



Influenza Update for the 2020-2021 Season

Massachusetts Adult Immunization Coalition



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9-29-20
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GET YOUR FLU SHOT TODAY.

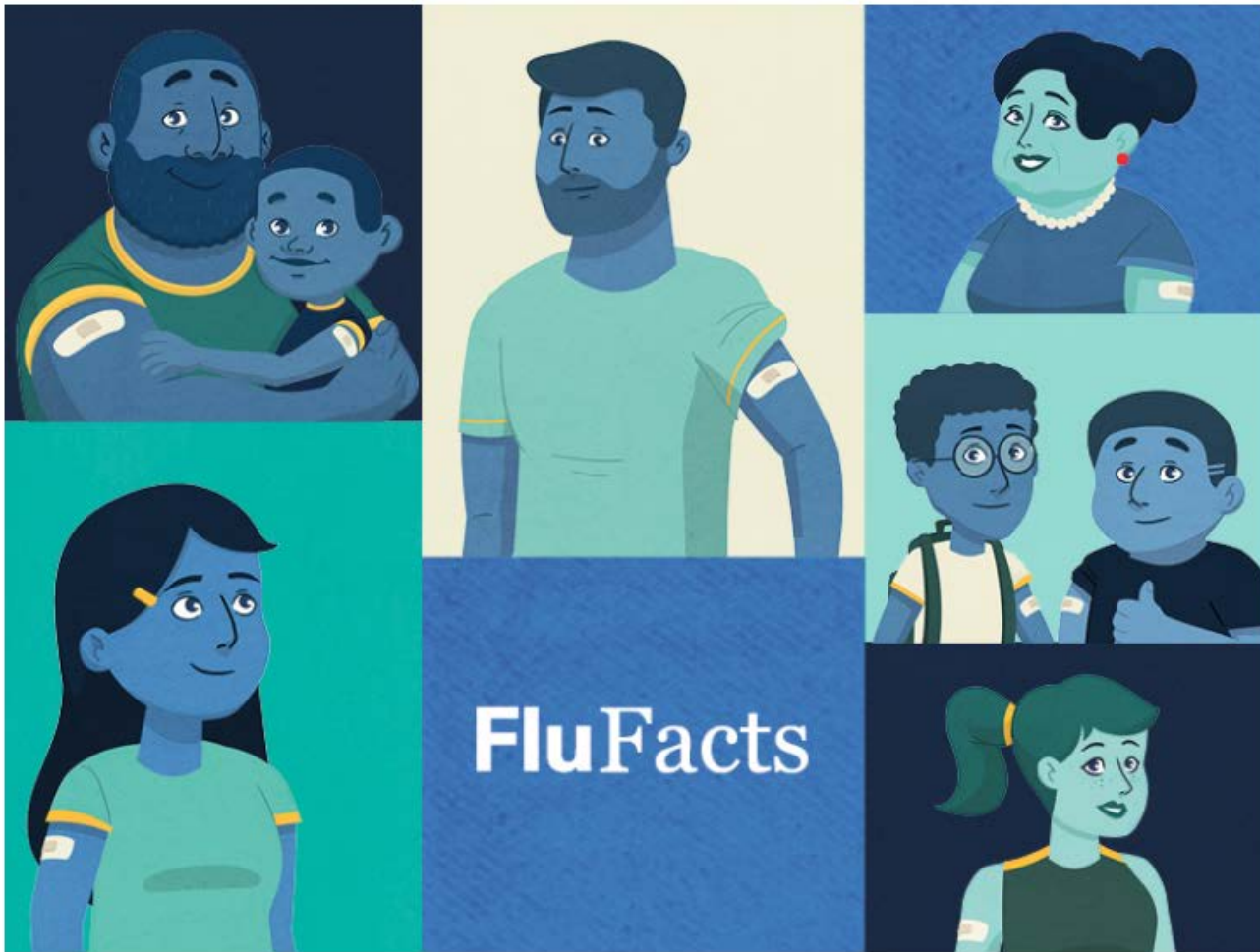
Flu Facts

Protect yourself. Protect your family.

The flu spreads easily from person to person. It can be very serious. There are simple things you can do to protect yourself, your friends and family, and your community from the flu.

See: <https://www.mass.gov/influenza> and <https://www.mass.gov/flu-facts>

What I Should Know about Flu?



See: <https://www.mass.gov/influenza> and <https://www.mass.gov/flu-facts>

Outline

- Updates to ACIP Recommendations for the 2020-21 Influenza vaccination season.
- Influenza Activity this Season and What Might Lie Ahead
- Vaccination during the COVID-19 Pandemic
 - General vaccination guidance during the COVID-19 pandemic.
 - Flu vaccination planning and guidance for large vaccination clinics held in satellite, temporary, or off-site locations.

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					
cclIV4 (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

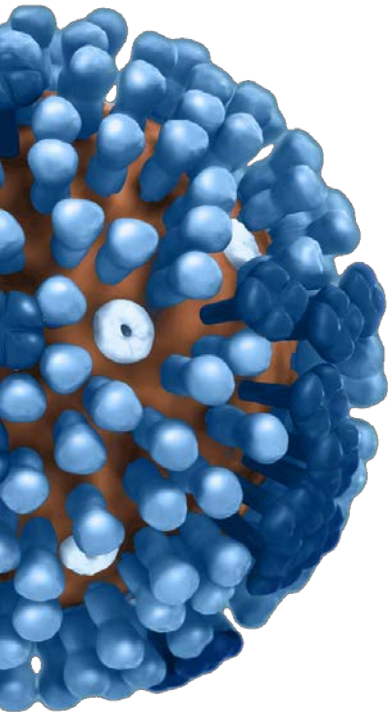
- Anatomic and functional asplenia, cochlear implant, and CSF leak discussed last season in section on immunocompromised hosts
- Insufficient data for use in these populations
- Alternative vaccines are available (IIVs, RIV4).
- Added to list of contraindications for LAIV4 in Table 2
 - For cochlear 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 (ccIIIV4)
 - Recombinant influenza vaccine (RIV4).
- For these individuals, if a vaccine ***other than ccIIIV4 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



