

Recommendations for Influenza Protection during COVID-19

As we approach influenza season, our goal is to avoid the co-existing epidemics of influenza and COVID-19. This will protect vulnerable populations, reduce the impact of respiratory illnesses on the healthcare system and minimize absenteeism at schools and workplaces. Due to the COVID-19 pandemic, there have been disruptions in routine preventive and nonemergency care. Ensuring that routine influenza vaccination is maintained during the COVID-19 pandemic is essential for protecting individuals and communities from vaccine-preventable diseases and outbreaks.

In 2018-2019, there were 35.5 million cases of influenza in the United States, with 490,600 hospitalizations and 34,200 deaths related to influenza.¹ The CDC estimates that from October 1, 2019 through April 4, 2020, there have been 39,000,000 – 56,000,000 flu illnesses, 18,000,000 – 26,000,000 flu medical visits, 410,000 – 740,000 flu hospitalizations and 24,000-62,000 flu deaths.²

The CDC estimates that in 2018-9, the influenza vaccine prevented approximately 4.4 million influenza cases, 58,000 hospitalizations, and 3500 deaths.³ According to the CDC’s “Interim Estimates of 2019–20 Seasonal Influenza Vaccine Effectiveness — United States, February 2020,” vaccine effectiveness was 55% among children 6 months through 17 years of age, with overall vaccine effectiveness estimated at 45%.⁴⁵

The CDC recommends that every person 6 months and older receive annual influenza vaccination, with rare exceptions for certain medical conditions. Healthcare providers should use every opportunity during the influenza vaccination season to administer influenza vaccines to all eligible persons, including:

- *Essential workers:* Healthcare personnel, including nursing home, long-term care facility, and pharmacy staff, and other [critical infrastructure](#) workforce
- *School age children:* Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is

¹ Estimated influenza illnesses, medical visits, hospitalizations, and deaths in the United States – 2018-2019 influenza season. Published January 8, 2020. [https://www.cdc.gov/flu/about/burden/2018-2019.html#:~:text=CDC%20estimates%20that%20the%20burden,from%20influenza%20\(Table%201\).](https://www.cdc.gov/flu/about/burden/2018-2019.html#:~:text=CDC%20estimates%20that%20the%20burden,from%20influenza%20(Table%201).)

² 2019-2020 U.S. Flu Season: Preliminary Burden Estimates. Published April 17, 2020.

³ 2018-19 Influenza illnesses, medical visits, hospitalizations, and deaths averted by vaccination. Published January 16, 2020. <https://www.cdc.gov/flu/about/burden-averted/2018-2019.htm>

⁴ Interim Estimates of 2019–20 Seasonal Influenza Vaccine Effectiveness — United States, February 2020. Published February 21, 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6907a1.htm?s_cid=mm6907a1_w

⁵ Gostin L.O., Salmon D.A. The Dual Epidemics of COVID-19 and Influenza. Vaccine Acceptance, Coverage, and Mandates. *JAMA*. Published online June 11, 2020. doi:10.1001/jama.2020.10802



generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members.⁶ Also see NACCHO's [School Located Influenza Immunization Kit](#)

- *Persons at increased risk for [severe illness from COVID-19](#)*: Including adults age 65 years and older, residents in a nursing home or long-term care facility, persons of all ages with certain underlying medical conditions. Severe illness from COVID-19 has been observed to disproportionately affect members of certain [racial/ethnic minority groups](#)
- *Persons at high risk for [influenza complications](#)*: Including infants and young children, children with neurologic conditions, pregnant women, adults age 65 years and older, and other persons with certain underlying medical conditions

As communities prepare to increase vaccination rates, special consideration should be given to strategies to ensure widespread communication and participation to receive the vaccine. In particular, the following strategies should be taken into consideration:

- Partnerships between public health, healthcare providers, community organizations and the public will be essential in maximizing the rate of influenza immunizations.
- Communicating the importance of vaccination to patients and parents/caregivers as well as safety protocols and procedures can help provide reassurance to those who may otherwise be hesitant to present for vaccination visits.
- Equitable distribution of vaccines to vulnerable and marginalized populations, e.g. racial and ethnic minority groups, difficult to reach populations, persons experiencing homelessness, and patients that do not have a primary care provider.
- Robust public health campaigns utilizing traditional and social media to engage with diverse audiences and address vaccine hesitancy.

The following strategies are recommended to increase influenza vaccinations this fall:

- Businesses and organizations adopt a mandatory vaccination policy for its employees.
- Require an influenza vaccine for attendance at a public school in primary and secondary education.
- Influenza vaccination campaigns that are community-wide, in businesses, schools and universities, and other organizations.
- Identify and make widely available low or no cost solutions for individuals with financial barriers.
- Ensure vaccines are widely available throughout the community, at both medical facilities and pharmacies, as well as events to offer vaccine.

⁶ Annual AAP Influenza Policy, American Academy of Pediatrics, 2020