WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

School Nurse UPDATE

#4 October 7, 2021

Greetings!

I am getting excited for the upcoming New School Nurse Orientation (NSNO)! There are over 100 participants registered so far. Since it is a virtual "conference" this year there is no limit to participation. The NSNO is for registered nurses new (1-5 years) to the role of school nurse. There is still time to register.

While I love presenting, I had to do some "soul searching" regarding some of the presentations I have been asked to do recently. I write about that in PRACTICE POINTS. The Department of Public Instruction State Superintendent Dr. Jill Underly recently delivered her first State of Education Address. Dr. Underly has been a strong proponent and messenger surrounding infection control and layered prevention strategies in schools.

DPI's main infection control document was updated and posted to the COVID-19 school health services webpage to reflect revisions to CDC's Responding to COVID-19 Cases in K-12 Schools: Resources for School Administrators. Note also that the PPE Considerations for Schools document was revised. See p. 2 for more explanation.

I'd like to point out the Consensus Statement on the Core Tenets of Chronic Condition Management in Schools developed by a broad group of health and education organizations. Due to the pandemic, there is now increased recognition of the link between health and education and heightened awareness of the range of essential services provided by schools, including health services and chronic condition management. This will be an important document to reference in the coming years.

Louise

FEATURED STORIES

SAVE THE DATE

New School Nurse Virtual Orientation – October 21-22, 2021. **Registration Now open: https://forms.gle/mBV7oDk3CBM2XVRi8**

Prescription Drug Take-Back Day **October 13, 2021**

DPI News

State of Education Address
On September 23, the Department of Public Instruction State Superintendent Dr. Jill Underly delivered her first State of Education Address followed by a news conference. Dr. Underly called on the Legislature to use state surplus to invest in K-12 schools and discussed needs for early childhood education, mental health resources, and teacher recruitment and retention efforts. Underly also announced the creation of a literacy task force to find strategies for students who struggle with reading. The goal of the task force is to help Wisconsin become a national leader again.

Building the Heart of Successful Schools Virtual Conference December 2-3, 2021
Registration is now available for the 2021 Building the Heart of Successful Schools Conference. Additional information on pre-conferences coming soon!
https://www.wishschools.org/bhss/2021/BHSS%202021%20Keynote%20Flyer.pdf

DPI State School Nurse Consultant Honored by WCASS
At the recent fall Wisconsin Council of Administrators of Special Services (WCASS) conference Louise Wilson, DPI School Nursing/Health Services Consultant, was presented with the Outstanding Service Award "based upon all the guidance and support given during the pandemic." See PRACTICE POINTS for some comments from Louise.

Guidance Revisions
The COVID-19 Infection Control and Mitigation Measures for Wisconsin Schools 2021/2022 was updated to reflect the revisions to the CDC guidelines as shared in a September 30, 2021, email. The revisions are pointed out after the Introduction for ease in locating the changes.

The PPE Considerations for Schools document was recently reviewed by experts in respiratory training and revised accordingly. The format has changed. Note that the section on Asthma Treatment Notes has updated recommendations based upon the OSHA Emergency Temporary Standard (ETS). While doing nebulizer treatments in schools is still not recommended, if done, an N95 respirator is no longer required as it is not listed in the ETS as an aerosol generating procedure.

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DHS News

DHS Encourages Flu Vaccination: Protect Yourself and Those Around You

The Wisconsin Department of Health Services (DHS) encourages everyone to get vaccinated against influenza (flu) this fall. The flu vaccine is another layer of protection to prevent serious illness, hospitalization, and death from a preventable disease.

"In the last year, we've learned some valuable lessons about respiratory viruses," said Tom Haupt, DHS Influenza Surveillance Coordinator. "It's critical that we do everything we can to prevent influenza – like getting your flu vaccine. When Wisconsinites work together on good public health behaviors, like vaccination, physical distancing, and hand washing, we can stop the spread of respiratory viruses like influenza. All these actions can prevent some of our most vulnerable friends, families, and neighbors from getting seriously ill from the flu."

While it's never too late to get a flu shot, Haupt recommends children and adults get the vaccine now to be protected before flu season gets into full swing. People can get the flu vaccine at the same time as other vaccines, including the COVID-19 vaccines, whether it's their first or second dose or a booster.
View the entire news release.

"In the last year, we've learned some valuable lessons about respiratory viruses, It's critical that we do everything we can to prevent influenza – like getting your flu vaccine."

DHS Announces New Electronic Communications to Notify COVID-19 Close Contacts

The Wisconsin Department of Health Services (DHS) today announced that people who have been in close contact with someone who has tested positive for COVID-19 can be sent a text or email notifying them of their exposure to COVID-19. This is another way to share important information with close contacts in a timely manner. People who test positive for COVID-19 will continue to receive a phone call from a contact tracer.

"As COVID-19 cases in Wisconsin rise in large part due to the highly transmissible Delta variant, and particularly among people who haven't been vaccinated, we need to find more ways to get information to folks as quickly as we can," said Governor Evers. "The ability to text and email information to close contacts will be a valuable tool for our critical contact tracing efforts that remain an important part of our work to stop the spread of COVID-19."
View the entire news release.

DHS News

Respiratory Report
The Weekly Respiratory Report is available and updated bi-weekly.

Well Badger Resource Center Connects People to the Health and Social Services They Need
The Children's Mental and Behavioral Health Resource Navigator is a free, confidential, online tool designed to help parents, caregivers, and professionals navigate mental and behavioral health services and support for children ages 0 to 21.

