Welcome and Logistics

- All participants are currently in “listen-only” mode.
- Please share your questions by typing in the Q&A box.
- For tech support, please contact Susan May at susan.may@zoom.us.
Agenda

• Project Overview
• Strategies to Prevent Flu During COVID-19
  ○ Dr. Sam Graitcer, Medical Officer and Pandemic Influenza Coordinator, Centers for Disease Control and Prevention
  ○ Ms. Jami Snyder, Director, Arizona Health Care Cost Containment System
  ○ Dr. Ngozi Ezike, Director, Illinois Department of Public Health (pre-recorded)
• Q&A
To identify solutions to immunization gaps and make progress toward immunization goals by:

- Communicating national immunization program goals to state Medicaid leadership
- Identifying and sharing best practices among Medicaid programs
- Engaging Medicaid program leadership to identify solutions to immunization gaps
- Enhancing collaborative immunization efforts across pertinent state agencies and with CDC by identifying shared priorities and strategies

Partnerships between Medicaid and IZ programs are critical to improve immunization rates for children and pregnant women with Medicaid coverage
Community of Practice (CoP) Participating States

National Context

- Flu vaccines are recommended for everyone at least 6 months old.
- Flu vaccine rates vary widely.
- States have a variety of levers to prepare for and address the flu season.
- Efforts to promote flu vaccination could be informative for COVID-19 vaccination administration.
- This year, even more than ever, flu vaccination is critical to keeping the population healthy.
Influenza Vaccination During COVID-19 Pandemic

Sam Graitcer, MD
CDR, US Public Health Service
Vaccine Task Force, Influenza Team, NCIRD, CDC

November 12, 2020
the burden of flu 2019-2020

During the 2019-2020 flu season, CDC estimates flu caused:

- **38 million** flu illnesses
  - About the same as the population of California

- **400,000** flu hospitalizations
  - About the same as the population of Miami, FL

- **22,000** flu deaths
  - Enough people to fill Madison Square Garden in New York City.
Nearly 52% of the U.S. population 6 months and older got a flu vaccine during the 2019-2020 flu season, and this prevented an estimated:

- **7.5 million** flu illnesses
- **105,000** hospitalizations
- **6,300** deaths

More than the combined population of Kentucky and Kansas

Enough people to fill Michigan Stadium at the University of Michigan

Equivalent to saving about 17 lives per day over the course of a year

Imagine the impact if more Americans chose to get a flu vaccine. Many more flu illnesses, flu hospitalizations, and flu deaths could be prevented.

The estimates for the 2019-2020 influenza season are preliminary pending additional data from the season.

https://www.cdc.gov/flu/about/burden/index.html

get vaccinated

www.cdc.gov/flu

September 2020
Influenza Vaccination Coverage by Age Groups, Adults 18 Years and Older, United States, 2010 - 2020

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
Error bars represent 95% confidence intervals around the estimates.

https://www.cdc.gov/flu/fluuvaxview/coverage-1920estimates.htm
Influenza Vaccination Coverage by State, Adults 18 years and Older, United States, 2019-2020 Season

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
Error bars represent 95% confidence intervals around the estimates.
* Includes flu vaccinations received July 2019 through May 2020, except for the District of Columbia, for which only vaccinations through November 2019 were included (see Methods).

https://www.cdc.gov/flu/fluvaxview/coverage-1920estimates.htm
Influenza Vaccination Coverage by Racial/Ethnic Group, Adults 18 years and Older, United States, 2010 - 2020

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)
Error bars represent 95% confidence intervals around the estimates.

https://www.cdc.gov/flu/fluvxview/coverage-1920estimates.htm#figure2
Influenza Vaccination During the COVID-19 Pandemic
Southern Hemisphere Influenza Activity

- Southern Hemisphere influenza activity has been reported at much lower rates than is typical.
- Fewer countries are reporting data, and fewer viruses are being detected in general.
- Influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B/Victoria viruses have co-circulated.
- Social distancing and other preventive measures to reduce spread of SARS-CoV-2 may also have helped reduce spread of influenza viruses.
- The COVID-19 pandemic also has influenced health-seeking behaviors and testing priorities and capacities, making interpretation challenging
Upcoming 2020–21 U.S. Influenza Season

- It is unclear what impact the ongoing COVID-19 pandemic will have on the upcoming influenza season in the U.S.
- There may be less influenza than usual because of social distancing and other measures to reduce COVID-19.
- Influenza viruses and SARS-CoV-2 may co-circulate.
- People may be co-infected with influenza and SARS-CoV-2.
- Presence of SARS-CoV-2 and influenza at the same time could place tremendous burden on the health care system and result in many illnesses, hospitalizations, and deaths.
Increasing Seasonal Influenza Vaccination Coverage to Decrease Health Care Utilization, 2020-21

- Expect SARS-CoV-2 to continue to circulate.

