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**Addressing Influenza and COVID-19
Immunization Health Inequities**

November 15, 2021

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Speakers

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**Conflict of Interest &
Disclosure Statements**

None of the planners or presenters have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for this activity.

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Flu Related Acronyms

- ILI: influenza like illness
- IIV: inactivated influenza vaccine
 - IIV4: quadrivalent IIV
 - SD-IIV: standard-dose IIV
 - HD-IIV: high-dose IIV
 - ccIIV: cell culture-based IIV
 - aIIV: adjuvanted IIV
- RIV: recombinant influenza vaccine
- LAIV: live attenuated influenza vaccine (nasal spray)
 - LAIV4: quadrivalent LAIV

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Learning Outcome & Objectives

Learning Outcome: As a result of this activity, the learner will expand their knowledge and competence regarding health inequities in influenza and COVID-19 immunization coverage and how to address these inequities in practice.

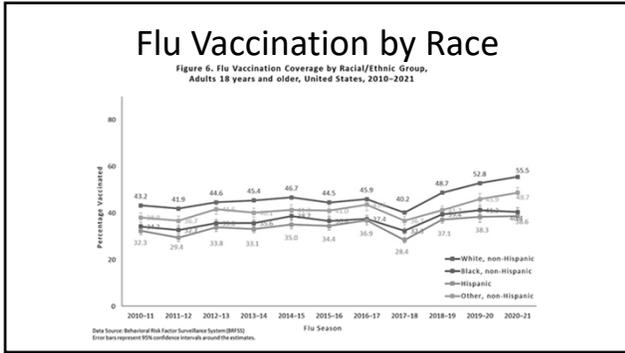
- Learning Objectives:** After viewing the webcast, participants will be able to:
- Define the term health inequities;
 - Describe examples of health inequities in influenza and COVID-19 immunizations;
 - Describe the current status of influenza and COVID-19 immunizations in New York State; and
 - Recognize strategies to address/reduce health inequities in influenza and COVID-19 immunizations.

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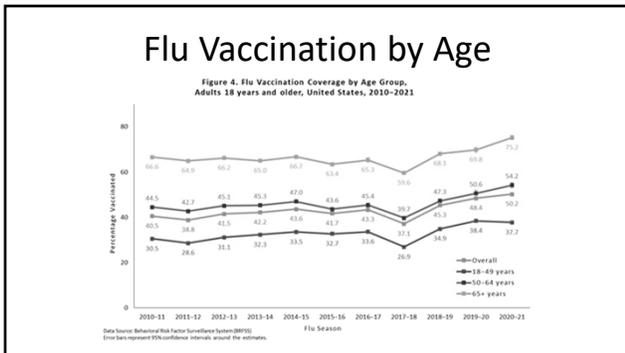
A Paradigm Shift

- Differences in health status and mortality rates across population groups
 - Rooted in inequities in opportunity and resources
 - PREVENTABLE
- Health Disparities vs. Health Inequities
- Must be addressed to achieve health equity

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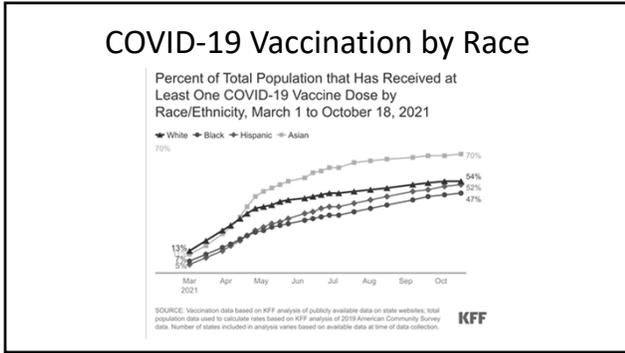
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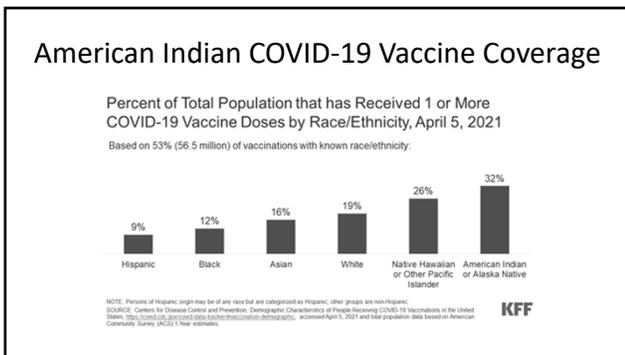
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- ### Flu Vaccine Disparities
- Disparities exist by
 - Race
 - Age
 - Gender
 - Geographic location
 - Nativity
 - Maternal vaccination rates are also suboptimal

