

Speaker 1: Ladies and gentlemen, welcome. And thank you for joining today's conference Flu Fighters: Don't Forget About Flu. Before we begin, please ensure you have opened the chat panel by using the associated icon located at the bottom right hand side of your screen. If you require technical assistance, please send a chat to the event producer. If you would like to ask a question for Q&A, you may go to the chat box and then click on All Panelists in the chat box and see your question in that chat box and it will be addressed at Q&A. Once again, if you have any technical issues at all, please feel free to contact the event producer. As a reminder, this conference is being recorded. With that, I will turn the call over to [Jason Amirhadji 00:00:59]. Jason, please go ahead.

Jason Amirhadji: Thank you so much, and thank you everyone for joining us for today's special summer hot shot on Flu Fighters: Don't You Forget About Flu. Many of you may recall last year's flu lead efforts and we really appreciate you all being with us today because I know it's July peak summer, hot, humid everywhere but believe it or not, we're just about a month away from the start of flu season. And I'm really pleased to have with us today the National Center for Health and Public Housing, who have been our partners in this effort throughout the flu lead initiative and now moving into this next phase of Flu Fighters and really I hope that this information is valuable as you're thinking about gearing up your effort for immunizations this fall.

So without further ado, I'll hand it off to Bob Burns and Jose Leon from the Center for Health and Public Housing. I hope you're going to share a little bit of information about influenza and while they do that, please ask questions in the chat. We're going to get in some hot shots. This is a short webinar, 45 minutes. We're going to get as quickly as we can the Q&A to answer your question. So please share those with us in the chat. All right, take it away Bob.

Bob Burns: Hi everyone and thanks, Jason, for inviting us to join you in this effort. Last year, we had a great experience working on flu lead and it was a great start to see what kind of collaboration we can form between health centers and housing agencies and HUD and HHS and CDC and a whole bunch of other great folks who are concerned with the health of assisted families around the country. Last year, we had kind of a unique situation where due to COVID, due to social distancing and all the rest, that the flu numbers were way down and that was a great thing. But the reality is that it's a new year, as Jose will kind of go through in a bit, there are some indications that the flu numbers are already up and we really need to be prepared.

We were all worried about a twindemic last year, a combination of flu and COVID and we don't want that to be a scenario in the future or to have a super severe outbreak of flu in the coming year and flu season is coming up, it's time people start thinking about getting shots and all that, particularly, starting in the fall. So be ready for the flu season when it really gets going as it gets a little bit cooler. So the first thing we're going to do before getting to that, Dr. Leon will kind of give us a little detailed information and some clinical numbers I think you'd be interested in, is just do a quick poll and this is for everybody and please

respond in simple enough, did you get the influenza vaccine last year? They did the flu vaccine, I'll be very interested to see what folks did in this group.

I think in general, a lot of folks didn't but go ahead if you could and complete that. And we'll look for that response and so we're going to have about a minute, I guess a time for folks to complete that. And then we'll see what the numbers look like. In the meantime, why don't we kind of move over to slide five? Can we do that, Jason or is that too confusing?

Jason Amirhadji: You're on the next slide and just tell folks to know, this is totally anonymous. We're not reporting you to the CDC for missing out.

Bob Burns: That's right. There'll be no penalties, no fines. It's just really to get an idea where folks mindset and experiences. But in the meantime, just to talk a little bit about flu and these numbers as you can see on here are from the previous flu season, from '19 to '20. So kind of the pre-COVID era more or less. And as you can see, flu illnesses, you've got 39 to 56 millions, medical visits, 18 to 26 million, hospitalizations, 410 to 740,000 and actual deaths, 24 to 62,000. And in general, for a flu season, you might want to use kind of an average number of 50,000. So as we kind of think about flu, it's not at the level or the scale or the types of numbers, 600,000 plus numbers that we're talking about or have talked about with COVID in the past year or so. But it's still an awful lot of people dying and in a lot of cases preventatively preventable deaths. So at this point, I'm just going to stop and see what our poll numbers look like, Jason.

