

Implementation of Influenza vaccination campaign 2020/21

Vaccines Europe supports efforts by Member States and the European Commission (EC) to prevent simultaneous outbreaks of seasonal influenza and COVID-19, which would place a considerable strain on health systems. Through 2020 there has been an increased demand for influenza vaccines as health authorities seek to keep people at risk of influenza complications, and out of the hospital and community practices. Vaccine manufacturers currently foresee to deliver their agreed 2020-2021 season supply commitments to the European Union (EU) which may include any increased supply demand requested of them by EU Member States. However, given the production lead times for influenza vaccines (12-18 months) any unexpected, significant, increased demand for 2020-2021 seasonal influenza vaccine at some point in time, is hardly, if not manageable. Ultimately, any additionally available seasonal influenza vaccine doses that can be supplied for the 2020-2021 season depends on the manufacturer with whom a Member State's health authority must negotiate to arrange.

This year specifically with the COVID-19 situation, it is important to anticipate how the Member States will implement the seasonal influenza vaccination campaign and draw some lessons from how it was conducted in the South Hemisphere. No one knows yet the epidemiology of COVID-19 in autumn when the influenza campaign will have to be implemented and if the social distancing measures will be in place again, nevertheless, proper implementation of the influenza campaign is essential and should be worked now taking into account several scenarios.

Vaccines Europe recognizes that implementing an influenza vaccination program in a COVID-19 setting may pose significant challenges which need to be promptly anticipated and addressed to secure uptake of available vaccines in the population. Given the risk of a persisting or resurgence of the COVID-19 pandemic in the upcoming European winter, Member States are urged to immediately commence program implementation planning to ensure optimal access to and uptake of, influenza vaccines amongst recommended groups in the 2020-2021 season i.e. those with associated co-morbidities, over 65 years old and young children.

Additionally, experiences from the 2020 Southern Hemisphere (SH) influenza vaccination season that combatted both COVID-19 pandemic and seasonal influenza concurrently, provides important learnings that should be considered to optimize preparation and management of the upcoming 2020-2021 Northern Hemisphere influenza vaccine season (see "Insights" section p. 3-4 for details).

Recommendations

Vaccines Europe encourages Member States to take learnings from the SH 2020 influenza season to guarantee strong vaccine uptake by at risk populations during the COVID pandemic (and beyond) and that several multi stakeholder strategies are required to achieve this i.e.

- Strong, clear and consistent calls to vaccinate, and in some cases, additional recommendations & funding to protect new risk groups (i.e. lowering age from 60 to 55 years of age and older in Brazil), together with innovative solutions to facilitate access (i.e. pharmacies and drive through) and extended campaign duration to broaden vaccination opportunities requires effective preparation and implementation;
- Pro-active public education and communication by authorities in collaboration with practical guidance from key stakeholders including Medical, Nurses & Pharmacist Associations, HCWs, Public Health institutions to secure uptake and confidence in vaccination programs.

With these potential influenza season adjustments in Europe, Vaccines Europe encourages early multi-stakeholder dialogue and initiatives and, welcomes on-going actions from Member States as they work to ensure their national influenza vaccination programs are effectively implemented in the context of the COVID-19 pandemic.

Beyond the next season, policy changes to drive increased seasonal influenza vaccine demand needs to be sustained to protect public health, reduce the burden on health infrastructure, and provide pandemic preparedness.

No country in Europe is currently meeting EU recommendations for seasonal influenza vaccination (75% for those 65 years old and over), and policy changes should be considered to drive towards this an increase uptake in a sustainable manner. Hence for future seasons, mechanisms for early and continuous dialogue between manufacturers and health authorities should be established to better anticipate policy changes and the evolution of vaccination recommendations.

As preparation for influenza vaccine production commences one year in advance of delivery with sourcing of e.g. raw materials, critical reagents, disposables, and “at-risk” flu vaccine strain manufacture, understanding demand at the outset of this manufacturing planning period is critical to increasing supply for the next influenza season.

This will enable more accurate forecasting of demand, particularly if significant vaccine volumes will be required. Vaccines Europe recommends that, due to the 12-18 months manufacturing lead times, discussion on vaccine supply for Autumn 2021 should commence in the Autumn of 2020

In summary, policy changes and early engagement will help increase and sustain demand for influenza vaccines in the long-term, and would be in the interest of public health and health security as an additional pandemic preparedness measure.