2019-2020 Influenza Season Activity



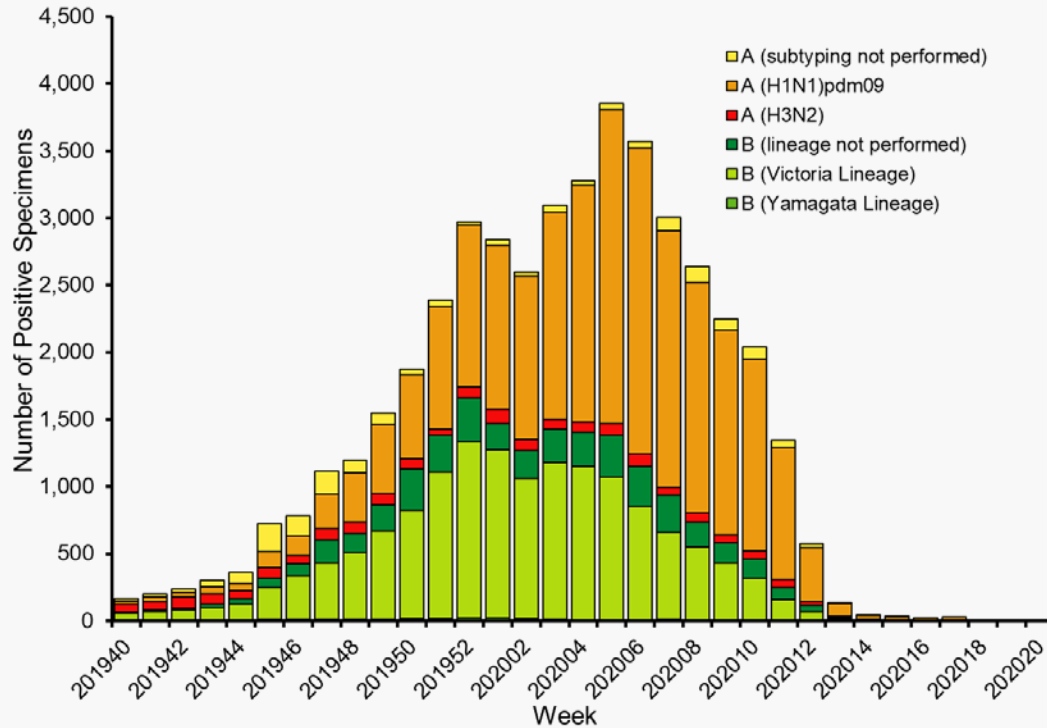
U.S. Influenza Surveillance Reports



FluView Interactive

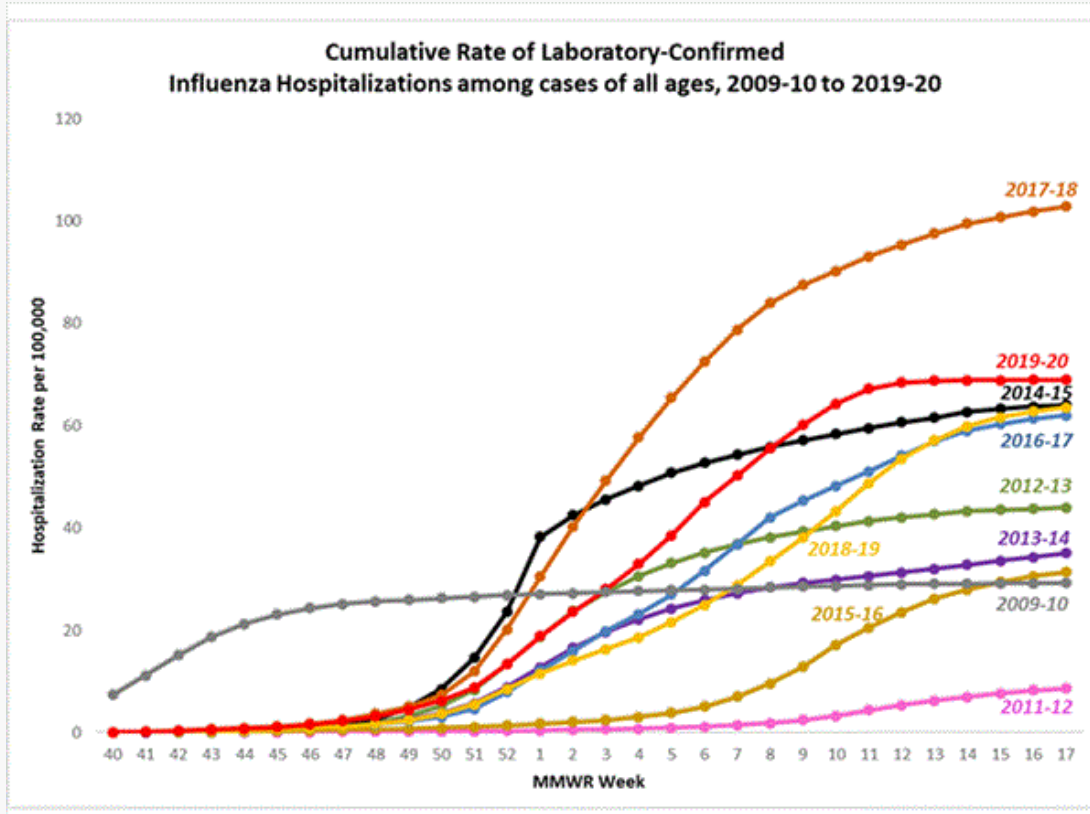
<https://www.cdc.gov/flu/weekly/fluactivitysurv.htm>

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, 2019-2020 Season



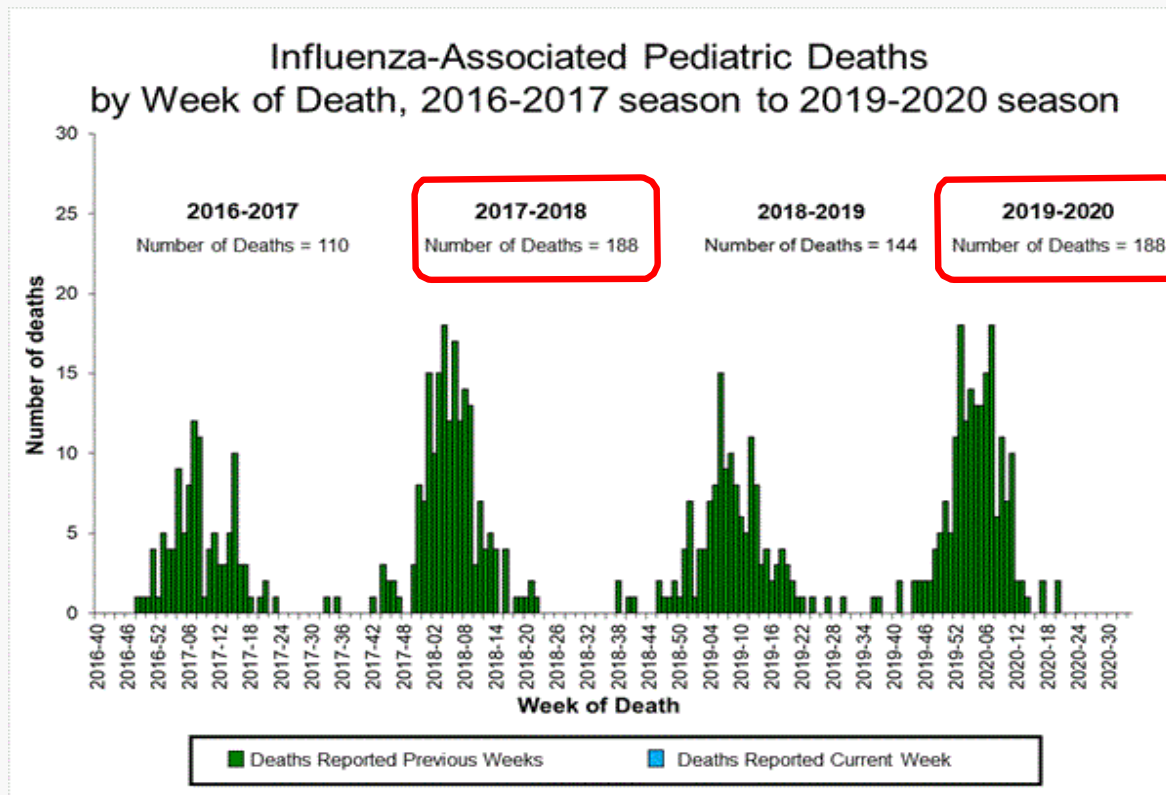
- Two waves of activity; started early in some parts of the country.
- Initial peak due to B/Victoria lineage viruses, followed by second higher peak of A(H1N1)pdm09 viruses.
- Few A(H3N2) viruses and very small numbers of B/Yamagata lineage viruses circulated.

