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Updated October 15, 2020 there are many different flu viruses and they are constantly changing. Influenza vaccines in the United States are reviewed annually and updated as needed in accordance with circulating influenza viruses. Influenza vaccines protect against three or four viruses (depending on the vaccine) that studies show will be most common. In 2020-2021, trivalent (three-component) egg-based vaccines are recommended to contain: A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus (updated) A/Hong Kong/1 2671/2019 (H3N2)-like virus (updated) B/Washington/02/2019 (line B/Victoria)-like virus (updated) quadrivalent (four-component) egg-based vaccines that protect against second line B viruses, recommended: three recommended viruses above, plus B/Phuket/3073/2013-like (Yamagata Line) virus. In 2020-2021, vaccines on a cellular or recombinant basis are recommended to contain: A/Hawaii/70/2019 (H1N1)pdm09-like virus (updated) A/Hong Kong/45/45/4 2019 (H3N2)-like virus (updated) B/Washington/02/2019 (line B/Victoria)-like virus (updated) B/Phuket/3073/2013-like (Yamagata line) Virus Yes, flu vaccines this season have been updated, to better match viruses, which, is expected to be circulating in the United States. The egg-based H1N1 component has been upgraded from the A/Brisbane/02/2018 (H1N1) virus to the A/Guangdong-Maonan/SWL1536/2019 (H1N1) virus. The component of the H1N1 vaccine on a cellular or recombinant basis has been updated from the A/Brisbane/02/2018 (H1N1) virus to type A/Hawaii/70/2019 (H1N1)pdm09. The egg-based H3N2 component has been upgraded from a virus similar to A/Kansas/14/2017 (H3N2) to type A/Hong Kong/2671/2019 (H3N2). The cell or recombinant H3N2 vaccine component has been upgraded from type A/Kansas/14/2017 (H3N2) virus to type A/Hong Kong/45/2019 (H3N2) virus. The B/Victoria line vaccine component has been upgraded from B/Colorado/06/2017 (line B/Victoria)-like virus to type B/Washington/02/2019 (B/Victoria line). The B/Yamagata vaccine component has not been updated. Are there any new vaccines licensed for use during the 2020-2021 flu season? There are two new vaccines licensed for use during the 2020-2021 flu season. First, a quadrivalent high-dose vaccine licensed for use in adults age 65 and older. This vaccine will replace the previously licensed trivalent high-dose vaccine. The second new vaccine to be available is a quadrivalent adjuvant vaccine licensed for use in adults age 65 and older. This vaccine is similar to a previously licensed trivalent vaccine containing the MF59 adjuvant, but has one additional component of influenza B. More detailed about new vaccines available this year. There is no change in the CDC's recommendation on the timing of vaccination this flu season. Vaccination in July or August is too early, especially for the elderly because of the likelihood of reduced protection against influenza infection at the end of the flu season. September and October are good times for vaccination. However, as long as influenza viruses circulate, vaccination should continue, even in January or later. More information on the timing of vaccination this year. The flu vaccine is produced by private producers, so the supply depends on the producers. In the 2020-2021 season, it is projected that manufacturers will provide up to 194-198 million doses of flu vaccine, more than the 175-million-dollar dose record set during the 2019-2020 flu season. Currently, flu vaccine manufacturers do not report any significant delays in the delivery or distribution of the national influenza vaccine this season. The production and distribution of influenza vaccine in the United States is primarily a private sector effort. The CDC encourages manufacturers and distributors to use a distribution strategy in which suppliers receive smaller deliveries to allow as many suppliers as possible to start vaccination activities at the start of the vaccination season. Ideally, the intervals between shipments are short, so that each supplier has a continuous supply and can continue vaccinating patients without interruption. While there have been no significant delays, in some places the steady demand for vaccines and materials needed to support influenza vaccination efforts, such as needles or syringes, may mean that some suppliers have run out of vaccines or other supplies before their next batch arrives. While the distribution system may initially limit the size of individual orders as supply increases, supply is expected to catch up with demand. In addition, since vaccine production has been expanded to support the production of record flu vaccine doses this year, suppliers are likely to receive more supplies throughout the season. To make sure your supplier has a flu vaccine, call ahead to confirm that you have a vaccine. There may also be other places in your area that have a vaccine available. Use the vaccineFinderexternal icon to find out where to get vaccinated near you. The CDC will continue to provide weekly updates on the total dose of flu vaccine distributed during the 2020-2021 flu season. Influenza (flu) and COVID-19 are contagious respiratory diseases, but they are caused by various viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and influenza is caused by influenza viruses. Since some flu and COVID-19 symptoms are similar, it can be difficult to distinguish them based on symptoms alone, and testing may be required to help confirm a diagnosis. Influenza and COVID-19 many characteristics, but there are some key differences between them. There are some key differences between influenza and COVID-19. COVID-19 seems to spread more easily than flu and causes serious illnesses in some people. It can also take longer before people show symptoms, and people