Health Professionals and Allied Employees

Factsheet: Seasonal Influenza

Introduction

In the past several years there has been a push among some healthcare employers and government agencies to mandate that healthcare workers be vaccinated for influenza. During the 2010-11 flu season, 63.5% of healthcare workers were vaccinated.[i]

HPAE supports the goal of increasing vaccination rates to protect healthcare workers, their families, and patients from being infected with the influenza virus. However, HPAE believes that the most effective approach is through education and voluntary vaccination.

Unfortunately, some employers are requiring healthcare workers to complete a declination form and wear a surgical mask if they refuse to be vaccinated. Some employers are adopting policies mandating vaccination and at least 16 states have already passed some type of influenza control and vaccination legislation. HPAE asserts that persuasion based on science, ethics, and prudence, not mandates, to be the appropriate course of action to increase vaccination rates.

What is the flu?

- The flu is a contagious respiratory illness caused by influenza viruses that can cause mild to severe illnesses.
- Each year in the United States, approximately 5 to 20% of the population gets the flu; more than 200,000 are hospitalized, and 36,000 die. Healthy adults are not usually at risk of developing life threatening complications.
- The elderly, children, and people with pre-existing medical conditions are at greater risk for the flu.[ii]

Symptoms and complications of flu

- fever (usually high)
- headache
- muscle aches
- malaise
- runny or stuffy nose
- sore throat

- gastro-intestinal symptoms such as nausea, vomiting, and diarrhea, are more common among children than adults.

How flu is spread

The flu is spread through contact with an infected person or object that has been contaminated with the virus. Workers can be exposed in three different ways:

1. Droplet transmission occurs when a person's nose, mouth, or eyes come in contact with large droplets containing the virus that have been suspended in the air when an infected person coughs or sneezes.
2. Airborne or aerosol transmission occurs when small particles containing the virus are suspended in the air when an infected person coughs or sneezes, and then inhaled by a person into their respiratory system and lungs.
3. Contact transmission occurs when a worker has direct contact with the virus and then touches their own nose, mouth, or eyes. The contact can be with an infected person or contaminated surface or object.

Flu vaccine

The Centers for Disease Control (CDC) recommends that healthcare workers get vaccinated every year with the influenza vaccine. The vaccine is considered safe and to have minimal side effects. There are two types of vaccines:

1. The "flu shot" is an inactivated vaccine containing killed virus. It is approved for use in people over 6 months of age, including those with chronic medical conditions.
2. The nasal-spray vaccine is made with live, weakened flu viruses that do not cause the flu. It is sometimes called LAIV (live attenuated influenza vaccine) and is approved for use in people 5 to 49 years of age who are not pregnant.

About two weeks after the vaccination, antibodies that provide protection against influenza virus infection develop in the body.

Who should not be vaccinated?

People:

- who have had severe allergy to chicken eggs
- who have had severe reaction to an influenza vaccination in the past
- who have developed Guillain-Barré syndrome within 6 weeks of getting an influenza vaccination previously.
- who are sick with a fever.

Vaccine effectiveness

A review of 30 flu research studies[iii] indicated that the vaccine was about 59% effective in individuals 18 to 65 years of age. The CDC estimated the 2013 vaccine to be 62% effective. Vaccination alone is not adequate for prevention of influenza infection in healthcare facilities.

Common reasons healthcare workers decline vaccination[iv]

- concerns about the safety and effectiveness of the vaccine
- a sense of not being personally at risk
- a lack of understanding of transmission of flu
- fear of needles
- inconvenience of getting vaccinated

Comprehensive Influenza Infection Control Program

A comprehensive program that includes the following elements detailed in a written Influenza Exposure Control Program should be established by a committee that includes frontline nurses and union representatives.

- Written influenza exposure control plan
- Risk assessment
- Vaccination and pharmaceutical interventions
    - Programs must address the myths and misperceptions of staff about the vaccine
    - Must be made available during work hours at a time and place convenient to staff
    - Must include education and training
- Engineering controls such as isolation rooms and ventilation
- Safe work practices and personal hygiene
    - expedited triage procedures and isolation for patients with flu like symptoms
    - hand hygiene and cough etiquette policies
    - medical and personal leave policies
    - cleaning and disinfection protocols
    - medical surveillance (tracking of patients/ staff with influenza)
    - emergency communications
- Personal protective equipment and respiratory protection

- Training and education

Standards

OSHA does not have a standard on influenza infection control.

The Joint Commission Standard IC.02.04.01 requires: The organization offers vaccination against influenza to licensed independent practitioners and staff. The elements of performance include the following organizational requirements:
1. Establishment of an annual influenza vaccination program that is offered to licensed independent practitioners and staff.
2. Education of licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.
3. Provision of influenza vaccination at sites and times accessible to licensed independent practitioners and staff.
4. Inclusion in the infection control plan the goal of improving influenza vaccination rates.
5. Setting incremental influenza vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020.
6. Written description of the methodology used to determine influenza vaccination rates.
7. Evaluation of the reasons given by staff and licensed independent practitioners for declining the influenza vaccination. This evaluation occurs at least annually.
8. Improvement of vaccination rates according to established goals at least annually.
9. Providing influenza vaccination rate data to key stakeholders which may include leaders, licensed independent practitioners, nursing staff, and other staff at least annually.

Conclusion

HPAE is very concerned about protecting our members, their families, and our patients from influenza and all hospital acquired infections. We encourage our members to consider getting vaccinated, with the understanding that some members have medical, religious, and personal objections. Furthermore, we encourage members to compare the influenza infection control program at their workplace to the standards and best practices described in this factsheet. Notify your HPAE representative if you are aware of deficiencies.

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[i] Influenza Vaccination Coverage Among Health-Care Personnel, US, 2012-11 Influenza Season, MMWR, August 19, 2011
[ii] CDC, Department of Health and Human Services, Factsheet Influenza (Flu) 9/22/2004
[iii] Efficacy and effectiveness of influenza vaccines: a systematic review and meta-analysis, M. Osterholm, et al, Lancet 2012
[iv] Immunizing Healthcare Personnel Against Influenza, A Report on Best Practices, National Foundation for Infectious Diseases, 2007