

**2009 National Influenza Vaccine Summit**  
**June 29--July 1, 2009**  
**Dallas, Texas**

**Executive Summary**

**Introduction**

The 2009 National Influenza Vaccine Summit, a partnership of public and private stakeholders committed to achieving the *Healthy People 2010* goals for influenza vaccine, was convened on June 29--July 1 in Dallas, Texas. The Summit, cosponsored by the American Medical Association (AMA) and Centers for Disease Control and Prevention (CDC) since 2001, was well attended. Nearly 300 experts representing over 110 diverse organizations participated, representing a 50% increase over the number participating in 2008.

During the 3-day Summit, attendees were provided updates by experts in several professional fields, including private medicine, public health, health communication, vaccine manufacturing, vaccine distribution, and vaccine-related policy. The Summit's sessions addressed the following topics:

- Novel Influenza A (H1N1) virus,
- Immunization of persons working in healthcare settings,
- Vaccine manufacturers' perspectives of the 2009-10 influenza season,
- Best practices for ensuring influenza vaccinations for patients of private health care providers,
- Influenza vaccine-related communication strategies,
- Strategies for increasing vaccine coverage in persons aged  $\leq 18$  years of age,
- Vaccine delivery (including late season vaccination and retrospective coverage data), and
- Summit positions and future directions.

An additional session was dedicated to the 3<sup>rd</sup> Annual Summit Excellence Awards and Recognition Program. Awards were presented to the programs that demonstrated innovative approaches to increasing vaccination rates in different settings during the 2008-09 influenza season. Other outstanding programs were formally recognized or given honorable mention.

Throughout the 2009 National Influenza Vaccine Summit, participants were encouraged to provide feedback and pose topic-specific questions to presenters, or panelists, during organized discussion sessions. Summit attendees also were given the opportunity to craft Summit-based recommendations.

**Session I**

Because of the emergence of the novel H1N1 influenza strain among humans beginning in mid-April 2009, several hours of the 2009 Summit were dedicated to H1N1-related updates and in-depth discussion. A representative from the National Vaccine Program Office within the Department of Health and Human Services (HHS) presented H1N1 surveillance data through the week of June 17, 2009, at which time 27,000 cases had been confirmed in the United States. Rates of H1N1 for individual states were shared, along with hospitalization rates and case-fatality rates by age group, sex, and race/ethnicity. CDC's future domestic and global H1N1 surveillance plans were presented, which include continuing to conduct enhanced epidemiologic and virologic surveillance, convening a CDC working group, and developing revised screening and laboratory testing recommendations.

The Director of CDC's National Vaccine Program Office informed Summit participants about H1N1-specific vaccine supply and policy and the use of a pandemic plan. In summary, President Obama has designated more than \$1 billion towards vaccine purchase, immunization planning, and other public-health-related initiatives to help move the nation towards reaching the 2005 Pandemic Vaccine Strategy Goal of having enough vaccine for all Americans within 6 months of recognition of a pandemic. Currently, the U.S. Department of Health and Human Services (DHHS) is contracted with five different vaccine manufacturers, all of which are at different stages of the production process. Although the initial reference strain has been identified, manufacturers must engage in a series of activities before vaccine can be produced and distributed. Fortunately, identifying the H1N1 reference strain has not interfered with production of the seasonal influenza vaccine for the upcoming year.

2009 National Influenza Vaccine Summit attendees were also presented with information regarding novel H1N1 vaccine distribution and administration; the uncertainties and challenges being faced by CDC in the context of a shrinking public health infrastructure at both federal and local levels were discussed. After H1N1 vaccine is produced, two options for distribution exist: manufacturer-direct distribution and centralized distribution, where a single vaccine distributor funnels vaccine to CDC and individual states. After a dissemination method is decided, the process for distributing vaccine to individual providers also must be identified and streamlined.

During Session I, attendees were presented data from Kaiser Permanente's experience with novel H1N1. In response to the first cases of H1N1 among humans, Kaiser Permanente implemented several coordinated initiatives to ensure a prompt and thorough response to this epidemic and to optimize the health of their managed-care patients. Several communications-based strategies were employed, including the creation of enhanced local and regional call centers, the conduct of daily briefings, the establishment of a "flu hotline," and activation of local Emergency Operations Centers (EOCs). Kaiser Permanente also created single point-of-service sites for persons with suspected cases, most of which were established in non-permanent structures (i.e., tents). In light of the limited antiviral supply, this managed-care organization took a conservative approach to treating their H1N1-positive patients with antiviral agents.

