

UNBRANDED MATERIALS GUIDE

This marketing guide features all disease state resources available for you to use to help reach your immunization campaign goals.

A variety of assets is available, including educational and marketing materials for both HCPs and patients. The goal is to raise awareness of flu, COVID-19, shingles, whooping cough, RSV, meningitis, and other preventable diseases, highlighting the importance of vaccination.

Please reach out to your representative or the VaxServe marketing team for more information at VaxServeMarketing@VaxServe.com.

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FLU

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PATIENT FACING MATERIALS

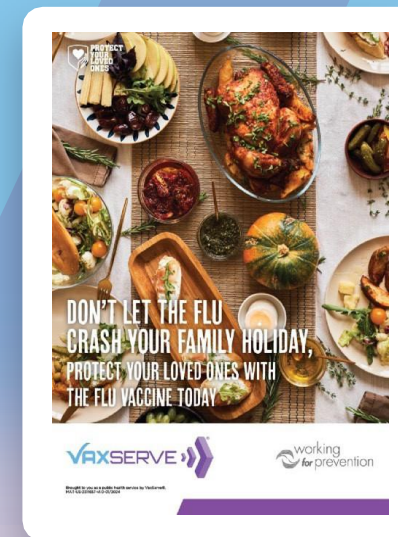
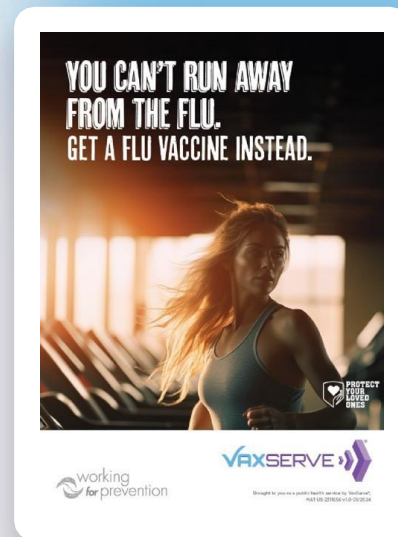
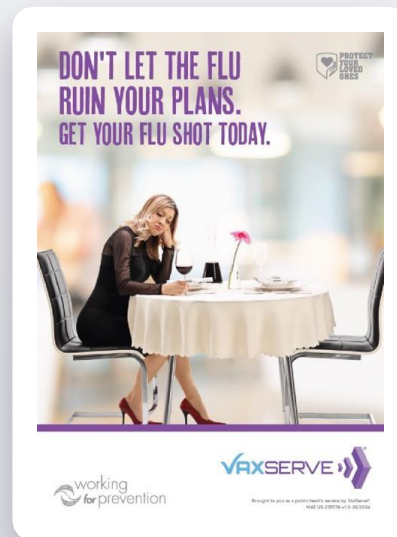
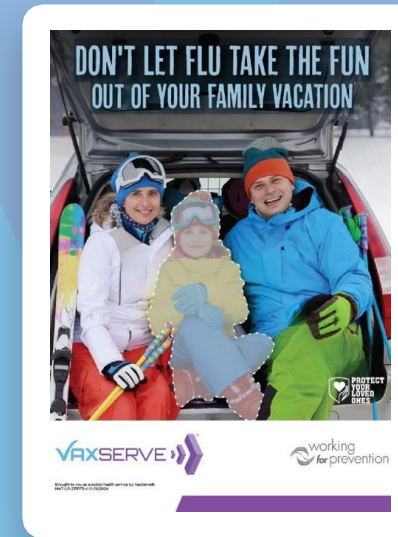
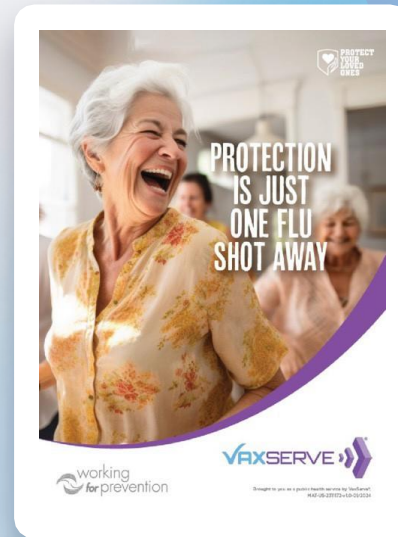
Flu: Working for Prevention Flashcards

Target Audience: Parents or guardians of children, elderly individuals, families planning vacations, individuals with specific outing plans who are eligible for the flu vaccine.

Objective: These flashcards raise awareness about influenza by providing key information on symptoms, risks, and the importance of timely vaccination.

Click on the image to download the asset.

Front Cover Options



Back Side of Flashcard

Millions of people get the flu every year!
The CDC recommends eligible patients 6 months and older should get a flu vaccine every year. An infected person can easily spread the flu by droplets made when they cough, sneeze, or talk. Less likely, a person can also contract the flu by touching a contaminated surface and then touching their mouth, nose, or eyes.

Vaccination is the key to flu prevention

Flu vaccination has been shown to reduce flu-related illnesses and the risk of serious flu complications.¹

Help slow the spread of the flu

- Stay away from people who are sick
- Cover your mouth when coughing or sneezing
- Wash your hands frequently

Did you know?

Not everyone with the flu will have a fever!

If you have the flu, you may feel some or all of these symptoms:

- Fever or Feeling Feverish/Chills
- Sore Throat
- Muscle or Body Aches

You may be spreading the flu even before you know you have it!

- Symptoms typically begin about two days after a person is infected. It is possible to spread the flu virus before showing symptoms.
- People are most contagious in the first 3-4 days after illness begins.
- Young children and those with weakened immunity may be contagious longer.

Cough

Runny or Stuffy Nose

Headaches

Fatigue (Tiredness)

Vomiting and Diarrhea (more common in children than adults)

Ask your Health Care Professionals about FLU Vaccination today!

- You may be at higher risk if you are:**
- An adult 65 years or older
 - A person with certain chronic conditions, like asthma, diabetes, or heart disease.
 - A child under 5 years old!

¹ Centers for Disease Control and Prevention. Accessed November 10, 2023. <https://www.cdc.gov/flu>

FLU

01



PATIENT FACING MATERIALS Flu Myth-Busters Flashcard

Target Audience: People who might be considering a flu vaccine but would like to learn more.

Objective: Use this flashcard to help educate patients on common misconceptions about flu and flu vaccines.

[Click on the image to download the asset.](#)

DO YOU KNOW THESE FACTS ABOUT THE FLU?

THE FLU CAN CAUSE REAL HARM — EVEN TO YOU.	In a 10-year study, 1,227 adults 40 years of age and older had ~10x increased risk of first heart attack and 762 adults 40 years of age and older had a ~8x increased risk of first stroke, within one week of getting the flu.
THE FLU CAN HURT EVEN HEALTHY PEOPLE.	Influenza can lead to serious complications, including hospitalization, for otherwise healthy individuals. In addition, otherwise healthy people who come down with the flu can then spread it to more vulnerable individuals, such as children, the elderly, and those with a chronic illness. But another way to think about it is that vaccination is part of a healthy lifestyle. If you live healthy, eat healthy, and exercise regularly, for example, influenza vaccination can also help you stave off flu and its complications.
THE FLU SPREADS, EVEN WHEN PEOPLE ARE WEARING MASKS.	Wearing a mask and physical distancing can help protect you and others from respiratory diseases, including the flu. However, one of the best ways to reduce your risk of flu illness and potentially serious complications from it is to get vaccinated with a flu shot.
THE FLU VACCINE CANNOT GIVE YOU THE FLU.	Flu vaccines do not cause the flu. The symptoms you may feel after a shot are not the flu. They are part of the normal process of your body's immune system developing an immune response to the vaccine to help protect you from the flu. As this process can take up to 2 weeks, people may come down with the flu shortly after receiving a vaccine unrelated to the vaccine itself.
FLU VACCINES ARE ONE OF THE BEST WAYS TO PROTECT AGAINST THE FLU.	Flu vaccines are proven to help provide protection against the flu and reduce severity of illness in people who get vaccinated but still get sick. Flu vaccination also may help reduce the risk of flu-related hospitalizations and potentially serious flu complications in people with certain chronic health conditions, such as heart disease, lung disease, and diabetes.
A FLU VACCINE IS RECOMMENDED EVERY YEAR.	The flu vaccine you received for last year's flu may not offer protection from this year's flu. One reason is because influenza is constantly changing, and the flu vaccines are updated each year to help protect against the specific viruses circulating that season. Even if you received a flu vaccine last year, you could benefit from a flu vaccine this year.
COVID-19 VACCINES WILL NOT PROTECT YOU AGAINST THE FLU.	A flu vaccine can help protect against the flu. Both flu and COVID-19 vaccines are important and recommended for appropriate patients. While CDC guidelines allow you to receive both vaccines at the same time during the same visit, you should still follow the recommended vaccination schedules for each.

ASK YOUR HEALTHCARE PROVIDER ABOUT GETTING A FLU VACCINE TODAY

FACTS ABOUT THE FLU AND CHILDREN

CHILDREN CANNOT GET THE FLU FROM THE FLU VACCINE.	Just like the vaccine for adults, flu vaccines do not cause the flu. However, flu vaccines can cause side effects that are generally mild (per source) that may be mistaken for flu and may go away on their own within a few days.
YOUR CHILD SHOULD RECEIVE A FLU VACCINATION THIS YEAR.	Flu can pose a serious risk to children. During the 2022-2023 flu season there were almost 50,000 hospitalizations and 476 deaths related to flu in children under the age of 18. This risk can be reduced with flu vaccination for children 6 months and older.
ALL CHILDREN AGED 6 MONTHS AND ABOVE ARE RECOMMENDED TO RECEIVE AN INFLUENZA VACCINE IN THE US PER ACIP RECOMMENDATIONS.	Serious complications from flu can occur even if your child is healthy. Also, getting a flu vaccine can help protect not just your child, but others around them.

ASK YOUR HEALTHCARE PROVIDER ABOUT GETTING YOUR CHILD A FLU VACCINE TODAY

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FLU

01



PATIENT FACING MATERIALS

Retail Flu Shot Importance Flashcard

Target Audience: Eligible patients who may not think they need a flu shot every year.

Objective: This flashcard helps educate patients on the importance of annual flu vaccination and highlights the option of co-administration of vaccines.

Click on the image to download the asset.

YOUR ANNUAL FLU SHOT IS MORE IMPORTANT THAN EVER

HERE'S WHY: Last flu season, **~53%** of Americans were **UNVACCINATED** against the flu, which could lead to flu or flu-related complications.*



*CDC estimates for the 2024-2025 flu season were recorded as of May 7, 2025. CDC-Centers for Disease Control and Prevention.

The flu can have serious consequences, even in healthy individuals:

*These are CDC preliminary estimates from October 1, 2024, through May 17, 2025 and are subject to change.

The flu can increase the risk of first stroke by **~8x**
1-3 days after influenza infection in adults 40+
UP TO **27,000 - 130,000** FLU DEATHS^b

The flu can increase the risk of a first heart attack by **~10x**
1-3 days after influenza infection in adults 40+
UP TO **610,000 - 1.3 MILLION** FLU HOSPITALIZATIONS^b



You can help protect yourself for the upcoming flu season.

A flu shot can help prevent you from getting sick with flu and may help reduce the outcomes it can potentially lead to, including:



Flu-related heart complications and pneumonia



More sick days and less productivity



Making chronic conditions worse

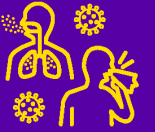


Infecting your family and friends

In 2023-2024, flu vaccines prevented **~9.8 MILLION** INFLUENZA-RELATED ILLNESSES.

SCHEDULE YOUR FLU SHOT TODAY

ARE YOU READY FOR FLU SEASON?



Be prepared with these common FAQs around flu and respiratory vaccinations

FAQs about the flu:

? Flu Vaccination

Can the flu shot give me the flu?

Flu shots do not cause the flu. The symptoms you may feel after a shot are not the flu. They are part of the normal process of your body's immune system developing an immune response to the virus to help protect you from the flu.

Why should I get a flu shot every year?

The flu vaccine you received for last year's flu may not offer protection from this year's flu. Influenza is constantly changing, and the flu vaccines are updated each year to help protect against the specific viruses circulating that season. Even if you received a flu vaccine last year, you could benefit from a flu vaccine this year.

Are flu vaccines safe?

Yes. Flu vaccines have been safely given to millions of people for over 50 years. They are carefully tested and monitored. Getting a flu shot every year is the best way to protect yourself and others from the flu.

? Co-administration

What is co-administration?

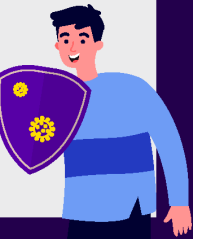
Co-administration of vaccines means getting more than one vaccine during a single visit.

Can I get COVID-19, flu, and RSV vaccines at the same time?

Yes. Per the CDC, Flu, COVID-19, and RSV vaccines may be given at the same visit. Talk with your health care provider about this option. If you prefer to receive each vaccine at a separate visit, there is no minimum waiting period between these vaccines.

Why get multiple vaccines at the same time?

It's convenient to get up to date on all vaccines in one visit, instead of returning for separate visits.



ASK YOUR PHARMACIST ABOUT GETTING VACCINATED TODAY

VaxServe, a Sanofi Company
54 Glenmair National Blvd, Suite 301, Mooresville, Pennsylvania 18507
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COVID

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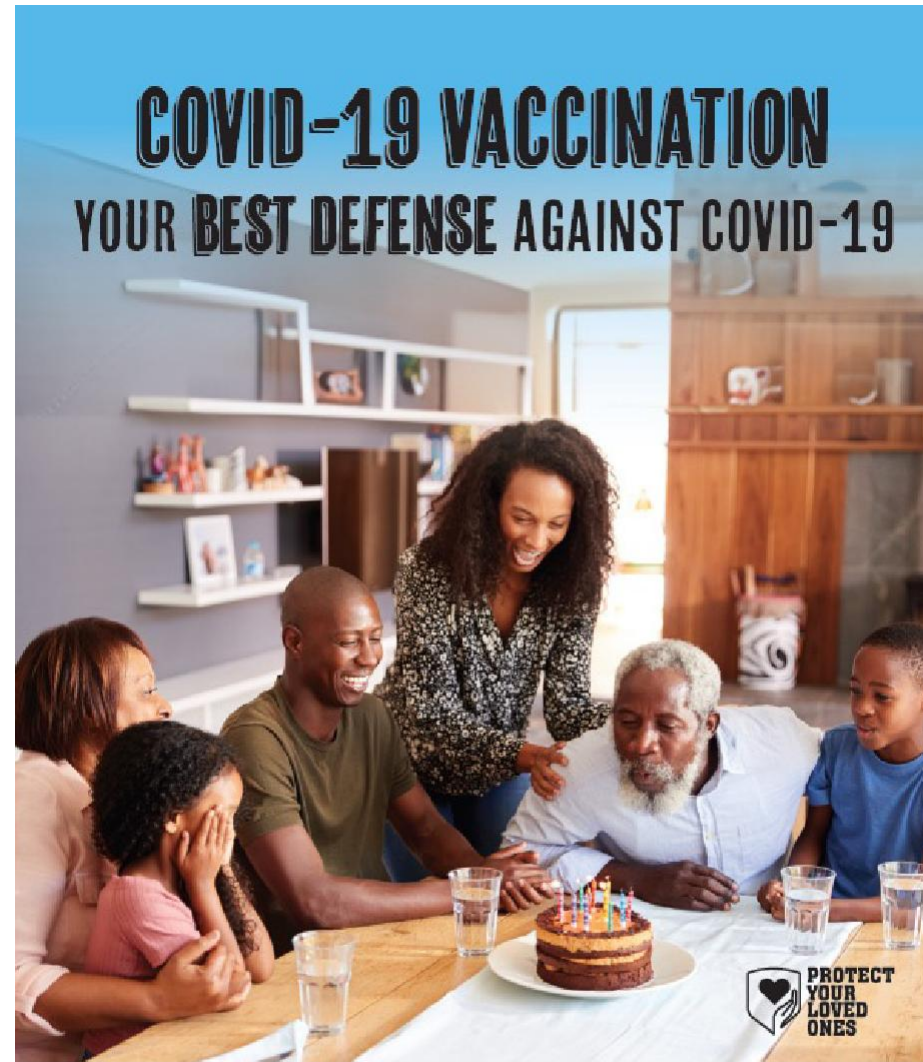
PATIENT FACING MATERIALS

COVID Working for Prevention

Target Audience: Families uncertain about why COVID-19 vaccination is important.

