



# Flu Vaccination in a Pandemic

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Leadership Lessons from  
Public Health Immunization Programs

[immunizationmanagers.org](https://immunizationmanagers.org)



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## Introduction

The COVID-19 pandemic heightens the importance of the 2020-21 flu vaccine campaign. Recent research suggests that having flu and COVID-19 doubles the risk of death; therefore, it is imperative that all Americans prioritize getting a flu vaccine.<sup>1</sup> Public health officials have emphasized the importance of flu vaccination during the pandemic to reduce stress on health care systems.<sup>2</sup> Efforts to reduce this stress include lowering the number of flu-related hospitalizations and doctor visits, as well as lowering the number of individuals needing diagnostic testing due to the challenge of distinguishing flu from COVID-19. “This fall nothing can be more important than to try to increase the American public’s decision to embrace the flu vaccine with confidence,” Centers for Disease Control and Prevention (CDC) Director Dr. Robert Redfield said in an interview with the American Medical Association (AMA) on August 27, 2020.<sup>3</sup>

Public health flu vaccine campaigns are led by the 64 state, local, and territorial immunization programs (IPs) that work with an array of public and private immunization providers (e.g., local public health, health systems and clinics, retail pharmacies) and in partnership with state health agencies, community and advocacy organizations, schools, and health professional societies. Through these relationships, IPs have firsthand knowledge of the barriers and facilitators to flu vaccination related to provider recommendation and engagement, access, immunization delivery infrastructure, and immunization policy.

Leaders of state, local, and territorial IPs routinely share resources and best practices through participation in the Association of Immunization Managers (AIM). Through regular membership calls, an annual survey of IPs, and ad hoc roundtable and peer exchange meetings, AIM tracks its members’ technical assistance needs, summarizes their strategies employed to address immunization challenges, and assesses members’ priorities for policy change. AIM also facilitates IP participation in public health research to describe and evaluate the impact of immunization policies and programmatic initiatives.

The 2020-21 flu vaccine season poses unique challenges for IPs around maximizing the delivery of seasonal flu vaccine. It also creates opportunities to prepare for the COVID-19 vaccination campaign. This report synthesizes information gathered through AIM to outline the four key elements of a successful flu vaccination campaign for IPs. The key information sources include:

- May 2020 peer connect exchange webinar on the 2020-21 flu season;
- AIM membership surveys/polls (administered December 2018-January 2020);
- 2019 AIM annual survey (administered October 2019-February 2020);<sup>4</sup>
- December 2018 roundtable on increasing childhood immunization rates;<sup>5</sup>
- 2017 AIM annual survey (administered June 2017-October 2017);<sup>6</sup> and
- AIM co-authored publications and presentations on H1N1 lessons learned.<sup>7,8,9</sup>

### IP Activities to Increase Flu Vaccine Uptake Among Children\*

24

Provide flu vaccine for school-located vaccination clinics



18

Support late-season flu vaccination campaigns for children



15

Give providers report cards on flu progress



13

Have provider recognition/incentive for childhood flu vaccination



15

Focus on flu rates within quality improvement activities in the Vaccines for Children program



\*AIM Annual Survey October 2019–February 2020 53 IPs responded

## KEY ELEMENT #1

# Engage Providers

Most people look to their primary health care provider for guidance about vaccines. IPs prioritize engagement with providers to ensure that they have adequate information about the flu vaccine season, to support best practices for giving a strong recommendation, and to disseminate data on the progress of that season's flu vaccination campaign.

## COMMUNICATION

The seasonality of flu vaccine presents challenges for vaccination in the primary care setting. Most vaccines are given year-round; providers place orders to restock their vaccine supply as needed. In contrast, flu vaccine requires advanced planning to order all vaccine products that are appropriate for the practice population, to estimate when vaccine doses will arrive, and to determine how to incorporate flu vaccination into the practice workflow. Often providers discontinue flu vaccination when their initial stock is depleted; others set an arbitrary date to end flu vaccination (e.g., at the end of the calendar year).

