

Annual Influenza Update & Communications Training

September 20, 2022



Association of
Immunization
Managers

Agenda

- Welcome & Introductions (~5 min)
- Speaker presentations (~35 min)
 - Dr. L.J. Tan
 - Jennifer Daly
- Q&A (~15 min)
- Closing (~5 min)

Annual Influenza Update Speakers



L.J. Tan, MS, PhD
Chief Strategy Officer, Immunize.org



Jennifer Daly
Partner, Gray Media Group

First up..

Dr. L.J. Tan

I'll Be Back...Influenza Returns? An update...

Litjen (L.J) Tan, MS, PhD

Chief Policy and Partnerships Officer, Immunize.org

Co-Chair, National Adult and Influenza Immunization Summit



Disclosures

- I have no conflicts of interest.
- I do NOT intend to discuss an unapproved or investigative use of a commercial product/device in my presentation

Disclaimer

- The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of Immunize.org, or the National Adult and Influenza Immunization Summit

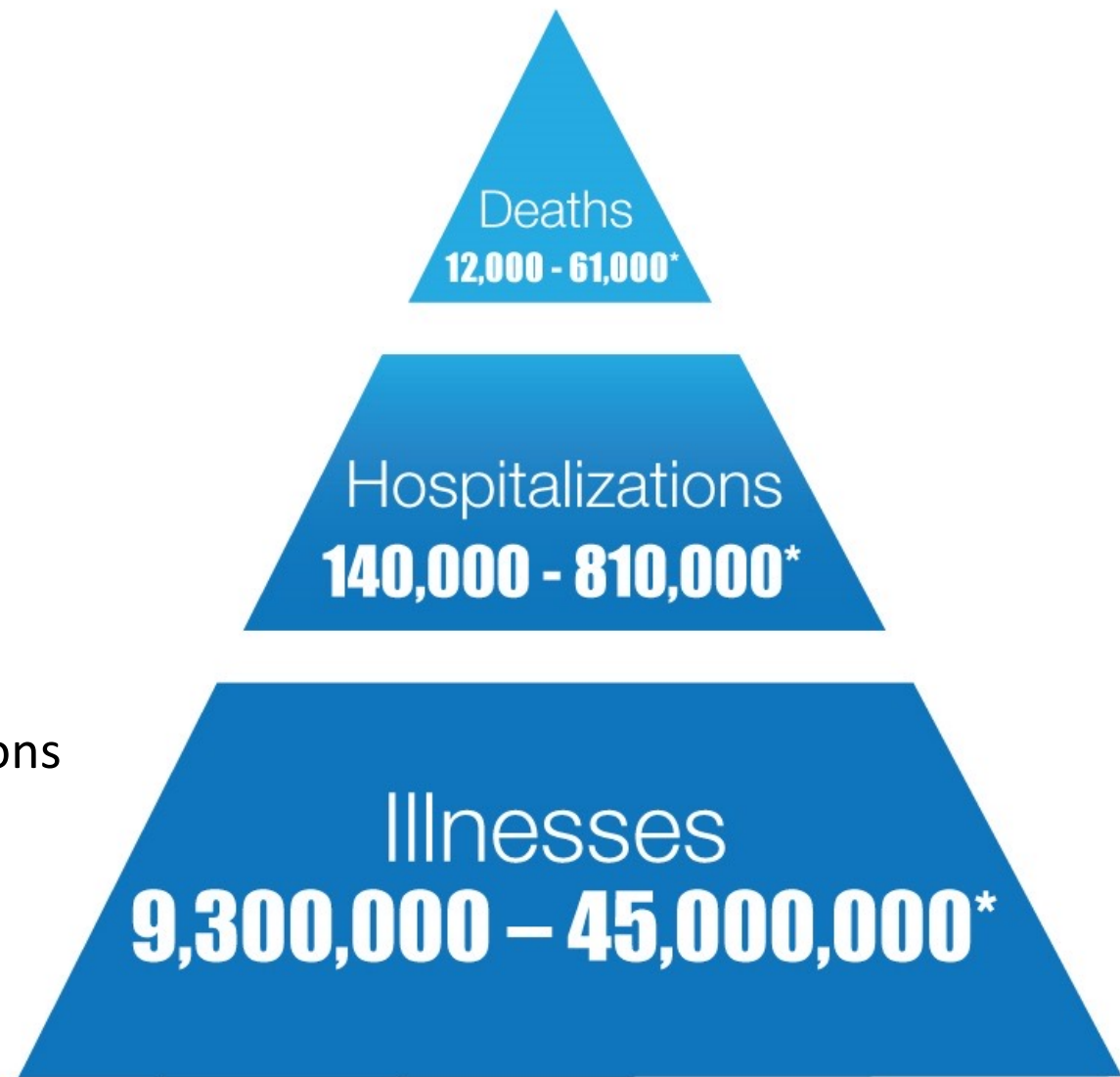
Outline

- Review 2021-2022 influenza season activity and vaccination coverage rates
- Discuss influenza vaccine effectiveness
- Describe ACIP and CDC influenza vaccination recommendations for 2022-2023 influenza season

The Impact of Influenza

Burden of Influenza 2010-2020*

- From 2010-2020, adults 65 years and older accounted for:
 - 45-67% of influenza-related hospitalizations
 - 62-87% of influenza-related deaths



*The top range of these burden estimates are from the 2017-2018 flu season. These are preliminary and may change as data are finalized.

The 2021-2022 Influenza Season

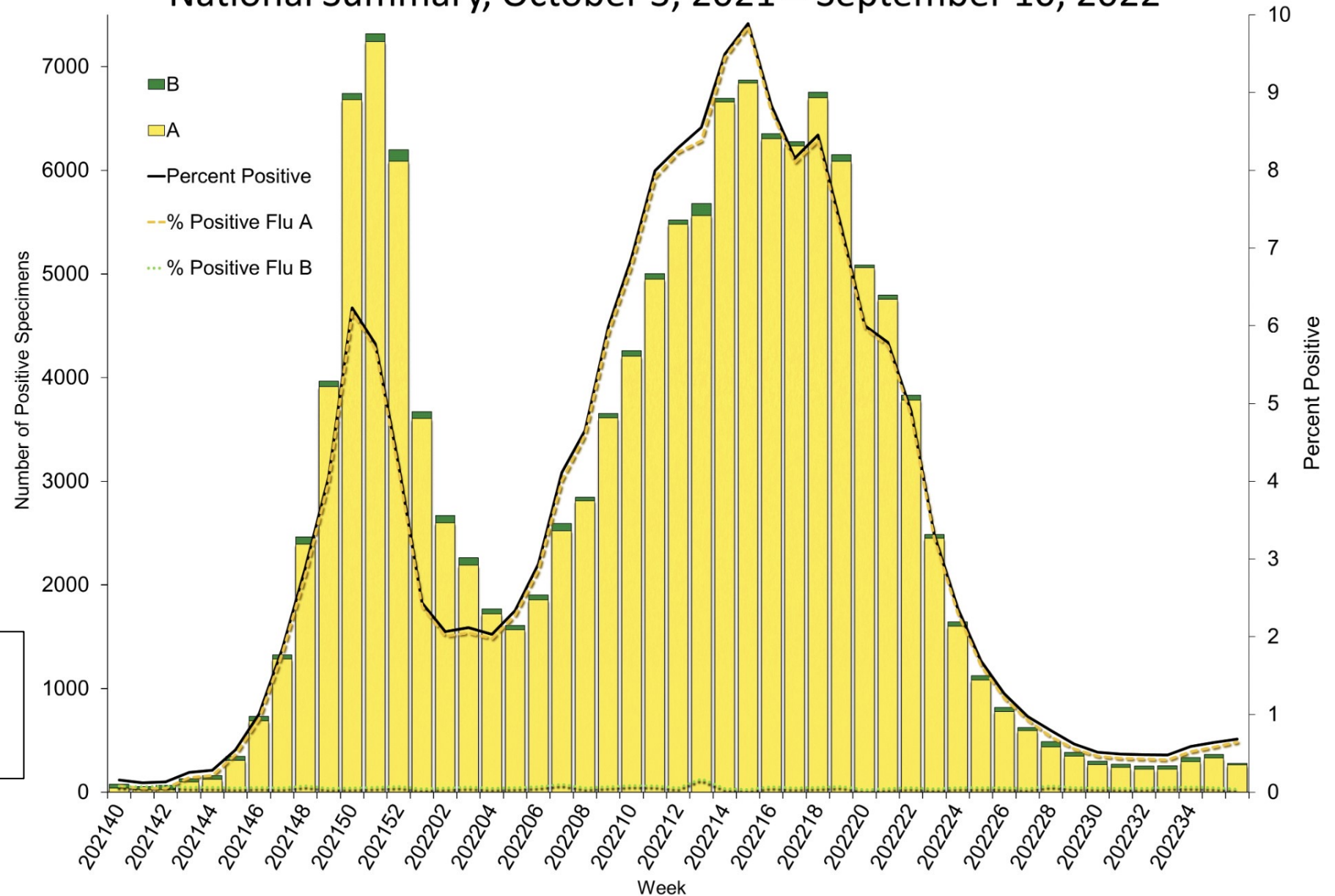
Poll Question

What kind of influenza season are you anticipating in 2022-23?

