

# GII-MENA-RAISE Survey – Results

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## FluCov Project: understanding and communicating the impact of COVID-19 on influenza activity

A survey with 13 open questions was conducted, and influenza experts from 3 different groups (see below in red) were asked about:

- Forecasts on the upcoming influenza season
- Reasons for low influenza activity
- Influenza vaccinations
- Impact of the COVID-19 pandemic on surveillance systems and new digital developments

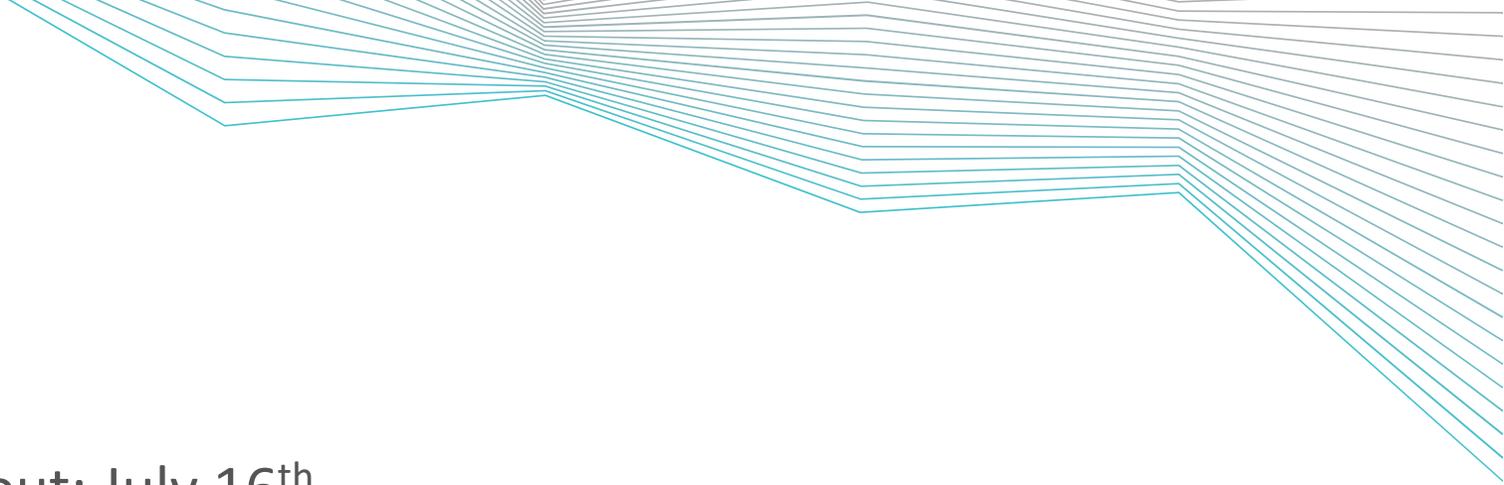
Global Influenza Initiative  
(**GII**)

Middle East, Eurasia and  
Africa Influenza  
Stakeholders Network  
(**MENA**)

Raise Awareness of Influenza  
Strategies in Europe (**RAISE**)  
Pan-European Committee on  
Influenza



