



## Long-Term Care Regulatory Provider Letter

**Number:** PL 20-52

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

**Provider Types:** Home and Community Support Services Agencies

**Date Issued:** November 20, 2020

### 1.0 Subject and Purpose

This letter provides a brief overview of the Adult Influenza Vaccine Initiative and guidance on the administration<sup>1</sup> of the influenza vaccine to clients and staff with and without COVID-19. This document also informs agencies when an individual should receive the influenza vaccine based on COVID-19 and at-risk status. If the agency has not received an order to administer the vaccine, but the vaccine is indicated for the client, the agency should advise the client and household members of the availability of the flu vaccine and coordinate vaccination for the client.

### 2.0 Policy Details & Provider Responsibilities

#### 2.1 The Adult Influenza Vaccine Initiative

The Texas Department of State Health Services (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 clients at risk and health care employees who are also at risk for contracting the influenza virus. This initiative includes training and education to employees and access to an automatic vaccine ordering and reporting system, all at no additional cost to the health care entity.

<sup>1</sup> [26 TAC §558.303 Standards for Possession of Sterile Water or Saline, Certain Vaccines or Tuberculin, and Certain Dangerous Drugs](#)

HCSSAs 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 General Vaccination of Persons with Confirmed or Suspected COVID-19**

In general, the annual influenza vaccination should be deferred for individuals 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 to avoid potentially exposing health care staff 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, such as assisted living facilities, nursing facilities, and intermediate care facilities for individuals with an intellectual disability, and home and community-based support services settings. In these long-term care settings, health care personnel are already entering these residents' rooms to provide care, so administering the influenza vaccine should not result in additional exposures. HCSSAs are expected to coordinate the administration of influenza vaccines with long-term care facilities where they provide home health and hospice services. HCSSA employees who enter long-term care facilities to provide services may refer to Provider Letter 20-50 Influenza (Flu) Vaccine Guidance During COVID-19 for Long Term Care Facilities.

These considerations also apply to clients who reside in their own homes. HCSSAs must coordinate the administration of vaccines with the ordering physician and note such efforts in a client's plan of care or care plan. Agencies must consider screening and the risk associated with COVID-19 status of household members in determining the appropriateness of flu vaccine administration. Additionally, the agency

should advise on client risks associated with unvaccinated household members.

According to [CDC's Pandemic Guidance for Vaccines](#):

- Symptomatic clients 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.
- Clients with asymptomatic or pre-symptomatic confirmed COVID-19 AND clients who have had close contact with a person with COVID-19 in the previous 14 days can be vaccinated. If there are concerns that post-vaccination symptoms might be mistaken for COVID-19 symptoms and cause diagnostic confusion, consider, in accordance with physician orders, deferring vaccination until transmission-base precautions are discontinued.

Follow [CDC Infection Prevention and Control Guidance](#) to prevent the spread of COVID-19 in health care settings, such as in inpatient hospice units and long-term care facilities, during vaccine administration procedures.

### **2.3 General 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 employees, contractors, and clients without COVID-19. This will also include coordination of care and services.

### **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 practitioner before getting the flu vaccine**

If a client or employee has one of the following conditions, consult a health care practitioner 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 client or employee is not feeling well, discuss symptoms with health care practitioner before administering the vaccine.

### **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 clients and employees and reduce the spread of influenza among vulnerable populations. Employees and clients who meet the eligibility criteria to get vaccinated are encouraged to do so. All individuals 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 influenza season progresses.

### **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](mailto:PolicyRulesTraining@hhsc.state.tx.us) or call (512) 438-3161.