



Health Update for SF Providers: Influenza Vaccination

September 21, 2021

Situational Update

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. Achieving high rates of influenza vaccination also means fewer patients with respiratory symptoms from influenza which can be confused with symptomatic SARS-CoV-2 infection.

The 2020-21 influenza season was quite mild with fewer influenza infections compared to the prior season, likely because of physical distancing, mask-wearing, and other nonpharmaceutical interventions put in place to reduce the spread of COVID-19.

We won't know whether the 2021-22 influenza season will be mild or not, until it occurs. In contrast to the last flu season, people are now able to participate in a wider range of social and educational activities that bring them into contact with others. Thus it is important to prepare for the co-circulation of influenza and COVID-19 and make every effort to prevent a severe flu season, starting with ensuring widespread influenza vaccination.

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 childcare) and K-12 settings, as children are returning to school this fall.

- See requirements for [Pre-K \(including childcare\)](#) and for [K-12 \(including transitional kindergarten\)](#). Note that these are a subset of the 2021 [CDC immunization schedule](#), so children who are up to date per CDC also meet state vaccine requirements.

Although not required for children in pre-K (including childcare) 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](#)).

The Pfizer-BioNTech COVID-19 vaccine is currently authorized for use in persons age 12 years and up, making high-schoolers and many middle schoolers eligible. Federal agencies and COVID-19 vaccine manufacturers are actively studying the extension of COVID-19 vaccine authorizations to additional manufacturers and to younger age groups. COVID-19 vaccination is highly recommended for all students who are eligible.



Recommendations:

1. **Vaccinate 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 all visits, 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, and other measures.
 - The SFDPH [clinical policy and planning FAQ on influenza vaccination during COVID-19](#) has been updated to address co-administration of COVID-19 and influenza vaccines and other topics.
 - CDC has published [guidance](#) on vaccination during the COVID-19 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](#).
 - To the extent that healthy persons may still be wary of visiting health care settings where they could be exposed to COVID-19, be sure to inform them of the key health and safety practices you are following to minimize viral transmission.
3. **Review updated flu vaccination recommendations for the 2021-22 season**
 - There are just a few updates to this year's guidance (see [CDC 2021-22 flu vaccine recommendations](#)).
 - All influenza vaccine products are now quadrivalent, and *Flucelvax* is approved for ages 2 years and up. The influenza A (H1N1) and A (H3N2) components of the vaccine were updated. See [CDPH flu vaccine products poster](#) for a graphic view of this year's vaccine line-up.
 - Influenza and COVID-19 vaccines can now be administered without regard to timing, including simultaneously. There may be additional reactogenicity. If both vaccines are administered at a single visit, each injection should be administered at a different anatomical site. The deltoid can be used for more than one intramuscular injection, given at different sites in the muscle, and separated by at least 1 inch if possible. For the more reactogenic flu vaccines (FLUAD and Fluzone High-Dose), vaccines should be administered in different limbs if possible. Please see [CDC COVID-19 vaccination guidance](#) for updates.
 - Due to concerns about waning immunity, flu vaccination during July and August should be avoided unless there is concern that later vaccination may not be possible. Exceptions include children under age 8 years who need 2 doses this season, and



women in their 3rd trimester of pregnancy, who may benefit from receiving vaccine as soon as it is available.

- Contraindications and precautions to the use of *Flucelvax* and *FluBlok* have been modified, specifically with regard to persons with a history of severe allergic reaction to an influenza vaccine. See [CDC 2021-22 flu vaccine recommendations](#) or the [Summary](#) for details.
- As in previous years:
 - 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.
 - 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.
 - 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 2021–22 formulation, given at least 4 weeks apart.

4. Develop a plan to administer 2021-22 seasonal flu vaccine to all your eligible patients

- Offer seasonal flu vaccine at routine, catch-up vaccination, and back-to-school visits. Flu vaccine promotional materials are available from the [Immunization Action Coalition](#) and the [California VFC Program](#).
- 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.

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 2021-22 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 October 31, or, if they decline, to provide a signed declination. Regardless of vaccination status, HCP must also wear a face covering at work when required by COVID-19 health orders and directives.
- For all other healthcare settings not specifically covered by the order (for example 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.

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