FALL 2020: SCHOOL, FLU AND COVID VACCINE PLANNING
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BACK TO SCHOOL

- Regardless of classroom style immunization requirements are the same.
- Students should be up to date prior to school entry
  - Excluded after October 1
  - INCREDIBLY important to eliminate outbreaks/ VPDs circulating during flu and COVID

WHAT WE KNOW
SCHOOL IMMUNIZATION RATES ALSO IMPACTED

EXEMPTION RATES INCREASE SLIGHTLY

Influenza Vaccine
INFLUENZA VACCINE ALLOCATIONS

- To begin THIS WEEK!
  - This is not a drill!
  - Providers will receive automated emails from NDIIS when an order has been placed on their behalf.
  - All prebooks will be sent out automatically, this includes spring and summer, pediatric and adult prebooks.
  - Additional doses have been ordered on top of prebooks and those doses will be available after all prebooks have been sent out.
  - PLENTY of flu vaccine this year. Once available, order more doses if need be.

INFLUENZA RATES

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<td>6 months - 4 years</td>
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<td>5 - 12 years</td>
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<td>13 - 17 years</td>
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<td>18 - 49 years</td>
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<td>50 - 64 years</td>
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- Pediatric deaths from flu were cut in half for children with underlying high-risk medical conditions and by two-thirds for healthy children
- Influenza hospitalizations were cut in half for all adults (including those 65+ years of age)
- Influenza hospitalizations dropped dramatically among people with chronic health conditions – by 79% for people with diabetes and 52% for those with chronic lung disease

BENEFITS OF SEASONAL INFLUENZA

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Among adults hospitalized with flu, intensive care unit (ICU) admissions decreased by more than half (59%), and fewer days were spent in ICU if vaccinated.

Children’s risk of admission to a pediatric intensive care unit (PICU) for flu-related illness was cut by almost 75%.

Risk of a major cardiac event (e.g., heart attack) among adults with existing cardiovascular disease was reduced by more than one-third.

For pregnant women, flu-associated acute respiratory infections were cut in half, and flu-associated hospitalizations were reduced by 40%.

Influenza illnesses and influenza-related hospitalizations in infants under 6 months of age fell by half when their mothers were vaccinated.

Essential workers: Healthcare personnel, including nursing home, long-term care facility, and pharmacy staff, and other critical infrastructure workforce.

Persons at increased risk for severe illness from COVID-19: Including adults age 65 years and older, residents in a nursing home or long-term care facility, persons of all ages with certain underlying medical conditions. Severe illness from COVID-19 has been observed to disproportionately affect members of certain racial/ethnic minority groups.
**ADDITIONAL CONSIDERATIONS FOR INFLUENZA VACCINE**

- **Persons at high risk for influenza complications:** Including infants and young children, children with neurologic conditions, pregnant women, adults age 65 years and older, and other persons with certain underlying medical conditions.

**COVID VACCINE**

- Doses (in small quantities) could be available as early as October 2020.
- Prioritized for frontline health care workers and LTC staff/residents.
- There will be different brands/presentations.
- Some may require ultra cold storage (<-70 degrees).
- Providers will not be required to maintain these temperatures.

**VACCINE ASSUMPTIONS**

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VACCINE ASSUMPTIONS, CONT.

- Different distribution methods
  - Some federal entities will receive their own allocations sent directly to them.
  - Most providers will receive allocations through NDDoH/McKesson
  - Some chain pharmacies will receive allocations that are controlled by NDDoH but will go directly to pharmacies
  - Vaccine allocations in 100-dose increments will go through McKesson.
  - Smaller orders will be organized and distributed through EPR
  - Much like H1N1

PREPMOD – MASS VACCINATION SOFTWARE

- NDDoH is in the process of purchasing a mass vaccination software system that will be available to all ND facilities.
- Currently working on customizing system and final purchase requirements.
- More information on setting up access and users to come!
- Piloting with a few LPHUs and hope to use for flu and COVID vaccine!

PREPMOD™ CONT.

