2023-2024 Recommendations for Influenza Prevention and Treatment in Children: An Update for Pediatric Providers

Clinician Outreach and Communication Activity (COCA) Call

Thursday, August 31, 2023

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- Content will not include any discussion of the unlabeled use of a product or a product under investigational use except Dr. Fatimah Dawood who would like to disclose that she will discuss neuraminidase inhibitor medications (antivirals) that are FDA approved only for treating uncomplicated influenza.
- CDC did not accept financial or in-kind support from ineligible companies for this continuing education activity.

Objectives

At the conclusion of today's session, the participant will be able to accomplish the following:

1. Highlight key recommendations in the AAP influenza policy statement, "Recommendations for Prevention and Control of Influenza in Children, 2023–2024" and in the CDC Advisory Committee on Immunization Practices' document, "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2023-2024 Influenza Season."
2. Review strategies to increase influenza vaccination rates and highlight current health disparities in vaccination coverage.
3. Describe considerations and best practices for coadministering influenza vaccines and other childhood immunizations.

To Ask a Question

- Using the Zoom Webinar System
  - Click on the “Q&A” button
  - Type your question in the “Q&A” box
  - Submit your question

- If you are a patient, please refer your question to your healthcare provider.

- If you are a member of the media, please direct your questions to CDC Media Relations at 404-639-3286 or email media@cdc.gov.

Today's Presenters

- **Fatimah Dawood, MD, FAAP**
  Pediatrician and Medical Officer
  Influenza Prevention and Control Team
  Influenza Division
  National Center for Immunization and Respiratory Diseases
  Centers for Disease Control and Prevention

- **Kristina A. Bryant, MD, FAAP, FPIDS**
  Member, Committee on Infectious Diseases, American Academy of Pediatrics
  Professor of Pediatrics, University of Louisville School of Medicine
  Hospital Epidemiologist at Norton Children's Hospital
  Director for System Pediatric Epidemiology and Infectious Diseases, Norton Children's Medical Group, Louisville, KY

2023-2024 Recommendations for Influenza Prevention and Treatment in Children: An Update for Pediatric Providers

Fatimah S. Dawood, MD, FAAP

Influenza Division, CDC

Clinician Outreach and Communication Activity (COCA) Call

August 31, 2023

Influenza (Flu) in Children

- Millions of children in the US get sick with seasonal flu during typical seasons
  - 7,000 to 26,000 estimated flu-related hospitalizations per season in children aged <5 years during 2010-2011 to 2019-2020
  - 37 to 199 reported flu-related deaths in children per season during 2004-2005 to 2019-2020

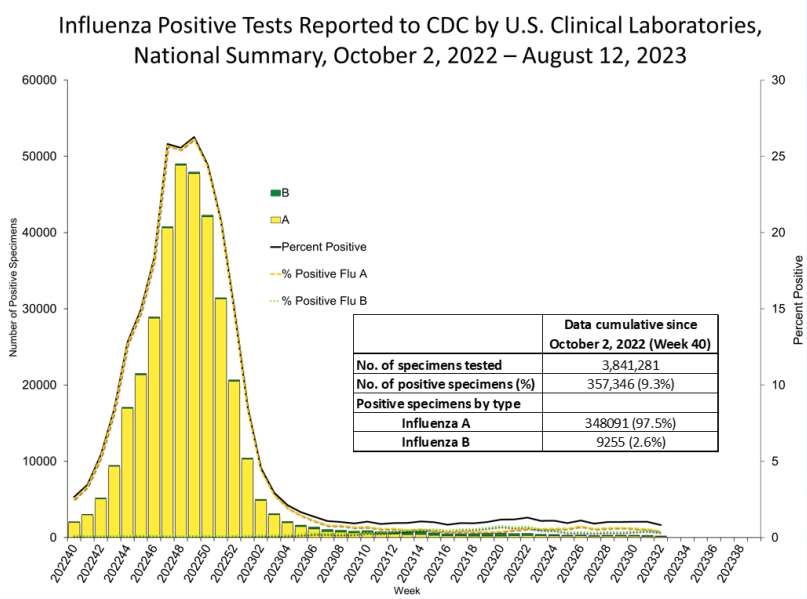
- Flu vaccination is the ***best*** way to prevent flu in children
  - Studies show that getting vaccinated reduces flu illnesses, doctor's visits, flu-related hospitalizations, life-threatening flu episodes, and death*

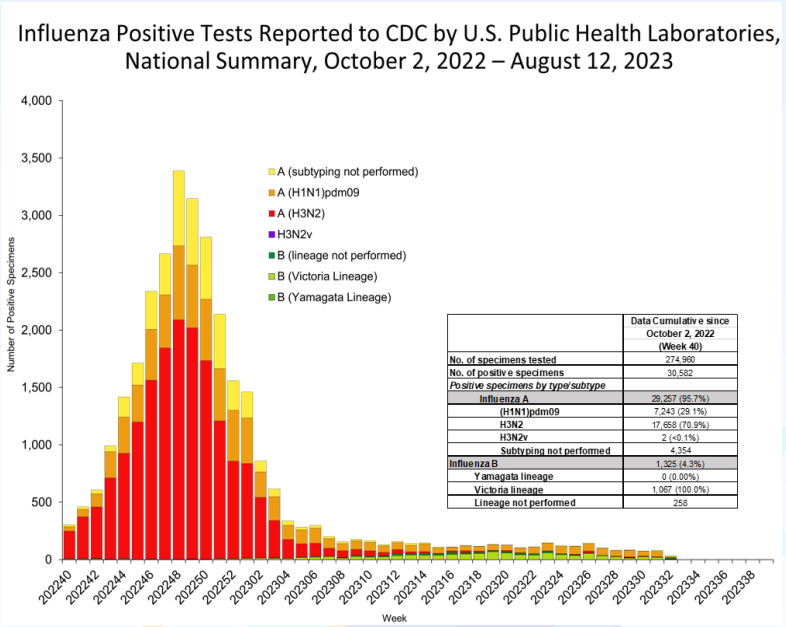
*Key Facts About Seasonal Flu Vaccine | CDC

A Review of Last Influenza Season

- A/H3N2 predominant, with some A/H1N1 circulation
- Early influenza season
  - Single epidemic wave
  - Activity began to increase in early October and subsided by early January
  - Reports of high pediatric hospitalization rates in some areas
- Influenza virus circulation coincided with other respiratory virus circulation
  - CDC Health Alert Notification issued about early respiratory disease incidence caused by multiple viruses, especially among children

