Vaccination Planning for the 2020-2021 Influenza Season

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Background
Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, 2019-20 Season
Summary of 2019-2020 influenza season

- Pediatric deaths reported to CDC for the 2019-2020 season: 185*

  - Deaths: 24,000-62,000
  - Hospitalizations: 410,000-740,000
  - Medical visits: 18,000,000-26,000,000
  - Illnesses: 39,000,000-56,000,000

*As of June 13, 2020
https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.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.
 Increasing Seasonal Influenza Vaccine Coverage to Decrease Healthcare Utilization, 2020-21

- Expect SARS-CoV-2 to continue to circulate in the fall

- Increasing flu vaccination coverage will reduce stress on the healthcare system
  - Decrease doctor visits and hospitalizations
  - Reduce use of diagnostics

- Focus on adults at higher risk from COVID-19
  - staff and residents of LTCF
  - adults with underlying illnesses
  - African-Americans and Hispanics
  - adults who are part of critical infrastructure
Flu Vaccination Planning for 2020-21
Influenza vaccination planning for 2020-2021 season

- Maximize available vaccine supply
  - Expect >180M doses for U.S. market

- Operational considerations
  - Outreach to those at higher risk
  - Planning for potential need for social distancing
  - Extending influenza vaccination season (September through December or later)

- Enhancing communication
  - Align with COVID-19 messaging
  - Messaging for African-American and Hispanic communities

Influenza Vaccine Doses Distributed By Season, 2008-9 to 2019-20, and Projected, 2020-21
Guidance to safely provide 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
  - those at high-risk for influenza-related complications
  - those at high-risk for severe COVID infection
  - essential workers
- Language aligned with COVID-response websites
Use personal protection equipment

- **Face mask**
  - **Recommended:** All healthcare providers (N95 masks not recommended)

- **Eye protection**
  - **Recommended:** Areas of moderate/substantial community transmission
  - **Optional:** Areas of minimal/no community transmission

- **Gloves**
  - **Recommended:** Intranasal or oral vaccines
  - **Optional:** Intramuscular or subcutaneous vaccines

Ensure physical distancing during vaccination visits

Separate sick from well patients
• Schedule well and sick visits at different times of the day.
• Place sick visits in different areas of the facility or different locations.

Ensure physical distancing measures
• At least 6 feet during all aspects of visit: check-in, checkout, screening procedures, postvaccination monitoring
• Use strategies such as physical barriers, signs, ropes, floor markings.

Reduce crowding in waiting room
• Ask patients to wait outside (e.g., in their vehicles) until called in.

https://www.cdc.gov/vaccines/pandemic-guidance/index.html; Image credit: Noun Project, CDC
Resources to Support Vaccination
Supplemental operational funding

- $141 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
Projected flu vaccine supply for the 2020-21 season

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Projected Available Supply*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>9M</td>
</tr>
<tr>
<td>GSK</td>
<td>50M</td>
</tr>
<tr>
<td>Sanofi</td>
<td>75M</td>
</tr>
<tr>
<td>Seqirus</td>
<td>55M</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>189M doses</strong></td>
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</tbody>
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*Projections were shared by flu vaccine manufacturers during The National Adult and Influenza Immunization Summit (NAIIS) on May 21, 2020.
Federal doses requested in CDC’s spring pre-book

<table>
<thead>
<tr>
<th>Company</th>
<th>Adult Doses</th>
<th>Pediatric Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>670</td>
<td>810,440</td>
</tr>
<tr>
<td>GSK</td>
<td>302,710</td>
<td>8,926,100</td>
</tr>
<tr>
<td>Sanofi</td>
<td>78,190</td>
<td>6,331,900</td>
</tr>
<tr>
<td>Seqirus USA, Inc</td>
<td>117,480</td>
<td>406,510</td>
</tr>
<tr>
<td><strong>Total Doses</strong></td>
<td><strong>499,050</strong></td>
<td><strong>16,474,950</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca</td>
<td>1,000,000</td>
</tr>
<tr>
<td>GSK</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Sanofi</td>
<td>2,011,560</td>
</tr>
<tr>
<td>Seqirus</td>
<td>2,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,011,560</strong></td>
</tr>
</tbody>
</table>

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 will have the opportunity to request these doses during a supplemental flu pre-book activity planned for late June/early July 2020.
National Association of Community Health Centers (NACHC)

- CHCs serve 28.4 million adults
  - 57.8% white, 18.9% black
  - 60% aged 18-64 years, 9% 65 years or older
  - 23% uninsured, 48% Medicaid,
  - 23% obesity, 17% hypertension, 9% diabetes, 3% heart disease

- Adult flu vaccination coverage estimated 30-45% in past seasons

- Since 2018, CDC has funded cooperative agreement with NACHC
  - Participating networks and facilities with diverse patient populations
  - Ability to utilize EHR data for program evaluation
  - Capacity for post-season evaluation of vaccination efforts
Initiatives developed in response to race and ethnicity-associated disparities in adult vaccination

- “Improving Adult Vaccination Among Community Health Center Patients”
- “Expert Consultation on Development of Strategies for Addressing Racial and Ethnic Disparities in Adult Immunization” (July 2020)
- “Understanding Differences in Vaccine Recommendations Given to Adult Patients and Vaccine Acceptance by Race” (2020)
- “Improving Adult Vaccination Coverage Through Partnerships with Provider Organizations” (2020-2025)
- “Implementation of National or Regional Strategies for Reduction of Racial and Ethnic Disparities in Adult Immunization” (2020- TBD)
- “Supplemental Resources for Influenza Vaccination for the 2020-2021 Influenza Season”
Outreach Strategies
Reaching priority populations

- Integration of flu vaccination messages into the full spectrum of COVID-19 response outreach efforts
  - Essential workers
  - LTCF
  - Contact tracing
- Partnership Activities
  - Adult and Influenza Immunization Summit
  - Million Hearts Campaign
- Strategies to address racial and ethnic disparities in adult vaccination
- Communications strategy
Vaccine Coverage Monitoring
In-season vaccination coverage monitoring (proposed)

- Coverage estimates normally available post-season using a combination of large surveys of children and adults

- In-season estimates to be developed using weekly feeds including:
  - EHR data
  - Pharmacy billing data
  - Healthcare worker vaccination data reported through NHSN
  - Immunization Information Systems data
  - Supplemental surveys
    - Healthcare workers
    - Pregnant women
    - General population
Conclusions
Conclusions

- Strongly promote flu vaccination—especially this season in the context of the pandemic—and particularly among our most vulnerable populations.

- Working to address existing disparities in flu vaccination coverage to prevent flu in these populations, particularly since many of these populations are also hardest hit by COVID-19.

- We appreciate the work of the immunization programs in supporting these efforts.