Free Asthma Training Offered by the Kentucky Department for Public Health and Kentucky Department for Education
The Kentucky Department for Public Health and Kentucky Department for Education collaborated to be able to have this offering available. The presenter, Dr. Ben Francisco, reviews the basics of asthma and many new changes in treatment that the school nurse or practitioner may experience in the pediatric clinic, or school environment. **The course is free on TRAIN.** Once the course is completed the nurse will receive 1.5 nursing contact hours.

Course ID: 1099543 Available NOW!
https://www.train.org/ky/course/1099543/
Maternal & Child Health Program: MCH Guidelines for Asthma Overview of 2021 Changes and How These Will Impact Schools

Wisconsin Family Ties

Katie Beckett Can Change Lives – Help Spread the Word
The Wisconsin Department of Health Services has reached out to Wisconsin Family Ties, and other community partners, for help promoting the Katie Beckett Medicaid program. The Katie Beckett program offers families of children with disabilities or mental health needs the opportunity to access Medicaid benefits based upon the child's level of disability, rather than the family's income or assets. *Learn more about the Katie Beckett program.*

Registration is OPEN for the 31st Children Come First Conference – Attend Virtually or In Person!
This year's conference, on November 15th & 16th, offers attendees the option of attending virtually or joining us in person at the Kalahari Resort & Conference Center in Wisconsin Dells. The Children Come First Conference is well-known for bringing in national keynote speakers and offering a wide variety of workshops, and this year is no exception. We have three nationally-known keynote speakers – **Tonier Cain** and **Hector Matascastillo**, who will be with us in person, and child psychologist **Mona Delahooke**, who will be offering a virtual presentation, followed by a Q & A session. Additionally, we have over 30 workshops on a wide variety of topics related to children's mental health. *(For more information or to register, click here)*

Morbidity and Mortality Weekly Report

Pediatric COVID-19 Cases in Counties With and Without School Mask Requirements — United States, July 1–September 4, 2021

Counties without school mask requirements experienced larger increases in pediatric COVID-19 case rates after the start of school compared with counties that had school mask requirements.

https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7039e3-H.pdf

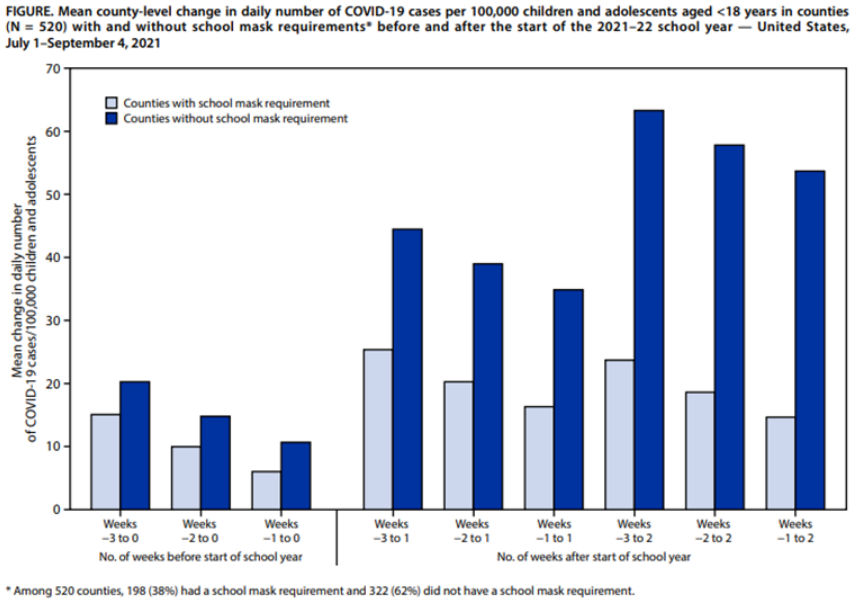


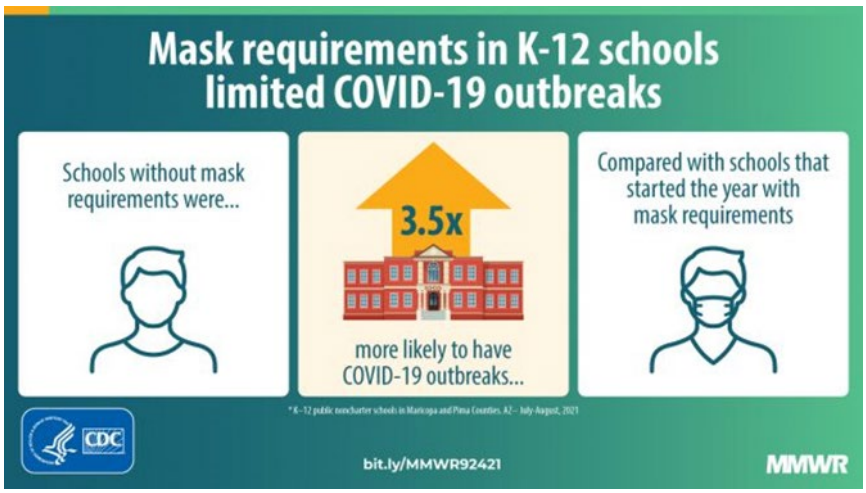
FIGURE. Mean county-level change in daily number of COVID-19 cases per 100,000 children and adolescents aged <18 years in counties (N = 520) with and without school mask requirements* before and after the start of the 2021–22 school year — United States, July 1–September 4, 2021

* Among 520 counties, 198 (38%) had a school mask requirement and 322 (62%) did not have a school mask requirement.