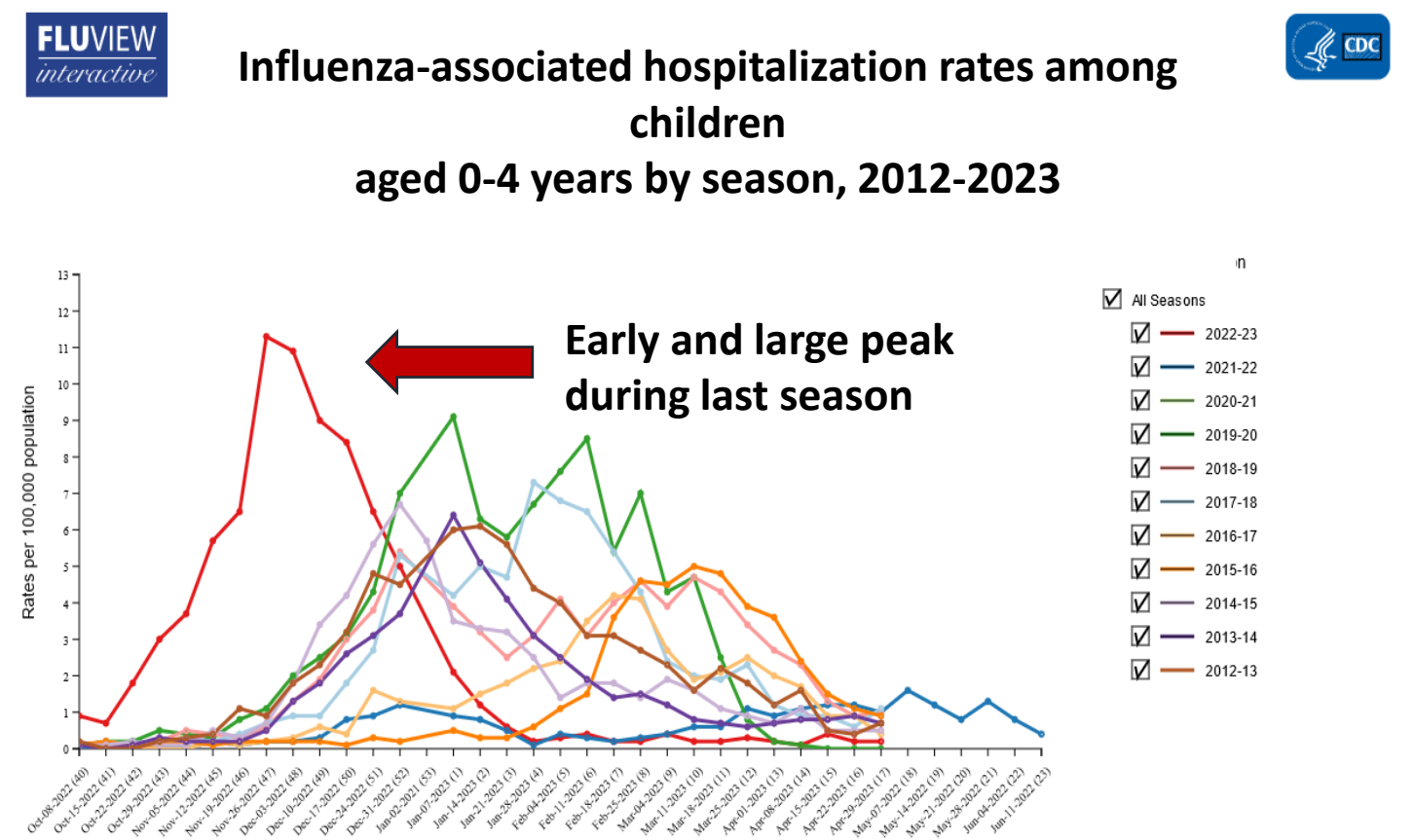
US Clinical Laboratory and Public Health Laboratory Surveillance, October 2022–August 2023





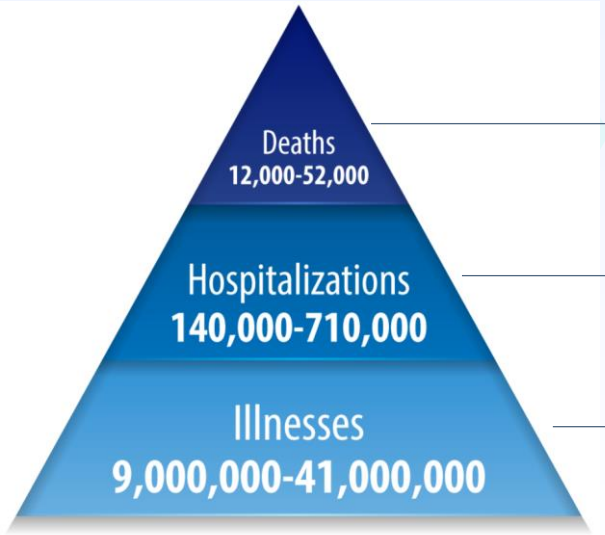
Time Period	Percent Positive at Clinical Labs Median (Range)	Peak Number of Positives at PHLs Median (Range)
Pre-COVID: 2015-16 – 2019-20	26.3 (23.6 – 30.3)	3,482 (3,274 – 4,334)
Early COVID: 2020-21 & 2021-22	0.3 – 9.9	24 – 1,528
This Season: 2022-23	26.3	3,387

Influenza-associated hospitalization rates among children aged 0-4 years by season, 2012-2023



