2020-2021 Seasonal Influenza in the Time of COVID-19:

A Supplemental Action Brief

Prepared by the **Nevada Office of Minority Health and Equity (NOMHE)**

Includes Results of

Community-Driven Listening Session

August 2020

Revised August 27, 2020

I. INTRODUCTION

The mission of the Nevada Office of Minority Health and Equity (NOMHE) is to embed equitable, system-changing health principles and practices while: (1) improving the quality of health care access for members of vulnerable groups; (2) increasing access to health care services; (3) seeking ways to provide education to the community and; (4) addressing, preventing, and treating diseases and conditions that affect underserved populations.

As Nevada addresses the challenges created by the COVID-19 pandemic, we also face the overlapping 2020-2021 influenza season, aware that the effect of these two respiratory-based diseases will be difficult to manage. We are also aware both diseases disproportionately impact BIPOC (Black Indigenous Persons of Color) communities. And, therefore, public health officials must advocate specifically to these target populations. For example, a high-risk profile would be a Black or Hispanic male, 65 years or older, working in a frontline job and living in multi-generational housing.

NOMHE's 2020-2021 Influenza Season Supplemental Action Brief Purpose

In response to these circumstances, NOMHE has produced this Supplemental Action Brief to achieve the following:

(1) support outreach activities that address root causes of vaccine hesitancy (2) support development of community-level awareness that translates to actions positioning under-represented persons closer to vaccine awareness and compliance (3) contribute to efforts missioned to raise vaccination levels within Nevada's BIPOC (Black, Indigenous and Persons of Color) communities, and (4) contribute to actions that minimize flu-related caseloads in health care system during 2020-21 season

NOMHE will share the action brief will collaborating partners including the Nevada State Immunization Program (NSIP), the Office of Public Health Investigations and Epidemiology (OPHIE), and Immunize Nevada (IZ NV). Upon request, this document can be made available to other strategically aligned organizations.

The action brief is predicated on the outcomes of a NOMHE-sponsored, informal focus group on the topic of "***Flu Shot Perceptions"***, integrated with results of a post-Listening Session Survey, stakeholder consultations and reviews of periodicals, academic articles and professional association websites. The action brief concludes with recommendations offered to support the outreach and actions of organizations committed to maximizing vaccine awareness and compliance.

II. "FLU SHOT PERCEPTIONS" LISTENING SESSION

(conducted virtually - July 23, 2020)

Every flu season is different, and the 2020-21 season will be even more so due to the COVID-19 pandemic. As we await a COVID-19 vaccination, we must maximize influenza vaccination compliance as a means to avoid concurrent epidemics. The scale of morbidity and mortality due to the COVID-19 pandemic will be directly related to the strength of the public health response, which must stress the importance of one of the most effective infection prevention tools currently available: **widespread implementation of seasonal influenza vaccination** until community immunity is achieved through an effective COVID-19 vaccine and/or natural infection (Influenza in the COVID-19 Era, Daniel Solomon, MD, JAMA Insights, 2020).

Nevada has one of the lowest flu vaccine compliance rates in the nation (Centers for Disease Control and Prevention, 2020). Known for promoting a sense of partnership, equality and fairness, NOMHE elected to utilize an informal listening session format to assess community perceptions on the flu shot and how to improve compliance.

Listening Session Strategic Design

The 90-minute virtual listening session allowed for participants from northern and southern Nevada to interact while maintaining compliance with current COVID-19 protocols.

The listening session utilized a Root Cause Analysis (RCA) approach – a process of discovering the root causes of problems in order to identify appropriate and effective solutions**.** RCA assumes, when tasked with solving a larger problem, it is much more efficient to systematically prevent and solve for its underlying issues. By asking a series of "But Why" questions, participants in the interactive dialogue define the smaller issues allowing for stakeholders and resources to be identified and assigned. The Listening Session's discussion was initiated by posing questions around the following root cause categories, as they relate to flu shot hesitancy:

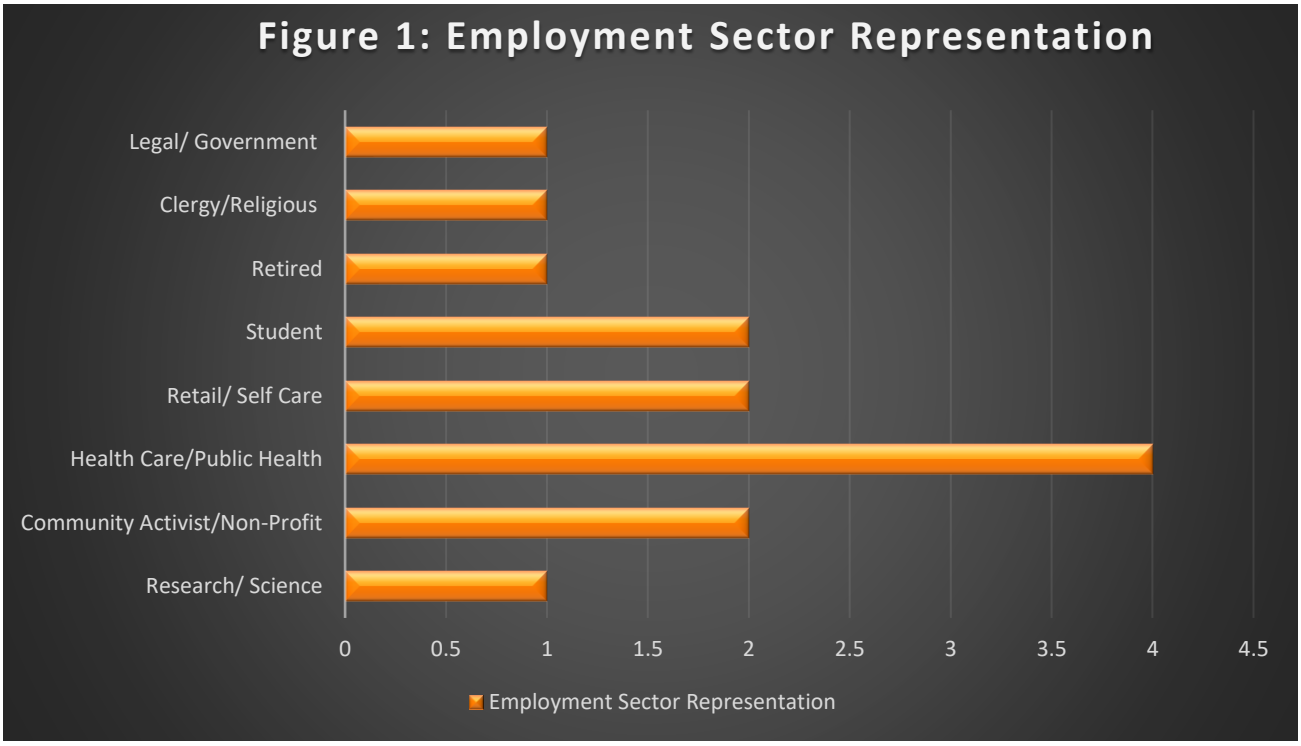
- Education/Awareness
- Access
- Personal History / Experience

The listening session discussions examined the concerns that resulted in vaccine hesitancy and contemplated the current approaches used in response. The recommendations provided in the action brief are derived from and/or inspired by the group's solutions.