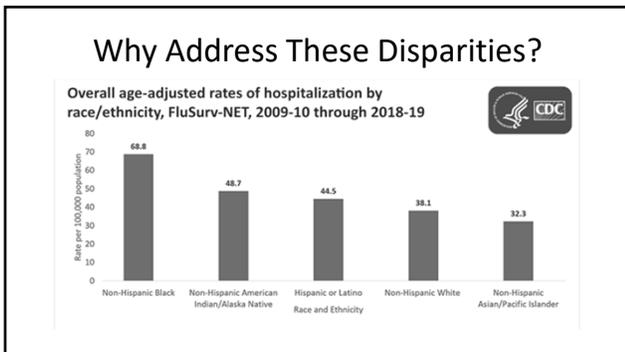
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Why Address These Disparities?

- Higher hospitalization and mortality in older and minority populations
- Black pregnant women have persistently higher rates of hospitalization, morbidity, and mortality due to influenza
- Inability to social distance

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2021-22 Influenza Vaccine Composition

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Egg-based vaccines: <ul style="list-style-type: none"> – A/Victoria/2570/2019 (H1N1)pdm09-like virus – A/Cambodia/e0826360/2020(H3N2)-like virus – B/Washington/02/2019-like virus (B/Victoria lineage) – B/Phuket/3073/2013-like virus (B/Yamagata lineage) | <ul style="list-style-type: none"> ▪ Cell- or recombinant-based vaccines: <ul style="list-style-type: none"> – A/Wisconsin/588/2019 (H1N1)pdm09-like virus – A/Cambodia/e0826360/2020(H3N2)-like virus – B/Washington/02/2019-like virus (B/Victoria lineage) – B/Phuket/3073/2013-like virus (B/Yamagata lineage) |
|---|--|

All influenza vaccine available for the 2021-2022 season are quadrivalent and will contain the 4 strains listed above according to the type of vaccine

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Advisory Committee on Immunization Practices (ACIP) Recommendations/ Updates

- All persons 6 months and older without contraindications recommended to receive annual influenza vaccine
- All influenza vaccines available this season are now quadrivalent
- Flucelvax (quadrivalent cell culture-based inactivated influenza vaccine – cclIV4): now FDA approved for children 2 years of age and older (previously approved for 4 years and older)
- Timing of vaccination, per Centers for Disease Control and Prevention (CDC)
 - Women in third trimester of pregnancy should be vaccinated as soon as influenza vaccine is available
 - Children requiring 2 doses should be vaccinated as soon as influenza vaccine becomes available
 - For non-pregnant adults, avoid influenza vaccination in July and August unless later vaccination is not possible

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ACIP Recommendations/Updates

Co-administration of influenza vaccines with COVID-19 vaccines:

- Influenza vaccines and other vaccines can be administered at the same time as COVID-19 vaccines. If administered simultaneously, COVID-19 vaccines and influenza vaccines that might be more likely to cause a local reaction (e.g., aallV4 or HD-IIV4) should be administered in different limbs, if possible

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ACIP Recommendations - Contraindications

Contraindications and Precautions:

- Persons with egg allergy who experience hives only can receive any available influenza vaccine appropriate for their age and health status
- Persons who experience symptoms other than hives after exposure to eggs can also receive any appropriate influenza vaccine for their age and health status.
 - If a vaccine other than cclIV or RIV is chosen, the vaccine should be administered in a medical setting under the supervision of a provider who can recognize and manage severe allergic reactions

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ACIP Recommendations - Contraindications

- Persons who experienced a severe allergic reaction to any influenza vaccine:
 - Is a contraindication to all egg-based IIV4s and LAIV4
 - Is a precaution to cclIV4 and RIV4
- Severe allergic reaction to a previous dose of cclIV of any valency is a contraindication for cclIV4
- Severe allergic reaction to a previous dose of RIV of any valency is a contraindication for RIV4
- History of severe allergic reaction to any vaccine component is a contraindication for that vaccine

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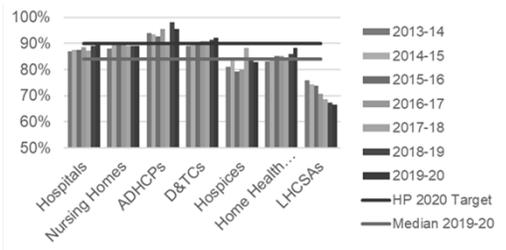
Influenza Vaccination Coverage Among US Health Care Personnel, 2020-21 Influenza Season