Association Between K–12 School Mask Policies and School-Associated COVID-19 Outbreaks — Maricopa and Pima Counties, Arizona, July–August 2021

After adjusting for potential described confounders, the odds of a school-associated COVID-19 outbreak in schools without a mask requirement were 3.5 times higher than those in schools with an early mask requirement (OR = 3.5; 95% CI = 1.8–6.9).

Weekly / October 1, 2021 / 70(39);1372–1373 Read article.



NASN News

AmeriCorps Volunteers as Possibility to do Contact Tracing
I noted this discussion on the NASN member listserv. The writer participated in a webinar about the opportunity for school districts (higher ed and K-12) having the ability to apply for an AmeriCorps grant to have individuals assist in the contract tracing efforts. Each state has an AmeriCorps office. A portion of the American Rescue Plans funds was allocated to the AmeriCorps office in each state to be used for contact tracing in schools. This is a grant program for which an application is required. Click here to find the state contacts.

Asthma & Allergy Network

Recent Webinar Video Recordings and Resources

The Latest Impact of COVID-19: Asthma, Allergies and the Long-Haul
https://allergyasthmanetwork.org/webinars-updates/new-webinar-the-latest-impact-of-covid-19-asthma-allergies-and-the-long-haul/

COVID-19 Info Center
https://allergyasthmanetwork.org/health-a-z/covid-19/

The COVID Long-Haul: Symptoms Following COVID-19
https://allergyasthmanetwork.org/news/covid-long-haul/

The Long-Haul Consequences of COVID-19: Asthma, Allergies, and All Conditions
https://allergyasthmanetwork.org/news/the-long-haul-consequences-of-covid-19-asthma-allergies/

COVID-19 vs Asthma: How to Tell the Difference
https://allergyasthmanetwork.org/news/covid-19-vs-asthma/

COVID-19 Vaccine Resources:
https://allergyasthmanetwork.org/health-a-z/covid-19/covid-19-vaccine-resources/

COVID-19 School Resources:
https://allergyasthmanetwork.org/health-a-z/covid-19/covid-19-school-resources-for-managing-asthma-and-allergies/

A portion of the American Rescue Plans funds was allocated to the AmeriCorps office in each state to be used for contact tracing in schools.

Miscellaneous

OCR Issues Guidance on HIPAA, COVID-19 Vaccinations, and the Workplace

The U.S. Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) issued guidance to help the public understand when the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule applies to disclosures and requests for information about whether a person has received a COVID-19 vaccine.

The guidance reminds the public that the HIPAA Privacy Rule does not apply to employers or employment records. This is because the HIPAA Privacy Rule only applies to HIPAA covered entities (health plans, health care clearinghouses, and health care providers that conduct standard electronic transactions) and, in some cases, to their business associates.

The guidance addresses common workplace scenarios and answers questions about whether and how the HIPAA Privacy Rule applies. This information will be helpful to the public as we continue to navigate the COVID-19 pandemic.

"We are issuing this guidance to help consumers, businesses, and health care entities understand when HIPAA applies to disclosures about COVID-19 vaccination status and to ensure that they have the information they need to make informed decisions about protecting themselves and others from COVID-19," said OCR Director Lisa Pino.

The Guidance on HIPAA, COVID-19 Vaccinations, and the Workplace may be found at https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/hipaa-covid-19-vaccination-workplace/index.html

The guidance reminds the public that the HIPAA Privacy Rule does not apply to employers or employment records.

Prescription Drug Take-Back Day: October 23

Remove potentially dangerous medicines from your home if you no longer have a use for them. Drug Take Back Day is confidential and easy with locations throughout the state. See the attachment for more details and other take-back options outside of the event.

Miscellaneous

Risk of Exposure to Unsafe Levels of Radiation with Safe-T-Lite UV WAND: FDA Safety Communication Date Issued: September 29, 2021
The U.S. Food and Drug Administration (FDA) is warning consumers about the potential risk of injury associated with the use of the Safe-T-Lite UV WAND, manufactured by Max-Lux Corporation Limited. Use of Max-Lux Safe-T-Lite UV WAND may expose the user or any nearby person to unsafe levels of ultraviolet-C (UV-C) radiation and may cause injury to the skin, eyes, or both after a few seconds of use. The FDA is aware that consumers may use the Max-Lux Safe-T-Lite UV WAND to try to disinfect surfaces and kill germs in the home or similar spaces. The FDA recommends that consumers consider using safer alternative disinfection methods, such as general purpose disinfectants. Read more.

Health Equity
How does health equity relate to schools' work fostering educational equity?

- A Tale of Two Zip Codes: When it comes to our health, our zip code matters more than our genetic code. Why?
- How Racism Affects Pregnancy Outcomes: Wisconsin ranks among the worst states for disparities in infant mortality rates.
- Better Education = Healthier Lives: How does getting a better education lead to better health outcomes? And how does better health affect motivation and learning?

OSHA Updated Healthcare Standards
OSHA has updated their standards to guide emergency healthcare. **Learn more**. OSHA standards don't apply directly to Wisconsin public employees but Wis. Stat. § 101.055 requires the Department of Safety and Professional Services (DSPS) to adopt standards at least equal to those provided to private employees by OSHA. Wis. Admin. Code § SPS 332.50 incorporates by reference OSHA's Occupational Safety and Health Standards, 29 CFR part 1910, July 1, 2010, the part the ETS is issued under.

