State of California—Health and Human Services Agency
California Department of Public Health

SANDRA SHEWRY, MPH, MSW
Acting Director

GAVIN NEWSOM
Governor

September 18, 2020

Dear Colleagues,

Flu season has arrived while coronavirus disease 2019 (COVID-19) is still circulating widely in our communities. People living with HIV are at high risk of serious influenza-related complications. Getting the flu vaccine – both for people living with HIV and for healthcare providers – is our best protection against the flu, as demonstrated in multiple clinical studies. During the COVID-19-pandemic, influenza vaccination is even more crucial, as we all work to decrease acute illnesses in our community and decrease stress to our healthcare system.

The Centers for Disease Control and Prevention (CDC) have published comprehensive guidance for vaccination during the pandemic (www.cdc.gov/vaccines/pandemic-guidance) covering issues such as safe delivery of vaccination services and considerations for routine immunization.

There have been several updates to the available influenza vaccine products for this flu season, and the California Department of Public Health (CDPH) has updated its informational FAQ on the use of these vaccines in people living with HIV (see below). Flu vaccination is a covered benefit by all insurance providers and by California's AIDS Drug Assistance Program (ADAP). People living with HIV who are unisured or underinsured may also receive HIV care, including vaccinations, in Ryan White HIV/AIDS Program clinics. Let's utilize this benefit and protect even more people during the 2020-2021 flu season!

Please email me or Dr. Cora Hoover in CDPH's Immunization Branch (Cora.Hoover@cdph.ca.gov) with any questions regarding the FAQ.

Sincerely,

Phil

Philip Peters, MD
Office of AIDS Medical Officer
California Department of Public Health
Email: Philip.Peters@cdph.ca.gov

Influenza (Flu) Vaccine "Frequently Asked Questions" for HIV Care Providers

Should all people living with HIV receive an influenza (flu) immunization?
Yes, all people 6 months of age and older who do not have contraindications should be vaccinated annually. People living with HIV are a priority population for influenza immunization because they are at increased risk for severe influenza. Studies have shown that flu vaccination prevents illness and doctor's visits among people with immune suppression from HIV or other conditions, though may not work as well in people with low CD4 cell counts (less than 200 cells/mm^3).

If COVID-19 transmission is wide-spread in the community, should people living with HIV still go out to get a flu vaccine?
Yes. Getting a flu vaccine is an essential service to protect the health of people living with HIV. The flu vaccine can be safely administered at multiple locations including the doctor's office, health departments, and pharmacies. To protect their health when getting a flu vaccine, people living with HIV should continue to practice everyday preventive actions to minimize exposure to COVID-19 (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx#).

Will flu vaccine protect people living with HIV against COVID-19 complications?
No. A flu vaccine will not protect against COVID-19, however flu vaccines have been shown to reduce the risk of flu illness, hospitalization, and death. Getting a flu vaccine this fall will be more important than ever.

Do people living with HIV who are consistently wearing a mask, washing their hands, and maintaining 6 feet of physical distancing still need to get a flu vaccine?
Yes. Practicing everyday preventive actions are essential to protect yourself from COVID-19 and may help prevent flu illness. Getting a flu vaccine this fall is still necessary even when taking steps to prevent COVID-19. A flu vaccine will reduce the risk of flu illness even further and among people who get the flu, it reduces the severity of illness (lower risk of hospitalization and death).

Should flu vaccine be given to a person with acute illness from suspected or confirmed COVID-19?
No. Vaccination should be temporarily deferred (postponed) for people who have acute illness with suspected or confirmed COVID-19. Flu vaccination can be administered once they have recovered from their acute illness and have met criteria to discontinue isolation. Mild illness is not a contraindication to flu vaccination but vaccination visits should be scheduled after they have met criteria to discontinue isolation to avoid exposing healthcare workers and other patients to COVID-19.

What influenza (flu) vaccines can be administered this season for people living with HIV? All FDA-approved influenza vaccines can be administered at an age-appropriate dose for people living with HIV, except for the live attenuated influenza vaccine (Flumist), which is contraindicated in people living with HIV regardless of age or

CD4 count. Most available inactivated influenza vaccines are quadrivalent, meaning that the vaccine protects against four strains, including two influenza A viruses (H1N1 and H3N2) and two influenza B viruses. In addition to standard products, high-dose and adjuvanted products are available for patients age 65 years and older. Most influenza vaccines are manufactured with an egg-based process, but there are also egg-free vaccines using cell culture-based and recombinant formulations.