## IMMUNIZATION PROGRAM STRATEGIES

IPs conduct targeted communication about flu vaccine with core provider constituencies, including child health providers enrolled in the Vaccines for Children (VFC) program, local health departments, and providers across settings who are involved in immunization coalitions or advisory groups. Early communication often involves flu vaccine orders; this gives IPs the opportunity to educate providers about new vaccine products and encourage providers to order a sufficient quantity of vaccine to improve upon the number of doses administered the year prior. Mid-summer communication allows providers to estimate when vaccine will arrive, which informs timely scheduling of vaccine appointments and flu vaccine clinics. Follow-up communication in late fall should notify providers about options to order additional flu vaccine doses and reinforce the message that CDC recommends vaccination through the spring; however, only a quarter of IPs engage in late-season provider communication for childhood flu.<sup>10</sup>

## FOR THE 2020-21 FLU VACCINE SEASON,

ongoing communication with immunization providers will be essential as new COVID-19 vaccines become available. IPs maintained multiple communication channels during the H1N1 pandemic, which gave providers frequent opportunities to get clarification on changing prioritization guidance and expanded vaccine availability. Given the accelerated timeframe for COVID-19 vaccine production, IPs will be expected to play a similar role in explaining how this federal effort will be implemented at the state and local levels.

## PROVIDER RECOMMENDATION

A strong provider recommendation is the most consistent predictor of whether a child or adult will receive flu vaccine.<sup>11,12</sup> However, many patients<sup>13</sup> and parents<sup>14</sup> do not receive a strong recommendation about flu vaccine from their provider and/or the medical staff. Typically, child health providers guide parents on which vaccines children should receive, yet less than half of parents indicate that their child's doctor strongly recommends flu vaccine for this year.<sup>15</sup> Some providers focus their vaccine-related discussion on the specific vaccines and doses that will be given during that day's office visit; this works well for vaccines given on an age-based timeframe, but precludes discussion of flu vaccine for children who are not scheduled for office visits during flu season. Indeed, a recent article found that children with fall birthdays were more likely to receive flu vaccine.<sup>16</sup>

## Strategies IPs are Planning for the 2020-2021 Flu Season<sup>17</sup>



- ✓ Conducting school-located and mass vaccination clinics
- ✓ Purchasing additional flu vaccine
- ✓ Targeting health care workers, staff in long-term care facilities, and adults at higher risk
- ✓ Working with Federally Qualified Health Centers, Community Health Centers
- ✓ Partnering with pharmacies, doctors, insurers, and hospitals

## PROGRAM MANAGER COMMENT

“Our program plans to target high risk adults by working with community health centers and long term care facilities. We will promote our recognition program that recognizes hospitals and nursing homes that achieve high flu vaccine vaccination rates.”

May 2020 Peer Connect Webinar

## IMMUNIZATION PROGRAM STRATEGIES

Most IPs offer or coordinate educational opportunities to train providers on how to make a strong recommendation for vaccination. These education options range from regional immunization conferences to practice site visits to peer coaching. Many programs include nurses and medical assistants in educational efforts, emphasizing the importance of giving a clear and consistent message in support of vaccination. It is important that these initiatives emphasize the need to recommend flu vaccination just as strongly as other childhood vaccines.

## FOR THE 2020-21 FLU VACCINE SEASON,

provider messaging about flu vaccine may be particularly challenging due to COVID-related reductions of in-person visits. IPs may suggest that providers develop a specific approach for ensuring that flu vaccine is discussed during telehealth appointments,

and that a message supporting flu vaccine is prominent on the practice website. Additionally, in response to the dramatic COVID-related decrease in childhood vaccination rates<sup>18</sup>, IPs should engage with VFC providers to ensure they understand the importance of recommending flu vaccine as strongly as other childhood vaccines and offering co-administration of flu vaccine during catch-up vaccination visits.

