

Frequently Asked Influenza (Flu) Questions: 2020–2021 Season

Updated July 20, 2021

Note: “Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020-2021 Influenza Season” has been published. CDC recommends annual influenza vaccination for everyone 6 months and older with any licensed, age-appropriate flu vaccine (IIV, RIV4, or LAIV4) with no preference expressed for any one vaccine over another.



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Flu Vaccine

What viruses will the 2020-2021 flu vaccines protect against?

There are many different flu viruses and they are constantly changing. The composition of U.S. flu vaccines is reviewed annually and updated as needed to match circulating flu viruses. Flu vaccines protect against the three or four viruses (depending on the vaccine) that research suggests will be most common.

For 2020-2021, trivalent (three-component) egg-based vaccines are recommended to contain:

- A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus (updated)
- A/Hong Kong/2671/2019 (H3N2)-like virus (updated)
- B/Washington/02/2019 (B/Victoria lineage)-like virus (updated)

Quadrivalent (four-component) egg-based vaccines, which protect against a second lineage of B viruses, are recommended to contain:

- the three recommended viruses above, plus B/Phuket/3073/2013-like (Yamagata lineage) virus.

For 2020-2021, cell- or recombinant-based vaccines are recommended to contain:

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

Are there any changes to the 2020-2021 Northern Hemisphere vaccines from what was included in this season's 2019-2020 U.S. flu vaccines?

Yes, this season's flu vaccines were updated to better match viruses expected to be circulating in the United States.

- The egg-based H1N1 vaccine component was updated from an A/Brisbane/02/2018 (H1N1)pdm09-like virus to an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus.

- The cell- or recombinant-based H1N1 vaccine component was updated from an A/Brisbane/02/2018 (H1N1)pdm09-like virus to an A/Hawaii/70/2019 (H1N1)pdm09-like virus.
- The egg-based H3N2 vaccine component was updated from an A/Kansas/14/2017 (H3N2)-like virus to an A/Hong Kong/2671/2019 (H3N2)-like virus.
- The cell- or recombinant-based H3N2 vaccine component was updated from an A/Kansas/14/2017 (H3N2)-like virus to an A/Hong Kong/45/2019 (H3N2)-like virus.
- The B/Victoria lineage vaccine component was updated from a B/Colorado/06/2017 (B/Victoria lineage)-like virus to a B/Washington/02/2019 (B/Victoria lineage)-like virus.
- The B/Yamagata lineage vaccine component was not updated.

Are there any new vaccines licensed for use during the 2020-2021 flu season?

There are two new vaccines licensed for use during the 2020-2021 flu season.

- The first is a quadrivalent high-dose vaccine licensed for use in adults 65 years and older. This vaccine will replace the previously licensed trivalent high-dose vaccine.

The second new vaccine that will be available is a quadrivalent adjuvanted vaccine licensed for use in adults 65 years and older.

- This vaccine is similar to the previously licensed trivalent vaccine containing MF59 adjuvant, but it has one additional influenza B component.

More information about [new vaccines available this year](#).

What flu vaccines are recommended this season?

For the 2020-2021 flu season, providers may choose to administer any licensed, age-appropriate flu vaccine (IIV, RIV4, or LAIV4) with no preference for any one vaccine over another.

Vaccine options this season include:

- [Standard dose flu shots](#).
- [High-dose shots](#) for people 65 years and older.
- [Shots made with adjuvant](#) for people 65 years and older.
- [Shots made with virus grown in cell culture](#). No eggs are involved in the production of this vaccine.
- Shots made using a vaccine production technology ([recombinant vaccine](#)) that do not require having a candidate vaccine virus (CVV) sample to produce.
- [Live attenuated influenza vaccine \(LAIV\)](#). – A vaccine made with attenuated (weakened) live virus that is given by nasal spray.

Do we need to get a flu vaccine earlier this year (i.e. July/August)?

There is no change in CDC's recommendation on timing of vaccination this flu season. Getting vaccinated in July or August is too early, especially for older people, because of the likelihood of reduced protection against flu infection later in the flu season. September and October are good times to get vaccinated. However, as long as flu viruses are circulating, vaccination should continue, even in January or later.

More information for [vaccination timing this year](#).

Will there be changes in how and where flu vaccine is given this fall and winter?

How and where people get a flu vaccine may need to change due to the COVID-19 pandemic. CDC works with healthcare providers and state and local health departments to develop contingency plans on how to vaccinate people against flu

without increasing their risk of exposure to respiratory germs, like the virus that causes COVID-19, and has released [Interim Guidance for Immunization Services During the COVID-19 Pandemic](#). More information is available in the [‘Administering Flu Vaccines during the COVID-19 Pandemic’](#) section below.

Some settings that usually provide flu vaccine, like workplaces, may not offer vaccination this upcoming season, because of the challenges with maintaining social distancing. For more information on where you can get a flu vaccine, visit www.vaccinefinder.org [↗](#). Information on getting a flu vaccine safely this season is available in the [‘Getting a Flu Vaccine during the COVID-19 Pandemic’](#) section below.

How many flu vaccines are expected to be available for the 2020-2021 flu season? —

Flu vaccine is produced by private manufacturers, so supply depends on manufacturers. For the 2020-2021 season, manufacturers have projected they will provide as many as 194-198 million doses of flu vaccine, which is more than the 175 million dose record set during the 2019-2020 flu season.

Are there delays in the availability of flu vaccine? —

Currently, influenza vaccine manufacturers are not reporting any significant delays in national flu vaccine supply or distribution this season.

Influenza vaccine production and distribution in the US are primarily private sector endeavors. CDC encourages manufacturers and distributors to use a distribution strategy in which providers receive smaller shipments to allow as many providers as possible to begin vaccination activities early in the vaccination season. Ideally, the intervals between shipments are short so that each provider has a continuous supply and can continue vaccinating patients without interruption. While no significant delays have been reported, in some places, robust demand for vaccine and supplies required to support flu vaccination efforts, like needles or syringes, may mean that some providers run out of vaccine or other supplies before their next shipment has arrived. While an allocation system can initially limit the size of individual orders, as supplies become available in increasing numbers, supply is expected to catch up with demand. Additionally, because vaccine manufacturing has been extended to support the production of a record number of flu vaccine doses this year, providers are likely to receive more shipments throughout the season.

To make sure your provider has flu vaccine available, call ahead to confirm availability. There also may be other locations in your area that have vaccine available. Use the [VaccineFinder](#) [↗](#) to find out where to get vaccinated near you.

CDC will continue to provide [weekly updates](#) on total flu vaccine doses distributed throughout the 2020-2021 flu season.

Are there enough doses of flu vaccine available for the 2020-2021 flu season? —

Vaccine manufacturers have said that they will produce between 194 and 198 million doses of flu vaccine this season. While this isn't enough for every person in the U.S. to receive a flu vaccine this season, not everyone chooses to get vaccinated. For example, last season, only about half of Americans chose to get a flu vaccine and, in general, there are many doses of flu vaccine that go unused every season.


That said, demand for flu vaccine may be greater this season because of the COVID-19 pandemic. And while it would be unusual, it is possible that all flu vaccines will be used this season. CDC's goal is for every available dose of flu vaccine to be used to protect people from flu. To make sure your provider has flu vaccine available, call ahead. There also may be other locations in your area that have vaccine available. Use the [VaccineFinder](#) [↗](#) to find out where to get vaccinated near you.


CDC will continue to provide weekly updates on [total flu vaccine doses distributed throughout the 2020-2021 flu season](#).

What should someone 65 or older do who is having trouble finding high-dose flu vaccine? —


CDC does not have a preferential recommendation for any flu vaccine over another, and vaccination should not be delayed to wait on a specific vaccine product when another vaccine licensed for use in adults is available.

There are several flu vaccine formulations that are approved for use in people 65 and older, including two so-called “enhanced” flu vaccines: the high dose flu vaccine and the adjuvanted flu vaccine. Both vaccines are specifically designed to create a stronger immune response in people aged 65 years and older.

[Another recent study](#)  showed that a vaccine made using recombinant technology can also produce a stronger immune response in adults 65 years and older.

For those having trouble locating “enhanced” vaccines licensed for use in people 65 years and older, call providers ahead of time to check availability. There also may be other locations in your area that have vaccine available. Use [VaccineFinder](#)  to find out where to get vaccinated near you.

How to locate high-dose and adjuvanted flu vaccine using VaccineFinder:

1. Visit [VaccineFinder.org](#) 
2. Click “Find Vaccines”
3. Click “Select your vaccines”
4. Select “Flu Shot (65+)” and then click “Add 1 Vaccine”
5. Enter your address or zip code
6. Click “Search For Vaccine”
7. Choose a vaccine provider from the list that appears or choose an option from the map.
8. Call ahead to confirm availability and then get your flu vaccine from your chosen provider.

What if my vaccine provider doesn't have my preferred flu vaccine? —

CDC recommends use of any licensed, age-appropriate influenza vaccine during the 2020-2021 influenza season, including [inactivated influenza vaccine](#), [high-dose influenza vaccine](#), [adjuvanted influenza vaccine](#), or [recombinant flu vaccine](#).

Vaccination should not be delayed to wait on a specific vaccine product when another age-appropriate vaccine is available.

What should vaccine providers do if they are experiencing problems with purchasing needles for flu vaccination? —

No widespread needle shortages or supply interruptions have been reported. Adequate supplies are expected to be available to support both the 2020–2021 influenza vaccination program and routine vaccination efforts. However, due to high demand for influenza vaccination in some locations, there may be some limited or temporarily unavailable supplies of specific types of needles and needle/syringe sets. CDC has developed a [resource guide](#) for providers who are experiencing problems with purchasing needles for influenza and routine vaccinations.

Flu and COVID-19

What is the difference between Influenza (Flu) and COVID-19? —

Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and flu is caused by infection with [influenza viruses](#). Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis.

COVID-19 seems to spread more easily than flu and causes more serious illnesses in some people. It can also take longer before people show symptoms and people can be contagious for longer.

While more is learned every day, there is still a lot that is unknown about COVID-19 and the virus that causes it. [This page](#) compares COVID-19 and flu, given the best available information to date.

To learn more about COVID-19, visit [Coronavirus \(COVID-19\)](#).

To learn more about flu, visit [Influenza \(Flu\)](#).

Will there be flu along with COVID-19 in the fall and winter? —

While it's not possible to say with certainty what will happen in the fall and winter, CDC believes it's likely that flu viruses and the virus that causes COVID-19 will both be spreading. In this context, getting a flu vaccine will be more important than ever. CDC recommends that all people 6 months and older get a yearly flu vaccine.

Can I have flu and COVID-19 at the same time? —

Yes. It is possible have flu, as well as other respiratory illnesses, and COVID-19 at the same time. Health experts are still studying how common this can be.

Some of the symptoms of flu and COVID-19 are [similar](#), making it hard to tell the difference between them based on symptoms alone. Diagnostic [testing](#) can help determine if you are sick with flu or COVID-19.

Is there a test that can detect both flu and COVID-19? —

Yes. CDC has developed a test that will check for A and B type seasonal flu viruses and SARS CoV-2, the virus that causes COVID-19. This test will be used by U.S. public health laboratories. Testing for these viruses at the same time will give public health officials important information about how flu and COVID-19 are spreading and what prevention steps should be taken. The test will also help public health laboratories save time and testing materials, and to possibly return test results faster.

The Food and Drug Administration (FDA) has given CDC an [Emergency Use Authorization](#) for this new test. Initial test kits were sent to public health laboratories in early August 2020. CDC will continue to manufacture and distribute these kits.

More information for laboratories is [available](#).

Will the new test that detects both flu and COVID-19 replace other tests? —

No. This new test is designed for use at CDC-supported public health laboratories at state and local levels, where it will supplement and streamline surveillance for flu and COVID-19. The use of this specialized test will be focused on public health surveillance efforts and will not replace any COVID-19 tests currently used in commercial laboratories, hospitals, clinics, and other healthcare settings.

CDC's first viral test for SARS-CoV-2 (the [CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel \(ER-34\)](#)) will still be available for qualified laboratories to order through the [International Reagent Resource \(IRR\)](#). The new [multiplex assay](#) can also be ordered through the IRR. Check the IRR website for details.

For additional questions, please visit: [Clinical Questions about COVID-19: Questions and Answers: Testing, Diagnosis, and Notification](#)

Is COVID-19 more dangerous than flu? —

Flu and COVID-19 can both result in serious illness, including illness resulting in hospitalization or death. While there is still much to learn about COVID-19, [recent studies](#) show it does seem as if COVID-19 is more deadly than seasonal influenza.

Will a flu vaccine protect me against COVID-19? —

Getting a flu vaccine will not protect against COVID-19, however flu vaccination has many other important [benefits](#). Flu vaccines have been shown to reduce the risk of flu illness, hospitalization and death. Getting a flu vaccine this fall will be more important than ever, not only to reduce your risk from flu but also to help conserve potentially scarce health care resources.

Does a flu vaccination increase your risk of getting COVID-19? —

There is no evidence that getting a flu vaccination increases your risk of getting sick from a coronavirus, like the one that causes COVID-19.

You may have heard about a [study](#) published in January 2020 that reported an association between flu vaccination and risk of four commonly circulating seasonal coronaviruses, but not the one that causes COVID-19. This report was later found to be incorrect.

The results from that initial study led researchers in Canada to look at their data to see if they could find similar results in their population. The results from Canada's [study](#) showed that flu vaccination did not increase risk for these seasonal coronaviruses. The Canadian findings highlighted the protective benefits of flu vaccination.

The Canadian researchers also identified a flaw in the methods of the first study, noting that it violated the part of study design that compares vaccination rates among patients with and without flu ([test negative design](#)). This flaw led to the incorrect association between flu vaccination and seasonal coronavirus risk. When these researchers reexamined data from the first study using correct methods, they found that flu vaccination did not increase risk for infection with other respiratory viruses, including seasonal coronaviruses.

What is CDC doing to promote flu vaccination during the COVID-19 pandemic?