# Participation



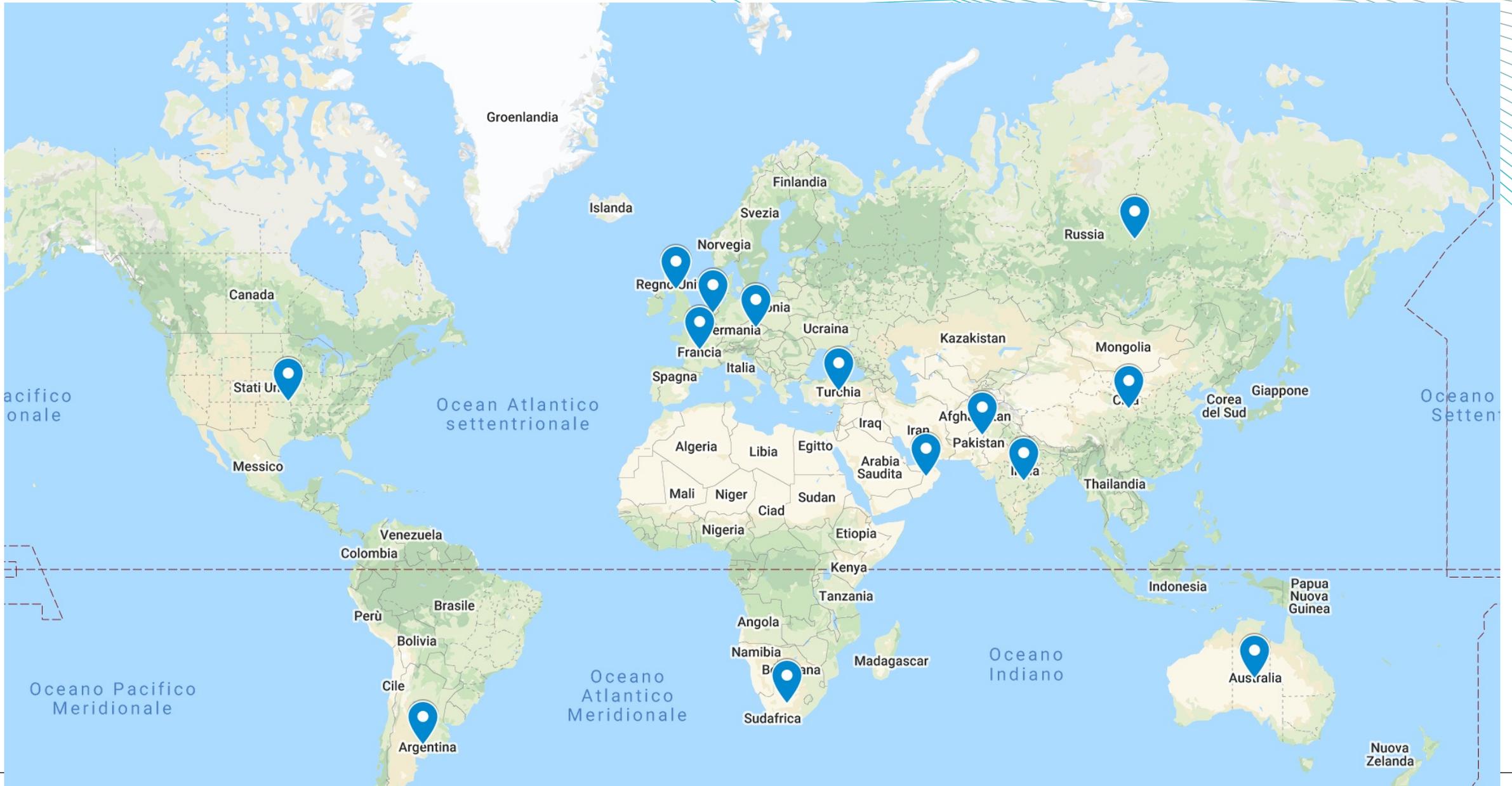
Date in which the survey was sent out: July 16<sup>th</sup>

Date in which the first answer was collected: July 16<sup>th</sup>

Date in which we had the highest number of answers: July 16<sup>th</sup>

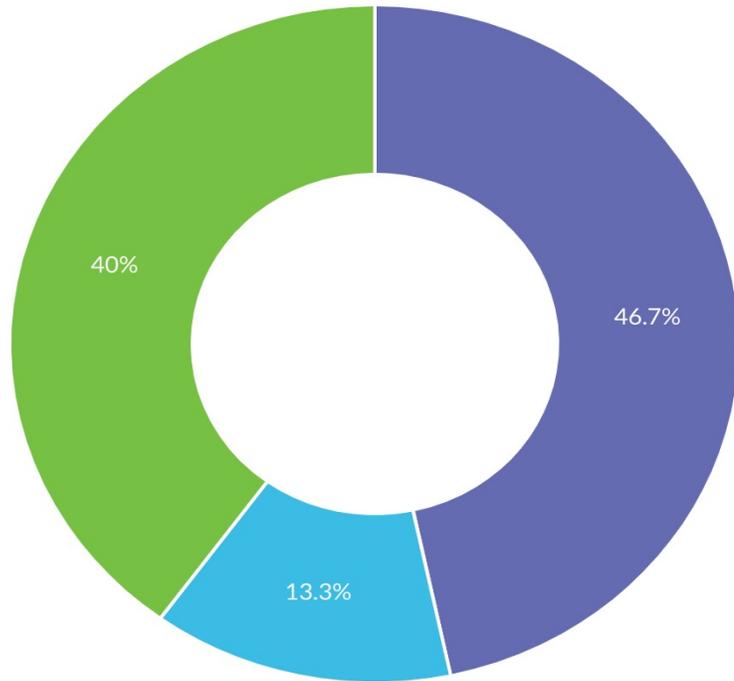
Date in which the last answer was collected: August 18<sup>th</sup>

Participants: 14



**14 participants from all over the world**

# Groups to which the participants belong



Choice	Total
GII	7
RAISE	2
MENA-ISN	6

One participant selected two groups



## Q1/13. What are your forecasts (in terms of influenza activity) about the upcoming Northern Hemisphere influenza season?

**No/reduced/mild activity: 11/14\***

**High/increased activity: 2/14**

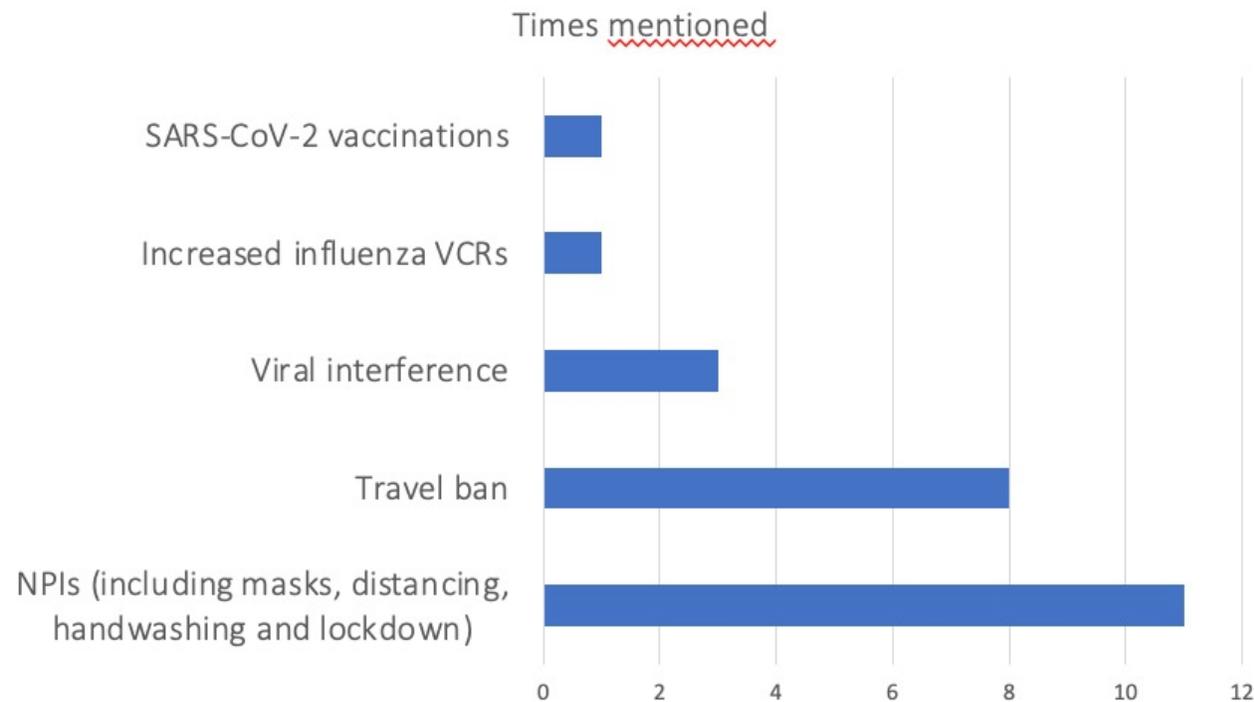
**Delayed activity, late in winter: 1/14**

\* if SARS-CoV-2 still circulates AND NPIs are maintained.

### Additional considerations

- Almost everyone agrees that virus circulation and NPIs maintenance will be key factors
- The main reason to think that there will be high activity is non-circulation of influenza during the last season (> susceptible population)

## Q2/13. What are, in your opinion, the main reasons why influenza activity was strongly reduced in the 2020/21 season in the Northern Hemisphere (excludes China)?



### Additional considerations

- Almost everyone agrees on NPIs and travel ban as main reasons
- Viral interference as a question mark for 2/3 respondents who brought it up
- 1 respondent hypothesized a potential association between SARS-CoV-2 vaccinations and influenza risk of infection

# Q3/13. In your opinion, what are the major public health lessons from the COVID-19 pandemic?

## MACROTOPICS

### PREPAREDNESS

- ✓ We were/are not prepared against a pandemic
- ✓ Importance of preparedness

### SURVEILLANCE and DATA

- ✓ There has to be **regular global surveillance** of respiratory pathogens
- ✓ Clinical/Epidemiological/Sequencing **data should be shared and integrated**

### RESEARCH AND DEVELOPMENT

- ✓ **New platforms** for vaccines and drugs are needed
- ✓ **COVID-19 vaccines** represent a «success story»

### LOGISTICS and RESOURCES

- ✓ Improvement in **vaccine delivery** are needed to scale up
- ✓ We are operating in a context of **limited** human, structural and infrastructural **resources**

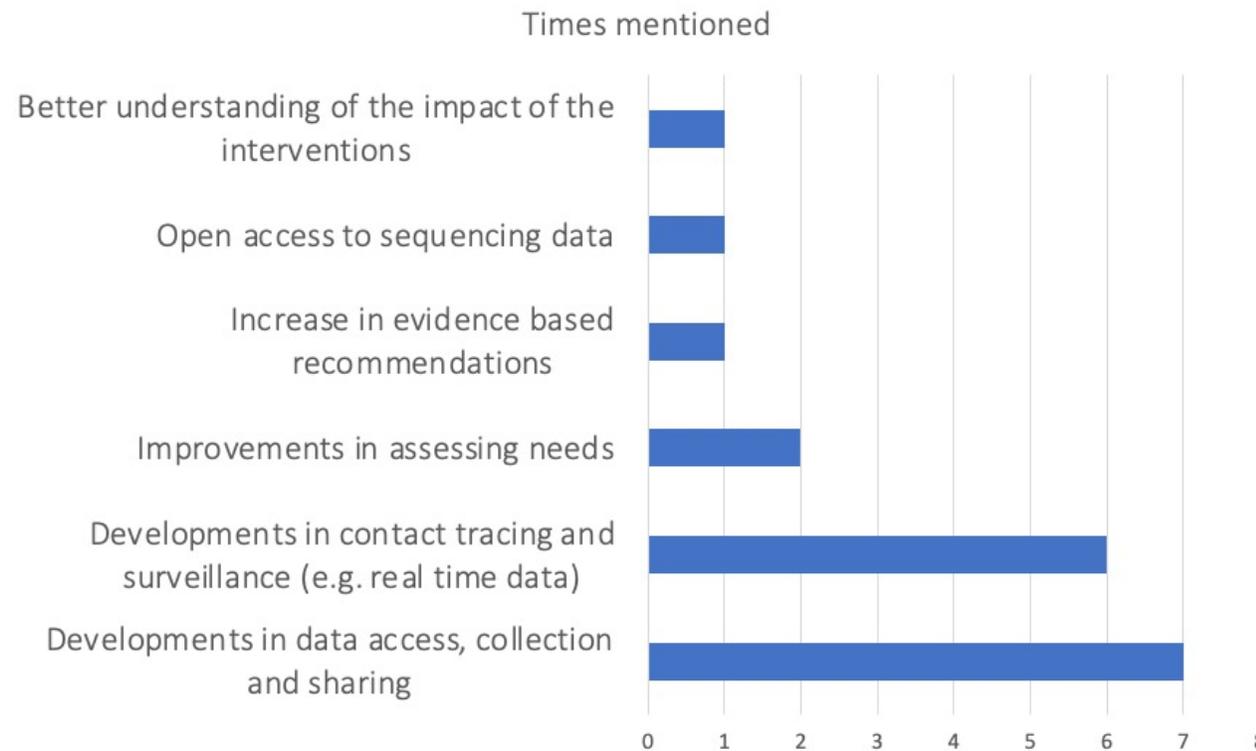
### COMMUNICATION

- ✓ **Trust in vaccinations is crucial** and the media plays an important role
- ✓ We need new/more effective strategies to **fight against misinformation**