Community-based immunizers informed Summit participants about the important role that these providers play in ensuring appropriate levels of vaccine coverage, particularly when vaccine for both seasonal and H1N1 influenza will be available. Community-based immunizers are uniquely positioned to help administer both types of vaccine, as they have access to diverse public venues (like senior centers, grocery and other retail stores, and places of worship) and have experience conducting large-scale vaccination programs. With the expected increase in vaccine demand for the 2009-10 season due to the overlap of H1N1 influenza with seasonal disease, community immunizers will likely be even more valuable to the overall influenza immunization effort. Current state legislation, which limits the ability of these immunizers to provide vaccine in several states, serves as a critical limitation to current and future efforts to increase vaccine coverage in the United States.

CDC's H1N1-related communication strategies were outlined by communication experts from the Agency. In response to the H1N1 epidemic, CDC employed several activities to ensure that its private and public partners and constituents (including members of the public, media, and healthcare professionals) remained knowledgeable. These activities included activating CDC's EOC, conducting daily press briefings and conference calls, inviting members of the media to the CDC campus, and using diverse media channels to distribute H1N1-related messages (e.g., CDC's website and television/radio). Summit attendees were reminded that several challenges lie ahead in ensuring timely and effective H1N1-related messaging, such as the currently low level of concern about a potential pandemic among the public.

Several themes emerged as a result of the discussion session that took place at the conclusion of Session I. The following bulleted list represents a non-exhaustive summary of this discussion.

- The Advisory Committee on Immunization Practices (ACIP) will play a critical role in providing guidance for healthcare providers regarding several aspects of H1N1 immunization, including prioritization.
- A plan for H1N1 vaccine distribution must be solidified.
- Schools will likely serve as a critical setting for H1N1 vaccination.
- In developing and distributing H1N1 vaccine, efforts should be made to avoid interference with the production and distribution of seasonal vaccine.
- Determining the demand for H1N1 will be challenging, because it is unknown how many people will seek immunization for this novel influenza strain in light of a brand new vaccine.
- To ensure minimal interference with H1N1 vaccine efforts, providers should be encouraged to engage in early seasonal vaccination activities; 55% of seasonal influenza vaccine will be available by the end of September 2009.
- Vaccine messages must be carefully crafted to ensure an understanding of the need to receive two separate types of influenza vaccine during the 2009-10 season.
- Both healthcare professionals and members of the public should be better informed about use of vaccines versus antivirals.

During the first day of the Summit, representatives from several vaccine manufacturing and distribution companies gave vaccine supply-related updates. Overall, vaccine manufacturers are on target for producing sufficient doses of seasonal influenza vaccine for the 2009-10 season. More than 50% of the anticipated 119 million doses of seasonal vaccine should be available to providers by the end of August 2009, and 90% will be available by the end of October. Vaccine manufacturers are continuing to employ new production techniques that help ensure earlier vaccine availability. A total of five manufacturers have contracted with the U.S. government to produce a vaccine for use against the novel H1N1 influenza strain. To date, all of these manufacturers have produced a reference strain. Many manufacturers are in the process of conducting clinical trials of their formulations to determine efficacy and dosing schedules.

A representative from the U.S. Department of Defense (DoD) provided Summit attendees with surveillance data from their unique vaccination program, which mandates seasonal influenza vaccination among all active-duty personnel and healthcare workers. During the 2008-09 season, more than 95% of all active-duty personnel had received vaccine. The DoD's unique, comprehensive influenza monitoring program enabled vaccine effectiveness to be determined for the 2008-09 influenza season; last year, effectiveness was shown to be approximately 79%, representing a decrease over prior years. This surveillance system has been highly useful in the detection of additional influenza strains, including novel H1N1; DoD's surveillance systems detected the first four cases of H1N1 in the United States.

