2020-2021 Influenza Vaccination Recommendations and Clinical Guidance during the COVID-19 Pandemic

Clinician Outreach and Communication Activity (COCA) Webinar

Thursday, August 20, 2020

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- CDC did not accept commercial support for this continuing education activity.

Objectives

At the conclusion of the session, the participant will be able to accomplish the following—

- Summarize updates to ACIP recommendations for the 2020-21 influenza vaccination season.
- Discuss the Standards for Adult Immunization Practice and general vaccination guidance during the COVID-19 pandemic.
- Describe flu vaccination planning and guidance for large vaccination clinics held in satellite, temporary, or off-site locations.

To Ask a Question

- All participants joining us today are in listen-only mode.
- Using the Webinar System
  - Click the “Q&A” button.
  - Type your question in the “Q&A” box.
  - Submit your question.
- Click the “CC” button in Zoom to enable closed captioning.
  - “CC” button is located either on the top or bottom of your screen.
- The video recording of this COCA Call will be posted at https://emergency.cdc.gov/coca/calls/2020/callinfo_082020.asp and available to view on-demand a few hours after the call ends.
- If you are a patient, please refer your questions to your healthcare provider.
- For media questions, please contact CDC Media Relations at 404-639-3286, or send an email to media@cdc.gov.

Today's Presenters

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ACIP Influenza Vaccination Updates for the 2020–21 Season

Lisa Grohskopf, MD, MPH

Influenza Division, NCIRD, CDC

Clinician Outreach and Communication Activity (COCA) Call

August 20, 2020

Abbreviations

IIV	Inactivated Influenza Vaccine
ccIIV4	Cell-culture-based inactivated influenza vaccine
aIIV3, aIIV4	Adjuvanted inactivated influenza vaccine
HD-IIV4	High-dose inactivated influenza vaccine
RIV4	Recombinant influenza vaccine
LAIV4	Live, attenuated influenza vaccine

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)

2020–21 ACIP Influenza Statement

Core recommendation (unchanged):

- Annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications.

2020–21 ACIP Influenza Statement

- Primary updates:
  - U.S. influenza vaccine viral composition
  - Addition of two recently licensed vaccines
    - Fluzone High-Dose Quadrivalent
    - Fluad Quadrivalent
- Updates in:
  - Live, attenuated influenza vaccine and influenza antivirals
  - Discussion and Table of contraindications/precautions
  - Recommendations for persons with severe egg allergy

2020–21 Influenza Vaccine Composition

- ***Egg-based IIVs and LAIV4:***
  - 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
  - (IIV4s and LAIV4) a B/Phuket/3073/2013 (Yamagata lineage)-***like*** virus.
- ***Cell-culture-based IIV4 and RIV4:***
  - 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.

U.S.-Licensed Influenza Vaccines Expected for 2020–21

Vaccine type	6 through 23 mos	2 through 3 yrs	4 through 17 yrs	18 through 49 yrs	50 through 64 yrs	≥65 yrs
IIV4s (egg)	Afluria Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent Fluzone Quadrivalent					
ccIIV4 (cell)			Flucelvax Quadrivalent			
RIV4 (recombinant)				Flublok Quadrivalent		
Adjuvanted aIIV3 (egg)						Fluad
Adjuvanted aIIV4 (egg)						Fluad Quadrivalent **NEW**
High-dose HD-IIV4 (egg)						Fluzone High-Dose Quadrivalent **NEW**
LAIV4 (egg)		FluMist Quadrivalent				

- No influenza vaccines are licensed for children under 6 months of age.
- For children 6 through 35 months of age, volume per dose is different than for older persons—refer to PI for dose volumes.
- For many people, there is more than one appropriate vaccine.
- ACIP expresses no preference for any one influenza vaccine over another where more than one is appropriate.
- All are intramuscular except for LAIV4 (intranasal).
- LAIV4 should not be used for some groups, including pregnant women and certain other populations (see ACIP statement).

New Influenza Vaccine Licensures

November 2019:

- Fluzone High-Dose Quadrivalent (Sanofi Pasteur)
  - Licensed for ≥65 years
  - 60 mcg hemagglutinin per vaccine virus in a 0.7 mL dose (240 mcg total)
  - Will replace previous trivalent Fluzone High-Dose for 2020–21

February 2020:

- Fluad Quadrivalent (Seqirus)
  - Licensed for ≥65 years
  - Contains MF59 adjuvant
  - Will be available in addition to previous trivalent Fluad

Influenza Antivirals and LAIV4

- Previous guidance--antivirals from 48 hours before to 2 weeks after administration of LAIV4 may interfere with vaccine
- Newer antivirals peramivir and baloxavir have longer half-lives than oseltamivir and zanamivir.
- Insufficient data available on use of LAIV4 in setting of antiviral use
- Based on half-lives and assuming normal clearance, reasonable to assume interference possible if antivirals are administered within these intervals:

Antiviral	Interval
Oseltamivir and Zanamivir	48 hours before to 2 weeks after LAIV4
Peramivir	5 days before to 2 weeks after LAIV4
Baloxavir	17 days before to 2 weeks after LAIV4

LAIV4 Use in Settings of Asplenia, Cochlear Implant, and Active Cranial Cerebrospinal Fluid (CSF) Leak

- Anatomic and functional asplenia, cochlear implant, and CSF leak discussed last season in section on immunocompromised hosts
- Insufficient data for use in these populations
- Alternative vaccines are available (IIVs, RIV4).
- Added to list of contraindications for LAIV4 in Table 2
  - For cochlear implant, footnote suggests consultation with expert regarding risk for persistent CSF leak, if an injectable vaccine cannot be used.

Vaccination of Persons with Egg Allergy

- Language concerning persons with a history of severe allergic reaction to egg (having had any symptom other than hives after egg ingestion) updated for two egg-free vaccines:
  - Cell-culture-based inactivated vaccine (ccIIV4)
  - Recombinant influenza vaccine (RIV4).

