Evidence supporting benefits of influenza vaccination beyond infection reduction continues to accumulate. Recent studies show improved mortality and cardiovascular outcomes in patients with diabetes who are vaccinated (Diabetes Care. 2020;43(9):2226–2233); a lower risk of Alzheimer’s disease in people immunized against influenza and pneumococcal disease (research presented during the Alzheimer’s Association International Conference 2020); and lower risk of mortality, myocardial infarction, transient ischemic stroke, and cardiac arrest in high-risk patients receiving influenza vaccinations during hospital stays (research presented by Mandania et al. at the American Heart Association’s Basic Cardiovascular Sciences 2020 Scientific Sessions virtual conference).

A study of viral challenges in 7 healthy volunteers shows why development of broadly protective influenza vaccines is so challenging. The participants were challenged intranasally with identical influenza A(H1N1)pdm09 virus approximately 1 year apart; 3 of the 7 participants had laboratory-confirmed infections after both challenges, and 5 participants had clinical signs and symptoms. These data show that type-specific immunity is not complete and that antigenic drift is not the only factor in recurrence of seasonal influenza strains. Incomplete immunity is involved as well (Clinical Infectious Diseases. 2020;70(5):748–753).

Initiated at hospital admission, neuraminidase inhibitors against influenza reduce length of stay by 19%, according to a meta-analysis of individual data for 18,309 patients from 70 clinical centers. The reduction was found regardless of the time since symptom onset and more pronounced than when therapy was started later in the hospital course (Journal of Infectious Diseases. 2020;221(3):356–366).
RESOURCES

• “Understanding the Value of Enhanced Influenza Vaccine Products in Long-Term Care Settings” is the topic of a GSA webinar slated for September 17 from 1 to 2 pm Eastern time. R. Gordon Douglas, MD, Chair of the National Adult Vaccination Program Workgroup and Professor Emeritus at Weill Cornell Medical College, will moderate the webinar, which will help nursing home administrators, infection control teams, and other long-term care staff understand the benefits of using enhanced influenza vaccine products in residents and learn practical tips that can help leadership and staff consistently apply immunization practices.

• Immunization for Pregnant Women: A Call to Action highlights the importance of tetanus/diphtheria/acellular pertussis and influenza vaccinations in pregnancy and the critical role prenatal care practitioners can play in ensuring that pregnant women are vaccinated. The call to action was developed by the Maternal Immunization Task Force, a collaboration of the American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians, American College of Nurse-Midwives, and Association of Women’s Health, Obstetric and Neonatal Nurses. ACOG has also released a guide for creating effective patient education materials on maternal immunization.

• The Center for American Progress released a new report, A Comprehensive COVID-19 Vaccine Plan, which includes recommendations for manufacturing, financing, and distributing products as they are authorized by the U.S. Food and Drug Administration (FDA). In other COVID-19 developments, Operation Warp Speed has published a fact sheet about the effort to deliver 300 million doses of a safe, effective vaccine by January 2021, and FDA officials promised “unwavering regulatory safeguards” in their Viewpoint on COVID-19 vaccines published in the August 7 Journal of the American Medical Association.

INFLUENZA IMMUNIZATIONS 2020–21: COMMUNICATION, CLINICAL, LOGISTICAL CHALLENGES

After 6 months on a “coronacoaster,” Americans and others in the Northern Hemisphere find themselves on the cusp of what has been dreaded all along: the COVID-19 pandemic continuing into the 2020–21 influenza season. With COVID-19 vaccines still in testing, we need to control what we can. That means achieving a high level of vaccination against influenza to minimize the number of people with symptoms that could be caused by either virus or other respiratory pathogens, avoid simultaneous infections with influenza and SARS-CoV-2, and reduce the stress on health care system capacity and resources.

Toward that end, vaccinators are getting ready for an anticipated high demand for this season’s vaccine products. Opinion leaders and company representatives shared plans with stakeholders during a July 30 Zoom call sponsored by the National Adult and Influenza Immunization Summit (NAIIS). Strategies for this season were stated succinctly by Julian Ritchey of Sanofi Pasteur:

• Cooperative work through coordinated messages, multiple stakeholder support, and stamina.
- Active provider outreach to instill patient confidence.
- Creative approaches to address access issues, including alternative delivery approaches such as those developed during the pandemic for routine vaccinations.
- Provider engagement during the vaccination season with efforts continuing until every dose is administered—into January and beyond.

