



Frequently Asked Influenza (Flu) Questions: 2021-2022 Season

What's New for 2021-2022

A few things are different for the 2021-2022 influenza (flu) season, including:

- The composition of flu vaccines has been updated.
- All flu vaccines will be quadrivalent (four component), meaning designed to protect against four different flu viruses. For more information: [Quadrivalent Influenza Vaccine | CDC](https://www.cdc.gov/flu/prevent/quadrivalent.htm). <https://www.cdc.gov/flu/prevent/quadrivalent.htm>
- Licensure on one flu vaccine has changed. Flucelvax Quadrivalent is now approved for people 2 years and older.
- Flu vaccines and COVID-19 vaccines can be given at [the same time](#).

Flu Vaccine

What is CDC's recommendation for getting a flu vaccine for the 2021-2022 flu season?

Annual flu vaccination is recommended for everyone 6 months and older, with few exceptions (Children younger than 6 months, and people with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine, which might include gelatin, antibiotics, or other ingredients).

What viruses will the 2021-2022 flu vaccines protect against?

There are many different flu viruses, and they are constantly changing. The composition of US flu vaccines is reviewed annually and updated as needed to match circulating flu viruses. This season, all flu vaccines will be designed to protect against the four viruses that research indicates will be most common. Each year, the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee (VRBPAC) makes the recommendation for the flu vaccine composition for US flu vaccines.

For 2021-2022, recommendations were made for egg-based, cell-based, and recombinant flu vaccines as listed below:

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Egg-based vaccine composition recommendations:

- an A/Victoria/2570/2019 (H1N1) pdm09-like virus;
- an A/Cambodia/e0826360/2020 (H3N2)-like virus;
- a B/Washington/02/2019- like virus (B/Victoria lineage);
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage)

Cell- or recombinant-based vaccine composition recommendations:

- an A/Wisconsin/588/2019 (H1N1) pdm09-like virus;
- an A/Cambodia/e0826360/2020 (H3N2)-like virus;
- a B/Washington/02/2019- like virus (B/Victoria lineage);
- a B/Phuket/3073/2013-like virus (B/Yamagata lineage).

These recommendations include two updates compared with 2020-2021 US flu vaccines. Both the influenza A(H1N1) and the influenza A(H3N2) vaccine virus components were updated. Compared with the Southern Hemisphere flu vaccine recommendation, this recommendation represents one update and that is to the influenza A(H3N2) component.

For more information, visit <https://www.fda.gov/vaccines-blood-biologics/lot-release/influenza-vaccine-2021-2022-season>

What can we anticipate in terms of the timing of vaccine availability for the 2021-2022 season?

The timing of vaccine availability depends on when production is completed. Influenza vaccine distribution generally begins in August and continues through September, October, and November until all of the vaccines are distributed.

Are all influenza vaccines the same?

While all influenza vaccines will protect against the same 4 flu viruses, different influenza vaccines are manufactured differently and different preparations have different indications as licensed by the FDA. In particular, each vaccine is licensed for a specific age range. All recipients should receive a vaccine that is appropriate for their age. In addition, LAIV (the nasal spray flu vaccine) is not recommended for use in some populations.

People with egg allergies can receive any licensed, recommended age-appropriate influenza vaccine (IIV, RIV4, or LAIV4) that is otherwise appropriate. People who have a history of severe egg allergy (those who have had any symptom other than hives after exposure to egg) should be vaccinated in a medical setting, supervised by a health care provider who is able to

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recognize and manage severe allergic reactions. Two completely egg-free (ovalbumin-free) flu vaccine options are available: quadrivalent recombinant vaccine and quadrivalent cell-based vaccine.

Can I get a flu vaccine and COVID-19 vaccine at the same time?

You can get a COVID-19 vaccine and other vaccines at the same visit. You no longer need to wait 14 days between vaccinations. Experience with other vaccines has shown that the way our bodies develop protection, known as an immune response, after getting vaccinated and possible side effects of vaccines are generally the same when given alone or with other vaccines.

Will this season's flu vaccine match be affected by the low levels of flu virus activity last season?

CDC conducts year-round surveillance of circulating flu viruses and uses this and other sources of information to select the viruses to include in vaccine production. For the upcoming flu season, although fewer flu viruses were available to inform the selection process, CDC does not think that this will impact the match between circulating viruses and vaccine viruses because those viruses that were circulating were well sampled. However, it is important to note that there is always the possibility of a less than optimal match between circulating viruses and the viruses used to produce vaccine given the way flu viruses are constantly changing.

