



COLORADO

Department of Public Health & Environment

HEALTH ALERT NETWORK BROADCAST

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FROM: CO-CDPHE

SUBJECT: HAN Advisory - Prepare early for flu season during the COVID-19 pandemic

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians / Coroners

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers

HEALTH ADVISORY | Prepare early for flu season during the COVID-19 pandemic | June 12, 2020

Health care providers: Please distribute widely in your office

Key points

- It is critical to prevent the combined impact of influenza and COVID-19 from overwhelming our health system during the 2020-21 influenza season. Most important is ensuring availability of and access to influenza vaccine.
- Flu vaccine usually becomes available in August, but it is important for health care providers to prepare well in advance to ensure as many people as possible are vaccinated against influenza.
- Early planning efforts are needed this season to address additional complexities associated with vaccine delivery during a pandemic and anticipated increased demand for influenza vaccine.
- CDPHE anticipates having an increased supply of influenza vaccine available to distribute through our Vaccines for Children (VFC) and adult vaccine partners. Health care providers should use every opportunity during the influenza vaccination season to administer influenza vaccines to all eligible people.

Background information

Influenza is a serious respiratory infection that can cause hospitalization or death. Influenza is the most frequent cause of death from a vaccine-preventable disease in the United States. The average number of annual influenza-associated deaths from respiratory and circulatory causes is estimated at 23,000. In addition to fatalities, seasonal influenza is responsible for more than 200,000 hospitalizations per year. Influenza will place additional strain on our healthcare system as the response to COVID-19 continues in the fall of 2020 and into 2021.

The risks of severe complications from influenza are highest in those over 65 years of age, children under 5, pregnant women, and adults with chronic health conditions. The best way to prevent influenza is with the annual influenza vaccine. There is currently no vaccine for COVID-19.

Recommendations / guidance

The Centers for Disease Control and Prevention (CDC) issued “[Interim Guidance for Immunization Services During the COVID-19 Pandemic](#)” to help health care providers in a variety of settings plan for the safe administration of vaccines during the pandemic.

National survey data suggest that a greater proportion of adults plan to receive influenza vaccine in the upcoming season, compared to previous seasons. CDC is pursuing the purchase and distribution of additional pediatric and adult influenza doses in an effort to meet increased demand this fall, especially given the increase in un- and under-insured patients as a result of the COVID-19 pandemic due to rising unemployment rates and the resulting loss of employer-provided health insurance. Health care providers should also plan for increased influenza vaccine uptake among their insured patients.

Health care providers should plan to use every opportunity during the upcoming influenza vaccination season to administer influenza vaccines to all eligible persons, including:

- *Essential workers*: Health care personnel, including nursing home, long-term care facility, and pharmacy staff, and other [critical infrastructure](#) workforce.
- *People at increased risk for severe illness from COVID-19*, including adults age 65 years and older, residents in a nursing home or long-term care facility, and people 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](#).
- *People at high risk for influenza complications*, including infants and young children, children with neurologic conditions, pregnant women, adults age 65 years and older, and other people with certain underlying medical conditions¹

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

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

- Minimize chances for exposures, including:
 - Screening for [symptoms](#) of COVID-19 and contact with people with possible COVID-19 [prior to](#) and upon arrival at the facility and isolating symptomatic patients as soon as possible.
 - Limiting and monitoring points of entry to the facility and installing barriers, such as clear plastic sneeze guards, to limit physical contact with patients at triage.
 - Implementing policies for the use of a [cloth face covering](#) in people over age 2 years (if tolerated).
 - Ensuring adherence to respiratory hygiene, cough etiquette, and [hand hygiene](#).
- Ensuring all staff adhere to the following infection prevention and control procedures:
 - Follow [Standard Precautions](#), which includes 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](#):
 - Moderate to substantial: Health care providers should wear eye protection given the increased likelihood of encountering asymptomatic COVID-19 patients.
 - Minimal to none: Universal eye protection is considered optional, unless otherwise indicated as a part of [Standard Precautions](#).

