

Table 1. Summary of changes in the influenza immunisation recommendation during the COVID-19 era.

References	Country	Expansion in influenza immunisation target groups in COVID-19 era	Increasing or planning to increase influenza vaccine purchase/coverage	Extra precautions and enhanced infection control measures in immunisation service settings	Others
See links below for each country	Australia	<p>1. Aged care settings: everyone entering a residential aged care service (staff, visitors, health practitioners, volunteers and others) need to be vaccinated. Australian Government subsidised residential aged care providers need to provide free influenza vaccinations to staff and volunteers.</p> <p>2. Healthcare workers are prioritised.</p> <p>3. People older than 65 years: more doses have been delivered than previous seasons.</p>	<p>1. The number of vaccine doses distributed increased by about 35% compared to the 2019 season.</p> <p>2. More investment has been made to provide free influenza vaccines to people who are at risk of complications from influenza through the national immunization programme.</p> <p>3. Influenza coverage in the 2020 season is expected to be higher than the 2019 season as the number of vaccine doses that have been administered increased by 60% compared to the 2019 season, and the vaccination continues to be offered.</p>	<p>Generally, immunisation providers and vaccinee/carers are required to comply with measures before, during, and after the immunisation process to control transmission of COVID-19, such as:</p> <ol style="list-style-type: none"> <li>Maintaining physical distancing, by including additional administrative processes (e.g. pre-booking immunisation services, separate staff administering vaccinations, monitoring of queueing), by including additional environmental measures (e.g. clinic set up, display of signage, dedicated areas/rooms), and by including alternate models of providing service (e.g. outdoor areas for vaccination).</li> <li>Implementing standard infection control precautions for all staff and patients. For example, PPE should be made available for appropriate use in immunisation service settings (non-inpatient settings). Frequently implementing environment cleaning procedures for administration, clinical and patient areas (and between patient encounters).</li> <li>Screening of all attendees for suggestive symptoms of COVID-19 and assessment of those who have a possible exposure history (e.g., travel and contacts with a COVID-19 patient)</li> <li>Staff must not attend work if they are unwell.</li> </ol>	<ol style="list-style-type: none"> <li>Implementing strategies to facilitate follow-up of patients requiring catch-up vaccination to avoid missing doses during the COVID-19 pandemic.</li> <li>Fever post vaccination should not be assumed to be due to receipt of an influenza vaccine, and should be clinically assessed and tested for COVID-19 according to the clinical guidance at the time.</li> <li>Staff and all visitors (including volunteers and tradesmen) entering the residential care facilities will need to have current flu vaccination and provide appropriate evidence of the same.</li> </ol>

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				5. Drive in immunisation clinics not routinely recommended due to safety concerns for AFE. However, provide clear guidance on location (parking area close to GP surgery), environment (clear signage, multiple parking bays free), clothing (loose fitting clothes to expose upper arm), monitoring post-vaccination (15 minutes).	
	New Zealand	No change in the target groups, but influenza immunisation is prioritised to certain groups (details in next column)	Planning to increase coverage in several groups: 1. 75% for the population aged 65 years or older (about 63% were vaccinated by early May 2020); 2. People under 65 years with certain medical conditions and pregnant women; 3. Healthcare workers (at least 80% coverage).	The Ministry is working towards expanding access to influenza immunisation through other settings in addition to general practice and pharmacy, such as District Health Board staff health clinics and occupational health providers.	1. Parents/guardians whose children are recommended to receive influenza vaccine should be advised of the possible increase in risk of fever following concurrent administration of vaccines. Such events should be reported by healthcare professionals/vaccinators. No further instructions are identified. 2. Influenza immunisation programme began earlier than usual for healthcare and other frontline workers (including emergency services, social services, police, defence, and border control) and those at greatest risk of influenza. The timeframe of influenza immunisation will be expanded.

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	England, UK	<p>1. All frontline health and social care workers will be urged to get their free vaccine, including frontline health and care workers in residential care and nursing homes, domiciliary care providers and the voluntary managed hospice sector (63-70% of frontline HCWs received the influenza vaccine in 2016 to 2019 season).</p> <p>2. Influenza vaccination will be expanded to provide free vaccines the following groups:</p> <p>(1) people aged 50 to 64 years;</p> <p>(2) People who are on the shielded patient list and members of their household;</p> <p>(3) children in secondary schools year 7.</p>	<p>The most recent government press release reveals that influenza immunisation programme will be expanded, and more investment will be made.</p> <p>Some specific measures are considered to improve vaccination:</p> <p>1. A proactive call and recall system to encourage influenza vaccination by contacting all at risk patients using various methods (e.g., letter, email, phone call, text or social media and during face to face interactions).</p> <p>2. Continuing the school age influenza vaccination programme, and efforts have to be made by providers to actively invite 100% of eligible children.</p>	<p>No specific measures detailed yet, but some challenges in the coming season are anticipated:</p> <p>1. COVID-19 may increase demand for flu vaccination in all groups this year;</p> <p>2. vaccinee may be concerned about maintaining social distancing when being given the vaccine;</p> <p>3. providers should aim to schedule their immunisation services to match vaccine supply.</p>	