Laboratory Confirmed Influenza Associated Hospitalizations, Cumulative Rate per 100,000; 2011-2012 to 2019-2020 Seasons

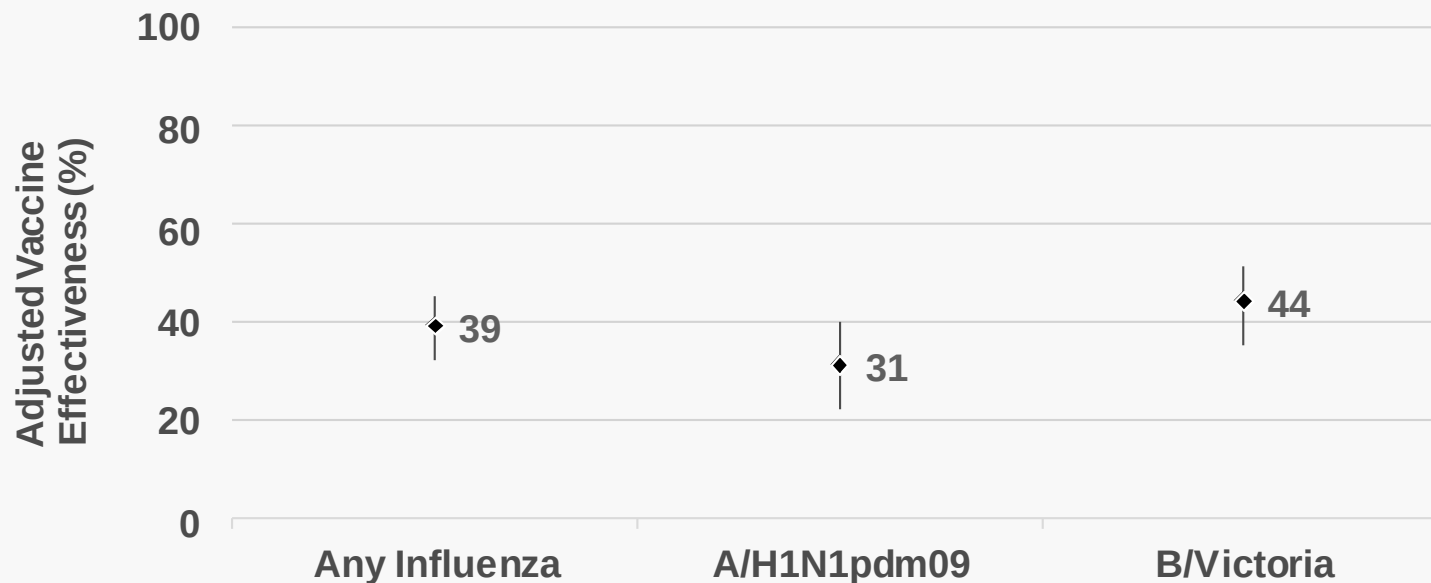


Age Group	2019-2020 Season Cumulative Rate per 100,000 Population
Overall	69.0
0-4 years	93.3
5-17 years	23.9
18-49 years	34.0
50-64 years	89.9
65+ years	173.5

Deaths in Children with Laboratory-Confirmed Influenza: 2019-2020 and Previous Seasons



PRELIMINARY Adjusted Vaccine Effectiveness Against Medically Attended Influenza, US Flu VE Network, 2019–2020 (as of June 9, 2020)

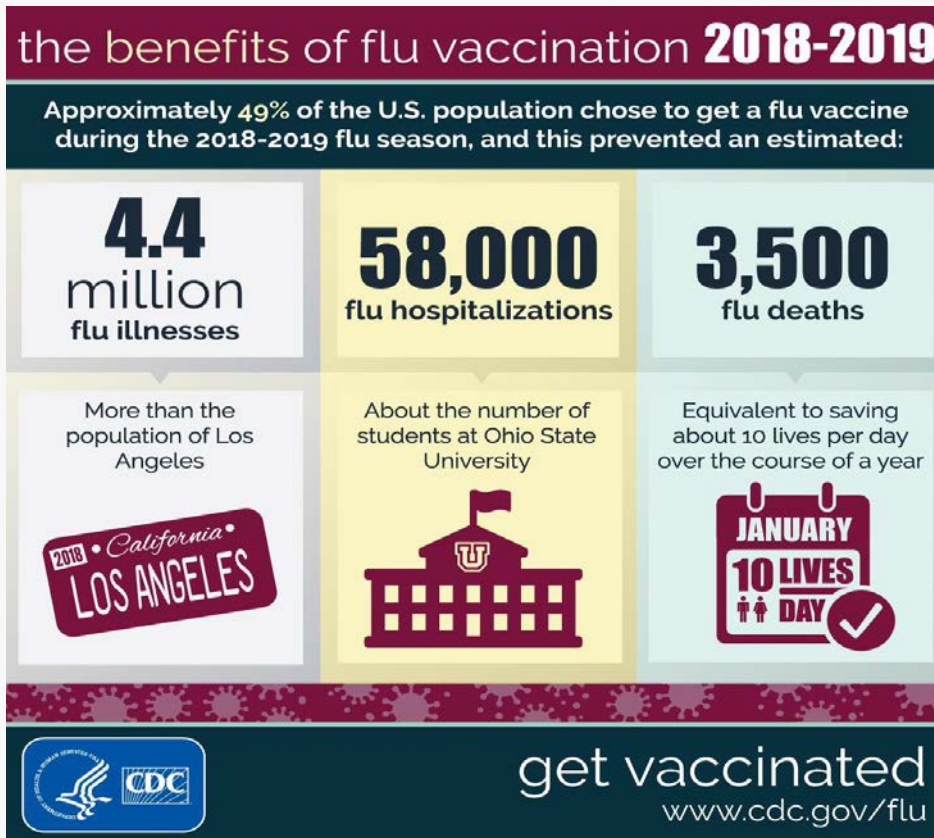


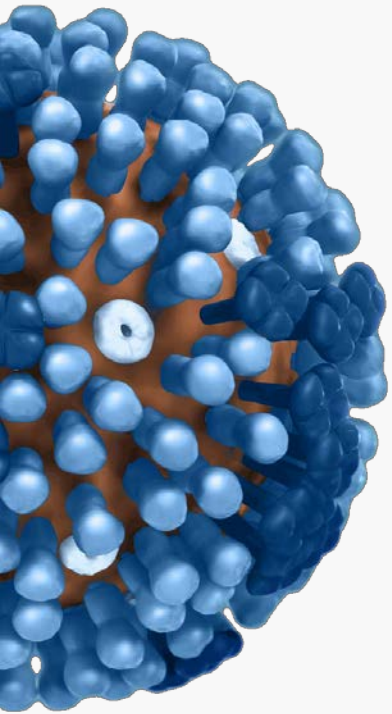
*Multivariable logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time.

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, 2018–2019

- Estimated vaccine effectiveness for 2018-2019:
 - 29% overall
- Estimated vaccination coverage:
 - 49% overall

