

COVID-19 Guidance for Congregate Settings: Influenza Season and Influenza Immunization

There are a number of resources that have been developed to support congregate care settings (DSL/LTC, lodges etc.) with decision making, assessment and management of health symptoms that may occur after receiving an immunization.

These resources are not intended to change existing practices, such as onsite staff and resident immunization clinics, but are to be utilized to support decision making. Local zone, community and public health resources may experience challenges this influenza season providing support for clinics while also dealing with COVID-19. Where challenges exist in organizing immunization clinics or resident influenza immunization, operators should reach out to their designated zone leader to discuss and find collaborative solutions.

All existing symptom screenings should continue as required in [CMOH Order 29-2020 and 32-2020](#). Staff and residents that have symptoms post immunization that last longer than 48 hours should remain on isolation (residents isolated with contact and droplet precautions) and be considered possible / suspected for COVID-19.

The following resources are meant to guide decision making this influenza season:

For clarification of CMOH Order 05-2020 and more information for individuals who develop symptoms after immunization please refer to the following resource:

<https://open.alberta.ca/publications/clarification-of-cmoh-order-05-2020>.

The Alberta Health Public Health Disease Management Guidelines – COVID-19 also provide information for immunized individuals following the administration of a vaccine as well as side effects and symptom resolution. The resource is accessible at

<https://open.alberta.ca/publications/coronavirus-covid-19>.

Influenza Immunization during COVID-19 is a comprehensive resource that provides guidance for the delivery of influenza immunization services for the 2020-21 season during COVID-19. For more information on venue set up, infection prevention control measures and post influenza immunization care, and recommendations specific for supportive/congregate living, the resource is accessible from <https://open.alberta.ca/publications/influenza-immunization-during-covid-19-guidance-for-the-2020-21-season>.

The following questions are meant to enhance information in the above resources in the context of congregate settings. All information is to be utilized in collaboration with [CMOH Orders 29-2020](#) and [32-2020](#).

QUESTIONS

How do I tell the difference between influenza and COVID-19?

Influenza and COVID-19 have some common symptoms which may include:

- Fever or feeling feverish/chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness)
- Sore throat
- Runny or stuffy nose
- Muscle pain or body aches
- Headache
- Some people may have vomiting and diarrhea, though this is more common in children than adults

As symptoms may be similar it is important for staff to continue to diligently self-assess, complete daily fitness for work screening, receive testing for COVID-19, respiratory and influenza-like illnesses (see below for when testing should occur) and participate in annual influenza immunization to reduce the risk of becoming ill with influenza. Residents, who receive care as a component of their services, will continue to be screened for symptoms at least daily.

What are the symptoms staff and residents could potentially expect post immunization, including influenza vaccine?

The most commonly expected reactions after influenza immunization with any of the vaccines being used in Alberta for congregate settings are pain at the injection site and myalgia, occurring within 3 days of immunization. In most cases, the onset of symptoms occurs within 24 hours of immunization, and are due to that person's response to immunization.

Localized muscle ache at or near the injection site would not be considered a symptom similar to COVID-19 and would not require isolation.

How do staff and residents tell the difference between COVID-19 and post immunization symptoms?

As per the [AH Public Health Disease Management Guidelines for COVID](#) (page 25), some side effects following immunization such as fever, cough, runny nose, sore throat, headache, muscle/joint ache, vomiting/diarrhea are similar to symptoms for COVID-19. It is not possible to immediately determine whether they are due to immunization or COVID. As a result, anyone with these symptoms should stay home and isolate.

What should a staff member do if they develop symptoms after immunization?

If a staff member develops these symptoms after immunization in the expected timeframe for that vaccine (for most vaccines: within 24 hours), they should stay home and away from others.

- If the symptoms resolve within two days (48 hours), staff can resume normal activities including return to work, unless they have been instructed to quarantine or isolate for other reasons.
- If the symptoms do not resolve within two days (48 hours) of symptom onset, staff must continue to stay home and isolate.
 - Staff should complete the online COVID-19 self-assessment or call 811 to arrange testing.

- If they have any of the symptoms included in CMOH Order 05-2020 (fever, cough, runny nose, sore throat, shortness of breath), they must isolate and not return to work for 10 days or until symptoms resolve, whichever is longer.
- If their symptoms are on the expanded COVID-19 symptom list but not included in CMOH Order 05-2020, follow guidance in CMOH Order 29-2020 and 32-2020.

What should a resident do if they develop symptoms after immunization?

If a resident develops these symptoms after immunization in the expected timeframe for that vaccine (for most vaccines: within 24 hours), they should be isolated with contact and droplet precautions.

