Intervention:	-	age			Relative change	
	Client reminder/	<u>Group</u> <u>N</u>				(17.9%)	
Design suitability	recall with content	CRR-Health Belief Model 124					
(design): Greatest		CRR-standard content 135				Additional	
(individual	Belief Model					information on	
randomized trial)		Note: Both arms received CRR so				effectiveness by	
	Comparison: CRR	this study is not a primary				content of the	
Quality of	with standard	evaluation of CRR effectiveness				reminder	
execution	content						
(# of							
Limitations):							
Fair (2)							
Outcome							
Measurement:							
Children							
Outpatients							
Measles vaccine							

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA;	Counties implementing CCC over	Immunization				
(study period):	13 counties in	the period of study	compliance				
Hellerstedt 1999	Minnesota		(study defined				
(1995-1996)		Clients (mothers/infants) in study		Not in CCC	<u>In CCC</u>		NR
	Intervention:	counties born in the period May-	based on client	52.6%	65.6%	13 pct pts	
Design suitability	Communities	Dec 1995	immunization			(95%CI 1.9,	
(design):	Caring for Children		cards			24.1)	
Moderate	(CCC)	N eligible: 1181				Relative change	
(retrospective	tracking and	Enrolled in CCC 776	Infant received			(24.7%)	
cohort)	outreach	Not enrolled in CCC 405	two each of				
	(database + client		DTP, HBV, Hib,				
Quality of	reminder/ recall) +	Outcomes were measured in a	and polio (study			Adj OR = 1.8	
execution	client education +	telephone survey subsample	criteria #2)			(95%CI 1.1,	
(# of	community-wide					3.0)	
Limitations):	education	Group <u>N eligible</u> <u>N analyse</u>					
Fair (3)		CCC enrolled 259 163 (63%	Logistic				
	Comparison: Not	Not enrolled 255 135 (53%	regression				
Outcome	in CCC (exposed to		analysis				
Measurement:	community-wide						
Children (infants)	education)						
Outpatients							
(community)							
Childhood series							

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Hoekstra 1999 (1996-1997)	Location: USA, Chicago, IL Intervention: Client	A selected WIC site in Chicago  Inner-city infants enrolled in WIC program (May 1, 1996)	Age appropriate vaccination status at 12m of age	I: 75% C: 77%	I: 80% C: 75%	3 pct pts (95%CI -3.7, 9.7) Relative change	6 months
Design suitability (design): Greatest (individual, randomized trial)		Random assignment at 6m of age  WIC group N assigned N analyses CRR+MVP 324 NR (99%) MVP 241 R (99%)				(4%)	
Quality of execution (# of Limitations): Fair (4)	pickup incentive  Comparison: WIC program with monthly voucher	12m f/u of 560 (99%) of 565					
Outcome Measurement: Children WIC Outpatients Childhood vaccinations (age appropriate 12m)	pickup incentive						

Study	Location and Intervention	Study Po	pulation	and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location:	Study Fami	ly Medical	Center	Interval			Range of change	
(study period):	Canada; rural				immunization	<u>Range</u>	<u>Range</u>	estimates	1 year
Hogg 1998	Quebec	Patients of	the study	medical	with	0% (MMR) to	0% (MMR) to	0 pct pts (MMR)	
(1991-1992)		center (ass	igned hou	seholds)	recommended	19.1%	20%	to 5.2 pct pts	
	Intervention:				vaccine by one	(influenza)	(influenza)	(DPT TOPV)	
Design suitability	Client reminders	N eligible 8	770		or more family				
(design): Greatest	(for appropriate	N=719 fan	nilies rand	omly	members			Narrative	
(individual	family preventive	selected, ei	nrolled and	d randomly	-Adult tetanus			summary	
randomized trial)	services -	allocated to	condition		-Influenza (age			Small changes	
	personalized letter	<u>Condition</u>	N family	N patients	65yrs +)			that were not	
Quality of	arm) + [existing	CRR +PR	204	613	-Influenza			statistically	
execution	provider	(CE +PR)	252	676	(chronic			signficant	
(# of	reminders]	UC +PR	263	682	conditions)				
Limitations):					-MMR				
Fair	Comparison:				-HiB				
	Usual care				-DPT TOPV (all)				
Outcome	(computer records				-MMR booster				
Measurement:	with provider				Narrative				
Families (adults,	reminders for				summary for				
children)	preventive				these results				
Outpatients	services)				f/u of study				
Various indicated	-				patients was				
vaccinations					98%				