## REPORTS OF PROGRESS

Data demonstrating low vaccination rates has been shown to motivate providers to improve their vaccination delivery.<sup>19</sup> However, with the limited timeframe for seasonal flu vaccination, providers may not have a mechanism to gauge their progress toward vaccinating the majority of their patients. This is particularly difficult when patients may receive flu vaccine in other settings (e.g., retail pharmacies, schools).

## IMMUNIZATION PROGRAM STRATEGIES

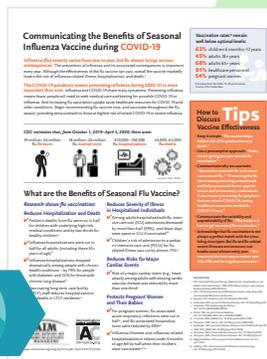
About a quarter of IPs have instituted midseason report cards to inform providers of their practice's childhood flu vaccination rate, in comparison to peers or to a statewide average.<sup>20</sup> Several others utilize a dashboard approach, showing the proportion of flu vaccine administered relative to the amount ordered.<sup>21</sup> However, use of these strategies should be more widespread.

# Communicating the Benefits of Seasonal Flu Vaccine During COVID-19

Share this educational resource with your providers.

- Find tips to discuss vaccine effectiveness
- Find the latest research displaying how flu vaccination:
  - Reduces hospitalization and deaths
  - Reduces severity of hospitalized individuals
  - Reduces risks for cardiac events
  - Protects pregnant women and their babies

DOWNLOAD THIS RESOURCE



## FOR THE 2020-21 FLU VACCINE SEASON,

midseason progress reports from IPs may be uniquely helpful, as COVID-related disruptions in provider practice scheduling and staffing may impede data that help providers gauge their progress on flu vaccination.

### KEY ELEMENT #2

## Stimulate Demand and Ensure Access

Although flu vaccination has been shown to reduce flu-related illness, hospitalization, and death, flu vaccination coverage rates remain below national targets for children and adults.<sup>22</sup> Racial disparities also exist across age groups. Although CDC estimates that as many as 194 to 198 million doses of flu vaccine will be produced for the 2020-21 season, those doses<sup>23</sup> will only be useful if people of all ages seek vaccination. Achieving higher flu vaccination rates during the pandemic will require IPs to take action to promote increased awareness, acceptance, and availability of flu vaccine.

### Stimulate Demand for Flu Vaccine

Find templates for reminder/recall postcards and social media posts.

Yes! WE'RE OPEN

Your healthcare provider is **PREPARED** to **SAFELY** vaccinate your family.

Your healthcare provider is **PREPARED** to **SAFELY** vaccinate your family.

DON'T WAIT, CALL TODAY.

DOWNLOAD

## AWARENESS OF FLU VACCINATION

Although annual flu vaccination has become second nature for most seniors, low flu vaccination rates suggest that many younger adults and children remain unaware that flu vaccination is recommended every year, despite ubiquitous messages through retail pharmacies that flu vaccine is available. Reminder/recall is an evidence-based strategy to inform individuals that they are due for vaccination.

### IMMUNIZATION PROGRAM STRATEGIES

IPs promote awareness of flu vaccination by providing training and technical support to providers on how to use state immunization information systems (IIS) to generate patient reminders. Less than half<sup>24</sup> of IPs currently conduct centralized flu vaccination reminders for their entire jurisdiction or for a targeted age range, while others provide technical support to providers running practice-based reminder/recall campaigns. IPs should review their flu vaccine-related educational materials and reminder/recall notifications to ensure they reflect a range of ages and racial and ethnic groups, which will help reinforce the message that annual flu vaccination is for everyone.

## FOR THE 2020-21 FLU VACCINE SEASON,

vaccination reminders may be particularly useful to ensure that people understand the difference between seasonal flu vaccine and COVID-19 vaccine. IPs may consider structuring reminder/recall notices to emphasize the need to ACT NOW to get flu vaccine and STAY TUNED for more information about COVID-19 vaccination.



