Navigating Options for Influenza Immunization, 2013-2014

What a difference a decade makes…

2004

~105 Million $\rightarrow$ ~55 Million Doses

PLANT SUSPENDED
Disclosures

• No financial conflicts of interest

• May discuss off-label use of influenza vaccines during presentation or Q/A
Key messages

• Continue offering influenza vaccine to all aged ≥6 months

• Despite the increasingly diverse selection, a large majority of 2013-14 influenza vaccine continues to be
  ▪ Trivalent > Quadrivalent
  ▪ Inactivated > Live
    ▪ Split virus > whole virus or recombinant HA
  ▪ Intramuscular injections > intranasal spray or intradermal injection
  ▪ Standard doses > other dosing

• Immunization with any appropriate influenza vaccine is preferable to no immunization
Influenza A Virus

Racaniello V. http://www.twiv.tv/virus-structure/
Variation in Types B Lineages

## Influenza B virus lineage mismatch

<table>
<thead>
<tr>
<th>Season</th>
<th>Vaccine B Lineage</th>
<th>% of type B influenza from opposite strain</th>
<th>% of all US influenza from opposite strain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2000</td>
<td>Yamagata</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>2000-2001</td>
<td>Yamagata</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>2001-2002</td>
<td>Yamagata</td>
<td>77%</td>
<td>10%</td>
</tr>
<tr>
<td>2002-2003</td>
<td>Victoria</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>2003-2004</td>
<td>Victoria</td>
<td>93%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>2004-2005</td>
<td>Yamagata</td>
<td>26%</td>
<td>7%</td>
</tr>
<tr>
<td>2005-2006</td>
<td>Yamagata</td>
<td>78%</td>
<td>15%</td>
</tr>
<tr>
<td>2006-2007</td>
<td>Victoria</td>
<td>24%</td>
<td>5%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>Victoria</td>
<td>98%</td>
<td>28%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>Yamagata</td>
<td>83%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Reed C, et al. ACIP 10/2012; Vaccine (2012)
Antigenic Characterization

CDC has antigenically characterized 2,452 influenza viruses [252 2009 H1N1 viruses, 1,324 influenza A (H3N2) viruses, and 876 influenza B viruses] collected by U.S. laboratories since October 1, 2012.

2009 H1N1 [252]:

- 249 (98.8%) of the 252 2009 H1N1 viruses tested were characterized as A/California/7/2009-like, the influenza A (H1N1) component of the 2012-2013 influenza vaccine for the Northern Hemisphere.
- 3 (1.2%) of the 252 2009 H1N1 viruses tested showed reduced titers with antiserum produced against A/California/7/2009.

Influenza A (H3N2) [1,324]:

- 1,319 (99.6%) of the 1,324 H3N2 influenza viruses tested have been characterized as A/Victoria/361/2011-like, the influenza A (H3N2) component of the 2012-2013 Northern Hemisphere influenza vaccine.
- 5 (0.4%) of the 1,324 H3N2 viruses tested showed reduced titers with antiserum produced against A/Victoria/361/2011.

Influenza B (B/Yamagata/16/88 and B/Victoria/02/87 lineages) [876]:

- Yamagata Lineage [581]: 581 (66.3%) of the 876 influenza B viruses tested so far this season have been characterized as B/Wisconsin/1/2010-like, the influenza B component of the 2012-2013 Northern Hemisphere influenza vaccine.
- Victoria Lineage [295]: 295 (33.7%) of 876 influenza B viruses tested have been from the B/Victoria lineage of viruses.

2012-13 and 2013-14 Vaccine Components

Each January - February,
- WHO recommends N. Hemisphere strains.
- Nat’l regulatory agencies (e.g., US DHHS) make final selection

2012-13:
- A/California/7/2009 (H1N1)pdm09
- A/Victoria/361/2011 (H3N2)
- B/Wisconsin/1/2010 (Yamagata lineage)

2013-14
- A/California/7/2009 (H1N1)pdm09
- A/Victoria/361/2011 (H3N2)
- B/Massachusetts/2/2012 (Yamagata lineage)
- For quadrivalent vaccines: Brisbane/60/2008 (Victoria lineage)
## US Influenza Vaccine Distribution

