

Preventing Flu



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- **Lesson 2**: “Why I want you to be vaccinated”
- **Lesson 3**: How well protected is the Kansas Community?
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- **Lesson 7**: Wrap Up
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Lesson 1: The Burden of Flu

Is it a Cold or Flu?

Signs and Symptoms	Cold	Flu
Symptom Onset	Gradual	Abrupt
Fever	Rare	Usual
Aches	Slight	Usual
Chills	Uncommon	Fairly Common
Fatigue, weakness	Sometimes	Usual
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes
Headache	Rare	Common

Test Your Knowledge!

- Fever is more common with _____
- Sneezing is more common with _____
- An abrupt onset is more common with _____
- A gradual onset is more common with _____
- A stuffy nose is more common with _____
- Aches and headache are more common with _____



Test Your Knowledge!



- Fever is more common with **flu**
- Sneezing is more common with **a cold**
- An abrupt onset is more common with **flu**
- A gradual onset is more common with **a cold**
- A stuffy nose is more common with **a cold**
- Aches and headache are more common with **flu**

The Burden of Flu

In a single year in the U.S., the burden of influenza is huge.

Let's take a look at the previous flu season from October 1, 2024, to May 17, 2025

Preliminary 2024-2025 U.S. Flu In-Season Disease Burden Estimates

Since October 1, 2024, CDC estimates there have been between:

47 Million -
82 Million



**Flu
Illnesses**

21 Million -
37 Million



**Flu
Medical Visits**

610,000 -
1.3 Million



**Flu
Hospitalizations**

27,000 -
130,000



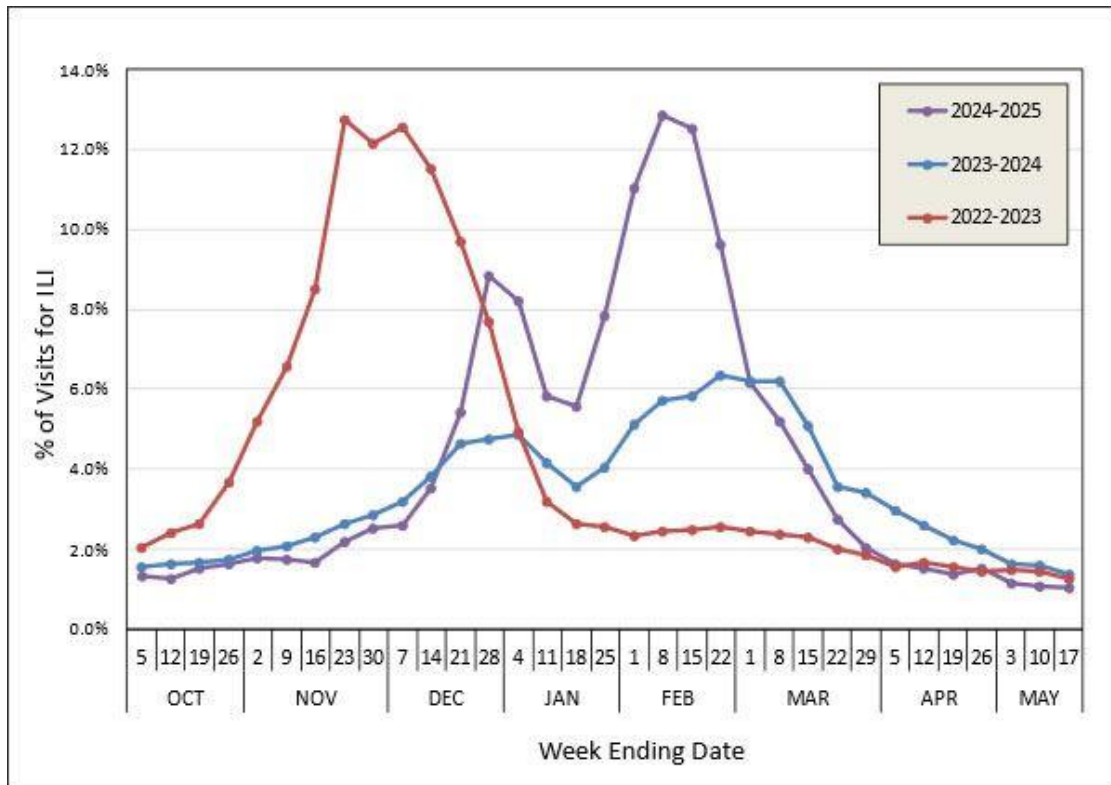
**Flu
Deaths**

Based on data from October 1, 2024, through May 17, 2025

Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated using a mathematical model based on CDC's weekly influenza surveillance data and are preliminary and are updated weekly throughout the season.



Was Kansas hit this hard?



- Yes! In the 2024 – 2025 flu season, flu was a related cause of death for **225 people**.
- During the worst weeks of the 2024-2025 flu season, more than 13% of Emergency Department visits in Kansas were associated with influenza-like illness.



A hospital stay for influenza is not just scary, expensive, and inconvenient. Being bedridden takes a toll on anyone, but it actually seems to *age* my patients who are older or have a chronic illness.

It frustrates me when I think...this all may have been prevented with a vaccine!

the benefits of flu vaccination 2021-2022



www.cdc.gov/flu

Flu vaccination in the U.S. during the 2021-2022 season prevented an estimated:

1.8 million
flu illnesses

More than the combined number of people who live in Vermont and Rhode Island



1.0 million
flu medical visits

More than the number of people who live in Austin, Texas



22,000
flu hospitalizations

Equivalent to preventing about 60 hospitalizations per day over the course of a year



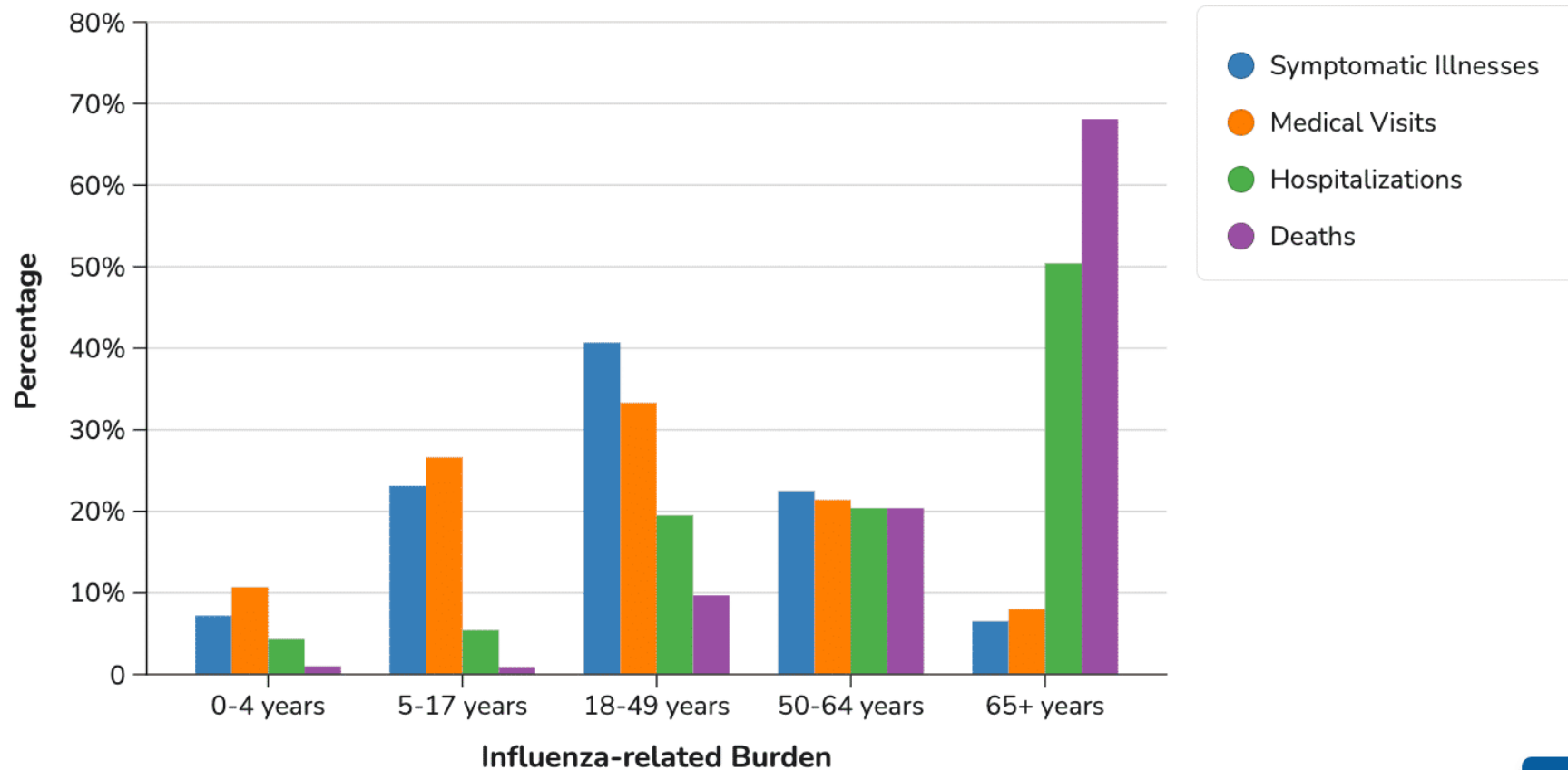
1,000
flu deaths

About the number of people it would take to fill two Boeing 747 airplanes



Who should be reminded to get the flu vaccine?

The table below shows the estimated rates of influenza-associated disease outcomes, **per 100,000 people** in that age group, in the U.S. for the 2023-2024 influenza season.



Test Your Knowledge!

Try to match each age-group with its correct description



Age 65+ years

Highest rate per 100,000 of flu-related hospitalization & death



Age 18-49 years

2nd highest rate of flu-related death



Age 50-64 years

Highest rate per 100,000 of flu-related symptomatic illness & medical visit

Test Your Knowledge!



Age 65+ years

Highest rate per 100,000 of flu-related hospitalization & death

✓ Correct



Age 50-64 years

2nd highest rate of flu-related death

✓ Correct



Age 18-49 years

Highest rate per 100,000 of flu-related symptomatic illness & medical visit

✓ Correct

Scarlett's Story

If statistics don't move you, these stories will.

Families Fighting Flu is a national, nonprofit, advocacy organization dedicated to protecting children, families, and communities against the flu.

They offer a web page with emotional stories of families whose lives have been permanently altered by the flu.

Anyone who isn't impressed with how bad influenza is should watch the heart-wrenching story below.

