The Virtual Immunization Communication (VIC) Network is a project of the National Public Health Information Coalition (NPHIC) and the California Immunization Coalition, funded through a cooperative agreement with the Centers for Disease Control and Prevention.
Looking Ahead to the 2016-2017 Flu Season: Vaccine Options and Messages

Webinar Objectives

• Summarize the 2015-2016 flu season
• Summarize the number of deaths and hospitalizations prevented in previous flu seasons
• Provide an update on flu vaccination recommendations, formulas and supply for the 2016-2017 flu season
• Highlight key communication considerations and planned strategies for the 2016-2017 flu season
A nationwide ‘virtual’ immunization community of health educators, public health communicators and others who promote immunizations.
Access the Q&A Panel From Split Screen

Welcome to the Webcast!
We Will Be Starting Momentarily.
Questions for Presenters?

- Ask questions using the Q&A window
- This webinar is being recorded
- Replays will be available
Frequently Asked Questions

1. Will I be able to get a copy of the slides after the webinar?
   - Yes – a copy will be posted on the VICNetwork.org site

2. Will I receive a copy of the webinar recording?
   - Yes - a copy will be posted on the VICNetwork.org site
Polling Question

What is your biggest communication concern going into next flu season?

- No LAIV (FluMist) vaccine
- Flu vaccine effectiveness
- Explaining flu vaccine recommendations
- Overcoming persistence myths
- Availability of vaccine
- Other
Joseph Bresee, MD, FAAP
Chief – Epidemiology and Prevention Branch, Influenza Division
CDC National Center for Immunization and Respiratory Diseases
Review of 2015-16 influenza season and summary of 2016-17 influenza vaccine recommendations

VIC
August 2016

Joseph Bresee
Epidemiology and Prevention Branch
Influenza Division
National Center for Immunization and Respiratory Diseases
CDC
CDC Influenza Review

SUMMARY OF 2015-16 INFLUENZA SEASON
Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, 2015-16 Season

<table>
<thead>
<tr>
<th>Week</th>
<th>No. of specimens tested</th>
<th>No. positive specimens</th>
<th>% Positive</th>
<th>Positive specimens by type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Influenza A</td>
</tr>
<tr>
<td>32</td>
<td>3,977</td>
<td>43</td>
<td>1.08%</td>
<td>16</td>
</tr>
<tr>
<td>Cumulative since Week 40</td>
<td>750,367</td>
<td>70,049</td>
<td>9.34%</td>
<td>46,797</td>
</tr>
<tr>
<td>Week</td>
<td>No. of specimens tested</td>
<td>No. positive specimens</td>
<td>Positive specimens by type</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
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<td>------------------------</td>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A (Subtyping not performed)</td>
<td>A (H1N1)pdm09</td>
</tr>
<tr>
<td>Week 32</td>
<td>81</td>
<td>11</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cumulative since Week 40</td>
<td>74,086</td>
<td>27,824</td>
<td>370</td>
<td>15,286</td>
</tr>
</tbody>
</table>
Most A (H1N1)pdm09 Viruses are in Adults

<table>
<thead>
<tr>
<th></th>
<th>0-4 yr</th>
<th>5-24 yr</th>
<th>25-64 yr</th>
<th>&gt;64 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>B (Yamagata Lineage)</td>
<td>157</td>
<td>689</td>
<td>914</td>
<td>547</td>
</tr>
<tr>
<td>B (Victoria Lineage)</td>
<td>142</td>
<td>523</td>
<td>255</td>
<td>107</td>
</tr>
<tr>
<td>B (lineage not performed)</td>
<td>151</td>
<td>781</td>
<td>630</td>
<td>220</td>
</tr>
<tr>
<td>B/H3N2</td>
<td>227</td>
<td>1059</td>
<td>775</td>
<td>570</td>
</tr>
<tr>
<td>A (H1N1)pdm09</td>
<td>1723</td>
<td>3198</td>
<td>6280</td>
<td>1645</td>
</tr>
</tbody>
</table>
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2015-2016 and Selected Previous Seasons

Week 32 % ILI
0.6%
Timing of influenza season peaks in the US, 1982-2016 (n=33 seasons)
Hospitalization rates (all ages) are lower than other recent seasons.
Pneumonia and Influenza Mortality
for National Center for Health Statistics Mortality Surveillance System
Data through the week ending July 30, 2016, as of August 18, 2016

<table>
<thead>
<tr>
<th>Week ending July 30, 2016 (Week 30)</th>
<th>Epidemic Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>% P&amp;I</td>
<td>5.0 %</td>
</tr>
<tr>
<td>Epidemic Threshold</td>
<td>6.1 %</td>
</tr>
</tbody>
</table>
Influenza-Associated Pediatric Deaths by Week of Death: 2012-13 season to present