The 3<sup>rd</sup> Annual Summit Excellence Awards and Recognition Program was held during the evening of the first day of the Summit. Excellence awards were given to the following four campaigns that exemplified unique, effective approaches to vaccination during the 2008-09 influenza season:

- 18 and Younger Campaign: "Community Flu Site Program," The Wellness Company, RI
- Overall Season Campaign: "Vote and Vax," Sickness Prevention Achieved through Regional Collaboration (SPARC), CT and MA
- Healthcare Personnel Campaign: "FluVaxTrax™," Children's Hospitals/Clinics, MN
- Coalitions: Maryland Partnership for Prevention, MD

In addition to the Excellence Awards, two programs were recognized for their influenza vaccine initiatives. The National Women's Health Resource Center in New Jersey was recognized for their "Flu-Free and a Mom to Be" program, and MinuteClinic/CVS pharmacy was recognized for their "Flu Shots Made Simple" program.

## **Session II**

Session II of the Summit was a reflection on last season's successes regarding seasonal influenza vaccine uptake and a discussion of future directions. A representative from

Families Fighting Flu also shared his personal story regarding his young daughter who died after becoming infected with seasonal influenza.

The Session began with an update regarding the ACIP Influenza Working Group's recent activities and future directions. With the goals of creating antiviral guidance for both H1N1 and seasonal influenza and providing the larger ACIP group with information regarding pandemic influenza to be used in future recommendations, several topics were discussed during by the Influenza Working Group during the spring 2009 ACIP meeting. In summary, this working group discussed considerations for a pandemic A/H1N1 vaccination program, the importance of early vaccination against seasonal influenza during the 2009-10 season, and current vaccine availability projections from manufacturers. Within the upcoming months, ACIP will continue to review epidemiologic data, vaccine studies, and program planning; develop and review plans for vaccination targeting and early receipt of vaccine; suggest ways to reduce impact on seasonal vaccination program; begin development of guidance for pandemic influenza H1N1 vaccine use; and schedule an additional public meeting for July 29, 2009.

Summit participants were provided information on influenza vaccine use among adults during the 2008-09 season obtained through a rapid survey project. This survey revealed that just over one third of adults were vaccinated last season. Uptake rates among the elderly exceeded those for other groups and were low among persons with asthma. Persons visiting providers during the fall and those who received vaccination reminders had higher rates of vaccine uptake. The survey also revealed that adults accept vaccine late in the season and that healthcare workers were more positive about receiving vaccine but were somewhat misinformed.

### **Session III**

Session III of the Summit was dedicated to a discussion about ways to address challenges and implement initiatives to immunize persons working in healthcare settings. During this session, representatives presented existing data regarding immunization coverage among healthcare workers and the progress being made towards reaching the *Healthy People 2010* objective of achieving a 60% coverage rate. Summit participants also were provided with examples of existing initiatives that have successfully increased vaccination rates in this target group.

Currently, slightly less than half of all healthcare workers report being vaccinated against influenza, which is significantly lower than the *Healthy People 2010* objective. Some surveys report higher rates in specific hospitals and facilities of up to 90%, whereas others indicate rates of less than 30%.

The Mayo Clinic's Influenza Prevention Survey, which was conducted among registered nurses (RNs) after the 2003-04 season, revealed vaccination rates of 77% among this sector of the workforce. The survey was used to collect other types of information regarding influenza-vaccine-related behaviors and beliefs among RNs working at the Mayo Clinic, including attitudes about mandatory influenza vaccine, preferred influenza prevention approaches, reasons for coming to work with flu-like symptoms, and work

days lost due to symptoms of influenza. Information also was collected to determine levels of influenza-related knowledge among these healthcare providers.

Kaiser Permanente of Northern California recently undertook an effort to understand the impact of state legislation on healthcare worker vaccination rates with the objective of identifying obstacles to vaccination in this population. This managed-care group found that state legislation in California that encouraged the increased coordination of employee influenza vaccination and that required all hospitals to develop a pandemic emergency response plan resulted in a slight increase in healthcare worker vaccination rates. Kaiser Permanente also learned that it is advantageous to target persons who decline vaccine with educational materials and to provide free and readily accessible vaccine, develop clear guidelines for managers, and to define clear consequences regarding non-compliance.

*Healthy People 2010* targets and potential *2020* targets were outlined for the Summit, and participants were informed about a recent effort to identify successful strategies to improve influenza vaccination rates among healthcare workers. Last year, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) obtained information from more than 200 organizations to determine current rates of vaccination coverage and to identify the strategies associated with higher rates. These strategies included (but are not limited to) leadership support, education, social marketing, convenient and free vaccinations, signed declinations, focused responsibility, incentives, and measurement and feedback.