Annual U.S. Influenza Burden Estimates

Estimated Range from
2010 – 2020



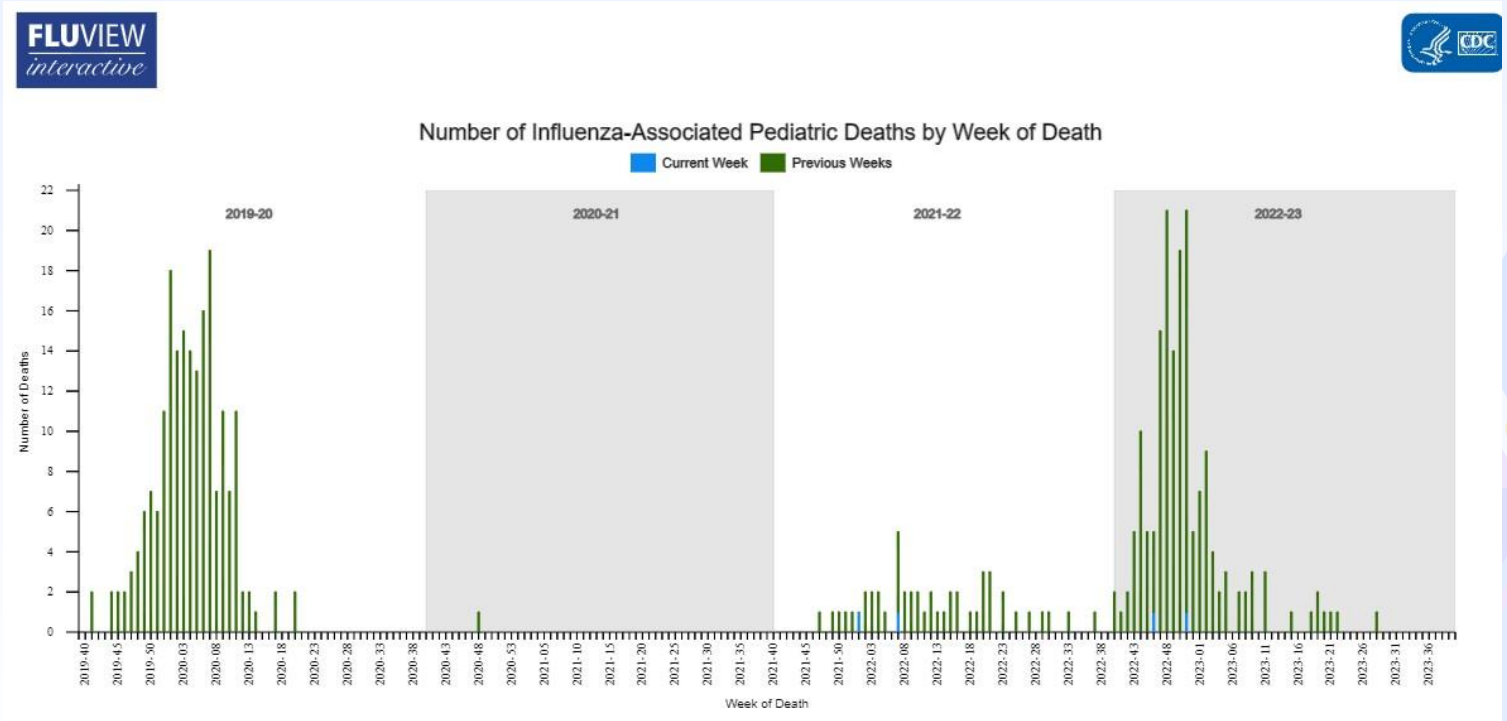
Preliminary
2022 – 2023 Estimates

At least 19,000 deaths

At least 300,000 hospitalizations

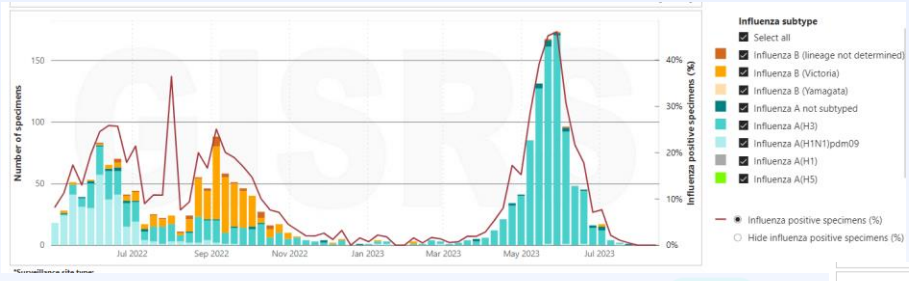
At least 27 million illnesses

Influenza-Associated Pediatric Deaths* Reported to CDC

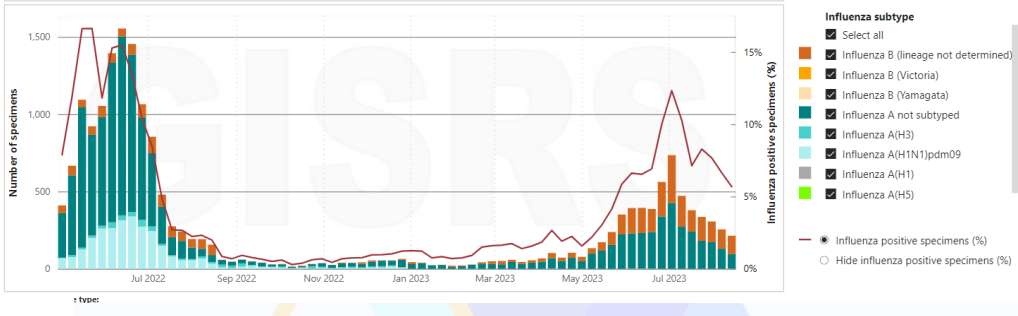


	No. of Pediatric Deaths*
2004-05	47
2005-06	46
2006-07	77
2007-08	88
2008-09	137
2009-10	288
2010-11	124
2011-12	37
2012-13	171
2013-14	111
2014-15	148
2015-16	95
2016-17	110
2017-18	188
2018-19	144
2019-20	199
2020-21	1
2021-22	49
2022-23	**168**

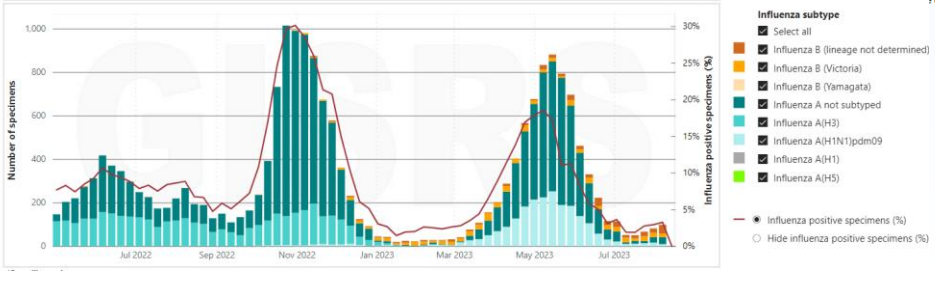
Global Influenza Surveillance in Southern Hemisphere Locations in 2023



South Africa



Australia



Chile

Preliminary Data

2022-2023 Influenza Vaccine Effectiveness Against Influenza-Associated Emergency Department Visits and Hospitalizations in Children Aged 6 mos–17 years, New Vaccine Surveillance Network (NVSN)

Outcomes	Vaccinated/ Total (%) Influenza positive	Vaccinated/ Total (%) Influenza negative	Effectiveness against laboratory confirmed Influenza A* in hospital and ED settings, VE % (95% CI)**
Influenza A			
All 6 mos – 17 years	123/640 (19)	750/2256 (33)	**49 (36 to 60)**
Inpatient	19/131 (15)	288/913 (32)	**68 (46 to 81)**
ED	104/507 (21)	461/1330 (35)	**42 (25 to 56)**
A/H3N2	98/478 (21)	750/2256 (33)	**45 (29 to 58)**
A/H1N1	23/139 (17)	750/2256 (33)	**56 (28 to 72)**

* Of 335 influenza-positive specimens sequenced, 250 were A(H3N2) clade 3C.2a1b.2a.2b and 32 were clade 3C.2a1b.2a.2a.1 and 38 were A(H1N1) clade 6B.1A.5a.2a.1. There were 16 coinfections with Influenza and SARS-CoV-2 that were excluded from the VE estimate.

