Background: Seasonal influenza vaccination is especially important this year in the context of the COVID-19 pandemic. Preventing influenza by means of widespread vaccination of the population is critical to reducing anticipated surge demands for both testing and healthcare of persons who develop influenza-like illness. At the same time, achieving widespread flu vaccination of the population presents new challenges during this pandemic caused by a highly transmissible coronavirus pathogen.

Audience: This document is designed to address key policy and clinical questions from healthcare providers about conducting flu vaccination activities during the COVID-19 pandemic, and will be updated as needed to answer emerging questions.

Updates since the Sept 17, 2020 Version
- A section has been added to help clinicians differentiate between mild vs. moderate acute illness when reviewing precautions to flu vaccination
- A section has been added to guide clinicians on obtaining COVID testing when patients develop COVID-like symptoms following flu vaccination

Health Care Personnel

Is there a requirement for health care personnel (HCP) to receive flu vaccine?
Achieving high flu vaccination rates among HCP is critical to protecting patients from being exposed to influenza, and to maintaining a healthy HCP workforce during flu season.

All healthcare personnel from all disciplines (physicians, nurses, EMS, ancillary personnel), paid or unpaid, who work with patients and/or in healthcare settings, are strongly encouraged to get a flu vaccine annually. The Healthy People 2020 target is for ≥ 90% of HCP to receive annual flu vaccine.

The state of California and local public health mandates address this issue, see below. Some hospitals and health systems have instituted additional requirements for their own personnel.

State ATD Regulation. The Aerosol Transmissible Diseases (ATD) Standard of Cal/OSHA requires California hospitals, skilled nursing facilities, long-term care facilities, and certain other health care facilities, to offer influenza vaccination annually to employees, and for employees that decline such vaccination, to maintain a record of the signed declination form.

See: CA Code of Regulations §5199: Aerosol Transmissible Diseases Standard of Cal OSHA
San Francisco Health Office Mandatory Flu Vaccination Order. This year, the San Francisco Health Officer has issued an Order requiring that all SF hospitals, skilled nursing, and other long-term care facilities must implement a program requiring their HCP to receive an annual influenza vaccination on or before October 31, and for employees who decline such vaccination for any reason, to provide a signed declination form.

All other SF healthcare facilities are strongly recommended to implement a similar policy.

See: Health Officer Order: Mandatory Influenza Vaccination for Healthcare Workers (2020-21 Flu Season)

Persons in Isolation or Quarantine for COVID-19

Can persons with suspected or lab-confirmed COVID-19, or persons in quarantine after exposure to COVID-19, be vaccinated for flu?

Persons in isolation for suspected or lab-confirmed COVID-19, and persons in quarantine for COVID-19 exposure, should not leave isolation or quarantine just to get a flu vaccine. They should stay in isolation or quarantine and seek flu vaccination after their isolation or quarantine period has ended.

For those with suspected or lab-confirmed COVID-19, or who are in COVID-19 quarantine, who are accessing healthcare for reasons other than just flu vaccination:

- If they’re asymptomatic or have mild acute illness**, influenza vaccination can be administered
- If they have moderate-to-severe acute illness**, influenza vaccination should be delayed until they are no longer acutely ill

*Reasons may include, for example: persons accessing COVID testing, having an in-person encounter with a medical provider, who are temporarily housed at a city-run Isolation & Quarantine hotel, or are housed in a setting where field nurses are already providing services.

**See Q&A below for more info on moderate-to-severe acute illness as a precaution to vaccination

Background and Rationale

Clinicians should take advantage of opportunities to vaccinate COVID-19 patients against flu while they are in contact with healthcare personnel, as long as it’s done safely and responsibly.

In its Influenza Vaccine Recommendations 8/21/2020 CDC’s Advisory Committee on Immunization Practices (ACIP) leaves the decision to clinicians to “consider” delaying vaccination of persons acutely ill with COVID-19 until the person is no longer acutely ill.

Acute Illness. ACIP generally endorses vaccination for persons who are asymptomatic or have mild acute illness, with or without fever, based on documented safety and efficacy of this practice.

ACIP considers moderate-to-severe acute illness as a precaution to vaccination, in order to avoid (a) causing diagnostic confusion between manifestations of the underlying illness and possible adverse effects of the vaccine, or (b) superimposing adverse effects of the vaccine on the underlying illness.
See CDC: General best practice guidelines for immunization, and Vaccination guidance during a pandemic.

Remaining in Isolation. ACIP recommends deferring routine vaccination for persons with suspected or lab-confirmed COVID-19 in order to avoid exposing others to the SARS-CoV-2 virus. However, for patients already in contact with healthcare personnel, it makes sense to take advantage of the opportunity to vaccinate. See CDC: Vaccination guidance during a pandemic.

In its Influenza Vaccine Recommendations 08/21/2020 ACIP does not specifically address vaccination during quarantine, but the rationale for vaccinating persons in quarantine who are asymptomatic or who have mild acute illness, is the same as for persons in isolation.

Persons Getting Tested at COVID-19 Testing Locations

Can persons getting tested at COVID-19 testing locations also receive flu vaccination?

Persons getting tested at COVID-19 testing locations may also receive flu vaccination, provided that testing locations:

- Maintain physical separation between persons coming for COVID-19 testing and those accessing healthcare for other reasons, in order to minimize potential transmission of COVID-19
- Screen for acute illness and vaccine contraindications, and vaccinate only those persons who are asymptomatic or have mild acute illness
- Ensure that for curbside or drive-through clinics, motor vehicle drivers who receive an injection are then directed to a waiting area for at least 15 minutes of observation for fainting or other adverse events post-injection, and are checked before driving off.
- Follow safe practices for vaccine administration, such as ensuring patients are seated during vaccination, using proper injection technique, and being prepared to manage adverse reactions

Background and Rationale

COVID-19 testing locations offer patients a convenient opportunity to receive flu vaccination while they are in contact with healthcare personnel, as long as it’s done safely and responsibly.

