Partnerships and Promotion of Late-Season Influenza Doses to Ensure a Successful Influenza Vaccination Season during the COVID-19 Pandemic

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Immunization Action Coalition Webinar

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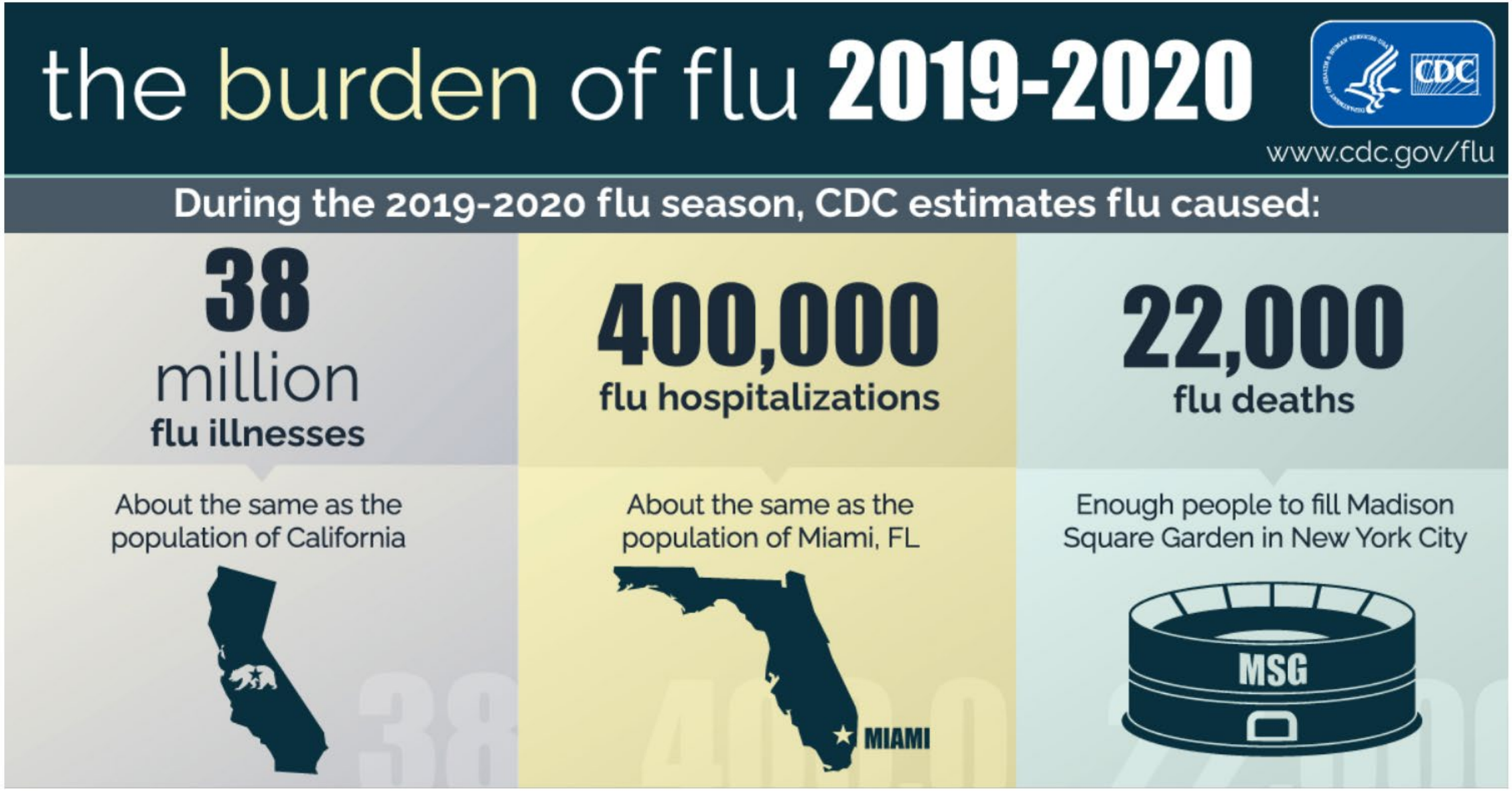
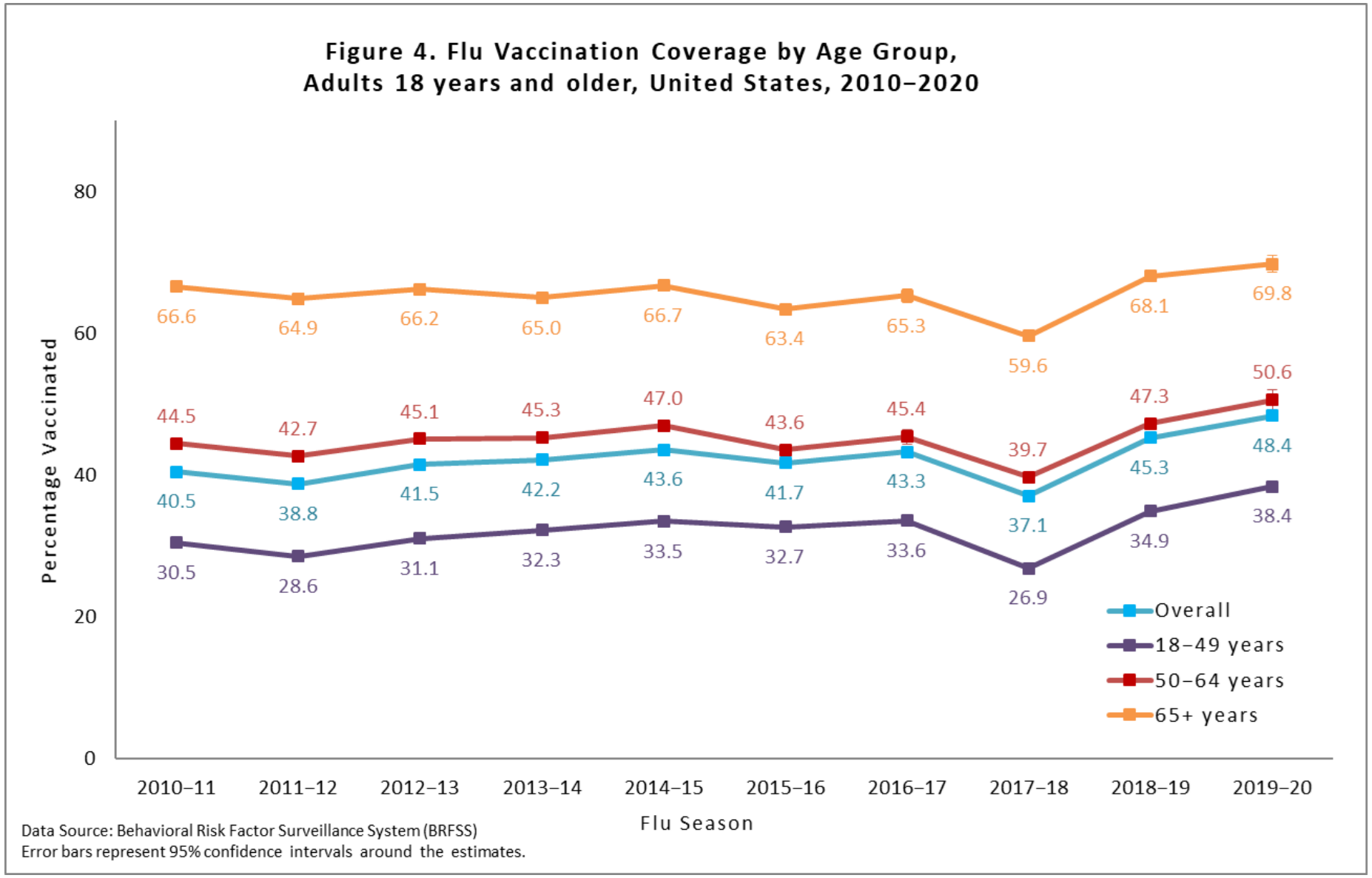
Background