Is a particular influenza (flu) vaccine brand or formulation preferred for people living with HIV?
No. The Advisory Committee on Immunization Practices (ACIP) and the CDC do not recommend a particular vaccine as preferred for people living with HIV. Any inactivated or recombinant influenza vaccine that is age-appropriate may be used. Vaccination should not be delayed if a specific product is not readily available.

Why can't the live attenuated influenza vaccine (Flumist) be administered to people living with HIV?
There is not enough safety and efficacy data for live attenuated influenza vaccine use in people living with HIV. In addition, there are alternative safe and effective influenza vaccines available.

What are the contraindications to influenza (flu) vaccination?
Contraindications to flu immunization are rare. A history of a severe allergic reaction (e.g., anaphylaxis) to the vaccine or any of its components is a contraindication to the receipt of additional doses. Information about vaccine components can be found in the package inserts for each vaccine. Immunization is safe for most patients with egg allergy (see "Persons with a History of Egg Allergy" section in the Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season: (https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm). Moderate or severe acute illness or a prior history of Guillain-Barré syndrome within 6 weeks after receipt of influenza vaccination are precautions to influenza immunization, which means that the risks and benefits of immunization should be considered on a case-by-case basis.

Tell me about the use of high-dose, adjuvanted, and recombinant influenza (flu) vaccine in older adults.
Older adults are at increased risk for complications of flu, and vaccine efficacy also decreases with age. These concerns have led to the evaluation of products specifically for people aged 65 and over. Research regarding the relative effectiveness of these products is ongoing.

Fluzone High-Dose Quadrivalent is a quadrivalent, inactivated influenza vaccine that contains four times as much antigen as standard-dose vaccines. A randomized trial conducted over two influenza seasons (2011–12 and 2012–13) among 31,989 people aged ≥65 years found that Fluzone High-Dose was 24% more effective than standard-dose Fluzone

Fluad is an adjuvanted inactivated influenza vaccine that is currently available in trivalent and quadrivalent formulations. An adjuvant is a substance added to a vaccine to increase the immune response. The MF59 adjuvant in Fluad is based on squalene, an oil that occurs naturally in many plants and animals. In a small observational study among older adults (65 years and older), Fluad was about 63% more effective than unadjuvanted inactivated influenza vaccine[1].

Flublok Quadrivalent is a recombinant, quadrivalent influenza vaccine that contains a higher dose of the influenza hemagglutinin antigen. It is approved for use in people 18 years of age and older. In a randomized controlled trial among 8,604 people aged at least 50 years during the 2014-15 season, the probability of influenza-like illness was 30% lower of in those receiving Flublok compared to those receiving a standard dose quadrivalent inactivated vaccine[2].

Should older adults, including older adults living with HIV, preferentially receive the high-dose (Fluzone High-Dose), adjuvanted vaccine (Fluad), or recombinant (Flublok) influenza vaccine?
Older adults living with HIV can receive any of these vaccines. The ACIP and the CDC do not recommend these vaccine as preferred for use in older adults over the standard-dose, inactivated influenza vaccine. Vaccination should also not be delayed if a specific product is not readily available.

Are high-dose (Fluzone High-Dose) and adjuvanted vaccine (Fluad) recommended for people younger than 65 years of age?
No. Fluzone High-Dose and Fluad are licensed only for people age 65 years and older and are not recommended for younger people.

Sometimes patients aged 65 years and older who have already received the standard-dose influenza vaccine hear about the high-dose (Fluzone High-Dose) or adjuvanted vaccine (Fluad) and want to receive those too. Is this okay to administer?
No. ACIP does not recommend that adolescents or adults receive more than one dose of influenza vaccine in a season.

Where can I get more information regarding flu vaccination for my patients?
The CDC has published its annual recommendations for influenza vaccination or the 2020-2021 influenza season, available at https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm.

The CDC also has a resource page for influenza vaccination for people living with HIV, available (https://www.cdc.gov/flu/highrisk/hiv-flu.htm).

---

[1] Fluad study: Van Buynder PG, Konrad S, Van Buynder JL, et al. The comparative effectiveness of adjuvanted and unadjuvanted trivalent inactivated influenza vaccine (TIV) in the elderly. Vaccine 2013;31:6122–8. [Note: study evaluated a trivalent version of the vaccine]

[2] Flublok study: Dunkle LM, Izikson R, Patriarca P, Goldenthal KL, Muse D, Callahan J, et al. Efficacy of Recombinant Influenza Vaccine in Adults 50 Years of Age or Older. N Engl J Med. 2017 Jun 22;376(25):2427-36.