Insights - SH 2020 influenza vaccination season experiences in countries selected for example:

Brazil

In typical years, influenza Vaccine Coverage Rate (VCR) reaches 90% for most target populations.

Whilst the first weeks of the 2020 campaign started stronger than usual, the combination of the spread of the COVID-19 pandemic, ad-hoc approaches to lock-downs, media focus on COVID-19 alone, and a 3-week break in routine vaccination services disrupted the on-going influenza campaign. However, the early start to the campaign driven by the authorities with strong calls for the vaccination of the elderly and healthcare workers (HCW) combined with facilitated access, via pharmacies, drive-through and at home vaccination; although not common practice, mitigated the impact of COVID-19 pandemic on influenza vaccination uptake. At the end of the season, VCR exceeded 90% in the elderly and HCWs (see Ref. 1). For the other recommended groups including chronic disease patients, teachers, children and pregnant women that were managed in subsequent phases during influenza season, for whom such measures were not implemented, influenza vaccination coverage encountered a dramatic drop from the usual 85-90% to values as low as 57-65% for specific population (children and pregnant women).

Australia & New Zealand

In these countries, reinforced measures were also taken to secure and increase influenza vaccination uptake.

In Australia, guidance was issued on influenza vaccination implementation, increased public awareness about the critical importance of influenza vaccination during the COVID-19 pandemic. A requirement was issued on 1st May 2020 for all individuals entering an aged care or assisted living facility to receive an influenza vaccine (see Ref 2-4). This created significant increases in demand for influenza vaccines, and given the need for social distancing, led to changes in vaccination campaign timing (earlier start and later end), healthcare settings and locations through, for example, expansion of pharmacy-based immunization services (see Ref 5-6) with clear guidelines for maintaining COVID-safe immunization services. In parallel, clear and consistent communication by the Ministry of Health (MoH) about the need to maintain routine immunization and other health services, helped to sustain and improve influenza vaccine coverage. The MoH reported that by 27th May 2020, influenza vaccine uptake was estimated to be 56% in adult Australians, compared with approximately 50% by end of June in recent influenza seasons. Similarly, New Zealand extended the influenza campaign duration to broaden opportunities to get vaccinated (see Ref. 7).

South Africa

South Africa implemented several similar measures, including mandatory influenza vaccination for HCWs and a clear strategy to prioritize vaccination of HCWs, as well as utilizing pharmacy-based immunization resulting in 50% of influenza vaccinations taking place in pharmacies. The season finished with a total increase of 70% of vaccine supply compared with 2019, across both public and private markets.

Argentina

Social-distancing restrictions and potential concerns about going to a GP office has led to some innovative solutions to vaccine administration. In Argentina, the City of Buenos Aires opened 80 additional temporary clinics in places of worship, schools, and theaters. To help manage demand for vaccine, Argentina also assigned older adults to be vaccinated on particular days based upon the last digit of their health insurance numbers.

Lessons learned from the SH 2020 influenza vaccine season

In summary, the SH 2020 influenza vaccine season that was conducted in a Covid-19 setting required implementation of the following:

- Strong political leadership e.g. call for the population to get vaccinated, sustained policy changes to maintain vaccine uptake, clear and consistent communicate across all stakeholders
- Expand target populations and reinforced recommendations e.g. make vaccination mandatory for HCPs and all people entering aged care facilities
- Strong HCP communication and engagement through campaigns and guidance
- Expansion of vaccination points to be additional to clinical settings e.g. in pharmacies, nursing homes, drive-through, church halls, schools, exterior to GP surgeries etc.
- Extension of the campaign by vaccinating earlier, later and through the seasons extending programs to address social-distancing limitations, align with an extended vaccination season, and increase vaccine uptake rates

Any recommendation or program changes substantially impacting supply requirements should be communicated to manufacturers 12 months in advance in order for them to achieve demand.

In conclusion, while strong calls from health authorities and access facilitation measures seemed to have supported uptake in SH countries at the beginning of the season, some misinformation and mobility restrictions may have resulted in lower uptake in some locations in the second part of the SH 2020 season, thus emphasizing the importance of strong engagement from governments and healthcare workers along the full season to secure uptake in the population.

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