More family stories can be found at the website of Families Fighting Flu:
<https://www.familiesfightingflu.org/family-stories/>



What we've learned so far...

- Flu is **more severe** than common cold
- Even if you don't care about getting the flu yourself, **it's worth getting the vaccine so you don't spread flu** to your parents, grandparents, babies, and grandbabies!
- Flu carries with it an **enormous burden** of illness, hospitalization, and death year after year
- The people at greatest risk for flu-related hospitalization are seniors. People aged **50-64 and young children** are also at notable risk.
- In short... the flu is one bad bug!

Lesson 2:

“Why I want you to be vaccinated”

Patients need to know why you are recommending the flu vaccine for them.

The following lesson contains **four key concepts** about the flu vaccine:

PREVENT SICKNESS

REDUCE SEVERITY

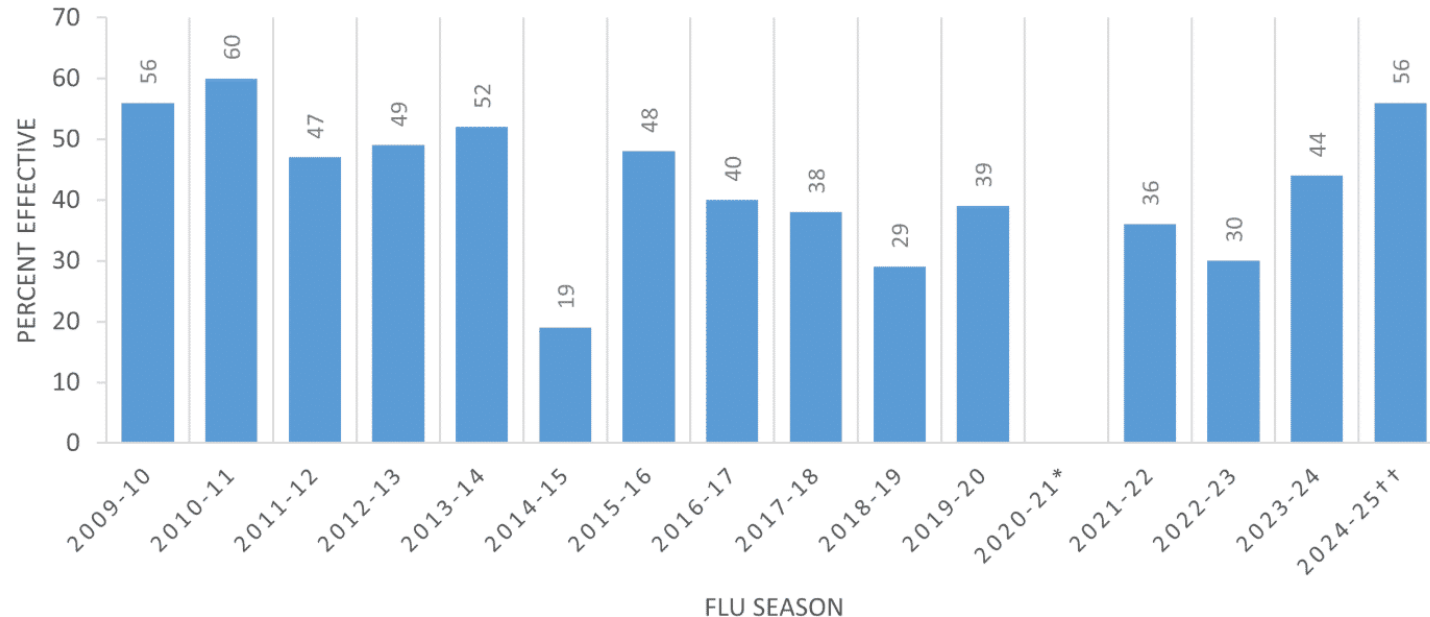
PREVENT SPREAD

SAFE

Flu vaccine's effectiveness varies from year to year. This depends largely on two factors:

- Characteristics of the person being vaccinated (e.g., age).
- The “match” between the flu viruses spreading in the community and the flu viruses the flu vaccine is designed to protect against.

SEASONAL FLU VACCINE EFFECTIVENESS



You can say to patients:
Usually, flu vaccine reduces the risk of having to go to the doctor with flu by 40-60%.

References:
www.cdc.gov/flu-vaccines-work/benefits/?CDC_AAref_Val
www.cdc.gov/flu-vaccines-work/php/effectiveness-studies/?CDC_AAref_Val

PREVENT SICKNESS

REDUCE SEVERITY

PREVENT SPREAD

SAFE

Flu vaccine reduces the severity of flu. Even though the flu vaccines are imperfect and the uptake is not optimal, the benefit of the flu vaccine is still great.

This is demonstrated by the number of illnesses, hospitalizations, and deaths prevented by influenza vaccine during the 2024-2025 flu season.

You can say to patients:

Although some vaccinated people still get flu symptoms, your risk of severe illness requiring a doctor's visit, hospital stay, or treatment in intensive care is much less if you get the vaccine.



References:
Frutos, et al. Interim Estimates of 2024–2025 Seasonal Influenza Vaccine Effectiveness — Four Vaccine Effectiveness Networks, United States, October 2024–February 2025 <https://www.cdc.gov/mmwr/volumes/74/wr/pdfs/mm7406a2-H.pdf>
Rondy, et al. Effectiveness of influenza vaccines in preventing severe influenza illness among adults: A systematic review and meta-analysis of test-negative design case-control studies <https://www.ncbi.nlm.nih.gov/pubmed/28935236>
Rolfes, et al. Effects of influenza vaccination in the United States during the 2017–2018 influenza season <https://doi.org/10.1093/cid/ciz075>

PREVENT SICKNESS

REDUCE SEVERITY

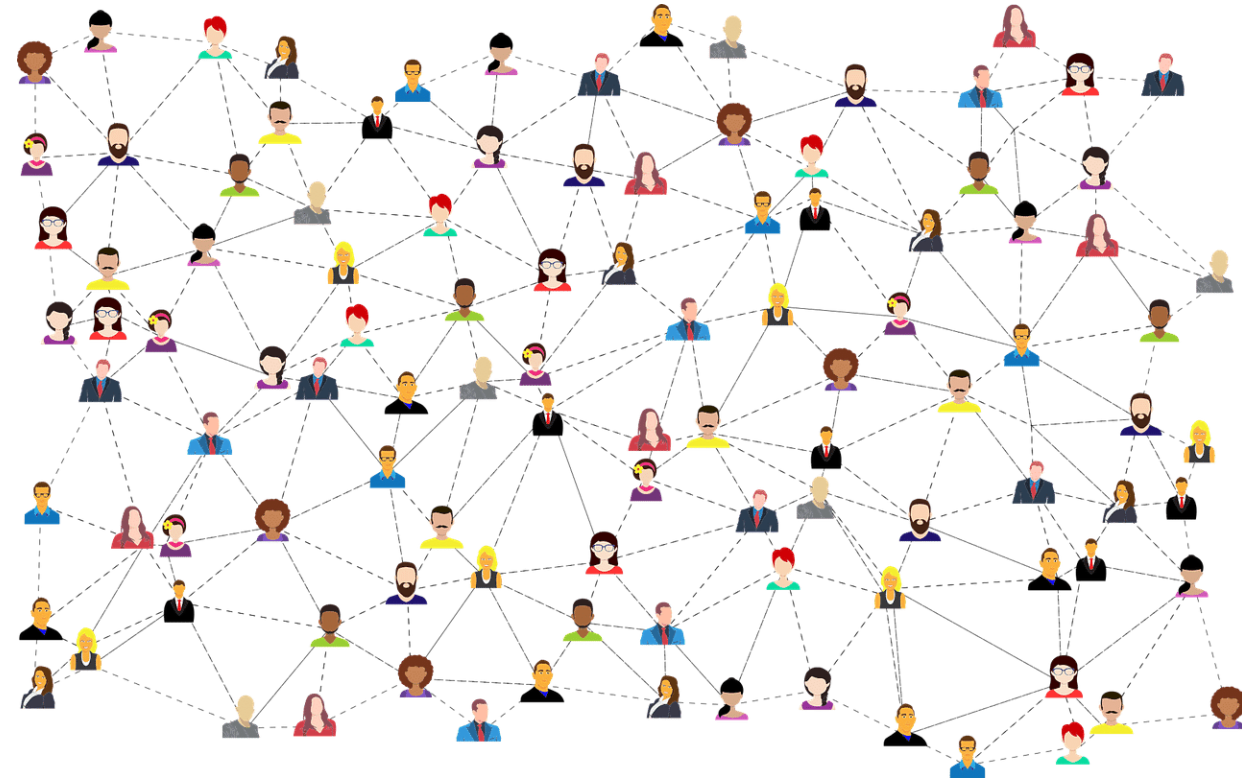
PREVENT SPREAD

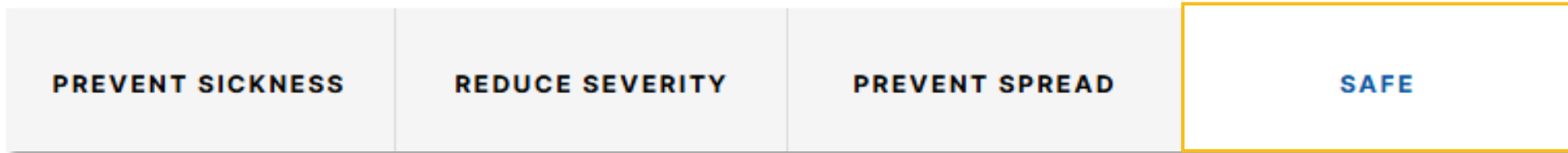
SAFE

- The flu virus is easy to spread.
- Some otherwise healthy adults infected with the flu virus may be able to infect others 1 day *before* symptoms develop and up to 7 days after becoming sick.
- The virus can spread in mucus droplets when an infected person talks, coughs, or sneezes and these droplets spread to others up to about 6 feet away.

You can say to patients:

Even if you're not worried about getting the flu yourself, the flu vaccine is worth getting because you don't want to spread the flu to your loved ones. You don't want to be responsible for getting them sick!





Side effects from flu vaccination are generally mild (e.g., soreness, fever) especially when compared to symptoms of flu disease.

Providers should be aware of the possibility of:

- Young children who receive inactivated flu vaccine and pneumococcal vaccine at the same visit may be at increased risk for a **febrile seizure**
- Vaccination (or other injections) may lead to fainting, which can lead to injury. To prevent this, many offices have patients stay seated for 15 minutes after vaccination.
- Shoulder Injury Related to Vaccine Administration (SIRVA) occurs when an intramuscular deltoid injection is administered into the shoulder joint.
- Severe allergic reactions from a vaccine are very rare (<1 in a million doses). If it were to occur, it would usually be within a few minutes to a few hours after vaccination.