- Increasing flu vaccination coverage will reduce stress on the health care system.
  - Decrease doctor visits and hospitalizations.
  - Reduce influenza diagnostic testing.

- Focus on adults at higher risk from COVID-19.
  - Staff and residents of long-term care facilities
  - Adults with underlying illnesses
  - African-Americans and Hispanics
  - Adults who are part of critical infrastructure
Influenza Vaccination Planning for 2020-2021 Season

- Maximize available vaccine supply.
  - Expect >190M doses for U.S. market.

- Operational considerations
  - Outreach to those at higher risk
  - Planning for need to physical distance
  - Extending influenza vaccination season (September through December or later)

- Enhance communication.
  - Align with COVID-19 messaging.
  - Messaging for high-risk individuals

![Influenza Vaccine Doses Distributed By Season, 2008-09 to 2019-20, and Projected, 2020-21](chart)
Barriers to Flu Vaccination during the Pandemic

- There might be fewer worksite vaccination clinics (~16% of adults receive flu vaccination at the workplace).
- People might not feel safe going into clinics or pharmacy settings.
- In-person clinic visits might be cancelled or moved to telehealth.
- Concerns about safety of COVID-19 vaccine could translate to (more) questions about safety of flu vaccine.
- COVID-19-related unemployment might impact ability to afford flu vaccination.
- Working parents have limited free time to focus on staying up to date on vaccinations because of work/home school/child care responsibilities.
- People might not think they need a flu vaccination this year because they are physically distancing.
Activities Critical to Successful Flu Vaccination Season

- Coordinated messages from CDC, providers, health departments, and medical professional societies on the importance of flu vaccination (and where patients can receive flu vaccination)
- Protocols in place to ensure patients can be safely vaccinated
- Creative approaches to address access/disparity issues and common misperceptions about flu vaccination
- Information on Medicaid, Vaccines for Children, insurance subsidies, or payment options for patients who have recently lost insurance coverage or are experiencing economic hardship
- Vaccination efforts continue for the duration of flu season.
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
Implement Enhanced Infection Control Measures

- Screen patients for COVID-19 symptoms before and during the visit.
- Physical distance (at least 6 feet apart, where possible)
- Limit and monitor facility points of entry and install barriers to limit physical contact with patients at triage.
- Respiratory hygiene (facemasks for staff and face coverings for patients over 2 years of age, if tolerated) and cough etiquette
- Hand hygiene (including at least 60% alcohol hand sanitizer for patients)
- Enhanced surface decontamination

Refer to guidance to prevent the spread of COVID-19 in health care settings, including outpatient and ambulatory care settings.
Use Personal Protection Equipment

- **Face mask**: Recommended: All health care providers (N95 masks not recommended)
- **Eye protection**: Recommended: Areas of moderate/substantial community transmission
  - Optional: Areas of minimal/no community transmission
- **Gloves**: Recommended: intranasal or oral vaccines
  - Optional: intramuscular or subcutaneous vaccines

Ensure Physical Distancing during Vaccination Visits

Separate sick from well patients

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

Ensure physical distancing measures

- At least 6 feet during all aspects of visit: check-in, checkout, screening procedures, postvaccination monitoring
- Use strategies such as physical barriers, signs, ropes, floor markings.

Reduce crowding in waiting room

- Ask patients to wait outside (e.g., in their vehicles) until called in.

https://www.cdc.gov/vaccines/pandemic-guidance/index.html; Image credit: Noun Project, CDC
Guidance for Vaccination Clinics Held in Satellite, Temporary, or Off-site locations

Guidance during the COVID-19 pandemic
Planning for a satellite, temporary, or off-site vaccination clinic requires additional considerations during the COVID-19 pandemic, including physical distancing, personal protective equipment (PPE), and enhanced sanitation efforts. These additional considerations are called out in boxes throughout this guidance. However, because COVID-19 guidance is evolving, regularly check infection control guidance for healthcare professionals about coronaviruses (COVID-19) for updated information. Consider signing up for the email updates on the website to stay informed of any changes.

