DEPARTMENT OF HEALTH

Minnesota COVID-19 Vaccination Guide

INFORMATION FOR THE 2024-25 RESPIRATORY SEASON

Contents

Background

In March 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. Immunization with a safe and effective COVID-19 vaccine is critical to reduce COVID-19-related illnesses, hospitalizations, and deaths.

Initial vaccines were authorized by emergency use authorizations (EUA) from the Food and Drug Administration (FDA) when enough preliminary data on their effectiveness and safety was collected. In a global health pandemic, an EUA allows the FDA to review information from a vaccine manufacturer to determine if a vaccine can be released early. They weigh the benefits of early release against the known

and unknown risks of a vaccine. Information about effectiveness and safety continues to be collected. If at any time vaccine data shows more risk than benefit, an EUA is re-evaluated.

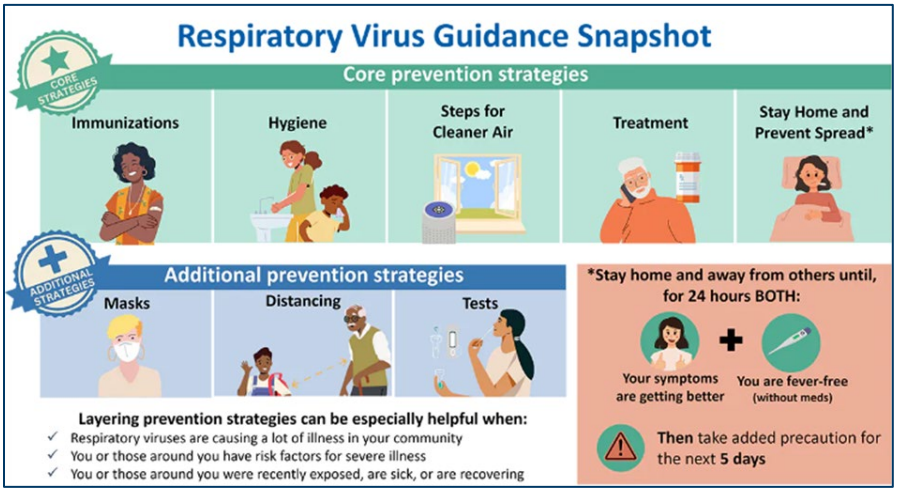
Two vaccines now have full approval from the FDA: Pfizer (Comirnaty) and Moderna (Spikevax) for use in persons 12 years and older. The vaccines for children 6 months to 11 years are still authorized under the EUA. Novavax also continues to be authorized under the EUA.

COVID-19 vaccine is no longer being supplied by the federal government. Private vaccine must be purchased to administer to persons with insurance. Public vaccine is provided through the Minnesota Vaccines for Children (MnVFC) program and Un- and Under-insured Adult Vaccine (UUAV) program for eligible persons.

Take precautions to prevent transmission

The Centers for Disease Control and Prevention (CDC) updated their Respiratory Virus Guidance in February 2024. This guidance provides practical recommendations and information on core prevention strategies (masks, cleaner air, hygiene, treatment, physical distancing and testing) as well as guidelines for when to stay home and away from others to help lower risk from flu, RSV, COVID-19 and other common respiratory viral illnesses: Respiratory Virus Guidance (www.cdc.gov/respiratory-viruses/guidance/).

Respiratory virus guidance snapshot



Respiratory Virus Guidance (www.cdc.gov/respiratory-viruses/guidance/)

Use of this guide

Anyone who handles and/or administers COVID-19 vaccine should read this guide. Bookmark this guide for easy reference and sign up for updates by entering your email address at the bottom of COVID-19 Vaccine Providers (www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html).

COVID-19 vaccine recommendations

Everyone age six months of age and older is recommended to get a 2024-2025 COVID-19 vaccine. This includes people who have received a previous formulation of the COVID-19 vaccine and people who have had COVID-19 infection.

Several COVID-19 vaccines are currently available. Having multiple products makes COVID-19 vaccine more accessible, but it also increases the risk of medication errors and can lead to vaccine waste. Sites are encouraged to only store and administer one COVID-19 mRNA vaccine product. Double check the product specific EUA provider fact sheet or package insert for age indication, route, dosage, and storage and handling requirements.

The currently FDA-approved or FDA-authorized COVID-19 vaccines are summarized below. None of the current vaccines are live-virus vaccines or contain any preservatives. Any COVID-19 vaccine can be used when indicated. Refer to FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines) for links to the package inserts and EUA fact sheets for providers for the currently approved or authorized vaccines.

COVID-19 vaccine products for 2024-2025

Manufacturer	Trade Name	Age	Dose – Presentation	Route
Pfizer	EUA	6 months – 4 years	0.3 mL in yellow cap multidose vial, add 1.1 mL diluent for 3 doses per vial (in ULC freezer, then fridge for 10 weeks)	IM (intramuscular)
Pfizer	EUA	5 – 11 years	0.3 mL in blue cap single dose vial (in ULC freezer, then fridge for 10 weeks)	IM (intramuscular)
Pfizer	Comirnaty	12 years and older	0.3 mL in pre-filled syringes (in fridge only) or single dose vials (in ULC freezer, then fridge for 10 weeks)	IM (intramuscular)
Moderna	EUA	6 months – 11 years	0.25 mL in blue cap/green label single dose vials (freezer, then fridge for 60 days)	IM (intramuscular)
Moderna	Spikevax	12 years and older	0.5 mL in blue cap/blue label single dose vials (freezer, then fridge for 60 days)	IM (intramuscular)
Novavax	EUA	12 years and older	0.5 mL in pre-filled syringes (fridge until expiration)	IM (intramuscular)

COVID-19 vaccination guidance for people NOT moderately or severely immunocompromised

Initial vaccination

- Ages 6 months–4 years:
  - Two doses of 2024–2025 Moderna or 3 doses of 2024–2025 Pfizer-BioNTech.
- Ages 5 – 11 years:
  - One dose of 2024–2025 Moderna or 1 dose of 2024–2025 Pfizer-BioNTech.
- Ages 12 years and older:
  - One dose of 2024–2025 Moderna or 1 dose of 2024–2025 Pfizer-BioNTech

- OR two doses of 2024-2025 Novavax given 3-8 weeks apart.

Received previous doses of a COVID-19 vaccine

Recommended number of 2024–2025 doses are based on age and vaccination history. Refer to COVID-19 vaccination guidance for people who are not moderately or severely immunocompromised including additional doses (www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html).

People ages 65 years and older, are recommended to receive two doses of any 2024–2025 COVID-19 vaccine separated by 6 months (minimum interval 2 months) regardless of vaccination history, with one exception: Unvaccinated people who initiate vaccination with 2024–2025 Novavax COVID-19 Vaccine are recommended to receive 2 doses of Novavax followed by a third dose of any COVID-19 vaccine 6 months (minimum interval 2 months).

COVID-19 vaccination guidance for people moderately or severely immunocompromised

Initial vaccination

- Ages 6 months-4 years:
  - Three doses of 2024–2025 Moderna or three doses of 2024–2025 Pfizer-BioNTech.
- Ages 5 – 11 years:
  - Three doses of 2024–2025 Moderna or three doses of 2024–2025 Pfizer-BioNTech.
- Ages 12 years and older:
  - Three doses of 2024–2025 Moderna or three doses of 2024–2025 Pfizer-BioNTech or two doses of 2024-2025 Novavax.

Received previous doses of a COVID-19 vaccine

Recommended number of 2024–2025 doses are based on age and vaccination history. Refer to Clinical Guidance for COVID-19 Vaccination | COVID-19 vaccination guidance for people who are moderately or severely immunocompromised including additional doses

Additional dose: People who are moderately or severely immunocompromised ages 6 months and older may receive:

- **Previously completed the multidose initial series**: Two age-appropriate doses of 2024–2025 COVID-19 vaccine 6 months (minimum interval 2 months) apart; may receive additional doses under shared clinical decision making.
- **Unvaccinated**: A multidose initial series with an age-appropriate COVID-19 vaccine and one dose 6 months (minimum interval 2 months) after completion of the initial series; may receive additional doses under shared clinical decision making.

Clinical considerations for authorized vaccines

ACIP has issued interim recommendations for the use of COVID-19 vaccines for the prevention of COVID-19. These recommendations are published in CDC: Use of COVID-19 Vaccines in the United States

(www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html). A summary of recent changes and the date they were last updated is at the top of the webpage.

Contraindications and precautions

Refer to CDC: Clinical Guidance for COVID-19 Vaccination (www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html) to review the contraindications and precautions for vaccine types.