<table>
<thead>
<tr>
<th></th>
<th>Influenza A (2009 H1N1)</th>
<th>Influenza A (H3N2)</th>
<th>Influenza A (Subtype not Determined)</th>
<th>Influenza B</th>
<th>Influenza A and B Co-infection</th>
<th>Type not Determined</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># Deaths Reported Current Week – 32</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td># Deaths Since October 4, 2015</td>
<td>29</td>
<td>3</td>
<td>21</td>
<td>29</td>
<td>0</td>
<td>3</td>
<td>85</td>
</tr>
</tbody>
</table>

2012-13 Number of Deaths Reported = 171
2013-14 Number of Deaths Reported = 111
2014-15 Number of Deaths Reported = 85

- ~50% with no underlying health problems
- ~75 unvaccinated
Outpatient (ILINet), all ages

Very High=8.6%
High=6.7%
Medium=4.4%
Low<4.4%
Hospitalization (FluSurv-NET), all ages
### Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2015-2016 Season

<table>
<thead>
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<td>Cumulative since Week 40</td>
<td>74,086</td>
<td>27,824</td>
<td>370</td>
</tr>
</tbody>
</table>
Increase of cases of H3N2v infections in the US, August 2016

• Early August 2016, a case of H3N2v among a x y/o male was reported from OH
  – Mild illness
  – Exposed to pigs at a agricultural fair
• As of August 26, 2016, 18 cases have been reported from OH (6) and MI (12)
  – Mostly mild; one hospitalized
  – Associated with agricultural fairs
• More cases than previous 3 summers
  – Fewer than 2012, when 309 cases were detected in a summer outbreak associated with exposures to pigs in county and state fairs
2015-16 Influenza Season, US

- H1N1 predominant
  - 2nd H1 predominant season since 2009-10 pandemic season
- Viruses similar to vaccine strains
- Relatively mild season overall
  - Relatively high rates of disease among younger adults
- Later season than most
- Recent variant viruses among humans
CDC Influenza Review

INFLUENZA VACCINE EFFECTIVENESS, 2015-16
### Adjusted VE against medically attended influenza, US Flu VE Network, 2015-16

<table>
<thead>
<tr>
<th>Any influenza A or B virus</th>
<th>N vaccinated/Total (%)</th>
<th>N vaccinated/Total (%)</th>
<th>Influenza positive</th>
<th>Influenza negative</th>
<th>Unadjusted</th>
<th>Adjusted*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any influenza A or B virus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>514/1332</td>
<td>39</td>
<td>3037/5708</td>
<td>53</td>
<td>45</td>
<td>(38 to 51)</td>
</tr>
<tr>
<td>6m – 8 y</td>
<td>108/277</td>
<td>39</td>
<td>765/1410</td>
<td>54</td>
<td>46</td>
<td>(30 to 59)</td>
</tr>
<tr>
<td>9–17 y</td>
<td>33/164</td>
<td>20</td>
<td>277/694</td>
<td>40</td>
<td>62</td>
<td>(43 to 75)</td>
</tr>
<tr>
<td>18–49 y</td>
<td>146/499</td>
<td>29</td>
<td>841/1957</td>
<td>43</td>
<td>45</td>
<td>(32 to 56)</td>
</tr>
<tr>
<td>50–64 y</td>
<td>149/283</td>
<td>53</td>
<td>562/918</td>
<td>61</td>
<td>30</td>
<td>(8 to 46)</td>
</tr>
<tr>
<td>≥65 y</td>
<td>78/109</td>
<td>72</td>
<td>592/729</td>
<td>81</td>
<td>42</td>
<td>(8 to 63)</td>
</tr>
<tr>
<td>IIV3/4, all ages</td>
<td>472/1290</td>
<td>37</td>
<td>2893/5564</td>
<td>52</td>
<td>47</td>
<td>(40 to 53)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>VE %</th>
<th>95% CI</th>
<th>VE %</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>47</td>
<td>(39 to 53)</td>
<td>47</td>
<td>(39 to 53)</td>
</tr>
<tr>
<td>6m – 8 y</td>
<td>48</td>
<td>(31 to 61)</td>
<td>48</td>
<td>(31 to 61)</td>
</tr>
<tr>
<td>9–17 y</td>
<td>64</td>
<td>(44 to 77)</td>
<td>64</td>
<td>(44 to 77)</td>
</tr>
<tr>
<td>18–49 y</td>
<td>48</td>
<td>(35 to 59)</td>
<td>48</td>
<td>(35 to 59)</td>
</tr>
<tr>
<td>50–64 y</td>
<td>23</td>
<td>(-3 to 43)</td>
<td>23</td>
<td>(-3 to 43)</td>
</tr>
<tr>
<td>≥65 y</td>
<td>45</td>
<td>(10 to 66)</td>
<td>45</td>
<td>(10 to 66)</td>
</tr>
<tr>
<td>IIV3/4, all ages</td>
<td>49</td>
<td>(41 to 56)</td>
<td>49</td>
<td>(41 to 56)</td>
</tr>
</tbody>
</table>

