



**WHO Regional Office for Europe
recommendations on influenza vaccination
for the 2020/2021 season during the ongoing
COVID-19 pandemic**

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WHO Regional Office for Europe recommendations on influenza vaccination during the 2020/2021 season

Seasonal influenza epidemics can cause significant illness, hospitalization and death during the autumn and winter months. While influenza infection is usually mild and uncomplicated, it can cause severe disease, particularly among the elderly, persons living in long term care facilities and other vulnerable groups, pregnant women, persons with underlying medical conditions and young children. Influenza symptoms range from fever, cough, body aches and headache, to severe primary viral pneumonia, which can be complicated by bacterial superinfection and exacerbation of underlying chronic conditions. Influenza vaccination is safe and the most effective means of preventing infection and severe outcomes caused by influenza viruses.

INTERIM INFLUENZA VACCINATION RECOMMENDATIONS DURING THE COVID-19 PANDEMIC

Co-circulation of influenza viruses during the ongoing COVID-19 pandemic in the autumn and winter months could have severe consequences for vulnerable populations and place an additional burden on health systems already strained by COVID-19. It will therefore be critical in the upcoming influenza season to implement comprehensive measures that:

- ensure best possible protection against influenza among risk groups that are also at high risk of severe COVID-19 disease including hospitalization and death;
- decrease number of persons requiring medical care as a result of influenza infection to limit pressures on health services
- reduce the potential for SARS-CoV-2 exposure while seeking treatment for influenza or being admitted to hospital for influenza;
- reduce sickness among health workers and other health care providers who are essential to the COVID-19 response.

To ensure optimal control of influenza during the COVID-19 pandemic, especially in countries with limited supplies of seasonal influenza vaccines, the Strategic Advisory Group of Experts (SAGE) on Immunization has proposed the following **interim recommendations** that prioritize target groups for influenza vaccination during the COVID-19 pandemic. *Please read the full recommendations published 21 September 2020 here:* <https://www.who.int/immunization/policy/sage/en/>

Highest priority risk groups

- **Health workers:** Health workers, including care workers, in hospitals, long-term care facilities (e.g., nursing homes, residential facilities, etc.), and the community are recommended as one of the highest priority groups for receipt of influenza vaccines during COVID-19 to minimize: absenteeism due to influenza and disruption to the workforce, spread of influenza from care providers to vulnerable patients, and burden on the broader health system. Where supply of vaccine permits, influenza vaccination should be expanded to all workers in health care settings, including outpatient staff, and support staff (e.g., cleaning

and security staff). If vaccine supply is insufficient for such staff, health workers should be prioritized based on risk of infection among themselves and among those for whom they care¹.

- **Older adults:** Similar to influenza, COVID-19 severity is strongly associated with advanced age, and older adults are at much greater risk of severe disease and death than younger adults. This group is therefore recommended as one of the highest priority groups to receive influenza vaccine during the COVID-19 pandemic. While the 2012 position paper referred to adults over the age of 65 as being at higher risk of severe influenza, where supply permits, national authorities, including national immunization technical advisory groups (NITAGs), should carefully consider prioritizing older adults in long-term care facilities, in day-care hospitals or receiving home-care. Further, expanding this risk group to include adults over 50 years of age who are at higher risk of severe COVID-19 should be considered.

Additional risk groups, in no particular order

- **Pregnant women:** Pregnant women remain the highest priority group for influenza vaccination and, where supplies permit, should be prioritized to receive vaccine. Emerging data on infection with COVID-19 during pregnancy suggest a potential increased risk of severe COVID-19 disease in pregnant women, but data are still very limited and the risk in this specific group will continue to be assessed as new evidence becomes available.
- **Individuals with underlying health conditions:** An additional risk-group, also identified in the 2012 position paper, are individuals with underlying health conditions, such as people living with diabetes, hypertension, HIV/AIDS, asthma and other chronic heart- or lung diseases. Because these populations are likely at a higher risk of COVID-19 severe illness, individuals with underlying health conditions, should continue to be prioritized for influenza vaccination to protect them against influenza and also to minimize their risk of SARS-CoV-2 infection through seeking treatment for influenza, including hospital admissions for influenza, which could further stress the health care system.
- **Children:** Although current data indicate that children, particularly those less than 5 years of age, are not at increased risk of severe COVID-19, children remain a priority group for influenza vaccination because of their risk of severe influenza, particularly those aged 6 months to two years. Countries that have procured specific formulations of influenza vaccines targeted for use in children (e.g., live attenuated influenza vaccines) should continue to administer these.

It is important to note that the suggested prioritizations should be considered along with the risk groups outlined in the WHO position paper published in 2012.² Furthermore, the interim recommendations should not negatively impact existing influenza vaccination programmes and coverage targets.

SAFE DELIVERY OF SEASONAL INFLUENZA VACCINE IN THE COVID-19 PANDEMIC

While it is important that priority groups are vaccinated against influenza before the season begins, it is equally important that influenza vaccination programmes ensure that people can be vaccinated safely without exposure to COVID-19 infection; particularly as the key target groups for influenza vaccination are at higher risk of severe

¹ How to implement seasonal influenza vaccination of health workers: An introduction manual for national immunization programme managers and policy makers. World Health Organization. 2019. Available at: https://www.who.int/immunization/documents/ISBN_9789241515597/en/, accessed 17 September 2020.

² Seasonal influenza vaccine, Weekly Epidemiological Record: 2012 (21); 87, 201–16 (www.who.int/wer/2012/wer8721.pdf), accessed 17 September 2020.

COVID-19 infection. National guidelines for infection prevention and control during vaccination services should be followed to ensure a safe environment for health workers and patients while administering vaccination.

Alternative approaches for delivering influenza vaccines should be considered where feasible, and measures to minimize the risk of COVID-19 transmission during influenza vaccine administration should be identified and implemented. Many solutions can be considered for minimizing potential exposure to COVID-19 during influenza vaccine administration, such as:

- giving timed appointments to reduce crowding during waiting time;
- asking all patients not to enter the facility (vaccination site) until their appointment time;
- recording phone numbers³ to keep in contact about delays that may develop throughout the day;
- provide well-spaced seating (at least 1 metre);
- use of outdoor spaces;
- ensure proper ventilation and a clean environment;
- in areas with community transmission encourage mask use;
- ensure easy access to hand hygiene stations for hand washing and/or for alcohol-based hand rub at entry to site/facility.

It is also recommended to consider alternative ways of delivering vaccine to eligible groups including:

- mobile community vaccination clinic;
- home visit;
- pharmacy delivery;
- combining influenza vaccination with other healthcare appointments;
- drive through vaccination.

To minimize the risk of COVID-19 transmission during vaccine delivery, persons with confirmed or suspected COVID-19 should defer vaccination until symptoms resolve. If a person who is eligible for influenza vaccination is admitted to a health care facility with confirmed or suspected COVID-19, vaccination should be offered upon recovery and prior to discharge.^{4,5}

COMPOSITION OF INFLUENZA VACCINES FOR 2020/2021

Due to the continuous genetic and antigenic changes of influenza viruses, recommendations for the composition of the vaccine is updated by WHO twice a year for the northern and southern hemisphere, respectively. The viruses included in the vaccine are those predicted to be the most common in the forthcoming season. Because the composition of the vaccine is updated regularly, vaccination against influenza is recommended every year before the season begins to provide the best protection.

³ Obtaining contact details will also help facilitate contact tracing in the event of potential exposure to COVID-19 during vaccine delivery

⁴ Guiding principles for immunization activities during the COVID-19 pandemic. World Health Organization. 2020. Available at: https://apps.who.int/iris/bitstream/handle/10665/331590/WHO-2019-nCoV-immunization_services-2020.1-eng.pdf , accessed 18 September 2020

⁵ Immunization in the context of COVID-19 pandemic. Frequently Asked Questions. UNICEF and World Health Organization. 2020. Available at: https://apps.who.int/iris/bitstream/handle/10665/331818/WHO-2019-nCoV-immunization_services-FAQ-2020.1-eng.pdf?sequence=1&isAllowed=y , accessed 18 September 2020

During the upcoming 2020/2021 influenza season, WHO recommends that seasonal influenza vaccines for use in the northern hemisphere contain the viruses listed below.⁶ It should be noted that different viruses were recommended for inclusion in egg-based and cell-or recombinant vaccines, to optimize production for both vaccine types.

Egg-based Vaccines

- an A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/2671/2019 (H3N2)-like virus;
- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus (*quadrivalent vaccines only*).

Cell- or recombinant-based Vaccines

- an A/Hawaii/70/2019 (H1N1)pdm09-like virus;
- an A/Hong Kong/45/2019 (H3N2)-like virus;
- a B/Washington/02/2019 (B/Victoria lineage)-like virus; and
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus (*quadrivalent vaccines only*).

WHO will continue to monitor influenza virus circulation globally and will provide updated recommendations as needed. It is essential that surveillance for influenza is maintained despite the ongoing COVID-19 pandemic and that viruses are shared with WHO in order to inform the composition of influenza vaccines for the next influenza season, and to detect changes in seasonal influenza viruses and emergence of viruses with pandemic potential.

Additional information

Information sheets on reaction rates of seasonal influenza vaccines (available in English and Russian)

http://www.who.int/vaccine_safety/initiative/tools/vaccinfosheets/en/

⁶ Recommended composition of influenza virus vaccines for use in the 2020/2021 northern hemisphere influenza season. World Health Organization. 2020. Available at: https://www.who.int/influenza/vaccines/virus/recommendations/2020-21_north/en/, accessed 18 September 2020

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