- A. Mild
- B. Moderate
- C. Severe
- D. Virtually non-existent

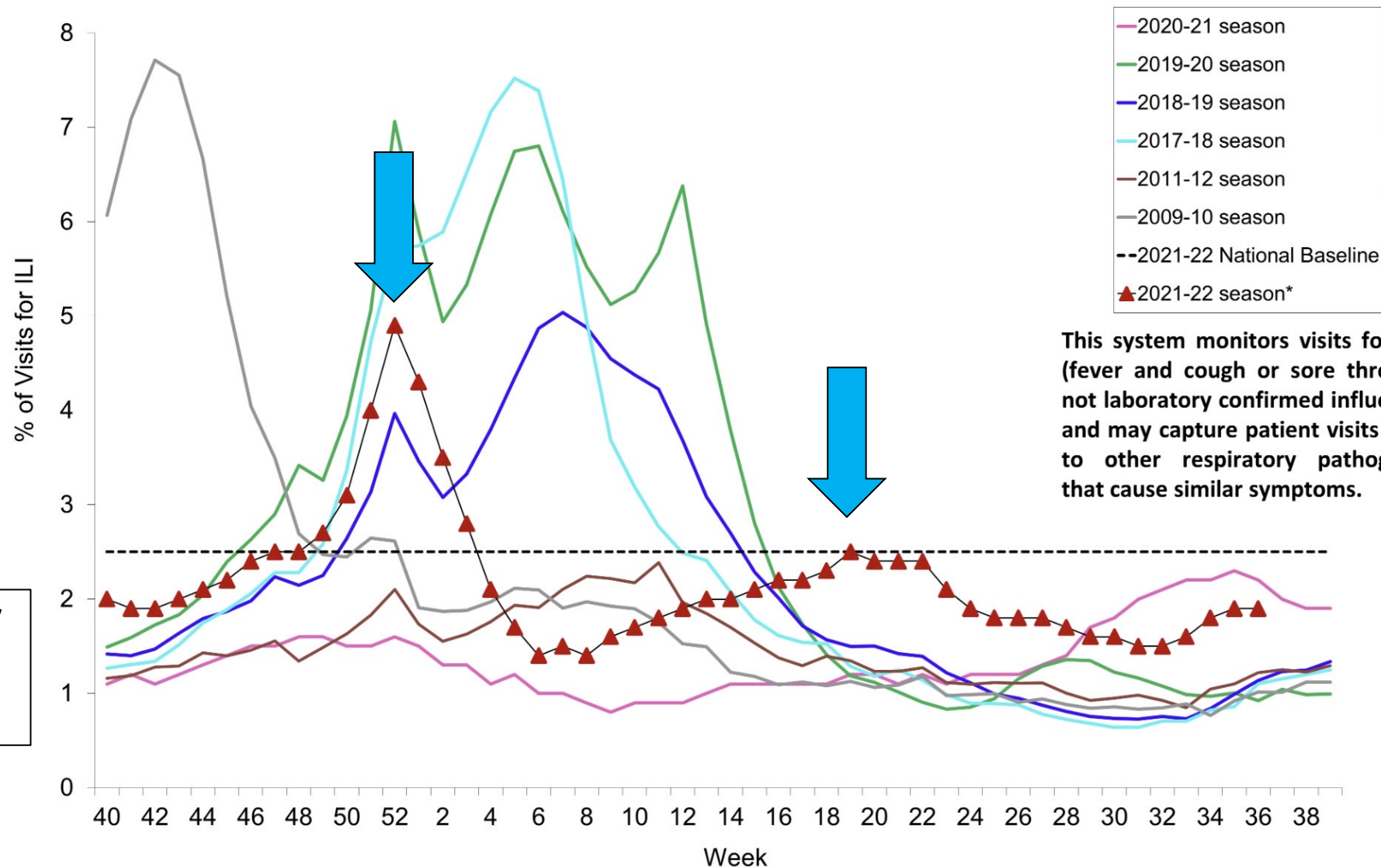
“You told me flu was going to be really bad?”

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, October 3, 2021 – September 10, 2022



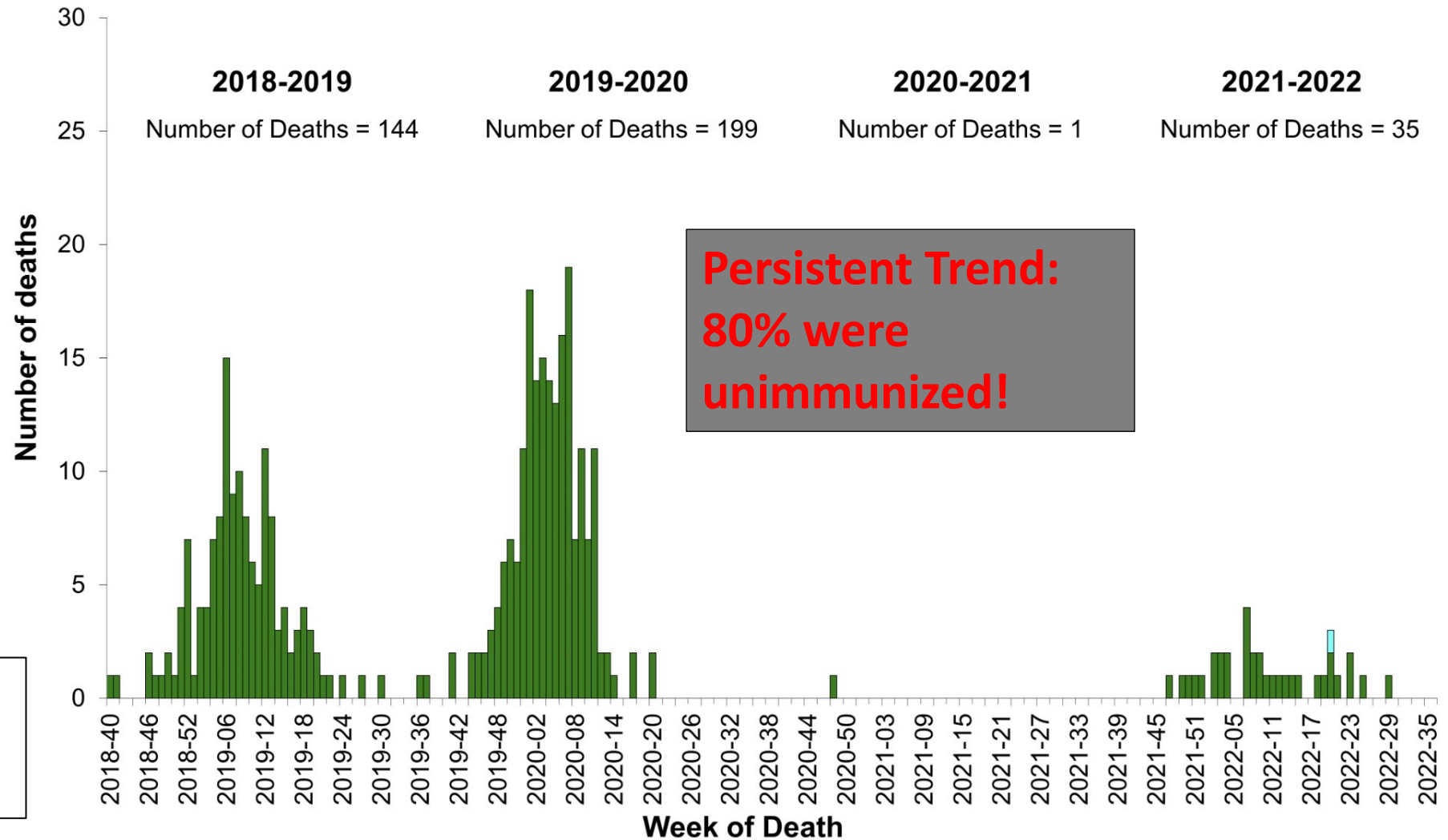
<https://www.cdc.gov/flu/weekly/index.htm>

Percentage of Outpatient Visits for Respiratory Illness Reported By
The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),
Weekly National Summary, 2021-2022* and Selected Previous Seasons