<table>
<thead>
<tr>
<th>Year</th>
<th>Doses Distributed (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>70</td>
</tr>
<tr>
<td>2002</td>
<td>83</td>
</tr>
<tr>
<td>2004</td>
<td>56 (shortage)</td>
</tr>
<tr>
<td>2006</td>
<td>102</td>
</tr>
<tr>
<td>2008</td>
<td>119</td>
</tr>
<tr>
<td>2010</td>
<td>162</td>
</tr>
<tr>
<td>2012</td>
<td>135 (~16-17M to CA)</td>
</tr>
</tbody>
</table>
2004 vs. 2013

~105 Million → ~55 Million Doses

~140 Million Doses
<table>
<thead>
<tr>
<th>Ages</th>
<th>Trade Name</th>
<th>Manufacturer</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-35 mo</td>
<td>Fluzone®</td>
<td>sanofi pasteur</td>
<td>0.25 mL single-dose syringe</td>
</tr>
<tr>
<td></td>
<td>Fluzone® Quadrivalent</td>
<td></td>
<td>0.25 mL single-dose syringe</td>
</tr>
<tr>
<td>2-49 yrs</td>
<td>FluMist® Quadrivalent</td>
<td>MedImmune</td>
<td>0.2 mL intranasal sprayer</td>
</tr>
<tr>
<td>≥3 yrs</td>
<td>Fluzone®</td>
<td>sanofi pasteur</td>
<td>0.5 mL single-dose vial</td>
</tr>
<tr>
<td></td>
<td>Fluzone® Quadrivalent</td>
<td></td>
<td>0.5 mL single-dose vial</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5.0 mL multidose vial</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.5 mL single-dose vial</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.5 mL single-dose vial</td>
</tr>
<tr>
<td>≥3 yrs</td>
<td>Fluarix®</td>
<td>GSK</td>
<td>0.5 mL single-dose syringe</td>
</tr>
<tr>
<td></td>
<td>Fluarix® Quadrivalent</td>
<td></td>
<td>0.5 mL single-dose syringe</td>
</tr>
<tr>
<td>≥4 yrs</td>
<td>Fluvirin®</td>
<td>Novartis</td>
<td>0.5 mL single-dose syringe</td>
</tr>
<tr>
<td>≥9 yrs**</td>
<td>Afluria®</td>
<td>CSL / Merck</td>
<td>0.5 mL single-dose syringe</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5.0 mL multidose vial</td>
</tr>
</tbody>
</table>

*Fluzone multidose vial is licensed down to 6 months of age, but typically can only be given to patients 3 years and older in CA*

**Licensed for 5 years and older, but ACIP recommends for 9 and older**
## U.S. Influenza Vaccine, 2013-2014 Season
Licensed only for adults

<table>
<thead>
<tr>
<th>Ages</th>
<th>Trade Name</th>
<th>Manufacturer</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥18 yrs</td>
<td>Flucelvax®</td>
<td>Novartis</td>
<td>0.5 mL single-dose syringe</td>
</tr>
<tr>
<td>≥18 yrs</td>
<td>FluLaval®</td>
<td>ID Biomedical</td>
<td>5.0 mL multidose vial</td>
</tr>
<tr>
<td>18-49 yrs</td>
<td>FluBlok® (Recombinant)</td>
<td>Protein Sciences</td>
<td>0.5 mL single-dose syringe</td>
</tr>
<tr>
<td>18-64 yrs</td>
<td>Fluzone® Intradermal</td>
<td>sanofi pasteur</td>
<td>0.1 mL microinjection system</td>
</tr>
<tr>
<td>≥65 yrs</td>
<td>Fluzone® High-Dose</td>
<td>sanofi pasteur</td>
<td>0.5 mL single-dose syringe</td>
</tr>
</tbody>
</table>
## Tools for Clinic

### Pediatric/Adult Influenza Vaccine 2013-2014

#### 6-35 months old
- **Healthy Persons 2-49 years old**
  - MedImmune Vaccines, Inc.
  - Fluvirin®
  - FluMist® Quadrivalent
  - 0.2 mL single-dose nasal spray