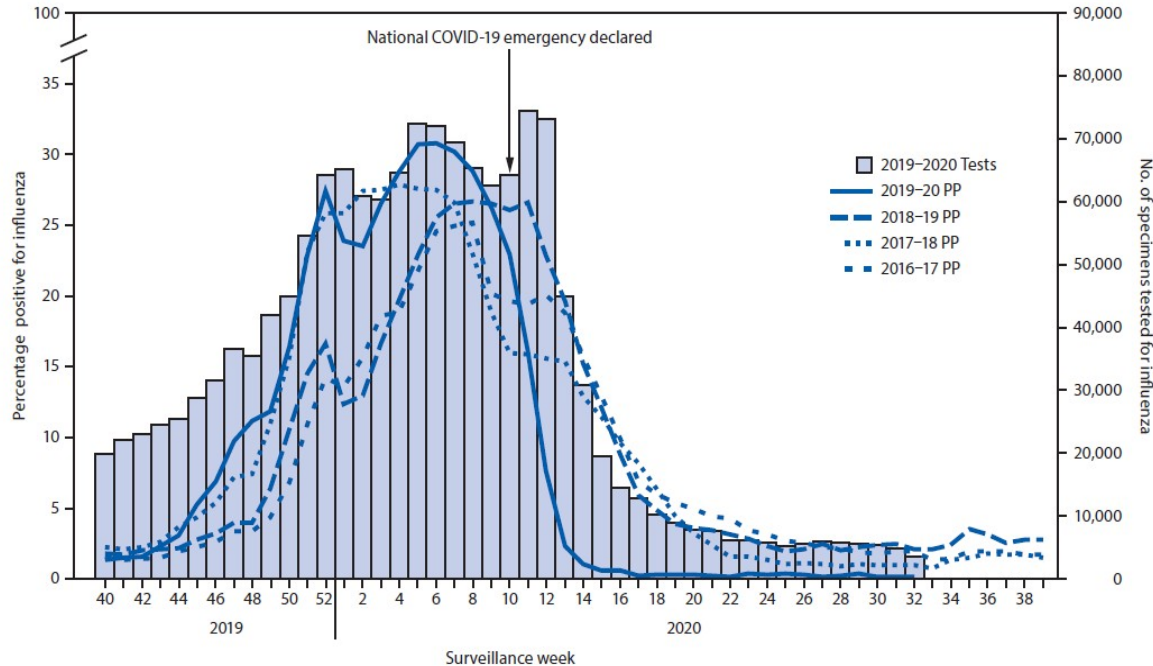




What Will the 2020-2021 Influenza Season Bring?



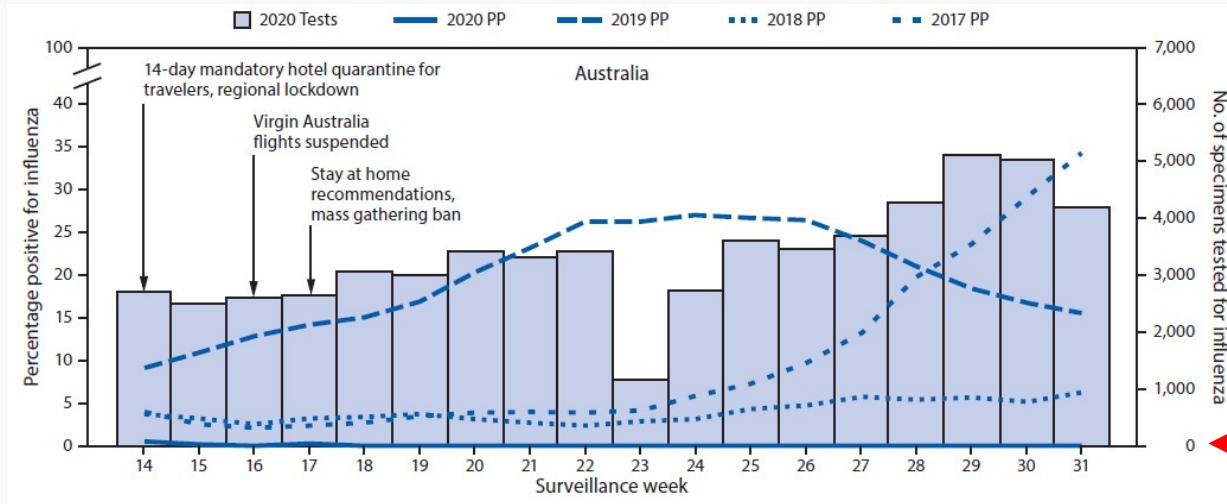
U.S. Influenza Activity Declined Sharply From Late February to March 2020



Source: FluView Interactive. <https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>.
Abbreviation: PP = percentage positive.

- 61% decrease in number of specimens tested for influenza but a 98% decrease in the number testing positive.
- Declines attributed to:
 - Fewer people left home to seek medical care
 - COVID-19 mitigation measures
- Inter-seasonal circulation is now at historical lows.

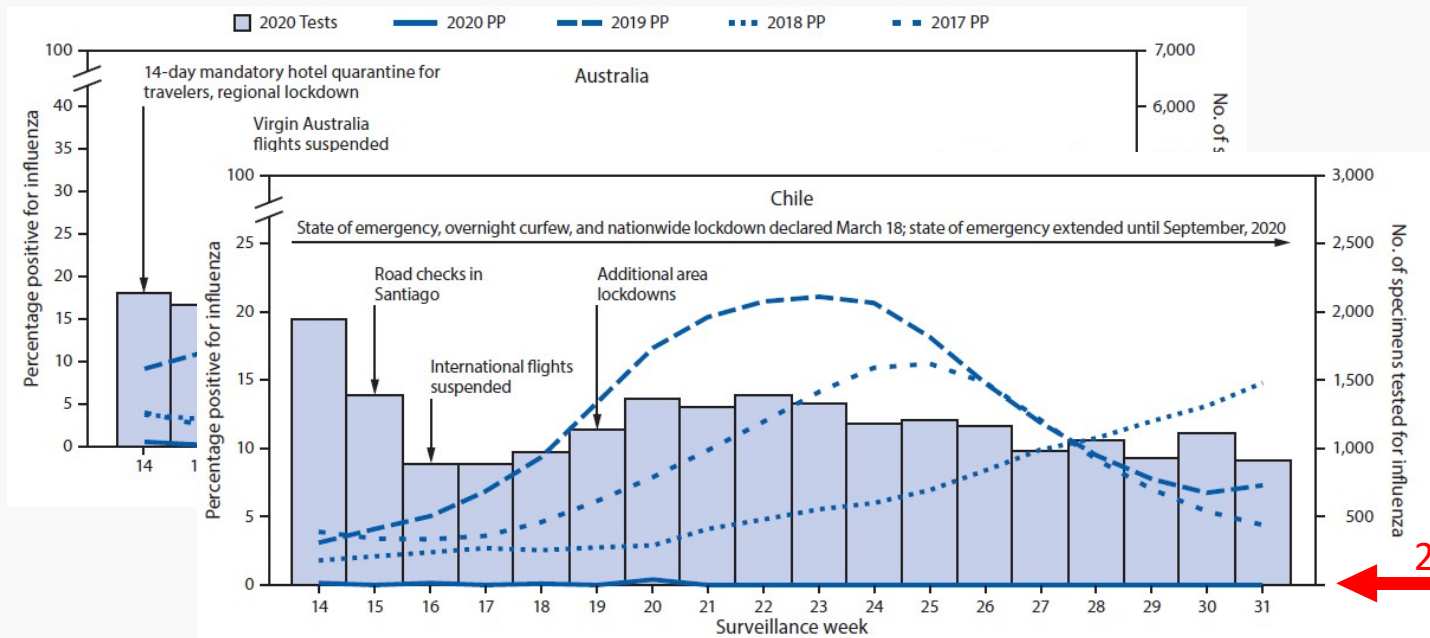
Southern Hemisphere: Australia, Chile, and South Africa with Decreased Influenza Virus Circulation



https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en

Olsen et al. MMWR 17 Sept 2020

Southern Hemisphere: Australia, Chile, and South Africa with Decreased Influenza Virus Circulation

