



# Massachusetts Adult Immunization Coalition (MAIC) Meeting

## Influenza Prevention in the Era of COVID-19

Susan M. Lett, MD, MPH  
Medical Director, Immunization Division  
Massachusetts Department of Public Health  
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# Outline

- Vaccination Guidelines During the COVID-19 Pandemic
- Preparing for Influenza Vaccination During the COVID-19 Pandemic
  - Vaccination Planning
  - Draft ACIP Recommendations
  - Draft Flu Vaccine Communications
- COVID19 Vaccines

# Vaccination Guidelines During the COVID-19 Pandemic

The COVID-19 pandemic is changing rapidly and requires different strategies to maintain clinical preventive services, including immunization. Find up-to-date guidance on [childhood](#) and [maternal](#) vaccination and clinical practice.

Immunization-specific guidance can be found at:

[HTTPS://WWW.CDC.GOV/VACCINES/SCHEDULES/HCP/SCHEDULE-CHANGES.HTML#ADULT](https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html#adult)

# Delivery of Adult Clinical Preventive Services, Including Immunizations, During the COVID-19 Pandemic

**CDC Adult Guidance No longer on Website:  
New Guidance Coming Soon!!  
Will be available at:**

<https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html#adult>

# Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)

## A new respiratory disease—coronavirus disease 2019 (COVID-19)—may impact your community.

Get ready! Steps you take to prepare your clinic for flu can also help protect your patients and healthcare workers from COVID-19:

### Before Patients Arrive



- **Prepare the clinic.**
  - Know which of your patients are at higher risk of adverse outcomes from COVID-19.
  - Consider and plan for providing more telemedicine appointments.
  - Know how to contact your health department.
  - Stay connected with your health department to know about COVID-19 in your community. Step up precautions when the virus is spreading in your community.
  - Assess and restock supplies now and on a regular schedule.



- **Communicate with patients.**
  - Ask patients about symptoms during reminder calls.
  - Consider rescheduling non-urgent appointments.
  - Post signs at entrances and in waiting areas about prevention actions.



- **Prepare the waiting area and patient rooms.**
  - Provide supplies—tissues, alcohol-based hand rub, soap at sinks, and trash cans.
  - Place chairs 3–6 feet apart, when possible. Use barriers (like screens), if possible.
  - If your office has toys, reading materials, or other communal objects, remove them or clean them regularly.

### When Patients Arrive



- **Place staff at the entrance to ask patients about their symptoms.**
  - Provide symptomatic patients with tissues or facemasks to cover mouth and nose.
  - Limit non-patient visitors.



- **Separate sick patients with symptoms.**
  - Allow patients to wait outside or in the car if they are medically able.
  - Create separate spaces in waiting areas for sick and well patients.
  - Place sick patients in a private room as quickly as possible.

### After Patients are Assessed



- **After patients leave, clean frequently touched surfaces** using EPA-registered disinfectants—counters, beds, seating.
- **Provide at-home care instructions** to patients with respiratory symptoms. Consider telehealth options for follow up.



- **Notify your health department** of patients with COVID-19 symptoms.

### Train and prepare your staff now

- Ensure that clinical staff know the right ways to put on, use, and take off PPE safely.
- Recognize the symptoms of COVID-19— fever, cough, shortness of breath.
- Implement procedures to quickly triage and separate sick patients.

- Emphasize hand hygiene and cough etiquette for everyone.
- Ask staff to stay home if they are sick.
- Send staff home if they develop symptoms while at work.



Available at:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/Clinic.pdf>

# Influenza Prevention in th Era of COVID-19

National Influenza and Immunization Summit (NAIIS)

Webinar: 5-21-2020

Slides and Recording available at:

<https://www.izsummitpartners.org/2020-naiis/>



# Preview of CDC Vaccination Plans for the 2020-21 Influenza Season

Ram Koppaka, MD, PhD  
Immunization Services Division

May 21, 2020

# Summary of 2019-2020 Influenza Season

- Influenza activity during the 2019-20 season was characterized by two consecutive waves of activity, the first driven mostly by influenza B/Victoria viruses and the second driven by Influenza A (H1N1)
- 174 Pediatric deaths were reported to CDC for the 2019-2020 season
- The preliminary 2019-2020 burden estimates are:
  - 39,000,000-56,000,000 flu illnesses
  - 18,000,000-26,000,000 flu medical visits
  - 410,000-740,000 flu hospitalizations
  - 24,000-62,000 flu deaths

