

Kristina: Good afternoon, everybody. My name is Kristina Barnes and I'm one of the public health nurses at the office of immunization. We're bringing you today the 2021, 2022 flu updates webinar. Before we start just a few things. All participants will be muted for the presentation. You may ask questions using the questions pane of the GoToWebinar panel, and questions will be answered at the end of the presentation. You can download the slides by going to the Handouts in the GoToWebinar panel. Continuing education is available for nurses, medical assistants, pharmacist, and pharmacy technicians attending the webinar or watching the recording. If you're watching in group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual and you can find more information on our webinar page below. Our presenters today are Anna Unutzer, Communicable Disease Epidemiologists at the Office of Communicable Disease Epidemiology. Jacki Stockdale, Operations and Response Coordinator at the Office of Immunization. Trang Kuss, the Immunization Nurse Consultant at the Office of Immunization and Barry Iverson, Health Educator at the Center for Public Affairs.

Continuing Educations, just disclosure, the planners and speakers of this activity have no relevant financial relationships with any commercial interest pertaining to this activity and information about obtaining CEs will be available at the end of this webinar. Here's more information for you to read about Continuing Education. Okay? Talking about our agenda, covering flu epidemiology and the vaccine availability, but our objectives for today after completing this educational activity, you should be able to describe the updated flu epidemiology. You should be able to discuss the flu vaccine availability and current flu vaccine recommendations and use and share flu communication and health promotion resources. And now I'd to introduce Anna Unutzer. Anna, are you ready?

Trang Kuss: It looks like Anna is trying to get back into the system. She is a little bit stuck on GoToWebinar. Let's give her one more second or else we could just go ahead and continue to Jacki and then come back to Anna.

(Silence).

Kristina: Anna, are you here yet?

Trang Kuss: Sorry for the technical difficulties, everyone. So Anna looks like she's still trying to reload. We could go ahead, advance slides Chris, and go to Jackie and then we'll come back to Anna. Thank you.

Kristina: Okay. So on for influenza vaccine ordering and availability with Jacki Stockdale.

Jacki Stockdale: Hi everyone. I'm Jacki and I'll be talking about our flu vaccine for both the Childhood Vaccine Program and the limited supply we received for the Adult Vaccine Program. Next slide please. So these are the four strains that the World

Health Organization recommended for the 2021, 2022 flu season. The strains are determined by disease surveillance in the Southern Hemisphere. The H strains in both the Egg-Based and Cell-Based vaccines have changed for this season. The H3N2 strain in both vaccine types changed from Hong Kong to Cambodia. The H1N1 strain and the Egg-Based changed from Guangdong Maonan to Victoria and the H1N1 strain in the Cell-Based changed from Hawaii to Wisconsin. There were no changes for the B strains for this flu season. Next slide. These are the five products that are available through the Child Vaccine Program this year. We have the Fluzone 0.5 milliliter preservative free. The FluLaval 0.5 milliliter preservative free pre-filled syringe. The FluMist nasal spray, the Fluzone multi-dose vial and the Flucelvax 0.5 milliliter preservative free pre-filled syringe, which is the Cell-Based vaccine.

Next slide. So this is our allocation currently as of October 15th, how many doses we have allocated for the season for the Childhood Flu Vaccine Program. How many have been ordered and what currently is available. We are anticipating over the next couple of weeks to receive more Flucelvax. I know it says zero right now. So hopefully we get within the next couple weeks some more doses, because I know some people are want to order that. Also note that I will also mention later on here, it says Flucelvax is 2+ years. I was notified on Friday that just last week, at the end of last week, the Flucelvax got the FDA approval. So it is now approved down to six months of age. So that is another vaccine that's preservative free in the pre-filled syringe that can be used for the six months and up population. Next slide.

And here is what our allocation is for the Adult Flu Vaccine this season. The total doses that we got from the CDC was 12,530 doses. And they assigned us the number of doses and they assigned us the number of doses for each presentation. We do have some orders pending. That's why there's different numbers in there in parentheses. We placed an order for 6,370 doses, but we were short 3,980 doses of those. That's why we're sitting at zero doses for Flucelvax. Next slide please. And this is our Childhood Flu Vaccines at a glance. Just the information for the products that we're supplying that you'd be able to find it through the IIS. Their CPT codes, CVX codes, the NDC number that we use off the box, and then the age licensure and our state eligibility. Again, Flucelvax was just approved so the age on here still indicates 2+ years, but it is licensed down to six months.

