



## Health Care Regulation Guidance Letter

**Number:** GL 20-0004

**Title:** Preparing for the 2020-2021 Flu Season During the COVID-19 Pandemic

**Provider Types:** Abortion Facilities, Ambulatory Surgical Centers, Birthing Centers, Chemical Dependency Treatment Facilities, Community Mental Health Centers, Comprehensive Out-Patient Rehabilitation Facilities, Crisis Stabilization Units, End Stage Renal Disease Facilities, Freestanding Emergency Medical Care facilities, Hospitals – General, Hospitals – Psychiatric & Crisis Stabilization Units, Hospitals – Special, Laboratories – Clinical Laboratory Improvement Amendments (CLIA), Licensed Chemical Dependency Counselors, Narcotic Treatment Programs, Portable X-Ray Services, Rural Health Clinics, and Special Care Facilities

**Date Issued:** December 7, 2020

### 1.0 Subject and Purpose

This letter provides guidance to regulated health care facilities and licensed professionals on how to prepare for the 2020-2021 flu season during the COVID-19 pandemic.

Seasonal influenza (flu) viruses are detected year-round but are most common during fall and winter months. The 2020-2021 flu season began on September 27, 2020.<sup>1</sup> Each year, the flu season generally peaks between December and February, and ends as late as May.<sup>2</sup> The Centers for Disease Control and Prevention (CDC) estimates on average about eight percent of people living in the United States become sick with the flu each flu season.<sup>3</sup>

This letter outlines a variety of resources from both state and federal agencies for providers to use during the 2020-2021 flu season to protect

<sup>1</sup> [2020-2021 Texas Influenza Surveillance Activity Report.](#)

<sup>2</sup> [The Flu Season, CDC.](#)

<sup>3</sup> [Key Facts About Influenza \(Flu\), CDC.](#)

themselves, their staff, and their patients and clients from seasonal influenza while preventing and slowing the spread of COVID-19.

## **2.0 Policy Details & Provider Responsibilities**

Due to the COVID-19 pandemic, Texas and the United States of America will face unprecedented challenges in preparing for and responding to the 2020-2021 flu season.

### **2.1 General Information**

The CDC recommends everyone six months and older (with some limited exceptions) get the flu vaccine each year to prevent becoming sick from the flu.<sup>4</sup> The CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) all recommend all health care workers in the United States get the flu vaccine every year.<sup>5</sup>

The Department of State Health Services (DSHS) tracks influenza activity across Texas and publicly posts information on flu cases across the state each week in the [Texas Influenza Surveillance Report](#).

### **2.2 Specific Information for Providers**

The CDC's [Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic](#) provides guidance to providers on administering the flu vaccine during COVID-19.

The CDC's recommendations for vaccinating patients already in healthcare settings, including emergency departments and inpatient acute care hospitals, are summarized below:

- Patients who have no known recent exposure to a person with COVID-19 are recommended to receive the influenza vaccine.
- Patients in quarantine due to close contact to a person with COVID-19 in the past 14 days can receive the influenza vaccine, particularly if they may not have another opportunity to be vaccinated; however, if there are concerns that post-vaccination symptoms may cause diagnostic confusion, vaccination can be postponed until quarantine has ended.

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<sup>4</sup> [Who Should and Who Should NOT get a Flu Vaccine, CDC.](#)

<sup>5</sup> [Influenza Vaccination Information for Health Care Workers, CDC.](#)

- Patients with suspected or confirmed COVID-19 who are asymptomatic or pre-symptomatic, or who have recovered and are now asymptomatic, can receive the influenza vaccine, even if criteria for discontinuation of isolation are not yet met. For example, an asymptomatic person being discharged from a hospital can receive the influenza vaccine before discharge, since they may not have another opportunity to be vaccinated once they are discharged.
- For patients with suspected or confirmed COVID-19 who are [symptomatic](#), healthcare personnel should consider postponing influenza vaccination for at least [10 days after symptom onset AND 24 hours with no fever without the use of fever-reducing medications AND COVID-19 symptoms are improving](#) AND are no longer moderately to severely ill. Consider further postponing vaccination until the patient has fully recovered from acute illness.

The CDC's recommendations for vaccinating patients in congregate healthcare settings, including inpatient psychiatric hospitals and inpatient CDTFs are summarized below:

- The CDC recommends that these facilities offer the influenza vaccine to all residents and healthcare personnel throughout the influenza season.
- In mental health inpatient facilities, or inpatient substance use disorder treatment centers where direct exposure and transmission of SARS-CoV-2 can occur repeatedly for long periods of time, residents with close contact to someone with COVID-19, as well as asymptomatic and pre-symptomatic residents infected with SARS-CoV-2 in isolation, can be vaccinated. In these settings, healthcare personnel are already entering residents' rooms to deliver medications or conduct health assessments, so administering the influenza vaccine should not result in additional exposures.
- For residents with suspected or confirmed COVID-19 who are [symptomatic](#), healthcare personnel should consider postponing vaccination until criteria for discontinuing isolation are met (i.e., for at least [10 days after symptom onset AND 24 hours with no fever without the use of fever-reducing medications AND COVID-19 symptoms are improving](#)), AND the person is no longer considered moderately or severely ill. Consider further postponing vaccination until the person has fully recovered from acute illness.

### 3.0 Background/History

On March 13, 2020, Governor Greg Abbott issued a proclamation declaring a state of disaster for all counties in Texas. The COVID-19 disaster has affected all aspects of provider operations, including emergency and disaster preparedness. As we enter the 2020-2021 flu season, HHSC provides guidance to health care providers on how to balance COVID-19 concerns with responsible planning for preventing seasonal influenza.

### 4.0 Resources

CDC flu season resources are provided below:

- <https://www.cdc.gov/flu/about/season/flu-season.htm>
- <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>
- <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm#Flu-and-COVID-19>
- <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

DSHS resources are provided below:

- <https://www.dshs.state.tx.us/IDCU/disease/influenza/Resources.aspx>
- <https://www.dshs.state.tx.us/IDCU/disease/influenza/surveillance/2020-2021.aspx>
- <https://www.dshs.state.tx.us/IDCU/disease/influenza/FAQs.aspx>
- <https://www.dshs.state.tx.us/immunize/flu.shtm>

To receive future updates, sign up for GovDelivery at <https://service.govdelivery.com/accounts/TXHHSC/subscriber/new>.

### 5.0 Contact Information

If you have any questions about this letter, please contact the Policy, Rules, and Training unit by email at: [HCR\\_PRT@hhs.texas.gov](mailto:HCR_PRT@hhs.texas.gov).