Summary of 2019-2020 influenza season

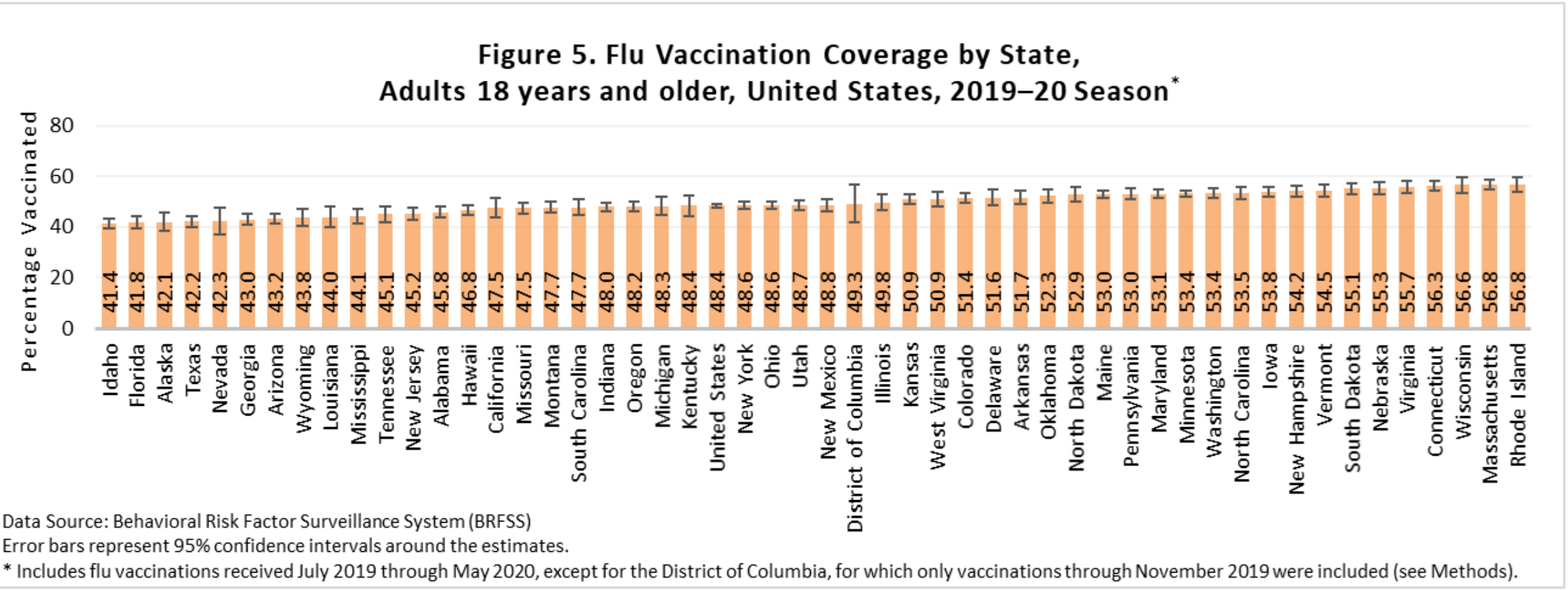


Adult flu vaccination coverage by age group, 2010- 2020



https://www.cdc.gov/flu/fluvaxview/coverage-1920estimates.htm

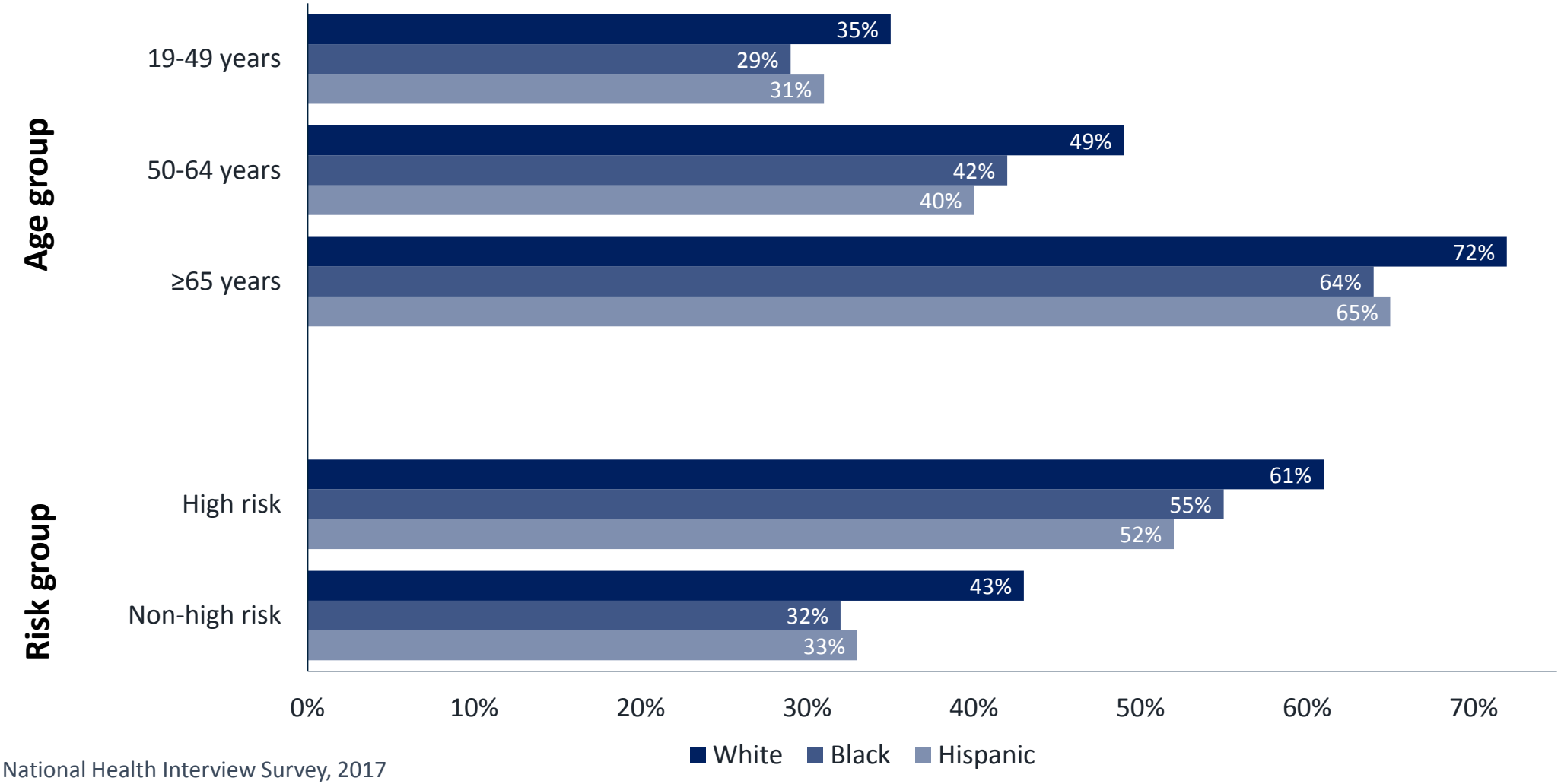
Influenza vaccination coverage by state, adults 18 years and older, United States, 2019-2020 season



https://www.cdc.gov/flu/fluvaxview/coverage-1920estimates.htm

Racial and ethnic disparities in influenza coverage

Reducing existing disparities will be important to protect minority and at-risk populations for both influenza and future COVID-19 vaccines



