

Influenza and the Flu Shot

Facts for Health Care Workers

2014-2015

Presentation to (group name)

Your Name

Your Title

Date

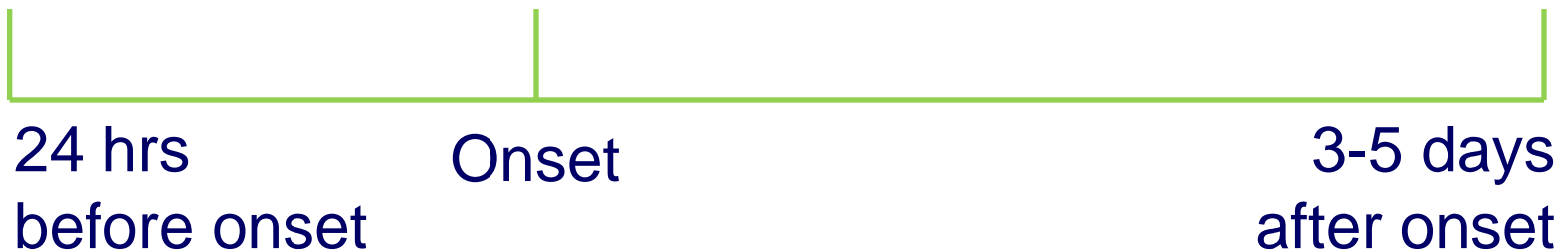
- Highly contagious and common respiratory illness caused by influenza A & B viruses
- Influenza strains circulating the globe change on a regular basis
- In Canada influenza season occurs between November and March

Each year in Canada, influenza:

- infects approximately **10% to 20%** of the population
- causes up to **12,200** hospitalizations
- leads to about **3,500** deaths

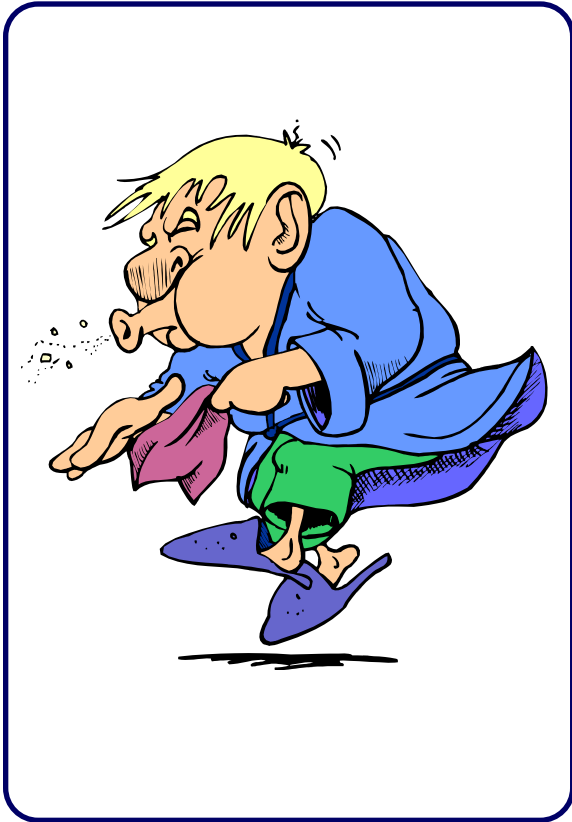
Incubation Period:
~1-3 days

Period of Communicability:

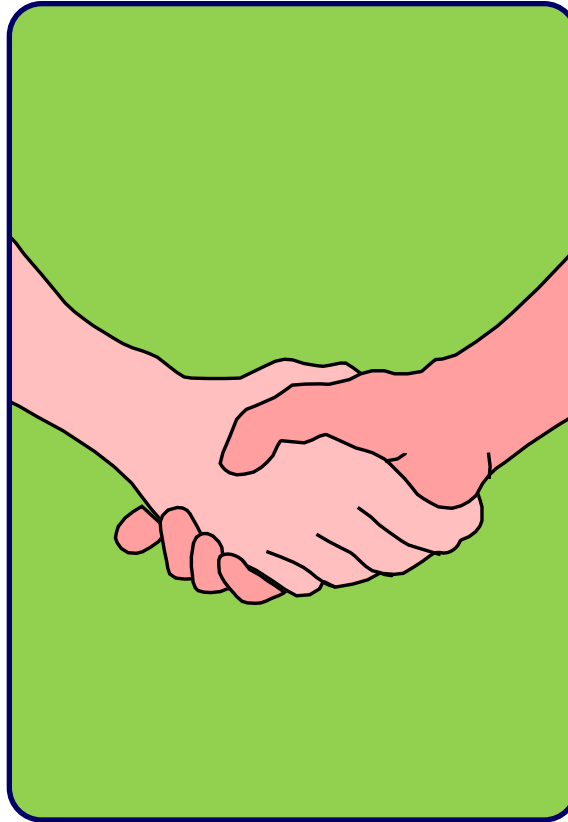


How Influenza Is Spread

Small Droplets



Direct Contact



Indirect Contact



Signs and Symptoms

- Headache
- Chills
- Cough
- Fever
- Loss of appetite
- Muscle aches
- Fatigue
- Runny nose
- Sneezing
- Watery eyes
- Throat irritation
- Nausea, vomiting and diarrhea may occur, especially in children

- A person infected with influenza may not develop symptoms but can shed the virus and infect others
- Infected persons can spread influenza for up to 24 hours before developing symptoms
- May develop only mild symptoms but continue to work and infect others

Why Should I Be Concerned?

