

Seasonal Influenza and Other Routine Childhood Vaccinations During the COVID-19 Pandemic

Steve Shuman: With that, I get to introduce a friend, a colleague, and our federal project officer from the Office of Head Start, Dr. Marco Beltran. Marco?

Dr. Marco Beltran: Thank you, Steve. Greetings. As Steve said, my name is Dr. Marco Beltran, and I am the health lead for the Office of Head Start. And I would like to welcome you to the "Seasonal Influenza and Other Routine Childhood Vaccinations During COVID-19" webinar.

We have received many questions related to children being up to date in the provision of health services within Head Start and Early Head Start programs. We have heard from you that you are concerned about the possible consequences that may result when children do not receive preventative health care and immunizations, that you're especially concerned that children's health [Inaudible] development and learning outcomes are being impacted during this pandemic. We know that as you return to in-person services and for some of you as you kick off your program year, that you have been working hard to identify children who may have been behind on the schedule of preventative health care and immunizations.

Some of you are working hard to identify children with delayed immunizations who can be put at risk for infectious disease. And others of you are working really hard to identify children that have missed screenings that may delay the identification of and referral for suspected concerns. We know that many of you are trying to figure out how to best serve children during these times.

As many of you know, vaccine-preventable diseases can be a threat to everyone's health, but luckily, we have vaccines, and vaccines work. For instance, in the decade before 1963, when a vaccine became available, nearly all children got measles by the time that they were 15. Now, two doses of the measles vaccine are about 97% effective at preventing measles if someone is exposed to the virus.

Vaccines are also called immunizations. As many of you know, they are a safe and effective way to protect us from many common diseases. They are part of an opportunity to stay healthy. The flu vaccine is particularly important for protecting against the spread of seasonal influenza. During the fall and winter, Head Start and Early Head Start programs – and frankly, any early care and education program – can have a big impact on health and wellness. Programs can encourage staff, parents, and children to get the flu vaccine and to stay up to date on other vaccines. They can also help families connect to a medical home for well-child visit or in the short term find a local pharmacy to administer the vaccine to children ages 3 and older.

CDC is committed to targeted efforts to strengthen immunization systems and achieve time-bound impacts on vaccine-preventable diseases. On behalf of the Office of Head Start, I want to thank all our colleagues at the Centers for Disease Control and Prevention for the generous contributions to today's session in assisting us with other health issues our children, families,

and staff are facing. I especially want to thank John Donovan and Richard Quartarone from the CDC's National Center for Immunization and Respiratory Diseases. You will hear from them in a moment. But first, I will turn things over to Steve and Kim Clear-Sandor from our National Center on Health, Behavior Health, and Safety.

Steve: Thank you, Marco. Kim, can we see the next slide? I'm Steve Shuman again, the director of Outreach and Distance Learning. And I'm very excited to support this webinar and many of our webinars along with my colleague Kim Clear-Sandor. Kim.

Kim Clear-Sandor: Good afternoon or good morning, everyone. It's always wonderful to be with you. My name is Kim Clear-Sandor with the National Center on Health – I love when we do the National Center as I've been around for about eight years now, and each year, we change it, and I still stumble over those words – yes, our new center, the National Center on Health, Behavioral Health, and Safety and being here with all of you today as we look forward to how we can best support children and families to receive their well-child and really look at those immunizations.

I am a nurse and a family nurse practitioner. And as I said, I've been working in the Head Start space for about eight years. And I'm really excited about the CDC and all they have to present today and hope that it helps you in delivering your best services to families.

I'm going to start with just a couple of notes to kind of raise the top of all of our thinking before we dive into the details the CDC is going to present. We all know that the pandemic has changed lots of things, and Marco has outlined a lot of the questions and concerns folks have had over the past year and a half. And the pandemic has changed a lot of things. As you're going through today's presentation, just try and keep top of mind all the many places that the pandemic has created challenges in the health care system, as well as for families in receiving immunizations and their well-child exams.

I know you have a copy of the slide deck, so I'm going to read everything on it, but really just thinking about these big buckets of early childhood programs, things that are changing. Early childhood programs play such an important role in working with families to talk about well-child visits and the importance of immunizations. And I don't know if you've ever thought about the important role you play in supporting families to stay on track and make those calls. Families are busy, and your support of them in that process is really important. And we know that has been completely disrupted.

And also programs should really think about who are the folks you usually talk to. Many folks, organizational community partners, they might have changed, their hours might have change, the folks you talk to there might have changed. And we appreciate the programs have to do extra work during this time to even be prepared to support families because so much has changed.

The health care system has changed between virtual appointments, drive-up appointments, times of day – all those things can create new challenges for you in supporting those families.

Families' lives have been disrupted as much as anybody's. They have many competing priorities, may have multiple children, and just the way they've accessed health care has changed. And that all the big changes just in the communities themselves. I do like to just do a little silver lining in my usual way. I think there's been many amazing collaboration partners that have grown out of the pandemic. And I hope that you are discovering them as you look to continue to support children and families.

