

Q & A: COVID-19 and influenza immunisation

With the COVID-19 pandemic coinciding with the influenza season in the Southern Hemisphere, there have been a number of questions circulating about the influenza vaccine in relation to COVID-19 infection. Here we address the most common ones.

Does having an influenza immunisation mean that the recipient is more likely to catch other viruses, such as COVID-19 afterwards? Can having an influenza immunisation reduce immunity to COVID-19?

The best and most up-to-date data show no increased susceptibility to COVID-19 after having an influenza immunisation.

Recent Canadian research using a large number of participants, found there was no difference in the chances of getting COVID-19 between people who had received an influenza immunisation in the most recent influenza season and those that had not been immunised.

A US study published in 2019 looked at the chances of being diagnosed with influenza or other non-influenza viruses (commonly confused with influenza) among US military personnel. The study found that influenza vaccine gave good protection against influenza, and that overall likelihood of a positive test for any virus other than influenza were not increased following receiving a vaccination.

We are more concerned about the potentially serious negative consequences if people experience COVID-19 and influenza, or any other severe respiratory virus, at the same time.

Can you/should you have influenza immunisation post having COVID?

Based on first principles of immunisation there is no reason why people who have recovered from COVID-19 should not be immunised against influenza. There is no evidence that you reactivate or relapse with COVID-19 due to vaccine response.

Can having COVID-19 reduce the effectiveness of an influenza immunisation?

There is no evidence to date. In general, we do not see reduced effectiveness to a vaccine when someone is recovering from another respiratory virus. However, it is not known at this stage with COVID-19. If there is a reduced response to the influenza vaccine from someone who is recovering from COVID-19 it is still advised it is better to have the vaccine than be left at risk of catching influenza.

After recovering from COVID-19, how long before it is safe to receive an influenza immunisation?

If a person with confirmed or suspected COVID-19 is not in a health care facility (e.g. recovering at home), immunisation should be deferred until symptoms resolve, preferably following two consecutive tests negative for COVID-19 (conducted 24 hours apart). If testing is not feasible, WHO recommends deferring immunisation for 14 days after symptom resolution.

If a person with confirmed or suspected COVID-19 is under care in a health care facility (e.g. inpatient) this individual can have an influenza immunisation upon recovery and prior to discharge, assuming appropriate infection prevention and control measures are respected.

Why should I vaccinate for influenza as it should be a mild influenza season because there is less influenza in the community at present?

Influenza virus is always circulating in our community. It is at much lower rates outside of the winter peaks but is still present. We cannot predict how mild or severe a winter flu season will be any year. Because of the lockdown and reduced community contact for April and much of May the rates of respiratory illness are very low currently. However, as people start mixing more, we are expecting rates to start to rise. We cannot predict how mild or severe the winter flu season will be, but there will continue to be flu in our community. Immunisation remains important.

Why should I vaccinate for influenza when I am not eligible?

Those who are eligible for an influenza immunisation are at highest risk of severe disease. However, everyone in our community is at risk of influenza and sometimes have severe disease even in healthy well people.

The other reason for getting immunised is to protect others. If you are immunised you are less likely to carry and spread the virus to others who are at risk. Some people, particularly very elderly and those with significant medical problems, do not respond well to the vaccine and they are reliant on the rest of us not spreading disease.

If a child only has 1 dose of influenza vaccine in their 1st year, how effective is the first dose?

Effectiveness changes each year depending on the strains in the vaccine and the circulating strains. One dose is much better than no doses at all. The second dose is designed to maximise the response.