## ACCEPTANCE OF FLU VACCINATION

Recent years have seen broad increases in vaccine hesitancy, in which individuals question the safety, efficacy, and need for vaccination.<sup>26</sup> Most IPs build vaccine confidence by educating providers on how to talk with parents and/or by disseminating public messages about vaccines.

Hesitancy around flu vaccine may be greater than hesitancy for other vaccines, as the composition of the vaccine changes from year to year. Vaccine hesitancy often is fueled by online sources of vaccine misinformation and conspiracy theories.<sup>27</sup> Recent research found that parents who would not seek flu vaccination for their child reported seven times more negative sources than positive sources of flu vaccination information.<sup>28</sup>

Other issues can negatively impact acceptance of flu vaccination. For example, people may hear information about the low efficacy of flu vaccine in a specific year (with little context about flu morbidity and mortality) and conclude that there is little reason to accept flu vaccination.

## IMMUNIZATION PROGRAM STRATEGIES

IPs engage in a variety of efforts to increase vaccine confidence and combat flu vaccine hesitancy and misinformation. This includes working with respected state and local chapters of medical professional societies, such as the American Academy of Pediatrics and the

American Medical Association, to develop patient education materials for dissemination in health care settings and online. Many IPs partner with advocacy organizations that develop and disseminate factual information and personal testimonials about vaccination to the general public through media campaigns.

## FOR THE 2020-21 FLU VACCINE SEASON,

IPs may want to expand their communication efforts to include additional messaging about the heightened importance of getting flu vaccine during the COVID-19 pandemic. In addition, IPs could work with partner organizations to reassure the public that seasonal flu vaccine products are tested for safety and effectiveness and begin to promote acceptance of a COVID-19 vaccine by noting such testing will be conducted before any vaccines are approved.

## ACCESS TO FLU VACCINATION

Many individuals receive flu vaccine at a doctor's office or hospital; however, about half of adults and an increasing proportion of children get flu vaccine in alternate settings, including retail pharmacies, school-located clinics, mass vaccination clinics at employer and community sites, and local public health departments.<sup>29</sup> These alternate settings can offer convenient and low-cost options to individuals who cannot or choose not to seek vaccine in a health care setting.

## AIM Vaccine Confidence Toolkit

Find tools and information necessary to promote vaccine confidence across the nation and its territories.



LEARN MORE



RESOURCE GUIDE



WEBINAR SERIES



RESOURCE LIBRARY

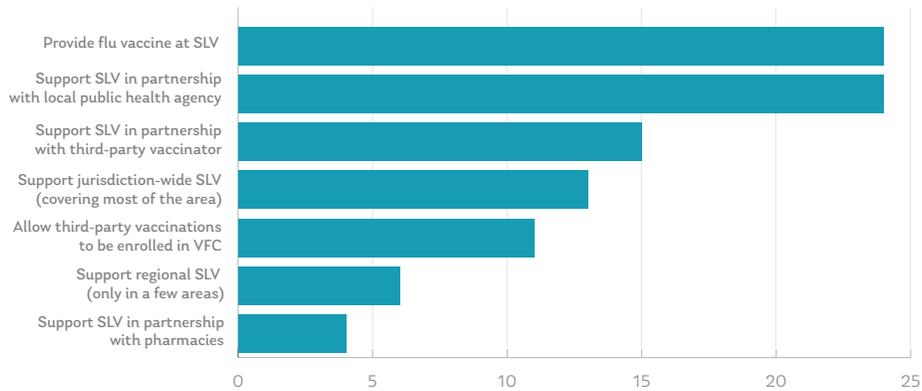


MEDIA MATERIALS



PROGRAM PRACTICES DATABASE

**FIGURE 1.**  
**IP Activities to Support**  
**School-Located Vaccination Clinics (SLV), 2019 (n=50)**



### IMMUNIZATION PROGRAM STRATEGIES

IPs support expanded access to flu vaccination through a variety of strategies; nearly half support school-located flu vaccination by providing vaccine (see Figure 1).<sup>30</sup> IPs often include retail pharmacies, visiting nurse associations, and other alternate-vaccination representatives in their immunization coalitions and/or advisory groups; this gives IPs the opportunity to offer technical assistance with vaccine storage and handling.

