Flu Care in Day Care

Panel Discussion on the Impact of Influenza Vaccination Requirements

Tuesday, November 18, 2014
11:00 AM ET
Welcome

Carol J. Baker, MD
Chair, *Childhood Influenza Immunization Coalition* (CIIC)

Past-President, National Foundation for Infectious Diseases (NFID)
Professor of Pediatrics, Molecular Virology & Microbiology
Baylor College of Medicine
Executive Director, Center for Vaccine Awareness & Research
Texas Children’s Hospital
Houston, TX
About NFID

Non-profit 501(c)(3) organization dedicated to educating the public and healthcare professionals about causes, treatment, and prevention of infectious diseases across the lifespan

- Reaches consumers, health professionals, and media through:
  - Coalition-building activities
  - Public and professional educational program
  - Scientific meetings, research, and training
- Longstanding partnerships to facilitate rapid program initiation and increase programming impact
- Flexible and nimble organization
About CIIC

- Established by NFID in 2007
- Coalition of more than 30 of the nation’s leading public health, medical, patient, and parent groups
- Mission is to protect infants, children, and adolescents from influenza by communicating with “one strong voice” the need to make influenza immunization a national health priority
About AIM

Non-profit 501(c)(3) membership organization created in 1999 to enable the 64 state, territorial and local immunization program managers to work together to effectively prevent and control vaccine-preventable diseases and improve immunization coverage in the United States and its territories.

Education and Advocacy
- AIM position statements, letters, fact sheets and other resources
- Representation on Federal Advisory Boards (NVAC and ACIP)
- Input into policy development

Member Professional Development
- The AIM Leadership Institute – provides professional development, training and mentoring for members

Membership Services
- Mentor program - matches experienced program managers with new program managers
- Information exchange
- Identify and share best and promising practices

Research
- Collaboration on research projects with partners
Agenda

Welcome/Introductions
Carol J. Baker, MD, CIIC Chair, Moderator

Supporting the Movement to Preschool/Day Care Influenza Vaccination Requirements
Carol J. Baker, MD

Experiences and Perspectives on the Role of Mandates:

New Jersey and Connecticut at the Forefront: Key Learnings from Established Programs
Jeni B. Sudhakaran, MPH
Population Assessment Coordinator, Immunization Program, New Jersey Department of Health

Kathy Kudish, DVM, MSPH
Supervising Epidemiologist, Immunization Program, Vaccine-Preventable Disease Unit, Connecticut Department of Public Health

Early Implementation in New York City: Getting a New Program Off the Ground
Renée Noël, MPH, Assistant Director for Field Operations, Bureau of Child Care, New York City Department of Health and Mental Hygiene

Panel Discussion/Q&A
All Participants

Next Steps
Carol J. Baker, MD
Pre-Registration Feedback Summary

- 68 responses
- 24 involved in planning or implementation of vaccination requirements for daycare and pre-school setting
- 10 responded their organization already has, or would be willing to develop, a policy statement in support of influenza requirements
Pre-Registration Feedback Summary – Key Barriers

What are key barriers to implementing and/or supporting such requirements?

- Parental resistance
- Financial barriers/general resistance to mandates
- Monitoring/tracking
- Lack of education/understanding among staff
- Access/timing of availability of flu vaccine

How do you deal with push back?

What’s the process other states went through?

How long did it take?
We’ve Come a Long Way

- In 2004, annual influenza vaccination for children age 6 to 23 months first recommended

- By 2008, **universal recommendation** in place to protect children age 6 months to 18 years

- 2009 flu pandemic helped advance flu prevention as a national health priority

- Pediatric vaccination rates continue to increase steadily
But There’s More Work to Do

- Ongoing need to protect children, each and every year

- National flu vaccination rates for children age 6–59 months are lowest among vaccines routinely recommended for this age group (except for rotavirus and hepatitis A vaccines) \(^1\)

- Gaps exist:
  - About 30% of children age 6 months-four years are still not getting vaccinated \(^2\)
  - Flu vaccination coverage for this age group varies widely among states – from as low as 48.5% to 88% \(^2\)

Preschool and day care settings enable influenza transmission; potential to expose many people outside of such settings.