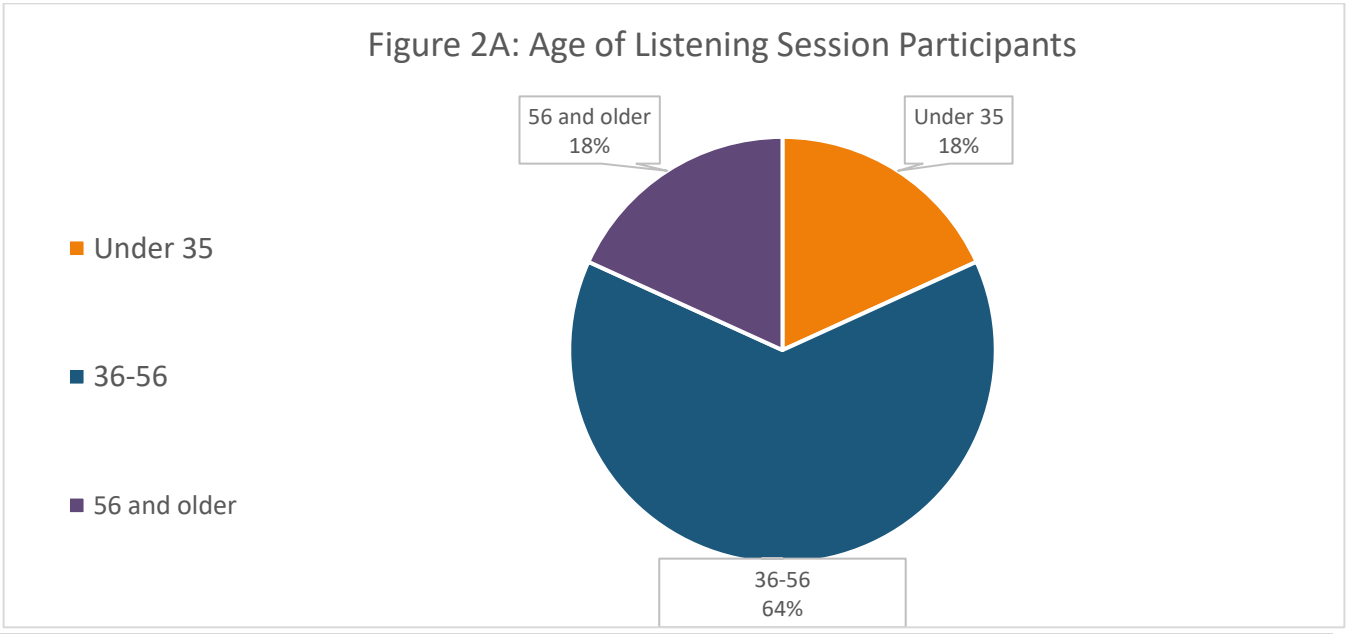
Participants

With recommendations from NOMHE's community-based, state-wide partner network (a collection of persons with affiliations ranging from grass roots non-profits to academia to health systems to elected officials). In all, over 60 candidates were considered. Ultimately, fourteen (14) Listening Session participants were selected. Participants were chosen to reflect diversity across the following categories:

- Employment (see Figure 1)
- Age
- Race/Ethnicity
- Flu Vaccine Compliance



A goal of the listening session recruitment process was to have participants that reflected Nevada's past (i.e. low) flu vaccine rates to ensure the availability of historical context (see Figure 6). Over the last nine (9) years, Nevada has had an estimated 30% flu vaccine compliance rate. (Centers for Disease Control and Prevention, 2019). During the Nevada 2018-2019 flu season, it was estimated around 25% of people, age 18-64 received a flu vaccine. Those, age 65 and older had a compliance of around 65% (CDC, 2019). Refer to Figure 2A, Figure 2B and Figure 3 for the demographic descriptions of the NOMHE listening session participants.



