



Health Update for SF Providers: Seasonal Influenza Vaccination 2023–24

September 8, 2023

Situational Update

Based on [data from the southern hemisphere](#) during their most recent winter, the upcoming 2023–24 influenza season in the USA is most likely to resemble typical pre-COVID-19 flu seasons, with significant numbers of infections, outpatient visits, and hospitalizations for flu.

Influenza vaccination reduces the overall burden of respiratory illness, protects vulnerable populations at risk for severe illness, and helps maintain essential healthcare infrastructure, all of which continues to be of critical importance when influenza, SARS-CoV-2, and RSV respiratory viruses are circulating. Achieving high rates of influenza vaccination also means fewer patients with respiratory symptoms from influenza which can be confused with symptomatic SARS-CoV-2 or RSV infection.

Recommendations:

- 1. Vaccinate patients who are due or overdue for routine immunizations.** Identify and recall those who are due or overdue for vaccines and offer regular and catch-up immunizations during all visits, where clinically appropriate.
- 2. Review flu vaccination recommendations for the 2023–24 season**
 - [Full CDC flu vaccination recommendations for the 2023–24 season](#).
 - CDC [web summary](#) and [4-page PDF summary](#) of recommendations.
 - [CDPH flu vaccine products poster](#) offers a graphic view of this year's vaccine line-up.
 - Persons aged ≥ 65 years should preferentially receive any one of the following vaccine formulations that has shown higher effectiveness in older adults:
 - Recombinant flu vaccine (Flublok; RIV4), or
 - High-dose flu vaccine (Fluzone Hi-Dose; HD-IIIIV4), or
 - Adjuvanted flu vaccine (Fluad; aalV4)

However, if none of these three vaccines is available, then any standard inactivated flu vaccine may be used in persons aged ≥ 65 years.

- Except for Live Attenuated Influenza Vaccine (LAIV; FluMist), influenza vaccines can be administered without regard to timing of other vaccines, including simultaneously. If



vaccines are given at the same visit, each injection should be administered either in the same muscle separated by at least 1 inch, or in different limbs.

- Guidance for co-administration of influenza vaccine and Fall 2023 monovalent COVID vaccine is pending; check updated [COVID-19 vaccination guidance](#).
- CDC found [very low observed rates of severe reactions to flu vaccine in egg-allergic patients](#) and simplified its recommendations for 2023–24. CDC now recommends:
 - Persons reporting egg allergy may receive either egg-based or non-egg-based influenza vaccines, regardless of reported severity of reaction to eggs; and
 - No special precautions are needed for flu vaccination of egg-allergic patients, beyond those recommended for any recipient of any vaccine – i.e., all vaccines should be administered in settings where personnel and equipment are available for rapid recognition and treatment of acute hypersensitivity reactions.
- Children aged 6–35 months and knowingly pregnant women should receive preservative-free vaccine from a single-dose vial or prefilled syringe (CA health & safety code §124172).
- Children aged 6 months–8 years who previously received 0–1 lifetime doses of influenza vaccine should receive 2 doses of the 2023–24 formulation, given at least 4 weeks apart. Otherwise just 1 dose of 2023–24 flu vaccine is needed.

3. Develop a plan to administer 2023–24 flu vaccine to all your eligible patients.

- Annual influenza vaccination is recommended for everyone aged ≥ 6 months, using any vaccine appropriate for the patient's age and health status, and for which the patient has no contraindications.
- Offer seasonal flu vaccine at routine, catch-up vaccination, and back-to-school visits. Flu vaccine promotional materials are available from the [Immunization Action Coalition](#) and the [California Vaccines for Children Program](#).
- If patients need to be prioritized for vaccination, CDC recommends prioritizing those at higher risk for influenza complications, including: children aged 6–59 months, adults aged ≥ 50 years; those with chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders, those who are immunocompromised due to any cause, pregnant women, children receiving chronic aspirin therapy, residents of nursing homes and other long-term care facilities, American Indians or Alaska Natives; and persons with extreme obesity. In addition, CDC recommends prioritizing caregivers and contacts of those at risk, including health care personnel, household contacts and caregivers of (a) young children, (b) older adults, and (c) persons with higher risk for influenza complications.



4. Ensure all your health care personnel (HCP) receive annual flu vaccination.

- Annual flu vaccination of HCP reduces absenteeism during periods when healthcare facilities are most burdened with caring for influenza patients. It also reduces likelihood of HCP transmitting influenza to patients and helps protect those with the highest vulnerability to influenza complications. These efforts – while always important – are essential when influenza, SARS-CoV-2, and RSV circulate simultaneously.
- HCP include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and other persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing and volunteers) not directly involved in patient care but who can become infected or transmit influenza infection in a healthcare setting.
- California law (H&S Code §1288.7/Cal OSHA §5199) mandates either flu vaccination or a signed declination form for all acute-care hospital workers and most other HCP at skilled nursing facilities, long-term care facilities, and clinic and office-based staff.
- Per [SF Health Officer Order on Mandatory Flu Vaccination for Healthcare Workers](#), all hospitals, skilled nursing, and other long-term care facilities in San Francisco must ensure their HCP receive an annual flu vaccination by October 31 or decline in writing. Regardless of vaccination status, HCP must also wear a well-fitting face mask at work when required by COVID-19 health orders and directives.
 - For healthcare settings not specifically covered by the order (e.g., clinics, medical offices, emergency medical services providers, home health providers, pharmacies, and dialysis centers), SFDPH strongly recommends implementation of a similar mandatory flu vaccination policy for HCP.

Additional Resources: SFDPH <https://www.sfdcp.org/fluproviders>; CDPH [Influenza \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Influenza)

Program Contact Information:

Communicable Disease Prevention Unit

Disease Prevention and Control Branch, Population Health Division

Tel: (415) 554-2955 | Email: immunization@sfdph.org

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