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Honkanen 1997 (1993 influenza season)	Location: Finland, northern districts  Intervention: Client remindersmailed + reduced	All persons 65 years of age or older in study administrative districts in Finland  Group Districts Population Inter 8 10,019	Mean influenza vaccination coverage of district health centers	1992 I: NA C: 49.5%	1993 I: 82.4% C: 51.4%	31 pct pts Relative change (62%) (95%CI: unable	1 flu season
Design suitability (design): Greatest (other design with a concurrent comparison group)	•	Comp 20 17,564  Note: 1993 flu season comparison of two intervention regions is reported here				to calculate)	
Quality of execution (# of Limitations): Fair (4)	(community-wide) + ROPC (free)	Numbers of adults vaccinated was not reported					
Outcome Measurement: Adults 65 yrs + Outpatients Influenza							

Study	Location and Intervention	Study	Population a	and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Hull 2002 (2000)	Location: UK; London and Essex	London	esearch praction and Essex: No	=3	Client receipt of influenza vaccination	Comparison 44%	Intervention 50%	5.9 pct pts (95%CI 0.5,	1 flu season
Design suitability (design): Greatest (individual randomized trial)  Quality of execution (# of Limitations): Fair  Outcome Measurement: Adults 65-74yrs Outpatients		the stud N eligibl	aged 65-74 yr ly practices le = 1820 n assignment b <u>N assigned</u> 660 658	-	Logistic regression adjusting for practice site and correlation by household			11.3) Relative change (13.6%)  Adj OR=1.27 (95%CI 1.02, 1.58)	

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Irigoyen 2000 (1997) Design suitability (design): Greatest		Study hospital-affiliated pediatric clinic serving low-income population in New York City  Children of study pediatric clinic Systematically assigned to condition	Up-to-date vaccination coverage rates for study children (age appropriate)	Comparison	Intervention	3.2 pct pts (95% CI -2.4, 8.8) Relative change (3.9%)	NR
(individual randomized trial)  Quality of execution (# of Limitations): Fair (3)	postcards telephone Postcards + telephone Comparison: Usual care	Group Nassigned Nanalyses Postcard 314 314 Phone 307 307 Card+Phone 306 306 Comparison 346 346	Postcard + Telephone  Kept scheduled appointment with provider	82.4%	85.6%	Overall vaccination coverage rates averaged 84.1% and did not differ significantly by condition	
Outcome Measurement: Children 4-18m Outpatients Childhood series			Postcard + Telephone Overall kept appointment rate increased significantly in the reminder arms (p=0.003) but was not associated with increase in age appropriate UTD	65.0%	76.5%	11.5 pct pts	

Study	Location and Intervention	Study Populati	on and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Irogoyen 2006	<b>Location:</b> USA, New York, NY	Study health care York City	network in New	Up to date for the 4:3:1:3 series				6 months
(2001)	Intervention: IIS (registry) + client	Random sample of patients (6wks to	15m of age)	Any CRR	I: 49.8%	I: 43.0%	2.1 pct pts	
Design suitability	reminder/recall	who were registry		(consolidated)	C: 48.1%	C: 39.2%	(95% CI -2.9,	
(design): Greatest		due or late for im	munization				7.1)	
(individual	(continuous)						Relative change	
randomized trial)	/	N eligible: 13,8					(4.4%)	
	IIS (registry) +	12% random s	•					
Quality of	Client		=1662 children		Pre	Post		
execution	Reminder//recall +	Group	N enrolled	CRR-continuous	49.5%	44.1%	Continous: 3.5	
(# of	(limited-up to 3)	CRR-Continuous	549				pct pts (95% CI:	
Limitations):	<b>.</b>	CRR-Limited	552				-2.3, 9.3)	
Fair (3)	Comparison:	Usual Care	561	CRR-limited	50.2%	42.0%	Limited: 0.7 net	
Outcome	IIS (registry + usual care			CRR-IIIIIlea	30.2%	42.0%	Limited: 0.7 pct pts (95%CI: -	
Measurement:	usuai care						5.1, 6.5)	
Children				Usual Care	48.1%	39.2%	Usual Care:	
Outpatients				Note:	40.170	39.270	reference	
Childhood series				additional			reference	
Cilianood scries				vaccination			In multi-variate	
				outcomes were			analyses	
				reported			reminders had	
				(receipt of any			no independent	
				vaccination in			effect on UTD at	
				the 6m post;			3m and 6m	
				up-to-date for				
				DTaP).				
				Baseline				
				measures				
				provided were				
				UTD for 4:3:1:3				