Expiration date and BUD

In certain conditions vaccines must be used before the actual expiration date. This is referred to as the beyond-use date (BUD). The BUD is determined based on the storage conditions and the time a vial is first punctured. The person that performs the step in the administration process that changes the BUD (e.g., punctures the vial, reconstitutes it, moves it from the freezer to refrigerator, etc.) must document the new BUD on a label.

Check expiration dates and beyond-use dates closely. Discard the vaccine based on the earliest date, whether that is the manufacturer's labeled expiration date or the BUD.

***Example**: Pfizer's COVID-19 vaccine for children age 5-11 years can be stored for 10 weeks in the refrigerator. If it was placed in the refrigerator on December 20, its BUD is February 28. However, if the vaccine vial's expiration date is February 8, then it needs to be discarded at the end of the day on February 8.*

Keep in mind that COVID-19 vaccine products do not contain any preservative and therefore can't be used after a certain number of hours after the vial is first punctured. **Carefully read and follow the EUA fact sheet for health care providers and/or manufacturers' package inserts or websites for each vaccine product regarding expiration and beyond-use dates**. BUD tracker labels for COVID-19 vaccine are available on CDC: U.S. COVID-19 Vaccine Product Information (www.cdc.gov/vaccines/covid-19/info-by-product/index.html).

Vaccine ordering

All respiratory vaccines, including COVID-19 vaccine, are commercially available and should be ordered through your routine ordering process. Providers enrolled in MnVFC or UUAV will order vaccine in MIIC.

Vaccine storage and handling

Proper storage and handling of vaccine is critical to its effectiveness. Vaccines are especially sensitive to freezing temperatures. Here are some key tips to help ensure that your flu vaccine remains viable:

- Follow CDC and manufacturer specifications for maintaining the recommended temperature range:
  - Refrigerated vaccines: 36° through 46°F or 2° through 8°C, aim for 40°F/5°C.
  - Frozen vaccines: -58° through 5°F or -50°C through -15°C, aim for 0°F/-18°C.
  - Ultra-low cold vaccines: -130°F through -76°F or -90°C through -60°C.
- Optimal storage units include "stand alone" or pharmacy grade units; they provide uniform temperatures inside the unit. If using a combination unit, do not use the freezer compartment to

store vaccines because the freeze-thaw cycles impact the temperatures in the refrigerator portion and increase the risk of exposure to freezing temperatures. Include water bottles in the refrigerator to add additional temperature buffering.

- Use a calibrated temperature monitoring device; a continuous temperature monitoring device, such as a data logger, is recommended.
- Check and document the minimum and maximum temperature once a day and the current temperature twice a day.
- Take action if the temperature goes out of range. Review managing out of range temperatures section.
- Visit CDC: Vaccine Storage and Handling (www.cdc.gov/vaccines/hcp/storage-handling/) for full guidance on storage and handling of vaccines.

Note: There are specific storage requirements for those that participate in the Minnesota Vaccine for Children Program (MnVFC) (www.health.state.mn.us/people/immunize/hcp/mnvfc/index.html). Refer to your site's Policies and Procedures Manual for guidance.

Managing out-of-range temperatures (excursions)

Take immediate action on out-of-range temperatures and mishaps

When your continuous temperature monitoring device is reading a temperature that falls outside the recommended range, it is considered an excursion or out-of-range temperature. Vaccines exposed to out-of-range temperatures may become nonviable (unusable, especially if frozen).

- Vaccine must be stored within the following temperature ranges:
  - Refrigerator between 36°F and 46°F (between 2°C and 8°C), aim for 40°F (5°C).
  - Freezer between -58°F and +5°F (between -50°C and -15°C), aim for 0°F (-18°C).

Move vaccine immediately for refrigerated vaccine that is less than 2 degrees Celsius (36 degrees Fahrenheit) and follow action steps for out-of-range temperatures. Vaccines exposed to freezing temperatures for even a brief time may become nonviable (unusable).

- If you find an out-of-range temperature, take immediate action:
  - Determine the problem. Attempt to fix the cause, if possible. It might be easily corrected (e.g., door not shut, power outage, unit malfunction).
  - Adjust the storage unit's temperature, if necessary.
  - Report the excursion to the vaccine coordinator or backup, if available.
- Monitor the temperature. If the temperature is too warm and doesn't stabilize in the correct range within 30 minutes, follow these action steps:
  - Stop using the vaccine.
  - Mark the vaccine "Do Not Use" so no one administers it.
  - Move the vaccine to a storage unit that is maintaining the correct temperature.

