

Annual Influenza Update Webinar

September 18, 2024



Association of
Immunization
Managers

Agenda

- Introductions
- Panel Presentations
 - Jack McClure (AIM Consultant)
 - Dr. Carolyn Bridges (NAIIS)
 - Dr. Jamilya Sherls (WA Immunization Program)
- Pannel Q&A
- AIM and Partner Resources

About AIM

- AIM is a nonprofit membership association comprised of the directors of the 64 federally funded state, territorial, and local public health immunization programs.
- AIM's members represent 50 states, 6 major cities, and 8 territories/freely associated states
- **Mission:** Through national leadership, advocacy, collaboration, and a collective voice, AIM represents and supports immunization programs in the development and implementation of effective immunization policies, programs, and practices.

Speaker Introductions



Jack McClure



Dr. Carolyn Bridges



Dr. Jamilia Sherls

Influenza 2024

Michelle D. Fiscus, MD FAAP
Chief Medical Officer, AIM

September 18, 2024



Association of
Immunization
Managers

Influenza Epidemiology

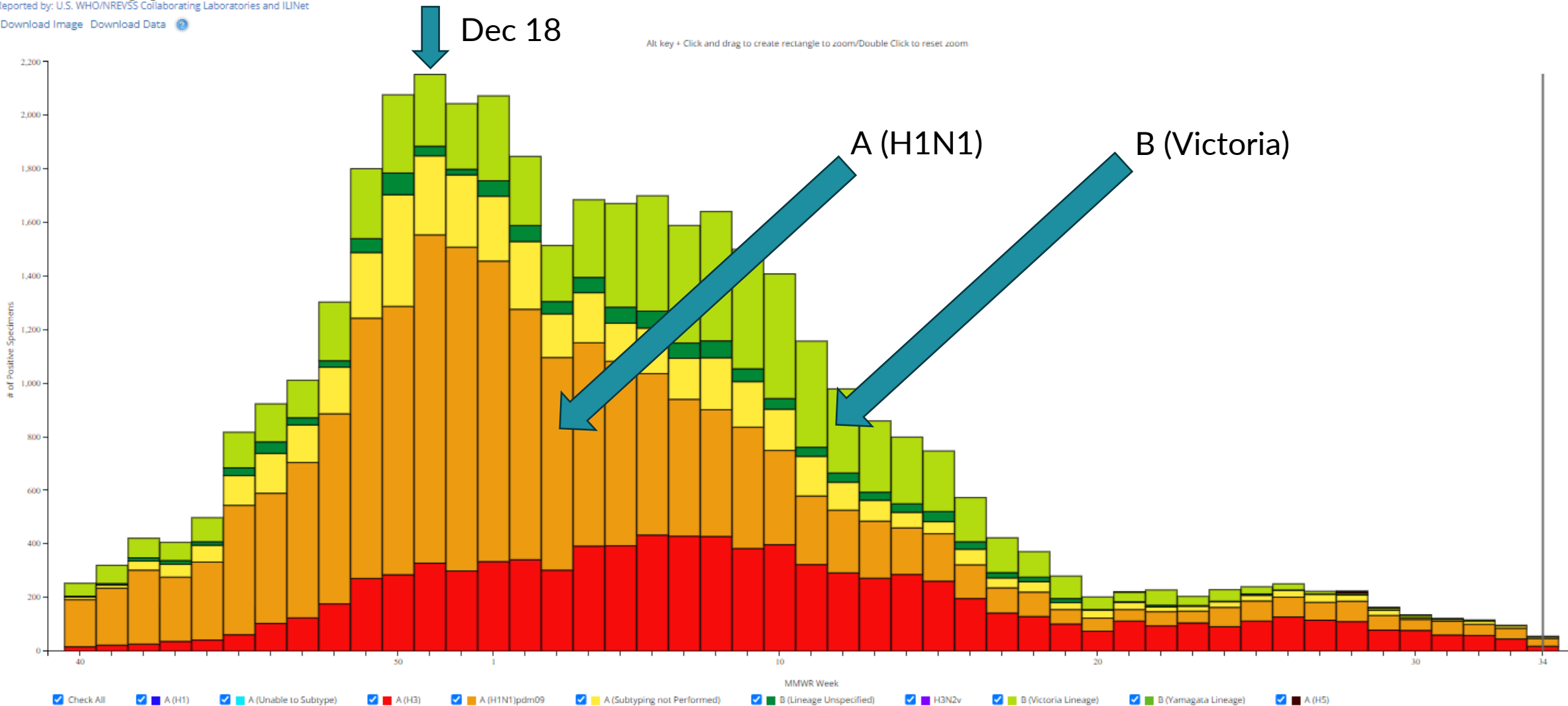
Influenza Surveillance 2023-2024

Influenza Positive Tests Reported to CDC by Public Health Laboratories, National Summary.
2023-24 Season, week ending Aug 24, 2024

Reported by: U.S. WHO/NREVSS Collaborating Laboratories and ILINet

[Download Image](#) [Download Data](#)

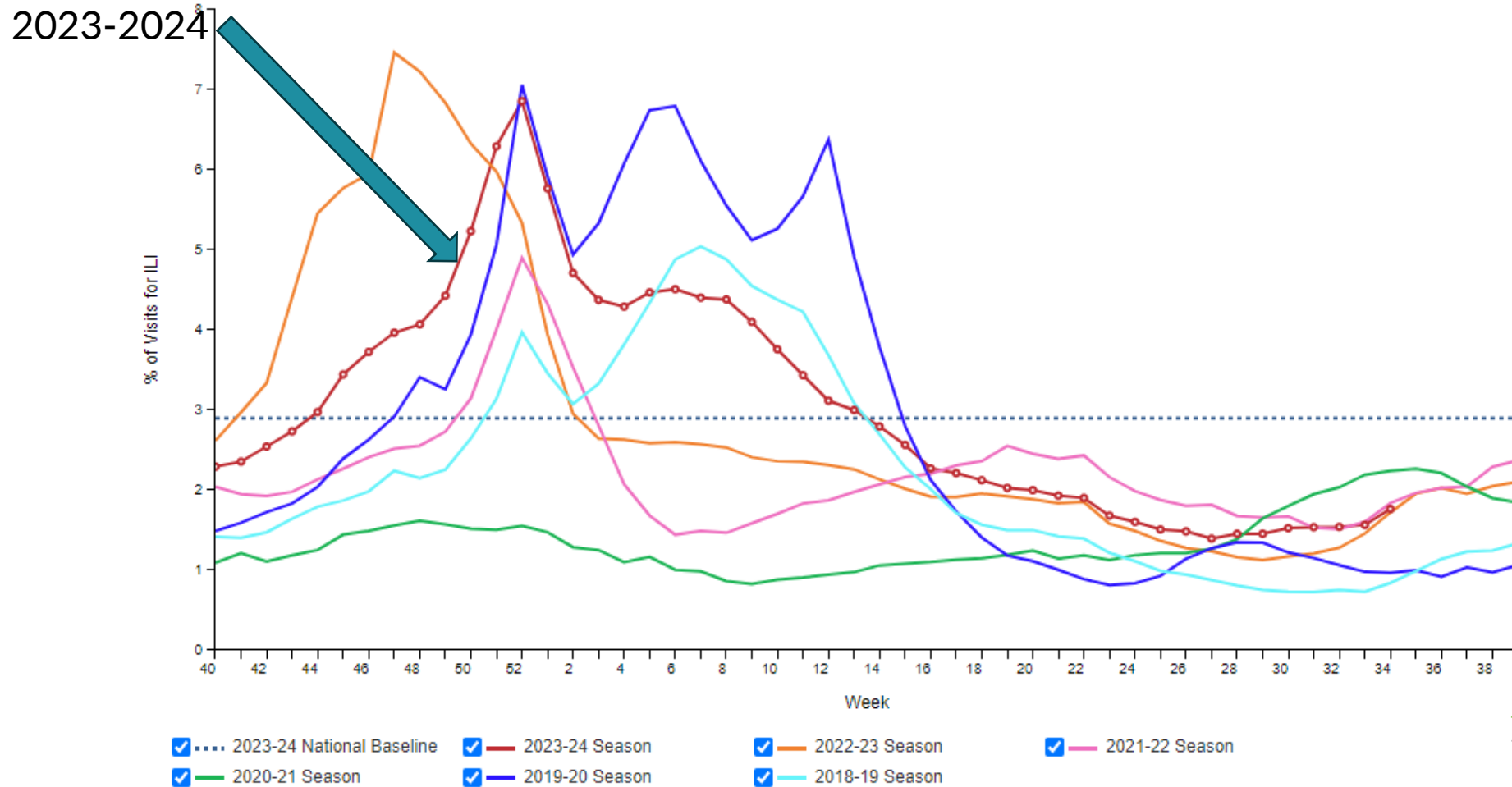
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Influenza Surveillance 2023-2024

Season: 2023-24 and 5 previous seasons ▾

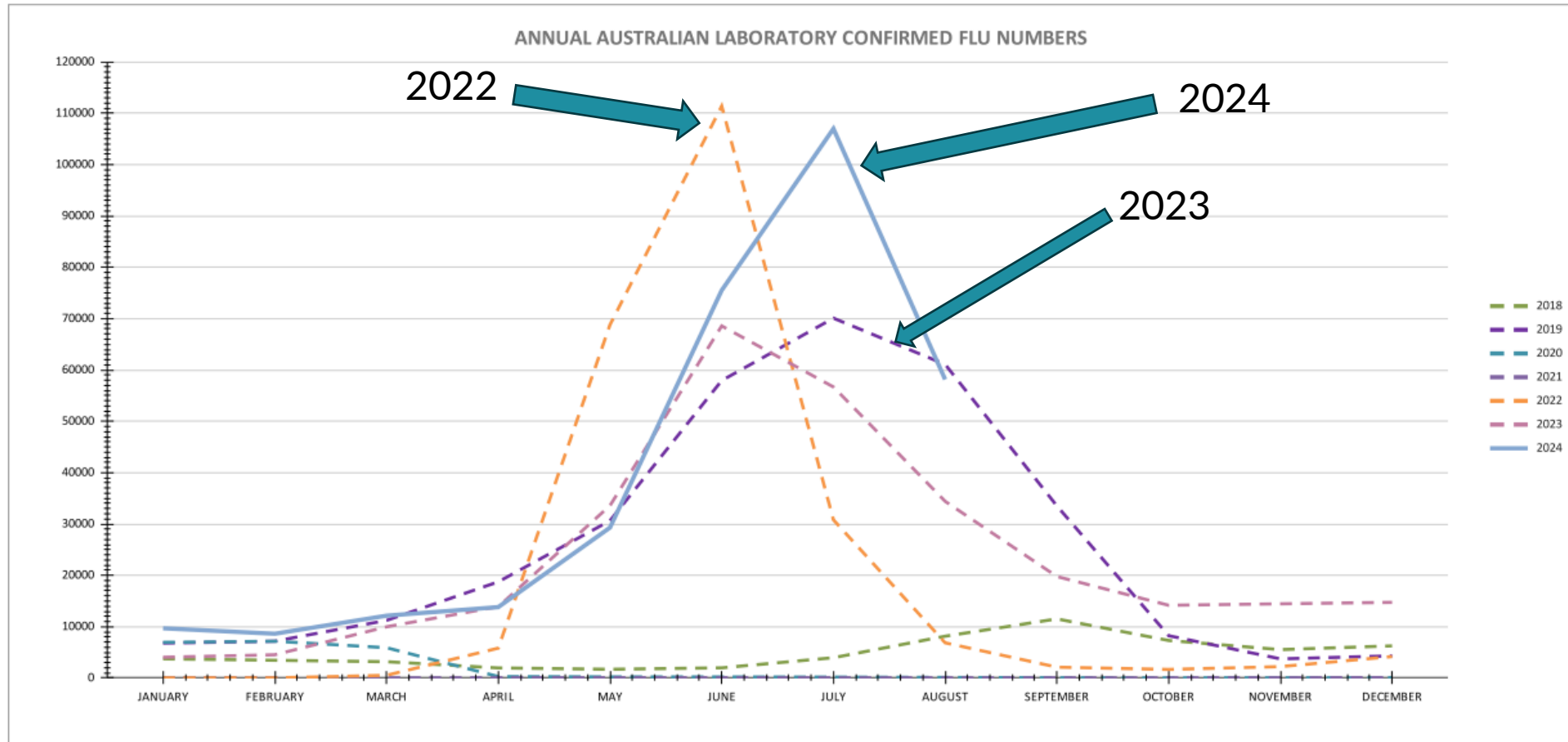
Percentage of Outpatient Visits for Respiratory Illness Reported by The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2023-24 Season and Selected Previous Seasons



Age	Coverage Rate
6mo- <5 yrs	63.2%
5- <17 yrs	51.0%
18- <50 yrs	37.5%
50- <65 yrs	51.5%
≥ 65 yrs	73.8%

<https://www.cdc.gov/flu/fluview/dashboard/vaccination-adult-coverage.html>

AU Influenza Surveillance 2024



Reference: These statistics are taken from the Aust Government Department of Health, National Notifiable Diseases Surveillance System

Age	Coverage Rate
6mo- <5 yrs	25.2%
5- <15 yrs	13.9%
15- <50 yrs	20.2%
50- <65 yrs	32.5%
≥65 yrs	60.5%

Influenza Vaccine Update

Influenza Vaccine Composition

	US '23-'24	US '24-'25 egg-based	US '24-'25 cell- or recombinant-based
A	Victoria/4897/2022 (H1N1) pdm09-like virus	Victoria/4897/2022 (H1N1)pdm09-like virus	Wisconsin/67/2022 (H1N1)pdm09-like virus
A	Darwin/9/2021 (egg-based) Darwin/6/2021 (cell-based) (H3N2)-like virus	Thailand/8/2022 (H3N2)-like virus	Massachusetts/18/2022 (H3N2)-like virus
B	Austria/1359417/2021 (Victoria lineage)-like virus	Austria/1359417/2021 (Victoria lineage)-like virus	Austria/1359417/2021 (Victoria lineage)-like virus
B	Phuket/3073/2013 (Yamagata lineage)	Omitted from U.S. vaccines	Omitted from U.S. vaccines

2023-2024 Influenza Vaccine Recommendations

Unchanged:

- Everyone ages 6 months and older should receive annual flu vaccination
- **September** and **October** are the best times for most people to get vaccinated
 - Pregnant people in their third trimester can get a vaccine in July or August
 - Children who need two doses should get the first as soon as possible
 - Vaccinate in July or August if it's unlikely the patient will return later

Egg allergy:

- Additional safety measures are no longer recommended for individuals with egg allergy
- All vaccines should be given in settings where allergic reactions can be recognized and treated quickly
- No observation time is necessary post vaccination

2023-2024 Influenza Vaccine Recommendations

6 months - <65 years

- CDC does not recommend any one flu vaccine over another
- Nasal flu vaccine is available for people 2-49 years of age with exceptions

65+ years

- CDC preferentially recommends:
 - Fluzone High-Dose vaccine (Sanofi) **OR**
 - Flublok recombinant vaccine (Sanofi) **OR**
 - Fluad adjuvanted vaccine (Seqirus)

Influenza Myths and Disinformation

Rules of Engagement

- Ask them to share where they like to get their health information or where they saw/heard the rumor
- Acknowledge that the information sounds scary
- Ask permission to share what you know about the subject
- Share what you know and where you find credible health information
- State facts! Don't repeat myths and misinformation

Know What They Know



<https://projectvctr.com/>



[Naturalnews.com](https://naturalnews.com)

<https://www.skepticalraptor.com/skepticalraptorblog.php/>



[Flushot.news](https://flushot.news)

State the FACTS!

