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Influenza Part 2

Seasonal influenza outbreaks typically occur during autumn and winter months, and an increase in influenza cases will potentially occur later this year. Public health and health care organizations can plan for influenza vaccination to ameliorate the expected simultaneous respiratory circulation this year of the viruses causing COVID-19 and influenza.



This article reviews concurrent outbreaks of influenza and COVID-19, public health considerations for influenza vaccination during the COVID-19 pandemic, and guidance relevant during periods with co-circulation of influenza virus and SARS-CoV-2, the agent causing COVID-19.

Concurrent Outbreaks

The level of influenza activity cannot be predicted for any particular season. The 2020-2021 influenza season was unique, in part likely due to the COVID-19 mitigation strategies implemented during most of 2020 and 2021 including wearing masks and limiting social gatherings. As a result, we saw unprecedented low levels of influenza activity.

Due to limited community transmission last season, there is a possibility for early and elevated levels of influenza activity during the 2021-2022 season. Because of this Washington State Department of Health (DOH) continues to strongly recommend influenza vaccination. Influenza vaccines protect individuals and communities from influenza, while also protecting Washington's healthcare and hospital capacities which must be maintained to continue caring for persons affected by the COVID-19 pandemic.



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During the 2021-2022 influenza season it is likely that influenza viruses and SARS-CoV-2 will circulate concurrently in at least some parts of the country. Although influenza and SARS-Co-2 coinfections have been laboratory-demonstrated, clinical experience in this country is limited.

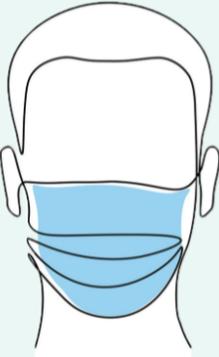
Severe infections requiring healthcare visits or hospitalizations can occur with both viruses. Simultaneous occurrence of COVID-19 and influenza in a region will likely stress the public health, laboratory, and healthcare systems. If coinfections result in more severe illnesses, hospitalizations, ICU admissions, and deaths may all increase.

Public Health Role in Vaccination

Vaccinating the general population with extra emphasis for vaccinating those in known risk groups for influenza is one intervention that can reduce the number of influenza cases. Increasing the levels of influenza vaccination has the potential to decrease medical visits, laboratory work, and hospitalizations for influenza, as well as reducing the likelihood of coinfections.

Providing influenza vaccination may involve additional challenges this year. With telecommuting there may be fewer worksite vaccination clinics. Concern about COVID-19 exposure could discourage some people from going to a healthcare facility or a pharmacy. Fewer outpatient settings may be open as telehealth options have increased, with fewer in-person visits available. Healthcare facilities may experience staffing shortages due to the ongoing COVID-19 pandemic. Other challenges are the impacts of the COVID-19 pandemic on unemployment and income and increased time demands on working parents due to school and child care responsibilities.

Providers may opt for satellite, temporary, or off-site clinic locations for influenza vaccination. Centers for Disease Control and Prevention (CDC) prepared guidance for planning such vaccination clinics (<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>).



Guidance during the COVID-19 pandemic

Planning for a satellite, temporary, or off-site vaccination clinic requires additional considerations during the COVID-19 pandemic, including physical distancing, personal protective equipment (PPE), and enhanced sanitation efforts. These additional considerations are called out in boxes throughout this guidance. However, because COVID-19 guidance is evolving, regularly check [infection control guidance for healthcare professionals about coronavirus \(COVID-19\)](#) for updated information. Consider signing up for the email updates on the website to stay informed of any changes.

Particular clinic issues are physical distancing, personal protective equipment, and environmental cleaning. In any healthcare setting providing patient services, extra precautions will be needed during influenza vaccine administration while COVID-19 is present in the community.

During the current COVID-19 outbreak, reducing influenza's impact is essential. Promoting influenza vaccination can protect the individuals from infection, particularly those at risk for severe illness, and protect the healthcare system from excessive demands.

Guidance for Periods of Influenza and SARS-CoV-2 Co-circulation

Since their symptoms can overlap, the various bacterial and viral causes of respiratory infections may be difficult to distinguish clinically. CDC and DOH have released guidance to help navigate the testing and treatment of patients as well as infection control practices in healthcare settings during periods with simultaneous circulation of the viruses causing influenza and COVID-19 (SARS-CoV-2).

Several acute viral respiratory conditions, including influenza and COVID-19, share some symptoms. Prompt outpatient antiviral treatment may be appropriate for some cases of influenza or COVID-19, so a rapid diagnosis is important for proper patient care. DOH offers a resource, “Is it COVID-19?”, to help differentiate between symptoms of COVID-19, influenza, and other respiratory conditions. This resource has been made available in many languages at <https://coronavirus.wa.gov/partner-toolkit/knock-out-flu>.



CDC also offers a resource explaining the similarities and differences between influenza and COVID-19 illnesses (<https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>). In addition, CDC offers several clinical algorithms to guide the testing, diagnosis, and treatment of acute respiratory illnesses in outpatient and hospital settings when SARS-CoV-2 and influenza viruses are co-circulating in a region: <https://www.cdc.gov/flu/professionals/diagnosis/index.htm>. As another source of information, the National Institutes of Health (NIH) prepared guidance for diagnosis and antiviral treatment of influenza or COVID-19 available at <https://www.covid19treatmentguidelines.nih.gov/special-populations/influenza/>.

Management of simultaneous influenza and COVID-19 outbreaks in long-term care settings will likely be challenging this year. CDC and DOH have released guidances to help facilities navigate the testing, treatment, and management of these two infections during periods when the viruses are co-circulating in communities that are settings for long-term care facilities. CDC’s guidance “Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating” (<https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm>) provides guidance on testing, isolation, infection prevention practices, and cohorting in long-term care settings; treatment of cases should also be considered as appropriate. Similar information is provided in the DOH guidance “Interim Testing Recommendations for Influenza and COVID-19 in Long-term Care” (<https://www.doh.wa.gov/Portals/1/Documents/5100/420-301-Flu-COVID-LTCF-TestRecs.pdf>).

During the ongoing COVID-19 pandemic, reducing the impacts of both SARS-CoV-2 and influenza is an important public health objective to decrease the burden on the healthcare system and to optimize the care of individual cases. Local health jurisdictions should always feel free to call the Department of Health’s Office of Communicable Disease Epidemiology (206-418-5500) to discuss any influenza situation including possible outbreaks.

Resources

DOH Public health and healthcare resources

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/InfluenzaFluInformation>

CDC Vaccination Guidance during a Pandemic

<https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

CDC Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html>

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

https://emergency.cdc.gov/coca/calls/2021/callinfo_090921.asp

DOH Influenza Immunization Partner Toolkit Resources

toolkits.knockoutflu.org

DOH “Is it COVID-19?” Infographic

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/IsItCOVID-19-English.pdf>

CDC Similarities and Differences between Flu and COVID-19

<https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

CDC Testing and treatment of influenza when SARS-CoV-2 and influenza viruses are co-circulating

<https://www.cdc.gov/flu/professionals/diagnosis/index.htm>

CDC Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating

<https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm>

DOH Interim Testing Recommendations for Influenza and COVID-19 in Long-term Care

<https://www.doh.wa.gov/Portals/1/Documents/5100/420-301-Flu-COVID-LTCF-TestRecs.pdf>

NIH COVID-19 Treatment Guidelines: Influenza and COVID-19

<https://www.covid19treatmentguidelines.nih.gov/special-populations/influenza/>