- System capabilities
  - Online preregistration
  - Consent
  - VISs
  - Patient sign up for notifications
  - Nearby clinics
  - Second dose reminders
  - Capture billing information
  - Employer notifications of vaccinations

- System Capabilities
  - Capture priority groups
  - Vaccine administration documentation
  - Inventory management
  - Paperless mass vaccination clinics
  - Social distancing and GIS notifications of patient arrival
  - Emails vaccination documentation to recipient
**COVID-19 in High-Risk Groups**

- Comorbidity and advanced age increase risk for severe illness and death
  - Cardiovascular disease, diabetes, chronic respiratory disease
- Immunocompromised (medical, acquired) – emerging data reassuring
  - For persons with HIV, risk likely greatest at low CD4 cell counts or not virally suppressed
  - No definitive evidence that cancer therapy worsens outcomes (incl. immunosuppressives)

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**SARS-CoV-2 and Influenza Coinfection, Coinfection with Influenza B More Deadly**

- Patients from a single hospital outbreak in Wuhan during Jan-Feb 2020
- Diagnoses made by assaying SARS-CoV-2 RNA and influenza IgM
- No significant differences in age (median 50's-60's), sex (M:F, 1:1), illness severity

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**Vaccinating During a Pandemic**
Recent Decreases in Infant Immunization Rates by County

Adolescent Rates Continue to Increase

Adult Rates Hold Steady
CONSIDERATIONS FOR ROUTINE VACCINATION

- **Children and adolescents**: Healthcare providers should identify children who have missed well-child visits and/or recommended vaccinations and contact parents to schedule in-person appointments, starting with newborns, infants and children up to 24 months, young children, and extending through adolescence.

CONSIDERATIONS FOR ROUTINE VACCINATION

- **Pregnant women**: If administration of the recommended maternal vaccines (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) and influenza) has been delayed because of reduced or deferred in-person prenatal care visits, pregnant women should be scheduled for follow-up and receive vaccination during the next in-person appointment.

CONSIDERATIONS FOR ROUTINE VACCINATION

- **Adults**: Healthcare providers, whether they administer vaccines or not, should take steps to ensure that their patients continue to receive vaccines according to the Standards for Adult Immunization Practice. Older adults and adults with underlying medical conditions are particularly at increased risk for preventable disease and complications if vaccination is deferred.
VACCINATION OF PERSONS WITH SUSPECTED OR CONFIRMED COVID-19

- Routine vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of symptoms, until criteria have been met for them to discontinue isolation. While mild illness is not a contraindication to vaccination, vaccination visits for these individuals should be postponed to avoid exposing healthcare personnel and other patients to the virus that causes COVID-19. When scheduling or confirming appointments for vaccination, patients should be instructed to notify the provider’s office in advance if they currently have or develop any symptoms of COVID-19.

WAYS TO INCREASE VACCINATION RATES

- Relying on parents to bring children in for vaccinations won’t work.
- Standard reminder/recall efforts probably won’t work either.
- Pediatric practices seeing 50% reduction in appointments
- Capitalize on this time and have available staff CALL families to get them in for vaccination
- Vaccinate at EVERY opportunity, including mild illness or injury visits.
- Offer vaccination in non-traditional settings including voting stations, COVID testing, school/community, drive thru events, etc.
REMINDER RECALL

• A Reminder is communication to an individual that he/she is due now or on a future date for immunization(s).
• A Recall is communication to an individual that he/she is past due for immunization(s).
• The primary benefit of reminder/recall is to improve the timeliness and completion of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) to prevent disease. The reminder/recall report is generated from the North Dakota Immunization Information System (NDIIS) based on the immunization forecaster.
  - 1. To run the reminder/recall report, log in to the NDIIS
  - 2. Click the Create Reminder-Recall hyperlink from your home screen

The NDDoH recommends that providers always choose to "exclude influenza from last provider visited." This is the default setting in the NDIIS reminder/recall report.
• Select your provider from the Provider field drop-down box. Clients pulled onto report will be based off of the patient’s "last provider visited" without influenza vaccine.
• The NDDoH recommends running reports for all genders, all races, and including air force base clients.

Click Run Reminder Recall button to obtain the list of desired patients.

Once report results are displayed, you can choose to download the list of patients, convert the report into an excel document, print labels to place on postcards or print mailing and return address directly onto postcards.

When viewing the report, the user can choose to remove certain clients from printing for example, if the address is not complete.
If using the Post card method, a return address must be entered.
DOSE SPECIFIC REMINDER RECALL

Example of Downloaded List from NDIIS Reminder/Recall

RESOURCES

- CDC's Vaccination Guidance During a Pandemic
- Sanofi's Adaptive Vaccination Solutions
  - https://www.vaccineshoppe.com/index.cfm?fa=resources.tools
NORTH DAKOTA IMMUNIZATION PROGRAM

POST-TEST

- Post-test
- Nurses interested in continuing education credit, visit http://www.ndhealth.gov/disease/post/default.aspx?PostID=220
- Successfully complete the five-question post-test to receive your certificate
- Credit for this session will not expire until September 8, 2020.

This presentation will be posted to our website: www.health.nd.gov/immunize