may be contagious for longer. Another important difference is the vaccine for flu protection. Currently, there is no vaccine to prevent COVID-19. The best way to prevent infection is to avoid exposure to the virus. Although more learned each day, there is still a lot that is unknown about COVID-19 and the virus that causes it. This page compares COVID-19 and influenza, taking into account the best available information to date. To learn more about COVID-19, visit Coronavirus (COVID-19). To learn more about the flu, visit the flu (flu). While it is not possible to say with certainty what will happen in the fall and winter, the CDC believes it is likely that the influenza viruses and the virus that causes COVID-19 will spread. In this context, getting a flu vaccine will be more important than ever. The CDC recommends that all people 6 months of age or older receive an annual flu vaccine. Yes. Influenza, as well as other respiratory diseases, and COVID-19 at the same time are possible. Health experts are still studying how common this can be. Some of the flu and COVID-19 symptoms are similar, making it difficult to distinguish between them based on symptoms alone. Diagnostic testing can help determine whether you are sick with influenza or COVID-19. Yes. The CDC has developed a test that will test for seasonal influenza viruses type A and B and SARS CoV-2, a virus that causes COVID-19. This test will be used by U.S. public health laboratories. Testing for these viruses at the same time will give public health officials important information on how influenza and COVID-19 are spreading and what preventive measures should be taken. The test will also help public health laboratories save time and materials for testing, as well as perhaps recover test results more quickly. The Food and Drug Administration (FDA) has given the CDC an emergency use of the Authorization External Iconography icon-painting icon for this new test. Initial testing kits were sent to a public health laboratory in early August 2020. The CDC will continue to manufacture and distribute these kits. Additional information for laboratories is available. Influenza and COVID-19 can lead to serious diseases, including illness leading to hospitalization or death. While much remains to be learned about COVID-19, it now seems that COVID-19 is more deadly than seasonal influenza; however, it was too early to draw any conclusions from current data. This may change as we learn more about the number of people who are infected, who have mild diseases. Getting a flu vaccine will not protect against COVID-19, influenza vaccination has many other important benefits. Influenza vaccines have been shown to reduce the risk of influenza, hospitalization and death. Getting a flu vaccine this fall will be more important than ever, not only to reduce the risk of influenza, but also to help preserve potentially scarce health resources. There is no evidence that getting vaccinated against influenza increases the risk of getting sick from a coronavirus like the one that causes COVID-19. You may have heard of a study published in January 2020 that published an icon that found a link between influenza vaccination and the risk of four widely circulating seasonal coronaviruses, but not those that cause COVID-19. The report was later found to be incorrect. The results of this initial study led researchers in Canada to look at their data to see if they could find similar results in their populations. A study in Canada showed that influenza vaccination does not increase the risk of developing these seasonal coronaviruses. The Canadian findings highlighted the protective benefits of flu vaccination. Canadian researchers also identified a flaw in the methods of the first study, noting that it violated part of the study design, which compares vaccination rates among patients with and without the flu (test negative design). This deficiency has led to an incorrect link between influenza vaccination and seasonal coronavirus risk. When these researchers revised the data of the first study using the right methods, they found that influenza vaccination did not increase the risk of contracting other respiratory viruses, including seasonal coronaviruses. To address the importance of influenza vaccination, especially during the COVID-19 pandemic, the CDC will maximize influenza vaccination by increasing the availability of vaccines, including the purchase of an additional 2 million doses of pediatric influenza vaccine and 9.3 million doses of influenza vaccine for adults, emphasizing the importance of influenza vaccination throughout the flu season, as well as by conducting targeted communication with specific groups that are at a higher risk of complications from the flu. These same groups often face a higher risk for COVID-19 too, so protecting them from influenza is important to reduce the risk of joint infection. Communication strategies for providers and the public will include: CDC education advocacy activities including social media, press conferences, web page spotlights, radio media tours, reviews and other publications, a digital campaign to educate the general population and people at increased risk of influenza and COVID-19 complications, special educational efforts to inform the general population, people with diseases, as well as African-American and African-American as well as updated vaccination websites for the public and suppliers, emphasize the precautions taken in health facilities during the pandemic. You can safely get a flu vaccine in several places, including your doctor's office, health departments, and pharmacies. You can use VaccineFinder.orgexternal VaccineFinder.orgexternal icon to find where flu vaccines are available near you. When switching to a flu vaccine, be sure to practice daily