Jason Amirhadji: Michelle, can you close the poll? Let's see what the results look like. All right, we had about almost half of folks saying they did get the jab which is about consistent with the national averages. And we only had about 15% of folks admitting they didn't but we also had the non-responses. So pretty close to what we could expect.

Bob Burns: Okay. Well, we appreciate your honesty and hopefully, as a result of this and across the board, we'll be able to get those numbers up. At this point, I'm going to turn it over to Dr. Jose Leon, who is our Chief Medical Officer of the National Center for Health and Public Housing. But I'm going to give one more quick stat and I think this is just kind of interesting. As people approach flu and as they approach COVID, some people I guess, are willing to take more risks than others. But to take a look at comparing deaths by hang gliding versus deaths by flu, flu and hang gliding are pretty much in the same area, 0.15%. So it's just about as risky to not get the flu shot as it is to hang glide.

And then moving on in terms of influenza cases and comparing them, COVID-19 cases because COVID 12 times deadlier than the flu, but 33 million cases, 605,000 deaths and COVID-19 is riskier than base jumping. So odds of dying from COVID, 1.8% versus base jumping, 1.67%. So it seems a lot of people wouldn't take the risk through the hang glider or the base jump but they seem willing to take the risk with respect to immunizations. And so I guess our mission is for people to understand the risks they're taking and hopefully address it and

see the benefits to them personally and to their families and friends and society in general. So at this point, I will turn it over to our Chief Medical Officer, Dr. Jose Leon, who is for a long time been trying to push immunization issue across the board with respect to COVID and childhood immunizations and whooping cough and a whole bunch of other stuff. So at this point, Jose take it away.

Dr. Jose Leon:

All right, thanks Bob. Thank you, Jason for the invitation, is such a great honor to be here and good morning or afternoon, depending on where you are, is such a very honor and such a pleasure to be part of this conversation. And in regards to influenza or the flu, we tend to believe that this is a condition or an infection that is going to last two to three days and that after three days we're going to be okay. But we have seen there are some complications and there are some severe symptoms that we sometimes believe that they are not going to happen to us and they influence the one of the concerns about this infection or this condition is that sometimes you can have a co-infection or a complication from the flu and one of them is pneumonia.

I mean, you can have a complete viral condition such as this is the influenza or the flu, and then two or three days after you can develop a bacterial infection and you can have serious complication from pneumonia. So this is what we're seeing here that if you see for the weeks from the 10th to the 20th week from July 3 2020 to July 8 2021, we have already seen an increase in the number of these cases. Remember that we also have COVID-19, we also have influenza and pneumonia and these three conditions are very similar, the symptoms are very similar. So we need to be aware that by preventing COVID-19 and influenza, the only thing that we need is just to get a chart, we can prevent that are related to any of these conditions. Next slide.

So we're seeing here the COVID-19 cases in the last seven days by State and territory. And as you can see, most of the cases right now are in those States where we have low vaccination rates. When we don't have too many people receiving the vaccine for different reasons, either because people are hesitant to get a vaccine or because they tend to believe some of the wrong information about COVID-19 vaccination. So remember, again, that COVID-19 and influenza are very similar and the reason why we're trying to bring this up is just to make sure that we understand that COVID won't be the only conditions that we will have to be cautious during the influenza season, that influenza per se is one of the conditions that can also affect us and if by any reason we develop a co-infection, we can develop serious symptoms or hospitalization or death due to either COVID-19 or influenza neglect.

Now, it regards to the ILI or the influenza-like illnesses and this is the activity for the 2020-21 influenza season, the week ending June 19 2021, we see exactly the same trend with some of the ILI activity levels, these was for this week and even though the activity is not very high, we still have some States where we have cases which is not what we're expecting during the Solomonic life. I think, if we would compare it to the data from last year, we see that there were no basically or was very minimal. And then based on what we are seeing and the tendency

for this year is that we are having some cases already on the influenza-like illnesses or the illness. So, this is very important to know that this is the reason why we believe that prevention is what we have to promote and have both of the people that we can use to make sure that they receive the influenza vaccine this year. Next slide.

Now in 2020-2021 and this is something really interesting, we can see that from week 40 of last year to basically week 39 of this year, the cases have been steady. And this is for influenza-like illness, however there has been cases and we still have to make sure that we understand that there is a need to promote vaccination. When have the influenza season, is very difficult to say when the influenza season will start. This is a question that many people ask and they say, "When is the flu season as from this year?" And it is complicated and sometimes impossible to answer that question because as we have seen this year, I mean, we already have some cases in the summer.

Generally the Center for Disease Control says that up from October to probably March or April but that's not the case sometimes. Sometimes we have 16 months that we are not supposed to have influenza. So we need to make sure that from now on, we promote the vaccine, we make sure that we receive the vaccines. And just remember that this is not a cold, that the symptoms are mild, that we can have complications, that we can have co-infection, we can develop pneumonia from the flu. Next slide.

This is again for the week six and end of February 13 2020. And the cases were very minimal. We didn't have too many cases or influenza-like illness really this time of the year, next slide. However, when we compare to the week six ending February 8 2020, we are seeing that there were many cases related or influenza-like illness and these was due to COVID. And again, if there would be an issue right now that we are going to start the influenza season, when we have a peak in the number of influenza cases and we will have to determine whether this is COVID or this is influenza. So the best way to prevent both foundations if you have not already received the COVID-19 vaccine, getting the COVID-19 vaccine and making sure that you also received the influenza vaccine so you are protected and then you can avoid any complications from both diseases. Next slide.

Remember, this is the perfect storm, right? Last year, we didn't have too many cases because we have been mask mandates, the social distances, the schools were closed. But right now, we are seeing some influenza cases this year. Remember that we have some populations that are most likely to develop influenza complications, specifically children or people with the immune system compromised, if you have a cardiovascular condition, if you have high blood pressure, if you have diabetes, in you are over the age of 65. So, the reason why we are trying to start this webinar series is because we need to make sure that we are just preventing all these complications from influenza. Next slide.

So, this is the percentage of visits for influenza-like illness by age group. As can see here, there are some groups that are most likely to develop influenza. Again, children under the age of five or people over the age of 65 are most likely to develop influenza or influenza-like, in time zones and complications from this condition. Next slide. These are the influenza-associated pediatric deaths. For these year, we already have one case. So we'll have some cases associated to influenza for the 2020-2021 period, we only have one and this is something that we need to pay attention to. I mean, we're in the summer, temperatures are high right now. We are having humidity. I mean, if we were in South America or somewhere else in the south probably that's something that we will say, "Oh, this is normal." Because they are in a winter season but here we are in the summer and this shouldn't be happening. So we need to pay attention to the number of cases and make sure that we receive the influenza vaccine. Next slide.

So this is the message for today's webinar; get yourself and your family the vaccine, is the first and most important step in protecting against flu viruses. One more time, it is extremely important to highlight that influenza is not a condition that you are going to say it's going to last two or three days. We have been cases on healthy individual who are or who develop complications from the flu. So let's get ready, let's get the vaccine and get protected. Next slide. This is some of the factors associated with low influenza vaccination coverage. People with lower level education are less likely to get the vaccine at school as lower as those with low income or urbanicity or lack of health insurance. So these are social determinants of health, sounds familiar? These are the people who need to work with making sure that they get their vaccine. Next slide.

In regards to other factors, remember that the vaccine is recommended for all the people over the age of six months and up. Children probably under the age of five who are getting the vaccine for the first time are going to exclude those that have the vaccines that have warned. I mean, there is no specific month to get the vaccine, you can get the vaccines any time as long... I mean, as soon as the influenza vaccine is available, you can get that vaccine and if you get good with it, you will be protected for the entire flu season. There will be around 200 million doses this season, all vaccines will be quadrivalent. In the past, we have the surveillance vaccine. Now we're protecting against four strains of the flu, remember, including H1N1, that's the swine flu that we've had one of the last epidemics. So these vaccine will contain the H1N1 and you will also be protected against H1N1. And distribution is starting about two weeks. So let's get ready to get the influenza vaccine. Next slide. And now I'll turn in the presentation over to Bob. Bob, you may be muted if you're speaking.