- For these individuals, if a vaccine ***other than ccIIV4 or RIV4*** is selected, it should be administered in an inpatient or outpatient medical setting, supervised by a health care provider who is able to recognize and manage severe allergic reactions.

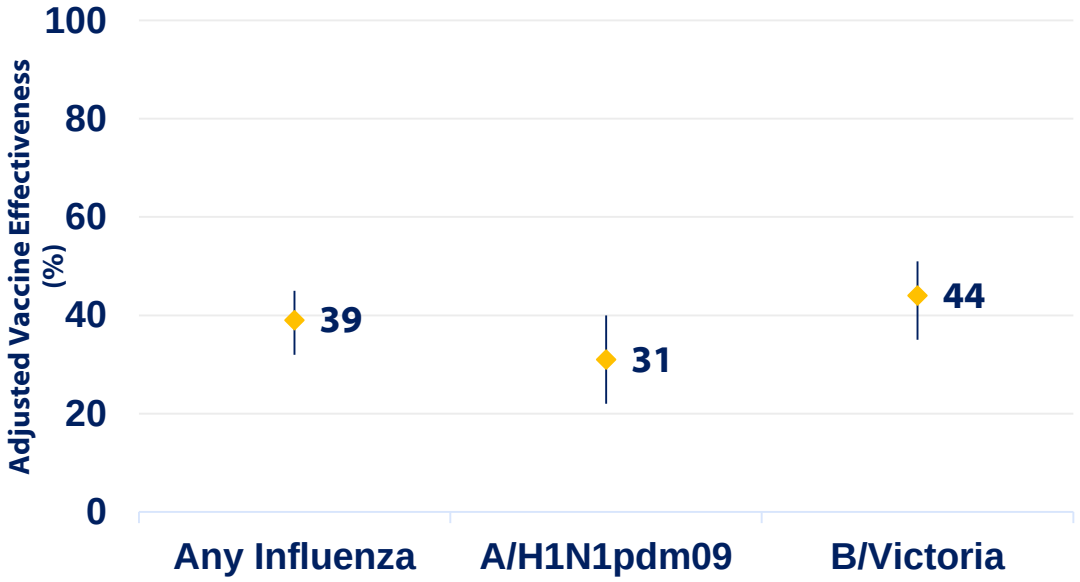
Influenza Vaccines for Children 6 through 35 mos

- Four IIV4s licensed for this age group

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

- Fluzone Quadrivalent 0.25 mL prefilled syringes will not be available for 2020–21

PRELIMINARY Adjusted vaccine effectiveness against medically attended influenza, US Flu VE Network, 2019–20 (as of June 9, 2020)

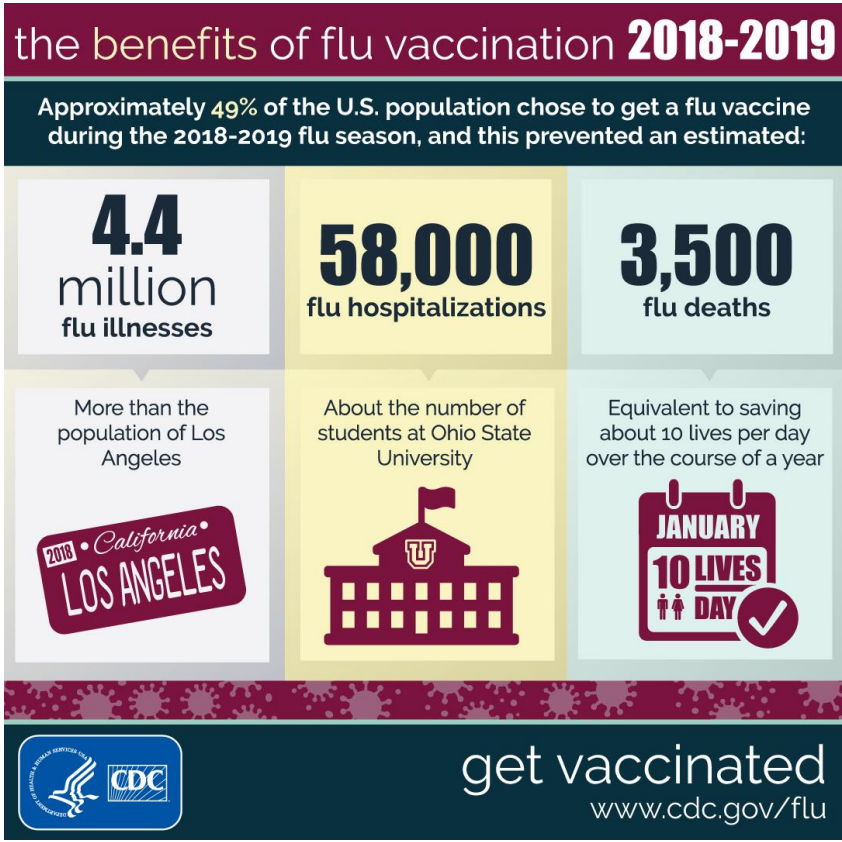


*Multivariable logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time.

Preliminary results presented at ACIP, June 24, 2020. For more information on the US Flu VE Network: https://www.cdc.gov/flu/vaccines-work/us-flu-ve-network.htm

Estimated Benefits of Influenza Vaccination, 2018–19

- Estimated vaccine effectiveness for 2018-19:
  - 29% overall
- Estimated vaccination coverage:
  - 49% overall
- Estimated burden averted through vaccination
  - 4.4 million illnesses
  - 58,000 hospitalizations
  - 3,500 deaths



https://www.cdc.gov/flu/resource-center/freeresources/graphics/flu-vaccine-protected-infographic.htm

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.

