

COLLABORATION TO ADDRESS INFLUENZA VACCINATION AMONG OLDER ADULTS

NACCHO NATIONAL
STAKEHOLDER
CONSULTATION MEETING

NACCHO
National Association of County & City Health Officials



Executive Summary

On June 28, 2021, the National Association of County and City Health Officials (NACCHO) hosted and facilitated a virtual roundtable collaboration to address issues surrounding influenza vaccination of older adults. The meeting convened public health leaders and key stakeholders and provided an opportunity to capture insight, concerns, and recommendations regarding possible effects of the COVID-19 pandemic as it relates to and impacts influenza vaccinations. With the recognition that the COVID-19 pandemic shaped perspectives and behaviors related to vaccination, public health leaders met to identify the best approaches and strategies for maximizing influenza vaccinations for the 2021–2022 influenza season, particularly focusing on individuals 65 years of age and older.

The meeting convened over 50 participants representing state and local health departments (LHDs), non-profits, community-based organizations (CBOs), faith-based organizations, universities, and private industry sectors. During the meeting, participants heard an overview of the 2021–2022 influenza vaccination planning for older adults from Captain Amy Parker Fiebelkorn, MSN, MPH, a Senior Epidemiologist with the Adult Immunization Team at the Centers for Disease Control and Prevention (CDC). In addition, participants heard three spotlight presentations of best practices for reaching and supporting flu vaccination efforts aimed at under-represented adults from Heidi Parker from Immunize Nevada; Jillian Brown from Philadelphia Department of Public Health; and Bernard Macklin from Southern Connecticut State University.

Throughout the plenary and breakout sessions, participants were encouraged to ask questions, express concerns, provide input regarding how flu vaccination efforts for older adults will have to change because of effects from the COVID-19 pandemic, and share best practices for reaching under-represented adults both before and during the pandemic. In particular, participants shared lessons learned from the COVID-19 pandemic that can be applied to maintain or increase flu vaccination rates for older adults.

Participants established activities in response to the call to action to increase the annual influenza vaccination rate among older adults 65 years of age and older. This aligns with the Healthy People 2030 goal to *‘increase the proportion of people who get the flu vaccine every year.’*¹

Call to Action: Key Themes & Recommendations

Participants recommended specific actions within four themes: policy, access, data and reporting, and communications. Underpinning each of these is a focus on equity and partnerships to implement the recommendations and reach goals of equitable access to and uptake of influenza vaccine. Small discussion groups developed actions in the four theme areas and then all meeting participants collectively provided review and comment.



1. **Policy.** Align public-sector regulations and govern the funding and distribution of monies to improve immunization infrastructure, prioritize vaccination of healthcare workers and service providers, and require the use of Immunization Information System (IIS) data to identify and remove health disparities in elderly populations.

Policy Recommendations (more detail in full report)

- Legislate mandates that will protect adults 65 years of age and older.
- Create policies that require participation and transparency in data and reporting systems.
- Provide reimbursement and incentives.
- Institutionalize and adapt COVID-19 programs that can jointly serve influenza vaccination.
- Fund vaccine infrastructure to capitalize on lessons learned from the COVID-19 pandemic.
- Address equity from a policy standpoint.

2. **Access.** Increase the availability and ease of access to annual influenza vaccination for older adults. Task LHDs to address, in collaboration with key partners, transportation barriers, provide vaccines in non-traditional settings, use technology effectively, meet the unique and specific needs of those with disabilities, consider the special challenges in long-term care facilities, and work with healthcare and other service providers to identify and remove barriers.

Access Recommendations (more detail in full report)

- Increase the number and variety of settings for annual influenza vaccination for older adults.
- Make it easy for people: provide transportation, judicious use of technology, and address language and literacy barriers.
- Use data to inform the focus on access and equity.
- Move from crisis-born relationships to long-term partnerships in public health.

3. **Data and Reporting.** Increase the number of vaccine providers submitting data to IIS data registries, enhance the interoperability of adult IIS, boost the percentage of complete data in IIS, and use data to determine the efficacy of outreach, education, and vaccination strategies.

Data and Reporting Recommendations (more detail in full report)

- Increase the number of vaccine providers enrolled in adult immunization registries reporting flu doses administered to adults 65 years of age and older.
- Increase interoperability of adult immunization registries.
- Address equity from a data and reporting standpoint.

