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Influenza Mandate 2020/2021 Frequently Asked Questions

- **Why the change from the previous mandates?**
The COVID-19 pandemic requires additional nonpharmaceutical intervention (NPI) as we approach the influenza season. Even though every person should be masking per the state order this may not provide enough protection with regards to exposure for both COVID-19 and Influenza. All health care workers defined as essential workers are included in this mandate.
- **How easy is it to distinguish Influenza from COVID-19 infection?**
Many characteristics of both illnesses are similar so clinical methods to differentiate them often fails. Rapid testing for both may not be available to quickly make a diagnosis. COVID-19, Influenza, Respiratory Syncytial virus (RSV) and other respiratory viruses often are difficult to distinguish and are labeled influenza like illness (ILI).
- **What are California's predictions for the upcoming viral season?**
COVID-19 infection is anticipated to reach a peak in mid-November 2020 and peak hospital bed use is predicted to occur approximately 2-3 weeks later. It is during this time frame that we will begin to see an increase in cases of Influenza. This has the potential to flood the health care system with many ill individuals. Vaccination for Influenza will help prevent this situation.
- **Is there an adequate supply of Influenza vaccine available?**
There are plenty of doses of the vaccine available to supply the needs for this mandate and the public in general.
- **Is the Influenza vaccine effective?**
In the 2019-20 season Influenza vaccine was effective against 31-44% of all the circulating Influenza strains.
- **What if I have an egg allergy?**
For individuals with a severe egg allergy there are two Influenza vaccines available that are either cell-culture based or recombinant.
- **What is the role of antiviral agents?**
Four medications are available for treatment of Influenza and they are very effective in shortening the length and severity of disease. Remdesivir is the only antiviral medication currently effective against COVID-19, although it is costly and administered under certain clinical circumstances to hospitalized patients.

- **What are the benefits of Influenza vaccination?**

In 2018-19 the overall vaccine effectiveness was 29% with an estimated vaccination coverage of 49%. This resulted in an estimated burden averted thru vaccination of:

- 4.4 million illnesses
- 58,000 hospitalizations
- 3,500 deaths

- **Is it possible to develop Influenza from getting the vaccination?**

Often individuals develop low grade fever, inflammation at the injection site and myalgias, headache or arthralgias following influenza vaccination. This is simply a response of your immune system to the vaccination and reflects the presence of some previous antibody development. It just means that your immune system is healthy and effective. If you are an individual who has that type of response, then take some Ibuprofen approximately 1 hour prior to the vaccination or consider taking the recombinant influenza vaccine (Flublok).

None of the vaccines except for Flumist contain live influenza virus. Flumist contains live attenuated influenza.

- **What is happening in the southern hemisphere?**

Influenza activities are reported at lower rates, but fewer countries are reporting data since they are focusing on COVID-19.

- Influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B/Victoria have been circulating. These strains are included in the Influenza Vaccine used in the United States.
- Social distancing and wearing masks during the COVID-19 pandemic may have helped to reduce the spread of influenza viruses.
- COVID-19 pandemic has influenced health-seeking behaviors, testing priorities and capacities making interpretation of the southern hemisphere data very challenging.

- **If I am positive for COVID-19 should I receive the influenza vaccine?**

Influenza vaccination should be delayed until approximately 2 weeks from onset of COVID-19 symptoms or the date of the positive test.

- **Why have more health providers been added to the Mandate this year beyond the normal hospital and clinic staff?**

With the onset of the Pandemic the other groups were determined to be providers of medical service and are now included in this Mandate.

- **What if I decide I don't want to get the influenza vaccine and I don't meet the criteria for medical exemption?**

The Mandate is to be enforced by the employer, and they will be the one to follow up on the employee's actions.