* Multivariate logistic regression models adjusted for site, age categories (6m-8y, 9-17y 18-49y, 50-64y, ≥65y), sex, race/Hispanic ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time (biweekly intervals)
LAIV and IIV vaccine effectiveness ages 2–17 years, by influenza type/subtype, 2015-16

<table>
<thead>
<tr>
<th></th>
<th>Any influenza</th>
<th>H1N1pdm09</th>
<th>B/Yamagata</th>
<th>B/Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Vaccine Effectiveness (%)</td>
<td>3</td>
<td>63</td>
<td>65</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>-21</td>
<td></td>
<td>-4</td>
<td>31</td>
</tr>
<tr>
<td>LAIV4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IIV3/4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAIV</td>
<td>59</td>
<td></td>
<td>63</td>
<td>31</td>
</tr>
<tr>
<td>IIV3/4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Flu +</td>
<td>324</td>
<td>156</td>
<td>59</td>
<td>100</td>
</tr>
<tr>
<td>Vaccinated, Flu +</td>
<td>38</td>
<td>23</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>81</td>
<td>41</td>
<td>12</td>
<td>28</td>
</tr>
</tbody>
</table>
2015-16 Season: Summary of Data

- **US data, 2-17 year old children**
  - US Flu VE data indicate no LAIV effectiveness against A/H1N1pdm09; significant VE for IIV
  - US DoD - no LAIV effectiveness against H1N1 (VE 14% (-48, 52); significant VE for IIV
  - MedImmune – H1N1 LAIV VE higher point estimate but NS [47% (-6, 77)]; IIV VE significant and higher [68% (45, 81) ]
  - All three US studies reported higher point estimates of VE for IIV than LAIV

- **Non-US data**
  - UK 2-17 yrs - H1N1 LAIV VE higher point estimate but NS [42% (-8.5, 69)]; IIV VE significant and higher
  - Finland national cohort of 2 year olds - significant unadjusted VE against flu A (likely mainly H1N1pdm09) for LAIV (45% [18, 63]); higher point estimates for IIV (78% [46, 91])
  - Canada 2-17 yrs, crude estimates: H1N1pdm LAIV VE 51% (-38,83) IIV VE 87%(43-97)
US Flu VE Network: LAIV and IIV VE age 2-17 yrs
Any Influenza A or B

<table>
<thead>
<tr>
<th>Year</th>
<th>Mixed</th>
<th>H3N2</th>
<th>H3N2</th>
<th>H1N1</th>
<th>H3N2</th>
<th>H1N1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>71</td>
<td>67</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011-12</td>
<td>71</td>
<td>67</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012-13</td>
<td>71</td>
<td>67</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013-14</td>
<td>71</td>
<td>67</td>
<td>55</td>
<td>-1</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>2014-15</td>
<td>71</td>
<td>67</td>
<td>55</td>
<td>-1</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>2015-16</td>
<td>71</td>
<td>67</td>
<td>55</td>
<td>-1</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

Total, Flu +
- IIV3: 21, 66, 12, 51, 61, 198, 34, 36, 106, 180, 38, 81

Vaccinated, Flu +
- LAIV3: 21, 66, 12, 51, 61, 198, 34, 36, 106, 180, 38, 81
LAIV Effectiveness: ACIP Considerations

- Influenza WG reviewed data presented by CDC and MedImmune, and for other countries.
- No new data expected prior to next season
- Variability in point estimates of VE for 2016-17, but U.S. sources consistently indicate no significant effectiveness of LAIV against (H1N1)pdm09 (while IIV was effective).
- Low VE in 2014-15 as well against H1N1
- Cause of low VE not completely elucidated
- Uncertainty regarding potential effectiveness of LAIV for 2016-17
Influenza Vaccine Recommendations, 2016-17

- On June 22, 2016, CDC’s Advisory Committee on Immunization Practices voted to revise the influenza vaccine recommendations for the 2016-17 season.