4. **Communication.** Increase coordination and collaboration to ensure timely and effective messaging about the importance, safety, and effectiveness of the annual influenza vaccination.

Communication Recommendations (more detail in full report)

- Create and distribute effective messaging.
- Leverage partners for effective messaging.
- Leverage COVID-19 funds to concurrently advance influenza goals.
- Address equity from a communications standpoint.



Background

Annually, it is estimated that influenza results in between 9.3 million and 49.0 million illnesses, and between 12,000 and 61,000 deaths.² In addition, adults older than 65 years of age experience the highest severe flu complications with nearly 50–70% seasonal flu hospitalizations and 70–80% seasonal flu deaths.³ Immunization has been proven to be the most effective method for preventing influenza infection. Implementing comprehensive evidence-based interventions is imperative for increasing flu vaccine coverage, building vaccine confidence, and reducing misinformation. Local health departments serve as chief health strategists or conveners of cross-cutting sectors of the community and are therefore ideally situated to lead effective immunization education campaigns and facilitate the dissemination of information, resources, and tools.

NACCHO's mission is to improve the health of communities by strengthening and advocating for the nation's nearly 3,000 LHDs. NACCHO's vision is to improve the public health system at the local level to create the conditions for optimal health, equity, and security for all people. According to the 2019 NACCHO National Profile, 88% of LHDs provide direct immunization services to adults.⁴ Because LHDs have close relationships with their communities, they can equip healthcare providers at various levels and organizations with the resources to hold effective vaccine conversations and prioritize messaging about the influenza vaccine. However, despite health officials' recommendations, annual influenza vaccination coverage remains less than optimal in general.

In addition, the COVID-19 pandemic has greatly impacted the public health workforce, programmatic and clinical services, and the way people seek care. As LHDs continue to respond to COVID-19, NACCHO is committed to exploring how to support LHDs in their work and through collaboration to identify ways to improve influenza vaccination among older adults.

Focused Dialogue Around How the Pandemic Might Impact Influenza Vaccination

Participants discussed these central questions around how the pandemic might affect influenza vaccine uptake:

- What actions can be taken as we approach the 2021–2022 influenza season (and over a longer time) to improve uptake of influenza vaccine among older adults?
- How do we think the older adult mindset changed because of experiencing the pandemic?
- What did we learn during the pandemic that has implications for how we access and speak to older adults about influenza prevention and the impacts of the disease?
- What did we learn in the pandemic for addressing health equity and reaching under-represented adults?

Considerations and Challenges: How the COVID-19 Pandemic Might Have Affected Uptake of Influenza Vaccine Among Older Adults.

The COVID-19 pandemic has changed the way individuals think about vaccines, infectious disease, and public health. Those who work to vaccinate older adults for the coming flu season will have to operate considering the collective COVID-19 experience; utilizing lessons learned, capitalizing on opportunities, and overcoming obstacles that have arisen from living through a pandemic. The COVID-19 pandemic might have affected uptake of influenza vaccine among older adults in several ways:

COVID vaccination and flu vaccination may reinforce one another

One study⁵ assessed the impact of the COVID-19 pandemic on the seasonal influenza vaccination attitudes in Greece and identified factors associated with a positive change in participants' choice to vaccinate against the flu. Factors independently associated with increased intention to vaccinate in those who were not vaccinated against the flu in 2020 included:

- Age \geq 65 years;
- A mistaken belief that vaccination against the flu is concurrently preventive against COVID-19.

Many older adults who were vaccinated against COVID-19 generally recognize the importance of vaccinations and are likely to get a flu vaccine. This will be particularly true if there is a resurgence of COVID-19 that coincides with the 2021–2022 flu season.

COVID-19 vaccination might have taken precedence over influenza vaccination during the pandemic.

Vaccinators were not allowed to co-administer the COVID-19 vaccine concurrently with a vaccination against another infectious disease. The required waiting period between vaccinations of different types meant those 65 and older who were eligible for COVID-19 vaccination had to prioritize which vaccine to get first. Initial data suggests that, last year, many older adults prioritized COVID-19 vaccination over influenza vaccination. In typical years, compared to other age groups, adults 65 years of age and older have the highest flu vaccination coverage and that trend is expected to continue in the upcoming flu season.⁶ However, many older adults missed regular healthcare visits during the pandemic, which now necessitates a concentrated effort to restore regular, routine medical care, including getting annual flu vaccinations. Because of the extraordinary drop in flu cases last season plus the severity of COVID-19, it is expected that some older adults will underestimate the importance of getting a flu vaccine, despite evidence that flu vaccination is a life-saving choice.

