ADULT VACCINATION TOOLKIT

* A campaign to improve influenza vaccination rates in Hispanics with chronic disease

2020-2021
ACKNOWLEDGEMENTS
The National Hispanic Medical Association (NHMA) would like to thank everyone who assisted
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1. INTRODUCTION

1.1. ADULT VACCINATION TOOLKIT: INCREASING VACCINATION COVERAGE IN THE HISPANIC POPULATION

Hispanics are the largest ethnic or racial minority group in the United States, representing 60.6 million or 18.5% of the nation’s population. Despite improved access to health care services by the Affordable Care Act, Hispanics face challenges of mistrust or working for employees that cannot afford insurance and have high rates of being uninsured. Other barriers arise from social determinants of health (poverty, low income jobs and education levels, health literacy, transportation, food insecurity, poor housing) and in lack of healthcare services that are culturally competent. Cultural and linguistic barriers, as exacerbated by a shortage of Hispanic health care providers relative to their growing patient population, as well as underinsured and uninsured status remain as major obstacles to health care access.

The World Health Organization (WHO) acknowledges immunization as one of the most successful and cost-effective public health interventions, preventing between two to three million deaths every year. Although racial/ethnic disparities in childhood vaccination coverage have improved throughout the past decade, substantial disparities among adults aged 65 years and older have persisted. Deaths from pneumonia and influenza combined are the 9th leading cause of death among Hispanics. In addition, the data states that the Hispanic population has been disproportionately affected by COVID-19 pandemic.

Table. Estimated Influenza Vaccination Coverage Among US Adults by Race and Ethnicity for 2017-2018 and 2018-2019 Influenza Seasons

<table>
<thead>
<tr>
<th>Group</th>
<th>Vaccination coverage, %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017-2018</td>
</tr>
<tr>
<td>Overall</td>
<td>37.1</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>40.2</td>
</tr>
<tr>
<td>Black</td>
<td>32.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28.4</td>
</tr>
<tr>
<td>Asian</td>
<td>42.0</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>33.1</td>
</tr>
<tr>
<td>Other or multiple races</td>
<td>32.4</td>
</tr>
</tbody>
</table>


The 2019-2020 flu season in the United States estimated 39 to 56 million flu illnesses, 410,000 to 740,000 flu hospitalizations, and 24,000 to 62,000 flu deaths. Given these numbers, it is alarming that less than half of U.S. adults receive an influenza vaccine each year; vaccine coverage remains low for Hispanics, non-Hispanic Black, and American Indian/Alaskan Native adults compared to non-Hispanic White adults.

1.2. INFLUENZA VACCINATIONS FOR ADULTS WITH DIABETES, CARDIOVASCULAR DISEASE AND THOSE AT RISK FOR COVID-19

The National Hispanic Medical Association (NHMA), with support by Sanofi, has developed this toolkit to assist health care providers in increasing influenza vaccination rates in Hispanic communities in the context of the current COVID-19 crisis. The goal of the project is to reduce disparities in Hispanic adult influenza vaccination coverage and rates, specifically within Hispanics with chronic diseases (cardiovascular disease and diabetes) and COVID-19. The toolkit provides educational resources in English and Spanish and evidence-based approaches specifically targeted for Hispanic adults.

Patients and health care providers know that living with a chronic disease requires patient engagement, including taking their medicine, monitoring their blood pressure and sugar levels, watching their cholesterol, and ensuring that they have well-balanced and healthy meals. Keeping up with vaccinations that protect against common diseases such as the flu, pneumonia or hepatitis B can prevent complications from dangerously high blood sugar levels for diabetics and significantly higher chances of a heart attack for those living with heart disease. Of note, it is important for all patients to keep up with their vaccinations, especially for those living with chronic diseases since the common flu can be deadly.

Given that COVID-19 has been shown to have a more serious impact on older adults who have compromised immune systems due to chronic diseases such as obesity, hypertension, asthma, diabetes, and HIV, the NHMA is calling for all older adults to obtain an influenza immunization to decrease the impact of COVID-19.

