FACT SHEET

Flu Prevention During the COVID-19 Pandemic

This WorkCare Fact sheet discusses the 2020-21 influenza season, flu vaccine and workplace flu prevention campaigns.

Workplace flu prevention has an added dimension for the 2020-21 season – it will progress along with the COVID-19 pandemic and vaccine trials.

The flu is a contagious respiratory illness caused by influenza viruses. COVID-19 is also a respiratory disease, but the infection is caused by SARS-CoV-2, a coronavirus. Most people who get the flu or COVID-19 have mild-to-moderate illness and recover on their own, but both diseases can cause serious complications and death.

Symptoms and Treatment

Flu symptoms may include fever/chills, cough, shortness of breath, runny nose or congestion, achiness, headache and fatigue. Some people, especially children, may have vomiting and diarrhea.

Remedies for the flu include rest, staying hydrated and eating nourishing foods. Over-the-counter medications are available to help relieve symptoms. Antiviral drugs may be prescribed to treat symptoms and shorten the duration of illness. Studies show that flu antiviral drugs work best for treatment when they are started within two days of getting sick, although starting them later can still be helpful.

Most people who get the flu recover within five days to two weeks. Some people may develop sinus and ear infections, and in serious cases, pneumonia, inflammation of the heart, brain or muscles, or organ failure.

Flu Prevention

Vaccination is considered the most effective way to prevent the flu. Annual vaccination is recommended for children starting at 6 months old and all adults, including pregnant women, unless they have a condition that precludes safe administration.

Vaccination helps prevent the spread of illness to family members, co-workers and vulnerable populations such as the elderly, infants and people with medical conditions who have a higher risk of serious complications such as pneumonia.

The more people who get vaccinated, the greater the protection afforded to everyone. This is referred to as herd or group immunity. During the pandemic,
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public health officials say widespread compliance with vaccination will help lighten the burden flu places on health care systems and preserve resources needed for COVID-19 patients.

Along with vaccination, other recommended flu prevention measures include:

• Frequent hand washing with soap and water
• Using hand sanitizer when water is not available
• Covering coughs and sneezes and throwing tissues away
• Disinfecting shared objects and communal areas
• Not touching one's nose, mouth and eyes
• Staying home when ill and avoiding others who are sick

These recommendations mirror those for COVID-19 prevention. In addition, the pandemic has required strict measures including stay-at-home orders, business closures, bans on large gatherings, social distancing (6 feet), self-quarantine after exposure or isolation if infected, and wearing a mask.

Flu Season

The effect of COVID-19 prevention measures may change the profile of the Northern Hemisphere 2020-21 flu season. The World Health Organization's (WHO) Global Influenza Program reported on July 20, 2020, that flu case rates have been lower than average in some Southern Hemisphere countries. Public health officials believe case rates in the U.S. and other countries above the equator may have a similar profile as long as the pandemic continues to require the use of multiple precautions.

The flu season peaks in winter months. Influenza tends to spread more easily in dry, cold conditions. That's when people spend more time indoors and their immune systems are affected by environmental changes such as lack of exposure to sunlight. Seasonal traits, transmissibility, severity and other features of COVID-19 in comparison to other contagious illnesses, including the flu, are under investigation.

What's In the Vaccine?

Influenza viruses change over time. Vaccine composition is adjusted based on strains that predominate during alternating flu seasons in the Northern or Southern Hemisphere, as well as research on emerging strains.
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The vaccine does not cause the flu. Some people may think it causes the flu because they have experienced discomfort from the shot and/or relatively mild, short-lived symptoms such as fatigue, muscles aches, headache, low fever or gastrointestinal upset. These symptoms may indicate the body’s immune system is strengthening itself to resist infection later in the season.

With vaccination, it’s still possible to get sick after being exposed to a flu virus, but symptoms are likely to be milder.

Recent studies show that flu vaccination reduces the risk of illness by 40 to 60 percent in the general population when circulating flu viruses are well-matched to the flu vaccine. In general, current flu vaccines tend to work better against influenza B and influenza A (H1N1) viruses and offer lower protection against influenza A (H3N2) viruses, according to the Centers for Disease Control and Prevention (CDC).

For 2020-21, three-component (trivalent) egg-based vaccines are recommended to contain:

- A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus (updated)
- A/Hong Kong/2671/2019 (H3N2)-like virus (updated)
- B/Washington/02/2019 (B/Victoria lineage)-like virus (updated)

Four component (quadrivalent) egg-based vaccines include these strains and B/Phuket/3073/2013-like (Yamagata lineage) virus.

Cell- or recombinant-based vaccines are recommended to contain:

- A/Hawaii/70/2019 (H1N1)pdm09-like virus (updated)
- A/Hong Kong/45/2019 (H3N2)-like virus (updated)
- B/Washington/02/2019 (B/Victoria lineage)-like virus (updated)
- B/Phuket/3073/2013-like (Yamagata lineage) virus

In the U.S., providers may administer any licensed, age-appropriate flu vaccine with no preference for any one vaccine over another. Options include:

- Standard dose flu shots
- High-dose shots for people 65 years and older
- Shots made with adjuvant for people 65 years and older
- Shots made with virus grown in cell culture (without eggs)

Flu is Costly

During the 2018-19 season, the Centers for Disease Control and Prevention (CDC) estimates that influenza was associated with more than 35.5 million illnesses, 16.5 million medical visits, 490,600 hospitalizations and 34,200 deaths in the U.S. For the season ending in mid-April 2020, preliminary estimates indicate the flu:

- Infected 39 to 56 million Americans
- Was responsible for 18 to 26 million medical visits
- Resulted in 410,000 to 740,000 hospitalizations
- Caused 24,000 to 62,000 deaths

The wide range in the 2019-20 estimates is partly attributed to the way data is captured. Many cases are not reported. However, this year case numbers may be higher than average because testing was introduced to confirm or rule out SARS-CoV-2 before the flu season ended.

Authors of a September 2019 White House report on Mitigating the Impact of Pandemic Influenza Through Vaccine Innovation issued by the Council of Economic Advisers used various sources to calculate the average cost per person per flu incident. They found lost workday costs for adults aged 18 to 65, in 2018 dollars, averaged $92 per person for cases without any medical intervention, $566 for those who had outpatients visits and $3,353 for those who were hospitalized.
• **Recombinant vaccine** shots made using a vaccine production technology that does not require having a candidate vaccine virus sample to produce it

• **Live attenuated influenza vaccine** made with weakened live virus that is administered as nasal spray

Some types of vaccines are not recommended for certain people because they have an egg allergy or another condition that puts them at risk of an adverse reaction. It's important to understand these exceptions.

**Flu Shots and COVID-19**

According to the [National Academies of Sciences, Engineering and Medicine](https://www.nationalacademies.org), there is no evidence that getting a flu shot makes a person more or less susceptible to SARS-CoV-2 infection, nor that getting a flu shot interferes with the body's ability to fight a COVID-19 infection. The flu vaccine will also not affect COVID-19 diagnostic or antigen test results because these tests are designed to detect SARS-CoV-2 not influenza viruses.

A person with suspected or confirmed COVID-19 should confer with their personal provider about when to get flu vaccination.

**Workplace Campaigns**

Workplace flu prevention campaigns typically gain traction in September and October. However, as long as flu viruses are in circulation and vaccine is available, vaccination should be offered through the winter months. This season, [National Influenza Vaccine Week](https://www.cdc.gov/flu/weekly/nivw.htm) is Dec. 6-12, 2020.

How and where employees get vaccinated must be weighed against COVID-19 exposure risk. If shots are being given at work, for example, the space must be large enough to accommodate social distancing and safe administration. It may be necessary for employers to help facilitate vaccination at locations other than the workplace for employees who work onsite or are telecommuting. This may include private physician offices, local drug stores or drive-through clinics.

The [CDC](https://www.cdc.gov/flu) suggests employers promote these fundamental flu prevention messages:

• Take time to get vaccinated to protect yourself and others
• Make stopping the spread of germs part of your daily routine
• Avoid others who are sick and stay home if you have symptoms
• Take flu antiviral drugs if your doctor prescribes them
The Society for Human Resource Management (SHRM) has published a sample employer memo that explains a company’s reasons for taking extra precautions this flu season. “First and foremost, we want to maintain a safe workplace and encourage and/or adopt practices protecting the health of employees, customers, visitors or others,” the memo states. “We also want to ensure the continuity of business operations during this pandemic. We ask all employees to cooperate in taking steps to reduce the transmission of communicable diseases in the workplace.”

The memo outlines routine hygiene practices and says the company will:

- Provide alcohol-based hand sanitizers, cleaning sprays and wipes
- Support the use of telephone and video conferencing in lieu of in-person meetings
- Advise employees who are sick to stay home from work

Here are some additional suggestions for workplace flu prevention campaigns:

1. Use incentives for flu vaccination to increase participation, such as offering vaccine at no or low cost using a voucher system or holding a contest for the department with the highest percentage of vaccinated employees.

2. Promote flu vaccination with:
   - Posters and flyers that can be prominently displayed
   - Articles in company communications (e.g., newsletters, intranet, emails, portals, etc.)
   - Communication from leadership to employees
   - Social media channels

3. Establish policies that allow employees to get their flu shot offsite during work hours.

4. Advertise locations in the community that offer seasonal flu vaccinations and share the flu vaccine finder with employees: https://vaccinefinder.org/External

5. Encourage flu vaccination for employees’ household members.

Company executives can also encourage flu vaccination compliance with leading by example and getting their flu shots early in the season.

Legal Considerations

Employers have the right to establish health and safety rules that are job-related and consistent with business necessity. This includes requiring immunizations that protect against the spread of infectious illnesses. Employers who require flu vaccinations are expected to engage in an interactive process to comply with the Americans with Disabilities Act (ADA). The Equal Employment Opportunity Commission, which enforces ADA provisions, requires employers to grant exemptions for medical necessity or religious beliefs. Similar rules may apply when a COVID-19 vaccine becomes available, legal experts say.

State laws require health care facilities to ensure consenting employees receive influenza vaccines. Eight states require hospitals to document proof of employees’ vaccination status; 16 states have similar requirements for long-term care facilities; and seven states have them for ambulatory care facilities (Refer to Vaccination Laws).

In some workplaces, infectious disease management includes mandatory use of personal protective equipment such as gloves, gown, mask, eye protection, face shield and safe injection practices. Surgical masks or respirators may be used to help reduce the spread of disease via airborne or droplet contamination.