Standards for Adult Immunization and Vaccination Guidance during the COVID-19 Pandemic

LCDR Tara C. Jatlaoui, MD, MPH
Vaccine Planning Unit
Influenza Response Team Co-Lead

COCA Call

August 20, 2020

Standards for Adult Immunization Practice

- All health care providers, including those who do not provide vaccination services, have role in ensuring adult patients up to date on vaccines
- Call to action for adult health care providers to:
  - **ASSESS** vaccination status of all patients at every clinical encounter.
  - Strongly **RECOMMEND** vaccines that patients need.
  - **ADMINISTER** needed vaccines or **REFER** to a vaccination provider.
  - **DOCUMENT** vaccines received by patients in state vaccine registries.

Public Health Reports 2014;129:115–123

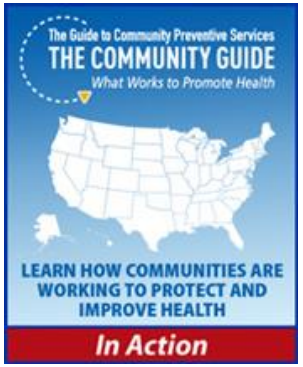
Standards for Adult Immunization Practice

- Professional health-care-related organizations, associations, or systems
  - Provide immunization **education and training** of members, including trainees.
  - Provide resources to **implement protocols** to routinely assess, vaccinate, or refer.
  - Encourage **members to be up to date** on their own immunizations.
  - Partner with other immunization stakeholders to **educate the public**.
  - Seek out **collaboration** opportunities with other immunization stakeholders.
  - Collect and **share best practices** for immunization.
  - **Advocate policies** that support adult immunization standards.
  - Insurers/payers/entities assure their network is adequate to **provide timely immunization access** and augment with additional vaccination providers if necessary.

Public Health Reports 2014;129:115–123

Strategies to Promote Adult Immunization

- Administrative
  - Immunization Champion
  - Management support
  - Effective policy
  - Provider assessment and feedback



- Programmatic
  - On site vaccination
  - Reduction in out-of-pocket costs
  - Standing orders
  - Reminder-recall
  - Immunization information system

- Communication
  - Patient values and needs
  - Provider recommendations

www.thecommunityguide.org/vaccines/index.html

Making a Strong Vaccine Recommendation: #HowIRecommend Videos

www.cdc.gov/vaccines/howirecommend/adult-vacc-videos.html

Medscape Module: How to Give a Strong Recommendation to Adult Patients Who Require Vaccination

- Case Presentations/Videos
- Older Adult
  - Zoster
  - PCV13
- Adult with Diabetes
  - Hepatitis B
  - Influenza
- Pregnant Woman
  - Tdap
  - Influenza

www.medscape.com/viewarticle/842874

Vaccination during the COVID Pandemic

CDC Interim Guidance for Immunization Services During COVID-19 Pandemic

- Vaccination is an essential medical service for all children and adolescents, ideally in the medical home.
- Administer all due or overdue vaccines according to routine immunization schedule during the same visit.
- Implement strategies to catch all patients up on vaccines.
  - Start with newborns, infants, and children up to age 24 months, young children, and extending through adolescence
- Includes guidance for the safe delivery of vaccines (e.g., use of personal protective equipment, physical distancing)

https://www.cdc.gov/vaccines/pandemic-guidance/index.html

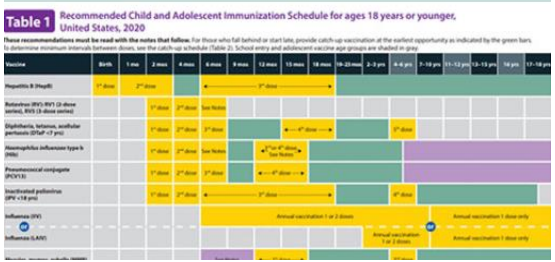
Routine Immunization Services Remain Critical

- Routine vaccination prevents disease in the individual, the family, and the community.
- Routine vaccination also prevents illnesses that lead to unnecessary medical visits and hospitalizations, further straining the healthcare system.
- Getting a flu vaccine is always the most important thing we can do to help protect ourselves, our loved ones and our community from flu, including reducing the risk of serious outcomes that can lead to hospitalization and death.

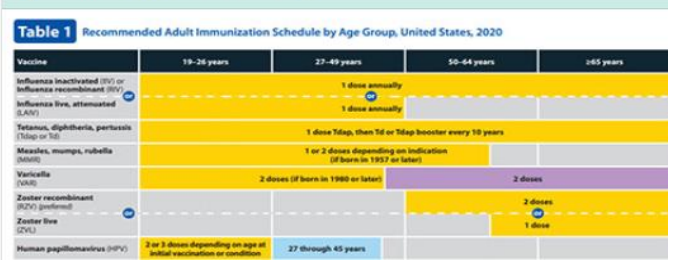
Decreasing Vaccination Coverage Means It Is Particularly Important to:

- Assess the vaccination status of all patients to avoid missed opportunities and ensure timely vaccination catch-up.
- Administer all vaccines due or overdue according to the recommended CDC immunization schedules during a visit.

Child and Adolescent Immunization Schedule (birth through 18 years)



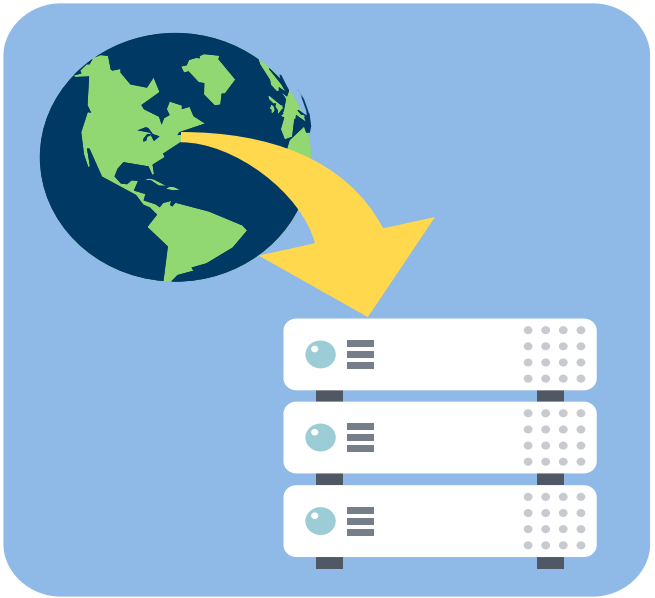
Adult Immunization Schedule (19 years and older)



https://www.cdc.gov/vaccines/pandemic-guidance/index.html

Vaccination Documentation

Because patients may be receiving vaccines outside their medical home, it is critical all vaccines are documented for accurate and timely information on patient vaccination status.