Physical Distancing. CDC recommends a number of measures to maintain physical distancing in vaccination settings in order to minimize virus transmission. See CDC: Vaccination guidance during a pandemic

Syncope. CDC recommends that after vaccination at curbside or drive-through clinics, it is critical that motor vehicle drivers who are vaccinated wait for 15 minutes in an observation area and are checked before they leave, because of the potential for serious injury if the driver develops syncope or another adverse event.

For all other vaccinees at any type of vaccination setting, ACIP states that vaccine providers, particularly when vaccinating adolescents, should consider observing patients (with patients seated or lying down) for 15 minutes after vaccination to decrease the risk for injury should they faint. If syncope develops, patients should be observed until the symptoms resolve.
See CDC: Vaccination during mass vaccination clinics and Preventing and managing adverse reactions

**Safe Vaccination Practices.** Staff administering vaccines should be trained in proper injection technique, safe vaccination practices, and be prepared to manage adverse reactions.

Removal of clothing to expose the deltoid muscle area for vaccine administration can be more challenging in curbside or drive-through locations; in particular, staff should adhere to guidelines for proper injection technique and avoidance of shoulder injury related to vaccine administration (SIRVA). See ACIP Recommendations on preventing and managing adverse reactions and administering vaccines. There’s also a helpful publication on avoidance of SIRVA.

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**Moderate-to-Severe Acute Illness as a Precaution to Influenza Vaccination**

**What is the difference between mild acute illness and moderate-to-severe acute illness, in the context of flu vaccination?**

**Mild acute illness** is neither a precaution nor a contraindication to vaccination. Deferring vaccination of persons with only mild acute illness could result in a high volume of missed opportunities to vaccinate.

- Examples of mild acute illness may include low-grade fever (100.3°F/37.9°C or lower), runny nose or congestion, otitis media, loose stools, or mild diarrhea. The patient may exhibit mild symptoms but does not appear to be unwell and is not in acute distress.

**Moderate-to-severe acute illness** is a precaution to influenza vaccination; those with moderate-to-severe acute illness should generally have vaccination deferred until they are no longer acutely ill.

- Examples of moderate-to-severe acute illness may include shortness of breath, tachypnea, fever (100.4°F/38.0°C or higher), severe or persistent cough, malaise, unwell appearance, dehydration, or mental confusion.

Since it is not feasible to describe all potential manifestations of illness in this document, health care staff should use their clinical judgment, based on the general examples above.

**Additional Note:**

- CDC advises that the decision to vaccinate should be based on the overall evaluation of the person, rather than an arbitrary body temperature. Measuring temperature is not necessary before vaccination if the patient does not appear ill and does not report currently being ill.

See: CDC Pink Book; General Recommendations on Immunization

- Contraindications and Precautions
- Screening for Contraindications and Precautions to Vaccination
When Systemic Symptoms Occur After Influenza Vaccination

Rarely, patients may develop mild headache, muscle aches, or other systemic side effects after flu vaccination. Do those patients require home isolation and testing for COVID-19 infection?

In general, yes – patients who develop systemic symptoms following flu vaccination could be experiencing a side effect of flu vaccination, or could be exhibiting symptoms of COVID-19 infection, and these possibilities may not be clinically distinguishable without testing.

Patients who develop systemic symptoms should be isolated and evaluated for COVID-19 infection if they exhibit symptoms of COVID-19.

Systemic side effects of flu vaccination that overlap with COVID-19 symptoms are uncommon but may include fever, headache, muscle aches, malaise, and fatigue, among others.

Only a small percentage of patients will develop systemic side effects of flu vaccination. Should symptoms compatible with COVID-19 develop after flu vaccination, clinicians should consider COVID-19 infection as a possible cause of the symptoms, arrange for testing for COVID-19 infection, and prevent potential spread of COVID-19 by having the patient follow Guidelines for Home Isolation pending the receipt of test results. This degree of caution is particularly important for persons developing symptoms who live in congregate settings, or who live, work, study, or participate in settings where persons are present who are more vulnerable to severe complications of COVID-19.

Local side effects of flu vaccination are common, and include localized soreness, redness, and sometimes swelling in the area of the body where flu vaccine was injected. Since these symptoms do not overlap with COVID-19 symptoms, there is no need to isolate and test patients who exhibit only local symptoms following flu vaccination.

What should patients be told about systemic symptoms when they get their flu shot?

We have developed the following messaging to be communicated to patients at their flu vaccination encounter:

Rarely, there can be mild side effects of the flu shot that are similar to COVID-19 symptoms. If you get any of these symptoms, please stay home, contact a medical provider, and arrange for a COVID-19 test to make sure your symptoms aren’t caused by COVID-19:

- Fever over 100.4° Fahrenheit or 38.0° Celsius
- Chills (shivering a lot)
- Cough
- Headache or body aches all over
- Sore throat
- Feeling unusually tired
- Runny or stuffy nose
- Diarrhea, feel sick to your stomach or throwing up

Some people get soreness, redness or swelling at the spot where they got the flu shot. These will go away on their own in a day or so, but can also be treated with comfort measures like ibuprofen or cold packs.
ACIP General Best Practice Guidelines for Immunization
ACIP Influenza Vaccine Recommendations 08/21/2020
CDC Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations
  • Plus related Checklist
CDC Vaccination Guidance During a Pandemic