

Influenza immunization During COVID-19

Guidance for the 2020-21 season

Purpose

To provide guidance for the delivery of influenza immunization services for the 2020-21 season during COVID-19, and assist health practitioners with measures to [reduce transmission of COVID-19](#).

The recommendations below are adapted from the [Alberta Health Relaunch Guidance documents](#), the [Guidance for Influenza Vaccine Delivery in the Presence of COVID-19](#) developed by Public Health Agency of Canada (PHAC) (in consultation with the Canadian Immunization Committee) and the National Advisory Committee on Immunization (NACI).

Influenza immunization is a high priority due to the likelihood of influenza viruses co-circulating with COVID-19 and the additive effects of concurrent circulation of influenza on health care and public health system capacity. Influenza immunization is crucial to:

- protect those at high risk of complications from influenza infection;
- protect against co-infection of COVID-19 and influenza;
- reduce influenza outbreaks in congregate living settings; and
- reduce morbidity and mortality and decrease health care utilization such as Emergency Department (ED) visits and hospitalizations. This will help to maintain health system capacity for those with COVID-19 infection.

Influenza immunization service delivery will need to be adapted to include measures to reduce the transmission of COVID-19 such as:

- Venue set up and clinic operations where influenza immunizations will be offered.

- Environmental infection prevention and control processes at venues and clinics.
- Infection prevention and control for health practitioners.
- Post immunization after-care guidance.
- Considerations for alternate models of service delivery.
- Considerations when immunizing in supportive/congregate living facilities.

Venue set up and clinic operations

Staff and volunteers must follow their employer's policies for COVID-19 screening.

- Staff and volunteers must not work at an immunization clinic if they have symptoms of COVID-19 and must complete a [health assessment screen tool](#) each day.
- Staff and volunteers must not work at the site if they were instructed to isolate or quarantine.
- Active screening of patients/clients must be incorporated into influenza immunization workflows.
- Patients/clients with symptoms: cough, fever, shortness of breath, runny nose, sore throat, chills, muscle or joint aches, stuffy nose, headache, fatigue, nausea, vomiting, diarrhea, unexplained loss of appetite, loss of taste or smell, and/or conjunctivitis; must not come to the health care setting and should complete the online [self-assessment tool](#) and be tested for COVID-19.

Signage should be displayed at the entrance of the venue to inform individuals attending the clinic to:

- Not enter if they have any COVID-19 compatible symptoms, were instructed to isolate/quarantine, or returned from travel outside Canada in the last 14 days.
- Wash hands with soap and water for at least 20 seconds or use hand sanitizer when entering.
- Practice respiratory etiquette.
- Maintain physical distancing of two metres.
- Follow the directional signage.
- Examples of signage can be found at: alberta.ca/covid-19-information-posters.aspx

Patients/clients should wear a non-medical mask while attending a clinic for influenza immunization.

- Consider providing masks for those who come without.
- Children under two, individuals who have trouble breathing and those who cannot remove a mask without assistance should be excluded from masking recommendations/policies.

Provide hand sanitizer or hand washing facilities upon entering and exiting the venue.

When determining the number of patients/clients that can be scheduled in a given time period, two metres physical distance requirements and restrictions on the size of gatherings must be considered in the context of the size of the site.

Appointment based clinics allow for better control of the amount of people at the clinic at any one time and prevent long wait times.

- Ask patients/clients not to arrive early for their appointments.
- Consider having patients/clients wait outside or in cars if possible and call patients/clients when it is time to come into the clinic.
- Consider other strategies for those who do not arrive by car or do not have a cell phone. This includes strategies that would avoid patients/clients having to wait outside, especially in inclement weather.
- Resources to manage queues to ensure physical distancing and maintain order of flow within line ups is recommended.

- This will be most important if appointments cannot be made and patients/clients will drop-in to the clinic.
- Traffic flow and physical distancing markers can be placed on the floor to help patients/clients navigate the clinic safely.
- Have one-way traffic flow with separate entrance and exit if possible.
- Reduce person-to-person contact points by providing immunization information online (QR codes, fillable forms, email, website).
- If fillable forms are not available, have staff complete forms for clients. If possible, provide laptops for providers to allow direct data entry into an electronic medical record. If signature is required, use a separate pen and clean the pen after each use, or recommend patients/clients bring their own pen.

Environmental infection prevention and control measures for venues

Ensure frequent cleaning and disinfecting of clinical spaces and the administrative area after each patient/client encounter.

Use the [Health Canada list](#) for guidance on hard surface disinfectants.

If seating is made available, the seating must be spaced to maintain two metres between each seat and high-touch surfaces should be cleaned between uses (like chair arms).

- Seats should be made of a smooth, non-porous, wipe able material that is free from breaks, cracks, open seams, chips, pits and similar imperfections.
- Consideration can be made for standing line ups with areas marked on the floors, and chairs available for elderly patients/clients and/or those with mobility issues.

Infection prevention and control measures for health practitioners

Hand hygiene

- Hand hygiene is required between each patient/client. It is the most effective way to reduce transmission.

Masks

- Health practitioners who are immunizing patients/clients and staff/volunteers should wear a surgical/procedural mask continuously as physical distance cannot be maintained.
- Soiled, wet or damaged masks should be replaced.
- Hand hygiene must be performed before and after removing the mask and before donning a new mask.

