



State of California—Health and Human Services Agency
California Department of Public Health



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GAVIN NEWSOM
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TO: Dear Colleagues

SUBJECT: Flu, COVID-19, and RSV Vaccines 2023

Influenza (flu) and respiratory virus season has arrived. Just like we need to update our electronic devices to keep them virus-free, our immune system needs updating, too. That's why annual flu and updated COVID-19 vaccines are so important to stay healthy. People with HIV are at high risk of serious influenza and COVID-19-related complications. Getting the updated flu and COVID-19 vaccines this fall – both for people with HIV and for healthcare providers – is our best protection as demonstrated in multiple clinical studies. [The COVID-19 vaccine and flu vaccine can be coadministered](#) at the same visit. Ensuring that people with HIV stay up to date with these vaccines is critical, as we all work to protect them and decrease acute illnesses in our community.

There have been updates to the [influenza vaccine products](#) and [COVID-19 vaccine products](#) available for 2023-2024, and the California Department of Public Health (CDPH) has updated its informational frequently asked questions (FAQ) on the use of these vaccines in people with HIV (see below). In addition, a vaccine for respiratory syncytial virus (RSV), another highly contagious seasonal respiratory virus, has been approved for use in people ≥ 60 years of age and in pregnant persons. Another important reminder is that mpox vaccination is still recommended for all people with HIV. These two vaccines are also addressed in the FAQ.

Flu and COVID-19 vaccination is a covered benefit by all insurance providers and by California's AIDS Drug Assistance Program (ADAP). People with HIV who are uninsured or underinsured may also receive HIV care, including vaccinations, in [Ryan White HIV/AIDS Program clinics](#). Let's utilize this benefit and protect even more people during the 2023-2024 flu season!

Please email me or Dr. Lily Horng in the California Department of Public Health (CDPH), Immunization Branch (Lily.Horng@cdph.ca.gov) with any questions regarding the FAQ.

Sincerely,

Phil

Philip Peters, MD



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Influenza (Flu) Vaccine "Frequently Asked Questions" for HIV Care Providers

1. Should all people with HIV receive a flu and COVID-19 vaccine?

Yes, all people 6 months of age and older who do not have contraindications should be vaccinated annually for flu and receive an updated 2023-2024 COVID-19 vaccine. People with HIV are a priority population for flu vaccine because they are at increased risk for severe influenza. Studies have shown that flu vaccination prevents illness and doctor's visits among people with immune suppression from HIV or other conditions, though vaccines may not work as well in people with low CD4 cell counts (less than 200 cells/mm³).

2. Should people with HIV receive an RSV vaccine?

It depends, RSV vaccines are available for people ≥ 60 years old and for pregnant persons to protect their babies from severe RSV disease.

People ≥ 60 years of age may receive a single dose of an RSV vaccine (RSVPreF3 vaccine [Arexvy, GSK] or RSVpreF vaccine [Abrysvo, Pfizer]), based on discussions between the patient and health care provider. People at increased risk for severe RSV disease include older adults with chronic obstructive pulmonary disease, asthma, congestive heart failure, coronary artery disease, cerebrovascular disease, diabetes mellitus, compromised immunity, and chronic kidney disease. In addition, severe RSV disease is associated with residence in a nursing home or other long-term care facilities, frailty, and advanced age (as risk continues to increase with age).

Vaccination with a single dose of RSV vaccine demonstrated moderate to high efficacy in preventing symptomatic RSV-associated lower respiratory tract disease over two consecutive RSV seasons among adults aged ≥ 60 years. Although both vaccines were generally well-tolerated with an acceptable safety profile, six cases of inflammatory neurologic events (including Guillain-Barré syndrome, acute disseminated encephalomyelitis, and others) were reported after RSV vaccination in clinical trials. Whether these events occurred due to chance, or whether RSV vaccination increases the risk for inflammatory neurologic events is currently unknown. As RSV vaccines are new, initial RSV vaccination efforts in older adults should be targeted to those who are

at highest risk for severe RSV disease and therefore most likely to benefit from vaccination.