An HHS representative shared information about a two recent initiatives aimed at increasing influenza vaccine coverage among healthcare workers. The Joint Commission Resources (JCR) has been engaged in an effort referred to as the JCR Flu Vaccination Challenge. The JCR encouraged accredited facilities to increase vaccination rates by providing them with resources, education, and examples of best practices. Approximately 1,700 hospitals participated in the Challenge and among these 78% increased their vaccination rate over the previous years' rate. HHS has implemented a 2-year initiative to close the gap between existing vaccination rates and those outlined in *Healthy People 2010*. Three areas serve as the focus for this effort: developing agency-specific strategies, measuring employee vaccination rates, and disseminating toolkits. Thus far, the HHS study has revealed that several proven strategies are associated with improved influenza vaccination rates among healthcare workers.

Discussion during Session III centered around several themes, including the need to

- dispel myths about vaccine-related adverse events and the myth that vaccination against influenza is ineffective;
- improve vaccination rates among all persons working within the healthcare setting who have any contact with patients, not just nurses and other direct-care providers;
- encourage mandatory vaccination policies in hospitals and other private healthcare facilities; and

- ensure that healthcare workers are aware of the distinction of the need to vaccinate against both seasonal influenza and influenza A/H1N1 during the 2009-10 season.

#### **Session IV**

The ethical and legal perspectives associated with the mandatory vaccination of healthcare workers served as the focus for Session IV of the Summit. A legal expert presented Summit participants with information regarding the rationale for seasonal influenza vaccine mandates; the ethical arguments, benefits, and burdens of mandates; bioethics; professional and population responsibilities; existing options for mandate structures; and recent statutory and legal developments. In summary, although rationale exists for the creation of a seasonal influenza vaccine mandate among healthcare workers, these employees currently have legal rights to decline.

Several questions were asked by Summit participants during Session IV; the following statements reflect this discussion.

- The use of social distancing among healthcare workers who decline vaccination is frequently replacing the traditional public health practice of quarantine.
- Mandates for hepatitis B vaccination differ from potential influenza vaccine mandates, because the level of patient harm posed by infected healthcare workers is lower for influenza than hepatitis B.
- Legal structures for children differ from those for adults, because children are not viewed as having decision-making capacity.
- The issue of prioritizing communal rights over individual rights must be considered in the case of influenza vaccination mandates.
- The need to administer influenza vaccine annually is a challenge associated with mandatory vaccination.
- Religious exemptions continue to serve as significant barriers to vaccination in healthcare settings.

#### **Session V**

During Session V, examples of best practices in ensuring influenza vaccination among patients of private healthcare professionals were shared. Experts in diverse disciplines, including nursing, obstetrics, oncology, family practice, physician assistance, and cardiology, presented Summit participants with insight into their unique experiences with influenza vaccination.

An obstetrician discussed influenza vaccination during pregnancy, stressing that pregnancy is not a contraindication to becoming immunized. Evidence from several studies reveals that women who become infected during pregnancy and their neonates are at increased risk for adverse outcomes. Despite this evidence, however, many

obstetricians fail to offer vaccine to their patients, primarily because of vaccine cost and the perception that offering vaccination is not their responsibility.

Summit attendees were provided with information from an American Academy of Family Physicians (AAFP) study regarding the immunization practices of family practitioners during 2008. Results of this study reveal that of 2,000 AAFP members, more than 90% offered influenza vaccine to patients. Of these, almost 45% had vaccine left over after the influenza season. Most participating physicians expressed support a universal influenza vaccine recommendation and support the administration of vaccine in non-traditional settings, although these participants strongly preferred vaccination within a medical home or public health department.

The vaccination of patients receiving chemotherapy was discussed in the context of studies examining vaccine effectiveness among these patients. Although oncology patients are at increased risk for adverse influenza-related complications, this population serves as a challenge for vaccination efforts. Overall, responses to influenza vaccination have been shown to be poor among patients receiving chemotherapy.

The nursing perspective on influenza vaccination was presented during Session V of the Summit. Although the American Nurses Association (ANA) advocates for 100% vaccination coverage rates among all nurses, rates among healthcare workers continue to remain suboptimal at less than 50%. Over the past few years, ANA has coordinated campaigns to increase influenza vaccine coverage among healthcare workers in the United States; this year's campaign is a continuation of the 2007-08 initiative to identify best practices in seasonal influenza vaccination.