#### 36 months & Older
- **GlaxoSmithKline Biologics**
  - Fluarix®
  - Fluarix® Quadrivalent
  - 0.5 mL single-dose syringe

- **Sanofi Pasteur, Inc.**
  - Fluzone®
  - Fluzone® Quadrivalent
  - 0.5 mL single-dose syringe

- **Novartis Vaccines and Diagnostics Ltd.**
  - Fluzone®
  - Fluzone® Quadrivalent
  - 0.5 mL single-dose vial

- **CSL Limited**
  - Affluvax®
  - Affluvax® Quadrivalent
  - 0.5 mL single-dose syringe

#### 4 years & Older
- **Sanofi Pasteur, Inc.**
  - Fluzone® Quadrivalent
  - 0.5 mL multi-dose vial

- **Novartis Vaccines and Diagnostics Ltd.**
  - Fluzone® Intradermal
  - 0.1 mL prefilled syringe

- **Proteus Sciences**
  - Flublok® High-Dose
  - 0.5 mL single-dose vial

#### 65 years & Older
- **Sanofi Pasteur, Inc.**
  - Fluzone® High-Dose
  - 0.5 mL prefilled syringe

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**All influenza vaccines are stored in the refrigerator. Questions: Toll-free: 877-2GET-VFC (877-243-8832)**

1. Contains preservative and cannot be given to children younger than 8 years of age and pregnant women per California law (Health and Safety Code 124172).

These vaccines are available through the Vaccines for Children Program in 2013-2014 and can only be used for VFC eligible children through 16 years of age.
No preferential recommendations at this time

- **LAIv vs. IIV**: ACIP reviewing by 2014
  - UK, Canada: preference for LAIV in children
- **QIV vs. TIV**
  - no preference at this time
  - QIV supplies predominant in future
- **High- vs. standard-dose in 65+ year**
  - Clinical trial results pending
- **Recombinant, cell culture, intradermal**
  - egg protein content differences
  - lack of clinical outcomes data
RESULTS: IMPACT OF QIV VS. TIV

- Cases averted per US population

<table>
<thead>
<tr>
<th>Season</th>
<th>Hospitalizations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-02</td>
<td>1,412</td>
<td>137</td>
</tr>
<tr>
<td>2002-03</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>2003-04</td>
<td>166</td>
<td>10</td>
</tr>
<tr>
<td>2004-05</td>
<td>2,070</td>
<td>164</td>
</tr>
<tr>
<td>2005-06</td>
<td>2,034</td>
<td>174</td>
</tr>
<tr>
<td>2006-07</td>
<td>487</td>
<td>29</td>
</tr>
<tr>
<td>2007-08</td>
<td>12,472</td>
<td>663</td>
</tr>
<tr>
<td>2008-09</td>
<td>2,786</td>
<td>193</td>
</tr>
</tbody>
</table>

Reed C, et al. ACIP 10/2012; Vaccine (2012)
Manufacturers' estimated doses of influenza vaccine for 2013-2014 season, U.S.

Sources: 2013 NIVS; mfrs.
Key messages

• Despite the increasingly diverse selection, a large majority of 2013-14 influenza vaccine continues to be
  ▪ Trivalent > Quadrivalent
  ▪ Inactivated > Live
    ▪ Split virus > whole virus or recombinant HA
  ▪ Intramuscular injections > intranasal spray or intradermal injection
  ▪ Standard doses > other dosing
Key messages

- Continue offering influenza vaccine to all aged ≥6 months

- Immunization with any appropriate influenza vaccine is preferable to no immunization
Thank you for immunizing!

http://www.cdc.gov/flu/weekly/
Extras
**IMPACT OF QIV VARIES BY SEASON**

- **1999-00**: YAM (46%), B/Victoria (50%)
- **2000-01**: YAM (46%), B/Yamagata (50%)
- **2001-02**: YAM (43%), B/Victoria (10%)
- **2002-03**: VIC (7%), B/Yamagata (19%)
- **2003-04**: VIC (7%), B/Yamagata (15%)
- **2004-05**: VIC (16%), A (5%)
- **2005-06**: YAM (28%), A (6%)
- **2006-07**: VIC (27%), A (7%)
- **2007-08**: VIC (27%), A (7%)
- **2008-09**: YAM (27%), A (7%)

