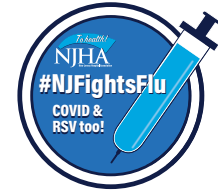


2023-2024
Influenza Guidance



Objectives

- Review the New Jersey state vaccination laws for flu and COVID-19 and how your healthcare facility can assure compliance;
- Discuss CDC recommendations for protecting staff and patients/residents against the flu, COVID-19 and RSV viral diseases;
- Discuss specific settings and ways to prevent the spread of influenza, COVID-19 and RSV;
- Provide guidance on diagnosing, testing and coadministration of vaccines for flu, COVID-19 and RSV.



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Highlights of 2023-2024 Recommendations for Prevention and Control of Seasonal Influenza with Vaccines *(see link for pdf complete summary)*

ACIP recommends that adults aged ≥ 65 years receive any one of the following 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 vaccines is available at an opportunity for vaccine administration, any other age-appropriate influenza vaccine should be used.

For persons age 65 years and older, data support greater potential benefit of the HD-IIV3, aIIV3 or RIV4 vaccines relative to standard-dose unadjuvanted IIVs.

[acip-2023-24-Summary-Flu-Vaccine-Recommendations.pdf \(cdc.gov\)](#)

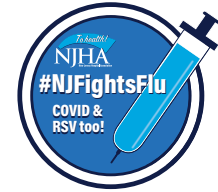
Children ages 6 months and older are recommended to receive a flu shot. The age indication for the cell culture-based inactivated flu vaccine, Flucelvax Quadrivalent (ccIIV4), changed from 2 years and older to 6 months and older.

Immunocompromised persons should receive an age-appropriate IIV4 or RIV4 vaccine. LAIV4 should not be used. Immune response might be reduced in persons on certain medications, chemotherapy or transplant regimens.

The COVID-19 vaccine and a flu vaccine can be administered at the same time if you are eligible and the timing coincides. If you haven't gotten your currently recommended doses of COVID-19 vaccine, get a COVID-19 vaccine as soon as you can, and ideally get a flu vaccine by the end of October.



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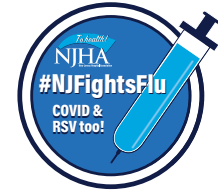
New Jersey's Influenza Vaccination Statute

January 2020

- P.L. 2019, Chapter 330 mandating annual influenza vaccination became N.J. law on Jan. 13, 2020.
- Requires certain healthcare facilities to offer, and healthcare workers to receive, annual influenza vaccination.
- The law defines a healthcare facility as “a general or special hospital, nursing home, or home health care agency licensed pursuant to P.L.1971, c.136.”



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Summary of New Jersey's Statute

- Each facility must require annual (either on or off site) influenza vaccine for all employees no later than Dec. 31 of each flu season, as determined by the CDC.
- If employees do not receive an influenza vaccine from their place of employment, but they received it elsewhere, they must present acceptable proof and attestation of their current record of influenza vaccination, as required by their employer. It must include the lot number of the vaccine received.
- Facilities must maintain a record of attestation of influenza vaccine for each employee, regardless of where they received their vaccination.
- When a medical exemption is requested by an employee, a form designated by NJDOH must be used to document the exemption and is subject to approval. Exemptions must be reported to NJDOH; the process will be determined by regulation.

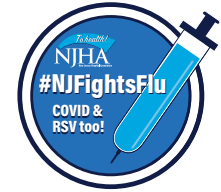
https://www.state.nj.us/health/healthfacilities/documents/CN/HealthFacilities_FluVaccinationProgram_memo10072020.pdf



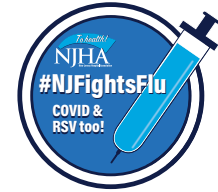
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Summary cont.

- Declination statements from employees who do not receive a flu vaccine or do not request and receive a medical exemption must be maintained and ultimately reported to DOH. The mechanism for reporting will be included in regulations.
- Each facility must ultimately report to NJDOH the vaccination percentage rate of its workforce. The mechanism for reporting will be included in regulations.
- Facilities must provide an educational program on influenza vaccination; non-vaccine influenza control measures; and the symptoms, transmission and potential impact of influenza.
- Facilities must conduct an annual evaluation of the program with a goal of improving vaccination rates.
- In the event there is a shortage of influenza vaccines, a facility may suspend the annual flu vaccine program as determined by NJDOH.
- A healthcare facility shall not discharge or reduce the pay of a healthcare worker who declines to receive an influenza vaccination.
- It is the responsibility of the healthcare facility to protect its patients in the event that an employee declines to receive an influenza vaccination, which measures may include, but are not limited to, requiring them to wear a mask as well as relocation or change of assignment of healthcare workers.