Today, I'm just going to take a little nod on the next slide and just remind us all about the Head Start Program Performance Standards, but then it's all CDC, and they're going to go over everything about the recommended schedules, the catch-up schedules, best practices, and share lots of resources. Just as a reminder, many of you are probably very familiar with this Head Start Program Performance Standard 1302.42 on child health status ...

Steve: Kim, the slide switched back to the agenda. Yep, there you go. No problem.

Kim: This is probably familiar to all of you, but I just want to highlight the part in number one that does reference the Center for Disease Control and Prevention immunizations that are required, as well as any additional recommendations for the local Head Start Services Advisory Committee. That's in the first part. And then I just want to remind everyone of the really important role Head Start plays in assisting families with making the arrangements to bring children up to date as quickly as possible.

And we know that there's a special slot – you all know your families, you know your communities, and you make such an effort to be supportive in overcoming challenges. And that assistance at this time is critical because the flu shot is a timely immunization, that you want to get it as soon as you're able to, but with the new challenges out there, it might be harder. This assistance to families is really critical, and I hope we are able to share some tools and strategies as we go through today's session. And with that ...

Steve: Thanks, Kim. Oh, you got this one. Yes, we're going to be talking about this a lot.

Kim: There you go.

Steve: Thanks, Kim. It's my pleasure to have developed this webinar in collaboration with so many people at the Centers for Disease Control and Prevention. John Donovan and Richard Quartarone – I hope I pronounced your name right there, Richard – are really representing a full team at CDC. And they're going to introduce themselves now. John?

John Donovan: Thanks, Steve. Yeah, this is John. I'm a health communications specialist within NCIRD. We love our acronyms in the federal government, don't we? The National Center for Immunization and Respiratory Diseases. More or less our center, the biggest responsibility we have is the entire portfolio of immunizations or vaccinations, which we'll be talking about today. I also wanted to give a moment to Richard if you want to introduce yourself real briefly.

Richard Quartarone: Sure. I'll turn on my video as well. I'm Richard Quartarone. I also – I work with John specifically in the immunization component council – sits at a level where he sees the disease part as well as the immunization part of all of this. I live in the immunization part in domestic immunization. Doing a lot of work, building capacity with state and local health departments and our partners to be able to do the communication work but also the foundational work before that to be prepared to build confidence in vaccines and in the system that supports it so that when we do have those conversations and we do have the communication people are receptive to it. I will stop there and hand it back to John.

John: Thanks, Richard. As I'm sure all of you have noticed, COVID-19 is an intense disruption in our lives that continues to be and it's not just vaccines, I want to mention just as was mentioned earlier on the call, appreciate all those kind words from all of you fine folks at Head Start. I want to say some things about you. You do important work. Just want to reaffirm the importance from a public health standpoint, from a well-being standpoint, the foundational years, those young childhood years, how formative those years are.

Vaccines are one part of it. And I hope that we can help you in your conversations that you might have with families, with health care providers, with each other, with your families, and even maybe going on your own vaccine walk in terms of whether or not to get certain vaccines, like flu vaccine, which is for all ages for most people over 6 months. All that being said, we can go to the next slide.

All right. And we went over this stuff so we can go to the next slide. All right. Routine childhood vaccinations. We're going to talk about that first. Can we go to next slide, please?

All right. A lot of diseases vaccines prevent – here I wanted to point out you. Hopefully, we get to 15 with COVID-19 eventually – but all that being said, all these different diseases – vaccines – we talk about it in our center at CDC – kind of sometimes are victim of their own success because they're so effective at preventing disease that for the most part, we don't see these as much. There's been so many lives saved when it comes to mortality being reduced, deaths being reduced, but also injuries, illness, all these kinds of things, premature lives being lost. A lot of different diseases that these vaccines prevent, and we'll be going through them. Next slide, please.

All right. There's a lot of different schedules. It can be a bit overwhelming. But next slide, please. I particularly want to highlight these two – the one at the parent-friendly schedule, and then if you want to share this with health care providers that you work with, the catch-up schedule. I'm not going to go as much into detail to catch-up one, but the parent-friendly one we're going to talk through it in a second here. Next slide, please.

This is your early year age range that you're talking about. And I'm not going to go into too much depth here, and you can click on the PDF there once you get the slides – once you look at the slides. But all that being said, children don't receive any known benefits by delaying vaccines or skipping vaccines. We're in a moment that – I'm going to go through a little bit more with some data – where a lot of kids are missing well-child visits. And people are afraid of this

virus, but these vaccines prevent a lot of other diseases that can really harm and potentially kill children and families and result in hospitalizations. And with the current moment we're in as delta among other variants continue to ravage our country, capacity at hospitals can be a problem among other things.

