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Flu Vaccine Information for Health Care Workers

If you work in health care, get the flu vaccine.

CDC recommends that all health care workers in the U.S. get the flu vaccine annually. This is a joint recommendation from CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

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Where can I get the vaccine?

- Ask your employer if you can get a free or low-cost flu vaccine at work.
- [Find a convenience clinic at a store or pharmacy near you](#) that offers the flu vaccine.
- Ask your doctor to give you the flu vaccine.

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Why is it important to get the vaccine?

- The flu can be a serious. It can lead to hospitalization and sometimes even death.
- You can catch the flu from anyone who has it — including patients and coworkers.
- If you get the flu, you can spread it to others even if you don't feel sick.
- By getting the vaccine, you can help protect your patients, your coworkers, your family, and yourself from the flu.

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Why do health care workers need the vaccine?

For certain people, the flu is more likely to be a serious disease. [People at high risk of serious complications from the flu](#) include:

- Older adults
- Pregnant women
- Very young children
- People with long-term conditions like asthma, heart disease, diabetes, and certain other diseases.

As a health care worker, there's a good chance that you'll be around people who are at higher risk of flu complications. Even if getting the flu wouldn't be serious for you, you could pass it to someone who might get very sick or die.

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How does the flu spread?

Usually, [flu viruses spread](#) when someone who has the flu coughs, sneezes, or talks. The virus travels in tiny droplets of moisture that come out of the sick person's mouth and can land in someone else's mouth or nose. This can happen across a distance of up to 6 feet.

Sometimes, the flu spreads when a person touches something that has flu virus on it, and then touches his or her mouth or nose.

It can take 1 to 4 days for symptoms of the flu to begin after someone gets infected. But once you're infected, you're contagious. This means you could pass the flu to someone else before you find out you're sick.

Many adults can infect others from 1 day before symptoms develop until 5 or 7 days after becoming sick. Children may be contagious for even longer. Some people can be infected with the flu virus and never show symptoms — but they can still spread the virus to others.

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What does research say about the flu vaccine?

- Health care workers who get the vaccine help reduce:
 - Spreading the flu
 - Staff illness and missed days of work
 - Flu-related illness and death, especially among people at higher risk
- Higher vaccination levels among hospital staff have been associated with a lower risk of hospital-acquired flu cases in patients.

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- Flu outbreaks in hospitals and long-term care facilities are thought to have been due to low vaccination levels among health care workers in those facilities.
- Higher flu vaccination levels among health care workers have been shown to reduce flu-related illnesses and deaths in places such as nursing homes.

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How many health care workers got the vaccine last year?

During the 2010-2011 influenza season:

- It was estimated that almost 2 out of 3 health care workers (64%) got vaccinated against the flu.
- Almost all health care workers (98%) got vaccinated against the flu if their employer required it.
- In workplaces where the flu vaccine wasn't required, more employees got vaccinated when employers offered free vaccination onsite for multiple days.

During the 2009-2010 influenza season:

- About 62% of health care workers were estimated to have gotten the seasonal flu vaccine. This is slightly less than the number of health care workers vaccinated in 2010-2011.

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How does the flu vaccine work — and is it safe?

Flu vaccines cause antibodies (cells that fight infection) to develop in your body about 2 weeks after you get vaccinated. These antibodies protect you if you're infected later with the viruses that were in the vaccine.

Flu vaccines can't cause the flu. Depending on which vaccine you get, the viruses are either already killed or weakened. This means your body can develop the flu antibodies without you getting the flu.

Flu vaccines are safe. Serious problems from the flu vaccine are very rare. The most common side effect is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

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What types of flu vaccine are available?

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There are two types of flu vaccines: a shot and a nasal spray.

The flu shot is an inactivated vaccine, which means the virus has been killed. It's given with a needle, usually in the arm. The flu shot is approved for anyone who's 6 months or older — healthy people and people with chronic medical conditions.

There are 3 different flu shots:

- The [regular flu shot is approved for adults and children ages 6 months and older](#).
- The [intradermal flu shot](#) is approved for people ages 18 to 64.
- The [high-dose flu shot](#) is approved for people age 65 and older.

The nasal spray flu vaccine is made with flu viruses that are live but weakened, so they can't cause the flu. It's sometimes called LAIV (Live Attenuated Influenza Vaccine).

LAIV is approved for healthy people ages 2 through 49, but it's not approved for pregnant women.

If you work with patients at higher risk: If you're eligible to receive LAIV, you can get it even if you're in contact with newborns, pregnant women, people with a solid organ transplant, people receiving chemotherapy, or people with HIV/AIDS. And you don't have to take any special precautions after getting the vaccine (like wearing a mask or gloves when you otherwise wouldn't).

If you work with profoundly immune-compromised patients: Health care providers who work with patients in special environments such as bone marrow transplant units should not get LAIV. This is an extra precaution and isn't based on reports of vaccine virus transmission in such settings.

If you're in close contact with severely immune-compromised patients who are being cared for in a protective environment, a flu shot is recommended for you instead of LAIV. If you do get LAIV, you must avoid contact with immune-compromised patients for 7 days after getting the vaccine.

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What does the 2011-2012 vaccine protect against?

The 2011–2012 influenza vaccine was developed based on recommendations from the Food and Drug Administration (FDA). It can protect you from getting sick from these viruses:

- A/California/7/2009 (H1N1)
- A/Perth/16/2009 (H3N2)
- B/Brisbane/60/2008

The vaccine can also make your illness milder if you get a different but related flu virus.

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The viruses in this season's vaccine are the same viruses that were selected for the 2010-2011 flu vaccine for the United States. For more information about how the viruses in the vaccine are selected, visit [Selecting the Viruses in the Seasonal Influenza \(Flu\) Vaccine](#). More information about the vaccine virus selection process is available at [Vaccine Selection for the 2011-2012 Season](#).

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Do I really need to get the flu vaccine every year?

Yes. Annual vaccination is important for these reasons:

- Flu is unpredictable.
- [Flu viruses are constantly changing](#).
- Your immunity from the vaccine decreases over time.

CDC recommends getting an annual flu vaccine as the first and best way to protect against the flu. This is recommended even when the vaccine composition (the viruses the vaccine protects against) is the same as it was the previous season.

Over the year, your body's level of immunity (your ability to make antibodies) from last year's vaccine has probably declined. This means you may not have enough immunity to be protected from getting sick this season. Getting the vaccine every year will help keep up your immunity.

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Protect yourself and others by getting a flu vaccine.

As a health care worker, you have an important role to play in preventing flu-related illness and death. When you get vaccinated against the flu, you could be helping not only yourself but also many people stay healthy — especially high-risk patients.

You can help even more by setting a good example and spreading flu facts — instead of the flu. For more information, or to get free materials to educate staff and patients about the benefits of the flu vaccine, visit [CDC Seasonal Influenza \(Flu\)](#).

You can also call the National Immunization Hotline at:

- (800) 232-2522 (English)
- (800) 232-0233 (español)
- (800) 243-7889 (TTY)

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Additional Resources

CDC COCA Conference Call. [Update on Influenza Vaccination for Health Care Personnel: Recent Coverage, Recommendations, Reporting, and Resources](#). November 15, 2011.

CDC. [Influenza Vaccination Coverage Among Health-Care Personnel—United States, 2010-11 Influenza Season](#). MMWR 2011;60:1073-1077.

CDC. [Telebriefing on Influenza Vaccination Among Health Care Personnel and Pregnant Women](#). Thursday, August 18, 2011

CDC. [Prevention and control of influenza with vaccines. Recommendations of the Advisory Committee on Immunization Practices \(ACIP\), 2010](#). MMWR 2010;59(No. RR-8).

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Turnberg W, Daniell W, Duchin J. Influenza vaccination and sick leave practices and perceptions reported by health care workers in ambulatory care settings. *Am J Infect Control* 2010; 38(6):486-8.

CDC. [Influenza vaccination of health-care personnel: recommendations of the Healthcare Infection Control Practices Advisory Committee \(HICPAC\) and the Advisory Committee on Immunization Practices \(ACIP\)](#). MMWR 2006;55(No. RR-2).

Salgado CD, Giannetta ET, Hayden FG, Farr BM. Preventing nosocomial influenza by improving the vaccine acceptance rate of clinicians. *Infect Control Hosp Epidemiol* 2004;25:923--8.

Saito R, Suzuki H, Oshitani H, Sakai T, Seki N, Tanabe N. The effectiveness of influenza vaccine against influenza A (H3N2) virus infections in nursing homes in Niigata, Japan, during the 1998--1999 and 1999--2000 seasons. *Infect Control Hosp Epidemiol* 2002;23:82--6.

Cunney RJ, Bialachowski A, Thornley D, Smaill FM, Pennie RA. An outbreak of influenza A in a neonatal intensive care unit. *Infect Control Hosp Epidemiol* 2000;21:449--54.

Carman WF, Elder AG, Wallace LA, et al. Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet* 2000;355(9198): 93--7.

Saxen H, Virtanen M. Randomized, placebo-controlled double blind study on the efficacy of influenza immunization on absenteeism of health care workers. *Pediatr Infect Dis J* 1999;18:779--83.

Wilde JA, McMillan JA, Serwint J, Butta J, O'Riordan MA, Steinhoff MC. Effectiveness of influenza vaccine in health care professionals: a randomized trial. *JAMA* 1999;281:908--13.

Potter J, Stott DJ, Roberts MA, et al. Influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients. *J Infect Dis* 1997;175:1--6.

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