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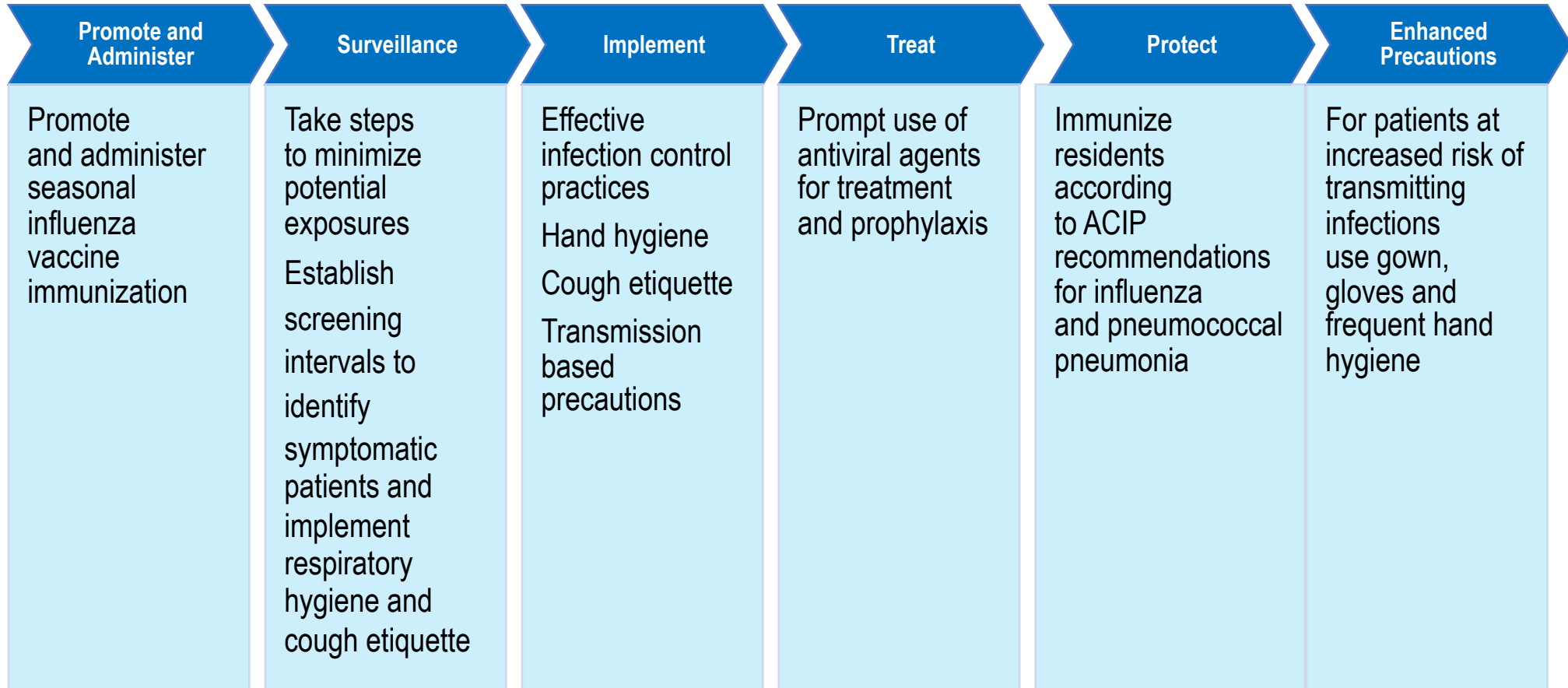
Next Steps

- The current medical exemption form entitled "Medical Exemption Statement for Health Care Personnel," must be placed on facility letterhead and used as the medical exemption form required under the statute.
https://www.state.nj.us/health/healthfacilities/documents/CN/HealthFacilities_FluVaccinationProgram_memo10072020.pdf
- Facilities are required to review and confirm each medical exemption to ensure the exemption is consistent with standards enumerated by the Advisory Committee on Immunization Practices, which can be found at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>.

