



Influenza

Vaccine Recommendations for Health Care Personnel

Why should health care professionals be immunized for influenza?

Individual, family, and patient protection- health care professionals are at an increased risk for acquiring influenza and the influenza vaccine is the best defense against infection.

Herd immunity- more people vaccinated for influenza results in fewer people getting influenza and spreading it in the community. The influenza vaccine works in the same way that other vaccines do- once a significant proportion of the population has received the vaccine, disease incidence drops sharply.

Influenza vaccination- reduces the likelihood of becoming ill with influenza or transmitting influenza to others.

The types of vaccines recommended for use are:

- Inactivated Influenza Vaccines (IIVs) are an inactivated vaccine (containing killed flu virus) that is given by injection. IIVs comprise a large group of products which can be administered to people older than 6 months, including healthy persons and those with chronic medical conditions. The approved age indications for the various IIV products differ. Only age-appropriate products should be administered. IIV formulations include a standard injection, a higher dose vaccine, a formulation with adjuvant, a vaccine given with a jet injector, and an intradermal formulation.
- Recombinant Influenza Vaccine (RIV) – These vaccines contain only recombinant hemagglutinin (HA). Neither live influenza viruses nor eggs are used to produce recombinant influenza vaccine. These vaccines do not contain any antibiotics or preservatives. RIV vaccines are administered by the intramuscular route.
- Recommendations for the use of live attenuated influenza vaccine (LAIV4, specifically FluMist Quadrivalent) have been updated to include the option for providers to administer LAIV4 this season to those for whom it is appropriate. It should be noted that in the past there were concerns about the effectiveness of the LAIV in children aged 2 through 17 years and subsequent changes have been made to the LAIV formulation to address this, although there are no estimates of the effectiveness of the new formulation currently available.

Timing of vaccination

To avoid missed opportunities for vaccination of persons at increased risk for serious complications of influenza, vaccine may be offered as early as September if available. The optimal time for vaccination efforts is usually during October - November. Vaccine should continue to be sought and administered throughout the influenza season even after influenza activity has been established in the community.

Why people should get the flu vaccine every year

The influenza virus changes every year as it spreads around the world. Since the exact flu viruses are almost never the same from year to year, the strains of influenza in the vaccine change each year. This is why people need to get a new flu vaccine every year. The vaccine only protects people from influenza for one year.

Who should get vaccinated?

Yearly flu vaccination is recommended for almost everyone over 6 months of age, and is especially important for those people at high risk for developing flu-related complications, such as children younger than five, adults 65 years of age and older, pregnant women, and people with certain medical conditions like heart and lung problems, or diabetes.

Other things health care facilities can do to ensure influenza vaccination

The following are recommendations provided by HICPAC/ACIP* for healthcare workers:

- Educate health care professionals (HCPs) on the benefits of influenza vaccination.
- Offer influenza vaccine annually to all eligible HCPs. Provide influenza vaccination to HCPs at the work site and at no cost.
- Obtain signed declination from HCPs who decline influenza vaccination for non-medical reasons.
- Monitor influenza vaccination coverage and declination at regular intervals throughout the season.
- Use the level of HCP influenza vaccination coverage as one measure of a patient-safety quality program.

Physicians, nurses, and other professionals with direct patient contact, including medical emergency-response professionals (paramedics and emergency medical technicians) and employees of nursing homes and long-term care facilities should be vaccinated. Persons not directly involved in patient care but potentially exposed to influenza (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) should also be vaccinated.

* Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP)

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