Source: National Health Interview Survey, 2017

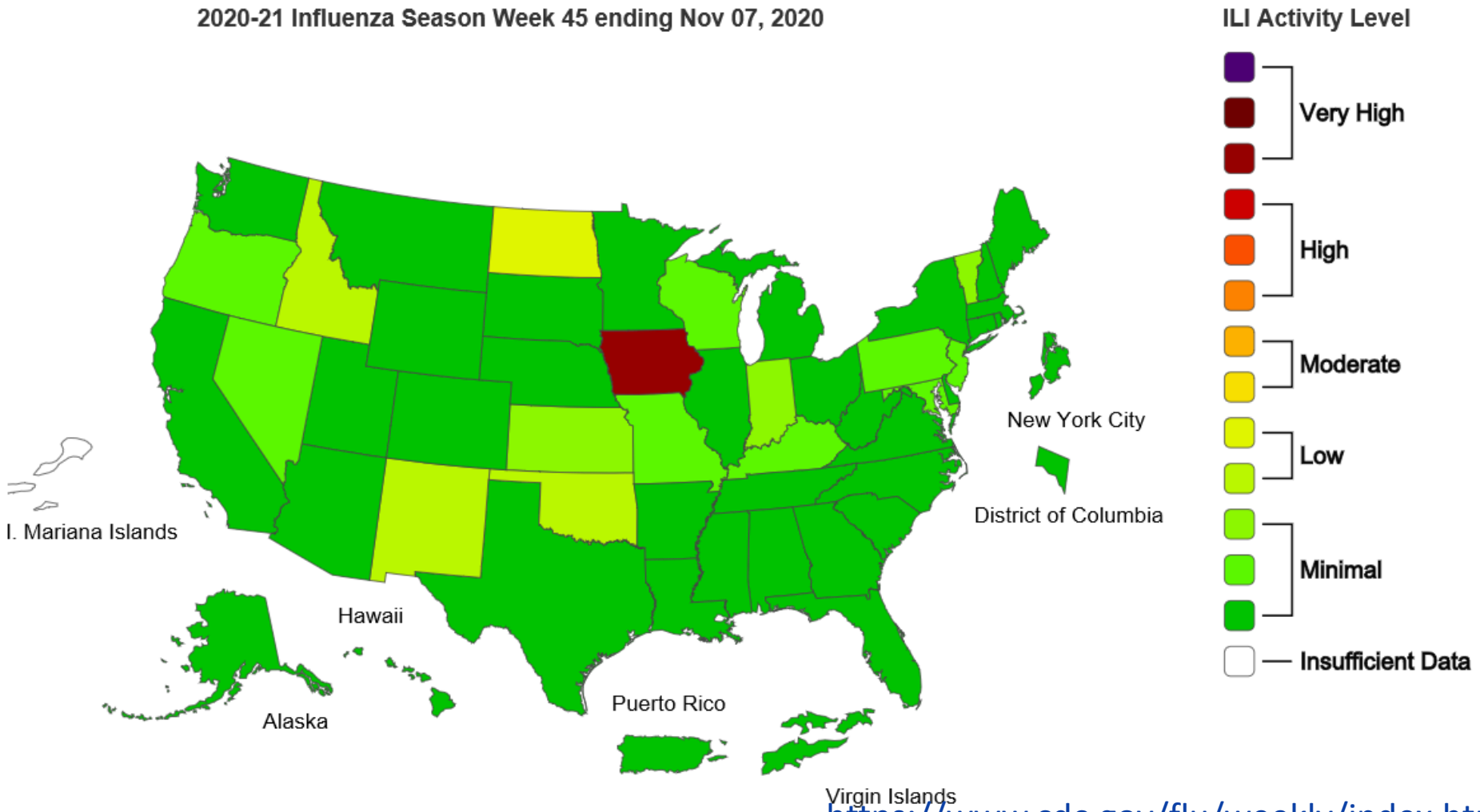
Flu Vaccination Planning for 2020- 21

Southern hemisphere activity

- Flu activity in the Southern Hemisphere reported at much lower levels than is typical
- Fewer countries are reporting flu surveillance data and fewer viruses are being detected in general
- Physical distancing and other preventative measures to reduce spread of SARS-CoV-2, may have also helped to reduce the spread of influenza
- The COVID-19 pandemic also has influenced health-seeking behaviors and testing priorities and capacities making interpretation challenging

Current U.S. flu season

- It is unclear what impact the ongoing COVID-19 pandemic will have on the current flu season in the U.S.



https://www.cdc.gov/flu/weekly/index.htm#ILIActivityMap

Increasing seasonal influenza vaccination coverage to decrease health care utilization, 2020-21

- Increasing flu vaccination coverage will reduce stress on the health care system.
  - Decrease doctor visits and hospitalizations
  - Reduce influenza diagnostic testing

- Focus on adults at higher risk from COVID-19.
  - Staff and residents of long-term care facilities
  - Adults with underlying illnesses
  - African-Americans and Hispanics
  - Adults who are part of critical infrastructure

Barriers to flu vaccination during the pandemic

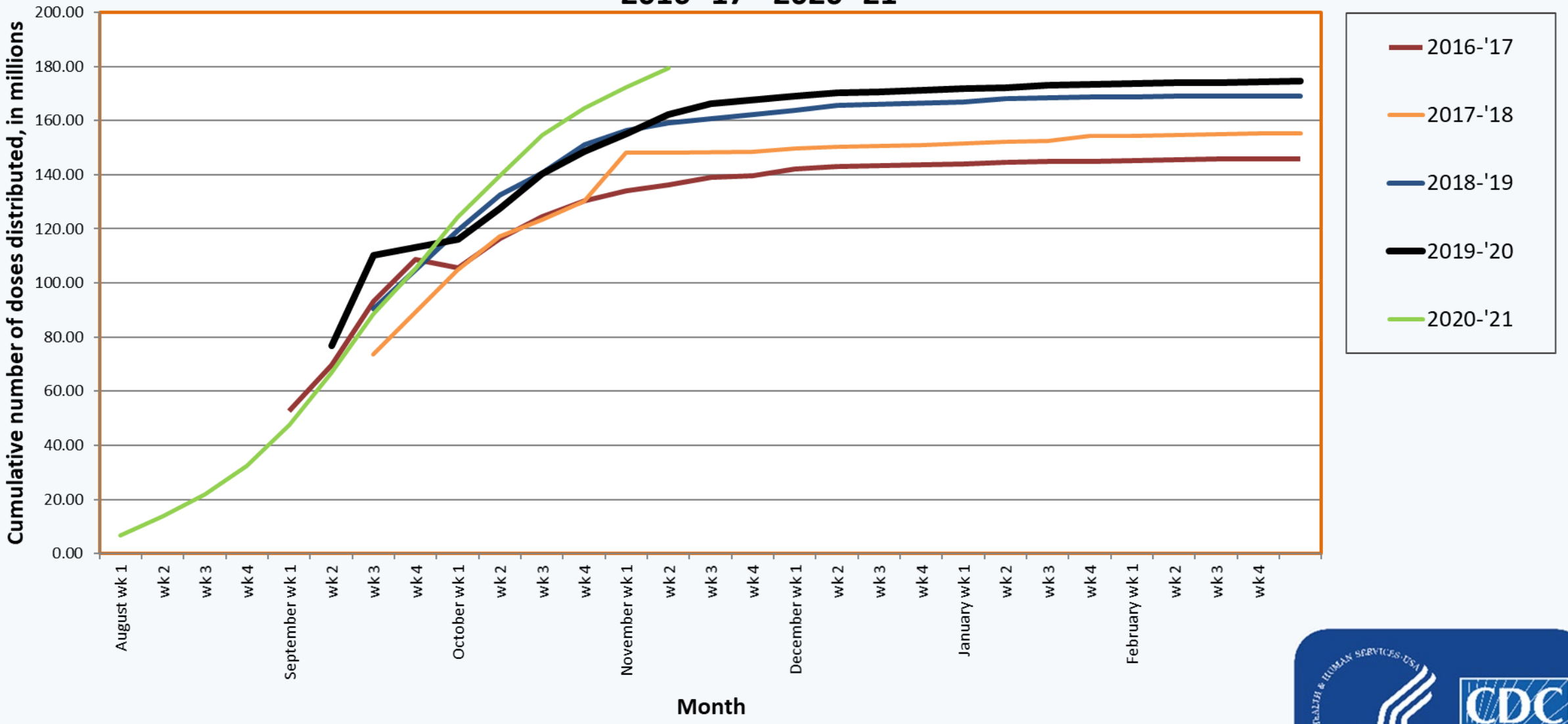
- There might be fewer worksite vaccination clinics (~16% of adults receive flu vaccination at the workplace).
- People might not feel safe going into clinics or pharmacy settings.
- People might not think they need a flu vaccination this year because they are physically distancing.
- In-person clinic visits might be cancelled or moved to telehealth.
- Concerns about safety of COVID-19 vaccine could translate to (more) questions about safety of flu vaccine.
- COVID-19-related unemployment might impact ability to afford flu vaccination.
- Working parents have limited free time to focus on staying up-to-date on vaccinations because of work/home school/child care responsibilities.

https://www.cdc.gov/flu/fluvaxview/place-vaccination-2014-15.htm

Activities critical to successful flu vaccination season

- Information on where people can receive their flu vaccination
- Coordinated messages on the importance of flu vaccination this season
- Protocols in place to ensure persons can be safely vaccinated
- Address common misperceptions about flu vaccination
- Vaccination efforts continue for the duration of flu season

CDC's FluFinder Distribution Tracking Program:
Cumulative Doses of Influenza Vaccines Distributed by Month, by Season:
2016-'17 - 2020-'21



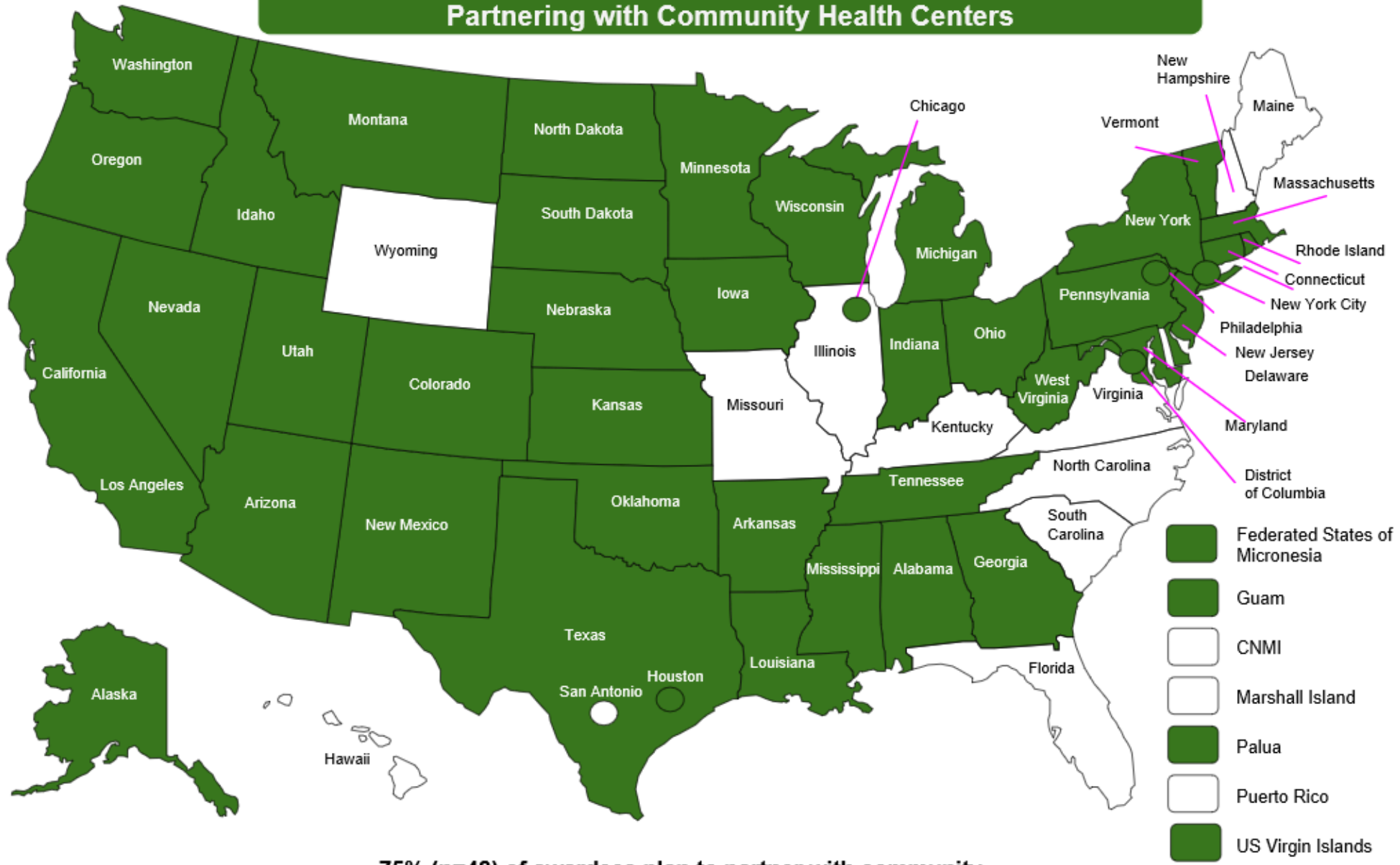
Resources and Supplemental Flu Doses to Increase Flu Vaccination Rates

