



September 13, 2021

**DIRECTIVE:           JOB CORPS INFORMATION NOTICE NO. 21-03**

**TO:**                   ALL JOB CORPS NATIONAL OFFICE STAFF  
                          ALL JOB CORPS REGIONAL OFFICE STAFF  
                          ALL JOB CORPS CENTER DIRECTORS  
                          ALL JOB CORPS CENTER OPERATORS  
                          ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS  
                          ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS

**FROM:**               Rachel Torres  
                          National Director  
                          Office of Job Corps

**SUBJECT:**           Influenza Update for the 2021-2022 Season

1.     Purpose. To inform Job Corps centers of influenza (flu) prevention, testing, and treatment guidelines, based on the Centers for Disease Control and Prevention’s (CDC) most recent recommendations.

2.     Background. Every flu season has the potential to cause significant illness, increased health care utilization, hospitalization, and death. Influenza is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact. Anyone can get the flu. Flu strikes suddenly and can last several days. Symptoms vary, but can include fever, chills, sore throat, muscle aches, fatigue, cough, headache and runny or stuffy nose. Flu is a major contributor of missed work and school.

Although flu activity during the 2020–2021 season was low throughout the United States, the timing and intensity of the upcoming 2021–2022 flu season cannot currently be predicted. Reduced population immunity due to lack of flu virus activity since March 2020 could result in an early and possibly severe flu season. Flu vaccination remains an important tool for the prevention of potentially severe respiratory illness, and it could decrease stress on the U.S. health care system during ongoing circulation of SARS-CoV-2.

The CDC encourages individuals to get vaccinated against seasonal flu by the end of October. Flu vaccines are designed to protect against the flu viruses that experts predict will be the most common during the upcoming season. Three kinds of influenza viruses commonly circulate among people today: influenza A (H1N1), influenza A (H3N2), and influenza B. Each year, these viruses are used to produce seasonal flu vaccine.

3. Action.

a. Vaccination

Flu vaccine is needed every year. All Job Corps students and staff are encouraged to get a flu vaccine. Since 2010, the Advisory Committee on Immunization Practices (ACIP) has recommended an annual flu vaccination for everyone 6 months and older with any licensed influenza vaccine that is appropriate for the recipient's age and health status. The following types of vaccines are expected to be available: inactivated influenza vaccine (IIV4), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4), with no preference expressed for any one vaccine over another. Health staff are encouraged to learn more about this year's vaccine options at:

[https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm?s\\_cid=rr7005a1\\_w](https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm?s_cid=rr7005a1_w)

For the 2021-2022 flu season, all flu vaccines will be quadrivalent (four component), designed to protect against four different flu viruses. Flu vaccines and COVID-19 vaccines can be given at the same time. Ideally, vaccination should be completed by the end of October, but late administration of flu vaccine (March) still affords protection as cases of seasonal influenza may peak in late winter. For non-pregnant adults, vaccination in July and August should be avoided unless there is concern that later vaccination might not be possible.

It is especially important that people with certain health conditions and health care workers receive a flu vaccine annually. More information is available at:

<https://www.cdc.gov/flu/highrisk/index.htm>

According to the CDC, people with a history of anaphylaxis to any egg-based influenza vaccine are at increased risk of a severe allergic reaction if either cell culture inactivated influenza vaccine (ccIIV4) or recombinant influenza vaccine (RIV4) is administered. Job Corps centers may either avoid these two vaccines or refer students with anaphylaxis from egg allergies off center to a medical facility where severe allergic reactions can be recognized and managed.

Centers should first contact their state and/or local health departments to inquire if flu vaccine is available for administration on or off center. Some pharmacies have administered flu vaccine for Job Corps students at no cost to the center. If not available locally, flu vaccine can be purchased from the Health and Human Services Supply Service Center in Perry Point, MD, or from private vendors.

Centers may offer flu vaccine administration to students in alternate locations, such as the cafeteria during lunch break to include nonresident students or the dormitories after hours to increase voluntary participation. Incentives and contests may enhance acceptance. Members of the Student Government Association should engage in promoting flu vaccination among their peers. Flu vaccine should remain available on center throughout the flu season for newly

enrolled students and for students who may have initially declined to be immunized.

Students who remain at home participating in distance learning or new students in their first 60 days of virtual enrollment should be strongly encouraged to obtain influenza vaccine locally before the end of October, and forward documentation to the Health & Wellness Center to be included in their student health record (SHR). Center health staff may access state immunization registries to confirm influenza immunization, and also to record any immunizations administered on center.

Centers should review and provide the Influenza Vaccine Information Statements (VIS) when administering vaccine to students. Serious side effects are rare. People receiving the flu vaccine may develop mild symptoms after the vaccine. Symptoms can include soreness, redness, tenderness or swelling at the vaccine site. Low-grade fever, headache and muscle aches may also occur. If a reaction to the vaccine occurs, it usually starts soon after receiving the vaccine and can last for 1-2 days.

b. Education

Job Corps centers are encouraged to share with students and staff the following tips for controlling the spread of influenza on center:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleansers are also effective.
- Avoid touching your eyes, nose, or mouth.
- Avoid close contact with sick people.
- Encourage residential students to contact the Health & Wellness Center if they become ill. Sick nonresidential students and staff should be encouraged to stay home and limit contact with others.