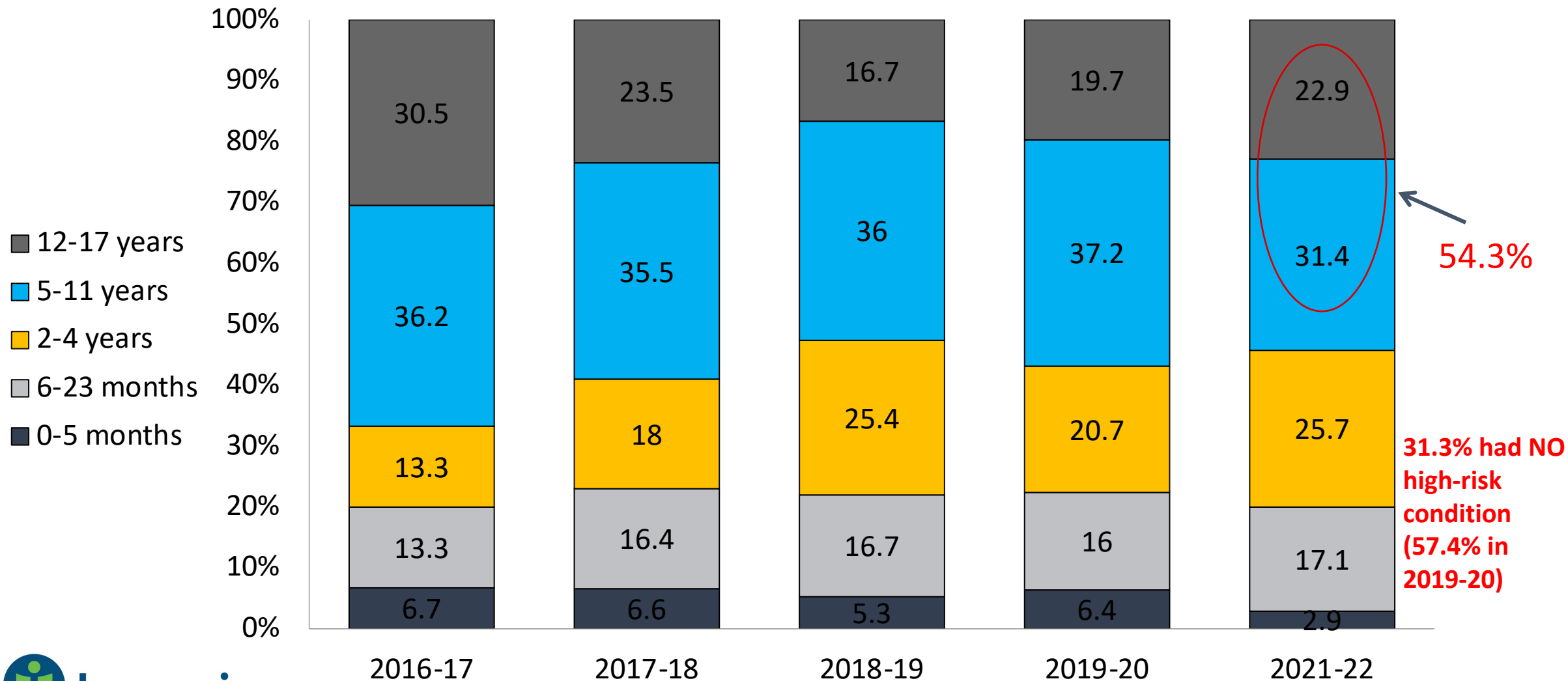
<https://www.cdc.gov/flu/weekly/index.htm>

Influenza-Associated Pediatric Deaths by Week of Death, 2018-2019 season to 2021-2022 season



<https://www.cdc.gov/flu/weekly/index.htm>

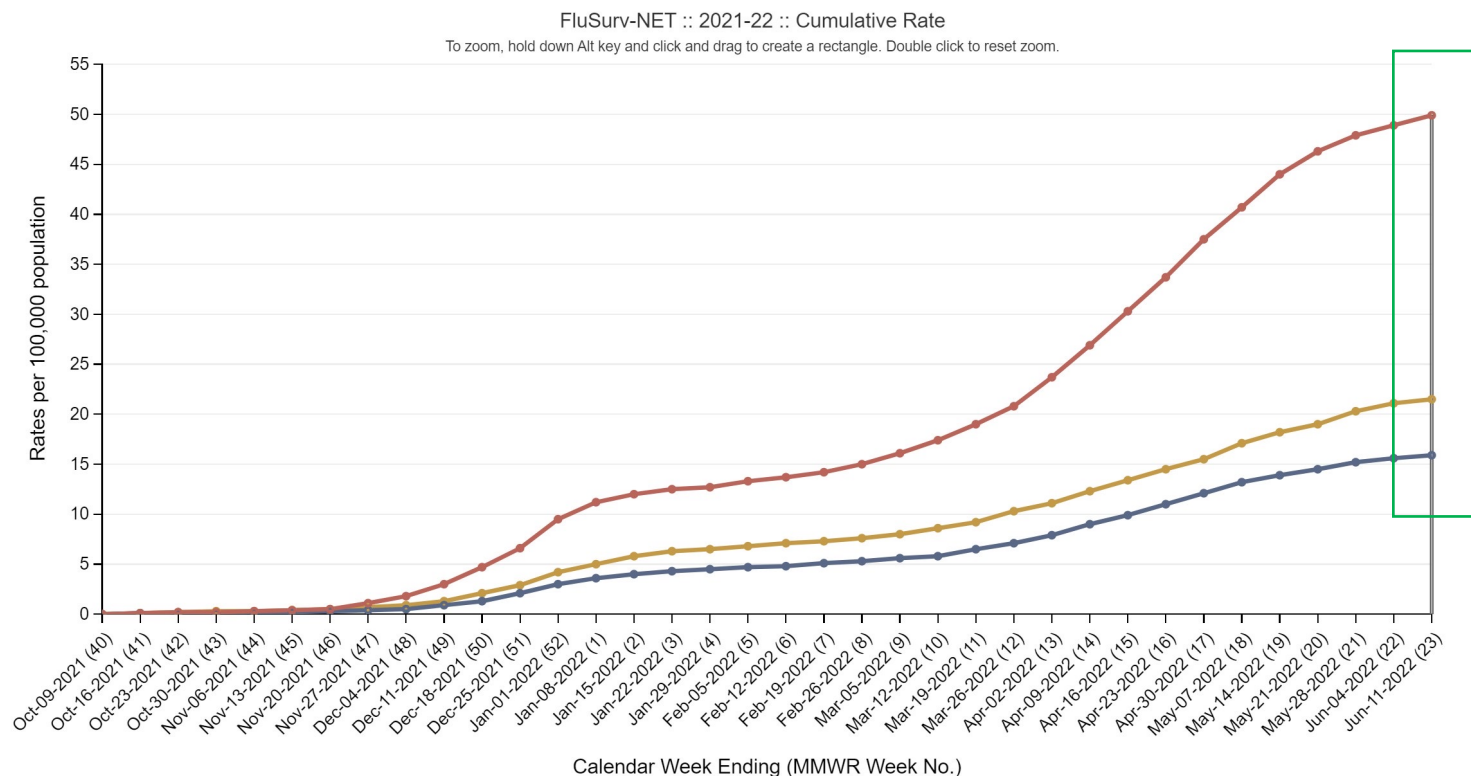
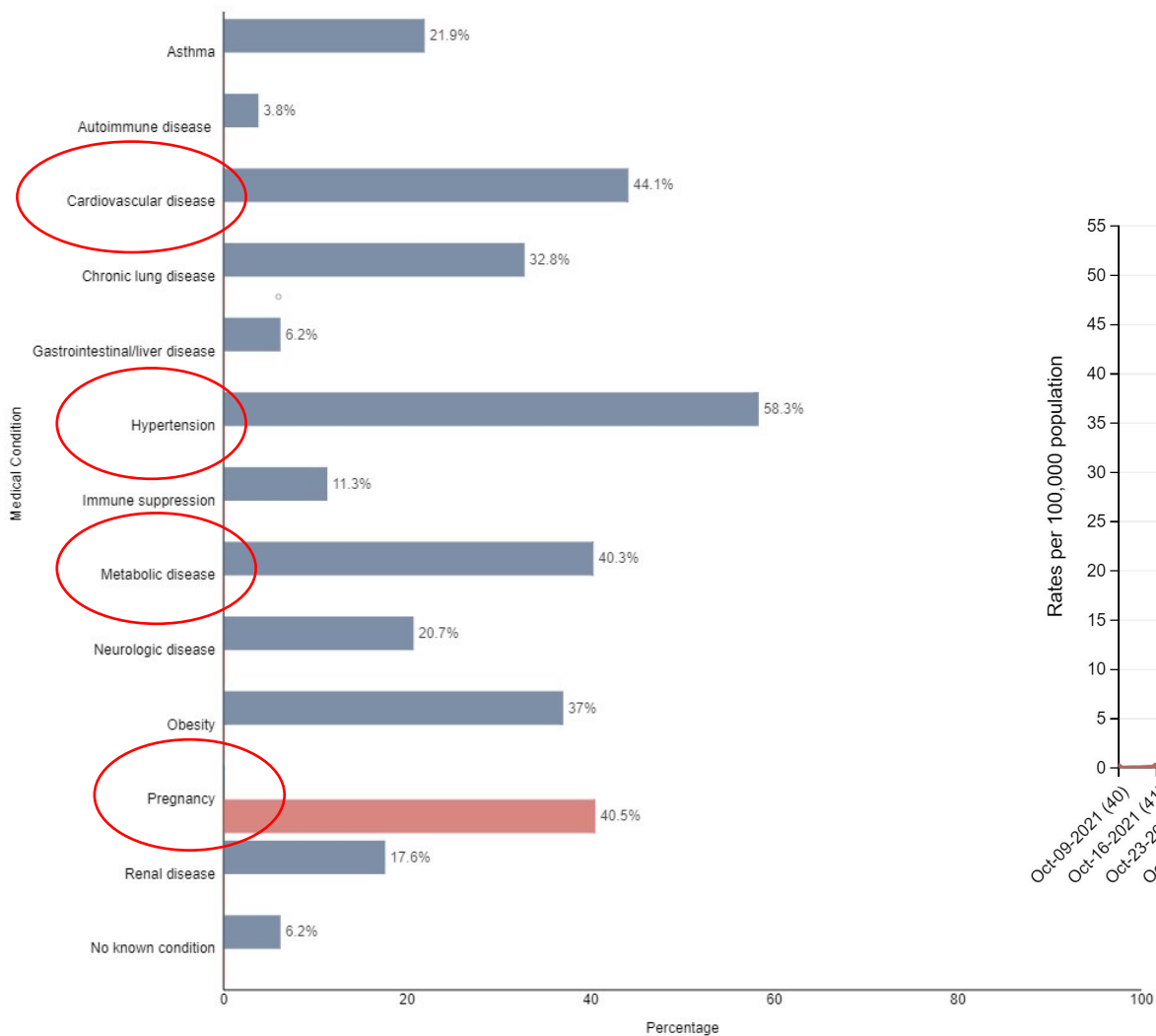
Influenza-Associated Pediatric Deaths by Age Group (percent of total deaths)



