



# 2021-2022 FLU UPDATES WEBINAR

October 18, 2021

Washington Department of Health

# Before We Start...

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- All participants will be muted for the presentation.
- You may ask questions using the questions pane of the GoToWebinar panel, and questions will be answered at the end of the presentation.
- You can download the slides by going to Handouts in the GoToWebinar panel.
- Continuing education is available for nurses, medical assistants, pharmacists, and pharmacy technicians attending the webinar or watching the recording. If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.
- You can find more information on our webinar page here: [www.doh.wa.gov/YouandYourFamily/Immunization/ImmunizationNews/ImmunizationTraining/20212022FluUpdatesWebinar](https://www.doh.wa.gov/YouandYourFamily/Immunization/ImmunizationNews/ImmunizationTraining/20212022FluUpdatesWebinar)

# Presenters

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Center for Public Affairs

# Continuing Education

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- The planners and speakers of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.
- Information about obtaining CEs will be available at the end of this webinar.

# Continuing Education

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- This continuing nursing education activity was approved by the Montana Nurses Association. MNA is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. Upon successful completion of this activity, 1.0 contact hours will be awarded.
- This program has been granted prior approval by the American Association of Medical assistants (AAMA) for 1.0 administrative continuing education unit.
- This training was approved by the Washington State Pharmacy Quality Assurance Commission (PQAC) for pharmacist education. Upon successful completion of this activity, 1.0 credit hour of continuing education will be awarded.

# Agenda and objectives for today's webinar

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The webinar will cover:

- Flu epidemiology
- Flu vaccine availability for the Childhood Vaccine Program
- Updated flu vaccine recommendations from the Advisory Committee on Immunization Practices
- Information on flu communication and health promotion resources

Upon completion of this educational activity, participants should be able to:

- Describe updated flu epidemiology
- Discuss flu vaccine availability and current flu vaccine recommendations
- Use and share flu communication and health promotion resources



INFLUENZA EPIDEMIOLOGY  
ANNA UNUTZER

# Influenza Background and Transmission

## Agent

- Flu is caused by influenza virus. Types A and B infect humans.

## Symptoms

- Sudden onset of fever ( $\geq 38^{\circ}\text{C}$ )
- cough and/or other respiratory symptoms (eg. shortness of breath) and systemic symptoms (fatigue, muscle soreness, headache)
- *Note: symptoms in the elderly may be atypical (Fever may be absent, patients may present with anorexia, mental status changes)*

## Complications

- Pneumonia and worsening respiratory status in patients with underlying chronic obstructive lung disease and congestive heart failure

## Transmission

- Large respiratory droplets are expelled, direct contact with droplets, followed by touching nose/mouth

## Infectiousness

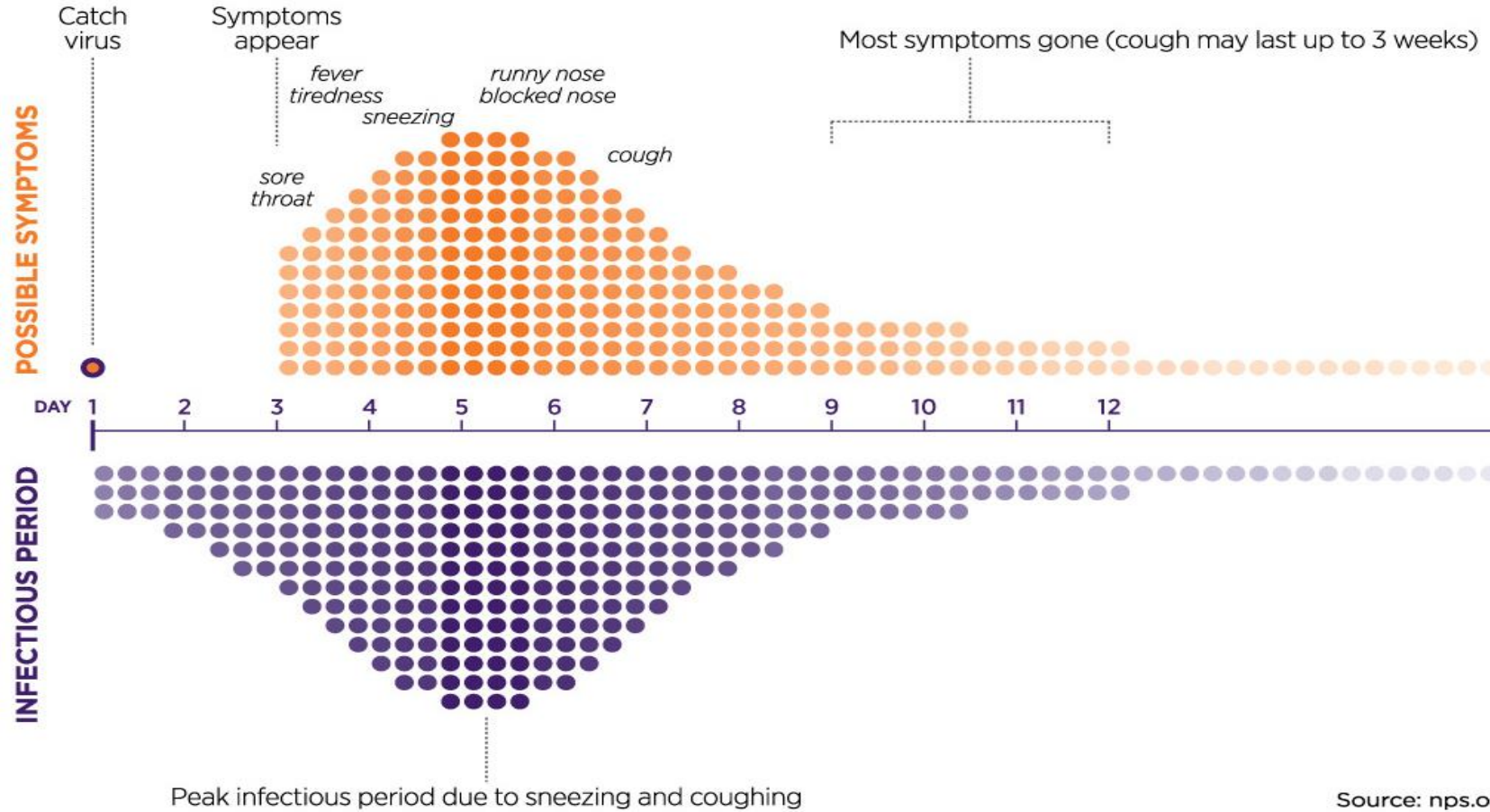
- Begins 24 hours prior to onset of illness. May shed virus for five or more days after symptom onset

## Incubation Period

- 1-4 days

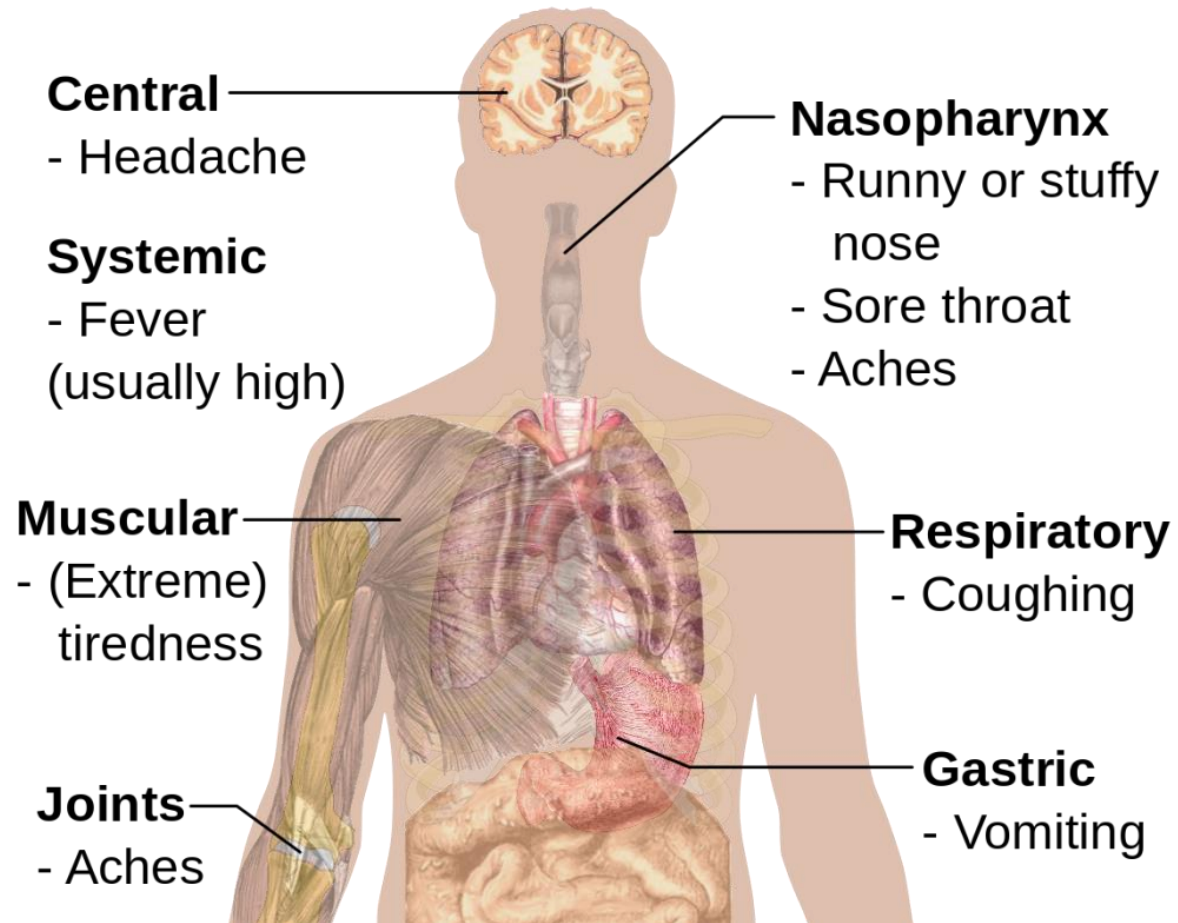


# Infectious Period



Source: nps.o

# Common Symptoms of Influenza



# Introduction to Influenza Epidemiology

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## CDC flu season

- Week 40 (early October) - Week 20 (mid May)

Influenza surveillance uses a multifaceted approach to estimate morbidity, mortality, characterize viruses and strains, identify viruses with pandemic potential, and guide decisions for intervention.