*Virologic surveillance, based on MMWR influenza season summaries*

Reed C, et al. ACIP 10/2012; Vaccine (2012)
Communication Challenges, Opportunities, and Plans for the 2013-14 Influenza Season

Cindy Fowler
Health Communication Specialist

July 23, 2013
Objectives

- Recap the 2012-13 season communication environment
- Describe considerations and messages for communicating about flu VE and availability of quadrivalent vaccines
- Discuss CDC 2013-14 seasonal influenza communications planning activities
The 2012-13 Flu Season

- An early and active influenza season that caught people’s attention, starting with the NIVW press conference in early December

- Messages in the media:
  - Record timing for early start
  - Warning about potential for severe season
  - Vaccine well-matched to circulating viruses
The 2012-13 Flu Season

- January 11 and 18 - CDC press conferences
  - Influenza activity remains elevated in most of the U.S., and likely to continue for several more weeks.
  - Early flu VE estimate: overall 62 percent. That means that if you got vaccinated you’re about 60 percent less likely to get the flu that requires you to go to your doctor. There are differences in different groups. Those differences have not yet been fully assessed.
  - Spot shortages of vaccine. Call your provider ahead of time, you may have to check in several places to find vaccine.
  - Shaping up to be a worse than average season and a bad season particularly for the elderly, H3N2 predominant strain
  - Intermittent shortages of oral suspension form of Tamiflu
- February MMWR on flu vaccine effectiveness
Considerations for the 2013-14 Influenza Season

• seasonal influenza viruses can cause significant and severe illness and death
  – 149 pediatric deaths as of June 2013 (MMWR)
• the timing and duration of influenza seasons varies and is unpredictable
• news of an early and potentially “bad” flu season contributes to demand for vaccine
• flu vaccines don’t protect many older adults as well as we want them to
Considerations for the 2013-14 Influenza Season

• Most adults have positive impressions of the flu vaccine.
  – 81% of adults believe the flu vaccine is very effective or somewhat effective.\(^1\)

• Most members of the general public likely have limited knowledge of the composition of flu vaccines – and aren’t terribly interested

• \textit{VE} and \textit{quadrivalent vaccines are complex topics to explain}
  – Potential for much misunderstanding

\(^1\) March 2012 National Flu Survey
Communicating About Flu Vaccine Effectiveness
Flu Vaccine Effectiveness: The 2012-13 Season

• Last season, vaccination reduced the risk of having to go to the doctor from flu by more than half across all age groups (with the exception of people 65 and older).
  – Flu vaccination, even with moderate effectiveness, can also reduce: flu-related illness, antibiotic use, time lost from work, hospitalizations, and deaths.

• Unfortunately, last season’s vaccine worked much less well in people 65 and older against influenza A H3N2.
  – It’s possible that people 65 and older did not mount a good immune response to the H3N2 antibody in the 2012-2013 vaccine.
  – As we get older, our bodies don’t respond to vaccination – or infection - as well as when we are younger.
Flu Vaccine Effectiveness Messages: Communicating Variability

• How well the flu vaccine works can vary by year.

• The two biggest factors impacting how well the vaccine works are
  – if the vaccine viruses are matched to viruses causing illness
  – the health of the person being vaccinated.

• Studies show that with a good match, flu vaccine can reduce the risk having to go to the doctor for flu by about 60% among the overall population.
  – This number may be higher for some groups of people and lower for others. For example, older people with weaker immune systems may respond less well to vaccination.