Bob Burns:

I'm sorry, guys. Yeah. Thank you, Jose. Thanks, Jason. I think it's really great to see how the numbers really barrow, I think, what we're all shooting for and I think it's interesting too that with flu, you see a younger population is impacted by that. And also, you can just see in some of the numbers that Jose went through that there's just a direct relationship or inverse relationship between vaccinations and infections or reported flu cases. So it's just a clear sign that the

vaccine really does make a difference. In going forward as we have tried to promote and I think higher than HHS and health centers and housing agencies and CDC and community organizations and hospitals and churches have really tried to promote the partnership angle and that's on the housing side to partner with housing agencies department with health centers.

The health centers offer kind of, I guess, the clinical and a lot of great materials as the CDC whereas housing folks know their residents and those that they're providing assistance to. There are great resident leaders who are leaders in the community that make a big difference. And as we've all seen with COVID, it's really so important that the advocates for vaccination are trusted leaders in the community. If somebody you trust gets the vaccine and it works for them and they support it, you're more likely to get it yourself, just kind of common staff stuff. And then outreach campaigns can be done in combination between the two vaccine providers across the board, health centers are part of that, hospitals are part of that. Coordination with vaccination clinics providing vaccinations, rolling patients, managing patients.

Community Health Centers have a great understanding of the patient base and they know their patients, and they're going to get those folks. But there are a lot of folks who aren't Community Health Center patients, but they may be the residents. And if you can encourage them to go to your health center, where to get the vaccine, where it's available from the local Department of Public Health, if there's another source, it's really about making it work. I think we saw during the flu lead exercise with the sites there and we've seen during COVID, that housing agencies and health centers that partner together and make an active effort to get out and reach individuals that can really make a huge difference particularly for elderly or disabled folks or maybe people who were just so busy with taking care of young kids or whatever, 38% of public housing residents are children.

So just to try to either do an onsite clinic or transport people to places or facilitate transportation to inoculation sites, it can really go both ways. And I think a line that I steal from folks I think after [Nakron 00:26:16] and that's basically to get out from behind the stethoscope on the medical side and basically to work with your housing agency to go and reach the patients where they can realizing they may not have a regular nine to five schedule, they may not have daycare or eldercare handy, they might not have a vehicle. So just trying to make all that stuff work. And again, thanks so much for inviting us. And I guess one last thing I would say is that since especially flu can impact the younger populations, dealing with the schools and also trying to reach young adults, much like COVID they seem kind of reluctance because they're healthy and strong and feel like it doesn't impact them.

So we need to make extra efforts to try to get folks in that kind of 18 to 37 bracket. And at this point, I want to turn it back over to Jason. And I really like this next slide because it really says it all, more or less it's kind of the old adage

that an ounce of prevention is worth a pound of cure. At this point, I'm going to turn it over to Jason and Rommel. To you guys.

Jason Amirhadji: Thanks so much, Bob and Jose, and thanks to everyone for your questions. We got a lot of great questions in the chat. And a lot of really important information went over. So I want to see if I can recap some of the things and if I'm getting this right. Jose, you talked early on about really sort of the typical flu season. And that's to that peak in winter and now in summer, with the northern hemisphere summer that is lower. This year, we're seeing slightly higher rates in summer. So it sounds like the concern is that we may be lulled into a false sense of complacency from last year when we had all of those social distancing, masking, the fact that kids were going to school. And so what I heard you saying is really that there's a risk this year that this may catch us by surprise because we're already seeing higher than normal influenza rates at this time of year before the real startup flu season. Is that right?