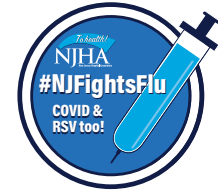


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Influenza in Post Acute & Long-Term Care Settings



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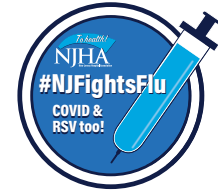


Influenza in PACE Organizations

- Implement an infection control plan that ensures a safe and sanitary environment and prevents and controls the transmission of disease and infection.
- Monitor staff and patient well-being at each point of contact to maintain responsibility for the care whether delivered by the PACE organization or contractors.
- Track whether patients and staff have received an influenza vaccination.
- Use remote technology as appropriate, including for scheduled and unscheduled participant assessments, care planning, monitoring, communication and other related activities that would normally occur on an in-person basis.
- Continue providing all required Medicare and Medicaid covered services.



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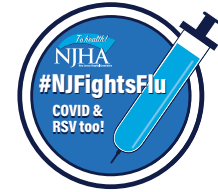


Influenza in Home Health

- Home health care agencies are also subject to New Jersey's vaccine mandate.
- Have a plan in place to monitor employees and patients in home care settings, utilize a checklist.
- Track whether patients have received an influenza vaccination.
- Safely transport vaccines for emergency and short-term transport and storage while in the field.
- Staff should use a mask, gloves and other PPE as appropriate.
- Continue infection control measures to reduce transmission, including following Standard and Droplet Precautions.
- Immediately report any suspected or new cases in accordance with state and federal requirements.



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Recommendations for the Public

Seek immediate care in ER if you are having signs of shortness of breath, chest pain or difficulty breathing

Contact your healthcare provider to get vaccinated this flu season

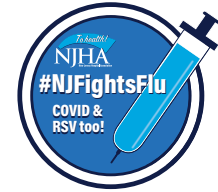
COVID-19 vaccination is recommended for ages 6 months and older, and some groups also are eligible for RSV vaccination.

Wear a mask for added protection

Stay home when sick



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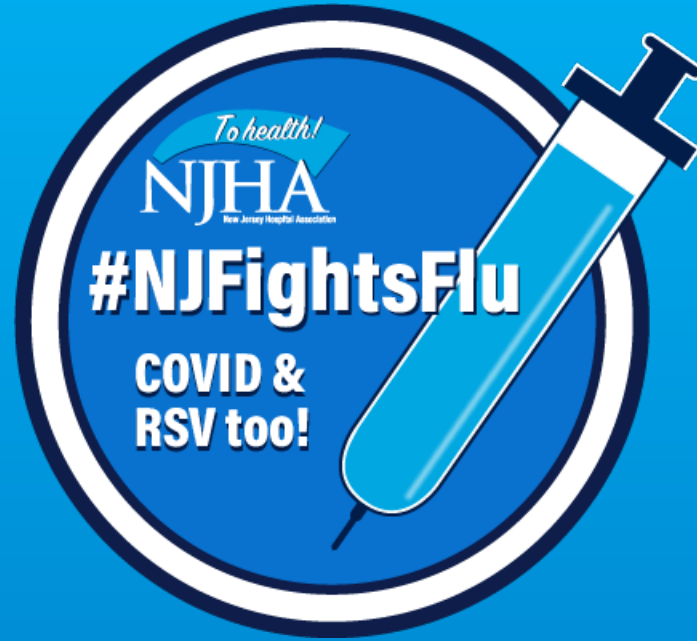


Pediatric Vaccination Considerations

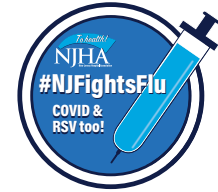
- The CDC continues to encourage on-time pediatric vaccination plan to help provide immunity before children are exposed to potentially life-threatening diseases.
- Vaccines are safe and effective and should continue to be followed on schedule.