- You may get sick with influenza
- You may spread influenza to family and friends
- You may transmit influenza people at high risk of influenza-related complications, including pneumonia or even death

People at high risk for influenza-related complications

- People with chronic health conditions, including obesity
- Residents of nursing homes and other chronic care facilities
- People 65 years of age and older
- Children 6 to 59 months of age
- Healthy pregnant women
- Aboriginal Peoples

What Can be Done to Prevent and Control the Spread of Influenza?

- Influenza Immunization
- Basic Infection Control Measures:
 - Hand hygiene
 - Respiratory etiquette
 - Avoid touching your eyes, nose and mouth
 - Stay home if you are ill



What Can be Done to Prevent and Control the Spread of Influenza?

- Routine Practices and Additional Precautions for all health care settings, including surveillance for acute respiratory infection
- Environmental cleaning
- Outbreak control measures, including antiviral prophylaxis

- Influenza vaccine ~ 60% effective
- Vaccination is the **most effective** way to protect against influenza infection
- Reduces hospitalization, pneumonia and death in the elderly

- Strains
 - *A/California/7/2009(H1N1)pdm09-like*;
 - *A/Texas/50/2012 (H3N2)-like*, and ;
 - *B/Massachusetts/2/2012-like virus (Yamagata lineage)*

- Publicly funded vaccines for Ontario
 - Agriflu®
 - Fluviral®
 - Fluzone
 - Vaxigrip®
 - Flud ® (LTCH residents \geq 65 years of age)

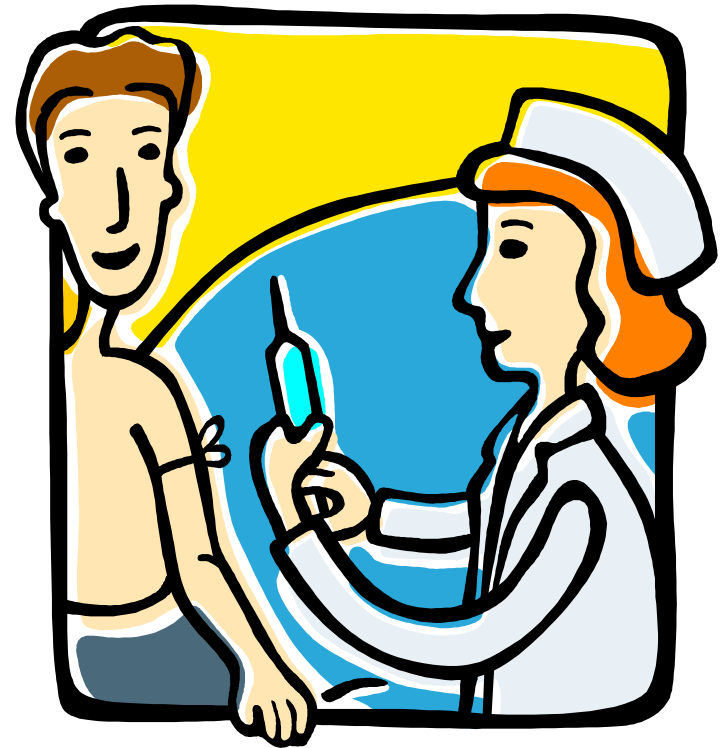
- Influenza vaccine is safe and well tolerated
- Soreness at the injection site may occur, and last up to 2 days
- Children may get a fever after vaccination
- Severe side effects and allergic reactions are rare
- Oculorespiratory syndrome (ORS) causing red eyes, facial swelling, coughing, wheezing and difficulty breathing rarely occurs
- Guillain Barré Syndrome is a very uncommon disease that causes muscle paralysis and has been associated with certain infectious diseases. In very rare instances (about 1 in a million doses of vaccine), the flu shot has been associated with GBS. The risk of developing GBS after influenza infection is larger than the risk associated with the flu shot.

Who Should Get Influenza Vaccine?

