2019-2020 Recommendations for Influenza Vaccination

MCAAP Webinar 11-21-19

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Presenter Disclosure Information

• I, Susan Lett, have been asked to disclose any significant relationships with commercial entities that are either providing financial support for this program or whose products or services are mentioned during our presentations.
  • I have no relationships to disclose.

• I may/will discuss the use of vaccines in a manner not approved by the U.S. Food and Drug Administration.
  • But in accordance with ACIP recommendations.
CDC’s Take 3 Campaign

https://www.cdc.gov/flu/prevent/preventing.htm
Outline

- 2018-2019 Influenza Season Summary
- Influenza Immunization Rates in MA
- 2019-2020 ACIP Recommendations for Prevention and Control of Influenza
- Influenza Resources
- Vaccine Supply and Programmatic Updates
2018-2019 Influenza Season
A Review of Last Season (2018-19)

• Moderate severity season
  • Compared to the relatively severe 2017-18 season, influenza-related hospitalization rates lower for adults; similar for children

• Activity began increasing in November, peaked in mid-February
  • ILI above baseline for 21 weeks--longest season in 10 years

• Two waves of influenza A activity of similar magnitude (very little influenza B)
  • A(H1N1)pdm09: October 2018 to mid-February 2019
  • A(H3N2): since mid-February 2019

• The majority of circulating A(H1), B/Victoria and B/Yamagata lineage viruses were similar to the cell-grown reference viruses representing the 2018-2019 influenza vaccine viruses
  • Genetic diversity among H3N2 viruses; most were antigenically different from the H3N2 vaccine component
### Season Severity Assessment – by Age Group and Season, 2003-04 through 2018-19

<table>
<thead>
<tr>
<th>Season</th>
<th>Child</th>
<th>Adults</th>
<th>Older Adults</th>
<th>All Ages</th>
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<tbody>
<tr>
<td>2018–19</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
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<tr>
<td>2017–18</td>
<td>High</td>
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<td>High</td>
<td>High</td>
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<tr>
<td>2016–17</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
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<tr>
<td>2015–16</td>
<td>Low</td>
<td>Moderate</td>
<td>Low</td>
<td>Moderate</td>
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<tr>
<td>2014–15</td>
<td>Moderate</td>
<td>Moderate</td>
<td>High</td>
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<tr>
<td>2013–14</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
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<tr>
<td>2012–13</td>
<td>Moderate</td>
<td>Moderate</td>
<td>High</td>
<td>Moderate</td>
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<tr>
<td>2011–12</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>2010–11</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>2009–10</td>
<td>Very High</td>
<td>Moderate</td>
<td>Low</td>
<td>Moderate</td>
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<tr>
<td>2008–09</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>2007–08</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
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<tr>
<td>2006–07</td>
<td>Low</td>
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<td>2005–06</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
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<tr>
<td>2004–05</td>
<td>Low</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>2003–04</td>
<td>Very High</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
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</tbody>
</table>

CDC estimates that, from October 1, 2018, through May 4, 2019, there have been:

- 37.4 million – 42.9 million flu illnesses
- 17.3 million – 20.1 million flu medical visits
- 531,000 – 647,000 flu hospitalizations
- 36,400 – 61,200 flu deaths

https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm
In MA, during the 2018-2019 season - 4 pediatric flu-related deaths.

Influenza-Associated Pediatric Deaths by Week of Death, 2016-2017 season to 2019-2020 season

- 2016-2017: Number of Deaths = 110
- 2017-2018: Number of Deaths = 187
- 2018-2019: Number of Deaths = 143
- 2019-2020: Number of Deaths = 3

Source: CDC FluView  [https://www.cdc.gov/flu/weekly/index.htm](https://www.cdc.gov/flu/weekly/index.htm)
**Influenza Like Illness in Massachusetts**

*Estimated Weekly Severity of Influenza to Date*

<table>
<thead>
<tr>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
</table>

**Figure 1: Percentage of Ill visits reported by sentinel provider sites**

*September 29, 2019 – November 9, 2019*

*Influenza-like illness (ILI), defined by fever >100°F and cough or sore throat, as reported by Massachusetts sentinel surveillance sites*

*ILI Clusters (October-September)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
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<tbody>
<tr>
<td>2018-2019</td>
<td>322*</td>
</tr>
<tr>
<td>2017-2018</td>
<td>406</td>
</tr>
<tr>
<td>2016-2017</td>
<td>261</td>
</tr>
<tr>
<td>2015-2016</td>
<td>67</td>
</tr>
<tr>
<td>2014-2015</td>
<td>286</td>
</tr>
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</table>

Select Flu Immunization Rates
### MA Flu Vaccination Rates vs. U.S.

