



## **Influenza Vaccination During COVID-19: Frequently Asked Questions**

### **Why is influenza vaccination of healthcare workers so important this year?**

The extent to which SARS-CoV-2 will circulate over the course of the 2020–21 influenza season is unknown. However, during the anticipated concurrent circulation of SARS-CoV-2 with influenza viruses in the upcoming fall and winter, influenza vaccination can reduce the prevalence of illness caused by influenza and resulting stress on the health care system, as well as reduce confusion resulting from similar symptoms caused by COVID-19. Healthcare workers are both at risk for influenza and can transmit the virus to their vulnerable patients, families and coworkers. Multiple studies have demonstrated that vaccinating healthcare workers against influenza helps to protect healthcare workers and their patients.

While the COVID-19 pandemic requires rigorous attention to nonpharmaceutical interventions (NPIs) as we approach the influenza season, influenza vaccination should be seen as an additional prevention tool to protect our health care workers. Even though every person should be masking per the State Order and CDC recommendations for universal source control in health care settings, this may not provide enough protection with regards to exposure for both COVID-19 and Influenza. Influenza vaccination plus universal source control has an additive benefit.

### **How easy is it to distinguish Influenza from COVID-19 infection?**

Many characteristics of both illnesses are similar so clinical methods to differentiate them often fail. Rapid testing for both may not be available to quickly make a diagnosis. COVID-19, Influenza, Respiratory Syncytial virus (RSV) and other respiratory viruses often are difficult to distinguish and are labeled influenza like illness (ILI).

### **If I am positive for COVID-19 should I receive the influenza vaccine?**

Influenza vaccination should be delayed until approximately 2 weeks from onset of COVID-19 symptoms or the date of the positive test.

### **What are California's predictions for the upcoming viral season?**

COVID-19 infection may peak during respiratory virus season, during the same time frame that we usually see an increase in influenza cases. Hospitalizations are expected to peak approximately 2-3 weeks later. This has the potential to flood the health care system with many ill individuals. Vaccination for Influenza will help prevent this situation.

### **What is happening in the southern hemisphere?**

Influenza activity are reported at lower rates, but fewer countries are reporting data since they are focusing on COVID-19. Social distancing and wearing masks during the COVID-19 pandemic may have helped to reduce the spread of influenza viruses. Additionally, the COVID-19 pandemic has influenced health-seeking behaviors, testing priorities and capacities making interpretation of the southern hemisphere data very challenging.

Influenza A(H1N1), influenza A(H3N2), and influenza B/Victoria have been circulating. These strains are included in the influenza vaccine used in the United States.

**Is there an adequate supply of influenza vaccine available?**

There are plenty of doses of the vaccine available to supply the needs for this mandate and the public in general. To get vaccinated, call your medical provider or pharmacy, or contact Public Health at 530-225-5591 to make an appointment. In addition, you may attend the Public Health influenza vaccine drive-thru clinic on October 7 from 10 AM – 2 PM at the Shasta District Fairgrounds.

**Is the influenza vaccine effective?**

In the 2019-20 season, influenza vaccine was effective against 37% of influenza A (H1N1) and 50% of influenza B strains. Data was insufficient to assess vaccine efficacy against influenza A (H3N2) strains. Despite lower estimated effectiveness of the vaccine in the 2018-19 season, vaccination prevented an estimated 4.4 million illnesses, 3.7 million medical visits, 58,000 hospitalizations, and 3,500 deaths.

**What if I have an egg allergy?**

For individuals with a severe egg allergy there are two influenza vaccines available that are either cell-culture based or recombinant.

**Is it possible to develop Influenza from getting the vaccination?**

Often individuals develop low grade fever, inflammation at the injection site and myalgias, headache or arthralgias following influenza vaccination. This is simply a response of your immune system to the vaccination and reflects the presence of some previous antibody development. It just means that your immune system is healthy and effective. If you are an individual who has that type of response, then take an NSAID (e.g., ibuprofen) approximately 1 hour prior to the vaccination or consider taking the recombinant influenza vaccine (Flublok). None of the vaccines except for Flumist contain live influenza virus. Flumist contains live attenuated influenza.

**What is the role of antiviral agents?**

Four medications are available for treatment of Influenza and they are very effective in shortening the length and severity of disease. Remdesivir is the only antiviral medication currently effective against COVID-19, although it is costly and administered under certain clinical circumstances to hospitalized patients.