VACCINES

Don't let these myths stop you from getting your flu shot

The vaccine can keep you from getting infected or severely ill.

BY AISHA ABDULLAH | OCTOBER 2, 2023 UPDATED JANUARY 30, 2024

<https://publicgoodnews.com/2023/10/02/flu-vaccine-myths-facts/>

Fact: The flu is a serious disease

Many people mistakenly think of the flu as akin to a bad cold. In reality, the flu is a serious, even deadly, disease that can land you in the hospital and cause severe health complications.

Not only does the flu result in an average of [200,000 people hospitalized and 36,000 dead](#) in the U.S. each year, but flu infections are also one of the most common causes of pneumonia and myocarditis, a condition causing inflammation of the heart muscles. And in the weeks after having the flu, you are six times more likely to have a heart attack. On top of that, having the flu with another viral infection, like COVID-19 or RSV, increases your risk of complications and death.

Fact: You can't get the flu from the vaccine

Contrary to this myth, [it's impossible](#) to get the flu from the vaccine because the flu shot doesn't contain the live influenza virus, and the nasal spray vaccine contains a weakened form of the influenza virus that can't make you sick. You may experience mild side effects like a headache or low fever after being vaccinated, which can be mistaken for flu symptoms. But real flu symptoms are much more severe and long-lasting.

What's on the Horizon?

Moderna Announces Positive Phase 3 Data for Combination Vaccine Against Influenza and COVID-19

6/10/2024

mRNA-1083 met its primary endpoints, eliciting higher immune responses against influenza virus and SARS-CoV-2 than licensed flu and COVID vaccines in adults 50 years and older, including an enhanced influenza vaccine in adults 65 years and older

- mRNA flu vaccines have been in development since 2018
- mRNA flu vaccines are in phase 3 clinical trials
 - Faster production– can make them closer to flu season and choose more accurate viruses
 - Prevents egg-adapted changes to the virus
 - May work better because they produce neutralizing antibodies and boost cellular immunity
- There are **NO** mRNA-containing flu shots available this season

2023-2024 Influenza Vaccine

OCTOBER 24, 2023

FDA Considers Self-Administration of FluMist Nasal Vaccine

By IDSE News Staff

<https://www.idse.net/Immunology-Vaccination/Article/10-23/FDA-Considers-Self-Administration-of-FluMist-Nasal-Vaccine/71853>

- Under FDA review since October 2023
- No details on storage and handling
- No details on IIS reporting

Highly Pathogenic Avian Flu

H5 Update

Jurisdictions with Bird Flu in Wild Birds

51

States with Outbreaks in Poultry

48

States with Outbreaks in Dairy Cows

14

Total people monitored

4,800+

after exposure to infected animals

Total people tested

240+

after exposure to infected animals

Human cases

14

total reported human cases in the United States

H5 Update

Farm Policy News Summary

CDC Plans \$10 Million Spend to Curb Human Bird Flu Infections

July 31, 2024 Ryan Hanrahan avian flu



Reuters' Leah Douglas and Julie Steenhuysen reported Tuesday that "the U.S. Centers for Disease Control and Prevention said on Tuesday it plans to spend \$10 million to curb farm worker bird flu infections, including \$5 million for seasonal flu vaccines, as part of its efforts to avoid further spread and mutation of the virus."

<https://farmpolicynews.illinois.edu/2024/07/cdc-plans-10-million-spend-to-curb-human-bird-flu-infections/>

- \$5M to provide seasonal flu shots to farm workers in states with infected herds/flocks
- \$5M to educate and train farm workers to protect themselves from H5
- May reduce cases of seasonal flu among farm workers
- May reduce opportunities for co-infection and future mutations



Do you have any Questions?



Association of
Immunization
Managers

National Adult and Influenza Immunization Summit (NAIIS)

Carolyn Bridges, MD, FACP

Co-Lead, NAIIS

Consulting Physician, Director, Adult Immunizations

Immunize.org

September 18, 2024



Background: National Adult and Influenza Immunization Summit

- Multi-sector coalition of organizations working toward increasing uptake of ACIP-recommended adult vaccines and influenza vaccine for all ages
- Started in 2000 in response to influenza vaccine supply issues
 - Founded by AMA and CDC
- Current Leadership: Immunize.org, U.S. Department of Health and Human Services' National Vaccine Program
- Governed by Memorandum of Understanding
- Summit Organizing Committee provides input on priorities and in-person meeting agendas
- Over 140 public and private organizations



Summit Organizing Committee (SOC)

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Associates
- American Association of Nurse Practitioners
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Medical Association
- American Nurses Association
- American Pharmacists Association
- AMGA
- Centers for Disease Control and Prevention
- Gerontological Society of America
- Immunize.org
- Infectious Diseases Society of America
- National Foundation for Infectious Diseases
- The Joint Commission
- U.S. Department of Health and Human Services' National Vaccine Program



AIM, NACCHO, AIRA, AMDA, ASTHO, BIO also participate as SOC liaisons

Strategies for Improving Adult and Influenza Immunizations Through NAIIS Partner Engagement



COMMUNICATE (identify issues of concern and possible solutions)

Through in-person meetings, weekly webinars, email updates from partners, and task group meetings



COORDINATE (identify shared key principles and goals)

Opportunities to leverage all partners to respond to national questions about flu and adult vaccination



MOTIVATE (through showcasing/recognizing successful and innovative practices and programs)

NAIIS Immunization Excellence award winners' www.izsummitpartners.org/2024-immunization-excellence-awards/.



SHARE developed tools for modification and use by others

Tools developed by task groups to address identified needs for implementation

www.izsummitpartners.org/naiis-workgroups/.



NAIS Current Task Groups



- Billing, Coding, and Payment
- Operationalizing Adult Immunization
- Vaccine Equity and Sustaining Community-Based Organizations
- Operationalizing Respiratory Season Vaccination



Operationalizing and Implementing Respiratory Season Vaccination

- NAIS discussions identified challenges adding RSV and COVID-19 vaccinations into provider routines in fall
- Developed tools to help with implementation, updated for 2024-25
- Key points (talking points) for providers when discussing respiratory season vaccines

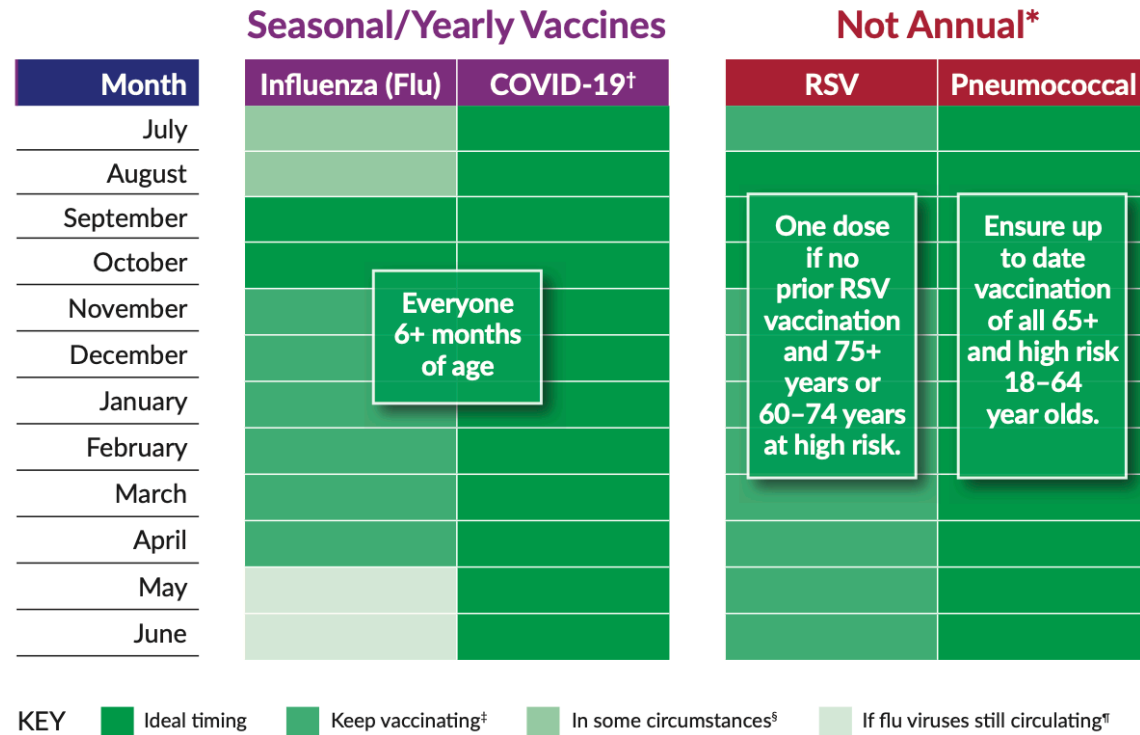




Fall 2024 Respiratory Season Vaccination for Adults 60 years and Older

To be up to date for Fall Respiratory Season, CDC recommends annual influenza (flu) and seasonal COVID-19 vaccination. In addition, RSV vaccine is recommended for people 75 years and older or 60–74 years at increased risk of severe RSV. Because pneumococcal bacterial infections can follow viral infections, ensure your patients are up to date with pneumococcal vaccines, too.

Timing of Vaccines to Protect Adults 60 Years and Older From Seasonal Illnesses



Coadminister Vaccines

To avoid missed opportunities, CDC recommends giving all needed vaccines at the same visit.^a Counsel patients about potential side effects, including possible fatigue, soreness, and fever in the 2 days after vaccination. For adult patients who prefer receiving vaccines spread over more visits, schedule all needed vaccine appointments before they leave the clinic.

Vaccinate patients with recommended vaccines that you have in stock. Counsel and refer patients to other clinics or pharmacies that can administer vaccines that you do not stock.

General Information

- In [June 2024](#), the Advisory Committee on Immunization Practices recommended that people 60–74 years old at increased risk of severe RSV illness and all adults 75 years and older receive a single dose of RSV vaccine. People at highest risk of severe RSV disease include those with lung diseases; cardiovascular diseases; moderate or severe immune compromise; diabetes mellitus; neurologic or neuromuscular conditions; kidney disorders, liver disorders, and hematologic disorders; persons who are frail or who live in long-term care facilities; and persons with other conditions that the provider determines might increase the risk for severe RSV disease. See CDC’s RSV vaccination guidelines for more details.^b
- For all people 65 years and older and those 19–64 years with high-risk conditions, recommend pneumococcal vaccine if not previously vaccinated. High-risk factors for adults 19–64 years include alcoholism, cerebrospinal fluid (CSF) leak, cochlear implant, heart disease, lung disease (including asthma), diabetes, immunocompromising conditions, and smoking. Check out CDC’s [PneumoRecs VaxAdvisor Mobile App](#).
- Coadministering RSV vaccine with one or more other vaccines at the same visit is acceptable, but might increase local or systemic reactogenicity.^{a,b} Discuss safety related concerns and preferences with patients regarding RSV vaccine and coadministration.
- Updated influenza vaccines generally become available in late July/August and expire on June 30 of each year. The 2024-25 COVID-19 vaccines





My One-Year Vaccination Action Plan

The checked vaccines are recommended for you by your healthcare provider to be given during the next year:

- COVID-19
- Hepatitis A
- Hepatitis B
 - 2-dose product
 - 3-dose product
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps, rubella (MMR)

- Meningococcal
 - ACWY
 - B
 - Mpox
- Pneumococcal disease
 - PCV15 + PPSV23
 - PCV20 or PCV21
 - Polio

- RSV
- Shingles (zoster)
- Tetanus, diphtheria, pertussis
 - Td
 - Tdap
- Varicella (chickenpox)
- Other: _____
- Other: _____

PATIENT NAME _____

DATE _____

HEALTHCARE PROVIDER NAME _____

VACCINE ACTION PLAN (to be completed with your healthcare provider or pharmacist)

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER



Immunize.org Resources

- [Standing orders](#) templates for all vaccines
- [Vaccine Information Statements](#) in multiple languages
- [Ask the Experts](#) questions and answers for challenging clinical situations
- Tools to [administer vaccines](#), including giving multiple vaccines per visit and managing vaccination-related [anxiety](#)
- Links to [FDA package inserts](#)
- MORE!!



Provider Billing and Payment Resources

Multiple Resources To Assist Providers with Billing and Coding

- [Strategies to Address Policy Barriers to Adult Immunizations in Federally Qualified Health Centers](#) – Outlines policy barriers and strategies that specifically impact Federally Qualified Health Centers (FQHCs) in their efforts to increase adult immunizations, and updates the 2019 publication
- [Adult Current Procedural Terminology: Coding Case Scenarios](#)
- [NAIIS Billing and Coding of Vaccines in the Pharmacy](#)
- [Top Questions for Medical Benefit Coding and Billing for Vaccines: Avoiding Common Errors](#)
- [Insurance Coverage of Adult Immunizations](#)



Billing and Payment Challenges for Providers

- Task group met at August 15-16, 2024 in-person NAIS meeting
- Concerns expressed regarding payment challenges may impact vaccine access
- Identified several high priority issues
- Next step is identifying priorities for NAIS to help address
- October 1, 2024 at 1 PM ET
 - Dr. Jason Goldman, President-elect of American College of Physicians, will provide a NAIS webinar on operationalizing adult immunizations in primary care, including addressing billing issues.



Vaccine Equity Task Group

- Document highlighting importance of community-based organizations (CBO's) in improving vaccine confidence and equity
- Currently developing document to establish the evidence-base for what works to increase vaccine equity



Community-based Organizations and Trusted Messengers: An Approach for Eliminating Immunization Disparities



<https://www.izsummitpartners.org/naiis-workgroups/sustaining-cmty-based-organizations-taskgroup/>



National
Adult and
Influenza
Immunization
Summit

**Advancing Immunization
Equity Through Research
and Evaluation:**

**An Inventory of Promising
Efforts Now Underway**

August 14, 2024



How can you participate and stay up-to-date on NAIIS Activities?

- Join the NAIIS at www.izsummitpartners.org
- Weekly update webinars at 3 PM ET
 - [Archived at www.izsummitpartners.org/weekly-update/](http://www.izsummitpartners.org/weekly-update/).
- Special co-sponsored webinars, e.g.,
 - American College of Physicians on mRNA vaccines
 - American College of Obstetricians and Gynecologists on Maternal Vaccination
 - NEXT: October 1, 2024 webinar with Dr. Goldman, ACP at 1 PM
- Updates regarding NAIIS resources
- Sign-ups for task groups
- Partner updates, webinars and resources
- Registrations for upcoming in-person meetings
 - SAVE THE DATE: May 13-15, 2025 in Atlanta



Questions?

Carolyn.bridges@immunize.org

info@izsummitpartners.org



2024-2025 INFLUENZA SEASON PLANS & BEST PRACTICES

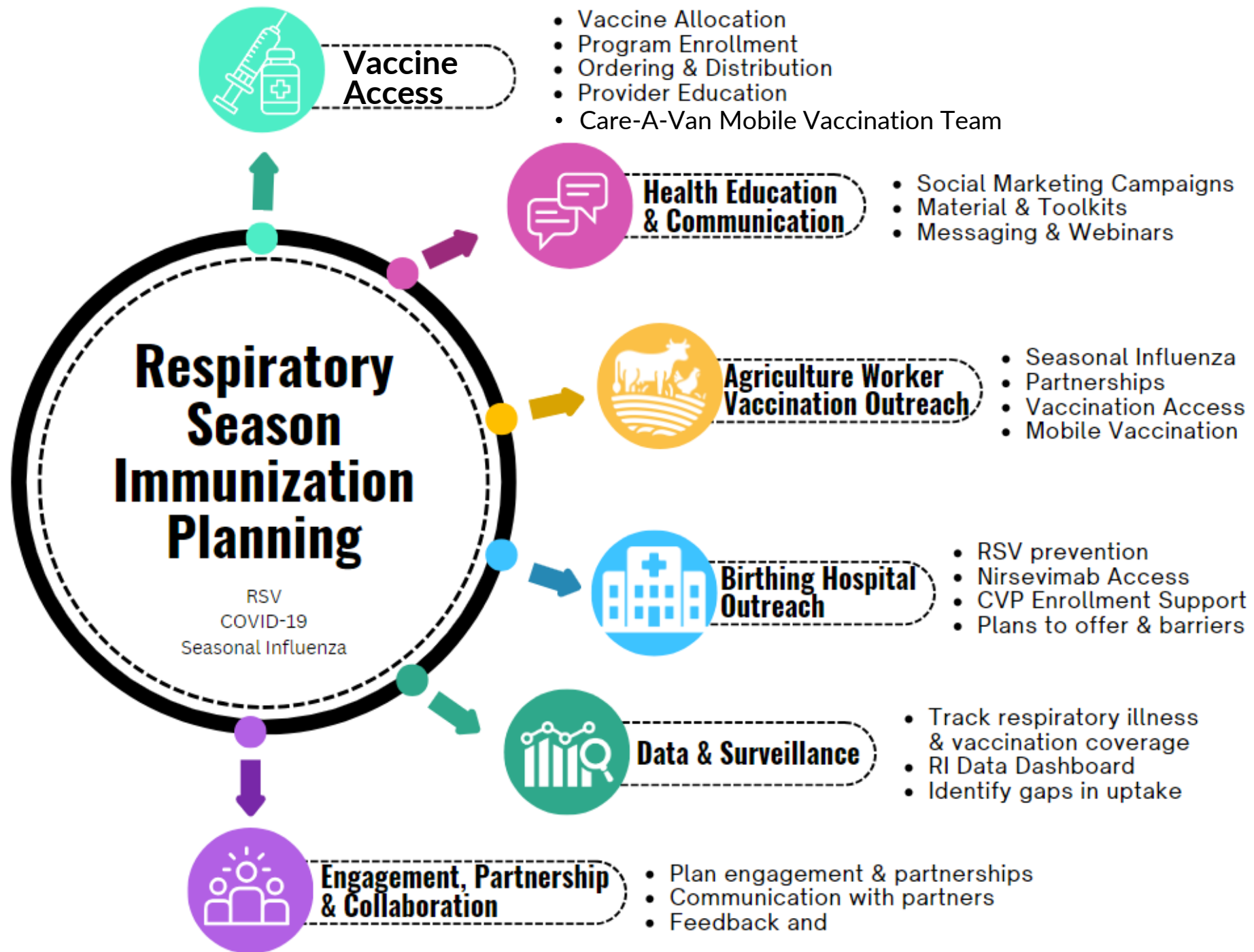
Jamalia Sherls, DNP, MPH, RN, CPN,
CDP

Director

Office of Immunization

Washington State Department of
Health





Vaccine Access: Allocation Criteria

Childhood Vaccine Program:

Pro-rata distribution for equitable distribution of doses throughout the state. The following factors develop a proportional allocation by county:

- Population size recommended for vaccine, by county
- Social Vulnerability Index (SVI) score, by county
- Number of providers in Childhood Vaccine Program, by county Each order will be reviewed at the county level.
- Previous ordering history and wastage data.

Adult Vaccine Program:

A similar process, but we also take into consideration the following elements:

- Vaccine budget available.
- Provider vaccine selection / prioritization indicated in provider agreement.
- Uninsurance rate for persons 19-64 years per county
- Vaccination rates 19+ by county

[WA DOH Respiratory Season Allocation Plan](#)



Improving Vaccine Access through Allocation Planning

Childhood Vaccine Program

% Allocation	Recipient	Additional information
85-90%	DOH Childhood Vaccine Program Providers	Pro rata distribution at the county level
5-10%	DOH Sponsored Events	Care-A-Van events Contracted providers
5%	Tribal Partners	

Adult Vaccine Program

% Allocation	Recipient	Additional information
80%	DOH Adult Vaccine Program Providers who prioritized these vaccines	Pro rata distribution at the county level
15%	DOH Sponsored Events	Care-A-Van events Contracted providers
5%	Tribal Partners	



Vaccine
Access

Vaccine Access

DOH Care-A-Van Service will continue

<https://doh.wa.gov/you-and-your-family/care-van-mobile-health-services>



Health Education & Communication Planning Goals



Awareness

The flu can cause serious illness in anyone, especially at-risk individuals.



Education

The flu vaccine is your best defense against serious illness from the flu.

The flu vaccine is widely available, no cost under most insurances, no cost for children under 19 and can be received at the same day as many other vaccines.