All that being said, the schedule though does keep life in mind. Sometimes life happens, sometimes you need to delay a visit, we get that. All that being said, it shows the range of getting these different vaccines. And like I said, you can kind of click around on there if you want to some other time. But I just wanted to let you know about this parent-friendly schedule once again and highlight a couple of things there. The next slide, please.

All right. I'm not telling you anything you don't know here. But there definitely has been a drop in well-child visits and vaccine orders. A lot of ... Particularly disconcerting is the vaccines for children program and a lot of families that are underprivileged, a lot of families that don't have as much margin when it comes to getting sick, when it comes to making sure that they don't miss work, and their children get to day care, get to school, that kind of thing. I just wanted to highlight this because this is some sobering numbers here. Once again, I'm not telling you something you don't know, but the vaccine ordering numbers going down is pretty disconcerting to say the least. Next slide, please.

And further, if we're talking about vaccine coverage, there was a study done recently, published actually in the Journal of the American Medical Association – we call JAMA at CDC, JAMA for short – it also indicated the effects of this pandemic on vaccination. Particularly, when talking about young children, 7-month-old infants since September of 2020 – this is in the middle of the pandemic – 74% versus 81% in 2019 were up to date, that's what UTD means. And then for 18-month-old infants, 57 versus 61.

Once again, I'm pointing out things you likely already know. These disparities seem to be continuing. They were present prior to the pandemic when it comes to routine immunizations. But I just wanted to point those things out to you as well and just have them on hand if you want to click on that link there. The next slide, please.

All right. CDC conducted 12 focus groups with parents to better understand the delay around well-child visit and vaccinations during the COVID-19 pandemic. This was done in 2021 earlier this year. A couple of key things I want to highlight. First off, as we've seen in our own lives, COVID-19 has changed the way that parents make and prioritize public health and health-related decisions.

They do consider still these vaccines to be part of routine care, so that has not changed. But there often has been hard to access information about childhood vaccines, this is what the focus group said. And I also wanted to mention that they still largely rely on the pediatricians office but a big part of this – and Richard will get into this a little bit later on vaccine confidence, vaccine confidence and making sure people are confident in the vaccines and the system – is also talking to people they trust, and that includes you. You play an important role, not only

connecting them into pediatricians' and the health care providers, but to make sure they have their questions answered, and they feel confident in these vaccines.

Most parents want to get back on that schedule. It's there, it's just a matter of helping them get there. And I know that we're going to do all we can to help you do that. Next slide, please.

All right. We have a campaign called "Let's Play Catch Up," and it actually has to do with getting caught up on well-child visits as well as routine vaccinations. It's about increasing self-efficacy and perceived benefits when it comes to in other words, the agency that people feel like they have to get vaccinated, the ability they have to get vaccinated, as well as the benefits – the perceived benefits to be elevated over the potential barriers. A real focus on ages 0 to 6 for children. And also, we've had specific outreach tailored to black parents. I will quickly be going through these assets, really is just for your information, and if you want to share it with parents or kind of look around because I know we have a lot of slides. But we can go to the next slide, please.

All right, a smattering of assets here. Phase one was from March to September of 2021. Initially there was a formative research that I mentioned, and then the importance of routine vaccines as children return to in-person learning, and they continue to return. We had earned, paid, organic tactics, and partner tactics devoted to reaching both parents as well as health care providers. General catch-up messages, return to school, infographic-related content, all that stuff can be found at the link below. Next slide, please.

All right. We also had an updated website feature for parents, and this is phase two. And phase two timing was September 2021 and beyond. There's some good stuff in here talking about why well-child visits and recommended vaccinations are essential. It's also talking about a couple of different resources that could be helpful when it comes to talking to parents and/or even giving it to the parents and families you work with. It's also available in Spanish, I want to mention that. And there's also additional resources that can be added this month in Spanish as well, like posters, social media copy, things like that. Next slide, please.

All right. Part of this phase two is really a focused on social media and across different platforms. As you can see here, really focusing on getting back to normal there is a normal, there's a new normal or getting back to life is probably more accurate, getting back to doing the things that you love to do and making sure kids are protected and making sure that parents feel like they have the ability – sorry, that's my dog – the parents have the ability to have agency in this. Really emboldening parents to go on these well-child visits and get their kids up to date. All right, next slide, please.

All right, and just a few more examples here. Once again, you can feel free to look at these and click, around just wanted to give you them as an FYI. The next slide, please. All right. This is a parent resource center, really a repository of a bunch of different resources around staying on track. And really, it's a great place to click around to look for different things. Some additional resources are in here in the link below. Once again, there are some items in Spanish here too, so just as an FYI, I wanted to share this. The next slide, please.

And when you work with health care providers, we also have a toolkit for them. When you're working with them, we've created a toolkit for them that's focused on helping to encourage parents to catch up. And this includes resources connected to COVID-19 vaccines. We're not going to talk as much about those, but there's some stuff on there too. That link's on the bottom of the slide.

And also something else I wanted to mention is this discussion on having conversations. We're going to continue talking about in this presentation. A big part of that has to do with vaccine confidence. I wanted to hand it over to Richard Quartarone, my colleague, as he talks through a couple of different things, including vaccine confidence and the landscape around vaccine requirements. Richard, feel free to go ahead.

Richard: All right, thanks. Next slide, please. I think that the biggest issue or biggest thing that we want to keep as a take home is that every conversation, every interaction about any vaccine – routine vaccines, flu vaccine, COVID-19 vaccine – impacts or creates trust or confidence or lack of trust or lack of confidence in the health care system or in the system that supports vaccinations.

We've seen when we've done work for different communities, it's often there are communities and individuals willing to move forward from historical challenges and issues that they've had with public health or with the health care system. But what they see is that the health care system hasn't moved past that, or the public health system hasn't moved past that because they have a really bad interaction when they go to the doctor, when they go to a hospital, when they go to a health department. We really want that individual customer service is really important in that, when you lead an interaction you leave with a feeling and that relationship with the individual translates to a relationship in the system.

When you are talking about routine vaccines, you might get questions about COVID-19 vaccine, and this can be in a personal setting or in a professional setting. We want to make sure and just spend a little bit of time making sure you know where to go for information on those things and talk through some ways to make recommendations and have open-ended conversations when you're answering questions so that you don't inadvertently push people away. I think that is a big challenge, when somebody is coming to you with questions – questions mean engagement.

We want to facilitate that. We want more questions because that's people process working through this cognitive dissonance of knowing that they need to protect themselves and their family, but also hearing, "Wait, I'm getting this information from individuals I know or from people I trust or identify with that is contradictory." We want to work through that. Next slide.

Again, trust is at the core of building confidence and building vaccine demand. And confidence and trust in vaccines, the providers who are administering the vaccines, and the processes and policies behind developing the vaccines, rolling out the vaccines, everything around that. In any of these areas, you could see on social media or through questions that you get – "Well, what about this? This seems like a problem. I heard this." Knowing that is part of it.

Our general communication strategy or approach or general approach to communication with COVID-19 vaccine and with other vaccines is we start with science, go to clinical, and how information goes with the science to clinical and programmatic, and then moving to the consumer and the public and the community with vaccine. One of the challenges with COVID-19 is all of that was really crammed into like a very short period of time, so you're experiencing that. But typically, that's how it rolls out.

And we took that approach with the COVID-19 vaccine rollout, but again, there's a lot of overlap so people are getting information at the same time, consumers might be getting clinical information and having a hard time interpreting it, and it can create some confusion. Next slide.

Knowing the basics. I'm going to go through the vaccine requirements because this is the bread and butter of the questions you guys are going to get, just putting it into context. There's been a lot of conversation about COVID-19 vaccine mandates for adults and employee mandates, employer mandates, and other things like that. There's a reasonable comfort level with school vaccinations or school vaccine mandates, but it's important to go back to why. Because you may get questions from adults who are concerned now or, "Oh my gosh, these school mandates, I'm now questioning those because I don't like these adult mandates. "

First of all, most important thing, school and child care vaccination policy and laws are set at the state and local level. The authority that federal government has in terms of setting any kind of requirement or mandate typically ends at either like an oversight type of requirement. If a facility that receives federal funding to pay employees or reimbursement – like the CMS kind of situation – one of the quality requirements could be a vaccination requirement for employees or residents, if you're talking about long-term care facility. That's one area, and then employees.

The federal government, like any other employer, can legally require vaccinations. That's really about where we're legally limited in terms of federal government in making vaccine rules. Knowing that it is a state or local policy in order to protect children in a setting where they're going to be congregate, where they could be spreading diseases is really important.

What we do at CDC is we make the recommendations ...

Steve: Richard, if I might just stop you just to clarify. This is Steve. And I just want to make sure that everyone knows that OHS, as a federal to local program, does put the CDC recommendations as a federal requirement to local programs, just so that's clear. I know this part can be easily confused, and Head Start is a uniquely funded in that way. Thank you, Richard.

Richard: No, thank you. That was a nuance that I did not fully appreciate. I saw it at the beginning, but putting it simply and directly, I really appreciate it.

We make our recommendations, put those recommendations in schedule, and jurisdictions, organizations, Head Start adopt those. And most jurisdictions adopt the recommendations that

CDC has. There are some variation. We'll go through those a little bit by jurisdiction. And ultimately, the requirements exist to prevent outbreaks and ensure that children are safe where they're going to learn and to play with others. Children can't learn in an environment where they're not safe. And parents want to know that when they're putting the care of their children into somebody else's hands that they're doing everything possible to maintain the safety of their children. Knowing that and coming from that really kind of changes it. It makes it sort of less authoritarian but really kind of more inclusive and proactive in protecting safety. Next slide.

Basics. Again, each state has different policies, but for child care entry all states require the age-appropriate numbers of doses for DTaP, Hib, MMR, and polio vaccines. 50 states require the age-appropriate varicella, 49 Hep B, 42 PCV, 25 Hep A and then kind of goes from there.

For kindergarten, all jurisdictions, all states require four or more doses of DTaP depending on the age, three or more doses of polio, two doses of measles-containing vaccines – we have MMR, MMRV – and one or more doses of the varicella vaccine, but 44 states require two, so kind of looking at that. You guys probably know what those requirements are in the state that you're working in. But knowing that there is a little bit of a difference to your neighboring state. Somebody is coming into your community they are moving from a different state, they may have a different schedule, and they may need to catch up to meet the day care or school requirements or the Head Start requirements in your jurisdiction. Next slide.

And exemptions. This is another big question and it's again entangled itself in the sort of mental hot state that we're in in the pandemic response. But all states, all jurisdictions require exemptions for medical reasons. There are some vaccines that do have a certain reactogenicity with certain conditions that a child or anybody receiving vaccine may have, and there may be a medical reason for that individual not to get vaccinated.

This is getting to that point of in giving vaccines. There's a risk-benefit analysis that goes in, both at a population level and an individual level. And those individuals who can't get vaccinated because of medical reasons, you want everyone around them vaccinated. That gets to the individual, protecting the individual, and making sure that they're not doing something that's putting themselves at risk, and then taking a step back and looking at that population piece and making sure that individual is cocooned and supported and protected from the disease.

All but five states – California, Maine, Mississippi, New York, West Virginia, and soon to be Connecticut – do not allow exemptions for non-medical reasons, so that can be a religious or philosophical. And California was one of the first to put this in place. When they did it a couple of years ago – couple years ago in my sense of time is missed in pandemic several years ago – it was a really big deal. And their vaccination numbers actually went up. They've been looking at that data for a while to see if the vaccination would go down as people found other ways to get exempt from vaccines.

But the reason that this becomes so important is if you are in a certain community and individuals tend to congregate in communities that are similar. If one individual or multiple individuals in a certain community has a certain type of exemption, other members in that community will come with their children, and they will come in. And the vaccination rate in that area lowers such that you can very easily have an outbreak. That's the rationale behind removing those different types of exemptions, where we had pockets of low coverage where we look aggregately across state or across the country and see really high vaccination numbers. But behind that, where there's that 3%, 4% gap in coverage, that's where we started to see outbreaks pop up. Next slide.

There's a couple of different approaches. When we're talking about childhood vaccines, and teen vaccines, flu vaccines, we always take a presumptive approach, assuming that the parents will get vaccinated. It's just a routine thing, "Hey, come on. Come get your vaccines. Be ready to get your vaccines." And this works. This is an approach that we take for the required vaccines – and ones that are required for school entry – and then those that are not.

As we get into – this is outside of Head Start a bit – but as we get into adolescent vaccinations where safe HPV vaccine it's not a required vaccine in most places, where flu vaccine may not be a required vaccine in most places, going in and knowing the reason that you're giving a vaccine it's not so that you can fill out a piece of paper, but so that you can protect children. Again, that helps facilitate that conversation about why those mandates are in place in the first place. Next question – or next slide, please. All right. And I will stop there as we go into flu vaccination.

John: Thanks so much, Richard. This is going to be kind of a sprint the rest of this presentation will be on flu vaccine. We're in the middle of flu season. We recommend getting vaccinated by Halloween, and Halloween is only three days away. Hopefully, you've lined up that appointment. Next slide, please.

Real quick, just to have in the back of your pocket a couple of things about flu. The big things I want to highlight is there are actually four types of flu viruses. All of the flu vaccines available this year have four in them. They're quadrivalent. They have four different types. Every flu season, there's guesswork involved all across the globe in terms of what will be there, but it's educated guesswork but sometimes it doesn't entirely align or there's mutations we don't expect, there are variants. All that being said, vaccine effectiveness can vary from flu season. But you know, flu vaccine is the most effective way to reduce severity of flu regardless of whether or not you get it. The next slide, please.

And how does it spread? Well, it's similar in some ways to another respiratory virus you heard about, which causes COVID-19. This is a pretty contagious virus. It also can spread on surfaces, but primarily it's through droplets, through respiratory, through sneezing, through coughing, those types of things. There's also a period of contagiousness. You can even be contagious before you feel those symptoms. And duration of illness can vary. And actually, you can reduce severity. There's also often reduced duration of illness if you get sick with flu and you get flu vaccine. Just want to mention that. Once again, this reduced severity message is an impactful

one, and we've seen that with COVID-19 vaccine as well even though there have been a few breakthrough infections here and there. Next slide, please.