Dr. Jose Leon: Correct. Jason, we already seen some cases of influenza and it is not the influenza season right now. Again, I mean, there is no date or month when we say, "Oh, we have already started influenza season." Well, last year we didn't have cases or too many cases because we were all following the COVID-19 prevention measures. But right now that we are getting vaccinated, that we are just trying to go back to a normal life, we have some somehow led the influenza season. I mean, the reason is that the influenza season is with or the influenza viruses with us all year. It is sometimes because the environmental conditions help, you are not going to see many cases or cases in the summer. But that doesn't mean that we don't have influenza cases.

It's just that we have fewer cases in this case but this year we're having more than expected and that we need to make sure that we pay attention to it from different perspective, one of them is from the prevention perspective and make sure that everybody gets vaccinated. And as we said, the vaccine will be available in August and so we are very close to get the vaccine and there is no month to get or to start getting the vaccine, there is CDC recommendation is get the vaccine as soon as the vaccine is available.

Jason Amirhadji: Actually if you think of one of the slides you showed earlier, which is this one, that in a typical influenza season it looks like looking at Nevada, where we saw in the map there's a hotspot now, we have a low of maybe a third of people getting vaccine to just maybe over 50% in some of the highest vaccination states. But that's really even lower than what we're seeing for COVID rate, so is it safe to say that we're really not hitting herd immunity when it comes to the influenza vaccine, there's pretty much community spread of influenza throughout the year because we're not hitting that level that will be needed?

Dr. Jose Leon: One of the issues with the influenza of virus is that you can get infected even if you had influenza, the influenza virus doesn't give you long immunity. So if you have the condition the last year, probably you can get infected this year because you are not going to long immunity. The reason is that this virus in particular

doesn't provide that immunity and you have other conditions such as measles for instance, that once you get it you are not going to get it unless you are immunocompromised. With the flu is totally different and you can get infected more than one.

Jason Amirhadji: That's right. Yeah, you make me actually think about the last pandemic which was an influenza pandemic, over 100 years ago. We know that it's definitely just going back to that map. A typical year looks like there's a lot of influenza going around last year, we may have got a free pass. So what does that mean in terms of the effectiveness of the vaccine because I know it sounds like at the end of the season, they use the strains that are sort of spreading, right? We've all heard about the COVID variants and their variants of flu as well. So what does last year's pre-season being really non-existent almost mean for this year's vaccine and the effectiveness of this year's influenza vaccine?

Dr. Jose Leon: That's a great question, Jason. In general, the vaccines are going to have the same strain. My understanding that for this year, we're about to have the H1N1 strain, there is influenza type C, influenza type B and synthesis of quadrivalent vaccine, there will be another strain. Then early the year before there is a meeting and CDC and WHO work together to identify the strain that will be in the vaccines.

Jason Amirhadji: Great. Well, Rommel, do we have some questions in from the chat.

Rommel Calderwo...: Yeah, thanks, Jason. So on a related note, we're hearing that a COVID vaccine booster might be needed in the fall with data barriers. They're coming out and just wondering, would there be any issue if folks were to get a flu vaccine and this booster for COVID the same time period there should be plan on maybe spacing them out? So they're getting one let's say in October and then one in the following month?

Dr. Jose Leon: Great question. That is, again, our recommendation that remember that all these vaccines are inactive vaccines which means they do not have live viruses. There is only one flu vaccine that is the nasal spray that has the live virus. Otherwise, all the injections are inactive. So the recommendation is that there is no interval of when you have two inactive vaccines and then can be given even on the same day. Now, we need to follow the CDC recommendations. At this moment, the recommendation regarding the flu vaccines are not out yet but it's my understanding that for the booster dose, there will be no interval between doses of the vaccine.

Rommel Calderwo...: Great. Thanks Jose. Well, we may have to follow up. You mentioned that the vaccine is not quite out but I know it's just around the corner. So as folks are by now focusing on, of course, the COVID vaccine, when should they start reaching out to their buzzers? Bob, with questions for you too to start thinking about coordinating influenza vaccine clinics?