- Collect the lot numbers, expiration dates, storage unit temperatures, the room temperature, and the time the unit was out-of-range.
  - Determine the length of time the storage unit was out of range and how high/low the temperature got.
  - Determine if any of this vaccine was involved in a previous storage and handling mishap.
- Be aware that open multidose vials and refrigerated MMR vaccine are especially sensitive to out-of-range temperatures. Confirm viability with vaccine manufacturer(s) with every excursion even if the temperature stabilized within 30 minutes.
- Call the vaccine manufacturer(s) and ask to speak to a medical consultant or quality assurance staff. Manufacturer contact information can be found on Immunize.org: Vaccine Manufacturers (www.immunize.org/clinical/external/manufacturers/).
- Document your actions. You can use MDH forms or your own site's form to document out-of-range temperatures and actions taken.
  - Storage and Handling Mishap Log (www.health.state.mn.us/people/immunize/hcp/mnvfc/mishaplog.pdf).
  - Storage and Handling Mishap Checklist (www.health.state.mn.us/people/immunize/hcp/mnvfc/vaxchklst.pdf).
- Keep these logs for three years.

Recommending vaccinations

Provide a strong recommendation to your patients about flu, RSV and COVID-19 immunizations. Trusted health care providers are a powerful influence on patients' decisions to vaccinate. Prepare for questions about vaccine effectiveness, safety and when and why to get vaccinated and re-vaccinated:

- CDC: Conversation Guide For Healthcare Providers (www.cdc.gov/respiratory-viruses/tools-resources/downloads/HCP-conversation-guide-508.pdf).
- CDC: Healthcare Worker Vaccination is Important for Respiratory Virus Season (https://blogs.cdc.gov/safehealthcare/hcw-vaccination-respiratory-virus-season/).
- CDC: COVID-19 Vaccine Confidence (www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html).
- Immunization Information for Health Care Providers (www.health.state.mn.us/people/immunize/hcp/index.html).

Vaccine screening templates

Screen for possible contraindications and precautions before vaccinating. Some sample screening forms include:

- Immunize.org: Screening Checklist for Contraindications to Vaccines for Adults (www.immunize.org/wp-content/uploads/catg.d/p4065.pdf).
- Immunize.org: Screening Checklist for Contraindications to Vaccines for Children and Teens (www.immunize.org/wp-content/uploads/catg.d/p4060.pdf).

- Template: COVID-19 Vaccine Screening and Agreement (www.health.state.mn.us/diseases/coronavirus/vaccine/screening.docx).
- Influenza Vaccine: IIV (www.health.state.mn.us/diseases/flu/hcp/vaccine/iivall.docx).
- Influenza Vaccine: Flu (www.health.state.mn.us/diseases/flu/hcp/vaccine/laivall.docx).

Verify patient immunization data

Prior to administering a dose of vaccine, please review the patient's immunization history. The primary source of vaccine administration data should be the Minnesota Immunization Information Connection (MIIC). If the data for a patient is not in MIIC, other acceptable sources include:

1. Their CDC vaccination card.
2. An official document from a health care provider or another state's Immunization Information System (IIS) with day, month, year, and product administered as well as the patient's name and date of birth.
3. Electronic documentation from a health care provider or another state's Immunization Information System (IIS) such as the MyChart app or another consumer access application (app) that includes day, month, year, and product administered as well as the patient's name and date of birth.
4. A patient's U.S. Department of State's Vaccination Documentation form DS-3025 that includes a patient's verified past immunizations.

For more information, review MIIC user guidance for looking up a client at Client Search and Printing Immunization Records MIIC User Guidance and Training Resources (www.health.state.mn.us/people/immunize/miic/train/clientsearch.html) and entering immunization data at Adding Immunizations Not Using Inventory MIIC User Guidance and Training Resources (www.health.state.mn.us/people/immunize/miic/train/addnoinv.html).

Vaccine Information Statements (VIS) and Emergency Use Authorizations (EUA)

Vaccine information sheets (VIS)

Vaccines licensed through the FDA and added to the vaccine injury table are required to have a vaccine information sheet (VIS). Federal law requires that patients receive the most current VIS prior to administration of a licensed vaccine. For more information and current VISs, refer to Vaccine Information Statements (www.cdc.gov/vaccines/hcp/vis/index.html).