See the following for more information:

CDC: Flu & People with Heart Disease or History of Stroke
CDC: Flu & People with Diabetes
CDC: Flu Disparities Among Racial and Ethnic Minority Groups

2. IMMUNIZATION STANDARDS

The National Vaccine Advisory Committee (NVAC) revised the Standards for Adult Immunization Practice in 2013. These standards require that ALL health care professionals,

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whether routinely administering vaccines or not, to take steps to ensure that adult patients are fully immunized.

1. **ASSESS** immunization status of all patients at every visit.
2. Strongly **RECOMMEND** vaccines that patients need.
3. **ADMINISTER** needed vaccines or **REFER** to a provider who can immunize.
4. **DOCUMENT** vaccines received by patients.

The Advisory Committee on Immunization Practices (ACIP) updated its seasonal influenza vaccination recommendations because of COVID-19. The common symptoms of COVID-19 (e.g., fever and cough) can also occur with influenza illness. As such, during the continued circulation of COVID-19 with the influenza virus in the fall and winter, ACIP suggests that influenza vaccination of persons of more than 6 months in age can “reduce prevalence of illness cause by influenza, and can also reduce symptoms that might be confused with those of COVID-19.”

ACIP further recommends that for persons who have acute illness with suspected or laboratory-confirmed COVID-19, “clinicians can consider delaying influenza vaccination” until patients are no longer acutely ill. Nevertheless, patients should be reminded to return for the influenza vaccination once they have recovered. The influenza vaccine should be administered by the end of October, but vaccination should continue to be offered as long as influenza viruses are circulating locally and unexpired vaccine is available.

See the following for more information:

CDC: Factsheet on Vaccine Documentation
CDC: Samples Vaccine Administration Record
AMA: Adult Vaccinations: Team-Based Immunization

3. **RECOMMENDED IMMUNIZATIONS FOR ADULTS**

There are multiple vaccines routinely recommended for adults in the U.S. depending on their age, health conditions, lifestyle, workplace, exposure, and travel frequency. The Advisory Committee on Immunization Practices (ACIP) released the 2020 adult immunization schedule in February. Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications. Emphasis should be placed on vaccination of high-risk groups and their contacts/caregivers, such as children aged 6 through 59 months, adults aged ≥ 50 years, and those with chronic medical conditions.

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Table 1
Recommended Adult Immunization Schedule by Age Group, United States, 2020

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19–26 years</th>
<th>27–49 years</th>
<th>50–64 years</th>
<th>≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza inactivated (RII) or influenza recombinant (vRIC)</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza live, attenuated (ILA/vIV)</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Tdap or Td)</td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses depending on indication (if born in 1957 or later)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (VAR)</td>
<td>2 doses (if born in 1980 or later)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster recombinant (RZV) (reduced)</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster live (ZVL)</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>2 or 3 doses depending on age at initial vaccination or condition (27 through 45 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1 dose</td>
<td></td>
<td></td>
<td>65 years and elder</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>1 or 2 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal A, C, W, Y (menACWY)</td>
<td>1 or 2 doses depending on indication, see notes for booster recommendations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal B (menB)</td>
<td>2 or 3 doses depending on vaccine and indication, see notes for booster recommendations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b (HiB)</td>
<td>1 or 3 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2
Recommended Adult Immunization Schedule by Medical Condition and Other Indications, United States, 2020

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Immune-compromised (excluding HIV infection)</th>
<th>HIV infection</th>
<th>Asplenia, complement deficiencies</th>
<th>End-stage renal disease; or on hemodialysis</th>
<th>Heart or lung disease, alcoholism</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Health care personnel ↓</th>
<th>Men who have sex with men</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIV or RIV</td>
<td>NOT RECOMMENDED</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAIV</td>
<td>NOT RECOMMENDED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap or Td</td>
<td>1 dose Tdap each pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>NOT RECOMMENDED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAR</td>
<td>NOT RECOMMENDED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RZV/Var</td>
<td>DELAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZVL</td>
<td>NOT RECOMMENDED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>DELAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV13</td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPSV23</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HepA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB</td>
<td>PRECAUTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td></td>
<td>3 doses HBIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4. FLU VACCINATION DURING COVID-19

Flu severity varies from year to year, but the flu always poses serious consequences. Although the effectiveness of the flu vaccine may vary, the vaccine lowers the risk of influenza-related illness, hospitalization, and death.