Bob Burns: I think the answer is really as soon as possible because you know how the summer goes, one minute it's Fourth of July and then all of sudden, it's Labor Day. And people will be getting their vaccine, health centers will be getting their vaccine, DPHs will be getting their vaccines, the State Immunization Program managers will be kind of coordinating that all in whatever stage you're in. And it's really now a great time to try to get on the calendar. And if you're going to do an event, maybe an onsite clinic or you're going to do an educational effort, or you're going to provide assistance to transport people to a vaccination site, this is the time to make all those arrangements. But I think that the first stop is probably to check in with your health center or your DPH, your department public health to basically see where the vaccines available and kind of go from there and then try to coordinate based on the population.

If you've got folks who can't get out, what you want to try to find a way to get the vaccine in and if you have folks who can get out but may not have daycare or eldercare or transportation to try to facilitate that. And overall, if you've got a bunch of folks are going to be a little bit hesitant or in some cases, sometimes we had some folks who tell us it's not really a hesitancy issue, it's just that they're so busy, was it they don't think that the illness is really going to cause them a problem, kind of almost a health literacy issue, they don't think vaccine is something they need to worry about. So if you're going to do an educational campaign, this tons of great material and help center would certainly help with that. And as you know from our all of our partners at CDC have some great materials out there to share that you can use to get the message across.

Rommel Calderwo...: And Bob and Jose, on that note the focus right now is really, I think, a lot is being focused, I call it vaccination efforts on the ground, I'm just wondering if it does it make sense to include a lot of outreach and the promotional efforts to include out influenza vaccination with COVID vaccination efforts and if so, what would you recommend folks do? They're trying to combine COVID and influenza vaccination offered on the ground, especially in a target [crosstalk 00:38:44].

Bob Burns: Jose speak to the clinical aspect of it, and I think he already talked about part of that and then we can maybe talk about the partnership or the logistics aspect of it. So Jose?

Dr. Jose Leon: Yep. That's a great question. One of the concerns right now is that people tend to believe that we are or they are getting too many vaccines. We have already received two doses depending on which vaccine you received, and then we are now talking about the booster dose of the COVID-19 vaccine. So it is going to be challenging to educate our patients and say, "Hey, you also need to receive the influenza vaccine and because we already have some cases and even if you are protected against COVID, we are also seeing some cases of COVID-19 in patients who have been vaccinated." So the effort is to convince the populations that both conditions have a complication, that you can die from this flu, that you can die from COVID and by getting the vaccines, probably you're now going to get fully protected. I mean, we have seen some cases right now of people vaccinated against COVID who have developed COVID. But remember that these

people have not been hospitalized and you are basically preventing people from dying from COVID-19 and it's going to be the same with the flu.

If you develop any kind of symptom, remember that both conditions are quite similar, you are going to have fever, you are going to have coughing and then you will be... I mean, if somebody has these things, the person right now should be starting being tested for both flu or COVID. So what we'll have to do is just to explain exactly that to our populations and making sure that they understand the need to get both vaccines, the booster dose of the COVID vaccine when is recommended or when is available as well as the influenza vaccine this year.

Jason Amirhadji:

As far as the overall planning, I mean, health centers are already planning. And all should have supply certainly by September, some may even have before but I would think by September and certainly by Labor Day people will have their supplies in. So that's why now is really a great time to get out and try to make those arrangements. Great. Well, we had a couple more great questions in the chat. So we'll actually extend for a few minutes just to make sure we get to those all but it sounds like what I'm hearing is folks don't need to worry about the timing of the COVID vaccine with the influenza, they're both inactive. And the CDC guidance now says you can get them even at the same time. So maybe that's the consideration as you're planning vaccine clinics.

But I did hear I think, Jose, you mentioned something around vaccine fatigue. So also making sure that people feel comfortable which is, I think, to Bob's point about community messengers and trusted messengers. I want to ask a quick question here, really just thinking about the underlying partnership between, let's say, a health center and the housing authority or with paper pharmacy as the vaccine provider, we know that throughout the past year they were working together on COVID testing, COVID vaccines, now influenza vaccines and, of course, there actually is influenza testing and even some antivirals that can be given to people in the early stages or come down with influenza.