To address the importance of influenza vaccination, especially during the COVID-19 pandemic, CDC will maximize flu vaccination by increasing availability of vaccine, including purchasing an additional 2 million doses of pediatric flu vaccine and 9.3 million doses of adult flu vaccine, by emphasizing the importance of flu vaccination for the entire flu season, and by conducting targeted communication outreach to specific groups who are at higher risk for complications from flu. These same groups are often at higher risk for COVID-19 too, so protecting them from influenza is important to decrease their risk of co-infection. Communication strategies for providers and the public will include:

- Educational outreach activities by CDC, including social media, press conferences, web page spotlights, radio media tours, op-eds, and other publications,
- A digital campaign to educate the general public and people with who are at increased risk from influenza and COVID-19 complications,
- Special educational efforts to inform the general population, people with underlying health conditions, and African American and Hispanic audiences about the importance of flu vaccination, and
- Updated vaccination websites for the public and providers that highlight the safety precautions being implemented in healthcare facilities during the pandemic.

If I get sick with flu, am I at higher risk of contracting COVID-19?

Because COVID-19 is still a relatively new illness, there is little data on how flu illness affects the risk of getting COVID-19. In general, getting sick with one virus, like flu, doesn't affect being infected with another, like the virus that causes COVID-19. We do know that people can be infected with flu viruses and the virus that causes COVID-19 at the same time. Getting a flu vaccine can reduce your risk of getting flu.

Because the symptoms of flu and COVID-19 are similar, how will I know if I have flu or COVID-19?

Although there are some differences between flu and COVID-19, they also share signs and symptoms. For this reason, it may be hard to tell the difference between them based on symptoms alone. Testing may be needed to help confirm a diagnosis. Get more information on [symptoms of COVID-19 and flu](#).

I think I may have flu. Is it safe for me to visit my health care provider during the COVID-19 pandemic?

Providers may have different procedures and practices for evaluating and treating flu during the COVID-19 pandemic. If you have flu symptoms and are at high risk of serious flu complications, you should call your health care provider as soon as possible to tell them about your symptoms. Your provider may decide to treat you with flu antiviral medications. Follow your health care provider's and CDC's recommendations for [doctor visits](#). Continue to [take everyday preventive](#)

Getting a Flu Vaccine during the COVID-19 Pandemic

If coronavirus disease 2019 (COVID-19) is spreading in my community, should I still go out to get a flu vaccine? —

Yes. Getting a flu vaccine is an essential part of protecting your health and your family's health this season. To protect your health when getting a flu vaccine, follow CDC's recommendations for [running essential errands](#) and [doctor visits](#). Continue to [take everyday preventive actions](#).

How can I safely get a flu vaccine if COVID-19 is spreading in my community? —

When going to get a flu vaccine, [practice everyday preventive actions](#) and follow CDC recommendations for [running essential errands](#).

Ask your doctor, pharmacist, or health department if they are following CDC's vaccination [pandemic guidance](#). Any vaccination location following CDC's guidance should be a safe place for you to get a flu vaccine.

If I am at high risk for serious illness from COVID-19 or flu, where is the safest place for me to get a flu vaccine? —

You can safely get a flu vaccine at multiple locations including your doctor's office, health departments, and pharmacies. You can use [VaccineFinder.org](#) [↗](#) to find where flu vaccines are available near you. When going to get a flu vaccine, be sure to [practice everyday preventive actions](#).

Ask your doctor, pharmacist, or health department if they are following CDC's vaccination [pandemic guidance](#). Any vaccination location following CDC's guidance should be a safe place for you to get a flu vaccine.

Vaccination of [people at high risk](#) for flu complications is especially important to decrease their risk of severe flu illness. Many people at higher risk from flu also seem to be at higher risk from COVID-19. If you are at high risk, it is especially important for you to get a flu vaccine this year.

Why do I need a flu vaccine if I am wearing a mask and social distancing? —

Wearing a mask and social distancing can help protect you and others from respiratory viruses, like flu and COVID-19, but best way to prevent flu illness is for everyone 6 months and older to be vaccinated each year.

Flu activity is low in my community right now; should I wait to get a flu vaccine? —

No, you should not delay getting a flu vaccine. While flu activity may be low in your community now, it could begin increasing at any time. Remember, it takes about two weeks after vaccination to develop antibodies that provide protection against flu. Ideally, you should get vaccinated before flu viruses begin circulating in your community. Everyone 6 months and older should get a flu vaccine each year.

Can I get a flu vaccine if I have COVID-19 or if I think I have been exposed to someone with COVID-19? —

For people who are sick with COVID-19 and who are already in a medical setting (for example, are in a hospital or other health care setting), flu vaccination should be deferred until they are no longer acutely ill.

For those who are sick with COVID-19 or think they might have COVID-19, it is important to stay home and stay away from other people, unless medical care is required. Those who are not in a medical care setting (for example, are isolating at home), should wait until they meet criteria for leaving isolation (even if they have no symptoms) to come to a vaccination setting in order to avoid spreading COVID-19 to others in the vaccination setting. CDC has guidance for [when you can be around others](#) after having COVID-19.

Are there special precautions my doctor, pharmacist, or health department should take this flu season to make sure flu vaccines can be given safely during the COVID-19 pandemic? —

Yes. CDC has resources to help with vaccine planning during the COVID-19 pandemic. Ask your doctor, pharmacist, or health department if they are following CDC's vaccination [pandemic guidance](#). And protect yourself by [practicing everyday preventive actions](#).

I don't have a primary care provider, where can I get a flu vaccine? —

If you don't have a doctor that you regularly see, flu vaccines are also available at locations including health departments and pharmacies. You can use [VaccineFinder.org](#) [↗](#) to find where flu vaccines are available near you.

Can I get a COVID-19 vaccine and flu vaccine at the same time? —

Information on getting a COVID-19 vaccine at the same time as other vaccines is [available](#).
(Redirect added July 20, 2021).

Flu Activity

Will new flu viruses circulate this season? —

Flu viruses are constantly changing so it's not unusual for new flu viruses to appear each year. More information about [how flu viruses change](#) is available.

When will flu activity begin and when will it peak? —

The timing of flu is difficult to predict and can vary in different parts of the country and from season to season.

Are there any updates in the methods for flu surveillance for the upcoming season? —

For the 2020-2021 flu season, there are some changes to [FluView](#) surveillance methodology.

This season, in addition to state-level data, the [influenza-like-illness \(ILI\) activity map](#) will display ILI activity by Core-based Statistical Areas (CBSA), a U.S. geographic area defined by the Office of Management and Budget (OMB) that consists of one or more counties (or equivalents) anchored by an urban center of at least 10,000 people plus adjacent counties that are socioeconomically tied to the urban center by commuting.

Also, during most flu seasons, state and territorial health departments report the level of geographic spread of flu activity in their jurisdictions each week through the [State and Territorial Epidemiologists Report](#). However, due to the impact of COVID-19 on ILI surveillance, and the facts that the state and territorial epidemiologists report relies heavily on ILI activity, reporting for this system will be suspended for the 2020-21 influenza season.

Finally, [NCHS](#) collects death certificate data for all deaths occurring in the United States, and these data are aggregated by the week of death occurrence. In previous flu seasons, the NCHS surveillance data were used to calculate the percent of all deaths occurring each week that had [pneumonia and/or influenza \(P&I\)](#) listed as a cause of death. Because of the ongoing COVID-19 pandemic, COVID-19 coded deaths were added to P&I to create the PIC (pneumonia, influenza, and/or COVID-19) classification. PIC includes all deaths with pneumonia, influenza, and/or COVID-19 listed on the death certificate.

More information on flu surveillance methodology and these updates is available [online](#).

Flu Vaccine Coverage

What vaccine uptake estimates will CDC provide this season?

CDC has developed a new Weekly National Influenza Vaccination Dashboard designed to share preliminary, in-season, weekly influenza vaccination coverage estimates and related data.

The dashboard will include information on the number of influenza vaccine doses distributed in the United States, weekly flu vaccination coverage rates for children 6 months – 17 years old, monthly flu vaccination coverage rates among pregnant persons, and information on how many flu vaccines have been administered in pharmacies and doctor's offices.

The data will be updated weekly or monthly, depending on the data source, throughout the 2020-2021 influenza season; other data sources will be added as they become available. Visit the [National Influenza Vaccination Dashboard](#) for more information.

CDC also provides [seasonal flu vaccination coverage estimates](#) at the end of a flu season. However, those estimates are not usually available until several months after the flu season ends.

How is CDC tracking weekly flu vaccination coverage among children 6 months – 17 years old?

Influenza vaccination coverage among children is assessed through the [National Immunization Survey-Flu \(NIS-Flu\)](#), which provides weekly influenza vaccination coverage estimates for children 6 months–17 years old. NIS-Flu is a national random-digit-dialed cellular telephone survey of households conducted during the flu season (October-June). Additional information about NIS-Flu methods and estimates from 2019-2020 season are available at [FluVaxView](#).

How is CDC tracking monthly flu vaccination coverage among pregnant women?

Monthly flu vaccination coverage estimates among pregnant women are based on electronic health record (EHR) data from the [Vaccine Safety Datalink \(VSD\)](#), a collaboration between CDC's Immunization Safety Office and nine integrated health care organizations. Of note, because these estimates are based on data from nine integrated health care systems, they may not be representative of all pregnant women in the U.S.

How is CDC tracking the number of flu vaccines administered at pharmacies and doctor's offices?

CDC is tracking the number of flu vaccines administered at pharmacies and doctor's offices by utilizing new sources of vaccination data, including [IQVIA](#) data for vaccinations administered in retail pharmacies (e.g., chain, mass merchandise, food stores, and independent pharmacies) and doctor's offices.

When will the first flu vaccine uptake estimates be provided for this season?

CDC will launch the first weekly FluVaxView dashboard in December. The number of flu vaccine doses distributed, vaccination coverage estimates for children, and vaccinations administered in retail pharmacies and doctor's offices will be updated weekly. Coverage estimates for pregnant women will be updated monthly. Visit the [National Influenza Vaccination Dashboard](#) for more information.

Is this the same kind of vaccine uptake information that has been provided in the past?

Each flu season since 2009-2010, CDC has estimated annual influenza vaccination coverage for the United States by utilizing data from several nationally representative surveys: the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), the [National Health Interview Survey \(NHIS\)](#), and the [National Immunization Survey-Flu \(NIS-Flu\)](#). Internet panel surveys of [adults](#), [health care personnel](#), and [pregnant women](#) are also used.

[Click here](#) for vaccination coverage estimates from past flu season. CDC will continue to provide end of season estimates of influenza vaccination coverage from these data sources.

For the 2020-21 flu season, CDC will provide weekly updates on the number of flu vaccine doses distributed, vaccination coverage estimates for children, and the number of doses administered in pharmacies and doctor's offices. Coverage estimates for pregnant women and will be updated monthly.

Is CDC working to improve influenza vaccine uptake data? —

CDC is exploring non-survey data sources, such as claims and other administrative data, to track flu vaccination coverage. For example, CDC is exploring ways to estimate within-season influenza vaccination coverage among adults using data on the number of doses administered in pharmacies and doctor's offices and estimates of the proportion of all influenza vaccinations that are received in these settings. CDC supports state and local jurisdictions in use of their [immunization information systems](#) to assess influenza vaccination coverage at the jurisdictional level.

Administering Flu Vaccines During the COVID-19 Pandemic

Is there guidance for safely administering vaccines during the COVID-19 pandemic? —

CDC has released [Interim Guidance for Immunization Services During the COVID-19 Pandemic](#). This guidance is intended to help immunization providers in a variety of clinical and alternative settings with the safe administration of vaccines during the COVID-19 pandemic. This guidance will be continually reassessed and updated based on the evolving epidemiology of COVID-19 in the United States. Healthcare providers who give vaccines should also consult guidance from state, local, tribal, and territorial health officials.

For the complete interim guidance for [immunization services during the COVID-19 pandemic](#).

Why is it important for influenza (flu) vaccines to be given during the COVID-19 pandemic? —

Efforts to reduce the spread of COVID-19, such as stay-at-home and shelter-in-place orders, have led to decreased use of routine preventive medical services, including [immunization services](#). Ensuring that people continue or start getting routine vaccinations during the COVID-19 pandemic is essential for protecting people and communities from vaccine-preventable diseases and outbreaks, including flu. Routine vaccination prevents illnesses that lead to unnecessary medical visits and hospitalizations, which further strain the healthcare system.

For the upcoming flu season, flu vaccination will be very important to reduce flu because it can help reduce the overall impact of respiratory illnesses on the population and thus lessen the resulting burden on the healthcare system during the COVID-19 pandemic.

A flu vaccine may also provide [several individual health benefits](#), including keeping you from getting sick with flu, reducing the severity of your illness if you do get flu and reducing your risk of a flu-associated hospitalization.

Who should get their flu vaccine during the COVID-19 pandemic? —

Annual flu vaccination is [recommended](#) for everyone 6 months of age and older, [with rare exceptions](#), because it is an effective way to decrease flu illnesses, hospitalizations, and deaths.

During the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the healthcare system, and other critical infrastructure. Thus, healthcare providers should use every opportunity during the influenza vaccination season to administer influenza vaccines to all eligible persons, including;

- *Essential workers*: Including healthcare personnel (including nursing home, long-term care facility, and pharmacy staff) and other [critical infrastructure](#) workforce
- *Persons at increased risk for severe illness from COVID-19*: Including adults aged 65 years and older, residents in a nursing home or long-term care facility, and 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 increased risk for serious influenza complications](#): Including infants and young children, children with neurologic conditions, pregnant women, adults aged 65 years and older, and other persons with certain underlying medical conditions

Should a flu vaccine be given to someone with suspected or confirmed COVID-19? —

No. Vaccination should be deferred (postponed) for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met the [criteria](#) to discontinue their isolation. While mild illness is not a contraindication to flu vaccination, vaccination visits for these people should be postponed to avoid exposing healthcare personnel and other patients to the virus that causes COVID-19. When scheduling or confirming appointments for vaccination, patients should be instructed to notify the provider's office or clinic in advance if they currently have or develop any symptoms of COVID-19.