Two measures added in response to the COVID-19 pandemic will also limit the spread of influenza:

- Maintain physical distancing of six feet away from other persons when practical.
- Universal and consistent use of face masks by students and staff on center.

Refer to center-specific COVID-19 protocols for detailed instructions.

c. Planning and response

Job Corps centers are encouraged to review their new COVID-19 protocols to prepare for potential influenza outbreaks on center. Center health staff members are also encouraged to contact their state and/or local health departments for the

latest information on vaccine availability, and recommendations for testing, treatment and prevention as the season progresses. Centers should continue to use the Significant Incident Report system to keep the National and Regional Offices of Job Corps informed about epidemic influenza on center. For reporting purposes, epidemic influenza will be defined by Job Corps as sequential cases affecting 10 percent or more of on-board strength.

Closing of Job Corps centers in response to influenza is not anticipated, although new intakes might be restricted if cases reach the epidemic threshold on center. Non-residential students should stay home at onset of flu symptoms that include fever, chills, sore throat, cough, and muscle pain. Residential students may be transported home or isolated on center in their dorm rooms. Public transportation should not be used for students exhibiting symptoms of influenza. Patients can spread influenza virus 1 day before symptoms appear and up to 7 days after onset of illness. Students with influenza should not return to class or to work until fever has resolved for 24 hours without treatment and 7 days have passed since onset of symptoms.<sup>1</sup> For Job Corps students, medical leave for influenza will not require third-party verification.

d. Testing and treatment

Centers should consider point-of-care (POC) diagnostic testing to distinguish influenza from COVID-19 since antiviral medications are available for influenza. Co-infection with influenza A or B viruses and SARS-CoV-2 can occur and should be considered, particularly in patients with severe respiratory disease. All students with onset of influenza-like symptoms should first be tested for COVID-19. If negative, influenza testing can be considered if the diagnosis of influenza is uncertain and antiviral treatment is planned.

If a student develops symptoms listed as potential side effects with a flu vaccine in the 24-48 hours after the flu vaccine, they should stay in their room or at home. If the symptoms improve after 48 hours no further action is required. If symptoms continue beyond 48 hours or include symptoms not listed, the student should remain in their room and receive COVID-19 testing to rule out COVID-19.

Antiviral medications are prescription drugs that can be used to treat or prevent influenza. People at high risk of serious flu complications and people who are very sick with influenza should get antiviral drugs. Other people can be treated with antivirals at their health care professional's discretion. Treatment with antivirals works best when begun within 48 hours of getting sick. Antiviral drugs are effective across all age and risk groups.<sup>2</sup> This season, three FDA-approved influenza antiviral drugs are recommended for use in the United States: oral

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<sup>1</sup> Centers for Disease Control and Prevention. [Similarities and Differences between Flu and COVID-19 | CDC](#).

<sup>2</sup> Centers for Disease Control and Prevention. Influenza Antiviral Medications: Summary for Clinicians. <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

oseltamivir (Tamiflu), inhaled zanamivir (Relenza) and oral baloxavir (Xofluza). The influenza antiviral drugs amantadine or rimantadine should not be used due to high levels of resistance (> 99%) with influenza A and no effect on influenza B.<sup>3</sup>

Addressees are to ensure this Information Notice is distributed to all appropriate staff.

4. Resources. For the most current information on influenza, visit the following CDC websites:

- a. Influenza overview: <http://www.cdc.gov/flu/>
- b. Information for health professionals: <http://www.cdc.gov/flu/professionals/index.htm>
- c. Free influenza educational resources to download: <https://www.cdc.gov/flu/resource-center/index.htm>
- d. Updated influenza Vaccine Information Statements (VIS) dated 8/6/2021: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

5. Expiration Date. Until superseded.

6. Inquiries. Inquiries should be directed to center Health and Wellness staff, Humanitas Regional Nurse Specialists, Shannon Bentley at (606)424-3500 or [Bentley.Shannon@jobcorps.org](mailto:Bentley.Shannon@jobcorps.org) and Melissa Cusey at (616) 540-0299 or [Cusey.Melissa@jobcorps.org](mailto:Cusey.Melissa@jobcorps.org), or Lesley Nesmith of the National Office of Job Corps at [Nesmith.Lesley@dol.gov](mailto:Nesmith.Lesley@dol.gov).

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<sup>3</sup> Grohskopf LA, Alyanak E, Ferdinands JM, et al. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2021–22 Influenza Season. MMWR Recomm Rep 2021; 70(No. RR-5):1–28. DOI: <http://dx.doi.org/10.15585/mmwr.rr7005a1>