National Center for Immunization & Respiratory Diseases

2021-2022 Influenza Vaccination Campaign

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2021-2022 Flu Vaccine Campaign

- CDC digital media campaign
  - Collaboration with Weber-Shandwick
  - People 40-64 with a chronic medical condition
  - Other target audiences: People 65 and older, Pregnant People, Parents
- Year 2 of CDC, AMA, Ad Council collaboration
  - General Population with focus on African Americans and Hispanics
- Other Activities
  - Media outreach, press releases, news spotlights, matte article placements, audio podcasts, COCA Calls, Updated "How I recommend" and other clinician resources, ongoing social media and partner social media activations, partner outreach and coordination

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2021-2022 Flu Vaccine Campaign

- Key Dates
  - Ongoing: Media & social media outreach and key points distribution
  - Mid-September: Soft launch of CDC digital media campaign
  - August 27: Publication of annual R&R/MMWR
  - October 7: NFID press conference launch
  - October 12: Ad Council campaign launch
  - Beginning Friday October 15, Weekly FluView Reports with associated social media/traditional media outreach
  - TBD: Web spotlight/media outreach around start of “flu season”
  - TBD: Communications roll-outs around key studies, data releases
  - December 5: National Influenza Vaccination Week

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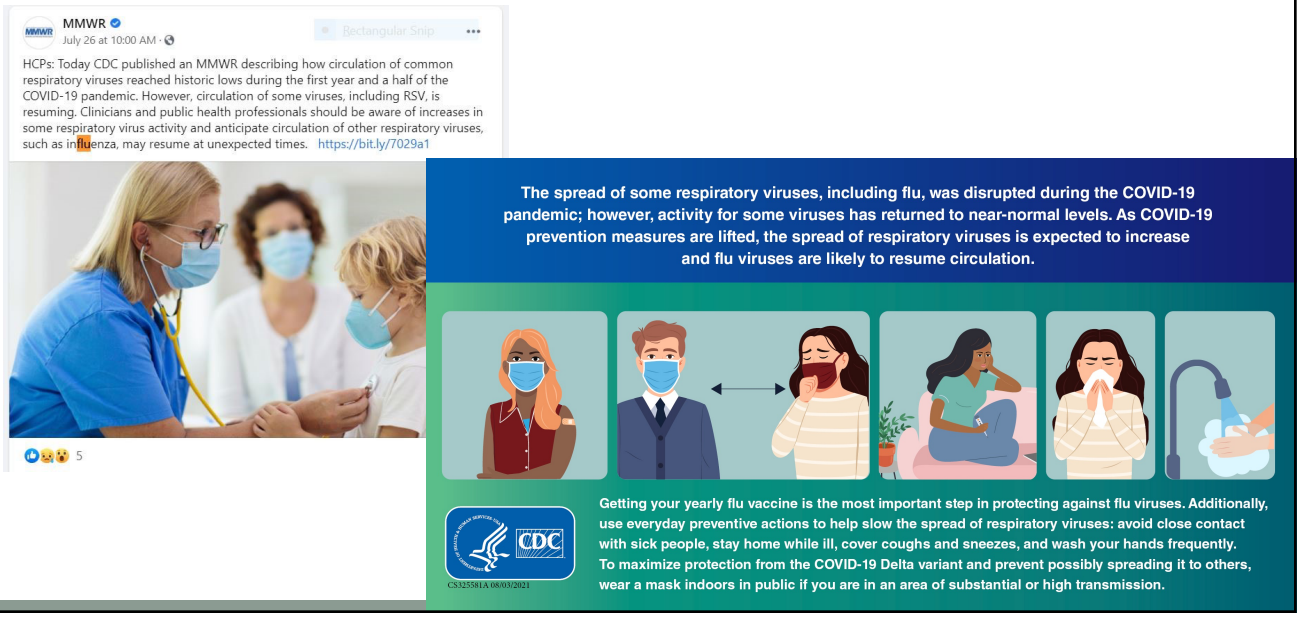
Ongoing Outreach, Messaging



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Media Coverage

HEALTH AND SCIENCE

Health experts are anxious to prevent a 'catastrophic' winter flu season

PUBLISHED WED, JUL 7 2021•3:37 AM EDT

Holly Ellyatt
@HOLLYELLYATT

SHARE

KEY POINTS

- Mass vaccination campaigns are being rolled out across the developed world, but many countries are still contending with surges in coronavirus infections.
- And now health experts are warning the public that there could be a very difficult flu season ahead too.
- Immunity to flu viruses has likely waned in the last year due to a minor flu season in 2020.

https://www.cnbc.com/2021/07/07/winter-flu-season-could-be-big-experts-warn.html

Several factors "could lead to the upcoming flu season being more severe than usual," Brammer stated:

- Antibodies that protect against flu wane over time.
- Immunity from flu vaccination wanes more quickly than immunity from natural infection.
- Because there was little flu virus activity last season, adult immunity (especially among those who were not vaccinated last season), will now depend on exposure to viruses two or more seasons earlier.
- Young children also will have lower immunity to flu. They may not have been previously vaccinated or had natural exposure. As children return to school and potentially get infected, there could be a higher number of children with no prior exposure to flu and therefore lower immunity which could increase illnesses.