Persons with Suspected or Confirmed COVID-19

- Routine vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of symptoms.

https://www.cdc.gov/vaccines/pandemic-guidance/index.html

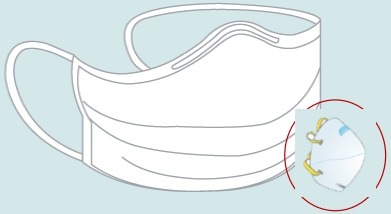
Implement Enhanced Infection Control Measures

- 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.

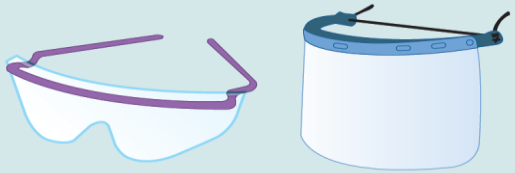
Use Personal Protection Equipment

Face mask



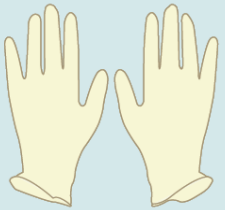
- **Recommended**: All health care providers (N95 masks not recommended)

Eye protection



- **Recommended:** Areas of moderate/substantial community transmission
- **Optional**: Areas of minimal/no community transmission

Gloves

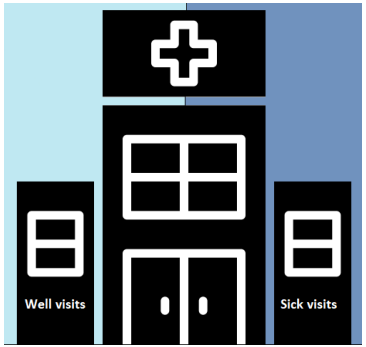


- **Recommended:** intranasal or oral vaccines
- **Optional:** intramuscular or subcutaneous vaccines

https://www.cdc.gov/vaccines/pandemic-guidance/index.html; Image credit: Pan American Health Organization

Ensure Physical Distancing during Vaccination Visits

Separate sick from well patients

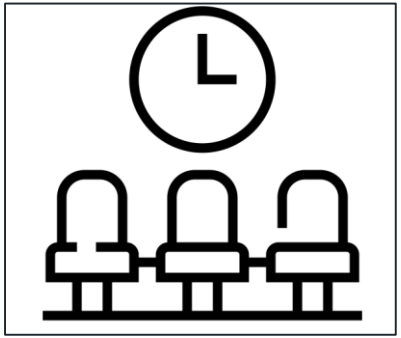


- Schedule well and sick visits at different times of the day.
- Place sick visits in different areas of the facility or different locations.

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

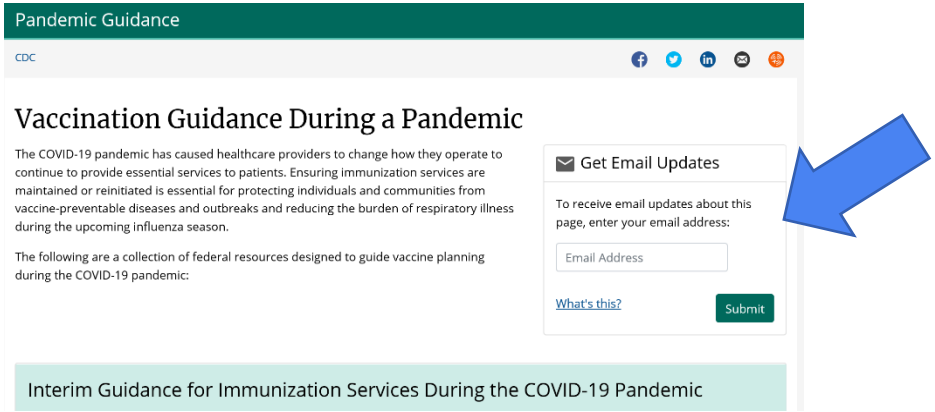


- Ask patients to wait outside (e.g., in their vehicles) until called in.

https://www.cdc.gov/vaccines/pandemic-guidance/index.html; Image credit: Noun Project, CDC

Vaccination Guidance Is Continuously Being Reviewed and Updated

- Visit https://www.cdc.gov/vaccines/pandemic-guidance/index.html for the most recent guidance.
- Sign up to be notified when information on the web page changes.



Flu Vaccination Planning and Guidance for Vaccination Clinics in Satellite, Temporary, or Off-Site Locations

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Vaccine Planning Unit

COCA Call

August 20, 2020

Flu Vaccination Planning for 2020-21

Increasing Seasonal Influenza Vaccination Coverage to Decrease Health Care Utilization, 2020-21

- Expect SARS-CoV-2 to continue to circulate in the fall.

