

Seasonal Influenza (Flu)

Seasonal Influenza (Flu)
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Influenza Vaccination Information for Health Care Workers

Did You Know?

- CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers get vaccinated annually against influenza.
- Health care workers include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from health care workers and patients.

Why Get Vaccinated?

- Influenza (the flu) can be a serious disease that can lead to hospitalization and sometimes even death. Anyone can get sick from the flu.
- You can get the flu from anyone, including patients and coworkers who are sick with the flu.
- If you get the flu, you can spread it to others even if you don't feel sick.
- By getting vaccinated, you can help protect yourself, your family at home, and also your patients at work from getting the flu.

What Does the Research Say?

- Health care workers who get vaccinated help to reduce the following:
 - transmission of influenza
 - staff illness and absenteeism
 - influenza-related illness and death, especially among people at increased risk for severe influenza illness
- Higher vaccination levels among staff have been associated with a lower risk of nosocomial (hospital-acquired) influenza cases.
- Influenza outbreaks in hospitals and long-term care facilities have been attributed to low influenza vaccination coverage among health care workers in those facilities.
- Higher influenza vaccination levels among health care workers can reduce influenza-related illness, and even deaths, in settings like nursing homes.

How Many Health Care Workers Got Vaccinated Last Season?

- During the 2010-2011 influenza season, coverage for influenza vaccination among health care workers was estimated at 63.5%.
- Coverage was 98.1% among health care workers who had an employer requirement for vaccination.
- In the absence of requirements, increased vaccination coverage was associated with employers offering vaccination onsite, free of charge, for multiple days.
- During the 2009-2010 influenza season, an estimated 61.9% of health care workers received seasonal influenza vaccine.

Influenza (Flu) Facts

- Influenza (the flu) can be a serious disease that can lead to hospitalization and sometimes even death. Anyone can get sick from the flu.
- People with flu can spread it to others. [Influenza viruses are 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 up to about 6 feet away or possibly be inhaled into the lungs. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth or nose.

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Marketplace plans cover free flu vaccines.

Fact:
People with flu can spread it to others up to about 6 ft away through coughs and sneezes! Test your flu IQ!
www.cdc.gov/flu

- Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Children may pass the virus for longer. Symptoms start 1 to 4 days after the virus enters the body. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Some persons can be infected with the flu virus but have no symptoms. During this time, those persons may still spread the virus to others.
- Some people, such as older adults, pregnant women, and very young children as well as people with certain long-term medical conditions are at [high risk of serious complications](#) from the flu. These medical conditions include chronic lung diseases, such as asthma and chronic obstructive pulmonary disease (COPD), diabetes, heart disease, neurologic conditions and pregnancy.
- Since health care workers may care for or live with people at high risk for influenza-related complications, it is especially important for them to get vaccinated annually.
- Annual vaccination is important because influenza is unpredictable, [flu viruses are constantly changing and immunity from vaccination declines over time](#).
- CDC recommends an annual flu vaccine as the first and best way to protect against influenza. This recommendation is the same even during years when the vaccine composition (the viruses the vaccine protects against) remains unchanged from the previous season.

Flu Vaccine Facts

- The [2011-12 flu vaccine](#) provides protection against the three main viruses that research indicates will cause the most illness this season. The 2011-12 flu vaccine will protect against an influenza A (H3N2) virus, an influenza B virus, and the 2009 H1N1 virus that caused so much illness during the 2009-10 influenza season.
- **Flu vaccines CANNOT cause the flu.** The viruses in flu vaccines are either killed (the flu shot) or weakened (the nasal-spray vaccine).
- **Flu vaccines are safe.** Serious problems from the flu vaccine are very rare. The most common side effect that a person is likely to experience is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

Is there more than one type of flu vaccine available?

There are two types of flu vaccines:

First, the “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 older than 6 months, including healthy people and people with chronic medical conditions.

There are three different flu shots available:

- a [regular flu shot approved for people ages 6 months and older](#)
- a [high-dose flu shot](#) approved for people 65 and older, and
- an [intradermal flu shot](#) approved for people 18 to 64 years of age.

Second, the nasal-spray flu vaccine – a vaccine made with live, weakened flu viruses that is given as a nasal spray (sometimes called LAIV for “Live Attenuated Influenza Vaccine”). The viruses in the nasal spray vaccine do not cause the flu. LAIV is approved for use in healthy* people 2 through 49 years of age who are not pregnant.

Nearly all healthy, non-pregnant health care workers, **may** receive LAIV if eligible, including those who come in contact with newborn infants (e.g., persons working in the neonatal intensive care unit, or NICU), pregnant women, persons with a solid organ transplant, persons receiving chemotherapy, and persons with HIV/AIDS.

However, health care providers should not get LAIV if they are providing medical care for patients who require special environments in the hospital because they are profoundly immunocompromised, for example if they work in bone marrow transplant units. This is intended as an extra precaution and is not based on reports of vaccine virus transmission in those settings. The flu shot is preferred for vaccinating health care workers who are in close contact with severely immunocompromised patients who are being cared for in a protective environment. These health care workers may still get LAIV, but they must avoid contact with such patients for 7 days after getting vaccinated.

No special precautions (e.g., masks or gloves) are necessary for health care personnel who have been vaccinated with LAIV and who do not work with patients undergoing bone marrow transplantation.

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 and spreading flu facts (instead of the flu itself) among your colleagues and patients, you have the opportunity to save even more lives.

How do flu vaccines work?

The seasonal flu vaccine protects against three influenza viruses that research indicates will be most common during the upcoming season. The 2011-2012 flu vaccine provides protection against the three main viruses that research indicates will cause the most illness this season. The 2011-2012 flu vaccine will protect against an influenza A (H1N1) virus, an influenza A (H3N2) virus and an influenza B virus. About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

Flu vaccines (the flu shot and the nasal-spray flu vaccine (LAIV)) cause antibodies to develop in the body about 2 weeks after vaccination. These antibodies provide protection against infection with the viruses that are in the vaccine.

What viruses will the 2011-2012 vaccine protect against?

The Food and Drug Administration (FDA) recommended that the United States 2011-2012 seasonal influenza vaccine contain the following three vaccine viruses:

- an A/California/7/2009 (H1N1)-like virus;
- an A/Perth/16/2009 (H3N2)-like virus; and
- a B/Brisbane/60/2008-like virus.

The 2011-2012 influenza vaccine can protect you from getting sick from these three viruses, or it can make your illness milder if you get a related but different influenza virus. (For more information about how the viruses in the vaccine are selected, visit [Selecting the Viruses in the Seasonal Influenza \(Flu\) Vaccine](#).)

The viruses in this season's vaccine are the same viruses that were selected for the 2010-2011 influenza vaccine for the United States. More information about the vaccine virus selection process is available at [Vaccine Selection for the 2011-2012 Season](#).

If I got a vaccine in 2010-2011, why do I need to get another one this season if the vaccine formulation didn't change?

Your body's level of immunity from a vaccine received last season is expected to have declined. You may not have enough immunity to be protected from getting sick this season. You should be vaccinated again to raise your immune levels against the three viruses that research indicates are likely to circulate again this season.

Protect yourself, your family, and your patients by getting a flu vaccine.

For more information about flu information, updates, and access to free materials to assist with educating staff and patients about the impact of influenza and the benefits of vaccination, visit [CDC Seasonal Influenza \(Flu\)](#) or call the National Immunization Hotline at (800) 232-2522 (English), (800) 232-0233 (español), or (800) 243-7889 (TTY).

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).

Apisarnthanarak A, Uyeki T, Puthavathana P, Kitphati R, Mundy L. Reduction of seasonal influenza transmission among healthcare workers in an intensive care unit: A 4-year intervention study in Thailand. *Infect Control Hosp Epidemiol* 2010; 31(10):996-1003.

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, Smail 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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