The role of physician's assistants (PAs) was discussed by a representative from the American Academy of Physician Assistants (AAPA). This professional society promotes influenza vaccination among PAs and their patients and has measured vaccine coverage rates among patients receiving care from PAs and among AAPA members themselves. In 2008, more than 11 million children and adults were provided influenza immunization by PAs, and approximately 67% of PAs reported receiving influenza vaccine during the same year. The AAPA is also committed to ensuring that its members are prepared for the emergence of an influenza pandemic; approximately 22% of PAs surveyed report having received training for such an event.

A cardiologist provided the Summit with information about influenza vaccination among persons with cardiovascular disease. Because persons with cardiovascular disease are at increased risk for influenza-associated adverse outcomes, these patients represent a priority population for vaccination against this virus. In fact, influenza vaccination has been shown to have a protective effect among persons with cardiovascular disease, decreasing their risk for stroke and myocardial infarction and reducing rates of hospitalization. Despite this evidence, these patients continue to have low rates of coverage; only half of all cardiologists are offering influenza vaccine to their patients.

During the discussion session, Summit attendees and presenters further reflected on best practices among healthcare providers caring for unique populations such as pregnant women, patients with cardiovascular disease, and persons receiving chemotherapy. The following bullets summarize this discussion.

- All opportunities for vaccinating patients should be seized, regardless of the medical specialty or setting. Specialists should ensure that they offer influenza vaccine, when possible, without assuming that their patients have been vaccinated in a primary care setting. Specialists who chose not to administer vaccine should be encouraged to provide written referrals or prescriptions for their patients to ensure that they become vaccinated each influenza season.
- Ensuring continuity of care through electronic medical records is key to increasing vaccine coverage in healthcare settings outside of the medical home.
- Although oncology patients have suboptimal response to influenza vaccine, oncologists should offer vaccine to their household contacts to minimize risk of transmission within the home.
- Many patients who are in high-risk categories for influenza, including those with cardiovascular disease and diabetes, remain unaware of their conditions and therefore unaware of their risk for adverse influenza-related outcomes.

## **Session VI**

Session VI of the Summit focused on influenza vaccine-related communication. Communication experts from CDC and other organizations, including the American Lung Association, discussed different strategies for communicating the importance of vaccination against influenza to healthcare providers and to the public.

The recent shift in media preferences by the public was discussed. Although printed newspapers were primary sources of information in the past, readership has decreased dramatically. Many Americans now report seeking health-related information from cable television channels and the internet (through home-based computers and cell phones). Because of this shift, public health communication specialists must provide health information through different channels, including through electronic blogs and twitter and through small community newspapers that continue to maintain high readership levels. Influenza-related messages must be concise, targeted, consistent, and interesting to readers to ensure effectiveness.

CDC is working to keep current with its strategies for delivering public health messages through electronic media sources. The agency has established an “e-health” goal of making CDC content, goals, and services available where, when, and how users want them. CDC communications experts have ensured that CDC’s messages are delivered through blogging sites, social networks, graphical buttons on related health websites, and other web-based tools such as widgets, e-cards, online video, and mobile phones. The agency also established an online educational website for children called “Whyville,” where children can visit a virtual world to learn more about influenza vaccination and other public health topics.

The American Lung Association's Faces of Influenza Campaign is an educational initiative aimed at increasing awareness of the importance of influenza vaccination within communities and bringing partners together who are working to achieve similar goals. To reach its objectives for the 2009-10 influenza season, the Campaign is focusing on the "strength in numbers" philosophy by working to increase the number of partners collaborating on the Campaign. These partners will then work together to conduct more streamlined and effective regional and national influenza educational programs.

Summit attendees were given the chance to provide feedback after the Session VI presentations. The following topics were discussed.

- The recent trend by celebrities to speak out publicly against influenza vaccination should be addressed with caution by public health agencies. Many celebrities do not know the facts associated with vaccination and are not prepared to hear them. It is important to avoid engaging in debates with these celebrities; instead, health experts should continue to provide the media with the facts concerning influenza vaccination.
- This influenza season, messages regarding vaccination against seasonal influenza likely will be complicated by the emergence and continuing transmission of influenza A/H1N1. Healthcare providers and other health professionals are waiting for CDC to provide them with appropriate vaccination messages as the season approaches.
- The Summit will develop a unified, overarching message regarding vaccination for the 2009-10 influenza season to ensure that providers and patients stay well informed about how to protect their patients and themselves against both types of influenza.