- Coverage rate for HCP overall was 75.9%; lower than previous 4 seasons (77.3% to 81.1%; 80.6% 2019-20 season)*
- Over 90% of physicians, nurses, nurse practitioners, and pharmacists were vaccinated, similar to previous seasons
- Only 64.2% of assistants/aides (72.4%, 2019-20 season) and 69.0% of nonclinical personnel (76.7%, 2019-20 season) were vaccinated
- Vaccination highest in settings with employer vaccination requirements (95.9%, up from 94.4% for 2019-20 season)
 - If no requirement, vaccination rate was higher for HCP whose employer recommended (76.2%) or did not recommend or require vaccination (46.0%)

*Overall coverage was 4.9% lower than 2019-20 season, but was not statistically significant
https://www.cdc.gov/flu/fluview/hcp-coverage_1920-21-estimates.htm

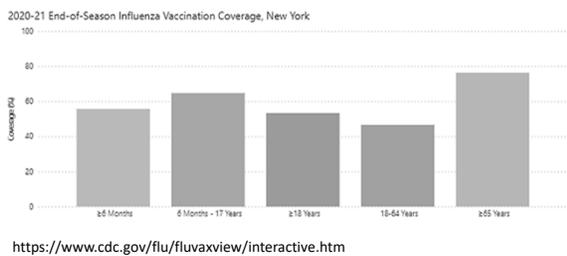
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Median HCP Influenza Vaccination Rates, by Year and Facility/Agency Type, 2013/14 – 2019/20

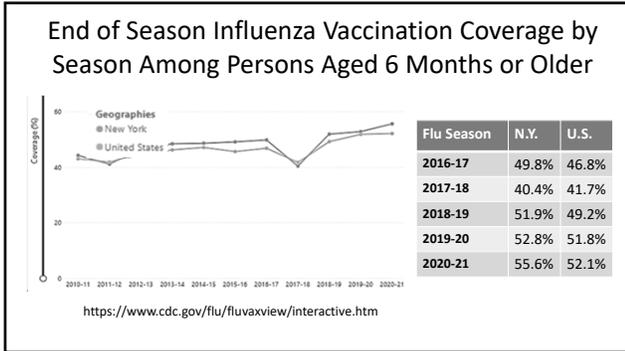


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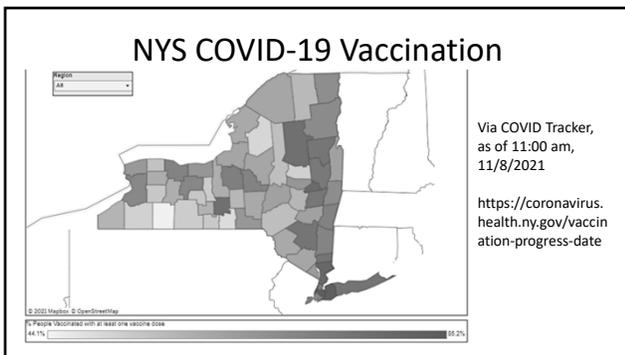
Influenza Vaccination Coverage by Age Group, New York, 2020-2021



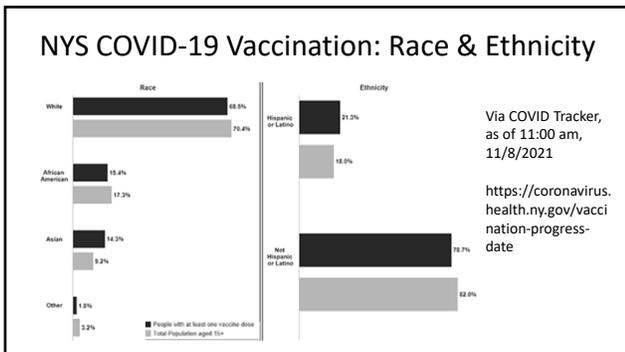
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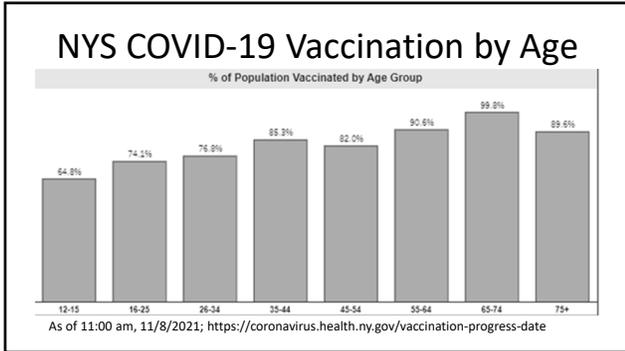
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NYS Influenza Vaccine Requirements