COMMUNICATIONS TARGETING AT-RISK GROUPS

The Centers for Disease Control and Prevention (CDC) always takes its cues from experiences during the Southern Hemisphere’s influenza season, and that is particularly important for this season. Influenza activity was low in Australia and other countries south of the Equator, possibly because of preventive measures people have been taking to avoid the coronavirus. However, the pandemic has also resulted in fewer health-seeking behaviors, which could be a factor in decreased numbers of diagnosed cases, and fewer countries are reporting their flu surveillance data, said Erin Burns of the CDC’s Influenza Division Communications Team.

Communication messages from the CDC (get a flu vaccine, take everyday preventive actions, take antiviral drugs if prescribed) will target high-risk groups (who are also those who have been inordinately affected by COVID-19): older Americans, people of any age with underlying health conditions, workers in long-term care facilities, other essential workers, and Blacks and Hispanics. The 2020–21 guidance on prevention of influenza was published in the August 21 MMWR Recommendations and Reports; digital media campaigns will begin with a soft launch in mid-September, and a radio tour in late September will precede the annual media event sponsored by the National Foundation for Infectious Diseases on October 1.

PREPARING PROVIDERS TO VACCINATE THIS FALL

During the early stay-at-home phases of the COVID-19 pandemic, physician and pharmacy visits dropped dramatically. Vaccination rates for children and adults also declined, several of the vaccine manufacturers reported during the NAIIS session. While pediatric vaccinations have since recovered, particularly for younger children, adult immunizations are rebounding more slowly.

Virtual interactions have replaced in-person visits by medical service representatives in both primary and long-term care. The industry is finding new ways of delivering clinical and patient education tools about vaccinations as well as information needed to motivate consumers. A 30-second television spot developed by GlaxoSmithKline shows adult patients going to pharmacies and visiting with physicians; it concludes with a specific call to action, Luis Morales said: During flu season, talk to your doctor or pharmacist about all the vaccinations you need, emphasizing the need for this conversation.

The idea behind this effort is that patients will be returning to providers for care—especially flu vaccines during the fall—and recommendations for all vaccines should be top of mind for providers so they are ready to encourage patients to get fully immunized.
As vaccinators prepare for this season, waning of influenza vaccine effectiveness (VE) has created concern about early administration. Data from a recent publication by Ferdinands et al. supports vaccinating as soon as product is available. Even though VE waning was 7% per month over the flu season, a health state transition model showed that influenza hospitalizations would begin increasing if just 14% of patients failed to return after an interaction in August or September. Thus, “if in doubt about the patient returning, vaccinate now,” should be the prevailing view.

**USING ALTERNATIVE DELIVERY PROGRAMS TO MAINTAIN PHYSICAL DISTANCING**

Many patients needing vaccines during the COVID-19 era have received them in drive-up visits with their providers or other vaccinators, or in alternative creative settings where people can safely receive medical services. Vaccinators are planning to continue such physically distanced approaches for influenza and other vaccines as this season begins. Those models could prove critical for quick administration of COVID-19 vaccines if and when these become available. Sanofi Pasteur has useful clinic-planning materials on its [VaccineShoppe website](http://example.com) for use in developing influenza drive-through and telehealth services. These include checklists for planning for the upcoming season, tracking goals, and developing drive-through clinics.

**PERSEVERE THROUGHOUT THE FLU SEASON**

With alternative vaccination sites come a host of logistical challenges. Foremost among these is the need to maintain the cold-storage chain and avoid wastage of valuable vaccine products. The influenza vaccine supply is expected to be at record levels in anticipation of increased consumer demand this season, but that supply is already prebooked to providers, the manufacturers explained.

“There isn’t an opportunity for adding on additional doses because the lead time would mean that they would come so late in the season,” Ritchey said. Instead, his company plans to work very closely with providers to make sure that stranded doses remaining unused are redirected to other providers who need them and to keep pushing vaccinations well into the new year. To make sure no dose goes unused and as many people as possible are vaccinated, immunizations should continue into November, December, January, and beyond, as long as the influenza threat remains. With interventions to shift stranded doses and persevere with health communication messages into the winter, “we'll see available doses cause a huge increase in the number of immunized individuals,” Ritchey concluded.
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