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Everyone 6 mos+</td>
<td>50%</td>
<td>#2 59%*</td>
<td>49%*</td>
</tr>
<tr>
<td>Children 6 mos – 17 yrs</td>
<td>74%</td>
<td>#1 81%*</td>
<td>63%*</td>
</tr>
<tr>
<td>- Children 6 mos – 4 yrs</td>
<td>76%</td>
<td>#1 88%*</td>
<td>73%*</td>
</tr>
<tr>
<td>- Children 5 – 12 yrs</td>
<td>74%</td>
<td>#1 82%*</td>
<td>64%*</td>
</tr>
<tr>
<td>- Adolescents 13 – 17 yrs</td>
<td>72%</td>
<td>#1 76%</td>
<td>52%*</td>
</tr>
<tr>
<td>Adults 18 +</td>
<td>44%</td>
<td>#2 54%*</td>
<td>45%*</td>
</tr>
<tr>
<td>- Adults 18 – 64 y/o</td>
<td>40%</td>
<td>#2 48%*</td>
<td>39%*</td>
</tr>
<tr>
<td>- Adults HR 18 – 64 y/o</td>
<td>46%</td>
<td>#8 55%*</td>
<td>48%*</td>
</tr>
<tr>
<td>- Adults 50 – 64 y/o</td>
<td>46%</td>
<td>#5 54%*</td>
<td>47%*</td>
</tr>
<tr>
<td>- Adults 65+</td>
<td>58%</td>
<td>#9 72%*</td>
<td>68%*</td>
</tr>
</tbody>
</table>

*Statistically significant change from previous year.

2017-18 and 2018-19 National Immunization Survey (NIS) and Behavioral Risk Factor Surveillance System (BRFSS)
Healthcare Provider Influenza Vaccine Rates

- Annual influenza vaccination is the best method of preventing influenza and potentially serious complications. The current Healthy People 2020 goal for influenza vaccination among healthcare personnel is 90%.
- Vaccination rates for different groups of healthcare workers. Vaccination rates in acute care hospitals, both nationally and in MA have surpassed the Healthy People 2020 goal and should be congratulated. However, rates for healthcare workers in general are much lower.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>All Healthcare Personnel</td>
<td>60%¹</td>
<td>N/A</td>
<td>78%</td>
<td>81%</td>
</tr>
<tr>
<td>Acute Care Hospitals</td>
<td>93%²</td>
<td>94%²</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td>Nursing Homes (MA)/Long Term Care Settings* (US)</td>
<td>71%²</td>
<td>72%²</td>
<td>67%</td>
<td>68%</td>
</tr>
</tbody>
</table>

Source: ¹MA BRFSS for 2017 Calendar Year; ²MA Influenza Vaccination of Healthcare Employees; ³Influenza Vaccination Coverage Among Health Care Personnel — United States, 2017–18 Influenza Season, MMWR, September 28, 2018 / 67(38);1050–1054; ⁴Influenza Vaccination Coverage Among Health Care Personnel — United States, 2018–19 Influenza Season, CDC FluView

*Long Term Care settings included nursing homes, home health agencies, home health care settings, assisted living facilities, or other LTC settings

MDPH 2019
Vaccines often offered, but many pregnant women and babies left unprotected

Women who report provider offer or referral for flu and Tdap vaccine

- YES: 75%
- NO: 25%

Flu and Tdap vaccination coverage for pregnant women

- Tdap vaccine during pregnancy: 55%
- Flu vaccine before/during pregnancy: 54%
- Both vaccines: 35%

