

Audience: Nurses and Healthcare Workers
CDC: 2010 – 2011 Flu Season
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Fight flu at work and at home-- get the facts
Fewer Than Half of Nurses and other Health Care Workers Get Vaccinated

Influenza is among the most common respiratory illnesses in the United States, infecting millions of people every flu season. Studies going back 30 years to 1976 show that seasonal flu-related deaths have ranged from about 3,000 people to more than 48,000 people. While every flu season differs, people die from flu every year. Since health care workers are on the front line to care for patients with the flu, you are more vulnerable to get sick *and* spread flu to your patients, colleagues, and family members.

Flu transmission from patients to health care workers, and from health care workers to their families, other patients, and staff members is well documented.¹⁻⁴ Vaccination remains the single most effective preventive measure available against influenza and can prevent serious illness and death. High rates of vaccination among nurses and health care workers have been linked to improved patient outcomes^{5, 6}, reduced absenteeism⁷, and influenza infection among staff. Despite the documented benefits of flu vaccination of nurses and other health care workers, fewer than half of health care professionals receive an influenza vaccine each year. This low coverage jeopardizes the health of high-risk patients that you, as a nurse or health care worker, care for every day. Influenza outbreaks have been documented in hospital wards, nursing home facilities, intensive care units, and bone marrow transplant units. Protect yourself, your family, and your patients—get a flu vaccine.

FLU FACTS

- FACT:** **You cannot get the flu from the influenza vaccine.** The flu shot does not contain live viruses, so it is impossible to get influenza from the vaccine, and the nasal spray contains virus strains that are too weakened to cause flu illness. Side effects may occur in some people who get vaccinated, such as mild soreness, redness or swelling at the injection site, headache or low-grade fever. It can take up to two weeks from the time the vaccine is administered to provide immunity against flu. So, during the two weeks after vaccination, people can remain susceptible to influenza infection. And, while the influenza vaccine does not prevent all influenza illnesses, the vaccine is generally 70-90% effective in adults younger than 65 years of age.
- FACT:** **Influenza is more than just a nuisance.** Influenza can be a serious and sometimes life-threatening disease. Influenza and its related complications can cause hospitalization and even death.
- FACT:** **The influenza virus is unpredictable.** Flu viruses are constantly changing. Therefore, a new flu vaccine is made every year to protect against the flu viruses that surveillance indicates will be most common. Because of this, it's necessary to get a flu vaccination every year, even if you've had one or more in the past. The 2010-11 seasonal flu vaccine protects against three viruses, including the H1N1 virus that caused so much illness last season.

INLUENZA TRANSMISSION, SYMPTOMS & TREATMENT

Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose. Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5-7 days **after** becoming sick. Children may pass the virus for longer than seven days. People who have the flu often feel some or all of these symptoms:

- Fever or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle aches or body aches
- Headache
- Fatigue (tiredness)
- Sometimes diarrhea and vomiting

Most people with flu recover without needing treatment, however, there are flu antiviral drugs that can make you feel better and shorten the time you are sick by 1 or 2 days. Anti-viral medications can also prevent serious flu complications. It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications, including:

- Children younger than 5, but especially children younger than 2 years old,
- Adults 65 years of age and older
- Pregnant women, and,
- People who have medical conditions including:
 - Asthma (even if it's controlled or mild)
 - Neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].
 - Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
 - Blood disorders (such as sickle cell disease)
 - Endocrine disorders (such as diabetes mellitus)
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
 - Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)
 - People younger than 19 years of age who are receiving long-term aspirin therapy
 - People with Chronic Obstructive Pulmonary Disease (COPD)
 - People who are morbidly obese (Body Mass Index (BMI) of 30 or greater)
- Also, last flu season, American Indians and Alaskan Natives seemed to be at higher risk of flu complications

Flu antiviral drugs must be prescribed by a physician. Antiviral drugs are a second line of defense to treat flu illness, but a flu vaccine is the first and best way to prevent the flu.

Everyone 6 months and older is recommended to get vaccinated against the flu. There are two vaccine options available:

- **The injection or intramuscular influenza vaccination (flu shot):** an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people 6 months of age and older including healthy people and people with chronic medical conditions.
- **The nasal spray or live intranasal influenza vaccine (LAIV):** a vaccine made with live, weakened flu viruses is approved for use in healthy* people 2-49 years of age who are not pregnant. LAIV is a very good option for most health care providers who are healthy, younger than 50 years old, and not pregnant. Health care professionals should not get LAIV if they are providing medical care for patients who require special environments in the hospital because they are profoundly immunocompromised (e.g., those who work in bone marrow transplant units). Although no immunocompromised patient has shown to be harmed by use of LAIV among health care workers, the recommendation against the use of LAIV in health care workers with this type of patient contact is intended as an extra precaution for fragile immunocompromised patients. Health care workers with this type of patient contact can get LAIV, but if they do, they should wait 7 days after being vaccinated before returning to duties that include care of severely immunocompromised patients in special environments.

The role that you and other health care workers play in helping prevent influenza-related illness and death—especially in high-risk patients—is invaluable. By setting a good example, get your influenza vaccine every year and help spread flu facts instead of the flu to your colleagues, family members, and patients.

For more information about influenza and the influenza vaccines—visit <http://www.flu.gov>, or call 1-800-CDC-INFO (800-232-4636).

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