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2023-24 COVID 19 Update



COVID-19 Update 2023-2024

- CDC recommends everyone 6 months and older get an updated COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 illness.
- If you have not received a COVID-19 vaccine in the past 2 months, get an updated COVID-19 vaccine to protect yourself this fall and winter.
- Updated COVID-19 vaccines from Pfizer-BioNTech and Moderna are monovalent vaccines that protect against recent BA variants.
- Vaccination remains the [best protection](#) against COVID-19-related hospitalization and death. Vaccination also reduces your chance of suffering the effects of [Long COVID](#), which can develop during or following acute infection and last for an extended duration.



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CDC Recommendations

Everyone ages 5 years and older is recommended to receive 1 dose of updated (2023–2024 Formula) mRNA COVID-19 vaccine.

For children ages 6 months–4 years:
Initial vaccination: should receive either 2 doses of updated (2023–2024 Formula) Moderna or 3 doses of updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 vaccine. Children ages 6 months–4 years Initial vaccination: should receive either 2 doses of updated (2023–2024 Formula) Moderna or 3 doses of updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 vaccine

You can get a COVID-19 vaccine and a flu vaccine at the same time if you are eligible and the timing coincides. Even though both vaccines can be given at the same visit, people should follow the recommended schedule for either vaccine: If you haven't gotten your currently recommended doses of COVID-19 vaccine, get a COVID-19 vaccine as soon as you can, and ideally get a flu shot by the end of October.

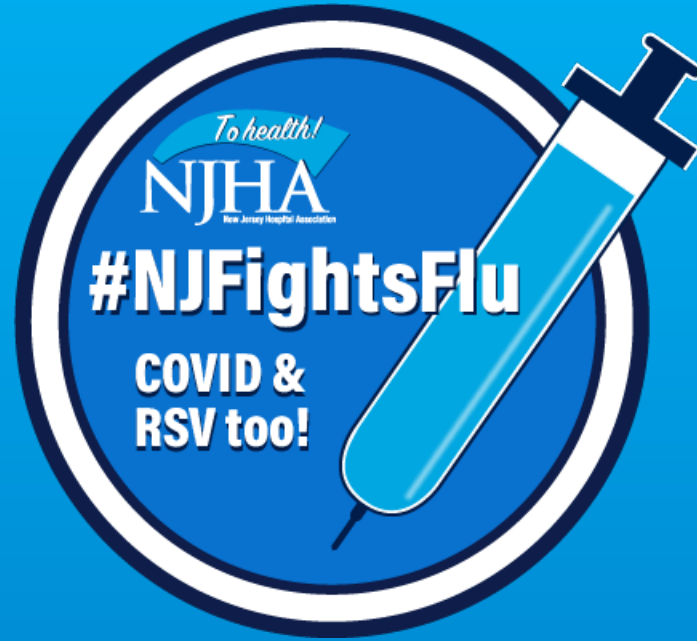
The Novavax COVID-19 Vaccine is a protein subunit vaccine authorized for people ages 12 years and older for primary vaccination and, in certain limited situations, as a booster dose in people ages 18 years and older.

For people who are moderately or severely immunocompromised:
Initial vaccination: should receive a 3-dose series of updated (2023–2024 Formula) Moderna or updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 vaccine
Received previous mRNA doses: need 1 or 2 doses of updated (2023–2024 Formula) Moderna or updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 vaccine, depending on the number of prior doses may receive 1 or more additional updated (2023–2024 Formula) mRNA COVID-19 vaccine doses

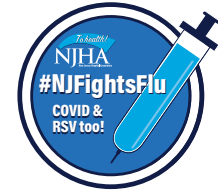
•**For more information, go to: [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC.](#)**



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2023-24 RSV Update



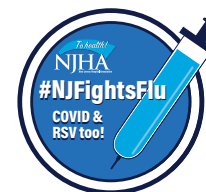
Respiratory Syntactical Virus

Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a **common respiratory virus that usually causes mild, cold-like symptoms.** Most people recover in a week or two, but RSV can be serious. Infants and older adults are more likely to develop severe RSV and need hospitalization. Vaccines are available to protect older adults from severe RSV. Monoclonal antibody products are available to protect infants and young children from severe RSV.