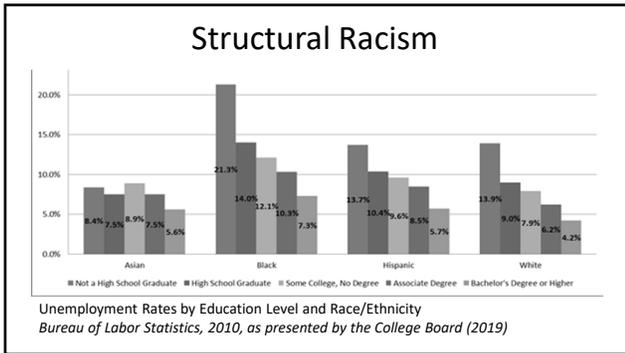
- No changes from 2020-2021
- Pharmacists as vaccinators
- NYS Public Health Law (PHL) 2805-h
- NYS Article 21-A
- NYS “Flu Mask Regulation”
- NYS PHL Section 2112

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Thimerosal & Vaccine Safety

- **Methylmercury** can be found in certain fish & is toxic to humans at high doses
- Thimerosal contains **ethylmercury**, which is rapidly cleared from the human body & does not build up to harmful levels
- Thimerosal was removed from all childhood vaccines aside from multidose vials of influenza vaccine in 2001
- Multiple well-conducted studies have failed to find a causative link between thimerosal-containing vaccines & autism or other safety concerns
 - Rates of autism continued to rise after thimerosal was removed from vaccines

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Dismantling Racism

- Experiences of discrimination associated with vaccine hesitancy
- Factors attributed to structural racism associated with COVID-19 vaccine disparities after controlling for vaccine hesitancy
 - State and County level
 - Must evaluate factors beyond the individual

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Promising Upstream Strategies

- Change the narrative
 - Remove the focus from the individual
- Break down the monolith
- Universal healthcare
 - Increased access to health insurance

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Lessons Learned from American Indian Tribes

- Equity – Focused Interventions are successful
- Using High-Touch Approaches aids to bridge the digital divide and mitigate accessibility issues
- Utilize mobile units and pop-up clinics to gain access to hard-to-reach populations

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Promising Downstream Strategies

- Partner with the community
 - More than a picture
 - Must be strategic and genuine
 - Enables more tailored interventions
- Make the recommendation
 - More likely to take the vaccine if recommended



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Influenza Vaccine Resources

- CDC, MMWR - "Prevention and Control of Seasonal Influenza with Vaccine: Recommendations of the ACIP, U.S., 2021-22 Influenza Season": <https://www.cdc.gov/mmwr/volumes/70/rr/pdfs/rr7005a1-H.pdf>
 - Four-page Summary of the 2021-22 influenza recommendations from MMWR: <https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>
- Immunization Action Coalition - *IAC Express, Issue 1,590, September 21, 2021*, "Ask the Experts: IAC Answers Questions about Influenza Vaccination for the 2021-2022 Season": <https://www.immunize.org/express/issue1590.asp>
- New York State Department of Health - "What You Should Know About the Flu": <https://www.health.ny.gov/diseases/communicable/influenza/seasonal/>

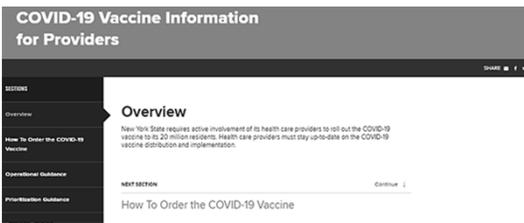
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COVID-19 Vaccine Resources

- CDC, "Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States": <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
- CDC, "COVID-19 Vaccine FAQs for Healthcare Professionals": <https://www.cdc.gov/vaccines/covid-19/hcp/faq.html>
- New York State Department of Health (NYSDOH) COVID-19 Vaccine Information for Providers: <https://coronavirus.health.ny.gov/covid-19-vaccine-information-providers>
- World Health Organization, Vaccines: Coronavirus Disease (COVID-19): <https://extranet.who.int/pqweb/vaccines/covid-19-vaccines>

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NYS COVID-19 Vaccine Provider Information



<https://coronavirus.health.ny.gov/covid-19-vaccine-information-providers>

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Ordering COVID Vaccine

How To Order the COVID-19 Vaccine

Step One - Register for the Immunization Information System:

Healthcare providers are strongly recommended to register in NYSIS for providers in NYS, outside of NYC, and with CIR for providers located in NYC. This is because all COVID-19 Vaccination Program providers (each location representing a profile) will need a NYSIS account for providers outside of NYC or CIR account for providers located in NYC. Your organization may currently have a NYSIS or CIR account, but it is important to ensure that the appropriate staff have access.

