



Health Update for SF Providers: Seasonal Influenza Vaccination 2022-23

Sept 28, 2022

Situational Update

Based on [data from the southern hemisphere](#) during their most recent winter, the upcoming 2022-23 influenza season in the USA is likely to resemble pre-COVID-19 flu seasons, with significant numbers of infections, outpatient visits, and hospitalizations for flu.

Influenza vaccination reduces the overall burden of respiratory illness, protects vulnerable populations at risk for severe illness, and helps maintain essential healthcare infrastructure, all of which continues to be of critical importance when both influenza and SARS-CoV-2 viruses are circulating. 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.

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. Review flu vaccination recommendations for the 2022-23 season**
 - See the [full CDC flu vaccination recommendations for the 2022-23 season](#). CDC's [4-page summary of recommendations](#) is also useful.
 - The influenza A (H3N2) and B (Victoria) components of the vaccine were updated. See [CDPH flu vaccine products poster](#) for a graphic view of this year's vaccine line-up.
 - New for 2022-23, based on studies showing higher effectiveness in older adults compared to standard flu vaccines, CDC recommends that those aged ≥ 65 years preferentially receive either:
 - Recombinant flu vaccine (Flublok; RIV4), or
 - High-dose flu vaccine (Fluzone Hi-Dose; HD-IIIIV4), or
 - Adjuvanted flu vaccine (Fluad; aaIV4)

Any one of these "senior" flu vaccines is acceptable for those aged ≥ 65 years; CDC did not have sufficient evidence to recommend one over another. In addition, CDC



notes that if none of these three vaccines is available, then any standard inactivated flu vaccine may be used in persons aged ≥ 65 years.

- Influenza vaccines can be administered without regard to timing of COVID-19 or MPX vaccines, including simultaneously. If flu vaccine is given with another vaccine at the same 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. With the more reactogenic flu vaccines (Fluad and Fluzone High-Dose), vaccines should be co-administered in different limbs if possible. Please see CDC [COVID-19 vaccination guidance](#) and [MPX vaccination guidance](#) for additional 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.

3. Develop a plan to administer 2022-23 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.

4. 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](#), 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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