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	Norway	<p>1. All personnel in health services with regular patient contact should be offered free vaccine in the workplace.</p> <p>2. An adjuvant vaccine (Fluad) will be used to target residents older than 65 years in institutional care (nursing home and care home), and people on the waiting list for these facilities, and those older than 80 years receiving home care.</p>	More influenza vaccines have been ordered (0.4 million more doses than last year).	<p>1. Planning for more alternative vaccination sites;</p> <p>2. Planning for implementing infection control measures, including good access to hand washing/hand disinfection and possibly infection control equipment;</p> <p>3. Advice on infection control is available for different health institutions (such as GP and emergence department, nursing home, home care services).</p>	
	Germany	People >60 years (same as recommendation for previous seasons)	NA	<p>1. Setting up separate vaccination consultation hours, and organising vaccination appointments;</p> <p>2. Those who have cold symptoms may have to be postponed.</p> <p>3. Administering more than two vaccinations at one appointment.</p>	Should check missed immunisations

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	Greece	NA	NA	<ol style="list-style-type: none"> <li>1. Schedule immunisation services to reduce crowding in the waiting areas;</li> <li>2. Only one parent/carer should be allowed;</li> <li>3. Using face mask and hand hygiene;</li> <li>4. for people who are self-isolated at home or receiving care due to COVID-19 in hospitals, vaccination is recommended to be administered 14 days after the disappearance of symptoms</li> </ol>	
	South Africa	<ol style="list-style-type: none"> <li>1. Influenza vaccination for all healthcare workers mandatory and top priority for influenza vaccination campaign in 2020.</li> <li>2. people with hypertension, who were not included into the priority groups according to the 2018 recommendation, are included in 2020</li> </ol>	Influenza vaccination is highly recommended in the COVID-19 era.	In general, immunization visits should continue uninterrupted in the COVID-19 era. Measures should be implemented to minimise the contact between individuals, such as scheduled appointments, social distancing, hand hygiene and cloth masks.	Hospitals should thoroughly check missed immunisations among children.
	Netherlands	<ol style="list-style-type: none"> <li>1. Target age and risk groups same as previous years</li> <li>2. Considerations for expanding the target groups limited by inability to procure substantial additional doses of vaccine</li> </ol>		<ol style="list-style-type: none"> <li>1. Vaccination at own practice or close by recommended.</li> <li>2. Social distancing and one-way systems at clinic reception</li> <li>3. Discourage use of large-scale or drive through vaccination street due to concerns regarding accessibility, cold chain, and need to exit the car to uncover upper arm for vaccination.</li> </ol>	

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				<p>4. Recommend combining influenza and pneumococcal vaccine (where required) in same setting to limit contact with healthcare providers.</p> <p>5. Vaccination only when individual is free of COVID-19 symptoms.</p>	
	Canada	<p>1. Target age and risk groups same as previous years namely all pregnant women, adults and children with chronic health conditions, adults &gt;65y, children 6-59 months, indigenous peoples, residents of nursing homes and other chronic care facilities, health care workers and other care providers in facilities and community settings, Contacts (both adults and children) of individuals at high-risk irrespective of whether the individual at high risk has been vaccinated.</p> <p>2. Recommend LAIV as an option in 2-17y old with stable HAIV infection on HAART with adequate immune function.</p>		<p>1. Vaccination only when individual is free of COVID-19 symptoms.</p> <p>2. Combine vaccination with medical visit if already scheduled and where additional vaccines are required (e.g. pneumococcal) offer in same visit so as to reduce health care encounters.</p>	Looking at experience of Australia to adopt outdoor and drive through vaccine clinics.

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	Latin American Countries (LATAM) [Peru, Uruguay, Ecuador, Chile]	<p>1. No change in target groups but have assigned specific dates /appointments for specific age groups and prioritised at-risk population</p> <p>2. Costa Rica prioritized at risk-groups and assigned vaccination dates by last name, with &gt;65y having priority from 7:30 to 10:00 am.</p> <p>3. Argentina prioritised health care workers and adults &gt;65y.</p>	<p>1. In Chile over 98% coverage (translating to 7 million additional doses (compared to 2019-20)).</p> <p>2. Argentina recommends that the time for termination of influenza vaccination campaign be decided on the prevailing epidemiological situation.</p>	<p>1. Vaccination only when individual is free of COVID-19 symptoms.</p>	

Links to sources:

Australia:

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<https://www.gov.uk/government/news/most-comprehensive-flu-programme-in-uk-history-will-be-rolled-out-this-winter>

Norway:

<https://www.fhi.no/sv/influenza/influensavaksine/influensavaksinering-hosten-2020/>

<https://www.fhi.no/en/op/vaccination-guidance/vaccines-offered-in-norway/influensavaksinasjon/#who-is-the-influenza-vaccine-recommended-for>

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(In German)

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Argentina

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Chile

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PAHO

WHO