** Multivariable logistic regression models adjusted for site, age, and calendar time.

CHILDREN

who got a flu vaccine were about

50% LESS LIKELY

to have a flu-related **emergency department visit** and about

70% LESS LIKELY

to be **hospitalized** with flu illness or related complications compared to children who had not been vaccinated.

According to CDC data from the NVSN network through February 22, 2023, during the 2022-2023 season.

FLU VACCINES PROTECT.

CS338876-A

Sources of 2022-2023 Influenza Season Data

- Updated surveillance information is available each Friday
  - FluView, static report: https://www.cdc.gov/flu/weekly/
  - FluView Interactive, online application: https://www.cdc.gov/flu/weekly/fluviewinteractive.htm

- Vaccine effectiveness estimates
  - Morbidity and Mortality Week Report (MMWR) updates: https://www.cdc.gov/mmwr/index.html
  - Advisory Committee on Immunization Practices (ACIP) meetings: https://www.cdc.gov/vaccines/acip/meetings/index.html

2023-2024 CDC Antiviral Treatment Recommendations

CDC Antiviral Treatment Recommendations

- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is:
  - Hospitalized
  - Has severe, complicated, or progressive illness
  - Is at high risk for influenza complications

- Antiviral treatment can be considered for previously healthy, symptomatic outpatient not at high risk with confirmed or suspected influenza, if treatment can be initiated within 48 hours of illness onset

- Clinical benefit is greatest when antiviral treatment is given early

People at High Risk for Influenza Complications for whom Antiviral Treatment is Recommended

- Children aged <2 years old (although all children aged <5 years are considered at high risk for complications, highest risk is for children aged <2 years)
- Adults aged 65 years and over
- Pregnant/postpartum persons
- Children aged <18 years receiving long-term aspirin therapy
- American Indians/Alaska Natives
- People with underlying medical conditions (e.g., pulmonary, cardiac, immunosuppression, neurologic and neurodevelopment conditions)
- Residents of nursing homes/chronic care facilities

Influenza Antiviral Medication Treatment, Route and Age Indications

Drug	Route	Age Indication for Treatment
Oseltamivir*	Oral	Any age
Zanamivir	Inhaled	≥7 years
Peramivir**	Intravenous	≥6 months
Baloxavir***	Oral	≥5 years

* Oral oseltamivir phosphate is approved by the FDA for treatment of acute uncomplicated influenza within 2 days of illness onset in people 14 days and older. Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of influenza in infants less than 14 days old is recommended by the CDC and the American Academy of Pediatrics.

** Intravenous peramivir is approved by the FDA for treatment of acute uncomplicated influenza within 2 days of illness onset in people 6 months and older.

*** Oral baloxavir marboxil is approved by the FDA for treatment of acute uncomplicated influenza within 2 days of illness onset in people aged ≥5 years who are otherwise healthy, or in people aged ≥12 years who are high risk of developing influenza-related complications.

2023-2024 ACIP Influenza Vaccination Recommendations Update

Groups Recommended for Vaccination

- Routine annual influenza vaccination is recommended for **all persons ≥6 months of age** who do not have contraindications
- Vaccination is recommended for all— if supply is limited, vaccinate those at highest risk for influenza complications
  - People aged ≥6 months who are at increased risk of influenza complications and severe illness
  - Contacts and caregivers of persons
    - <5 years of age
    - ≥50 years of age
    - with medical conditions that put them at higher risk for severe complications from influenza

Groups at Increased Risk for Influenza Complications and Severe Illness

- **Children aged 6 through 59 months** and **adults aged ≥65 years**
  - children <6 months of age are also at high risk but cannot be vaccinated.
  - adults ≥50 years are a priority group if supply is limited
- **Persons with chronic medical conditions,** including pulmonary (including asthma) or cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
- **Persons who are immunocompromised**
- Persons who are or will be **pregnant** during the influenza season
- **Children and adolescents** (aged 6 months–18 years) who are **receiving aspirin- or salicylate-containing medications** (who might be at risk for Reye syndrome after influenza virus infection)
- **Residents of nursing homes and other long-term care facilities**
- **American Indians/Alaska Natives**
- **Persons with extreme obesity (BMI ≥40)**

2023–2024 ACIP Influenza Statement – Updates to Pediatric Vaccination

- Influenza vaccine composition for 2023-2024
- Administration of influenza vaccines to people with egg allergy

2023-2024 Influenza Vaccine Composition

- Egg-based IIVs and LAIV4:
  - An A/Victoria/4897/2022 (H1N1)pdm09-like *(updated)*
  - An A/Darwin/9/2021 (H3N2)-like virus
  - A B/Austria/1359417/2021 (Victoria lineage)-like virus
  - A B/Phuket/3073/2013 (Yamagata lineage)-like virus.
- Cell-culture-based IIV4 and RIV4:
  - An A/Wisconsin/67/2022 (H1N1)pdm09-like virus *(updated)*
  - An A/Darwin/6/2021 (H3N2)-like virus
  - A B/Austria/1359417/2021 (Victoria lineage)-like virus
  - A B/Phuket/3073/2013 (Yamagata lineage)-like virus.

Updates to Guidelines for Influenza Vaccine Administration to People with Egg Allergy

- Most influenza vaccines are produced with an egg-based manufacturing process and contain a small amount of egg proteins
  - Additional safety measures were *previously recommended* for administration of egg-based influenza vaccine to people who had a history of severe allergic reactions to egg

- *UPDATE* People with egg-allergy may receive any influenza vaccine (egg-based or non-egg based) that is otherwise appropriate for their age and health status; additional safety measures are no longer recommended

- All vaccines should be given in settings where allergic reactions can be recognized and treated quickly.