SOURCE: CDC Internet Panel Survey 2019


CDC Vital Signs Maternal Vaccination.
2019-2020 Influenza Vaccination Recommendations

EACHONE 6 MONTHS OF AGE AND OLDER SHOULD GET A FLU VACCINE EVERY SEASON.
ACIP Influenza Prevention

- Published in MMWR August 22, 2019
- Format:
  - MMWR publication focuses on
    - recommendations
    - Selected references
    - Figure
    - Main tables
- Background document with additional references

4 page summary


https://www.cdc.gov/mmwr/volumes/68/rr/pdfs/rr6803-H.pdf
Influenza Vaccine Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIV</td>
<td>Inactivated Influenza Vaccine</td>
</tr>
<tr>
<td>ccIIV</td>
<td>Cell culture based Inactivated Influenza Vaccine</td>
</tr>
<tr>
<td>aIIV</td>
<td>Adjuvanted Inactivated Influenza Vaccine</td>
</tr>
<tr>
<td>HD-IIV</td>
<td>High-Dose Inactivated Influenza Vaccine</td>
</tr>
<tr>
<td>RIV</td>
<td>Recombinant Influenza Vaccine</td>
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<tr>
<td>LAIV</td>
<td>Live Attenuated Influenza Vaccine</td>
</tr>
</tbody>
</table>

Numbers indicate the number of influenza virus antigens:
- 3 for trivalent: an A(H1N1), an A(H3N2), and one B (from one lineage)
- 4 for quadrivalent: an A(H1N1), an A(H3N2), and two Bs (one from each lineage)
Groups Recommended for Influenza Vaccination

- Routine annual influenza vaccination is recommended for all persons ≥6 months of age who do not have contraindications
- While vaccination is recommended for everyone in this age group, there are some for whom it is particularly important—
  - People aged ≥6 months who are at increased risk of complications and severe illness due to influenza
  - Contacts and caregivers of persons
    - <5 years of age
    - ≥50 years of age
    - with medical conditions that put them at higher risk for severe complications from influenza

From MMWR 68(3), August 23, 2019
Populations at Higher Risk for Severe Influenza Illness

- Children <5 years of age (especially children < 2 years of age)
- Adults aged >65 years of age
- People who have some chronic medical conditions
- People younger than 19 years of age who are receiving long-term aspirin therapy
- People who are extremely obese (BMI≥40)
- Residents of long-term care facilities
- Indigenous populations
- Pregnant women

- Chronic lung diseases (e.g. asthma, COPD, cystic fibrosis)
- Neurological and neurodevelopmental conditions
- Heart disease (e.g., CHF, coronary artery disease)
- Blood disorders (e.g., sickle cell disease)
- Endocrine disorders (e.g., diabetes mellitus)
- Kidney disorders
- Liver disorders
- Metabolic disorders
- Immunocompromising condition

(Source: Groskopf L. Influenza Update. CDC. Current Issues in Immunization Webinar. 10-2-19)
### Contraindications and Precautions to Influenza Vaccination

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Contraindications/Populations and Situations in which Use Is Not recommended</th>
<th>Precautions</th>
</tr>
</thead>
</table>
| IIVs         | - History of severe allergic reaction to any component of the vaccine' or to a previous dose of any influenza vaccine | - Moderate or severe acute illness +/- fever  
- History of Guillain-Barré syndrome within 6 weeks after receipt of influenza vaccine |
| RIV4         | - History of severe allergic reaction to any component of the vaccine | - Moderate or severe acute illness +/- fever  
- History of Guillain-Barré syndrome within 6 weeks after receipt of influenza vaccine |
| LAIV4        | - History of severe allergic reaction to any component of the vaccine' or to a previous dose of any influenza vaccine  
- Aspirin or salicylate medications in children/adolescents  
- Children aged 2 through 4 years with asthma or who have had wheezing in last 12 months (see MMWR for details)  
- Immunocompromised persons  
- Close contacts and caregivers of severely immunosuppressed persons who require a protected environment  
- Pregnancy  
- Receipt of influenza antivirals within the past 48 hours | - Moderate or severe acute illness +/- fever  
- History of Guillain-Barré syndrome within 6 weeks after receipt of influenza vaccine  
- Asthma in persons aged ≥5 years  
- Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus]) |

* Severe allergic reaction to egg is a labeled contraindication to most IIVs and LAIV. However, ACIP recommends that persons with egg allergy of any severity receive influenza vaccine. Persons who have had allergic reactions to egg involving anything other than hives should receive the vaccine in a medical setting, supervised by a provider who is able to recognize and manage severe allergic conditions.
### U.S.-Licensed Influenza Vaccines, 2019-20

<table>
<thead>
<tr>
<th>Vaccine type</th>
<th>6 through 23 mos</th>
<th>2 through 3 yrs</th>
<th>4 through 17 yrs</th>
<th>18 through 49 yrs</th>
<th>50 through 64 yrs</th>
<th>≥65 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIV4s (egg)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Afluria Quadrivalent*</td>
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<tr>
<td></td>
<td>Fluarix Quadrivalent*</td>
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<td></td>
<td>FluLaval Quadrivalent*</td>
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<tr>
<td></td>
<td>Fluzone Quadrivalent*</td>
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<tr>
<td>IIV4 (cell)</td>
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<td></td>
<td></td>
<td></td>
<td>Flucelvax Quadrivalent</td>
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<td>RIV4 (recombinant)</td>
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<tr>
<td>Adjuvant IIV3 (egg)</td>
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<td></td>
<td>Flublok Quadrivalent</td>
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<tr>
<td>High-dose IIV3 (egg)</td>
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<td>Fluad</td>
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<tr>
<td>LAIV4 (egg)</td>
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<td></td>
<td></td>
<td>Fluzone High-dose</td>
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</table>

* For children 6 through 35 months of age, some vaccines are dosed differently—more on this later
  - No influenza vaccines are licensed for children under 6 months of age.
  - For many people in other age groups, there is more than one appropriate product.
  - ACIP expresses no preference for any one influenza vaccine over another where there is more than one that is appropriate.

(Source: Groskopf L., Influenza Update. CDC. Current Issues in Immunization Webinar. 10-2-19)
2019-20 ACIP Influenza Statement—Updates

Principal changes and updates for 2019-20:

- Influenza vaccine composition for 2019-20
- Labelling changes for two existing vaccines
2019-20 Influenza Vaccine Composition

Trivalent vaccines:
• A/Brisbane/02/2018 (H1N1)pdm09–like virus--*updated*;
• A/Kansas/14/2017 (H3N2)–like virus--*updated*;
• a B/Colorado/06/2017-like virus (Victoria lineage).

Quadrivalent vaccines:
• The above three viruses, and
• a B/Phuket/3073/2013-like virus (Yamagata lineage).
Labeling Changes for Influenza Vaccines for Children 6-35 Months of Age

Afluria Quadrivalent minimum age lowered from ≥5 years to ≥6 months
• Dose volume 0.25mL for children 6-35 months
• Dose volume 0.5mL for children and adults ≥3 years

Fluzone Quadrivalent dose volume for children aged 6 through 35 months
• Dose volume is now either 0.25mL or 0.5mL for children 6-35 months (was previously 0.25mL)
• Dose volume 0.5mL for children and adults ≥3 years
Background: Influenza Vaccines for Young Children (6 through 35 months)

• Historically, 6- through 35-month-olds received 0.25mL per dose of IIVs
  • Half the 0.5mL recommended for older children and adults
  • Based on early studies with whole virus vaccines showing increased fever risk

• Whole-virus IIVs are no longer used in the US since ~2000-2001
  • Replaced by split-virus and subunit IIVs

• However, the half-dose recommendation remained

• For many seasons prior to 2016-17, only IIVs licensed for this group were Fluzone/Fluzone Quadrivalent, at the 0.25mL dose
Influenza Vaccines for Children 6 through 35 months