Widespread vaccination offers protection, and may interrupt influenza transmission to others.

Move toward mandates can lead to better acceptance beyond mandates.

Why Consider Mandates?

State Flu Shot Rule for Preschoolers Curbs Kids' Hospitalizations: CDC

Widespread vaccination offers protection, and may interrupt influenza transmission to others.

Move toward mandates can lead to better acceptance beyond mandates.

Preschools Consider Requiring Flu Shots

New York City joins New Jersey and Connecticut in mandating that children get vaccinated.

Why Consider Mandates?

Preschool and day care settings enable influenza transmission; potential to expose many people outside of such settings.

By Stephanie Findlay

The move toward mandates can lead to better acceptance beyond mandates.

Why Consider Mandates?

Preschool and day care settings enable influenza transmission; potential to expose many people outside of such settings.

Widespread vaccination offers protection, and may interrupt influenza transmission to others.

Move toward mandates can lead to better acceptance beyond mandates.
National Poll: Parents Support Day Care Vaccination Policies

- Full report available at: www.preventchildhoodinfluenza.org

Influenza Vaccine Requirement for Childcare and Preschools in New Jersey

JENISH SUDHAKARAN, MPH
POPULATION ASSESSMENT COORDINATOR
NJ STATE DEPARTMENT OF HEALTH
VACCINE PREVENTABLE DISEASE PROGRAM
NFID WEBINAR 11/18/2014
“Children six months through 59 months of age attending any child-care center or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.”

N.J.A.C. 8:57-4.19
• Department of Health merged with Senior Services

• Focus on influenza and pneumococcal vaccine in adults 65 years and older
  - 1998: 3rd state to mandate long term care residents be screened and offered flu and pneumococcal vaccine
  - 1999: 1st state to mandate all hospital patients be screened and offered flu and pneumococcal vaccine

• Increase coverage levels through regulation
2004: ACIP recommended flu vaccination for children 6-23 months and older adults due to higher risk for complications

2005: Pandemic Influenza Plan
- School surveillance
- Mass immunization clinics in schools

2006: ACIP expanded its recommendation for children 6-59 months of age

2006: Began revision of immunization rules
New Requirements

- **Licensed Child-care and Preschool Facilities**
  1. Flu vaccine
  2. Pneumococcal vaccine

- **Middle School**
  1. Tdap
  2. Meningococcal

- **Four-day grace period**
Considerations for Proposal

- Vaccine availability
- Timing
- Monitoring and Reporting
- Number of doses
Many parents did not approve of mandating the flu vaccine for various reasons:

1. Not serious disease
2. Seasonal
3. Not effective
4. Thimerosal Preservative
5. Too many vaccines being mandated
Implementation

- Proposed December 2006
- Adopted October 2007
- Notifications of new requirements were sent to:
  - Schools and childcare centers
  - Public health departments
  - Media outlets
- Healthcare providers given one year advance notice to adjust their vaccine orders for the next flu season
- Mandate became effective September 2008

- Added 4 New Vaccine Requirements
- Broadening of the Religious Exemption Rule

Medical Exemptions Granted in Preschools
Religious Exemptions Granted in Preschools
Burden on physicians and parents
Compliance remains a challenge
Unintended consequences of increasing religious exemption rates.
Seasonality affected tracking, reporting, and auditing
ACIP recommendations change faster than the regulatory process
Mandates are effective
Educational Efforts

- Presentations
- Guidance materials
  - FAQs
  - Tools for compliance
- Flu Poster
- Technical assistance
Even healthy kids can get seriously ill from the flu and can easily spread it to others.

Children who are 6 through 59 months of age and attending licensed child care and preschool facilities in New Jersey are required to have flu vaccine by December 31 of each year.

