

Influenza

Prevention and Wellness Practice Guideline

Overview of the Condition/Disease

Definition: Influenza is a contagious respiratory illness caused by influenza A or B viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness, and at times can lead to hospitalizations and even death. The best way to prevent influenza is by getting a flu vaccine every year.

Pathophysiology: Influenza can often present with a fever, cough, sore throat, runny or stuffy nose, muscle aches, headaches, and/or fatigue. Influenza can increase the risk of complications of pneumonia, hospitalization and even death.

Best Practice Standards for Prevention and Management

Education:

- Influenza can be passed up to 1 day before symptom onset and infectiousness can continue 3-4 days after illness begins. In some cases, especially with young children, the infectious period may be longer.
- Onset of illness can be 1 to 4 days with an average of 2 days.

Interventions:

- Per the Centers for Disease Control and Prevention (CDC) and the CDC's Advisory Committee on Immunization Practices (ACIP) vaccination is recommended for all individuals, 6 months of age and older, who do not have contraindications. A licensed and age-appropriate seasonal influenza vaccine should be used. With the exception of vaccination for adults aged ≥ 65 years, ACIP makes no preferential recommendation for a specific vaccine when more than one licensed, recommended, and age-appropriate vaccine is available.
- The [composition of flu vaccines](#) has been updated.
- For the 2023-2024 flu season, there are two flu vaccines that are preferentially recommended for people 65 years and older. These are [Fluzone High-Dose Quadrivalent vaccine](#), and [Fluad Quadrivalent vaccine](#).
- Vaccination timing: For most persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination should continue after October and throughout the season as long as influenza viruses are circulating and unexpired vaccine is available. Influenza vaccines might be available as early as July or August, but for most adults (particularly adults aged ≥ 65 years) and for pregnant persons in the first or second trimester, vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.

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- ACIP recommends that adults aged ≥ 65 years preferentially receive any one of the following higher dose or adjuvanted influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4). If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.”
- For persons who are pregnant or may become pregnant:
 - ACIP and the American College of Obstetricians and Gynecologists recommend that persons who are pregnant or who might be pregnant or postpartum during the influenza season receive any licensed, recommended, and age appropriate IIV4 or RIV4 influenza vaccine.
 - LAIV4 should not be used during pregnancy but can be used postpartum.
 - Influenza vaccine can be administered at any time during pregnancy (i.e., during any trimester), before and during the influenza season. Early vaccination (i.e., during July and August) can be considered for persons who are in the third trimester during these months if vaccine is available because this can provide protection for the infant during the first months of life when they are too young to be vaccinated.
- For persons with an egg allergy:
 - The ACIP recommends that all persons aged ≥ 6 months with egg allergy should receive influenza vaccine.
 - Any influenza vaccine (egg based or nonegg based) that is otherwise appropriate for the recipient’s age and health status can be used.
 - It is no longer recommended that persons who have had an allergic reaction to egg involving symptoms other than urticaria should be vaccinated in an inpatient or outpatient medical setting supervised by a health care provider who is able to recognize and manage severe allergic reactions if an egg-based vaccine is used.
 - Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.
 - All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

COVID-19 Considerations:

- While COVID-19 infection control protocols such as mask wearing, hand-washing, and physical distancing help prevent the spread of the flu, they do not provide complete protection. Flu vaccination is a critical tool in preventing the flu, in addition to infection control protocols.
- For persons with COVID-19:

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- For those who have moderate or severe COVID-19, vaccination should usually be deferred until they have recovered from the acute illness.
- For those with mild or asymptomatic COVID-19, further deferral might be considered to avoid confusing COVID-19 symptoms with potential postvaccination reactions.
- Other considerations for determination of when to vaccinate include:
 - current local influenza activity
 - the recipient's individual risk for severe influenza illness
 - current or recent use of immunosuppressive therapeutic agents that might blunt immune response to vaccines
 - risk for exposing others in the vaccination setting to COVID-19

If influenza vaccination is delayed, patients should be reminded to return for vaccination once recovered from COVID-19.

Contraindications and Precautions to Vaccine:

- **Contraindication:** A condition in a recipient that increases the risk for a serious reaction to vaccination are conditions under which vaccines should not be administered.
- **Precaution:** A condition in a recipient that might increase the risk for a serious adverse reaction, might cause diagnostic confusion, or might compromise the ability of the vaccine to produce immunity (e.g., administering measles vaccine to a person with passive immunity to measles from a blood transfusion administered up to 7 months prior). In general, vaccinations should be deferred when a precaution is present. However, a vaccination might be indicated in the presence of a precaution if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.

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Vaccine	Precaution	Contraindication
	A vaccine should be deferred when a precaution is present.	A vaccine should not be given when a contraindication is present.
Egg-based IIV4s	<p>Moderate or severe acute illness with or without fever</p> <p>History of Guillain-Barre syndrome within 6 weeks of receipt of influenza vaccine</p>	History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine or to a previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV or LAIV)
Inactivated Influenza Vaccine (ccIIV4)	<p>Moderate or severe acute illness with or without fever</p> <p>History of Guillain-Barre syndrome within 6 weeks after receiving the vaccine</p> <p>History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, RIV, or LAIV)</p>	History of severe allergic reaction (anaphylaxis) to a previous dose of any ccIIV or any component of CCIIV4.
Recombinant Influenza Vaccine (RIV4)	<p>Moderate or severe acute illness with or without fever</p> <p>History of Guillain-Barre syndrome within 6 weeks after receiving the vaccine</p> <p>History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, ccIIV, or LAIV)</p>	History of severe allergic reaction (e.g., anaphylaxis) to a previous dose of any RIV or any component of RIV4.
Live Attenuated Influenza (LAIV)	<p>Moderate or severe acute illness with or without fever</p> <p>History of Guillain-Barre syndrome within 6 weeks after receiving the vaccine</p> <p>Asthma in persons aged ≥ 5 years</p>	<p>History of severe allergic reaction to any component of the vaccine or to a previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV or LAIV)</p> <p>Concomitant aspirin-or salicylate-containing therapy in children and adolescents</p>