# Components of National Influenza Surveillance

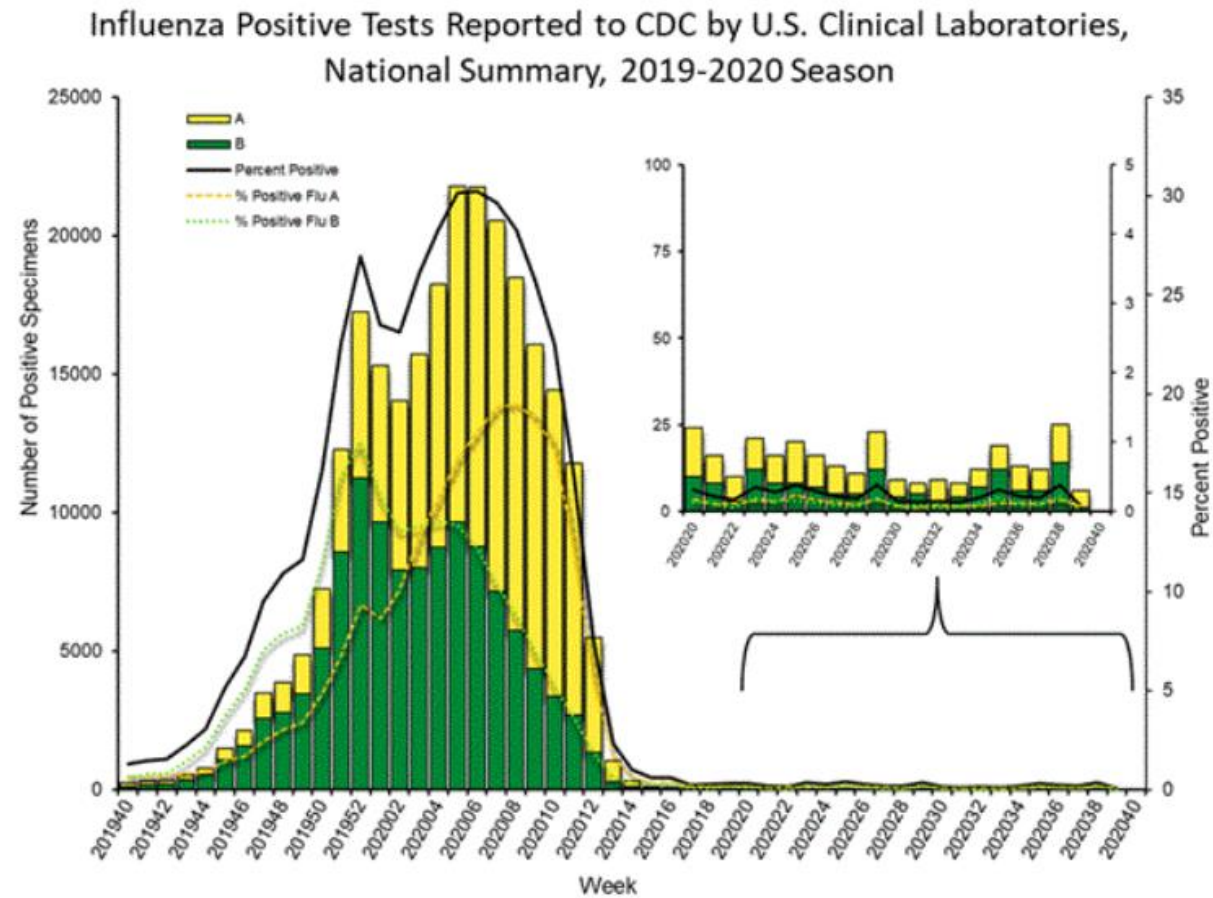
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1. Virologic Surveillance
2. Outpatient Illness Surveillance
3. Summary of the Geographic Spread of Influenza
4. Hospitalization Surveillance
5. Mortality Surveillance



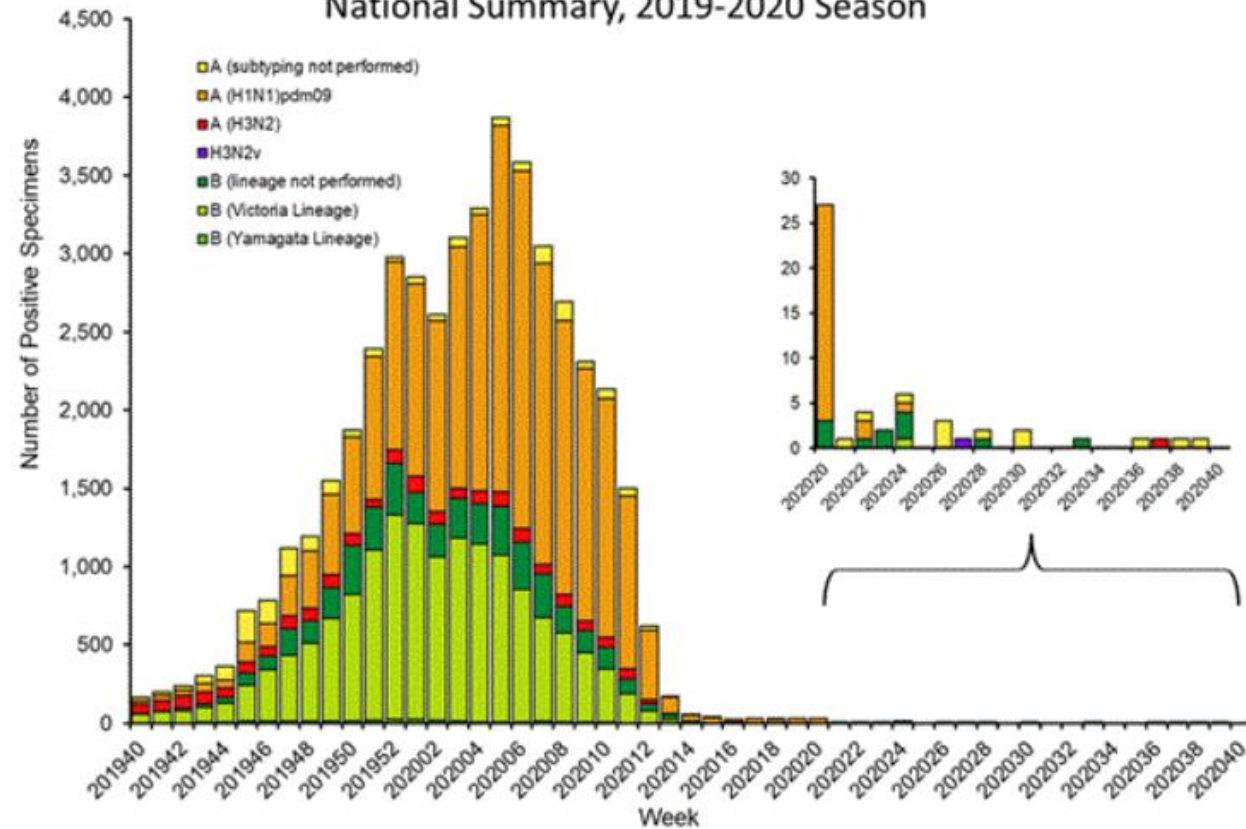
NATIONAL INFLUENZA SURVEILLANCE,  
2019-2020 SEASON

