



## Influenza Vaccination During the COVID-19 Pandemic Frequently Asked Clinical Policy and Planning Questions

UPDATED September 20, 2021

**Background:** Influenza vaccination reduces the overall burden of respiratory illness, protects vulnerable populations at risk for severe illness, and helps maintain essential healthcare infrastructure, which is of critical importance during the COVID-19 pandemic.

**Audience:** Healthcare providers conducting flu vaccination activities during the 2021-22 influenza season.

### Updates since the Oct 13, 2020 Version

- New section on co-administration of influenza and COVID-19 vaccines
- Minor edits to the sections on vaccination during isolation/quarantine, vaccination at COVID-19 testing encounters, and if symptoms occur following 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 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 Officer Mandatory Flu Vaccination Order.** The San Francisco Health Officer has issued an Order (see [this page](#)) 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.

## 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.

***However, if they are accessing healthcare for reasons other than just flu vaccination*** (to get COVID-19 testing, have a medical visit with their provider, or receive nursing services in a congregate setting, for example), then influenza vaccine may be administered if they're asymptomatic or have mild acute illness. Vaccination should be delayed until they are no longer acutely ill if they have moderate-to-severe acute illness.\*

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

**Sources:** CDC

- [Influenza Vaccine Recommendations for 2021-22](#)
- [General best practice guidelines for immunization](#)
- [Vaccination guidance during the pandemic](#)

## Persons Accessing COVID-19 Testing

**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
- Recognize that 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](#).



Sources: CDC

- [General best practice guidelines for immunization](#)
- [Vaccination guidance during the pandemic](#)
- [Vaccination during mass vaccination, satellite, or temporary clinics](#) and [checklist](#)

## Moderate-to-Severe Acute Illness as a Precaution to Flu 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](#)

## If Symptoms Occur Following Influenza Vaccination

### Do patients who develop side effects after flu vaccination require home isolation and testing for COVID-19 infection?

**Local symptoms** such as pain, redness, or swelling at the injection site can be managed with comfort measures only.

**Systemic symptoms** such as fatigue, headache, and body aches if they occur, are usually mild and normally



resolve within 72 hours after vaccination and can be managed expectantly. However:

- Because of concerns about COVID-19, if a flu vaccine recipient develops **fever** after vaccination, they should isolate until they have been fever-free for 24 hours without the use of fever-reducing medications. If fever or other systemic symptoms worsen or do not resolve within 72 hours after vaccination, the patient should seek care, and the provider should consider evaluation for other causes including COVID-19.
- **Lower respiratory symptoms** (cough, shortness of breath) and **loss of taste or smell** should not be assumed to be vaccination side effects and should prompt isolation and evaluation for other causes including COVID-19.

**Sources:** CDC

- [Symptoms of COVID-19](#)
- [Vaccination guidance during the pandemic](#)

## Co-Administration of Influenza and COVID-19 Vaccines

### Can influenza and COVID-19 vaccines be given concomitantly?

Guidance concerning administration of COVID-19 vaccines with influenza vaccines indicates that these vaccines **may be given without regard to timing**, including simultaneous administration.

Patients and providers should be aware of the potential for increased reactogenicity with co-administration, particularly with flu vaccines that tend to be more reactogenic (FLUAD, which contains a strong adjuvant; and Fluzone High-Dose, which contains 4 times the antigen as regular dose; both are currently approved only for persons aged 65 years and older).

- If both vaccines are administered at a single visit, each injection should be administered in a different injection site (e.g., different limbs).
- For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection administered at different sites in the muscle, separated by at least 1 inch if possible. Flu vaccines that are more likely to cause a local reaction should be administered in different limbs, if possible.
- Ensure that all guidelines and best practice recommendations for COVID-19 vaccine administration are followed.

**Sources:** CDC

- [Influenza Vaccine Recommendations for 2021-22](#)
- [Clinical Considerations for COVID-19 Vaccination](#)