



Vaccination Planning for the 2020-2021 Influenza Season

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Vaccine Planning Unit

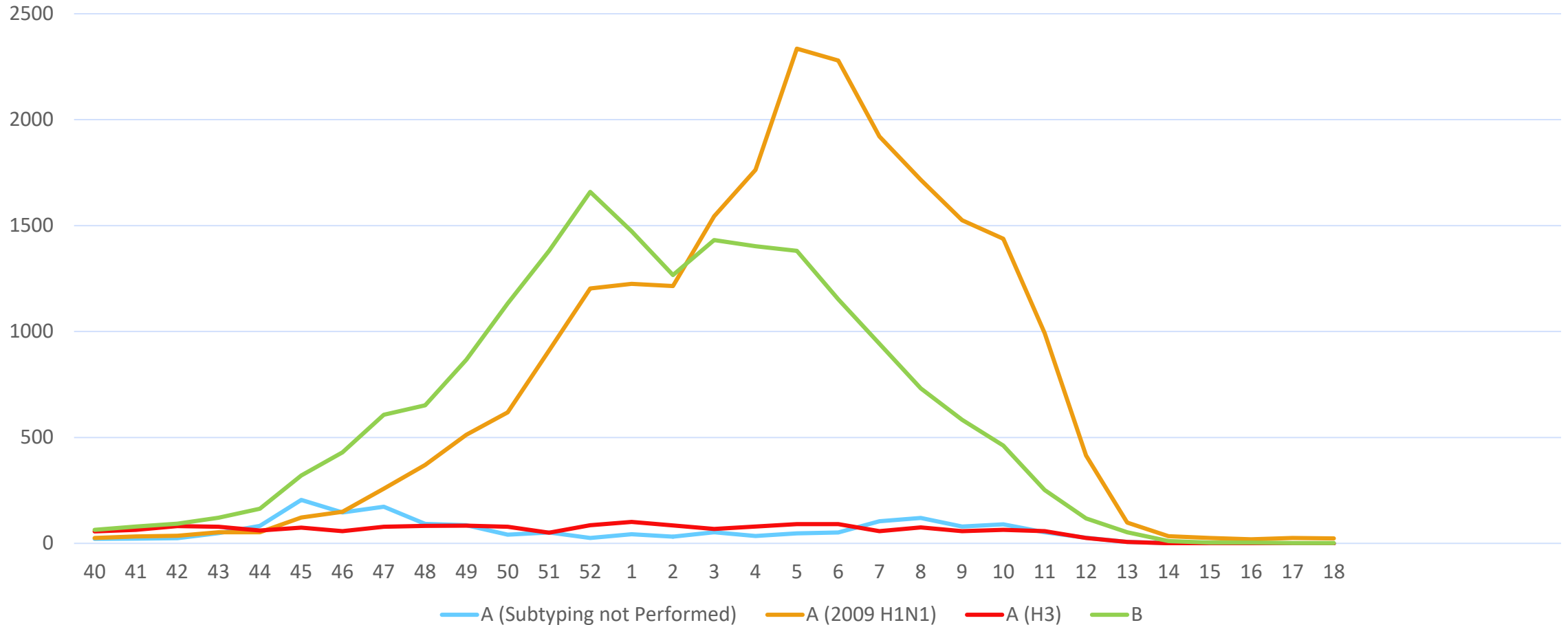
Immunization Services Division

NAICP Quarterly Call, July 14, 2020

Background

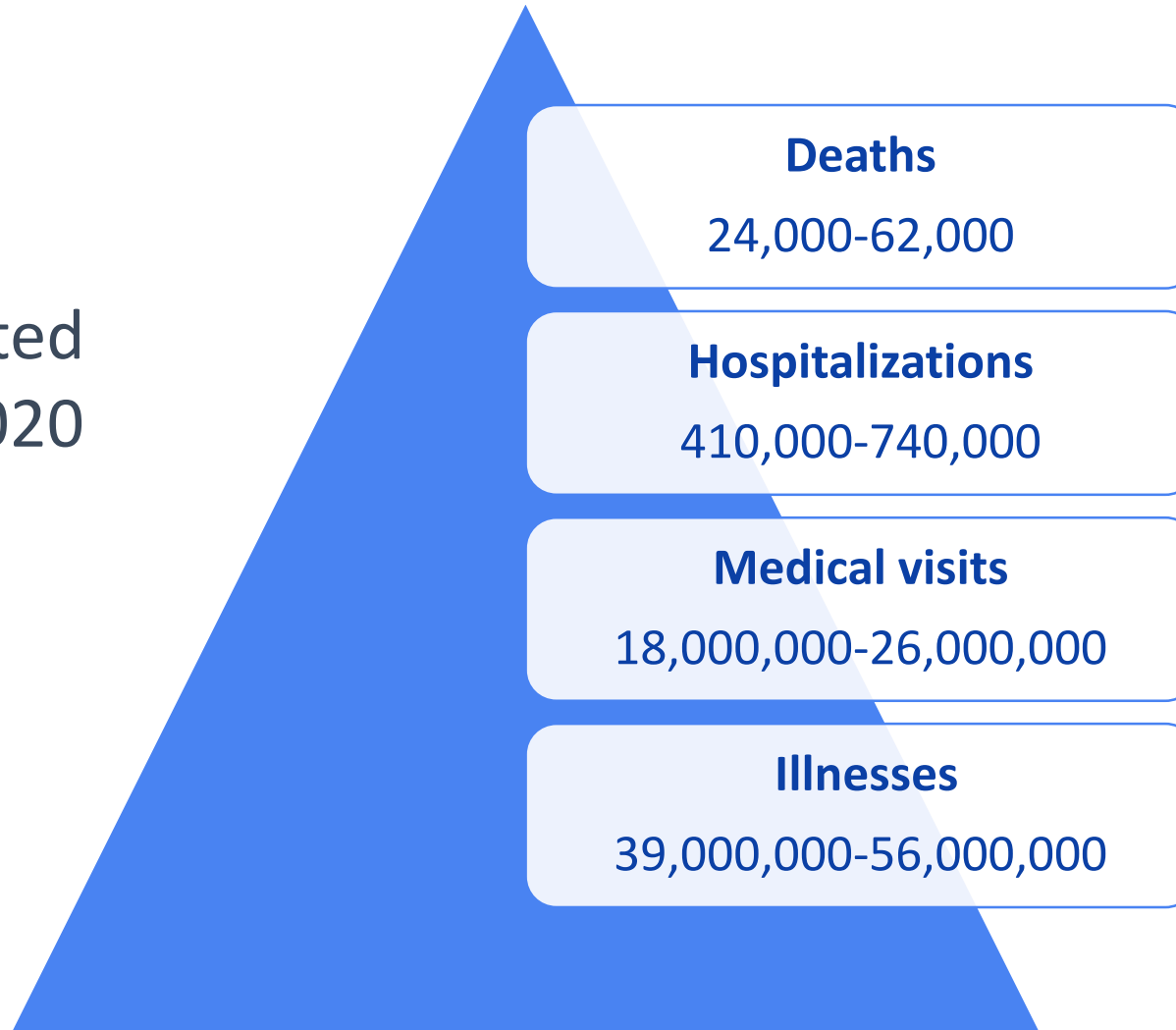
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Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, 2019-20 Season



Summary of 2019-2020 influenza season

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

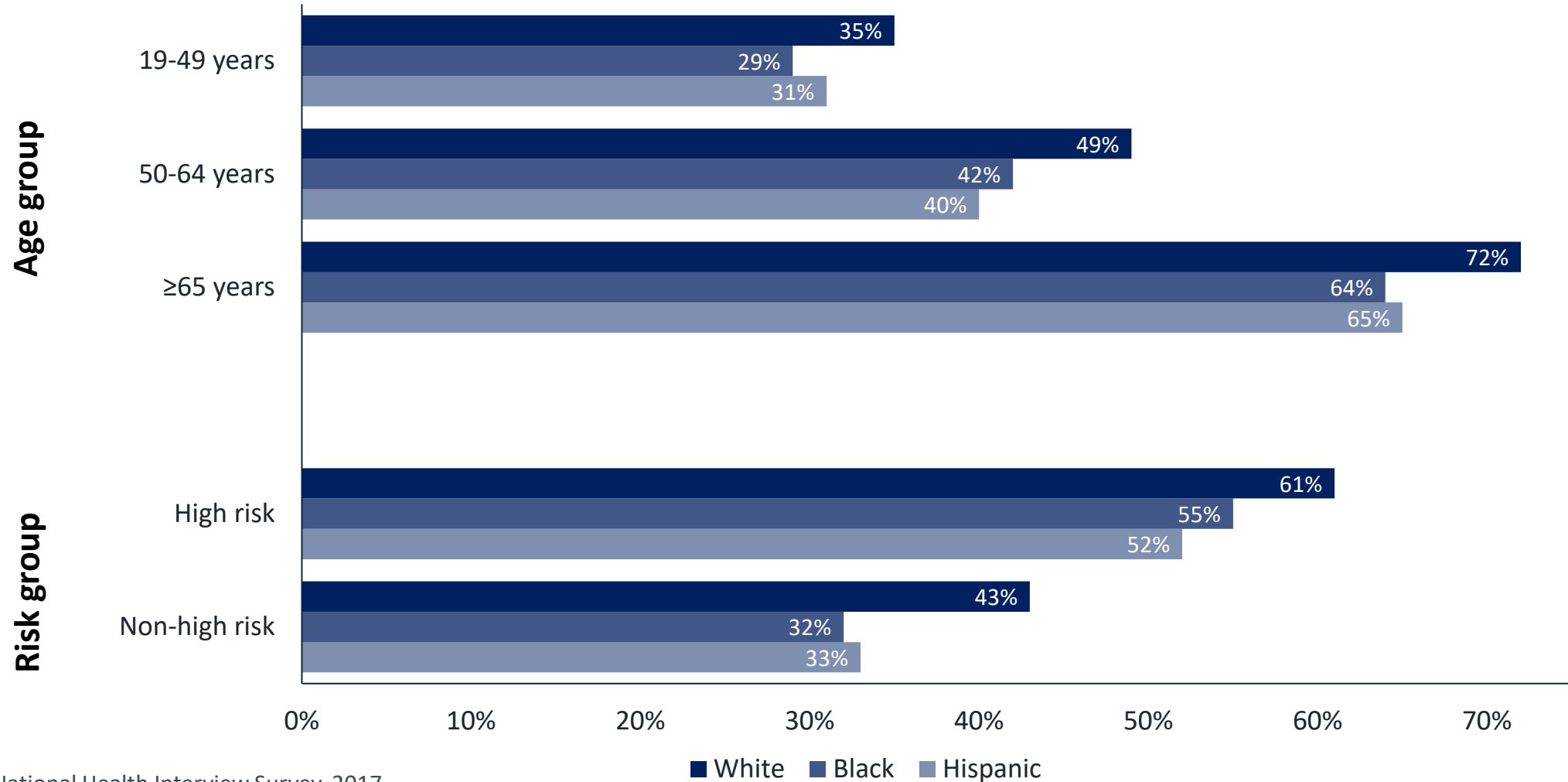


*As of June 13, 2020

<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



Source: National Health Interview Survey, 2017

Increasing Seasonal Influenza Vaccine Coverage to Decrease Healthcare Utilization, 2020-21

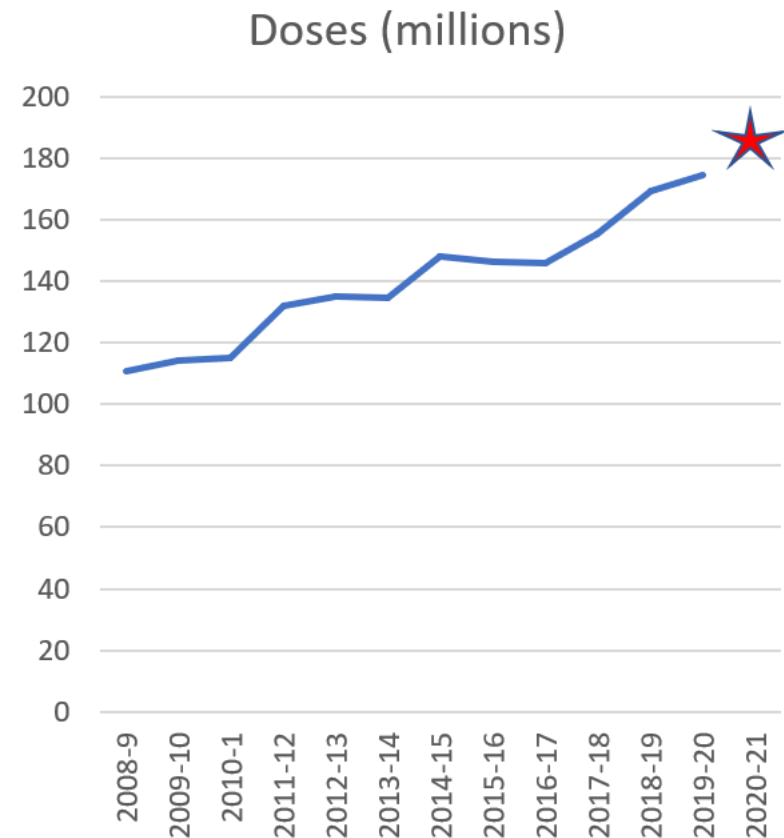
- Expect SARS-CoV-2 to continue to circulate in the fall
- Increasing flu vaccination coverage will reduce stress on the healthcare system
 - Decrease doctor visits and hospitalizations
 - Reduce use of diagnostics
- Focus on adults at higher risk from COVID-19
 - staff and residents of LTCF
 - adults 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

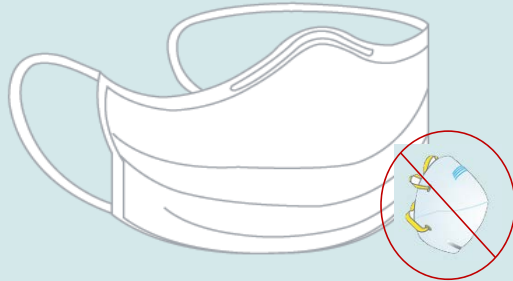


Guidance to safely provide immunization services

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

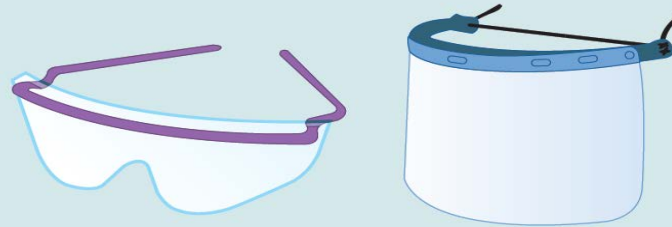
Use personal protection equipment

Face mask



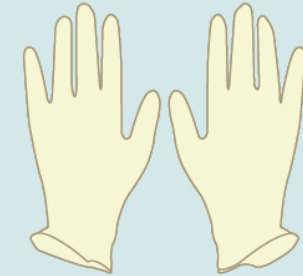
- **Recommended:** All healthcare providers (N95 masks not recommended)

Eye protection



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

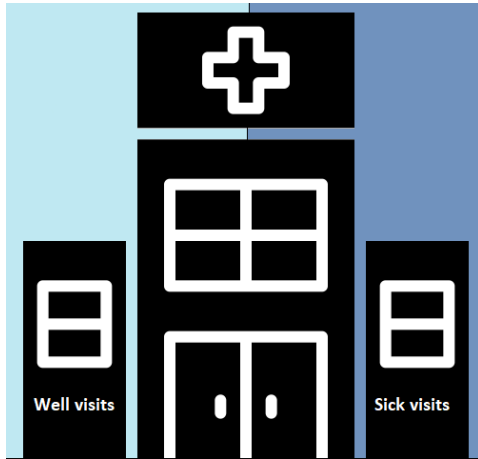
Gloves



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

Ensure physical distancing during vaccination visits

Separate sick from well patients



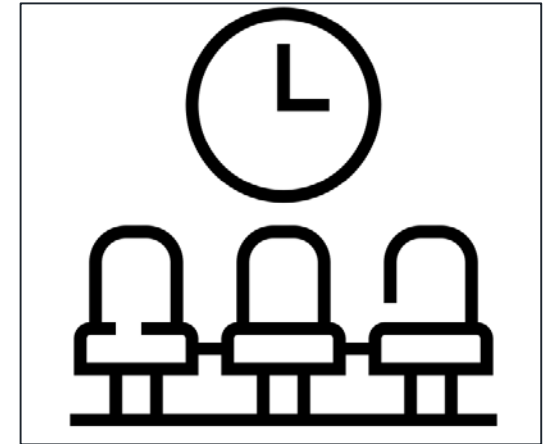
- Schedule well and sick visits at different times of the day.
- Place sick visits in different areas of the facility or different locations.

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.

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

Manufacturer	Projected Available Supply*
AstraZeneca	9M
GSK	50M
Sanofi	75M
Seqirus	55M
TOTAL	189M doses

*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

	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

Manufacturer	Doses
AstraZeneca	1,000,000
GSK	2,000,000
Sanofi	2,011,560
Seqirus	2,000,000
Total	7,011,560

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

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- 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

Thank you

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

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