All right. And I see in the chat here, what is the time frame for children to get the vaccine? We still recommend by Halloween, but we also acknowledge that some children need two doses, some children need a booster. Get it as soon as possible I guess is the best way to put it because they need to get their second dose four weeks after that first dose. Just wanted to mention that.

For preparing for flu season. We're in the midst of it right now. Last flu season, activity was super low. We anticipate a lot of that was due to mitigation efforts around COVID-19. More and more people are seeing each other. More and more people are not wearing their masks anymore. There's a lot of events happening. You probably watching sporting events that have a lot of people indoor or outdoor, that kind of thing. I'll have to say it's possible that increases. But every flu season is unpredictable. We really don't know what's going to happen.

Typically, it begins to increase this month. There's still low flu activity, but we track it all the time through FluView, which I'm going to talk about later. Actually, I mentioned a couple of slides ago so you can definitely look at the activity there. But we're also preparing for the possibility of flu viruses as well as the virus that causes COVID-19 to co-circulate along with other respiratory viruses, which is challenging. Our child got RSV a couple of months ago, and that's now the respiratory virus. It's very confusing sometimes as to which virus you have unless you get tested, and getting tested requires going to health care provider and that can be a series of other steps.

And as we [Inaudible] dropping a lot of parents, for whatever reason haven't been able to make it, and there could be a higher burden on the health care system. Flu vaccine another reason to get vaccinated. Next slide, please.

I'm going to go through some quick vaccine coverage numbers here. We saw a drop overall in children this past flu season – is about seven percentage points lower than 2019-2020 flu season. Generally, I'm talking about 18 plus, vaccination actually was up a little bit. Vaccination overall was pretty stable for the 2020, '21 flu season with 52% of all eligible Americans vaccinated for flu, but we saw a sizable drop in children. And there's a variety of reasons that could be, but quite honestly, we're not quite sure. But there was a drop, and I just wanted to point that out. The next slide, please.

And I also wanted to mention too, as we talked about before, there continues to be racial and ethnic disparities when it comes to flu vaccine. This is something I want to highlight. It remained relatively stable in terms of the disparities, but there was a drop across all races and ethnicities, some more than others. But I just wanted to mention that too, just as an FYI. And once again if you want to look at it, you can click on that link. To the next slide, please.

And as I mentioned, adult coverage overall, it actually increased a little bit, and was 65 plus, it increased. It's largely been children that dipped a little. I wanted to mention that in terms of the

groups you're working with, which is easier to find primarily. Anyway, just as we look forward to this flu season too, I just wanted to mention quickly because this is like just off the presses, our preliminary estimates for this flu season, not looking that great for children. Far as the week ending on October 16, we actually saw a six percentage point drop compared to last flu season at the same time. This is something to be aware of as we might see reduced coverage.

At the moment in time that we're at we obviously have time to make up that ground, flu activity is still low. We recommend by 10/31, but getting vaccinated after that is obviously also highly beneficial. I just wanted to mention that. Next slide, please.

This is take 3, and it really it's just a framework to reference when it comes to the different actions you can take when it comes to fighting flu. Number one, get a vaccine, and that's really the most effective way to prevent flu. But there's also everyday preventative actions, and we're learning a lot about a lot of those further with COVID-19 – making sure you cover your coughs, use a tissue, throw away that tissue, wash your hands. Anti-virals also exists for flu, and they can reduce the course of the disease. But once again, this flu vaccine is the most important thing to get to prevent flu and reduce severity. The next slide, please.

The children under 5 are at high risk for flu complications, especially those under 2 years old. We had a large number of kids who died last flu season during the 2019-2020 flu season, a pretty high number there. Something I wanted to call out, this is the highest since the 2017-2018 flu season. There was 188 pediatric deaths reported for flu during that flu season.

I also wanted to mention too that 80% of kids who die of flu generally year to year, season to season are not vaccinated. That's a really compelling stat that I always bring up when I'm trying to talk to family, friends getting vaccinated, whether it's themselves or their children. 80% on average every flu season children who die of flu are not vaccinated. The next slide, please.

And for this flu season, CDC is engaging in a campaign called I Get It. And it's about talking through your reason to get vaccinated against the flu. It's a variety of reasons. The top there is to one, focus on children and family – we get it to protect ourselves against flu or from flu. It reduces, like I said, illnesses, hospitalizations, and deaths and reduce severity and then the burden on health care systems. And it also helps protect families, it helps protect parents, all those kinds of things. I Get It as a campaign that I'm going to highlight a little bit more as we go further in the deck. The next slide, please.

One of the biggest misconceptions – it's possible that the biggest in my time working on vaccines in terms of communication – is the fact that flu vaccine makes you sick with flu. This misconception it's not true. It's not biologically possible. Flu vaccines are made from either dead flu viruses, weakened flu viruses, or pieces of flu viruses, so it doesn't cause flu illness but there is the possibility of weakened side effects.

