



Long-Term Care Regulatory Provider Letter

Number: PL 20-50

Title: Influenza (Flu) Vaccine Guidance During COVID-19

Provider Types: Assisted Living Facility (ALF); Home and Community-based Services (HCS) Residences; Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF); and Nursing Facility (NF)

Date Issued: November 17, 2020

1.0 Subject and Purpose

This letter provides a brief overview of the Adult Influenza Vaccine Initiative and guidance on the administration of the influenza vaccine to residents and staff with and without COVID-19. This document also informs facilities when an individual should receive the influenza vaccine, even if the facility is not the vaccine administrator.

2.0 Policy Details & Provider Responsibilities

2.1 The Adult Influenza Vaccine Initiative

DSHS is providing a one-time-only allocation of adult influenza vaccine doses through the [Adult Influenza Vaccine Initiative](#) to target high risk populations disproportionately affected by or at risk for COVID-19. These populations include residents and staff of long-term care facilities, who are also at risk for contracting the influenza virus. This initiative includes training and education provided to staff and access to an automated vaccine ordering and reporting system, all at no additional cost to providers.

Providers enrolled in this initiative must register and report doses administered in the Texas Immunization Registry (ImmTrac2).

Provider enrollment process:

1. Complete enrollment and obtain your ImmTrac2 Organization Code.
2. Complete Module 10 of the CDC "You Call the Shots" Training.
3. Complete the Adult Influenza Vaccine Initiative Provider Agreement form.
4. Agree to screen for patient eligibility and maintain screening records.
5. Agree to maintain vaccine safety and inventory.

2.2 Vaccination of Persons with Confirmed or Suspected COVID-19

In general, the annual influenza vaccination should be deferred for persons with suspected or confirmed COVID-19 until the criteria for the [discontinuation of transmission-based precautions](#) have been met. While mild illness is not a contraindication to vaccination, vaccination visits for those who have not met all criteria to discontinue isolation should be postponed in order to avoid potentially exposing healthcare personnel and others to the virus that causes COVID-19.

There are additional considerations when administering the influenza vaccine to residents in long-term care facilities. In the long-term care setting, healthcare personnel are already entering residents' rooms to provide care and administering the influenza vaccine should not result in additional exposures. According to [CDC's Pandemic Guidance for Vaccines](#):

- Symptomatic residents with confirmed COVID-19: Consider deferring vaccination until at least 10 days have passed since symptoms' onset, **and** at least 24 hours have passed since resolution of fever without the use of fever-reducing medications, **and** other symptoms have improved.
- Residents with asymptomatic or pre-symptomatic confirmed COVID-19 AND residents who have had [close contact](#) with a person with COVID-19 in the past 14 days may be vaccinated. If there are concerns that post-vaccination symptoms may be mistaken for COVID-19 symptoms and cause diagnostic confusion, consider deferring vaccination until quarantine or isolation has ended.

Follow [CDC Infection Prevention and Control Guidance](#) to prevent the spread of COVID-19 in health care settings during vaccine administration procedures.

2.3 Vaccination of persons without COVID-19 and persons with no known exposure to COVID-19

Routine annual influenza vaccination is recommended for all persons at least 6 months or older who consent to receiving the vaccine and who do not have contraindications. Follow normal vaccination requirements and procedures for staff and residents without COVID-19.

2.4 People who SHOULD NOT get the flu vaccine

People with severe, life-threatening allergies to influenza vaccine or any ingredient in the vaccine should NOT receive the influenza vaccine. Such ingredients might include gelatin and antibiotics. See [Special Considerations Regarding Egg Allergy](#) for more information about egg allergies and influenza vaccine.

2.5 People who should talk to their health care provider before getting the flu vaccine

If a resident or staff have one of the following conditions, consult a healthcare provider before administering the vaccine.

- Allergy to eggs or any of the ingredients in the vaccine. See [Special Considerations Regarding Egg Allergy](#) for more information about egg allergies and flu vaccine.
- History of Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get a flu vaccine.
- If the person is not feeling well, discuss symptoms with healthcare provider.

3.0 Background/History

CDC recommends getting a flu vaccine by September or October. However, getting vaccinated any time during the flu season can help protect staff and residents and reduce the spread of influenza in the long-term care settings. Staff and residents who meet the eligibility criteria to get vaccinated are

encouraged to do so. They also have the right to refuse the influenza vaccine.

Due to the COVID-19 pandemic, reducing the spread of respiratory illnesses, such as the flu, is especially important during this flu season.

Protective measures used for COVID-19 such as physical distancing, use of face masks, and frequent handwashing should be maintained and adhered to as we progress through influenza season.

4.0 Resources

[Adult Influenza Vaccine Initiative](#)

[Vaccination Guidance During a Pandemic](#)

[Influenza \(Flu\) 2020-21 ACIP Summary](#)

5.0 Contact Information

If you have any questions about this letter, please contact the Policy, Rules and Training Section by email at PolicyRulesTraining@hhsc.state.tx.us or call (512) 438-3161.