

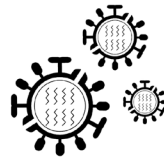
# Communicating the Benefits of Seasonal Influenza Vaccine during COVID-19

**Influenza (flu) severity varies from year to year, but flu always brings serious consequences.**<sup>i</sup> The prevention of influenza and its associated consequences is important every year. Although the effectiveness of the flu vaccine can vary, overall the vaccine markedly lowers the risk of influenza-related illness, hospitalization, and death.<sup>ii</sup>

**The COVID-19 pandemic means preventing influenza during 2020–21 is more important than ever.** Influenza and COVID-19 share many symptoms. Preventing influenza means fewer people will need to seek medical care and testing for possible COVID-19 or influenza. And increasing flu vaccination uptake saves healthcare resources for COVID-19 and other conditions. Begin recommending flu vaccine now, and vaccinate throughout the flu season, providing extra outreach to those at highest risk of severe COVID-19 or severe influenza.

**CDC estimates that, from October 1, 2019–April 4, 2020, there were:**

39 million–56 million flu **illnesses**      18 million–26 million flu **medical visits**      410,000–740,000 flu **hospitalizations**      24,000–62,000 flu **deaths**



SOURCE: CDC, 2020

## What are the Benefits of Seasonal Flu Vaccine?

### Research shows flu vaccination:

#### Reduces Hospitalization and Death

- ✓ Pediatric deaths from flu were cut in half for children with underlying high-risk medical conditions and by two-thirds for healthy children<sup>iii</sup>
- ✓ Influenza hospitalizations were cut in half for all adults (including those 65+ years of age)<sup>iv</sup>
- ✓ Influenza hospitalizations dropped dramatically among people with chronic health conditions – by 79% for people with diabetes<sup>v</sup> and 52% for those with chronic lung disease<sup>vi</sup>
- ✓ Vaccinating long-term care facility (LTCF) staff reduces hospitalizations and deaths in LTCF residents<sup>vii</sup>

#### Reduces Severity of Illness in Hospitalized Individuals

- ✓ Among adults hospitalized with flu, intensive care unit (ICU) admissions decreased by more than half (59%), and fewer days were spent in ICU if vaccinated<sup>viii</sup>
- ✓ Children's risk of admission to a pediatric intensive care unit (PICU) for flu-related illness was cut by almost 75%<sup>ix</sup>

#### Reduces Risks for Major Cardiac Events

- ✓ Risk of a major cardiac event (e.g., heart attack) among adults with existing cardiovascular disease was reduced by more than one-third<sup>x</sup>

#### Protects Pregnant Women and Their Babies

- ✓ For pregnant women, flu-associated acute respiratory infections were cut in half<sup>xi</sup>, and flu-associated hospitalizations were reduced by 40%<sup>xii</sup>
- ✓ Influenza illnesses and influenza-related hospitalizations in infants under 6 months of age fell by half when their mothers were vaccinated<sup>xiii,xiv</sup>



**Vaccination rates\* remain well below optimal levels:**

- 63%** children 6 months–17 years
- 45%** adults 18+ years
- 68%** adults 65+ years
- 81%** healthcare personnel
- 54%** pregnant women

\*Estimates from the 2018–19 influenza season. Source: CDC FluVaxView



## How to Discuss Vaccine Effectiveness Tips

- **Keep it simple:** “Flu vaccine helps reduce risk of hospitalization and death.”
- **Use a presumptive approach:** “Today we are giving you your annual flu vaccination.”
- **Communicate why we vaccinate:** “Vaccination prevents flu and severe outcomes of flu.” “Preventing the flu also means preventing missed work and helps you avoid doctor appointments and unnecessary medications. It also means preventing flu symptoms that can mimic COVID-19, saving healthcare resources needed for COVID-19 care.”
- **Communicate the variability and unpredictability of flu:** “This is why it is best to get an annual flu vaccination.”
- **Acknowledge that flu vaccination is not always a perfect match with the circulating virus types. But flu and flu-related severe illnesses are common: outbreaks occur almost every year.** “The vaccine is the best way to reduce your risk of flu and its negative outcomes.”