Common side effects include soreness, low-grade fever, potentially muscle aches. These are an indication that you're getting that immunity and that the vaccine is working, but it can easily be misperceived to be flu illness. Typically, these symptoms go away quickly. I want to just say that

it takes about two weeks after vaccination to develop immune protection, so you don't have full protection until two weeks after. I wanted to mention that. And that includes after if you get a booster, two weeks after your second dose and that's some children who need booster shot. And once again, also vaccines this flu season are quadrivalent or cover all four common flu viruses in humans. Next slide, please.

This isn't as in a one size fits all, but knowing that your families trust you. UNICEF developed a framework on addressing misinformation around vaccines. And this may be beneficial to you. Really talking through the fact and leading with the fact, talking through this item being misinformation, for example, getting sick with flu when you get a flu shot – that's misinformation. The fallacy, whether it's intentional or unintentional, and then the fact once again ending with that fact, the correct information.

An example of this would be a flu vaccine will not make you sick with flu. That's misinformation. Some people are saying that flu vaccine will give you flu, but that's not true. And while you may feel symptoms like soreness and aches that I mentioned before, it's a sign your body is building protection. And once again, flu vaccine cannot make you sick with flu. They teach your immune system. They train your immune system to recognize and fight viruses that cause flu. Sometimes this process can cause symptoms such as soreness, that type of thing.

I wanted to mention that. And I also wanted to mention too that we've seen in some polling that we were made aware of recently from earlier this month that there was actually 2,000 American adults polled by a Harris Poll – and you can actually look this up, there was a Harris Poll done – 26% of those adults polled thought that getting a COVID-19 vaccine can protect against flu, and 23% of those same adults thought a flu vaccine would cover them against COVID-19. Now, obviously in other these statements are true, flu vaccines and COVID-19 vaccines cover different types of viruses that cause different types of illness.

I just wanted to call that out because it might come up. And whether or not your parents or families are saying that it's possible that it might come up with a question, yeah. And as Richard said, try your best not to repeat the myth. It might trigger the algorithm, and it also might further cement myth. Next slide, please.

All right, seasonal flu key messages. These top ones especially are going to be for your families, for your parents. Those bottom ones, if you talk to health care providers, those can be ones you can have in your back pocket. The next slide, please.

And the share model might work for you. If you want to make a strong flu vaccine recommendation. Once again, this is a slide you can reference – sharing the reasons why flu vaccine is right for the child, highlighting positive experiences, addressing questions and concerns, reminding parents and families that the vaccines help protect them, their children, their loved ones, and finally explaining the potential costs of getting flu. The next slide, please.

I get it. I just wanted to highlight this real quick. And I mentioned that before. One of the primary audiences is young children or parents of young children. I also wanted to mention CDC

is working with Ad Council as well as AMA – American Medical Association – on the campaign called, No Time for Flu. It's really focused particularly on communities of color. And this idea that getting flu will make it derail plans – that could include going to work, like I said, taking your kids to day care, taking your kids to school – a lot of different things. And with COVID-19 out there too, there's a lot of other stuff going on. I just wanted to highlight that as well – that campaign. You might see ads either online or on television in the near future. The next slide, please.

And here's just some assets for you, for your awareness. That includes frames where you can actually put your picture in there and reasons why you get vaccinated against flu. And NIVW – National Influenza Vaccination Week – is coming the first full week of December. Keep your eyes peeled there. We'll be including even partner activities and a bunch of other materials as we get farther along into December. The next slide, please.

And if you're looking for a flu vaccine, it's a lot of different places you can go, obviously. But you can also look at [vaccines.gov](https://www.vaccines.gov) for specific places and share this with your families, if that would help. The next slide, please. And all these different resources you want to click around. I'm not going to go too far in depth. There's also a lot of different materials that are translated into Spanish. The next slide, please. Next slide, please. I muted myself.

Just wanted to also mention this partner portal. A lot of different vaccine resources here, not just for flu vaccine, but also for other routine immunizations. Next slide, please. And then, also – as Richard mentioned – vaccine conversations. A bunch of different resources here for you and also for health care providers you might be working with. Just talking through common questions, prepping for those questions, and strategies and tips when addressing questions from parents. Next slide, please.

A bunch of health care professional resources here. If you engage with health care professionals, you can feel free to share this. And one of those is co-administration of COVID-19 vaccines with other vaccines. There's more information on that link. But that also includes flu vaccine. Next slide, please. Finally, a few more resources here that have to do with the risks of delaying or skipping vaccines. And then, also, a lot of different things around co-administration – multiple vaccines at once – and making sure parents feel comfortable in getting multiple vaccines at once. Whether that is co-administration COVID-19 vaccine or getting a few different routine immunizations at once. Next slide, please.

| wanted to give contact info here. Richard's on there. Bess and Erin are also on there in the flu side. And I'm on there on the routine childhood vaccination campaign side. If you have any questions whatsoever, you can feel free to email us. I know Steve provided an email address too for questions about this presentation. But I just wanted to provide contact info there.

