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

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.

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)?

While the Advisory Committee on Immunization Practices has not yet voted on the flu vaccine recommendations for 2020-2021, CDC does not anticipate a major change in the recommendation on timing of vaccination. 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.

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 is working 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.

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.gov .

Flu and COVID-19

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. Experts are still studying how common this can be.

Sources

Clinical Questions about COVID-19: Questions and Answers: Testing, Diagnosis, and Notification

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.

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, at this time, it does seem as if COVID-19 is more deadly than seasonal influenza; however, it is too early to draw any conclusions from the current data. This may change as we learn more about the number of people who are infected who have mild illnesses.

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.

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, visit https://www.cdc.gov/vaccines/pandemic-guidance/index.html.

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).

Page last reviewed: June 26, 2020
Content source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD)