

# AHCA/NCAL Infection Preventionist Hot Topic Brief

## Vaccine Co-administration in Long-Term Care

### Focal Problem or Issue

Residents in long-term care facilities are more susceptible to contracting and becoming ill due to viruses that are prevalent in the Fall and Winter months. For this reason, CDC recommends that all residents be vaccinated against COVID-19, Influenza, and RSV when indicated. This has raised the issue of co-administration, or simultaneous administration, of all three vaccines.

### Background and Scope

The Advisory Committee on Immunization Practices (ACIP) is a Federal Advisory Committee made up of medical and public health experts that advises CDC. Following FDA approval, this group reviews all available scientific information and makes recommendations about who should receive the vaccines. All three vaccines — RSV, Influenza and COVID-19 — are approved for use by the FDA and recommended by ACIP. Novavax is approved for emergency use (EUA\*) by the FDA.

A recent study found that co-administration of the COVID-19 vaccine with seasonal influenza vaccine did not result in increases in local or systemic reactions referred to as reactogenicity or reductions in the immune response, referred to as immunogenicity\*\* when compared to the COVID-19 vaccine alone. (Gonen et al, 2023)

### Suggestions for Practice and Resources

According to the CDC, vaccines discussed here can be safely co-administered. Given that plans of care are resident-specific, if a resident meets the criteria to receive multiple vaccines, consult with the attending practitioner to decide if co-administration should be considered:

- Vaccination status: Is the individual up to date?
- Is the individual likely to return for the administration of other vaccines? If not, consider co-administering two or three given their individual needs.
- Is the individual at risk for acquiring vaccine-preventable disease? This risk may influence timing of doses with the potential for co-administration.
- Has the individual experienced reactions to previously administered vaccines? This may impact personal preferences regarding co-administration.
- Personal preference within person-centered care and shared clinical decision-making. For example, the individual may routinely accept co-administration, but this year they have a family event pending and wish to space the vaccines out over 2 weeks.
- Where on the body to co-administer? The vaccines should be administered in different locations at least 1 inch apart based on the individual's physical condition and specific needs.

### Additional Resources

[CDC | MMWR | Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023](#)

[CDC | VACCINE INFORMATION STATEMENT | COVID-19 Vaccine: What You Need to Know](#)

[CDC | VACCINE INFORMATION STATEMENT | RSV \(Respiratory Syncytial Virus\) Vaccine: What You Need to Know](#)

[CDC | ACIP | ACIP Shared Clinical Decision-Making Recommendations](#)

[CDC | FAQs for the Interim Clinical Considerations for COVID-19 Vaccination](#)

Gonen T, Barda N, Asraf K, et al. Immunogenicity and reactogenicity of coadministration of COVID-19 and influenza vaccines. *JAMA Netw. Open.* 2023;6(9):e2332813 doi:10.1001/jamanetworkopen.2023.32813

\*EUA is the abbreviation for Emergency Use Authorization. To learn more about Emergency Use Authorization visit [Emergency Use Authorization for Vaccines Explained](#).

\*\*Reactogenicity refers to localized reactions such as pain at the injection site; systemic symptoms like fever, lymphadenopathy; or adverse events such as Bell's Palsy. Immunogenicity is the ability of cells or tissues to mount an immune response elicited by the vaccine.