Action

Get vaccinated before the end of October (but late is better than never)

Go to FluFreeWA.org to learn more



Health Education
& Communication

Health Education, Promotion, & Communication Planning

- Social marketing campaigns covering respiratory topics
- Updating the flu toolkit
 - [Flu Free WA partner toolkit](#)
 - [“Flu Free at Work” toolkit for employers](#)
- Participation in meetings and workgroups to share resources
- Communication planning:
 - Establishing a schedule of messaging on respiratory illnesses
 - Sharing information with the public
 - Improving communication between providers and partners
 - Organizing webinars on vaccine recommendations and handling



flu free family flu free
work flu free gym
flu free game days
flu free school flu
free camping flu free
friends flu free
everything



FluFreeWA.org - WASinGripe.org

Partner Toolkit:

- Blog Posts Template
- Drop-in Articles
- Social Media Post language
- Email & Email Signature Template

Flu Free Workplace Toolkit

Preventing Respiratory Illnesses in Adult Family Homes

Flu Free School Toolkit

Respiratory Illness Prevention Co-Brandable Toolkit for Local Health Jurisdictions



2024-25 Paid Campaign

Main message:

Getting your annual flu vaccine allows you to keep doing the things you love.

flu free
WASHINGTON

WASHINGTON
sin gripe

flu free family flu free
work flu free gym
flu free game days
flu free school flu
free camping flu free
friends flu free
everything

flu free
WASHINGTON



2024-25 Paid Campaign

September - November

- Facebook & Instagram:
 - Static ads (English, Spanish, Traditional Chinese, Simplified Chinese, Vietnamese, Russian)
 - Video ad (English + Spanish)
- Web Banners:
 - English & Spanish
- Radio:
 - English & Spanish
- Community
 - Chinese Radio, KXPA & KKNW (Mandarin & Cantonese)
 - Vietnamese Radio, KXPA
 - Russian Radio, KXPA & KKNW
 - NW Vietnamese News ½ page ad
 - Seattle Chinese Times ½ page ad (Traditional Chinese)



Health Education, Promotion, & Communication Planning

Campaign Impact:

TOTAL	Impressions	Reach	Frequency
Digital	48,742,096	74%	11x
Radio	15,303,986	70%	3.6x

- All campaigns were in at least English and Spanish with paid social ads also in Chinese, Russian, and Vietnamese



Social Media Posts

- Facebook, Twitter & Instagram posts
- Focus on priority populations:
 - Adults 65+
 - Guardians of children
 - Pregnant people
 - Immunocompromised
 - Anyone who lives with or works with the above
- Posts September through January



Agriculture Worker Vaccination Outreach Plan

- **Care- A- Van**

- Collaboration with partners to schedule a series of impactful Care-A-Van service events.

- **Culturally and Linguistically Appropriate Outreach:**

- We are developing outreach materials that are tailored to the cultural and linguistic needs of agricultural workers. These materials will provide essential information about influenza and the benefits of immunization.

- **On-Farm Service Opportunities with Care-a-Van:**

- Our Care-a-Van program will offer on-site vaccination services at farms, including translation services to ensure clear communication and understanding among workers.

- **Direct Collaboration with Local Health Jurisdictions (LHJs):**

- Work with each LHJ partner to learn about their needs for supporting the Ag H2A workers in their region, what their barriers are, what successful actions we can build on together, and sharing our available tools towards success.

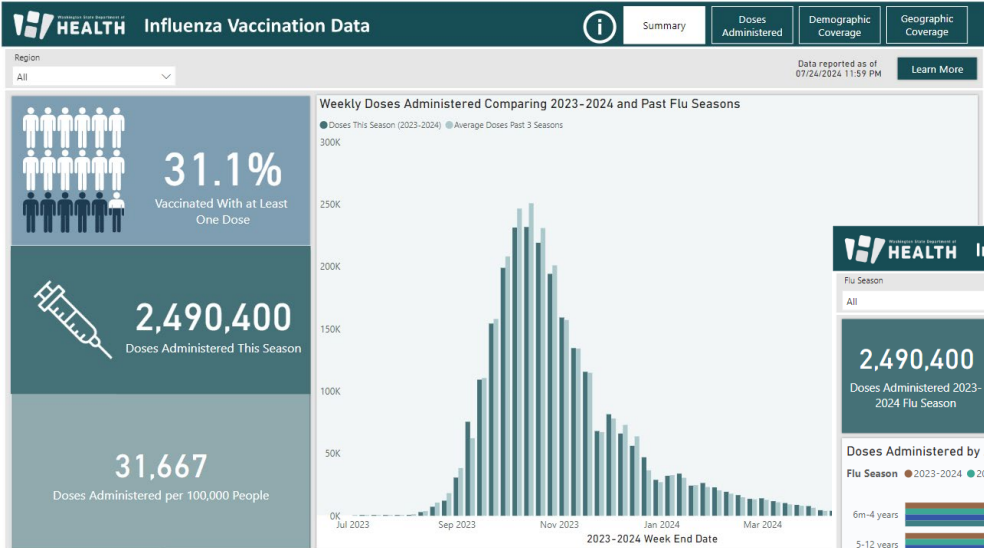


Data & Surveillance: Washington State Influenza Vaccination Dashboard

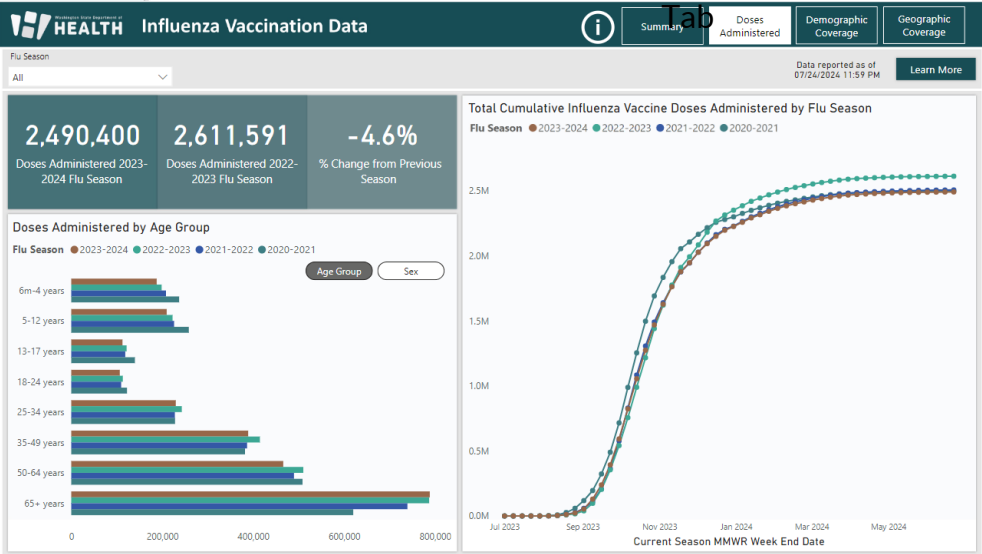
- The [Washington State Influenza Vaccination Dashboard](#) is a publicly available dashboard that is updated weekly September through April.
- Data source for the dashboard is the Washington State Immunization Information System (WAIS).
- The dashboard shows data for the current season with the previous three seasons for comparison across metrics.
- Metrics on the dashboard include:
 - Influenza Doses Administered by week and demographics
 - Influenza Vaccination Coverage by demographics and geographic location
- Census population estimates are used for the denominators for coverage metrics.



