



Addressing the COVID-19 Crisis: An Open Forum Webinar Series for Pharmacy

Meeting Patient Needs for Flu and Other Routine
Vaccines During the COVID-19 Pandemic
July 29, 2021

For Every Pharmacist. For All of Pharmacy.

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Today's Webinar

Discuss strategies and recommendations for providing flu and routine vaccinations during the upcoming flu season and approaches pharmacists can use to reach patients who have fallen behind on routine adult vaccinations during the COVID-19 pandemic.



Carolyn Bridges, MD, FACP
Director for Adult Immunization
Immunization Action Coalition (IAC)

Guest Speaker



Steve Foster, PharmD, FAPhA

APhA Liaison to ACIP

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Guest Speaker



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Subject Matter Expert: Q&A



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Format for Today's Webinar

12:00pm: Introductions

12:05pm: Discussion with Carolyn Bridges & Steve Foster

12:30pm: Open Forum Discussion: Share Your Questions & Thoughts

12:50pm: Review of APhA's Ongoing Activities & What's Coming

Open Forum Ground Rules

- Use the **Questions** field on the GoToWebinar toolbar to submit comments and questions related to the topic discussion.
- We will try to get to as many comments and questions as possible!
- Refer to the **Handout** in the GoToWebinar toolbar to access today's slides and links to resources.

Discussion with Carolyn Bridges and Steve Foster

Discuss strategies and recommendations for providing flu and routine vaccinations during the upcoming flu season and approaches pharmacists can use to reach patients who have fallen behind on routine adult vaccinations during the COVID-19 pandemic.

Vaccination coverage estimates using an age-appropriate adult vaccination composite measure, by age group — National Health Interview Survey, United States, 2018*

Age group	≥19 years (n = 25,207)	19-49 years (n = 11,318)	50-64 years (n = 6,592)	≥65 years (n = 7,297)
Coverage	20.2% CI: 19.4–21.0	25.7% 24.5–26.9	6.7% 6.0–7.6	22.6% 21.2–24.0

*Estimates for tetanus toxoid-containing, pneumococcal, herpes zoster, and influenza vaccines. Td/Tdap vaccination was “receipt in the past 10 years”. Pneumococcal and zoster vaccination were “ever received” at least one dose. Influenza vaccination in past 12 months.

Lu P-J, et al. MMWR 2021. https://www.cdc.gov/mmwr/volumes/70/ss/ss7003a1.htm?s_cid=ss7003a1_w.

Estimated proportion of adults aged ≥ 19 years who received selected vaccines, by age group and risk status — National Health Interview Survey, United States, 2010–2018