Additionally, a prior infection with suspected or confirmed COVID-19 or flu does not protect someone from future flu infections. The best way to prevent seasonal flu is to get vaccinated every year.

What steps can healthcare personnel take to safely give flu vaccine during the COVID-19 pandemic? —

The potential for asymptomatic spread of the virus that causes COVID-19 underscores the importance of applying infection prevention practices to encounters with all patients, including physical distancing (at least 6 feet) when possible, respiratory and hand hygiene, surface decontamination, and source control while in a healthcare facility. Immunization providers should refer to the guidance developed to prevent the spread of COVID-19 in [healthcare settings](#), including [outpatient and ambulatory care settings](#).

To help ensure the safe delivery of care during vaccination visits, providers should:

- Minimize chances for exposures, including steps such as these:
 - Screen patients for [symptoms](#) of COVID-19 and contact with persons with possible COVID-19 [prior to](#) and upon their arrival at the facility, and isolate symptomatic patients as soon as possible.
 - Limit and monitor points of entry to the facility and install barriers, such as clear plastic sneeze guards, to limit physical contact with patients at triage.
 - Implement policies for adults and children over the age of 2 years to wear [cloth face coverings](#) (if tolerated).
 - Ensure patients practice respiratory hygiene, cough etiquette, and [hand hygiene](#).
- Ensure all staff adhere to the following infection prevention and control procedures:
 - Follow [Standard Precautions](#), which include guidance for hand hygiene and cleaning the environment between patients.
 - Wear a medical facemask at all times.
 - Use [eye protection](#) based on [level of community transmission](#) of the virus that causes COVID-19:
 - *Moderate-to-substantial transmission*: Healthcare providers should wear eye protection given the increased likelihood of encountering asymptomatic COVID-19 patients.
 - *Minimal-to-no transmission*: Universal eye protection is considered optional, unless otherwise indicated as a part of [Standard Precautions](#).
- Consider these additional steps during vaccine administration:
 - Intranasal or oral vaccines:
 - Healthcare providers should wear gloves when giving intranasal or oral vaccines because of the increased likelihood of coming into contact with a patient's mucous membranes and body fluids. They should change their gloves and wash their hands between patients.
 - Giving these vaccines is not considered an [aerosol-generating procedure](#) and thus, the use of an N95 or higher-level respirator is not recommended.
 - Intramuscular or subcutaneous vaccines:
 - [If healthcare providers wear gloves when administering vaccine](#), they should change their gloves and wash their hands between patients.

- For patients (sick or well) presenting for care or routine visits, ensure physical distancing by implementing strategies, such as:
 - Separating sick from well patients by scheduling these visits during different times of the day (e.g., well visits in the morning and sick visits in the afternoon), placing patients with sick visits in different areas of the facility, or scheduling patients with sick visits in a different location from well visits (when space is available).
 - Reduce crowding in waiting areas by asking patients to remain outside (e.g., stay in their vehicles, if applicable) until they are called into the facility for their appointment.
 - Ensure that physical distancing measures, with separation of at least 6 feet between patients and visitors, are maintained during all aspects of the visit, including check-in, checkout, screening procedures, and postvaccination monitoring. Use strategies such as physical barriers, signs, ropes, and floor markings.
 - Use electronic communications as much as possible (e.g., filling out needed paperwork online in advance) to minimize patients' time in the office as well as their sharing of materials (e.g., clipboards, pens).

Is there guidance for giving flu vaccine in settings other than a doctor's office (e.g., pharmacies; temporary, off-site, or satellite clinics; and large-scale influenza clinics)?

Yes. Guidance has been developed for giving vaccines at pharmacies, [temporary, off-site, or satellite clinics](#), and [large-scale influenza clinics](#). Other approaches to vaccination during the COVID-19 pandemic may include drive-through immunization services at fixed sites, curbside clinics, mobile outreach units, and home visits.

The general principles outlined for [healthcare facilities](#) should also be applied to alternative vaccination sites, with additional precautions for physical distancing that are particularly relevant for large-scale clinics, such as:

- Providing specific appointment times or other strategies to manage patient flow and avoid crowding.
- Ensuring sufficient staff and resources to help move patients through the clinic as quickly as possible.
- Limiting the overall number of patients at any given time, particularly for populations at higher risk for [severe illness from COVID-19](#).
- Setting up a one-way flow through the site and using signs, ropes, or other measures to direct patient traffic and ensure physical distancing between patients.
- Arranging a separate vaccination area or separate hours for persons at increased risk for severe illness from COVID-19, such as older adults and persons with underlying medical conditions, when feasible.
- Selecting a space large enough to ensure a minimum distance of 6 feet between patients in line or in waiting areas for vaccination, between vaccination stations, and in postvaccination monitoring areas (the Advisory Committee on Immunization Practices [recommends that providers consider observing patients for 15 minutes after vaccination](#) to decrease the risk for injury should they faint).

