Advice on co-administration of COVID-19 vaccines and Influenza and other inactivated vaccines

The advice of the Green book (Chapter 11 The UK immunisation schedule) is that doses of different inactivated vaccines can be administered at any interval before, after, or at the same time as each other. Doses of inactivated vaccines can also be given at any interval before, after, or at the same time as a live vaccine and vice versa.

Although no data for co-administration of COVID-19 with other vaccines exists, in the absence of such data first principles would suggest that interference between inactivated vaccines with different antigenic content is likely to be limited. Based on experience with other inactivated vaccines any potential interference is most likely to a result in a slightly attenuated immune response to one of the vaccines. There is no evidence of any safety concerns, although it may make the attribution of any side effects more difficult. In circumstances where there are individuals in an eligible cohort who have received a recent flu vaccine (or another inactivated vaccine) who require Covid-19 vaccination for rapid protection (or vice versa) vaccination can go ahead as the benefit of rapid protection may outweigh the risk of any minor attenuation of response.

Because of the absence of data on co-administration with COVID-19 vaccines, it should not be routine to offer appointments to give this vaccine at the same time as other vaccines and should ideally be separated by an interval of at least 7 days. However, based on these first principles above, where the patient presents for Covid-19 vaccination having just received influenza (or another inactivated vaccines) vaccination should proceed to avoid any further delay in protection, or to risk the patient not returning for a later appointment. In such circumstances, patients should be informed about the likely timing of potential adverse events (AE) to each vaccine, which usually occur within 7 days, to avoid the AE being wrongly attributed.