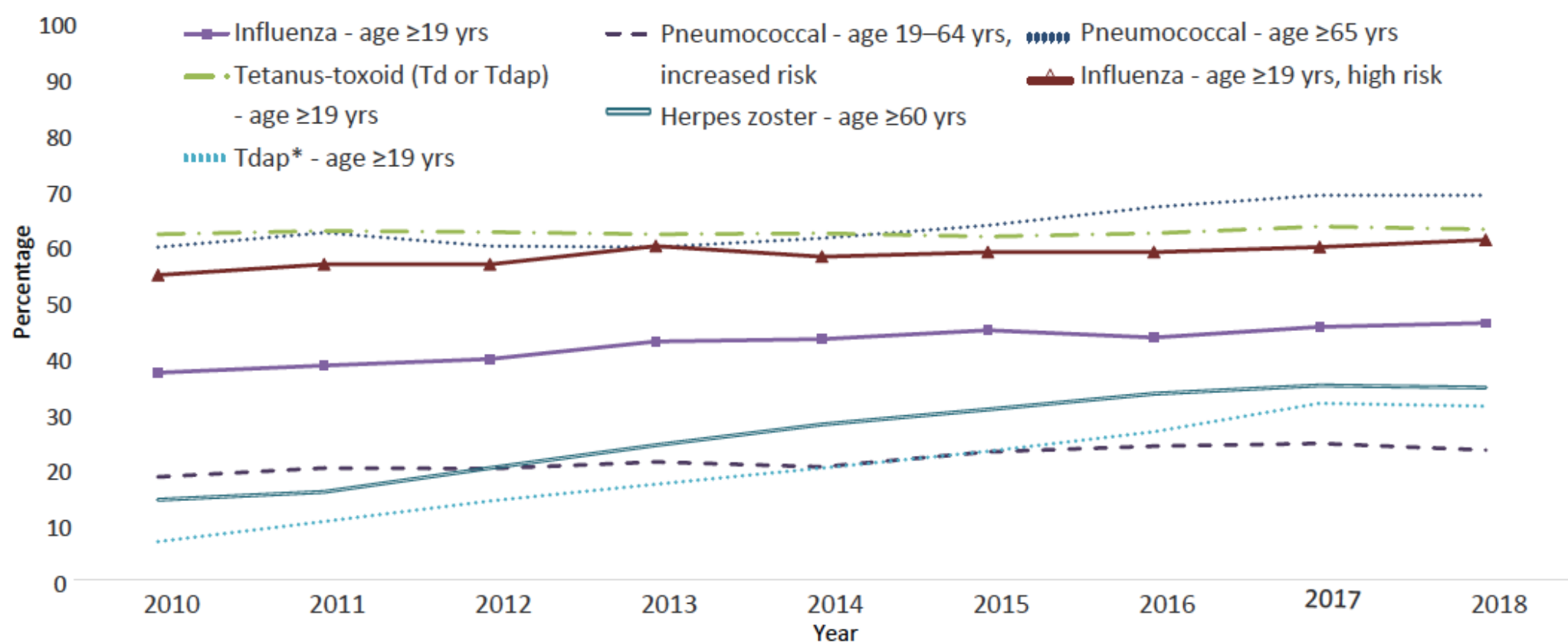


Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2021

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV4) or Influenza live, attenuated (LAIV4)	1 dose annually			
		1 dose annually		
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)			2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			1 dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/Not applicable

Table 2 Recommended Adult Immunization Schedule by Medical Condition and Other Indications, United States, 2021

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 count		Asplenia, complement deficiencies	End-stage renal disease; or on hemodialysis	Heart or lung disease, alcoholism ¹	Chronic liver disease	Diabetes	Health care personnel ²	Men who have sex with men
			<200 mm ³	≥200 mm ³							
IIV or RIV4 <div>or</div>	1 dose annually										
LAIV4	Not Recommended					Precaution				1 dose annually	
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	Not Recommended*	Not Recommended	1 or 2 doses depending on indication								
VAR	Not Recommended*	Not Recommended		2 doses							
RZV					2 doses at age ≥50 years						
HPV	Not Recommended*	3 doses through age 26 years			2 or 3 doses through age 26 years depending on age at initial vaccination or condition						
PCV13		1 dose									
PPSV23		1, 2, or 3 doses depending on age and indication									
HepA				2 or 3 doses depending on vaccine							
HepB				2, 3, or 4 doses depending on vaccine or condition				<60 years			
							>60 years				
MenACWY	1 or 2 doses depending on indication, see notes for booster recommendations										
MenB	Precaution	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations									
Hib		3 doses HSCT ³ recipients only		1 dose							

 Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
 Recommended vaccination for adults with an additional risk factor or another indication
 Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction
 Recommended vaccination based on shared clinical decision-making
 Not recommended/contraindicated—vaccine should not be administered.
 No recommendation/Not applicable

*Vaccinate after pregnancy.

1. Precaution for LAIV4 does not apply to alcoholism. 2. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. 3. Hematopoietic stem cell transplant.

