

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 now recommends that all residents be vaccinated against influenza, and RSV when indicated. COVID-19 vaccination should be considered through shared clinical decision-making for those with high-risk conditions. This has raised the issue of co-administration, or simultaneous administration, of all three vaccines.

Background and Scope

Coadministration or simultaneous administration of vaccines refers to giving or getting more than one vaccine during a visit. This is common clinical practice. While there are some exceptions, most vaccines can be given at the same visit.¹

A 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.²

Suggestions for Practice and Resources

According to the CDC and the 2025-2026 Immunization Schedule, these vaccines 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 ?
- **Return Likelihood:** Is the individual likely to return for the administration of other vaccines? If not, consider co-administering two or three given their individual needs.
- **Risk Level:** Is the individual at risk for acquiring vaccine-preventable disease? This risk may influence timing of doses with the potential for co-administration.
- **Vaccine History:** Has the individual experienced reactions to previously administered vaccines? This may impact personal preferences regarding co-administration.
- **Personal Preference:** Administer 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.
- **Injection Site:** The vaccines should be administered in different locations at least 1 inch apart based on the individual's physical condition and specific needs.

REFERENCES

1. CDC Getting a Flu Vaccine and other recommended Vaccines at the Same Time Accessed 10/7/25 <https://www.cdc.gov/flu/vaccines/coadministration.html>
2. 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

*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.

