

Seasonal Influenza (Flu)

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Flu Vaccine Information for Health Care Workers

If you work in health care, get a flu vaccine every year.

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 help many people stay healthy — especially high-risk patients.

You can set a good example by getting vaccinated and spreading flu facts —instead of the flu.

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

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Why is it important to get a flu vaccine?

- By getting a flu vaccine, you can help protect your patients, coworkers, family, and yourself from the flu.
- The flu can be serious. It can lead to missed work, 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.



Spread flu facts — instead of the flu. Get vaccinated every year.

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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!

Why do I need the vaccine?

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

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, among others



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. Use the Flu Vaccine Finder to find a flu vaccine location near you, <http://flushot.healthmap.org/>.
- Ask your healthcare provider to give you the flu vaccine.

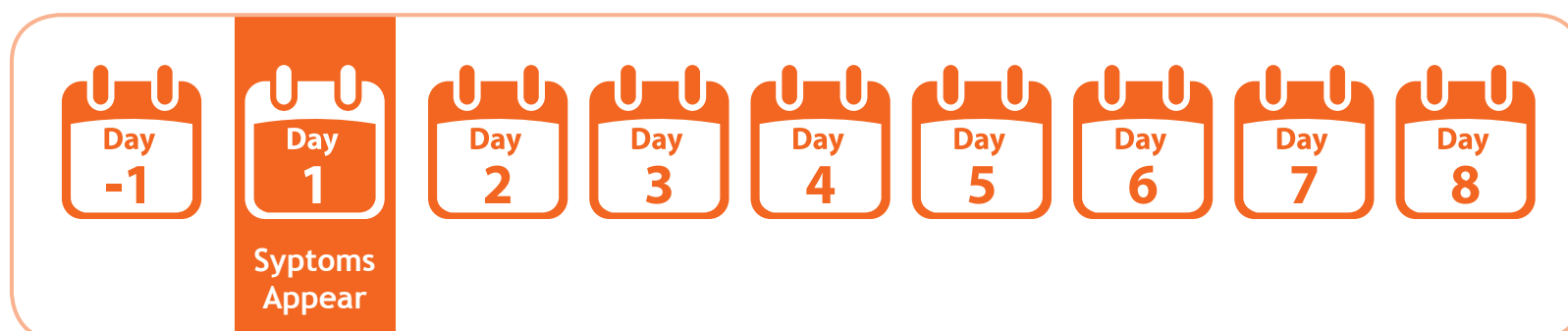
How does the flu spread?

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.

Less often, the flu spreads when a person touches something that has flu virus on it, and then touches his or her mouth, eyes, or possibly their nose.

It can take 1 to 4 days for symptoms of the flu to begin after someone gets infected. You could pass the flu to someone else before you even know you're sick. **Adults can infect others from 1 day before symptoms develop until 5 or 7 days after becoming sick.**

Days an Adult is Contagious:



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.

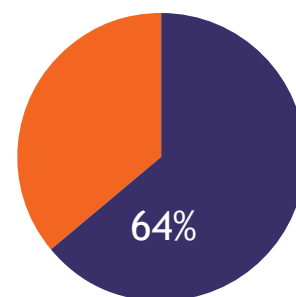
What does research say about the flu vaccine?

- Researchers found an association between vaccination of healthcare workers and reduced cases of the flu and less missed time from work due to respiratory infections among healthcare workers.
- Researchers found an association between higher flu vaccination levels among health care workers and reductions in flu-like illness and total deaths in places such as nursing homes.

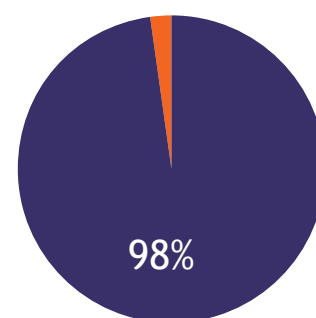
How many health care workers got the vaccine last year?

During the 2010-2011 flu season:

Researchers estimate 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 flu season:

Researchers estimated that about 62% of health care workers got the seasonal flu vaccine. This is slightly less than the number of health care workers vaccinated in 2010-2011.