## **Session VII**

During Session VII, Summit participants were presented with information regarding the vaccination of school-aged children against both seasonal and novel H1N1 influenza. Perspectives were shared from several experts, including a representative from a state-based vaccine prevention program, professors of pediatrics, and a representative from the National Association of School Nurses.

A detailed overview of a recent New Jersey Department of Health-based effort to implement mandatory influenza vaccination among all children aged 6--59 months of age attending any licensed day-care center or preschool facility was provided during this session. The New Jersey health department worked closely with the New Jersey Department of Education to ensure that parents, healthcare providers, and others were well informed about the effort; numerous information/education sessions were held, and all New Jersey residents had an opportunity to comment on the proposed legislation during a public comment period. In summary, although the effort was met with substantial push-back from vocal members of the community who objected to influenza vaccine, the mandate eventually was implemented with a religious exemption clause for

parents who chose not to vaccinate based on religious principles. Overall, students in most New Jersey schools were compliant and had their children vaccinated at local vaccine clinics and providers offices. Percentages of “religious exemptions” varied depending on geographical area and ranged from <10% to 16%--24%.

The logistics associated with the vaccination of school-aged children were presented by a professor of pediatrics. The Summit was provided with background information regarding the need to improve vaccine delivery in this population, which stems from the gradual expansion of childhood influenza vaccination recommendations over the past several years. With the greatly increased number of children being covered within ACIP’s influenza vaccine recommendation, new strategies for influenza vaccine administration must be developed for use in primary-care settings, new vaccination settings (e.g., schools) must be identified, financial incentives must be developed, and influenza vaccination efforts must be better coordinated across the community. The Summit was also presented with data from studies of pilot school-based vaccination initiatives and provider-based vaccination clinics. In summary, existing vaccination strategies will fail to ensure influenza immunization coverage among children in the United States; novel strategies are needed, and the healthcare system must place an emphasis on the provision of influenza vaccine to these patients.

A school nurse presented her perspective on school-based vaccination programs; she discussed the benefits and challenges of offering influenza vaccine in this setting. Offering influenza vaccination in the private and public school setting is advantageous, as it could potentially result in the immunization of approximately 53.2 million children representing 97% of all school-aged children in the United States. With the availability of intranasal vaccine, vaccination within schools is becoming more feasible and acceptable to parents. However, several barriers exist, including an inherent decentralized authority, the need for parental consent, funding shortages, a lack of billing mechanisms, and resistance by school staff. With sustained funding, a lower school-nurse-to-student ratio, a more efficient and paperless consent process, and state vaccination mandates, offering influenza vaccine within the school setting could be an important step towards ensuring high levels of vaccine coverage among the school-aged population.

The need for consistent influenza vaccine communication and messages for parents and healthcare professionals was discussed. The Chair of the Childhood Influenza Immunization Coalition (CIIC) presented information regarding the activities being undertaken by CIIC to ensure that infants, children, and adolescents are protected from influenza through the delivery of messages reflecting “one strong voice,” which prioritizes immunization among members of this population. CIIC recognizes that several components must be put into place before its mission can be achieved; influenza-related messaging must be better retained, key messages must be developed through targeted market research, and messages must be tailored to fit seasonal challenges.

Summit attendees and Session VII speakers, or panelists, engaged in an in-depth discussion session. Feedback was provided about several topics, including

- Need to emphasize the availability of needle-free vaccine for children;
- Creation of novel strategies to overcome parental consent laws, including the development of a “model” parental consent law and the creation of web-based tools that can be used to help populate existing vaccine registries with school enrollment data;
- Importance of finding effective community-based methods of informing providers and parents about school-based mandates;
- Establishment of middle-school-based vaccination programs that build upon existing programs for other mandatory vaccines in this age group;
- Need for developing education materials for parents that are effective in eliciting behavior change;
- Importance of school nurses in any school-based vaccination effort;
- Need for adequate and consistent insurance payment rates for influenza vaccine; and
- Opportunities for combining influenza vaccine campaigns with other existing programs within a community, including the Vaccines for Children program.