# Influenza Positive Tests, National Clinical Laboratories

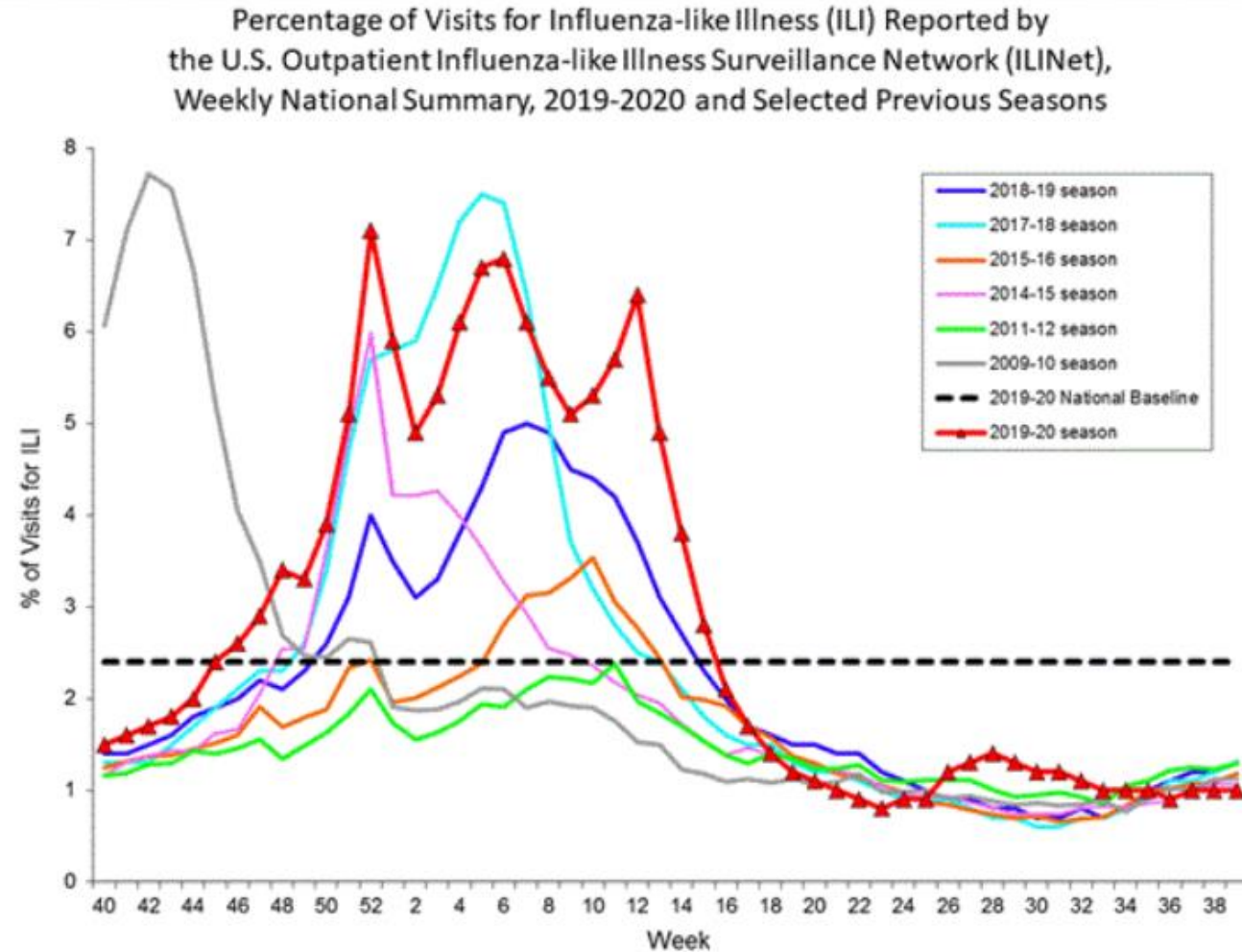


# Influenza Positive Tests, National Public Health Laboratories

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2019-2020 Season



# National Percentage of Visits for Influenza-Like Illness

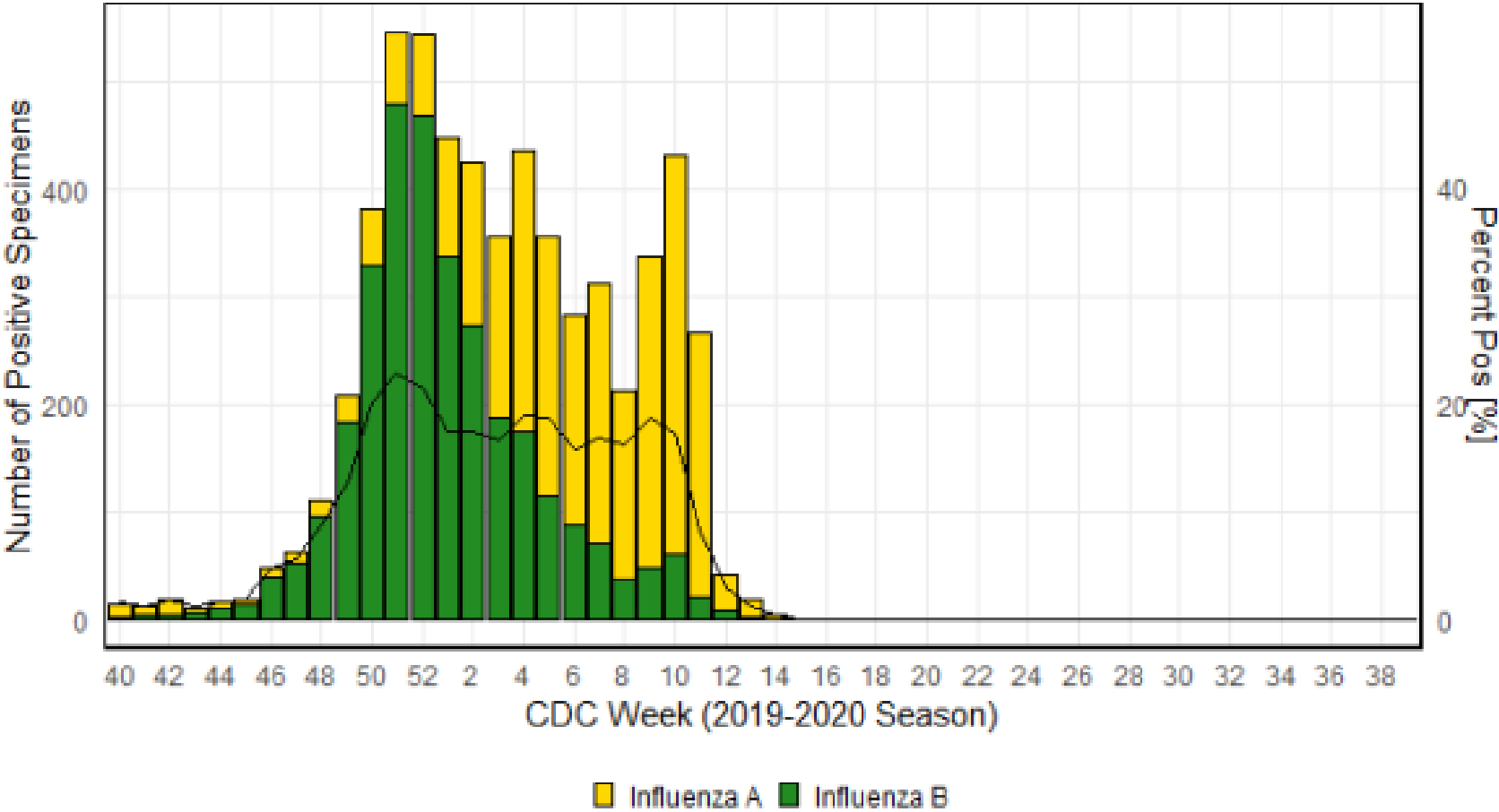




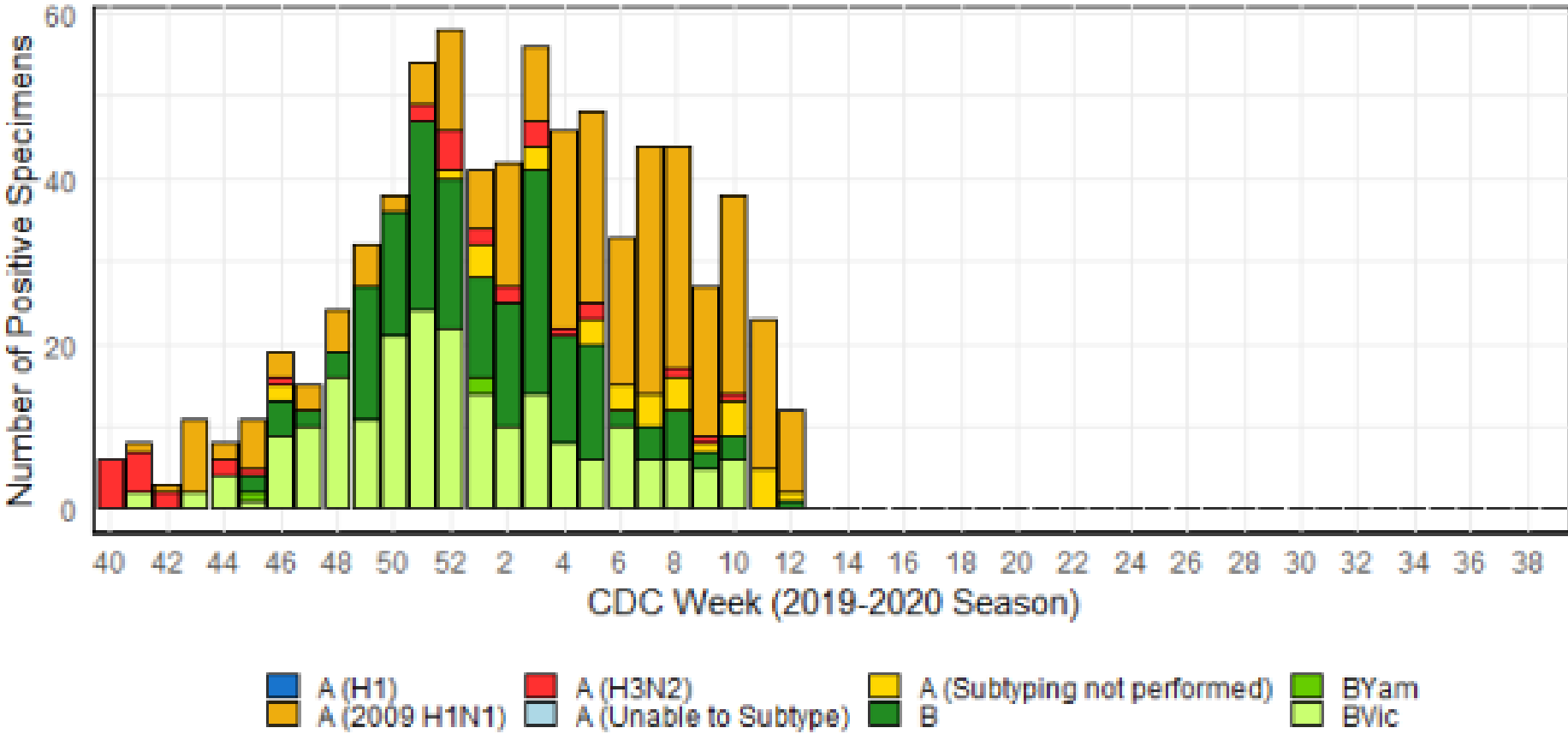


WASHINGTON STATE INFLUENZA SURVEILLANCE,  
2019-2020 SEASON

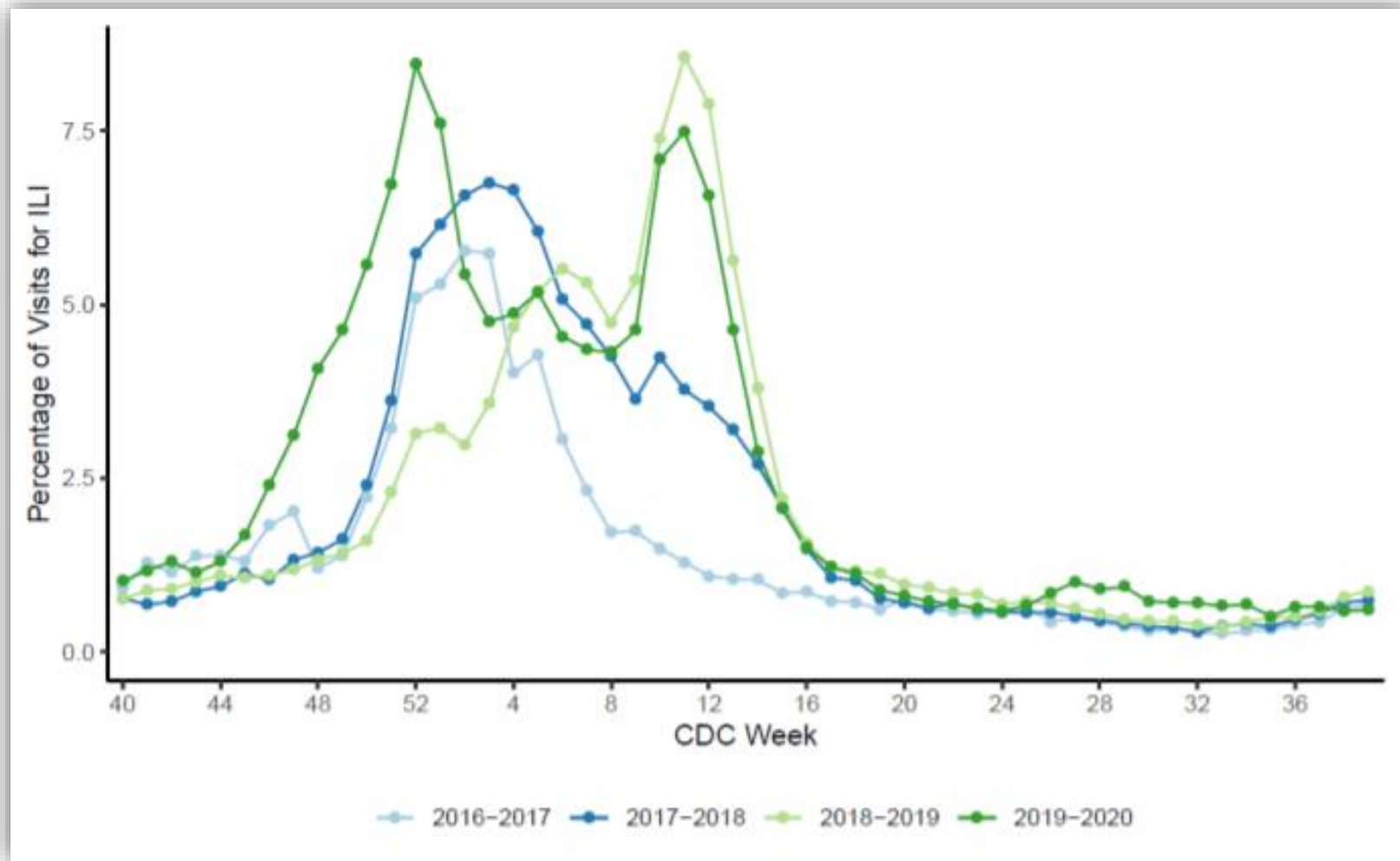
# Influenza Positive Tests Reported to CDC, WA Clinical Laboratories