Objective: This material educates families on how COVID-19 spreads and how vaccination can help protect themselves and loved ones.

Click on the image to download the asset.




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Understanding COVID-19¹:
What you should know

- COVID-19 is a disease caused by the SARS-CoV-2 virus.
- It can be very contagious and can spread quickly.
- As of June 1, 2024, nearly 1.2 million people have died of COVID-19 in the U.S.

Can you get reinfected?²
Yes, reinfection is possible.
You can get COVID-19 more than once. Staying updated with COVID-19 vaccines reduces your risk of severe illness.



Symptoms to Watch For

 Fever or Feeling Feverish/Chills	 Sore Throat	 Muscle or Body Aches
 Shortness of Breath	 Cough	 Runny or Stuffy Nose
 Headaches	 Fatigue (Tiredness)	 Vomiting and Diarrhea

- Symptoms may appear **2-14** days after exposure to the virus.³
- Symptoms may start as mild, and some will become more severe.³




Who's Most at Risk?⁴

- People of **all ages**, including children and teens, can get very sick from COVID-19, especially those with underlying medical conditions.
- Older adults are at the highest risk of becoming severely ill from COVID-19, accounting for more than **81%** of COVID-19 deaths in the population aged **65** and older. According to provisional death data from CDC, the death rate among adults older than **65** years is **97** times higher than that of individuals aged **18-29**.

Getting a COVID-19 vaccine is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19⁵

Everyone aged 6 months and older is recommended by ACIP to get the seasonal COVID-19 vaccine. This includes people who have received a COVID-19 vaccine in a previous season and people who have had a prior COVID-19 infection.⁶

How to protect yourself and your loved ones?⁷


-  **Stay Up to Date on COVID-19 Vaccines**
COVID-19 Vaccination is offers protection against severe illness, hospitalization, and death from COVID-19.
-  **Practice Good Hygiene**
Wash your hands often and maintain cleanliness to reduce the spread.
-  **Take Action if You're Sick**
Stay home if you have symptoms and consult a health care provider for testing and treatment, if you're at risk of severe illness.

 Ask your **Health Care Professional** about COVID Vaccination today!

Vaccination Options⁸

There are two types of COVID-19 vaccines available: **mRNA and Recombinant Protein Vaccines.**

- These vaccines can help your body recognize and protect against the virus that causes COVID-19.
- They do not contain live virus and cannot give you COVID-19.
- The vaccines do not interact with your DNA or change your genes in any way.



mRNA, messenger ribonucleic acid; SARS-CoV-2, Severe acute respiratory syndrome coronavirus 2.
References:
1. Centers for Disease Control and Prevention. About COVID-19. Available at: <https://www.cdc.gov/covid/about/>. Accessed August 7, 2024.
2. Centers for Disease Control and Prevention. About Reinfection. Available at: <https://www.cdc.gov/covid/about/reinfection.html>. Accessed August 7, 2024.
3. Centers for Disease Control and Prevention. Symptoms of COVID-19. Available at: <https://www.cdc.gov/covid/signs-symptoms/index.html>. Accessed November 8, 2024.
4. Centers for Disease Control and Prevention. People with Certain Medical Conditions and COVID-19 Risk Factors. Available at: <https://www.cdc.gov/covid/risk-factors/index.html>. Accessed November 8, 2024.
5. Centers for Disease Control and Prevention. Myths & Facts About COVID-19 Vaccines. Available at: <https://www.cdc.gov/covid/vaccines/myths-facts.html>. Accessed October 3, 2024.
6. Centers for Disease Control and Prevention. Staying Up to Date with COVID-19 Vaccines. Available at: <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>. Accessed October 3, 2024.
7. Centers for Disease Control and Prevention. How to Protect Yourself and Others. Available at: <https://www.cdc.gov/covid/prevention/index.html>. Accessed August 7, 2024.
8. Centers for Disease Control and Prevention. COVID-19 Vaccine Basics. Available at: <https://www.cdc.gov/covid/vaccines/how-they-work.html>. Accessed October 15, 2024.

COVID

01



PATIENT FACING MATERIALS

Unbranded COVID & Flu Handout for Healthcare Employees

Target Audience: Healthcare workers, especially those in direct patient care, who face a higher risk of exposure to flu and COVID-19.

Objective: This material encourages healthcare workers to get both flu and COVID-19 vaccines to help protect themselves, their patients, and families, highlighting the possibility of co-administration.

Click on the image to download the asset.

HOW ARE YOU PROTECTING YOURSELF FROM RESPIRATORY VIRUSES?

~4 in 10 healthcare workers reported **working while experiencing flu symptoms.**^{1*}

~1 in 2 healthcare workers reported **working while experiencing COVID-19 symptoms.**^{2†}

In a study of healthcare workers who reported working with flu-like illness, less than half were vaccinated.^{1‡}

In a study of healthcare workers who tested positive for COVID-19, only 15% were vaccinated.²

SEE HOW YOU CAN HELP PROTECT YOURSELF TODAY →

*Using a national nonprobability internet panel survey of 1914 HCPs during the 2014–2015 flu season where 183 (41.4%) reported working with flu-like illness.¹
†In an observational cohort study including all healthcare workers at the Veterans Affairs Boston Healthcare System who tested positive for lab-confirmed SARS-CoV-2 infection. Among those symptomatic with COVID-19, 127 of the 255 symptomatic HCWs (49.8%) reported presenteeism at the time of diagnosis. Sick leave presenteeism is defined as working while sick.²
‡Data on timing of vaccination were not available. Therefore, it was not possible to determine the proportion of HCPs who had received flu vaccination by the time of their flu-like illness.¹

References: 1. Chiu S, Black CL, Yue X, et al. Working with influenza-like illness: presenteeism among US health care personnel during the 2014–2015 influenza season. *Am J Infect Control.* 2017;45(11):1254–1259. doi:10.1016/j.ajic.2017.04.008 2. Linsenmeyer K, Mohr D, Gupta K, et al. Sick leave presenteeism in healthcare workers during the coronavirus disease 2019 (COVID-19) pandemic: an observational cohort study. *Infect Control Hosp Epidemiol.* 2023;44(10):1693–1696. doi:10.1017/ice.2023.47

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HELP PROTECT YOURSELF THIS FLU SEASON—GET YOUR FLU AND COVID-19 VACCINES TOGETHER

TAKE THE TIME TO GET YOUR VACCINES SO YOU CAN KEEP PROTECTING YOUR PATIENTS

During the 2022–2023 flu season, ~360,000 patients were hospitalized with the flu, and in 2023, ~900,000 people were hospitalized with COVID-19.^{1,2}

These hospitalizations put extra strain on the healthcare system and on essential workers like you.² But you can set an example for your patients and help protect them at the same time by having your annual flu shot and COVID-19 vaccine co-administered.^{3–5}

PROTECT YOURSELF

Vaccination against flu and COVID-19 have each been associated with decreased risk of illness and hospitalizations.^{6,7}

PROTECT YOUR LOVED ONES

Flu and COVID-19 vaccines can help reduce the spread of disease. Getting both vaccines is your first step to protecting your family and friends.^{8–9}

PROTECT YOUR PATIENTS

Patients who are older, are pregnant, or have certain comorbidities are at higher risk of severe illness from flu and COVID-19. Your patients may be extra-vulnerable, but you can help keep them safe.^{4,5}

GETTING YOUR FLU AND COVID-19 VACCINATIONS TOGETHER CAN SAVE MORE THAN JUST TIME

Co-administration of flu and COVID-19 vaccines is supported by the CDC.³ With just 1 appointment and 2 shots, you can help protect yourself, your loved ones, and your patients from the consequences of flu and COVID-19.^{6–9}

ACT NOW TO HELP PROTECT YOURSELF AND YOUR PATIENTS. ASK ABOUT YOUR FLU AND COVID-19 VACCINE OPTIONS TODAY.

CDC=US Centers for Disease Control and Prevention.
References: 1. CDC. The changing threat of COVID-19. February 23, 2024. Accessed November 11, 2024. <https://www.cdc.gov/ncidz/whats-new/changing-threat-covid-19.html> 2. CDC. Preliminary estimated flu disease burden 2022–2023 flu season. November 22, 2023. Accessed November 1, 2024. <https://www.cdc.gov/flu-burden/php/data-vs/2022-2023.html> 3. CDC. Best practices for patient care. October 2, 2024. Accessed November 6, 2024. <https://www.cdc.gov/respiratory-viruses/hcp/clinical-safety/index.html> 4. CDC. People at increased risk for flu complications. September 11, 2024. Accessed October 9, 2024. <https://www.cdc.gov/flu/highrisk/index.htm> 5. CDC. Underlying conditions and the higher risk of severe COVID-19. July 30, 2024. Accessed November 6, 2024. <https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html> 6. CDC. Benefits of the flu vaccine. August 14, 2024. Accessed November 13, 2024. <https://www.cdc.gov/flu-vaccines-work/benefits/index.html> 7. CDC. Benefits of getting vaccinated. September 3, 2024. Accessed November 14, 2024. <https://www.cdc.gov/covid/vaccines/benefits.html> 8. CDC. COVID-19 vaccination. Accessed November 14, 2024. <https://www.cdc.gov/museum/pdf/cdm-pha-stem-lesson-covid-19-vaccination-lesson.pdf> 9. CDC. Talking about influenza vaccine recommendation. September 17, 2024. Accessed December 3, 2024. <https://www.cdc.gov/flu/hcp/vax-summary/flu-vaccine-recommendation.html>

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RSV

01



PATIENT FACING MATERIALS RSV Infants

Target Audience: Parents, caregivers of young children, and expectant mothers.

Objective: This material informs about RSV risks, symptoms, transmission, and prevention.

Click on the image to download the asset.



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RSV Poses Serious Risks for Infants and Young Children:¹

Each year in the United States, an estimated **58,000-80,000 children younger than 5 years are hospitalized due to RSV infection.**

Children at greatest risk for severe illness from RSV include:

- Premature infants
- Infants up to 12 months (especially under 6 months)
- Children under 2 years old with chronic lung or heart conditions
- Children with weakened immune systems
- Children who have neuromuscular disorders affecting swallowing or clearing mucus secretions
- Children with cystic fibrosis who have severe lung disease
- American Indian and Alaska Native children

Stay Informed: Identify RSV Symptoms¹

RSV may not be severe when it first starts. However, it can become more severe a few days into the illness. Early symptoms of RSV may include:



Infants who get an RSV infection almost always show symptoms. This is different from adults, who can sometimes get RSV infections and not have symptoms. In very young infants (less than 6 months old), the symptoms of RSV infection may include:



Preventive Options to Protect Babies from Severe RSV:¹

Who is it Given To?	Infants & Young Children	Pregnant People
Type of Product	RSV antibody given to infant	RSV maternal immunization given during pregnancy
Is It for Everyone in Group?	Infants younger than 8 months and born during, or entering, RSV season. Also, high-risk children between ages 8 and 19 months entering their second RSV season.	Recommended if you are 32-36 weeks pregnant during September-January



Severe RSV¹

Virtually all children get an RSV infection by the time they are 2 years old. Most of the time RSV will cause a mild, cold-like illness, but it can also cause severe illness such as:

- Bronchiolitis (inflammation of the small airways in the lung)
 - Pneumonia (infection of the lungs)
- 2-3 out of every 100 infants with RSV infection may need to be hospitalized.**

How RSV Spreads: Understanding Its Transmission¹

- When an infected individual coughs or sneezes.
- When you come into contact with virus-laden droplets from a cough or sneeze, reaching your eyes, nose, or mouth.
- Through direct contact with the virus, such as kissing the face of an RSV-infected child.
- When you touch a surface contaminated with the virus, such as a doorknob, and subsequently touch your face before handwashing.

Ask your Health Care Professional about RSV Immunization today!

Reference: 1. Centers for Disease Control and Prevention, RSV in Infants and Young Children, Updated January 18, 2024. Accessed January 25, 2024. <https://www.cdc.gov/rsv/high-risk/infants-young-children.html#early-symptoms>.

RSV

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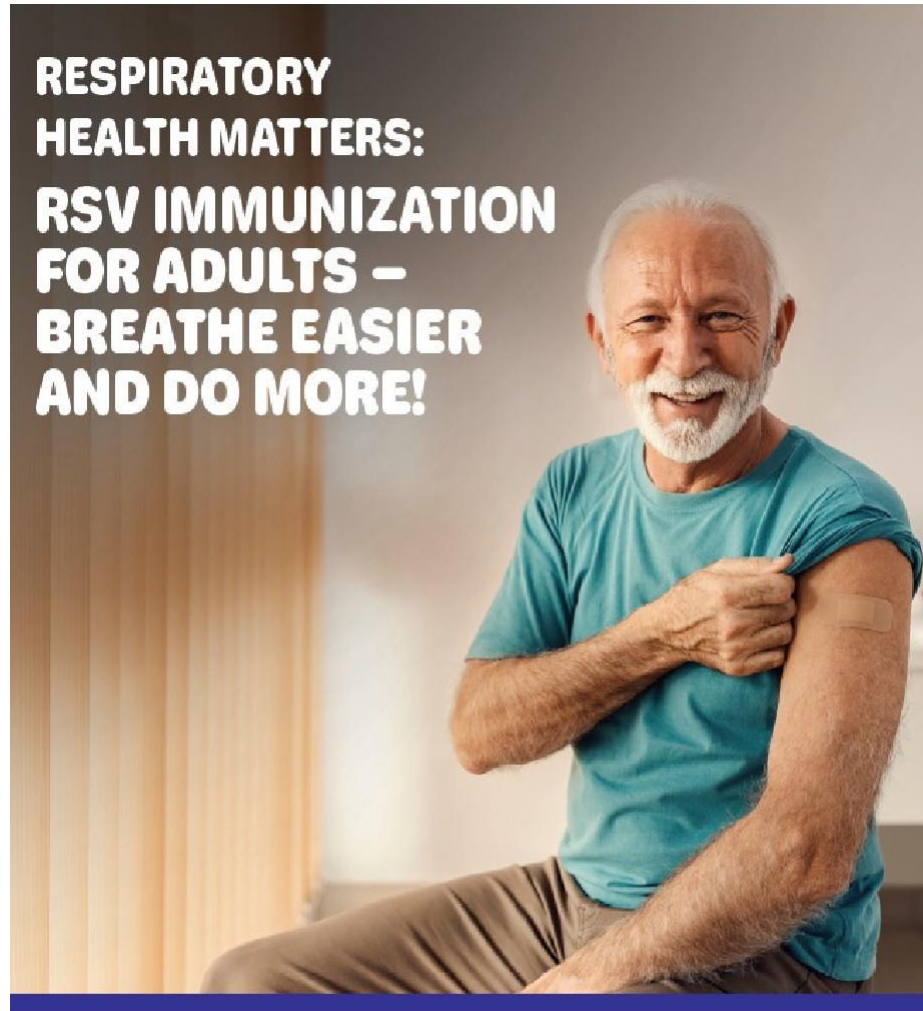
PATIENT FACING MATERIALS RSV Older Adults

Target Audience: Older adults and individuals with chronic medical conditions or weakened immune systems.

Objective: This material educates older adults on RSV risks, symptoms, complications, and the importance of vaccination.

[Click on the image to download the asset.](#)

RESPIRATORY HEALTH MATTERS: RSV IMMUNIZATION FOR ADULTS – BREATHE EASIER AND DO MORE!



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RSV Poses Serious Risks for the Elderly and the Vulnerable Populations!¹

Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms.

Adults at highest risk for severe RSV infection include:

- Older adults
- Adults with chronic heart or lung disease
- Adults with weakened immune systems
- Adults with certain other underlying medical conditions
- Adults living in nursing homes or long-term care facilities

Each year, it is estimated that between **60,000-160,000 older adults in the United States are hospitalized**, and **6,000-10,000 die due to RSV infection.**

Severe RSV Infection¹

RSV can sometimes also lead to worsening of serious conditions such as:

- Asthma
- Chronic obstructive pulmonary disease (COPD) – a chronic disease of the lungs that makes it hard to breathe
- Congestive heart failure – when the heart can't pump enough blood and oxygen through the body

Older adults are at greater risk than young adults for serious complications from RSV because our immune systems weaken when we are older.



Ask your Health Care Professional about RSV Immunization today!

Stay Informed: Identify RSV Symptoms¹

People infected with RSV typically show symptoms within **4 to 6 days** after getting infected. Symptoms of RSV infection may include:



Runny Nose Decrease in appetite Coughing



Sneezing Fever Wheezing

These symptoms usually appear in stages and not all at once. Adults with RSV usually experience mild cold-like symptoms, though some can develop lung infections or pneumonia.