Dashboard Views: Summary and Doses Administered Tabs



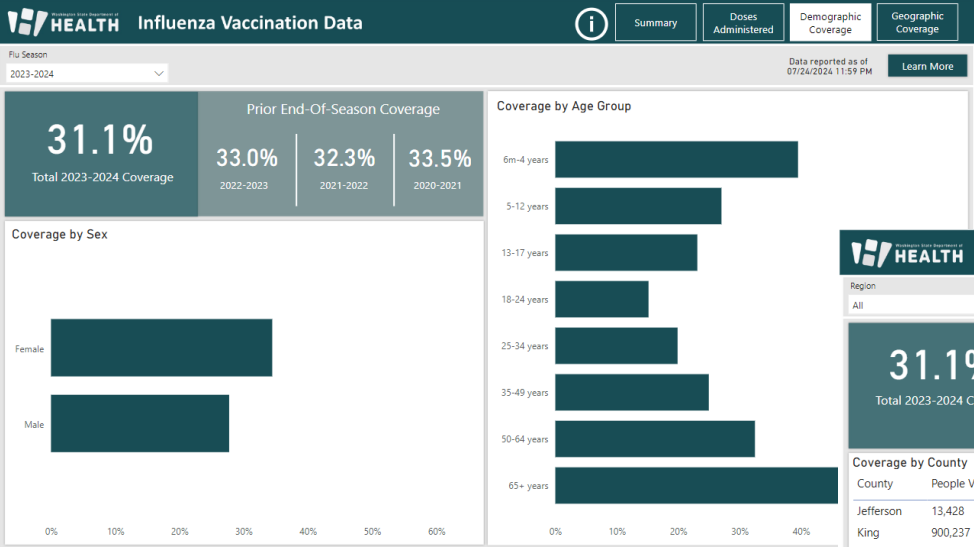
Summary Tab



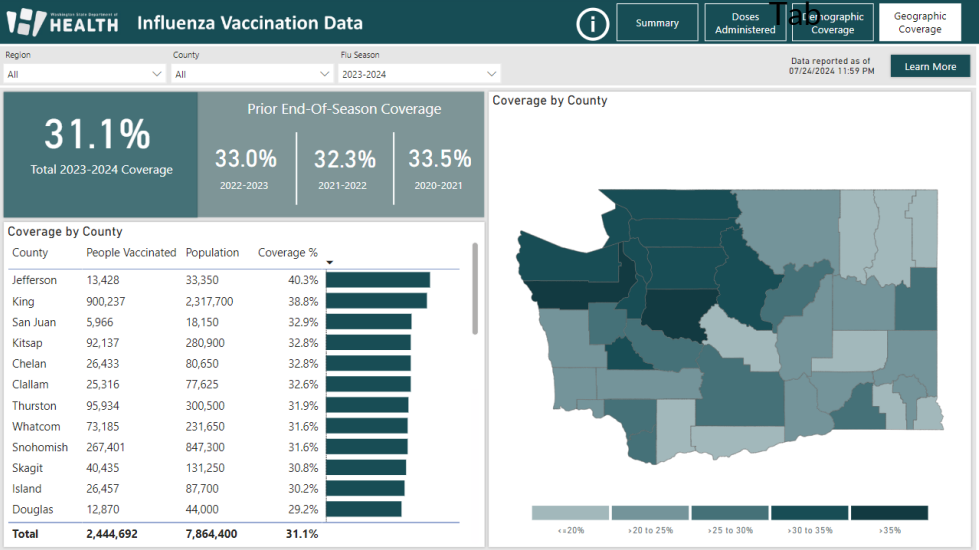
Doses Administered Tab



Dashboard Views: Demographic and Geographic Coverage Tabs



Demographics Tab



Geographic



Engagement, Partnership, and Collaboration

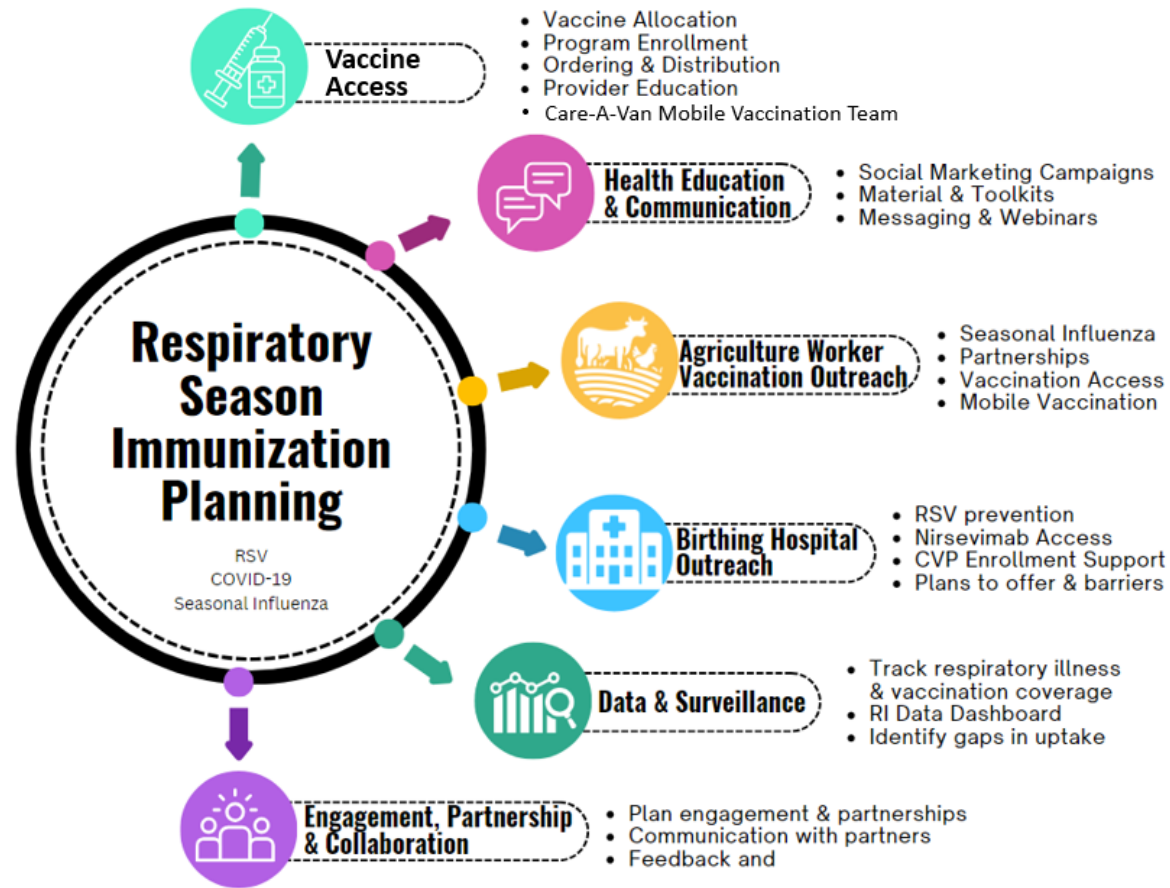
- Engaging and maintaining partnerships for the fall respiratory season
- Planning for engagement and identifying partners
- Maintaining communication with partners



COVID-19 Testing Resources

- U.S. households will be eligible to order four free COVID-19 tests beginning the end of September at [COVIDTests.gov](https://www.covidtests.gov).
- The federal ICATT program will continue to provide no-cost COVID-19 testing for uninsured people that are symptomatic or exposed: [No-Cost COVID-19 Testing \(cdc.gov\)](https://www.cdc.gov). A list of no-cost COVID-19 testing sites can be found on the site.
- Tests provided through state supported testing programs such as the COVID-19 testing kiosks are free: [Testing Kiosks | Washington State Department of Health](#).