(N.J.A.C. 8:57-4.19)
Jenish Sudhakaran
Population Assessment Coordinator
E-Mail: jenish.sudhakaran@doh.state.nj.us

Vaccine Preventable Disease Program
Ph:(609)826-4860
The Implementation of Influenza Vaccine Requirements in Child Care Centers and Preschools: the Connecticut Experience

Kathy Kudish, DVM, MSPH
Epidemiologist
Connecticut Department of Public Health
November 18, 2014
Outline

• Legal process for new vaccine requirements
• Communication and enforcement of required vaccines
• Post mandate flu compliancy survey results
• Post implementation flu National Immunization Survey coverage and Emerging Infections Program morbidity data
• Limitations / Lessons Learned
Child Care
Vaccine Requirements: Laws for Child Care Settings

• Child care immunization requirements are tied to standard of care
  – Connecticut General Statutes (CGS) §19a-79-6a(d)
  – Children must be “adequately immunized” according to the current Advisory Committee on Immunization Practices (ACIP) recommended schedule
  – Therefore, regulatory changes are not required to implement a new vaccine mandate in response to changes to the ACIP schedule

• Applies to attendees of licensed child day care
  – Most preschool programs in CT are licensed day care centers
Child Care Vaccine Requirements: Process

• ACIP establishes the standard of care (publishes the schedule)

• Decision to enforce newly recommended vaccine or schedule change is made by CT Department of Public Health (DPH)
  – Consideration for supply, established uptake, and provider acceptance
  – Discussion with partners

• Healthcare and child care providers are notified in advance of enforcement changes
Influenza Requirement: Child Care Settings

By January 1, 2011 and each January 1 thereafter, children aged 6–59 months shall receive at least one dose of influenza vaccine between September 1 and December 31 of the preceding year. All children aged 6–59 months who have not received vaccination against influenza previously shall receive 2 doses of vaccine the first influenza season that they are vaccinated.
Communication of Flu Requirement

• Child and health care providers notified 4-5 months prior to flu season
  – Child care memo available at: www.ct.gov/dph/immunizations under “Immunization laws and regulations”; Q+A posted with document
  – Health care provider memo available at: www.ct.gov/dph/immunizations under “Vaccine Policy Memos”
Communication of Flu Requirement

• Child care providers were expected to notify parents of the new requirement

• DPH advised child care providers to collect influenza immunization information on attendees (an up to date shot record or card) prospectively as shots occurred during flu season

• Generated ~10-15 calls per day for ~ 6–7 months
Child Care Vaccine Enforcement

• Child care providers track compliancy with required immunizations for attendees
• Health Department child care licensing staff routinely check compliancy during site visits and issue citations when children are found who do not meet the requirements
• Connecticut allows religious and medical exemptions
Child Care Vaccine Enforcement

• Licensed child care providers report compliancy in an annual survey each year
  – Approximately 1,200 providers reporting aggregate data from each site
  – Compliancy shared with child care licensing

• Survey timeline
  – First year post implementation, data was collected retrospectively
  – Subsequently the entire immunization survey was moved to January to capture flu vaccine given since August of the current flu season

• Only measured one dose compliancy for flu
## Child Care Survey Flu Results

<table>
<thead>
<tr>
<th></th>
<th><strong>2013-2014 flu season</strong></th>
<th><strong>2010-2011 flu season</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Day care sites reporting:</td>
<td>1,156</td>
<td>NA</td>
</tr>
<tr>
<td>Total children in age range</td>
<td>57,409</td>
<td>NA</td>
</tr>
<tr>
<td>Adequately immunized (vaccinated)</td>
<td>50,495</td>
<td>88.0%</td>
</tr>
<tr>
<td>Not compliant</td>
<td>3,621</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>Total Exemptions:</strong></td>
<td>2,597</td>
<td>4.5%</td>
</tr>
<tr>
<td>Medical</td>
<td>419</td>
<td>0.7%</td>
</tr>
<tr>
<td>Religious -flu only</td>
<td>2,178</td>
<td>3.8%</td>
</tr>
<tr>
<td>Religious -all vaccines</td>
<td>696</td>
<td>1.2%</td>
</tr>
<tr>
<td>Compliant (Subtotal)</td>
<td>54,812</td>
<td>92.1%</td>
</tr>
</tbody>
</table>
Preschool
Flu Vaccine Requirements: School Law

- School immunization requirements are detailed in statute
  - CGS §10-204a–f
  - New requirements are therefore subject to the regulatory process
- Applies to attendees of schools accredited by the CT State Department of Education (SDE)
School Influenza Vaccine Requirements