Timing of Vaccination

Protection wanes over season – more pronounced in older adults, less evidence in children

Similar to previous:

*“Children aged 6 months through 8 years who require 2 doses should receive their first dose as soon as possible after the vaccine becomes available to allow the second dose (which must be administered ≥ 4 weeks later) to be received **ideally** by the end of October.”*

New:

*“Children of any age who require only one dose for the season should also **ideally** be vaccinated by the end of October; vaccination of these children may occur as soon as vaccine is available, as there is less evidence to suggest that early vaccination is associated with waning immunity among children as compared with adults.”*

Timing of Vaccination

Pregnancy:




“Vaccination soon after vaccine becomes available may also be considered for pregnant persons during the third trimester, as vaccination of pregnant persons has been shown to reduce risk of influenza illness of their infants during the first months of life (a period during which they will be too young to receive influenza vaccine)”

Adults:

“For non-pregnant adults, influenza vaccination during July and August should be avoided unless there is concern that later vaccination might not be possible.”

Available Influenza Vaccines 2021-22 Season

Vaccine type		0 through 6 months	6 through 23 months	2 through 17 years	18 through 49 years	50 through 64 years	≥65 years
IIV4s	Standard-dose, unadjuvanted inactivated (IIV4)		Afluria Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent Fluzone Quadrivalent				
	Cell culture-based inactivated (IIV4)			Flucelvax Quadrivalent			
	Adjuvanted inactivated (aIIV4)						Fluad Quadrivalent
	High-dose inactivated (HD-IIV4)						Fluzone High-Dose Quadrivalent
RIV4	Recombinant (RIV4)				Flublok Quadrivalent		
LAIV4	Live attenuated (LAIV4)			FluMist Quadrivalent			

IIV4=quadrivalent inactivated influenza vaccine RIV4=quadrivalent recombinant influenza vaccine LAIV4=quadrivalent live attenuated influenza vaccine
 Not approved for age group
  Egg-based
  Not egg-based

All vaccines will be quadrivalent

Vaccine Composition

- **Egg-based IIV4s and LAIV4:**
 - An A/Victoria/2570/2019 (H1N1)pdm-like virus; updated
 - An A/Cambodia/e08826360/2020 (H3N2)-like virus; updated
 - A B/Washington/02/2019 (Victoria lineage)-like virus; and
 - A B/Phuket/3073/2013 (Yamagata lineage)-like virus.
- **Cell-culture-based IIV4 and RIV4:**
 - An A/Wisconsin/588/2019 (H1N1)pdm09-like virus; updated
 - An A/Cambodia/e0826360/2020 (H3N2)-like virus; updated
 - A B/Washington/02/2019 (Victoria lineage)-like virus; and
 - A B/Phuket/3073/2013 (Yamagata lineage)-like virus.

Coadministration with COVID-19 Vaccines

- Considerations
 - Reactogenicity potential, especially for adjuvanted and high-dose flu vaccines
 - Not missing opportunities
- Clinical considerations
 - *“COVID-19 vaccines were previously recommended to be administered alone, with a minimum interval of 14 days before or after administration of any other vaccines. This was out of an abundance of caution and not due to any known safety or immunogenicity concerns. However, substantial data have now been collected regarding the safety of COVID-19 vaccine currently authorized by FDA for use under EUA...COVID-19 vaccines and other vaccines **may now be administered without regard to timing.**”*
 - *“Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and adjuvanted vaccines) in different limbs, if possible.”*

Coadministration with COVID-19 Vaccines

Proposed Language for 2021-22 Influenza Statement

- *Current guidance concerning administration of COVID-19 vaccines with other vaccines (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>) indicates that these vaccines may be given with other vaccines, including influenza vaccines. No data are currently available concerning coadministration of currently authorized COVID-19 vaccines and influenza vaccines. Providers should be aware of the potential for increased reactogenicity with coadministration and should consult CDC guidance at the referenced link for updated guidance as more information becomes available. If coadministered, COVID-19 vaccines and vaccines that might be more likely to cause a local reaction (e.g., aIIV4 or HD-IIV4) should be administered in different limbs, if possible.*