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	<p>Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])</p>	<p>Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months</p> <p>Children and adults who are immunocompromised due to any cause, including but not limited to immunosuppression caused by medications, congenital or acquired immunodeficiency states, HIV infection, anatomic asplenia, or functional asplenia (e.g., due to sickle-cell anemia)</p> <p>Close contacts and caregivers of severely immunosuppressed persons who require a protected environment</p> <p>Pregnancy</p> <p>Persons with active communication between the CSF and the oropharynx, nasopharynx, nose, or ear or any other cranial CSF leak</p> <p>Persons with cochlear implants</p> <p>Receipt of influenza antiviral medication within the previous 48 hours for oseltamivir and zanamivir, previous 5 days for peramivir, and previous 17 days for baloxavir</p>
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*Any other contraindication(s), precaution(s), or reason(s) stated by a member for not obtaining the influenza vaccine should be documented in the member record.

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*If a prescribing health care provider defers a vaccination on the basis of a precaution, the precaution is to be counted as a contraindication.

Additional conditions that negatively impact the condition/disease:

Pregnancy	Recent incarceration
Immunocompromising conditions	Communal living
Chronic liver disease	Chronic lung disease
End stage renal disease	Obesity
Very young or very old populations	Endocrine disorders
Homelessness	Physical Disability, Intellectual Disability, or Developmental Disability

Anticipating, Recognizing, and Responding to Symptoms



Seek timely medical attention when current interventions and/or medications are not managing symptoms.

Potential symptoms:

- Fever, headache, fatigue, muscle aches, runny nose, cough, congestion, or sore throat. Severe complications from other flu can be pneumonia, hospitalizations and/or death.

Manifestation of symptoms:

- Symptoms usually occur 1-4 days after exposure. An exposed person can spread the virus up to one day prior to the onset of symptoms through the course of illness.



Interventions to manage symptoms:

- Pain relievers/fever reducers
- Extra sleep/rest
- Avoid contact with other if possible unless for medical care or support. Stay home and away from other until you are fever free for 24 hours without the use of fever reducers
- Drink plenty of fluids
- Some people may need to have anti-viral medications prescribed by a doctor which work best if they are taken within two days of onset. These medications may make the symptoms less intense and the illness shorter. Most people will recover without the use of antivirals.
- Emergency warning signs of flu when medical attention should be sought include:
 - Difficulty breathing or shortness of breath

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- Pain or pressure in chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting



Guidelines and Process for Interdisciplinary Team

Care teams are responsible for educating and assisting members with receiving the seasonal influenza vaccine from a qualified provider.

- Care teams must document members vaccination dates or refusals in MIDAS.
- Care teams may assist members with coordinating care with providers and finding transportation



Health Equity Considerations

Anyone can get sick with the flu, but research shows some people are at higher risk. Please be considerate of members at higher risk and make sure to provide education when necessary.

- Individuals with a disability are at increased risk for complications related to vaccine-preventable diseases and experience a disproportionate number of hospitalizations and adverse outcomes related to influenza. However, vaccination rates among this group are lower than, or comparable to, the general population.
- In general: ethnic and cultural minority groups have continued to experience a disproportionate burden of disease, injury, premature death, and disability when compared to the Caucasian population
- Health disparities can mean lower life expectancy, decreased quality of life, loss of economic opportunities, as well as perceptions of injustice
- Health disparities are reflected in decreased productivity, increased health care costs, and social inequities Contributing factors to ethnic, cultural, and gender disparities:
 - Mistrust in the health care system (stemming from historical mistreatment or neglect)
 - Personal and group experiences of discrimination
 - Lack of health literacy
 - Provider prejudice or unconscious bias
 - Lack of cultural competency and clinical humility among health care providers
 - Discordance in patient-provider gender, race, and/or ethnic background
 - Lack of minority representation among health care providers (only 19% of RNs in the workforce are from racial or ethnic minorities)



Quality Assurance Monitoring

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My Choice Wisconsin monitors all influenza vaccinations received from July 1st through March 31st of each measurement year.



Additional Resources

[Guidance for Planning Vaccination Clinics | CDC](#)

Guillain-Barre syndrome fact sheet (July 31, 2023): <https://www.ninds.nih.gov/health-information/disorders/guillain-barre-syndrome>

Guillain-Barre Syndrome and Vaccines (February 6, 2023): <https://www.cdc.gov/vaccinesafety/concerns/guillain-barre-syndrome.html>

Q&A Resource: [Ask the Experts: Influenza Vaccines \(immunize.org\)](#), June 19, 2023

Education Resources for health care professionals (includes access to resources for member and staff education):

- 2023-2024 (August 25, 2023): [Seasonal Influenza Vaccination Resources for Health Professionals | CDC](#)
- [Immunization Conversation Kit for Managed Care Organizations | Wisconsin Department of Health Services](#)

To report a vaccine adverse event to the Vaccine Adverse Event Reporting System: [Vaccine Adverse Event Reporting System \(VAERS\) \(hhs.gov\)](#)



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