Meeting participants expressed concerns that:

- Lower rates of flu last season will not inspire vaccine uptake before the 2021–2022 season;
- There is less urgency because many do not perceive flu as a serious threat relative to the seriousness of COVID-19;
- There is likely an increased susceptibility to flu this year as people emerge from lockdown;
- Many human and financial resources were taken up by COVID-19 campaign efforts, leaving fewer resources for flu campaigns and outreach;
- The efficacy of the flu vaccine is lower than the efficacy of the COVID-19 vaccines, which might diminish confidence now that efficacy is more widely understood; and
- No flu vaccination incentives are available that can compare to the COVID-19 vaccine incentives.

Facilitated breakout sessions issued a call to action to increase the annual influenza vaccination rate among older adults 65 years of age and older. Meeting participants and affiliations are listed at the end of this document.



A Call to Action

Participants established activities in response to the call to action to increase the annual influenza vaccination rate among older adults 65 of age and older. This aligns with the Healthy People 2030 goal to 'increase the proportion of people who get the flu vaccine every year.'¹

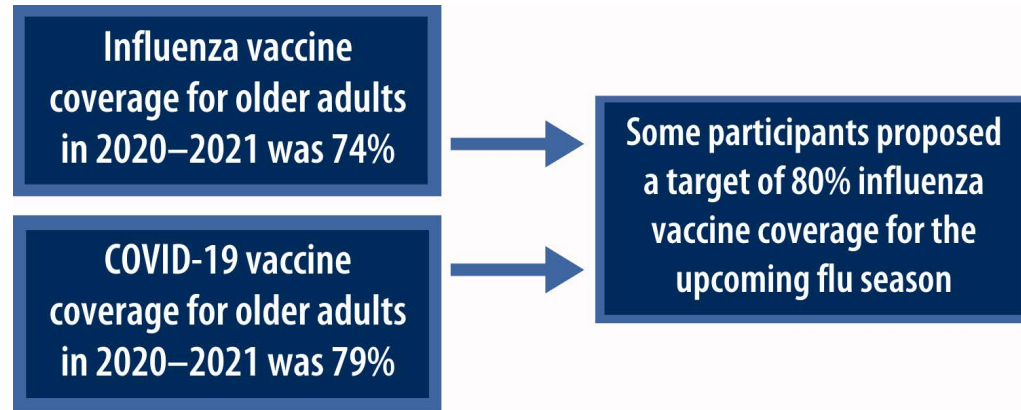


Figure 1. The Call to Action: Increase the annual influenza vaccination rate among older adults 65 years of age and older. *Because more older adults were vaccinated against COVID-19 than against the flu (79% versus 74%), participants discussed the possibility of 'easy-opportunity' to reach that 5% of older adults who were missing the flu vaccine but are demonstrably willing to be vaccinated against infectious disease.*

Key Themes

Participants recommended specific actions within four themes: policy, access, data and reporting, and communications. Underpinning each of these is one focus on equity for all individuals and another focus on partnerships to implement the recommendations and reach health equity goals.

Policy. Align public-sector regulations and govern the funding and distribution of monies to improve immunization infrastructure, prioritize vaccination of healthcare workers and service providers, and require the use of Immunization Information System (IIS) data to identify and remove health disparities in elderly populations.

Access. Increase the availability and ease of access to annual influenza vaccination for older adults. Task LHDs to collaborate with key partners to address transportation barriers, provide vaccines in non-traditional settings, use technology effectively, meet the unique and specific needs of those with disabilities, consider the special challenges in long-term care facilities, and work with healthcare and other service providers to identify and remove barriers.

Data and Reporting. Increase the number of vaccine providers submitting data to IIS data registries, enhance the interoperability of adult IIS, boost the percentage of complete data in IIS, and use data to determine the efficacy of outreach, education, and vaccination strategies.