When can someone who recovered from COVID-19 receive an influenza vaccine?

Influenza vaccination should be deferred until a patient is no longer acutely ill. This may be different for patients who are already being cared for in a medical setting than it is for patients who are isolating at home. In a medical setting, the timing for vaccination is a matter of clinical discretion. In the outpatient setting, in general, patients who are isolating at home should wait until they meet [criteria for leaving isolation](#) (even if they have no symptoms) to come to a vaccination setting in order to avoid spreading COVID-19 to others in the vaccination setting. CDC has guidance for when you can be around others after having COVID-19.

What is CDC's recommendation regarding drive-through influenza vaccination clinics?

Curbside and drive-through vaccination clinics may provide the best option for staff and patient safety during the COVID-19 pandemic. Read [CDC's guidance on drive-through vaccination clinics](#).

Should we test for COVID-19 or perform COVID-19 screening before giving an influenza vaccine?

COVID-19 testing prior to administering an influenza vaccine is not necessary. However, people who are sick and are suspected of having COVID-19 but who are not already in a health care facility should **not** come to a vaccination clinic or a

healthcare facility for an influenza vaccination, in order to prevent the spread of SARS-CoV-2 to others. Expanded guidance for influenza vaccination during the COVID-19 pandemic is available online: [Additional Considerations for Influenza Vaccination of Persons in Healthcare Facilities and Congregate Settings During the COVID-19 Pandemic](#).

Can COVID-19 and influenza vaccines be co-administered? —

Information about coadministration of COVID-19 and other vaccines is [available](#). (Redirect added July 20, 2021).

Testing and Treatment of Respiratory Illness when SARS-CoV-2 and Influenza Viruses are Co-circulating

What should we do if we have a patient who is sick with influenza/COVID-19-like symptoms while waiting for diagnostic test results? —

While waiting on [results of testing](#), sick non-hospitalized persons with respiratory symptoms should self-isolate at home. Even if people test negative for both viruses, they should self-isolate because of the potential for false negative testing results – depending upon what kind of test was done (antigen test, molecular test) and the level of SARS-CoV-2 and influenza transmission in the community. Persons not hospitalized but who are at high-risk for complications from influenza should get antiviral treatment for influenza as soon as possible.

For hospitalized patients, empiric oseltamivir treatment for suspected influenza should be started as soon as possible regardless of illness duration, without waiting for influenza testing results. Get more information on [testing and treatment when SARS-CoV-2 and influenza viruses are co-circulating](#).

I have a patient who has influenza/COVID-19-like symptoms, how should I proceed with testing and treatment? —

CDC has developed [clinical algorithms](#) that can help guide decisions for influenza testing and treatment when SARS-CoV-2 and influenza viruses are co-circulating.

Do influenza antiviral medications have any positive or negative impact on a concurrent COVID-19 infection? —

Influenza antiviral medications have no activity against SARS-CoV-2 viruses, nor do they interact with medications used for treatment of COVID-19 patients. If a patient who is at high risk for serious influenza complications is diagnosed with SARS-CoV-2 and influenza virus co-infection, they should receive influenza antiviral treatment.

Flu Surveillance Data Updates

Why was pneumonia, influenza, and COVID-19 (PIC) mortality data added to FluView Interactive? —

CDC monitors flu deaths each week using death certificate data collected by the National Center for Health Statistics (NCHS). During previous flu seasons, NCHS mortality surveillance data were used to calculate the percentage of all U.S. deaths occurring each week that had pneumonia and/or influenza (P&I) listed as a cause of death on the death certificate. However, because of the ongoing COVID-19 pandemic, COVID-19 coded deaths were added to P&I to create the PIC (pneumonia, influenza and/or COVID-19) mortality classification. CDC has displayed PIC mortality in its FluView report since week 40 of 2020. However, in order to make these data more easily downloadable and interactive, CDC incorporated PIC mortality data into its [FluView Interactive](#) data dashboard, beginning with the release of the Week 6 (week ending February 13, 2021) [FluView report](#). FluView Interactive is an online data dashboard that accompanies the FluView report. Using FluView Interactive, users can download flu data and view this data via detailed, interactive graphs, charts, maps, and other visualizations.

Common Flu & Flu Vaccine Questions

- What is influenza?
- When to get a flu vaccine?
- When is the flu season?
- How do I know if I have flu?
- What is the treatment for flu?
- What are flu antiviral drugs?
- Flu complications
- What are emergency warning signs of flu sickness?