Next slide. And here is flu vaccine dosages. So this year we're supplying both Fluzone and FluLaval pre-filled syringe for patients six months through 18 years, along with pregnant teens. Flucelvax, like I said, got approval earlier this year for [inaudible] down to two years of age. The last several, or since it's been out, it has been four years, but back in March, they got approved down to two years and just last week, it got approval down to six months. So this vaccine is also now a viable option for the six months through to 18 years of age to include pregnant teens. For these vaccines, the 0.5 milliliter is considered a full dose regardless of age. So please do not administer half the vaccine or 0.25 milliliter

as a patient would not be fully vaccinated. I know it gets confusing because previously in the past we had the 0.25 milliliter pre-filled syringe that was the six to 35 month dosing. And the multi dose vial, I know it says for the six to 35 months, it says 0.25 milliliter is a full dose. But for these pre-filled syringes, it's the whole 0.5 milliliter is considered a full dose.

The Fluzone 0.5 milliliter from the multi dose vials for patients three years through 18 years and those that are not pregnant. And FluMist is another vaccine option for patients that are two years through 18 years that are not pregnant. And there is no ACIP preference of one flu vaccine over another. All are considered viable and the efficacy data has been well received for all vaccines. Next slide. So a preservative called thimerosal has been used since the 1940s to keep vaccines from becoming contaminated. Thimerosal has traced amounts of a type of mercury called ethylmercury. Thimerosal is used as a preservative in the flu multi-dose vial. Studies have shown no harmful effects of the trace amounts of ethylmercury, however, Washington established RCW 70.95M.115 in July of 2007, which was recently recodified in 2020 to 70A.230.120, I'm sorry that's just not updated on the slide, that restricts the administration of these Thimerosal containing vaccines to pregnant persons or those under the age of three.

So this is why, even though the product is licensed down to six months of age, our messaging and literature references three years of age because of [inaudible] Thimerosal law. But also on top of that, the Thimerosal law may be suspended by the secretary of the Department of Health during a disease outbreak or vaccine shortage, which we haven't seen in several years so we don't anticipate that happening this season either, but at any time it could. And then that vaccine would be eligible for those other populations as well, if it is needed. And I guess I'm handing it back to Anna if she was able to connect.

Anna Unutzer:

Yes. Thanks very much for bearing with me through some technical difficulties. All right. Well, I will start today by talking about a little bit of influenza epidemiology and background. Influenza transmission occurs predominantly through large respiratory droplets that are expelled from the respiratory tract when somebody coughs or sneezes. Particles usually do not remain suspended in the air and close contact within about three feet is usually required for transmission. Transmission also occurs through direct contact with respiratory droplets or secretions followed by touching your nose or mouth. Infectiousness begins about 24 hours prior to the onset of illness and adults are usually contagious until five days after onset of symptoms. However, immunocompromised individuals may shed virus for seven days or more after onset of symptoms. The incubation period for influenza is one to four days, usually around two. Next slide, please.

This graph, I think gives a nice picture of both these symptoms and infectious period of influenza. Not surprisingly, the infectiousness of a person is directly correlated with the period when the respiratory symptoms are at their worst,

like sneezing, coughing, having a runny nose. The peak symptoms and infectious period tend to occur between days four and six of illness, but a person can be infectious for weeks. Another important factor that the graph shows is that persons maybe asymptomatic during their infectious period, especially at the very beginning of infection in days one through three. This can create a lot of challenges for preventing influenza and really supports the importance of a universal and consistent hand hygiene and prevention strategy.

Next slide, some common symptoms of influenza. Though certainly not an exhausted list are headache, fever, muscle tiredness, joint ache, vomiting, coughing, runny, stuffy nose, sore throat, or [inaudible]. Next slide please. And now I'll hope to cover a little bit of a basic overview of influenza surveillance. CDC defines flu season as week 40. So around early October, through week 20 in mid-May. Influenza surveillance uses a multifaceted approach to estimate morbidity, mortality, characterize viruses and strains, identify viruses with pandemic potential and guide decisions for intervention. Next slide. There are several large components to the National Influenza Surveillance system, and these include virologic surveillance. So lab data, outpatient illness surveillance, a summary of geographic spread of influenza, hospitalization surveillance and mortality surveillance. Next slide. And today I'll talk about three separate flu seasons. The 2019/2020 season which was the last season where we saw semi-normal levels of flu activity. The 2020/2021 season, we just wrapped up and looking forward to the '21/'22 season.