Influenza Vaccines for Children 6 through 35 months

- Five IIVs licensed for this age group

- Licensed dose volumes for this age group differ

– *FluLaval Quadrivalent* (IIV4, GSK)		0.5 mL
– *Fluarix Quadrivalent* (IIV4, GSK)		0.5 mL
– *Flucelvax Quadrivalent* (ccIIV4, Seqirus)		0.5 mL
– *Afluria Quadrivalent* (IIV4, Seqirus)	0.25 mL	
– *Fluzone Quadrivalent* (IIV4, Sanofi Pasteur)	0.25 mL ***or*** 0.5 mL	

- Afluria Quadrivalent and Fluzone Quadrivalent 0.25 mL prefilled syringes are no longer available
  - Afluria Quadrivalent: a 0.25 mL dose must be obtained from a multidose vial.
  - Fluzone Quadrivalent: can give 0.5 mL; or 0.25 mL can be taken from multidose or single dose vial.

Coadministration of Influenza and Recommended Vaccines in Children

- ***Routine administration of all age-appropriate doses of vaccines simultaneously is recommended for persons for whom no specific contraindications exist***

- COVID-19 vaccines and nirsevimab may be administered regardless of timing of influenza vaccines, including simultaneous administration of COVID-19 vaccine, nirsevimab and influenza vaccines on the same day

- Administer each vaccine in a different injection site (at least 1 inch apart)

Self-knowledge Check #1

A child with a history of severe allergic reaction to eggs should not receive an annual influenza vaccine according to ACIP guidelines:

A. True
B. False

Self-knowledge Check #1 (Answer)

The correct answer is B.

The Advisory Committee on Immunization Practices (ACIP) recommends that all people 6 months and older with egg allergy receive an annual influenza vaccine in the absence of contraindications to vaccination.

In addition, the 2023-2024 ACIP Influenza Vaccination Recommendations have been updated to state that people with egg-allergy may receive any influenza vaccine (egg-based or non-egg based) that is otherwise appropriate for their age and health status without the need for additional safety measures beyond those recommended for receipt of any vaccine.

Upcoming 2023-2024 U.S. Influenza Season

- Influenza remains unpredictable
- Last season reminded us that influenza viruses can
  - circulate early
  - result in high rates of medically attended illnesses in children
  - co-circulate with other respiratory viruses such as SARS-CoV-2 and respiratory syncytial virus, placing increased strain on healthcare systems

- **Annual influenza vaccination is the most effective way to prevent influenza**

Additional CDC Resources

- CDC Influenza homepage: https://www.cdc.gov/flu/
- Influenza surveillance: https://www.cdc.gov/flu/weekly/fluactivitysurv.htm
- Influenza vaccination coverage: https://www.cdc.gov/flu/fluvaxview/index.htm
- For Professionals: https://www.cdc.gov/flu/professionals/index.htm
  - Vaccination homepage: https://www.cdc.gov/flu/professionals/vaccination/index.htm
  - 2023-24 ACIP Influenza Recommendations: https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w
  - Antiviral homepage: https://www.cdc.gov/flu/professionals/antivirals/index.htm
- For Children (created by CDC and endorsed by the AAP): activity book
  - https://www.cdc.gov/phpr/readywrigley/documents/ready_wrigley_flu.pdf

2023-2024 Recommendations for Influenza Prevention and Treatment in Children: An Update for Pediatric Providers

Kristina Bryant, MD, FAAP, FPIDS
Committee on Infectious Diseases
American Academy of Pediatrics

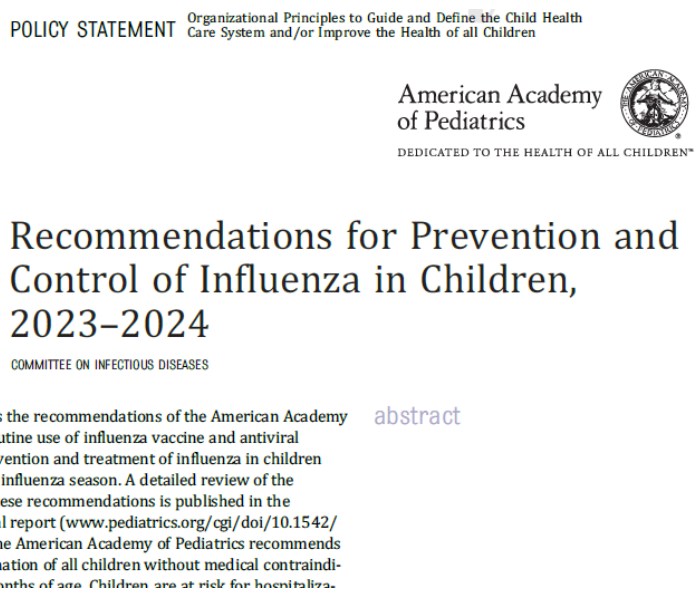
August 31, 2023

Learning Objectives

In this presentation, participants will:

- Understand AAP recommendations for influenza immunization and treatment during the 2023-2024 season
- Learn strategies to increase immunization rates
- Recognize ongoing health disparities with vaccination

AAP Recommendations for Influenza Season 2023-2024



POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics

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Recommendations for Prevention and Control of Influenza in Children, 2023–2024

COMMITTEE ON INFECTIOUS DISEASES

abstract

This statement updates the recommendations of the American Academy of Pediatrics for the routine use of influenza vaccine and antiviral medications in the prevention and treatment of influenza in children during the 2023–2024 influenza season. A detailed review of the evidence supporting these recommendations is published in the accompanying technical report (www.pediatrics.org/cgi/doi/10.1542/peds.2023-063773). The American Academy of Pediatrics recommends annual influenza vaccination of all children without medical contraindications starting at 6 months of age. Children are at risk for hospitaliza-

Policy Statement and Technical Report:

- **Early release online, August 29th :**

https://publications.aap.org/pediatrics/online-first

- **October issue of *Pediatrics***

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American Academy of Pediatrics. *Recommendations for Prevention and Control of Influenza in Children, 2023-2024.* American Academy of Pediatrics, 2023

What's New for 2023-2024?

- Vaccine composition updated
- Recommendations for immunocompromised hosts clarified
- Strategies for improving access to vaccine emphasized
- Indications for influenza testing highlighted, including at-home testing

What's The Same for 2023-2024?