• On or after August 1, 2011, an individual enrolled in preschool shall be considered adequately protected against flu if that individual is not less than twenty-four (24) months and not more than fifty-nine (59) months of age and annually has received one (1) dose of flu vaccine between August 1st and December 31st, except that individuals receiving flu vaccine for the first time must be given a second dose at least twenty-eight (28) days after the first dose.
Communication of School Flu Requirement

- Several notices through CT SDE and to health care providers
- Q+A posted to DPH web site
- Schools were expected to notify parents of preschoolers about the requirement
School Enforcement

• School nurses were advised to collect influenza immunization information on preschoolers (an up to date shot record or card) as they occurred during flu season

• Prospective collection of flu shots for an entire cohort of children not common practice for school nurses
School Enforcement

• All accredited schools report compliancy in a survey due November 30th each year
• Decision was made to separate flu compliancy from rest of the immunization survey to preserve the timeline

“Top 10 Reasons for Becoming a School Nurse
Reason #5: You get an “Adrenaline Rush” when you receive mail from the State Department of Public Health and Department of Education”
## Pre-K School Survey Flu Results

<table>
<thead>
<tr>
<th></th>
<th>2013-2014 flu season</th>
<th>2011-2012 flu season</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Number of Preschools surveyed</td>
<td>457</td>
<td>NA</td>
</tr>
<tr>
<td>Total Pre-K students</td>
<td>20,370</td>
<td></td>
</tr>
<tr>
<td>Adequately Immunized (Vaccinated)</td>
<td>16,731</td>
<td>82.1%</td>
</tr>
<tr>
<td>Not compliant</td>
<td>2,462</td>
<td>12.1%</td>
</tr>
<tr>
<td>Total Exemptions:</td>
<td>1,177</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>% of total:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>0.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Religious-Flu only</td>
<td>3.5%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Religious-All vaccines</td>
<td>1.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Compliancy (Subtotal)</td>
<td>87.2%</td>
<td>84.8%</td>
</tr>
</tbody>
</table>
Influenza Vaccination Coverage◊ by Age Group, 2009–10 and 2010–11, Connecticut and USA

◊Data from the CDC-sponsored National Flu Survey. The two data seasons shown here represent the season immediately prior (2009-10) to the vaccine policy implementation and the season immediately following (2010-11). Children were required to be vaccinated before 1 Jan 2011.

*Vaccination indicates receipt of any influenza vaccine. During the 2009-10 influenza season, receipt of H1N1 and seasonal influenza vaccine was combined.
## Ratio of influenza-associated hospitalization incidence per 100,000 in children aged 0–4 years versus all ages, Emerging Infections Program sites, 2007–08 and 2012–13 influenza seasons

<table>
<thead>
<tr>
<th>EIP Site</th>
<th>Reference 2007–08</th>
<th>Rate Ratio</th>
<th>2012–2013</th>
<th>Rate Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0–4 rate</td>
<td>Overall rate</td>
<td>0–4/ Overall</td>
<td>0–4 rate</td>
</tr>
<tr>
<td>California</td>
<td>36.2</td>
<td>10.3</td>
<td>3.30</td>
<td>40.8</td>
</tr>
<tr>
<td>Colorado</td>
<td>76.9</td>
<td>26.4</td>
<td>2.91</td>
<td>86.5</td>
</tr>
<tr>
<td><strong>Connecticut</strong></td>
<td><strong>58.6</strong></td>
<td><strong>49.6</strong></td>
<td><strong>1.18</strong></td>
<td><strong>51.5</strong></td>
</tr>
<tr>
<td>Georgia</td>
<td>18.9</td>
<td>9.5</td>
<td>1.99</td>
<td>53.6</td>
</tr>
<tr>
<td>Maryland</td>
<td>87.0</td>
<td>26.9</td>
<td>3.23</td>
<td>81.9</td>
</tr>
<tr>
<td>Minnesota</td>
<td>46.9</td>
<td>19.3</td>
<td>2.43</td>
<td>76.0</td>
</tr>
<tr>
<td>New Mexico</td>
<td>45.4</td>
<td>10.0</td>
<td>4.54</td>
<td>82.0</td>
</tr>
<tr>
<td>NY - Albany</td>
<td>7.2</td>
<td>8.8</td>
<td>0.82</td>
<td>47.8</td>
</tr>
<tr>
<td>NY – Rochester</td>
<td>40.4</td>
<td>37.3</td>
<td>1.08</td>
<td>70.1</td>
</tr>
<tr>
<td>Oregon</td>
<td>18.4</td>
<td>9.3</td>
<td>1.98</td>
<td>19.7</td>
</tr>
<tr>
<td>Tennessee</td>
<td>33.8</td>
<td>16.2</td>
<td>2.09</td>
<td>40.3</td>
</tr>
<tr>
<td><strong>All EIP</strong></td>
<td><strong>43.8</strong></td>
<td><strong>18.3</strong></td>
<td><strong>2.39</strong></td>
<td><strong>60.6</strong></td>
</tr>
</tbody>
</table>