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Symptoms, Care and Transmission



SYMPTOMS

People infected with RSV usually show symptoms within 4 to 6 days after getting infected. Symptoms of RSV infection usually include

- Runny nose
- Decrease in appetite
- Coughing
- Sneezing
- Fever
- Wheezing

These symptoms usually appear in stages and not all at once. In very young infants with RSV, the only symptoms may be irritability, decreased activity, and breathing difficulties.

CARE

Take steps to relieve symptoms

- Manage fever and pain with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen. (Never give aspirin to children.)
- Drink enough fluids. It is important for people with RSV infection to drink enough fluids to prevent dehydration (loss of body fluids).
- Talk to your healthcare provider before giving your child nonprescription cold medicines. Some medicines contain ingredients that are not good for children.

TRANSMISSION

RSV can spread when

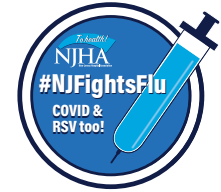
- An infected person coughs or sneezes
- You get virus droplets from a cough or sneeze in your eyes, nose, or mouth
- You have direct contact with the virus, like kissing the face of a child with RSV
- You touch a surface that has the virus on it, like a doorknob, and then touch your face before washing your hands

People infected with RSV are usually contagious for 3 to 8 days and may become contagious a day or two before they start showing signs of illness. However, some infants, and people with weakened immune systems, can continue to spread the virus even after they stop showing symptoms, for as long as 4 weeks. Children are often exposed to and infected with RSV outside the home, such as in school or childcare centers. They can then transmit the virus to other members of the family.



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CDC UPDATES ON RSV

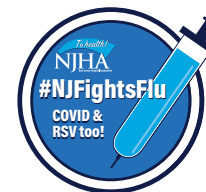


- RSV is a serious respiratory illness that, together with influenza and COVID-19, poses a seasonal threat.
- RSV can cause serious illness in infants, young children and older adults. In fact, RSV is the leading reason that babies are hospitalized in the United States.
- This year, new RSV immunizations available to help protect babies, toddlers and older adults from severe RSV. Most infants will likely only need protection from either the maternal RSV vaccine or the RSV immunization for babies, and not both.
- CDC recommends an RSV vaccine for people who are 32-36 weeks pregnant to protect their babies from severe RSV. The vaccine is recommended for seasonal use: in the continental US this generally means September through January. The seasonality of RSV season can vary, so state, local or territorial health departments may recommend different timing for administration for your area.
- In August 2023, CDC recommended a new [RSV immunization](#) called nirsevimab to protect babies and some toddlers from severe RSV during the RSV season.
- In July 2023, CDC recommended [RSV vaccine](#) for adults ages 60 and over, using [shared clinical decision-making](#). This means these individuals should talk to their healthcare provider about whether RSV vaccination is appropriate for them at this time.



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RSV Vaccine for Pediatrics



Nirsevimab is recommended for all infants younger than age 8 months born during RSV season or who are entering their first RSV season. For infants born during the RSV season, nirsevimab should be given within 1 week after birth. This can be given either in the hospital before discharge or at the doctor's clinic after discharge.

Infants younger than 8 months who were born outside the RSV season should receive nirsevimab before the start of their first RSV season.

Some infants and young children 8 through 19 months of age who are at increased risk for severe RSV disease should receive nirsevimab shortly before the start of their second RSV season:

- Children who were born prematurely and have chronic lung disease
- Children with severe immunocompromise
- Children with cystic fibrosis who have severe disease
- American Indian and Alaska Native children

Children who should get nirsevimab but have not yet done so may get nirsevimab at any time during RSV season.



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Who should not get nirsevimab?

- Children 8 months old and older who are not at increased risk for severe RSV disease should not receive nirsevimab.
- Infants and children with a history of serious allergic reactions to nirsevimab or any of its components should not get nirsevimab.
- Infants and children with bleeding disorders such as hemophilia should get nirsevimab. But, as with all shots given into a muscle, parents should notify their child's healthcare provider so additional precautions can be taken.
- Infants and children who have a moderate or severe acute illness usually should wait until they recover before getting nirsevimab. Children with minor illnesses, such as a cold, can receive nirsevimab.



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How well does nirsevimab work?