Amplification of efforts for 2020-21 influenza season

- $140 million in supplemental funding distributed among 64 jurisdictions
- Intended to support activities designed to increase flu vaccination coverage
  - Plan activities with partners that serve priority populations
  - Build or enhance adult vaccination programs
  - Promote reminder/recall activities
  - Improve provider allocation and ordering
  - Organize or fund mass vaccination clinics
  - Implement vaccine strike teams

- Establishing or expanding key partnerships to reach vulnerable populations for flu vaccination will ultimately help build the foundation for COVID-19 vaccination

Awardees Planning to Use Flu Supplemental Funding for Partnering with Community Health Centers



75% (n=48) of awardees plan to partner with community health centers

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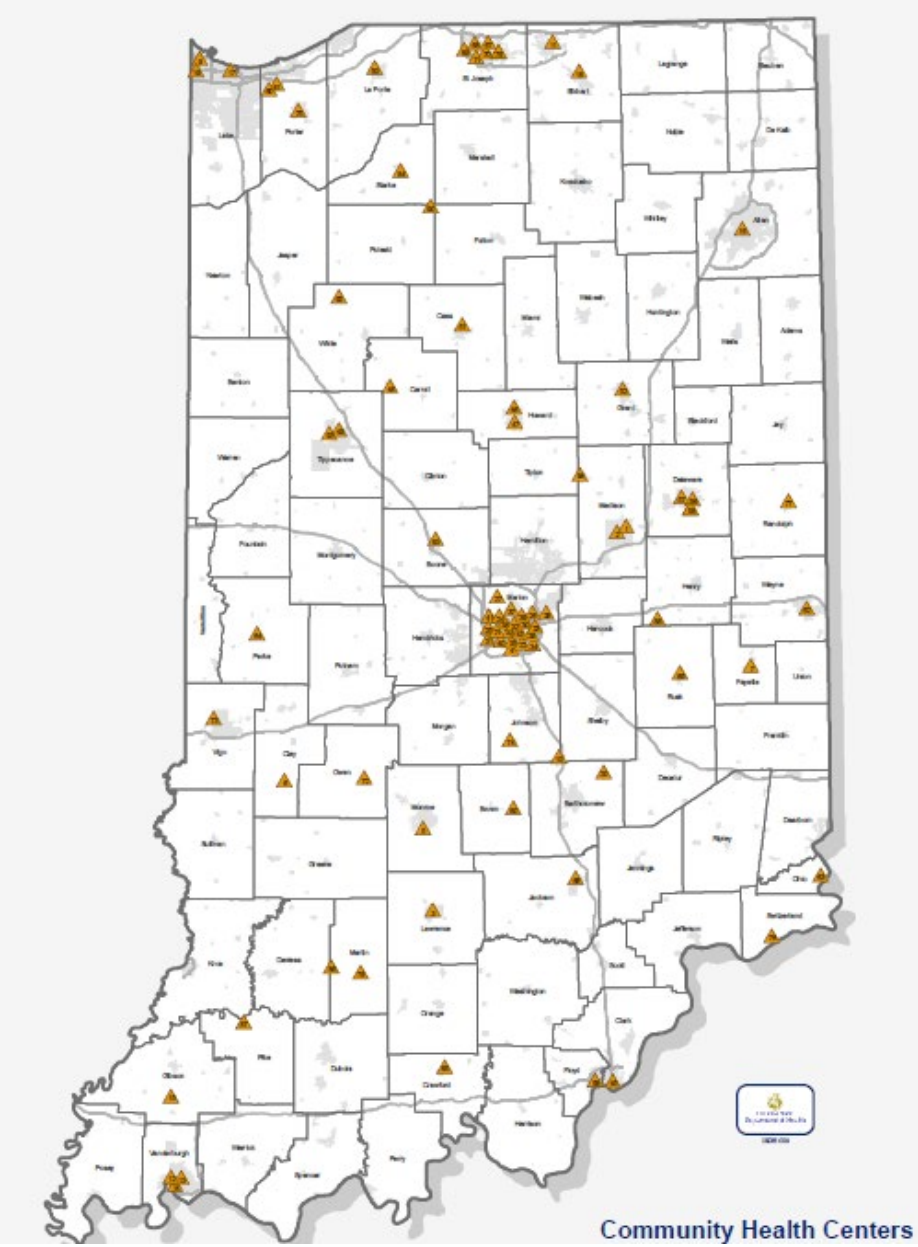
Indiana: Example #1 of partnering with CHCs

- ISDH has 125 CHCs/FQHCs enrolled in VFC and 50 enrolled in the Adult Vaccine Program
- ISDH will strengthen its relationship with these facilities and stress importance of flu vaccination
- ISDH is working with Indiana Primary Healthcare Association to develop consistent messaging on importance of annual seasonal flu vaccinations

IPHCA
Indiana Primary Health Care Association



Indiana: Partnering with CHCs– measurable activities and evaluation

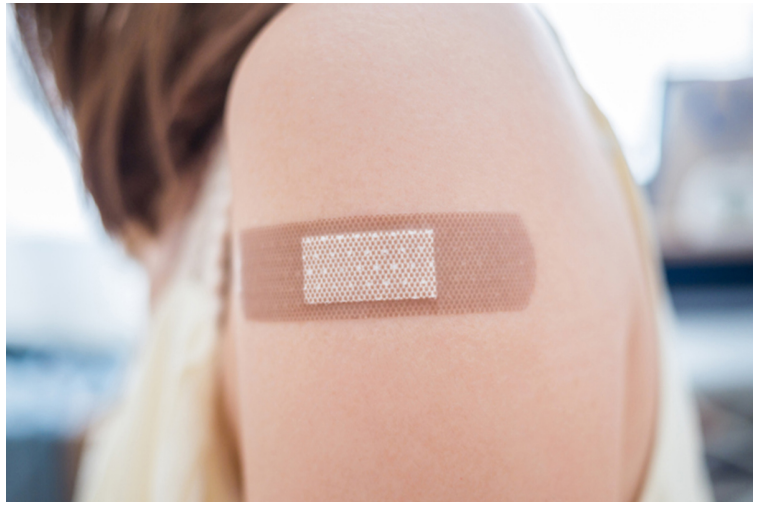
Outcome 1: Increase the number of Indiana adults, 19 and over, who are vaccinated with the 2020-2021 seasonal influenza vaccine

- **Activity 1**: By June 30, 2021, the Indiana Immunization Division will increase number of adults vaccinated with influenza vaccine by working with immunization partners across the state.
  - **Evaluation 1**: Target: 60% of adult residents will obtain an influenza vaccine for the 2020-2021 influenza season. ISDH will leverage IIS data, SMaRT AFIX and county rate dashboards to determine coverage rates on a monthly basis.

- **Activity 2:** By February 1, 2021, the Indiana Immunization Division will create and disseminate provider report cards outlining the percentage of adult patients in the practice receiving a seasonal influenza vaccine.
  - **Evaluation 1**: Number of report cards created and disseminated

Indiana: Partnering with CHCs– measurable activities and evaluation

Outcome 2: Increase patient awareness and knowledge of influenza vaccine and influenza related illness



- **Activity 1:** By October 1, 2020, ISDH will educate 750+ enrolled providers by conducting in-service and virtual training for partners. This training will be conducted by subject matter experts to demonstrate the value of influenza vaccination.
  - **Evaluation 1:** Target: 95% of all enrolled providers will be educated on the importance of seasonal influenza.