◊ Impact of Requiring Influenza Vaccination for Children in Licensed Child Care or Preschool Programs — Connecticut, 2012–13 Influenza Season. MMWR. 63(09);181-185.
Limitations

- It is difficult to directly assess the impact of the childcare and preschool influenza vaccine requirement in Connecticut.
- Temporal correlations between the institution of a new influenza vaccination requirement for child care attendance and both an increase in vaccination rates among children 6 months through 4 years and a decrease in influenza-related hospitalizations were identified.
Limitations

• Further studies are needed to determine if there is a decrease in influenza morbidity in children that can be linked to higher immunization rates.
Lessons Learned

• Provide the tools for child care providers to notify parents of a newly mandated vaccine for a clear and consistent message

• Receipt of 2 doses of flu vaccine during a past season may be difficult for child care providers to determine, thus enforcement may not be possible

• Timeline for an annual vaccine due midway through the academic year presents challenges

• Preschools may have children younger than 24 months enrolled
Acknowledgements

• Jim Hadler
• Vincent Sacco
• Kim Yousey-Hindes
• Michael Bolduc

“I am a junior flu fighter”
Child Care Influenza Vaccine Mandate

New York City Department of Health and Mental Hygiene

November 2014
Flu Mandate

All Children 6 months to 59 months enrolled in child care must receive the influenza vaccine by December 31 of each year.
DOHMH Structure

Bureau of Immunization (BOI) and Bureau of Child Care (BCC)

Both Bureaus, BOI and BCC, worked collaboratively in this effort to propose changes to the Health Code pertaining to the Flu Mandate.
Children in Article 43 & 47 Facilities Will Be Covered by Mandate

New York State regulates home based childcare providers in NYC. NYC regulates commercial and not for profit childcare centers. Small home based providers and nannies are unregulated.
Rationale

- **Highest priority is day care:**
  - Children <5 years are the most vulnerable for severe influenza illness, e.g., hospitalization, death
  - Children <5 years of age are at increased risk of serious illness and death

- **Influenza in young children is common and costly:**
  - For every 100 children < 5 years old, each year:
    - 10-40 develop influenza
    - 1-2 will visit an emergency department
  - One flu case in a child < 5 causes
    - Out of pocket costs: $52 - $178
    - Parent wages lost: $222 - $1456
    - For every 100 children with influenza, 195 days of parental work lost
Children Become Source of Infection for Entire Community

- Children (day care, preschool, school)
- Other children
- Family members and other close contacts
- Community including high-risk populations
Rationale cont’d

Herd Immunity-Vaccinating day care children will protect others in the community

- 4 major studies conclude vaccinating children produces herd immunity
  - Vaccinating children prevents influenza mortality in seniors
  - Reduces absenteeism among older school children
  - Protects family members from influenza illness

Vaccinating young children would prevent tens of thousands of influenza cases in NYC

- Assume 100,000 day care and preschool children receive influenza vaccine
- Assume the influenza attack rate is 40%
- Assume vaccine is 64% effective

...Then 25,600 influenza cases will be avoided by vaccination
Percent of Children Ages 6 Through 59 Months with at Least One Influenza Dose Given During the Season

*Coverage as of 6/30/2014, and entered <8/19/2014.
Data sources: NYC DOHMH Citywide Immunization Registry (numerators) and NYC DOHMH Epiquery and 2010 US Census (population estimates).
Board Of Health Approval