Consensus Statement on the Core Tenets of Chronic Condition Management in Schools
The National Association of State School Nurse Consultants (NASSNC) and the National Association of School Nurses (NASN) have signed-on with the American Academy of Pediatrics and a broad group of health and education organizations to release a Consensus Statement on the Core Tenets of Chronic Condition Management in Schools. This statement aims to improve health and academic outcomes for children by establishing a common framework that can be used by schools and their partners to guide an integrated, collective, and equitable approach to chronic condition management in schools.

As a result of the COVID-19 pandemic, the need for effective chronic condition management in schools is greater than ever. The core tenets outlined in this statement provide a structure for leveraging new partnerships and funding to develop a model that fully embeds and supports the health and well-being of all children, including those with chronic conditions.

Your Choice Prevention

Hallucinogens
October 7, 2021
11:30-1:00pm CST

After seeing a decline in use for many years, the numbers of teenagers and young adults using hallucinogens has been steadily increasing. This presentation will identify various hallucinogens that have been confiscated in Waukesha County, Wisconsin. Detective Bahr will describe how hallucinogens effect the user and go over street names for hallucinogens.

Presenter: Detective Christy Bahr

Detective Bahr has been employed by the Waukesha County Sheriff's Department for 19 years. She has spent 16 years as a certified Drug Recognition Expert. For the last four years, she has been a Detective and has served for one year as Identification Bureau Detective, processing drugs and testing for court. Register Here.
All sessions are FREE to attend. If you need a certificate of completion or continuing education credit the fee is $15 per session.

For those that cannot attend, sessions will be recorded and available on www.yourchoiceprevention.org/webinars for free for one week.

Miscellaneous

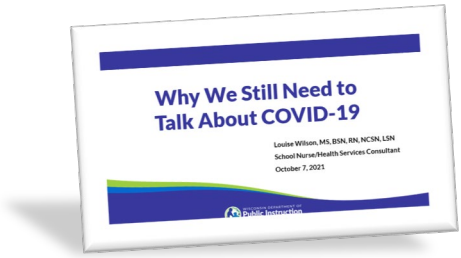
CLEAR THE AIR, WISCONSIN: SEEKING TOBACCO-FREE STUDENTS & SCHOOLS
Join the American Heart Association, Children's Wisconsin, and the Wisconsin Tobacco Prevention & Control Program, for a **virtual discussion of the vaping epidemic** and **making the case for tobacco-free school districts**. We'll take an in depth look at trends in youth tobacco use, why kids are so vulnerable to addiction, share resources to help support students who need to quit, and share opportunities for district leaders to receive support in implementing a tobacco-free school framework. See attached flyer for more information.

Tuesday, October 12 from 2:30-3:30 PM.
Register Online Today

We'll take an in depth look at trends in youth tobacco use, why kids are so vulnerable to addiction, share resources to help support students who need to quit, and share opportunities for district leaders to receive support in implementing a tobacco-free school framework.

PRACTICE POINTS

By Louise Wilson



Why We Still Need to Talk About COVID-19

That's the title of my upcoming presentation for the Wisconsin Association of School Business Officials (WASBO) conference. When I was asked a few weeks ago to present I questioned if school business officials really wanted to hear me speak on this topic. (When I was first asked, I mixed up my acronyms and thought I was asked to speak to school board members (WASB)). No matter the audience, the questions remain, why do we need to keep talking about COVID-19 and is anyone still listening?

"Is there really such a thing as being too careful when it comes to the health and well-being of all of our children?" That's the question posed in a recent Relentless School Nurse blog. I think not. The health and well-being of children is my reason for still talking about COVID-19.

"Is there really such a thing as being too careful when it comes to the health and well-being of all of our children?"

I agree with Robin Cogan that no school nurse wants to be the one responsible for overlooking a student's or staff member's symptoms thinking it is a simple cold or allergies and have it turn out to be COVID-19. The stakes of spreading COVID-19 in school and the community is high. School nurses understand this.

School nurses were on the front lines last school year and continue to be this school year. Though I think many feel as if they are in front of a firing squad rather than the front lines protecting the health and well-being of students. My hope is that by continuing to talk about COVID-19 prevention and mitigation measures, by continuing to talk about infection control in schools, others will understand and feel supported in making decisions that protect the health and well-being of all students.

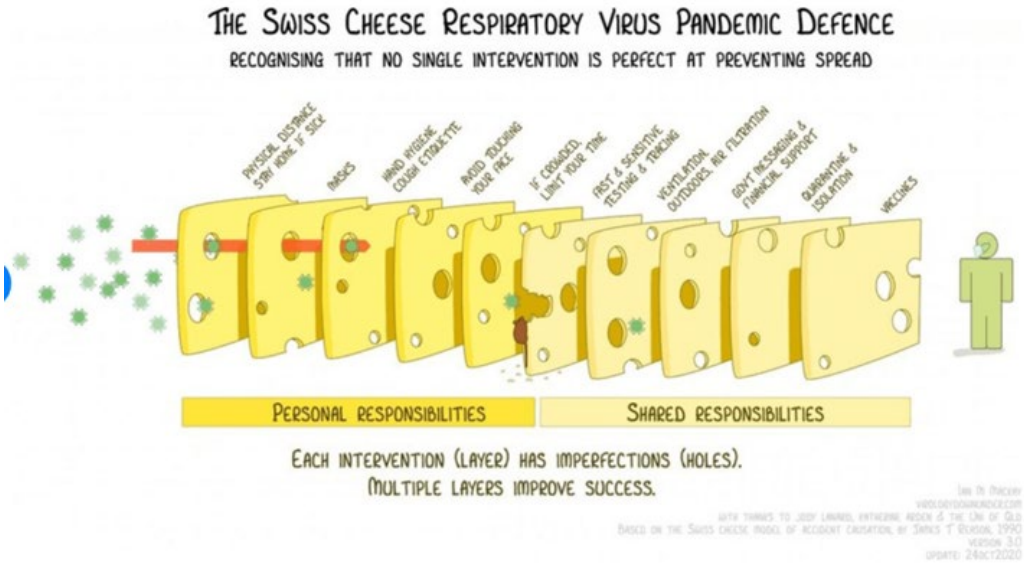
I hope people are still listening.