- Influenza continues to cause morbidity and mortality in children
- Annual influenza vaccination is recommended for all persons 6 months and older
- Any vaccine appropriate for age and health status can be used
- Influenza vaccine can be administered at the same time as other vaccines, including the COVID-19 vaccine
- Antiviral treatment is recommended for certain children with influenza

Impact of Influenza on Children

- ~9% develop symptomatic infection annually
- Significant morbidity in hospitalized children
  - 20% require ICU care
  - 17% with pneumonia
  - 5% require mechanical ventilation
  - 8-10% experience neurologic complication
  - 0.5% die
- Post-discharge sequelae (critical influenza)

Photo Credit: *Red Book* Online
Influenza pneumonia in a 12-year-old with respiratory failure. Courtesy of Benjamin Estrada, MD

Tokars JI, et al. *Clin Infect Dis.* 2018;66(10):1511-1518. Kamidani S, et al. *Clin Infect Dis.* 2022 ; Maddux AB et al. *J Allergy Clin Immunol Pract.* 2023;11(3):836-843.e3

Health Disparities and Influenza

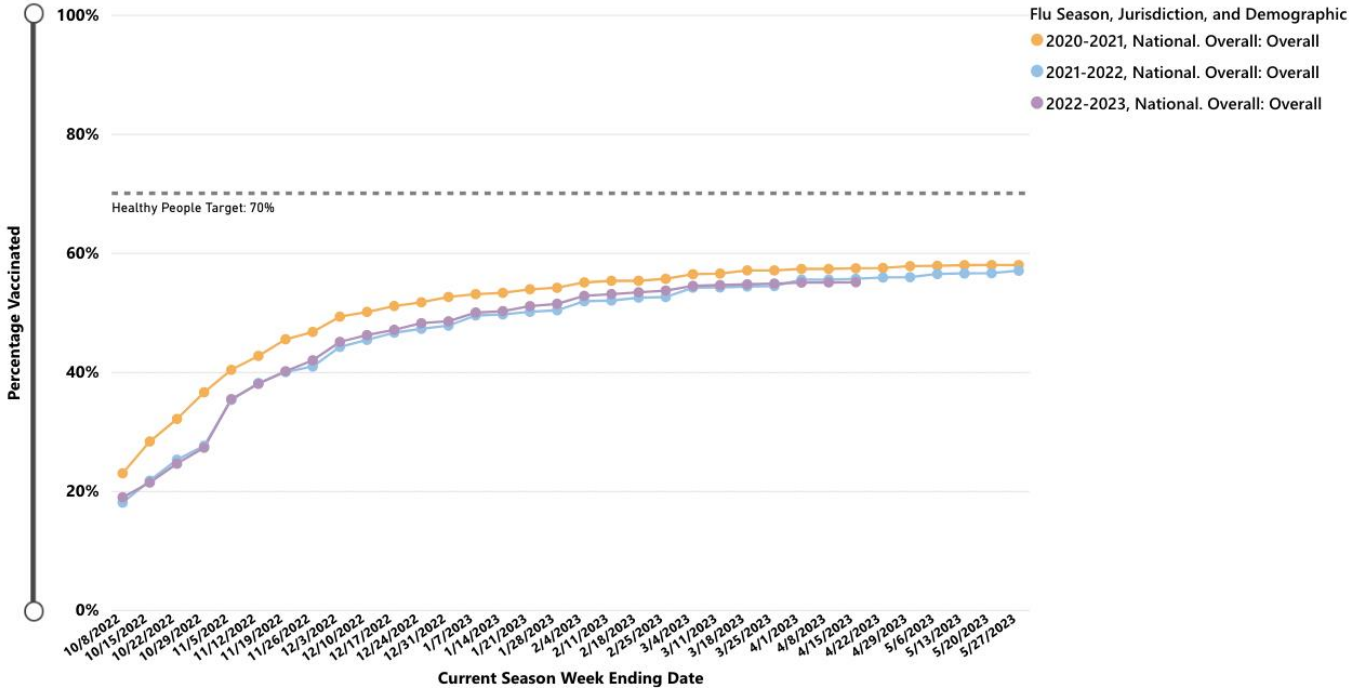
Hospitalization rates higher in Black, Hispanic, American Indian/Alaska Native and Asian/Pacific Islander children

Rate of in-hospital death is 3- to 4-fold higher in Black, Hispanic, and Asian/Pacific Islander children compared with white children.

O'Halloran AC et al. *JAMA Netw Open.* 2021;4(8):e2121880

Influenza Immunization Rates Falling 1/2

Influenza vaccination coverage in children 6 months to 17 years of age in the United States, 2020–2021 to 2022 -2023



Source: Centers for Disease Control and Prevention, NIS-Flu

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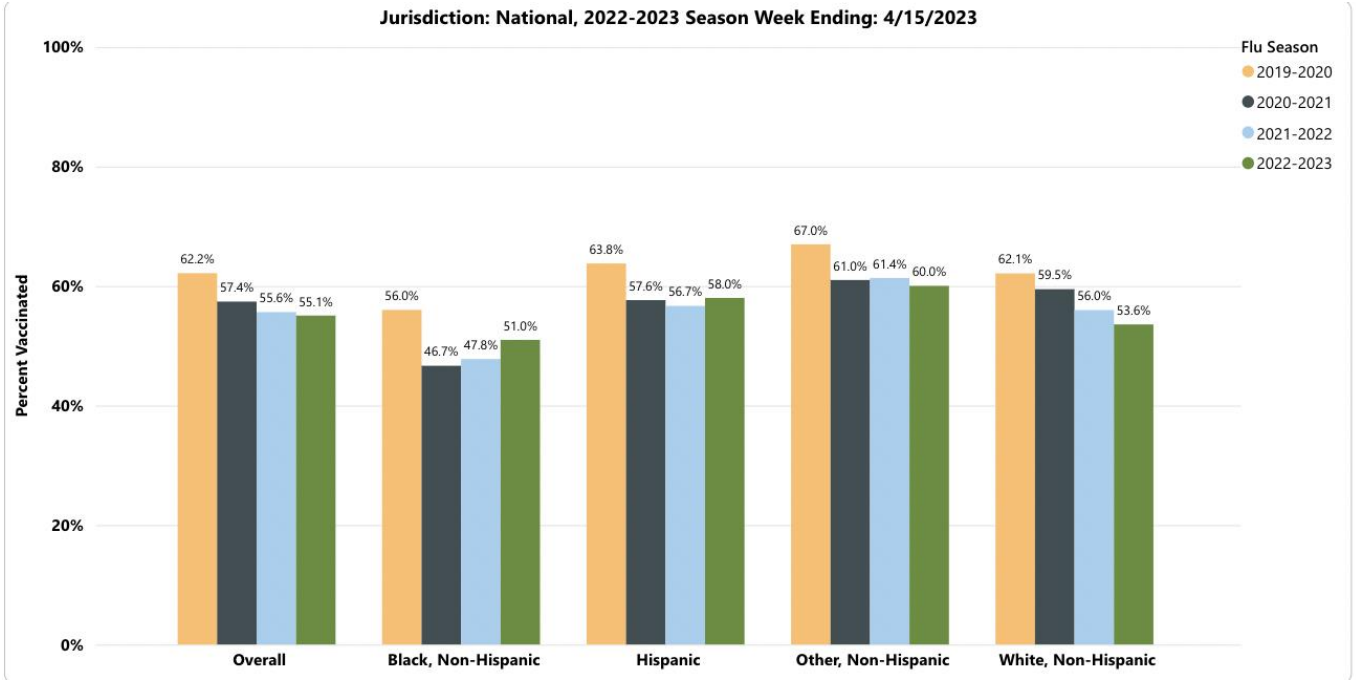
Influenza Immunization Rates Falling 2/2