EUA fact sheets

- EUA fact sheets for vaccination providers are product-specific information sheets that replace the usual package insert. The fact sheet for vaccine recipients is similar to a licensed product's VIS.
- The EUA fact sheet for vaccine recipients explains the vaccine risks and benefits, specific vaccine product information and its use, and information from clinical trials that support the FDA's emergency use authorization.
- You are legally required to give an EUA fact sheet to each recipient/parent/legal representative prior to vaccination. Be prepared to answer questions about the vaccine.

- EUA fact sheets for providers and recipients are available on FDA, CDC, MDH, and vaccine manufacturer websites. Translated fact sheets in multiple languages are on FDA: COVID-19 Vaccines (www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines).

Vaccine protocols

MDH vaccine protocol information and templates can be found on Vaccine Protocols (www.health.state.mn.us/people/immunize/hcp/protocols/index.html).

Co-administration

- Influenza, COVID and RSV (both vaccine and monoclonal antibody) can be given with any other vaccines. If giving intranasal live influenza vaccine (FluMist), it must be given at the same time as any other live virus vaccine or at least 28 days later.
- Vaccines should be given in different sites or at least one inch apart if given in the same limb.
- Vaccines should never be mixed in the same syringe.

Administration of vaccines

All people who administer vaccines should receive comprehensive, competency-based staff training and education based on their scope of practice, including the "rights of vaccine administration," patient care before, during, and after vaccine administration, vaccine preparation, and skill validation.

Vaccine administration resources for all people who vaccinate, including staff who are new to vaccination and staff who need a refresher:

- CDC: ACIP Vaccine Administration Guidelines for Immunization (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html).
- CDC: Vaccine Administration Route and Site (www.cdc.gov/vaccines/hcp/admin/administer-vaccines.html)
- Immunize.org: Clinical Resources: Administering Vaccines (www.immunize.org/clinical/topic/admin-vaccines/).
- How to hold your child during a vaccination (www.health.state.mn.us/diseases/coronavirus/vaccine/comforthold.pdf).

Take precautions to prevent transmission. Vaccination activities should include precautions to prevent respiratory disease transmission. Providers should use precautions (e.g., mask requirements, social distancing, etc.) depending on disease circulation in your community. Consult Situation Update for COVID-19 (www.health.state.mn.us/diseases/coronavirus/stats/index.html) and Weekly Influenza and Respiratory Activity: Statistics (www.health.state.mn.us/diseases/flu/stats/index.html) for information on disease activity.

Post-vaccination care

Post-vaccination instructions

Preparing people for what to expect after vaccination and when to follow up with a health care provider is a best practice and expectation. Patient instructions should include information specific to the product they are receiving. This information should include:

- Common side effects (listed in the VIS and EUA fact sheet).
- When to contact their health care provider (such as signs of an allergic reaction or medical concerns that may or may not be related to vaccination).
- For vaccine(s) requiring more than one dose, the importance of receiving all recommended dose(s) of vaccine to build an adequate immune response.

Observation periods following vaccination

Syncope (fainting) might occur in association with any injectable vaccine, especially in adolescents. In accordance with CDC: General Best Practice Guidelines for Immunization (GBPG) (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html), vaccination providers, particularly when vaccinating adolescents, should consider observing vaccine recipients for 15 minutes after vaccination.

Additionally, providers should consider observing people with the following medical histories for 30 minutes after COVID-19 vaccination to monitor for allergic reactions:

- Allergy-related contraindication to a different type of COVID-19 vaccine.
- Non-severe, immediate (onset within 4 hours) allergic reaction after a previous dose of COVID-19 vaccine.
- Anaphylaxis after non-COVID-19 vaccines or injectable therapies.

Emergency preparation

Administer vaccines in settings where staff are trained to recognize and respond to reactions.