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

- SARS-CoV-2 and influenza viruses are likely to co-circulate in the Fall and Winter
- Increasing flu vaccination coverage will decrease stress on healthcare
  - decrease doctor visits and hospitalizations
  - decrease individuals seeking diagnostics
- Focus on adults at higher risk from COVID-19
  - staff and residents of LTCF
  - adults with chronic underlying illnesses
  - adults 65 and older
  - African-Americans, Hispanics
  - adults who are part of critical infrastructure

# Influenza Vaccination Planning for 2020-2021 Season

- Maximize available vaccine supply
- Operational considerations
  - outreach to those at higher risk
  - additional infection prevention control measures
  - considerations of potential need for social distancing
- Enhancing communication
  - Align with COVID messaging
  - Tailored messaging to higher risk groups, including African American and Hispanic communities

# Guidance to Safely Provide Immunization Services

- Correlates with CDC Framework for Providing non-COVID-19 Clinical Care\*
- Includes considerations for use of Personal Protective Equipment (PPE)
- Consideration of various clinical settings for vaccine administration
- Special focus on priority populations for influenza vaccine
  - those at high-risk for influenza-related complications
  - those at high-risk for severe COVID infection
  - essential workers
- Language aligned with COVID-response websites

\*<https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html>



# ACIP Influenza Update

Lisa Grohskopf

Influenza Division, CDC

National Adult and Influenza Immunization Summit

May 21, 2020

# 2020-21 ACIP Influenza Statement

- Recommendations to be **finalized** at June ACIP meeting
- No substantial changes anticipated at this time
  - Vaccination is recommended for all persons aged 6 months and older who do not have contraindications
  - A licensed, age-appropriate vaccine should be used
  - No preferential recommendations for any one vaccine type where there is more than one that is available and appropriate
- Updates include
  - Vaccine composition for 2020-21
  - Two new vaccines licensed since 2019-20 statement published in August 2019
    - Fluzone High-Dose Quadrivalent
    - Fluad Quadrivalent

# 2020-21 Influenza Vaccine Composition

- ***Egg based*** influenza vaccines will contain hemagglutinin derived from:
  - an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
  - an A/Hong Kong/2671/2019 (H3N2)-like virus;
  - a B/Washington/02/2019 (Victoria lineage)-like virus; and
  - (for quadrivalent vaccines) a B/Phuket/3073/2013 (Yamagata lineage)-like virus.
- ***Non-egg based*** influenza vaccines will contain hemagglutinin derived from:
  - an A/Hawaii/70/2019 (H1N1)pdm09-like virus;
  - an A/Hong Kong/45/2019 (H3N2)-like virus;
  - a B/Washington/02/2019 (Victoria lineage)-like virus; and
  - a B/Phuket/3073/2013 (Yamagata lineage)-like virus.

# Recent Influenza Vaccine Licensures

- November 2019: Fluzone High-Dose Quadrivalent licensed for  $\geq 65$  years
  - 60 mcg hemagglutinin per vaccine virus in a 0.7 mL dose (240mcg total)
  - Will replace previous trivalent Fluzone High-Dose for 2020-21
  
- February 2020: Fluad Quadrivalent (Seqirus) licensed for  $\geq 65$  years
  - Contains MF59 adjuvant, similarly to the previously licensed trivalent formulation of Fluad

# Timing of Vaccination

- Language expected to be similar to last season
  - Acknowledges
    - Difficulty in predicting ideal timing given the unpredictable nature of timing of influenza season
    - Potential for waning immunity over the course of the season
    - Programmatic constraints
  - Vaccination recommended by the end of October
  - July and August probably too early in most seasons, particularly among older adults



# 2020-2021 Flu Vaccine Communications

**Adapted from:**

**Erin Burns**

**Lead**

**Influenza Division Communications Team**

**Flu Vaccine Campaign Team for 2020-2021 Season**

May 21, 2020

# Communications Environment

- *CDC works each year to increase influenza vaccine uptake and eliminate barriers to vaccination.*
- *2020-2021 provides a unique environment for influenza (flu) vaccine both in terms of administration and communications.*
- *During 2020-2021, CDC will enhance communications efforts to promote flu vaccine uptake.*
- *CDC will communicate that getting a flu vaccine is part of a comprehensive public health strategy to reduce the burden of flu and respiratory illnesses overall, and also to preserve scarce health care resources for care of patients with COVID-19.*
- *All needs to be carefully coordinated with COVID-19 Response.*