You can say to patients:

Flu vaccines are safe. Hundreds of millions of Americans have safely received seasonal flu vaccines and there has been extensive research supporting flu vaccine safety.

Take a guess...

Which statements are true?

There are several reasons why people continue to think the flu vaccine caused the flu.

- People who receive a flu shot may have muscle soreness and low-grade fever after vaccination, but this is not influenza.
- You may develop flu if exposed to the virus before protective immunity develops 1-2 weeks after vaccination.
- Influenza vaccine only protects against certain influenza viruses, not all viruses. You may develop a cough and fever because of another virus.
- Influenza vaccine is not 100% effective, especially in older persons.

Take a guess...

Which statements are true?



People who receive a flu shot may have muscle soreness and low-grade fever after vaccination, but this is not influenza.



You may develop flu if exposed to the virus before protective immunity develops 1-2 weeks after vaccination.



Influenza vaccine only protects against certain influenza viruses, not all viruses. You may develop a cough and fever because of another virus.



Influenza vaccine is not 100% effective, especially in older persons.

Take a guess...

Which statements are true?



People who receive a flu shot may have muscle soreness and low-grade fever after vaccination, but this is not influenza.



You must be immunized



Influenza is caused by all viruses, not just the influenza virus.



Influenza vaccine is not 100% effective, especially in older persons.

Correct!

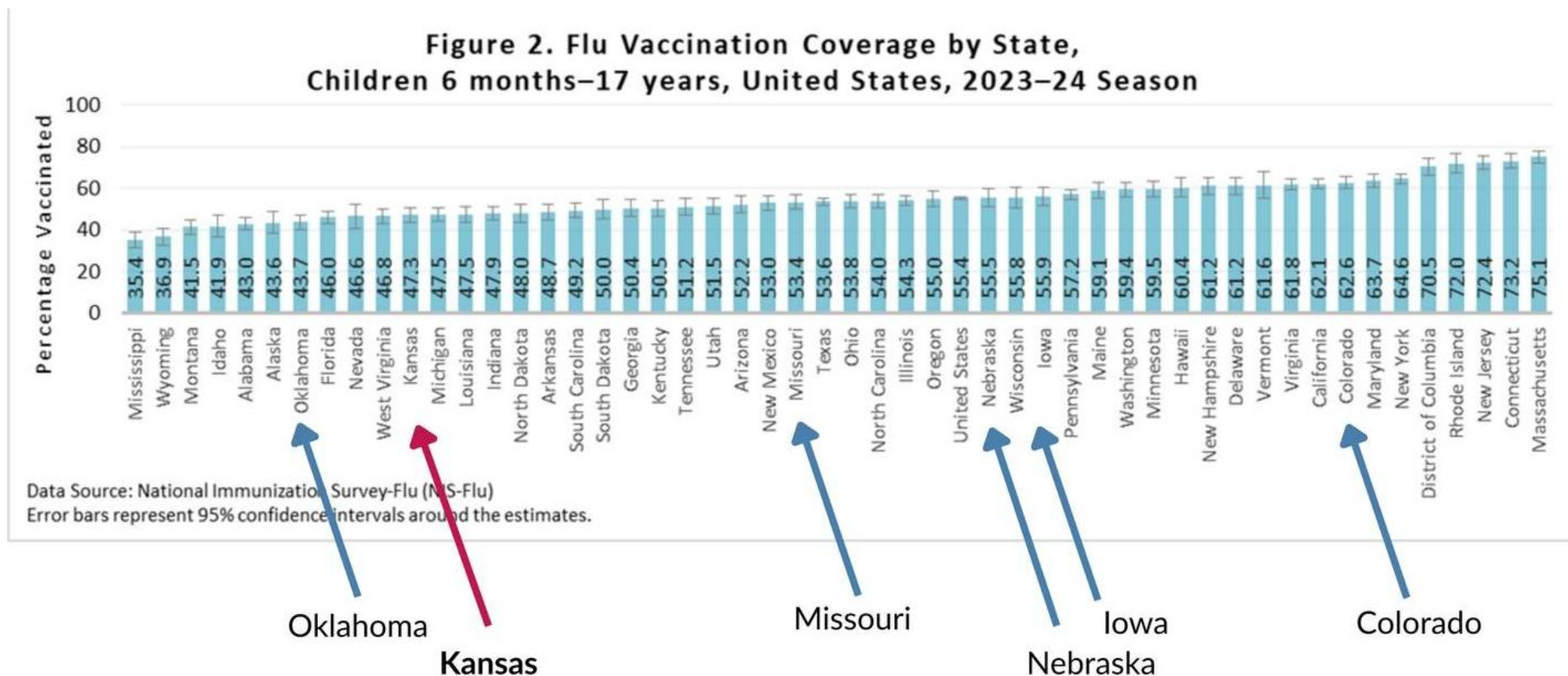
All four of these statements are true.

For more details, see [Immunize.org's 'Ask the Experts' webpage on influenza.](https://www.immunize.org)

**Lesson 3:
How Well Protected is the
Kansas Community?**

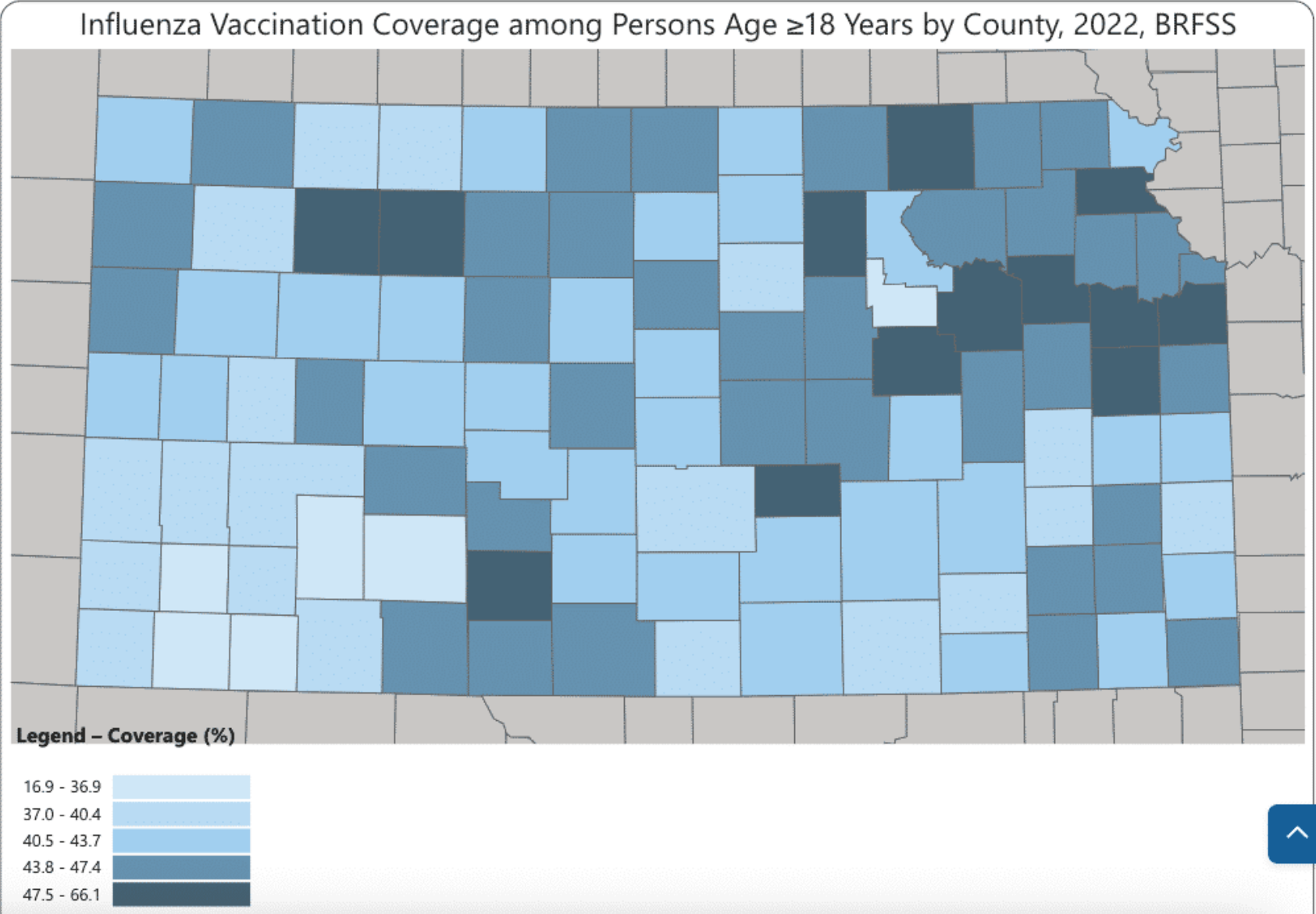
Section A. Flu Vaccination Coverage by Age