Communication. Increase coordination and collaboration to ensure timely and effective messaging about the importance, safety, and effectiveness of the annual influenza vaccination.

Key Recommendations

There are two important elements to keep in mind when considering the recommendations made by the participants:

1. **Not all the recommendations can be accomplished by local public health alone.** This diverse set of stakeholders proposed solutions (calls to action) that are clearly within the purview of LHDs in some cases, but in other cases, offered ideas that necessitate partnerships with federal or state partners, CBOs, and/or the private sector for full implementation.
2. **Some recommendations focus on the upcoming 2021–2022 influenza season, and some apply to long-term systemic changes.** The pandemic has revealed near-term adjustments that must be made before the upcoming flu season, and identified long-term systemic changes that will require more time to fully implement.



Policy Call to Action		
Action	Activity Time Frame	
	2021–2022 Flu Season	Long-term
Legislate mandates which will protect adults 65 years of age and older		
Increase the number of public and private institutions implementing mandatory influenza vaccination of employees in healthcare settings, including nursing homes and Long-term Care Facilities (LTCF). <ul style="list-style-type: none"> Determine number of facilities with a corporate mandate to assess feasibility across states. 	X	X
Create policies that require participation and transparency in data and reporting systems		
Require providers to report vaccine doses administered to the state IIS.	X	X
Require public facing data dashboards reporting the percentage of employees vaccinated, especially for healthcare facilities.	X	X
Require standards for reporting race and ethnicity data to IIS for the purpose of informing strategies.	X	X
Increase utilization of quality metrics.	X	X
Provide reimbursement and incentives		
Consider incentives for local businesses and healthcare institutions for actions that improve equity. <ul style="list-style-type: none"> Review COVID-19 incentives for methods used and their efficacy. Identify the most efficient 'level' to apply incentives, i.e., provider versus patient incentives. 	X	X
Strengthen Centers for Medicare & Medicaid Services (CMS) measures for adult immunization for older adults who are not in LTCFs. <ul style="list-style-type: none"> Restore support of task orders and Quality Improvement Organizations (QIOs) for states that are working to measurably raise immunization rates 		X
Institutionalize and adapt COVID-19 programs that can jointly serve influenza vaccination		
Create community champions by generating long-term support for programs such as U.S. Department of Health and Human Services (HHS) COVID-19 Community Corps. Adjust such programs to apply to all vaccines.	X	X
Fund vaccine infrastructure to capitalize on lessons learned from the COVID-19 pandemic		
Sustain funding for immunization programming post COVID-19.	X	X

Increase CMS provider reimbursement for flu vaccination.	X	X
Revisit and adjust Section 317 restrictions to allow vaccination of older adults in the location of their choosing.	X	X
On the issue of equity: Ensure equity in the allocation of new resources by mandating that services are directed to the hardest-to-reach populations.		

Access Call to Action		
Action	Activity Time Frame	
	2021–2022 Flu Season	Long-term
Increase the number and variety of settings for annual influenza vaccination for older adults		
Leverage and further implement what we learned from the pandemic about non-traditional settings and bundled services. <ul style="list-style-type: none"> • Bring mobile units to where people gather, such as apartment complexes, community centers, churches, markets, and food banks. • Embed vaccination into other services such as Meals on Wheels, bookmobiles, and mobile healthcare screenings. 	X	
Expand the type of healthcare settings that can provide vaccinations. <ul style="list-style-type: none"> • Enable emergency rooms to give vaccines by reimbursement. • Empower physicians' offices by improving IIS reporting and providing necessary storage. • Bring in retired healthcare professionals and other volunteers to give shots to remove the burden placed on healthcare workers. • Focus on LTCF education and training. 	X	
Provide easy vaccination access to the workforce and school-aged children to protect the older adults with whom they come into contact.	X	
Make it easy for people: transportation, judicious use of technology, language, and literacy.		
Inform primary care physicians about local transportation resources so they can further enable patient visits. <ul style="list-style-type: none"> • Provide clinics with the materials (e.g., brochures) and information links (e.g., websites) that can be readily shared with patients. • Schedule transportation services through LHDs and coordinate with CBOs. 	X	

