



CLINICAL GUIDANCE SHEET: Practice Planning for COVID-19 and Influenza Viruses

Although seasonal influenza (flu) viruses are detected year-round in the United States, they typically circulate during a period known as the flu season.¹ The exact timing and duration of the flu season vary from year to year, and they have been less predictable since the start of the COVID-19 pandemic. Typically, flu activity begins to increase in October and peaks between December and February. However, significant activity may last as late as May.

With the concurrent circulation of influenza and COVID-19 viruses, the 2022-2023 flu season could be particularly severe for the following individuals:

- Adults 65 years and older
- People with high-risk conditions
- People in long-term care facilities
- People in health care settings (inpatients)
- Pregnant individuals²
- Children younger than 5 years of age, especially those younger than 2 years of age³

The American Academy of Family Physicians (AAFP) developed this clinical guidance sheet to help family medicine practices prepare for the 2022-2023 influenza and COVID-19 season. It provides an overview of recommendations and guidance for vaccination, diagnosis, testing, and treatment of patients for influenza, COVID-19, or both.

Vaccinating Your Patients

Family physicians are a trusted source of information and advice to protect the health of patients, families, and communities. Vaccines are one of the best preventive health tools available, so it is important for you to give every eligible patient a strong recommendation for all recommended

vaccinations during both routine/preventive office visits AND problem-based visits. This will reduce missed opportunities to promote increased patient acceptance and adherence.

Coadministration of the Influenza and COVID-19 Vaccines

The influenza and COVID-19 vaccines may be given to eligible patients at the same time.⁴ However, the vaccines should be given in different injection sites, and the sites should be separated by one inch or more, if possible.⁵

The Centers for Disease Control and Prevention (CDC) provides additional information and best practices in its [Seasonal Influenza Vaccination Resources for Health Professionals](#).

Influenza Recommendations

Routine annual influenza vaccination is recommended for all individuals six months and older who do not have a contraindication.

A licensed and age-appropriate vaccine should be used for each person. For individuals younger than 65 years of age, the AAFP and the CDC make no preferential recommendation for a specific influenza vaccine when more than one licensed, recommended, and age-appropriate vaccine is available.^{6,7}

It is recommended that adults 65 years and older preferentially receive any one of the following higher dose or adjuvanted influenza vaccines⁸:

- Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4)
- Quadrivalent recombinant influenza vaccine (RIV4)
- Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4)

If none of these vaccines are available at the time of administration, any other age-appropriate influenza vaccine should be used.⁸

The AAFP has compiled influenza vaccine information and recommendations for the 2022-2023 influenza season on its [Seasonal Influenza Prevention & Control](#) webpage.

COVID-19 Recommendations

COVID-19 vaccination is recommended for everyone six months and older in the United States.

As of October 7, 2022, there is no U.S. Food and Drug Administration (FDA)-approved or FDA-authorized COVID-19 vaccine for children younger than six months of age. People should receive the recommended, age-appropriate vaccine product and dosage based on their age on the day of vaccination. Individuals are up to date with COVID-19 vaccination when they have completed a primary series and received the most recent CDC-recommended booster dose.

More information about COVID-19 vaccine recommendations is available in the CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States](#).

Diagnosing and Testing Your Patients

Testing is a tool to help distinguish between influenza virus infection and SARS-CoV-2 infection. It can inform clinical management when the results may influence clinical decisions, such as whether to initiate antiviral treatment, perform other diagnostic testing, or implement infection prevention and control measures.⁹

As your practice prepares for the 2022-2023 influenza and COVID-19 season, consider the following:

- Symptoms of COVID-19 and the flu can vary in degree from no symptoms to severe symptoms. Common symptoms that may occur in both COVID-19 and the flu include the following:
 - Fever or feeling feverish/having chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue (tiredness)
 - Sore throat
 - Runny or stuffy nose
 - Muscle pain or body aches
 - Headache
 - Vomiting
 - Diarrhea (more frequent in children with the flu, but can occur at any age with COVID-19)
 - Change in or loss of taste or smell (more frequently occurs in individuals with COVID-19)
- When influenza and COVID-19 viruses are circulating in the community, telemedicine can be a useful way to care for patients who have acute respiratory illness, particularly high-risk patients. Implementing a phone triage system, such as the CDC's [Algorithm to Assist in Medical Office Telephone Evaluation of Patients with Possible Influenza](#), allows family medicine practices to discuss their patients' flu-like symptoms over the phone so that recommended treatment can be initiated as soon as possible, if appropriate.
- Per testing guidance from the CDC, clinicians should implement recommended infection prevention and control measures and collect respiratory specimens for influenza and COVID-19 testing.¹⁰ If multiplex testing is unavailable, you may need to collect two different respiratory specimens.
- The CDC notes that SARS-CoV-2 and influenza virus co-infection can occur.¹⁰ A positive influenza test result without SARS-CoV-2 testing does not exclude COVID-19. Likewise, a positive SARS-CoV-2 test result without influenza testing does not exclude influenza.

Treating Your Patients

Treatment is key to controlling the spread of influenza and COVID-19 viruses. It is important for family physicians and their care teams to discuss treatment options with their patients both before and after symptoms develop. Having this information before they get sick can help patients plan ahead for how they will manage potential flu and/or COVID-19 symptoms. In addition, patients should be aware of what medications may be prescribed based on their symptoms, age, and health condition(s) (e.g., oseltamivir or zanamivir for influenza, nirmatrelvir/ritonavir or remdesivir for COVID-19).

Influenza and COVID-19 Treatment Guidelines

[Treatment guidelines for influenza and COVID-19](#) are available on the National Institutes of Health (NIH) website. In addition, [Influenza Antiviral Medications: Summary for Clinicians](#) and [Interim Clinical Considerations for COVID-19 Treatment in Outpatients](#) are available on the CDC's website.

The CDC recommends starting empiric antiviral treatment of suspected or confirmed influenza as soon as possible for the following priority groups¹¹:

- Patients who are hospitalized
- Patients who have severe, complicated, or progressive illness
- Patients who are at higher risk for influenza complications

You should not wait for laboratory confirmation of influenza virus infection before starting antiviral treatment for patients in these priority groups.^{11,12}

The CDC also states that clinicians may consider early empiric antiviral treatment of non-high-risk outpatients with suspected influenza (e.g., influenza-like illness [fever with either cough or sore throat]) based upon clinical judgment, if treatment can be initiated within 48 hours of illness onset.¹¹

Additional Resources

- AAFP
 - [Clinical Guidance Sheet: Influenza Vaccination](#)
 - [Fact Sheet: Influenza Vaccination](#)

- CDC
 - [Flu Symptoms & Complications](#)
 - [Symptoms of COVID-19](#)

References

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