Planning Activities

Pre-Clinic Activities

During the Clinic Activities

Post-Clinic Activities

Planners are encouraged to use

- Resources for hosting an off-site vaccination clinic
- The Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations, which outlines CDC guidelines and best practices essential for patient safety and vaccine effectiveness, including guidance for vaccine shipment, transport, storage, handling, preparation, administration, and documentation at temporary clinics.

https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html
Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations

BEFORE THE CLINIC (Please complete each item before the clinic starts.)

Vaccine Shipment:
- 1. Vaccine was shipped directly to the facility/click site, where adequate storage is available.
- 2. Shipment is preferred for cold chain integrity.

Vaccine Transport (If it was not possible to ship vaccines directly to the facility/click site):
- 3. Vials were transported using a portable vaccine refrigerator or qualified container and pack-out designed to transport vaccines within the temperature range recommended by the manufacturers (e.g., between 2-8°C, or 4-6°C for all refrigerated vaccines).
- 4. Cold packs are used in transport to maintain vaccine temperature within the recommended range.
- 5. The vaccine is transported under adequate refrigeration or other conditions that ensure proper temperature control.

The person transporting the vaccines confirmed that all vaccines were transported in the adequate container, and the condition of vaccines was monitored.

Vaccine Storage and Handling (Upon Arrival at Facility/Clinic):
- 6. If vaccines were shipped, the arrival time is within the acceptable time frame (manufacturer or distributor guidelines) and in good condition.
- 7. If the vaccine transported contained a cold chain monitor (CCM), the temperature was recorded.

Upon arrival at the facility/click site, vaccines were stored in accordance with the manufacturer’s recommended temperature range. Follow the guidelines for handling and storing vaccines provided by the manufacturer.

Upon arrival at the facility/click site, vaccines were stored in a refrigerated unit or on ice packs.

CLINIC PREPARATION AND SUPPLIES:
- 8. A contingency plan is in place in case vaccines need to be replaced.
- 9. An emergency medical kit (including equipment for resuscitation) is available for use in case of an emergency.

All vaccine providers at the site are trained in cardiopulmonary resuscitation (CPR).

Flowchart for Vaccination Clinic Layout for Walk-through Clinics

Indoor or outdoor walk-through clinics

1. Eligibility screening area (multiple stations)
2. CLINIC ENTRANCE
3. Waiting area
4. Registration/Q&A/form completion area (multiple stations)
5. Medical screening/treatment area (as needed)
6. Payment area (multiple stations, i.e., Medicare, private insurance)
7. Vaccination area (multiple stations)
8. Post vaccination waiting area
9. CLINIC EXIT

*These activities can also be combined with activities, for example, they might be part of activity 1 or 3

https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/pre-clinic-activities.html
Flowchart for Vaccination Clinic Layout of Curbside Clinics

[Diagram showing the layout of a curbside or drive-through clinic]

1. Parking area
2. Entrance area (multiple stations for screening, registration/Q&A/form completion/payment)
3. Vaccination area (multiple stations)
4. Area to wait after vaccination (multiple parking spaces)
5. Exit

https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/pre-clinic-activities.html
Conclusions

- Influenza vaccination can have tremendous impact in reducing doctor visits, hospitalizations, and deaths each year.
- Influenza vaccine is especially important this season in the context of the pandemic—and particularly among our most vulnerable populations:
  - Persons with high-risk conditions
  - Groups disproportionately affected by flu and COVID
- Continue vaccinating for the duration of flu season.
Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Avoiding a Dual Epidemic: State Strategies to Prevent Flu Amidst the COVID-19 Pandemic

Arizona’s Approach
Jami Snyder, Arizona Medicaid Director
AHCCCS At A Glance

- Largest insurer in AZ, covering over 2 million individuals and families
- AHCCCS uses federal, state and county funds to provide health care coverage to the State’s Medicaid population
- more than 50% of all births in AZ
- 98,321 registered healthcare providers
- two-thirds of nursing facility days
- Payments are made to 15 contracted health plans, who are responsible for the delivery of care to members
“The overlap of COVID-19 and flu season presents a perfect storm — and we aren’t taking any chances. We are approaching this fall with a proactive mindset and plan of action to limit the impact of the flu and preserve hospital resources. ... I urge all Arizonans to get their flu shots. It’s never been more important to do so.”