Once again, I want to thank you so much for this opportunity. Thank you for all the work you do – the important work you do with these families, with health care providers, with your families, with your loved ones, and getting vaccinated, and you getting vaccinated. It's all a big part of fighting these different diseases.

COVID-19 vaccine looks like it could potentially be on the horizon as well for 5 to 11. But we'll see what happens there. But I know that you likely have questions about that too. We're going to be in close contact with Head Start as we can continue to move forward in this pandemic and as we potentially expand this age range further. Thank you so much for the opportunity. And I'm happy to answer some questions you might have – the time we have left, if we have time left.

Steve: Thank you, John. I just have a few more slides. Kim's going to bring up those slides. And then, we may have time for a few questions. Although I must say, Richard and Robin have been answering questions feverishly in both the Q&A and the chat. You have quite a team there. I just wanted to point out that part that Kim referenced early on in the 1302.42. Not only is the CDC schedule a requirement in the performance standards – even though it's called recommended, and you heard Richard describe why that is – it is a required schedule to follow.

The other part of that standard – that requirement for Head Start and Early Head Start programs – is to assist families. This is where we can partner with families to identify whatever barriers – and many have been identified, talked about today – and reduce them as well. Whether that be transportation, language, access, or any number of other barriers. We can help families by connecting them to all the supportive services – the medical homes, the pharmacies that deliver vaccines to older children and themselves.

And we can acknowledge that sometimes, immunizations take second place after trying to get housing, and food, and transportation. Those are incredibly difficult. We as Head Start programs need to turn around and help families with those issues so they can then pay attention to some of the preventative care as well. Next slide, please, Kim.

You heard John and Richard refer to resources for health care providers. We want you to work closely with them, so that families can get the optimal care that they deserve and need. Connect with those medical homes – with those pediatric practices that see your children. There may be new points of contact since the pandemic, new office managers, new ways to access them, different hours. The process for seeing children and appointments may have changed.

And their approach to catch up schedules – which many people asked about. The catch up schedule have the same immunizations for the most part, just adjust for the different timing of doses so that they're not too close together are too far apart. Check with your local health department. Every state has a vaccines for children program that can be really supportive. And explore new partnerships through your Health Services Advisory Committee, from your Policy Council, that really support Head Start families.

Next slide, I think we have about 30 seconds for one question. We have a few here. Let me see what we have here. Since we're talking about the flu – oh, here's one that – yeah. Let me talk about the flu. At the six month time for the recommended time frame for the flu vaccine, is this something pediatricians may recommend and complete at that visit or is it not as common? I

don't know – John and Richard, what are you seeing in well-child visits? Are physicians being compliant there?

Richard: I can start. I know anecdotally – and it's backed up generally through the general coverage trend. We're hearing it from AAD, AAFP, as well that more pediatricians – more family physicians are understanding and have worked flu vaccine into the recommended standard process in their clinical setting. They are understanding as a routinely recommended vaccine, and they are routinely giving it each year. That said, we do have more work to. If somebody doesn't get it or wants to make sure they get it, always ask about it.

And this is one of the most challenging things to do for any health care seeker – consumer – is being empowered to question your health provider and make sure that you're doing the things necessary to protect yourself and your family. That's actually a pretty productive question and way to do it, is to go in and say, “Hey, I want to make sure my kid gets the flu vaccine too.” And I'm sure the provider would appreciate that. If they don't offer flu vaccine for some reason, there are pharmacies and other places now where children can get vaccines as well if they can't get it at their [Inaudible].

Steve: Thank you, Richard. That was very Head Start focused as well, working with community providers as well as the family to empower and engage the family with their health care provider. That is all the time we have for questions. Please send them if you didn't get your questions answered – although everyone's been really great at typing answers in – to health@ecetta.info.

This is the link to the evaluation. It's not live on the screen right at the moment. If you don't log off, it will pop up. It's also listed in the handout that hopefully you downloaded and will be part of the recording that gets sent out to you within the next 48 hours to each and every one of you and anyone else who registered. Next slide, please, Kim.

We do have a mailing list. We'd love for people to subscribe to. That link is here on the slide as well as on the handout. And then, the final slide reminds people where they can find all of our resources, including resources about flu on the ECLKC. We update those regularly, and you have two pages of great resources from the Office of Head Start, from the National Center, and from CDC. It's just a really, really rich list of resources in more than one language, resources for parents, as well as staff, and health care providers. Always, you can reach us at health@ecetta.info.

And with that, I want to thank John, Richard, Robin, Livia, Kim, and Kate. I don't think Marco is with us anymore, but thank you, Marco. And all of you who were just so engaged the entire webinar. Your questions were wonderful. We know you care about children and families as much as we do. Thank you. Don't log off. Kate's going to bring up the evaluation as soon as the Zoom closes. Thank you.