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA,	Study Family Practice teaching	Receipt of				
(study period): Kellerman 2000	Salina, Kansas	facility	influenza vaccination	1994 1995 18% 18%	<u>1996-post</u> 28%	10 pct pts (p<0.001)	1 flu season
(1996)	<b>Intervention:</b> Client reminder/	Adult patients aged 65 years or older of study practice	from the facility in medical			(unable to est. 95%CI)	
Design suitability (design):	recall -postcard with telephone f/u	Year N eligible N analyses	record			Relative change (55.6%)	
Moderate (interrupted time	of a subset of nonresponders	1996 cohort 475 475 1995 cohort NR NR					
series)	Comparison: Pre-	1994 cohort NR NR	Note: Authors noted that				
Quality of execution	Post (1994 and 1995 coverage		vaccination rates for the				
(# of Limitations): Fair (4-5)	rates)		subset of postcard nonresponders				
Outcome			did not differ by provision of f/u				
Measurement: Adults 65 years + Outpatients Influenza			telephone call or no f/u				

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Kempe 2001 (Jan-July 1999)	Location: USA; Denver, CO Intervention:	Resident training outpatient clinic of Denver Children's Hospital Children age 5-17 months (urban,	Vaccination status (up to date) of study children 2				2 months
	Client	low-income families)	months after				
Design suitability (design): Greatest (individual	postcard) +	GroupN enrolledAnalysesIntervention294292Comparison309304	the client reminder/recall notifications				
randomized trial)	vaccination			Comparison	<u>Intervention</u>	Subset outcomes	
Outcome Measurement:	database  Comparison:	Note: 30% of study sample could not be reached by the reminder intervention	Subset of children at age 7m	28%	24%	-4 pct pts (NS) Relative chg (-14.2%)	
Children	Usual care +	intervention	7111			(-14.2%)	
Outpatient Childhood series UTD	vaccination database		Subset of children at age12m	39%	51%	12 pct pts (p=0.07) Relative chg (30.8%)	
			Subset of children at age19m	16%	16%	0 pct pts (NS) Relative chg (0%)	
			Note: Unable to calculate overall UTD status for this study sample				

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Kempe 2005 (2003-2004)	Location: USA; Denver, Colorado  Intervention: Client	Study pediatric practices with a common registry (database): n=5  Infant clients (6-21m of age) of the study practices	Receipt of <u>&gt;</u> 1 influenza immunization	Comparison 58%	Intervention 62.4%	4.4 pct pts (p=0.001) [95%CI: 1.7, 7.1]	5 months
Design suitability (design): Greatest (individual randomized trial)  Quality of execution (# of Limitations): Fair (3)  Outcome Measurement: Children Outpatients Influenza	· ·	N eligible = 5704 Random assignment to condition  Group N enrolled N analyses Inter 2595 2595 Comp 2598 2598	Authors note that intense media coverage of influenza outbreak in the region (after Nov 15) probably contributed to coverage rates observed in this study (both arms)			Relative change (6.9%)	

Study	Location and Intervention	Study Popu	ılation aı	nd Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA;	Public health	clinics in	the study		<u>Pre</u>	<u>Post</u>	Overall change	
(study period):	Fulton county	county: N=4			Changes in	I: 43%	I: 58%	15 pct points	1 year
LeBaron 1998	(Atlanta), GA	Intervention:	2 clinics		series	C: 52%	C: 52%	(p=0.046)	
-clinic study		Comparison:	2 clinics		completion rate			(95%CI 4.1,	
(1992-1993)	Intervention:				among study			25.9)	
,	Client reminder/	Pediatric patie	ents (3m	to 59m of	patients			Relative change	
Design suitability		age) of the st	•		[			(28.8%)	
(design): Greatest	-		, ,						
(group	assessment and	Group	N pre	N post					
nonrandomized	CRR by mail,	Intervention	204	170					
trial)	phone, and/or	Comparison	157	150					
,	home visit)								
Quality of					Note: Paper				
execution	Comparison:				also evaluated				
(# of	Usual care				a concurrent				
Limitations):					community-				
Fair	Note: Background				wide campaign				
	community-wide				Wide campaign				
Outcome	education								
Measurement:	campaign								
Children	Campaign								
Outpatients									
Childhood series									
Ciliunou series									

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): LeBaron 2004 (1996-1998)	Location: USA; Fulton county (Atlanta), GA Intervention: IIS	Cohort of pediatric patients in the MATCH IIS (registry) born July 1995-Aug 1996 N eligible =3050	Series completion rates 4:3:1:3 (with 1m grace period) at 24m				2 years
Design suitability (design): Greatest (Individual randomized trial)	(3arms) • Telephone autodialer with	Random assignment to condition  Group N assigned N analyses Autodial 763 763 Outreach 760 760 Autod Outrel 764	of age Autodialer with mail backup	<u>At start</u> I: 53% C: 52%	At 24m age I: 40% C: 34%	5.0 pct points (p<0.05) (95%CI 0.2, 9.8)	
Quality of execution (# of Limitations): Fair Outcome Measurement:	postcard backup  Outreach (assessment with staged telephone, postcard, home visit)	Autod-Outrch 764 764 Comparison 763 763	Autodialer with Outreach backup  Note: We considered the Autodial arm in	I: 52% C: 52%	I: 38% C: 34%	4.0 pct points (NS) (95%CI -0.8, 8.8)	
Children Outpatients community-wide Childhood series	Telephone autodialer with outreach backup  Comparison: IIS (registry) + usual care		our CRR-alone review and the Autodial + Outreach backup in our CRR- multicomponent review				

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Lieu 1998 (1996-1997) Design suitability (design): Greatest		Pediatric clients (20m of age) in the study region during the study	Receipt of any indicated immunization by the study participant (20 to 24m of age)				5 months
(Individual randomized trial)  Quality of execution (# of	arms)  Telephone autodialer  Mailed letter  Letter then phone	Group         N assigned         N analyses           Phone         162         162           Letter         165         165           Let+Ph         154         154           Ph+let         167         167	Any CRR (consolidated arms)	Comparison 35.6%	Intervention 49.7%	14.1 pct pts (95%CI 6.7, 21.5) Relative change (39.6%)	
Limitations): Fair  Outcome Measurement: Children Outpatients (managed care)	Phone then lettter  Comparison: Pre cohort (January 1996) Registry (regional database) + usual	Comp 219 219	<ul> <li>Phone</li> <li>Letter</li> <li>Letter then     Phone</li> <li>Phone then     letter</li> </ul> Note: Authors	(35.6%)	43.8% 44.2% 57.8% 53.3%	8.2 pct pts 8.6 pct pts 22.2 pct pts 17.7 pct pts	
Childhood vaccines (any indicated)	care		provided up to date 24m results for the 4 intervention arms but not for the comparison cohort. We report "any" vaccine results here				

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Mason 2000 (1998-1999)	Location: UK, Iechyd Morgannwg, Wales Intervention: IIS	(at 21m of age) of the study Health Authority were enrolled and	Receipt of MMR vaccination between 21m and 24m of age	Comparison 6.1%	Intervention 7.2%	1.1 pct pts (95%CI -3.3, 5.5)	8 months (3m f/u)
Design suitability (design): Greatest (individual randomized trial)		randomly assigned to condition  Group Nassigned Nanalyses Inter 255 249 (97%) Comp 256 244 (95%)				Relative change (18%)	
Quality of execution (# of Limitations):	+ provider reminder  • mailed letter						
Fair (3)  Outcome  Measurement: Children	Comparison: IIS (registry) + usual care						
Community-wide MMR vaccination							