What can folks do to make sure that if they're in a non-Medicaid expansion State, we answered the issue last year by Florida, Texas that they get access to a free vaccine because I know cost concerns in the past have really been one of the big challenges. Some pharmacies offer free vaccines and health centers will offer free vaccines as an incentive to folks. I understand that actually anyone right now who receive unemployment benefits, can get access to health care on the exchange at the silver level, which has no out-of-pockets for deductibles or co-pays. So what would you say just for both to making sure that now that we've gotten into the mode of doing COVID vaccines, there isn't some sticker shock if suddenly they're being asked to get \$5 for a flu vaccine. What would you say, how should folks approach that?

Dr. Jose Leon:

All right. I don't want to sidetrack the discussion but I do want to mention that last year we found with the flu lead effort that I think we had about a third of the folks who got the flu vaccine through the flu lead initiative of last year when they went to their health center or got involved, of those who are not already

patients, they actually became patients. And honestly, in terms of overall health, the best thing would be to get folks who are not associated or don't have a regular provider to become a patient of the health center in which case there really is no issue around vaccine in any way. The cost would be covered one way or the other whether or not it was from through Medicaid or through their insure or the health center would cover it. So that's really the best way to go.

Jason Amirhadji: Rommel, any last questions from you from the chat box?

Rommel Calderwo...: No.

Jason Amirhadji: Well, let me just then ask, maybe we need to start to wrap up here. The question around timing. So influenza season, of course, continues through April. So we're about to get started in August and this is really going to be with us certainly for the next eight or nine months. I guess, what should folks be thinking about? It sounds like getting the shot on arms in September, October would be ideal. But I know there's also late season, so what should folks be thinking about in terms of planning vaccine clinics, certainly for back to school early in the fall before folks are getting indoors but what other opportunities are there to make sure that people have access to them?

Bob Burns: Well, in general, I mean, the community events are always helpful, coordination through other community based organizations, faith based organizations have famously done this kind of forever. In local communities, if there's a rotary organization or rotary club in your town, the rotary has a huge tradition of facilitating staffing, providing funding, providing facilities for immunizations, going back to polio and they have done that consistently nationwide through the COVID-19 vaccination efforts and they're a great source of making that happen.

Dr. Jose Leon: Jason, one of the things that we'll have to consider is the influenza vaccine is not a required vaccine, it is a recommended vaccine. So schools probably are not going to get their population to get vaccinated. The other vaccine that is just recommended that is not required is the pneumonia vaccine. So there has to be a lot of education in the community, CDC has really good materials and resources that we can download from the website and send it to our populations or to our people, to our relatives, making sure that they read and they really understand the need to get the vaccine. Every time that you get a vaccine, you were going to get a card similar to the one that you get when you get your COVID vaccine. But again, in regards to the influenza vaccine, this is a vaccine that is only recommended. So the effort needs to be very focused on education and making sure that we understand that this is not a condition that we're just going to have mild symptoms, that we can really die from the flu complications.

Jason Amirhadji: Yeah. I think that's really important. But definitely appreciate both of your expertise and all the great questions in the chat. As we wrap up any just last

thoughts about things you want to make sure folks think about as they're going back in and still very much focused on COVID but now also keeping both these COVID and influenza in mind for this upcoming season?

Bob Burns: One thing I just mentioned in summer was one of the slides talked about the partnership aspect and reaching to utilizing the resident advisory boards and the folks there and people in the community because people listening to people they know and trust and to try to really work with those folks to identify people who are in different situations and require different assistance or different educational materials to get them to participate, whether it's kids or young adults, elderly folks are basically your best customer because they've been through the rodeo many times and they don't want to get sick and they're going to do what they need to do to make sure that doesn't happen. And then in terms of just basic ways to get the vaccine out there, there are kind of different categories.