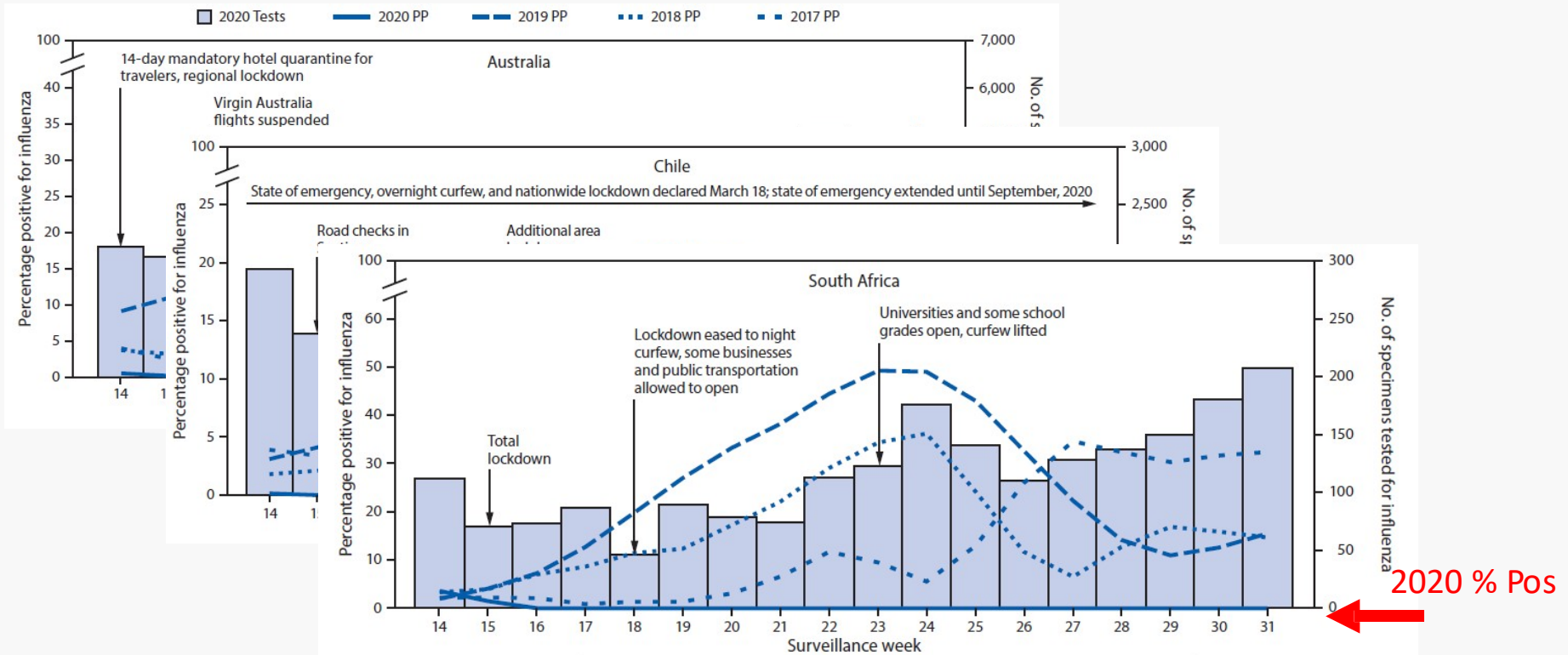


2020 % Pos

https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en

Olsen et al. MMWR 17 Sept 2020

Southern Hemisphere: Australia, Chile, and South Africa with Decreased Influenza Virus Circulation



Summary

- The 2019-2020 U.S. influenza season was predominated by early onset influenza B/Victoria viruses followed by influenza A(H1N1)pdm09 virus circulation.
 - Cumulative hospitalization rates among pediatric and young adult populations were the highest in the last 10 seasons.
 - Pediatric influenza deaths tied with 2017-2018 for highest recorded.
- If there is continued widespread use of COVID-19 prevention strategies, along with seasonal influenza vaccination, the impact of influenza in the Northern hemisphere during the upcoming influenza season may be reduced.
 - However, influenza viruses are currently circulating among people in locations where less mitigation is exercised.
- Because it is not possible to predict exactly what will happen this fall and winter, it is imperative to prepare for circulation of both influenza and SARS-CoV-2 viruses.
 - Influenza vaccination remains the best method for influenza prevention.

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.



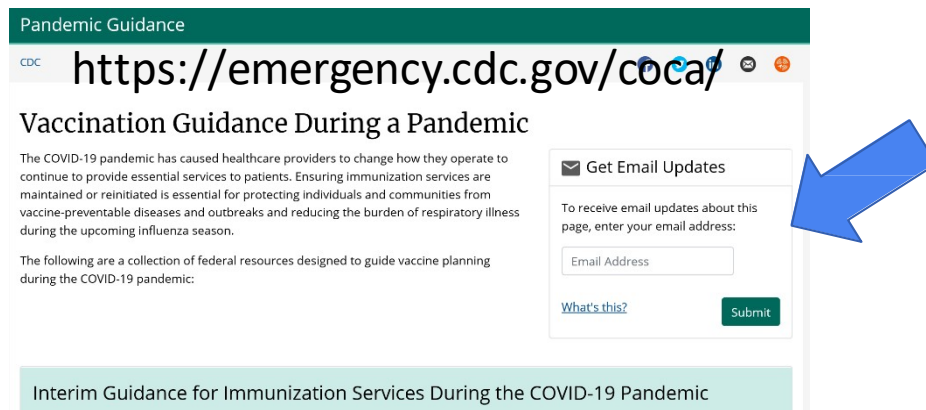
Interim Guidance for Immunization Services During the COVID-19 Pandemic

Purpose of Guidance	+
Importance of Immunization Services During the COVID-19 Pandemic	+
Vaccine Recommendations During the COVID-19 Pandemic	+
Considerations for Routine Vaccination	+
Additional Considerations for Influenza Vaccination	+
Vaccination of Persons with Suspected or Confirmed COVID-19	+
Vaccine Administration During the COVID-19 Pandemic	+
General Practices for the Safe Delivery of Vaccination Services	+
Additional Considerations for Alternative Vaccination Sites	+
Strategies for Catch-up Vaccination	+
Additional Resources	+



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.



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

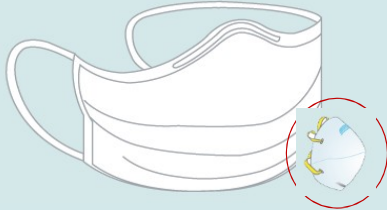
- Screen patients for COVID-19 symptoms before and during the visit.
- Physical distance (at least 6 feet apart, where possible)
- Limit and monitor facility points of entry and install barriers to limit physical contact with patients at triage.
- Respiratory hygiene (facemasks for staff and face coverings 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](https://www.cdc.gov/vaccines/pandemic-guidance/index.html), including outpatient and ambulatory care settings.

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

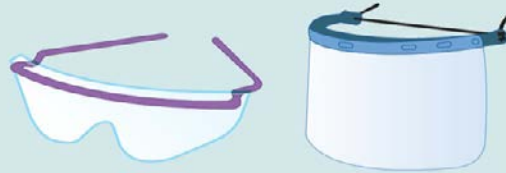
Use Personal Protection Equipment

Face mask



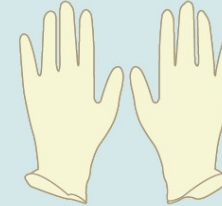
- **Recommended:** All health care providers (N95 masks not recommended)

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



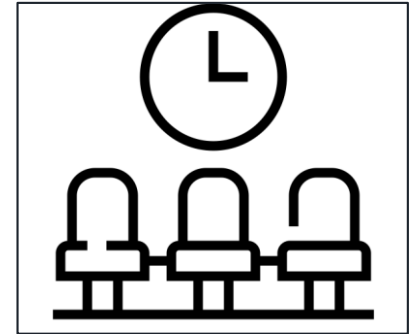
- Schedule well and sick visits at different times of the day.
- Place sick visits in different areas of the facility or different locations.

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.