"We know that flu vaccination remains the best way to protect yourself and your loved ones against flu and its potentially serious complications," Brammer added.

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Media Coverage

ContagionLive
Infectious Diseases Today

Is There Risk of Flu Outbreaks in the 2021-22 Season?

"The bottom line is we could be at risk on a population basis of a rather severe influenza epidemic with type A (H3N2) viruses, depending upon how antigenically similar the viruses are compared to what people have been exposed to in the past, and how well the H2N3 vaccine strain has been mapped to it," Uyeki said.

Is There Risk of Flu Outbreaks in the 2021-22 Season? (contagionlive.com)

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CDC Digital Campaign Focus Testing Results Summary

- Conducted 6 virtual focus groups among undecided adults 40-64 with at least 1 chronic health condition
- Facilitated discussion
- Tested four creative campaign concepts
- "I Get It" (shown right), an iteration of a concept tested last season was the most compelling and well-received

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"I Get It"

DRAFT

Frames:

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CDC, AMA, Ad Council Collaboration

- "No Time For Flu"
- New creative
- Full suite of creative and roll-out.

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2021-2022 Messaging

- *Influenza (flu) activity during the 2020-2021 season was unusually low both in the United States and globally, despite high levels of testing.*
- *While what may happen this upcoming flu season is uncertain, relaxed COVID-19 mitigation measures will likely result in the resumption of seasonal flu virus circulation.*
- *A recent MMWR describes how some respiratory viruses, like RSV, are spreading at increased levels, and there could be more widespread respiratory disease this fall and winter. Getting a flu vaccine will be important to prevent flu.*
- *CDC is preparing for flu and the virus that causes COVID-19 to co-circulate, along with other respiratory viruses this season.*
  - *This could place a renewed high burden on the health care system.*
  - *Reduced population immunity due to lack of flu virus activity since March 2020 could result in an early and possibly severe flu season.*

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2021-2022 Messaging

- *CDC recommends a three-pronged approach to fighting flu.*
  - *Most important is the use of flu vaccination to prevent flu illnesses, hospitalizations and deaths.*
  - *Prompt treatment with influenza antiviral drugs to reduce flu illnesses, hospitalizations and deaths is also critical, especially among people at higher risk of serious flu complications.*
- *CDC also recommends the use of certain everyday preventive actions that may help reduce the spread of respiratory viruses like flu, including staying at home away from others if you are sick, covering your cough, and frequent handwashing.*
- *In the context of the COVID-19 pandemic, local governments or public health departments may recommend additional precautions be taken in your community. Follow those instructions.*

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2021-2022 Messaging

- *There are many benefits to flu vaccination.*
  - *Flu vaccination reduces flu illnesses, hospitalizations and deaths.*
  - *Flu vaccination reduces the burden of flu on health care systems.*
  - *Flu vaccination can protect pregnant women from flu and protect their babies from flu for several months after birth.*
  - *Flu vaccination has been associated with lower rates of some cardiac events among people with heart disease.*
  - *Flu vaccination also has been shown in separate studies to be associated with reduced hospitalizations related to diabetes and chronic lung disease.*

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2021-2022 Messaging

- *Vaccination is especially important for people who are at higher risk for flu complications, for example people of any age with a chronic condition like a breathing or lung problem, heart disease or a weakened immune system.*
- *In the past, 9 out of 10 people hospitalized from flu have had at least one underlying health condition.*
- *CDC received reports of 199 children dying from flu during 2019-2020.*
  - *This is a record-breaking number of reported pediatric flu deaths.*
  - *About 80% of those kids were not vaccinated.*
  - *Flu can be serious for kids and a flu vaccine is the best way to protect your kids from flu.*

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Frequently Asked Questions

- Although fewer influenza viruses were available to inform the influenza vaccine selection process for the 2021-2022 season, CDC does not think that this will impact the match between circulating viruses and vaccine viruses because those viruses that were circulating were well sampled.
- CDC will have final vaccine coverage estimates from the 2020-2021 flu season by October 2021.

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2021-2022 Season

What's New

- Updated vaccine formulations
- All vaccine is quadrivalent
- Co-administration with COVID-19 OK
- Some clarification on timing of vaccination for different audiences

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2021–22 ACIP Influenza Update

Lisa Grohskopf, MD, MPH
Medical Officer
Influenza Division, NCIRD, CDC

NAIIS Call
12 August 2021

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Preface

- Will focus on updates discussed at the June ACIP meeting.
- Draft language not considered recommendations until published in MMWR (anticipated in latter half of August).