• When the flu vaccine is not well matched to circulating viruses, possible that no benefit may be observed.
Flu Vaccine Effectiveness: Messages for Older Adults

• We are concerned that the news about last season’s vaccine may keep some older adults from seeking vaccination during the upcoming season.
• It has been recognized for many years that people 65 years and older are at greater risk of serious complications from the flu compared with young, healthy adults.
• It's estimated that 90 percent of seasonal flu-related deaths and more than 60 percent of seasonal flu-related hospitalizations in the US each year occur in people 65 years and older.
• The best way to protect against the flu is to get a flu vaccine.
• People 65 years and older may choose a regular dose flu vaccine or a flu vaccine designed for people 65 and older with a higher dose.
Flu Vaccine Effectiveness: Messages for Older Adults

- Unlike the 2012-13 season, during other seasons, studies have measured a reduced risk among vaccinated people 65 and older of having to go to the doctor from flu.
- There also is some data that vaccination can make your illness milder if you do get sick.
- Vaccination also can reduce the risk of more serious flu outcomes like hospitalizations and deaths.
- Even if you’ve been vaccinated,
  - take everyday preventive actions including covering coughs, washing hands often, and avoiding people who are sick.
  - seek medical advice quickly if you develop flu symptoms to see whether you might need medical evaluation or treatment with antiviral drugs.
Communicating About Quadrivalent Flu Vaccines

**FLU VACCINE CATEGORIES**

- **H1N1 FLU**
  - HIGH RISK
  - OVER AGE 65
  - UNDER AGE 2

- **NASAL FLU MIST**
  - HIGH DOSE
  - LOW DOSE

- **REGULAR FLU**
  - HIGH DOSE
  - NEEDLE INJECTION

- **PRIORITY JOBS**
  - HEALTH STAFF

- **LOW RISK**
  - AGE 2-49

- **PREGNANT**

ANY QUESTIONS?
Sample Quadrivalent Flu Vaccine Messages

• Quadrivalent flu vaccines are designed to protect against four different flu viruses.
• For years, flu vaccines have been trivalent, or designed to protect against three different flu viruses.
• Adding an extra virus to the vaccine should give broader protection against influenza each season.
Sample Quadrivalent Flu Vaccine Messages

- There are many different flu viruses that spread each season.
- Most fall into four main groups: two “influenza A” groups and two “influenza B” groups.
- Trivalent flu vaccines protect against the two A viruses and one of the B viruses.
- For years, experts had to choose between the two very different B viruses to add to trivalent vaccines, even though both groups of B viruses spread every year.
- This left people unprotected against the second group of B viruses.
- By adding another B virus to the vaccine, quadrivalent vaccine may give broader protection.
Sample Quadrivalent Flu Vaccine Safety Messages

• Quadrivalent vaccines are made in the same way that trivalent flu vaccines have been made for many years. The only difference is the addition of another vaccine virus.

• Studies have shown that quadrivalent vaccines have a similar safety profile as seasonal trivalent flu vaccines, with similar—mostly mild—side effects. Hundreds of millions of people have safely gotten trivalent flu vaccines.
Sample Quadrivalent Flu Vaccine Supply Messages

• Most flu vaccines available during the 2013–14 flu season will still be trivalent.
• Quadrivalent flu vaccines are available as both a nasal spray and a shot.
• All nasal spray vaccine will be quadrivalent vaccine.
• Some quadrivalent flu shots will be available, but most will still be trivalent.
• Additional quadrivalent vaccines are being developed.
• In the future, quadrivalent flu vaccines may replace trivalent vaccines.
Overall Communication Goals:

Provide consistent messages throughout flu season about the importance of flu vaccination and its benefits to:

• Maintain and increase awareness of universal flu vaccination recommendation and related key messages
• Drive steady increases in flu vaccination coverage over time
• Foster knowledge and favorable beliefs regarding influenza vaccine and vaccination recommendations
• Maintain and extend confidence in flu vaccine safety
• Address disparities in vaccination coverage
• Emphasize importance of provider recommendation
Communication Challenges for 2013-2014

- New vaccines
- Vaccine effectiveness
- Misperceptions regarding vaccine
- Audiences: similarities/differences
- Vaccination coverage disparities:
  - Adult vaccination disparity
  - Underserved populations
**Flu Vaccine Communication Landscape**

- **National promotion and advertising**

- **Segmentation is important**
  - Focus on select target audiences
  - Provide culturally relevant and linguistically appropriate materials

- **Build sustainable partnerships:**
  - Multi-sector partnerships at national level to reach general audience
  - Multi-sector partnerships at grassroots level to reach diverse audiences: National Influenza Vaccination Disparities Partnership (NIVDP)
Target Audience Tracks:

- Everyone 6 months and older
- Parents of young children
- Pregnant Women
- Adults with chronic health conditions
- Adults 65 years+
- People who live with or care for those at high risk for flu-related complications, including:
  - Health care workers
  - Household contacts
  - Household contacts/caregivers of children <5 years of age; emphasis on contacts of children <6 months of age
National and Grassroots Campaign Strategies

General Audience: Multi-sector partners represent business, health, retail, national organizations, sports organizations, universities, multi-media, etc.