# Communications Goal & Special Target Audiences

- ***GOAL: Increase flu vaccine uptake, especially in people at higher risk of serious flu and COVID-19 outcomes.***
- ***SPECIAL TARGET AUDIENCES:***
  - Older Americans
  - People of any age with underlying health conditions (for example lung disease, heart disease, neurologic disorders, weakened immune systems, diabetes)
  - Workers in LTC facilities
  - Other Essential Workers
  - African Americans and Hispanics

# US Flu Vaccine Campaign: A Multi-Step Process

- ✓ Development of Key Messages
  - Development of Persuasive Creative & Content Concepts (Porter Novelli)
  - Testing (What messages & visuals are most motivating?)
  - Refinement
  - Roll-Out & Implementation
    - Campaign Launch
    - Messages & Materials for different audiences, including general public, target audiences, HCWs, other partners, media,
    - Media Strategy (including some paid media)
    - Social Media Strategy
    - Leveraging Partnerships

## KEY MESSAGES (DRAFT, Pre-Decisional)

- While what will happen this fall and winter is uncertain, in the context of likely ongoing COVID-19 activity along with seasonal flu activity, getting a flu vaccine will be more important than ever.
- Flu vaccine will not protect against COVID-19.
- A flu vaccine will help protect you against flu.
- In addition, getting a flu vaccine this fall will:
  - Reduce the risk of ending up in a possibly crowded medical setting
  - Help conserve scarce medical resources to care for COVID-19 patients
  - Help protect frontline health care workers

## KEY MESSAGES (DRAFT, Pre-Decisional)

- Ongoing COVID-19 activity may impact when, where and how flu vaccines are given.
  - People may need to get vaccinated at a different place or in a different way (i.e., socially distanced vaccination).
  - CDC is working with manufacturers to maximize flu vaccine availability and with providers to develop contingency plans so that people can be vaccinated in a safe environment.
- Also to include messaging on flu vaccine benefits, flu vaccine safety, everyday preventive actions and special recommended actions because of COVID-19 and promotion of [www.vaccinefinder.gov](http://www.vaccinefinder.gov).

## WHEN TO GET VACCINATED (DRAFT, Pre-Decisional)

- Before flu activity begins in your community.
- July and August are probably too early to get vaccinated, especially for older people.
- September and October are good times to be vaccinated.
  - Consider taking advantage of any lull in COVID-19 activity during September and October to get vaccinated.
- Continue vaccinating into December or later, even if influenza activity has already begun. It is still beneficial during the majority of influenza seasons.

# BEING TESTED

## CONCEPTUALLY WHAT IS MOST MOTIVATING

- Protect self & loved ones
- Protect community (local)
- Protect community (collective, “alonetgether” etc...)

## OTHER TESTING

- How does COVID-19 impact intent to vaccinate?
- “Flatten the curve”
- Scarce medical resources
- Get vaccinated in a “safe environment”



## Developing COVID-19 Vaccines in Record Time

National Adult and Influenza Immunization Summit • 2020 VIRTUAL MEETING

- Welcome – L.J Tan (IAC)
- Introductions – Phyllis Arthur (BIO)
- Presentations
  - **Laurent M. Humeau, PhD**, Chief Science Officer and EVP of Research, Engineering and Clinical Developments, Inovio
  - **Macaya Douoguih, MD, MPH**, Head of Clinical Development, Janssen Vaccines
  - **Mike Watson, MD**, Consultant, Vaccines and Infectious Diseases, Moderna
  - **Greg Glenn, MD**, President, Research and Development, Novavax
  - **Philip Dormitzer, MD, PhD**, VP and Chief Scientific Officer, Viral Vaccines, Pfizer
  - **Clement Lewin, PhD, MBA**, Associate Vice President, Head BARDA Office & NV Stakeholder Engagement, Sanofi Pasteur

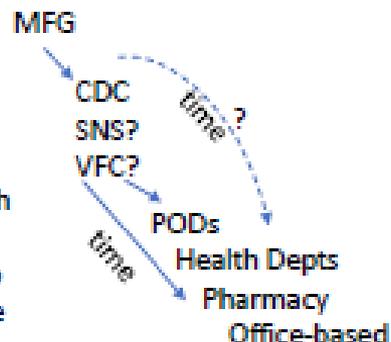
# COVID-19 US Vaccine Introduction Overview

## Initial Response

2020-2021

Distribution (H1N1 assumption)

- Like H1N1, HHS will purchase doses and direct distribution from manufacturer to PODS (Point of Deliver System)
- Additional providers added with capacity and uptake
- Demand anticipate very high to start then likely wane over time



## Prioritization

Assumptions: Directed by CDC/ACIP; HHS/NVAC;  
Initially indicated for 18yrs +



## Transition to Routine?

2022-? forward

Routine immunization based on ACIP guidance developed from Evidence to Recommendation (EtR) process using:

- Epidemiology
- Safety
- Efficacy
- Duration of Immunity – natural & conferred
- HEOR
- Consumer interest

With:  
Continued circulation & Sufficient supply





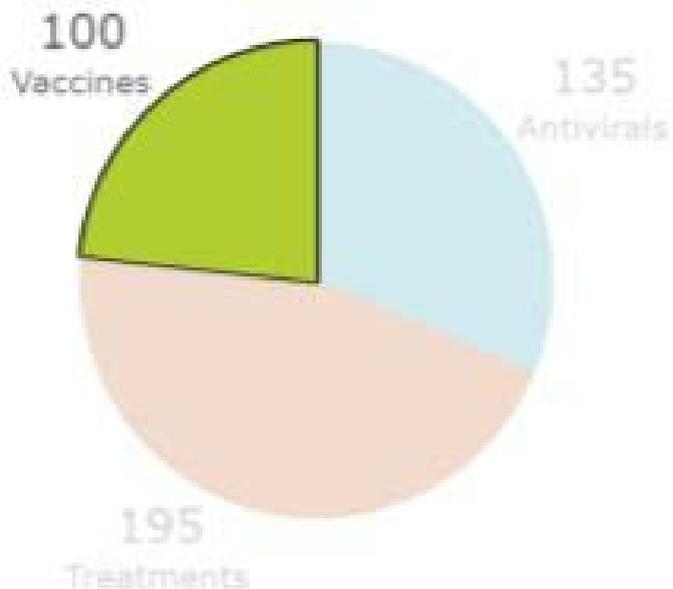
# COVID-19 Therapeutic Development Tracker



*Click on the pie chart to filter the dashboard by therapy type  
Hover over the pie to read the therapy definitions*