Nirsevimab reduces the risk of severe RSV disease by about 80%. One dose of nirsevimab protects infants for at least 5 months, the length of an average RSV season. Because nirsevimab does not activate the immune system, protection is most effective in the weeks right after nirsevimab is given and lessens over time. Nirsevimab does not provide long-term protection to RSV disease, but it does protect infants when they are most at risk of getting very sick from RSV. As children get older, they are less likely to get very sick from RSV.

What are the possible side effects of nirsevimab?

The most common side effects are pain, redness or swelling where the injection was given and a rash. No serious allergic reactions occurred in the clinical trials.

As with any immunization, there is a very remote chance that nirsevimab could cause a severe allergic reaction, other serious injury, or death.

How does nirsevimab prevent RSV disease?

Nirsevimab contains monoclonal antibodies, which are man-made proteins that protect against RSV. Though it does not activate the immune system the way an infection or vaccine would, a nirsevimab shot provides protection similar to that of a vaccine.

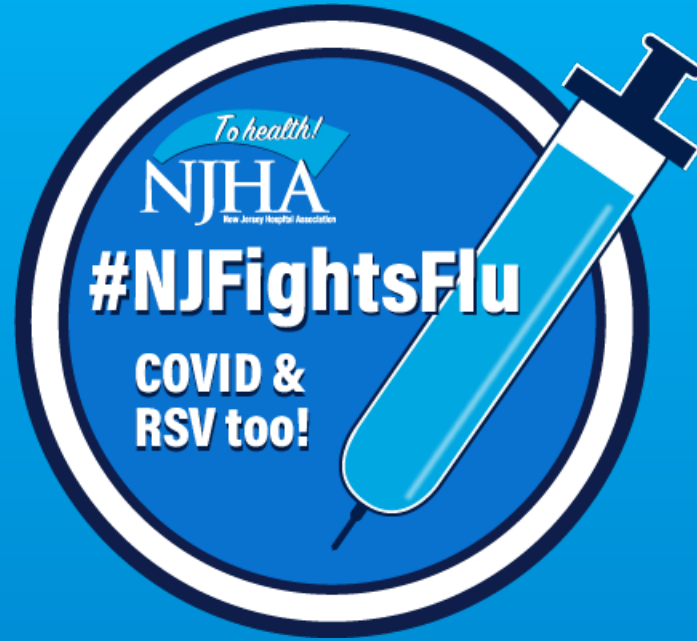
How Do I Pay for Nirsevimab?

The Vaccines for Children (VFC) program will cover nirsevimab. It's a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. Children younger than 19 years of age are eligible for the VFC Program if they belong to one or more of the following groups:

- Medicaid-eligible
- Uninsured
- Underinsured
- American Indian or Alaska Native
- Private Health Insurance



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2023-24 Additional Resources

2023-2024 COVID-19 Vaccination Clinical & Professional Resources

(see link below for updated summary document from CDC)

Interim Clinical Considerations



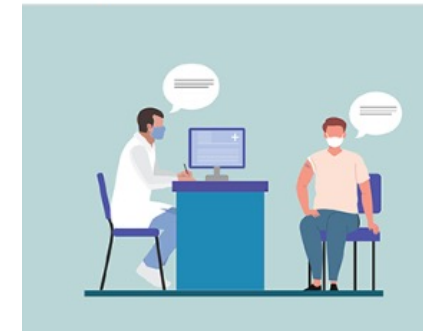
Provider Requirements and Support



COVID-19 Tracking and Reporting Systems



Talking with Vaccine Recipients



[Centers for Disease Control and Prevention. CDC twenty four seven. Saving Lives, Protecting People Centers for Disease Control and Prevention. CDC twenty four seven. Saving Lives, Protecting People](#)



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Summary: CDC Recommendations for Prevention and Control of Seasonal Influenza with Vaccines

[*Summary of Recommendations \(cdc.gov\)*](#)

As influenza season approaches, it is essential that healthcare providers and patients maintain and initiate immunizations for preventable diseases.

Routine vaccination is essential for all patients but, in particular, vulnerable populations including children, pregnant women, immunocompromised individuals and adults., age 65 and older.

Routine pediatric and other vaccinations should not be avoided and delayed.

Reducing the burden of respiratory illness is essential for healthcare facilities that must continue to prioritize care for acutely ill patients and places patients at lesser risks of complications from COVID.



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