A1. Flu Vaccination Coverage - Children

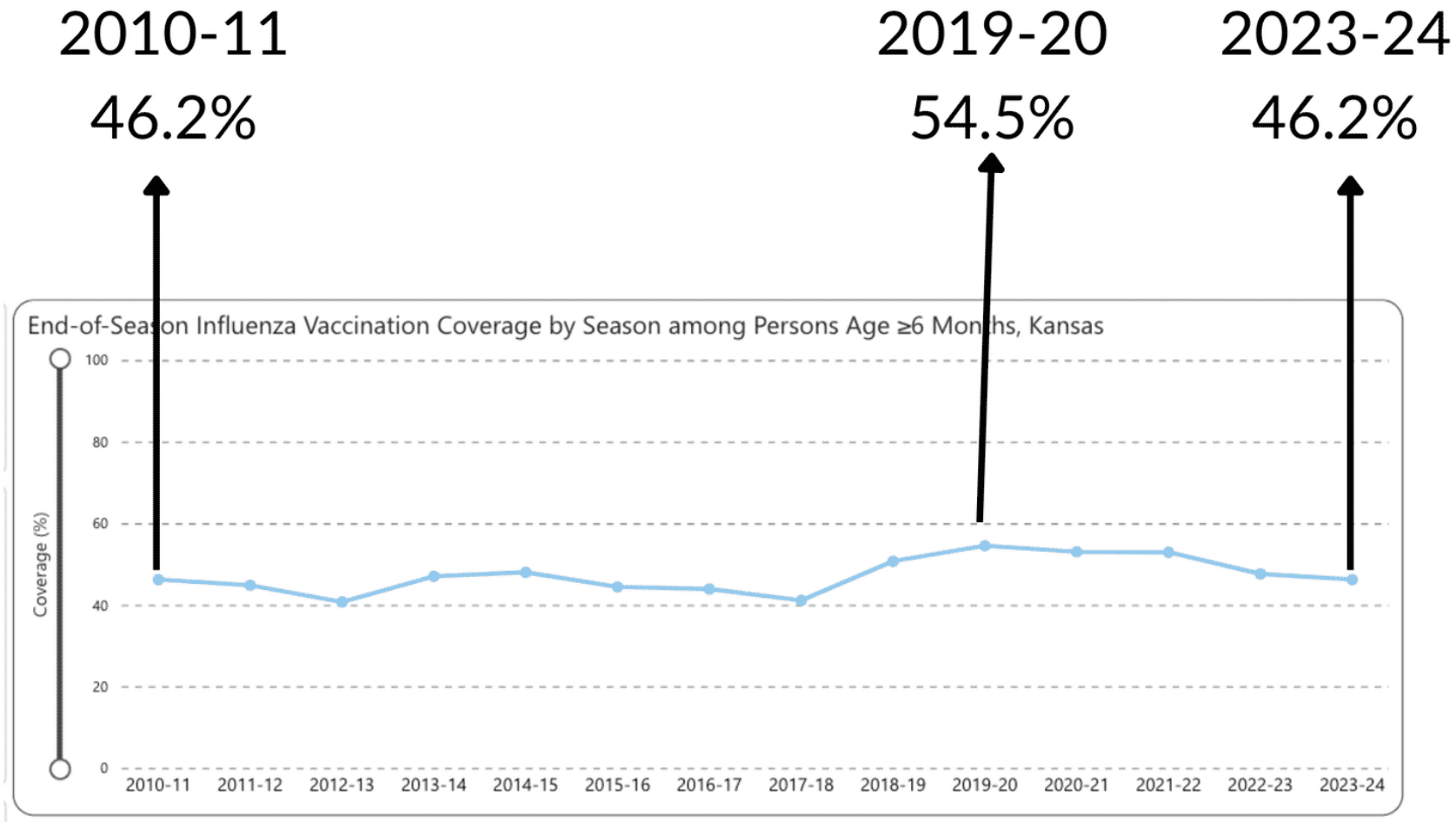


Looking at the graph above, we see that in the 2023-24 influenza season, flu vaccine coverage among **children 6 months - 17 years of age** was **higher** in Kansas than in Oklahoma, but **lower** than in Missouri, Nebraska, Iowa, or Colorado.

A2. Flu Vaccination Coverage - Adults



A3. Flu Vaccination Coverage – Children & Adults



Influenza vaccination coverage by season among people at least 6 months of age

www.cdc.gov/fluview/interactive/general-population-coverage.html

Take a guess...

Which statements are true?

In the line graph above, we see improvement from 46.2% to 54.5% (+ 8.3%) from 2010-2011 to 2019-2020 in coverage for persons at least 6 months of age. Then, coverage fell back to 46.2%.

In the 2023-2024 season, childhood flu vaccine coverage for Kansas was among the highest of all the states

Kansas has a tremendous opportunity for improvement of its flu vaccine coverage

Take a guess...

Which statements are true?



In the line graph above, we see improvement from 46.2% to 54.5% (+ 8.3%) from 2010-2011 to 2019-2020 in coverage for persons at least 6 months of age. Then, coverage fell back to 46.2%.



In the 2023-2024 season, childhood flu vaccine coverage for Kansas was among the highest of all the states



Kansas has a tremendous opportunity for improvement of its flu vaccine coverage

Take a guess...

Which statements are true?



In the
8.3%)
month



In the
was a



Kans
vacci

1. True.

2. In the 2023-2024 season, childhood flu vaccine coverage for Kansas was #11 from the lowest, not among the highest.

3. True! For children and adults, we can protect more people from flu!

to 54.5% (+
at least 6

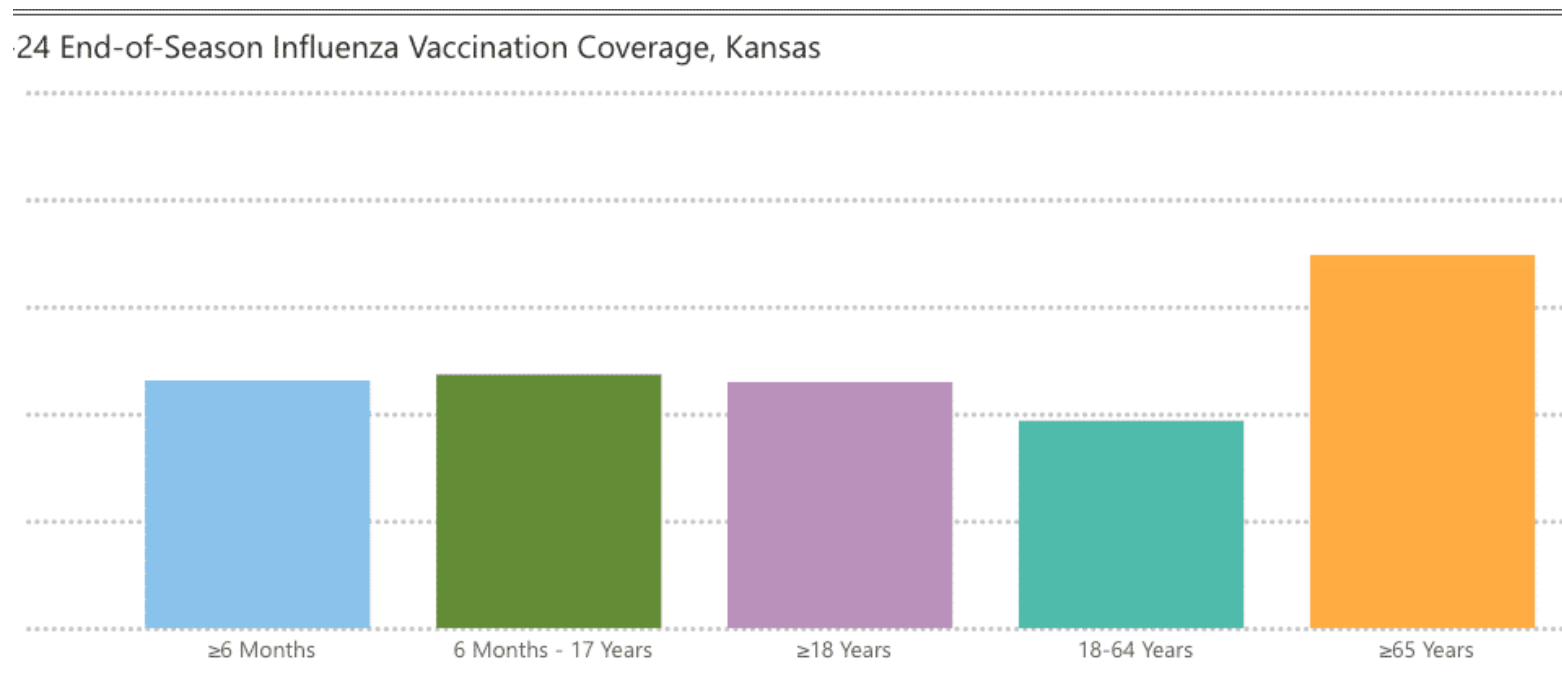
Kansas

ts flu

Section B. Flu Vaccination Coverage by Age, Race, and during Pregnancy

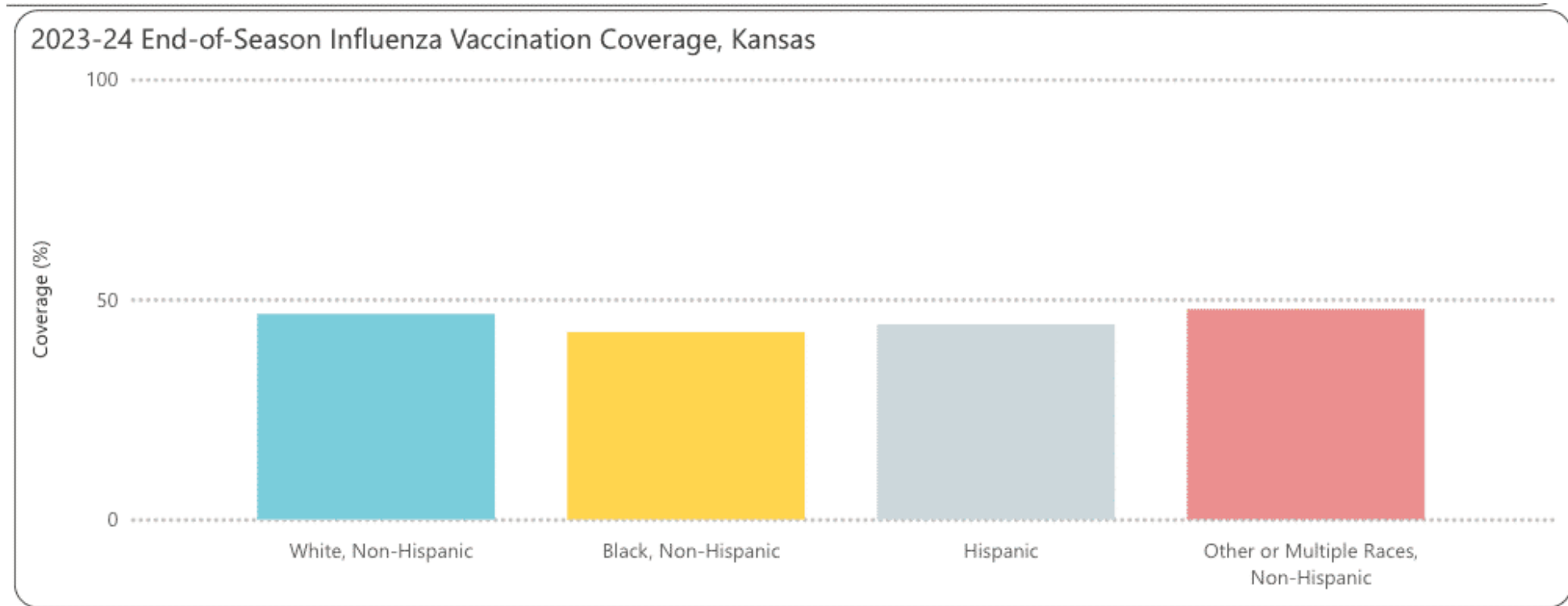
B1. Flu Vaccination Coverage – Age Groups

There are large differences in flu vaccination coverage by **age group** as shown below



B2. Flu Vaccination Coverage – Race & Ethnicity

In Kansas there are also differences in flu vaccination coverage **by race and ethnicity**, although these are not statistically significant.



