

Vaccines: Preparing for the 2021-2022 Flu Season

Category: Policy Blog

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New Guidance: Preparing for the 2021-2022 Flu Season

On September 9, 2021 the Centers for Disease Control (CDC) shared recommendations and guidance on co-administration of vaccines with COVID-19 vaccines. The updates provided coverage to the Advisory Committee on Immunization Practices (ACIP) recommendations for the 2021-2022 season, general vaccine guidance during the COVID-19 pandemic, and clinical considerations. During the [2019-2020 season](#), the CDC estimated that influenza caused 38 million illnesses, 400,000 hospitalizations, and 22,000 associated deaths. Flu vaccination prevents millions of illnesses and deaths each year and is the best way to ensure protection!

Interim Recommendations for the 2021-2022 Season

The Advisory Committee on Immunization Practices (ACIP) released Interim [Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#). The current guidance states that COVID-19 vaccines should and can be administered without regard to timing of other vaccines. When administering vaccines at the same time a provider should do so at different sites by at least one inch or more. If a COVID-19 vaccine is given with vaccines that may cause a topical reaction, such as pneumonia, it should be done on separate limbs. This guidance can also be found on NCUIH's Coronavirus Resource Center webpage.

This year's flu vaccines are all quadrivalent and contain 4 layers of viral protection. Their administration guidance is restricted to [age group usage](#).

Strategies for Vaccination Catch-up

Across all regions, the COVID-19 pandemic impacted general healthcare, including vaccination administration. With reduced vaccine administration, unvaccinated and under vaccinated individuals are at a greater risk to acquiring preventable illnesses and placing communities at risk for outbreak. Strategies should be implemented to promote [vaccine schedule adherence](#) and use of recall systems to identify patients who have missed vaccine doses. Immunization systems and electronic health records can support this work. Co-administration considerations can be applied to all patients but are paramount if a patient is behind/at risk of becoming behind on the recommended vaccine schedule or at a greater risk of vaccine-preventable disease.

Clinical Considerations

The CDC maintains a comprehensive [surveillance system](#) covering virus surveillance, ambulatory and emergency care, rates of hospitalization, and associated mortality rates.

In preparation for the 2021-2022 season the CDC is expecting for seasonal flu and COVID-19 to co-circulate, along with other respiratory viruses. A report (MMWR) recently released is already showing an uptick in virus spread, like respiratory syncytial virus (RSV).

Co-infection of flu virus strains can occur. There are often overlapping signs, symptoms, and differences with either infection. Community-acquired bacterial co-infection appears more common

with influenza than COVID-19 (MRSA, MSSA, pneumococcus, group strep)

- Incubation period is shorter for influenza (1-3 days) than COVID-19 (2-14 days)
- Viral shedding of viral RNA detection is generally shorter for influenza
- Ageusia/dysgeusia are more common with COVID-19 than influenza
- Onset of disease complications is earlier with influenza
- High-risk groups for influenza and COVID-19 are similar
- Testing is needed to distinguish influenza from COVID-19 in addition to observation of clinical clues
- Antiviral medications for influenza have no effect on COVID-19

No one has time for the flu!

At getmyflucashot.org the urgency stresses that flu, COVID-19, and other illnesses do not discriminate, everyone is at risk. Getting your vaccines for influenza annually is critical as flu viruses are constantly changing and updated protection is the best practice to optimize protection. As COVID-19 vaccination is on the rise, one does not have to delay additional adherence to important lifesaving vaccines!