### FOR THE 2020-21 FLU VACCINE SEASON,

IPs should be prepared to offer technical assistance and coordination of school-located and other mass vaccination clinics in accordance with COVID-19 precautionary guidelines, including the use of personal protective equipment. There is also a greater likelihood that patients may receive vaccine in new settings because school-located or employer-based vaccination options are not available. Therefore, IPs should work closely with local health departments to determine if a locality has adequate access to vaccine and that the population knows where to get a flu shot in the event traditional venues are not available. In states with limits on pharmacists' ability to vaccinate children, IPs should

### PROGRAM MANAGER COMMENT

"This flu season will be challenging in a number of respects. One of the main challenges will not only be encouraging people to get vaccinated, but also understanding that mass vaccination may be perceived as an unsafe activity by the public."

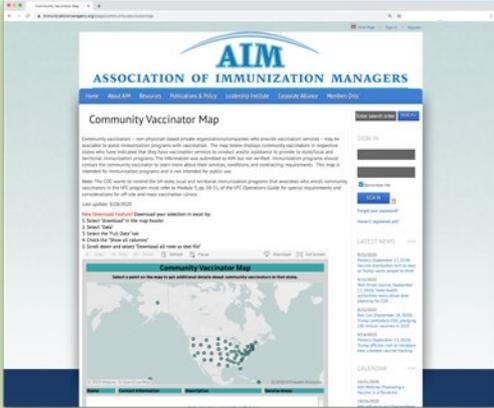
May 2020 Peer Connect Webinar

[LEARN MORE](#)



## AIM Community Vaccinator Map

Find community vaccinator contact information for planning mass vaccination clinics.



be proactive in offering technical assistance on choice of products and appropriate administration of flu vaccine for children. In addition, IPs should consider a strategy from the H1N1 vaccination effort: organizing retired health care professionals to assist with flu vaccination clinics, particularly if public health nurses and other community vaccinators are redeployed to COVID-19 duties.<sup>31</sup> Collectively, these efforts will serve to prepare for subsequent COVID-19 vaccination campaigns.

### KEY ELEMENT #3

## Strengthen the Immunization Infrastructure

Public health infrastructure undergirds national flu vaccination efforts. The complexity of flu vaccine products requires detailed knowledge and application of storage and handling requirements and vaccine delivery methods. The vast array of flu vaccination providers and settings calls for broad use of IIS to ensure the ability to track flu vaccine receipt and identify under-immunized groups.

### IMPROVING VACCINE ADMINISTRATION AND STORAGE AND HANDLING

Flu vaccination is complicated, with myriad products available that differ in target age group, delivery mechanism (intramuscular, intravenous, intradermal, nasal spray), and vaccine technology (egg-based, cell-based). The dynamic flu vaccine market is expected to continue innovating, based on a recent executive order<sup>32</sup> calling for a five-year national plan to promote the use of more agile and scalable vaccine manufacturing technologies and to accelerate development of vaccines that protect against many or all flu viruses. However, providers and practice personnel are often hesitant to adopt newer, unfamiliar products.

### IMMUNIZATION PROGRAM STRATEGIES

IPs play an essential role in providing technical assistance to increase provider and staff comfort with the range of flu vaccine products. All IPs conduct regular site visits to participating VFC provider and monitor storage and handling processes. IPs are required by CDC to offer or coordinate training to VFC providers on vaccine administration and offer technical assistance for vaccine storage and handling.

LEARN MORE



## AIM COVID-19 Resource Library: Increasing Flu Vaccination Coverage

Find resources from AIM partners and IPs that will be useful for increasing flu coverage in the 2020 season during the presence of COVID-19.

### TOPICS:

- Long-Term Care Facilities
- Pediatric
- Communication
- School-Located Vaccination Clinics
- Adult Vaccine Programs
- At-Risk Populations
- Policies



### FOR THE 2020-21 FLU VACCINE SEASON,

technical assistance from IPs may also help immunization providers prepare for the upcoming COVID-19 vaccination campaign. The COVID-19 vaccine products currently being tested include different technologies, require a range of storage procedures, and have different delivery methods.<sup>33</sup> IPs will need to serve as an essential source of training and information related to vaccine storage equipment and processes, and likely will serve as a key resource in helping providers choose COVID-19 vaccine products and answering questions about concurrent administration of other vaccines.

## EXPANDING USE OF IMMUNIZATION INFORMATION SYSTEMS

IIS are population-based registries that maintain data on immunization history and offer forecasting algorithms to identify vaccine doses that are due. IIS are essential for monitoring flu vaccination because vaccines administered in alternate settings, such as schools or retail pharmacies, may not be documented in the electronic medical record (EMR) for individuals outside their primary care medical home. Bidirectional data exchange between IIS and EMRs allows providers to know whether patients have received flu vaccine, thereby facilitating accurate targeting of reminder/recall notifications and avoiding over-vaccination.

### IMMUNIZATION PROGRAM STRATEGIES

IPs provide substantial technical assistance to flu vaccine providers on use of the IIS. For community vaccinators, this includes basic training on how to review patient records to determine if a vaccine dose is needed and how to submit data to the IIS; for primary care sites, this includes higher-level technical assistance to establish bidirectional data exchange between the IIS and EMR. IPs utilize their IIS to generate up-to-date information on flu vaccine coverage rates by practice and by geographic area to identify pockets of low coverage.

### FOR THE 2020-21 FLU VACCINE SEASON,

IPs may consider IIS technical support as preparation for subsequent COVID-19 vaccination. This includes testing algorithms for rapid reminder/recall (most COVID-19 vaccines will require two doses), and conducting data quality checks on codes for new flu vaccine products (COVID-19 vaccine codes will be unfamiliar to providers). IPs may expand their outreach to providers with limited

IIS experience, including long-term care facilities and community vaccinators that do not utilize the IIS on a regular basis.

## PROMOTING IMMUNIZATION COALITIONS AND PARTNERSHIPS

IPs maintain ongoing relationships with local and statewide immunization coalitions and continuously seek new partnerships with immunization organizations interested in promoting vaccination. Through these coalitions and partnerships, IPs convene stakeholders to address emerging immunization challenges and disseminate information to professionals and lay populations.

### IMMUNIZATION PROGRAM STRATEGIES

IPs utilize coalition meetings to encourage coordination and communication between primary care providers and alternate flu vaccine providers, including retail pharmacies, local health departments, and community vaccinators. In addition, coalition meetings provide IPs an opportunity to learn about problems with vaccine access and reimbursement and to hear from stakeholders emerging issues around vaccine hesitancy and other barriers.

### FOR THE 2020-21 FLU VACCINE SEASON

IPs should consider working through immunization coalitions and community organizations, such as CDC's Racial and Ethnic Approaches to Community Health Program (REACH) recipients,<sup>34</sup> to reach community partners that represent ethnic and racial populations that have low flu vaccination rates. Addressing disparities around flu vaccination is likely to have a positive impact for subsequent COVID-19 vaccination campaigns.

## IIS and COVID-19 Vaccination

Find an AIM infographic explaining how IIS are central to IP function and will be critical in the COVID-19 vaccination response.