Study	Location and Intervention	Study Population and Sam	ple Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): McCaul 2002 (Not reported)	Location: USA, North Dakota  Intervention:	Selected counties in North Dal were randomly assigned to condition  Group N counties N clien	influenza vaccination ts (Medicare				1 flu season (6m)
Design suitability (design): Greatest (other design w concurrent comparison)  Quality of execution (# of Limitations): Fair (4)  Outcome Measurement: Adults (Medicare clients) Community-wide		CRR-action 12 6057 CRR-3 types 17 9780 Usual care 20 7896	claim)  Any CRR (consolidated arms)	Comparison 19.6%	Intervention 25.7%	6.1 pct pts (95%CI 5.0, 7.2) Relative change(+31.1%)	

Study	Location and Intervention	Study Population and	Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: United	Children followed in the C	Child	Proportion of				
(study period):	Kingdom; South	Health System (registry)	in two	study children				NR
Morgan 1998	Glamorgan, Wales	birth cohort periods		completing the				(by 12m or
(1996)		April-Sept 1995		primary course				age or by 24m
	Intervention: 2	April-Sept 1994		of				of age)
Design suitability				immunizations				
(design): Greatest		Group	<u>N</u>	(two age				
(individual	reminder/recall-	Registry+CRR	159	cohorts)			-5.9 pct pts	
randomized trial)	letter	Registry + Provider rem	153		<u>Comparison</u>	<u>Intervention</u>	(95%CI -16.3,	
		Registry+ Usual care	139	CRR arm	32.3%	26.4%	4.5)	
Quality of	Registry +						Relative change	
execution	provider reminder						(-18.3%)	
(# of	-telephone call to							
Limitations):	health visitor			Provider	32.3%	30.0%	-2.3 pct pts	
Fair (3)				Reminder arm			(95%CI -12.9,	
	Comparison:						8.3)	
Outcome	Registry + usual						Relative change	
Measurement:	care						(-7.1%)	
Children								
Outpatient								
Childhood series								
(age appropriate)								

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Muehleisen 2007 (2003) Design suitability (design): Greatest		Study hospital  Children hospitalized over the study period (Ages 61 days to 17 years) and underimmunized  N hospitalized=647  N with records=430	Receipt of 1 or more catch-up immunizations (among under- immunized children)	Comparison 35%	Intervention 45%	10 pct pts 28.5%) (95% CI -4,+24) Relative change (28.6%)	9 months
(non randomized trial)  Quality of execution (# of Limitations): Fair (4)  Outcome Measurement: Children (underimmunized)	stay + client education + provider reminder (letter sent at discharge)  Comparison: usual care	Consecutive assignment  Condition N assigned* N analyses* Inter 211 98 95 Comp 219 111 106 *subset underimmunized	Results at 1 month after discharge	8%	27%	19 pct pts (337%) (95% CI: 9, 29)	
Hospital (outpatient f/u) Childhood vaccinations							

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Puech 1998 (1996)	Location: Australia; Sydney Intervention:	Study general practice  Adult patients aged 65 years or older	Receipt of influenza vaccination				1 flu season (4m)
Design suitability (design): Greatest (individual randomized trial)  Quality of execution (# of Limitations): Fair (Cochrane	Client reminder/recall-	Stratified by gender and randomly assigned  Group Nassigned Nanalyses Inter 154 154 Comp 171 171	Consolidated gender	Comparison 45.0%	Intervention 54.5%	9.5 pct pts (95%CI -1.3, 20.3) Relative change (21.1%)	
Outcome Measurement: Adults 65 yrs + Outpatients Influenza							