¹ <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

- Additional considerations for vaccine administration:
 - Intranasal influenza vaccine:
 - Health care providers should wear gloves when administering intranasal influenza vaccines because of the increased likelihood of coming into contact with a patient’s mucous membranes and body fluids. Gloves should be changed between patients in addition to performing hand hygiene.
 - Administration of these vaccines is not considered an [aerosol-generating procedure](#) and thus, the use of an N95 or higher-level respirator is not recommended.
 - Intramuscular influenza vaccines:
 - [If gloves are worn during vaccine administration](#), they should be changed between patients in addition to performing hand hygiene.
- 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 available).
 - Reducing 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.
 - Ensuring 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 post-vaccination monitoring using strategies such as physical barriers, signs, ropes, and floor markings.
 - Using electronic communications as much as possible (e.g., completing needed paperwork online in advance) to minimize time in the office as well as reuse of materials (e.g., clipboards, pens).

Additional considerations for alternative vaccination sites

Guidance has been developed for the administration of 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, or home visits.

The general principles outlined for [health care 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 flow as quickly as possible.
- Limiting the overall number of attendees at any given time, particularly for populations at increased risk for [severe illness from COVID-19](#).
- Setting up a unidirectional site flow with signs, ropes, or other measures to direct site traffic and ensure physical distancing between patients.
- When feasible, arranging a separate vaccination area or separate hours for people at increased risk for severe illness from COVID-19, such as older adults and people with underlying medical conditions.
- 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 post-vaccination monitoring areas (the Advisory Committee on Immunization Practices [recommends that providers consider observing patients for 15 minutes after vaccination](#)).

Regardless of vaccination location, [best practices for storage and handling of vaccines](#) and [vaccine administration](#) should be followed. In addition, administered influenza vaccines should be reported to the Colorado Immunization Information System (CIIS) so that providers have accurate and timely information on their patients’ vaccination status. Health care providers are encouraged to leverage CIIS reminder/recall functionality to perform outreach to patients who remain unvaccinated for influenza.

More information and complete urls

CDC Vaccination Guidance During a Pandemic:

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

CDC COVID-19 Critical Infrastructure Sector Response Planning

<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-infrastructure-sectors.html>

CDC People Who Are at Higher Risk for Severe Illness

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

CDC COVID-19 in Racial and Ethnic Minority Groups

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

CDC People Who Are at High Risk for Flu Complications

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

CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>

CDC Symptoms of Coronavirus

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

CDC Phone Advice Line Tool for possible COVID-19 patients

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html>

CDC Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

CDC Hand Hygiene in Healthcare Settings

<https://www.cdc.gov/handhygiene/index.html>

CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings -Recommendations of the HICPAC

<https://www.cdc.gov/hicpac/recommendations/core-practices.html>

CDC Healthcare Infection Prevention and Control FAQs for COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>

Interim CDC Guidance on Handling Non-COVID-19 Public Health Activities that Require Face-to-Face Interaction with Clients in the Clinic and Field in the Current COVID-19 Pandemic

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-covid-19-client-interaction.html>

CDC General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP)

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>

CDC Guidance for Pharmacists and Pharmacy Technicians in Community Pharmacies during the COVID-19 Response

https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-resources%2Fpharmacies.html

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary or Off-site Locations

<https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf>

CDC Guidelines for Large-Scale Influenza Vaccination Clinic Planning
https://www.cdc.gov/flu/professionals/vaccination/vax_clinic.htm

CDC Guidance for U.S. Healthcare Facilities about Coronavirus (COVID-19)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>

Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Immunization
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf>

CDC Vaccine Storage and Handling Toolkit: <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

CDC Vaccine Administration: <https://www.cdc.gov/vaccines/hcp/admin/admin-protocols.html>

CDPHE Immunization Resources for Health Care Professionals and Local Public Health Agencies
<https://www.colorado.gov/pacific/cdphe/health-care-professionals-and-local-public-health-agencies-immunization-resources>

CIIS Reminder/Recall Training Guide
<https://docs.google.com/presentation/d/197e0Yk0gxmQezglK1ZgmYtCcYdjF931hVqGs-pkbUs/edit?usp=sharing>

CIIS IZ Quick Add Module Tutorial for Mass Vaccination Clinics:
https://docs.google.com/document/d/151J3jOznxzpPs_okh8eYTnssneCTtgjo25tvmQii3Bs/edit?usp=sharing

CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)

CIIS Help Desk: 303-692-2437 x 2