Influenza Hospitalizations 2021-22 season



Laboratory-Confirmed Influenza Hospitalizations
Preliminary data as of Sep 10, 2022
Selected Underlying Medical Conditions: 2021-22 Season



Summary of Influenza Activity 2021-2022

- Lower incidence of influenza?
 - NOT because of reduced testing
 - H3 dominant season, very little B
 - Two waves of influenza A(H3N2) virus activity; the first peaked in late December 2021 and the second peaked in April 2022
 - Influenza (flu) activity during the 2021-2022 season began to increase in November and remained elevated until mid-June

Burden Estimates	2021-22 Estimate	2010-2020 Range
Illnesses	at least 6.4 million	9 million to 41 million
Hospitalizations	at least 65,000	140,000 to 710,000
Deaths	at least 4,000	12,000 to 52,000

- Impact of social distancing measures, masking, potentially increased vaccination rates, improved hand hygiene and infection control

Influenza Vaccination Coverage 2021-2022 Season

The 2021-2022 Influenza Season – Vaccination Coverage

- Final 2021-22 season estimates will be posted to FluVaxView Interactive! and Coverage by Season on October 18, 2022.

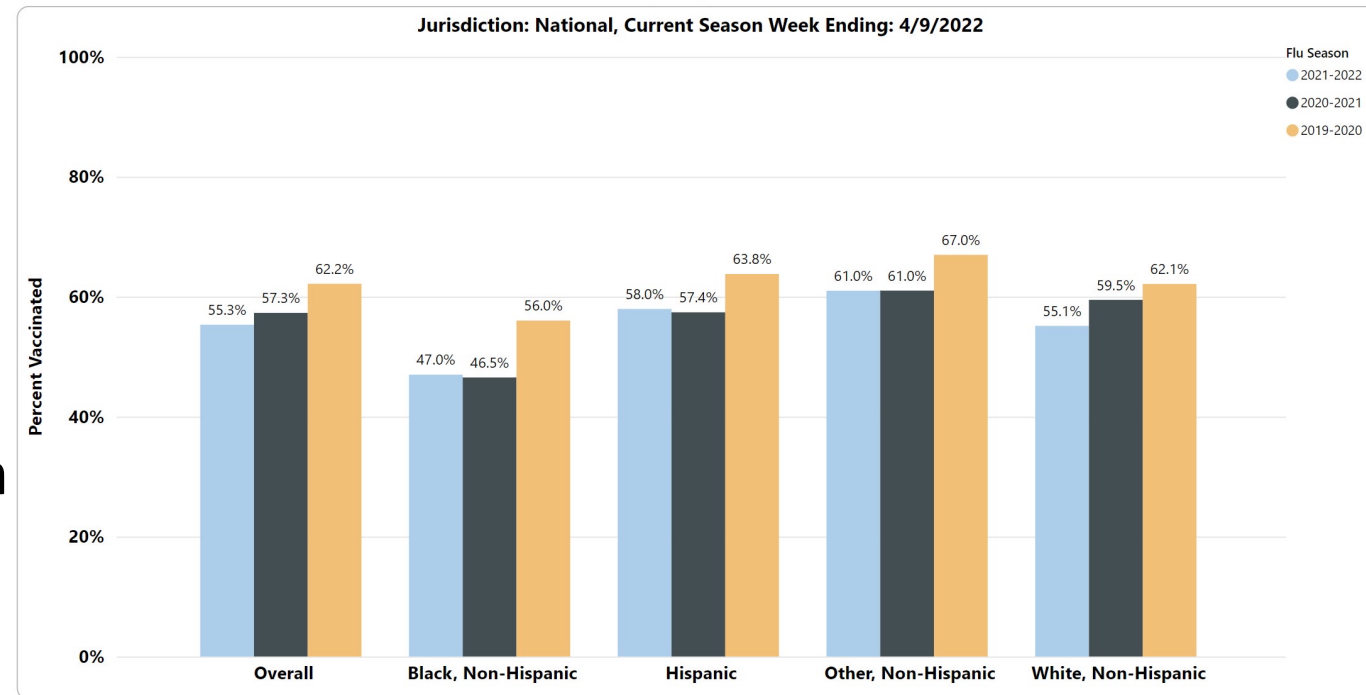
Healthy People 2030 Objective for Influenza:
Increase the proportion of persons who are
vaccinated annually against seasonal influenza

Target: 70.0 percent

2021-2022 Pediatric Influenza Vaccination Coverage*

- 2.0 percentage points lower for all children this season as of week ending April 9, 2022, compared with last season week ending April 10, 2021
 - 55.3% compared to 57.3%, and **6.9 percentage points lower** this season compared with same time week ending April 11, 2020 (pre-pandemic)

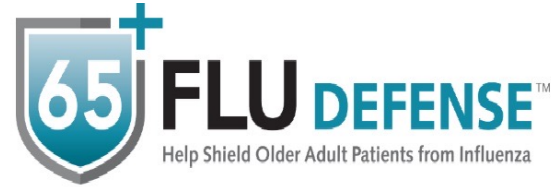
Figure 2B. Cumulative Influenza Vaccination Coverage*, by Week, Flu Season, and Race/Ethnicity, Children 6 Months–17 Years, United States
Data Source: NIS-Flu
Data are current through April 9, 2022



2021-2022 Adult Influenza Vaccination Coverage*

- 45.4% of all adults over 18 years of age vaccinated (-4.8% from previous season)
- 67.7% of those over 65 years of age vaccinated (-7.5% from previous season)
- 50.6% of adults between 50 -64 years of age vaccinated (-4.2% from previous season)
- Only 34.7% of adults 18-49 years of age vaccinated (-3.0% from previous season)

Immunize.org Resource for clinicians (www.influenza-defense.org)



YOUR OLDER
ADULT PATIENTS
ARE AT RISK

YOUR
RECOMMENDATION
MATTERS

VACCINATION:
THE BEST
PROTECTION

ABOUT
INFLUENZA

TOOLS AND
RESOURCES

FOR OLDER ADULTS,
INFLUENZA (FLU)
CAN BE DEADLY

90% of flu-related deaths¹ and the majority
of flu-related hospitalizations in the United
States occur in people age 65 and older.²



2020-2021 Influenza Vaccination Coverage in Healthcare Personnel - Summary

- 85.9% vaccinated, 4.1% points lower than the previous season data.
- Long-term care facilities had lower coverage (66.0%) than other facility types (hospitals at 91.6%)
- Higher vaccination coverage among HCP was associated with employer vaccination requirements (95.9%) than among those whose employer did not require vaccination (46.0%)

2021-2022 Influenza Vaccination Coverage – Pregnant Women

- 51.8% vaccinated, **down 2.7%** from previous 2020-21 season*
- Data from the 2020-21 season indicates that of the pregnant women who reported visiting a doctor or other medical professional at least once before or during pregnancy,**
 - 71.6% reported receiving a recommendation, and offer or referral, for flu vaccination from a doctor or other medical professional
 - 8.5% received only a recommendation for and no offer of flu vaccination
 - 20.0% did not receive a recommendation for or an offer of flu vaccination

Impact of influenza on pregnant women¹

- Up to 4X increased risk of hospitalization, especially in third trimester, and for those with co-morbid conditions*
- Up to 8X increased risk for influenza-associated complications, including death, particularly for those with co-morbid conditions**
- Increased risk for influenza-associated complications among postpartum women
 - Risk highest during the first postpartum week