# Influenza Positive Tests Reported to CDC, WA Public Health Laboratories



# Syndromic Surveillance for Influenza-like Illness, Washington State 2016-2020



# Reported Lab-Confirmed Influenza Deaths Washington, 2019-2020

Age Group (in years)	Number of Deaths
<b>0-17</b>	<b>6</b>
<b>18-29</b>	<b>5</b>
<b>30-49</b>	<b>8</b>
<b>50-64</b>	<b>30</b>
<b>65+</b>	<b>65</b>
<b>Total</b>	<b>114</b>

# 2020-2021 Influenza Season

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- As of 10/11/2021
  - 0 lab-confirmed Influenza deaths have been reported
  - 0 ILI Outbreaks have occurred in LTC
- Many reasons for low levels of flu activity
  - Flu vaccination efforts
  - COVID-19 mitigation measures
    - Masking
    - Staying home
    - Limiting gatherings

# 2021-2022 Influenza Season

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- **Timing and Severity of Flu Season: Unknown**
  - Influenza activity levels and dominant strains cannot be predicted from year to year.
  - Reduced population immunity due to lack of flu virus activity since March 2020 could result in an early and possibly severe flu season. (CDC)
- **Best Preparation:**
  - Vaccination
- [Frequently Asked Influenza \(Flu\) Questions: 2021-2022 Season \(CDC\)](#)

## Flu Resources

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- Washington State Flu Report:
  - [www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf](http://www.doh.wa.gov/Portals/1/Documents/5100/420-100-FluUpdate.pdf)
- CDC Weekly Flu Report:
  - [www.cdc.gov/flu/weekly](http://www.cdc.gov/flu/weekly)
- DOH Resources for Public Health and Healthcare Providers:
  - [www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation](http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation)





INFLUENZA VACCINE ORDERING AND AVAILABILITY  
JACKI STOCKDALE

# 2021-2022 Vaccine Strains

## Quadrivalent Egg-Based

- H1N1 = A/Victoria/2570/2019; replaces A/Guangdong-Maonan/SWL1536/2019
- H3N2 = A/Cambodia/e0826360/2020; replaces A/HongKong/2671/2019
- B Victoria = B/Washington/02/2019
- B Yamagata = B/Phuket/3073/2013

## Quadrivalent Cell or Recombinant-Based

- H1N1 pdm09 = A/Wisconsin/588/2019; replaces A/Hawaii/70/2019
- H3N2 = A/Cambodia/e0826360/2020; replaces A/HongKong/45/2019
- B Victoria = B/Washington/02/2019
- B Yamagata = B/Phuket/3073/2013

# Flu Products Available through the Childhood Vaccine Program for the 2021-2022 Season

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- Fluzone 0.5mL, preservative free, pre-filled syringe
- FluLaval 0.5mL, preservative free, pre-filled syringe
- FLuMist 0.2mL, live attenuated, sprayer
- Fluzone 5.0mL, multi-dose vial
- Flucelvax 0.5mL, preservative free, pre-filled syringe

# 2021-2022 Childhood Flu Vaccine

Allocation as of October 15<sup>th</sup>

Brand	Seasonal Doses	Allocated Doses	Ordered Doses	Available Doses
FluLaval 0.5mL PFS 6+ months	275,000	250,720	105,150	145,570
Fluzone 0.5mL PFS 6+ months	275,000	229,230	87,590	141,640
Fluzone 5.0mL MDV 3+ years	50,000	45,740	34,110	11,630
Flucelvax 0.5mL PFS 2+ years	10,000	5,460	5,460	0
FluMist 0.2mL Sprayer 2-49 years	40,000	40,000	13,890	26,110
<b>TOTAL</b>	<b>650,000</b>	<b>571,150</b>	<b>246,200</b>	<b>324,950</b>

# 2021-2022 Adult Flu Vaccine

Allocation as of October 15<sup>th</sup>

Brand	Seasonal Doses	Allocated Doses	Ordered Doses	Available Doses
FluLaval 0.5mL Pre-Filled Syringe	1,030	1,030	1,030	0
Flucelvax 0.5mL Pre-Filled Syringe	7,240	2,490	6,370 (2,390)	0 (3,980)
Fluzone 5.0mL Multi-Dose Vial	4,260	4,260	4,160	100
TOTAL	12,530	7,780	11,560	

\*Total doses for the season is 12,530. This Allocation was automatically assigned by CDC.



# 2021 – 2022 STATE SUPPLIED CHILDHOOD FLU VACCINES AT A GLANCE

Characteristic	Fluzone Quad, PF	Fluzone Quad	FluLaval Quad, PF	FluMist Quad, PF	Flucelvax Quad, PF
<b>Product Name</b>	Fluzone® 0.5mL single dose (ages 6+ months) '21-22	Fluzone® 5.0mL MDV (ages 3+ years) '21-22	FluLaval® 0.5mL single dose (6+ months +) '21-22	FluMist® single dose (ages 2-49 years) '21-22	Flucelvax® 0.5mL single dose (ages 2+ years) '21-22
<b>Vaccine Name</b>	Influenza, injectable, quadrivalent, preservative free	influenza, injectable, quadrivalent	influenza, injectable, quadrivalent, preservative free	influenza, live, intranasal, quadrivalent	Influenza, injectable, MDCK, preservative free, quadrivalent
<b>Formulation</b>	0.5mL single dose, pre-filled syringe, preservative free	5.0mL multi-dose vial, contains preservative	0.5mL single dose, pre-filled syringe, preservative free	0.2ml single dose sprayer, preservative free	0.5mL single dose, pre-filled syringe, preservative free
<b>Manufacturer</b>	Sanofi	Sanofi	GlaxoSmithKline	MedImmune	Seqirus
<b>CPT/CVX Codes</b>	90686/150	90688/158	90686/150	90672/149	90674/171
<b>NDC Number (Box)</b>	49281-0421-50	49281-0635-15	19515-0818-52	66019-0308-10	70461-0321-03
<b>Age – Licensure</b>	6+ mos	6+ mos	6+ mos	2-49 years	2+ years
<b>State Eligibility</b>	6 mos-18 years	3-18 years	6 mos-18 years	2-18 years	2-18 years
<b>Storage</b>	Store refrigerated, 36°F - 46°F (2°C - 8°C)	Store refrigerated, 36°F - 46°F (2°C - 8°C)	Store refrigerated, 36°F - 46°F (2°C - 8°C)	Store refrigerated, 36°F - 46°F (2°C - 8°C)	Store refrigerated, 36°F - 46°F (2°C - 8°C)

# Flu Vaccine Dosages

## Fluzone 0.5mL OR FluLaval 0.5mL pre-filled syringe

- 6-35 months
- 3-18 years
- Pregnant persons

## Flucelvax 0.5mL pre-filled syringe

- 2-18 years
- Pregnant persons

## Fluzone MDV (0.5mL)

- 3-18 years
- Non-pregnant

## FluMist 0.2mL

- 2-18 years
- Non-pregnant

Please note: Fluzone, FluLaval, and Flucelvax contain 0.5mL and is considered a full dose. Do NOT use 0.25mL dosage for 6-35 months

# Flu Vaccine and WA Thimerosal Regulations

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- A preservative called thimerosal keeps vaccines from becoming contaminated
- Thimerosal has trace amounts of ethylmercury (a type of mercury)
- Thimerosal is only necessary as a preservative for some vaccines that come in multi-dose vials, not pre-filled syringes
- Multi-dose Fluzone is the only vaccine that contains thimerosal
- Per Washington state law ([RCW 70.95M.115](#)): pregnant women and children under 3 years of age should not be given vaccines that contain more than trace amounts of mercury (thimerosal)
- Fluzone 0.5mL **OR** FluLaval 0.5mL **pre-filled syringes** should be used for children under 3 years of age and pregnant women





# INFLUENZA VACCINE RECOMMENDATIONS TRANG KUSS

## Benefits of Flu Vaccine

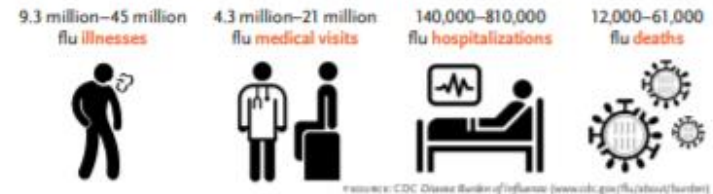
- Reduces hospitalization and death
- Reduces severity of illness in hospitalized persons
- Reduces risks for major cardiac event
- Protects pregnant people and babies

## Communicating the Benefits of Influenza Vaccine during COVID-19

**Influenza (flu) severity varies from year to year, but flu always brings serious consequences.** Flu outbreaks were limited in the 2020–2021 season due to widespread use of COVID-19 prevention measures like masks and social distancing. But flu viruses never went completely away. As COVID-19 prevention measures are relaxed, it's just a matter of time before flu increases, bringing with it serious complications like pneumonia and heart attacks.

**Flu vaccination is the best way to prevent flu and its complications.** Everyone age 6 months and older is recommended to get a yearly flu vaccine. This can markedly lower the risk of influenza-related illness, hospitalization, and death. And because flu and COVID-19 share many symptoms, preventing flu means fewer people will need to seek medical care and testing for flu as well as COVID-19, saving time, money, and stress. Flu vaccine may be given at the same time as COVID-19 vaccine. Take advantage of every opportunity to remind patients about the importance of flu vaccination.