# 100

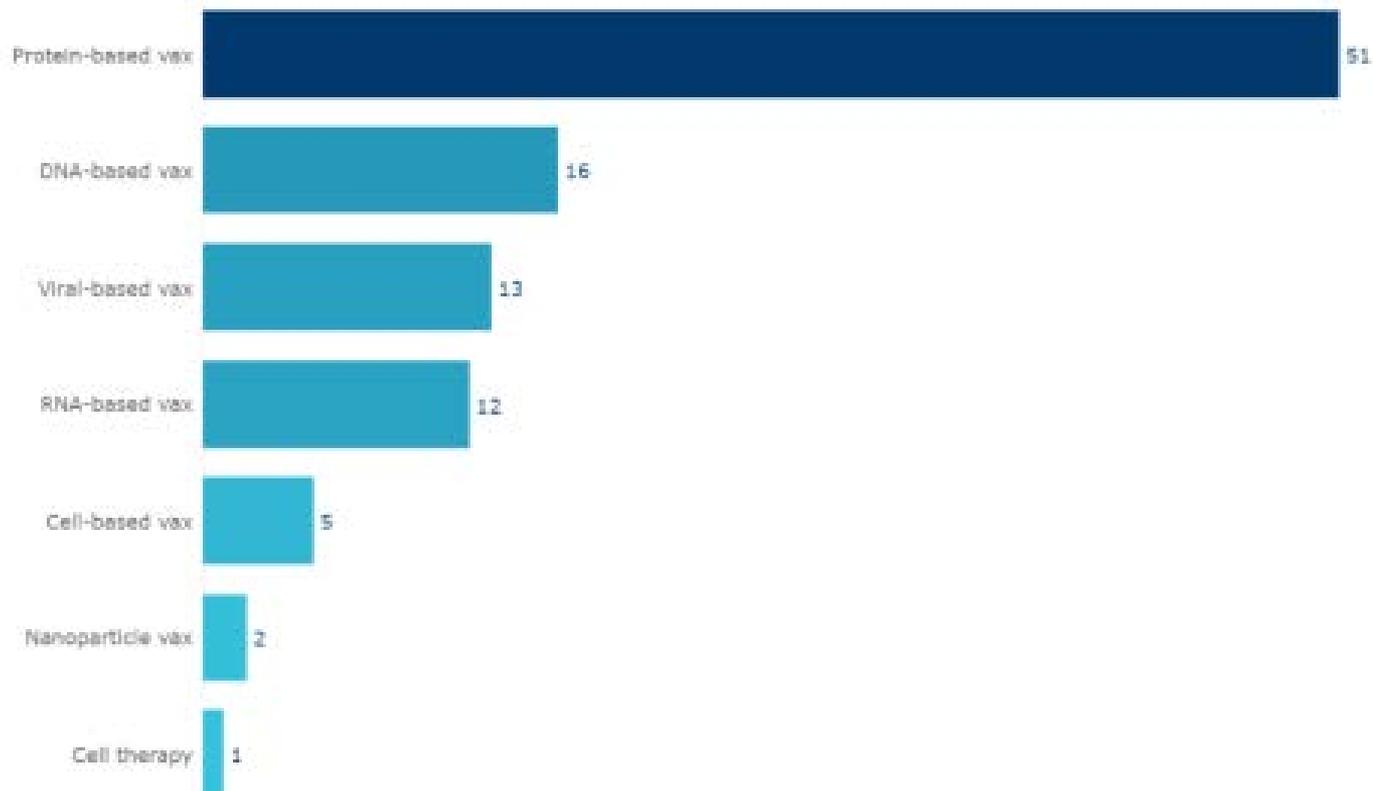
Unique  
Compounds in  
Development



**10**  
Clinical  
Compounds

**90**  
Preclinical  
Compounds

## Numerous Ways to Target COVID-19: Top Strategies



# NFID Annual Influenza/Pneumococcal News Conference

- Milestone NFID/CDC media event
- October 1, 2020:



# Resources

- **Recommended Immunization Schedules for Children and Adults, United States, 2020, CDC, 2/20**  
<https://www.cdc.gov/vaccines/schedules/index.html>
- **CDC Immunization Schedule Changes and Guidance**  
<https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html#child>
- **American College of Physicians (ACP), Statement on Non-Urgent In-Person Medical Care**  
[https://www.acponline.org/acp\\_policy/policies/statement\\_on\\_non\\_urgent\\_in-person\\_medical\\_care\\_2020.pdf](https://www.acponline.org/acp_policy/policies/statement_on_non_urgent_in-person_medical_care_2020.pdf)  
[https://www.acponline.org/acp\\_policy/policies/acp\\_guidance\\_on\\_resuming\\_economic\\_and\\_social\\_activities\\_2020.pdf](https://www.acponline.org/acp_policy/policies/acp_guidance_on_resuming_economic_and_social_activities_2020.pdf)  
<http://ow.ly/hAFi50zAbD8>
- **AAFP COVID-19 Guidance for Family Physicians on Preventive and Non-Urgent Care**  
[https://www.aafp.org/dam/AAFP/documents/patient\\_care/public\\_health/AAFP-COVID-Non-Urgent-Care-Statement.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/AAFP-COVID-Non-Urgent-Care-Statement.pdf)
- **ACOG Clinical Guidance During Novel Coronavirus 2019**  
<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019>

# Resources

- **CDC Get Your Clinic Ready for COVID**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>

Poster: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/Clinic.pdf>

- **CDC MMWR: Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration- U. S., 2020**

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6919e2-H.pdf>

- **AAP Guidance on Providing Pediatric Well-Care during COVID-19** <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-providing-pediatric-well-care-during-covid-19/>

- **AAP Guidance on the Necessary Use of Telehealth During the COVID-19 Pandemic**

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-the-necessary-use-of-telehealth-during-the-covid-19-pandemic/>

# Resources

- **CDC COVID-19 Website**

<https://www.cdc.gov/coronavirus>

- **MDPH COVID-19 Website**

<https://www.mass.gov/info-details/covid-19-updates-and-information>

- **MDPH HHS Coronavirus Reopening Website**

<https://www.mass.gov/lists/reopening-health-and-human-services-in-massachusetts>

- **MDPH Response Reporting**

<https://www.mass.gov/info-details/covid-19-response-reporting>

- **MDPH Advisories**

<https://www.mass.gov/info-details/covid-19-updates-and-information#regulations-&-guidance->