Disparities in routinely recommended vaccines for adults, including influenza

Vaccination, age group, increased-risk status	% Vaccinated whites	Vaccination difference ^s , blacks	Vaccination differences, Hispanics	Vaccination differences, Asians	Vaccination differences, other
Influenza vaccination, 2017-18 season[†]					
≥19 yrs	49.3	-10.3**	-11.8**	1.4	-7.9**
19-49 yrs	36.5	-6.3**	-6.0**	5.1	-1.4
50-64 yrs	49.4	-3.1	-7.4**	2.8	-3.5
≥65 yrs	73.5	-13.8**	-4.6	5.7	-6.7
HCP ^{††} , ≥19 yrs	71.9	0.3	-0.2	0.7	-6.4
Pneumococcal vaccination, ever^{ss}					
19-64 yrs, increased risk	23.6	2.1	-5.1**	1.4	2.2
≥65 yrs	72.6	-12.8**	-18.4**	-17.6**	-6.5
Tetanus vaccination (received in past 10 years)^{††}					
≥19 yrs	68.3	-18.1**	-14.3**	-13.6**	-6.4**
19-49 yrs	71.2	-18.3**	-15.5**	-12.9**	-7.7**
50-64 yrs	69.1	-22.9**	-18.1**	-20.3**	-10.6**
≥65 yrs	61.9	-15.1**	-13.0**	-12.6**	-3.0
Tetanus vaccination including pertussis vaccine (received in past 10 years)^{***}					
≥19 yrs	36.7	-16.6**	-16.2**	-11.1**	-4.7
19-64 yrs	40.6	-19.6**	-18.9**	-13.1**	-7.5**
≥65 yrs	24.6	-8.8**	-13.0**	-8.9**	0.2
HCP, ≥19 yrs	60.9	-22.9**	-14.1**	2.6	2.1
Hepatitis A vaccination (at least 2 doses)^{†††}					
19-49 yrs	18.2	-5.4**	-2.5	5.8**	3.7
Hepatitis B vaccination (at least 3 doses)^{sss}					
19-49 yrs	43.6	-8.2**	-10.5**	1.6	-5.8
HCP, ≥19 yrs	70.9	-14.5**	-13.6**	5.8	-9.6
Herpes zoster (shingles) vaccination, ever^{††††}					
≥60 yrs	38.6	-19.9**	-19.1**	-9.5**	-7.7
60-64 yrs	25.4	-14.6**	-10.2**	-5.7	-7.8
≥65 yrs	44.0	-21.4**	-22.2**	-11.4**	-8.4
HPV vaccination among females (at least 1 dose), ever^{****}					
19-26 yrs	56.5	-11.3	-6.9	-17.2**	1.4

Abbreviations: HCP = Health care personnel; HPV = Human papillomavirus; Td = Tetanus and diphtheria toxoids; Tdap = Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

Surveillance of Vaccination Coverage Among Adult Populations — United States, 2018:
<https://www.cdc.gov/mmwr/volumes/70/ss/ss7003a1.htm>.

Influenza Vaccine Effectiveness – 2021 – 2022 Season

Influenza Vaccine Effectiveness (2021 – 2022 season)

Preliminary vaccine effectiveness against medically attended influenza A and A/H3N2, 2021–22

	Influenza positive		Influenza negative ¹		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted		Adjusted ²	
					VE %	95% CI	VE %	95% CI
Any influenza A								
All ages ≥6 mos	210/487	43	2501/4249	59	47	(36 to 56)	34	(19 to 46)
Influenza A/H3N2								
All ages ≥6 mos	191/456	42	2501/4249	59	50	(39 to 59)	35	(19 to 47)

¹ Persons testing negative for both influenza and SARS-CoV-2 using molecular assays.

² Multivariable logistic regression models adjusted for site, age, month of onset, self-rated general health status, and race/ethnicity.

Influenza Vaccine Effectiveness (2021 – 2022 season)

Preliminary vaccine effectiveness against medically attended influenza A/H3N2 by age group, 2021–22

	Influenza positive		Influenza negative ¹		Vaccine Effectiveness			
					Unadjusted		Adjusted ²	
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	VE %	95% CI	VE %	95% CI
Influenza A/H3N2								
All ages ≥6 mos	191/456	42	2501/4249	59	50	(39 to 59)	35	(19 to 47)
6 mos – 17 years	76/221	34	650/1266	51	50	(33 to 63)	44	(22 to 60)
18 – 49 years	71/168	42	998/1815	55	40	(17 to 56)	27	(-3 to 48)
≥ 50 years	44/67	66	853/1168	73	29	(-19 to 58)	--	--

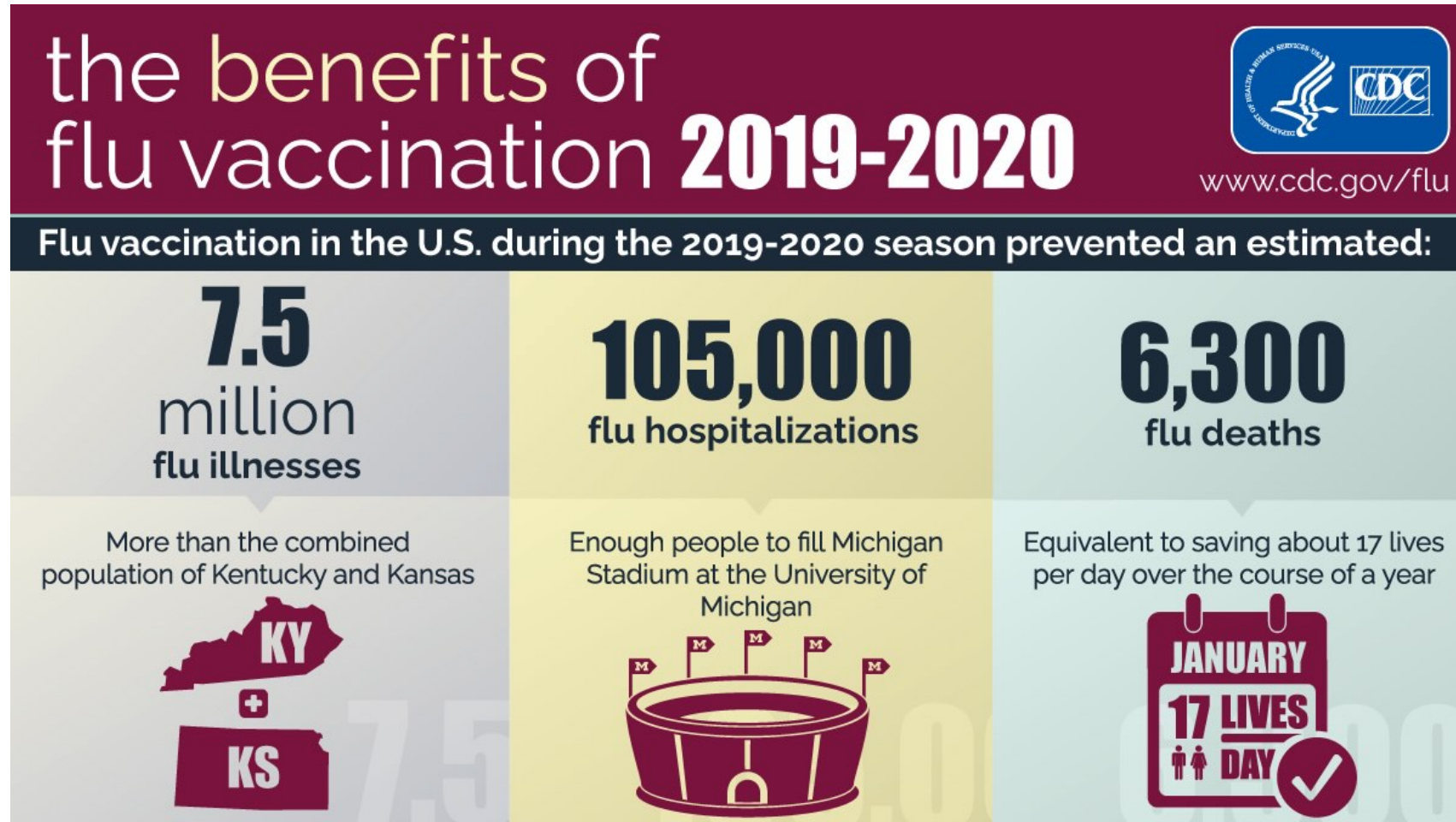
¹ Persons testing negative for both influenza and SARS-CoV-2 using molecular assays.

² Multivariable logistic regression models adjusted for site, age, month of onset, self-rated general health status, and race/ethnicity.