I like Robin's suggestion of reframing the conversation about protecting students as a shared responsibility. It does not rest on the sole shoulders of school nurses or school administrators. Not even on shoulders of school board members who are the final decision makers for school policies, nor parents who make decisions for their (own) children. We all share a responsibility to implement the strategies in the "Swiss Cheese" model. We all share responsibility for protecting the health and well-being of our children.

On September 28, 2021, I was honored by the Wisconsin Council of Administrators of Special Services (WCASS) with their "Outstanding Service" award. Upon receiving this award, I thanked the organization for the extraordinary honor and stated I felt this is really a recognition of the work ALL school nurses did last year! I told them this year is especially difficult for school nurses (I saw many heads nod) and if they were lucky enough that their school nurse has not resigned then please know they need your support (again heads nodded).

It is clear to me that it is important that I, as state school nurse consultant, keep talking about COVID-19. My position affords me the voice many of you may not have. While I was recognized with an award, you all have been and continue to do the work of implementing the layered strategies, as best you can. We share a responsibility that I do not take lightly and neither do you.

I'll keep talking. I hope people are still listening.



This publication is available from:
Learning and Support
Student Services Prevention and Wellness Team
(608) 266-8857
https://dpi.wi.gov/sspw/pupil-services/school-nurse
October 2021 Wisconsin Department of Public Instruction

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Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

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Date: September 15, 2021

To: Physicians, Pharmacists, Infection Preventionists, Long-Term Care Facilities, Local Health Departments, Tribal Health Clinics, Federally Qualified Health Centers, Visiting Nurse Agencies, and other immunization providers

From: James H. Conway, MD, FAAP
Wisconsin Chapter of the American Academy of Pediatrics

Jonathan L. Temte, MD, PhD
Chair, Wisconsin Council on Immunization Practices

Ryan Westergaard, MD, PhD, MPH
State Epidemiologist for Communicable Diseases

Re: The 2021-2022 Advisory Committee on Immunization Practices (ACIP) recommendations for the prevention and control of seasonal influenza with vaccines

Promote Influenza Vaccination

Influenza and SARS-CoV-2 viruses are expected to circulate at the same time during the upcoming 2021-2022 influenza season. In this context, vaccination against influenza will be more important than ever to decrease the overall impact of respiratory illnesses by reducing influenza-associated illnesses, hospitalizations, and deaths, and reducing the burden on the health care system.

During the COVID-19 pandemic, reducing the overall burden of respiratory illnesses is important to protect vulnerable populations at risk for severe illness, the health care system, and other critical infrastructure. Thus, health care providers should offer influenza vaccine by the end of October and should use every opportunity during the influenza vaccination season to administer influenza vaccines to all medically-eligible persons.

Vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of whether they have symptoms, until they have met the criteria to discontinue their isolation in order to diminish risk of spread to others at sites of vaccination. Continue to offer seasonal influenza vaccine as long as influenza viruses are circulating and to schedule immunization clinics throughout the influenza season into 2022 because influenza was detected among Wisconsin residents during 31 weeks of 2020 (the most current year for which we have complete data).

Safe Delivery of Vaccine

- How and where people receive their influenza vaccine may need to change due to the COVID-19 pandemic. For example, clinics could consider drive-through or curbside delivery of vaccine in order to maintain physical distancing and should use appropriate personal protective equipment while administering vaccines. Walk-in influenza vaccine clinics may need to be replaced with scheduled times to comply with local social distancing requirements.
- The Centers for Disease Control and Prevention has released Vaccination Guidance During a Pandemic. This guidance is intended to help immunization providers in a variety of clinical and

alternative settings with the safe administration of vaccines during the COVID-19 pandemic. This guidance will be continually reassessed and updated based on the evolving epidemiology of COVID-19 in the United States.

- The Centers for Disease Control and Prevention has also released Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations.

The full ACIP Recommendations

The 2021-2022 ACIP recommendations for the prevention and control of seasonal influenza with vaccines were formally issued on August 27, 2021. This document can be downloaded from the MMWR website at: https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm.

Updated ACIP information regarding recommendations or vaccine supply and timing of distribution of influenza vaccine that affect the target groups will be made available, as needed. The 2021-2022 Vaccine Information Statements are also available.

It is important to be aware of the current recommendations and to periodically visit the CDC website for additional information and updates. Access to updated or supplemental information is often necessary throughout the influenza season and the months leading up to it. The CDC and other public health agencies will assess the vaccine supply on a continuing basis throughout the manufacturing period and will inform both providers and the general public in the event of substantial delays or inadequate supply.