Influenza vaccination coverage in children 6 months to 17 years of age in the United States, 2019-2023



Source: Centers for Disease Control and Prevention, NIS-Flu

Influenza Vaccine Administration Pearls

- When two doses are required in a season, use of the same brand or type is **not required.**
- The maximum number of doses drawn from a multidose vial is specified in the package insert and should not be exceeded.
- Residual product must be discarded regardless of the remaining volume in the vial.
- A 0.5-mL unit dose of any IIV should not be split into 2 separate 0.25-mL doses.

Influenza Vaccine Administration Pearls cont.

- IIV may be administered simultaneously with or at any time before or after other inactivated or live vaccines (**including COVID-19 vaccines and RSV monoclonal antibody)**.
- LAIV may be administered simultaneously with other live or inactivated vaccines.
  - If not administered simultaneously, ≥4 weeks should pass between the administration of LAIV and other non-oral live vaccines.

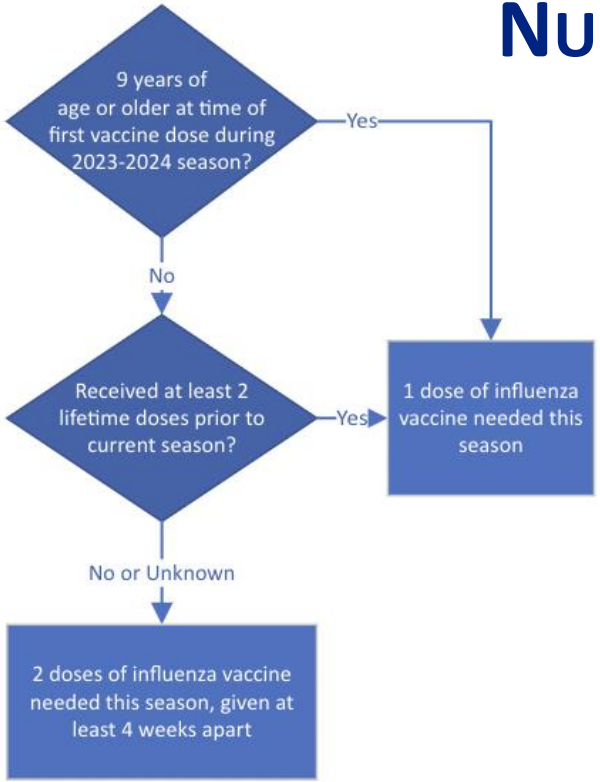
Influenza Vaccine: Immunocompromised Hosts

- Malignant neoplasms: In general, administer influenza vaccine ≥ 2 weeks before cytotoxic chemotherapy
- Anti-B cell therapies in previous 6 months: defer IIV until B cell recovery
- Hematopoietic stem cell: IIV beginning 4 to 6 months after transplantation
- Solid organ transplant (SOT): IIV beginning 3 months after transplant
  - considered ≥1 month after transplant during the influenza season

American Academy of Pediatrics. *Recommendations for Prevention and Control of Influenza in Children, 2023-2024.* American Academy of Pediatrics, 2023

2023–2024 Seasonal Influenza Vaccine for Children:

Number of Doses



- Must be at least 6 months of age to be eligible for influenza vaccine
- Second dose still required for children who turn 9 between first and second dose

American Academy of Pediatrics. *Recommendations for Prevention and Control of Influenza in Children, 2023-2024.* American Academy of Pediatrics, 2023

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2023–2024 Seasonal Influenza Vaccine for Children: Timing

- Offer influenza vaccine as soon as it becomes available, especially children who require 2 doses.
- Administer recommended dose(s) ideally by the end of October.
- Continue offering vaccine to unvaccinated children and families throughout the season.

Children at High Risk for Influenza Complications

- Any child < 5 years
  - Especially < 2 years
- Residents of chronic care facilities or nursing homes
- Children born early-term or late-preterm

Photo credit: AAP

Underlying Condition or Treatment	
Chronic pulmonary disease	Metabolic disorders
Cardiovascular disease	Neurologic and neurodevelopmental conditions
Kidney disease	Extreme obesity[2]
Hepatic disease	Immunosuppression
Hematologic disease	Pregnancy and post-partum
Receipt of aspirin or salicylate-containing therapies[1]	[1]<19 years who may be at increased risk of Reye syndrome [2]Could consider BMI ≥99% for age

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American Academy of Pediatrics. *Recommendations for Prevention and Control of Influenza in Children, 2023-2024.* American Academy of Pediatrics, 2023

Strategies for Increasing Influenza Immunization:
Provider / Care Team

Photo Credit: Heather Hazzan, *SELF Magazine*

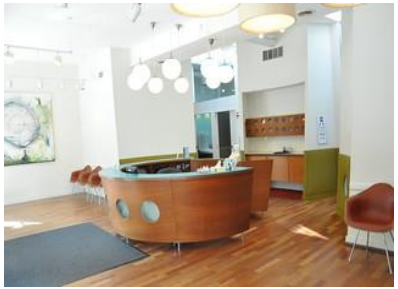
- Offer a strong, presumptive recommendation
- Bundle recommendation for influenza vaccine with recommendations for other needed vaccines
- Use consistent messaging across care team members
- Identify influenza champions

Strategies for Increasing Influenza Immunization:
Practice/Health System

Photo Credit: Heather Hazzan, *SELF Magazine*

- Review influenza vaccination status at all visits
- Bundle influenza vaccine with other needed vaccines
- Vaccinate at all visit types
- Vaccinate in all healthcare settings
- Increase access to influenza vaccine (eg, expanded hours, vaccine-only clinic)
- Provide evidence-based information to patients and families (eg, office-based educational handout)

Strategies for Increasing Influenza Immunization: Practice/Health System cont.