Minority Populations: Grassroots stakeholder engagement and workshops with health departments/organizations, CBOs, faith-based, pharmacies and other vaccinators, consulates/embassies, ethnic media outlets, insurance, etc.

CDC Support Mechanisms:
- Digital & Print Materials and Tools
- Workshops
- Flu Partner Web page
- Capacity Building Plans (Webinars, Flu 101, Social Media)
- Weekly key points shared via Email to partners
- Periodic partner calls and presentations
Key Messages

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses.

Influenza (the flu) can be a serious disease that can lead to hospitalization and sometimes even death. Anyone can get sick from the flu.

Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.

Everyone aged 6 months and older should get a flu vaccination each year to protect themselves and their loved ones against the flu.

It takes about two weeks after vaccination for the body's immune response to fully respond and for you to be protected.

Vaccination is the first and most important step to protect against flu.
Key Messages

As long as flu viruses are circulating it’s not too late to get vaccinated. [National Influenza Vaccination Week (NIVW)].

Children 6 months to 8 years of age who are getting vaccinated for the first time will need two doses of vaccine, spaced at least 28 days apart.

People have several options in terms of where they can get vaccinated and the type of influenza vaccine to choose. http://vaccine.healthmap.org/.

The best way to protect against the flu is by getting vaccinated each year.

CDC recommends a three-step approach to fighting the flu: vaccination, everyday preventive actions, and use of antiviral drugs if your doctor prescribes them.
Preparing for the 2013-14 Influenza Season

• Conducting a nationally representative survey to assess
  – Perceptions of this past flu season, vaccination behaviors, beliefs and attitudes toward flu vaccine, and more
• Just concluded on-line and limited in-person focus groups
  – Explore knowledge, attitudes and beliefs about influenza and flu vaccines
  – Test flu vaccine effectiveness, quadrivalent flu vaccine messages, and level of awareness for H7N9
• Analyzing 2012-13 season vaccine coverage data
• Updating messages and web site
Preparing for the 2013-14 Influenza Season

• Planning to participate in National Foundation for Infectious Diseases (NFID) annual influenza vaccination press event September 26

• Free evergreen flu vaccine promotional materials are for use/download/order now at cdc.gov/flu/freeresources
  – Print
  – Video/audio
  – Web tools
  – Mobile content and apps
  – Images

• 2013 National Influenza Vaccination Week will be held December 8-14
Seasonal Influenza Vaccination Campaign Resources
For the General Public

These materials can help audiences understand the facts about seasonal influenza, the importance of vaccination, and how they can learn more. Whether your organization needs print materials, web widgets, the latest news, or video PSAs:

- Check out these FREE resources at http://www.cdc.gov/flu/fluresources
- Order FREE print materials at www.cdc.gov/flu/fluresources (under Flu Materials)

MATTE ARTICLES
These are ready-to-use articles that you can reprint in your publications or upload to your website. You can choose the articles that address specific audiences: general audiences, baby boomers, first responders, pharmacists, young adults, and many more.

WEB BUTTONS, BANNERS, AND WIDGETS
Center usability on your website about the flu and vaccination. Postings a web button allows viewers to click directly to the latest information from the CDC. Web buttons act as visual reminders. Products are available in English and Spanish.

VIDEOS, PSAS, AND PODCASTS
Bring the latest tools and topics surrounding flu and vaccination with interactive visual and audio tools. From award-winning videos to podcasts from CDC experts, you can share these resources with your audience.

MULTICULTURAL MATERIALS
These materials can be easily downloaded and are appropriate for color print black and white desktop printers and available for professional printers as indicated.