### OTHER

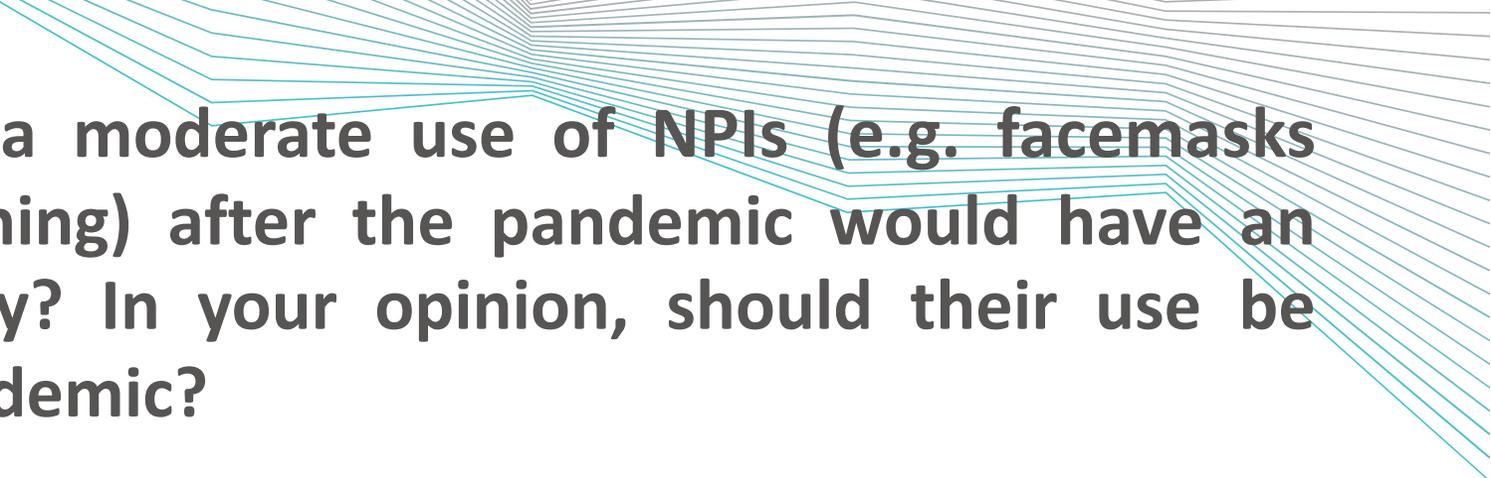
- ✓ We need more **equity** in Health (e.g. vaccines distribution) and **quality** in research. Besides, we have to be aware of the extreme **global interdependence**.

# Q4/13. What do you think will be the impact of digital developments during the COVID-19 pandemic on influenza surveillance and reporting of data?



## Additional considerations

- One respondent suggested that «sharing of sequence will be enhanced, but can be detrimental for conventional virology, where virus isolation is needed for vaccines».
- One respondent also specified that however «influenza pandemics will be managed differently to COVID-19»



## Q5/13. Do you think that a moderate use of NPIs (e.g. facemasks indoors, greater hand washing) after the pandemic would have an impact on influenza activity? In your opinion, should their use be recommended after the pandemic?

- Most (13/14) of participants answered «**yes/absolutely**» to the first question. Only one negative answer.
- Most (13/14) of the participants state that – after the pandemic - **the use of NPIs should be higher, compared to the pre-pandemic period**; 7/14 also specified that **NPIs should only be recommended in specific situations** (during a pandemic or heavy flu seasons, in healthcare settings, etc.).

## Q6/13. Have you observed an increase in influenza vaccination coverage rates in your country during the 2020/21 season, compared to previous seasons? If so, what do you think it is due to?

### Increase in VCRs or demand

- Czech Republic
- India
- South Africa
- UK
- Argentina (HCWs and elderly)
- Russia
- Netherlands
- France

### No changes/hard to say/no data

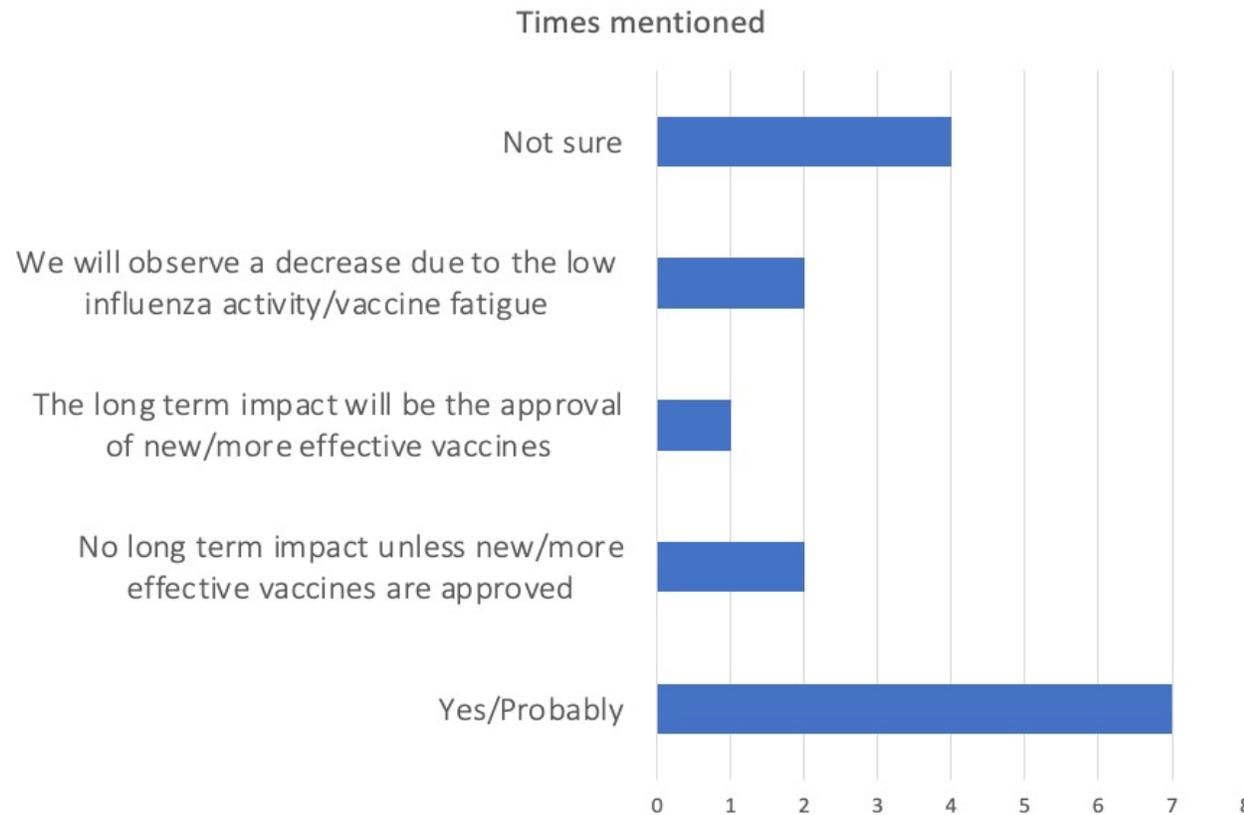
- Australia (no data for the 2021 season yet)
- Hong Kong
- Turkey (don't know -increased demand but shortage of supply)
- Oman (2021 season has not started yet)
- USA (don't know)

### Decrease in VCRs or demand

- Pakistan
- Argentina (children)

Reasons given to explain the increase in the influenza VCRs were **increased awareness** on the importance of IV, **better media coverage** on the topic, **fear** of co-infections. Doctors and HCWs also recommended it more frequently.

## Q7/13. In your opinion, will the COVID-19 pandemics have a long-term impact on influenza vaccine acceptance and uptake? Please explain.

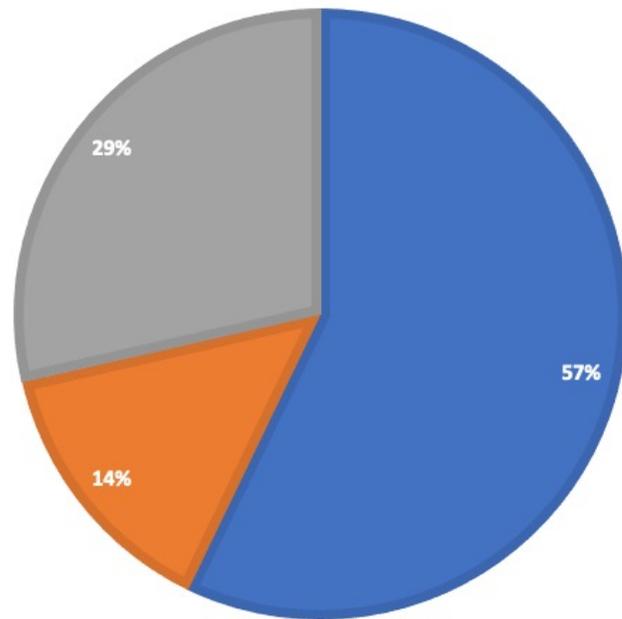


### Additional considerations

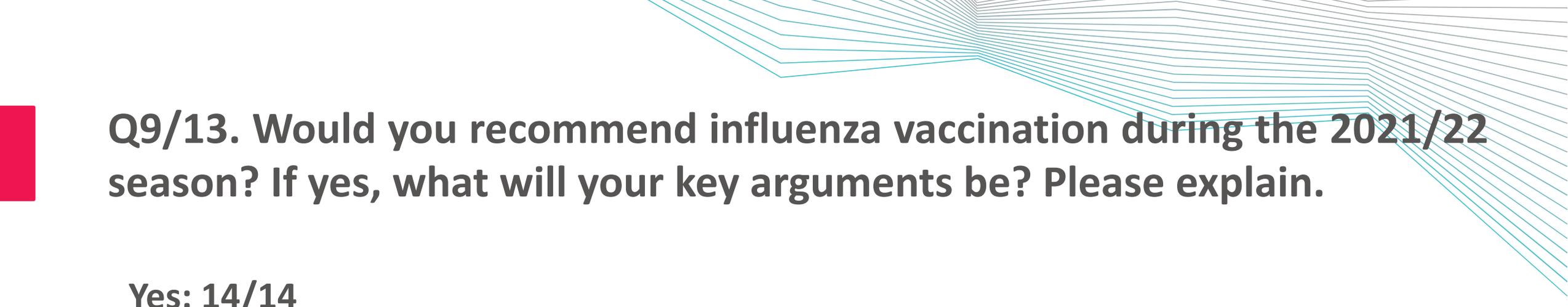
- On one hand the pandemic modified (increased) the risk perception, which may be good for the vaccine uptake.
- On the other hand, vaccines are now under a magnifying glass: anything that decreases the confidence in COVID-19 vaccines will sure have impact on the confidence in other vaccines including influenza.

## Q8/13. In your opinion, will it be possible to make it easier to get vaccinated against influenza by using the facilities, infrastructure and expertise gained during the COVID-19 vaccination campaign?

- Yes
- Not sure/it's possible
- Large structures will not be used for influenza vaccination



Even if the answers focus on various aspects, it emerges the idea that **facilities and infrastructures used for mass vaccination will be dismantled**. The **skills** gained during the pandemic and the **digital systems** created to fight against COVID-19 **could be used/adapted to increase influenza vaccine uptake**.



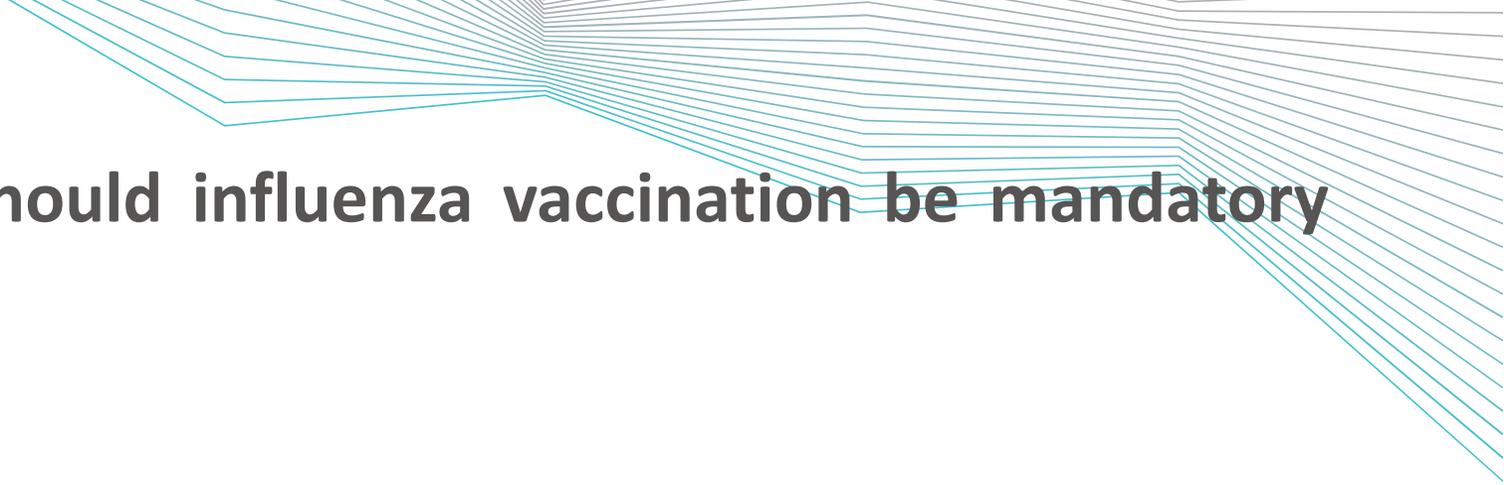
**Q9/13. Would you recommend influenza vaccination during the 2021/22 season? If yes, what will your key arguments be? Please explain.**

**Yes: 14/14**

Main reasons (each one given by more than 3 participants):

- It's a vaccine preventable infection and the vaccination is safe/effective
- To avoid a possible co-infection with COVID-19
- To reduce the burden for the healthcare systems
- To prevent potential resurgence of influenza cases during the next seasons, when NPIs will be less used

Also, because it may have a protective effect against SARS-CoV-2



## Q10/13. In your opinion, should influenza vaccination be mandatory for healthcare workers?

**Yes: 10/14**

**Not sure: 1/14**

**No: 3/14\***

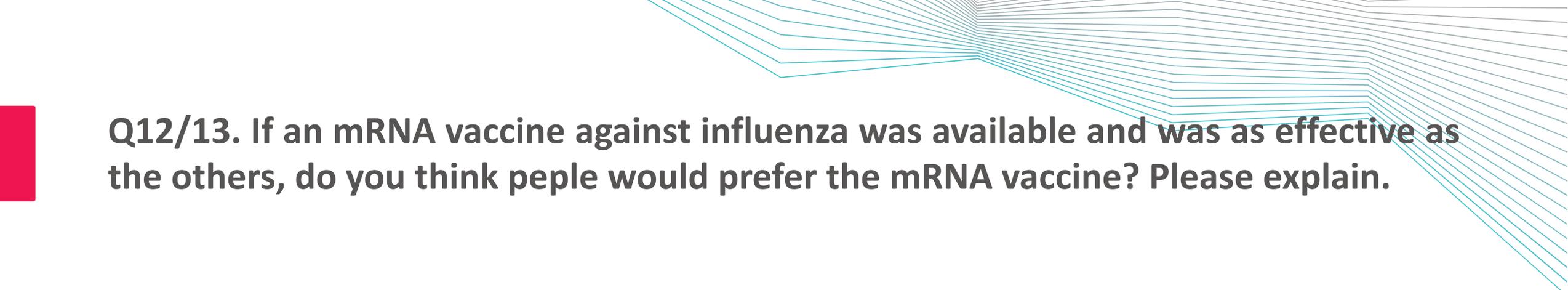
\* One participant specified that although influenza vaccination should not be mandatory for healthcare workers, the unvaccinated ones «should not be allowed to work with or near patients, they should do other jobs in the same organisation».



**Q11/13. In case boosters or annual COVID-19 vaccinations are necessary, do you see any contraindications in organizing a single vaccination campaign against the two viruses? Please explain.**

Most of participants (10/14) answered that co-administration – **if proved safe and effective** – could be a winning strategy. However, immunological studies confirming **no disbenefit for the joint administration** of the two vaccines are required (pointed out by 7/14 participants).

If this is not possible, a single vaccination campaign promoting the two shots could be more efficient and useful in improving awareness than two separate campaigns (5/14).

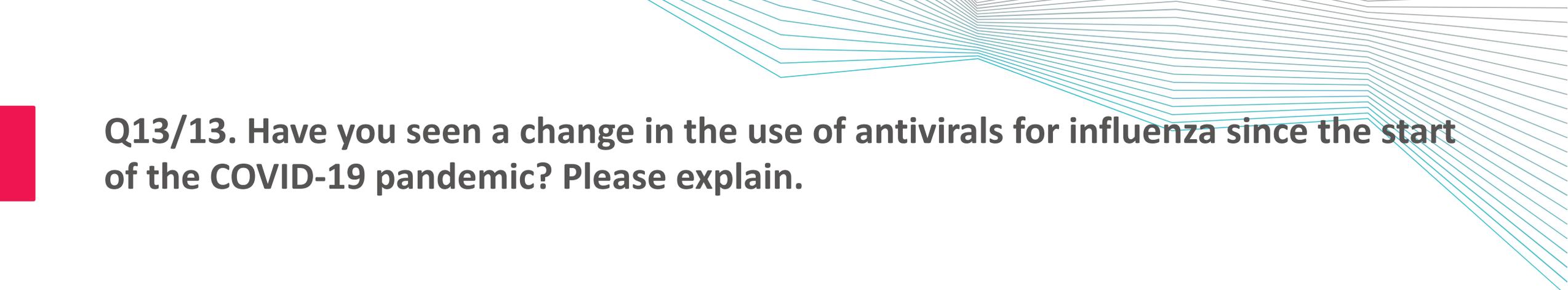


**Q12/13. If an mRNA vaccine against influenza was available and was as effective as the others, do you think people would prefer the mRNA vaccine? Please explain.**

Most of the participants (11/14) stated that **it will depend on the efficacy and safety of the new mRNA vaccine** against influenza. Some (4/14) also specified that **in case of same effectiveness they would prefer the traditional inactivated vaccine**, due to decades of experiences.

Also, there are two more specific responses regarding the UK and South Africa:

- SA: «Currently not in South Africa as fake news of genetic modification and unknown long-term effects even have HCP's not taking the mRNA vaccine»
- UK: «Yes. People have the feeling the mRNA vaccines are the best»



**Q13/13. Have you seen a change in the use of antivirals for influenza since the start of the COVID-19 pandemic? Please explain.**

- **Yes: 1/14\***
- **No/don't know due to the absence of a real influenza season: 13/14**

Also, one participant added that the usage of antivirals will be improved, as a result of lack of antivirals for SARS-CoV-2

\* There was an increase during the first period of the pandemic because these drugs were recommended for SARS-CoV-2 patients.



**Thank you for your attention**