Governor Doug Ducey
Pharmacy/Pharmacist Protocol Modification

- Implemented policy change, allowing AHCCCS to reimburse for flu vaccine administration by pharmacists for children, ages 3 - 18
  - Specific to flu vaccine
- Pharmacies may bill managed care organization (MCO) PBM or the Vaccines for Children Program
- MCO network requirements remain intact
Provider Incentive

- 10% rate increase for in office flu vaccine and administration codes and pharmacy flu vaccine codes
- Drive-up flu shots eligible for reimbursement increase
  - Drive-up provider must be registered with AHCCCS and in the member’s MCO network
Member Incentive

- Offering a $10 gift card to all members enrolled with an MCO who obtain the flu vaccine
- Gift card provided after a flu vaccine is administered
- MCOs required to post information to their websites on how to access the gift cards
- No mandate regarding the type of gift card (cannot be used to purchase alcohol or tobacco products)
Roll Up Your Sleeve.

Get your influenza shot.
Questions?

Jami Snyder
Jami.Snyder@azahcccs.gov
NASHP Influenza Webinar

Presented by
Ngozi Ezike, M.D.
Director
Illinois Department of Public Health

November 2020
IDPH Response & Activities to Increase Influenza Coverage Levels

• IDPH Immunization Section will use CDC Influenza Supplement Funds in the amount of $4.3 million to increase influenza coverage levels and respond to influenza related health inequities.

• CDC Influenza Supplemental Funds will be used to increase influenza vaccination coverage levels, increase capacity of existing partners, and identify new community collaborative partners and vaccinators.
Project 1 – Health Equity

• By implementing a community-led approach to health, integrated concepts that respond to social determinants of health and health equity will be instituted.

• Our goal is to empower, mobilize, and educate the targeted communities and, over time the concepts will be integrated into the practices and fabric of their communities.
Project 2 – Coverage Level Grant Amendments

• Existing Immunization Coverage Level grantees that specialize in engaging and partnering with community-based organizations will have their grant amended.

• Grantee’s will sub-grant to organizations that primarily serve and represent minority communities throughout the state that have disproportionately low coverage level rates.

• The sub-grants will implement a community-led approach that will, educate, empower, and mobilize targeted minority communities to vaccinate for influenza.
Project 3 – Coverage Level Grant in Southern Region of the Jurisdiction

• Engage and partner with community-based organizations that primarily serve and represent minority communities in southern regions of the state.

• This community-led approach will educate, empower, and mobilize targeted minority communities to vaccinate for influenza.
Project 4 – Increased Vaccination Plan

• The IDPH Immunization Program will give 97 Local Health Department $20,000 each for influenza planning and preparation supplies for a total of $1.94 million.

• Increase ability to provide clinics at non-traditional locations by providing equipment and supplies for vaccine transport for temporary mass vaccination clinics.
Project 5 – Media/Mass Transit Ads

- Media/mass transit ads for Flu Shots will be in targeted low coverage level communities.

- #SleeveUp – In partnership with the CDC we are asking Illinoisans to get their flu shots to avoid the “twin-demic” of COVID-19, which is still a threat to our communities.
Project 6 – Immunization Mass Vaccination Clinic Nurses

- Field nurses will be contracted to staff and support existing local health departments and other vaccinators at mass vaccination influenza clinics throughout Illinois.
Questions?
Q&A

Please share your questions by typing in the Q&A box.
NASHP and AcademyHealth are seeking 5-7 states for a new Community of Practice on Eliminating Barriers to Immunization Through Collaborative Use of State Agency Resources, funded by a CDC cooperative agreement.

- Applications are available here and due on Dec. 1.
- If you have any questions, please contact Rebecca Cooper (rcooper@nashp.org) or Sunita Krishnan (sunita.krishnan@academyhealth.org).
Thank You!