- Have a signed hardcopy of a medical management of vaccine reaction plan and protocol that staff have reviewed and are ready to implement.
- Immediate systemic reactions can include syncope (fainting) and anaphylaxis.
  - To minimize syncope, have a place for patients to sit down while they are vaccinated, and be ready to lower them to a laying position if needed.
  - Although rare, anaphylaxis to a vaccine can occur and is a life-threatening event. Have the appropriate equipment on hand and have trained staff available to administer epinephrine and maintain an airway in settings where vaccinations are given.
- Learn more about how to prepare for anaphylactic reactions at CDC: Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination (www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html).
- Immunize.org has examples of emergency plans. Refer to Immunize.org: Medical Management of Vaccine Reactions in Children and Teens (www.immunize.org/catg.d/p3082a.pdf) and Immunize.org: Medical Management of Vaccine Reactions in Adult Patients (www.immunize.org/catg.d/p3082.pdf) for more information.

Report vaccine adverse events and administration errors

- Health care providers are required to report any event after vaccination that requires medical attention, regardless of whether it is related to vaccination.
- Learn more about VAERS at CDC: Vaccine Safety Systems (www.cdc.gov/vaccine-safety-systems/). To submit an event, go to VAERS: Report an Adverse Event (vaers.hhs.gov/reportevent.html). Use this HHS: VAERS 2.0_Checklist.pdf (https://vaers.hhs.gov/docs/VAERS%202.0_Checklist.pdf) to help gather information needed when submitting a report
- HIPAA permits reporting of vaccine adverse events and medical documentation to VAERS for public health purposes under 45 CFR, section 164.512(b), as authorized by 42 USC 300aa-25.

Documenting vaccination and vaccination records

Documenting vaccine

Vaccine documentation must include:

- Site/facility address where the vaccine was administered (in the chart somewhere, does not need to be on the immunization screen).
- Date vaccine was administered.
- Vaccine type.
- Vaccine manufacturer.
- Vaccine lot number.
- Signature and title of person(s) administering vaccine.
- Publication date of VIS (located at the bottom of VIS).
- Date VIS was given to the patient, parent, or legal representative (usually the same as the vaccine administration date, but still needs to be documented).
- VFC eligibility if vaccinating children.

Vaccines should also be uploaded or entered into MIIC within 7 days of administration. MIIC cannot be used as the medical record. Minnesota Immunization Information Connection (MIIC) (www.health.state.mn.us/people/immunize/miic/index.html).

Billing and reimbursement

Insurance plans should reimburse providers for the cost of the vaccine and the administration fee. Vaccine providers may seek appropriate reimbursement from a program or plan that covers vaccine for the vaccine recipient.

For patients who have a Minnesota Health Care Plan (MHCP), providers will be reimbursed for the administration fee. Children with a MHCP should get MnVFC vaccine and not billed for the cost of the vaccine. Adults with a MHCP should get privately purchased vaccine and bill the MHCP for the cost of the vaccine. MHCP also covers vaccine counseling that occurs during visits and for those vaccines they can administer. For details, refer to the MHCP Provider Manual: Immunizations and Vaccinations (www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod

=LatestReleased&dDocName=dhs16_136660). Contact the MHCP Provider Call Center at 651-431-2700 with any related questions.

Additional billing resources

Find vaccine administration codes from CDC at Data Code Sets (www.cdc.gov/vaccines/programs/iis/code-sets.html).

Additional resources

Clinical resources

- CDC: Respiratory Virus Guidance (www.cdc.gov/respiratory-viruses/guidance/).
- CDC: ACIP General Best Practice Guidelines for Immunization (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html).
- Immunize.org: Influenza (www.immunize.org/vaccines/a-z/influenza/).
- Immunize.org: COVID-19 (www.immunize.org/vaccines/a-z/covid-19/).
- Immunize.org: RSV (Respiratory Syncytial Virus) (www.immunize.org/vaccines/a-z/rsv/).

Influenza, COVID-19, and RSV testing

It is important that providers distinguish between influenza, COVID-19 and, RSV through PCR testing whenever possible. Multiplex PCR tests for all 3 pathogens, as well as a dualplex PCR test for influenza and COVID-19 are available. Each pathogen also has rapid antigen testing available. At this time, PCR testing is considered to be the gold-standard diagnostic test for influenza, COVID-19, and RSV.

Rapid flu testing

While rapid flu testing can be useful, it has limitations.

- False negative flu rapid testing results are common, and a negative rapid test result does not rule out flu.
- Likewise, a positive rapid test does not confirm flu, especially during times of low prevalence of disease in the community.
- Antiviral treatment should not be withheld from patients with signs and symptoms suggestive of flu and a negative rapid flu test result.