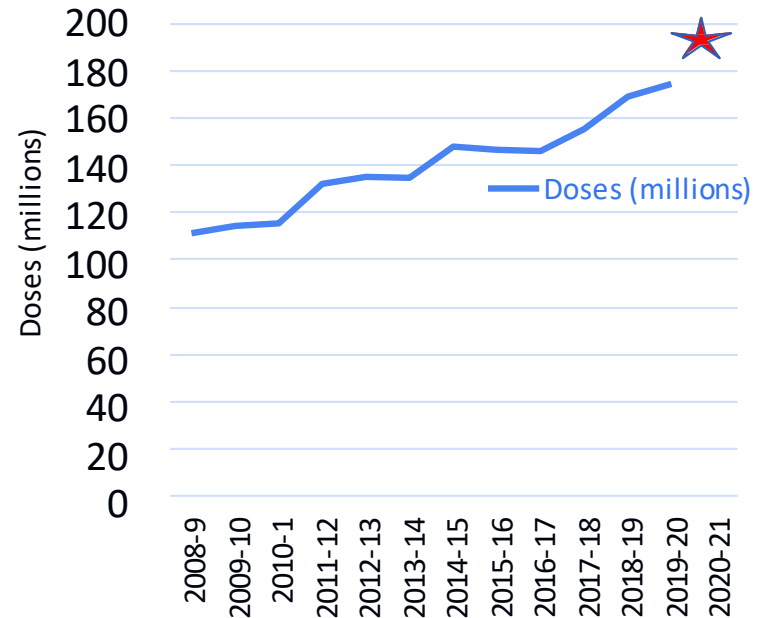
Influenza Vaccination during the COVID Pandemic



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



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



Make a Strong Recommendation

CDC recommends the **SHARE** method:

S**HARE** **the reasons** why the influenza vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

H**IGHLIGHT** **positive experiences** with influenza vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in influenza vaccination.

A**DDRESS** **patient questions** and any concerns about the influenza vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.

R**EMIND** **patients that influenza vaccines protect them and their loved ones** from serious influenza illness and influenza-related **complications**.

E**XPLAIN** **the potential costs of getting influenza**, including serious health effects, time lost (such as missing work or family obligations), and financial costs.



Alternative Sites Should Follow General Guidance for Minimizing Exposures and Physical Distancing

Some additional precautions for physical distancing that are particularly relevant for mass immunization clinics include:

- Providing specific appointment times or other strategies to manage patient flow and avoid crowding.
- Ensuring sufficient staff and resources to help move patients through the clinic flow as quickly as possible.
- Limiting the overall number of attendees at any given time, particularly for populations at increased risk for severe illness from COVID-19.
- Setting up a unidirectional site flow with signs, ropes, or other measures to direct site traffic and ensure physical distancing between patients.
- When feasible, arranging a separate vaccination area or separate hours for persons at increased risk for severe illness from COVID-19, such as older adults and persons with underlying medical conditions.
- Selecting a space large enough to ensure a minimum distance of 6 feet between patients: in line or in waiting areas for vaccination; between vaccination stations; and in post-vaccination monitoring areas (the Advisory Committee on Immunization Practices recommends that providers consider observing patients for 15 minutes after vaccination to decrease the risk for injury should they faint).

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.

Additional Resources for Off-Site Locations

- Also available from CDC is [Considerations for Planning Curbside/Drive-Through Vaccination Clinics](https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/curbside-vaccination-clinics.html), which outlines some things to take into consideration when planning a curbside or drive-through clinic.
- Additionally, CDC has also posted [Resources for Hosting a Vaccination Clinic](https://www.cdc.gov/flu/business/hosting-vaccination-clinic.htm), where you can find a checklist of *Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations*, and other useful material.

<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/curbside-vaccination-clinics.html>

<https://www.cdc.gov/flu/business/hosting-vaccination-clinic.htm>

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

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

IT IS NOT KNOWN

☐ Vaccine was shipped directly to the facility/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)

IT IS KNOWN

☐ Vaccines were transported using a portable vaccine refrigerator or qualified container and pack-out (subject to transport) vaccine within the temperature range recommended by the manufacturer (i.e., between 2°-8° Celsius or 32°-46° Fahrenheit) in the appropriate vaccine carrier suitable for current conditions (time and location) and is transported as per ALL applicable CDC Vaccine Storage and Handling Guidelines for information on qualified containers and pack-out. www.cdc.gov/vaccines/imz/downloads/pdfs/2019-02-off-site-vaccination-clinic-checklist.pdf

☐ The person transporting the vaccine confirmed that manufacturer instructions for packing configuration and proper conditioning of contents were followed. (One qualified container and pack-out should include packing list and/or "I-1" control the company for conditions or proper packing instructions)

☐ The person transporting the vaccine confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk)

☐ If digital data logger with a battery probe and a current and valid Certificate of Calibration Testing was placed directly with the vaccine and used to monitor vaccine temperature during transport

☐ The amount of vaccine transported was limited to the amount needed for the vaccine

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

IT IS NOT KNOWN

☐ If vaccine was shipped, the shipment arrived within the appropriate time frame according to manufacturer or distributor guidelines; and/or conditions

☐ 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 so that they can be isolated when vaccine was shipped directly from the manufacturer. Note: CCMs are for monitoring use and should be stored away after being checked

☐ Upon arrival at the facility/clinic, either to be shipped or transported, vaccine was immediately inspected 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 guidelines for shipping and storing vaccine specified in CDC's Vaccine Storage and Handling Guidelines. www.cdc.gov/vaccines/imz/downloads/pdfs/2019-02-off-site-vaccination-clinic-checklist.pdf

☐ Upon arrival at the facility/clinic, vaccine was still within the manufacturer-recommended temperature range (i.e., between 2°-8° Celsius or 32°-46° Fahrenheit for cold chain monitor)

☐ Upon arrival at the facility/clinic, vaccine remained protected from light (per manufacturer's package insert) until ready for use at the facility/clinic site

☐ Upon arrival at the facility/clinic, expiration dates of vaccine and any medical equipment (syringes, needles, alcohol swabs) being used were checked, and they had not expired

CLINIC PREPARATION AND COPIES

IT IS NOT KNOWN

☐ A contingency plan is in place in case vaccine need to be replaced. The plan addresses scenarios for vaccine replacement before arrival at the clinic and for vaccine replacement during the clinic hours

☐ An emergency medical kit (including epinephrine and equipment for resuscitation or airway) is at the site for the duration of the clinic

☐ All reactive personnel at the site are certified in cardiopulmonary resuscitation (CPR) and familiar with the signs and symptoms of anaphylaxis, have their role in the event of an emergency, and receive the training of appropriate and are trained in a simulation and use