The COVID-19 pandemic means preventing the flu during the 2020-2021 season is more important than ever. Health experts are warning that the flu in addition to the COVID-19 pandemic can overburden the health care system, strain testing capacity, and increase the risk of catching both diseases at once, of which the consequences to a dual infection continue to be unknown. The flu and COVID-19 share many symptoms and preventing the flu means fewer people will need to get medical care and testing for possible COVID-19 and influenza.

For more information see the following:
Immunization Action Coalition: Communicating the Benefits of Seasonal Influenza Vaccine during COVID-19
Immunization Action Coalition: Protéjase de la gripe (influenza)...¡Vacúnese!

4.1. VACCINATION FOR ADULTS WITH DIABETES

People with diabetes (type 1, type 2, or gestational), even when well-managed, are at a high risk of flu complications, which can result in hospitalization and even death. About 30% of reported adults hospitalized due to the flu also had a diabetes diagnosis. Being in an immunocompromised state due to influenza can also exacerbate symptoms associated with hyperglycemic state. Such patients are also at risk for hypoglycemia in the case of a reduced appetite due to illness.

Adults with diabetes have three times higher risk of death and six times increased risk of hospitalization. The annual flu vaccine significantly reduces admission rates for stroke, heart failure, and all-cause death during the flu seasons in adults with type 2 diabetes. They are also at an increased risk for renal and cardiovascular complications. Health care professionals should inform their patients with diabetes about the dangers of the flu and strongly recommend they get vaccinated each year after thoughtful and shared decision making with the provider and patient.

See the following for more information:
CDC: What You Need to Know about Diabetes and Adult Vaccines
CDC: A Resource for Nurses: SHARE Vaccine Recommendations for Patients with Diabetes
CDC: Healthy Living with Diabetes: The Simple Step You May be Missing
Immunization Action Coalition: Vaccination for Adults with Diabetes
NFID: For Adults with Diabetes: Important Importation about a Dangerous Infection

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4.2. VACCINATION FOR ADULTS WITH CARDIOVASCULAR DISEASE

People with heart disease and those who have had a stroke are at a higher risk of developing complications from the flu. A 2020 study that looked at more than 80,000 U.S. adults hospitalized with influenza over multiple flu seasons (2010-11 to 2017-18) found that sudden, serious heart complications were common and occurred in 1 out of 8 patients. These startling figures demonstrate the importance of providers discussing the benefits and risk of the flu vaccine with patients, especially those with underlying heart disease.

A 2018 study found that the risk of heart attack is 6 times higher within a week of a confirmed flu infection. Flu vaccination has been associated with lower rates of some cardiac events among people with heart disease. Health care professionals should inform their patients with heart disease about the dangers of flu and insist they get vaccinated every year.

See the following for more information:
- CDC: What You Need to Know about Heart Disease and Adult Vaccines
- NFID: Protect Your Patients with Heart Disease from Flu & Related Complications
- NFID: The Dangers of Influenza: Why People with Heart Disease Need to Get Vaccinated

4.3. COVID-19

Coronavirus disease 2019 (COVID-19) is an illness caused by a new virus that can spread from person to person. The CDC has released multiple guidance on protecting one’s self from contracting the virus:

- Wash hands often.
- Avoid close contact with people who are sick and maintain 6 feet between yourself and others.
- Cover mouth and nose with a mask.
- Cover coughs and sneezes or use the inside of the elbow.
- Clean and disinfect frequently touched surfaces.

