



TO: West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities

FROM: Ayne Amjad, MD, MPH - Commissioner & State Health Officer
West Virginia Department of Health & Human Resources, Bureau for Public Health

DATE: September 14, 2021

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

The upcoming influenza season is expected to coincide with continued circulation of SARS-CoV-2. Prevention and reduction in flu illness could alleviate stress on the healthcare system. To reduce outpatient visits, hospitalizations, and intensive care unit admissions, influenza vaccination must remain a priority for all eligible persons. **Please consider offering both flu and COVID-19 vaccines at future community outreach events, vaccination clinics, outpatient visits, etc. whenever possible.**

According to the Centers for Disease Control and Prevention (CDC), a record number of flu vaccines were distributed in the 2020-21 season and flu activity was unusually low in the U.S. and globally, despite higher levels of testing. While flu cases have dropped to unprecedented lows in the Southern Hemisphere for the second consecutive flu season, the timing and intensity of the upcoming 2021-22 season cannot be predicted. Influenza vaccine remains an important tool for the prevention of severe respiratory illness and a possible “dual pandemic”.

At this time, the West Virginia Bureau for Public Health would like to emphasize the importance of the following Influenza Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP):

- Routine annual vaccination is recommended for all persons aged 6 months and older who do not have contradictions previously outlined by ACIP.
- Influenza vaccine and COVID-19 vaccines may be co-administered. Injectable vaccines that are given at the same time should be administered in a separate anatomic site. For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection.
- Guidance for timing of influenza vaccination now states that pregnant women in third trimester should get their vaccine soon after it becomes available. Children who need two doses should

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also be vaccinated as soon as the vaccine is available so they can get their second dose by the end of October.

- For nonpregnant adults, early vaccination (July-September) should be avoided unless there is a concern that later vaccination may not be possible.
- The following types of quadrivalent vaccines are expected to be available: inactivated influenza vaccines (IIV4s), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4). There will be no trivalent vaccine available in the 2021-2022 flu season.
- The cell culture-based inactivated influenza vaccine (cIIV4) age indication has been expanded and is now approved for ages 2 years and older (previously 4 years and older).
- A history of severe allergic reaction to a previous dose of any egg-based IIV, LAIV, or RIV of any valency is a precaution to use of cIIV4. A history of severe allergic reaction to a previous dose of any egg-based IIV, LAIV, or cIIV of any valency is a precaution to use of RIV4. Use of cIIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under the supervision of a provider who can recognize and manage a severe allergic reaction.

For more information concerning this release, please see the following reference:

MMWR 2021; 70 (no. RR-5): 1-28. DOI: <http://dx.doi.org/10.15585/mmwr.rr7005a1>

For questions about this advisory, contact the Office of Epidemiology and Prevention Services (OEPS), Division of Infectious Disease Epidemiology (DIDE) at 1-800-423-1271, ext. 1; 304-558-5358 ext. 2; or the 24/7 answering service at 304-342-5151.

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