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2021–22 Influenza Statement Updates Discussed June 2021

- Updates on the following topics:
  - Influenza vaccines expected to be available for the 2021-22 season
  - U.S. influenza vaccine viral composition for the 2021-22 season
  - Change in age indication for Flucelvax Quadrivalent from ≥4 years to ≥2 years
  - Timing of Vaccination language
  - Co-administration of influenza and COVID-19 vaccines
  - Contraindications and precautions concerning persons with previous severe allergic reaction to influenza vaccines

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Influenza Vaccines Expected to be Available by Age Indication, United States, 2021–22 Influenza Season

Vaccine type		0 through 6 months	6 through 23 months	2 through 17 years	18 through 49 years	50 through 64 years	≥65 years
IIV4s	Standard-dose, unadjuvanted inactivated (IIV4)		Afluria Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent Fluzone Quadrivalent				
	Cell culture-based inactivated (ccIIV4)			Flucelvax Quadrivalent			
	Adjuvanted inactivated (aIIV4)						Fluad Quadrivalent
	High-dose inactivated (HD-IIV4)						Fluzone High-Dose Quadrivalent
RIV4	Recombinant (RIV4)				Flublok Quadrivalent		
LAIV4	Live attenuated (LAIV4)			FluMist Quadrivalent			

IIV4=quadrivalent inactivated influenza vaccine **RIV4**=quadrivalent recombinant influenza vaccine **LAIV4**=quadrivalent live attenuated influenza vaccine

Not approved for age group *Egg-based* *Not egg-based*

All vaccines expected for 2021-22 are quadrivalent (i.e., contain hemagglutinin derived from four viruses: one influenza A(H1N1), one influenza A(H3N2), one influenza B/Victoria and one influenza B/Yamagata.

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2021–22 Influenza Vaccine Composition

- ***Egg-based IIV4s and LAIV4:***
  - An A/Victoria/2570/2019 (H1N1)pdm09-like virus; UPDATED
  - An A/Cambodia/e0826360/2020 (H3N2)-like virus; UPDATED
  - A B/Washington/02/2019 (Victoria lineage)-like virus; and
  - A B/Phuket/3073/2013 (Yamagata lineage)-like virus.
- ***Cell-culture-based IIV4 and RIV4:***
  - An A/Wisconsin/588/2019 (H1N1)pdm09-like virus; UPDATED
  - An A/Cambodia/e0826360/2020 (H3N2)-like virus; UPDATED
  - A B/Washington/02/2019 (Victoria lineage)-like virus; and
  - A B/Phuket/3073/2013 (Yamagata lineage)-like virus.

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Change in Age Indication for Flucelvax Quadrivalent

Cell culture-based inactivated influenza vaccine (ccIIV4).

- Previously licensed for ages ≥4 years; approved in March 2021 for ages ≥2 years.
- Change supported by randomized trial conducted among over 4,000 children aged ≥2 through <18 years over three influenza seasons: (Southern Hemisphere 2017 and Northern Hemisphere 2017-18 and 2018-19).
- Overall vaccine efficacy 54.6% (95%CI 45.7—62.1) against RT-PCR or culture-confirmed influenza-associated CDC-defined influenza-like illness.
- New age indication reflected in text and in Table 1 in draft Statement

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Co-administration of Influenza Vaccines with COVID-19 Vaccines

- Current CDC guidance indicates that COVID-19 vaccines and other vaccines may be administered without regard to timing.
- Draft statement reflects the CDC guidance.
- Notes that providers should check current CDC COVID-19 vaccination guidance for updated information concerning co-administration.

https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

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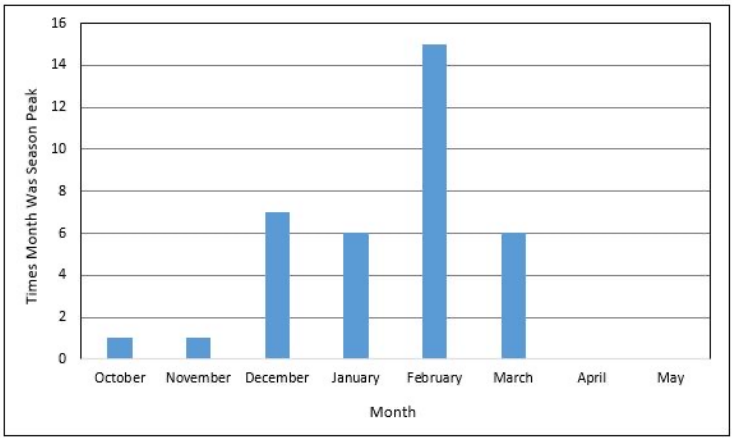
Timing of Influenza Seasons