For pregnant persons, CDC recommends a single dose of RSVpreF vaccine (Abrysvo, Pfizer) during weeks 32 through 36 of pregnancy during September through January to prevent severe RSV disease in infants. Either prenatal RSV vaccination or infant immunization with RSV monoclonal antibody is recommended. Most infants will not need both.

3. Is it okay to administer flu vaccine, COVID-19 vaccine and RSV vaccine at the same visit?

Yes. Coadministration of a COVID-19 vaccine and a flu vaccine, including the higher dose or adjuvanted flu vaccine, is common medical practice and is a recommended option. Data shows that immunogenicity and adverse event profiles are similar when vaccines are administered simultaneously as when they are administered alone (see [“Coadministration of COVID-19 vaccines with other vaccines”](#)).

Older adults can receive RSV vaccine with other adult vaccines during the same visit although data on the safety and effectiveness of RSV vaccine coadministration with other vaccines is currently limited. Administering RSV vaccine with one or more other vaccines at the same visit might increase local or systemic reactogenicity. When deciding whether to coadminister RSV vaccine with other vaccines, providers should consider the feasibility that the patient can return for additional vaccine doses, risk for acquiring severe RSV disease, vaccine reactogenicity profiles, and patient preferences.

4. What flu vaccines can be administered this season for people with HIV?

All FDA-approved flu vaccines can be administered at an age-appropriate dose for people with HIV, except for the live attenuated flu vaccine (Flumist), which is contraindicated in people with HIV. For people younger than 65 years of age, there is not a preferential recommendation for a particular influenza vaccine product. People 65 years of age and older should preferentially receive high-dose, adjuvanted, or recombinant flu vaccines.

All flu vaccines are quadrivalent, meaning that the vaccine protects against four influenza strains, including two influenza A viruses (H1N1 and H3N2) and two influenza B viruses. Most flu vaccines are manufactured with an egg-based process, but there are also egg-free vaccines using cell culture-based and recombinant formulations.

5. Who should get high-dose, adjuvanted, and recombinant flu vaccines?

People 65 years of age and older should preferentially receive any one of the following higher dose or adjuvanted flu vaccines: Fluzone High-Dose Quadrivalent,

Fluad, or Flublok Quadrivalent. Older adults are at increased risk for complications of flu, and vaccine effectiveness also decreases with age. Data support a greater benefit of high-dose, recombinant or adjuvanted flu vaccines relative to standard flu vaccines in this age group.

Fluzone High-Dose Quadrivalent contains four times as much antigen as standard-dose vaccines. Fluad contains an adjuvant to increase the immune response; the MF59 adjuvant is based on squalene, an oil that occurs naturally in many plants and animals. Flublok Quadrivalent is a recombinant vaccine that contains a higher dose of the influenza hemagglutinin antigen and is approved for use in people 18 years of age and older.

If none of these three vaccines is available for a patient 65 years and older, then any other age-appropriate influenza vaccine should be administered.

6. Why can't the live attenuated flu vaccine (FluMist) be administered to people with HIV?

There is not enough safety and efficacy data for live attenuated flu vaccine use in people with HIV. In addition, there are alternative safe and effective flu vaccines available.

7. Should flu vaccine be given to a person with acute illness, including COVID-19?

In general, vaccinations should be delayed in people with a moderate or severe acute illness with or without fever.

For people with a moderate or severe COVID-19, vaccination should be deferred until they have recovered from the acute illness. For people with mild COVID-19, deferral until recovery might be considered to avoid confusing illness symptoms with potential postvaccination reactions.

8. What are the contraindications to flu vaccination?

Contraindications to flu vaccination are rare. A history of a severe allergic reaction (e.g., anaphylaxis) to the vaccine or any of its components is a contraindication to the receipt of additional doses. Information about vaccine components can be found in the package inserts for each vaccine.