- If the symptoms resolve within two days (48 hours), residents can be released from isolation and resume normal activities, unless they have been instructed to quarantine or isolate for other reasons.
- If the symptoms do not resolve within two days (48 hours) of symptom onset, residents must continue isolation with contact and droplet precautions.
 - Residents will receive twice daily symptom checks and have testing arranged by the facility.
 - If testing is not done, residents must remain on isolation with contact and droplet precautions, following the guidance in CMOH Orders 05-2020, 29-2020 and 32-2020.

Do I need to report about a single resident or staff member with COVID-like symptoms who has been recently immunized?

Yes. As per the [Continuing Care COVID-19 Frequently Asked Questions](#), “congregate settings must call the AHS Coordinated COVID Response Line at **1-844-343-0971** immediately if there is a client or staff member with suspected symptoms and there is not already an outbreak identified at the site.”

Advise the response line that the symptomatic individual has been immunized for influenza in the 24 hours prior to symptom onset. Guidance will be provided on precautionary control measures, including isolation. Contact and droplet precautions shall be put in place immediately for any resident with suspected symptoms. Testing recommendations and an EI# will not be provided in this situation.

If the symptoms in a resident or staff do not resolve within 48 hours of symptom onset, contact the AHS Coordinated COVID Response Line again, and guidance will be provided on control measures and decision-making support including access to testing. The site will be contacted by the public health outbreak management team if testing confirms a positive result for COVID-19 for additional outbreak management measures.

When should testing for COVID-19 or influenza occur if a staff or resident has symptoms after immunization?

If the symptoms occur within 24 hours of vaccine administration and resolve within two days (48 hours) of onset, no testing is recommended. If the symptoms do not resolve, the AHS Coordinated COVID Response Line should be called again to coordinate testing for COVID-19 and respiratory viruses (in accordance with laboratory protocols).

Physicians may choose to test their symptomatic recently immunized patients independently of the general recommendation to delay testing for 48 hours to determine if symptoms resolve.

When can our organization allow influenza immunization within a facility that is on outbreak?

Providing influenza immunization to high risk populations is a priority.

Please follow most recent guidance from Alberta Health and the CMOH in consultation with your area MOH/designate. Immunization is encouraged for well individuals (staff and residents) or those not experiencing symptoms as per routine immunization guidance. Given capacity challenges that may be experienced in community clinics it is advised that congregate settings try to arrange site based immunization (if this is your organization's routine practice).

- Influenza immunization provides the benefit of:
 - reducing the risk of contracting influenza;
 - reducing the severity of symptoms for those individuals who do contract influenza; and
 - protecting others including residents we care for and family/friends from influenza.
- Continue with immunization clinics for all congregate living sites under investigation.
 - For residents in isolation with symptoms, immunization can be offered once their isolation period is over **and** symptoms have resolved in accordance with routine immunization practices.
 - For residents in quarantine without symptoms, immunization can be offered in accordance with routine immunization practices while adhering to quarantine requirements and any IPC additional precautions (e.g., continuous masking, contact and droplet precautions etc.).
 - For residents not in isolation/quarantine, immunization can be offered in accordance with routine immunization practices including assessing for symptoms that would exclude eligibility at that point in time. Health care professionals should communicate with the resident's most responsible health provider (physician, NP) when a decision is made to not provide immunization due to symptom assessment.

A risk assessment should be done in consultation with the MOH for facilities experiencing an outbreak to determine if immunization services should be deferred.

- If the facility is at the beginning of an outbreak, cases are increasing and control measures are in the beginning stages, immunization services should generally be deferred.
- If the facility outbreak is deemed under control (no new cases in 14 days and no cases under investigation), immunization services can resume. This could be when there are no active cases, and no symptomatic residents with test results pending. Consult with the MOH.
- Facilities experiencing an outbreak could consider having facility staff immunize residents.

When offering onsite immunizations, consider [influenza immunization guidance for the 2020-21 season](#) in conjunction with:

- Guidance within CMOH Orders 29-2020 and 32-2020.
- Current risk tolerance for the site.
- Completion of a [point of care risk assessment](#) for every interaction.
- Guidance related to essential services, volunteers and health providers (only attending to one site per day).
- Guidance related to single-site staffing.

- Guidance on PPE usage, screening and physical distancing.

What if I don't have the resources to offer an onsite clinic or if community clinics are not being offered?

Contact your designated zone leader to discuss options available.

References

Alberta Health. Clarification of Order 05-2020. 2020. Retrieved from:

<https://open.alberta.ca/publications/clarification-of-cmoh-order-05-2020>

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Centers for Disease Control and Prevention. 2020. Similarities and Differences between Flu and COVID-19. Retrieved from: <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

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