



**WHO Regional Office for Europe
recommendations on influenza
vaccination for the 2021/2022 season
during the ongoing
COVID-19 pandemic**

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WHO Regional Office for Europe recommendations on influenza vaccination during the 2021/2022 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 viruses¹.

INTERIM INFLUENZA VACCINATION RECOMMENDATIONS DURING THE COVID-19 PANDEMIC

Co-circulation of influenza viruses during the ongoing COVID-19 pandemic in the forthcoming autumn and winter months could have severe consequences for vulnerable populations and place an additional burden on health systems already strained by COVID-19. Although, circulation of influenza viruses has remained at very low levels since the emergence of SARS-CoV-2 more than 1.5 years ago, relaxation of public health and social measures together with increased travel means that higher levels of transmission in the upcoming autumn and winter season cannot be ruled out. It is therefore 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 or vaccination 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, WHO issued interim guidance² in which it was recommended that health workers and older adults are prioritized for seasonal influenza vaccination in settings where influenza vaccines are in limited supply for the following reasons:

¹Influenza Vaccine Information sheet, 13 July 2012. Geneva: World Health Organization; 2012 (<https://www.who.int/publications/m/item/influenza-vaccine-rates-information-sheet>, accessed on 27 October 2021).

²SAGE interim recommendation on influenza vaccination during the COVID-19 pandemic, 21 September 2020. Geneva: World Health Organization; 2020 (https://www.who.int/immunization/policy/position_papers/Interim_SAGE_influenza_vaccination_recommendations.pdf, accessed on 27 October 2021).

- **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 care³.
- **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.

It is important to note that the proposed prioritizations should be considered along with other risk groups: Pregnant women, individuals with underlying health conditions and children under 5 years as outlined in the 2012 WHO position paper on influenza vaccines.⁴ Furthermore, the interim recommendations should not negatively impact existing influenza vaccination programmes and coverage targets.

COADMINISTRATION OF INFLUENZA AND COVID-19 VACCINES

On 21 October 2021, WHO published new recommendations on coadministration of influenza and covid-19 vaccines⁵. Recent research^{6,7} suggests that coadministration of COVID-19 vaccines (ChAdOx1-S, Pfizer/BioNTech, BNT162b2, or NVX-CoV2373) with certain seasonal influenza vaccines is acceptable in terms of immunogenicity and reactogenicity given the known risk of serious illness for adults infected with influenza virus or SARS-CoV-2.

³ How to implement seasonal influenza vaccination of health workers: An introduction manual for national immunization programme managers and policy makers. Geneva: World Health Organization; 2019 (https://www.who.int/immunization/documents/ISBN_9789241515597/en/, accessed 20 October 2021).

⁴ Seasonal influenza vaccine, Weekly Epidemiological Record: 2012 (21); 87, 201–16 (www.who.int/wer/2012/wer8721.pdf, accessed 17 September 2020).

⁵ Coadministration of seasonal inactivated influenza and COVID-19 vaccines Interim guidance 21 October 2021. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/346897>, accessed 25 October 2021).

⁶ Lazarus R, Baos S, Cappel-Porter H, Carson-Stevens A, Clout M, Culliford L et al. The safety and immunogenicity of concomitant administration of COVID-19 vaccines (ChAdOx1 or BNT162b2) with seasonal influenza vaccines in adults: a phase IV, multicentre randomised controlled trial with blinding (ComFluCOV). (<https://ssrn.com/abstract=3931758>, accessed 25 October 2021).

⁷ Toback S, Galiza E, Cosgrove C, Galloway J, Goodman AL, Swift PA et al. Safety, immunogenicity, and efficacy of a COVID-19 vaccine (NVX-CoV2373) co-administered with seasonal influenza vaccines. medRxiv. 2021:2021.06.09.21258556. doi: 10.1101/2021.06.09.21258556.

With the 2021/2022 influenza season in the northern hemisphere approaching, the potential co-circulation of COVID-19 and influenza could place additional stress on health systems. It is therefore important to implement a robust influenza vaccination programme in addition to ongoing COVID-19 vaccination campaigns. Administration of both vaccines during the same visit would reduce the number of health care visits needed, provide timely protection against both diseases, and facilitate implementation of both vaccine programmes which could help reduce the overall burden on health services.

WHO recommends using the contralateral limb for injection, when the two vaccines are administered during the same visit. Continued pharmacovigilance monitoring of coadministration of the two vaccines is recommended.

SAFE DELIVERY OF INFLUENZA VACCINES 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 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 numbers⁸ 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;

⁸ Obtaining contact details will also help facilitate contact tracing in the event of potential exposure to COVID-19 during vaccine delivery

- drive through vaccination.

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.^{9,10}

COMPOSITION OF INFLUENZA VACCINES FOR 2021/2022

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.

During the upcoming 2021/2022 influenza season, WHO recommends that seasonal influenza vaccines for use in the northern hemisphere contain the viruses listed below.¹¹ It should be noted different A(H1N1) 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/Victoria/2570/2019 (H1N1)pdm09-like virus;
- an A/Cambodia/e0826360/2020 (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/Wisconsin/588/2019 (H1N1)pdm09-like virus;
- an A/Cambodia/e0826360/2020 (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 closely monitors 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.

⁹ Immunization as an essential health service: guiding principles for immunization activities during the COVID-19 pandemic and other times of severe disruption. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/immunization-as-an-essential-health-service-guiding-principles-for-immunization-activities-during-the-covid-19-pandemic-and-other-times-of-severe-disruption>, accessed 20 October 2021).

¹⁰ Immunization in the context of COVID-19 pandemic. Frequently Asked Questions. UNICEF and World Health Organization; 2020(https://apps.who.int/iris/bitstream/handle/10665/331818/WHO-2019-nCoV-immunization_services-FAQ-2020.1-eng.pdf?sequence=1&isAllowed=y, accessed 20 October 2021).

¹¹ Recommended composition of influenza virus vaccines for use in the 2021/2022 northern hemisphere influenza season. Geneva: World Health Organization;2021(<https://www.who.int/publications/i/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2021-2022-northern-hemisphere-influenza-season>, accessed 06 September 2021).

The WHO Regional Office for Europe

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