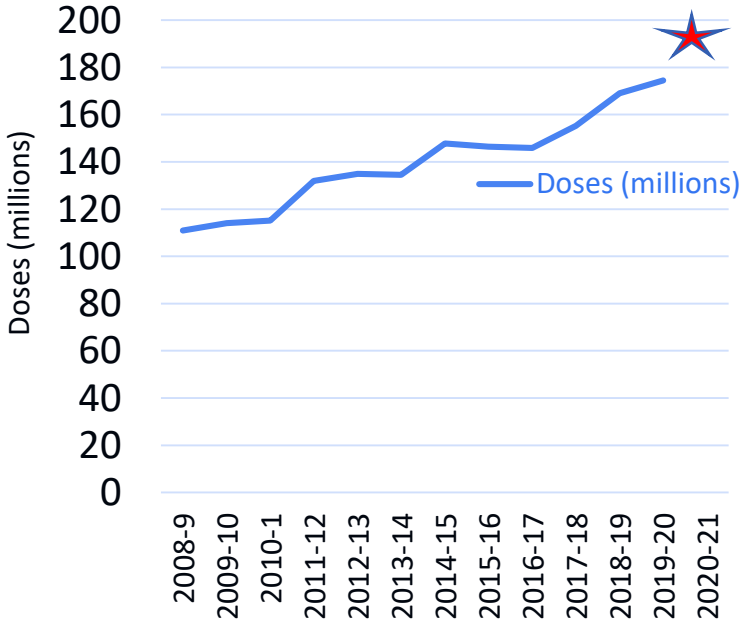
- Increasing flu vaccination coverage will reduce stress on the health care system.
  - Decrease doctor visits and hospitalizations.
  - Reduce influenza diagnostic testing.

- 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



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.

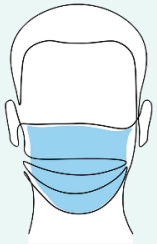
https://www.cdc.gov/flu/fluvaxview/place-vaccination-2014-15.htm

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 for Vaccination Clinics in Satellite, Temporary, or Off-Site Locations

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 coronavirus (COVID-19) for updated information. Consider signing up for the email updates on the website to stay informed of any changes.

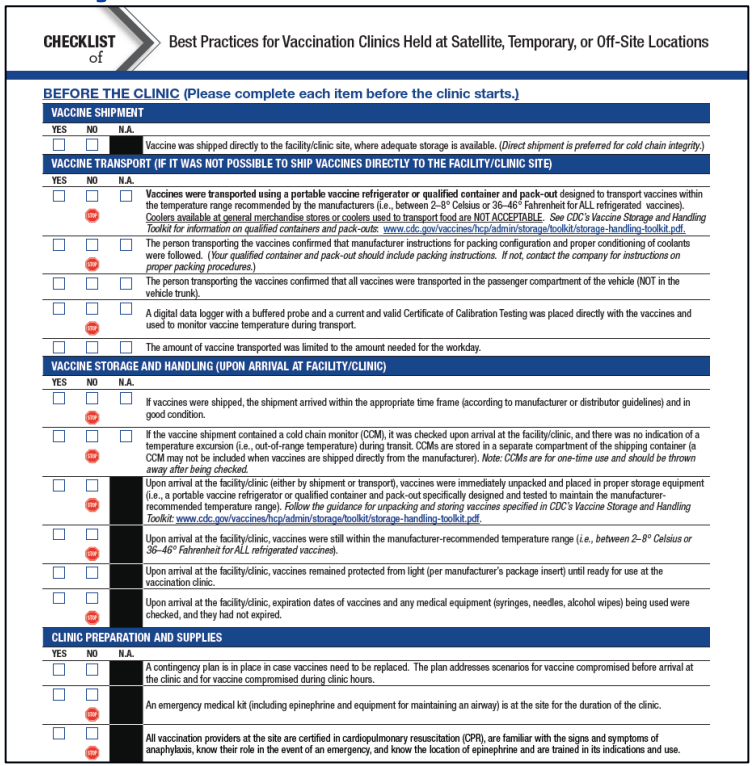
- Planning Activities
- Pre-Clinic Activities
- During the Clinic Activities
- Post-Clinic Activities

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



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

YES	NO	N.A.	
☐	☐	■	Vaccine was shipped directly to the facility/clinic site, where adequate storage is available. (*Direct shipment is preferred for cold chain integrity.*)

VACCINE TRANSPORT (IF IT WAS NOT POSSIBLE TO SHIP VACCINES DIRECTLY TO THE FACILITY/CLINIC SITE)

YES	NO	N.A.	
☐	☐	☐	**Vaccines 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 (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). Coolers available at general merchandise stores or coolers used to transport food are NOT ACCEPTABLE. *See CDC's Vaccine Storage and Handling Toolkit for information on qualified containers and pack-outs:* www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐	☐	The person transporting the vaccines confirmed that manufacturer instructions for packing configuration and proper conditioning of coolants were followed. (*Your qualified container and pack-out should include packing instructions. If not, contact the company for instructions on proper packing procedures.*)
☐	☐	☐	The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).
☐	☐	☐	A digital data logger with a buffered probe and a current and valid Certificate of Calibration Testing was placed directly with the vaccines and used to monitor vaccine temperature during transport.
☐	☐	☐	The amount of vaccine transported was limited to the amount needed for the workday.

VACCINE STORAGE AND HANDLING (UPON ARRIVAL AT FACILITY/CLINIC)

YES	NO	N.A.	
☐	☐	☐	If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.
☐	☐	☐	If the vaccine shipment contained a cold chain monitor (CCM), it was checked upon arrival at the facility/clinic, and there was no indication of a temperature excursion (i.e., out-of-range temperature) during transit. CCMs are stored in a separate compartment of the shipping container (a CCM may not be included when vaccines are shipped directly from the manufacturer). *Note: CCMs are for one-time use and should be thrown away after being checked.*
☐	☐	■	Upon arrival at the facility/clinic (either by shipment or transport), vaccines were immediately unpacked and placed in proper storage equipment (i.e., a portable vaccine refrigerator or qualified container and pack-out specifically designed and tested to maintain the manufacturer-recommended temperature range). *Follow the guidance for unpacking and storing vaccines specified in CDC's Vaccine Storage and Handling Toolkit:* www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.
☐	☐	■	Upon arrival at the facility/clinic, vaccines were still within the manufacturer-recommended temperature range (*i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines*).
☐	☐	■	Upon arrival at the facility/clinic, vaccines remained protected from light (per manufacturer's package insert) until ready for use at the vaccination clinic.
☐	☐	■	Upon arrival at the facility/clinic, expiration dates of vaccines and any medical equipment (syringes, needles, alcohol wipes) being used were checked, and they had not expired.