White-NH 46.7%, Black-NH 42.6, Hispanic 44.3%, Other-NH 47.8%
Note: These data by race and ethnicity are confounded by economic status.
www.cdc.gov/fluview/interactive/general-population-coverage.html

B3. Flu Vaccination Coverage – During Pregnancy

Since 1997 ACIP has recommended vaccinating **pregnant women** against flu for two reasons:

1. **To protect the pregnant woman** – Pregnant women are at increased risk for complications, hospitalization, and death from influenza.
2. **To protect the newborn** – Babies cannot get the flu vaccine until 6 months of age. When a pregnant woman gets a flu shot, the protective antibodies made in her body cross the placenta to her baby. These antibodies will protect her baby against the flu until she/he can get the vaccine at 6 months of age.

The flu vaccine can be given in any trimester.

The flu vaccine is safe during pregnancy

The American College of Obstetricians and Gynecologists states that flu vaccines “have been used for many years in millions of pregnant women and are not known to cause pregnancy problems or birth defects.”

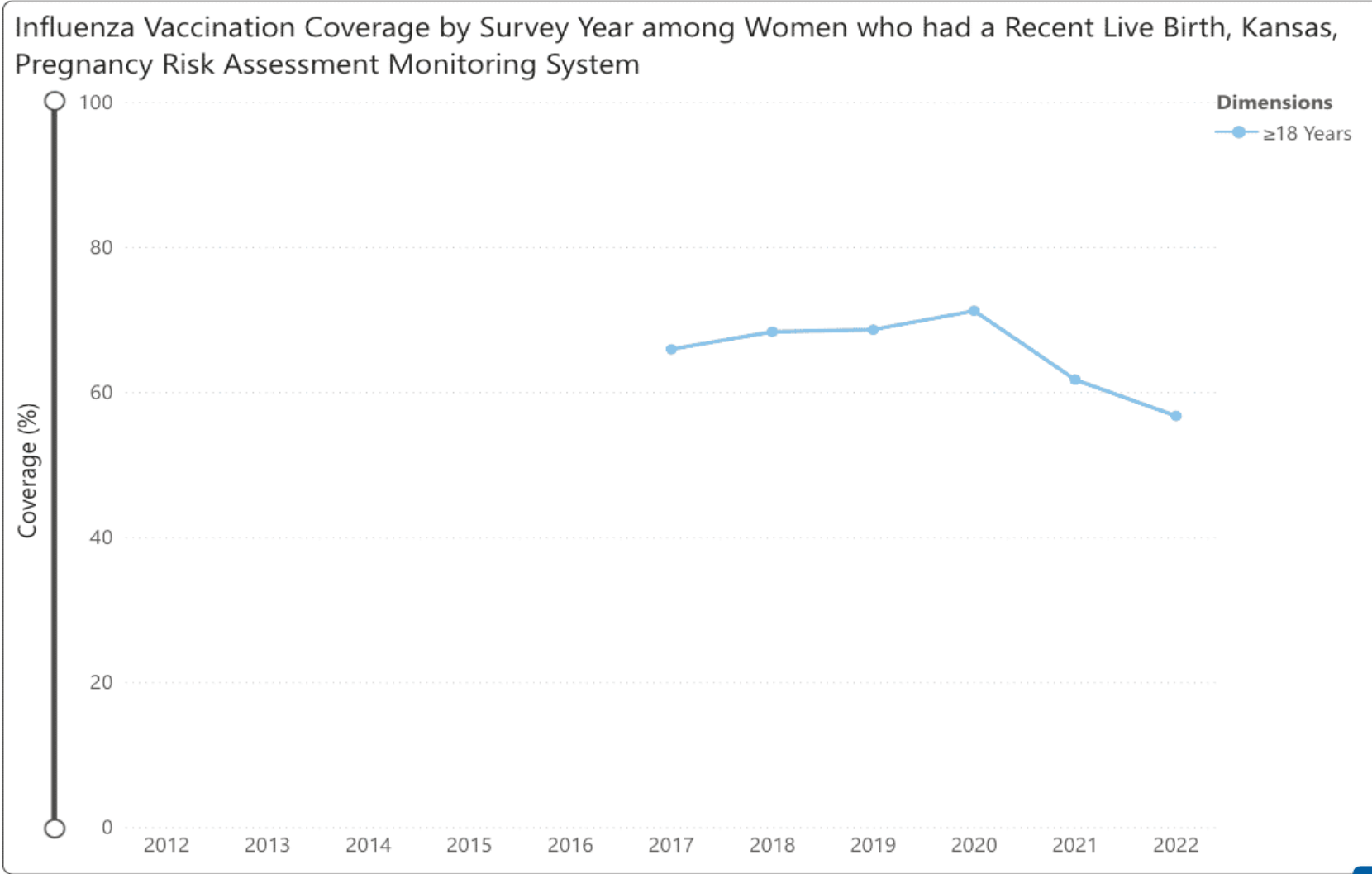


Take a guess...

In Kansas in the most recent season with available data (2022), what proportion of pregnant women received the flu vaccine?



Kansas' flu vaccination coverage fell from a high of 71.2% to **56.7%** in the most recent season with available data (2022)



Reference: www.cdc.gov/fluview/interactive/pregnant-women.html?CDC_AAref_Val=https://www.cdc.gov/flu/fluview/interactive-pregnant-women.htm



Kansas' flu vaccination coverage fell from a high of 71.2% to **56.7%** in the most recent season with available data (2022)

Important Note:

During pregnancy is the ideal time to start talking with the mother about vaccinating the baby after delivery.

**Lesson 4:
Start with a more effective
recommendation.**

Walk the walk

A close-up photograph of a person's hands stacking wooden blocks. The blocks are light-colored wood and have some faint markings on them. The person is wearing a red shirt. The background is blurred, showing what appears to be a medical or office setting.

Recommend vaccination!

This is easy. Many patients/parents report that their provider never brought up vaccines and that they would have gotten them had the provider simply brought it up.

Make sure the entire staff is vaccinated. Make it easy, make it fun...a lot of sites make it mandatory. This is important to the function of the office (it's so hard to deal with staff absenteeism during flu season) and to patient safety. We certainly don't want to spread influenza to our patients and their families!

Also, it's very difficult for unvaccinated providers to effectively recommend the vaccine.

Making the flu vaccine recommendation: When? Why? How?

Balancing considerations regarding the unpredictability of timing of onset of the influenza season and concerns that vaccine-induced immunity might wane over the course of a season, particularly for older adults, vaccination is recommended to be offered **by the end of October**.

Oktober · October		2020							Octobre · Octobre	
Woche Semaine	Montag Lundi	Dienstag Mardi	Mittwoch Mercredi	Donnerstag Jeudi	Freitag Vendredi	Samstag Samedi	Sonntag Dimanche	Montag Lundi	Dienstag Mardi	
40	28	29	30	1	2	3	4			
41	5	6	7	8	9	10	11			
42	12	13	14	15	16	17	18			
43	19	20	21	22	23	24	25			
44	26	27	28	29	30	31	1			

For pregnant women: Give injectable flu vaccine soon after vaccine becomes available. ACOG, CDC, and ACIP recommend that pregnant women get vaccinated during any trimester of their pregnancy.

For nonpregnant adults: Early vaccination (in July and August) should be avoided unless there is concern that later vaccination might not be possible.

For children who need 2 doses*: Give the 1st dose as soon as possible after vaccine becomes available to allow the second dose (which must be administered ≥ 4 weeks later) to be received by the end of October.

***Which children need 2 doses?**

Children aged 6 months through 8 years who have never received flu vaccine or who have not previously received a lifetime total of ≥ 2 doses.

Making the flu vaccine recommendation: When? Why? How?

Why?

Studies show that people are more likely to get their flu vaccine if their provider recommends it to them

How?

CDC developed the SHARE model to help you make a strong vaccine recommendation and provide important info, so patients make informed vaccination decisions

What is the “SHARE” model?

Share

Highlight

Address

Remind

Explain

Based on years of research into vaccine motivators, CDC has developed a mnemonic device to help healthcare providers make a strong vaccine recommendation

We will now go over each step in **SHARE**.

SHARE

Share



SHARE the reasons why flu vaccine is right for the patient given his/her specific risk factors. (CDC recommends annual vaccination for everyone 6 months and older with any licensed, age-appropriate flu vaccine with no preference expressed for one vaccine over another.)

You may want to say something like this:

“The flu vaccine may protect you from getting and spreading flu. Importantly, the vaccine will reduce the risk of severe complications from influenza.”

HIGHLIGHT positive experiences with flu vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in flu vaccination.

You may want to say something like this:

“The healthcare providers in our practice recommend getting an influenza vaccine each year because we have seen so many patients end up in the hospital because of flu.”

Highlight



Address



ADDRESS patient questions and any concerns about flu vaccines (e.g., side effects, safety, vaccine effectiveness) in plain and understandable language.

To a patient who says, "I don't get the flu vaccine because it causes the flu," you may say something like this:

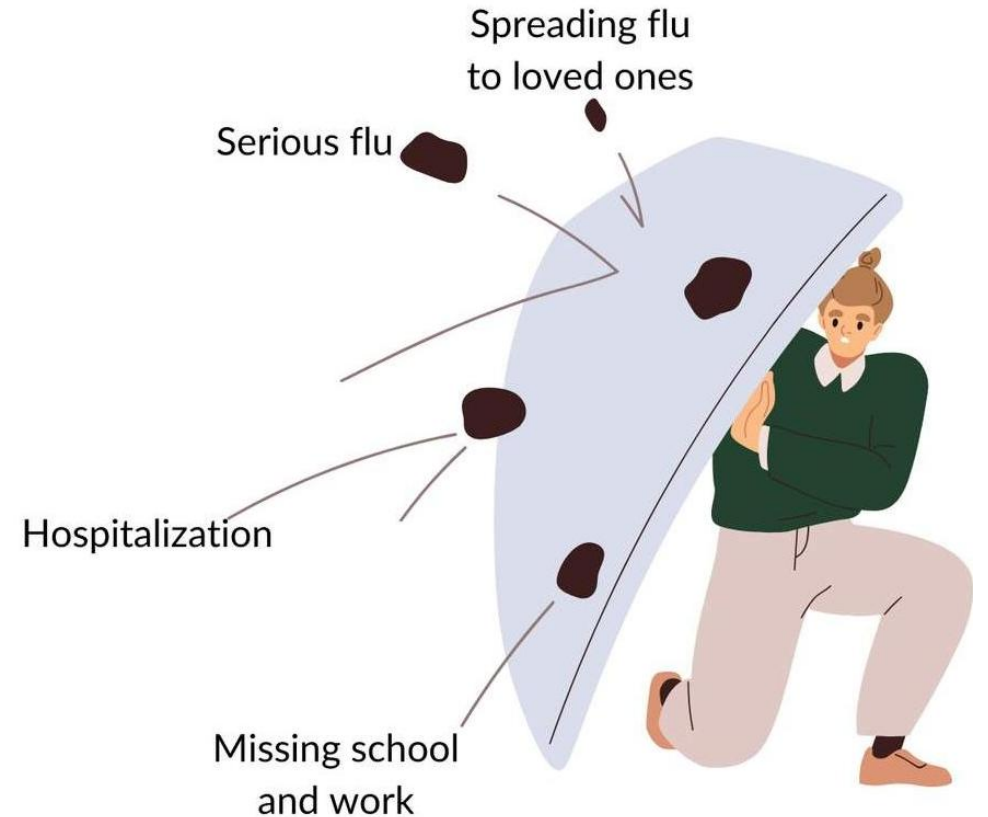
“A flu vaccine cannot cause flu infection. The most common side effects of flu vaccine are mild -- redness, swelling, soreness, or a low-grade fever. These go away in a few days.”

REMIND patients that flu vaccines protect them and their loved ones from serious flu illness and flu-related complications. The vaccine takes 1-2 weeks to induce immunity so choosing to delay is leaving yourself open to INFECTION.

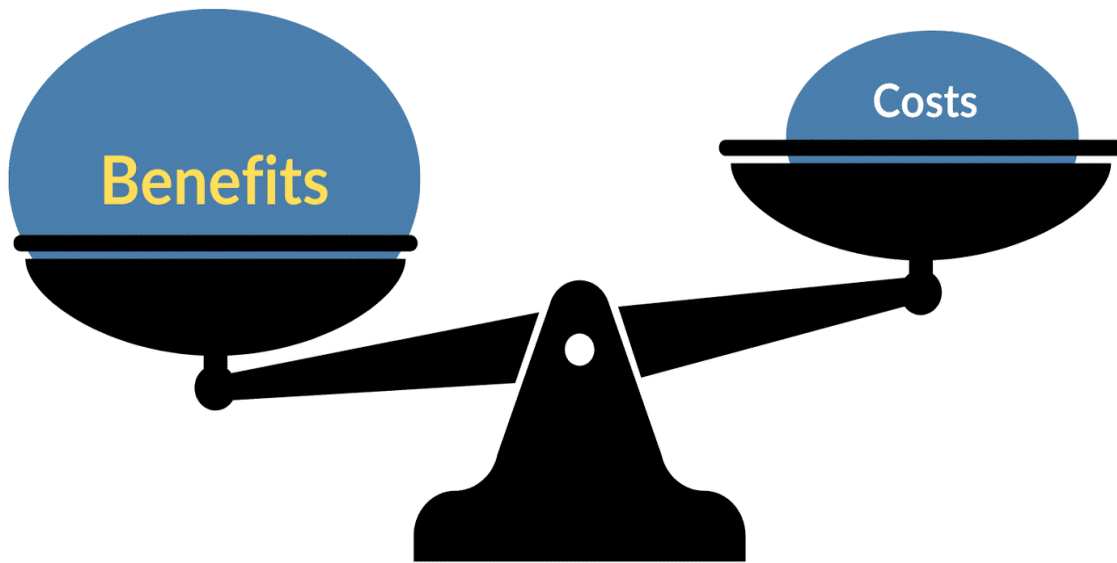
You may want to say something like this:

“Flu activity is going to start picking up soon, so I want to get you vaccinated now. The vaccine takes a week or two to kick in. I want to make sure I help protect you and your loved ones by vaccinating you before you're exposed.”

Remind



Explain



EXPLAIN the potential costs of getting the flu, including serious health effects and time lost (such as missing work or family obligations).

You may want to say something like this:
“It’s important to get vaccinated because flu vaccination can reduce your risk of all the consequences of flu -- flu illness, doctor and emergency visits for flu, and missed work/school.”

⋮ Remind patients of flu vaccine's value

⋮ Address patient's questions

⋮ Explain potential costs of delaying

⋮ SHARE reasons for vaccination

⋮ Highlight positive experiences

I want to vaccinate you now because your diabetes puts you at high risk for complications!

I get flu vaccine every year because I don't want to spread flu to my patients or family.

Good question. The flu shot has been shown to be safe for people with asthma.

Flu vaccine's main value is that it decreases the severity of flu if you do get it.

If you delay vaccination you could end up ill or in the Emergency Department.



Test Your Knowledge!

Match each statement to a SHARE model step.

SHARE reasons for vaccination

I want to vaccinate you now because your diabetes puts you at high risk for complications!

✓ Correct

Highlight positive experiences

I get flu vaccine every year because I don't want to spread flu to my patients or family.

✓ Correct

Address patient's questions

Good question. The flu shot has been shown to be safe for people with asthma.

✓ Correct

Remind patients of flu vaccine's value

Flu vaccine's main value is that it decreases the severity of flu if you do get it.

✓ Correct

Explain potential costs of delaying

If you delay vaccination you could end up ill or in the Emergency Department.

✓ Correct



Test Your Knowledge!

Great work!



Reminders/Tips

A few last reminders about communicating with families about flu vaccine:

- Keep it simple.
- Balance statistics with personal stories.
- Avoid repeating incorrect information.
- Tie flu vaccination to protecting loved ones.
- Position annual flu vaccination as an important component to overall management of health.



Make a Strong Flu Vaccine Recommendation

FIGHT FLU



Information for Health Care Professionals



CDC recommends everyone 6 months and older get an influenza vaccine every year. Influenza vaccine has been shown to prevent millions of influenza illnesses, tens of thousands of hospitalizations, and thousands of deaths each year. CDC and ACIP preferentially recommends the use of specific flu vaccines in adults 65 and older over standard-dose flu vaccines, when available.

Your Vaccine Recommendation is Critical

As a health care professional (HCP), your strong recommendation is a critical factor in whether your patients get an influenza vaccine. Most adults believe vaccines are important, but they may need a reminder from you to get vaccinated. After making your recommendation, follow up with each patient during subsequent appointments to ensure the patient received an influenza vaccine. If the patient is still unvaccinated, repeat the recommendation and try to identify and address any questions or concerns.

Higher Risk Groups Especially Need a Flu Vaccine

The following groups are at higher risk of serious flu complications:

- Children aged 6 months up to their 5th birthday – even those who are healthy – because of their age
- Children of any age with certain long-term health problems, such as asthma, diabetes, or neurological and neurodevelopmental conditions
- People 65 years and older because of their age
- People with asthma, heart disease, diabetes, and certain other chronic health conditions
- People who are pregnant

When to Vaccinate

- For most people, ideally influenza vaccination should happen in September or October. However, vaccination should continue throughout influenza season as long as influenza viruses are circulating.
- There also are specific timing considerations for certain groups of people:
 - » For adults (especially those 65 years and older) and pregnant people in the first and second trimester, vaccination in July and August should be avoided unless there is a concern that later vaccination might not be possible in September or October.
 - » Children who need two doses of influenza vaccine should get their first dose of vaccine as soon as it becomes available, with the second dose given at least four weeks after the first.
 - » Vaccination in July or August can be considered for children who have health care visits during those months if there might not be another opportunity to vaccinate them.
 - » Pregnant people who are in their third trimester can get an influenza vaccine in July or August, if vaccine is available, to protect their babies from flu for the first few months after birth, when babies are too young to get vaccinated.
- If you do not offer vaccine at your facility, make an influenza vaccine referral, and then follow up with each patient during subsequent appointments to ensure they got vaccinated. If the patient remains unvaccinated, repeat the recommendation/referral and try to identify and address any questions or concerns.

CDC's "Make a Strong Flu Vaccine Recommendation" Flyer:

- [3-page general flyer](#)
 - [For adults aged 50-60 years](#)
 - [For adults 65 and older](#)



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



**Lesson 5:
Quick answers to common
family and provider concerns**



How would you answer these questions?

We all get lots of questions. I want to be sure you're ready with answers.

CONTINUE



We are starting to send a **flu vaccine reminder** through the EHR to patients at high risk of flu complications. Does this include my patients with asthma, diabetes, and obesity (BMI or 40 or more)?

1 Yes, these are all risk factors

2 No, one of these is NOT a risk factor



We are starting to send a **flu vaccine reminder** through the EHR to patients at high risk of flu complications. Does this include my patients with asthma, diabetes, and obesity (BMI or 40 or more)?

1 Yes, these are all risk factors

2 No, one of these is NOT a risk factor



Yes, these are all risk factors

You've got this all in your head already!

CONTINUE



A 6-month old with congenital heart disease came in. I recommended flu vaccine. The dad said she'd already tested positive for flu this season so there'd be no point in vaccinating. What should I say?

1 There are 4 strains in the vaccine so it may protect her from 3 strains she has not had yet.

2 You're right. We can hold off until next year.



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2 You're right. We can hold off until next year.



There are 4 strains in the vaccine so it may protect her from 3 strains she has not had yet.

Yes. She's at high risk and she may get flu more than once. Let's vaccinate!

CONTINUE



Flu vaccination rates are a quality measure so if it's *not* given we document *why* it wasn't given. Which of these counts as a true contraindication?

1 Being less than 6 months of age

2 Otitis media



Flu vaccination rates are a quality measure so if it's *not* given we document *why* it wasn't given. Which of these counts as a true contraindication?