  In light of concerns regarding low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013–14 and 2015–16 seasons, for the 2016–17 season, ACIP makes the interim recommendation that live attenuated influenza vaccine (LAIV4) **should not be used.**
2016-17 ACIP Influenza Statement--Overview

- Published in MMWR August 26, 2016

- Annual influenza vaccination is recommended for all persons aged 6 months and older.

- Principal changes
  - LAIV not recommended during the 2016-17 season
  - New/recent vaccine licensures
    - Fluad
    - Flucelvax Quadrivalent
  - Changes to egg allergy recommendations
Vaccine Strain Selection for 2016-17
(Informational)

For 2016-17, recommended that vaccinations contain the following:

- an A/California/7/2009 (H1N1)pdm09-like virus
- A/Hong Kong/4801/2014 (H3N2)–like virus
- B/Brisbane/60/2008–like virus
- B/Phuket/3073/2013–like virus (in quadrivalent vaccines)
New Vaccines for 2016-17

- Fluad (Seqirus)
  - MF59-adjuvanted trivalent IIV
  - Indicated for persons aged 65 years and older
  - Immunogenically non-inferior to licensed comparator IIV3 in preclinical studies
  - Canadian observational study noted 63% (4-86%) relative effectiveness compared with unadjuvanted IIV3 among adults 65 years and older

- Flucelvax Quadrivalent (Seqirus)
  - Will replace trivalent Flucelvax for 2016-17
  - Licensed for persons aged 4 years and older
  - Vaccine viruses propagated in Madin-Darby canine kidney cells instead of eggs
  - Immunogenically noninferior to trivalent formulation
Changes to Egg Allergy Language

- Removal of the 30-minute post-vaccination observation period
- Egg allergic persons can receive any licensed, recommended vaccine that is otherwise appropriate (IIV or IIV)
- One additional measure remains for persons with a history of severe allergic reaction to egg (i.e., any symptom other than hives)
  - “The selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.”
Influenza Vaccination benefits

The estimated number of influenza-associated illnesses prevented by flu vaccination during the 2012-2013 season:

6.6 million

or the population of the state of Arizona

The estimated number of flu-associated medical visits prevented by vaccination during the 2012-2013 season:

3.2 million

or the passengers of 1,067 mega cruise ships

The estimated number of flu hospitalizations prevented during the 2012-2013 season:

79,000

or all the fans in a FULL NFL stadium

Get vaccinated

www.cdc.gov/flu

Sources:
Kostova, Reed et al. PlosOne 2013; 8:e66312; MMWR 2013; 62:997-1000; CDC unpublished data
Jeanne Santoli, MD, MPH
Chief – Vaccine Supply & Assurance Branch, Immunization Services Division, CDC National Center for Immunization and Respiratory Diseases
Review of 2016-2016 Influenza Season Vaccine Supply

Jeanne Santoli, MD, MPH
Vaccine Supply and Assurance Branch
Immunization Services Division
National Center for Immunization and Respiratory Diseases
CDC
August 30, 2016
Objective

- Review Flu Vaccine Supply for the 2016-2017 Flu Season
National Supply for the 2016-17 Season

- For the 2016-2017 season, manufacturers have projected they will provide as many as 157-168 million doses of injectable influenza vaccine (IIV).

- Based on manufacturer projections, health officials expect that supply of IIV for the 2016-2017 season should be sufficient to meet any increase in demand resulting from the change in influenza vaccination policy which recommends against use of live attenuated influenza vaccine (LAIV) during 2016-2017.

- Providers may need to check more than one supplier or purchase a flu vaccine brand other than the one they normally select, but overall supply should be adequate.
Flu Vaccine Orders for CDC Awardees

- CDC conducted a supplemental pre-book during July 2016 to allow awardees to replace previously requested LAIV doses
  - Awardees were given additional federal budget to cover the replacement of federal LAIV doses
  - State/CHIP LAIV orders were cancelled to free-up awardee funds for replacement doses

- Orders have been placed for these replacement doses
Cate Shockey, JD
Health Communication Specialist –
Health Communication Science Office
CDC National Center for Immunization and
Respiratory Diseases
Campaign Plans & Strategies for the 2016-2017 Flu Season

Cate Shockey
Seasonal Flu Campaign Lead

VIC Network Webinar
August 30, 2016
Goals and Objectives

- Create and sustain positive social norms that:
  - encourage flu vaccination
  - foster flu vaccination efforts
  - achieve continued increases in flu vaccination coverage over time