Ease the stress of making appointments and getting a shot. Create options such as: <ul style="list-style-type: none"> • Online registration in a variety of languages; • Allow paperwork (hard- or soft-copies) to be filled out by a health advocate; • Allow the same email address to be used for registrations enabling health advocates to register those they serve; and • Allow walk-up/drive-through/drop-in options for vaccinations; allow vaccination of all members escorting an older adult. 	X	
Create a variety of outreach methods with careful attention to language, literacy levels, and the unique communication needs specific to vulnerable populations. <ul style="list-style-type: none"> • Ensure materials and communication methods are culturally and linguistically appropriate. • Acknowledge that visual materials (graphics without text) might be the only materials some individuals can understand and create materials accordingly. • Tailor outreach methods to match the needs of specific communities. 	X	
Create capacity to have personal interactions with people of like-language and within similar communities. Support cultural competency training. <ul style="list-style-type: none"> • Vulnerable populations need personal interactions to support navigation of health care system 	X	
Utilize data to inform the focus on access and equity		
Conduct needs assessments through personal interactions with community organizations and those with lived experiences.	X	
Focus on using data from IIS to inform issues of access and a focus on vulnerable communities.		X
Move from crisis-born relationships to long-term partnerships in public health		
Establish on-going dialogue to assess needs to address access barriers.	X	
Establish coalitions or councils that can jointly apply for grants and use funding opportunities that will increase the reach of all.	X	

Data and Reporting Call to Action		
Action	Activity Time Frame	
	2021–2022 Flu Season	Long-term
Increase the number of vaccine providers enrolled in adult immunization registries reporting flu doses administered to adults 65 years of age and older		
Ensure every state IIS can share data with all other states' IIS. Establish Memorandum of Understandings and other policies to require and enforce this capability.		X
Demonstrate how IIS can directly benefit providers. <ul style="list-style-type: none"> • Convene focus groups to understand gaps. • Create outreach materials for vaccine providers that explain the benefits to providers and their patients. 		X
Identify provider types/facility types who need help related to IIS: <ul style="list-style-type: none"> • Identify providers and software that feeds into each state's IIS. • Identify training needed for all software used. • Integrate so that all vaccine data entry systems used automatically populate data into the state and federal vaccination immunization recording systems. 		X
Increase interoperability of adult immunization registries		
Explore a partnership with CMS to utilize their data to populate IIS. <ul style="list-style-type: none"> • Identify and understand lessons learned from states that have already done so (e.g., Michigan). 		X
Increase reporting by vaccine providers through the following: <ul style="list-style-type: none"> • Increased ease of IIS data entry; • Developing software that automatically uploads data from other reporting systems (i.e., electronic health records) directly into the state IIS pipeline; and • Incentivize providers. 		X
On the issue of equity:		
If providers more completely fill out the fields in the IIS, public health will have a better idea of racial/ethnic disparities in nationwide adult vaccination coverage in a more timely manner.		

Resources

- <https://repository.immregistries.org/resource/landscape-analysis-report-capture-and-utilization-of-adult-vaccination-data-in-iis/>
- <https://www.izsummitpartners.org/benefits-of-iis-brochures/>
- [Audacious Inquiry](#)

Communication Call to Action		
Action	Activity Time Frame	
	2021–2022 Flu Season	Long-term
Create and disseminate effective messaging		
<p>Create common messages and align message delivery.</p> <ul style="list-style-type: none"> • Fund analysis—focused on adults 65 years of age and older—to study what has been effective in terms of messaging. Refer to the resources section below for NFID surveys on adult perspectives on influenza vaccines. • When appealing to entrenched hesitancy: <i>Be prepared to spend 80% of your time and resources to reach the last 20% of your audience.</i> 	X	X
Listen to older adults' concerns about the secondary and tertiary risks of getting the flu, and then tailor messages accordingly. Clearly communicate the increased risk of heart disease, and potential decrease in quality of life for older adults following hospital stays.	X	X
Provide accurate and timely information to healthcare providers so they can address questions, dispel disinformation, and correct misinformation.	X	X
Build a repository of vetted and multilingual public service announcements to save time on the front lines.	X	X
Provide materials (e.g., pamphlets, posters, and brochures) to primary care providers and other places where older adults gather.	X	X
Leverage partners for effective messaging		
<p>Identify and retain trusted messengers who know their audience and have the most powerful voices, such as:</p> <ul style="list-style-type: none"> • Faith leaders; • English-speaking children of non-native English speakers; • Ask youth to create their own messaging campaigns for the elderly in their lives; and • Use storytelling and testimonials. 	X	