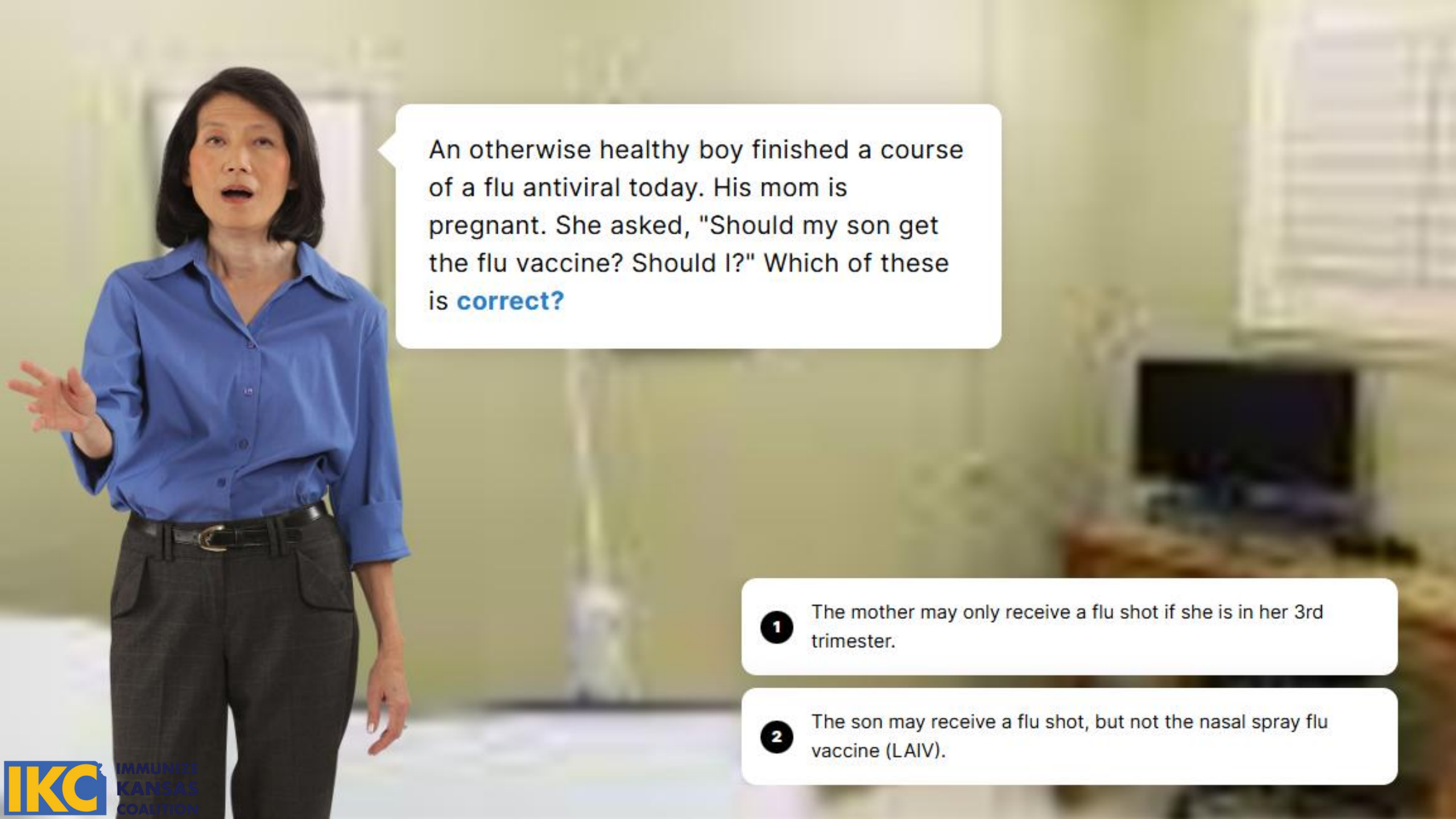
1 Being less than 6 months of age

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Being less than 6 months of age

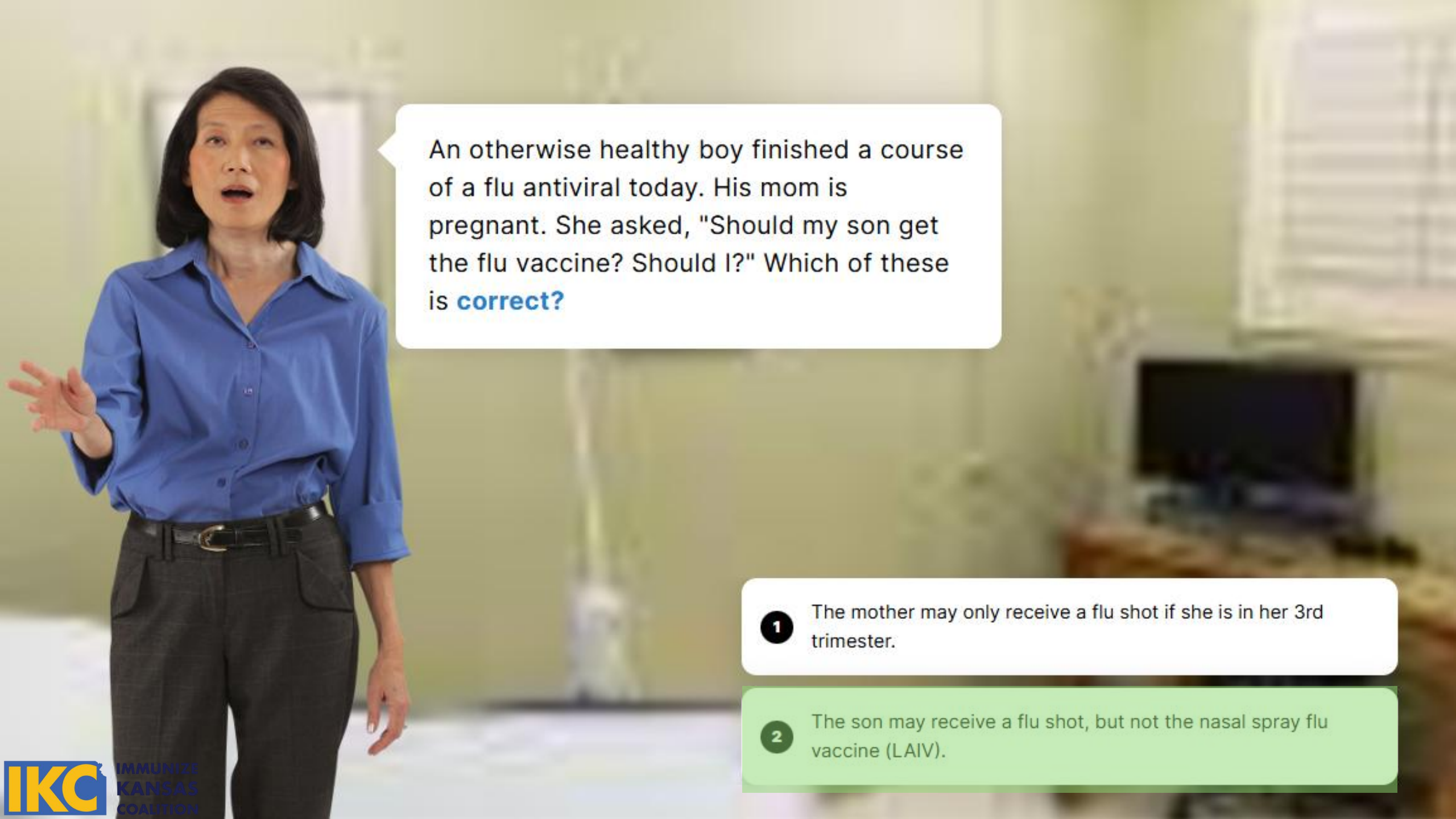
Yes, we have to wait until the 6 month 'birthday.' (I can't find a question that is too hard for you.)

CONTINUE



An otherwise healthy boy finished a course of a flu antiviral today. His mom is pregnant. She asked, "Should my son get the flu vaccine? Should I?" Which of these is **correct**?

- 1 The mother may only receive a flu shot if she is in her 3rd trimester.
- 2 The son may receive a flu shot, but not the nasal spray flu vaccine (LAIV).



An otherwise healthy boy finished a course of a flu antiviral today. His mom is pregnant. She asked, "Should my son get the flu vaccine? Should I?" Which of these is **correct**?

- 1 The mother may only receive a flu shot if she is in her 3rd trimester.
- 2 The son may receive a flu shot, but not the nasal spray flu vaccine (LAIV).



Scenario Complete!

Great Work!



“I’ve heard there’s a stronger flu vaccine. Who should get that?”



ACIP recommendations for adults ages 65 years or older

ACIP recommends that adults aged ≥ 65 years preferentially receive any one of the following higher dose or adjuvanted quadrivalent influenza vaccines:

- High-dose inactivated influenza vaccine (HD-IIV4)
- Recombinant influenza vaccine (RIV4)
- Adjuvanted inactivated influenza vaccine (aIIV4)

If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

Other than this, ACIP does not state a preference for one influenza vaccine over another, although there are certain age and health condition restrictions.

For example:

Contraindications: LAIV should not be given, for example, to pregnant women or to those with severe allergic reaction (e.g., anaphylaxis) to any vaccine component excluding egg, anatomic or functional asplenia, or immunocompromise due to any cause. See [Guide to Contraindications and Precautions to Commonly Used Vaccines](#).

Licensure: The recombinant vaccine (Flublok by Sanofi Pasteur) is only licensed for persons age 18 years and older.

Reference: <https://www.cdc.gov/acip-recs/hcp/vaccine-specific/flu.html>

What influenza vaccines are available in the U.S.

Manufacturer	Trade Name (vaccine abbreviation) ¹	How Supplied	Mercury Content (mcg Hg/0.5mL)	Age Range	CVX Code	Vaccine Product Billing Code ²
						CPT
AstraZeneca	FluMist (LAIV3)	0.2 mL (single-use nasal spray)	0	2 through 49 years	111	90660
					333*	NA*
GSK	Fluarix (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
	FluLaval (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
Sanofi	Flublok (RIV3)	0.5 mL (single-dose syringe)	0	9 years & older	155	90673
	Fluzone (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
		0.5 mL (single-dose vial)	0	6 months & older ³	140	90656
		5.0 mL multi-dose vial (0.25 mL dose)	25 ⁴	6 through 35 months ³	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	25 ⁴	6 months & older	141	90658
	Fluzone High-Dose (HD-IIV3)	0.5 mL (single-dose syringe)	0	65 years & older ⁵	135	90662
CSL Seqirus	Afluria (IIV3)	5.0 mL multi-dose vial (0.25 mL dose)	24.5 ⁴	6 through 35 months ³	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	24.5 ⁴	3 years & older ⁶	141	90658
		0.5 mL (single-dose syringe)	0	3 years & older ³	140	90656
	Fluad (aIIV3)	0.5 mL (single-dose syringe)	0	65 years & older ⁵	168	90653
	Flucelvax (cIIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	153	90661
		5.0 mL multi-dose vial (0.5 mL dose)	25 ⁴	6 months & older ³	320	90661

Below is a link to a complete list of available influenza vaccines.

You can download it now at: www.immunize.org/catg.d/p4072.pdf

This list is updated each year. Check the date on the bottom right of the page to see when it was most recently updated.