Influenza Vaccine Effectiveness (2021 – 2022 season): Summary

- Preliminary data indicates vaccination reduced influenza due to H3N2 by 35% (95% CI: 19-47) through April 2022
- Context of lowest influenza disease (7%) in history of VE measurements that allowed a VE estimate to be made.
- Remember that vaccine offers significant protection against influenza hospitalizations
 - Vaccine reduced influenza hospitalizations by 41% among all adults and by 54% among adults ≥ 65 years of age (influenza A and B viruses) in 2019-20 season

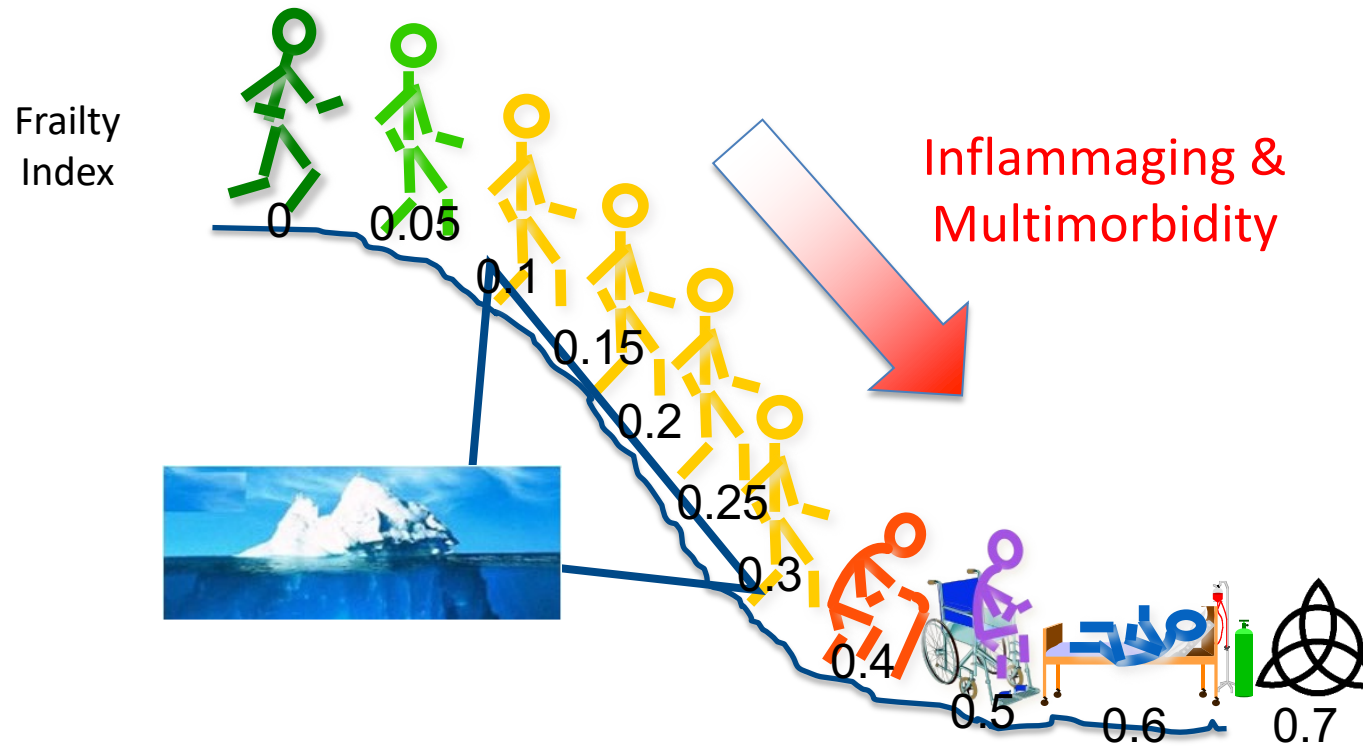
Another way to look at influenza vaccine effectiveness – negative outcomes averted



Example! Vaccine Effectiveness – Influenza and CVD

- Acute respiratory illness or influenza-like illness increases acute MI risk 2x; 5x is those with history of MI
- Influenza vaccination effectiveness: Meta-analyses^{1–3}
 - 29% (95%CI 9,44) against acute MI in persons with existing CVD
 - 36% (95%CI 14,53) against major cardiac events with existing CVD
 - 25% (95%CI 7,40) against all-cause mortality in persons with existing CVD
- Vaccine effectiveness 29% in acute MI prevention
 - “On par or better than accepted preventive measures [as] statins (36%), anti-hypertensives (15–18%), and smoking cessation (26%)”
 - Influenza vaccination recommended as secondary prevention by American College of Cardiology and American Heart Association

Resilience to Influenza with Aging



Resilience to Influenza with Aging



ACIP Influenza Recommendations (2022-23)

- Annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications (unchanged)
 - Influenza vaccination should not be delayed to procure a specific vaccine preparation if an appropriate one is already available
- Influenza vaccine usually becomes available in July.
- Optimal vaccination – vaccinated by the end of October
- For most adults (particularly older adults), July and August should be avoided unless there is concern that later vaccination might not be possible
- Certain persons should be vaccinated earlier rather than later.
 - Children 2 – 8 years of age who require 2 doses of influenza vaccine
 - Persons who are in the third trimester of pregnancy

ACIP Influenza Recommendations (2022-23) - continued

- Vaccination should be offered as long as influenza viruses are circulating, and unexpired vaccine is available
 - Vaccine administered in December or later, even if influenza activity has already begun, is likely to be beneficial in the majority of influenza seasons
- Final 2022 – 23 recommendations (released 8/26/2022):
<https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm>

ACIP Influenza Recommendations (2022-23)

- Preferentially recommends the use of higher dose and adjuvanted flu vaccines for adults 65 years and older
- Preferentially recommended vaccines include:
 - Higher dose flu vaccines
 - HD-IIV4, Fluzone® High-Dose vaccine or RIV4, Flublok® recombinant vaccine
 - Adjuvanted flu vaccine
 - aIIV4, Fluad® vaccine
- If one of these vaccines is not available at the time of administration, people in this age group should get a standard-dose flu vaccine instead.

Poll Question

How comfortable are your providers in giving two vaccines or more in one clinical visit to an adult patient?

- A. Not at all comfortable as it is not recommended by the ACIP
- B. They are OK with it even though it is not recommended by the ACIP
- C. Even though it is recommended by the ACIP, they are not that comfortable as it is not possible to give multiple injections into one arm
- D. Very comfortable as it is recommended by the ACIP, there are protocols on how to provide two vaccines in one deltoid muscle.

Co-administering Influenza and COVID-19 vaccines

Co-administration of Influenza Vaccines with COVID-19 Vaccines

- COVID-19 vaccines and other vaccines, including influenza, may be co-administered without regard to timing¹
- No significant safety concerns with co-administering influenza and COVID-19 vaccines together²
 - 8-11% increase in systemic reactions including fatigue, headache, and muscle ache
 - Fewer than 1% of respondents who got a COVID-19 mRNA booster and a flu vaccine at the same visit required medical care in the week after vaccination, which was the same as people who only got an mRNA COVID-19 vaccine
- Adults >65 years of age getting COVID-19 vaccines should be offered flu (and other appropriate) vaccinations at the same time!

Co-administration of Influenza Vaccines with COVID-19 Vaccines

<https://www.immunize.org/catg.d/p2030.pdf>

How to Administer Multiple Intramuscular Vaccines to Adults During One Visit

It is not unusual for adults to need more than one vaccination at an office visit. When that occurs, CDC recommends giving all needed vaccines at the same visit to reduce missed opportunities.

These vaccines commonly administered to adults* are administered via the intramuscular route:

COVID-19	Influenza
Hepatitis A (HepA)	Pneumococcal
Hepatitis B (HepB)	Tdap and Td
Human papillomavirus (HPV)	Zoster

Determine vaccines to be administered.

- ▶ Review each patient's vaccine history and determine needed vaccines (see CDC's recommended schedule of immunizations for adults at www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf).

Determine which vaccines to give in separate limbs.

- ▶ Administer vaccines more likely to cause a local reaction in separate limbs, if possible. Vaccines that cause injection site pain in at least half of recipients include COVID-19, zoster, HepA, HPV, pneumococcal (PCV, PPSV), and tetanus-containing vaccines (Tdap, Td).[†]
- ▶ If administration in separate limbs is not feasible or desired, administration in the same limb, separated by at least 1" (inch), is appropriate.

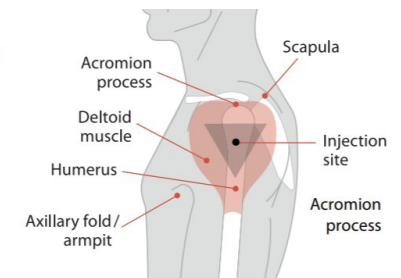
Select the injection site(s) for intramuscular injections.

- ▶ Determine which vaccine(s) will be administered in each limb (see options in diagrams at right). You can administer 1, 2, or 3 injections per deltoid, spaced at least 1" apart.
- ▶ *Deltoid muscle:* Locate the central and thickest portion of the deltoid

The diagrams below illustrate options for administering one, two, or three vaccinations in a single arm, spaced at least 1" apart. Additional injections can also be administered in the opposite arm.

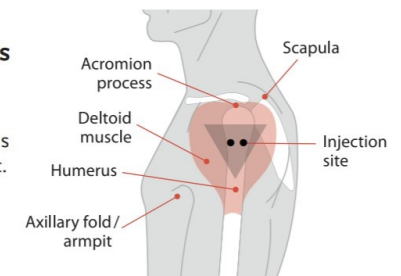
Use anatomical landmarks to determine the injection site in the deltoid muscle (a large, rounded, triangular shape). Find the acromion process, which is the bony point at the end of the shoulder. Then, locate the injection site which will be approximately 2" below the bone and above the axillary fold/ armpit.