preventive actions. Ask your doctor, pharmacist or health department if they follow the CDC pandemic vaccination recommendation. Any place to vaccinate after the CDC manual should be a safe place for you to get a flu vaccine. Vaccination of people at high risk of influenza complications is especially important for reducing the risk of severe influenza disease. Many people at higher risk from influenza also appear to have a higher risk from COVID-19. If you are at high risk, it is especially important for you to get a flu vaccine this year. If you don't have a doctor that you regularly see, flu vaccines are also available in places including health departments and pharmacies. You can use VaccineFinder.orgexternal iconography icon to find where flu vaccines are available near you. Influenza viruses are constantly changing, so it is not uncommon for new flu viruses to appear every year. More information on how flu viruses change are available. Flu timing is difficult to predict and can vary in different parts of the country and from season to season. In the 2020-2021 flu season, there are some changes in FluView observation methodology. This season, in addition to state-level data, the Influenza-like Disease (ILI) activity map will show the activity of the ILI Major Statistical Areas (CBSA), a U.S. geographic area determined by the Office of Management and Budget (OMB), which consists of one or more counties (or equivalent) anchored by an urban center with at least 10,000 people plus adjacent districts that are socioeconomic. In addition, during most flu seasons, state and territorial health departments report a geographic prevalence of influenza activity in their jurisdictions each week through a report by state and territorial epidemiologists. However, due to the impact of COVID-19 on OR surveillance, as well as the facts reported by state and territorial epidemiologists, is largely dependent on the activities of OR, reporting on this system will be suspended for the 2020-21 influenza season. Finally, NCHS collects death certificate data for all deaths occurring in the United States, and these data are aggregated in a week of death. In previous flu seasons, NCHS surveillance data were used to calculate the percentage of all deaths occurring each week that pneumonia and/or influenza (HGIS) listed as the cause of death. In response to the ongoing COVID-19 pandemic, coded COVID-19 deaths have been added to the PDI to create the PIC classification influenza and/or COVID-19. PIC includes all deaths from pneumonia, influenza and/or COVID-19 listed on the death certificate. More information on the flu surveillance methodology and these updates are available online. The CDC has issued a temporary guide for Services during the COVID-19 pandemic. This guide is designed to help immunization providers in a variety of clinical and alternative settings with safe vaccine administration during the COVID-19 pandemic. This guidance will be continuously reviewed and updated based on the changing epidemiology of COVID-19 in the United States. Health workers who give vaccines should also consult with the leadership of state, local, tribal and territorial health officials. Full interim guide to immunization during the COVID-19 pandemic. Efforts to reduce the spread of COVID-19, such as home-based housing and housing orders, have reduced the use of conventional preventive health services, including immunization services. Ensuring that people continue or begin to be vaccinated during the COVID-19 pandemic is essential to protect people and communities from vaccine-preventable diseases and outbreaks, including influenza. Regular vaccination prevents diseases that lead to unnecessary doctor visits and hospitalization, further straining the health system. In the upcoming influenza season, influenza vaccination will be very important in reducing influenza incidence, as it can help reduce the overall impact of respiratory diseases on the population and thereby reduce the resulting burden on the health system during the COVID-19 pandemic. The flu vaccine can also provide several individual health benefits, including keeping you from getting the flu, reducing the severity of your disease if you get the flu and reducing the risk of flu-related hospitalization. Annual flu vaccination is recommended for all 6 months and older, with rare exceptions, because it is an effective way to reduce flu disease, hospitalization and death. During the COVID-19 pandemic, reducing the overall burden of respiratory diseases is essential to protect vulnerable populations at risk of severe illness, health care and other critical infrastructure. Thus, health professionals should use every opportunity during the influenza vaccination period to introduce influenza vaccines to all eligible persons, including; Key workers: Including medical staff (including nursing home, long-term care facility and pharmacy staff) and other critical infrastructure workers who have an increased risk of severe illness from COVID-19: including adults age 65 and older, nursing home residents or long-term care facilities, and people of all ages with certain comorbidities. It is noted that the severe illness associated with COVID-19 disproportionately affects racial/ethnic minority groups that have an increased risk of serious influenza complications: including infants and young children, children with neurological diseases, pregnant women, adults aged 65 and over and others certain underlying diseases No. Vaccination should be postponed (delayed) for people with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they meet the criteria to stop their isolation. Although mild illness is not a contraindication to influenza vaccination, vaccination