See the following for more information:
- CDC: Symptoms of Coronavirus
- CDC: COVID-19 Self-Check Symptoms
- CDC: When to get tested
- CDC: People at Increased Risk

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4.4. FLU VS. COVID-19 VS. COLD

Although the flu and COVID-19 are both contagious respiratory illnesses, their etiologies differ. This is just one of many differences between the two illnesses even though both share similar symptoms.²⁵


5. VACCINATION COVERAGE AND SAFETY

5.1. VACCINE SAFETY

The public continues to raise concerns about vaccine necessity and safety. Myths and misinformation about vaccine safety can confuse those trying to make a sound decision. The U.S. Department of Health and Human Services has launched several information/education outreach efforts, including Know What to do about the Flu.²⁶ Additionally, the CDC continuously monitors vaccine safety. Vaccines are rigorously tested for years before they are granted licensure, and after a vaccine is licensed, the CDC continues to monitor its use, efficacy, safety, and side effects.

Effective outreach and education about vaccines requires knowledge of your population and individual community, reliability, and trustworthiness. For Hispanic communities, culturally

competent communication is essential and includes access to patient-oriented resources in both English and Spanish. Below are links to key websites and brochures.

**RESOURCES IN ENGLISH**
- CDC: Vaccine Safety Information for Health Care Providers
- CDC: Vaccine Safety on Influenza (Flu) Vaccines
- CDC: Talking to Patients about Vaccine Safety
- CDC: Common Vaccine Safety Questions and Concerns
- CDC: Vaccine Adverse Event Reporting System (VAERS)
- California Department of Health: Vaccine Safety: Answers to Parent’s Top Questions
- California Department of Health: Community Immunity
- Immunization Action Coalition: Vaccines Work!
- Institute for Vaccine Safety, Johns Hopkins University: Components of Vaccines

**RESOURCES IN SPANISH**
- Departamento de Salud Publica de California: La Seguridad de las Vacunas: Respuestas a las Preguntas Más Frecuentes de los Padres
- Departamento de Salud Publica de Georgia: Vacunese
- Centro para el Control y la Prevencion de Enfermedades (CDC): Los Adultos tambien necesitan vacunarse
- Página con información sobre el sistema a cargo de vigilar la seguridad de las vacunas: Sistema Para Reportar Reacciones Adversas a las Vacunas
- American Academy of Pediatrics: Seguridad de las vacunas: conozca los hechos

**5.2. PAYING FOR THE FLU VACCINE**

NHMA is committed to empowering physicians to lead efforts that improve the health of Hispanics regardless of insurance coverage and status. Most state and local public health departments, Federally Qualified Health Centers (FQHCs), and free clinics offer free or reduced-cost services and vaccines. Pharmaceutical companies may also provide vaccines and other medications for reduced or at no cost regardless of insurance status. If your patient does not have health insurance, please visit: [www.healthcare.gov](http://www.healthcare.gov) to learn more about affordable health coverage options.

Below are payment methods to cover the cost of a flu vaccine.

**Affordable Care Act.** All health insurance marketplace plans and most private insurance plans cover most vaccines without charging a co-pay or coinsurance when immunizations are provided by an in-network provider.

**HealthCare.gov: Preventive Care Benefits for Adults**

**Medicare.** Medicare Part B covers one flu shot per flu season. If a patient is a part of original Medicare, they do not pay for the flu shot as long as the health care provider administers the vaccine. If the patient has Medicare Advantage, the shot is still free, but it may need to be administered by a provider who is in the plan’s provider network.

**CMS: Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B**

**AARP: Will Medicare Pay for my Flu Shot?**
AARP: ¿Medicare pagará por mi vacuna contra la gripe?  
Medicare: Is your test, item, or service covered?  
CMS: Seasonal Influenza Vaccines Pricing

**Medicaid.** Medicaid covers all recommended vaccines for children and some vaccines for adults. There may be a copay or fee for getting vaccinated depending on what state the patient lives in and the health care professional administering the vaccine. [Contact the state Medicaid agency for more information.](#)

**TRICARE.** TRICARE covers all recommended vaccines for people currently serving in the military and their dependents. Depending on the plan, there may be a copay or a fee for getting vaccinated. [Learn more about TRICARE coverage for vaccines.](#)

**Free and low-cost vaccines.** If a patient does not have insurance or if the out-of-pocket (OOP) costs for vaccines are not affordable, the following resources are available to get vaccines for children and adults at a lower cost or for free.