POSTERS
Printout posters to help promote flu vaccination. Posters address diverse audiences including parents, healthcare workers, front responders, and employees. Available in Spanish and English, posters can be printed in standard office or commercial printers.

WEB CONTENT SYNDICATION
Subscribe to the latest news from CDC about flu season activity and vaccination through a variety of tools:
- ContentSyndication: http://www.cdc.gov/flu/syndication
- CDC Flu on Facebook: http://www.facebook.com/flu
- CDC Flu on Twitter: http://www.twitter.com/cdcflu
- CDC Flu on YouTube: http://www.youtube.com/cdcflu
- Subscribe to RSS at http://www.cdc.gov/flu/rss.xml
- Receive notices at CDC portal to update specific flu web pages:
  - Receive email updates at http://www.cdc.gov/flu/emailupdates
- Receive updates from CDC register by sending request to fluinfo@cdc.gov

www.cdc.gov/flu/fluresources

E-CARDS
Send out virtual reminders about the flu and vaccination with E-cards. Recipients can receive these electronic greeting cards along with messages about staying healthy if they are sick, washing their hands, getting vaccinated, and many more.

For more information, please contact us at fluinfo@cdc.gov
Information for Flu Prevention Partners

First and foremost, CDC sends a special "THANKS" to all partners for their significant contributions to promote and provide flu vaccinations and prevent influenza across the United States. The overall success of this vital public health service depends on the support of partners at all levels—public health professionals, advocates, medical providers, community stakeholders and concerned consumers from across the country. We appreciate your time, energy, and commitment to public health.

Become A Partner
By becoming a flu prevention partner, CDC encourages organizations to promote flu vaccination within their communities, coordinate or host flu vaccination clinics, and increase awareness about the importance and benefits of annual flu vaccination.

This portal is intended to be a resource that partners can use in their flu prevention activities.

Partner Campaign Highlights
Submit Your Flu Vaccination Promotion Events
Partner Activities
Submit Your Own Success Story
National Influenza Vaccination Campaign: Targeting Underserved Populations
National Influenza Vaccination Campaign: Targeting General Audiences

Media
New! CDC Telebriefing on H7N9 Influenza Cases
CDC Online Newsroom

Nat'l Influenza Vaccination Week
NIVW Homepage
Calendar of Events

Featured Partner: A Success Story

In support of National Influenza Vaccination Week (NIVW), NASN became the new blogger on the block by hosting an hour-long blogger briefing on December 4, 2012, to raise awareness and increase seasonal influenza vaccine uptake. Four organizations participated in the briefing: Moms that Vax, Immunization Action Coalition (IAC), National Foundation for Infectious Diseases (NFID), and Parents of Kids with Infectious Diseases (pKids). The blogger briefing focused on the important role school nurses play in getting school-age children and their families vaccinated each year.

Learn more about this success story or submit your own success story »
Digital and Social Media Tools

- Publisher Outreach
- Content syndication
- CDC email alerts
- Mobile messaging
- Smart phone/iPad apps

- Web site and tools
- Social Networking sites
- Social Media Tools
- Blogs

- **Content Syndication**: [http://tools.cdc.gov/syndication/](http://tools.cdc.gov/syndication/)
- **RSS Feeds**: [http://www2c.cdc.gov/podcasts/rss.asp](http://www2c.cdc.gov/podcasts/rss.asp)
- **CDC Flu Twitter**: [http://twitter.com/CDCFlu](http://twitter.com/CDCFlu)
- **CDC Facebook**: [http://www.facebook.com/CDC](http://www.facebook.com/CDC)
- **Receive notices as CDC posts updates to specific flu web pages**: [http://www.cdc.gov/Other/emailupdates/](http://www.cdc.gov/Other/emailupdates/)
- **Routine email updates from CDC**—register by sending request to: fluinbox@cdc.gov
National Influenza Vaccination Week
December 8-14, 2013

- Media Teleconference
- National and Ethnic Media Tours
- National/Grassroots partner outreach
- Local flu clinic activities
- Traditional, digital and social media outreach tools
- NIVW-specific calendar of events

www.cdc.gov/flu/nivw