Louisiana: Example #2 of partnering with CHCs

- Louisiana Dept of Health has established partnerships with 39 FQHCs (that operate >285 clinics) to implement flu vaccination campaigns
- These sites completed a first-ever pre-book for CDC-provided adult flu vaccine in June 2020
- Begin enhanced adult flu campaign in fall 2020

Woodworth Community Health Center
A Member of the Access Health Louisiana Network

Access Health Louisiana
Your Community Healthcare Network

LOUISIANA DEPARTMENT OF HEALTH

Louisiana: Partnering with CHCs– measurable activities and evaluation

Objective: By July 15, 2020, the 39 FQHCs will have completed the flu pre-book process with the Louisiana Immunization Program

Performance measure: pre-book for additional flu doses successfully submitted to CDC by the Vaccine Operations Manager.

Louisiana FQHC Adult Flu Vaccination Collaboration & Campaign

Objective: By March 1, 2021, FQHCs participating in adult flu campaign will have provided >12,500 adult flu doses

Performance measure: Number flu doses administered at FQHC sites by March 1, 2021

Target: 12,500 doses

Federal doses requested in CDC's spring pre-book

	Adult Doses	Pediatric Doses
AstraZeneca	670	810,440
GSK	302,710	8,926,100
Sanofi	78,190	6,331,900
Seqirus USA, Inc	117,480	406,510
Total Doses	499,050	16,474,950

Doses in this table were pre-booked (reserved) by awardees during Jan-Feb 2020 for use in children and adults. Of note, the pediatric doses shown here do not reflect ~2M additional doses added by CDC in May 2020 to account for an anticipated increase in VFC eligible children requiring flu vaccination during the 2020-21 season.

Additional adult flu vaccine doses purchased this summer

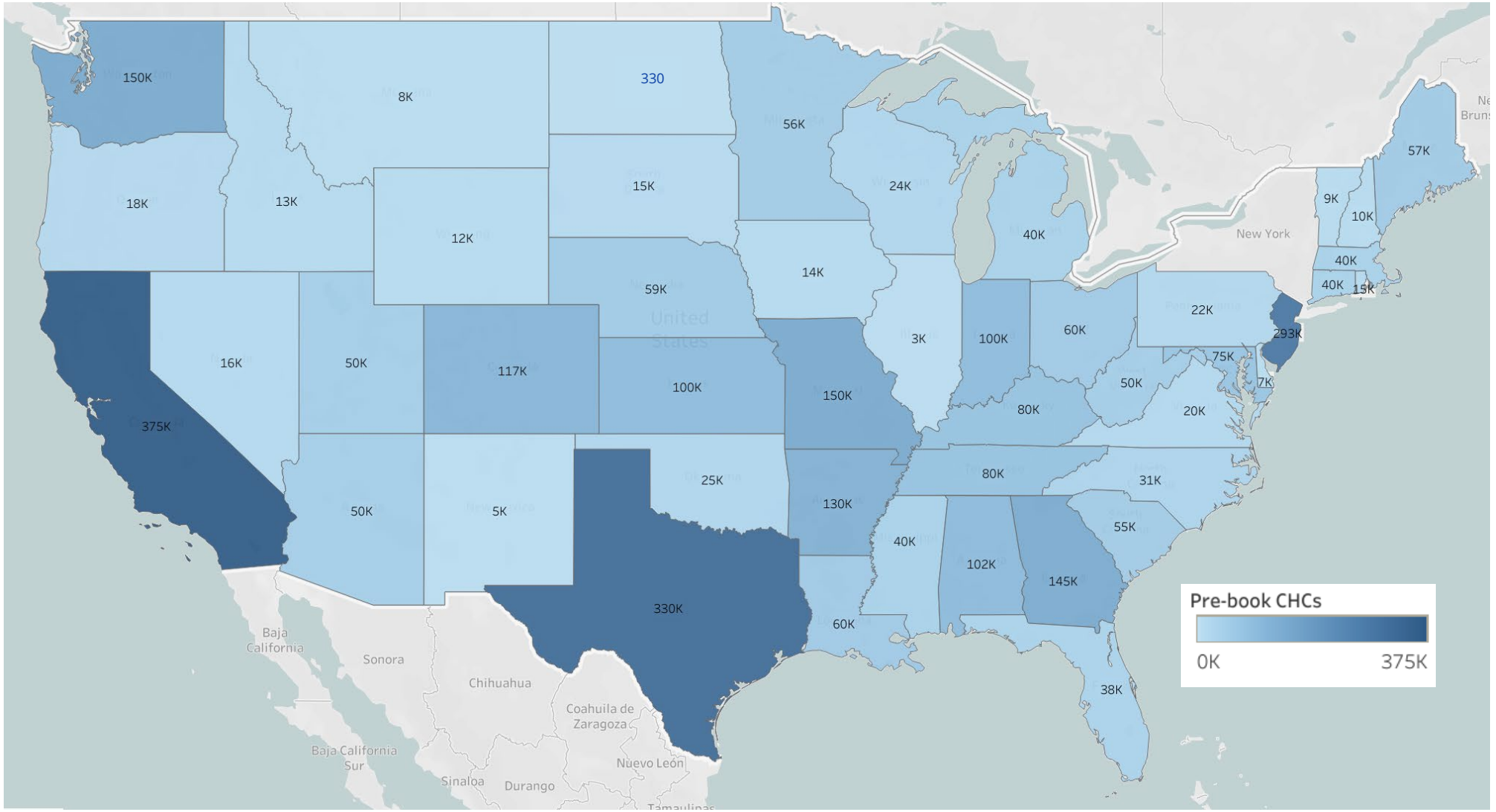
Manufacturer	Doses
AstraZeneca	1,300,000
GSK	2,000,000
Sanofi	2,677,560
Seqirus	3,377,500
Total	9,355,060

Doses in this table have been purchased by CDC using pandemic response funds to enhance seasonal flu vaccination in adults during the 2020-21 season. Awardees submitted supplemental pre-book requests for these doses at the end of June.

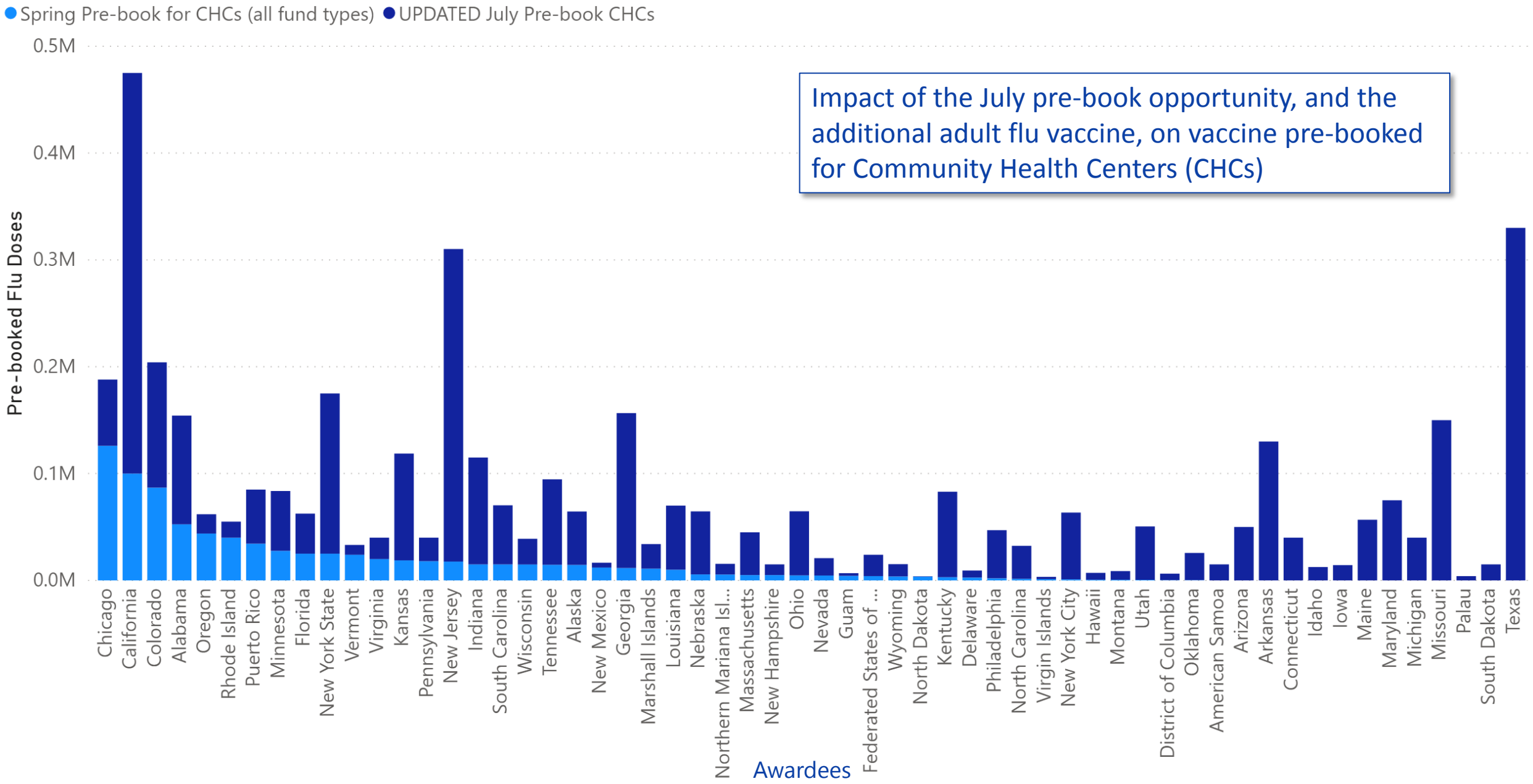
Joint letter from NACHC and AIM

- 1st time these organizations officially partnered
- Leadership in both organizations wrote a letter to all 64 immunization awardees encouraging collaboration

3,697,470 free flu doses pre-ordered for CHCs



July CHC Flu Pre-book Doses (adults) and Spring CHC Pre-book Doses (all fund types) by Awardee



Note: Awardees will receive, and flu vaccine use will be tracked as, a single allocation of vaccine, regardless of the CHC designation.