- Send influenza vaccine reminder/recall messages
- Use electronic health records (EHR)-based tools to identify and classify high-risk patients for targeted outreach
- Utilize standing orders
- Implement influenza vaccine provider prompts/clinical decision support
- Perform audits or share feedback reports
- Integrate EHR with regional or state immunization systems

Strategies for Increasing Influenza Immunization:
Community/ Public Health

Photo Credit: CDC

- Partner with stakeholders to support vaccine initiatives within the community, including school-based programs and pharmacies.
- Engage with communities affected by health disparities to develop tailored strategies that promote trust, encourage dialogue, and increase access to preventative services.

No permita que la gripe lo detenga

No permita que la gripe lo detenga cont.

Eliminating Structural Barriers to Influenza Vaccine

Getty Image: Permission provided to AAP

- Eliminate disparities in influenza vaccine supply between privately insured patients and those eligible for vaccination through the Vaccines for Children (VFC) program.

Eliminating Structural Barriers to Influenza Vaccine cont.

Public and private payers should:

- Offer adequate payment for influenza vaccine supply and administration to pediatric populations
- Update payment systems for influenza vaccine so that providers are paid for administering doses in July and August
- Eliminate remaining “patient responsibility” cost barriers to influenza vaccination where they still exist.

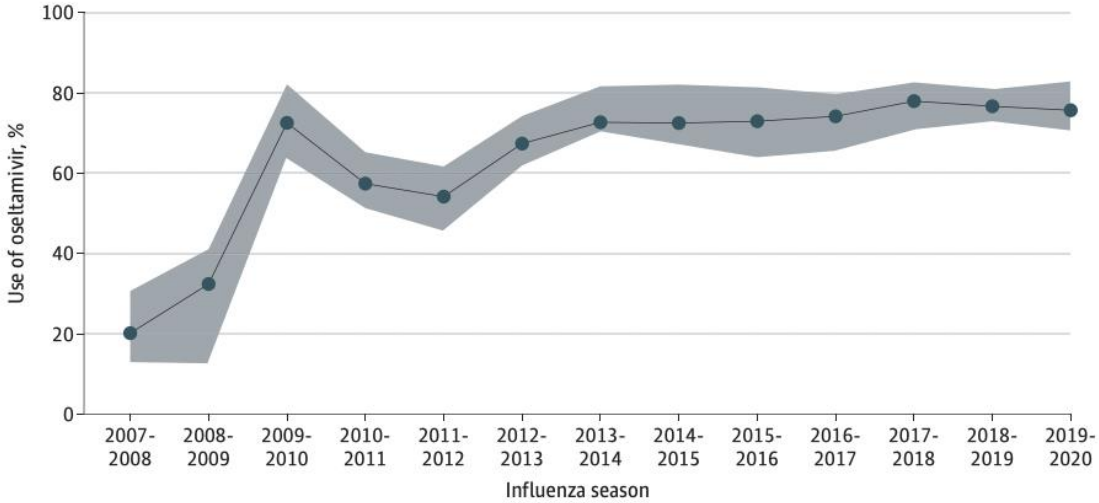
Testing for Influenza

- Test children with signs and symptoms of influenza when test results are anticipated to impact clinical management.
- When influenza is circulating, test hospitalized patients with signs and symptoms of influenza with a molecular assay with high sensitivity and specificity (eg, RT-PCR).
- Use of at-home test results to inform treatment decisions should be informed by the sensitivity and specificity of the test, the prevalence of influenza in the community, the presence and duration of compatible signs and symptoms, and individual risk factors and comorbidities.

Photo Credit: Healthychildren.org

Antiviral Underutilized

Oseltamivir use in hospitalized children, 2002-2020



Patients with certain high-risk conditions and patients requiring ICU care or invasive procedures early in their hospitalization were more likely to receive oseltamivir.

Walsh PS et al. *JAMA Netw Open*. 2022;5(9):e2233027

AAP Resources

- Influenza Resources: www.aap.org/influenza
- Red Book Online: https://publications.aap.org/redbook
- Professional Tools & Resources: www.aap.org/immunization
- Interactive Vaccination Map: www.aap.org/immunizationmap
- Promoting Vaccine Confidence: www.aap.org/vaccinecommunication
- Parenting Website: www.healthychildren.org/flu
- Infection Prevention and Control Resources: www.aap.org/projectfirstline

AAP Toolkits

- Flu Communication Campaign

https://www.aap.org/en/news-room/campaigns-and-toolkits/flu-campaign-toolkit/

- How to Set Up a Flu Clinic

https://www.aap.org/en/patient-care/influenza/how-to-set-up-a-flu-clinic/

Self Knowledge Check #2

Influenza vaccination should only occur in the medical home.

A. True

B. False

Self Knowledge Check #2 (Answer)

Influenza vaccination should only occur in the medical home.

A. True

B. **False**

Rationale: Although vaccination in the medical home is optimal, administering influenza vaccine in diverse locations, such as subspecialty practices, urgent care clinics, emergency departments, schools, and pharmacies, may increase uptake among patients who do not have or cannot readily access their medical home and those at high risk for influenza-related complications. When influenza vaccination takes place in a nontraditional setting, appropriate documentation should be provided to patients and to the medical home. Settings that offer influenza vaccination should submit details about the vaccination to the appropriate IISs, including all content needed to support communication of this information to the patient's medical home.

To Ask a Question

- Using the Zoom Webinar System
  - Click on the “Q&A” button
  - Type your question in the “Q&A” box
  - Submit your question

- If you are a patient, please refer your question to your healthcare provider.

- If you are a member of the media, please direct your questions to CDC Media Relations at 404-639-3286 or email media@cdc.gov.

Continuing Education

- All continuing education for COCA Calls is issued online through the CDC Training & Continuing Education Online system at https://tceols.cdc.gov/.

- Those who participate in today's COCA Call and wish to receive continuing education please complete the online evaluation by **October 2, 2023,** with the course code **WC4520-083123**. The access code is **COCA083123.**

- Those who will participate in the on-demand activity and wish to receive continuing education should complete the online evaluation between **October 3, 2023,** and **October 3, 2025,** and use course code **WD4520-083123.** The access code is **COCA083123.**

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Today's COCA Call Will Be Available to View On-Demand

- **When:** A few hours after the live call ends
- **What:** Video recording
- **Where:** On the COCA Call webpage https://emergency.cdc.gov/coca/calls/2023/callinfo_083123.asp

Upcoming COCA Calls & Additional Resources

- Join us for our next COCA Call, **Tuesday, September 19** at 2:00 P.M. ET.
- **Topic:** Preparing for the Upcoming Respiratory Disease Season: Recommendations for Influenza, COVID-19, and RSV Vaccines for Older Adults
- Continue to visit https://emergency.cdc.gov/coca/ to get more details about upcoming COCA Calls.
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Thank you for joining us today!

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