Flowchart for Vaccination Clinic Layout for Walk-through Clinics

Indoor or outdoor walk-through clinics

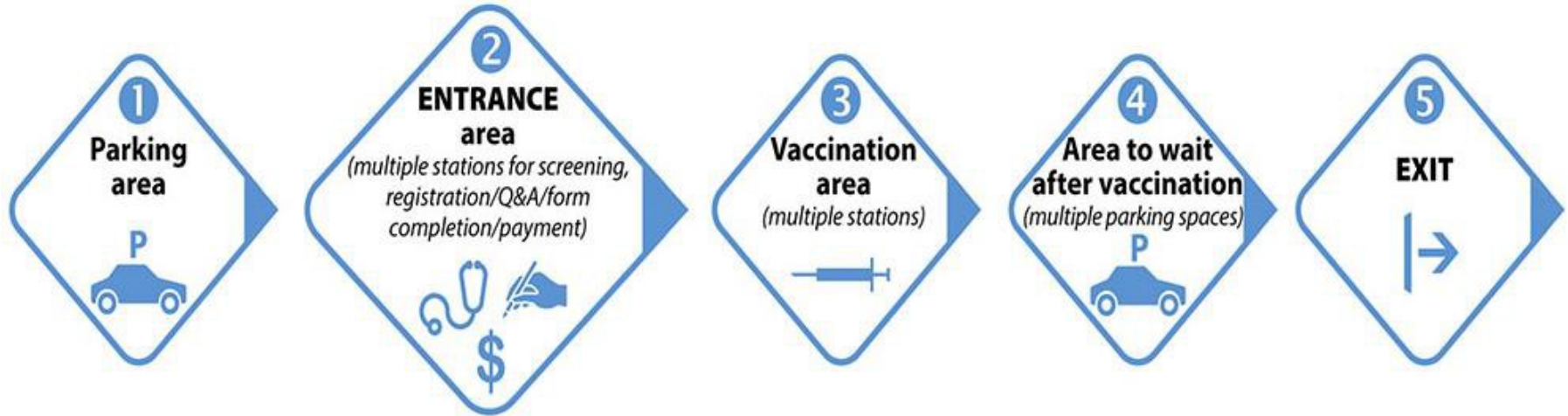


**These activities can also be combined with activities, for example, they might be part of activity 1 or 3*

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

Flowchart for Vaccination Clinic Layout of Curbside Clinics

Curbside or drive-through clinics



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

YOU CALL THE SHOTS

Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist

Below are supplies that may be needed to conduct a satellite, temporary, or off-site vaccination clinic. The list may not be comprehensive. Your [state or local public health immunization program](#) may also have a checklist.

For large-scale clinics held at large facilities, such as stadiums and arenas, or over multiple days, additional supplies will be needed. Contact your state or local public health preparedness program and work with the clinic medical director for additional guidance and assistance.

Quantity of supplies needed will vary significantly between smaller, one-day clinics held in schools, churches, or pharmacies and large-scale clinics held in arenas or held over multiple days.

VACCINES

Refrigerated vaccines

Select the vaccine(s) that will be offered at the clinic.

- | | |
|---|--|
| ☐ Diphtheria, tetanus, and pertussis (DTaP) | ☐ Measles, mumps, rubella* (MMR) |
| ☐ DTaP-HepB-IPV (Pediarix) | ☐ Meningococcal ACWY* (MenACWY) |
| ☐ DTaP-IPV/Hib* (Pentacel) | ☐ Meningococcal B (MenB) |
| ☐ DTaP-IPV (Kinrix, Quadracel) | ☐ Pneumococcal conjugate (PCV13) |
| ☐ <i>Haemophilus influenzae</i> type b* (Hib) | ☐ Pneumococcal polysaccharide (PPSV23) |
| ☐ Hepatitis A (HepA) | ☐ Polio, inactivated (IPV) |
| ☐ Hepatitis B (HepB) | ☐ Rotavirus* (RV) |
| ☐ HepA-HepB (Twinnix) | ☐ Tetanus-diphtheria, adult (Td) |
| ☐ Human papillomavirus (9vHPV) | ☐ Tetanus, diphtheria, and pertussis (Tdap) |
| ☐ Influenza, injectable (IIV) (in season) | ☐ Zoster, recombinant (RZV, Shingrix*) |
| ☐ Influenza, live attenuated intranasal (LAIV) (in season) | |

Frozen vaccines

(Frozen vaccines may only be administered at satellite, temporary, and off-site clinics if they can be safely shipped to and monitored at the site. They should never be transported from one location to another.)

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|--|-------------------------------------|
| ☐ Measles, mumps, rubella, varicella* (MMRV, ProQuad) | ☐ Varicella* |
|--|-------------------------------------|

*Diluent for AcHIB, Hibiter, Mervar, Pentacel, Rotarix, and Shingrix comes packaged in the same container as the lyophilized component.
Diluent for MMR, MMRV, and varicella comes from the manufacturer packaged with the vaccine in separate containers.

CLINICAL SUPPLIES

Administration supplies

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|---|--|
| ☐ Adhesive bandages | ☐ Sterile alcohol prep pads |
| ☐ Appropriate needles (length, gauge) for the route of administration (Subcut, IM) and the expected patient population | ☐ Syringes (1 or 3 cc) |



CDC | NCIRD | Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist

Clinic supplies

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|--|---|--|
| ☐ Alcohol-based hand sanitizer (at least 60% alcohol) | ☐ Partition screens | ☐ Table and chairs for patient and vaccination provider at each vaccination station |
| ☐ Digital data logger for each storage unit/container | ☐ Paper towels | ☐ Vaccine storage units (onsite) or portable refrigerators or packouts (for transport) that can maintain the appropriate vaccine cold chain |
| ☐ Disposable table covers | ☐ Sanitizing products for vaccination and preparation surfaces | ☐ Waste baskets |
| ☐ Gauze pads | ☐ Sharps containers | |
| ☐ Medical gloves | | |

Clinic documentation

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| ☐ Billing forms, if needed | ☐ Laptops, computers, tablets, or smartphones, as well as printers and 2D barcode readers (if using), including multiple plug outlet strips and extension cords | ☐ Vaccination standing orders and protocols, as necessary |
| ☐ Immunization record cards | ☐ Immunization schedule for targeted audience(s) | ☐ Vaccine information statements (VISs) for each vaccine being offered and in multiple languages , as appropriate (in some instances, an emergency use authorization [EUA] form may be required) |
| ☐ Internet access or hotspot | ☐ Screening checklist for contraindications to vaccines for children, teens, and adults | ☐ Vaccine storage temperature log(s) |
| ☐ Forms to record vaccine administration (this may be done by computer) | | |

Office supplies

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| ☐ Clipboards | ☐ Rope, cones, and/or tape as needed to direct traffic flow | ☐ Trash bags |
| ☐ Notepads | ☐ Signage for clinic hours, future clinics, clinic flow, and easels or other equipment for displaying | ☐ Walkie-talkies or similar devices, depending on size of the clinic |
| ☐ Pens | | |
| ☐ Printer paper | | |
| ☐ Printers, if applicable | | |

MEDICAL EMERGENCY SUPPLIES

If possible, it is preferable that emergency medical services (EMS) staff be available during the clinic. Clinical staff providing vaccine should be trained in CPR and able to respond to medical emergencies.

At a minimum, there should be:

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| ☐ Antihistamines (diphenhydramine [Benadryl], hydroxyzine [Atarax, Vistaril], and syringes if needed) | ☐ Epinephrine in prefilled autoinjector or prefilled syringe (various doses), prepackaged syringes, vials, or ampules (Epi-pens) | ☐ Light source to examine mouth and throat |
| ☐ Cell phone or land line to call 911 | ☐ First aid kit | ☐ Oxygen |
| | Additional supplies may include: | ☐ Stethoscope |
| | ☐ Blood pressure measuring device | ☐ Timing device for measuring pulse |
| | | ☐ Tongue depressors |
| | | ☐ Tourniquet |

Additional supplies needed during the COVID-19 pandemic

During the COVID-19 pandemic, additional supplies are needed to protect both staff and patients, including:

- | | |
|--|---|
| ☐ Additional hand sanitizer with at least 60% alcohol for hand hygiene | ☐ Hand soap, as appropriate |
| ☐ Additional cleaning equipment for more frequent cleanings, using EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 | ☐ Personal protective equipment (PPE) for staff. Gloves should be worn by anyone administering intranasal or oral vaccine. Depending on level of community transmission, eye protection may also be recommended. |
| ☐ Additional signage, tape, ropes, and cones to encourage physical distancing and provide one-way flow through the clinic | ☐ Thermometers for checking patient temperature before entering the clinic , if required |
| ☐ Face coverings for patients who arrive without one | ☐ Tissues |

05/06/20

Protective Measures for Vaccinating During the Pandemic

During the COVID-19 pandemic, vaccination is especially critical to reduce the burden of serious and preventable communicable diseases in our communities. These protective measures will help prevent the spread of COVID-19 when providing vaccination services.

Minimize Chances for Patient Exposure

Share information with patients.