- For health care providers located in NYS outside of NYC: Take the following steps for new users in NYSIS – see the Checklist to Get Live with NYSIS. NYSIS is located on the Health Commerce System (HCS). If responsible staff do not yet have an HCS account, they must apply for one. 2) Take the NYSIS Administrative User Training.
- For health care providers located in NYC: go to the online CIR registration page.

Step Two – Enroll In the COVID-19 Vaccination Program:

- In addition to registering with NYSIS or CIR, providers must enroll in the COVID-19 Vaccination Program. NYSDOH and NYC DOHMH are implementing a phased approach to provider enrollment and will notify healthcare facilities, providers and professional groups as each new group is opened for enrollment.
- Providers in NYS, outside of NYC, will enroll in the NYS COVID-19 Vaccination Program through the Health Commerce System application "COVID-19 Vaccine Program Provider Enrollment" and should review the NYSDOH COVID-19 Vaccination Program Enrollment Letter for guidance. Providers in NYC will enroll in the NYC COVID-19 Vaccination Program through the CIR.
- Networks with facilities or providers in both NYS and NYC should enroll their facilities or providers outside of NYC in the NYS COVID-19 Vaccination Program through the Health Commerce System and enroll their facilities or providers in NYC in the NYC Covid-19 Vaccination Program through the CIR.

Step Three – Ordering, Receiving and Administering Vaccine

- When COVID-19 vaccine is available, providers will order COVID-19 vaccine through NYSIS (for providers in NYS, outside of NYC) and CIR (for providers in NYC). Orders will be reviewed and approved by NYS DOH and shipped directly from the vaccine manufacturer or CDC distributor.
- When vaccine is available, providers will monitor vaccine inventory, enter doses administered and/or perform data exchange (uploading and downloading data) between the provider's electronic health system and NYSIS-CIR, enter vaccine returns and wastage, and generate reports for internal review (e.g. doses administered) in NYSIS-CIR.

For questions, call the NYSDOH COVID-19 hotline 1-888-364-2065. Health care providers interested in learning more about the COVID-19 Vaccine Program may contact the NYSDOH at covid19vaccine@health.ny.gov. NYC providers with enrollment questions may contact NYC DOHMH at immunization@health.nyc.gov or COVID-19 Vaccines.

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Guidance

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|--|--|--------------------------|
| | <p>NYSIS/CIR Reporting Requirements for the COVID-19 Vaccination Program</p> <p>October 25, 2021 - NYSIS or CIR access is required to submit requests for vaccine, manage COVID vaccine inventory, and report doses administered.</p> | DOWNLOAD |
| | <p>Ordering COVID-19 Vaccine in NYSIS</p> | DOWNLOAD |
| | <p>Accepting Vaccine Shipments into NYSIS inventory</p> | DOWNLOAD |
| | <p>Updating Inventory in NYSIS for Redistributions</p> | DOWNLOAD |

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Operational Guidance

Documents and guidance on administering the COVID Vaccine

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|--|--|--------------------------|
| | <p>Guidance for Vaccination of Children Ages 5-11</p> <p>Updated November 8, 2021 - Following the FDA's emergency use authorization (EUA) on October 25, the Centers for Disease Control and Prevention (CDC) endorsed the CDC's Advisory Committee on Immunization Practices (ACIP)'s recommendation for children ages 5-11 to receive the Pfizer-BioNTech COVID-19 vaccine. This is the first authorized vaccine to be permitted for use in this age group.</p> | DOWNLOAD |
| | <p>Screening Checklist for the Administration of Pfizer-BioNTech COVID-19 Vaccine for Children 5-11 years old</p> <p>Updated November 8, 2021 - Information for health care professionals about the screening checklist for the administration of Pfizer-BioNTech COVID-19 vaccine for children 5-11 years old.</p> | DOWNLOAD |
| | <p>COVID-19 Immunization Screening and Consent Form: Children and Adolescents Ages 5-11 years old</p> <p>Updated November 8, 2021 - COVID-19 Immunization Screening and Consent Form: Children and Adolescents Ages 5-11 years old.</p> | DOWNLOAD |

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Summary Points

Improving vaccine uptake in the United States demands that we address structural factors

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.

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