Next slide please. Nationally some of the important factors that we monitor are influenza positive tests reported from national clinical labs. As you can see here on the graph for the 2019/2020 season, where we have Flu B represented in green and Flu A represented in yellow. We had a really predominantly Flu B early season followed by more Flu A later in the season. Next slide. Another important data source are influenza positive tests reported from National Public Health labs. This gives a little bit more detail on Flu B lineage and Flu A subtypes. Here we have again, Flu B is in green and Flu A is in a variety of other colors. Next. Next slide please. Thanks.

Another factor that we measure is the percentage of visits for influenza-like illness from more Outpatient influenza-like illness Surveillance Network, also called ILINet. And this looks at a variety of symptoms intended to measure influenza-like illness activity. Here we have the 2019/2020 season in red and previous seasons in other colors. This is also a great example of how every flu season is very different in timing and severity. Next slide. Moving a little bit closer to home, I'll talk about some Washington state influenza surveillance data from the 1920 season.

Next slide please. Similar to a national level, we also monitor influenza positive tests from Washington Clinical Labs. Again, we have Flu B in green and Flu A in yellow. Next slide, please. And again, matching the National Surveillance System, we also monitor influenza positive tests from Washington Public Health

Lab with a little bit more detail on Flu B lineage in green, and then Flu A subtype in a variety of other colors. Next slide, please.

Kristina: I'm wondering if it's frozen.

Anna Unutzer: [inaudible].

Kristina: Because I have it as the current slide and it's showing on my audience view, but I don't know if it's loaded for everybody.

Trang Kuss: And now we're on the 2016 to 2020 Washington State surveillance for flu-like illness.

Anna Unutzer: Oh, perfect. Thank you. I'll continue to narrate. All right. And so here you can see an example of a Syndromic Surveillance Data set, and that's used to show the proportion of visits at a subset of emergency departments across Washington for a chief complaint of influenza-like illness or discharge diagnosis of influenza by CDC week. The 2019/2020 season is in dark green with previous seasons in other colors. Next slide, please.

Kristina: Your next slide is up with reported lab confirmed influenza deaths.

Anna Unutzer: Thanks very much. All right. And so in addition to lab and outpatient illness surveillance data, we also monitor reported lab confirmed influenza deaths. During the 2019/2020 season, we had 114 total flu deaths and that season we did have an unfortunate and uncharacteristically high number of pediatric influenza death. Next slide please. And so for the 2020 through 2021 influenza season, as of the end of the season, we had zero lab confirmed influenza deaths that have been reported to the State Health Department and zero influenza-like illness outbreaks that have occurred in long term care. There are many reasons for these historically low levels of flu activity and these include flu vaccination efforts as well as some of the COVID-19 mitigation measures, like masking staying home and limiting gathering size.

A combination of all of these non-pharmaceutical interventions and flu vaccine efforts really led to a historically quiet flu season. Next slide please. For that 2021 through 2022 influenza season and the timing and severity of a flu season is always unknown. Influenza activity levels and dominant strains cannot be predicted from year to year and reduced population immunity due to lack of flu virus activity since about March of 2020 could result in an early and possibly severe flu season, according to CDC. So our best preparation for flu season is always vaccination.

[inaudible], CDCs frequently asked questions page for the 2021 through 2022 flu season. Next slide please. And here are some additional flu resources if you're interested in keeping up with Washington State or CDC weekly surveillance

activities throughout the season. And with that, I will hand it over to the next presenter. Thank you.

Trang Kuss:

Great. Thank you so much, Anna. So this is Trang and I'm going to provide an update on the flu vaccine recommendations. Thankfully, there aren't too many new changes, actually. So I will go ahead and ask Chris to advance to the next slide, please. Great. Thank you. So this is a resource that's available from the Immunization Action Coalition that talks about the benefits of flu vaccine, especially during the COVID-19 pandemic. And there's a link here on this slide that you can download from the Handout section of the GoToWebinar panel. But this resource talks about benefits of flu vaccine in reducing hospitalization and death, reducing severity of the illness in hospitalized persons. Reducing risks for major cardiac events and protecting pregnant people and the babies.

And as Anna already discussed, this year is definitely a very different flu season from last year. It's just really a matter of time before flu activity increases, bringing with the serious complications along with COVID-19 pandemic still occurring. Flu vaccination is really the best way to prevent flu and its complications. And the flu vaccine recommendation is as usual for many past seasons. Flu vaccine is recommended for everyone age six months and older, and please encourage your patients to take advantage of every opportunity to get flu vaccine this flu season. Go ahead and go to the next slide please.

Okay. So this is another resource that's available from CDC in which they show the benefits of flu vaccination based on the 2019/2020 flu season. And as you can see here, the estimated burden of flu illnesses, hospitalization and deaths are really high because of flu vaccinations. So 7.5 million illnesses averted a 105,000 hospitalizations, and then 6,300 deaths averted. So this is another great resource that you can download and use. Next slide please. So the advisory committee on immunization practices updated the recommendations at the end of August, and they created a great three page summary document that's available at this link.

And so you can definitely download this and bookmark it as a great resource for your clinic. And I will go through some of the recommendations in the next few slides. Next slide please. So for the timing of the flu vaccination, as usual in previous seasons for everyone, vaccination should be offered ideally by the end of October. Children who will need two doses, this flu, I'll talk a little bit more about which of these children will need two doses. These children should get the first dose as soon as possible after vaccine is available so that they can be offered flu vaccine by the end of October. For pregnant persons this is a new recommendation.

For pregnant persons in their third trimester flu vaccine should be offered as soon as the vaccine becomes available. So it could be earlier than September, if flu vaccine is available. For non-pregnant adults, avoid giving flu vaccine earlier in the season, such as in July and August, unless there's a concern that flu

vaccine, that the person may not return for flu vaccination. And then this is been a recommendation for many years, vaccination should continue throughout the flu season as long as flu viruses are circulating and vaccine is available that is unexpired. Next slide please.

So we get this question a lot about waning flu vaccine effectiveness, and some studies have seen this decrease in vaccine effectiveness, but it seems to be more pronounced among older adults, less so in children. And it may be more of an issue when there are a lot of H3N2 viruses circulating. Even though flu vaccine effectiveness may wane over the course of the flu season, you just don't know from season to season when flu activity will occur and when it will peak. And we really just want to make sure that we're avoiding any missed opportunities to vaccinate. Next slide please.

And I'm sure that you're all already familiar and aware of the interim clinical considerations for use of COVID-19 vaccines. So please continue to check this guidance for any updated information about COVID-19 vaccination and flu vaccination, but this has been a guidance for a few months now that COVID-19 vaccines can be administered at the same time as any other vaccine. So COVID-19 vaccine can be administered at the same time as flu vaccine. And you don't need to worry about the timing or the interval. You can give it at the same clinic visit or a day or later after the vaccines are given. So you could COVID-19 vaccine at the same time, or give it a few days later... I'm sorry.

Give the flu vaccine a few days later and that should be just fine. The vaccines given at the same visit should be given at different sites separated by an inch or more, but if you're giving high-dose or adjuvanted flu vaccines along with COVID-19 vaccines and any other vaccines that might more likely cause a local reaction, administer the vaccines in separate limbs. And again, continue to look at this updated guidance for any changes. Next slide please. So this is just the same information. There's no guidance about administering a certain vaccine first.

You could give either COVID 19 vaccine or any other vaccine at the same visit. And this is a resource that's available from CDC that is called You Call the Shots and is a lot of great information about vaccine administration. Go ahead and go to the next slide, please. So it's more important than ever this flu season to make sure that we are preventing COVID-19 and flu vaccine administration errors. There's a great article from the Institute for safe medication practices that talks about the possible reasons for vaccine administration errors.

And then I've included a resource from the Immunization Action Coalition here on this slide that provides a lot more resources for preventing vaccine administration errors. So I'm sure that you're very familiar with this, but make sure that you're paying attention to the seven rights of vaccine administration. So make sure that you have the right patient, you're administering the vaccine at the right time, interval and age. You have the right vaccine and diluent and

make sure that the vaccine has not expired. Make sure that it's the right dosage, the right needle, route and technique on the right injection site and the right documentation.

Another guidance is that you should schedule vaccines for a certain block of time, ensure that there's adequate staffing. I know that there are some concerns with inadequate staffing, this flu season. Make sure that staff are well trained and continually trained on all of the updated guidance and post reference materials in the vaccination area for easy reference. You can separate vaccines and label syringes to make sure that you're administering the correct vaccine. Separate the vaccination area away from distractions and interruptions. You can try documenting lot numbers and expiration dates before you administer the vaccine and scan the barcode, if you have this available.

And then if there is a vaccine administration error, please report the error to the Vaccine Adverse Events Reporting System. Next slide please. And this is something that actually happens more frequently than we want. So I want to just make sure that I'm reminding everyone about flu vaccine administration along with other live vaccines. So injectable flu vaccines can be given at the same time as any other vaccines or at any time interval before or after other vaccines. However, if fluMist is being used, give FluMist at the same time as other live or inactivated vaccines. But if FluMist is not given at the same time as another live vaccine, such as MMR or varicella vaccine, you do need to wait at least four weeks or 28 days between live vaccines.

So this is a screenshot from the Immunization Information System that shows the MMR and varicella dose that has the invalid red X next to the dose. This is because FluMist was given a few days before the MMR and varicella vaccines. So then that makes the MMR and varicella vaccines invalid. So just make sure that the patient hasn't received another flu vaccine... I'm sorry, another live virus vaccine in the past 28 days if you do not give live vaccines on the same day. It's really great to have this information included in your screening questionnaire because we actually see this pretty frequently. So go ahead and go to the next slide please.

So for children, six months through eight years, they may need two doses of flu vaccine this flu season, if they have not received two or more flu vaccine doses in a previous flu season. And we always say before July first of that current year, so it would be before July first 2021 and this recommendation has not changed. And so hopefully everyone is pretty familiar with this already. And if their vaccination history is unknown, they also need two doses this flu season. So eight year olds will need two doses, even if they turn nine years of age between dose one and dose two.

So for example, a child who is four years of age, who received only one dose of flu vaccine two years ago will need two doses this flu season. Another example is a child who is two years of age who received one dose of flu vaccine two years



ago and received one dose of flu vaccine last year. They will need only one dose this year. So you just follow that algorithm and see if these children need one or two doses this season and the immunization and information system forecast is really great at helping you to determine if a child needs another dose or not. Next slide please.

So I'm going to try to go a little quickly. I know that I'm running out of time so that Barry can also speak. So persons with egg allergies, the recommendations really haven't changed. So persons with a history of egg allergy who experience only hives after exposure to egg can still receive any flu vaccine. Persons with symptoms, other than urticaria, such as angioedema or swelling, respiratory distress, lightheadedness or recurrent vomiting, or who required epinephrine or emergency medical intervention may receive any recommended flu vaccine, but administer through the flu vaccine in an inpatient or outpatient medical setting under the supervision of a healthcare provider who is able to recognize and manage severe allergic reactions.

Next slide please. So I'm not going to go through too much detail about antiviral treatment, but it is recommended as early as possible for any patient with confirmed or suspected flu who is hospitalized, has severe complicated or progressive illness or who is at high risk. And here's information about persons who may be at higher risk for flu complications. Next slide please. And then also antiviral treatment can be considered for any healthy, symptomatic outpatient person who's not at high risk, who has confirmed or suspected flu based on clinical judgment if the antiviral treatment can be initiated within 48 hours of illness onset.

Next slide please. So this is the list of the available antiviral medications and there was a great webinar that occurred just recently that talks a lot more about antiviral treatment if you're interested in watching this webinar. Next slide. So just to make sure that everyone is clear on pregnant persons. Pregnant persons can receive any age appropriate inactivated flu vaccine. However, FluMist is not recommended during pregnancy and vaccination may occur in any trimester. And again, this is new that vaccination can be considered for pregnant persons in their third trimester as soon as vaccine is available.

Next slide. And then here's some resources. The first two bullets are webinars that occurred recently if you want a lot more details about flu vaccine recommendations and updates, as well as the antiviral treatment. And then Immunization Action Coalition has a great Ask the Experts where there's questions and answers to your most commonly asked questions and then vaccine administration resources are available here as well. Okay. Sorry for going over and I'll go ahead and pass it over to Barry. Thank you.

Barry Iverson: Thank you, Trang. Good afternoon everyone. My name is Barry Iverson. I am an immunization health educator in the Center for Public Affairs, and I'll try to get through this as quick as possible so we can take some questions. Next slide

please. So brief update, so the Department of Health has launched a flu campaign as we do every year. It is currently underway, building upon the resources and materials that we had partner and healthcare provider input to create last season. So we've got a new slogan and call to action of, Think of it as Your Best Defense. Next slide please. So the strategy in messaging for the 2021 to 2022 flu season campaign are focused on three key areas.

So mobility and socialization in-person school learning has resumed. Holiday gatherings are expected this year. Travel has resumed. These are all things that we didn't have to message about last year. Part two, COVID-19 and Flu Vaccine Co-administration, as you've heard previous speakers talk about and number three, behavior change. So there is a renewed importance to resume vaccination in those who skipped doses last year. Next slide please. So the Department of Health has worked with a lot of, as I mentioned, some private and public entities to come up with a partner toolkit of materials.

This has been updated with new messaging, graphics and slogans from last year, and it contains a whole suite of products that we hope can be useful for your efforts for flu education and promotion. So I'm going to go into some more detail and show everyone more in depth, what these materials are and how they can be used. And these can all be accessed online at [toolkits.knockoutflu.org](http://toolkits.knockoutflu.org) and they also live the corona virus response page at [coronavirus.wa.gov](http://coronavirus.wa.gov) in the Toolkit section. Next slide please.

So we have a user guide available on the page if anyone ever gets stuck or wonders how some of this can be used for promotional purposes. So I definitely encourage you to check that out, but I'm going to do the live version of that and go into each section and briefly explain it in a little more detail. Next slide please. Posters, we have printable posters that are available in English and Spanish. There are two versions in each one. We've got the general graphic of a bandage with the call to action of getting the flu vaccine. And then there's a secondary one that shows some people, I don't have it on the slide. But you have a couple to choose from. These are optimized for those in a clinic setting who do not have a color printer.

So they are optimized for printing in black and white, and they are eight and a half by 11. So take advantage of these if you haven't done so. They do call out to go to the state website for more information of [knockoutflu.org](http://knockoutflu.org). But if they are useful in your setting, we definitely encourage you to use these. Next slide please. Postcards. We have downloadable zip file folders that contains PDF, InDesign and various font files. These are customizable. You can edit and customize in any way, shape or form that you'd like. You could put your own logos on them, your own website on them. Use them for reminder recall pro programs.

There are two English designs and one Spanish design, and we definitely encourage you to use these in any creative nature that you see fit even if it isn't

for any direct mailings, you can take these assets and use it digitally if that fits the needs of your organization. Next slide please. Radio scripts and on-hold messaging. These are really useful. This is a very simple way, a simple and effective way that you can get a message across that a lot of organizations update on-hold messaging for after hours notifications or even during clinic hours. So this is a way that you can have a consistent messaging that aligns with what partners and the state efforts are doing.

You can submit this as a public service announcement to a local radio station, which they will sometimes air these for free and even record them for you. You can record a message that plays while someone's on hold or for outgoing voicemail messages. And there are script options available in both English and Spanish on this. And just like any other resources that I'm going over today, you can customize them to fit your needs, or even introduce your own website or clinic address if you'd like. Next slide please.

Social media examples. This is something that our partners and feedback that we've received for many years we feel is extremely helpful for a number of reasons. Most clinics don't have dedicated social media people. And so trying to find the time and resources and staffing to be able to do promotion can be a chore. So we've taken the liberty of having this all prepared in advance so it's as simple as cutting and pasting messages at any time of a flu season in English and Spanish that you can use. And again, this is messaging that depending on the urgency or the prevalence of flu activity in your community can be easily changed to fit the individual all needs of your location.

And when you access these, you can get them in a number of languages and there's social media graphics to compliment this that you can use to illustrate your point. Next slide please. Videos. There's been some changes on this as recently as this morning, but we do currently have two 15 second videos in English and two in Spanish. And one is a typical, just call to action for serving community and healthcare in new needs. The other one is more of when there's a rise in flu activity. So please pay attention to which version you're going to use. One of them ends with the tagline of, Flu is spreading. So just keep that in mind if you choose to use these. These are available as direct YouTube links for online, but also as a direct download. So you upload these organically for your own social media feeds or webpages and embed them, or even through a native post through Facebook or Instagram for example.