- Timing of the onset and peak of influenza activity varies from season to season
- Timing of activity onset can also vary geographically
- In the United States, localized areas of increased activity occur as early as October
- Over the 36 seasons between 1982-83 and 2017-18, peak activity occurred in:[1]



- December 7 (19%) seasons
- January 6 (17%) seasons
- February 15 (42%) seasons
- March 6 (19%) seasons

1--https://www.cdc.gov/flu/about/season/flu-season.htm

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Timing of Influenza Vaccination—Previous Language

- Vaccination has been recommended to be offered by the end of October, and to continue as long as influenza viruses are circulating locally
- Language has included recommendation that July and August are probably too early for vaccination in most influenza seasons, particularly for older adults.
  - Exception made for those children ages 6 months through 8 years who require two doses for the season, for whom receipt of the first dose is recommended as soon as possible after vaccine is available (since doses must be ≥4 weeks apart).

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Factors Relevant for Timing of Vaccination

- Draft statement contains a discussion of evidence for waning protection following vaccination
  - Declines in influenza vaccine effectiveness over the course of the season have been observed in many observational studies.
  - Appears to be more pronounced among older adults
  - Less evidence for waning among children
- Also discusses other considerations related to timing
  - Unpredictability of timing of onset and peak of the influenza season
  - Avoiding missed opportunities to vaccinate
  - Programmatic constraints

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Draft Timing Language and Early Vaccination (July/August)

- For all, vaccination should be offered ideally by the end of October.
- Children who need 2 doses (those aged 6 months through 8 years who have never been vaccinated or who have not received ≥2 total doses previously)—should receive first dose as soon as possible after vaccine is available.
- Children needing one dose can also be vaccinated as soon as vaccine is available
- Vaccination soon after vaccine becomes available can be considered for pregnant persons in third trimester
- For non-pregnant adults, July and August should be avoided unless there is concern that later vaccination might not be possible.
- Vaccination should continue throughout the season, as long as influenza viruses are circulating and unexpired vaccine is available.

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Allergic Reactions to Influenza Vaccines--Background

- Vaccines (including influenza vaccines) include multiple components that can potentially trigger severe allergic reactions (e.g., anaphylaxis)
- Serious allergic reactions to influenza vaccine are rare
  - In one Vaccine Safety Datalink (VSD) study[1] the estimated rates of post-vaccination anaphylaxis among cases that involved administration of a single vaccine were:
    - 1.31 cases per million doses for all vaccines
    - 1.35 cases per million doses for IIV3

1--McNeil J Allerg Clin Immunol 2016;137:868-878

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Influenza Vaccine Package Insert Language Concerning Previous Allergic Reactions to Influenza Vaccines

- Egg-based IIV4s and LAIV4: History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine or to a previous dose of any influenza vaccine.
- ccIIV4 and RIV4: History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine

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Contraindications and Precautions Related to Previous Severe Allergic Reaction to Influenza Vaccines

- For egg-based IIV4s and LAIV4: Severe allergic reaction to a previous dose of ***any*** influenza vaccine is a contraindication.
- For ccIIV4: Severe allergic reaction to any ccIIV is a contraindication; to any other influenza vaccine (any egg-based IIV, RIV, or LAIV) is a precaution.
- For RIV4: Severe allergic reaction to any RIV is a contraindication; to any other influenza vaccine (any egg-based IIV, ccIIV, or LAIV) is a precaution.
- Where a precaution is present, if potential benefit of vaccination is thought to outweigh potential risk of a severe allergic reaction
  - Vaccination should occur in a medical setting supervised by a provider who can recognize and manage a severe allergic reaction.
  - Providers can also consider consulting an allergist to help identify the vaccine component responsible for the previous reaction

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Contraindications and Precautions Related to Previous Severe Allergic Reaction to Influenza Vaccines

- Stated another way, in the following situations where a precaution exists, ***and*** if potential benefits of vaccination are believed to outweigh risks:
  - For those with previous severe allergic reaction to an egg-based IIV or LAIV, ccIIV4 or RIV4 can be considered
  - For those with previous severe allergic reaction to a ccIIV, RIV4 can be considered
  - For those with previous severe allergic reaction to an RIV, ccIIV4 can be considered
- In each instance, when vaccinating in setting of a precaution:
  - Vaccination should occur in a medical setting supervised by a provider who can recognize and manage a severe allergic reaction
  - Allergist consultation can also be considered to help identify the component responsible for the previous reaction
- Importantly, each vaccine is contraindicated in the setting of previous severe allergic reaction to any component of that vaccine

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