What should someone 65 or older do who is having trouble finding high-dose or adjuvanted flu vaccine?

Several flu vaccine formulations are approved for use in people 65 and older, including two “enhanced” flu vaccines: the high-dose flu vaccine and the adjuvanted flu vaccine, both of which are designed to create a stronger immune response in people 65 years and older. Also, a recent study external icon showed that recombinant flu vaccine can produce a stronger immune response in people 65 years and older. Additionally, there are standard dose flu vaccines that can be used in people 65 and older. It’s important to note that CDC does not have a preferential recommendation for any flu vaccine over another, and vaccination should not be delayed for a specific vaccine product when another vaccine licensed for use in people 56 and older is available.

What if my vaccine provider doesn't have my preferred flu vaccine?

CDC recommends use of any licensed, age-appropriate flu vaccine during the 2021-2022 flu season, including inactivated flu vaccine, high-dose flu vaccine, adjuvanted flu vaccine, recombinant flu vaccine, and nasal spray flu vaccine. Vaccination should not be delayed for a specific vaccine product when another age-appropriate vaccine is available.

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Flu Activity

Will new flu viruses circulate this season?

Flu viruses are constantly changing so it's not unusual for new flu viruses to appear each year.

When will flu activity begin and when will it peak?

The timing of flu is difficult to predict and can vary in different parts of the country and from season to season. Reduced population immunity due to lack of flu virus activity since March 2020 could result in an early and possibly severe flu season.

Testing and Treatment of Respiratory Illness when SARS-CoV-2 and Influenza Viruses are Co-circulating

What should we do if we have a patient who is sick with influenza/COVID-19-like symptoms while waiting for diagnostic test results?

While waiting on results of testing, non-hospitalized persons with acute respiratory symptoms should self-isolate at home. Even if people test negative for both SARS-CoV-2 and influenza viruses, they should self-isolate because of the potential for false negative testing results – depending upon what kind of test was done (e.g., antigen test, molecular test) and the level of SARS-CoV-2 and influenza virus transmission in the community. Persons not hospitalized with suspected or confirmed influenza who are at increased risk for complications from influenza should receive antiviral treatment for influenza as soon as possible, regardless of illness duration.

For hospitalized patients, empiric oseltamivir treatment should be started as soon as possible for patients with suspected influenza without waiting for influenza testing results.

I have a patient who has influenza/COVID-19-like symptoms, how should I proceed with testing and treatment?

CDC has developed clinical algorithms that can help guide decisions for influenza testing and treatment when SARS-CoV-2 and influenza viruses are co-circulating.

www.cdc.gov/flu/professionals/diagnosis/index.htm

Do antiviral medications for treatment of influenza have any effect on COVID-19?

FDA-approved antiviral medications for treatment of influenza have no activity against SARS-CoV-2 viruses, nor do they interact with medications used for treatment of COVID-19 patients.

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If a patient who is at higher risk for influenza complications is diagnosed with SARS-CoV-2 and influenza virus co-infection, they should receive antiviral treatment for influenza.

Flu Symptoms & Diagnosis

Influenza (also known as “flu”) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. This page provides resources about flu symptoms, complications, and diagnosis.

Flu signs and symptoms usually come on suddenly. People who are sick with flu often feel some or all of these symptoms:

- Fever* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

**It's important to note that not everyone with flu will have a fever.*

What is the difference between Influenza (Flu) and COVID-19?

Influenza (flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a coronavirus first identified in 2019, and flu is caused by infection with influenza viruses.

COVID-19 seems to spread more easily than flu. However, as more people become fully vaccinated against COVID-19, the spread of the virus that causes COVID-19 should slow down.

Compared to flu, COVID-19 can cause more serious illnesses in some people. COVID-19 can also take longer before people show symptoms and people can be contagious for longer. More information about differences between flu and COVID-19 is available in the different sections below.

Because some of the symptoms of flu, COVID-19, and other respiratory illnesses are similar, the difference between them cannot be made based on symptoms alone. Testing is needed to tell

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what the illness is and to confirm a diagnosis. People can be infected with both flu and the virus that causes COVID-19 at the same time and have symptoms of both influenza and COVID-19.

While more is learned every day about COVID-19 and the virus that causes it, there are still things, such as post-COVID conditions, that are unknown.

Last Reviewed August 6, 2021

Reference:

<https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm>. Accessed 8/11/2021

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