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA;	Three health care firms/teams in	Vaccination				
(study period):	West Los Angeles,	geographically distinct areas.	rates for			Not Comparative	12 weeks
Rhew 1999	CA		pneumococcal	Comparison	<u>Intervention</u>	on CRR	
(1997)		Provider teams were randomly	vaccine	-		Team 1 vs Team	
	Intervention:	assigned to condition				3	
Design suitability	1. Nurse/clerk		SO+PAF+CRR/		22%	17 pct pts	
(design): Greatest	assessment,	Clients of provider/team with	CE+PR			(p<0.001)	
suitability	Standing orders,	regularly scheduled appointments				(95%CI 4.3,	
(group randomized	comparative	Team N patients seen in 12wks	SO+CRR/CE+		25%	19.7)	
trial)	feedback, client	1 1,101	PR			Relative (340%)	
	education	2 1,221					
Quality of	(reminders),	3 1,180	CRR/CE+PR	5%		2 vs 3	
execution	provider reminders					20 pct pts	
(# of			Note: All 3			(p<0.001)	
Limitations):	2. Nurse/clerk		study arms			[(95%CI	
Fair (3)	assessment,		included client			7.3,22.7)	
	Standing orders		education/client			Relative (400%)	
Outcome	w/compliance		reminders, so				
Measurement:	reminders, client		this study does				
Adults	education		not provide				
Outpatients	(reminders),		direct evidence				
PPV	provider reminders		on the				
			effectiveness of				
	Comparison:		client				
	client education		education/client				
	(reminders) and		reminders.				
	provider reminders						
			(See Standing				
			Orders)				

Study	Location and Intervention	Study	Population	and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Rodewald 1999 (1994-1995)  Design suitability (design): Greatest (individual randomized trial)	Location: USA, Rochester, New York Intervention: 1. Tracking and	Pediatri (age 0- N eligib Randon		tudy practices	Age-appropriate vaccinations for study clients  Tracking/Outrea ch +PR  Note: Two study arm were relevant to our	Pre I (85%) C (81%)	Post I 95% I 74%	17 pct pts (95%CI 13.4, 20.6) Relative change (21.0%)	18 m
Quality of execution (# of Limitations): Fair (Cochrane review)  Outcome Measurement: Children Outpatients Childhood series	2. Provider reminders 3. Tracking and Outreach + Provider Reminders  Comparison: Usual care	Comp	767	719 (94%)	evaluation of outreach as a client reminder/recall intervention We selected the Tracking/outrea ch +provider reminder arm for this update (See also Home Visits) (See also Provider Reminders)				

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Smith 1999 (1995-1996)  Design suitability (design): Greatest (individual randomized trial)  Quality of execution (# of Limitations): Fair (4)  Outcome Measurement: Adults (medicare eligible) Outpatients Influenza	Location: USA; 10 counties in Indiana Intervention: Client	Selected counties in Indiana: N=10  Samples of medicare eligible adults in study counties who were not members of an HMO (1000 per county) N identified = 10,000 N eligible=9011 randomized to condition Group N assigned N analyses Inter 4508 4508 Comp 4503 4503 Actual f/u 6941 (69%) overall	Influenza vaccination by self-report or medicare claim record  Intention to treat with record  Logistic regression analysis  Note: Authors evaluated nonresponse and generated overall estimates of vaccination	Comparison 60.6% est 64.2%	Intervention 62.4% est 69.0%	1.8 pct pts (95% CI -0.2, 3.8) Relative change (3.0%) Adj OR=1.22 (95%CI 1.09, 1.37) 4.8 pct points	1 flu season (4m)

Study	Location and Intervention	Study Populat	ion and	l Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	<b>Location:</b> USA; Monroe County,	Pediatric practice New York	es in Roc	chester,	Immunization			Difference: 14	
(study period): Szilagyi 2002	New York	N=10 implement	od outr	aach over	rates (age	1993 baseline	1999 post	pct pts [95%CI	
(1993-1999)	New Tork	the study period	eu outre	eacii ovei	appropriate series)	1993 Daseille	1999 post	unable to calc.]	6 years
(1993-1999)	Intervention:	the study period			24 months of	I: 55%	I: 84%	Relative change	o years
Design suitability		Medical record re	view of	sampled	age subset	C: 73%	C: 88%	(19.2%)	
	inner-city practices	pediatric patients		•	age subset	C. 7370	C. 0070	(13.270)	
(other design with	with tracking of	practices		• ,	12 months of	I: 67%	I: 87%	Difference: 16	6 years
concurrent	clients, client	F :	1993	1999	age subset	C: 88%	C: 92%	pct pts [95% CI	7 7 5 5 7 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7
comparison)	reminder/recall,	Inter-inner city	NR	NR				unable to calc]	
,	and home visits if	Comp-suburbs	NR	NR				Relative change	
Quality of	necessary	-						(18.2%)	
execution									
(# of	Comparison:								
Limitations):	Usual care in								
Fair (4)	suburban practices								
Outcome									
Measurement:									
Children									
Outpatients									
(clinics)									
Childhood series									
Series at 24m, at									
12m									