FREE for everyone greater than 6 months old who lives, works or goes to school in Ontario

NACI recommends flu shot programs should focus on people:

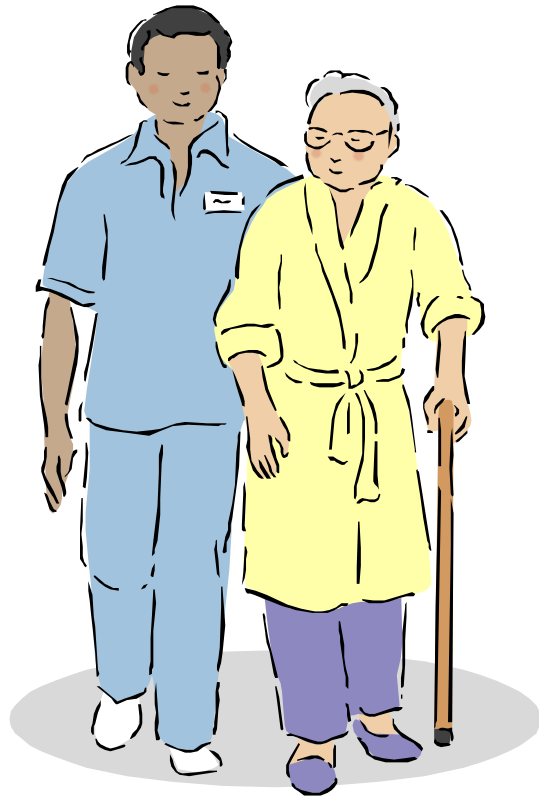
- At high risk for influenza-related complications
- Capable of transmitting flu to high risk individuals
- Who provide essential community services



Who Should NOT Get the Vaccine?

- Infants under 6 months of age
- Person who had an anaphylactic reaction to a previous dose of influenza vaccine **OR** to any vaccine components, with the exception of egg
- Person who has had GBS within 6 weeks of influenza vaccination
- Most people who had ORS can safely receive the vaccine but should talk to their doctor first
- Postpone vaccination in persons with serious acute illness until their symptoms have resolved

Health Care Workers' (HCWs) Duty of Care



“ In the absence of contraindications, refusal of HCWs who have direct patient contact to be immunized against influenza implies **failure in their duty of care to patients.**”

- NACI

HCW Immunization Rates – Acute Care

**HCW Influenza Immunization Coverage Rates for 2013-2014
Influenza Season as of December 15, 2013
Acute Care Hospitals**

Influenza Season	Toronto Median Rate (range)	Ontario Median Rate	Your Facility's Rate
2013-2014	44% (30%-59%)	55%	ENTER RATE HERE

HCW Immunization Rates – CCC/Rehab

**HCW Influenza Immunization Coverage Rates for 2013-2014
Influenza Season as of December 15, 2013
Complex Continuing Care**

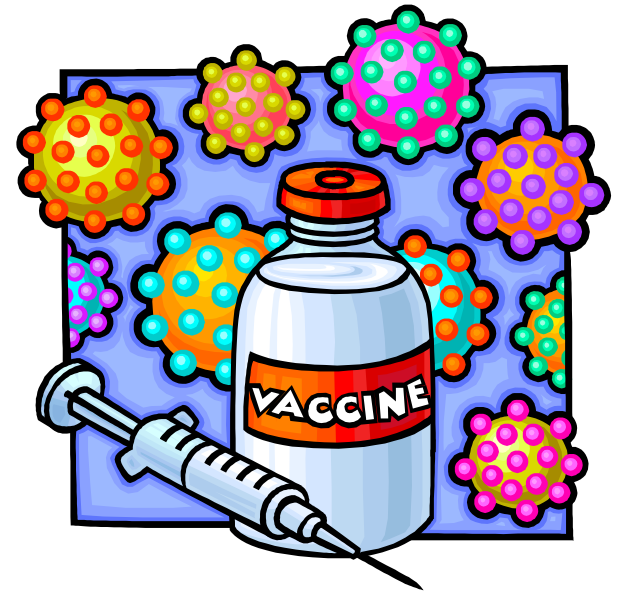
Influenza Season	Toronto Median Rate (range)	Ontario Median Rate	Your Facility's Rate
2013-2014	67% (41%-89%)	55%	ENTER RATE HERE

**HCW Influenza Immunization Coverage Rates for 2013-2014
Influenza Season as of December 15, 2013
Long-Term Care Homes**

Influenza Season	Toronto Median Rate (range)	Ontario Median Rate	Your Facility's Rate
2013-2014	77% (12%-99%)	78%	ENTER RATE HERE

Under What Conditions Can I Work During a Influenza Outbreak?

- Must be well
- Vaccinated for 2 weeks or more
- Vaccinated for less than 2 weeks - must take antivirals
- Unvaccinated - must take antivirals





- Influenza vaccines are safe and the most effective way to prevent influenza
- Unvaccinated staff can spread influenza to family, friends, and patients/residents
- Hospitalized and other vulnerable patients can have prolonged hospitalizations, severe illnesses, and can die as a result of influenza transmission from healthcare workers