Now we are pursuing getting a third video ready, expected within the next few weeks. And we'll probably start some television air time of that one as well. Next slide please. Outreach Templates. These are sample blogs and newsletter articles, sample email texts for all your own customizable outreach to patients. These, as I've mentioned numerous times, these are customizable and you can put in any specific details for instructions or details on any flu clinics you plan on offering. If it's a drive through event, if it's an after hours event, you can use these as a basis to do that. They are made specifically for several different

audiences. There's messaging for general audiences, older adults, people at high risk for complications, healthcare workers and school-aged children, which is more important than ever, we're finding out this year.

And these are available in English and Spanish. Next slide please. Email signatures, really simple way to get a point across in just regular business. You can add it as a visual reminder for people to get a flu vaccine and depending on accessibility, you can choose to include graphics you want, but sometimes it's just a simple tagline is all you need to remind people it's that time of year again, and you can see an example of that below. Next slide please. This is a really important resource that has become extremely popular. It's been recently been updated. We now have this in 41 different languages. This is a one page infographic to help patients in the general public learn what to watch for, to see if the symptoms they're experiencing are part of the common cold flu, COVID-19 or even allergy symptoms. This is a printable handout.

It's available in the resources link at the bottom of the Toolkit. And as I mentioned, this is fully translated and available in dozens of languages. It covers this time of year for everything. And it also has resource links to both prevention, vaccination resources for COVID-19 and flu. Next slide please. And speaking of additional content, there's our partners, both nationally and even some statewide. There are other flu toolkits that we have included in this from trusted organizations you can use at the bottom of the Toolkits page, in addition to a link to our main Knockout Flu landing page, which we have available in six languages now. It also goes to the CDCs page to the CDCs new flu digital media toolkit.

There is a new resource for promoting vaccination in the workplace, and don't forget there is upcoming in the first or second week of December, there's National Influenza Vaccination week. There's toolkit material on there to be prepared for that [inaudible] the more national push of private and public entities for flu vaccination, and also some resources from Washington about hosting mobile clinic guides and even for Sustainable Healthcare from the National Minority Quality Form. And then our new partner toolkit that was announced about a week or so ago, which is the Vaccinate Your Family Flu Toolkit. Next slide please. Oh, that's the end of my slide deck. I'm going to turn it over to Kristina.

Kristina: Well, thank you very much, I appreciate it. And there it is. Do you have any questions that you would like to ask any of the speakers? You can put them in the question box on your Webinar panel and wait a minute to see if anyone has any questions.

Trang Kuss: Kris, can you go ahead and talk about obtaining Continuing Education, please? Thank you, before we do questions.

- Kristina: Okay, well, I do have one question up. But before that, Continuing Education is available for nurses, medical assistance, pharmacist and pharmacy techs. Expiration day is one year from today, so October 18th off 2022. Successful completion of this activity includes attending the entire live webinar or watching the webinar reporting, completing the evaluation available after the webinar or webinar reporting. And on the evaluation, please check, yes, if you're interested in obtaining CEs and specify which type of CE wish to obtain. CE certificates are not generated after evaluation completion. CE certificates will be sent by the DOH via email within a few weeks after evaluation completion. If you have any questions, you contact Trang Kuss at the following email address. And now we have a few questions.
- So first question, will the chart showing state supplied flu vaccines be updated with new age information?
- Jacki Stockdale: Yes, we will work on updating the flu vaccines at a glance and our documentation for the change in the Flucelvax, age indication approval.
- Kristina: And then as far as CE, will all register participants receive the evaluation?
- Trang Kuss: When you exit GoToWebinar, an evaluation should pop up for you, but if it doesn't then a follow up email will be sent to everyone. And the evaluation should be included as a link in that email as well. And no code is needed. Just complete the evaluation and mark yes, if you would like Continuing Education.
- Kristina: Okay. Do we have any other questions? Okay. Well, I think we will end this here. Of course you can always send in new questions later. I thank you very much for attending this webinar and look forward to doing the next one. Is there anything you'd like to add Trang?
- Trang Kuss: No, thank you very much everyone for taking time to join us today, we really appreciate it.
- Kristina: Okay. Thank you very much. Bye everybody.