Additional Personal Protective Equipment (PPE)

- Additional PPE is not typically required.
- Most often, immunizers do not require gloves except when administering intranasal vaccine because of the increased likelihood of coming into contact with a patient/client's mucous membranes and bodily fluids. Gloves must be changed between patients/clients and hand hygiene performed right after gloves are removed and right before putting on new gloves.
- If a patient/client cannot wear a non-medical mask (due to age or capacity) during the immunization, the health practitioner should wear eye protection. Eye protection should be cleaned and disinfected according to manufacturer instructions for use.
- Additional PPE is required if health care services are being offered to an individual who is positive for COVID-19, has symptoms requiring isolation, or is a close contact of a positive case of COVID-19. These individuals should not be presenting for influenza immunization in a clinic setting and should be screened out before entering the clinic.
- Completion of a [point of care risk assessment](#) should be done prior to the immunization event in order to assess the risk of exposure. The completed assessment, which is based on specific patients/clients and specific environments, will provide the health practitioners with appropriate PPE recommendations.

- Appropriate PPE should be immediately available to all personnel who need to provide first aid or respond to an emergency.

Post influenza immunization after care guidance

Individuals who receive influenza immunization may experience side effects. These reactions are most often mild, develop within 24 hours and could last 24-48 hours. Many of the reactions that can occur after the vaccine are similar to the symptoms of COVID-19 such as:

- fever and/or chills
- sore throat, cough or runny nose
- feeling tired
- headache or body aches
- poor appetite, nausea, vomiting, stomach pain, or diarrhea

Individuals should be advised of the possible reactions after influenza immunization and:

- Monitor themselves and their children for these symptoms.
- Individuals who develop the above symptoms should stay home.
- If the symptoms resolve within 48 hours after onset, the individual can return to normal activities, unless they have been instructed to quarantine or isolate for other reasons.
- If symptoms persist longer than 48 hours, and not related to a pre-existing illness or health condition, individuals must continue to stay home, contact Health Link at 811 or complete the online COVID-19 online self-assessment tool for testing.
- If testing is not done,
 - By law, individuals with fever, cough, runny nose, sore throat, or shortness of breath should remain at home for 10 days or until symptoms resolve, whichever is longer.
 - Individuals with any other symptoms on the symptom list should remain home until symptoms resolve.

Considerations for alternate models of service delivery

The following should be considered for alternate delivery models that can maintain physical distance, reduce exposure for high-risk individuals and support individuals with mobility issues.

- Weather conditions will determine if outdoor clinics are feasible.
- Suitable locations to ensure appropriate traffic flow and parking for the post immunization observation period.
- Policies are required for the health practitioners to monitor patients/clients during the post immunization period.
- Occupational concerns for health practitioners need to be addressed (e.g. inclement weather, ergonomic issues).
- Challenges visualizing immunization site (e.g. difficulty exposing the site due to clothing). There is an increased risk for shoulder injury if an injection is administered too high on the shoulder.
- A designated clean area for vaccine preparation is required.
- Maintaining vaccine stability through appropriate vaccine storage and handling processes.
- Policies are required to respond to adverse events and emergencies and the equipment needed must be readily available.

Supportive/congregate living facilities

Providing influenza immunization to high-risk populations is a priority.

Seniors living in supportive living facilities and other congregate living facilities are some of the most vulnerable populations for severe illness from influenza and COVID-19 viruses and will require adjustments in how influenza immunization service is provided to prevent the spread of COVID-19.

Health practitioners will have to work closely with facilities to plan influenza immunization clinics as each facility will have unique situations and needs.

Considerations are outlined below, including guidance for facilities experiencing an outbreak at the time influenza immunization services are planned.

A risk assessment is necessary for facilities experiencing an outbreak to determine if immunization services should be deferred.

Outbreaks

- If the facility is at the beginning of an outbreak, cases are increasing, and control measures are in the beginning stages, immunization services should be deferred.
- If the facility is past the peak of new cases and the outbreak is deemed under control, immunization services can resume.
- Facilities that are experiencing an outbreak could consider having the facility staff immunize their residents.

Influenza immunization should be deferred for:

- Residents who tested positive for COVID-19 and are in isolation.
- Residents who are awaiting testing or test results.

Deferral of influenza Immunization can be considered for:

- Residents who are symptomatic (see page one) but tested negative (in consultation with the attending physician).
- Residents who are a close contact of a positive case in quarantine (within 14 days of exposure) but asymptomatic and tested negative.

Arrangements to discuss prior to the clinic should include:

- Location within the facility of where the immunizations will occur. Such as a common area or in resident rooms.
- If residents are brought to a central/common location, [physical distancing requirements](#) must be maintained.
- Where possible, health practitioners offering influenza immunization services in multiple facilities during the Alberta Outreach Program, should provide immunizations in facilities that are free from outbreaks first and then proceed

with offering immunization services in facilities that are experiencing outbreaks.

Appropriate use of PPE and IPC measures are necessary to protect the residents, immunizing health practitioner and facility staff.

- PPE and IPC measures need to be communicated by the facility to the health practitioner providing the immunization services.
- A point of care risk assessment prior to service delivery should be completed to assess what PPE is required.

Go to [Alberta immunization policy](#) for more information regarding influenza immunization.

Go to alberta.ca/covid for the most up-to-date information on restrictions to contain COVID-19.