Study	Location and Intervention	Study	Population a	and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Szilagyi 2006	<b>Locations:</b> USA, Rochester, NY		Adolescents 11-14 years of age with at least one visit on billing records					Change in Hep B vaccination rates	
(1998-2000)	Intervention: Client	N poten	tial eligible =	5902	Up-to-date rates for	Hep B- I: 45.1	Hep B- I: 62.0	I: 16.9 C: 13.8	
Design suitability (design): Greatest (individual	system		mized = 3006 andomization	= -	hepatitis B and for Tetanus vaccinations	C: 44.0	C: 57.8	Diff: 3.1 pct pts, p=0.03	
randomized trial)  Quality of execution (# of Limitations):  Fair (2)	Comparison: Usual care	Group Inter Comp	N baseline 1496 1510	<u>Inactive</u> 132 168	Mean number of days eligible for each vaccine during the study time frame	Td- I: 24.7 C: 23.8	Td- I: 52.0 C: 49.9	Changes in Td vaccination rates I: 27.3 C: 26.1 Diff: 1.2 pct pts, p=0.5	
Outcome Measurement: Adolescents Outpatients Adolescent vaccines (HepB, Td)					Hame			p=0.3	

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year (study period): Vivier 2000 (1998)	Location: USA; Rhode Island  Intervention: Client	Underimmunized children enrolled in hospital-based managed care practice  N = 264 children were eligible and	Up-to-date status at the end of the 10wk f/u period (receipt of	C: 2.8%	I: 15.0%	12.2 pct pts (95%CI 5.8, 18.4) Relative change	10 weeks
Design suitability (design): Greatest (individual randomized trial)  Quality of execution (# of	reminder/recall	randoml assigned to condition  Group Nallocated Nanalyses  CRR any 193 193  Comp 71 71	indicated vaccinations)			(436%)	
Limitations): Fair (3)  Outcome Measurement: Children Outpatients Childhood immunizations							

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA;	Study managed care network	Receipt of				6m
(study period): Winston 2007	Atlanta, GA	general medicine clinics	pneumococcal vaccination	I: (44%) C: NR	I: 17% C: 8%	9 pct pts (95%CI 6.4,	
(2004)	<b>Intervention:</b> Client	Unvaccinated adults age 65 years or older (subset of overall study)	among previously		p<0.001	11.6) Relative change	
Design suitability		N allocated	unvaccinated			(112%)	
(design): Greatest (iRCT)	telephone following CRR by mail and small	Inter 1198 Comp 1197 Note: 44% of intervention group	intention to treat analysis			Adjusted Odds ratio for the	
Quality of	media postings in	were found to be previously				overall study =	
execution (# of	clinics	vaccinated for PPV				2.3 (95%CI 2.0, 2.7)	
Limitations):	Comparison:						
Fair (4)	Usual care following CRR by						
Outcome	mail with small						
Measurement:	media postings in						
Adults 65 yrs +	clinics						
Outpatients							
Adminstrative							
database PPV							

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA;	African-American women-infant	Up-to-date at				
(study period):	Los Angeles	pairs in inner-city Los Angeles	12months of	C 50.6%	I 63.8%	13.2 pct pts	1 year
Wood 1998		Random selection of candidates	age			p=0.01	
(1994-1995)	Intervention:	with interview for eligibility				(95%CI 3.1,	
	Case management	N=419 eligible and assigned				23.3)	
Design suitability	effort including						
(design): Greatest	home visits and	Group <u>N assigned</u> <u>N analyses</u>					
(individual	telephone and mail	Intervention 209 185 (88%)					
randomized trial)	contact and follow	Comparison 210 180 (86%)					
	up+ client						
Quality of	education (small						
execution	media)						
(# of							
Limitations):	Comparison:						
Fair (3)	Client education						
	(small media)						
Outcome							
Measurement:							
Children							
Outpatients							
Childhood series							
up-to-date at 12m							