CDC estimates the annual impact of flu from 2010–2020<sup>1</sup> ranged from:



source: CDC Disease Burden of Influenza ([www.cdc.gov/flu/about/burden/](https://www.cdc.gov/flu/about/burden/))

### What are the Benefits of Seasonal Flu Vaccine?

#### Research shows flu vaccination<sup>1</sup>:

##### Reduces Hospitalization and Death

- ✓ Pediatric deaths from flu were cut in half for children with underlying high-risk medical conditions and by two-thirds for healthy children
- ✓ Influenza hospitalizations were cut in half for all adults (including those 65+ years of age)
- ✓ Influenza hospitalizations dropped dramatically among people with chronic health conditions – by 79% for people with diabetes and 52% for those with chronic lung disease
- ✓ Vaccinating long-term care facility (LTCF) staff reduces hospitalizations and deaths in LTCF residents

##### Reduces Severity of Illness in Hospitalized Individuals

- ✓ Among adults hospitalized with flu, intensive care unit (ICU) admissions decreased by more than half (59%), and they spent fewer days in the ICU if vaccinated
- ✓ Children's risk of admission to a pediatric intensive care unit (PICU) for flu-related illness was cut by almost 75%

##### Reduces Risks for Major Cardiac Events

- ✓ Risk of a major cardiac event (e.g., heart attack) among adults with existing cardiovascular disease was reduced by more than one-third

##### Protects Pregnant Women and Their Babies

- ✓ For pregnant women, flu-associated acute respiratory infections were cut in half, and flu-associated hospitalizations were reduced by 40%
- ✓ Influenza illnesses and influenza-related hospitalizations in infants under 6 months of age fell by half when their mothers were vaccinated

Vaccination rates<sup>2</sup> remain well below optimal levels:

- 64% children 6 months–17 years
- 48% adults 18+ years
- 70% adults 65+ years
- 81% healthcare personnel
- 61% pregnant women

<sup>1</sup>Estimates from the 2019–20 influenza season. source: CDC FluView ([www.cdc.gov/flu/fluview/](https://www.cdc.gov/flu/fluview/))

## Tips

### for Discussing Flu Vaccine

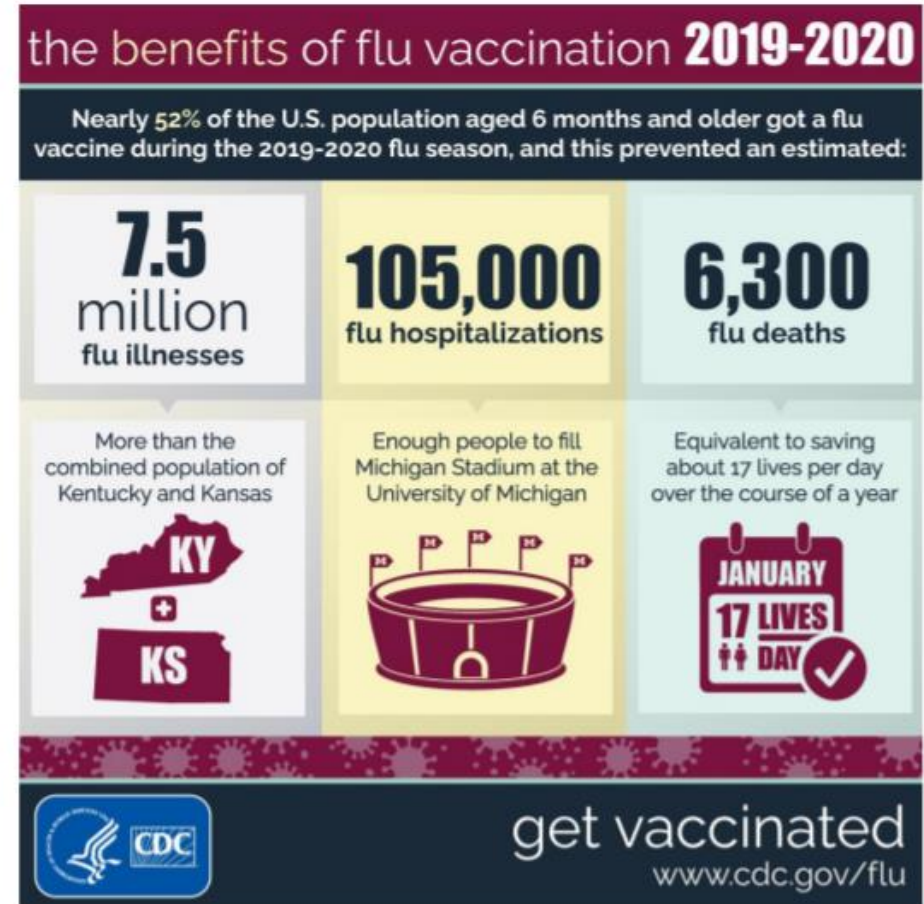
- Recommend flu vaccine at every clinical encounter: "I strongly recommend you get a flu vaccination today. Flu vaccine may be given at the same time as COVID-19 vaccine."
- Keep it simple: "Flu vaccine helps reduce risk of hospitalization and death."
- Use a presumptive approach: "Today we are giving you your annual flu vaccination."
- Communicate why we vaccinate: "Vaccination prevents flu and severe outcomes of flu." "Preventing the flu means preventing missed workdays, doctor appointments, and testing because of flu symptoms. Flu vaccination can also help prevent flu and COVID-19 co-infections, which can cause more severe illnesses."<sup>3</sup>
- Communicate the variability and unpredictability of flu: "Flu was limited when most people followed COVID-19 precautions, but the spread of flu is likely to resume as fewer people wear masks or socially distance. The spread of other respiratory illnesses has already increased."
- Acknowledge that flu vaccination is not always a perfect match with the circulating virus types. But flu and flu-related severe illnesses are common. "The vaccine is the best way to reduce your risk of flu and its negative outcomes."

#### FOOTNOTES

- 1 CDC. What are the benefits of flu vaccination? [www.cdc.gov/flu/prevent/vaccine-benefits.htm](https://www.cdc.gov/flu/prevent/vaccine-benefits.htm)
- 2 Tan, 2021. *Journal of Clinical Virology Plus*. DOI: 10.1016/j.jcvp.2021.100616

# Estimated Benefits of Influenza Vaccination

- CDC provides estimates of overall influenza burden and vaccine effectiveness after each season.
- Estimated vaccine effectiveness for 2019-20:
  - 39% overall
- Estimated burden averted through vaccination:
  - 7.5 million illnesses
  - 105,000 hospitalizations
  - 6,300 deaths



<https://www.cdc.gov/flu/resource-center/freeresources/graphics/flu-vaccine-protected-infographic.htm>

## Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2021-22

### Summary of Recommendations

For additional information: *MMWR Recomm Rep* 2021;70(No. RR-5), at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>.  
This document is available in HTML format at <https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>.

#### GROUPS RECOMMENDED FOR VACCINATION

- Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications.
- If vaccine supply is limited, see priority groups for vaccination in the ACIP statement.

#### TIMING OF VACCINATION

- Vaccine should be ideally administered by the end of October, but should continue to be offered as long as influenza viruses are circulating locally and unexpired vaccine is available.
- Some children aged 6 months through 8 years require 2 doses of influenza vaccine (**Figure**, this page). These children should receive their first dose as soon as possible after vaccine becomes available, and the second dose  $\geq 4$  weeks later.
- Children needing 1 dose can be vaccinated soon after vaccine becomes available.
- Vaccination soon after vaccine is available may also be considered for pregnant persons in their third trimester.
- For non-pregnant adults, vaccination in July and August should be avoided, even if vaccine is available during these months, unless there is concern that later vaccination might not be possible.

#### APPROVED AGES AND DOSE VOLUMES

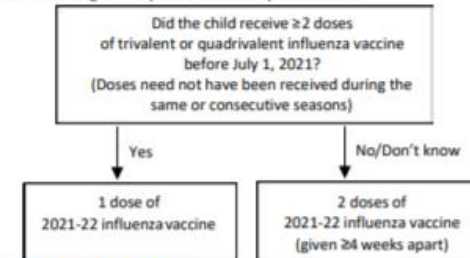
- Approved dose volumes vary by age and product. An age-appropriate vaccine should be used at an appropriate dose.
- Intramuscular influenza vaccines (IIV4s and RIV4) and their approved ages and dose volumes are:

Vaccine	Approved Ages	Dose volume
Afluria Quadrivalent	6 through 35 months $\geq 3$ years	0.25 mL 0.5 mL
Fluarix Quadrivalent	$\geq 6$ months	0.5 mL
FluLaval Quadrivalent	$\geq 6$ months	0.5 mL
Fluzone Quadrivalent	6 through 35 months $\geq 3$ years	0.25 mL or 0.5 mL 0.5 mL
FluceLVax Quadrivalent	$\geq 2$ years	0.5 mL
Flublok Quadrivalent	$\geq 18$ years	0.5 mL
Fluzone High-Dose Quadrivalent	$\geq 65$ years	0.7 mL
Fluad Quadrivalent	$\geq 65$ years	0.5 mL

- If a dose less than the necessary volume is administered and the error is discovered immediately (before the recipient has

#### NUMBER OF DOSES FOR AGES 6 MONTHS THROUGH 8 YEARS

- Determine the number of doses needed based on child's age at time of first dose of 2021–22 influenza vaccine and number of doses of influenza vaccine received in previous seasons (**Figure**).
  - Children in this age group who previously received  $\geq 2$  doses of trivalent or quadrivalent influenza vaccine  $\geq 4$  weeks apart before July 1, 2021 need 1 dose of 2021-22 influenza vaccine. The two previous doses need not have been received in the same or consecutive influenza seasons.
  - Children in this age group who have not previously received  $\geq 2$  doses of trivalent or quadrivalent influenza vaccine  $\geq 4$  weeks apart before July 1, 2021 or whose vaccination history is unknown need 2 doses of 2021-22 influenza vaccine, given  $\geq 4$  weeks apart.
- For children aged 8 years who require 2 doses, both doses should be administered even if the child turns age 9 years between dose 1 and dose 2.
- Persons aged  $\geq 9$  years need only one dose.



#### ADULTS AGED $\geq 65$ YEARS

- Persons aged  $\geq 65$  years may receive any age-appropriate IIV4 or RIV4. Vaccination should not be delayed to find a particular product if an appropriate one is already available.
- Data support greater benefit of HD-IIV3, RIV4, or aIIV3 relative to standard-dose unadjuvanted IIVs in this age group, but comparisons of these vaccines with one another are limited.
- HD-IIV3, the most well studied, was more effective than IIV3 in a large two-season randomized trial. However, HD-IIV3 and aIIV3 have been replaced by HD-IIV4 and aIIV4. Data comparing

Source: [www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm](https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm)

## Guidance for Timing of Vaccination, 2021-22

- For all, vaccination should be offered ideally by the end of October.
- Children who need 2 doses (those aged 6 months through 8 years who have never been vaccinated, who have not received  $\geq 2$  total doses previously, or whose vaccination history is unknown)—should receive first dose as soon as possible after vaccine is available.
- Children needing one dose can also be vaccinated as soon as vaccine is available.
- Vaccination soon after vaccine becomes available can be considered for pregnant persons in third trimester.
- For non-pregnant adults, July and August should be avoided unless there is concern that later vaccination might not be possible.
- Vaccination should continue throughout the season, as long as influenza viruses are circulating, and unexpired vaccine is available.