Implementation

3.6 million free flu doses pre-ordered for health centers

ACT NOW

- ❑ Focus on Flu Vaccination policies, systems, documentation and workflows
- ❑ Partner with your Public Health Department for Free Flu Doses
- ❑ Use free Flu doses **before** purchasing additional doses
- ❑ Document in IIS
- ❑ Engage vaccine hesitant populations
- ❑ Leverage primary care association and HCCN communication tools for care teams and communities
- ❑ Enroll to become a COVID-19 vaccine provider through the public health department.

GOAL: Ensure that the late-season doses do NOT go to waste

- Partnerships between CDC, HRSA, NACHC, AIM, and state and local health depts are continuing

- HRSA is promoting the late-season flu vaccine doses through their channels (Bulletin, weekly e-newsletter, and Program Center Updates with their director)

- A second joint letter between AIM and NACHC will be coming

Administration of the federally-funded doses

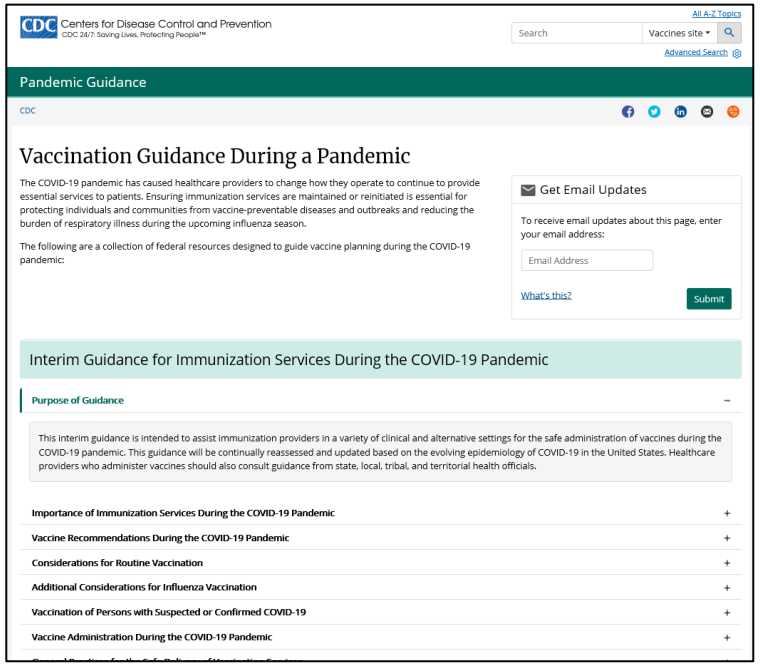
- CDC has recommended that providers reduce any financial barriers to the administration of this vaccine, and that people not be turned away for an inability to pay.

- CDC recommended that any administration fee is capped at the maximum fee allowable for the administration of VFC vaccine.

Flu Vaccination Guidance and VaccineFinder

CDC guidance to safely providing immunization services

- Correlates with CDC Framework for Providing Non-COVID-19 Clinical Care
- Includes considerations for use of Personal Protective Equipment (PPE)
- Consideration of various clinical settings for vaccine administration
- Special focus on priority populations for influenza vaccine
- Language aligned with COVID-19 response websites



https://www.cdc.gov/vaccines/pandemic-guidance/index.html

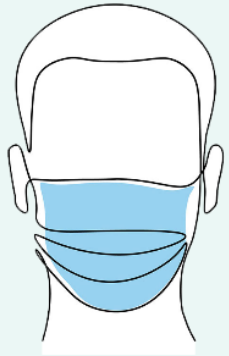
Updates to guidance for healthcare and congregate settings

Patient Setting	Patient with no known exposure to a person with confirmed COVID-19 in past 14 days	Patient with close contact to a person with COVID-19 in past 14 days	Patient with asymptomatic or pre-symptomatic COVID-19[†]	Patient with symptomatic COVID-19
Outpatient Care (Urgent care, outpatient clinics, community influenza vaccination events)	Vaccinate	Can vaccinate during quarantine period (within 14 days of exposure), particularly if they might not have another opportunity to be vaccinated.[§‖] However, patient should not seek outpatient care solely for vaccination until quarantine period ends.	Can vaccinate during isolation (within 10 days of positive test result).[§] However, patient should not seek outpatient care solely for vaccination until isolation period ends.	Should consider deferring (postponing) vaccination for at least 10 days after symptom onset AND 24 hours with no fever without the use of fever-reducing medications AND COVID-19 symptoms are improving[#] AND no longer moderately or severely ill. Consider further deferring vaccination until fully recovered from acute illness.
Emergency Department	Vaccinate	Can vaccinate during quarantine period (within 14 days of exposure) particularly if they might not have another opportunity to be vaccinated.[§‖]	Can vaccinate during isolation (within 10 days of positive test result).[§]	Should consider deferring (postponing) vaccination for at least 10 days after symptom onset AND 24 hours with no fever without the use of fever-reducing medications AND COVID-19 symptoms are improving[#] AND no longer moderately or severely ill. Consider further deferring vaccination until fully recovered from acute illness.
Inpatient acute care	Vaccinate at discharge	Can vaccinate at discharge.[§‖]	Can vaccinate at discharge[§]	Should consider deferring (postponing) vaccination for at least 10 days after symptom onset AND 24 hours with no fever without the use of fever-reducing medications AND COVID-19 symptoms are improving[#] AND no longer moderately or severely ill. Consider further deferring vaccination until fully recovered from acute illness.
Congregate Healthcare Setting [e.g., post-acute or long-term care facility; group home; mental health inpatient facility; inpatient substance use disorder treatment centers]	Vaccinate	Can vaccinate.[‖]	Can vaccinate	Should consider deferring (postponing) vaccination for at least 10 days after symptom onset AND 24 hours with no fever without the use of fever-reducing medications AND COVID-19 symptoms are improving[#] AND no longer moderately or severely ill. Consider further deferring vaccination until fully recovered from acute illness.

https://www.cdc.gov/vaccines/pandemic-guidance/index.html

Guidance for off-site and temporary vaccination clinics

https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html



Guidance during the COVID-19 pandemic

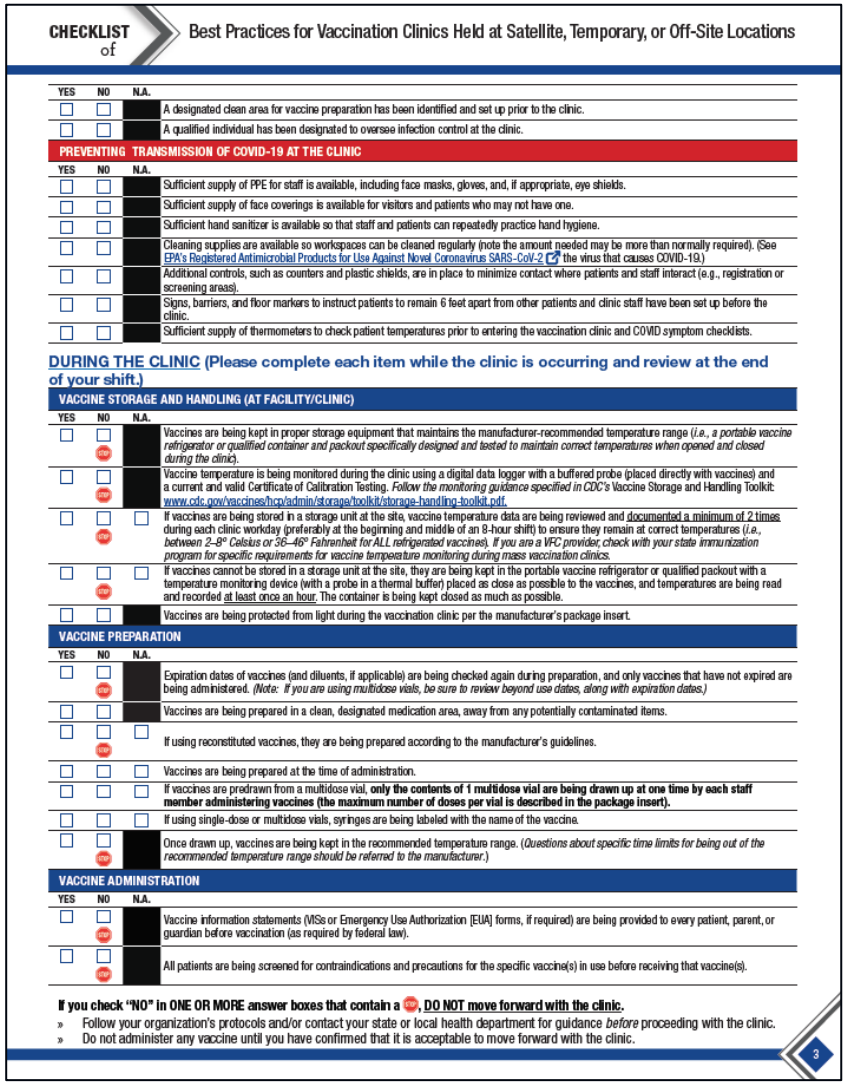
Planning for a satellite, temporary, or off-site vaccination clinic requires additional considerations during the COVID-19 pandemic, including physical distancing, personal protective equipment (PPE), and enhanced sanitation efforts. These additional considerations are called out in boxes throughout this guidance. However, because COVID-19 guidance is evolving, regularly check infection control guidance for healthcare professionals about coronavirus (COVID-19) for updated information. Consider signing up for the email updates on the website to stay informed of any changes.

- Planning Activities
- Pre-Clinic Activities
- During the Clinic Activities
- Post-Clinic Activities

Planners are encouraged to use

- Resources for hosting an off-site vaccination clinic
- The Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations, which outlines CDC guidelines and best practices essential for patient safety and vaccine effectiveness, including guidance for vaccine shipment, transport, storage, handling, preparation, administration, and documentation at temporary clinics.

Checklist of best practices for vaccination clinics held at satellite, temporary, or off-site locations



CHECKLIST of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

YES	NO	N.A.	
☐	☐		A designated clean area for vaccine preparation has been identified and set up prior to the clinic.
☐	☐		A qualified individual has been designated to oversee infection control at the clinic.

PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC

YES	NO	N.A.	
☐	☐		Sufficient supply of PPE for staff is available, including face masks, gloves, and, if appropriate, eye shields.
☐	☐		Sufficient supply of face coverings is available for visitors and patients who may not have one.
☐	☐		Sufficient hand sanitizer is available so that staff and patients can repeatedly practice hand hygiene.
☐	☐		Cleaning supplies are available so workspaces can be cleaned regularly (note the amount needed may be more than normally required). (See EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 the virus that causes COVID-19.)
☐	☐		Additional controls, such as counters and plastic shields, are in place to minimize contact where patients and staff interact (e.g., registration or screening areas).
☐	☐		Signs, barriers, and floor markers to instruct patients to remain 6 feet apart from other patients and clinic staff have been set up before the clinic.
☐	☐		Sufficient supply of thermometers to check patient temperatures prior to entering the vaccination clinic and COVID symptom checklists.

DURING THE CLINIC (Please complete each item while the clinic is occurring and review at the end of your shift.)

VACCINE STORAGE AND HANDLING (AT FACILITY/CLINIC)

YES	NO	N.A.	
☐	☐ STOP		Vaccines are being kept in proper storage equipment that maintains the manufacturer-recommended temperature range (*i.e., a portable vaccine refrigerator or qualified container and packout specifically designed and tested to maintain correct temperatures when opened and closed during the clinic*).
☐	☐ STOP		Vaccine temperature is being monitored during the clinic using a digital data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. *Follow the monitoring guidance specified in CDC's* Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐ STOP	☐	If vaccines are being stored in a storage unit at the site, vaccine temperature data are being reviewed and documented a minimum of 2 times during each clinic workday (preferably at the beginning and middle of an 8-hour shift) to ensure they remain at correct temperatures (*i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines*). *If you are a VFC provider, check with your state immunization program for specific requirements for vaccine temperature monitoring during mass vaccination clinics.*
☐	☐ STOP	☐	If vaccines cannot be stored in a storage unit at the site, they are being kept in the portable vaccine refrigerator or qualified packout with a temperature monitoring device (with a probe in a thermal buffer) placed as close as possible to the vaccines, and temperatures are being read and recorded at least once an hour. The container is being kept closed as much as possible.
☐	☐		Vaccines are being protected from light during the vaccination clinic per the manufacturer's package insert.

VACCINE PREPARATION

YES	NO	N.A.	
☐	☐ STOP		Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and only vaccines that have not expired are being administered. *(Note: If you are using multidose vials, be sure to review beyond use dates, along with expiration dates.)*
☐	☐		Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.
☐	☐ STOP	☐	If using reconstituted vaccines, they are being prepared according to the manufacturer's guidelines.
☐	☐	☐	Vaccines are being prepared at the time of administration.
☐	☐	☐	If vaccines are predrawn from a multidose vial, **only the contents of 1 multidose vial are being drawn up at one time by each staff member administering vaccines (the maximum number of doses per vial is described in the package insert).**
☐	☐	☐	If using single-dose or multidose vials, syringes are being labeled with the name of the vaccine.
☐	☐ STOP		Once drawn up, vaccines are being kept in the recommended temperature range. (*Questions about specific time limits for being out of the recommended temperature range should be referred to the manufacturer.*)

VACCINE ADMINISTRATION

YES	NO	N.A.	
☐	☐ STOP		Vaccine information statements (VISs or Emergency Use Authorization [EUA] forms, if required) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).
☐	☐ STOP		All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).

If you check "NO" in ONE OR MORE answer boxes that contain a STOP, DO NOT move forward with the clinic.

» Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
» Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

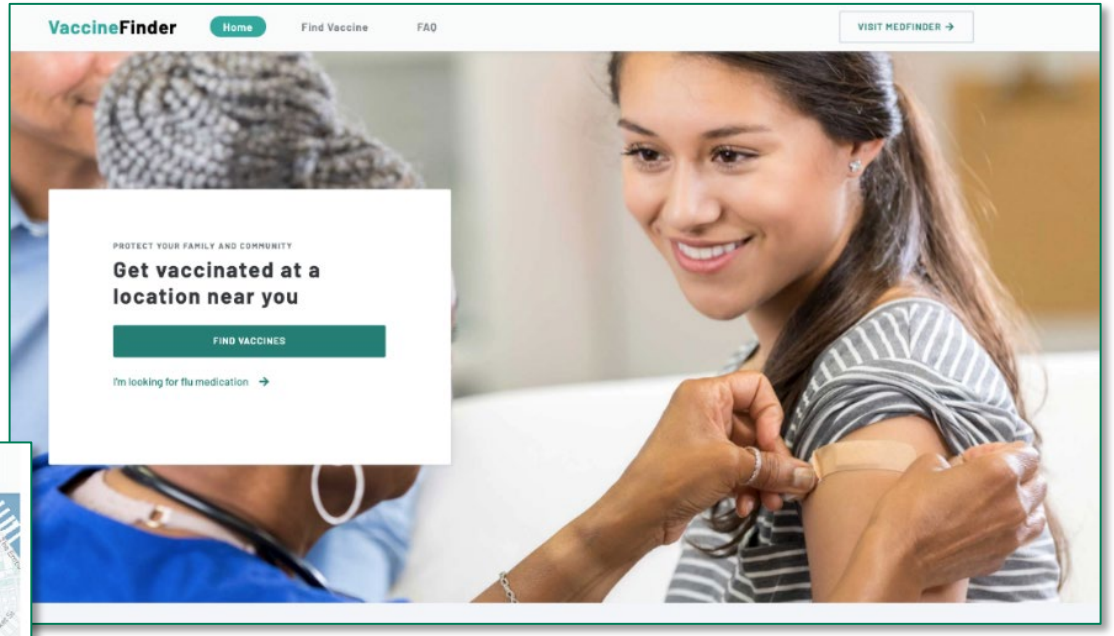
3

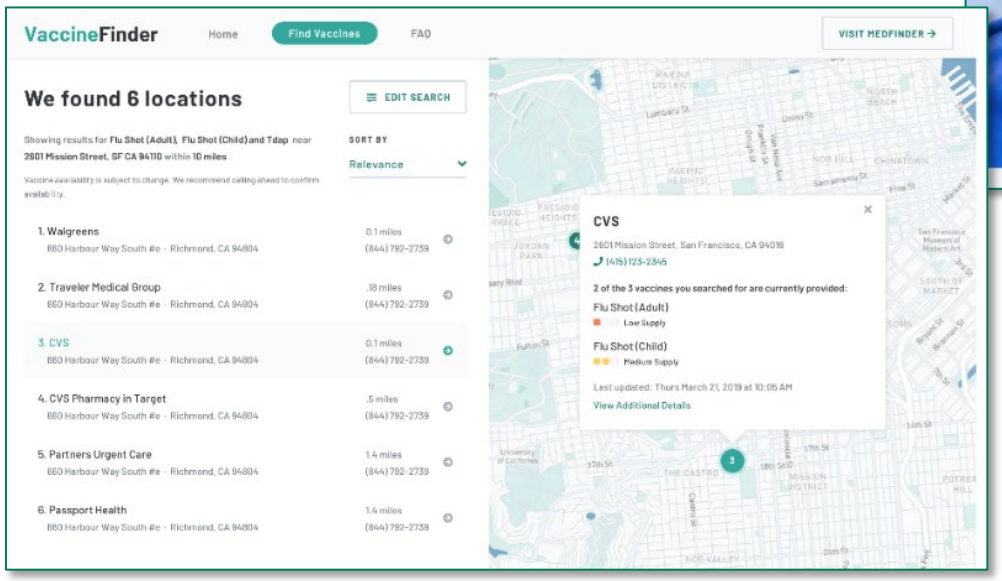
https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf

VaccineFinder Improving Access to Vaccines

VaccineFinder helps find providers that offer seasonal flu vaccine and other immunizations. https://vaccinefinder.org

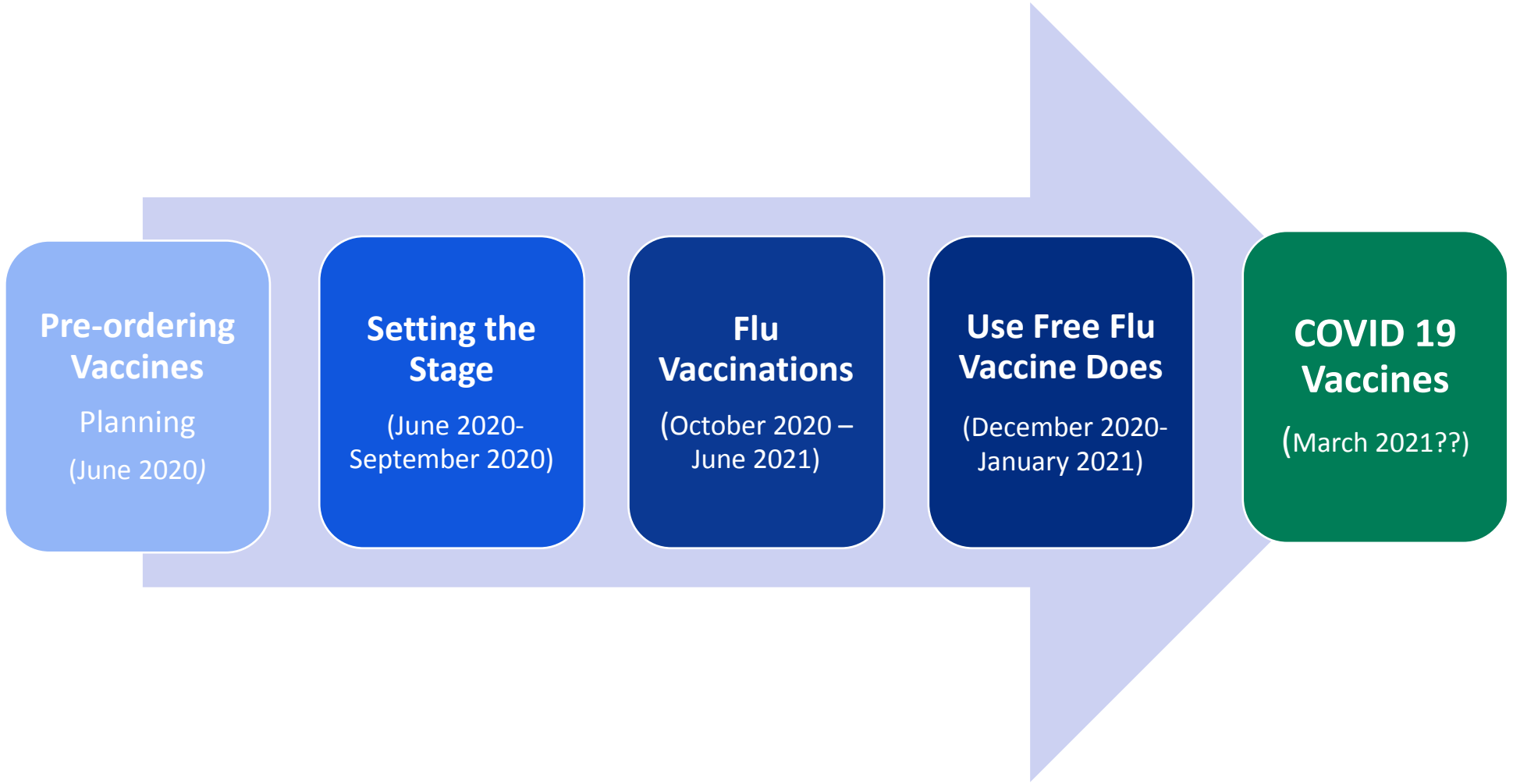
- Easy-to-use website directs patients to locations with immunizations on hand.
- Saves time and resources during a seasonal outbreak or pandemic



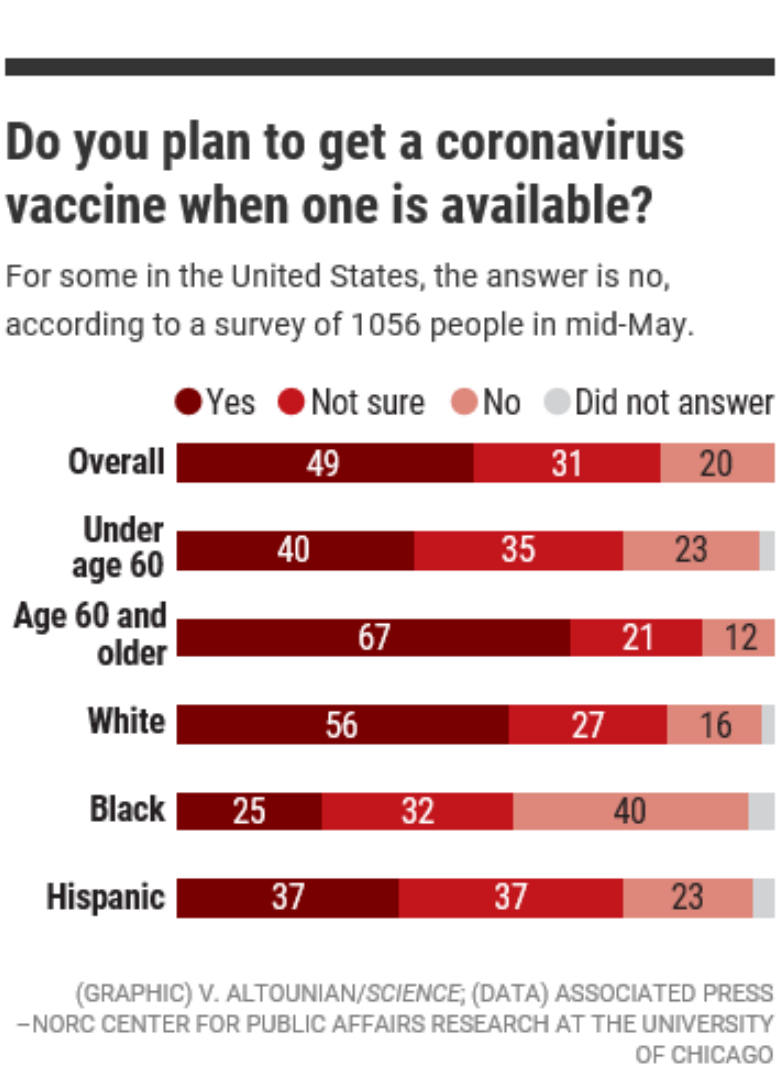


Flu season is the dress rehearsal for COVID-19

FLU SEASON 2020: The Dress Rehearsal for COVID-19



Only 50% of Americans plan to get a COVID-19 vaccine



https://www.sciencemag.org/news/2020/06/just-50-americans-plan-get-covid-19-vaccine-here-s-how-win-over-rest

DRAFT

Vaccinate with Confidence

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

Reinforce Trust

Objective: Regularly share clear and accurate COVID-19 vaccine information and take visible actions to build trust in the vaccine, the vaccinator, and the system.

Empower Healthcare Providers

Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable and inclusive way—using two-way communication to listen, increase collaboration and build trust in COVID-19 vaccine.

Making a strong vaccine recommendation: #HowIRecommend videos

www.cdc.gov/vaccines/howirecommend/adult-vacc-videos.html

Conclusions

Conclusions

- Strongly promote flu vaccination – especially this season in the context of the pandemic– and particularly among our most vulnerable populations
- The $140M supplemental flu funding and the additional 9.3M adult flu doses will be used to achieve increased flu vaccination coverage in underserved adults
- State and local health departments are establishing new and strengthening existing partnerships with CHCs in their jurisdictions
  - These partnerships will help ensure the millions of late-season flu vaccine doses are successfully administered
- Use your flu vaccination program to plan/prepare for the complexities involved in the implementation of a successful COVID-19 vaccination program

Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov