Questions your patients may have on COVID-19 and flu coinfection

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Since the COVID-19 pandemic began, physicians have been concerned about the potential impact of a twindemic. And with influenza cases rising as the Omicron variant spread, many began to worry about the latest pandemic buzzword, “flurona,” which is a term coined to describe the condition of being infected with SARS-CoV-2 and influenza at the same time.

This new term appeared in news outlets across the country and has led to some confusion among patients already feeling overwhelmed by the difficulties of navigating life during the pandemic.

With many wondering about SARS-CoV-2 and flu coinfection, Preeti Malani, MD, chief health officer and professor of medicine in the infectious diseases division at the University of Michigan Medical School, and associate editor of JAMA, spoke with the AMA to discuss some questions patients might have.

Are there a lot of cases of COVID-19 and flu coinfection?

“The good news is, so far, we’re not seeing flu and COVID-19 together in large numbers,” said Dr. Malani. “But things could change.”

“I’ve personally seen a couple cases where people test positive for both COVID-19 and the flu,” she said, noting that “it’s hard to know because the COVID test could stay positive for a while and are you having symptoms of one or the other.”
Is coinfection of COVID-19 and the flu new?

“It’s not that new in the sense that with flu, you can get other infections,” said Dr. Malani. “The thing we worry about a lot is bacterial infection after flu and that’s been well described for decades.

“People come into the hospital or doctor’s office and they’re sick after recovering from the flu, and they have pneumonia from a bacterial infection,” she added. “And that can be deadly, but we have not seen that commonly with COVID-19. We’ve looked for it. We’ve wondered about it and early on we were giving antibacterials to patients with severe COVID-19, but these days bacterial coinfection is felt to be very rare.”

While “flu and COVID-19 can happen together, thankfully—so far—it’s not on a large scale, but it’s something to be aware of,” said Dr. Malani. She added that “right now in the United States, people are often getting tested for both if they present with respiratory symptoms.”

Will coinfection make me twice as sick?

“It's hard to know what makes you twice as sick,” said Dr. Malani. “But you could potentially be quite sick and, frankly, influenza might make you feel worse than COVID-19.”

But that depends on “your risk factors and whether you're up to date on your vaccinations,” she said. This means you have received one dose of the seasonal flu vaccine as well as two shots in an mRNA COVID-19 vaccine series from Pfizer-BioNTech or Moderna and a booster dose.

Various media outlets have reported on what has been dubbed, “flurona,” but it is important to note that this is not a new SARS-CoV-2 variant.

Who is most susceptible to coinfection with SARS-CoV-2 and influenza?

“The big one is pregnancy and flu. We often talk about older adults—65 or older—but pregnancy has been a really big risk factor and it’s been well described for a long time,” said Dr. Malani. “And the flu vaccine has long been recommended in pregnant people for that reason.”
What are the symptoms of coinfection?

“Fever and respiratory symptoms are the ones that are the main symptoms for flu,” said Dr. Malani, adding that symptoms of coinfection can include “fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, and sore throat,” among others.

But it is important to “keep in mind that flu treatment is widely available and COVID treatment is still limited due to supplies,” she said.

How can I protect myself from COVID-19 and flu coinfection?

Masking is still key.

Doing so “can absolutely not only protect you from COVID-19, but the flu too,” she added.

Another thing to keep in mind is household transmission of the flu or SARS-CoV-2. To further protect yourself and your family, “it’s the same type of things—washing your hands, making sure to cover your cough and wearing a mask—it helps prevent spread to the people around you,” said Dr. Malani.

Read about eight coronavirus tips that doctors wish patients would follow.

Should I get tested for the flu?

“If you have symptoms and you don’t have COVID, you might want to get tested for the flu because there’s a different kind of treatment that is most effective when given early,” she said, noting that testing for the flu is important for “those who are higher risk for complications and hospitalization—which include older people and those with underlying health conditions, especially pulmonary conditions.”

Will the flu vaccine help?

Yes, it is still essential to get the flu vaccine in addition to COVID-19 vaccination and a booster shot.

“The flu vaccine is safe, and it really doesn’t cause any downtime for people,” said Dr. Malani. “With
COVID-19 vaccination, some people have symptoms for a few days, but with the flu vaccine, there’s really none.”

The influenza vaccine “doesn’t prevent all flu, but it helps prevent hospitalization and severe outcomes—much like what we’re talking about with Omicron and vaccination,” she said.

Discover eight things doctors wish patients knew about flu shots.

Is it too late to get a flu vaccine?

“One thing that is concerning is that our vaccination rates for the flu are much lower this year than they were last year,” said Dr. Malani, adding that “in Michigan it was about a million less a few months ago.”

“But it is important to recognize that it is not too late to get the flu vaccine—or COVID-19 vaccination,” she said. “Some of the resistance around COVID vaccines may have spilled over into the flu vaccine or that people just aren’t going to the doctor as much.”

Additionally, “the places that people used to get the flu vaccine from may not have happened this year. For example, when my kids were younger, we would always get the flu vaccine at their school,” said Dr. Malani. “And this year I missed it. It wasn’t on my calendar, and it takes an extra effort to go get vaccinated—we don’t have some of the same type of workplace events with people continuing to work remotely.”

Learn more from GetMyFluShot.org—an initiative from the AMA, Centers for Disease Control and Prevention, and Ad Council—which encourages the public to get a flu shot to protect themselves, their loved ones and their communities.

Read about nine questions your patients may have about the flu vaccine.

Will the COVID-19 vaccine and booster help?

It is not known whether COVID-19 vaccination and a booster shot can completely stop coinfection. But what is known is that being fully vaccinated against COVID-19 and receiving a booster dose can potentially ease symptoms if a person does become infected with SARS-CoV-2.

Ultimately, COVID-19 vaccination and booster doses will lessen a person’s risk of being hospitalized.
or dying if SARS-CoV-2 infection occurs.

Discover what doctors wish patients knew about COVID-19 vaccine boosters.

Can I get vaccinated for COVID-19 and the flu at the same time?

Whether a person needs another dose of the COVID-19 vaccine or a booster dose, it can be administered at the same visit as a flu vaccination, as recommended by the CDC. The COVID-19 vaccines—including those made by Moderna and Pfizer-BioNTech—and flu vaccines have been shown to reduce illness, hospitalizations and deaths.

Here is what to know about coadministration of flu and COVID-19 vaccines.

What if I test positive for both viruses?

If someone does test positive for COVID-19 and the flu, “they should isolate from others and wear a mask, especially while they have symptoms,” said Dr. Malani, noting that “some of the guidance around isolation for COVID-19 has changed in recent weeks, but with the flu it is less clear.”

“We talk about being symptom-free for 48 hours before going back to work after the flu, but you really should be all the way better,” she said. “For COVID-19, it should be a minimum of five days before getting back and then masking when you do return.”

It is the AMA’s position that a negative antigen test should be required for ending isolation after a person tests positive for COVID-19. Reemerging without knowing one’s status unnecessarily risks further transmission of the virus.

Visit the AMA COVID-19 resource center for clinical information, guides and resources, and updates on advocacy and medical ethics.