### FOOTNOTES

- CDC. Estimated Influenza Illnesses, Medical visits, Hospitalizations, and Deaths in the United States – 2018–2019 Influenza Season. [www.cdc.gov/flu/about/burden/2018-2019.html](http://www.cdc.gov/flu/about/burden/2018-2019.html)
- CDC. CDC Seasonal Flu Vaccine Effectiveness Studies. [www.cdc.gov/flu/vaccines-work/effectiveness-studies.htm](http://www.cdc.gov/flu/vaccines-work/effectiveness-studies.htm)
- Flannery, 2017, *Pediatrics*. DOI: 10.1542/peds.2016.4244
- Ferdinands, 2019, *Journal of Infectious Diseases*. DOI: 10.1093/infdis/jiy723
- Colquhoun, 1997, *Epidemiology & Infection*. DOI: 10.1017/S095026889700825X
- Nichol, 1999, *Annals of Internal Medicine*. DOI: 10.7326/0003-4819-130-5-199903020-00003
- E. Frentzel, 2020, *JAMDA*. DOI: 10.1016/j.jamda.2019.11.008
- Thompson, 2018, *Vaccine*. DOI: 10.1016/j.vaccine.2018.07.028
- Ferdinands, 2014, *Journal of Infectious Diseases*. DOI: 10.1093/infdis/jiu185
- Udell, 2013, *JAMA*. DOI: 10.1001/jama.2013.279206
- Thompson, 2014, *Clinical Infectious Diseases*. DOI: 10.1093/cid/cit750
- Thompson, 2019, *Clinical Infectious Diseases*. DOI: 10.1093/cid/ciy737
- Mølgård-Nielsen, 2019, *Journal of Internal Medicine*. DOI: 10.1111/joim.12947
- Poehling, 2011, *American Journal of Obstetrics and Gynecology*. DOI: 10.1016/j.ajog.2011.02.042



**FDHU will be giving flu vaccine at the schools this fall.  
The flu shot will be the only form of vaccine available.**

For dates of clinics  
please check our  
website  
fdhu.org

To receive a flu vaccination, complete consent and return to the school ASAP

If you do NOT want your child to receive flu vaccine, do NOT fill out or return form

PLEASE PRINT neatly in ink. Use full, legal name of person receiving vaccine.

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ PHONE daytime \_\_\_\_\_  CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RACE Circle all that apply  
 White \_\_\_\_\_ American Indian \_\_\_\_\_ African American \_\_\_\_\_ Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
 Hispanic/Latino \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_ Unknown \_\_\_\_\_

Student's: Parent Name \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Elementary Teacher \_\_\_\_\_

**Answer health questions for person getting flu vaccination**  
 Y \_\_\_ N \_\_\_ Had a serious reaction from a previous flu vaccination?  
 Y \_\_\_ N \_\_\_ Allergic to latex, food, or medicine? List allergies: \_\_\_\_\_  
 Y \_\_\_ N \_\_\_ Had Guillain-Barré Syndrome, a temporary severe muscle weakness?

**BCBS, Sanford, Tricare, United Healthcare, Medica, Meritain and Preferred One are network insurances. (NOT Sanford True.) You will be billed \$52 if your insurance denies the claim or the form is turned in with incomplete insurance information.**

**MEDICAID OR MEDICARE NUMBER:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ Payer ID / EDI #: \_\_\_\_\_ back of card

**Policy Holder:** Name (First MI Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male / Female Relationship to client: \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder ID #\*: \_\_\_\_\_ Client ID # (if different): \_\_\_\_\_

**\*Tricare use 11 digit Benefits Number on back of card:** \_\_\_\_\_

Do not have insurance (Under 18 years will be billed \$20.90)  Attached copy of 2<sup>nd</sup> insurance, if applicable

I have viewed the Vaccine Information Statement at [www.immunize.org](http://www.immunize.org) or viewed a hard copy by calling First District Health Unit at 701-852-1376. I have read the information about the vaccine(s). I had an opportunity to ask questions and believe that I understand the benefits and risks of the vaccine(s). I consent to the administration of the vaccines listed to be given to the person named above & am authorized to give consent. FDHU Notice of Privacy Practices is available online or by request. I agree to pay and I am financially responsible for charges not covered by a third-party payer. I assign and authorize any third party payer/insurer to make direct payment to FDHU. I authorize the release of information necessary to process this claim. Information will be shared with the ND Immunization Information System.

**SIGNATURE OF CLIENT OR PERSON AUTHORIZED TO CONSENT ON THE CLIENT'S BEHALF TO RECEIVE VACCINATION:**  
 X \_\_\_\_\_ DATE: \_\_\_\_\_

FOR FDHU STAFF USE ONLY									
Lot #		Site RA LA	<input type="checkbox"/> Private Vaccine <input type="checkbox"/> VFC Vaccine Student/Staff feeling well today? Yes No Child is 8 years old or younger. Child needs a 2nd dose of flu vaccine. Yes No						
Vaccine Administrator Initials			Date given						
Amt Paid	Cash Credit Card	Check #	Transact RX	Pmt Post'd	Demo	IMM widget	Note done/sent	ESB ✓	Revised 08/13/20