



Health Update for SF Providers: Influenza, School, and Catch-up Vaccinations

Sept 18, 2020

Situational Update

In the midst of the significant disruptions to clinical care caused by COVID-19, there has been a decline in vaccines administered to patients in recent months. According to data from the California Immunization Registry (CAIR), during March-July 2020 approximately 30% fewer vaccine doses were administered to children, and about 50% fewer doses to adults in California, compared with the same period in 2019.

Public health relies on local clinicians to keep patients up-to-date with age-appropriate, CDC-recommended vaccines. Front-line providers have an important public health role in preventing outbreaks of vaccine-preventable diseases such as measles and pertussis, which have the potential to re-emerge as COVID-19 restrictions ease and there are more in-person interactions.

Flu vaccination is of particular importance this year, given the possibility of a “twindemic” of both influenza and SARS-CoV-2 infections in late 2020 and early 2021. By preventing seasonal influenza, we reduce testing, outpatient, and hospital surge demand while both influenza and SARS-CoV-2 are active.

We do not yet have a COVID vaccine, but we do have safe and effective flu vaccines that in a typical season prevent about 50% of cases of influenza among persons vaccinated, and also reduce transmission of influenza to others throughout the community. Achieving high rates of influenza vaccination will also mean fewer patients with respiratory symptoms from influenza which can be confused with symptomatic SARS-CoV-2 infection.

Status of In-Person Routine Ambulatory Care Services

In-person health maintenance visits for vaccination are encouraged in San Francisco at this time as long as they comply with county best practices to safeguard health and minimize COVID-19 transmission during ambulatory visits.

- Administering CDC-recommended vaccines is considered essential care under the *Routine Appointments Health Order #C19-08* (see [SF Health Orders](#) page).
- Routine preventive care, including vaccination, is encouraged under the *Ambulatory Care Health Directive #2020-20* (see [SF Health Directives](#) page).
- CDC has published guidance on [vaccination during a pandemic](#) with recommendations for safe delivery of immunization services.



School and Child Care Immunization Requirements

There is no change to the California Department of Public Health (CDPH) immunization requirements for children enrolling in pre-K (including child care) and K-12 settings, even though many children are not attending in-person at this time. Immunization records are still required to be checked by the school or child care, and to be up-to-date for the child's age and grade span. Children engaged in distance-only learning today may be invited to resume in-person education on short notice, and children should be up-to-date on their vaccinations now so that they are prepared to return to the classroom.

CDPH immunization requirements were last updated in July 2019; see requirements for [Pre-K \(including child care\)](#) and for [K-12 \(including transitional kindergarten\)](#). Note that these are a subset of the [CDC immunization schedule](#), so children who are up-to-date per CDC also meet state requirements.

Although not required for children in pre-K (including child care) or K–12 settings, timely seasonal influenza immunization should be incorporated into back-to-school vaccination encounters, as soon as vaccine is available in your practice.

In addition, since 2016, employees and volunteers at California day care centers and family day care homes must be up-to-date for measles, pertussis, and annual influenza vaccines (see [SB792](#)).

Recommendations:

- 1. Vaccinate your patients who are due or overdue for routine immunizations.** Identify and recall those who are due or overdue for vaccines and offer regular and catch-up immunizations during patient visits that occur for other medical reasons, where clinically appropriate.
- 2. Follow and promote safe immunization practices during the pandemic.** The potential for transmission of SARS-CoV-2 virus necessitates applying infection prevention practices to encounters with all patients, including masking, physical distancing, respiratory and hand hygiene, surface decontamination, and other measures.
 - SFDPH has developed [clinical policy and planning guidance on influenza vaccination during COVID-19](#). The document addresses flu vaccination of persons with COVID-19 infection, following COVID-19 exposure, and during COVID-19 testing encounters, and will be updated as needed to answer emerging questions.
 - Ambulatory care encounters in SF must follow the health and safety provisions detailed in the latest *Ambulatory Care Health Directive #2020-20* (see [SF Health Directives](#) page).
 - CDC has published guidance on [vaccination during a pandemic](#) with general recommendations for safe delivery of immunization services.
 - For providers considering offering immunization services outside of traditional clinic settings, CDC has published recommendations for [implementing vaccination at satellite, temporary, and off-site locations](#).



- Healthy persons are understandably wary of visiting settings, including health care settings, where they could be exposed to COVID-19. When recalling or inviting patients for catch-up, routine, or flu immunizations, be sure to inform them of the key health and safety practices you are following to minimize viral transmission. The California Immunization Coalition has a toolkit called [Don't Wait-Vaccinate](#) which includes sample talking points, messages, and letters.

