UN Medical Directors Recommendations on Seasonal Influenza Vaccination in the Context of COVID-19 Pandemic

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Introduction

Influenza (or “flu”) vaccines are part of broader influenza prevention and control efforts, which also include other infection prevention measures[1] and antivirals. In the context of the COVID-19 pandemic (while understanding that seasonal influenza vaccination will not protect against COVID-19), influenza vaccination is very important to help reduce the overall number of respiratory illnesses amongst the population which in turn reduces the burden on the local/UN healthcare systems and also help avoid misdiagnosis given the similarity of clinical presentation between influenza and COVID-19.

This document provides United Nations Medical Directors (UNMD) recommendations regarding UN personnels’ access to seasonal influenza vaccinations in the current COVID-19 pandemic context.

Recommendations

All UN organizations should make efforts to make seasonal influenza vaccines available to UN personnel[2].

It should be clearly communicated to UN personnel that seasonal influenza vaccination, whilst not mandatory, is strongly recommended. This is the case regardless of whether the individual is eligible to obtain the vaccine through the Ula00000912 0 6Ti-F2 12 Tf1 0 0 7(ine)-4(he)-2

emisphere, the flu season is generally between

[1] Apart from vaccination and antiviral treatment, the public health management of influenza includes personal protective measures like:

- Regular hand washing with proper drying of the hands
- Good respiratory hygiene – covering mouth and nose when coughing or sneezing, using tissues and disposing of them correctly

In climates where seasonal influenza occurs in winter months, it is recommended that people get the vaccine before the start of the flu season.

October through May, usually peaking in February. In the Southern Hemisphere, the flu season is generally between May through October, usually peaking in August.) In tropical regions, influenza may occur throughout the year, causing outbreaks more irregularly.

Each year, the strains prevalent in laboratory samples from the Southern and Northern hemispheres are submitted to the WHO. Based on the strains of virus identified, the WHO then formally recommends the composition of influenza vaccines for the next influenza season. The WHO's yearly recommendations are available here.

Any vaccine used must meet the required safety and quality standards, and follow the procurement rules, of their respective entity. Additionally, all vaccines should be properly stored and handled. Failure to adhere to recommended specifications for storage and handling of immunobiologics can reduce or destroy their potency, resulting in inadequate or no immune response in the recipient[4]. Recommendations in the product package inserts, including methods for reconstitution of the vaccine, should be followed carefully. All vaccines should be inspected on delivery and monitored during storage to ensure that the recommended storage temperatures are maintained. Vaccines should continue to be stored at recommended temperatures immediately upon receipt until use.

Administration of any vaccine should be accompanied by provision of relevant information regarding risk, with careful patient assessment for potential contraindications for the vaccine.

Administration of vaccine should proceed in line with the current approach of the local health authorities in the duty station, and **should primarily cover individuals who fall into defined higher risk groups (such as health workers, older adults, pregnant women and individuals with underlying health conditions).**

influenza vaccination in the context of COVID-19 should be consulted accordingly. Please refer to **Annex 1** for more information -- the full WHO/SAGE reference document is further available here.

In Headquarters or other locations where access to vaccine is available through local sources, staff should make maximum use of the local healthcare system to gain access to the influenza vaccine. **UN stockpiles of seasonal influenza vaccines, if available, should be primarily intended for UN personnel in field locations, where there are sub-optimal local healthcare services, and limited or no vaccine availability.**

Recognized dependents should only be vaccinated by UN Medical Services in locations where they would normally routinely be vaccinated through the UN, and no other source/s of vaccine exist, and in accordance with capabilities to provide medical services to this population.

The conduct of routine influenza vaccination for all groups needs to take into account the risk of increasing exposure to COVID-19. Appropriate precautionary measures should be adopted to minimize the risk of COVID-19 infection during the process of administering the seasonal influenza vaccine to UN personnel. This includes ensuring staff have the correct personal protective equipment (PPE) and taking steps to minimize the risk of exposure. Further guidance can be found in **Annex 2**.

Routine vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of symptoms, u0 1 178.2 re.0 g0 G[(a)-3(d)6(o)6(p)-3(te)-5(d)6( )-221(to)4(1( )-211 0 0 1.1 369

and other patients to the COVID-19 virus. When scheduling or confirming appointments for


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Because these populations are likely at a higher risk of COVID-19 severe illness, individuals with underlying health conditions, where they can be identified, should continue to be prioritized for influenza vaccination to protect them against influenza and also to minimize their risk of SARS-CoV-2 infection through seeking treatment for influenza and hospital admissions for influenza, which could further stress the health care system.

Children: Although current data indicate that children, particularly those less than 5 years of age, are not at increased risk of severe COVID-19, children remain a priority group for influenza vaccination because of their risk of severe influenza, particularly those aged 6 months to two years. Countries that have procured specific formulations of influenza vaccines targeted for use in children (e.g., live attenuated influenza vaccines) should continue to administer these.

Annex 2: General Practices for the Safe Delivery of Vaccines in the Context of COVID-19 Pandemic[8]

To help ensure the safe delivery of care during vaccination visits, providers should:

Ensure staff have the correct personal protective equipment (PPE)[9]
Minimize chances for exposures, including:

- Screen for symptoms of COVID-19 and contact with persons with possible COVID-19 prior to and upon arrival at the facility and isolate symptomatic patients as soon as possible.
- Limit and monitor points of entry to the facility and install barriers, such as clear plastic sneeze guards, to limit physical contact with patients at triage.
- Implement policies for the use of a cloth face covering in persons over the age of 2 years (if tolerated).
- Ensure adherence to respiratory hygiene, cough etiquette, and hand hygiene.

Ensure all staff adhere to the following infection prevention and control procedures:

- Follow Standard Precautions, which includes hand hygiene and cleaning the environment between patients.
- When possible, open windows for natural ventilation between each patient
- Wear a medical facemask at all times.
- Use eye protection based on level of community transmission:
  - **Moderate to substantial:** Healthcare providers should wear eye protection given the increased likelihood of encountering asymptomatic COVID-19 patients.
  - **Minimal to none:** Universal eye protection is considered optional, unless otherwise indicated as a part of Standard Precautions.

Additional considerations for vaccine administration:

- Intranasal or oral vaccines:
  - Healthcare providers should wear gloves when administering intranasal or oral vaccines because of the increased likelihood of coming into contact with a patient's mucous membranes and body fluids. Gloves should be changed between patients in addition to performing hand hygiene.
  - Administration of these vaccines is not considered an aerosol-generating procedure and thus, the use of an N95 or higher-level respirator is not recommended.
- Intramuscular or subcutaneous vaccines:
  - If gloves are worn during vaccine administration, they should be changed between patients in addition to performing hand hygiene.

Ensure physical distancing by implementing strategies, such as:

- Separating sick from well patients by scheduling these visits during different times of the day (e.g., well visits in the morning and sick visits in the afternoon), placing patients with sick visits in different areas of the facility, or scheduling patients with sick visits in a different location from well visits (when available).

[8] https://www.cdc.gov/vaccines/pandemic-guidance/index.html
[9]

- Reduce crowding in waiting areas by asking patients to remain outside (e.g., stay in their vehicles, if applicable) until they are called into the facility for their appointment.
- Ensure that physical distancing measures, with separation of at least 6 fee (2 meters) between patients and visitors, are maintained during all aspects of the visit, including check-in, checkout, screening procedures, and post vaccination monitoring using strategies such as physical barriers, signs, ropes, and floor markings.
- Utilize electronic communications as much as possible (e.g., filling out needed paperwork online in advance) to minimize time in the office as well as reuse of materials (e.g., clipboards, pens).