[Source: 2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines](#)

## Factors Relevant for Timing of Vaccination

- Declines in influenza vaccine effectiveness over the course of the season have been observed in many observational studies.
- Appears to be more pronounced among older adults.
- Less evidence for waning among children.
- Might be more of an issue for H3N2 viruses.
- Other considerations related to timing:
  - Unpredictability of timing of onset and peak of the influenza season.
  - Avoiding missed opportunities to vaccinate.
  - Programmatic constraints.

[Source: 2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines](#)

- ACIP influenza statement cites current *Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States*:
  - States that COVID-19 vaccines may be administered without regard to timing of other vaccines.
  - Vaccines administered at the same visit should be given at different sites (separated by an inch or more, if possible).
  - If COVID-19 vaccines are given with vaccines that might be more likely to cause a local reaction (e.g., high-dose or adjuvanted influenza vaccines), administer in separate limbs, if possible.
- Notes that providers should check current CDC COVID-19 vaccination guidance for updated information concerning coadministration.

[https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration)

Source: 2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines

# Timing and Spacing of Vaccine Doses: Guidance with COVID-19 Vaccines

- Label each syringe.
- Separate injection sites by 1 inch or more, if possible.
- There are no requirements which vaccine is administered first.
- Administer the COVID-19 vaccine and vaccines that may be more likely to cause a local reaction in different limbs, if possible.

[Immunization Administration Resources | CDC](#)

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

## YOU CALL THE SHOTS

**Vaccine Administration:  
Intramuscular (IM) Injection  
Children 7 through 18 years of age**

**Administer these vaccines by IM i**

- Hemophilus influenzae type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Hepatitis A and hepatitis B (HepA-HepB) [18 years of age and older]
- Human papillomavirus (HPV vaccine)

\*May also be administered by subcutaneous

To ensure vaccines are safe and effective, it's important to follow aseptic techniques.

- Use a new needle and syringe for each injection.

Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluid or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

- 1. Use the correct syringe and needle.**
  - Administer vaccine using either a 1- or 3-mL syringe.
  - Use the correct needle length (2½- to 3½-inch) based on the patient's gender and weight. For children, use a 1- to 1.5-inch needle.
- 2. Identify the injection site.**
  - Preferred site: Deltoid muscle in the upper arm.
  - Use anatomical landmarks to determine the injection site. Find the acromion process, which is the bony point at the end of the shoulder. The injection site will be approximately 2 inches below the bone and above the axillary fold/armpit.
- 3. Administer the vaccine correctly.**
  - Inject the vaccine into the middle and the thickest part of the muscle. Insert the needle at a 90-degree angle and inject all of the vaccine in the muscle tissue.
  - If administering more than one vaccine in the same arm, separate the injection sites by 1 inch if possible.

For additional information, go to CDC's vaccine administration resource library at [www.cdc.gov/vaccines/imz/downloads/index.html](https://www.cdc.gov/vaccines/imz/downloads/index.html)

## YOU CALL THE SHOTS

**Vaccine Administration:  
Intramuscular (IM) Injection  
Adults 19 years of age and older**

**Administer these vaccines by IM injection:**

- Hemophilus influenzae type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Hepatitis A and hepatitis B (HepA-HepB)
- Human papillomavirus (HPV vaccine)
- Influenza vaccine, inactivated (IV)
- Influenza vaccine, recombinant (RV)
- Meningococcal conjugate (MenACWY)
- Meningococcal serogroup B (MenB vaccine)
- Pneumococcal conjugate (PCV13)
- Pneumococcal polysaccharide (PPSV23)\*
- Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap)
- Zoster, recombinant (RZV)


To ensure vaccines are safe and effective, it's important to prepare and administer them correctly.

- Follow aseptic techniques.
- Use a new needle and syringe for each injection.
- Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.\*

Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluid or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

- 1. Use the correct syringe and needle.**
  - Administer vaccine using either a 1-mL or 3-mL syringe.
  - Use a 2½- to 3½-gauge needle.
  - Use the correct needle length based on the patient's gender and weight. For adults, use a 1- to 1.5-inch needle.
- 2. Identify the injection site.**
  - Recommended site: Deltoid muscle in the upper arm.
  - Use anatomical landmarks to determine the injection site. The deltoid muscle is a large, rounded, triangular shape. Find the acromion process, which is the bony point at the end of the shoulder. The injection site will be approximately 2 inches below the bone and above the axillary fold/armpit.
- 3. Administer the vaccine correctly.**
  - Inject the vaccine into the middle and the thickest part of the muscle. Insert the needle at a 90-degree angle and inject all of the vaccine in the muscle tissue.
  - If administering more than one vaccine in the same arm, separate the injection sites by 1 inch if possible.

Some experts recommend a 1.5-inch needle for men and women who weigh less than 60 kg (132 lbs). If used, the skin must be stretched fully, and the subcutaneous tissue must not be bunched.



For additional information, go to CDC's vaccine administration resource library at [www.cdc.gov/vaccines/imz/downloads/index.html](https://www.cdc.gov/vaccines/imz/downloads/index.html)

Source: [2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines](#)



# Prevent COVID-19 and Flu Vaccine Administration Errors!

[www.ismp.org/resources/mix-ups-between-influenza-flu-vaccine-and-covid-19-vaccines](http://www.ismp.org/resources/mix-ups-between-influenza-flu-vaccine-and-covid-19-vaccines)



[www.immunize.org/covid-19/#tools](http://www.immunize.org/covid-19/#tools)

## Safe practice recommendations

- “7 Rights” of vaccine administration
  - Patient
  - Time (interval and age)
  - Vaccine and diluent, expiration
  - Dosage
  - Route, needle, and technique
  - Injection site
  - Documentation
- Staffing support
  - Schedule vaccines for block of time and ensure adequate staffing
  - Continuous staff training
  - Post reference materials

Separate vaccines and label syringes

Separate vaccination areas away from distractions and interruptions

Document lot number/expiration date prior to administration  
Scan barcode

Report vaccine errors to VAERS

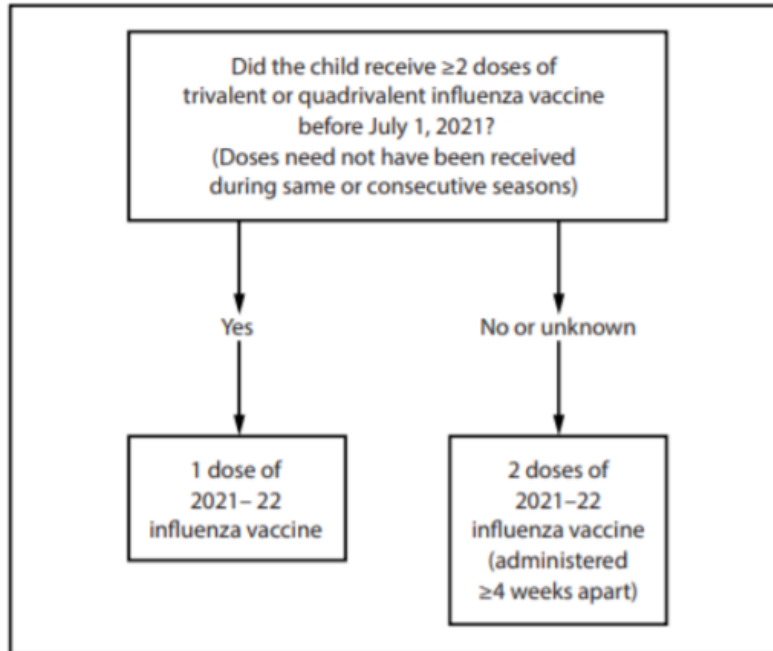
# Flu Vaccine Administration Reminders

- Injectable flu vaccines can be given at the same time as other vaccines
- If FluMist is being used, give at the same time as other live or inactivated vaccines
  - If not given at the same time as another live vaccine (MMR or varicella), wait at least 4 weeks (or 28 days) between live vaccines

Date of Birth:	11/07/2008		Age:	10 yrs				
Guardian:			Status:	Inactive				
<b>Vaccination Summary</b>								
Vaccinations outside the ACIP schedule are marked with an 'X'.								
Vaccine	1	2	3	4	5	6	7	8
DTaP/DTP/Td	01/16/2009 10 weeks	03/17/2009 4 months	05/20/2009 6 months	08/24/2010 21 months	11/21/2013 5 years			
OPV/IPV	01/16/2009 10 weeks	03/17/2009 4 months	05/20/2009 6 months	11/21/2013 5 years				
MMR	11/09/2009 12 months	X 11/21/2013 5 years						
Hib	01/16/2009 10 weeks	03/17/2009 4 months	05/20/2009 6 months	08/24/2010 21 months				
Hep A	11/21/2013 5 years	04/23/2015 6 years						
Hep B - 3 Dose	11/07/2008 0 days	01/16/2009 10 weeks	04/23/2015 6 years					
Varicella	11/09/2009 12 months	X 11/21/2013 5 years						
Rotavirus	03/17/2009 4 months							
Influenza	11/19/2009 12 months	11/18/2010 24 months	X 03/06/2012 3 years	11/18/2013 5 years	12/15/2015 7 years	11/21/2016 8 years	11/05/2018 9 years	
Pneumo (PCV)	01/16/2009 10 weeks	03/17/2009 4 months	05/20/2009 6 months	03/06/2012 3 years				
Novel Influenza H1N1-09	11/19/2009 12 months							

## Vaccination of Specific Populations—Children 6 mos through 8 yrs

FIGURE. Influenza vaccine dosing algorithm for children aged 6 months through 8 years\* — Advisory Committee on Immunization Practices, United States, 2021–22 influenza season



\* For children aged 8 years who require 2 doses of vaccine, both doses should be administered even if the child turns age 9 years between receipt of dose 1 and dose 2.

From MMWR 70(RR-5), August 27, 2021

- Children in this age group who have not had  $\geq 2$  doses of trivalent or quadrivalent vaccine before July 1, 2021, or whose vaccination history is not known need 2 doses at least 4 weeks apart for 2021-22.
- Previous doses can be from different/non-consecutive seasons.
- 8-year-olds determined to need 2 doses should receive second even if they turn 9 years between dose 1 and dose 2.