CLINIC PREPARATION AND SUPPLIES

YES	NO	N.A.	
☐	☐	■	A contingency plan is in place in case vaccines need to be replaced. The plan addresses scenarios for vaccine compromised before arrival at the clinic and for vaccine compromised during clinic hours.
☐	☐	■	An emergency medical kit (including epinephrine and equipment for maintaining an airway) is at the site for the duration of the clinic.
☐	☐	■	All vaccination providers at the site are certified in cardiopulmonary resuscitation (CPR), are familiar with the signs and symptoms of anaphylaxis, know their role in the event of an emergency, and know the location of epinephrine and are trained in its indications and use.

https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf

Planning Activities

Leadership and Staffing

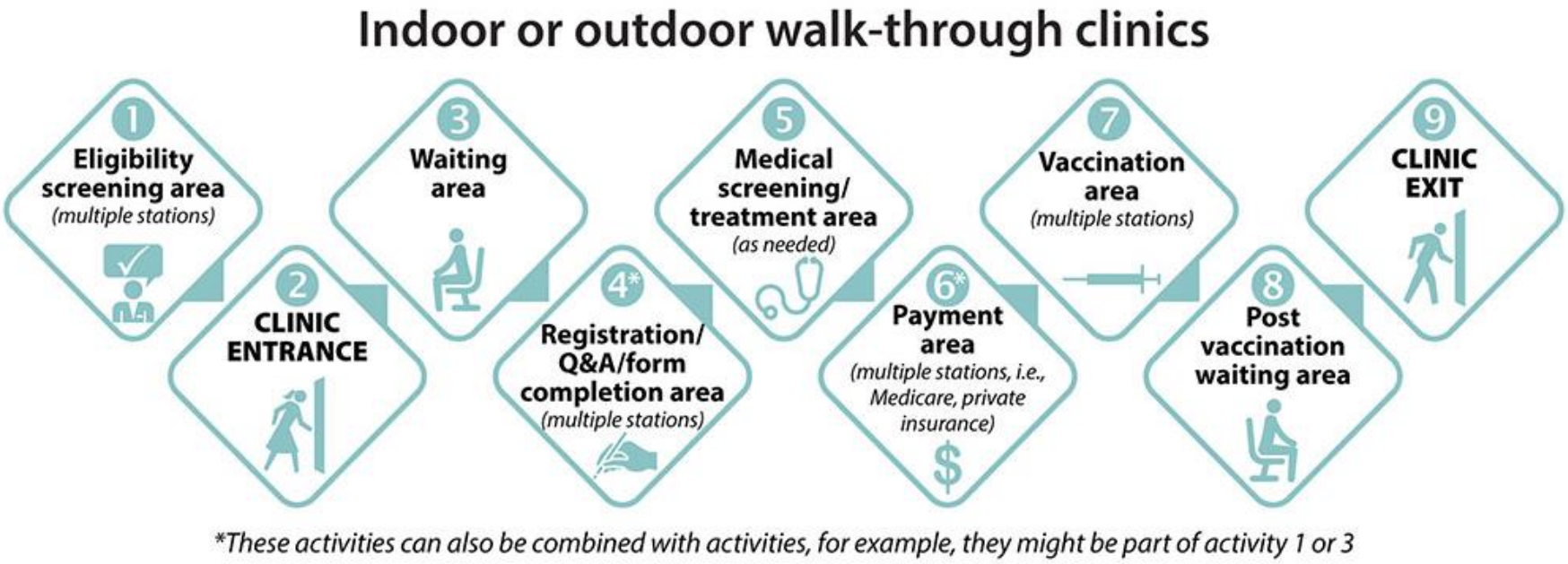
Vaccination Clinic
Location and Layout

Clinical Staffing

Coordinate with
Government, Nonprofit,
and Private Sector Partners

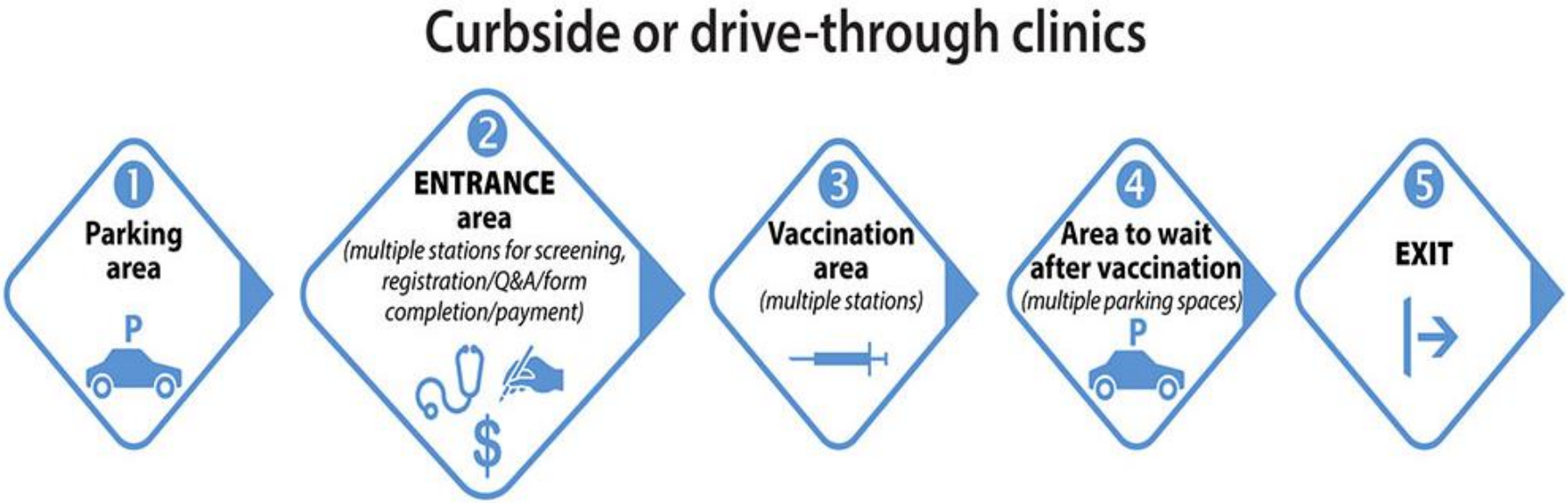
https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/planning-activities.html