Single IM injection in deltoid



Two IM injections in deltoid

Space injections at least 1" apart.



Three



Everyday readiness is
pandemic preparedness

Why do we immunize against influenza?



Amanda, died at age 4½ yrs from influenza



Breanne, died at age 15 mos from influenza complications



Lucio, died at age 8 yrs from influenza complications



Alana, died at age 5½ yrs from influenza



Barry, a veteran fire-fighter, died at age 44 yrs from influenza

Visit IAC Resources!

- IAC's Influenza Educational Materials
 - <https://immunize.org/influenza/>
- Read our publications!
 - <http://www.immunize.org/publications/>
- Visit our websites!
 - www.immunize.org
 - www.vaccineinformation.org
 - www.immunizationcoalitions.org
 - www.izsummitpartners.org
- Stay ahead of the game! Subscribe to our updates!
 - <http://www.immunize.org/subscribe/>

**Thank You
for your
attention!**



Next up..

Jennifer Daly

Communicating about the flu

Jen Daly, Partner
September 20, 2022



Poll Question

How did you get your news this morning?

- A. Newspaper
- B. TV News
- C. Radio
- D. Social Media
- E. Didn't review the news today

Agenda

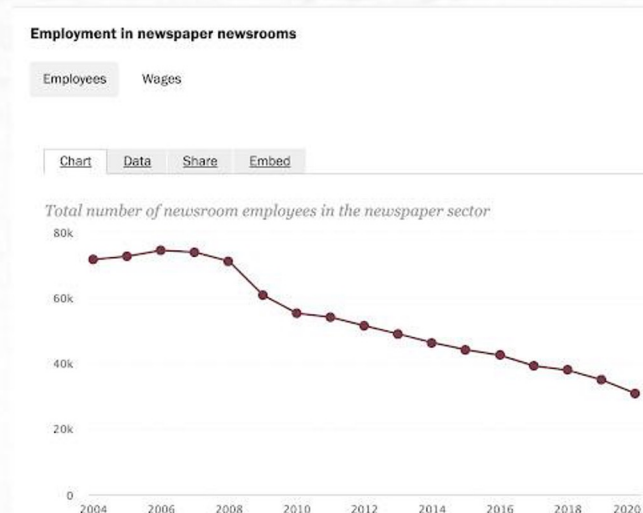
- State of the news media
- Interacting with your local media
- Key Messages
- Interview tips
- Amplify!
- Who to follow /Additional resources

State of the news Media: Decline of local newsrooms



Gannett's staff reductions, asset sales take toll on Boston-area newspapers

Boston 25 News cuts staff, cancels newscasts, sources say



2,100

communities in the U.S. have lost their newspaper since 2004

Source: [The Expanding News Desert](#)

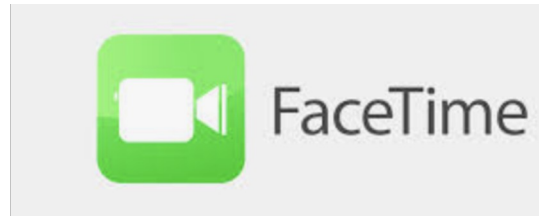


GRAY MEDIA GROUP



The pandemic has
changed news reporting
and consumption.....

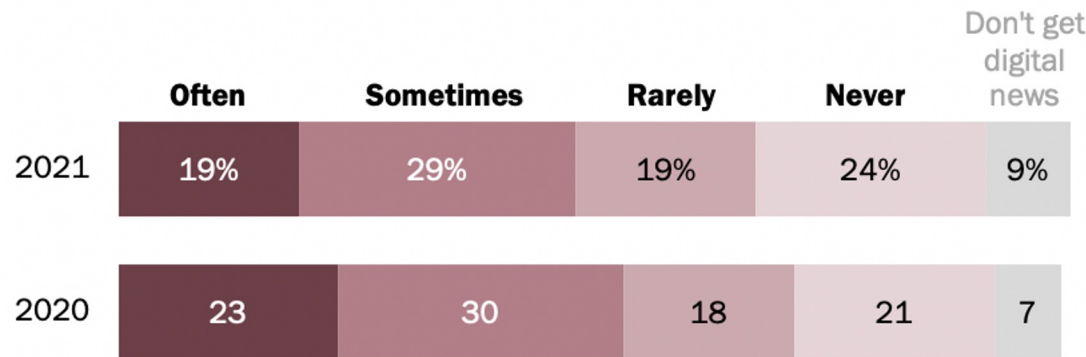
The pandemic has changed news reporting...



..and consumption

About half of Americans get news on social media at least sometimes, down slightly from 2020

% of U.S. adults who get news from social media ...

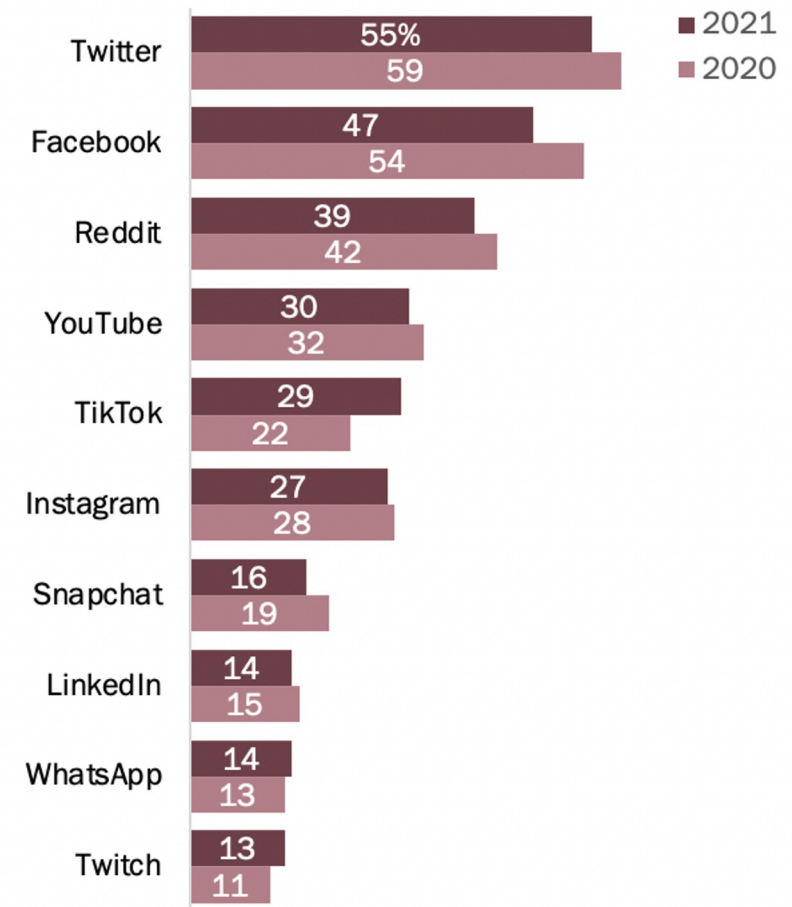


Source: Survey of U.S. adults conducted July 26-Aug. 8, 2021.
"News Consumption Across Social Media in 2021"

PEW RESEARCH CENTER

Large portion of Twitter users regularly get news there

% of each social media site's users who **regularly** get news there

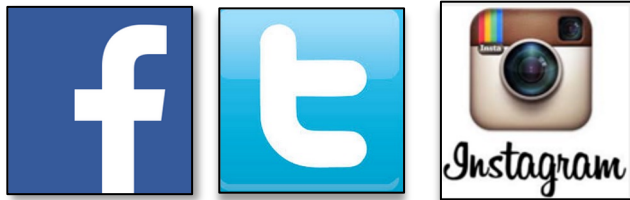


Source: Survey of U.S. adults conducted July 26-Aug. 8, 2021.
"News Consumption Across Social Media in 2021"

PEW RESEARCH CENTER

Interacting with local media-make it easy

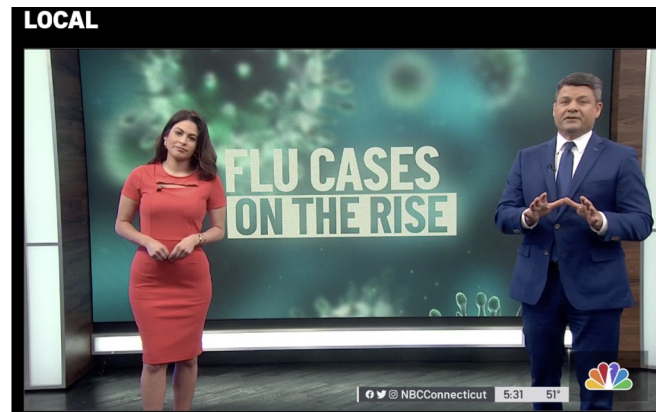
With reduced staffing levels, reporters now create content not only for their legacy shows, but for multiple digital and social platforms throughout their day.



Watch 12 NEWS NOW live newscasts, special coverage and breaking news right here.



Making a story easy and quick to produce will raise your chances of increased coverage.