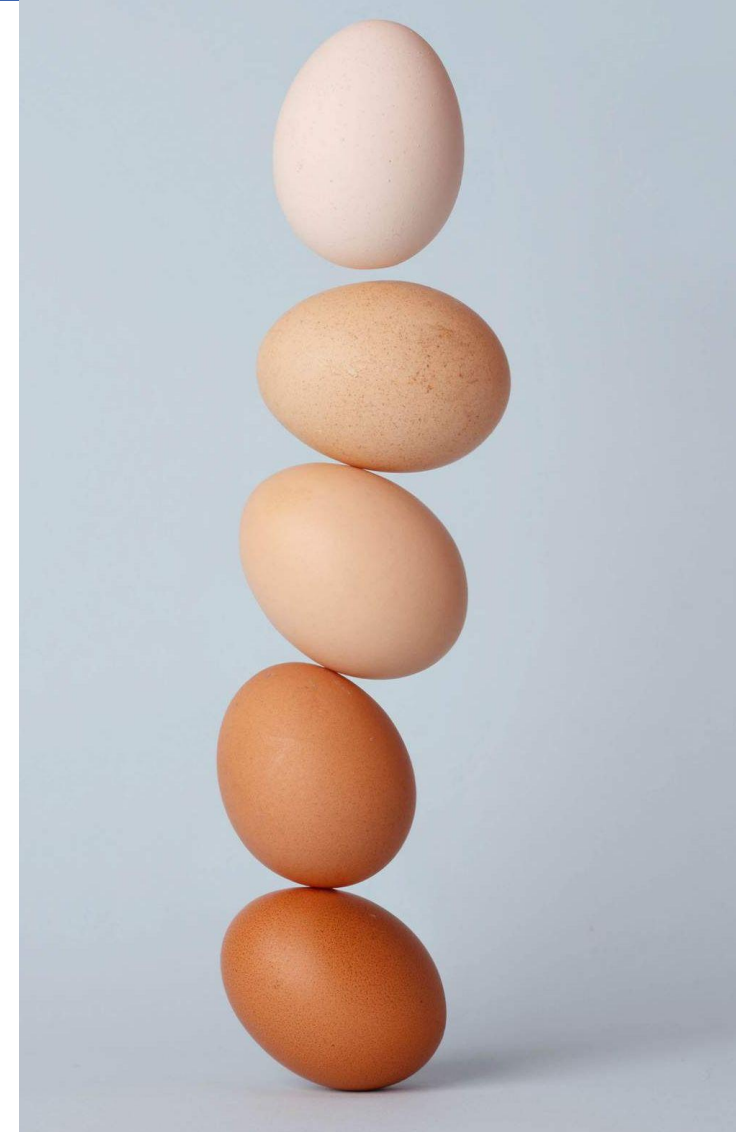
“Should I vaccinate a patient with an egg allergy?”

People with an egg allergy **may receive any vaccine (egg-based or non-egg based)** that is otherwise appropriate for their age and health status.

Beginning with the 2023-2024 season, additional safety measures are no longer recommended for flu vaccination of people who are allergic to eggs beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg.

All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of allergic reactions are available.

No post-vaccination observation period is recommended specifically for egg-allergic people. However, ACIP recommends that vaccine providers consider observing patients in a seated or supine position for 15 minutes after administration of any vaccine to decrease the risk for injury should syncope occur.



References:

<https://www.cdc.gov/flu/prevent/egg-allergies.htm>

<https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm>

“Should I vaccinate a patient with severe allergic reaction to a previous flu vaccination?”

Table 4: Contraindications and Precautions for Persons with a History of Severe Allergic Reaction to an Influenza Vaccine

Vaccine (of any valency) associated with previous severe allergic reaction (e.g., anaphylaxis)	Available 2023–24 influenza vaccines		
	Egg-based IIV4s and LAIV4	cclIV4	RIV4
Any egg-based IIV or LAIV	Contraindication*	Precaution†	Precaution†
Any cclIV	Contraindication*	Contraindication*	Precaution†
Any RIV	Contraindication*	Precaution†	Contraindication*
Unknown influenza vaccine	Allergist consultation recommended		

“Can I give a patient flu & COVID-19 vaccines at the same visit?”



At the same visit

Flu vaccines and COVID-19 vaccines can be given at the same visit if a person is due for both vaccines.

This might be more convenient than having two separate visits.

In the same arm

For flu and COVID-19 vaccines, you can either get both vaccines in the same arm (at least an inch apart), or you can get them in different arms. Either is okay.

The high-dose (Fluzone High-Dose Quadrivalent) or adjuvanted flu vaccine (Fluad Quadrivalent) may be more likely to cause side effects compared to standard dose flu vaccines. You may want to get these high-dose flu vaccines in different arms than the arm receiving a COVID-19 vaccine to reduce side effects in one arm.



For children, follow the [American Academy of Pediatrics immunization schedule](#) for influenza and COVID-19 vaccination recommendations.

For COVID-19 vaccine recommendations, it is wise to check for the most recent clinical considerations:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Coadministration>

References:

<https://www.cdc.gov/flu/vaccines/coadministration.html>

“Should I give flu vaccine to people who have been exposed to or are recovering from an infectious disease? What about COVID-19?”

According to [Immunize.org's Ask the Experts](https://www.immunize.org):

“In general, neither exposure to or recovery from an infectious disease is a contraindication or precaution to vaccination. . . .

COVID-19 is the exception to this general rule. CDC recommends that routine vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of symptoms, until criteria have been met for them to discontinue isolation. The reason for this exception is that vaccination visits for these individuals should be postponed to avoid exposing healthcare personnel and other patients to the virus that causes COVID-19.”

“Should I vaccinate a patient with a mild illness (other than COVID-19)?”

A **mild** acute illness (e.g., diarrhea or mild upper-respiratory tract infection) with or without fever is not a precaution, and vaccines may be given.

It’s wise to do this rather than lose them to follow up.

Top Eight Questions about the Flu Vaccine (3:24 minutes)



Reference:

<https://www.immunize.org/ask-experts/topic/contraindications-precautions/>

**Lesson 6:
Beyond communication:
doing better!**

Administrative Change Ideas

When you know your immunization rates and decide you want to improve, you need ideas about what to change. In a formal quality improvement program, you may begin by mapping the current workflow to see where there are opportunities. Many offices use change ideas that have worked for others.

The following is just that...a brief list of change ideas that have helped other offices improve their flu vaccine coverage.



Make sure that **everyone who works in the office** is vaccinated. As healthcare professionals we must walk the walk.



Keep up to date on immunization recommendations by the [Immunize.org](https://www.immunize.org), the American Academy of Pediatrics ([AAP](https://www.aap.org)), and the American Academy of Family Physicians ([AAFP](https://www.aafp.org)) websites.



Use reminder or recall messages. For example, send email, call, or text reminders to all asthma patients to make an appointment before flu season. Call to follow-up missed appointments that would have included vaccination, especially with high-risk patients.

DOING BETTER DURING THE VISIT



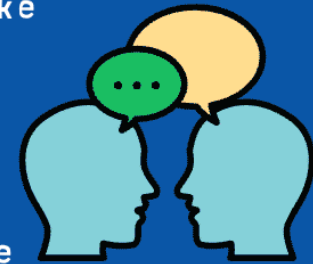
Assess flu vaccination status at every visit September to March. Every visit is an opportunity to recommend an influenza vaccine.

Use standing orders. For more on this, see "Using Standing Orders for Administering Vaccines: What You Should Know" available at <https://www.immunize.org/catg.d/p3066.pdf>



Prompt providers to order flu vaccine. For example, leave the flu VIS on the computer keyboard so they see it and remember to act.

Facilitate communication within your practice. Make clinical resources and informational handouts readily available for staff and patients. Empower all staff to take every opportunity to recommend flu vaccination.



If the vaccine is not available in your office, make referrals (e.g., health department, pharmacies).

Standing Order Resources (from Immunize.Org)

Standing Orders Templates for Administering Vaccines Landing Page:

- <https://www.immunize.org/standing-orders/>

Influenza Vaccine Standing Order Templates (both were updated 9/14/2023)

- “Influenza inactivated and live intranasal – adults”
 - <https://www.immunize.org/catg.d/p3074.pdf>
- “Influenza inactivated and live intranasal – children and teens”
 - <https://www.immunize.org/catg.d/p3074a.pdf>(opens in a new tab)

How to Use Standing Orders

- “Steps to implementing standing orders for immunization in your practice setting”
 - <https://www.immunize.org/catg.d/p3067.pdf>
Updated 6/12/23
- “Influenza inactivated and live intranasal – adults”
 - <https://www.immunize.org/catg.d/p3066.pdf>
Updated 5/29/23

Lesson 7: Wrap Up

Here are the key points:

1

Flu is a serious illness that takes a heavy toll on people in the U.S. every year.

2

Flu vaccine can prevent illness or at least make it less severe. It also prevents the spread of the disease.

3

In Kansas there's room for improvement in flu vaccination rates in all age and risk groups, and especially for adults ages 18 to 64.

4

Making a strong recommendation and being prepared to answer questions succinctly helps office vaccination rates.

5

Use office-based strategies (e.g., patient reminders, standing orders, immunization rates assessment with feedback to clinicians).

Reminders/Tips

What steps will you take next?

Here are some ideas.

- Start using the SHARE model and other tips you learned in this module
- Share this module with others in your practice or use it to teach an in-service
- Do a quality improvement project to boost your flu vaccination rates (you may want to start by focusing one age group) Using KS WebIZ data can help you track your progress



A dark blue background with scattered, colorful confetti in shades of red, yellow, green, and purple.

Congratulations!

You have finished this module.

Full list of resources used in the creation of this module:
[Flu Immz Resources – Updated Sept 2025.docx](#)

You can download the American College of Physicians’
“Vaccine-Catch-Up” template from their webpage, or by
clicking the link below.

[vaccine-catch-up-email-template.docx](#)

If you are a healthcare provider and want CE credit...

IKC's *Preventing Flu* education module is a 0.5-hour Continuing Education (CE) activity. CE is available at no cost to physicians, pharmacists, physician assistants, nurses, and nurse practitioners.

These slides contain the same content as the education module; however, you will need to complete the online education module to claim your CE credit.

To start the online education module, scan the QR code, or visit the link below:

<https://rise.articulate.com/share/O7bkDu1VM4Xjx13lH1iPBbApoDQUi1dJ>



#KansasFightsFlu

#KansasFightsFlu is a campaign to encourage healthcare providers and organizations to raise awareness on the importance of influenza immunization rates in our communities. The goal is to increase rates of influenza vaccinations across Kansas.

Visit IKC's [#KansasFights Flu page](#) to for the latest flu resources, graphics, reels, and more!

