Act Now Ahead of Influenza Season: Recommendations for Healthcare Providers  
December 8, 2021

Key Messages

- **Influenza activity in California** is expected to increase in the coming months.
- **California Immunization Registry** (CAIR2) data show the pace of influenza vaccination decreasing in October and November 2021 despite ample vaccine supplies.
- As the holiday season begins, providers should:
  - Strongly recommend influenza vaccination
  - Avoid missing opportunities to immunize against influenza
  - Increase efforts to immunize those at increased risk for severe influenza.
  - Offer coadministration of influenza and COVID-19 vaccine when patients present for either vaccine individually. Immunization against influenza will reduce stress on the healthcare system during the pandemic. Other routine vaccines may also be coadministered.
- **Large influenza outbreaks are occurring at post-secondary institutions in the United States.**
- Detection of influenza A(H3N2) viruses by clinical and public health labs nationwide has increased recently, most frequently among young adults. This represents the first significant activity of the 2021-2022 flu season (and the first since March 2020). Influenza A (H3N2) predominant seasons can be severe, especially for older adults and young children.
- Influenza and SARS-CoV-2 multi-plex testing should be pursued when feasible. Providers caring for persons with respiratory illnesses in inpatient and congregate settings should test them for influenza and SARS-CoV-2. Providers should test outpatients for influenza (as well as SARS-CoV-2) when testing will affect decisions on clinical management or infection control.
- Provide influenza antiviral treatment as soon as possible for any patient with confirmed or suspected influenza who is: a) hospitalized; b) at higher risk for influenza complications; or c) developing progressive illness.
- For high-risk persons with influenza-like illness:
  - Test the patient for both influenza and SARS-CoV-2. Two specimens might need to be collected if influenza and SARS-CoV-2 multi-plex testing is not available.
• Start influenza antiviral treatment immediately. Decisions about starting influenza antiviral treatment should not wait for laboratory confirmation of influenza.
• If the patient tests negative for influenza, influenza antiviral treatment can be discontinued.
• If the patient tests positive for SARS-CoV-2, SARS-CoV-2 treatment (either with an anti-SARS-CoV-2 monoclonal antibody or authorized oral antiviral treatment) should be considered in outpatients at high risk for disease progression as outlined in product EUAs.
• High risk patients co-infected with influenza and SARS-CoV-2 should receive treatment for both viruses. EUAs for anti-SARS-CoV-2 therapy should be reviewed prior to treatment to ensure patients meet criteria.

• Clinicians should consider mitigation measures, including influenza antiviral post-exposure prophylaxis, during influenza outbreaks in long-term care facilities. Contact your local health department for consultation on suspected outbreaks at college campuses or other facilities.
• Besides getting immunized, other everyday actions can stop the spread of respiratory viruses:
  o Continue to wear a mask when recommended or required in high-risk settings.
  o Stay away from people who are sick.
  o Stay home when sick for at least 24 hours after symptoms go away. Persons who test positive for SARS-CoV-2 should isolate for 10 days after symptom onset (or date of positive test if no symptoms are present).
  o Cough or sneeze into your elbow, arm, or disposable tissue. If disposable tissue is used, use hand sanitizer or wash hands afterwards.
  o Wash hands frequently and thoroughly with soap and warm water or use an alcohol-based hand sanitizer.
  o Avoid touching your eyes, nose, and mouth.
  o See our Tips for Protecting Yourself and Others This Holiday Season for additional recommendations.

Influenza Resources
• Increasing Flu Activity in Some States, Especially Among Young Adults | CDC
• CDC HAN: Increasing Seasonal Influenza A (H3N2) Activity, Especially Among Young Adults and in College and University Settings, During SARS-CoV-2 Co-Circulation
• Influenza (ca.gov)
• Influenza (Flu) | CDC
• Who Needs a Flu Vaccine and When | CDC
• People at Higher Risk of Flu Complications | CDC
• What You Should Know About Flu Antiviral Drugs | CDC
• Let’s Fight Flu Together Toolkit | CDPH
• Influenza Promotional Materials Resources (eziz.org)