3. Review updated flu vaccination recommendations for the 2020-21 season

- Annual influenza vaccination is recommended for everyone aged ≥ 6 months, using any vaccine appropriate for the patient's age and health status, and for which the patient has no contraindications. CDC does not preferentially recommend one flu vaccine product over another for persons eligible for more than one licensed, recommended, and clinically appropriate product. See [CDC 2020-21 flu vaccine recommendations](#) and [CDPH age-appropriate flu vaccine poster](#).
- True contraindications to receiving injectable, inactivated flu vaccine are rare, and include a history of severe allergic reaction to prior flu vaccination or to any vaccine components. For persons with a history of a severe allergic reaction to eggs, *Flucelvax* and *Flublok* vaccines are not manufactured by propagating flu virus in eggs and contain no traces of egg proteins, making them appropriate choices for these patients. If a vaccine other than *Flucelvax* or *Flublok* is used, vaccination should take place in a medical setting supervised by a health care provider who is able to recognize and manage severe allergic reactions.
- The composition of influenza vaccines for the 2020–21 season includes updates to the A(H1N1)pdm09, influenza A(H3N2), and influenza B/Victoria lineage components. This year nearly all products are quadrivalent, containing a B/Yamagata lineage component as well.
- Quadrivalent *Fluzone High-Dose* and *Fluad* vaccines are an option for age ≥ 65 years.
- *FluMist*, the live, attenuated, intranasal flu vaccine, is an option for healthy persons aged 2–49 years. Review of precautions and contraindications is recommended; immunocompromised persons, pregnant women, and those with certain other conditions should not receive *FluMist*.
- Children aged 6–35 months and knowingly pregnant women should receive preservative-free vaccine from a single-dose vial or prefilled syringe (CA health & safety code §124172).
- For children aged 6–35 months, only *Afluria* is given as a 0.25 mL dose, while the dose volume for *Fluarix*, *Flulaval*, and *Fluzone* vaccines is 0.5 mL as for older children and adults.
- Children aged 6 months–8 years who previously received 0–1 lifetime doses of influenza vaccine should receive 2 doses of the 2020–21 formulation, given at least 4 weeks apart. Those with 2 or more prior lifetime doses require just 1 dose this year.



4. Develop a plan to administer 2020-21 seasonal flu vaccine to all your eligible patients

- Offer seasonal flu vaccine at routine, catch-up vaccination, and back-to-school visits, as soon as doses are received at your practice location. Flu vaccine promotional materials are available from the [Immunization Action Coalition](#) and the [California VFC Program](#).
- When recalling or inviting patients for flu vaccines, be sure to inform them of the key health and safety practices you are following to minimize viral transmission, in order to help reduce any concerns about visiting medical settings during COVID-19.
- If patients need to be prioritized for vaccination, CDC recommends prioritizing those at higher risk for influenza complications, including: children aged 6–59 months, adults aged ≥ 50 years; those with chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders, those who are immunocompromised due to any cause, pregnant women, children receiving chronic aspirin therapy, residents of nursing homes and other long-term care facilities, American Indians or Alaska Natives; and persons with extreme obesity. In addition, CDC recommends prioritizing caregivers and contacts of those at risk, including health care personnel, household contacts and caregivers of (a) young children, (b) older adults, and (c) persons with higher risk for influenza complications. See [CDC 2020-21 flu vaccine recommendation summary](#).
- SFDPH has developed [clinical policy and planning guidance on influenza vaccination during COVID-19](#). The document addresses flu vaccination of persons with COVID-19 infection, following COVID-19 exposure, and during COVID-19 testing encounters, and will be updated as needed to answer emerging questions.

5. Ensure that all health care personnel (HCP) receive annual flu vaccination at your location

- Annual influenza vaccination of HCP reduces staff absenteeism during periods of influenza activity when healthcare facilities are most burdened with caring for influenza patients. It also reduces likelihood of HCP transmitting influenza to patients and helps protect those with the highest vulnerability to influenza complications. These efforts – while always important – are essential in anticipation of both influenza and SARS-CoV-2 circulating simultaneously.
- HCP include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and other persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing and volunteers) not directly involved in patient care but who can become infected or transmit influenza infection in a healthcare setting.



- California law (Health & Safety Code §1288.7/Cal OSHA §5199) mandates either flu vaccination or a signed declination form for all acute-care hospital workers and most other HCP including skilled nursing facility, long-term care facility, and clinic and office-based staff.
- Per [Health Officer Order on Mandatory Flu Vaccination for Healthcare Workers](#), which has been revised for the 2020-21 flu season, all hospitals, skilled nursing, and other long-term care facilities in San Francisco must require their HCP to receive an annual flu vaccination by 10/31/2020 or, if they decline, to provide a signed declination. This is a slight modification from the previous year's order. Regardless of vaccination status, HCP must also wear a face covering at work as required by COVID-19 health orders and directives.
- For all other healthcare settings not specifically covered by the order (including but not limited to ambulatory and community clinics, medical offices, emergency medical services providers, home health providers, pharmacies, and dialysis centers), SFDPH strongly recommends implementation of a similar mandatory flu vaccination policy for HCP.

Program Contact Information:

Communicable Disease Control Unit

Disease Prevention and Control Branch, Population Health Division

Tel: (415) 554-2830

Email: cdcontrol@sfdph.org

Fax: (415) 554-2848

<https://www.sfdcp.org/>