[Source: 2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines](#)

# Persons with Egg Allergies

**Influenza Vaccination of People with a History of Egg Allergy**

- Most influenza vaccines, with the exception of recombinant influenza vaccine (RIV4) and cell culture-based influenza vaccine (ccIIV4), are cultured in eggs and might contain trace amounts of egg protein (e.g., ovalbumin).
- People with a history of egg allergy who have experienced only urticaria (hives) after exposure to egg should receive influenza vaccine. Any recommended and age-appropriate influenza vaccine (i.e., any IIV, RIV4, or LAIV4) that is otherwise appropriate for their health status may be used.
- People who report having had reactions to egg involving symptoms other than urticaria (hives), such as angioedema or swelling, respiratory distress, lightheadedness, or recurrent vomiting, or who required epinephrine or another emergency medical intervention, may similarly receive any recommended, and age-appropriate influenza vaccine (i.e., any IIV, RIV4, or LAIV4) that is otherwise appropriate for their age and health status. If a vaccine other than ccIIV4 or RIV4 is used, the selected vaccine should be administered in a medical setting (e.g., clinic, health department, physician office) and supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.
- A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine.
- Regardless of allergy history, all vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available.\*

**Recommendations regarding influenza vaccination of persons who report allergy to eggs – Advisory Committee on Immunization Practices, United States, 2020–21 influenza season**

After eating eggs or egg-containing foods, does the person experience ONLY hives?

YES → Administer any recommended, and age-appropriate IIV, RIV4, or LAIV4 that is otherwise appropriate for the person's health status

NO ↓

After eating eggs or egg-containing foods, does the person experience other symptoms such as

- Angioedema?
- Respiratory distress (e.g., wheezing)?
- Lightheadedness?
- Recurrent emesis (e.g., nausea/vomiting)?
- Reaction requiring epinephrine?
- Reaction requiring emergency medical attention?

YES → Administer any IIV, RIV4, or LAIV4 that is otherwise appropriate for the person's age and health status in a medical setting (e.g., health department, physician office). If a vaccine other than ccIIV4 or RIV4 is used, vaccination should be supervised by a healthcare provider with experience in the recognition and management of severe allergic conditions.

**ABBREVIATIONS**

IIV – Inactivated Influenza Vaccine (Afluria Quadrivalent, Flud, Fludq Quadrivalent, Fluadq Quadrivalent, FluLaval Quadrivalent, Fluzone Quadrivalent)

ccIIV4 – Cell-cultured inactivated influenza vaccine (Flucelex Quadrivalent)


RIV4 – Recombinant Influenza Vaccine (Flublok Quadrivalent)

LAIV4 – Live Attenuated Influenza Vaccine (FluMist Quadrivalent)

**REFERENCES**

\* CDC. Best practices guidance of the Advisory Committee on Immunization Practices Committee (ACIP). Access at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)

Adapted from CDC. "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, . . . Access links to current recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html)

**immunization action coalition**  
  
 Saint Paul, Minnesota • 651-647-9009 • [www.immunize.org](http://www.immunize.org) • [www.vaccineinformation.org](http://www.vaccineinformation.org)  
[www.immunize.org/catg.d/p3094.pdf](http://www.immunize.org/catg.d/p3094.pdf) • Item #P3094 (1/20)

- Most flu vaccines, except Flublok and Flucelex, may contain trace amounts of egg proteins
- Persons with a history of egg allergy who experience only urticaria (hives) after exposure to egg should receive any flu vaccine
- Persons with symptoms other than urticaria (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent vomiting) or who required epinephrine or emergency medical intervention can receive any recommended flu vaccine
  - Vaccine should be administered in inpatient or outpatient medical setting
  - Vaccine administration should be supervised by health care provider who is able to recognize and manage severe allergic reactions.
- No postvaccination observation period is recommended specifically for egg-allergic persons

[www.immunize.org/catg.d/p3094.pdf](http://www.immunize.org/catg.d/p3094.pdf)

## CDC Antiviral Treatment Recommendations—1

- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is:
  - Hospitalized
  - Has severe, complicated, or progressive illness
  - Is at high risk for influenza complications

## People at High Risk for Influenza Complications for Whom Antiviral Treatment is Recommended

- Children <2 years old (although all children <5 years old are considered at high risk for complications, highest risk is for children <2 years old)
- Adults aged 65 years and over
- Pregnant/postpartum women
- Children ≤18 years old receiving long-term aspirin therapy
- American Indians/Alaska Natives
- People with underlying medical conditions (e.g., pulmonary, cardiac, immunosuppression, neurologic and neurodevelopment conditions)
- Residents of nursing homes/chronic care facilities

<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

[Source:2021-2022 Recommendations for Influenza Prevention and Treatment in Children: An Update for Pediatric Providers](#)

## CDC Antiviral Treatment Recommendations—2

- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is:
  - Hospitalized
  - Has severe, complicated, or progressive illness
  - Is at high risk for influenza complications
- Antiviral treatment can be considered for any previously healthy, symptomatic outpatient not at high risk with confirmed or suspected influenza on the basis of clinical judgment, if treatment can be initiated within 48 hours of illness onset
- Clinical benefit is greatest when antiviral treatment is administered early

<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

[Source:2021-2022 Recommendations for Influenza Prevention and Treatment in Children: An Update for Pediatric Providers](#)

## Influenza Antiviral Medications by Route and Age Indication

Drug	Route	Treatment	Chemoprophylaxis
Oseltamivir	Oral	Any age	≥ 3 months
Zanamivir	Inhaled	≥ 7 years	≥ 5 years
Peramivir	Intravenous	≥ 2 years	Not applicable
Baloxavir*	Oral	≥ 12 years	Not applicable

\*Oral baloxavir marboxil is approved by the FDA for treatment of acute uncomplicated influenza within 2 days of illness onset in people 12 years and older. The safety and efficacy of baloxavir for the treatment of influenza have been established in pediatric patients 12 years and older weighing at least 40 kg.

<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Source:2021-2022 Recommendations for Influenza Prevention and Treatment in Children: An Update for Pediatric Providers

## Vaccination of Specific Populations—Pregnant Persons

- Pregnant persons can receive any age-appropriate IIV4 or RIV4.
- LAIV4 not recommended in pregnancy (in general, live vaccines are not recommended for use during pregnancy).
- Vaccination may occur in any trimester.
- Vaccination soon after vaccine is available (July/August) can be considered for pregnant persons in the third trimester, which might provide protection for the infant during the first months of life.

[Source: 2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines](#)



## Additional Resources

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- [2021-2022 Recommendations for Influenza Prevention and Treatment in Children: An Update for Pediatric Practitioners](#)
- [2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines](#)
- [Immunization Action Coalition Ask the Experts Influenza](#)
- [IAC Administering Vaccines](#)
- [CDC Vaccine Administration](#)



FLU HEALTH PROMOTION AND EDUCATION  
BARRY IVERSON

# DOH Flu Campaign for 2021-22

- Execution is underway for a flu vaccination health promotion and education campaign for the 2021-22 season
- Campaign will build upon last year's Knock Out Flu: Think of it as Essential campaign, with a new call to action slogan: **Think of it as Your Best Defense.**



# DOH Flu Campaign for 2021-22

Strategy and messaging to address the following **key areas**:

- **Mobility and socialization**
  - In-person school learning has resumed
  - Holiday gatherings are expected this year
  - Travel has resumed
- **COVID-19 & Flu Vaccine Co-administration**
  - Both COVID-19 and flu vaccines can be received in the same day
    - ◆ Seize upon the convenience of offering both
- **Behavior change**
  - Renewed importance to resume vaccination in those who skipped doses last year

# Partner Toolkit Updated Material

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## Fliers/Posters

8.5" x 11"  
printable PDF  
resource for clinics



## Customizable Social Media

Sample social media messages and graphics for a variety of audiences and ages



## Drop-in blog and articles (Bilingual)

Pre-written articles for high-risk individuals, older adults, schools, uninsured & underinsured adults, health care workers



## Postcard Template

4x6 size  
Customizable for inclusion of logo/affiliation graphics



## Email Guidance

Custom signature blocks  
Sample emails  
Graphics



## Radio/Phone Script

Scripts tied to campaign messaging  
Suitable for on-hold phone messaging for organizations and clinics

[toolkits.knockoutflu.org](https://toolkits.knockoutflu.org)  
[Knock Out Flu | Washington State](#)  
[Coronavirus Response \(COVID-19\)](#)

# Toolkit Walkthrough

Go to  
**Toolkits.KnockOutFlu.org**

Check the User Guide  
for more tips on how to  
use materials.

The screenshot shows the 'Washington State Coronavirus Response (COVID-19)' website. The header includes a search bar and navigation links for Home, Partner Toolkit, What You Need to Know, Information For, and News. The 'Partner Toolkit' section is active, displaying a list of resources on the left sidebar, including 'WA Notify', 'College and University Toolkit', 'What to Do if Exposed', 'COVID-19 is Real', 'Suicide Prevention', 'Knock Out Flu: Think of It as Your Best Defense', 'Infographic Library (Color)', and 'Infographic Library (Black and White)'. The main content area is titled 'Knock Out Flu' and contains the following text: 'Partners are welcome to use the communications materials below to promote the flu vaccine. These materials explain the importance of getting vaccinated, who is most at risk, and how to find a vaccine. Check back regularly for updated material. Audiences: general, older adults (65 and older), people at higher risk for flu complications, school/parents, health care workers. Refer to this [User Guide](#) for an explanation of each toolkit material type and suggestions for how to use them.' Below this, there are sections for 'Posters' (English | Spanish), 'Postcards' (English | Spanish), 'Radio ad scripts/On-hold phone message' (English | Spanish), 'Social media graphics, text, and sample posts' (Social Media Graphics, Text to accompany social media graphics in this toolkit (all languages), English & Spanish social media sample posts), and 'Video ads' (Think of it as Essential (English) | Download, Think of it as Your Best Defense (English) | Download, Think of it as Essential (Spanish) | Download, Think of it as Your Best Defense (Spanish) | Download). The 'Blog posts' section is partially visible at the bottom.

