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Preventing influenza and influenza like illness during Covid-19 pandemic: A call for action

Dear Editor,

We read with interest the article by Grech et al. [1] on the influenza vaccination in the COVID-19 era. The current COVID-19 pandemic poses the need to take preventive evidence-based actions by policy makers with the aim of both curbing the spread of the infection and protecting people susceptible to a severe disease. In our recent article [2] we highlighted that patients with history of recent influenza or influenza like illnesses (ILI) has been found to incur greater risk and severity of COVID-19; we hypothesized that previous ILI or influenza could therefore represent a predisposing factor for subsequent COVID-19 infection. Findings of our study showed that 63.6% of 190 COVID-19 patients reported in their clinical history a recent ILI (1–3 weeks prior to the appearance of COVID-19 related symptoms); previous flu vaccination was reported in only 26.3% of patients. To date, concerns is arising in the northern hemisphere in view of the coming soon of fall and winter seasons which are notoriously overburdened by high rates of influenza and ILIs [3]. Given these findings, we suggest policy-makers actions aimed at:

1) Providing vaccinations against influenza and pneumonia:

Vaccination against influenza should be provided both to minimize the individual susceptibility to Covid-19 [3] and to avoid superimposed infection from influenza viruses in patients suffering from Covid-19 [4]; moreover, as influenza and ILIs can disguise the diagnosis of COVID-19 (since they may have a similar symptomatology) flu vaccination may help disclose COVID-19 in people suffering from SARS-CoV-2 infection. The CDC recommends that all people 6 months and older get a yearly flu vaccine, in line with existing literature that shows the effectiveness of flu vaccination to prevent influenza [5]. Pneumococcal and *Haemophilus influenzae* type B vaccinations should be also provided to avoid superimposed pneumonia in patients affected by Covid-19.

2) Maintaining social distancing and strengthening hygiene measures to prevent the spread of influenza and ILIs.

Given the airborne transmissibility of pathogens causing Influenza and ILIs [6], actions should be taken in order to prevent the spread of such infections by adoption of social distancing in both working and community settings. Hygiene measures (i.e. face masks and hand hygiene) should be adopted and strengthened, since they have been already proved effective to prevent influenza and ILIs; in particular: avoiding close contact with sick people, limiting contact with others while sick (by staying home for at least 24 h after flu-like symptoms appear if needed), covering one's nose and mouth with a tissue while coughing or sneezing and throwing the tissue in the trash after use, keeping hands clean by

regular washing with soap and water, avoiding touching mouth, nose, and eyes, and cleaning and disinfecting surfaces [7].

3) Protecting people recently affected by influenza or ILIs and, therefore, susceptible to COVID-19.

In our study [2] we speculated previous influenza and ILI being a potential trojan horse for COVID-19; given this hypothesis, we suggest that, in addition to the well-known conditions of individual susceptibility for severe COVID-19 (i.e. advanced age, cardiac injury, COPD, immunodepression, cancer, etc.), recent influenza or ILI are other host risk factors to be considered. Therefore, we think that people recently affected by influenza or ILI should be considered as “fragile” for COVID-19 and strength protected from the infection.

Declaration of competing interest

We declare no competing interests.

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