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

Flu vaccines are designed to cause antibodies (proteins the body makes to fight infection) to develop in your body about 2 weeks after you get vaccinated. These antibodies can protect you if you're infected later with the flu virus.

Flu vaccines can't cause the flu.

The flu vaccine cannot cause flu illness. It can cause mild side effects that may be mistaken for flu. For example, people vaccinated with the flu shot may feel achy and may have a sore arm where the shot was given. People vaccinated with the nasal spray flu vaccine may have a stuffy nose and sore throat. These side effects are NOT the flu. If experienced at all, these effects are usually mild and last only 1 to 2 days.

Flu vaccines are safe.

Hundreds of millions of people over the past 50+ years have gotten the flu shot. The flu vaccine has a very good safety track record.

What types of flu vaccine are available?

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

If you work with patients at higher risk: If you're eligible to receive the nasal spray, 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 workers who work with patients in special environments such as bone marrow transplant units should **not** get the nasal spray. 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, get a flu shot instead of the nasal spray. If you do get the nasal spray, you must avoid contact with immune-compromised patients for 7 days after getting the vaccine.

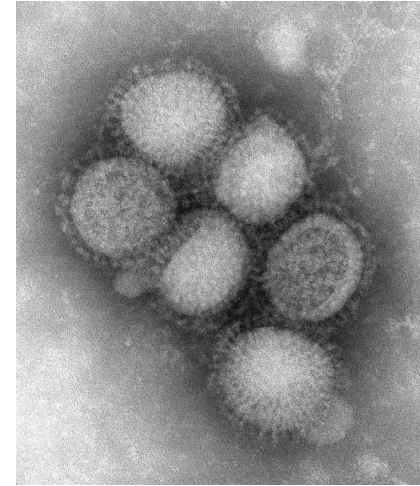
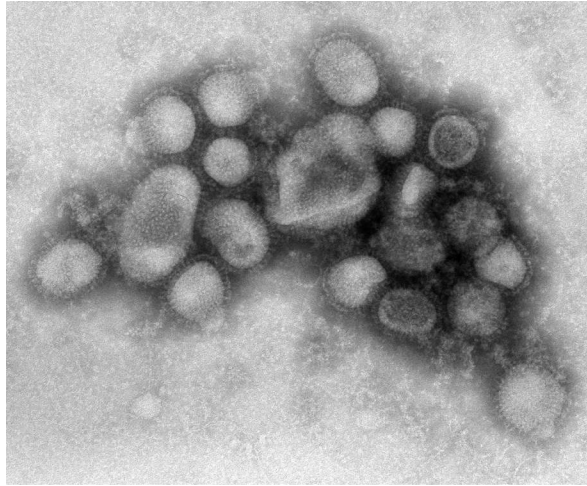
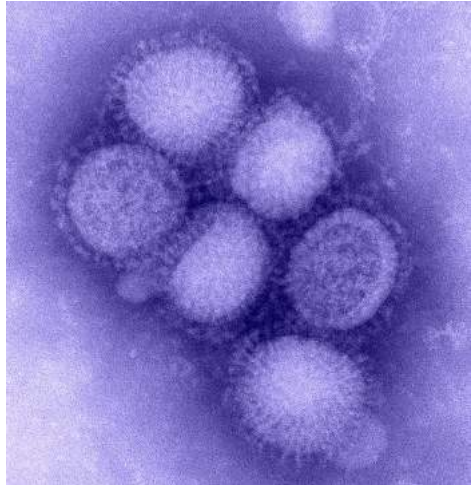
What does the 2011-2012 flu vaccine protect against?

The 2011-2012 flu vaccine was developed based on recommendations from the US Food and Drug Administration (FDA).

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

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](#).

Why is it necessary to get the flu vaccine every year?



The A/California/7/2009 (H1N1) virus

It's important to get a flu vaccine every year because:

- 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. CDC recommends this 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.

Where can I get more information?

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)

Additional Resources

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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