Providers are encouraged to use clinical judgment for treatment and infection control decisions. More information on rapid tests can be found at Rapid Influenza Diagnostic Testing (www.health.state.mn.us/diseases/flu/hcp/rapid.html).

MDH will communicate any changes in guidelines on Specimen Collection and Testing for Seasonal Influenza (www.health.state.mn.us/diseases/flu/hcp/lab.html) and through the Health Alert Network (www.health.state.mn.us/communities/ep/han/index.html).

COVID-19 testing

- Similar to rapid flu tests, at-home COVID-19 antigen tests are less accurate than PCR tests and false-negative results can occur.
- Patients are not required to have a positive COVID-19 test to be treated with antivirals.

- If a provider feels COVID-19 is likely despite a negative test (or no test) result (e.g., a patient with signs/symptoms consistent with COVID-19 following a recent known exposure to someone with COVID-19), antiviral treatment should not be withheld if patients are otherwise eligible.

Antiviral treatment recommendations

Influenza antivirals

Antiviral use is recommended as soon as possible for patients with suspected or confirmed flu who are:

- Hospitalized.
- Have severe, complicated, or progressive illness.
- Outpatients at higher risk for influenza complications (e.g., children under age 2 years, pregnant women, those with immunosuppression, etc.).
- Residents of nursing homes and other chronic-care facilities.
- Have uncomplicated influenza and present within 48 hours of illness (based on clinical judgment).

For more information on influenza antivirals visit, CDC: Influenza Antiviral Medications (www.cdc.gov/flu/professionals/antivirals/index.htm): CDC: Influenza Antiviral Medications: Summary for Clinicians (www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm).

COVID-19 antivirals

For information about COVID-19 antiviral treatment visit IDSA Guidelines on the Treatment and Management of Patients with COVID-19 (www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/) and Therapeutic Options for COVID-19 Patients (www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html).

Stay informed!

Immunization updates

- For information on flu activity in Minnesota, subscribe to our Weekly Influenza & Respiratory Activity: Statistics (www.health.state.mn.us/diseases/flu/stats/index.html).
- Get an email alert when updates are made to Immunization Information for Health Care Providers (www.health.state.mn.us/people/immunize/hcp/index.html) by signing up at the bottom of the webpage.
- Subscribe to Got Your Shots? News (www.health.state.mn.us/people/immunize/hcp/gys/index.html) for monthly immunization updates from MDH.

Respiratory disease and vaccination coverage data

- Viral Respiratory Illness in Minnesota (Data & Statistics) (www.health.state.mn.us/diseases/respiratory/stats/index.html) for current and past trends on weekly rates of influenza, RSV and COVID-19 hospitalizations and cases in Minnesota and submit your email address at the bottom of the webpage to sign-up for weekly updates.
- CDC: Respiratory Virus Data Channel Weekly Snapshot (www.cdc.gov/respiratory-viruses/data-research/dashboard/snapshot.html).

- CDC: RespVaxView (www.cdc.gov/vaccines/imz-managers/coverage/respvaxview/index.html) for vaccination coverage data for all ages.
- CDC COVID Data Tracker (https://covid.cdc.gov/covid-data-tracker/#datatracker-home).
- CDC: Weekly U.S. Influenza Surveillance Report (www.cdc.gov/flu/weekly/index.htm).

Clinical questions

MDH Immunization program

- Health.vaccineSME@state.mn.us regarding clinical vaccine recommendations, schedules, resources.
- Health.Miichelp@state.mn.us regarding MIIC application, data, user accounts, client search, reports, reminder recall.
- Health.mnvfc@state.mn.us regarding Minnesota Vaccines for Children (MnVFC) policies and procedures, enrollment, reports, vaccine storage and handling, and MnVFC ordering. 651-201-5522.
- Health.uuadultvax@state.mn.us regarding Uninsured and Underinsured Adult Vaccine (UUAV) policies and procedures, enrollment, reports, vaccine storage and handling, and MnVFC ordering.
- Call 651-201-5414 or 1-800-657-3970.

Centers for Disease Control and Prevention (CDC)

- CDC-Info line: 1-800-232-4636.
- CDC-INFO (www.cdc.gov/cdc-info/index.html).

Minnesota Department of Health
PO Box 64975, St. Paul, MN 55164-0975
health.vaccineSME@state.mn.us
www.health.state.mn.us/immunize

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