Key Flu Messaging 2022

- Flu remains a threat –especially to the young and old. Vaccination is the best way to avoid the flu
- The 2022-23 flu season could be severe based on SH data
- Seniors should talk to their HCP re: EIVs
- Parents have a new option with recent FDA approval/CDC recommendation of non-egg based flu vaccine



GRAYMEDIA
GROUP

Ways to get your message out

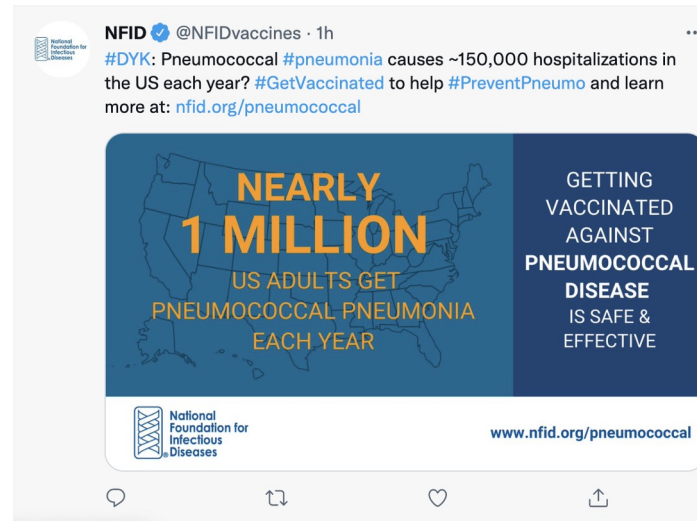
- News Release/Media Advisory
- OPED/LTEs
- Social/Digital Advertising
- Newsletters/Blog Posts
- Webinars
- Direct pitches to editors/reporters

Interview Tips

- Reporters will view you as a resource –not an adversary
- It's okay to stop and start over (unless live)
- It's okay to say “I'll get back to you with more information”
- Keep answers simple and succinct
- You're always on the record—unless you clearly state you're not



Amplification on social is more important than ever...



A strong immunization infrastructure increases and sustains vaccination rates.

AVAC
ADULT VACCINE ACCESS COALITION
adultvaccinesnow.org
@AVACNow

What are the components of the immunization infrastructure?

- State and local immunization programs
- Outreach, education and provider support
- Immunization information systems (IIS)
- Vaccine storage, handling, administration and safety
- Surveillance and outbreak response
- Vaccines for uninsured children and adults
- Quality measures
- Disaster response

Who benefits from a strong immunization infrastructure?

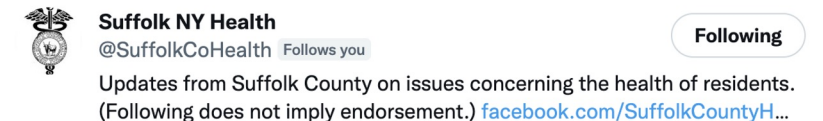
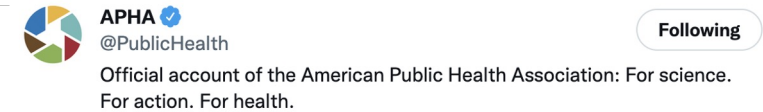
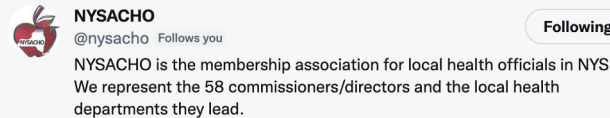
You and your family Seniors Adults Adolescents Children	Health care system Doctors Nurses Pharmacists Worksite wellness Community health Long-term care Insurers	Public health State and local immunization program managers Epidemiologists Preparedness officials
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Who to Follow/Resources



- Local Reporters/News Outlets
- Colleagues-National and Local
- Healthcare influencers
- Local Healthcare providers/Hospital groups



Questions?



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GROUP



Q&A



AIM & IAC Flu Fact Sheet Now Available

Communicating the Benefits of Influenza Vaccine during COVID-19

The Fact Sheet Includes:

- Information on co-administration of flu and COVID-19 vaccine
- Tips for discussing flu vaccine with patients
- Benefits of seasonal flu vaccine
- And more!

Contact info@immunizationmanagers.org for an editable version to co-brand with your immunization program's logo

Download the fact sheet here:

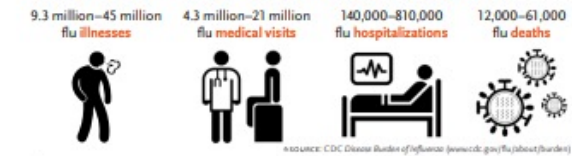
bit.ly/FluTipsDuringCOVID

Communicating the Benefits of Influenza Vaccine during COVID-19

Influenza (flu) severity varies from year to year, but flu always brings serious consequences. Flu outbreaks were limited in the 2020–2021 season due to widespread use of COVID-19 prevention measures like masks and social distancing. But flu viruses never went completely away. As COVID-19 prevention measures are relaxed, it's just a matter of time before flu increases, bringing with it serious complications like pneumonia and heart attacks.

Flu vaccination is the best way to prevent flu and its complications. Everyone age 6 months and older is recommended to get a yearly flu vaccine. This can markedly lower the risk of influenza-related illness, hospitalization, and death. And because flu and COVID-19 share many symptoms, preventing flu means fewer people will need to seek medical care and testing for flu as well as COVID-19, saving time, money, and stress. Flu vaccine may be given at the same time as COVID-19 vaccine. Take advantage of every opportunity to remind patients about the importance of flu vaccination.

CDC estimates the annual impact of flu from 2010–2020¹ ranged from:



What are the Benefits of Seasonal Flu Vaccine?

Research shows flu vaccination¹:

Reduces Hospitalization and Death

- ✓ Pediatric deaths from flu were cut in half for children with underlying high-risk medical conditions and by two-thirds for healthy children
- ✓ Influenza hospitalizations were cut in half for all adults (including those 65+ years of age)
- ✓ Influenza hospitalizations dropped dramatically among people with chronic health conditions – by 79% for people with diabetes and 52% for those with chronic lung disease
- ✓ Vaccinating long-term care facility (LTCF) staff reduces hospitalizations and deaths in LTCF residents

Reduces Severity of Illness in Hospitalized Individuals

- ✓ Among adults hospitalized with flu, intensive care unit (ICU) admissions decreased by more than half (59%), and they spent fewer days in the ICU if vaccinated
- ✓ Children's risk of admission to a pediatric intensive care unit (PICU) for flu-related illness was cut by almost 75%

Reduces Risks for Major Cardiac Events

- ✓ Risk of a major cardiac event (e.g., heart attack) among adults with existing cardiovascular disease was reduced by more than one-third

Protects Pregnant Women and Their Babies

- ✓ For pregnant women, flu-associated acute respiratory infections were cut in half, and flu-associated hospitalizations were reduced by 40%
- ✓ Influenza illnesses and influenza-related hospitalizations in infants under 6 months of age fell by half when their mothers were vaccinated



Association of Immunization Managers



www.immunize.org/catg.d/p3115.pdf • Item #P3115 (8/21)

Vaccination rates² remain well below optimal levels:

- 64%** children 6 months–17 years
- 48%** adults 18+ years
- 70%** adults 65+ years
- 81%** healthcare personnel
- 61%** pregnant women

¹Estimates from the 2019–20 influenza season.
²Source: CDC FluView (www.cdc.gov/flu/fluview/)

Tips for Discussing Flu Vaccine

- Recommend flu vaccine at every clinical encounter: "I strongly recommend you get a flu vaccination today. Flu vaccine may be given at the same time as COVID-19 vaccine."
- Keep it simple: "Flu vaccine helps reduce risk of hospitalization and death."
- Use a presumptive approach: "Today we are giving you your annual flu vaccination."
- Communicate why we vaccinate: "Vaccination prevents flu and severe outcomes of flu." "Preventing the flu means preventing missed workdays, doctor appointments, and testing because of flu symptoms. Flu vaccination can also help prevent flu and COVID-19 co-infections, which can cause more severe illnesses."³
- Communicate the variability and unpredictability of flu: "Flu was limited when most people followed COVID-19 precautions, but the spread of flu is likely to resume as fewer people wear masks or socially distance. The spread of other respiratory illnesses has already increased."
- Acknowledge that flu vaccination is not always a perfect match with the circulating virus types. But flu and flu-related severe illnesses are common. "The vaccine is the best way to reduce your risk of flu and its negative outcomes."

FOOTNOTES

1. CDC. What are the benefits of flu vaccination? www.cdc.gov/flu/prevent/vaccine-benefits.htm
2. Dow, 2021. *Journal of Clinical Virology Plus*. DOI: 10.1016/j.jcvp.2021.100036

Did you hear?

AIMing to Inform is available now!

AIMing to Inform is a limited series podcast of conversations with immunization managers. The series hopes to motivate and inspire public sector leaders while helping them feel supported.

In the latest episode hear from Heather Burris, Immunization Division Chief at the District of Columbia Department of Health (DC Health).



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Thank you!

Questions?

Reach us at info@immunizationmanagers.org