Vaccines available during the 2021-2022 season are (Table 1):

- Quadrivalent inactivated influenza vaccine (IIV4)
  - Sanofi Pasteur (Fluzone Quadrivalent)
  - GlaxoSmithKline (Fluarix Quadrivalent)
  - GlaxoSmithKline (FluLaval Quadrivalent)
  - Seqirus (Afluria Quadrivalent)
  - Sanofi Pasteur (Fluzone High-Dose Quadrivalent)
- Quadrivalent cell-culture based influenza vaccine (ccIIV4): Seqirus (Flucelvax Quadrivalent)
- Live-attenuated influenza vaccine, quadrivalent (LAIV4): AstraZeneca (FluMist Quadrivalent)
- Adjuvanted inactivated influenza vaccine, quadrivalent (aIIV4): Sequirus (Fluad Quadrivalent)
- Recombinant hemagglutinin (HA) influenza vaccine (RIV4): Sanofi Pasteur (FluBlok Quadrivalent), for persons with egg allergy of any severity

Vaccination of all persons aged ≥6 months continues to be recommended. Not all influenza vaccines are likely to be uniformly available in any given practice setting or geographic locality. Vaccination should not be delayed to obtain a specific product when an appropriate one is already available. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations when vaccine is available. See Table 2 for a list of contraindications and precautions to receipt of influenza vaccine.

In the event of a shortfall in production or a delay in the delivery of an adequate supply of vaccine, you will be notified of any official prioritization of high-risk groups. If such an event should occur, a Prioritization Plan will be distributed. If needed, this plan will provide a sequence of prioritization for you to follow to assure that high-risk individuals receive their influenza vaccinations first. Because the annual supply and timing of distribution of influenza vaccine cannot be guaranteed, we continue to stress the importance of local partnerships. The recent history of vaccine delivery delays and shortages emphasizes the need for local coalitions to help coordinate redistribution and administration of influenza vaccine. HealthMap Vaccine Finder may be used to identify a location (e.g., clinic or community pharmacy) to receive influenza vaccine: http://flushot.healthmap.org/.

The 2021-2022 ACIP Recommendations include five principal updates:

1. All seasonal influenza vaccines available in the United States for the 2021-2022 season are expected to be quadrivalent.

Quadrivalent egg-based vaccine will contain:

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

Cell culture-based or recombinant vaccine will contain:

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

2. The approved age indication for the cell culture-based influenza vaccine, Flucelvax Quadrivalent (ccIIV4), has been expanded from ages ≥4 years to ages ≥2 years.

3. Current guidance for the use of COVID-19 vaccines indicates that these vaccines can be coadministered with other vaccines, including influenza vaccines.

4. Guidance concerning timing of vaccination has been modified. For women in the third trimester of pregnancy, vaccination soon after vaccine becomes available can now be considered. As in previous seasons, children who need 2 doses of influenza vaccine administered ≥4 weeks apart (those aged 6 months through 8 years who have never received a lifetime total of ≥2 doses) are recommended to receive the first dose as soon as possible after vaccine becomes available. For nonpregnant adults, early vaccination (i.e., in July and August) should be avoided unless there is concern that later vaccination might not be possible.

5. Contraindications and precautions to the use of ccIIV4 and RIV4 have been modified, specifically with regard to persons with a history of severe allergic reaction (e.g., anaphylaxis) to an influenza vaccine.

- A history of severe allergic reaction (e.g., anaphylaxis) to a previous dose of any egg-based IIV, LAIV, or RIV of any valency is a precaution to use of ccIIV4.
- A history of a severe allergic reaction (e.g., anaphylaxis) to a previous doses of any egg-based IIV, ccIIV, or LAIV of any valency is a precaution to use of RIV4.
- Use of ccIIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under supervision of a provider who can recognize and manage a severe allergic reaction; providers can also consider consulting with an allergist to help identify the vaccine component responsible for the reaction.
- For ccIIV4, history of severe allergic reaction (e.g., anaphylaxis) to any ccIIV of any valency or any component of ccIIV4 is a contraindication to future use of ccIIV4.
- For RIV4, history of a severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency or any component of RIV4 is a contraindication to future use of RIV4.

Influenza vaccination of children aged 6 months through 8 years

1. All children aged 6 months through 8 years who are recommended to receive two doses this season should receive their first dose as soon as possible after vaccine becomes available; these children should receive the second dose ≥4 weeks later (Figure 1). This practice increases the opportunity for both doses to be administered during the same influenza season and before the onset of influenza activity.

Influenza vaccination of pregnant women

1. Vaccination during pregnancy has been demonstrated to protect infants from influenza, including infants aged <6 months for whom no influenza vaccines are currently licensed. Specifically, infants

born to vaccinated women had a 63% reduction in laboratory-confirmed influenza illness during the first six months of life (2,3).

2. The ACIP, the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP) recommend that all women who are pregnant or who might be pregnant during the upcoming influenza season receive IIV because of an increased risk of serious illness and complications from influenza. LAIV is not recommended for use during pregnancy.
3. Information about influenza vaccination during pregnancy and guidance on how to address concerns that patients may have about influenza vaccination is available at: https://www.cdc.gov/flu/professionals/vaccination/vaccination-possible-safety-signal.html

Influenza vaccination of persons with a history of egg allergy

For the 2021-2022 influenza season, ACIP recommends the following:

1. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. Any licensed, recommended and age-appropriate influenza vaccine (i.e., any IIV4, RIV4 or LAIV4) that is otherwise appropriate for the recipient's age and health status may be used.
2. Persons who report having had reactions to egg involving symptoms other than urticaria (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent vomiting) or who required epinephrine or another emergency medical intervention may similarly receive any licensed, recommended influenza vaccine (i.e., any IIV4, RIV4, or LAIV4) that is otherwise appropriate for their age and health status. If a vaccine other than ccIIV4 or RIV4 is used, the selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic reactions.

If you have any questions, please call the Regional Immunization Program Representative in your area:

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Susan Nelson	Green Bay Regional Office	920-448-5231
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Christie Oestreich	Rhinelander Regional Office	715-365-2709

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TABLE 1. Influenza vaccines, by formulation—United States, 2021-2022 influenza season*

Trade name	Manufacturer	Presentation	Mercury (from thimerosal) (μg/0.5 mL)	Age indication	Route	HA (IIVs and RIV4) or virus count (LAIV4) for each vaccine virus (per dose)
Inactivated influenza vaccine, quadrivalent (IIV4), standard dose, egg based†						
Afluria Quadrivalent	Seqirus	0.25 mL PFS§	--	6–35 mos§	IM¶	7.5 µg/0.25 mL
		0.5 mL PFS§	--	≥3 yrs§	IM¶	15 µg/0.5 mL
		5.0 mL MDV§	24.5	≥6 mos§ (needle/ syringe) 18-64 yrs (jet injector)	IM¶	15 µg/0.5 mL
Fluarix Quadrivalent	GlaxoSmithKline	0.5 mL PFS	--	≥6 mos	IM¶	15 µg/0.5 mL
FluLaval Quadrivalent	GlaxoSmithKline	0.5 mL PFS	--	≥6 mos	IM¶	15 µg/0.5 mL
Fluzone Quadrivalent	Sanofi Pasteur	0.5 mL PFS**	--	≥6 mos**	IM¶	15 µg/0.5 mL
		0.5 mL SDV**	--	≥6 mos**	IM¶	15 µg/0.5 mL
		5.0 mL MDV**	25	≥6 mos**	IM¶	15 µg/0.5 mL
						7.5 µg/0.25 mL
Inactivated influenza vaccine, cell culture-based quadrivalent (ccIIV4), standard dose						
Flucelvax Quadrivalent	Seqirus	0.5 mL PFS	--	≥2 yrs	IM¶	15 µg/0.5 mL
		5.0 mL MDV	25	≥2 yrs	IM¶	15 µg/0.5 mL
Adjuvanted inactivated influenza vaccine, quadrivalent (aIIV4), standard dose, egg based†						
Fluad	Seqirus	0.5 mL PFS	--	≥65 yrs	IM¶	15 µg/0.5 mL
Inactivated influenza vaccine, quadrivalent (HD-IIV4), high dose, egg based†						
Fluzone High-Dose	Sanofi Pasteur	0.7 mL PFS	--	≥65 yrs	IM¶	60 µg/0.7 mL
Recombinant influenza vaccine, quadrivalent (RIV4)						
FluBlok Quadrivalent	Sanofi Pasteur	0.5 mL PFS	--	≥18 yrs	IM¶	45 µg/0.5 mL
Live attenuated influenza vaccine, quadrivalent (LAIV4), egg based†						
FluMist Quadrivalent	AstraZeneca	0.2 mL prefilled single-use intranasal sprayer	--	2–49 yrs	NAS	$10^{6.5\text{-}7.5}$ fluorescent focus units/0.2 mL

Abbreviations: ACIP = Advisory Committee on Immunization Practices; FDA = Food and Drug Administration; HA = hemagglutinin; IIV4 = inactivated influenza vaccine, quadrivalent; IM = intramuscular; LAIV4 = live attenuated influenza vaccine, quadrivalent; MDV = multidose vial; NAS = intranasal; PFS = prefilled syringe; RIV4 = recombinant influenza vaccine, quadrivalent; SDV = single-dose vial.

* Vaccination providers should consult FDA-approved prescribing information for 2021–22 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at https://www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states. Availability and characteristics of specific products and presentations might change and/or differ from what is described in this table and in the text of this report.

† History of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of most IIVs and LAIV4. However, ACIP recommends that persons with a history of egg allergy may receive any licensed, recommended influenza vaccine that is otherwise appropriate for their age and health status. Those who report having had reactions to egg involving symptoms other than urticaria (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent emesis) or who required epinephrine or another emergency medical

intervention should be vaccinated in an inpatient or outpatient medical setting (including, but not necessarily limited to, hospitals, clinics, health departments, and physician offices) supervised by a health care provider who is able to recognize and manage severe allergic reactions, if a vaccine other than ccIIV4 or RIV4 is used.

§ The dose volume for Afluria Quadrivalent is 0.25 mL for children aged 6 through 35 months and 0.5 mL for persons aged ≥3 years.

¶ IM-administered influenza vaccines should be given by needle and syringe only, with the exception of the MDV presentation of Afluria Quadrivalent, which may alternatively be given by the PharmaJet Stratis jet injector for persons aged 18 through 64 years only. For adults and older children, the recommended site for intramuscular influenza vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Additional guidance regarding site selection and needle length for intramuscular administration is available in the ACIP General Best Practice Guidelines for Immunization, available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf.

** Fluzone Quadrivalent is currently licensed for ages 6 through 35 months at either 0.25 mL or 0.5 mL per dose; however, 0.25-mL prefilled syringes are not expected to be available for the 2021–22 influenza season. If a prefilled syringe of Fluzone Quadrivalent is used for a child in this age group, the dose volume will be 0.5mL per dose.