### **Session VIII**

The delivery of influenza vaccine served as the focus of Session VIII of the 2009 National Influenza Vaccine Summit. During this session, Summit attendees were presented with information regarding National Influenza Vaccine Week (NIVW) and were provided with monthly vaccine coverage data for the 2008-09 season.

NIVW was created to highlight the importance of becoming immunized against seasonal influenza at a time when demand for vaccine typically drops. NIVW messages typically emphasize the importance of receiving influenza vaccine throughout December, January, February, and into the spring months. The 2009-2010 NIVW, which represents the third annual NIVW initiative, has been planned for the week of December 6--12, 2009. This year, the campaign will involve regional NIVW events, focus on specific populations on different days of the week (e.g., children and healthcare workers), and will reinforce vaccination messages.

A CDC representative informed the Summit about vaccine uptake data obtained through three separate data systems: SDI, the Behavioral Risk Factor Surveillance System (BRFSS), and the National Health Interview Survey (NHIS). In 2008-09, NHIS was used to obtain data regarding the timing of vaccine administration among different age groups and for persons of different races/ethnicities. This type of data will enable the development of specific vaccine-related messages and initiatives for the populations that need them most. NHIS also collected overall vaccine uptake data by month for the 2007-08 influenza season, as did SDI and BRFSS. Data from all three systems indicated that most Americans are receiving influenza vaccine during the month of October. Data from SDI has been examined to compare vaccine uptake over the past few seasons, which indicate an 8% increase in uptake during 2008-09 compared with the previous influenza season.

The discussion that followed Session VIII centered around several topics, which are reflected below:

- For the upcoming influenza season, an effort should be made to find more suitable nomenclature for the H1N1 strain of influenza.
- The term “late-season vaccination” should be avoided, as persons can be immunized against influenza year round.
- Because rates of second-dose influenza vaccination are substantially lower among African American children, efforts must be made to better educate African American parents and to work against vaccine-related “counter marketing” messages that they are increasingly being exposed to.
- Stressing that influenza vaccine helps protect loved ones is a message that has been useful in eliciting vaccine acceptance among parents.
- SDI data could potentially offer very valuable information regarding influenza vaccine coverage. If feasible, arrangements should be made to ensure that this data is more accessible by federal health agencies such as CDC.
- The message that vaccine is available from manufacturers and is protective against influenza throughout the year should be stressed to providers and patients.
- Healthcare providers should be encouraged to administer influenza vaccine along with other vaccines during a single patient visit.
- The issue of returnability of vaccine to manufacturers must be resolved and then better communicated.

## **Session IX**

Session IX of the 2009-10 National Influenza Vaccine Summit was dedicated to a discussion about the top vaccine-related issues as determined by Summit members. Summit representatives worked to craft messages summarizing the Summit’s position on these issues, reflected below:

- The Summit acknowledges that great work has been done to increase vaccine delivery in many settings through diverse and innovative initiative. However, despite these successes and the identification of numerous best practices, data continues to demonstrate that vaccine coverage rates among healthcare workers and other groups continue to plateau at rates that are substantially lower than the Healthy People 2010 objective of 60%. Therefore, the Summit believes that additional methods will be required to better protect healthcare workers and their patients.
- Summit members recognize that use of incentives in campaigns to motivate healthcare workers to receive influenza vaccine typically do not work in the long run. Alternative efforts should be sought by any organization wishing to improve vaccine coverage rates.
- The Summit agreed that to ensure successful healthcare-facility based initiatives to increase vaccination coverage levels, the terms “healthcare worker” and “direct and indirect patient contact” must be clarified. Currently, efforts to vaccinate within the healthcare setting are inconsistent, because the types of employees

targeted for vaccination differs by institution and setting. Instead, facilities should consider requiring that all of their employees, regardless of level of patient contact, receive annual influenza vaccination.

- In light of the two types of influenza that are anticipated to circulate within the upcoming months, the Summit encourages healthcare providers to continue to provide patients with vaccine against seasonal influenza, regardless of developments in influenza A/H1N1 and the availability of an H1N1 vaccine. Ample doses of seasonal vaccine will be available from manufacturers beginning at the end of August. Providers should be encouraged to begin vaccinating as soon as vaccine is available and to continue to vaccinate through late spring and beyond.