I mean, there's regular patient visits which is kind of best if you're in that situation but you can do an event associated with something else, maybe a community event whether it's a holiday or a community cookout or a reunion or a church, social or whatever the reason. And then on the other side, again, to identify those folks who really need you to come to them and then to kind of work between your health center or your health provider in communities that don't have a health center and your housing agency folks that deal with the transportation issues, the logistics issues, the staffing issues and community health workers, of course, have been a great boom to that because if you can get somebody who kind of works with both the housing agency and the health providers and knows the community, we can kind of help coordinate and inform both parties just so much the better.

Jason Amirhadji: Great. Well, thanks so much, Bob. Jose, any last thought?

Dr. Jose Leon: Yes. My recommendation is that talk to your provider, talk about all the concerns that you may have, go to the Centers for Disease Control and Prevention resources, read some of the frequently asked questions. In the past, I've heard many people cautious, trying not to get a vaccine because they said, "Oh, I am allergic to eggs and the vaccine is culturing and connects core. Whoa, I have other complications after getting a vaccine." So talk to your provider if you have any questions. And at the same time, remember that the vaccine is going to, most of the reactive, 95%, 96% of the reactions are just localized reactions, pain and redness at the injection site. But these symptoms disappear two or three days after getting the vaccine. So if you have any concerns about the influenza vaccine, talk to your provider and let them know what your questions are and what your situation is and you are going to get... I mean, we have a lot of influenza vaccines available for this year, different brands, manufacturers, so they will be able to help you find the right vaccine for you.

Jason Amirhadji: Thank you so much, Jose and thanks again to everyone for attending. I want to just make a quick plug for next week's hot shot, which is going to be back in our

normal Wednesday, one o'clock time. Show me the data, turbocharge your vaccine efforts. And I'm really excited about this one because it is using an innovative model that I think any community can pursue to work with State health departments to give localized data that's comprehensive to show what the vaccination rates are. This is public health data that's normally rolled up and provided to the CDC. But just as a community partner, you can work with your State health department to get that data and we'll talk about how useful that can be in terms of going door to door, really focusing our communities where that particular community has a lower vaccination rate than others.

So it helps to refine your efforts, make sure that you're spending your time to get the most bang for your buck, so to speak. And we're going to have a site on sharing their experience and actually putting one of these data sharing agreements together and then using the data in a very action oriented way. So please do tune in to join us for that next week. And of course, be on the lookout for more COVID bulletins that are going to have that webinar and others for you to attend. In the chat box, I'm just going to paste for everybody here. And I would really appreciate it if you can just take 30 seconds to fill out a quick feedback form. We've been doing these webinars for months and want to make sure that they're useful to you.

So we appreciate all of your efforts on the ground and very much look forward to seeing you next week and sharing out all of your successes. Of course, be in touch with any challenges that you're having. We're here to support you and your work. So thanks so much for joining us today. I'm just going to also put in the chat box a registration link for next week's webinar. So before you head out today, so to do two things, quick, give us 30 seconds of feedback and then also, make sure you pre-register, pick up the link, put it on your calendar for next week's webinar on the status sharing. It's really exciting and I think you're going to enjoy it. And then finally, at the end of the month, in two weeks on the 28, one o'clock, we're going to have a special focus webinar. This is really exciting, because students are going back to school and there's a lot going on.

There's some toolkits that I'll be putting out in addition to some interesting and innovative models from communities to help re-engage youth and especially what have you vaccination because we know that those are some of the lowest rates when it comes to COVID vaccination, and as they said, some of the most at risk for influenza or pneumonia. So you want to make sure that folks are safe and vaccinated before they head back including catch up vaccination. So we'll be talking about lots of use resources there and more generally, but also to make sure that folks are covered on the Help button. So hope to see you with those in addition to upcoming webinars coming up for August. So please continue to share your feedback and feedback form, there's actually an opportunity to let us know what topics are of interest to you. We want to make sure these are relevant for your work.

But once again, we really appreciate you joining us today. And thanks so much to our presenters, Bob and Jose from the National Center for Health and Public

Housing, as always great information for insights and we appreciate your expertise.

Bob Burns: Thank you, Jason.

Jason Amirhadji: Thank you.

Speaker 1: All right. That concludes our conference. Thank you for using event services. You may now disconnect.