• Four IIVs licensed for this age group for 2019-20

• Licensed dose volumes for this age group differ
  • *FluLaval Quadrivalent* (IIV4, GSK) 0.5 mL
  • *Fluarix Quadrivalent* (IIV4, GSK) 0.5mL
  • *Afluria Quadrivalent* (IIV4, Seqirus) 0.25 mL
  • *Fluzone Quadrivalent* (IIV4, Sanofi Pasteur) 0.25 mL or 0.5 mL

• Some potential for confusion regarding dose volumes

• For children who need two separate doses this season, a 0.5mL dose does not count as two doses
Number of Doses Needed Ages 6 months through 8 Years

- Children in this age group who have not had ≥2 doses of trivalent or quadrivalent vaccine before July 1, 2019 or whose vaccination history is not known need 2 doses at least 4 weeks apart for 2019-20.

- Previous doses can be from different/non-consecutive seasons.

- 8-year-olds who need 2 doses should receive second even if they turn 9 years old between dose 1 and dose 2.
Timing of Vaccination

• Vaccination should be offered by the end of October
• For children 6 months through 8 years of age who need two doses, it is recommended that the first dose be given soon after vaccine is available, to allow enough time for the second dose to be received by the end of October
• For those needing only one dose, early vaccination (e.g., July or August) likely to be associated with reduced immunity later in the season, particularly for older adults
• Vaccination should continue through the season, as long as influenza is circulating and unexpired vaccine is available
Create Culture of Immunization in Your Practice
It Takes a Team

• Patient’s confidence is increased when they receive the same information from different people
• Inconsistent message from staff may confuse parents and create mistrust
• A culture of immunization starts at the front desk and extends into the waiting room, exam room and finally to the check-out desk
• Everyone plays a part:
  ▪ Receptionists & other support staff
  ▪ Nurses and nurse practitioners
  ▪ Physicians and physician assistants
  ▪ Office manager
  ▪ Vaccine coordinator

Source: R. Hopkins. Strategies to increase adult immunization rates. NFID webinar 2-6-2019
How You Make a Recommendation is Important

The way that we communicate with our patients matters...

• Participatory:
  • Would you like an influenza vaccine today? [implied following phrase ‘or not?’]
  • This passive recommendation is more likely to leave the impression of uncertainty of the value of [or commitment to] intervention suggested.

• Presumptive:
  • I strongly recommend we give you the influenza vaccination today to prevent the flu. Do you have any questions about that?
  • Recommending an immunization is equivalent to prescribing a diuretic for heart failure or an antibiotic for pneumonia...
Make a Strong Recommendation

CDC recommends the **SHARE** method:

- **SHARE** the reasons why the influenza vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.
- **HIGHLIGHT** positive experiences with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination.
- **ADDRESS** patient questions and any concerns about the influenza vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.
- **REMIND** patients that influenza vaccines protect them and their loved ones from serious influenza illness and influenza-related complications.
- **EXPLAIN** the potential costs of getting influenza, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

[https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm](https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm)
CDC’s Take 3 Campaign

https://www.cdc.gov/flu/prevent/preventing.htm
Take Everyday Actions to Prevent the Flu

1. Try to avoid close contact with sick people.
2. Stay home when you are sick.
   This will help prevent spreading your illness to others. Stay home (except for medical care or for other necessities) for 24 hours after fever is gone without the use of fever reducing medicine.
3. Cover your mouth and nose.
   Cover your mouth and nose with a tissue when coughing or sneezing. After using throw it in the trash.
4. Wash your hands.
   If soap and water are not available, use an alcohol-based hand gel.
5. Avoid touching your eyes, nose or mouth because germs spread this way.
6. Clean and disinfect surfaces when someone is ill.
7. Follow any other public health advice specific for your school, work or other setting.

https://www.cdc.gov/flu/prevent/preventing.htm
Influenza Resources

GET YOUR FAMILY VACCINATED
FIGHT FLU
cdc.gov/FightFlu
MDPH Main Flu Website

www.mass.gov/flu

Influenza
Learn about influenza and how to prevent and control the spread of disease.

Influenza information for healthcare and public health professionals
Your recommendation and offer of vaccine are the most important determinants for patients to get vaccinated!