Flowchart for Vaccination Clinic Layout for Walk-through Clinics



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

Flowchart for Vaccination Clinic Layout of Curbside Clinics



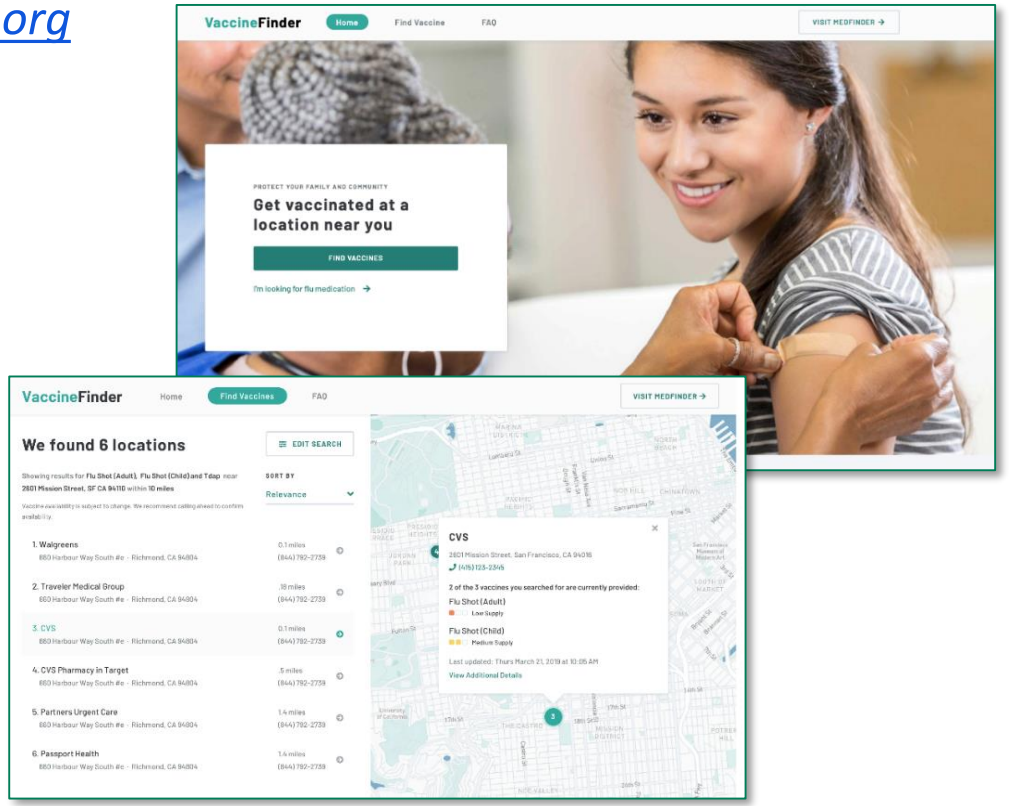
https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/pre-clinic-activities.html

Vaccine Finder

VaccineFinder Improving Access to Vaccines

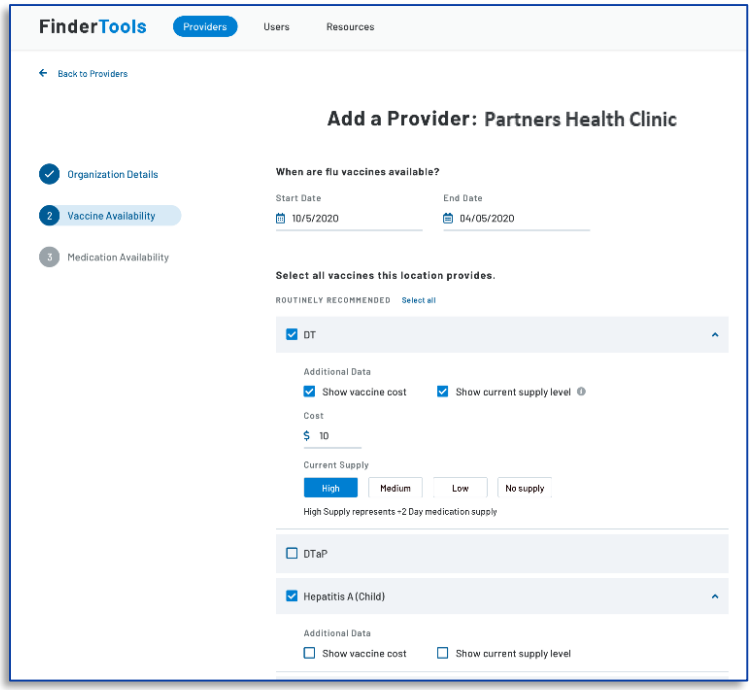
VaccineFinder helps find providers that offer seasonal flu vaccine and other immunizations. https://vaccinefinder.org

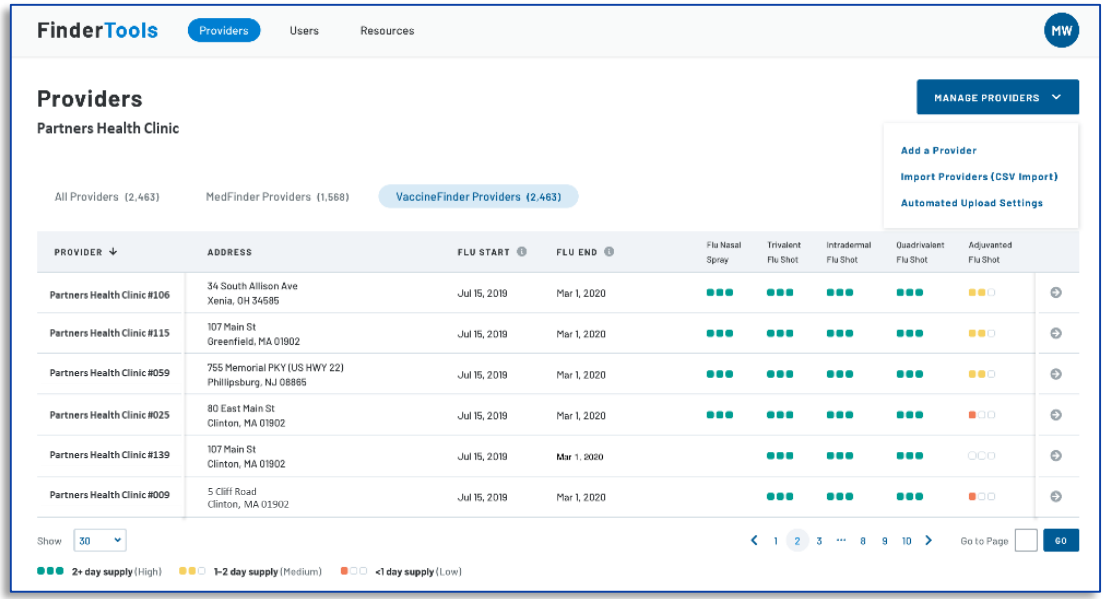
- Easy-to-use website directs patients to locations with immunizations on hand.
- Saves time and resources during a seasonal outbreak or pandemic
- **New in August 2020!**
  - **8/3:** Modernized website
  - **8/24:** Updated process for providers to report supply and more accurate reporting (automated and manual ways to report)



VaccineFinder

Manual Data Reporting





The Contributor Dashboard supports manual entry of projected vaccine supply estimates for providers.

Onboarding

- Enrollment process:
  - Providers enroll and review technical methodology for reporting.
  - Confirm data reporting methods:
    - Automated secure data transfer
    - Manual upload via Contributor Dashboard
  - Providers report supply estimates for vaccines they carry.
- The VaccineFinder team is available to provide technical assistance and support.
- For questions or more information, contact vaccine@healthmap.org.

We encourage partners to update vaccine availability more frequently this flu season. Please note: To ensure accuracy of information, sites with updates older than 2 weeks will not display on VaccineFinder.

Join Us to Learn More!

The VaccineFinder team will be hosting information and training webinars for new and existing enrolled providers:

- August 26, 2020
- August 31, 2020
- September 2, 2020

Email vaccine@healthmap.org for more information on joining one of these upcoming webinars!

Conclusions

Conclusions

- Strongly promote flu vaccination–especially this season in the context of the pandemic–and particularly among our most vulnerable populations.

- Continue vaccinating for the duration of flu season.

Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

To Ask a Question

- Using the Zoom Webinar System
  - Click on the “Q&A” button.
  - Type your question in the “Q&A” box.
  - Submit your question.
- For media questions, please contact CDC Media Relations at 404-639-3286 or email media@cdc.gov.

Continuing Education

All continuing education for COCA Calls are issued online through the CDC Training & Continuing Education Online system at https://tceols.cdc.gov/

Those who participate in today's COCA Call and wish to receive continuing education please complete the online evaluation by **September 21, 2020,** with the course code **WC2922-082020**. The access code is **COCA082020.** Those who will participate in the on-demand activity and wish to receive continuing education should complete the online evaluation between **September 22, 2020,** and **September 22, 2022,** and use course code **WD2922-082020**. The access code is **COCA082020.**

Continuing education certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CEs obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

Today's COCA Call Will Be Available On-Demand

- **When:** A few hours after the live call
- **What:** Video recording
- **Where:** On the COCA Call webpage at https://emergency.cdc.gov/coca/calls/2020/callinfo_082020.asp

Upcoming COCA Call

- **Topic:** Testing and Treatment of Seasonal Influenza During the COVID-19 Pandemic

- **Date:** Thursday, September 17, 2020

- **Time:** 2:00-3:00 PM ET

- **Website:** https://emergency.cdc.gov/coca/calls/2020 (further details coming soon)

COCA Products & Services

COCA Call Announcements contain all information subscribers need to participate in COCA Calls. COCA Calls are held as needed.

Monthly newsletter that provides information on CDC training opportunities, conference and training resources, the COCA Partner Spotlight, and the Clinician Corner.

As-needed messages that provide specific, immediate action clinicians should take. Contains comprehensive CDC guidance so clinicians can easily follow recommended actions.

COCA Products & Services

Monthly newsletter providing updates on emergency preparedness and response topics, emerging public health threat literature, resources for health professionals, and additional information important during public health emergencies and disasters.

Informs clinicians of new CDC resources and guidance related to emergency preparedness and response. This email is sent as soon as possible after CDC publishes new content.

CDC's primary method of sharing information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

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- **Receive information about:**
  - Upcoming COCA Calls
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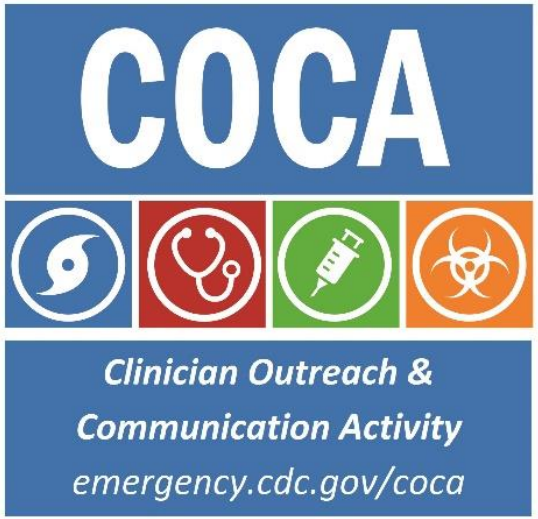
  - CDC emergency response activations
  - Emerging public health threats
  - Emergency preparedness and response conferences
  - Training opportunities



emergency.cdc.gov/coca

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