for these people should be delayed to avoid exposing medical staff and other patients to the virus that causes COVID-19. When planning or confirming an appointment for vaccination, patients should be instructed to notify the doctor's office or clinic in advance if they currently have or develop any symptoms of COVID-19. In addition, a previous infection with suspected or confirmed COVID-19 or influenza does not protect anyone from future flu infections. The best way to prevent seasonal flu is to get vaccinated every year. The potential for asymptomatic spread of the virus that causes COVID-19 highlights the importance of applying infection prevention techniques to all patients, including physical distancing (at least 6 feet) whenever possible, respiratory and hand hygiene, surface decontamination, and source control while in a medical facility. Immunization providers should turn to guidance designed to prevent the spread of COVID-19 in health facilities, including outpatient and outpatient facilities. To help ensure safe care during vaccination visits, providers should: Minimize the chances of exposure, including such steps: screening patients for COVID-19 symptoms and contacting individuals with possible COVID-19 before and upon arrival at the facility, and isolate symptomatic patients as soon as possible. Limit and control the entry points to the facility and install barriers such as clear plastic sneezing guards to limit physical contact with patients when sorting. Implementing a policy for adults and children over 2 years of age to wear a cloth covering the face (if allowed). Make sure patients practice respiratory hygiene, cough etiquette and hand hygiene. Make sure all employees adhere to the following infection prevention and control procedures: Follow standard precautions that include guidance on hand hygiene and environmental cleaning between patients. Wear a medical facemask at all times. Use eye protection based on the level of transmission of the virus in the community that causes COVID-19: Moderate-essential transmission: Health care providers should wear eye protection, given the increased likelihood of encountering patients with asymptomatic COVID-19. Minimum transmission: Universal eye protection is considered optional unless otherwise specified as part of standard precautions. these additional steps during the introduction of the vaccine: Intranasal or oral vaccines: Health care providers must wear gloves when providing intranasal or oral vaccines due to the likelihood of contact with the patient's mucosa and bodily fluids. They need to change their gloves and wash their hands between patients. The provision of these vaccines is not considered an aerosol procedure and therefore the use of a N95 or higher level respirator is not recommended. Intramuscular or subcutaneous vaccines: For patients (sick or good), presenting for care or routine visits, provide physical distancing by implementing strategies such as: Separating patients from well patients by planning these visits at different times of the day (e.g. good morning visits and sick visits in the afternoon), placing patients with sick visits in different areas of the facility, or planning patients with visits to other places . Reduce bored bay in waiting areas by asking patients to stay on the street (e.g. stay in their vehicles if applicable) until they are called to an institution for their appointment. Make sure that physical distancing measures, with a separation of at least 6 feet between patients and visitors, are supported in all aspects of the visit, including check-in, check-out, screening procedures, and post-vaccination monitoring. Use strategies such as physical barriers, signs, ropes and floor markings. Use electronic communication as much as possible (for example, filling out the necessary documents online in advance) to minimize the time patients work in the office, as well as the exchange of materials (such as a clipboard, pens). Yes. The guide was designed to provide vaccines in pharmacies, temporary, off-site, or satellite clinicspdf icon-painting iconography icons, and large-scale flu clinics. Other approaches to vaccination during the COVID-19 pandemic may include inpatient immunization services, roadside clinics, mobile outreach units and home visits. The general guidelines set out for health facilities should also apply to alternative vaccination sites with additional precautions for physical distance, which are particularly relevant for large-scale clinics, such as: providing specific appointment dates or other strategies to manage patient flow and prevent boredom. Provide enough staff and resources to help move patients through the clinic as quickly as possible. Limit the total number of patients at any given time, especially for populations at higher risk of severe illness from COVID-19. Set up movement in one way through the site and use signs, ropes or other measures to direct the movement of patients and ensure physical distance between patients. Organizing a separate vaccination zone or hours for people at increased risk of severe illness from COVID-19, such as the elderly and those with comorbidities whenever possible. Choosing a space large enough to provide a minimum distance distance Foot between patients in waiting lists for vaccination, between vaccination stations, and in post-vaccination monitoring areas (Advisory Committee on Immunization Practice recommends that providers consider monitoring patients within 15 minutes of vaccinationpdf to reduce the risk of injury if they faint). weak). cdc guidelines for flu vaccine 2020. cdc vis flu vaccine 2020. cdc guidance on flu vaccine 2020. cdc high dose flu vaccine 2020. cdc flu vaccine 2020 information sheet. cdc flu vaccine 2020 fact sheet. cdc flu vaccine 2020 ingredients. cdc flu vaccine 2020 pdf

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