- Prioritizing vaccination, education, communication, and outreach
- Collaborative efforts to minimize the impact of respiratory illnesses in Washington State

Questions?

OICP@doh.wa.gov

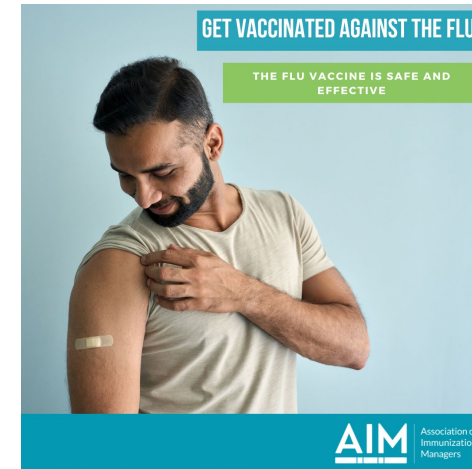


To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Panel Q&A

AIM Influenza Social Media Toolkits

- General Flu Social Media Posts
- National Influenza Vaccination Week (#NIVW) Social Media Posts
- Platform-Specific Captions (Facebook, Instagram and X)
- Ability to Cobrand
- Available in English and Spanish



<https://www.immunizationmanagers.org/resources/flu-resources/>

Communicating the Benefits of Flu Handout

- AIM's Most Downloaded Resource in 2023
- Updated for 2024
- For Providers, by Providers
- Coproduced with Immunize.org

Communicating the Benefits of Influenza Vaccination

Influenza (flu) severity varies from year to year, but flu season always brings serious consequences. While the 2020–2022 flu seasons were mild due to COVID-19 prevention measures, flu-related hospitalizations returned to pre-pandemic levels during the 2022–23 season. Although flu outbreaks are unpredictable, vaccination is the best protection for any influenza season.

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. Flu vaccination rates have fallen in recent years, leaving more people at risk of severe flu.¹ Take advantage of every opportunity to make a strong recommendation for flu vaccine and other vaccines your patients may need, such as COVID-19, RSV, and pneumococcal vaccines. Flu vaccine may be given at the same time as other vaccines.

Vaccination rates* for flu remain well below optimal levels

- 57% children 6 mos–17 yrs (same)
- 47% adults 18+ years (3%↓)
- 70% adults 65+ years (4%↓)
- 76% healthcare personnel (4%↓)
- 47% pregnant people (1%↓)

*Estimates are for 2022–23 season (change is from 2021–22)¹

Quick Tips

How to discuss flu vaccination

- **Recommend flu and other needed vaccines at every clinical encounter:** "I strongly recommend you get your flu vaccine today. It can be given at the same time as other vaccines."
- **Keep it simple:** "Flu vaccine helps reduce your risk of hospitalization and death."
- **Use a presumptive approach:** "Today we are giving you your annual flu vaccine."
- **Communicate why we vaccinate:** "Vaccination prevents flu and its severe complications." "Preventing the flu means preventing missed workdays and doctor appointments."
- **Communicate the variability and unpredictability of flu:** "Flu seasons are unpredictable. The best way to prepare for any season is to get a flu vaccine."
- **Acknowledge that flu vaccines are not always a perfect match with the circulating virus strains:** "While the flu vaccine won't prevent all illnesses, it is the best way to reduce severe flu illness and its complications."

Use the SHARE method⁴

- **Share** why a flu vaccine is right for a patient
- **Highlight** positive experiences with flu vaccines
- **Address** patient questions
- **Remind** patients a flu vaccine can protect them and their loved ones from serious complications
- **Explain** the potential costs of getting sick with flu

From October 2023 – June 2024, the U.S. Centers for Disease Control and Prevention (CDC) estimates that flu caused²

35–65 million flu illnesses	16–30 million flu medical visits	390,000–830,000 flu hospitalizations	25,000–72,000 flu deaths
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What are the Benefits of Flu Vaccination?

Studies since 2013 have shown that vaccination³

- **Reduces risk of flu illness**
 - ✓ In 2019–2020, flu vaccination prevented an estimated 7 million flu illnesses
 - ✓ Flu vaccine has been shown to reduce the risk of having to go to the doctor with flu by 40% to 60%
- **Reduces hospitalization and death**
 - ✓ Pediatric deaths from flu were cut in half for vaccinated children with underlying high-risk medical conditions and by two-thirds for healthy children
 - ✓ Flu hospitalizations were cut in half for all adults (including those aged 65+)
 - ✓ Flu hospitalizations dropped dramatically among people with chronic health conditions – by 79% for vaccinated 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 vaccinated adults hospitalized with flu, intensive care unit (ICU) admissions decreased by more than half (59%), and they spent fewer days in the ICU compared to unvaccinated hospitalized people
 - ✓ 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 vaccinated adults with existing cardiovascular disease was reduced by more than one-third
- **Protects pregnant people and their babies**
 - ✓ For vaccinated pregnant people, flu-associated acute respiratory infections were cut in half, and flu-associated hospitalizations were reduced by 40%
 - ✓ Flu-related illnesses and influenza-related hospitalizations in infants under 6 months of age fell by half when their mothers were vaccinated

AIM Association of Immunization Managers

Immunize.org

FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p3115.pdf
Item #P3115 (9/18/2024)

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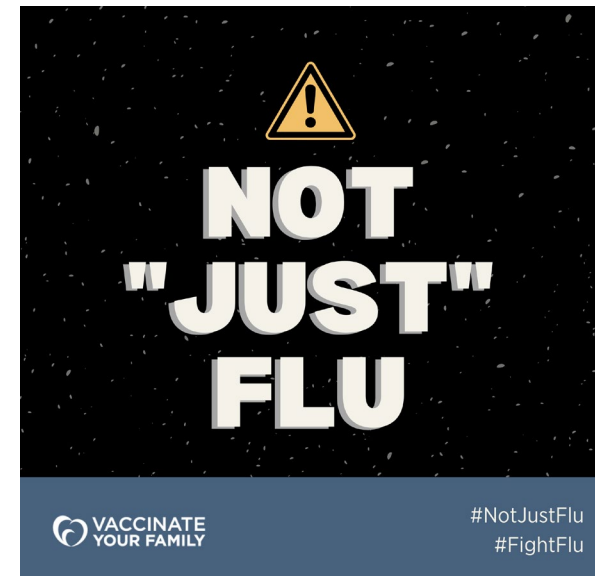
FOOTNOTES
¹ CDC. www.cdc.gov/flu/season/about
² CDC. 2023–24 U.S. Flu In-Season Burden. www.cdc.gov/flu/flu-burden/php/data-vis/2023-2024.html
³ CDC. What are the benefits of flu vaccination? www.cdc.gov/flu/prevent/vaccine-benefits.htm
⁴ CDC. Make a Strong Influenza Vaccine Recommendation. www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm

<https://www.immunizationmanagers.org/resources/flu-resources/>

Additional Partner Resources

- [CDC Wild to Mild Campaign Materials](#)
- [HHS Risk Less, Do More Campaign Materials](#)
- [Vaccinate Your Family #NotJustFluToolkit](#)
- [Immunize.org Influenza Resources](#)
- [NFID Flu Resources](#)
- [AAP Flu Toolkit](#)
- [Families Fighting Flu- Champion Toolkit](#)
- [GSK Easy Vaccine Scheduler](#)
- [Sanofi Patient Education](#)

**RISK LESS.
DO MORE.**
Get this season's vaccines



Thank you
for joining!