<p>Build and maintain solution-oriented coalitions with CBOs and faith-based organizations that were established during the pandemic. Support them as they work together on grants and other funding opportunities for the creation and delivery of messaging.</p> <ul style="list-style-type: none"> Grants should include financial incentives for community members recruited to participate in listening sessions, focus groups, etc. Under some circumstances, state and healthcare providers might consider serving as technical advisors and funders for CBOs who can more effectively <i>lead</i> in messaging and outreach. 	X	X
Be present in the community on an ongoing, long-term basis. Maintaining solution-oriented coalitions with CBOs and faith-based organizations is only possible where healthcare providers have built up a basis of trust.		X
Establish and maintain partnerships with health providers, specifically to address equity concerns. Hold regular meetings to identify needs and gaps, and/or create a mechanism to raise awareness of issues as they arise.	X	X
Leverage COVID-19 funds to advance influenza goals		
Include impact evaluation measures that show funders the value of local level work, e.g., the percentage of adults of color reached by CBOs and the increase in vaccine uptake.	X	X
Leverage COVID-19 focused funds, i.e., prior to the COVID-19 vaccine rollout. Some health departments held focus groups to assess community willingness to get the flu vaccine and then COVID-19 vaccine when it became available.		X
<p>On the issue of equity</p> <p>Use data from IIS and other quantitative sources to prioritize message development and delivery to underserved areas and populations on a national scale in a timelier manner than we currently have with the national survey data.</p> <p>To the extent possible, translation services should be responsive to the varying dialects and literacy levels amongst targeted populations.</p> <p>Include information and graphics on public transit options for accessing vaccination sites.</p>		
<p>Resources</p> <ul style="list-style-type: none"> https://www.nfid.org/national-survey-attitudes-about-influenza-pneumococcal-disease-and-covid-19/ https://www.nfid.org/national-survey-black-adult-perspectives-on-covid-19-and-flu-vaccines/ 		

Conclusion

Participants in the virtual, NACCHO-hosted, collaborative session to address influenza vaccination among older adults, agreed that the COVID-19 pandemic likely influenced the older adult mindset across a spectrum of issues, and that the full extent of those impacts will not be understood for some time. In the interim, there are near-term opportunities that can be advanced for the 2021–2022 influenza season—starting with the potential to increase influenza vaccination rates from 74% in 2020–2021 to 80% in the upcoming flu season. Many meeting participants considered this within reach because in 2021, 70% of adults 65 and older were vaccinated against COVID-19, indicating a high level of openness to vaccination against serious infectious diseases. Additionally, there was strong support for adapting best practices emerging from COVID-19 vaccination efforts into an influenza strategy for the upcoming season, particularly regarding increasing equitable access to vaccination for vulnerable communities. This upcoming year offers an opportunity to move from pandemic crisis-born relationships to firmly established partnerships with new and existing messengers and collaborators.

Participants also suggested there is a window of opportunity to explore long-term strategies to lay groundwork for increased protection against infectious disease for those over 65. Such strategies include mandates, reimbursements, and incentives to increase the number of public and private institutions encouraging or requiring employee vaccination. In addition, a robust reporting system with increased vaccine provider participation would provide timely feedback on vaccination uptake with improved responsiveness to adjust in-season strategies. In all these examples, plus the additional suggestions provided in this report, participants are hopeful that funds made available as part of the COVID-19 response can be leveraged to advance activities that will increase influenza vaccination in older adults.

Acronyms

- AIRA: American Immunization Registry Association
- CBO: Community Based Organization
- CDC: Centers for Disease Control
- CMS: Centers for Medicare and Medicaid Services
- FQHC: Federally Qualified Health Center
- IIS: Immunization Information System
- LHD: Local Health Department
- LTCF: Long-term Care Facility
- NFID: National Foundation for Infectious Disease
- QIO: Quality Improvement Organizations

Participants

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NACCHO would like to thank all participating organizations for their time and insight during this meeting and in the review of this report. In addition, the views and recommendations in this report do not reflect the views of all organizations or participants in attendance.

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NACCHO

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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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