TABLE 2. Contraindications and precautions to the use of influenza vaccines—United States, 2021-2022 influenza season*

Vaccine	Contraindications	Precautions
Egg-based IIV4s	History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine† or to a previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV)§	Moderate or severe acute illness with or without fever History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine
ccIIV4	History of severe allergic reaction (e.g., anaphylaxis) to a previous dose of any ccIIV or any component of ccIIV4§	Moderate or severe acute illness with or without fever History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, RIV, or LAIV)¶
RIV4	History of severe allergic reaction (e.g., anaphylaxis) to a previous dose of any RIV or any component of RIV4§	Moderate or severe acute illness with or without fever History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, ccIIV, or LAIV)¶
LAIV	History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine† or to a previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV)§ Concomitant aspirin or salicylate-containing therapy in children and adolescents§ Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months Children and adults who are immunocompromised due to any cause, including but not limited to immunosuppression caused by medications, congenital or acquired immunodeficiency states, HIV infection, anatomic asplenia, or functional asplenia (e.g., due to sickle-cell anemia) Close contacts and caregivers of severely immunosuppressed persons who require a protected environment Pregnancy Persons with active communication between the CSF and the oropharynx, nasopharynx, nose, or ear or any other cranial CSF leak Persons with cochlear implants**	Moderate or severe acute illness with or without fever History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine Asthma in persons aged ≥5 years Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])

	Receipt of influenza antiviral medication within the previous 48 hours for oseltamivir and zanamivir, previous 5 days for peramivir, and previous 17 days for baloxavir[††]	

Abbreviations: ACIP = Advisory Committee on Immunization Practices; ccIIV = cell culture–based inactivated influenza vaccine (any valency); ccIIV4 = cell culture–based inactivated influenza vaccine, quadrivalent; CSF = cerebrospinal fluid; FDA = Food and Drug Administration; IIV = inactivated influenza vaccine (any valency); IIV4 = inactivated influenza vaccine, quadrivalent; LAIV = live attenuated influenza vaccine (any valency); LAIV4 = live attenuated influenza vaccine, quadrivalent; RIV = recombinant influenza vaccine (any valency); RIV4 = recombinant influenza vaccine, quadrivalent.

* When a contraindication is present, a vaccine should not be administered. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction (see ACIP General Best Practice Guidelines for Immunization, available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html). Vaccination providers should check FDA-approved prescribing information for 2021–22 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at https://www.fda.gov/vaccines-blood-biologics/approved-products/vaccines-licensed-use-united-states.

† Although a history of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of egg-based IIV4s and LAIV4, ACIP recommends that persons with a history of egg allergy may receive any licensed, recommended influenza vaccine that is otherwise appropriate for their age and health status. Those who report having had reactions to egg involving symptoms other than urticaria (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent emesis) or who required epinephrine or another emergency medical intervention should be vaccinated in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices), if a vaccine other than ccIIV4 or RIV4 is used. Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic reactions.

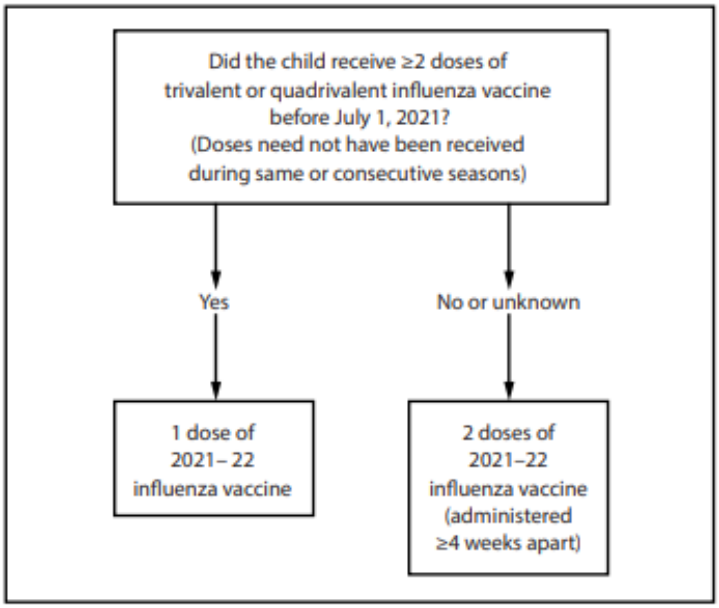
§ Labeled contraindication noted in package insert.

¶ If administered, vaccination should occur in a medical setting and should be supervised by a health care provider who can recognize and manage severe allergic reactions. Providers can consider consultation with an allergist in such cases, to assist in identification of the component responsible for the allergic reaction.

** Age-appropriate injectable vaccines are recommended for persons with cochlear implant due to the potential for CSF leak, which might exist for some period of time after implantation. Providers might consider consultation with a specialist concerning risk of persistent CSF leak if an age-appropriate inactivated or recombinant vaccine cannot be used.

†† Use of LAIV4 in context of influenza antivirals has not been studied; however, interference with activity of LAIV4 is biologically plausible, and this possibility is noted in the package insert for LAIV4. In the absence of data supporting an adequate minimum interval between influenza antiviral use and LAIV4 administration, the intervals provided are based on the half-life of each antiviral. The interval between influenza antiviral receipt and LAIV4 for which interference might potentially occur might be further prolonged in the presence of medical conditions that delay medication clearance (e.g., renal insufficiency). Influenza antivirals might also interfere with LAIV4 if initiated within 2 weeks after vaccination. Persons who receive antivirals during the period starting with the specified time before receipt of LAIV4 through 2 weeks after receipt of LAIV4 should be revaccinated with an age-appropriate IIV or RIV4.

FIGURE 1. Influenza vaccine dosing algorithm for children aged 6 months through 8 years* – Advisory Committee on Immunization Practices, United States, 2021-2022 influenza season



* For children aged 8 years who require 2 doses of vaccine, both doses should be administered even if the child turns age 9 years between receipt of dose 1 and dose 2.

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