

# FAQs on Co-Messaging: Flu and COVID-19 Vaccines

## How does the 2021-22 flu season compare to the 2020-21 season?

- There were decreased influenza cases in the U.S. during the 2020-21 flu season. Numerous factors could have accounted for this, including the significant number of flu vaccines administered during the 2020-21 season and safety measures like masking and physical distancing to prevent the spread of COVID-19.
- As of March 2022, the cumulative hospitalization rate from flu is higher than the rate for the entire 2020-2021 season, but lower than the rate seen in March during the four seasons before the COVID-19 pandemic. (<https://www.cdc.gov/flu/weekly/index.htm>)
- Therefore, healthcare personnel should use every opportunity during each influenza vaccination season to administer flu vaccines to all eligible persons.

## Who is recommended to get which vaccines?

Flu vaccine is recommended for:

- Everyone aged 6 months and older, with rare exceptions
- Flu vaccine priority groups include those at increased risk for hospitalization or death from the flu

COVID-19 vaccine is recommended for:

- Everyone aged 5 years and older, without contraindications to the vaccine (age subject to change—visit [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus) for the most up to date guidance)
- Initially, COVID-19 vaccines were prioritized for certain population groups. Now that we have adequate vaccine supplies, everyone is eligible to receive a vaccine that is authorized for their age group

## How can we bring together COVID-19 and flu campaigns?

Tie vaccine campaigns and clinics into long-standing REACH campaigns. Address factors and chronic medical conditions that put people at higher risk for severe disease or complications from either disease.

- [Medical conditions which increase one's risk of COVID--19 disease](#)
- [People at higher risk for flu disease](#)

Factors include a person's age, where they live or work, and their access to healthcare. This includes many [people from racial and ethnic minority groups](#) and [people with disabilities](#).

Flu vaccine recipients are more likely to get a COVID-19 vaccine and these vaccines can be administered at the same time.

## How can we stay up-to-date on vaccine hesitancy concerns circulating in the community?

Perform routine needs assessments! Don't assume vaccine hesitancy exists and don't assume prior reasons to be hesitant still exist—this is fluid. A new needs assessment can help you find out

what concerns are currently circulating in your community. With the help of community members, develop messaging and train trusted messengers from the community to deliver messages.

- Tool: CDC's Rapid Community Assessment Guide
  - It takes 3 weeks and includes these steps:
    - **Step 1:** Identify objectives and communities of focus
    - **Step 2:** Plan for the assessment
    - **Step 3:** Collect and analyze data
    - **Step 4:** Report findings and identify solutions
    - **Step 5:** Evaluate your efforts