Process:

- Preparation of first draft of revisions to the Health Code
- Several internal meetings between program (BOI/BCC) and DOHMH legal
- Reaching out to stakeholders and members of the Coalition, AAP, etc.
- DOHMH legal drafts the Notice of Intent (NOI) to present to the Board of Health (BOH)
Program (BOI/BCC) goes to BOH to propose revisions

- At this first meeting, BOH will decide whether revisions can go forward for Public Comment

Public Comment-October 23, 2013
276 written comments
- 249 opposed
  - Parents, lawyers, advocates (autism issues, anti-vaccine)
  - 46% used an identical form letter
  - 25% live outside NYC
- 27 in support
  - Generalist and specialist physicians, American Academy of Pediatrics, NYC Coalition for Childhood Immunization Initiatives, pro-vaccine parent groups, nurse advocacy group, health clinics and hospitals, one school

19 people commented at public hearing
- All opposed
Board of Health Approval

- After Public Comment period Program goes back to BOH
  - At this 2nd meeting, BOH will vote on whether to adopt or deny revisions based on public comment
  - Revisions to the Code approved at meeting on December 11, 2013

- City Record
  - Mandate becomes effective after the NOI is published at City Record
  - Typically 1 month after board meeting
    - January 11, 2014
Education and Enforcement

- Flu Mandate blast email to Child Care operators, re: Notice of Public Comment Hearing
  - September 23, 2013

- Notices to pediatric care providers after the BOH approval

- Flu Mandate Posters and Health Bulletins
  - July 29, 2014

- Immunization Requirement Letters to Child Care Directors and Parents
  - July 29, 2014

- Presentations
  - Child care organizations/community based organizations
  - ACS
Education and Enforcement

- **Year 1:**
  - Community-wide education (printed materials, outreach to parents and providers)
  - Promotional materials posted in all day cares
  - Education of day care staff only (no Notice of Violation)
  - Media Campaign
    - TV commercials
    - Subway advertisement
Years 2+:

- Issuance of violations will begin January 2016
  - Child care programs must be in compliance by December 31, 2015
  - Education of day care staff April-December
  - Issuance of a Notice of Violation for inspections conducted January-March for child care program not in compliance with the Health Code.
Poster

- Poster:  

- Health Bulletin:  
Monitoring

- Tracking through the Citywide Immunization Registry (CIR)
  - Will be able to see increases in vaccine given specific to this age group
Welcome to the New York Citywide Immunization Registry (CIR). The CIR keeps Immunization records for New York City's children.

Our Mission: To improve the Immunization status of all NYC children by consolidating Immunization information and sharing it with health care providers, families, and agencies concerned with children's health.

Register your practice online.

Look up records & report Immunizations: Online Registry

Public and private schools interested in accessing the Online Registry to view Immunization records, please download, fill out and fax back these forms to the CIR.

Forgot your CIR facility code? If you think you may be registered and have forgotten your facility code, enter your information on the registration page for verification to obtain your facility code.

- See who is on the Provider Honor Roll
- See who is on the Provider Special Mention List

For Providers
Information for Providers

For Parents & Guardians
Information for Parents, Guardians, and Individuals
## Pre-Registration Feedback Summary – Tools & Resources

### Effective tools for educating key audiences about childhood influenza and vaccination:
- Informative websites/educational resources
- Webinars/training sessions
- Grassroots efforts on social media education
- Combining facts with personal stories
- Discussions/presentations by medical experts
- Strong recommendations by local opinion leaders
- Healthcare providers talking to patients
- Public Service Announcements, YouTube

### Information, tools, or resources needed to promote, plan or implement requirements:
- More impact data
- Communications tools (e.g. talking points, easy-to-read immunization schedule, educational materials)
- Use of existing tools (e.g. NFID/IAC/CDC resources)
- Infrastructure in place to administer flu vaccine to large numbers before certain date
Panel Discussion
Next Steps

- Develop and issue report
- Continue the dialogue
  - Share with CIIC partners
  - Educate via key trade and consumer health media
    - Leverage report to encourage additional articles/stories on importance of flu care in day care
    - Share key messages via social media and CIIC member communications
Thank you