For flu vaccination of persons with egg allergy, additional safety measures are no longer recommended beyond those recommended for receipt of any vaccine (see question 9 below).

Moderate or severe acute illness or a prior history of Guillain-Barré syndrome within six weeks after receipt of influenza vaccination are precautions to influenza immunization, which means that the risks and benefits of immunization should be considered on a case-by-case basis.

9. What are the updated recommendations on flu vaccines for persons with egg allergy?

CDC recommends that all people with an egg allergy can receive either an egg-based or a non egg-based flu vaccine that is otherwise appropriate for the recipient's age and health status can be used.

Egg allergy alone does not necessitate any additional safety monitoring after influenza vaccination beyond those recommended for any flu vaccine recipient, regardless of severity of previous reaction to egg. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

ACIP and CDC updated recommendations after reviewing evidence on safety of influenza vaccines for persons with egg allergy, including a systematic literature review that found few adverse events after persons with egg allergy received influenza vaccines across vaccine types. For more information, see [ACIP Evidence to Recommendations \(EtR\) Framework: Safety of Influenza Vaccines for Persons with Egg Allergy](#).

10. Is mpox vaccination still recommended for people with HIV?

CDC recommends that anyone with HIV get vaccinated against mpox. JYNNEOS is a two-dose vaccine, authorized for the prevention of mpox and is safe and effective for people with HIV. In addition to people with HIV, the vaccine is recommended for anyone who may be more likely to get mpox and for anyone who has not been vaccinated and had a known or suspected exposure to someone with mpox. For more information, see CDC page on [Mpox and HIV](#) and [CDPH Mpox](#) page.

11. Where can I get more information and resources regarding vaccination for my patients?

CDPH has [vaccine resources for healthcare providers and people with HIV](https://eziz.org/vaccine-resources-for-healthcare-providers-and-people-living-with-hiv-aids-2/) (<https://eziz.org/vaccine-resources-for-healthcare-providers-and-people-living-with-hiv-aids-2/>) including a [job aid on Immunization Recommendations for Adults with HIV](https://eziz.org/assets/docs/IMM-1450.pdf) (<https://eziz.org/assets/docs/IMM-1450.pdf>).

For flu vaccination, CDC has published its [annual recommendations for influenza vaccination for the 2023-2024 influenza season](https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm) (<https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm>) and has a [Summary of 2023-2024 ACIP influenza vaccine recommendations](https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm) (<https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>). CDC also has a resource page for [influenza vaccination for people with HIV](https://www.cdc.gov/flu/highrisk/hiv-flu.htm) (<https://www.cdc.gov/flu/highrisk/hiv-flu.htm>). CDPH has [additional resources to](#)

[promote flu and respiratory disease prevention](https://eziz.org/resources/flu-promo-materials/) (<https://eziz.org/resources/flu-promo-materials/>).

For RSV vaccination, CDC has published [Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023](https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm)

(<https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm>). CDC also has a [RSV resource page for healthcare providers](https://www.cdc.gov/vaccines/vpd/rsv/index.html)

(<https://www.cdc.gov/vaccines/vpd/rsv/index.html>) which includes a [Clinician job aid to implement shared clinical decision-making for RSV vaccination](https://www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf)

(<https://www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf>) and information for [Health care Providers: RSV Vaccination for Pregnant People](https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people.html) (<https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people.html>).

For COVID-19 vaccination, updated 2023-2024 recommendations are available on [CDC Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)

(<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>). CDPH has additional [COVID-19 Vaccine Resources](https://eziz.org/resources/covid-vaccine/)

(<https://eziz.org/resources/covid-vaccine/>) including job aids for [COVID-19 Vaccine Timing 2023-2024](https://eziz.org/assets/docs/COVID19/IMM-1396.pdf) (<https://eziz.org/assets/docs/COVID19/IMM-1396.pdf>) and [COVID-19 Vaccine Product Guide](https://eziz.org/assets/docs/COVID19/IMM-1399.pdf) (<https://eziz.org/assets/docs/COVID19/IMM-1399.pdf>).