- **Vaccines for Children Program** (VFC) provides all recommended vaccines at no cost for children under the age of 19 who are: (1) Medicaid-eligible; (2) uninsured; (3) underinsured; or (4) American Indian or Alaska Native.
- Federally funded health centers provide preventive services and wellness care, including vaccines and may offer sliding fees, based on income. [Find a health center near you.](#)
- State and local health departments give information where to go for free and low-cost vaccines, including community health centers, schools, and religious centers. [Visit the state health department’s vaccine resources.](#)
  - The [Los Angeles County Department of Public Health](http://example.com), in partnership with select LA County Libraries, will offer free flu shots through November.
  - The [San Francisco Health Department](http://example.com) offers convenient locations for members of the public to easily access free or low-cost flu vaccines.
  - The [Houston Health Department](http://example.com) offers flu shots to uninsured and underinsured people on a sliding scale that ranges from free to $15.

- Most colleges and universities offer free flu shots for their students. Students should check with their school’s health services (on the school website) for more information.

6. **TOOLS FOR PATIENTS AND PROVIDERS**

By 2013, approximately three out of four Hispanics utilized smartphones. 27 Many health providers are taking advantage of new technological resources available to improve patient care.

**CDC Social Media Toolkit.** The CDC released its Digital Media Toolkit for 2020-21 Flu Season to assist partners in communicating about the importance of vaccination. Social media has become an effective tool for expanding providers’ reach within the Hispanic community, as well as for fostering engagement and increasing access to credible, science-based health messages. [CDC: Herramientas de Comunicación en Español](#)

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Health care provider/clinician applications: The CDC website has links to free mobile applications for health care providers. Many applications are available for download, including:

- CDC Downloadable Mobile Apps
- Influenza for Clinicians and Health Care Professionals
- Morbidity and Mortality Weekly Report
- Vaccine Schedules

6.1. RESOURCES FOR HEALTH CARE PROFESSIONALS
The CDC offers numerous education and training programs for health care professionals. A variety of topics and formats are available and all are based on vaccine recommendations made by the Advisory Committee on Immunization Practice (ACIP). Physicians, nurses, health educators, pharmacists, and other health care professionals can also earn continuing education credits/contact hours, when available.

6.2. VACCINE DOCUMENTATION
The CDC has created a CDC Vaccine Schedules app for iOS and Android to track vaccines.

6.3. VACCINE DELIVERY IMPROVEMENT
Below are some tools health care professionals can use to improve administration and documentation of vaccines:

- CDC Vaccination Guidance During a Pandemic. The CDC has compiled a collection of federal resources designed to guide vaccine planning during the COVID-19 pandemic.
- Skills Checklist for Immunization. Use this form as a self-assessment tool to identify areas for improvement in vaccine administration.
- CDC Resources for Encouraging Vaccinations During COVID-19 Pandemic. The CDC put together resources that health care professionals can use to reinforce the importance of maintaining routine immunizations during the pandemic.

Updated influenza vaccine recommendations which can help improve influenza vaccination coverage, especially among those at high risk for influenza complications.

7. ADDITIONAL RESOURCES
RESOURCES IN SPANISH
La influenza y usted
Qué hacer si su niño contrae la influenza
Consejos para que los padres hablen con sus hijos sobre la influenza
Limpieza para ayudar a prevenir la influenza
¿Qué es la influenza (gripe)?
Similitudes y diferencias entre la influenza y el COVID-19
Preguntas frecuentes sobre la influenza: temporada 2020-2021
Multi-Language flu Fact Sheets from the CDC

RESOURCES IN ENGLISH
Key Facts About Influenza (Flu)
Similarities and Differences between Flu and COVID-19
Frequently Asked Influenza (Flu) Questions: 2020-2021 Season
Free CDC Print Materials on the Flu