Other MDPH Sources of Information

- MDPH sends out a weekly Flu Update email updates about recent flu activity and associated guidance. If you are interested in receiving these flu updates, please email Joyce Cohen (joyce.cohen@state.ma.us).
- Also visit the Mass Public Health Blog http://blog.mass.gov/publichealth/
CDC Main Flu Website

https://www.cdc.gov/flu/index.htm

CDC on Flu Vaccine:
- 148.6 million doses of flu vaccine have been distributed.
- CDC recommends everyone 6 months and older get a flu vaccine by the end of October.
- Flu vaccination has important benefits.

Flu vaccination has been shown to prevent flu illnesses, doctors' visits and hospitalizations and can be life-saving in children.
CDC Resources for Healthcare Professionals

https://www.cdc.gov/flu/index.htm
CDC Communication Resources
https://www.cdc.gov/flu/resource-center/index.htm

Social Media Images & Messages
Share the flu vaccination images and messages below online or on social media. Click the links below to images to download and click to "more messages" button for a full list of social media messages to share throughout the season.

- CDC Flu Fact
- Symptoms of Flu
- CDC Flu Fact
- CDC Flu Fact
- CDC Flu Fact

Animated Images
- Young Adults
- Family/General Audience

FLU VACCINE: GET THE FACTS
Your Best Protection Against Flu

FLU VACCINE REDUCES YOUR RISK OF FLU
FLU VACCINATION ESPECIALLY IMPORTANT FOR SOME
National Influenza Vaccination Week

December 1-7, 2019

NIVW is a national awareness week focused on highlighting the importance of influenza vaccination.

Vaccine Supply and Other Programmatic Updates
2019-2020 Influenza Vaccine Supply

- The total projected supply in the U.S. this season is between 162 to 168 million doses of flu vaccine.
  - For more information, see: https://www.cdc.gov/flu/prevent/vaccine-supply-distribution.htm

- To find clinics near you, go to Health Map’s Vaccine Finder:
  - https://vaccinefinder.org

- Private purchase at:
  - Influenza Vaccine Availability Tracking System (IVATS)
    - https://www.izsummitpartners.org/ivats/
MDPH Vaccine Supply

• 2019-2020 influenza vaccine is available for sites to order.
• Massachusetts is fully universal for all routinely recommended ACIP vaccines.
  • MDPH supplies Men B vaccine for high risk children 10-18 years of age and VFC eligible patients 16-18 years of age regardless of risk.
  • Full and part-time students, 18 and under, that attend one of the schools in the Five College Consortium are no longer considered high risk.
• Sites should be aware that many vaccine manufacturers are transitioning to only offering pre-filled syringes. Pre-filled syringes take up more space, and sites should ensure that storage units are not overfilled.
Hepatitis B Vaccine Shortage

- There is still a national shortage for pediatric Hep B vaccine.
- Supply has increased enough to allow DPH to approve additional orders of vaccine on a case by case basis.
  - Supplies still not adequate to support transitioning back to a full Pentacel DTaP-primary series
- Shortage is anticipated to last into 2020.
NEW – Meningococcal Vaccine School Requirement

• Beginning with the 2020-2021 school year, quadrivalent MenACWY vaccine will be required for:
  • Grade 7: One dose MenACWY for all students
  • Grade 11: One booster dose MenACWY received on or after 16 years of age (one or more doses of MenACWY vaccine are acceptable as long as one dose was received on or after 16 years of age)
MDPH Immunization Division

Contact Information

**Main Number**
For questions about immunization recommendations, disease reporting, etc.
Phone: 617-983-6800
Fax: 617-983-6840
Website: www.mass.gov/dph/imm

**MIIS Help Desk**
Phone: 617-983-4335
Fax: 617-983-4301
Email: miishelpdesk@state.ma.us
Websites: www.contactmiis.info | www.mass.gov/dph/miis

**MDPH Vaccine Unit**
Phone: 617-983-6828
Fax: 617-983-6924
Email: dph-vaccine-management@state.ma.us
Website: www.mass.gov/dph/im (click on Vaccine Management)
Thanks for all you do!

Questions?