DOWNLOAD INFOGRAPHIC TODAY





AIM WEBINAR ARCHIVE

## Increasing Flu Vaccine Confidence Within African American Communities

With continued COVID-19 activity, ensuring communities are protected from the flu this season will be more important than ever. Outreach to African American communities—which have been disproportionately impacted by the COVID-19 pandemic—will be especially critical. View this archived webinar to learn strategies from Dr. Sandra C. Quinn of the University of Maryland Center for Health Equity and Dr. Laura Lee Hall of Sustainable Health Care Quality and Equity.

### The event covers:

- ✓ Recent research on flu vaccine uptake trends within African American Communities
- ✓ Examples of public health partnerships supporting flu vaccine confidence
- ✓ How these findings and strategies can be applied to immunization work

[CLICK TO WATCH THE WEBINAR](#)

### PROGRAM MANAGER COMMENT

“We have contracted with large urgent care networks to potentially create a contract for increased flu vaccination. These facilities would be referral sites for those who are uninsured due to unemployment.”

[May 2020 Peer Connect Webinar](#)

### KEY ELEMENT #4

## Advocate for Vaccine-Supportive Policies

Flu vaccination campaigns can be impeded by policies and practices that limit the availability of flu vaccine in multiple settings. This includes access to government-supplied vaccine and ability for providers in non-traditional settings to be reimbursed for flu vaccination services.

### POLICIES THAT IMPEDE FLU VACCINATION IN PRIMARY CARE

Although the VFC program supplies vaccine doses for administration to Medicaid-enrolled children, providers incur costs related to provider and staff time, vaccine storage and handling, and recordkeeping. Vaccine administration fees are intended to cover those costs. However, Medicaid reimbursement rates for vaccine administration are low in many states, which can impede provider willingness to administer flu and other vaccines in their office.<sup>35</sup> In addition, policies in FQHCs prohibit reimbursement for nurse-only vaccination visits, which are broadly used for flu vaccination clinics. Finally, although increasing numbers of public and private payers include immunization quality measures in their pay-for-performance provider incentive programs, they may base those payments on quality measures that do not include flu vaccination, which is a disincentive to improve performance.

### IMMUNIZATION PROGRAM STRATEGIES

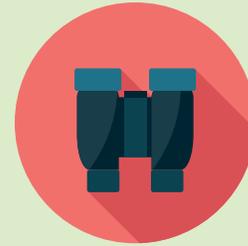
Some IPs have advocated with their state Medicaid programs for enhanced reimbursement for delivery of immunizations in the primary care settings. IPs also have advocated for the adoption of childhood and adult immunization quality measures that include flu vaccine, as a way to emphasize the importance of flu vaccine. Many IPs provide or facilitate access to IIS data to support the calculation of those quality measures.

### FOR THE 2020-21 FLU VACCINE SEASON,

IPs may consider meeting with Medicaid and with their jurisdiction’s largest private payers to discuss primary care provider reimbursement for COVID vaccine administration. Payers may not recognize the provider burden for vaccine delivery, establishing new administrative codes, IIS reporting, and storage and handling.

## IP Observations of Childhood Influenza Vaccination

Find results of a roundtable discussion that was held on December 11, 2018, with 13 IP managers to discuss the challenges of promoting childhood flu vaccination and strategies for improving uptake.



### BARRIERS AND CHALLENGES:

#### STRUCTURAL



#### FINANCIAL



#### ATTITUDINAL



### Includes Suggested Program Practices:

- ✓ Before Flu Vaccination Season
- ✓ Initial Months of Flu Vaccination Season
- ✓ Mid/Late Flu Vaccination Season

[DOWNLOAD THE OBSERVATION PDF](#)



### POLICIES THAT IMPEDE VACCINATION IN ALTERNATE SETTINGS

Retail pharmacies are an appealing setting for flu vaccination because they are accessible in nearly all parts of the country, yet several policies impede vaccination by pharmacists. To ensure broad access to flu vaccine, recent federal action<sup>36</sup> authorized pharmacists to provide flu vaccine to individuals age 3 years and older; in many states, this represents a substantial expansion of pharmacist authority.

With some payers, pharmacists are considered out-of-network providers and thus cannot be reimbursed for immunization services. In addition, because pharmacies may not meet standard requirements for participation in the VFC program, they cannot receive government-supplied vaccine for administration to VFC-eligible children; this impedes the ability of Medicaid-enrolled and uninsured children to have convenience access to flu vaccine.

Billing and reimbursement policies also create barriers to school-located flu vaccination. In some areas, local public health agencies have limited funding and/or staff

capacity to run school-located vaccination clinics and bill for reimbursement; third-party vaccinators may have funding and staff capacity but be unable to serve children with public and private insurance in the same school-located vaccination clinic.

### IMMUNIZATION PROGRAM STRATEGIES

Many IPs have boosted their outreach to pharmacists to ensure they are prepared to vaccinate children. Several IPs are working to enroll pharmacists as VFC providers to ensure they are able to serve children with public insurance as equitably as they serve those with private insurance. IPs also are advocating for payers to adopt policies that consider pharmacists as in-network for purposes of vaccination to facilitate their reimbursement.

### FOR THE 2020-21 FLU VACCINE SEASON,

it is vital for IPs to be proactive in offering technical assistance to pharmacists newly involved in vaccinating children. In addition, IPs should work with agencies sponsoring school-located vaccination clinics to assist with billing and reimbursement issues.

## CONCLUSION

The 64 state, local, and territorial IPs stand as the backbone of the U.S. immunization system. Improving flu vaccination coverage rates in children and adults and reducing racial and ethnic disparities will require the involvement of IPs to identify their jurisdiction's most pressing issues and deploy strategies to address them. The 2020-21 flu vaccine season provides an opportunity for enhanced IP efforts to facilitate more efficient and effective administration of flu vaccine and to prepare for the upcoming COVID-19 vaccination campaign.

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- <sup>2</sup> Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>
- <sup>3</sup> AMA News. August 27, 2020. <https://www.ama-assn.org/delivering-care/public-health/cdc-director-push-vaccinate-65-americans-against-flu>
- <sup>4</sup> AIM 2019 Annual Survey. [https://drive.google.com/file/d/1\\_dDRrwtfmBgwN-HLsjjwrJKE4RwzuACKR/view?usp=sharing](https://drive.google.com/file/d/1_dDRrwtfmBgwN-HLsjjwrJKE4RwzuACKR/view?usp=sharing)
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- <sup>7</sup> Challenges and changes: Immunization program managers share perspectives in a 2012 national survey about the US immunization system since the H1N1 pandemic response. *Human Vaccines & Immunotherapeutics* 10:10, 2915--2921; October 2014; [https://drive.google.com/file/d/1lyTXZDxeC9SsUFa\\_vxQCq50wFZM\\_XRkw/view?usp=sharing](https://drive.google.com/file/d/1lyTXZDxeC9SsUFa_vxQCq50wFZM_XRkw/view?usp=sharing)
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- <sup>9</sup> Overview of State Experiences During Different Stages of the H1N1 Pandemic. 44 National Immunization Conference <http://cdc.confex.com/cdc/nic2010/recordindirect.cgi/id/6771>
- <sup>10</sup> AIM 2019 Annual Survey. [https://drive.google.com/file/d/1\\_dDRrwtfmBgwN-HLsjjwrJKE4RwzuACKR/view?usp=sharing](https://drive.google.com/file/d/1_dDRrwtfmBgwN-HLsjjwrJKE4RwzuACKR/view?usp=sharing)
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- <sup>12</sup> Lu P. Association of provider recommendation and offer and influenza vaccination among adults aged ≥18 years - United States. *Vaccine*. 2018 Feb 1;36(6):890-898. doi: 10.1016/j.vaccine.2017.12.016. Epub 2018 Jan 10.
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