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA;	Health Care Plan for Medicare	Receipt of				
(study period): Yanagihara 2005	Hawaii	clients in Hawaii	pneumococcal vaccine over	Not reported	10.7 pct pts (authors	10.7 pct pts (95%CI 8.8,	2 years
(1998-2001; 2	Intervention:	Medicare cost contract members in	the study		reported)	12.5)	
years)	Client reminder/recall	Hawaii N eligible =33,017	period			Unable to calculate relative	
Design suitability	(letter and	Age and gender matched				estimate for this	
(design): Fair	postcard) +	comparison population from Fee				change	
(interrupted time	community-wide	for Service plan	Comparison				
series)	education +	N eligible = 51,369	with interval			Adj OR=1.66	
	expanded access		change among			(95%CI 1.58,	
Quality of	in healthcare		fee-for-service			1.73)	
execution	settings + client		clients				
(# of	education (small		-Receipt of PPV			Adjusted rate	
Limitations):	media)		adjusting for			ratio 0.45	
Fair (4)			age and gender			(95%CI 0.27,	
	Comparison: Fee-		-Streptococcal			0.75)	
Outcome	for-service clients		pneumonia				
Measurement:	(some exposure to		related				
Adults 65 yrs +	community-wide		hospitalizations				
(medicare clients)	interventions)						
Outpatients							
PPV							

## Studies providing Additional Information in Consideration of the Effectiveness of Client Reminder/ Recall Interventions (High risk participants)

Study	Location and Intervention	Study Population and Sample	Effect measure	Reported baseline	Reported effect	Value used in summary	Follow-up time
Author & year	Location: USA;	Participating clinics within the		Baseline	Year 2		
(study period):	Pittsburgh, PA	University of Pittsburgh School of	Influenza	I: 10.4%	I: 18.7%	7.6 pct pts	2 years
Zimmerman 2006		Medicine: N= 5 practices in 10	vaccination	C: 42.0%	C: 42.7%	(p<0.001)	
(2001-2004)	Intervention:	offices	coverage of			95%CI [NA]	
Design suitability	Community health	Condition N practices N clients Inter 5 2438 / 2935/ 3311	active patients			Relative (+78%)	
(design): Greatest		Comp 1 NR	Note: Study			(OR=2.8	
(other design with	vaccination rates	Comp 1 NK	conducted prior			p<0.001 95%CI	
a concurrent	vaccination rates	Note: Intervention clinics	to and during			[2.3, 3.4]	
comparison group)	Individual clinics	implemented different types of	change in ACIP			[2.3, 3.4]	
Companison group)	adopted their own	client education / client reminder-	influenza				
Outcome	sets of	recall elements	recommendatio			Note:	
Measurement:	interventions		ns for children			Significant	
Children (high-risk)	includina	Comparison clinic was an inner-				differences at	
Outpatient (clinics)	provider reminders	city family medicine residency	Note: Dramatic			baseline	
Influenza	+ prov education	, , ,	difference in				
	+ client education		baseline				
	+ standing orders		coverage rates				
	+ client reminders		indicating a				
	+ expanded access		significantly				
			different				
	Comparison:		comparison				
	Usual care		population				
	(provider						
	education )						

C: comparison

CE: client education
CI: confidence interval
Comp: comparison

CRR: client reminder and recall

DTaP: diphtheria, tetanus, and pertussis

I: intervention

IIS: immunization information system

Inter: intervention

iRCT: individual randomized control trial

L: letter m: month

MMR: measles, mumps, and rubella vaccination

MVP: monthly voucher pickup

NR: not reported OR: odds ratio

pct points: percentage points

PE: provider education

PPV: pneumococcal polysaccharide vaccine

PR: provider reminder QI: quality improvement

ROPC: reduced out-of-pocket costs

T: telephone
UC: usual care
UTD: up-to-date
WCV: well child visit

WIC: Women, Infant, and Children