# Posters

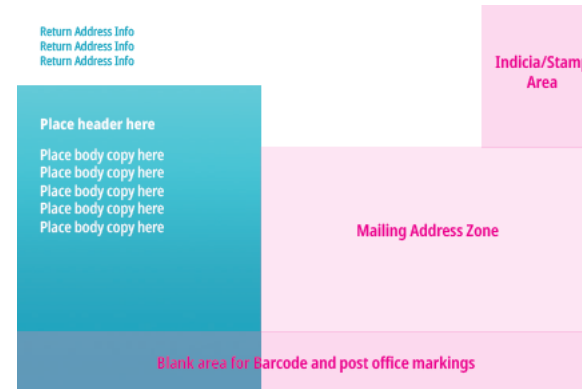
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- Print & post them in your clinic waiting areas or rooms
- There are 2 versions available in each language



# Postcards

- Downloadable ZIP folder contains PDF, InDesign, and font files so you can edit and customize the postcard for your clinic
- 2 English designs & 1 Spanish design





# Radio Script or On-Hold Message

- Can record a radio ad to run in your community
- Use it to record a message that plays while someone is on hold
- 2 script options available in both English & Spanish

Knock Out Flu.  
KnockOutFlu.org

## Radio Script/On-Hold Phone Message | English

### :15 Script | One Important Decision

MUSIC: UPLIFTING PIANO

ANNCR: Think of it as one very important decision.  
... a community effort.  
... a way to protect your loved ones.  
Think of it as... your best defense.  
Get a flu vaccine.  
Visit [knockoutflu.org](http://knockoutflu.org)

### :15 Script | One Less Thing to Worry About

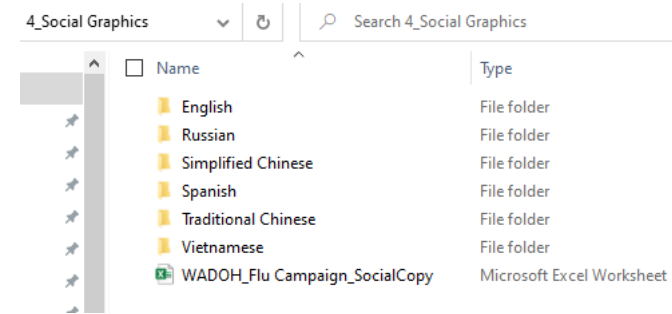
MUSIC: UPLIFTING PIANO

ANNCR: Think of it as one less thing you have to worry about.  
... support for your immune system.  
... a way to protect those around you.  
Think of it as... your best defense.  
Get a flu vaccine.  
Visit [knockoutflu.org](http://knockoutflu.org)

### :30 Script | Combine :15 scripts together

# Social Media Samples

- Social media graphics & text copy in 6 languages
- Additional sample social media messages in English and Spanish
- We welcome you to adapt this content as necessary to fit your needs or specific audiences



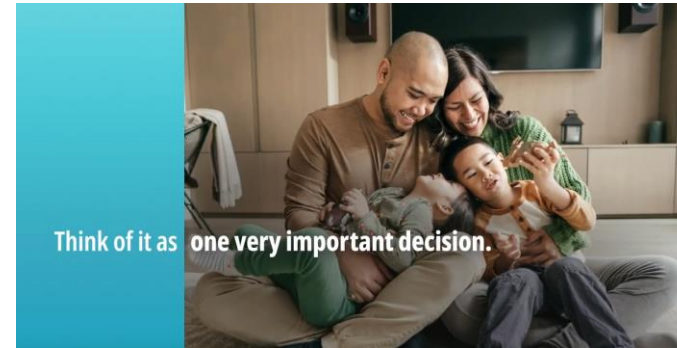
## Sample Social Media Messages | Facebook

English	Spanish
Vaccines save lives. And that's more important than ever. Getting the flu vaccine not only protects you, it helps protect everyone around you. <a href="http://www.knockoutflu.org">www.knockoutflu.org</a> #knockoutflu	Las vacunas salvan vidas. Y eso es más importante ahora que nunca. Vacunarte contra la gripe no solo te protege a ti, sino que ayuda a proteger a todos aquellos que te rodean. <a href="http://www.CombatelaGripe.org">www.CombatelaGripe.org</a> #combatelagripe
Don't forget to get your flu vaccine this year if you're headed back to in-person activities! We can't predict if flu activity will stay low again this year. The vaccine is your best protection. It can keep you from getting sick and spreading the flu to others. <a href="http://www.knockoutflu.org">www.knockoutflu.org</a> #knockoutflu #fightflu	¡No olvides vacunarte contra la gripe este año si regresaras a actividades presenciales! No podemos predecir si este año el contagio de la gripe se mantendrá bajo nuevamente. La vacuna es tu mejor protección. Puede ayudarte a que no te enfermes de la gripe o la contagies a otras personas. <a href="http://www.CombatelaGripe.org">www.CombatelaGripe.org</a> #combatelagripe
Let's #knockoutflu again this year. You can find a flu vaccine near you by calling 1-800-322-2588 (language assistance available). You can even get your COVID-19 and flu vaccines at the same time.	Vamos a #combatelagripe este año. Puedes encontrar una vacuna contra la gripe cerca de ti llamando al 1-800-322-2588 (asistencia lingüística disponible). Incluso puedes recibir tus vacunas contra el COVID-19 y la gripe al mismo tiempo.
Flu is spreading. Getting the flu vaccine is more important than ever and is the best way to protect yourself, your loved ones and your community from the flu. Available now at providers and pharmacies near you. <a href="http://www.knockoutflu.org">www.knockoutflu.org</a> #knockoutflu	La gripe se está propagando. Vacunarte contra la gripe es más importante que nunca. La vacuna no solo te protege a ti, sino también a tus seres queridos y a tu comunidad, y ya está disponible a través de proveedores médicos y farmacias cerca de ti. <a href="http://www.CombatelaGripe.org">www.CombatelaGripe.org</a> #combatelagripe
Is it COVID-19, a cold, or #flu? These illnesses are caused by different viruses. Learn more about the differences here: <a href="https://bit.ly/2EQnWEu">https://bit.ly/2EQnWEu</a> #knockoutflu #fightflu	¿Es un resfriado o una #gripe? Estos son causados por diferentes tipos de virus. Aprende más sobre las diferencias aquí: <a href="https://bit.ly/2R8bhP9S">https://bit.ly/2R8bhP9S</a> #combatelagripe

# Videos

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- 15 second videos in English & Spanish
- Think of It as Essential and Think of It as Your Best Defense themes
- Please note: We have included both online YouTube links and direct downloads so you can upload organically to post on your social media feeds or webpages



# Outreach Templates

- Use the sample blog, newsletter article, and email text for your own outreach to patients
- Feel free to customize them, especially with any instructions or details on your flu clinics
- Newsletter and email templates include content for several different audiences
- Available in English & Spanish



Knock Out Flu.  
KnockOutFlu.org

Drop-In Article Templates

**Contents**

- [General audience](#)
- [Older adults](#)
- [People at higher risk for complications](#)
- [Health care workers](#)
- [Schools](#)

**General Audience**

It's more important than ever to get vaccinated against the flu. The flu vaccine can keep you from getting or spreading the flu to others during the [COVID-19 pandemic](#). It also helps keep our hospitals from being overwhelmed. The Department of Health recommends a yearly flu vaccination for everyone six months and older, including people

# Email Signatures

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- Add a visual reminder to get a flu vaccine to your email signature
- Templates include a graphic and tagline

## **Email Signatures**

**First Name Last Name**

Organization Name

Phone | Email

**Get a flu vaccine >** [KnockOutFlu.org](https://KnockOutFlu.org)

**Vaccines save lives. And that's more important than ever. Getting the flu vaccine not only protects you, it helps to protect everyone around you.**

# Is it COVID-19 (or is it flu?) infographic

- Help patients learn what to watch for to see if they're experiencing common flu, COVID-19, cold or allergy symptoms
- Printable handout
- Available now in 41 languages

WASHINGTON STATE DEPARTMENT OF HEALTH

## Is it COVID-19 or is it the Flu?



COVID-19 symptoms might be confused with the flu, common cold, or even allergies. But COVID-19 and flu can be serious and lead to hospitalization, severe illness, and even death. Thankfully, both are preventable through vaccination. Use this chart to help identify common symptoms of each illness.

- If you have symptoms of COVID-19, contact your health care provider. Visit [www.doh.wa.gov/coronavirus](http://www.doh.wa.gov/coronavirus) for more information about testing, vaccination, and more.
- To learn more about flu, flu vaccine, and flu activity in Washington visit [www.KnockOutFlu.org](http://www.KnockOutFlu.org).

**For medical emergencies, such as difficulty breathing, call 911.**

SYMPTOMS	COVID-19	FLU	COLD	ALLERGIES
Cough	Often	Often	Sometimes	Sometimes
Fever	Often	Often	Rarely	Never
Shortness of breath	Sometimes	Sometimes	Rarely	Rarely
Body aches	Sometimes	Often	Rarely	Never
Headache	Sometimes	Often	Rarely	Sometimes
Fatigue	Sometimes	Often	Sometimes	Sometimes
Sore throat	Sometimes	Sometimes	Sometimes	Sometimes
New loss of taste or smell	Sometimes	Rarely	Rarely	Rarely
Diarrhea	Sometimes	Rarely	Never	Never
Chest pain or pressure	Rarely	Rarely	Sometimes	Never
Runny nose	Rarely	Sometimes	Often	Often
Sneezing	Rarely	Sometimes	Often	Often
Watery eyes	Never	Never	Never	Often



DOH 820-094 September 2021  
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

# Resources & Additional Toolkits

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- For additional content, check out the flu toolkits from other valued partners and trusted organizations

## Other Resources

- [Washington State Department of Health, Flu Information \(KnockOutFlu.org\)](#)
- [Centers for Disease Control and Prevention, Influenza \(Flu\)](#)
- [Centers for Disease Control and Prevention, Seasonal Flu Digital Media Toolkit](#)
- [Centers for Disease Control and Prevention, Promoting Vaccination in the Workplace](#)
- [Centers for Disease Control and Prevention, National Influenza Vaccination Week](#)
- [Immunity Community Washington, Mobile Clinic Guide](#)
- [National Minority Quality Forum and Center for Sustainable Health Care, A Call for Community-Driven Equity in Flu Vaccination communications toolkit](#)
- [Vaccinate Your Family, Flu Toolkit](#)

# Thank You!



Think of it as **your best defense.**

**Get a flu vaccine.**

[KnockOutFlu.org](http://KnockOutFlu.org)



Отнеситесь к этому как к **наилучшей защите.**

**Сделайте прививку от гриппа!**

[KnockOutFlu.org](http://KnockOutFlu.org)



接种 **流感疫苗,**

**捍卫健康必不可少。**

[KnockOutFlu.org](http://KnockOutFlu.org)



Piensa en ello como **tu mejor defensa.**

**Vacúnate contra la gripe.**

[CombateLaGripe.org](http://CombateLaGripe.org)



接種 **流感疫苗,**

**捍衛健康必不可少。**

[KnockOutFlu.org](http://KnockOutFlu.org)



Hãy nghĩ đó là **cách tốt nhất để bảo vệ bản thân.**

**Nên tiêm vắc-xin cúm.**

[KnockOutFlu.org](http://KnockOutFlu.org)



# Obtaining Continuing Education

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- Continuing education is available for nurses, medical assistants, pharmacists and pharmacy techs.
- Expiration date is 10/18/22
- Successful completion of this continuing education activity includes the following:
  - Attending the entire live webinar or watching the webinar recording
  - Completing the evaluation available after the webinar or webinar recording
  - **On the evaluation, please check Yes if you're interested in CEs and please specify which type of CE you wish to obtain**
- **Please note:** CE certificates are NOT generated after evaluation completion—CE certificates will be sent by DOH via email within a few weeks after evaluation completion
- If you have any questions about CEs, contact Trang Kuss at [trang.kuss@doh.wa.gov](mailto:trang.kuss@doh.wa.gov)

Questions?

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