Communicate with your patients in advance about measures that have been put in place to ensure their safety.

Screen for COVID-19.

Screen patients for COVID-19 risk (e.g., possible exposure, pending test results, underlying medical conditions) and COVID-19 symptoms before and at the visit. Promptly isolate anyone exhibiting symptoms.

Separate well and sick patients.

Plan vaccination services for well patients at different times and in different areas from the times and areas in which you provide sick patient care.

Control Patient Flow.

Limit and monitor facility points of entry, control direction of patient flow, and install barriers to limit physical contact between staff and patients at triage. Limit entry of non-essential visitors.

Maintain distance.

Ensure physical distancing of at least 6 feet between patients and staff where feasible, except during vaccination.

Consider all needed vaccines.

When possible, screen for and provide all vaccines due or overdue at the visit. If feasible, assess vaccine needs prior to the patient's arrival to reduce in-person visit time.

Post signage.

Prominently display reminders about face coverings (masks), physical distancing, and hygiene in patient areas.

Require masks.

Require appropriate face covering for people age 2 years and older, if tolerated.

Ensure proper hygiene.

Ensure respiratory hygiene, cough etiquette, and hand hygiene. Make hygiene supplies accessible, including hand sanitizer or soap and water, tissues, and waste receptacles.

Disinfect surfaces.

Frequently decontaminate high touch surfaces in both patient and staff areas.

Ensure All Staff Follow Infection Control Guidance

Adhere to standard infection control precautions.

Follow standard infection control precautions, including washing hands and/or using hand sanitizer and thoroughly cleaning the vaccination area between patients.

Wear PPE.

Use appropriate personal protective equipment.



Face mask: Recommended for all healthcare providers (N95 masks not required for vaccination services).



Eye protection: Recommended in areas of moderate/substantial community COVID-19 transmission; optional if minimal or no transmission.



Gloves: Recommended for intranasal or oral vaccines (FluMist or rotavirus); optional for intramuscular or subcutaneous injections. Change gloves and practice hand hygiene between patients.



Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

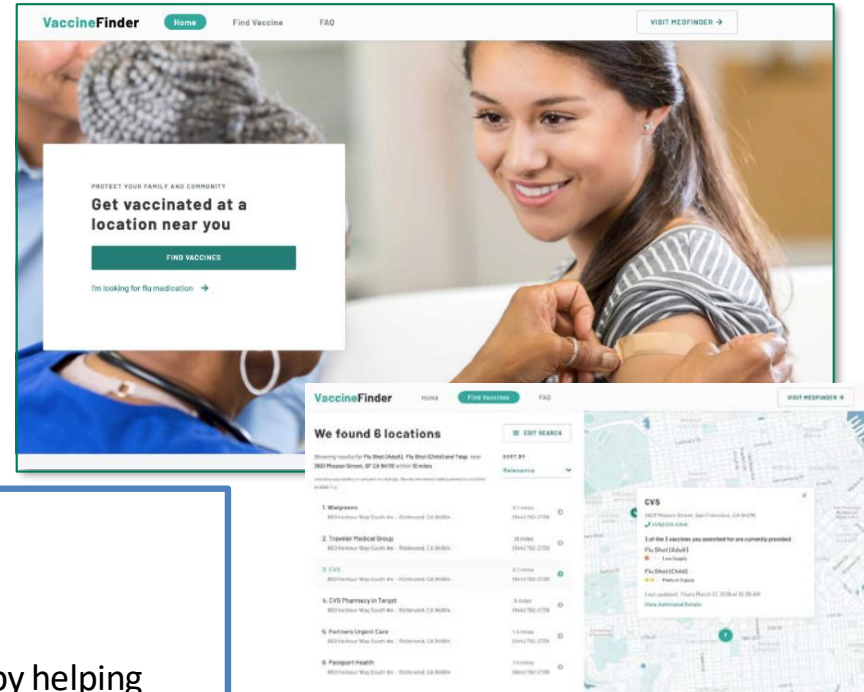
www.immunize.org/catg.d/p2009.pdf • Item #P2009 (9/20)

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!**
 - New website and updated process for providers to report supply and more accurate reporting (automated and manual ways to report)



MedFinder

www.medfinder.org

- Influenza antiviral medications
- Helps providers and patients save time and resources by helping them find nearby pharmacies with available influenza antiviral drugs

Summary

- 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.



COCA Calls



- **Select Past Calls: Recording & Slides available at:**
<https://emergency.cdc.gov/coca/calls/2020>
 - [2020-2021 Influenza Vaccination Recommendations and Clinical Guidance during the COVID-19 Pandemic](#) (8-20-20)
 - [Telehealth and Health Equity Concerns](#) (9-15-20)
 - [Testing and Treatment of Seasonal Influenza During the COVID-19 Pandemic](#) (9-17-20)

Upcoming COCA Calls
• When: Thursday October 8 at 2 PM EDT • Topic: Recommendations for Influenza Prevention and Treatment in Children An Update for Pediatricians • See: emergency.cdc.gov/coca



Additional CDC Influenza Resources

- CDC Influenza homepage: <https://www.cdc.gov/flu/>
- Influenza surveillance (FluView and FluView Interactive):
<https://www.cdc.gov/flu/weekly/fluactivitysurv.htm><https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>
- Flu for Professionals: <https://www.cdc.gov/flu/professionals/index.htm>
 - 2020-2021 ACIP Influenza Recommendations:
<https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm>
 - 2020-2021 ACIP Summary: <https://www.cdc.gov/flu/pdf/professionals/acip/acip-2020-21-summary-of-recommendations.pdf>
 - Flu Vaccination homepage: <https://www.cdc.gov/flu/professionals/vaccination/index.htm>
 - FAQs for the 2020-2021 Flu Season: <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>
- General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP): <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>
- Report adverse events and vaccine administration errors to VAERS: <https://vaers.hhs.gov/>

Additional IAC Influenza Resources



- Standing Orders: <https://www.immunize.org/standing-orders/>
- Screening Forms: <https://www.immunize.org/clinic/screening-contraindications.aspInfluenza>
- Vaccine Information Statements (VISs): <https://www.immunize.org/vis/>
- Influenza Products Chart: <https://www.immunize.org/catg.d/p4072.pdf>
- COVID Repository of Resources for Maintaining Immunization during the COVID-19 Pandemic: <https://www.immunizationcoalitions.org/resource-repository/>
- Protective Measures for Vaccination during a Pandemic: <https://www.immunize.org/catg.d/p2009.pdf>
- Key Vaccination Resources for Health Care Professionals: <https://www.immunize.org/catg.d/p2005.pdf>

Additional Healthmap Resources

- Vaccine Finder: <https://vaccinefinder.org/>
- Med Finder: <https://medfinder.org/>

Additional MDPH Influenza Resources

- Influenza Website: <https://www.mass.gov/influenza>
- Flu Facts: <https://www.mass.gov/flu-facts>
- Webpage for Healthcare and Public Health Professionals: <https://www.mass.gov/handbook/influenza-information-for-healthcare-and-public-health-professionals>
- Important Resources for Fall Influenza Clinics: <https://www.mass.gov/doc/important-resources-for-fall-vaccination-clinics/download>
- Flu Information for School Administrators and Childcare Professionals: <https://www.mass.gov/info-details/flu-information-for-school-administrators-and-childcare-professionals>
- School Immunizations: <https://www.mass.gov/info-details/school-immunizations>
- Long-term care Guidance: <https://www.mass.gov/handbook/influenza-information-for-long-term-care-facilities>
- Influenza Reporting: <https://www.mass.gov/report/2019-2020-season-weekly-flu-reports>

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: <https://www.miisresourcecenter.com> | 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/imm (click on Vaccine Management)

Thanks for all you do!

Questions?

