

October 22, 2020

2020-2021 Influenza Vaccines and Recommendations

Actions Requested

- **Administer influenza vaccines to everyone over age 6 months without contraindications to the vaccine** as soon as they are available, per ACIP and AAP recommendations. Providers should not delay immunization because of concerns of waning immunity and decreasing effectiveness over time or preference for one vaccine over another.
- **Subscribe to the Health District's respiratory illness report** to get the latest information on respiratory illness trends in our area. To subscribe, visit <http://www.kitsappublichealth.org/notifications.php>.
- **Report all influenza outbreaks in congregate care settings** (defined as a single lab-confirmed influenza case or a sudden increase in acute febrile respiratory illness above background rates) and all influenza-associated deaths to KPHD.
- **Understand the Washington State Department of Health (DOH) guidelines** on when people with COVID-like symptoms and no known exposure can return to work, school, or childcare:
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/420-287-COVID-19SymptomEvalMgmtFlowChart.pdf>

For questions, please contact our Communicable Disease staff at (360) 728-2235.

Background

The 2020-2021 influenza season is here. Because of the COVID-19 pandemic, influenza vaccination is more important than ever. On August 21, the CDC released recommendations for immunization practices for the influenza season:

https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s_cid=rr6908a1_w

Vaccination efforts should start now and be continued throughout the season. Vaccination is especially important for populations at higher risk for medical complications from severe influenza:

- All children aged 6 through 59 months;
- All persons aged ≥ 50 years;
- Adults and children who have chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
- Persons who are immunocompromised due to any cause (including but not limited to immunosuppression caused by medications or human immunodeficiency virus [HIV] infection);
- Women who are or will be pregnant during the influenza season;
- Children and adolescents (aged 6 months through 18 years) who are receiving aspirin- or salicylate-containing medications and who might be at risk for experiencing Reye syndrome after influenza virus infection;
- Residents of nursing homes and other long-term care facilities;
- American Indians/Alaska Natives; and
- Persons who are extremely obese (body mass index ≥ 40 for adults).

Available vaccinations this year include the following:

<https://www.cdc.gov/flu/professionals/acip/2020-2021/acip-table.htm>

For the 2020–21 season, U.S. egg-based influenza vaccines (i.e., vaccines other than ccIIV4 and RIV4) will contain HA derived from:

- an influenza A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
- an influenza A/Hong Kong/2671/2019 (H3N2)-like virus;
- an influenza B/Washington/02/2019 (Victoria lineage)-like virus; and
- for quadrivalent vaccines only, an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

2020-2021 Influenza Vaccines and Recommendations

Background (continued...)

For the 2020–21 season, U.S. cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from:

- an influenza A/Hawaii/70/2019 (H1N1)pdm09-like virus;
- an influenza A/Hong Kong/45/2019 (H3N2)-like virus;
- an influenza B/Washington/02/2019 (Victoria lineage)-like virus; and
- an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

The 2020–21 composition reflects updates in the influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B (Victoria lineage) components.

Influenza and COVID-19 testing and isolation

SARS-CoV-2 (the virus that causes COVID-19) is circulating this influenza season. It may be difficult to distinguish between COVID-19 and influenza: <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

DOH released guidance to clarify isolation precautions for symptomatic individuals with no clear exposure history:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/420-287-COVID-19SymptomEvalMgmtFlowChart.pdf>

- DOH strongly recommends, when testing a symptomatic person for influenza or other viral pathogens, also testing for COVID-19.
- Asymptomatic people are often tested for COVID-19. Do not test asymptomatic people for influenza.
- A positive test for influenza does not necessarily rule out COVID-19.
- When community transmission of COVID-19 is moderate to high (greater than 25 cases per 100,000 population over 14 days), a negative rapid antigen test for COVID-19 should be confirmed with a PCR test performed in a clinical lab: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>

Resources

- See attachment.