- Objectives:
  - Universal flu recommendation awareness (everyone 6 months and older should get a flu vaccine)
  - Foster knowledge and favorable beliefs about the flu vaccine (flu vaccine is the best way to protect yourself and loved ones)
  - Confidence in flu vaccine safety
  - Address health disparities and target high-risk populations
  - Importance of a flu vaccine recommendation from a health care provider
General Messaging: September-January

- **Our goal** is to increase vaccination rates, particularly for high-risk individuals.
- **Our target audience** is everyone 6 months and older, health care providers, and high-risk individuals.
- **Our approach** is to promote flu vaccination recommendations to everyone 6 months and older and raise awareness for those at high-risk for flu complications.
- **Our theme** is Fight The Flu.
- **Our key messages** include: influenza is a serious disease, a flu vaccine is the best way to prevent the flu, everyone 6 months and older should get a flu vaccine, and flu vaccines are safe (and do not cause the flu).
- **Our call to action** is to get a flu vaccine.
Campaign Strategy: Target Audience

- Our **goal** is to increase vaccination rates among young children and older adults (65+)

- Our **target audience** is parents of children 6 months to 11 years old and health care providers for adults 65+

- Our **approach** is to educate the parents on the benefits of flu vaccination. Encourage health care providers to recommend the flu vaccine to patients 65+

- Our **theme** is Fight The Flu

- Our **key messages** include:
  - Influenza is a serious disease. Young children and older adults are at high risk for flu and flu-related complications.
  - A flu vaccine is the most effective protection against the flu.
  - Flu vaccines are safe (and do not cause the flu).

- Our **call to action** is:
  - Parents: Protect your family this flu season. Get your child vaccinated
  - Providers: Protect your patients this flu season. Recommend a flu vaccine to adults 65 and older.
Campaign Strategy: Addressing Misconceptions

• A very safe vaccine – millions of doses given every year
• Emphasize that flu vaccine cannot cause the flu
• Recognize that people may experience “side effects” (e.g., slight fever) after influenza vaccination and explain why
• Put side effects of vaccination into context with the potential risks and outcomes of influenza
• Anyone can get the flu – even healthy people
• Flu vaccine can help protect those around you from getting the flu
• Highlight other potential “costs” of influenza
Take 3 Actions to Fight the Flu

1. Get a flu vaccine.
2. Take preventive actions to stop the spread of germs.
3. Take flu antivirals if your doctor prescribes them.
Mark Your Calendar

- NFID Influenza Vaccination Kick-Off
  - September 29, 2016
  - MMWR releases
  - Press conference
  - Radio Media Tour (9/29 and 9/30)
  - Thunderclap (9/29)
  - Flu season campaign begins

- National Influenza Vaccination Week (NIVW)
  - December 4-10, 2016
  - MMWR releases
  - Press conference (tentative)
  - Twitter Chat (TBA)
  - Thunderclap (TBA)
Campaign Element: Digital Media

- Publisher outreach, e.g., The Motherhood
- Interactive digital timeline
- #FightFlu
- Twitter chats
- CDC Flu Twitter (@CDCFlu)
- Facebook Forums
- Animated GIF images
- CDC Digital Ambassadors
Campaign Element: Partnership Engagement

- Share CDC key points, weekly updates
- Periodic calls & presentations
- Conduct stakeholder workshops, listening sessions
- Access to a suite of both print and digital offerings that partners can use
- Increase visibility of partners’ influenza vaccine promotion activities
- Engage partner participation during NIVW
- Provide CDC influenza subject matter experts
- Web page tailored for partners
- Build capacity and sustainability
Campaign Element: Health Care Provider Outreach

- Medscape commentaries and ads
- Health care professionals portal
- Toolkit and microsite for LTC employers
- Clinical and vaccination information
Planned Research

- In-depth interviews with physicians
- Messaging testing with parents
Free Resources

Print materials (posters, brochures, flyers, fact sheets)
Web tools (animated images, virus images, infographics, banners)
   - Mobile content (syndicated pages, apps, newsletters, RSS)
   - Audio/video tools (radio and video PSAs, podcasts)
   - Toolkits (long-term care, media)

Resources are available for partners, healthcare professionals and general audiences with variety of materials tailored to parents, people with high risk conditions, pregnant women, businesses, racial/ethnic groups, etc.

www.cdc.gov/flu
Questions?
Cate Shockey – cshockey@cdc.gov
Questions and Answers
Please Complete Evaluation
Connect with the VICNetwork…

e-mail: info@VICnetwork.org

Website www.VICNetwork.org
Resources

Centers for Disease Control and Prevention
www.cdc.gov/vaccines

National Public Health Information Coalition
www.nphic.org
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Thank you for your support and your participation!