COVID Vaccine Booster Doses

- Dependent upon future disease incidence and waning of immunity
- May be population specific
 - Adults ≥ 65 years of age
 - Residents of long-term care facilities
 - Health care personnel
 - Immunocompromised persons
- Mixed and matched
 - European study with Pfizer and Astra Zeneca had reassuring results
 - Need U.S. authorized vaccine studies
- CDC and FDA require data on safety, immunogenicity, and public health need
 - No data to support booster dose at this time
- Studies ongoing and ACIP will monitor

Standards for Adult Immunization Practices

The Standards call on all healthcare providers to:

- Conduct routine assessments of a patient's vaccination needs during every clinical encounter
- Strongly recommend vaccines that patients need
- Administer needed vaccines or refer patients for vaccination
- Document administered vaccinations in IIS (state vaccine registries)

Communicating with Patients About Vaccines

- Healthcare provider recommendations key factor in patient decisions
- Consider using SHARE for persons wanting more information

S

SHARE the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

H

HIGHLIGHT positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.

A

ADDRESS patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.

R

REMIND patients that vaccines protect them and their loved ones from many common and serious diseases

E

EXPLAIN the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

Benefits and risks after COVID-19 vaccine, by age group & sex

For every million doses of vaccine given with US exposure risk and hospitalization rates from June 19, 2021

	Janssen COVID-19 vaccine						mRNA COVID-19 vaccines			
Age	Prevented COVID-19 Outcomes			GBS Cases	TTS Cases		Prevented COVID-19 Outcomes			Myocarditis Cases
	Hospitalization	ICU	Death				Hospitalization	ICU	Death	
FEMALES										
18-29 years	700	50	5	1	4-5		750	50	5	3-4
30-49 years	900	140	20	6-7	8-10		950	140	20	1-2
50-64 years	1600	350	120	7-8	3-4		1,700	375	125	1
65+ years	5,900	1250	840	8-10	0		6,200	1300	900	<1
MALES										
18-29 years	300	60	3	2	2-3		300	60	3	22-27
30-49 years	650	150	25	7-8	1-2		700	160	25	5-6
50-64 years	1,800	480	140	14-17	1-2		1,900	500	150	1
65+ years	11,800	3300	2300	7-8	0		12,500	3500	2400	<1

July 22, 2021 ACIP Meeting

<https://www.cdc.gov/vaccines/acip/meetings/slides-2021-07-22.html>

Open Forum Discussion: Share Your Questions & Thoughts

Review of APhA's Ongoing Activities & What's Coming



Know the Facts (Practice Resources)

APhA APhA COVID-19 RESOURCES: KNOW THE FACTS Adolescent COVID-19 Vaccination

The Pfizer-BioNTech COVID-19 vaccine is now authorized and recommended for the prevention of COVID-19 disease in persons 12 years of age and older. On May 12, 2021, the Centers for Disease Control and Prevention (CDC) announced expanded use of the Pfizer-BioNTech COVID-19 vaccine to adolescents ages 12–15 years old. The official CDC recommendation follows the Food and Drug Administration's (FDA) decision to authorize emergency use of the Pfizer-BioNTech vaccine in this population on May 10, 2021.

Quick Links

- CDC's [Pediatric Healthcare Professionals COVID-19](#)
- CDC's [COVID-19 Vaccines for Children and Teens](#)
- CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccine in United States—Vaccination of Children and Adolescents](#)
- FDA's [Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients and Caregivers](#)

What is the Pfizer-BioNTech COVID-19 vaccine 12–15 years old?

The dosing regimen for this population is the same as adults. 2 doses (0.3mL each) 21 days apart.

Who is authorized to order and administer the vaccine?

The U.S. Department of Health and Human Services (HHS) expects that pharmacists and interns, and retired or inactive pharmacists in emergency. Each of these pharmacy team members may administer the vaccine. **Pharmacists can order the vaccine 12 and up. No prescription is required.** For more information APhA's Know the Facts [practice resource library](#).

What evidence is available to support the safe COVID-19 vaccine in adolescents?