Help Prevent RSV Transmission¹

- Stay home when sick.
- Cover your coughs and sneezes with a tissue or your shirt sleeve, not your hands.
- Wash your hands often with soap and water for at least 20 seconds.
- Avoid touching your face with unwashed hands.
- Avoid close contact with others, such as kissing, shaking hands, and sharing cups and eating utensils.
- Clean frequently touched surfaces such as doorknobs and mobile devices.

CDC Recommends RSV Immunization for Older Adults!¹

- Adults aged 60 years and older may receive a single dose of an RSV immunization.
- Talk to your health care professional to see if immunization is right for you.

Reference: 1. Centers for Disease Control and Prevention. RSV in Older Adults with Chronic Medical Conditions. Updated January 18, 2024. Accessed January 25, 2024. <https://www.cdc.gov/rsv/high-risk/older-adults.html>

RSV

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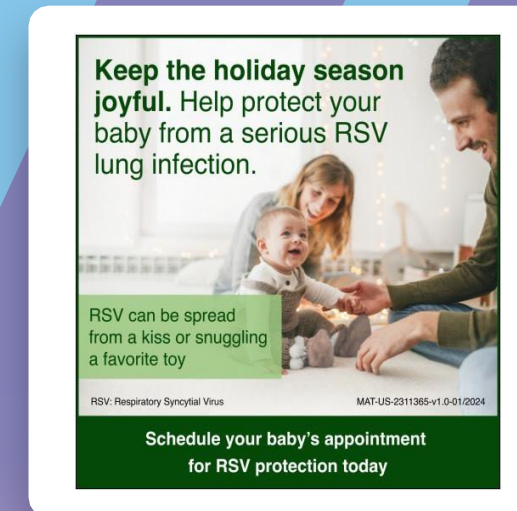
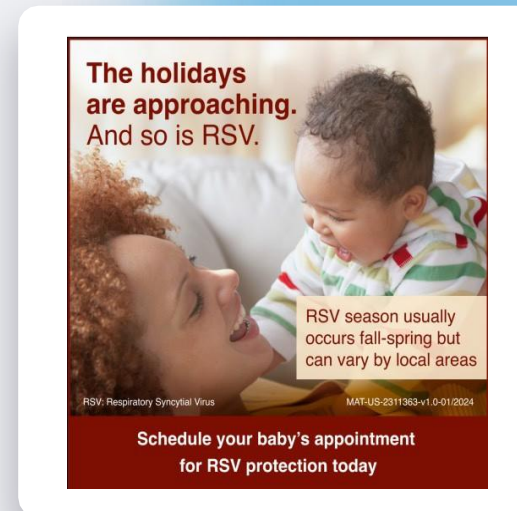
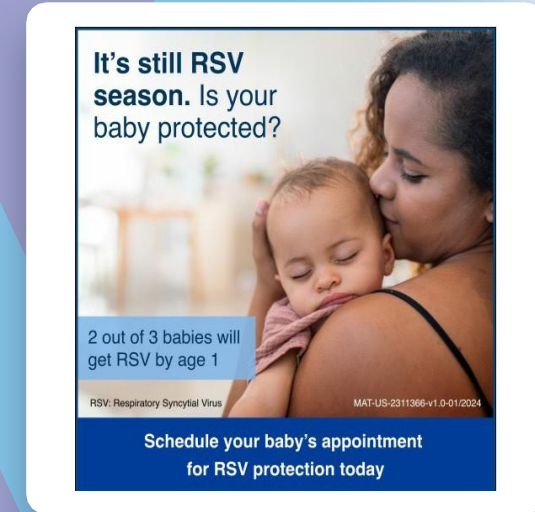
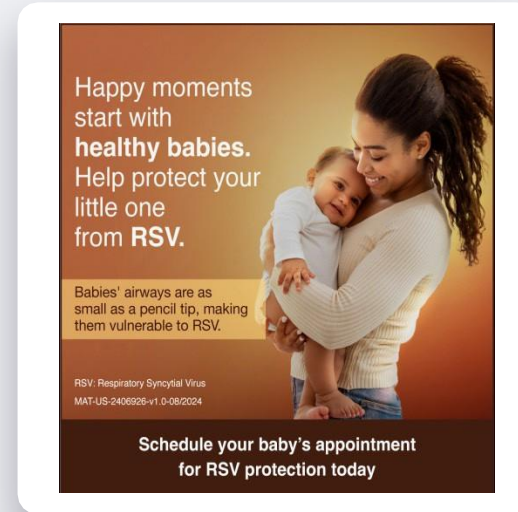


PATIENT FACING MATERIALS RSV Social Posts

Target Audience: Parents and caregivers of infants under 12 months, especially new or expecting parents and those approaching RSV season.

Objective: This material raises awareness of RSV risks in infants, highlights seasonal relevance, and encourages parents to talk to healthcare providers about immunization.

[Click on the image to download the asset.](#)



TRAVEL

01

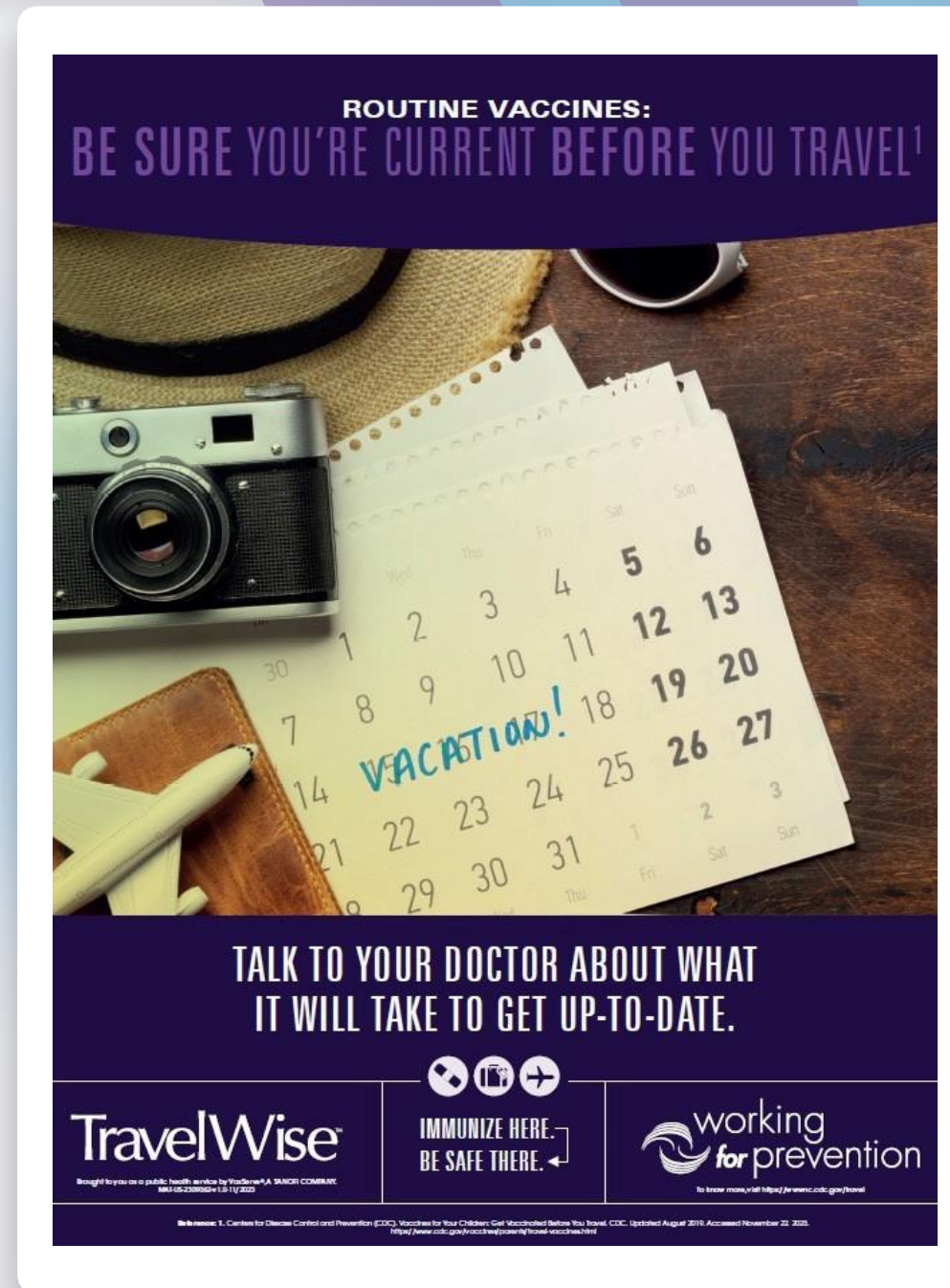


PATIENT FACING MATERIALS Before You Travel

Target Audience: International travelers, including families, students, volunteers, and those with health concerns.

Objective: This material encourages travelers to get recommended vaccines before departure to help stay protected from preventable diseases abroad.

[Click on the image to download the asset.](#)



TRAVEL

01

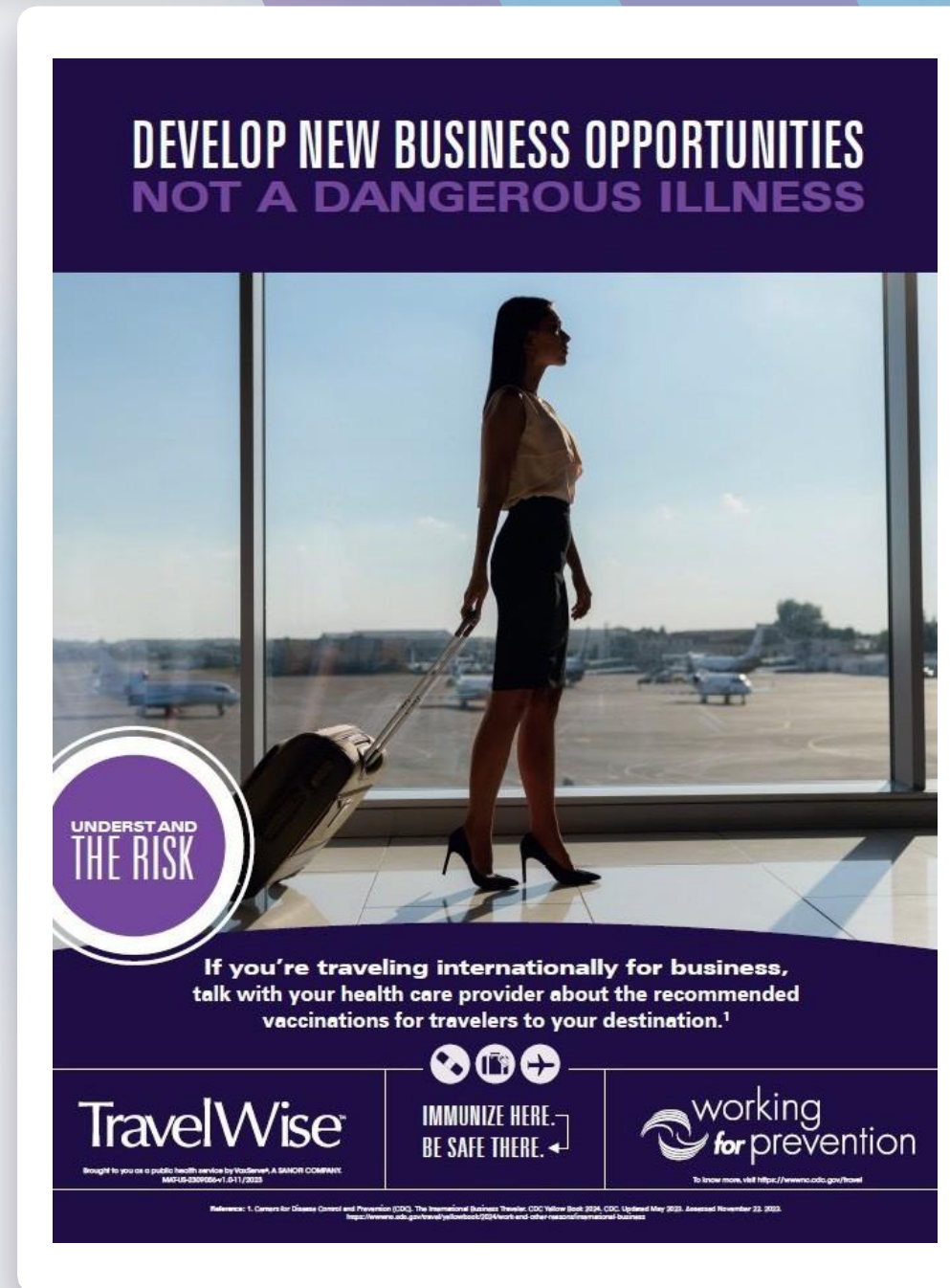


PATIENT FACING MATERIALS Travel Corporate Poster

Target Audience: Business professionals, executives, and employees traveling internationally for work.

Objective: This material encourages business travelers to consult healthcare providers about required vaccines to help stay protected during international trips.

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TRAVEL

01



PATIENT FACING MATERIALS Travel Disease Map Flashcard

Target Audience: International travelers, especially those visiting regions with a high risk of infectious diseases, to help them understand the importance of pre-travel vaccination.

Objective: This material informs travelers about destination-specific health risks and vaccines. It offers expert contact information for personalized travel health advice.

Click on the image to download the asset.

WHEREVER YOU TRAVEL, TravelWise

IMMUNIZE HERE. BE SAFE THERE.

DISEASE	DESTINATION	
<p>YELLOW FEVER^{1,2}</p> <p>A serious and possibly deadly viral disease (transmitted by mosquitoes) that causes fever, chills, headache, back and muscle aches, nausea, vomiting, and bleeding.²</p>		<ul style="list-style-type: none"> Vaccination may be necessary before travel <p>Map adapted from: Centers for Disease Control and Prevention (CDC), Yellow Fever, CDC Yellow Book 2024.²</p>
<p>HEPATITIS B^{1,3,4}</p> <p>A viral infection that causes tiredness, loss of appetite, nausea, vomiting, abdominal pain, and yellowing of the skin and whites of the eyes; in some cases, joint pain may occur. Hepatitis B can also cause of chronic hepatitis, liver failure, and liver cancer. For some, these complications can cause premature death.^{3,4}</p>		<ul style="list-style-type: none"> Vaccination may be necessary before travel <p>Map adapted from: Centers for Disease Control and Prevention (CDC), Hepatitis B, CDC Yellow Book 2024.³</p>
<p>RABIES^{1,5,7}</p> <p>A deadly viral infection that causes fever, inflammation of the brain, anxiety, muscle weakness, paralysis, confusion, convulsions, and coma. Once symptoms develop, death is almost always inevitable.⁵</p>		<ul style="list-style-type: none"> Vaccination may be necessary before travel <p>Map adapted from: World Health Organization, Rabies—Presence of dog-transmitted human rabies: 2021¹ and Centers for Disease Control and Prevention (CDC), Travelers' Health⁷</p>
<p>TYPHOID FEVER^{1,8,9}</p> <p>A severe and possibly deadly bacterial infection that causes tiredness, fever, loss of appetite, headache, abdominal pain, and skin rash; may lead to intestinal bleeding that can be life-threatening.⁸</p>		<ul style="list-style-type: none"> Vaccination may be necessary before travel <p>Map adapted from: Centers for Disease Control and Prevention (CDC), Typhoid & Paratyphoid Fever, CDC Yellow Book 2024⁸ and GBD 2017 Typhoid and Paratyphoid Collaborators, Lancet Infect Dis. 2018;18(4):369-381.⁹</p>
<p>JAPANESE ENCEPHALITIS¹⁰</p> <p>A potentially deadly viral infection transmitted by mosquitoes that can cause inflammation of the brain, fever, headache, vomiting, weakness, paralysis, tremors, and seizures.¹⁰</p>		<ul style="list-style-type: none"> Vaccination may be necessary before travel <p>Map adapted from: Centers for Disease Control and Prevention (CDC), Japanese Encephalitis, CDC Yellow Book 2024.¹⁰</p>
<p>INFLUENZA¹¹</p> <p>A viral infection that causes fever, muscle aches, headache, nonproductive cough, and sore throat; complications include pneumonia or exacerbation of underlying medical conditions. The risk of severe illness and death increases for those aged ≥65 years.¹¹</p>		<p>INFLUENZA RISK VARIES BY LOCATION AND SEASON</p> <ul style="list-style-type: none"> All year* October–May April–September <p>* Infection with influenza virus may occur throughout the year in tropical and subtropical areas.¹¹</p> <p>Map adapted from: Centers for Disease Control and Prevention (CDC), Influenza, CDC Yellow Book 2024.¹¹</p>