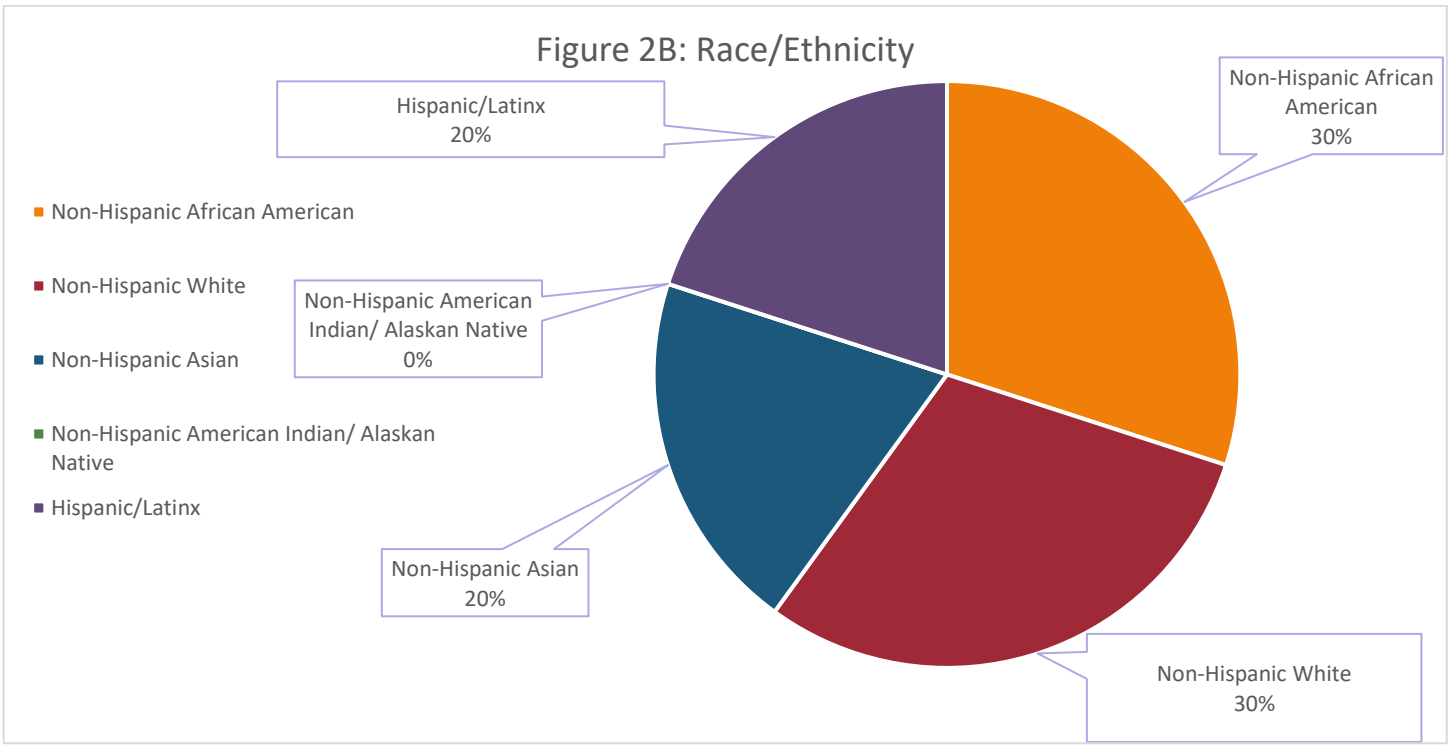


Figure 2B: Race/Ethnicity
Hispanic/Latinx
20%
Non-Hispanic African American
30%
Non-Hispanic African American
Non-Hispanic White
Non-Hispanic Asian
Non-Hispanic American Indian/ Alaskan Native
Hispanic/Latinx
Non-Hispanic American Indian/ Alaskan Native
0%
Non-Hispanic Asian
20%
Non-Hispanic White
30%

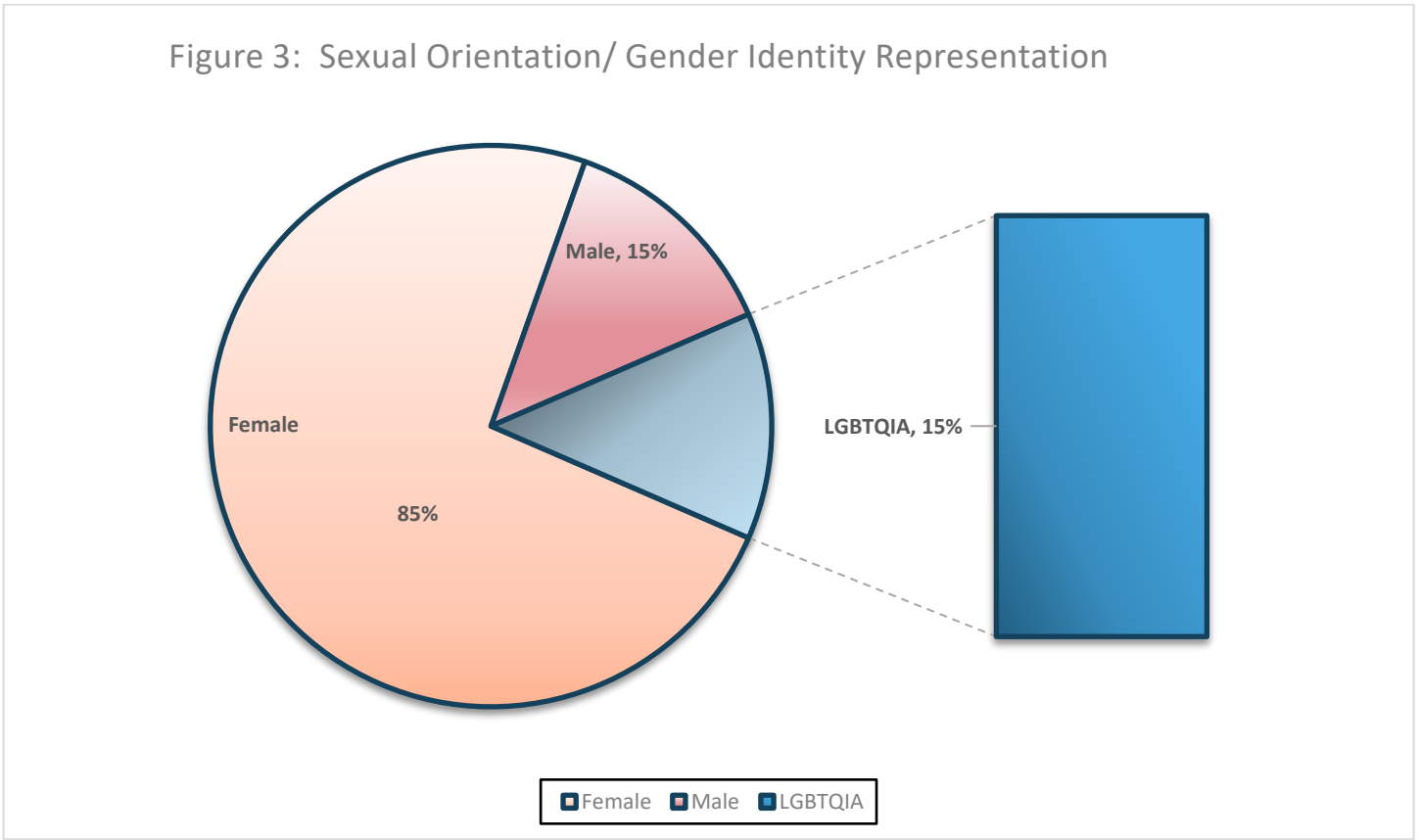
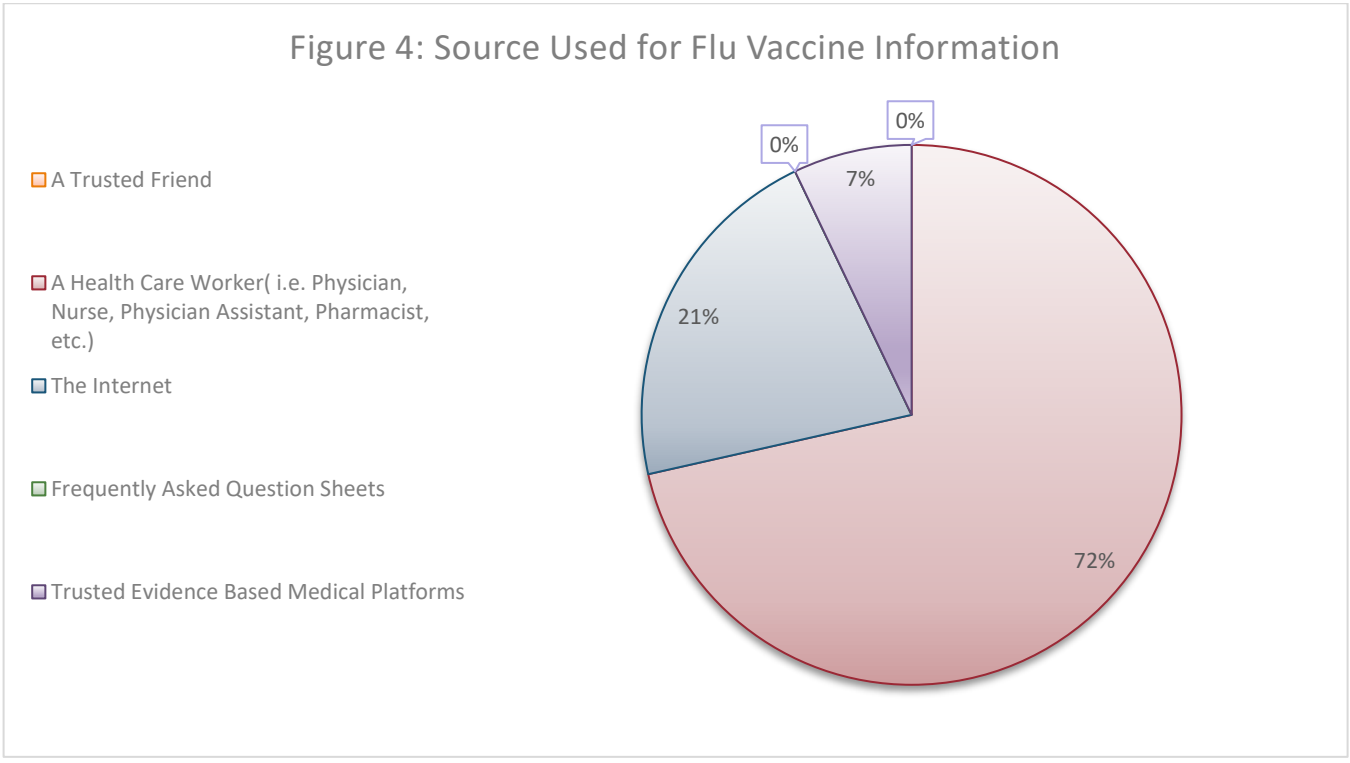
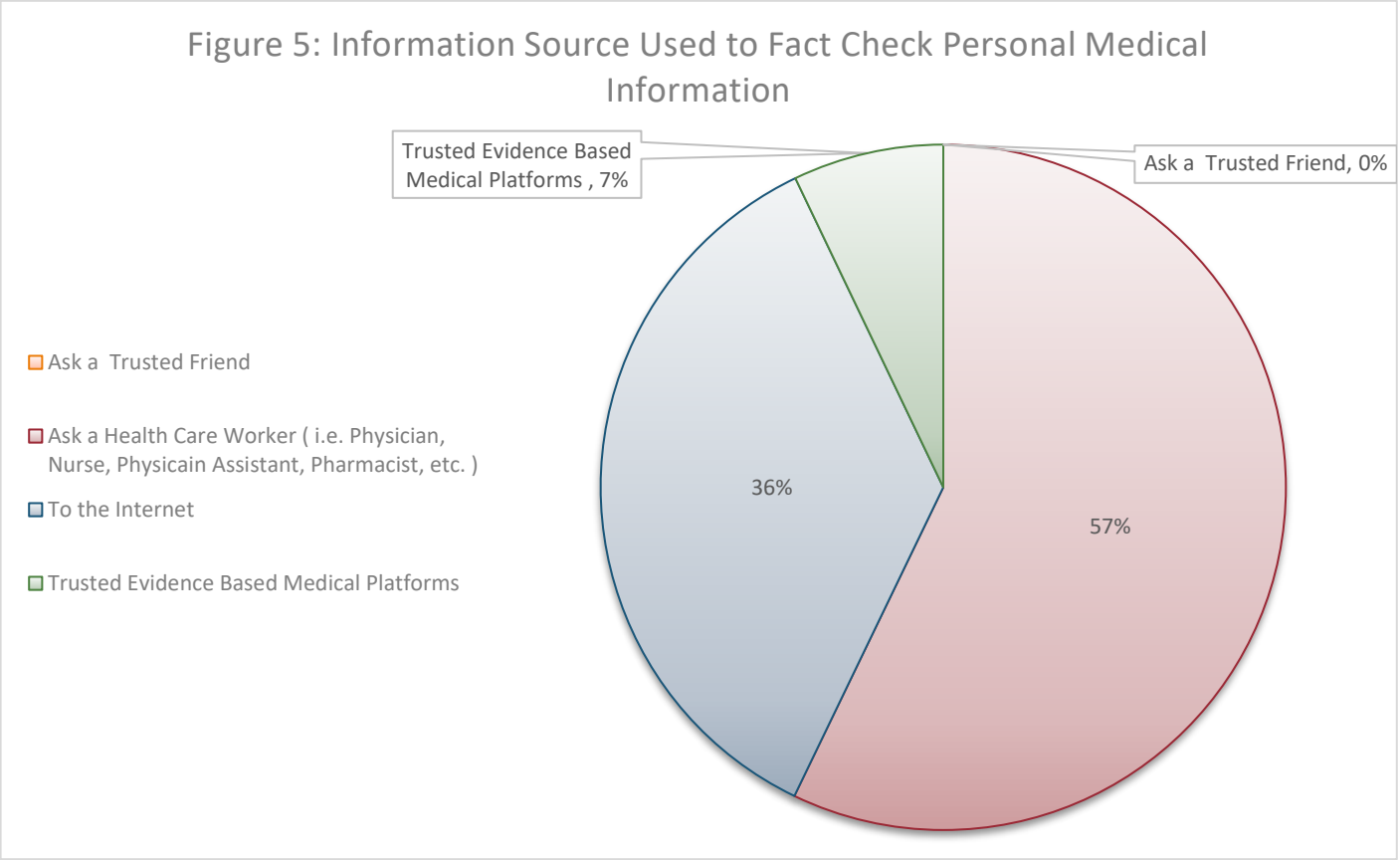


Figure 3: Sexual Orientation/ Gender Identity Representation
Male, 15%
Female
85%
LGBTQIA, 15%
Female
Male
LGBTQIA

Education /Awareness
(as a Root Cause of Vaccine Hesitancy)

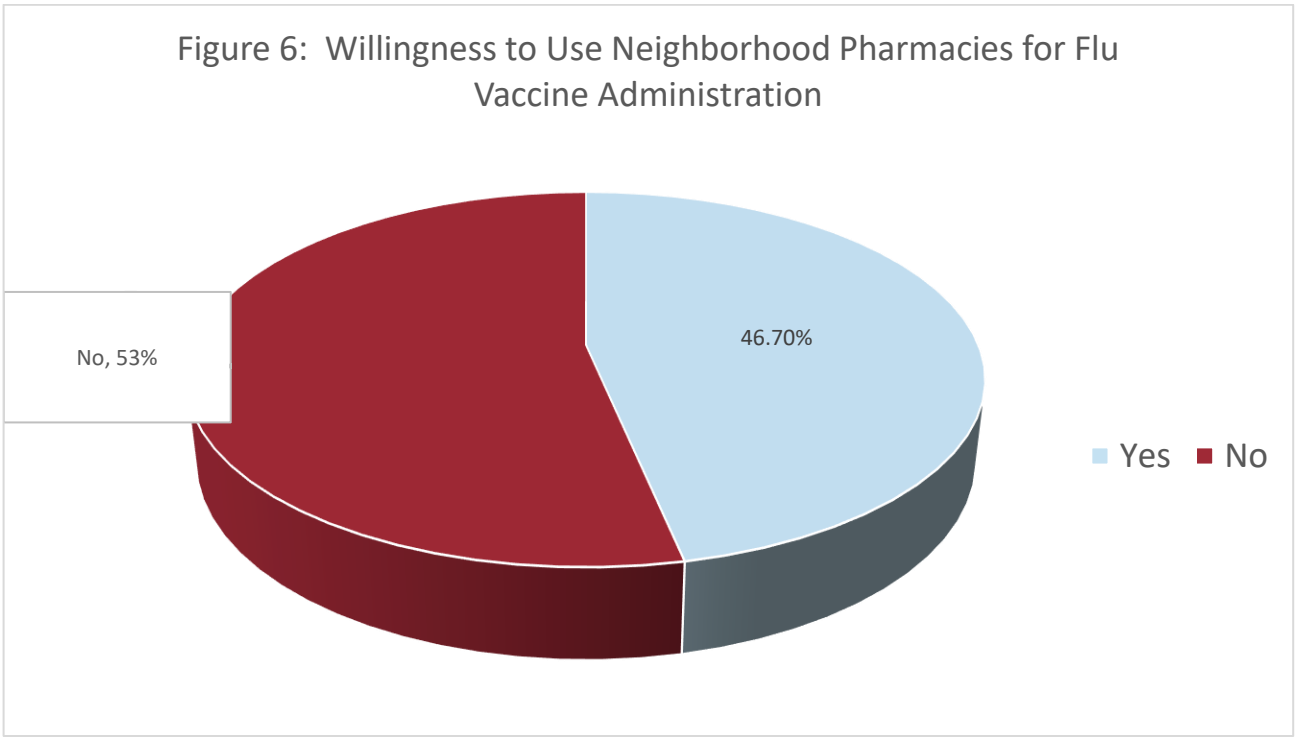
NOMHE sought to learn about the public's knowledge and understanding regarding influenza infection, the flu vaccine, and whether they felt their educational needs regarding this topic were being met. A majority of participants knew the general timeframe for the seasonal flu. The participants also knew that influenza is caused by a virus. However, it was noted there are often misconceptions about the fact there is more than one virus that can cause influenza. Another misperception presented by a participant was that immunity to the flu is developed immediately after vaccination. Both were suggested as possible education opportunities to clarify the information for the surrounding communities. Multiple participants noted there is a common belief that a person will receive the flu from shot or vaccination. It was recommended and agreed upon by several participants that physicians should go further to explain flu vaccines, various strains, and the potential effects. It was suggested by a listening session participant that NOMHE and the Nevada Department of Health and Human Services (DHHS) programs utilize faith-based organizations as partners to educate the public and form how the information is presented to the community. Participants also noted the information they received from providers and government officials was often inconsistent with each other. It was suggested this often leads to a lack of trust in both information sources and a strong vaccine hesitancy. The current politicization of science as it relates to health care was cited as a contributing factor. It should be noted two of the community listening session participants identified as immune compromised and cannot receive the flu vaccine. All participants were also asked about where they receive their information about the flu vaccine and their health concerns. The responses are illustrated in Figures 4 and 5.





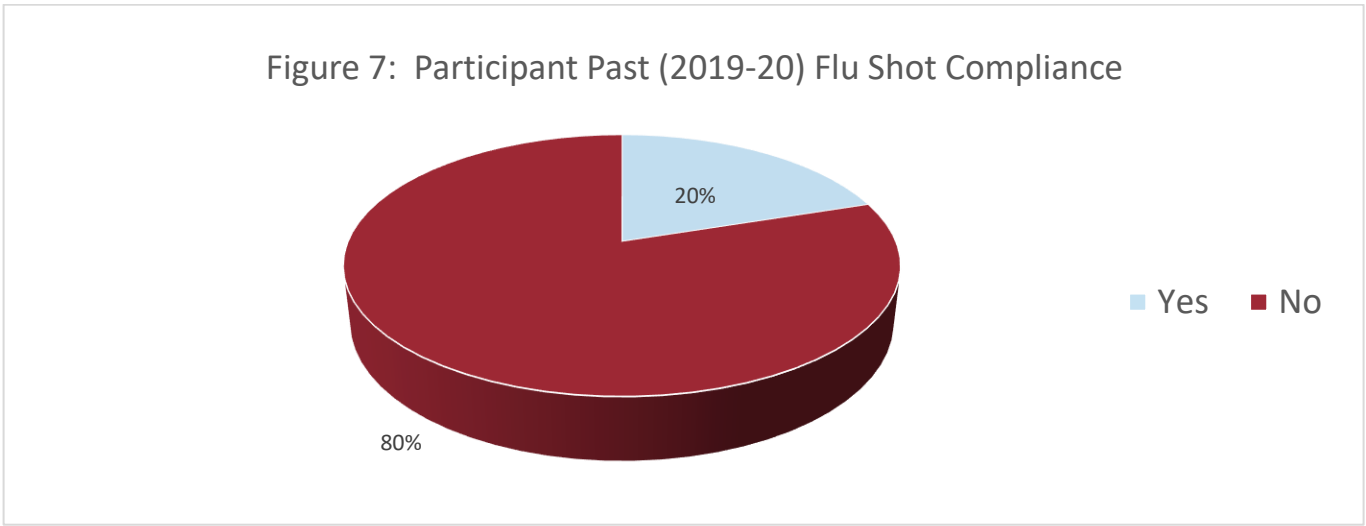
Access
(as a Root Cause of Vaccine Hesitancy)

NOMHE then sought to learn about the barriers that could be preventing Nevadans from receiving and accessing the flu vaccine. It was noted there was significant concern for the cost burden (with little knowledge about resources to offset cost), the ability to take time from work, and actual access to the flu shot. Multiple participants stated that younger individuals age 35 or younger often avoid seeing their health care provider due to cost. It was also stated parents often consider the flu shot cost prohibitive. An example was provided that parents schedule appointments for their children to receive the flu vaccine but are told that demand exceeds supply and that the office has no dosages to administer. Participants noted this can cause further issues for parents due to an inability to take off work or pay for a vaccine elsewhere. Often, places of employment are not sensitive to the needs of parents to be able to disengage from work for their children's healthcare. Another possible barrier of access discussed was placement and days/hours of operation of locations administering flu vaccine and information about its availability. Participants discussed information being presented to minority communities in a way that is tailored to those communities. Listening session participants suggested utilizing COVID-19 testing sites as information distribution centers for Frequently Asked Question (FAQ) sheets about the flu and the flu shot. It was also suggested that lists of available vaccination sites in close proximity to COVID-19 testing sites be created and distributed. In the listening session, it was asked if the participants would be willing to visit a neighborhood pharmacy for their flu vaccine. Approximately 48% of the participants said they would visit a neighborhood pharmacy for the flu vaccine if it was available (see Figure 6). The participants suggested school nurses, barber shops, hair salons, and QR codes all have flu shot information to overcome barriers that the community may have.

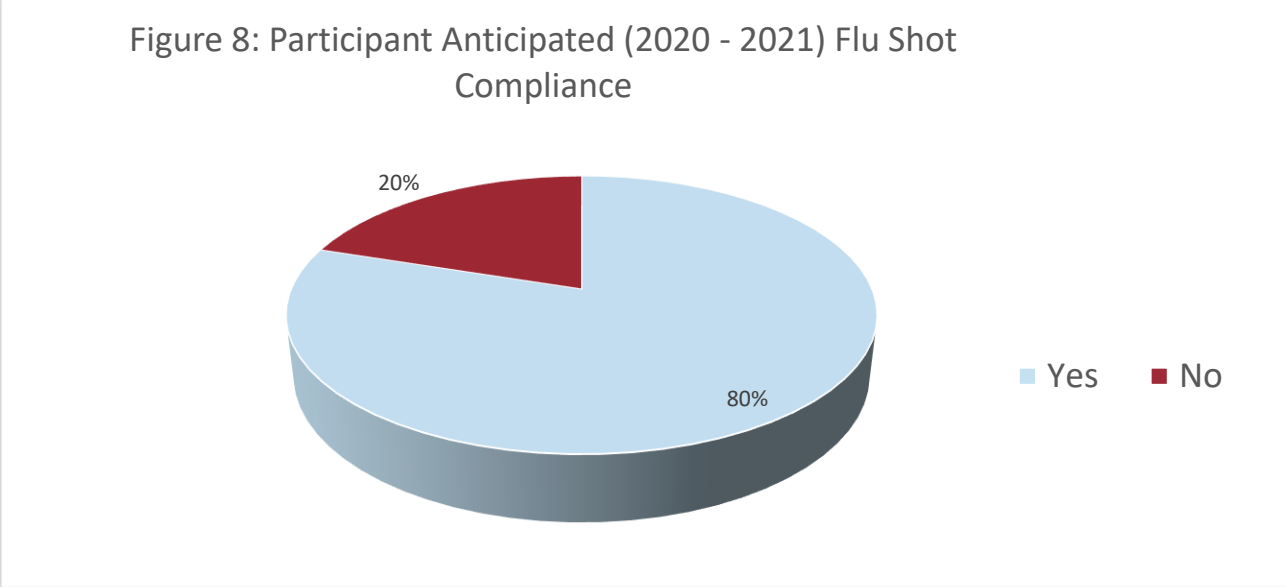


Personal History / Experience
(as a Root Cause of Vaccine Hesitancy)

NOMHE sought to understand the personal history, experiences and attitudes the listening session cohort had about the flu vaccine. It was established that past experiences dictate how the community perceives the flu shot. Perceptions were heavily influenced by "bad experiences" whether personal in nature or not. One participant (in the older age group), mentioned she has never contracted the flu or pneumonia and she receives her flu shot regularly now that she is above the age 65. Hearing her share her positive experience with conviction made a notably strong impression.



During the listening session, many of the participants stated they had not received the flu shot during the past flu season (see Figure 7). This was reconfirmed as part of the post session survey. The participants reflected the current flu shot statistics for the state of Nevada. According to the Centers for Disease Control and Prevention (CDC), Nevada's overall flu shot compliance has been around 37% for the past nine (9) flu seasons. This places Nevada at the lowest flu shot compliance in the nation. Those between the ages of 18-64 averaged a compliance rate of 25%. This is a point of concern as the flu shot is one of the best ways to protect against influenza. (CDC, 2019).



In an interesting turn of events, by the end of the listening session, the majority of the participants stated they anticipate receiving the flu shot this upcoming season (see Figure 8). They stated they felt better about information sources after attending the session. The positive perspectives that were shared were effective in addressing their vaccine hesitancy. They also agreed to further contribute information and be a part of NOMHE's partnership group in disseminating information to the community.

III. RECOMMENDATIONS

The following recommendations to support the outreach and actions of organizations committed to maximizing vaccine awareness and compliance. Some may have been actioned by other providers and agencies. Repeating of recommendations serves to reinforce replication of an effective action/strategy.

- Co-Joining/Teaming Vaccinations with Well-Check Visits and/or Mandatory Health services
    - In order to avoid overwhelming pharmacists at neighborhood locations we recommend.
        - Utilize the Roseman University School of Pharmacy and students/interns to help promote and participate in vaccine education and administration.
    - Homebound Services for Elderly or Physically Challenged
        - DHHS Aging and Disability Services Division Programs
    - Dental Visits
        - Advocate for dentists being allowed to administer certain vaccinations during dental care visits. This could be modeled after Oregon initiative. (See Addendum)

- Reach out to individual American Indian Tribes through tribal liaisons and the health service departments like the Indian Health Services to coordinate information dissemination and logistical vaccine administration efforts.
- Collaborate with American Indian Community Centers in urban areas for information release and flu shot administration.
- Collaborate with State-Affiliated Emergency Response Teams (for example Battle Born Medical Corps)

- Aligning Vaccine Awareness Efforts with (Monthly) Wellness Recognition Events
  - Focus on Events with Disease Profiles that Reflect Chronic Diseases, Impact Populations with Low Flu Vaccine Coverage and COVID 19 Risk and Outcomes (see Addendum for full list). For example:
    - September (a critical month to flu season) is Sickle Cell Awareness Month
    - NOMHE can coordinate /broker collaborative partnerships
- Social Media Usage – Incorporate POSITIVE Content on to Platform that Resonates According to Age Group. For example:
  - Under 35 years of age (QR Codes)
    - Display QR codes at COVID sites so when scanned, multi-lingual lists of available flu vaccination sites in close proximity is provided.
  - 36 – 56 years of age (Text Campaign)
    - Strategic texting currently in use; amplify focus on this age range with sharable reminders and information about Flu Shots
  - 56 years of age and older (No Consensus on Preferred Platform Reached During Listening Session)
    - Receiving information from health care professionals or the internet was a general theme; inter-personal connection with health care professional the most utilized resource (Figure 4)
- Stop Misinformation (Myth Busting)
  - Address misconceptions head on; use FAQ Sheets to identify the incorrectly held beliefs and clearly debunk
  - More frequently asked questions and literature. One side should include an infographic explaining Influenza, flu season, signs, and symptoms. The other side providing information to de-mystify complex aspects such as the different strains of influenza, how the vaccine is chosen, how the vaccine will help, who should and should not receive it.
  - All literature should be culturally sensitive, reflecting primary spoken language based on the area in which it will be distributed
  - Place flu shot literature at COVID-19 Testing Sites .
  - Work with Health Care Providers (Physicians, Physician Assistants, Nurses, etc.) to assure patients feel they are receiving adequate amount of information about the flu vaccine
- Maximize Election Cycle / Involve Candidates and Legislators
  - Elected officials and candidates are very connected to their districts and often advocate (or campaign) based on demographic information. Enlist their help to provide platform for outreach and informing the community about flu season,
    - Conduct vaccination awareness specific presentations per candidate hosted campaign events which will coincide with flu season

- Employ Outreach Reflective of the Community to Quickly and Authentically Achieve Racial Concordance (i.e. Racial Harmony)
    - Use diverse public relations resources to source for, produce and feature public service announcements. For example:
        - Alicia Gibbs/VegasEVibe on Facebook
        - Shaundell Newsome, Sumnu Marketing
    - Utilize community health workers including Doulas and Promotores reflecting the ethnicity of the communities they are servicing
- Creating and Utilizing Racially Concordant (i.e. racially harmonious) Partnership Group
    - Create a Faith Based Organization Distribution Network
    - Engage medical doctor (M.D.) candidates from Touro and UNLV chapters of Student National Medical Association (SNMA)
- Empower Employers and Employees
    - Suggest employers prioritize employees and their families during flu season by either requiring the flu shot for those who are able (i.e. Las Vegas Culinary Industry) or allowing them to take time off without penalties for vaccination appointments.
- Utilize these methods for other therapies such as child and adult immunizations

IV. Other Findings

Overlapping Vulnerabilities

Earlier it was discussed people often hesitate to access the flu shot due to a cost burden. NSIP reviewed Nevada's Statewide Immunization Information System (i.e. WebIZ) data (www.webiz.nv.gov) and Vaccine For Children (VFC) population data (www.vfcnevada.org) by zip code in Clark and Washoe counties to determine where the most VFC youth reside and where the greatest need for increased access to flu vaccine exists. They were able to identify two zip codes in Clark County (89115 and 89108) and one in Washoe County (89431) with large VFC populations, but low vaccination rates. After further research, it was discovered that the health demographics contained in each of the Clark County zip codes were a prime example of how outreach and recommendation application should differ based on the demographics. Zip Code 89108 has a population of approximately 77,000. The population is predominantly White, African American and Hispanic/Latino. The majority of the population is between ages 25-64 and 8.84% of the population is unemployed while 14.93% of the families are below the poverty line (Nevada, 2020). With this information, we can infer that people in this community may feel the cost burden is prohibitive. The information provided to this zip code should be reflective of their needs.

Dual Diagnosis

While presenting in very small percentages, a person can be ill from influenza and COVID-19 viruses simultaneously. Because distinguishing symptoms remains a source of confusion for the general public, consider incorporating this information into flu awareness campaigns. Once a person is symptomatic, diagnostic testing for both pathogens so that the appropriate treatment and post-diagnosis protocols may be initiated, (including but not limited to in the case of COVID-19), contact tracing to contain spread. The CDC has developed a test that will do the following:

> Check for A and B type seasonal flu viruses and SARS CoV-2, the virus that causes COVID-19. This test will be used by U.S. public health laboratories. Testing for these viruses at the same time will give

public health officials important information about how flu and COVID-19 are spreading and what

It is important to note that a number of manufacturers are modifying existing analysis methodologies to allow for multiplex testing of influenza, COVID-19 and other respiratory viruses using a single test cartridge. (Influenza, 2020).

Use of NPI

Intuitively, it stands to reason nonpharmaceutical interventions (NPI) protocols such as wearing masks, social distancing, working from home, closing schools, and other strategies to minimize the spread of COVID-19 would lessen transmission of other respiratory infectious diseases, including influenza. Because NPI protocols are considered effective COVID-19 prevention tools, consider incorporating this information into flu awareness campaigns.

V. Limitations

The listening session was conducted using Microsoft Teams. Participants could only access listening session with a computer with audio/camera features. While the participant's demographic representation was comprehensive, they represented small sample size. There was only one session.

For More Information Contact

the Nevada Office of Minority Health and Equity (NOMHE)

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References / Document Review

Influenza in the COVID-19 Era, Daniel A. Solomon, MD, Amy C. Sherman, MD, Sanjat Kanjilal MD,MPH, JAMA Insights (August 14, 2020) Retrieved from: https://jamanetwork.com/journals/jama/fullarticle/2769676?widget=personalizedcontent&previousarticle=2769835

Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. (2019, October 29). *2018-19 Influenza Season Vaccination Coverage Dashboard.* Retrieved August 10, 2020, **https://www.cdc.gov/flu/fluvaxview/reportshtml/reporti1819/reportii/index.html**

Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. (2019, October 29**)**. *2010-11 through 2018-19 Influenza Seasons Vaccination Coverage* Retrieved August 10, 2020 https://www.cdc.gov/flu/fluvaxview/reportshtml/trends/index.html

Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. (2020, January 03). *Vaccine Effectiveness: How Well Do the Flu Vaccines Work?* Retrieved August 1**0**, 2020 https://www.cdc.gov/flu/vaccines-work/vaccineeffect.htm

Nevada, S. (2020). 2020 Demographics. Retrieved August 10, 2020, from http://www.healthysouthernnevada.org/?module=demographicdata

Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. (2020, August 20). *Frequently Asked Influenza (Flu) Questions: 2020-2021 Season.* Retrieved August 27,2020. https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm#anchor_1591372261934

ADDENDUM

ITEM #	TITLE / DESCRIPTION
1	Annual List of Health Awareness Recognitions by Month
2	**House Bill 2220** 80th Oregon Legislative Assembly – 2019 Regular Session Authorizes trained and certified dentists to prescribe and administer vaccines. https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB2220/Introduced https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/HB2220/Introduced

List of Annual Health Wellness Events

	Key Health Awareness Observances	Key Health Awareness Dates	Event	Event Sponsor | Info	Event Date
		2020			
Sept					
	National Sickle Cell Month	September 1st-30th			
			Sickle Cell Blood Drive	**Sickled Not Broken Foundation**	**9/12/2020**
	Blood Cancer Awareness Month	September 1st-30th			
	Childhood Cancer Awareness Month	September 1st-30th			
	Healthy Aging Month	September 1st-30th			
	National Atrial Fibrillation Awareness Month	September 1st-30th			
	National Childhood Obesity Awareness Month	September 1st-30th			
	National Cholesterol Education Month	September 1st-30th			
	National Preparedness Month	September 1st-30th			
	National Recovery Month	September 1st-30th			
	Ovarian Cancer Awareness Month	September 1st-30th			
	Sexual Health Awareness Month	September 1st-30th			
	National Suicide Prevention Week	September 6-12th			
	National Women's Health and Fitness Day	September 30th			
	World Heart Day	September 29th			
Oct					
	Health Literacy Month	October 1st-31st			
	Healthy Lung Month	October 1st-31st			

	National ADHD Awareness Month	October 1st-31st			
	National Breast Cancer Awareness Month	October 1st-31st			
	Pregnancy and Infant Loss Awareness Month	October 1st-31st			
	National Down Syndrome Awareness Month	October 1st-31st			
	Domestic Violence Awareness Month	October 1st-31st			
	Mental Illness Awareness Week	October 4th-10th			
	World Mental Health Day	October 10th			
	Bone and Joint Health National Action Week	October 12-20th			
	International Infection Prevention Week	October 16th-22nd			
	World Food Day	October 16th			
	National Healthcare Quality Week	October 18th-24th			
	National Health Education Week	October 20th-24th			
	Respiratory Care Week	October 25th-31			
Nov					
	American Diabetes Month	November 1st-30th			
	Bladder Health Month	November 1st-30th			
	Chronic Obstructive Pulmonary Disease (COPD) Awareness Month	November 1st-30th			
	Lung Cancer Awareness Month	November 1st-30th			
	National ALzheimer's DIsease Awareness Month	November 1st-30th			
	National Epilepsy Awareness Month	November 1st-30th			
	National Stomach Cancer Awareness Month	November 1st-30th			
	Pancreatic Cancer Awareness Month	November 1st-30th			
	Prematurity Awareness Month	November 1st-30th			

	World Antibiotic Awareness Week	November 11th-17th			
	National Family Health History Day	November 26th			
Dec					
	World Aids Day	December 1st			
	National Handwashing Awareness Week	December 6th-12th			
		2021			
Jan		January 1st-31st			
	Cervical Health Awareness Month	January 1st-31st			
	National Birth Defects Prevention Month	January 1st-31st			
	National Glaucoma Awareness Month	January 1st-31st			
	Thyroid Awareness Month	January 1st-31st			
Feb					
	AMD/ Low Vision Awareness Month	February 1st-28th			
	American Heart Month	February 1st-28th			
	International Prenatal Infection Prevention Month	February 1st-28th			
	National Children's Dental Health Month	February 1st-28th			
	African Heritage and Health Week	First week of february			
	Children's Mental Health Awareness Week	February 3rd-9th			

March

	Multiple Sclerosis Education and Awareness Month	March 1st-31st			
	National Bleeding Disorders Awareness Month	March 1st-31st			
	National Colorectal Cancer Awareness Month	March 1st-31st			
	National Endometriosis Awareness Month	March 1st-31st			
	National Kidney Month	March 1st-31st			
	National Nutrition Month	March 1st-31st			

	National Traumatic Brain Injury Awareness Month	March 1st-31st			
	Trisomy Awareness Month	March 1st-31st			
	National Sleep Awareness Week	March 1st-7th			
	National School Breakfast Week	March 2nd-6th			
	Patient Safety Awareness Week	March 2nd-6th			
	National Women and Girls HIV/AIDS Awareness Day	March 8th-14th			
	World Kidney Day	March 12th			
	National Native American HIV/AIDS Awareness Day	March 20th			
	World Tuberculosis Day	March 24th			
	National Drug and Alcohol Facts week	March 30th-April 5th			
April					
	Alcohol Awareness Month	April 1st-30th			
	Irritable Bowel Syndrome Awareness Month	April 1st-30th			
	National Autism Awareness Month	April 1st-30th			
	National Facial Protection Month	April 1st-30th			
	National Minority Health Month	April 1st-30th			
	National Sarcoidosis Awareness Month	April 1st-30th			
	Oral Cancer Awareness Month	April 1st-30th			
	Sexual Assault Awareness Month	April 1st-30th			
	STD Awareness Month	April 1st-30th			
	Women's Eye Health and Safety Month	April 1st-30th			
	National Minority Cancer Awareness Month	April 1st-30th			
	National Public Health Week	April 6th-12th			
	World Health Day	April 7th			
	National Youth HIV/AIDS Awareness Day	April 10th			

	National Infertitlity Awareness Week	April 19th-25th			
	Every Kid Healthy Week	April 20th-24th			
	World Meningitis Day	April 24th			
	World Immunization Week	April 24th-30th			
	National Infant Immunization Week	April 26th-May 3rd			
May					
	American Stroke Awareness Month	May 1st-31st			
	Arthritis Awareness Month	May 1st-31st			
	Cystic FIbrosis Awareness Month	May 1st-31st			
	Global Employee Health and Fitness Month	May 1st-31st			
	Heakthy Vision Month	May 1st-31st			
	Hepatitis Awareness Month	May 1st-31st			
	Lupus Awareness Month	May 1st-31st			
	Mental Health Month	May 1st-31st			
	Melanoma/Skin Cancer Detection and Prevention Month	May 1st-31st			
	National Asthma and Allergy Awareness Month	May 1st-31st			
	National High Blood Pressure Education Month	May 1st-31st			
	National Osteoporosis Awareness and Prevention Month	May 1st-31st			
	National Physical Fitness and Sports Month	May 1st-31st			
	National Teen Pregnancy Prevention Month	May 1st-31st			
	National American Occupational Safety and Health Week	May 3rd-9th			
	National Women 's Health Week	May 10th-16th			
	ME/CFS and Fibromyalgia International Awareness Day	May 13th-19th			
	HIV Vaccine Awareness Day	May 18th			

	National Asian and Pacific Islande HIV/AIDS Awareness Day	May 19th			
	World Autoimmune Arthritis Day	May 20th			
	World Preeclampsia Day	May 22nd			
	National Senior Health Fitness Day	May 27th			
June					
	Alzheimer's and Brain Awareness Month	June 1st-30th			
	Cataract Awareness Month	June 1st-30th			
	Hernia Awareness Month	June 1st-30th			
	Men's Health Month	June 1st-30th			
	National Aphasia Awareness Month	June 1st-30th			
	National Congenital Cytomegalovirus Awareness Month	June 1st-30th			
	Family Health and FItness Day	June 13th			
	World Sickle Cell Day	June 19th			
	PTSD Awareness Day	June 27th			
July					
	International Group B Strep Throat Awareness Month	July 1st-31st			
	Juvenile Arthritis Awareness Month	July 1st-31st			
	National Cleft and Craniofacial Awareness and Prevention Month	July 1st-31st			
	World Hepatitis Day	July 28th			
Aug					
	Children's Eye Health and Safety Month	August 1st-30th			
	Gastroparesis Awareness Month	August 1st-30th			
	National Immunization Awareness Month	August 1st-30th			
	Psoriasis Awareness Month	August 1st-30th			
	National Health Center Week	August 9th-15th			