CDC reports that a study of 2,200 participants ages 12–15 years old found the vaccine was 100% effective in preventing COVID-19. No safety concerns were identified.

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APhA APhA COVID-19 RESOURCES: KNOW THE FACTS COVID-19 Vaccine Summary Chart

Find the following information in this quick reference for pharmacy:

- Quick links and guidance
- Dose preparation
- Clinical considerations
- Dosing and administration
- Efficacy and safety information
- Special populations
- Storage
- Ingredients

Quick Links

- CDC: [Frequently Asked Questions about COVID-19 Vaccination](#)
- CDC: [V-safe After Vaccination Health Checker](#)
- CDC: [Understanding and Explaining Viral Vector COVID-19 Vaccines](#)
- CDC: [VaxText™ COVID-19 Vaccination Second-Dose Reminder](#)
- USP: [COVID-19 Vaccine Handling: Operational Considerations for Healthcare Practitioners](#)
- FDA: [COVID-19 Vaccines](#)

Vaccine	Pfizer-BioNTech (BNT162b2)	Moderna (mRNA-1273)	Janssen (Ad26.CoV2.S)
EUA	Issued December 11, 2020	Issued December 18, 2020	Issued February 27, 2021
Fact sheet	<ul style="list-style-type: none"> • Health care providers • Recipients/caregivers 	<ul style="list-style-type: none"> • Health care providers • Recipients/caregivers 	<ul style="list-style-type: none"> • Health care providers • Recipients/caregivers
ACIP	Interim recommendation for use: Persons aged ≥12 years for prevention of COVID-19	Interim recommendation for use: Persons aged ≥18 years for prevention of COVID-19	Interim recommendation for use: Persons aged ≥18 years for prevention of COVID-19
CDC resources	Pfizer-BioNTech COVID-19 Vaccine	Moderna COVID-19 Vaccine	Janssen COVID-19 Vaccine
CDC clinical considerations	Interim Clinical Considerations		

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LEARN SHARE About Media Home

Resources For Pharmacists

Pharmacists can build valuable skills and share success stories. This website is designed to help pharmacy teams build their own confidence and communicate the importance of vaccination through resources based on science, shared knowledge, and experiences with their patients.

LEARN MORE

Visit APhA's **Vaccine Confident** website to access resources, talking points, and other information to empower pharmacists to build vaccine confidence.

<https://vaccineconfident.pharmacist.com/>

[Visit the COVID-19 Practice Resource Library](#)



NEW! 15 on COVID-19

This episode examines the significance of different COVID-19 variants and looks at whether or not variants are affecting COVID-19 therapy or vaccine efficacy.

[Learn more.](#)

Post on ENGAGE

Pharmacy's Response to COVID-19

POST your questions

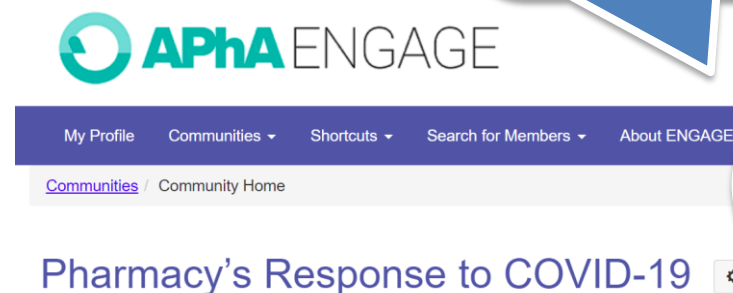
SHARE your lessons learned

SUPPORT your colleagues

ACCESS the latest information

How are you reaching patients who haven't been vaccinated yet?

What are the emerging concerns you're hearing most?



Not a member? [Join today!](#)



Join Us!

Thursday, August 12, 1:00-2:00 pm ET
CE Available

Registration coming soon!

Today's webinar will be available at
<https://www.pharmacist.com/Practice/COVID-19/Open-Forum-Webinars>