KNOW WHERE THE RISKS ARE AND HOW TO BE SAFE!
Work with your travel health specialist to decide which preventive measures are necessary before traveling. For more information, be sure to visit: <http://www.cdc.gov/travel>

Name of travel health specialist _____

Phone number _____

DISEASE	DESTINATION	
<p>MENINGOCOCCAL MENINGITIS¹²</p> <p>A bacterial infection that causes headache, fever, stiffness of the neck, nausea, vomiting, and rash; may lead to multi-organ failure or death.¹²</p>		<ul style="list-style-type: none"> Vaccination may be necessary before travel <p>Map adapted from: Centers for Disease Control and Prevention (CDC), Meningococcal Disease, CDC Yellow Book 2024.¹²</p>
<p>HEPATITIS A^{13,15}</p> <p>A viral disease that can cause fever, loss of appetite, nausea, abdominal discomfort, and—rarely—liver failure.¹³</p>		<ul style="list-style-type: none"> Vaccination may be necessary before travel <p>Map adapted from: Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR)¹⁴ and Jefferson M, et al. World J Clin Cases. 2018;8(13):589-593.¹⁵</p>
<p>TETANUS, DIPHTHERIA, AND PERTUSSIS¹⁶⁻¹⁸</p> <p>Bacterial infections that can cause various symptoms¹⁶⁻¹⁸. Tetanus: muscle spasms and death.¹⁶ Diphtheria: fever, difficulty swallowing, loss of appetite, and death.¹⁷ Pertussis: coughing and cough-induced vomiting. Disease is more severe in infants. Some may stop breathing, and overall, 1% die.¹⁸</p>		<ul style="list-style-type: none"> Pertussis and diphtheria occur in many areas of the world. Tetanus spores are found in soil worldwide.¹⁶⁻¹⁸ <p>Map adapted from: Centers for Disease Control and Prevention (CDC), CDC Yellow Book 2024.¹⁶⁻¹⁸</p>
<p>MALARIA^{19,21}</p> <p>A parasitic infection transmitted by mosquitoes that causes fever, chills and headache; may cause seizures, kidney failure, acute respiratory distress syndrome, coma, or death.^{19,21}</p>		<ul style="list-style-type: none"> Increased risk area <p>*Malaria cannot be prevented by vaccination.¹⁹ Ask your travel health provider if you need prescription medicine to help prevent malaria.¹⁹</p> <p>Map adapted from: Centers for Disease Control and Prevention (CDC), Malaria, CDC Yellow Book 2024.²¹</p>
<p>POLIO^{1,22,23}</p> <p>A viral infection that can cause paralysis, respiratory failure, and—rarely—death.²²</p>		<ul style="list-style-type: none"> Vaccination may be necessary before travel <p>Map adapted from: Centers for Disease Control and Prevention (CDC), Travelers' Health—Global Polio.²³</p>

References: 1. World Health Organization. International Travel and Health. Chapter 8 - Vaccine-preventable diseases and vaccines (2018 update). WHO. Accessed January 18, 2024. https://cde.who.int/media/defaults/source/documents/emergencies/travel-advice/travel-chapter-8-vaccines_cc21807-75d2-4037-85b7-82e6a171474.pdf?sfvrsn=265473b_4_2. 2. Centers for Disease Control and Prevention (CDC). Yellow Fever. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/yellow-fever>. 3. Centers for Disease Control and Prevention (CDC). Hepatitis B. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/hepatitis-b>. 4. World Health Organization. Hepatitis - Symptoms. Accessed January 18, 2024. https://www.who.int/health-topics/hepatitis#tab=tab_2. 5. Centers for Disease Control and Prevention (CDC). Rabies. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/rabies>. 6. World Health Organization. Rabies—Presence of dog-transmitted human rabies: 2021. Accessed January 18, 2024. https://apps.who.int/infected_diseases/human_rabies/2021. 7. Centers for Disease Control and Prevention (CDC). Travelers' Health. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/>. 8. Centers for Disease Control and Prevention (CDC). Typhoid & Paratyphoid Fever. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/typhoid-and-paratyphoid-fever>. 9. GBD 2017 Typhoid and Paratyphoid Collaborators. The global burden of typhoid and paratyphoid fevers: a systematic analysis for the Global Burden of Disease Study 2017. Lancet Infect Dis. 2018;18(4):369-381. 10. Centers for Disease Control and Prevention (CDC). Japanese Encephalitis. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/japanese-encephalitis>. 11. Centers for Disease Control and Prevention (CDC). Influenza. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/influenza>. 12. Centers for Disease Control and Prevention (CDC). Meningococcal Disease. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/meningococcal-disease>. 13. Centers for Disease Control and Prevention (CDC). Hepatitis A. CDC Yellow Book 2024. CDC. Updated January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/hepatitis-a>. 14. Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR). CDC. Updated February 2021. Accessed January 18, 2024. <https://wwwnc.cdc.gov/mmwr/volumes/90/wr/9002a1.htm>. 15. Jefferson M, et al. Update on global epidemiology of viral hepatitis and preventive strategies. World J Clin Cases. 2018;8(13):589-593. 16. Centers for Disease Control and Prevention (CDC). Tetanus. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/tetanus>. 17. Centers for Disease Control and Prevention (CDC). Diphtheria. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/diphtheria>. 18. Centers for Disease Control and Prevention (CDC). Pertussis / Whooping Cough. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/pertussis-whooping-cough>. 19. Centers for Disease Control and Prevention (CDC). Malaria. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/malaria>. 20. Centers for Disease Control and Prevention (CDC). Malaria. CDC Travelers' Health. Updated September 2022. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/diseases/malaria>. 21. Centers for Disease Control and Prevention (CDC). Malaria. CDC. Updated March 2022. Accessed January 18, 2024. <https://www.cdc.gov/malaria/about/disease.html>. 22. Centers for Disease Control and Prevention (CDC). Poliomyelitis. CDC Yellow Book 2024. CDC. Updated May 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/yellowbook/2024/infections-diseases/poliomyelitis>. 23. Centers for Disease Control and Prevention (CDC). Travelers' Health—Global Polio—Level 2—Practice Enhanced Precautions. Updated September 2023. Accessed January 18, 2024. <https://wwwnc.cdc.gov/travel/notices/level2/global-polio>.

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TRAVEL

01



PATIENT FACING MATERIALS Travel Disease Map Poster

Target Audience: Health-conscious travelers concerned about safety and well-being during travel.

Objective: To encourage travelers to consult a travel health specialist to identify necessary vaccines, medications, and precautions before their trip.

Click on the image to download the asset.

**WHEREVER YOU TRAVEL,
TravelWise**
**IMMUNIZE HERE.
BE SAFE THERE.**

KNOW WHERE THE RISKS ARE

<p>RABIES¹⁻⁴ A deadly viral infection that causes fever, inflammation of the brain, anxiety, muscle weakness, paralysis, confusion, convulsions, and coma. Once symptoms develop, death is almost always inevitable.⁴</p> <p><small>Map adapted from World Health Organization, "Rabies: Overview of Epidemiological Situation within WHO World Regions for Disease Control and Prevention (2012)", "Rabies: Health Facts"</small></p>	<p>MENINGOCOCCAL MENINGITIS⁵ A bacterial infection that causes headache, fever, stiffness of the neck, nausea, vomiting, and rash; may lead to multi-organ failure or death.⁵</p> <p><small>Map adapted from Centers for Disease Control and Prevention (CDC), "Meningococcal Disease", CDC Yellow Book 2014⁵</small></p>	<p>INFLUENZA⁶ A viral infection that causes fever, muscle aches, headache, nonproductive cough, and sore throat; complications include pneumonia or exacerbation of underlying medical conditions. The risk of severe illness and death increases for those aged 65 years.⁶</p> <p><small>INFLUENZA: THE VACCINE BY LOCATION AND SEASON ● All year ● Summer only ● Spring/Summer</small></p> <p><small>⁶Updated 2016. Influenza virus may occur throughout the year in tropical and subtropical climates. Map adapted from Centers for Disease Control and Prevention (CDC), "Influenza: CDC Yellow Book 2014"</small></p>
<p>HEPATITIS A^{1,7-9} A viral disease that can cause fever, loss of appetite, nausea, abdominal discomfort, and—rarely—liver failure.⁹</p> <p><small>Map adapted from Centers for Disease Control and Prevention (CDC), "Hepatitis A: Healthy Travelers' Health Report (2009)" and "Hepatitis A: Travel Health Facts", "Hepatitis A: Health Facts"</small></p>	<p>HEPATITIS B^{1,10} A viral infection that causes tiredness, loss of appetite, nausea, vomiting, abdominal pain, and yellowing of the skin and whites of the eyes; in some cases, joint pain may occur. Hepatitis B can also cause chronic hepatitis, liver failure, and liver cancer. For some, these complications can cause premature death.¹⁰</p> <p><small>Map adapted from Centers for Disease Control and Prevention (CDC), "Hepatitis B: CDC Yellow Book 2014"¹⁰</small></p>	<p>TYPHOID FEVER^{1,11,12} A severe and possibly deadly bacterial infection that causes tiredness, fever, loss of appetite, headache, abdominal pain, and skin rash; may lead to intestinal bleeding that can be life-threatening.¹¹</p> <p><small>Map adapted from Centers for Disease Control and Prevention (CDC), "Typhoid: Travel Health Facts", "Typhoid: Travel Health Facts", and "Typhoid: Travel Health Facts", "Typhoid: Travel Health Facts"</small></p>
<p>TETANUS, DIPHTHERIA, AND PERTUSSIS^{1,13-15} Bacterial infections that cause various symptoms: Tetanus: muscle spasms and death.¹³ Diphtheria: fever, difficulty swallowing, loss of appetite, and death.¹⁴ Pertussis: coughing and cough-induced vomiting. Disease is more severe in infants. Some may also breathe, and sneeze, 1% die.¹⁵</p> <p><small>¹³Tetanus and diphtheria occur in many areas of the world. ¹⁴Tetanus is a global health concern. Map adapted from Centers for Disease Control and Prevention (CDC), "Tetanus: Health Facts", "Diphtheria: Health Facts", and "Pertussis: Health Facts"</small></p>	<p>POLIO^{1,16,17} A viral infection that can cause paralysis, respiratory failure, and—rarely—death.¹⁷</p> <p><small>Map adapted from Centers for Disease Control and Prevention (CDC), "Travel Health Facts", "Travel Health Facts"</small></p>	<p>YELLOW FEVER^{1,18} A serious and possibly deadly viral disease (transmitted by mosquitoes) that causes fever, chills, headache, back and muscle aches, nausea, vomiting, and bleeding.¹⁸</p> <p><small>Map adapted from Centers for Disease Control and Prevention (CDC), "Yellow Fever: CDC Yellow Book 2014"</small></p>
<p>MALARIA^{19,20} A parasitic infection transmitted by mosquitoes that causes fever, chills and headache; may cause seizures, kidney failure, acute respiratory distress syndrome, coma, or death.²⁰</p> <p><small>¹⁹Worlds covered by potentially "malaria-free" are your best health guide for malaria prevention and to help you decide. Map adapted from Centers for Disease Control and Prevention (CDC), "Malaria: CDC Yellow Book 2014"</small></p>	<p>JAPANESE ENCEPHALITIS^{1,21} A severe and possibly deadly bacterial infection that causes tiredness, fever, loss of appetite, headache, abdominal pain, and skin rash; may lead to intestinal bleeding that can be life-threatening.²¹</p> <p><small>Map adapted from Centers for Disease Control and Prevention (CDC), "Japanese Encephalitis: CDC Yellow Book 2014"</small></p>	<p>Work with your travel health specialist to decide which preventive measures are necessary before traveling. For more information, be sure to visit: http://www.cdc.gov/travel</p>

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TRAVEL

01



PATIENT FACING MATERIALS Travel Patient Information

Target Audience: International travelers, particularly those visiting high-risk regions.

Objective: The material informs travelers about health risks, offers essential tips, emphasizes the importance of vaccinations, and promotes preventive steps for a safe and healthy trip.

[Click on the image to download the asset.](#)



TRAVEL

01



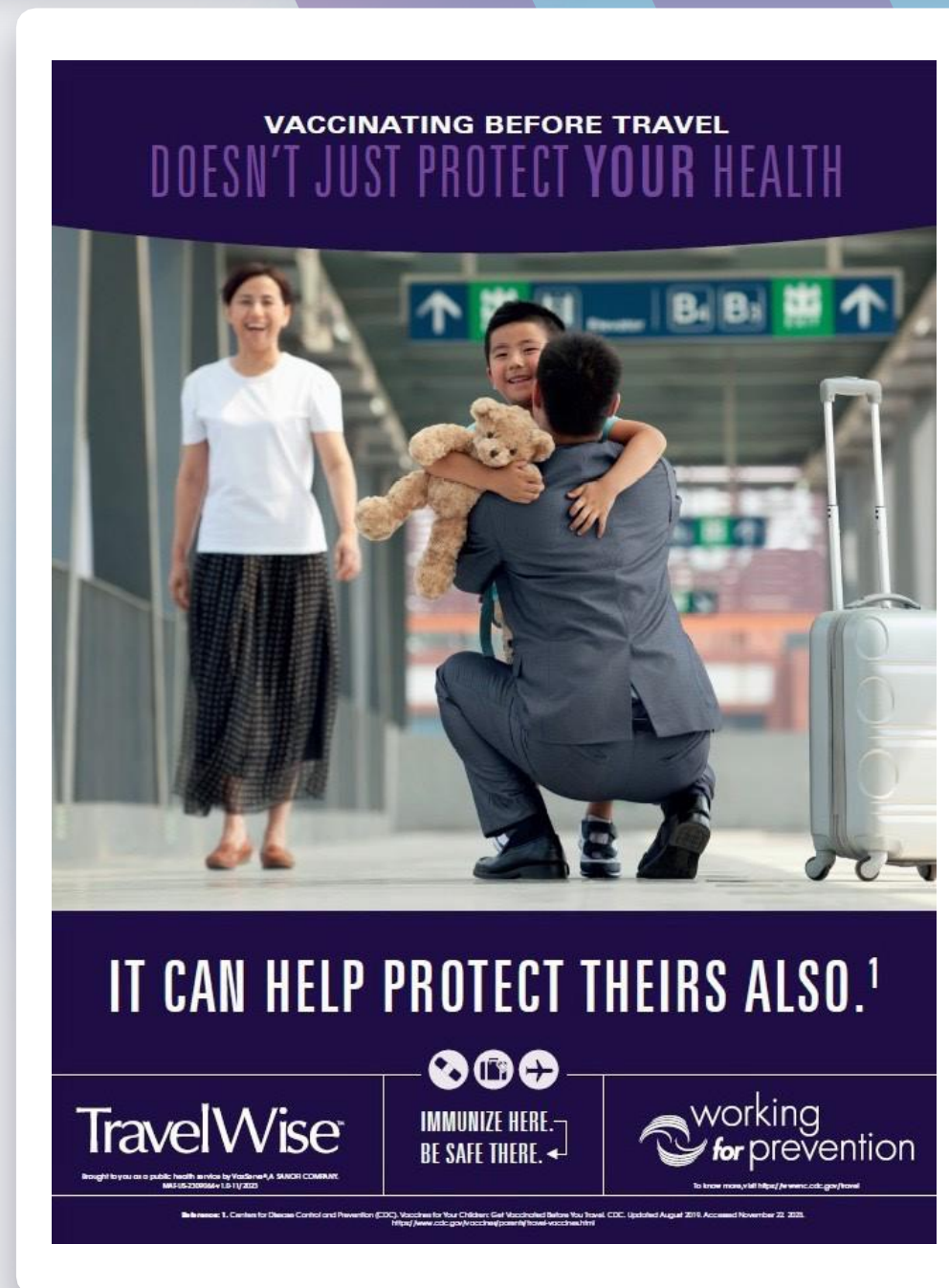
PATIENT FACING MATERIALS

Travel Poster Protect Their Health

Target Audience: International travelers, particularly those visiting high-risk regions who seek to protect themselves and others.

Objective: This poster highlights the importance of pre-travel vaccination to help protect travelers and prevent the spread of disease during and after international trips.

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TRAVEL

01



PATIENT FACING MATERIALS

Travel Vaccinate 1 Month in Advance

Target Audience: International vacationers, families, and health-conscious travelers visiting destinations with health risks.

Objective: This material reminds travelers to get vaccinated at least one month before departure to help stay protected during their trip.

[Click on the image to download the asset.](#)



BACK TO SCHOOL

01



PATIENT FACING MATERIALS

Working for Prevention Back to School Poster

Target Audience: Parents and caregivers of school-aged children, adolescents, and young adults entering or returning to school.

Objective: The material is to encourage timely vaccination before the school year to protect against preventable diseases, supporting individual and public health in school communities.

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WHY WAIT VACCINATE

BEFORE THE NEW SCHOOL YEAR BEGINS, CHECK IF YOU'RE UP-TO-DATE ON THESE CDC^a-RECOMMENDED VACCINATIONS:

- HUMAN PAPILLOMAVIRUS (HPV) VACCINE^b
- MENINGOCOCCAL ACWY^c MENINGITIS VACCINE^d
- TDAP^e VACCINE^f

working for prevention | Vaccination goes with education | VAXSERVE

^aCDC = Centers for Disease Control and Prevention. | ^bDepending on age and health status. Talk to your child's healthcare provider for details. | ^cACWY = Serogroups A, C, W, and Y. | ^dTdap = Tetanus, diphtheria, and acellular pertussis. | ^eReferences: 1. Centers for Disease Control and Prevention (CDC). Recommended child and adolescent immunization schedule for ages 18 years or younger, United States, 2024. <https://www.cdc.gov/nczod/diseases/zoonotic/d19sp18yrs-child-continued-schedule.pdf>. Accessed June 12, 2024. 2. CDC. Vaccine information statement: meningococcal ACWY vaccine: what you need to know. <http://www.cdc.gov/vaccines/imz/downloads/pdf/men18-24-1316.pdf>. Accessed June 12, 2024. 3. CDC. Vaccine information statement: Tdap (tetanus, diphtheria, pertussis) vaccine: what you need to know. <https://www.cdc.gov/vaccines/imz/downloads/pdf/tdap18-24-1316.pdf>. Accessed June 12, 2024. | Brought to you as a public health service by Vaxserve®, 54 Glenview National Blvd., Suite 301, Moon, Pennsylvania 15107. www.vaxserve.com. MKT-US-2402135-v1.0-07/2024 © 2024. Sanofi Inc.

BACK TO SCHOOL

01



PATIENT FACING MATERIALS

Working for Prevention Back to School Brochure

Target Audience: Parents and caregivers of school-aged children, adolescents, and young adults entering or returning to school.

Objective: The material encourages timely vaccination against HPV, meningococcal meningitis, and whooping cough to ensure protection and compliance with CDC recommendations before the school year begins.

Click on the image to download the asset.

Stay up-to-date on CDC-recommended vaccinations below:

HPV

Adolescents 11 or 12 years of age are recommended to receive **2 doses** of HPV vaccine.¹ Some individuals, depending on age and health status, are recommended to receive 3 doses.¹

○ Date: _____

○ Date: _____

○ Date: _____

MENINGOCOCCAL MENINGITIS

Adolescents are recommended to receive **2 doses** of protection against MenACWY – the first dose at 11 or 12 years of age and a booster dose at age 16.¹

○ Date: _____

○ Date: _____

WHOOPING COUGH

Adolescents and young adults are recommended to receive **1 dose** of Tdap vaccine.¹

○ Date: _____

HELP PROTECT YOURSELF.

HELP PROTECT THE PEOPLE YOU LOVE.

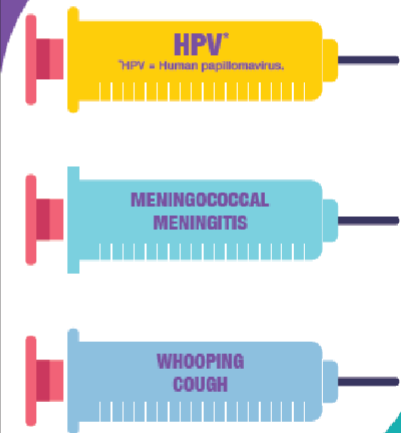
HELP PROTECT THE PEOPLE AROUND YOU.

References: 1. Centers for Disease Control and Prevention (CDC). Recommended child and adolescent immunization schedule for ages 18 years or younger, United States, 2024. <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>. Accessed June 12, 2024. 2. CDC. Information for parents: 2024 recommended immunizations for children 7-18 years old. <https://www.cdc.gov/vaccines/schedules/downloads/teen/parent-versionschedule-7-18yrs.pdf>. Last updated January 2024. Accessed June 12, 2024. 3. CDC. Human papillomavirus (HPV). HPV Infection. <https://www.cdc.gov/hpv/parents/about-hpv.html>. Accessed June 12, 2024. 4. CDC. Sexually Transmitted Infections (STIs). About Genital HPV Infection. <https://www.cdc.gov/sti/about/about-genital-hpv-infection.html>. Accessed June 12, 2024. 5. CDC. Meningococcal Disease. About Meningococcal Disease. <https://www.cdc.gov/meningococcal/about/index.html>. Accessed June 12, 2024. 6. CDC. Meningococcal Disease. Meningococcal Disease Symptoms and Complications. <https://www.cdc.gov/meningococcal/symptoms/index.html>. Accessed June 12, 2024. 7. CDC. Whooping Cough (Pertussis). About Whooping Cough. <https://www.cdc.gov/pertussis/about/index.html>. Accessed June 12, 2024. 8. CDC. Whooping Cough (Pertussis). Symptoms of Whooping Cough. <https://www.cdc.gov/pertussis/signs-symptoms/index.html>. Accessed June 12, 2024. 9. CDC. Vaccine Information Statements (VISs). Tdap (Tetanus, Diphtheria, Pertussis) VIS. <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html>. Accessed June 12, 2024. 10. CDC. Vaccine Information Statements (VISs). Diphtheria, Tetanus, and Whooping Cough Vaccination. <https://www.cdc.gov/vaccines/vpd/tdap-tdap-td/public/index.html>. Accessed June 12, 2024. 11. CDC. National, regional, state, and selected local area vaccination coverage among adolescents aged 13-17 years—United States, 2018. *MMWR*. 2019;68(33):718-723.

WHY WAIT VACCINATE

Before the new school year begins, get the CDC*-recommended vaccinations against¹:

*CDC = Centers for Disease Control and Prevention.



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OTHERS

01



PATIENT FACING MATERIALS Meninge Flashcard

Target Audience: Parents of children and teenagers, particularly those preparing for school or travel.

Objective: This piece provides key information on the disease and underscores vaccination as a vital step to help protect children's health and prevent complications.

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STAY ONE STEP AHEAD: HELP PROTECT YOUR CHILD'S FUTURE WITH A MenACWY VACCINE

What is meningococcal disease?¹

Meningococcal disease refers to any illness caused by bacteria called *Neisseria meningitidis*. Six serogroups of *Neisseria meningitidis* (A, B, C, W, X, and Y) are responsible for most cases of the disease globally, with types B, C, and Y primarily affecting the United States

Here's how to recognize the signs²

Meningococcal meningitis occurs when the *Neisseria meningitidis* bacteria infect and inflame the lining of the brain and spinal cord

How does meningococcal meningitis spread?³

- 1 in 10 people carry *Neisseria meningitidis* bacteria without showing symptoms
- Meningococcal bacteria spreads through close contact via respiratory secretions like saliva, typically through coughing or kissing
- Unlike the common cold or flu, it's less contagious and isn't transmitted through casual contact

Know the risk⁴

Meningococcal disease can affect anyone, but certain individuals face higher risks due to various factors mentioned below:

- **Ages:**
 - Children younger than 1 year old
 - Adolescents and young adults
 - Adults 65 years and older
- **Medical conditions like:**
 - HIV
 - Persistent complement component deficiencies
 - Functional and anatomic asplenia
- **Medications:** People who receive complement inhibitors
- **Places and settings:** Conditions where people work, live, and travel can also increase their risk for meningococcal disease
 - Microbiologists handling meningococcal disease bacteria
 - College students living in dormitories
 - Military recruits in crowded barracks
 - Travellers to sub-Saharan Africa's meningitis belt

REFERENCES:
01. <https://www.cdc.gov/meningococcal/about/causes-transmission.html>
02. <https://www.cdc.gov/meningococcal/about/symptoms.html>
03. <https://www.cdc.gov/meningococcal/about/causes-transmission.html>

Understanding the disease⁵

Diagnosis: Doctors typically collect blood or cerebrospinal fluid samples for laboratory testing



Treatment: Meningococcal disease is promptly treated with antibiotics to lower mortality risk. Treatment must start as soon as possible



Additional treatments can include breathing support, medications to treat low blood pressure, and depending on severity, surgery or wound care

Complications: Despite antibiotic treatment, 10-15% of meningococcal disease cases result in death, and up to 20% of survivors experience lasting disabilities, including limb loss, deafness, nervous system issues, and brain damage



Who needs meningococcal vaccines?⁶

The CDC urges routine use of MenACWY vaccination for every preteen and teen

- **Preteen between 11 and 12:** MenACWY vaccine
- **Teens 16-18:** MenACWY Booster dose

The CDC recommends MenB based on a discussion with your healthcare professional

Protect your child. Ask your health care professional about meningococcal vaccination



04. <https://www.cdc.gov/meningococcal/about/risk-factors.html>
05. <https://www.cdc.gov/meningococcal/about/diagnosis-treatment.html>
06. <https://www.cdc.gov/vaccines/vpd/mening/public/index.html#should>

OTHERS

01



PATIENT FACING MATERIALS Pertussis Flashcard

Target Audience: Adults, parents, caregivers, and those in close contact with infants or vulnerable individuals.

Objective: This piece highlights pertussis risks and the importance of vaccination, urging individuals to consult healthcare providers for protection.

Click on the image to download the asset.



Be Wise, Immunize: Whooping cough protection



Brought to you as a public health service by VaxServe®,
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What is whooping cough (pertussis)?^{1,2}

It is a highly contagious respiratory illness caused by the bacterium *Bordetella pertussis*. It affects people of all ages, and is very dangerous for babies.

Understanding the spread of pertussis²

- Pertussis spreads through the air when an infected person coughs or sneezes
- The infected person remains contagious for at least two weeks after coughing starts
- People with mild or no symptoms can also unintentionally spread pertussis bacteria
- Close contacts like parents, siblings, and caregivers might not know they are infected with pertussis and unknowingly spread pertussis to babies

Let's look at the symptoms³

The onset of symptoms usually starts 5 to 10 days after exposure but takes 3 weeks to develop



Babies and young children with pertussis can experience dangerous breathing pauses (apnea) and turn blue or purple (cyanosis) and requires immediate medical attention

Pertussis-vaccinated teens and adults generally have common cold-like infections without the whoop, while unvaccinated individuals are more likely to experience prolonged coughing fits

Strategies to prevent pertussis⁴

- CDC recommends staying up to date with your pertussis vaccination
- CDC recommends getting a whooping cough vaccine during each pregnancy⁵
- For people exposed to whooping cough, CDC recommends preventive antibiotics only if they: live with the person who has been diagnosed with whooping cough; are at risk for serious disease (e.g., babies, people with certain medical conditions) or will have close contact with someone who is at increased risk for serious disease (e.g., women in their third trimester of pregnancy, people who work with or care for high risk individuals).
- By covering coughs/sneezes with tissues or upper sleeve or elbow and washing hands thoroughly with soap and water and using an alcohol-based hand sanitizer if soap and water are not available

Know the risk⁶

Pertussis can cause complications in all age groups

- **Babies** with pertussis can face severe and deadly complications. Babies and children are more likely to get serious complications if they have not had all recommended pertussis vaccines. One-third of babies younger than one year old who get whooping cough require hospitalization, about:
 - 2 in 3 (68%) get apnea (life-threatening breathing pauses)
 - 1 in 5 (22%) get pneumonia (lung infection)
 - 1 in 50 (2%) get convulsions (violent, uncontrolled shaking)
 - 1 in 150 (0.6%) get encephalopathy (brain disease)
 - 1 in 100 (1%) will die

• **Teens and adults** with pertussis are also at risk of pneumonia and severe coughing, which can lead to:

- Pass out
- Rib Fracture (break)
- Loss of weight
- Death (1%)
- Loss of bladder control

 Complications are usually less serious in this older age group, especially in those who have been vaccinated against whooping cough. However, if complications are serious, some people may need care in the hospital.

Who needs pertussis vaccines?⁷

- The CDC recommends pertussis vaccination for everyone, including babies, children, preteens, pregnant women, and adults who have never received a Tdap shot
- Two types of vaccines are used to protect against pertussis, which also safeguard against other diseases:
 1. Diphtheria, tetanus, and pertussis (DTaP) vaccines for babies and children younger than 7 years old
 2. Tetanus, diphtheria, and pertussis (Tdap) vaccines for adolescents and adults above 7 years old

DTaP for babies and young children
The CDC recommends that children receive 5 DTaP doses at 2, 4, and 6 months. Babies - 3 shots Young children - 2 booster shots⁸

Tdap for preteens through 11 to 12 years
1 dose Tdap (adolescent booster)⁹

Tdap for pregnant women
1 dose of Tdap at 27-36 gestational weeks is recommended, along with booster shots of either Tdap or Td every 10 years (or earlier for severe injuries)¹⁰

Tdap for adults
For adults without previous Tdap immunization, a Tdap dose is recommended, along with booster shots of either Tdap or Td every 10 years (or earlier for severe injuries)¹⁰

Protect yourself and loved ones from Pertussis. Talk to your healthcare professional about vaccination

Reference:
1. <https://www.cdc.gov/pertussis/index.html>
2. <https://www.cdc.gov/pertussis/about/cases-and-transmission.html>
3. <https://www.cdc.gov/pertussis/about/signs-symptoms.html>
4. <https://www.cdc.gov/pertussis/about/prevention/index.html>
5. <https://www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html>
6. <https://www.cdc.gov/pertussis/about/complications.html>
7. <https://www.cdc.gov/vaccines/vpd/pertussis/index.html>
8. <https://www.cdc.gov/vaccines/vpd/dtap-dtap-nd/public/index.html>
9. <https://www.cdc.gov/vaccines/schedules/hcp/mz/adult-schedule-note.html#note-tdap>
10. <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html#why-vaccinate>

OTHERS

01

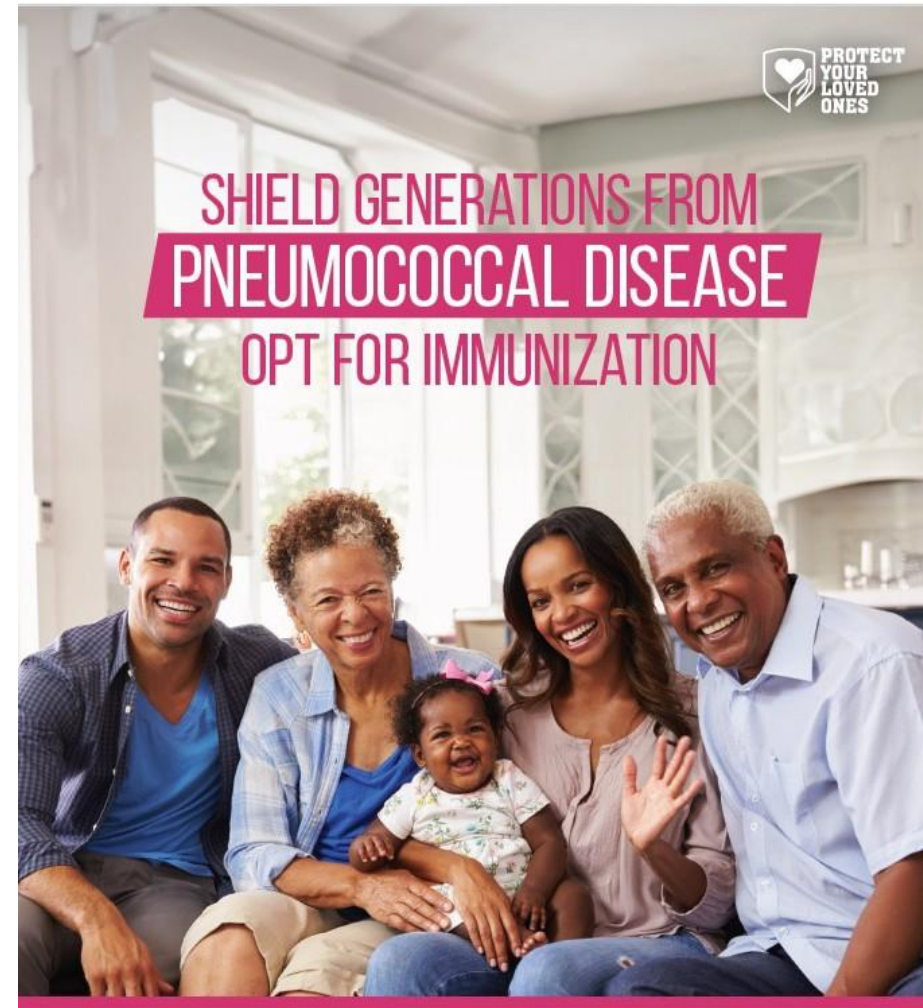


PATIENT FACING MATERIALS Pneumo Flashcard

Target Audience: Adults with young children, elderly, or immunocompromised family members.

Objective: This flashcard raises awareness of pneumococcal disease and encourages vaccination to help protect both individuals and those around them.

Click on the image to download the asset.



Brought to you as a public health service by VaxServe®, MAT-US-2401115-v1.0-04/2024

What is pneumonia?^{1,2}

- Pneumonia is a lung infection that can cause illness ranging from mild to severe in individuals of all ages¹
- The majority of pneumonia cases in the United States occur in adults²
- Vaccinations and proper treatment, including antibiotics and antivirals, have the potential to prevent numerous deaths²



Understand the causes³



Pneumonia can be caused by viruses, bacteria, or fungi



Streptococcus pneumoniae (pneumococcus) is a common bacteria responsible for pneumonia

Vaccination⁴

There are two kinds of pneumococcal vaccines in the United States that protect against pneumonia caused by pneumococcus:

- Pneumococcal conjugate vaccines (PCV15 or PCV20)
- Pneumococcal polysaccharide vaccine (PPSV23)



The CDC recommends pneumococcal vaccination for

- All children under 5 years
- Individuals aged between 5 to 64 at higher risk for pneumococcal disease
- Adults aged 65 and older

References:

1. <https://www.cdc.gov/pneumonia/index.html>
2. <https://www.cdc.gov/pneumonia/prevention.html>
3. <https://www.cdc.gov/pneumonia/causes.html>

4. <https://www.cdc.gov/pneumococcal/about/prevention.html>
5. <https://www.cdc.gov/pneumococcal/about/risk-transmission.html>

Who is vulnerable?⁵



Children under 5



Adults aged 65 and older



Adults with weakened immune system



People with additional risk factors (for example: cigarette smoking, alcoholism, cochlear implant)

Healthy habits to help prevent pneumonia²



Avoid people who are sick and if you are sick, stay away from others



Washing hands regularly and disinfecting frequently touched surfaces



Quitting smoking and limiting contact with cigarette smoke



Coughing or sneezing into a tissue or into your elbow or sleeve



Taking good care of medical conditions (like asthma, diabetes, or heart disease)



Prioritize prevention against pneumonia with pneumococcal vaccine

OTHERS

01



PATIENT FACING MATERIALS Shingles Flashcard

Target Audience: Adults aged 50 and older.

Objective: The piece aims to raise awareness about shingles and encourage individuals to consult their healthcare provider about vaccination.

Click on the image to download the asset.



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What is Shingles?!

Shingles is caused by varicella-zoster virus (VZV), the same virus that causes chickenpox.

- Once you've recovered from chickenpox, the virus remains inactive in the body, but it can reactivate years later, causing shingles.¹
- About 1 in 3 people in the U.S. will have shingles in their lifetime.¹
- As you age, the risk and complications rise, with 10-18% facing lasting nerve pain.¹

Understanding the risk of spreading varicella-zoster virus

- People with shingles can transmit the varicella-zoster virus to those who have never had chickenpox or never received the chickenpox vaccine.¹
- VZV can be spread by direct contact with fluid from shingles rash blisters or breathing in virus particles.¹
- People with chickenpox are more likely to spread VZV than those with shingles.¹

Recognizing early signs and common symptoms!

- Early signs of shingles include pain, itching or tingling before the rash appears, often accompanied by fever.
- The rash typically appears as a stripe on one side of the body or face, with rare cases resembling a widespread chickenpox rash, usually in those with weakened immune systems.
- Additional symptoms may include headache, chills, and upset stomach.

Breaking the chain: strategies to prevent Shingles spread!

- Cover the rash.
- Don't scratch or touch the rash.
- Wash hands often for at least 20 seconds.
- Avoid contact with people until the rash scabs over, including:
 - Pregnant women who never had chickenpox or the chickenpox vaccine.
 - Premature or low birth weight infants.
 - People who are immunocompromised (have a weakened immune system).

People at high-risk for having Shingles!

This includes people who:

- Have a medical condition that weakens their immune system, such as leukemia, lymphoma, and HIV.
- Take medications suppressing the immune system, such as steroids and drugs given for organ transplant!¹

Navigating complications of Shingles

- The most common complication of shingles is long-term nerve pain, known as postherpetic neuralgia (PHN), which persists after the rash resolves.
- PHN occurs where the shingles rash was and can last for months or years.¹
- PHN is extremely painful and can interfere with daily life.¹
- About 10-18% of shingles patients experience PHN, and the risk increases with age.¹

Other complications of Shingles

- Shingles has many serious outcomes including **serious eye complications, bacterial infection of the rash, pneumonia, hearing problems, brain inflammation, and rarely death.**
- Those with **weakened immune systems face higher risks of complications,** including a more severe and prolonged rash.

Finding Relief & Recovery!¹

- Shingles vaccination is the only way to protect against shingles and PHN.
- Treat with antiviral as soon as possible after the rash appears.

Shingles Vaccination: a must-know for eligible individuals

- CDC recommends adults 50 years and older get two doses of the shingles vaccine, Shingrix, 2 to 6 months apart, to prevent shingles and disease complications.¹
- Also advised for **adults 19 and older with weakened immune systems.**
- **Over 90% effective in healthy adults 50 and older.**

Don't let Shingles disrupt your life!
Act now.

Talk to your healthcare professional

Reference: 1. Centers for Disease Control and Prevention. Accessed November 10, 2023. <https://www.cdc.gov/shingles/index.html> <https://www.cdc.gov/shingles/about/complications.html> <https://www.cdc.gov/shingles/about/transmission.html> <https://www.cdc.gov/vaccines/vpd/shingles/public/shingrix/index.html>

02

HEALTHCARE PROFESSIONAL FACING MATERIALS

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FLU

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Flu: Working for Prevention Flashcards

Target Audience: HCPs in primary care, pediatrics, geriatrics, and chronic disease management, including vaccinators.

Objective: To empower HCPs to advocate for annual flu vaccination in all eligible individuals (≥6 months), while prioritizing high-risk groups such as young children (≤5 years), older adults (≥65 years), and patients with chronic conditions.

Click on the image to download the asset.

Front Cover Options

Flu: Working for Prevention – Flu Fighter (Infant)



Flu: Working for Prevention – Flu Fighter (Senior)



Flu: Working for Prevention – Flu Fighter (Adult and Child)



Back Side of Flashcard

Vaccination is the key to prevention:

Yearly flu vaccination has been shown to reduce flu-related illnesses and the risk of serious flu complications. The CDC advises annual flu vaccination for all eligible individuals aged 6 months and older.¹

Prioritize Vaccination for High-Risk Patients:¹

- Identify high-risk patients susceptible to complications from the flu, including people who:
 - are **5 years** of age or younger.
 - are **aged 65** and above.
 - have certain chronic conditions (like asthma, diabetes, or heart disease).

If you do not offer vaccination at your facility, provide an influenza vaccine referral. Follow up with your patient to ensure they get vaccinated.

Between **70%** and **85%** of seasonal flu-related deaths occurred in those aged 65 and older, and **50%** to **70%** of seasonal flu hospitalizations have occurred in this age group.¹

More Ways to Help Protect Patients:

- Provide patients additional educational resources that underscore risks of flu illness and the benefits of flu vaccination.
- Collaborate with local health departments and nonprofit advocacy organizations to promote flu vaccines for at-risk individuals and the community as a whole.

Common Symptoms of the Flu:¹

 Fever or Feeling Feverish/Chills	 Sore Throat	 Muscle or Body Aches
 Cough	 Runny or Stuffy Nose	 Headaches
 Fatigue (Tiredness)	 Vomiting and Diarrhea (more common in children than adults)	

How to Address Common Patient Misconceptions¹

- Share why vaccination may be right for your patient given their age, health status, lifestyle, occupation, or other risk factors.
- Emphasize to patients that the flu is a highly prevalent infectious disease that spreads easily.
- Remind your eligible patients that vaccination can help protect them and their loved ones against serious influenza illness and complications.
- Acknowledge some people who get a flu vaccine still get sick, but flu vaccinations can make illness less severe. Side effects are generally mild, compared to flu symptoms.

References: 1. Centers for Disease Control and Prevention. Accessed November 10, 2023. <https://www.cdc.gov/flu/>, <https://www.cdc.gov/flu/symptoms/symptoms.htm>

FLU

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

LTC Flashcard

Target Audience: HCPs involved in the care of patients aged 65 and older.

Objective: This material aims to educate HCPs on flu risks in long-term care benefits of flu vaccine in reducing.

Click on the image to download the asset.

UNDERSTANDING FLU BURDEN AND IMPROVING QUALITY MEASURES IN YOUR FACILITY



IMPACT OF FLU IN LONG-TERM CARE FACILITIES (LTCFs)

Over **60%** of nursing home residents can become infected during flu outbreaks¹

Among residents who get influenza,¹

~1 in 2 ●● develop pneumonia

~1 in 4 ●●●● are hospitalized

1 in 10 ●●●●●●●●●● die of influenza-related complications

FLU INFECTIONS CAN LEAD TO HOSPITALIZATIONS²

Influenza is:



A major driver of hospital admissions for nursing home residents^{2,3}



A leading cause of infectious outbreaks in long-term care facilities^{2,3}



One of the most costly vaccine-preventable illnesses among older adults⁴

LEARN ABOUT NEW CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) CHANGES AND ASK VAXSERVE ABOUT FLU VACCINE OPTIONS THAT CAN HELP YOU LOWER COSTS.

IMPROVING FLU PROTECTION AND ADDRESSING QUALITY MEASURES



CMS UPDATES AND YOUR FACILITY

HOW CMS REIMBURSEMENT AND QUALITY MEASURES ARE CHANGING⁵

In 2025, the CMS 2% per diem rate reduction for skilled nursing facilities (SNFs) begins.⁵ You can earn back up to 60% of that reduction through high-quality measure scores in multiple areas, including potentially preventable 30-day post-discharge readmission (PPR)

The PPR measure is an important SNF quality measure.⁵ Starting in 2028, readmissions will be measured for the entire time frame a resident is in the facility, not just the 30-day post-discharge period



IMPROVING YOUR FACILITY'S QUALITY SCORES—LIKE THE PPR MEASURE—COULD HELP YOU EARN BACK PART OF THE PER DIEM RATE REDUCTION.

ASK VAXSERVE ABOUT FLU VACCINE OPTIONS THAT COULD HELP YOU KEEP MORE OF YOUR RESIDENTS OUT OF THE HOSPITAL THIS FLU SEASON.

References: 1. Centers for Medicare & Medicaid Services. Improving the use of influenza and pneumococcal immunizations in nursing homes. Accessed November 12, 2024. www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/downloads/rhimmunizations.pdf 2. Lansbury LE, Brown CS, Nguyen-Van-Tam JS. Influenza in long-term care facilities. Influenza Other Respir Viruses. 2017;11:356-366. doi:10.1111/irv.12666 3. Utsunomiya M, Makimoto K, Quashi N, Ashida N. Types of infectious outbreaks and their impact in elderly care facilities: a review of the literature. Age Ageing. 2010;39(3):299-305. doi:10.1093/ageing/afq029 4. McLaughlin JM, McGinnis SS, Tan L, Maccarone A, Fortuna J. Estimated human and economic burden of four major adult vaccine-preventable diseases in the United States, 2013. J Prim Prev. 2015;36(4):259-273. doi:10.1007/s10935-015-0394-3 5. Centers for Medicare & Medicaid Services (CMS). Department of Health and Human Services (HHS). Medicare program; prospective payment system and consolidated billing for skilled nursing facilities; updates to the quality reporting program and value-based purchasing program for federal fiscal year 2025. Fed Regist. 2024;89(151):64048-64163.



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FLU

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Southern Hemisphere Flashcard

Target Audience: HCPs who offer flu vaccines.

Objective: This flashcard aims to inform HCPs about 2024 Southern Hemisphere flu season outcomes and reinforce the importance of flu protection ahead of the 2025–2026 season.

Click on the image to download the asset.

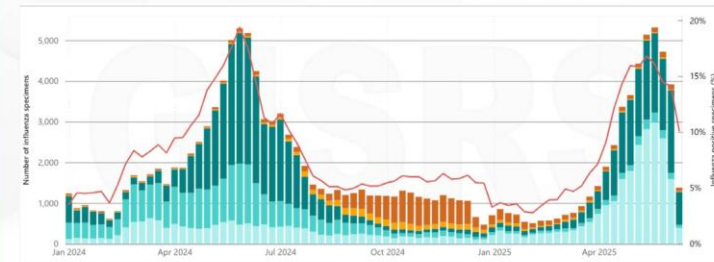
INFLUENZA INSIGHTS: FLU ACTIVITY SURGES AGAIN IN THE SOUTHERN HEMISPHERE THIS SEASON¹



Update on the 2025 Southern Hemisphere flu season:
Flu activity levels during the 2025 Southern Hemisphere flu season matched the intensity of last year's flu season.¹

- Regions with moderate-to-high activity²:**
 - Tropical and Temperate South America (eg, Chile and Uruguay)
 - Southern and Eastern Africa
 - Oceania (including Australia)
- Predominant virus strains²:**
 - Influenza A viruses, particularly H1N1 and H3N2, are the dominant circulating strains across the Southern Hemisphere

WHO: FluNet surveillance shows Southern Hemisphere flu activity¹



FluNet surveillance data from January 1, 2024 through June 9, 2025.

- Influenza subtype**
- Influenza B (lineage not determined)
 - Influenza B (Victoria)
 - Influenza B (Yamagata)
 - Influenza A (not subtyped)
 - Influenza A (H3)
 - Influenza A (H1N1) pdm09
 - Influenza A (H1)
 - Influenza A (H5)
 - Influenza positive specimens (%)

[Get the latest Southern Hemisphere flu season data from the WHO](#)

WHO=World Health Organization.

CDC: 2024 ESTIMATES SUGGEST VACCINES SIGNIFICANTLY REDUCED FLU-RELATED HOSPITALIZATION IN SOUTH AMERICA³

Using data from a multicountry network, investigators assessed vaccine effectiveness in 3 target groups for vaccination: young children, persons with comorbidities, and older adults. In Argentina, Brazil, Chile, Paraguay, and Uruguay, 11,751 influenza-associated cases of severe acute respiratory illness (SARI) were identified from March to July 2024.³

- Overall, only 1 in 5 SARI patients (21.3%) received the 2024 influenza vaccine³
- In SARI patients who were vaccinated, vaccination effectively prevented ~1/3 of influenza-related hospitalizations³

These interim estimates suggest that flu vaccination can significantly reduce the risk of hospitalization among high-risk groups.^{3*}

*High-risk groups in this study included young children, persons with comorbidities, and older adults.³

Although Southern Hemisphere influenza VE (vaccine effectiveness) is not necessarily predictive of Northern Hemisphere VE, it can help the Northern Hemisphere plan contingencies for vaccination demand and use.³

—CDC

CDC=Centers for Disease Control and Prevention.



Prioritize flu vaccination to help protect your eligible patients and ensure you're prepared to vaccinate your older patients, who are at a higher risk for flu-related complications.⁴

References: 1. World Health Organization. Influenza laboratory surveillance information. Accessed June 25, 2025. <https://app.powerbi.com/view?r=eyJoi2TkyODcyOTEtZASYS00ZmlOLWFkZGUtODkNGIS0TE3YjM0liwidCl6ImY2MTBjMGISLWJkMjQNGz0S04MTBILTlNkYzI4MGFmYjU5MClslmMiOj9> 2. World Health Organization. Influenza update N° 528. May 25, 2025. Accessed June 2, 2025. https://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2025/202520_who-respiratory-virus-update_528.pdf?sfvrsn=365d07f1_1&download=true 3. Zeno EE, Nogareda F, Regan A, et al. Interim effectiveness estimates of 2024 Southern Hemisphere influenza vaccines in preventing influenza-associated hospitalization—REVELAC-i Network, five South American countries, March–July 2024. *MMWR Morb Mortal Wkly Rep.* 2024;73(39):861–868. doi:10.15585/mmwr.mm7339a1 4. Centers for Disease Control and Prevention. Flu and people 65 years and older. September 5, 2024. Accessed June 9, 2025. <https://www.cdc.gov/flu/highrisk/65over.htm>

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FLU

02



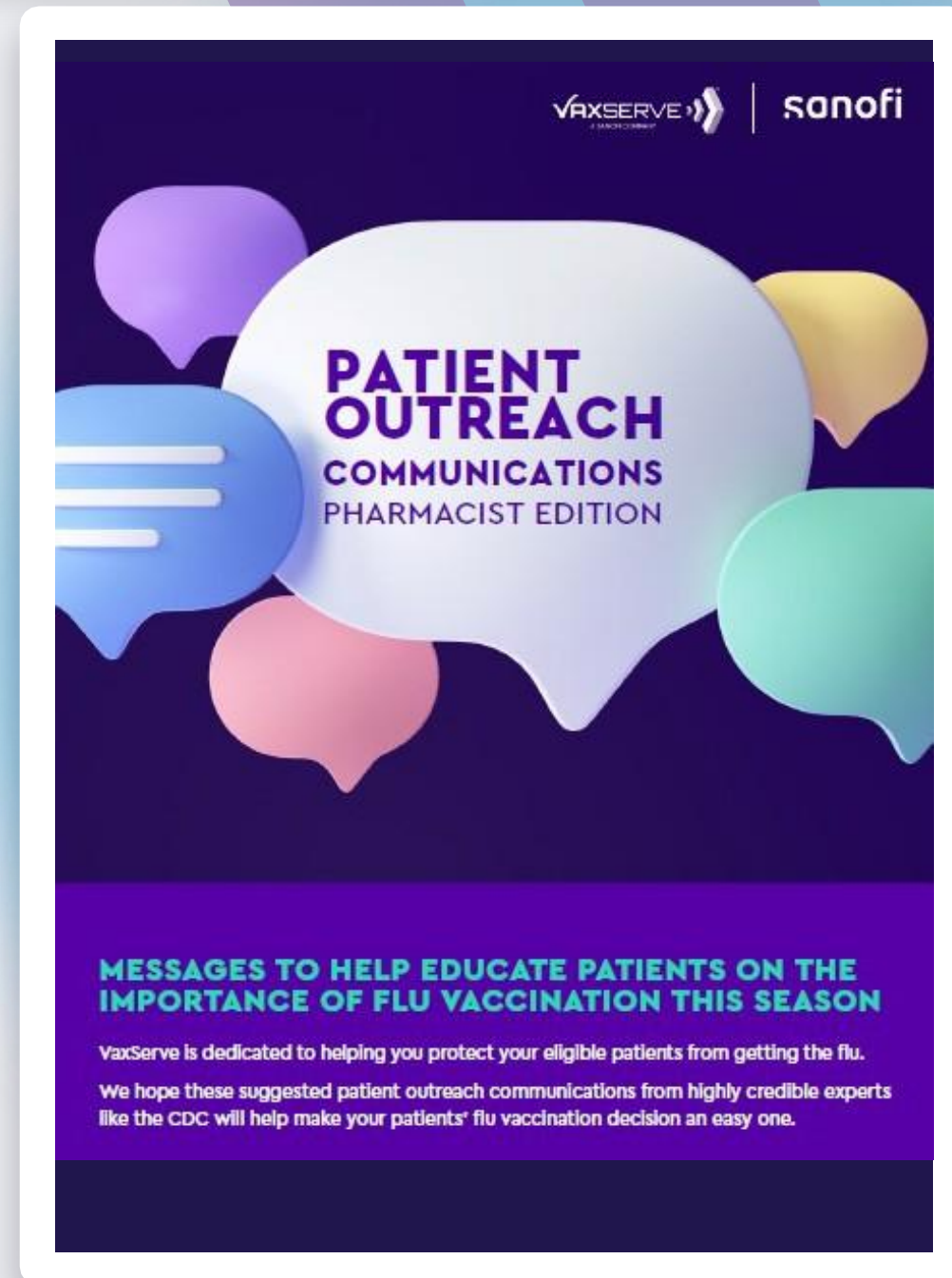
HEALTHCARE PROFESSIONAL FACING MATERIALS

Pharmacist Unbranded Patient Flu Education Messaging

Target Audience: Pharmacists who administer flu vaccines.

Objective: This guide equips pharmacists with key information to confidently address common vaccine questions and patient concerns, ensuring they're prepared for immunization discussions this season.

[Click on the image to download the asset.](#)



FLU

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Flu Technology Flashcard

Target Audience: Healthcare providers seeking to understand flu vaccine types and manufacturing methods.

Objective: The objective of this material is to inform HCPs about the differences between egg-based, cell-based, and recombinant flu vaccines to support informed vaccine selection.

[Click on the image to download the asset.](#)

NOT ALL FLU VACCINES ARE CREATED ALIKE

Various flu vaccine technologies follow the same general steps, but there are differences.

For US healthcare professionals only

MANUFACTURING PROCESS

STRAIN IDENTIFICATION

- In the United States, the CDC and other collaborating centers of the WHO predict the influenza strains likely to be the most prevalent in the upcoming flu season^{2*}

REPLICATION

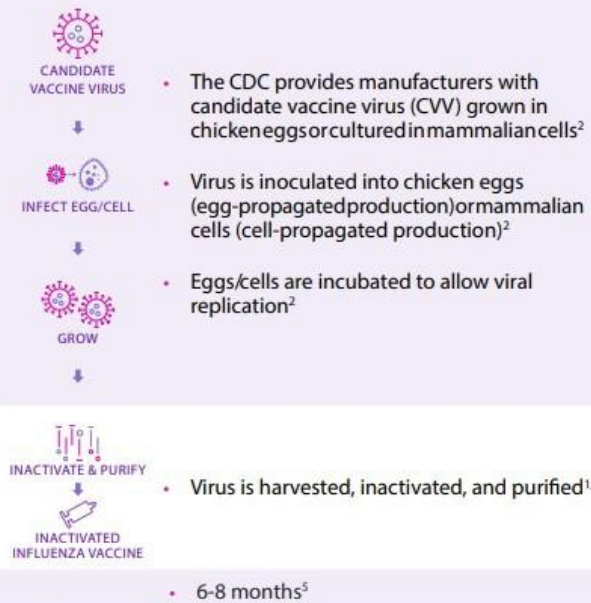
- The selected strain(s) is/are replicated or created synthetically to provide sufficient quantities²
- Risk of mismatch with the selected strain(s) varies depending on the technology used^{1,3}

HARVESTING & PURIFICATION

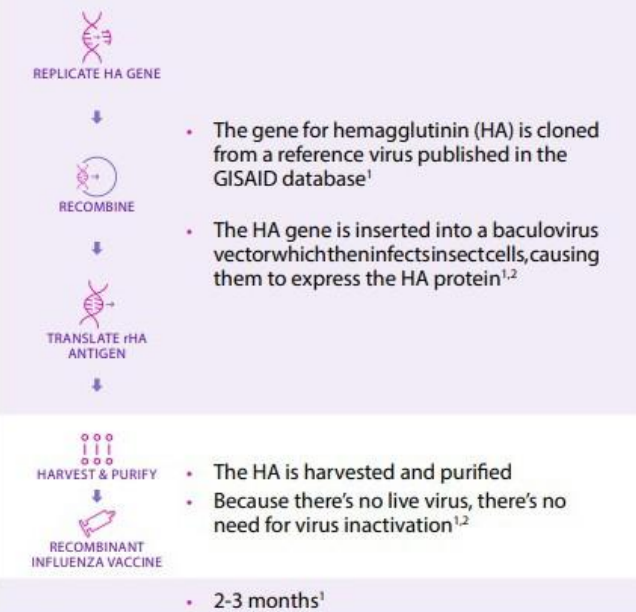
- Resultant antigens are harvested and purified to remove contaminants²
- With technologies that use live virus, the live virus must generally be inactivated²

TOTAL PRODUCTION TIME

EGG-BASED & CELL-BASED FLU VACCINES



RECOMBINANT FLU VACCINES



Why does type of flu vaccine technology matter? →

*CVVs may be provided by either the CDC or another laboratory partner in the WHO Global Influenza Surveillance and Response System.²
CDC=Centers for Disease Control and Prevention; GISAID=Global Initiative on Sharing All Influenza Data; WHO=World Health Organization.

FLU

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Importance of Flu Vaccination in Workplace For Employers

Target Audience: Employers, HR professionals, and workplace wellness coordinators responsible for employee health.

Objective: This material educates employers on the value of workplace flu vaccination.

[Click on the image to download the asset.](#)

THE IMPORTANCE OF FLU VACCINATIONS FOR YOUR WORKPLACE

EVEN AMONG HEALTHY ADULTS, FLU IS A HIGHLY CONTAGIOUS ILLNESS and a major cause of sickness, work absenteeism, and economic disruption.¹



HEALTHY ADULTS AGED 18-64 CAUSE ~58% of the total economic burden of flu.²



During the 2022-2023 flu season, ONLY ~40% OF PEOPLE AGED 18-64 GOT A FLU SHOT.³



ANNUALLY, FLU CAUSES 17 MILLION WORKDAYS MISSED— THAT'S 3.5 DAYS* PER EMPLOYEE.^{4,5}



*Of their 5 work days in a given week.

A FLU VACCINE IS THE FIRST AND BEST WAY TO HELP PROTECT EMPLOYEES FROM FLU AND REDUCE THE SPREAD IN YOUR WORKPLACE.⁶

A flu vaccine can **SAVE YOU ~\$13.66 PER EMPLOYEE VACCINATED.¹**

Net costs (savings) = cost of vaccination - costs averted due to vaccination



¹The model included indirect (eg, vaccine, medical care) and indirect costs (eg, absenteeism to be vaccinated and due to side effects) and was most sensitive to their influenza illness rate, the work absenteeism rate due to influenza, and hourly wages.

The Centers for Disease Control and Prevention (CDC) estimates that a vaccinated workforce may experience⁷:

- 13%-44% fewer doctor visits
- 18%-45% fewer lost workdays
- 18%-28% fewer days with reduced productivity

LET US PUT OUR EXPERTISE TO WORK!
CONTACT YOUR ACCOUNT MANAGER TODAY.



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MAT-US-2308376-v1.0-11/2023

FLU

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Importance of Flu Vaccination in Workplace For Employees

Target Audience: Employers, especially those involved in workplace health and wellness programs.

Objective: This material is designed for employees to raise awareness about flu risks in the workplace and the importance of vaccination to help protect oneself and others.

[Click on the image to download the asset.](#)

FLU COULD BE SPREADING IN YOUR WORKPLACE. ARE YOU PREPARED?

GETTING A FLU SHOT NOT ONLY HELPS PROTECT YOU AGAINST FLU, BUT IT ALSO HELPS PROTECT THOSE AROUND YOU.



<p>The CDC estimated that during the 2019-2020 FLU SEASON, THERE WAS AN AVERAGE OF 390,000 HOSPITALIZATIONS due to flu.</p> 	<p>During the 2019-2020 flu season, ~1 IN 3 FLU-RELATED DEATHS OCCURRED AMONG ADULTS 18-64.</p> 	<p>~20.2% OF PEOPLE AGED 18-49 AND ~15.2% AGED 50-64 WHO HAD FLU WERE HOSPITALIZED IN THE 2021-2022 FLU SEASON.</p> 
<p>PEOPLE WITH FLU MISS AN AVERAGE OF 3 WORK DAYS. Don't waste paid time off sick with flu!</p> 	<p>FLU VACCINES CAN REDUCE FLU-RELATED MEDICAL VISITS BY 40-60%.*</p> <p>During the 2022-2023 flu season, vaccinated adults were:</p> <ul style="list-style-type: none"> • 44% less likely to visit the ER or urgent care for flu • 39% less likely to be hospitalized for flu or its complications <p><small>*During seasons where flu vaccine viruses were similar to circulating flu viruses.</small></p>	<p>REDUCE THE AMOUNT OF TIME AND MONEY YOU SPEND ON BEING SICK THIS YEAR WITH A FLU SHOT.</p>  <p>FLU VACCINES ARE OFTEN AVAILABLE AT LITTLE OR NO COST.</p>

FAQs

DO YOU STILL NEED A FLU SHOT EVERY YEAR IF YOU'RE HEALTHY?

Flu vaccines are updated every year with FDA-recommended strains to keep up with rapidly adapting flu viruses. A flu shot also helps prevent the spread of flu to others.

CAN YOU GET FLU FROM A FLU SHOT?

You cannot get flu from a flu shot. Flu shots are either made with an inactive flu virus or developed using proteins from a flu virus that cannot cause infection.

STAY HEALTHY THIS FLU SEASON WITH A FLU VACCINE.

FLU

02



HEALTHCARE PROFESSIONAL FACING MATERIALS


Occupational Nurse Messaging Handout

Target Audience: Occupational nurses administering vaccines in the workplace or clinical settings.

Objective: This handout is designed to empower nurses with strategies to address vaccine hesitancy, dispel myths, and support increased vaccine uptake during immunization season.

Click on the image to download the asset.

MAKING CONFIDENT VACCINE RECOMMENDATIONS: OCCUPATIONAL HEALTH NURSE TALKING POINTS



A strong endorsement by a healthcare professional provides a compelling reason for employees to adopt vaccine recommendations. Even initially reluctant adults are more likely to receive an influenza vaccination when the healthcare professional's opinion of the vaccine is positive.¹

BELOW ARE SUGGESTIONS TO HAVE IMPACTFUL CONVERSATIONS ABOUT VACCINATION WITH EMPLOYEES

STEP 1

Ask Every Eligible Employee

- Ensure that healthcare staff are asking every eligible employee if they are up to date with their vaccines.
- Share an important benefit of vaccination right away.

"Have you had your flu vaccine yet this year? Per the CDC: An annual seasonal flu vaccine is the best way to help reduce the risk of getting flu and any of its potentially serious complications."²

STEP 2

Answer Questions with Facts

- Be ready to address common myths and questions about vaccination, such as employees saying, "I heard the flu vaccine gives you the flu," or asking, "Is it safe to get multiple vaccines at one visit?"
- Provide information about receiving multiple vaccines together to stay up to date on all necessary vaccines.

"Per the CDC: Flu vaccines cannot cause flu illness. Flu vaccines given with a needle (i.e., flu shots) are made with either inactivated (killed) viruses, or with only a single protein from an influenza virus. The nasal spray vaccine contains live viruses that are attenuated (weakened) so that they will not cause illness."³

"Coadministration or simultaneous administration of vaccines refers to giving or getting more than one vaccine during a visit."⁴

STEP 3


Provide Resources

- It is required to provide a VIS (Vaccine Information Statement) to employees being vaccinated. Review questions and concerns thoroughly before vaccination.⁵
- If employees are hesitant or unable to get vaccinated at that moment, send them home with the VIS and/or other patient-friendly resources. Provide contact information for them to ask questions. Offer to schedule an appointment for the employee that fits their schedule.

"We offer a variety of ways to get vaccinated within our company. We will work to ensure you get immunized when it's convenient for you."⁵

MAKE CONFIDENT RECOMMENDATIONS TO PROTECT EMPLOYEES TODAY!
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FLU

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Pharmacy Staff Messaging Handout

Target Audience: Pharmacists and technicians responsible for vaccine administration and patient outreach.

Objective: This handout equips pharmacy staff with the knowledge to address common vaccine questions, support informed recommendations, and enhance patient communication during immunization season.

Click on the image to download the asset.

**MAKING CONFIDENT VACCINE RECOMMENDATIONS
PHARMACIST AND TECHNICIAN TALKING POINTS**

A strong endorsement by a pharmacist provides a compelling reason for patients to adopt vaccine recommendations. Even initially reluctant adults are more likely to receive an influenza vaccination when the health care professional's opinion of the vaccine is positive.¹

BELOW ARE SUGGESTIONS TO HAVE AN IMPACTFUL CONVERSATION ABOUT VACCINATION WITH YOUR PATIENTS!

STEP 1

Ask Every Eligible Patient

- Ensure that pharmacy staff (technicians and pharmacists) are asking every eligible patient if they are up to date with their vaccines when picking up prescriptions.
- Share an important benefit of vaccination right away.

"Have you had your flu vaccine yet this year? Per the CDC: An annual seasonal flu vaccine is the best way to help reduce the risk of getting flu and any of its potentially serious complications."²

STEP 2

Answer Questions with Facts

- Be ready to address common myths and questions about vaccination, such as patients saying, "I heard the flu vaccine gives you the flu," or asking, "Is it safe to get multiple vaccines at one visit?"
- Provide information about receiving multiple vaccines together to get up to date on all necessary vaccines. This is called coadministration.

"Per the CDC: No, flu vaccines cannot cause flu illness. Flu vaccines given with a needle (i.e., flu shots) are made with either inactivated (killed) viruses, or with only a single protein from the flu virus. The nasal spray vaccine contains live viruses that are attenuated (weakened) so that they will not cause illness."³

"Coadministration of vaccines refers to giving or getting more than one vaccine during a visit. This is common clinical practice. While there are some exceptions, most vaccines can be given at the same visit."⁴

STEP 3

Provide Resources

- It is required to provide a VIS (Vaccine Information Statement) to patients being vaccinated or guardians of patients being vaccinated. Review the patient's questions and concerns thoroughly with them before vaccination.⁵
- If patients are hesitant, or unable to get vaccinated at that moment, send them home with VIS and/or other patient-friendly resources. Provide contact information for the pharmacist for the patient to ask questions. Offer to schedule an appointment for the patient that fits their schedule.

"We offer a variety of ways to get vaccinated at our pharmacy. If a walk-in vaccine works for you, we can offer that, or we can schedule a specific time for you to come in!"⁵

MAKE CONFIDENT RECOMMENDATIONS TO PROTECT YOUR PATIENTS TODAY!
Brought to you as a public health service by VaxServe®

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1. CDC, Epidemiology and Prevention of Vaccine-Preventable Diseases, available at: <https://www.cdc.gov/vaccines/pubs/pinkbook/strat.html> (last accessed June 7, 2024)
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COVID

02



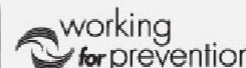
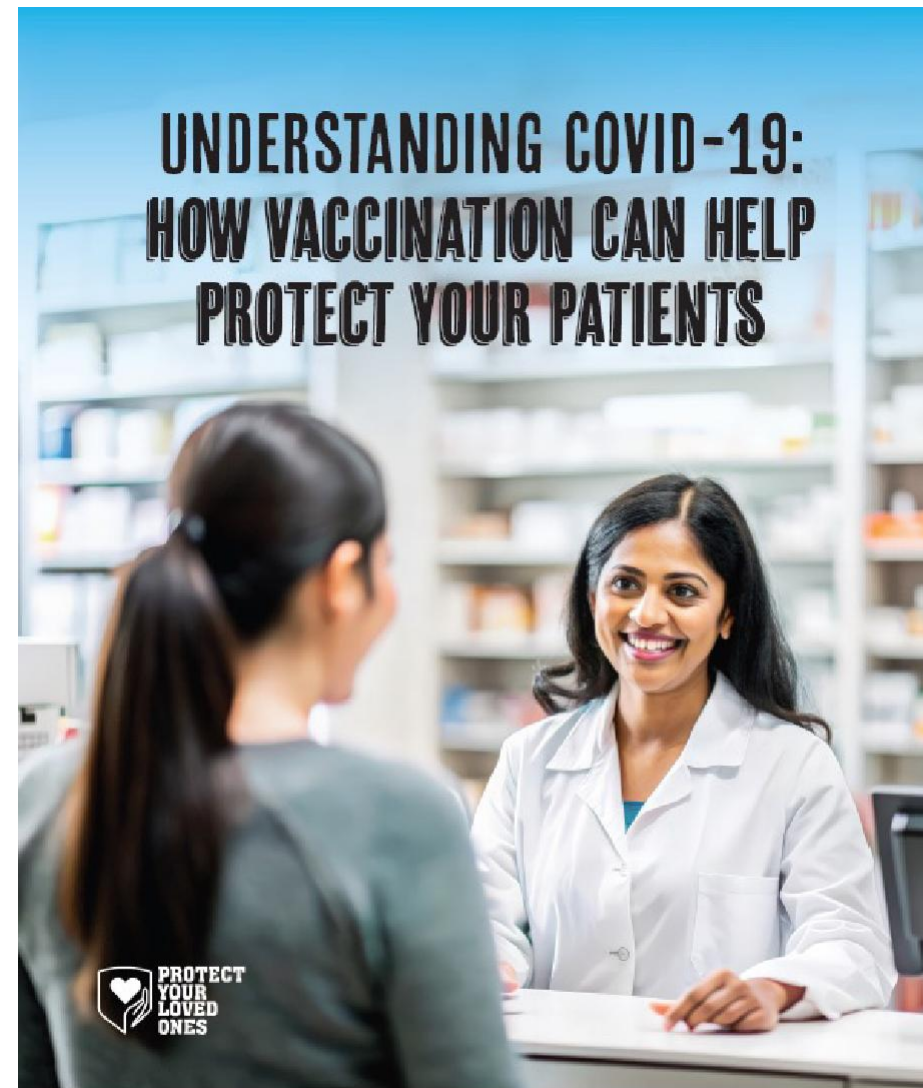
HEALTHCARE PROFESSIONAL FACING MATERIALS

COVID Working for Prevention Flashcard

Target Audience: Healthcare providers advising and vaccinating patients against COVID-19.

Objective: The objective of this material is to educate providers on recommending updated COVID-19 vaccines to all eligible individuals, highlighting prevention, vaccine options, and risk factors to enhance patient protection.

Click on the image to download the asset.



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- As of June 1, 2024, nearly **1.2 million** people have died of COVID-19 in the U.S.^{1,2,3}
- During the 2023-24 season, the overall rate of COVID-19-associated hospitalizations was **198.0** per 100,000 people.⁴

Prevention:⁵ Healthcare providers can advise patients to:

- Get an updated COVID-19 vaccine
- Seek COVID-19 treatment and preventive medication if eligible
- Practice good hygiene
- Improve air quality

Everyone aged 6 months and older is recommended by the ACIP to get a seasonal COVID-19 vaccine.⁶

People aged 65 years and older, vaccinated under the routine schedule, are recommended to receive 2 doses of any 2024-2025 COVID-19 vaccine separated by 6 months. Please see ACIP website for further details on immunization schedules.⁷

Types of COVID-19 Vaccines and Their Technology⁸

There are two primary types of COVID-19 vaccines available: **mRNA vaccines** and **recombinant protein vaccines**.

- These vaccines prompt the body to recognize and help protect against the virus that causes COVID-19.
- They do not contain live virus and cannot cause COVID-19.
- These vaccines do not interact with DNA or alter genetic material.

Risk Factors:⁵

Certain groups are more likely to develop Long COVID-19, including:

- Women
- Hispanic people
- Those with severe COVID-19 outcomes, such as hospitalization or ICU admission
- Individuals with underlying health conditions
- Did not receive COVID-19 vaccination

Testing for COVID-19⁹

There are two types of viral tests:

- Antigen (Rapid) Tests:** These tests usually produce results in 15-30 minutes. Positive results are accurate and reliable, but they are less sensitive than NAAT tests.
- NAATs (e.g., PCR):** These tests are more likely to detect the virus than antigen tests. Results may be immediate or can take up to 3 days.

Act Now to Help Your Patients Stay Ahead of COVID-19

DNA, deoxyribonucleic acid; mRNA, messenger ribonucleic acid; NAATs, Nucleic acid amplification tests; PCR, Polymerase Chain Reaction.

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COVID

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Flu/COVID Unbranded Flashcard

Target Audience: Healthcare providers advising and vaccinating patients against COVID-19 and flu.

Objective: The objective of this material is to encourage and support healthcare professionals in recommending and offering co-administration of COVID-19 and flu vaccines during a single appointment.

Click on the image to download the asset.

ONE APPOINTMENT COULD HELP PROVIDE YOUR ELIGIBLE PATIENTS WITH PROTECTION FROM BOTH FLU AND COVID-19¹

COVID-19 AND FLU HAVE A MAJOR IMPACT IN THE US

<p>In 2023, COVID-19 caused ~900,000 hospitalizations and ~75,000 deaths²</p>	<p>In the 2022-2023 season, Flu caused ~360,000 hospitalizations and ~21,000 deaths³</p>
---	--

DESPITE THE IMPACT OF THESE RESPIRATORY ILLNESSES, MANY PATIENTS ARE STILL HESITANT TO GET VACCINATED AGAINST THE FLU OR COVID-19 THIS SEASON*:

<p>61% say they do not plan to or are unsure if they will get an updated COVID-19 vaccine⁴</p>	<p>45% say they do not plan to or are unsure if they will get vaccinated against the flu⁴</p>
--	---

RECOMMEND AND OFFER CO-ADMINISTRATION OF COVID-19 AND FLU VACCINES TO HELP PROTECT YOUR ELIGIBLE PATIENTS

See reverse side for how co-administration can benefit both patients and healthcare professionals >

ADVANTAGES OF CO-ADMINISTRATION FOR PATIENTS AND HEALTHCARE PROFESSIONALS

HOW DOES CO-ADMINISTRATION BENEFIT PATIENTS AND PROVIDERS?

- Reduced costs for healthcare systems**
Increasing vaccine uptake can lower the direct medical costs of respiratory illnesses, which totaled ~\$70B for COVID-19 hospitalizations from 2020 to 2023 and ~\$3.2B annually due to the flu (based on a 2015 study).^{5,7}
- Reduced risk for at-risk patients**
Patients who are older, pregnant, or have certain comorbidities are at **higher risk of severe illness and complications** from COVID-19 and flu. Just 1 appointment and 2 shots can help reduce eligible patients' risk of getting COVID-19 and flu.⁸
- Improved quality outcomes at the population level**
Limiting the spread of flu and COVID-19 through better vaccine uptake can **reduce illnesses and hospitalizations across communities**, lowering the overall economic burden of these illnesses.^{5,7}
- Increased healthcare team efficiency and convenience for patients**
Co-administration **eliminates the need for multiple appointments and reminders**, offering convenience to patients while reducing the burden on your healthcare team.¹⁰

YOU CAN HELP YOUR ELIGIBLE PATIENTS FEEL COMFORTABLE WITH CO-ADMINISTRATION BY:

- Emphasizing that the CDC supports co-administration of flu and COVID-19 vaccines at the same appointment¹
- Talking through side effect concerns and sharing that the CDC supports the safety of co-administration of flu and COVID-19 vaccines¹

HELP PROTECT YOUR PATIENTS FROM RESPIRATORY ILLNESSES THIS SEASON—PREORDER YOUR VACCINES AND OFFER TO CO-ADMINISTER WHEN ELIGIBLE AT ONE APPOINTMENT

CDC—US Centers for Disease Control and Prevention.
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COVID

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Flu/COVID Unbranded In Office Poster

Target Audience: Individuals who are eligible for flu and COVID-19 vaccinations.

Objective: The objective of this material is to encourage individuals to get both their flu and COVID-19 vaccines in a single visit.

[Click on the image to download the asset.](#)

YOU MAY BE ABLE TO GET BOTH YOUR FLU AND COVID-19 VACCINES IN A SINGLE VISIT!

Anyone can get sick from the flu and COVID-19—but **vaccination can help protect you from infection and reduce illness severity** if you do get sick.

The CDC states that getting your seasonal flu and COVID-19 vaccinations at one visit **can help protect you and your loved ones.**

LOOKING FOR MORE REASONS TO GET YOUR VACCINES TODAY?

- No one likes going to the hospital.**
The flu and COVID-19 caused about 1.3 million hospitalizations in the US from 2022 to 2023.*
- You can avoid a sick day.**
People who miss work due to the flu miss about 2-3 days on average. Vaccinated people are less likely to miss work than their unvaccinated peers.†
- Everyone loves convenience.**
You're already here, so why not make your appointment more efficient and give yourself more free time?
- You can avoid another visit to your healthcare professional.**
Flu vaccination reduces the chance of a medical visit for flu-related illness by 40%-60%.

VACCINATION HELPS PROTECT YOU AND HELPS PROTECT OTHERS WHO MAY BE AT HIGHER RISK.

Flu and COVID-19 could cause an increased risk in people who are 50+, are pregnant, or have health conditions such as asthma, diabetes, or hypertension.

ASK A HEALTHCARE PROFESSIONAL TODAY ABOUT YOUR VACCINE OPTIONS FOR FLU AND COVID-19.
Help protect yourself and your loved ones this season.

*From CDC burden of illness estimates of COVID-19 hospitalizations in 2022 and hospitalizations due to flu during the 2022-2023 flu season. †A study conducted from March 7, 2021, through February 15, 2022, showed that ~20%-75% of employees missed work due to influenza/flu/COVID-19 like illness across study settings and populations.

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OTHERS

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Shingles Flashcard

Target Audience: HCPs involved in patient care and vaccination programs.

Objective: This marketing piece encourages HCPs to promote and administer the two-dose Shingles vaccine, empowering them to educate patients and prevent Shingles and its complications.

Click on the image to download the asset.



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Beyond the rash: clinical dimensions on Shingles

- Herpes zoster, resulting from **varicella-zoster virus reactivation**, causes painful skin rashes
- An estimated **1 million** cases occur annually in the United States.
- Approximately 10–18% of people with shingles will have postherpetic neuralgia (PHN), pain that persists where the rash was. PHN is more common in people over 40 years old.¹

Clinical insights: navigating the features

- Herpes zoster typically manifests as a **painful rash in one or two adjacent dermatomes, commonly on the trunk or face**. It tends not to cross the body's midline.
- A person can experience symptoms like **headache, photophobia, and malaise several days before the rash appears**.
- The rash, usually painful, itchy or tingly, evolves into clusters of vesicles over several days, with new vesicles forming for 3 to 5 days.
- Eventually, the rash dries, scabs, and typically heals in 2 to 4 weeks. Though **permanent skin discoloration and scarring may occur in some cases**.

Complications unmasked

- PHN is the most common complication of shingles.
- Herpes zoster ophthalmicus can result in eye complications, including vision loss.
- Disseminated zoster is more rare than localized shingles, and can affect the lungs, liver, and central nervous system.



Other complications of Herpes zoster include:

- Bacterial superinfection of the lesions, usually due to Staphylococcus aureus.
- Cranial and peripheral nerve palsies.



Quick facts

- Approximately 1 in 3 Americans will get shingles in their lifetime.
- While most people have only one episode, shingles can recur.
- Shingles in children is rare.
- Approximately 1–4% of shingles patients are hospitalized for complications. Hospitalization is more likely for older adults and those with weakened immunity.

- About 30% of people hospitalized have compromised or suppressed immune systems.
- It's estimated fewer than 100 deaths occur per year. Almost all deaths occur in older adults or those with compromised or suppressed immune systems.

How to recognize shingles

Diagnosing shingles is usually straight-forward once a rash appears, but can be confusing without a rash. Shingles is sometimes confused with:

- herpes simplex
- insect bites
- impetigo
- papular urticaria
- contact dermatitis
- drug eruptions

Managing herpes zoster patients involves infection control tailored to their immune status and the extent of the rash (localized or disseminated).¹

Administering the Shingles vaccine¹

- CDC recommends 2 doses of Shingrix vaccine to help prevent shingles and complications in adults 50 years and older. Shingrix is recommended for adults 19 and older with weakened immune systems.
- For those who are immunodeficient or immunocompromised and would benefit from an accelerated series, the second dose can be administered 1–2 months after the first.
- If more than 6 months pass since the first dose, give the second dose as soon as possible.
- If the second dose is given within 4 weeks of the first, it's considered invalid, and a second valid dose should be given 2 months later.



Advocate for vaccination and help prevent Shingles complications

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OTHERS

02



HEALTHCARE PROFESSIONAL FACING MATERIALS

Meninge ACIP Vaccine Schedule Flashcard

Target Audience: HCPs involved in adolescent care and immunization program staff.

Objective: To reinforce HCP awareness and adherence to ACIP meningococcal vaccine schedules to support proactive patient counseling and routine vaccine reminders.

[Click on the image to download the asset.](#)

Meningococcal vaccine schedules per ACIP¹

RECOMMENDED ROUTINE SCHEDULE		11-12 YEARS OF AGE		16-18 YEARS OF AGE	
				MenACWY Quadrivalent	MenACWY Quadrivalent
OPTIONAL SCHEDULES FOR WHEN MENB IS INDICATED THROUGH SCDM	Without Pentavalent	MenACWY Quadrivalent	MenACWY Quadrivalent + MenB Monovalent	MenB Monovalent	
	With Pentavalent	MenACWY Quadrivalent	MenABCWY Pentavalent	MenB Monovalent	
	Schedules currently NOT recommended by ACIP	MenACWY Quadrivalent MenABCWY Pentavalent	MenABCWY Pentavalent MenABCWY Pentavalent	MenABCWY Pentavalent MenABCWY Pentavalent	

ACIP - Advisory Committee on Immunization Practices; MenABCWY - *N meningitidis* serogroups A, B, C, W, and Y; MenACWY - *N meningitidis* serogroups A, C, W, and Y; MenB - meningitis B; SCDM - shared clinical decision making.

Reference: 1. Collins J. Summary of ETR and proposed recommendations for Pfizer's MenABCWY vaccine. Presented at: Advisory Committee on Immunization Practices; October 25, 2023 Meeting. Accessed November 8, 2023. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/04-Meningococcal-Collins-508.pdf>

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Please reach out to your representative or the VaxServe marketing team for more information at

VaxServeMarketing@vaxserve.com

Thank you!

