

# Summary: National influenza immunization strategies in the COVID-19 era

Date: 29 July 2020 Version: UNCOVER-022-01



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There is a substantial burden on healthcare services during winter months due to increased hospitalisations of respiratory conditions which is primarily driven by the activity of the circulating seasonal influenza viruses. Hitherto the uptake of seasonal influenza vaccine in the at-risk groups has been limited. For 2020-21 winter season, there are concerns that the transmission of SARS CoV-2 would likely increase in the autumn / winter and will result in another peak in COVID-19 hospitalisations leading to excessive pressure on hospital beds and ICUs. This would be exacerbated if there is concurrent transmission of influenza and SARS CoV-2. This scenario can be partially mitigated if influenza transmission can be reduced in 2020-21 winter by optimal use of the influenza vaccine in the high-risk groups (many of which overlap with high risk groups for COVID-19).

#### The key questions are:

- 1. What are the current national / regional recommendations for influenza immunization in the context of COVID-19? Specifically, are there any changes in risk-groups or any novel strategies to ensure higher coverage?
- 2. What are the early findings from the 2020-21 influenza season in the Southern Hemisphere?

## **Summary answer:**

Globally there is generic guidance on immunization during COVID-19 pandemic by WHO (although not specific to influenza) which have been adapted by Regional Offices and countries. Specifically, for influenza guidance has only been developed the WHO Regional Office for Americas [PAHO]. At the European level, ECDC have not yet finalised recommendations for influenza vaccination for 2020-21. PAHO recommends that immunization for vaccine preventable diseases continue if the capacity of the healthcare system is intact or if only limited service provision is available. They recommend that in the aforementioned scenarios, influenza vaccination should be prioritized. They also recommend that vaccination of health personnel, older adults, people with chronic diseases and pregnant women should be prioritized for influenza vaccine. They also note that a personalized communication strategy must be implemented to disseminate precise health information, address concerns from the community, improve community ties and promote continued use of immunization services. They also recommend that persons with symptoms of COVID-19 symptoms should postpone vaccination until symptoms resolve. Additionally, they recommend that vaccination clinics adopt hygiene and social distancing measures to limit the spread of COVID-19 and establish exclusive vaccination sessions for older people and those with pre-existing medical conditions. Most countries have adopted these recommendations with minor variations at national level (see Table 1). The WHO recommend that all residents, staff, employees and others users in long term care facilities be vaccinated annually against seasonal influenza. Australia has made it mandatory for all staff and visitors to long term care facilities to be vaccinated against influenza. Australia has also adopted novel immunization strategies like outdoor and drive through vaccination clinics. The Netherlands have recommended outdoor vaccination clinics but decided against drive-through clinics and Canada will decide after looking at experience from Australia. England has recommended expanding the target group to additionally include all adults 50-64 years of age. This will require a substantially higher number of doses of influenza vaccine.

Most Southern Hemisphere countries have increased their vaccination coverage substantially (e.g. Chile, Australia). Australia procured additional doses of flu vaccine and some countries in Europe have considered this although availability of substantially higher number doses of vaccine (compared

to previous years) is a limiting factor. There has been very little influenza activity in temperate countries in Southern Hemisphere (see WHO update). This may be largely due to increased hygiene, social distancing including regional / local "lockdowns" to limit transmission of SARS CoV-2 and international travel restrictions (limiting entry of both SARS CoV-2 and new influenza virus strains). Recent increase in social liberty in Australia has not yet led to an observed increase in influenza like illness. Data from a recent literature review of 300 patients included in 22 articles including case reports and case series indicate influenza-A was the most common pathogen identified in COVID-19 patients (Barrera-Lopez et al). However, these limited data do not indicate if the cases with co-infections were more severe or had a poorer prognosis.

## **Summary of methods:**

We searched databases of national and international public health agencies (focusing on Europe, North and South America, Australia, New Zealand, South Africa and Europe) and contacted key influenza immunization focal points / experts in respective countries and organizations including WHO and ECDC.

#### **Conclusions:**

- Currently there are no recommendations for influenza vaccination for 2020-21 at European level
- PAHO recommends that in the context of COVID-19, influenza vaccination should be prioritized and recommend offering the vaccine to health personnel, older adults, people with chronic diseases and pregnant women on priority
- WHO recommend that all residents, staff, employees and others users in long term care facilities be vaccinated annually against seasonal influenza
- Australia has made it mandatory for all staff and visitors to long term care facilities to be vaccinated against influenza.
- Australia procured additional doses of flu vaccine and have also adopted novel immunization strategies like outdoor and drive through vaccination clinics.
- Countries in Europe note that there may only be limited availability of substantially higher number doses of vaccine (compared to previous years).
- There has been very little influenza activity in temperate countries in Southern Hemisphere. These data should be viewed with caution.

Link to full review and any relevant updates: https://edin.ac/34ADcju

Date completed: 29 July 2020

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**Funding**: The UNCOVER network is a Data-Driven Innovation and Wellcome Trust's Institutional Strategic Support Fund (ISSF3) supported project.

**Conflicts of interest**: Prof Harish Nair and Prof Harry Campbell are members of the Influenza Burden Expert Group for the WHO. All other authors declare no conflicts of interest in relation to this work.

# **Key references:**

PAHO. The Immunization Program in the context of the COVID-19 pandemic. Version 2 (24 April 2020). <a href="https://www.paho.org/en/documents/immunization-program-context-covid-19-pandemic-version-2-24-april-2020">https://www.paho.org/en/documents/immunization-program-context-covid-19-pandemic-version-2-24-april-2020</a>

WHO. Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19. Interim guidance. 21 March 2020

WHO Western Pacific Region. Guidance on COVID-19 for the care of older people and people living in long-term care facilities, other non-acute care facilities and home care. 23 March 2020. WHO. Influenza update-372.

https://www.who.int/influenza/surveillance monitoring/updates/latest update GIP surveillance/en/

Barrera-Lopez P et al. Co-infection of other respiratory pathogens and HIV in COVID-19 patients: is there a pattern? J Med Vir (in press). doi: 10.1002/jmv.26331