



Influenza Vaccination Facts for Health Care Workers

Fact 1: Both the Centers for Disease Control and Prevention (CDC) and the Arizona Department of Health Services (ADHS) are in favor of influenza vaccine for all healthcare workers.

It is crucial to vaccinate healthcare workers for influenza before the illness overloads the healthcare system. Healthcare workers are at even greater risk for contracting influenza than the general public since health care workers will encounter influenza patients at work.

Fact 2: Health care workers with influenza can spread the virus to their patients.

Health care workers who get influenza can spread influenza to their patients. This is especially serious with patients with chronic or high risk health conditions that make them vulnerable to death and other serious influenza complications.

Fact 3: All health care workers should be vaccinated for seasonal influenza as well as make sure that all of their patients 6 months or older are given influenza vaccine.

CDC now recommends that everyone 6 months and above should be vaccinated against influenza every year. By having everyone get an annual influenza vaccine, there will be fewer people infected and less spread of influenza to other people. This will prevent influenza-related hospitalizations and death, especially in people with underlying health problems.

Fact 4: People cannot get influenza from influenza shots.

Influenza shots contain an inactivated (“killed”) influenza virus. Therefore, there is no way that an influenza shot can cause runny nose, sore throat, cough, vomiting, or diarrhea, because the inactivated virus cannot grow in the body.

People who come down with influenza-like symptoms after an influenza vaccination likely contracted another type of illness or became infected with influenza before the vaccine could provide them with immunity. It usually takes about two weeks after vaccination to develop immunity. Also, influenza vaccines are not 100% effective for everyone in preventing influenza, but they protect most people, and are very effective in reducing the severity of influenza if patients do develop an infection.

The nasal spray influenza vaccine (Live attenuated influenza vaccine—LAIV or Flumist®) can sometimes cause a mild stuffy nose, but it does not cause an influenza-like illness. LAIV has an attenuated (“weakened”) virus that grows in the patient’s nose and stimulates immunity.

Fact 5: Healthcare workers can safely receive the live attenuated (“weakened”) influenza virus vaccine (LAIV or Flumist®) and go back to work immediately without risk of spreading the weakened virus to their patients UNLESS they work directly with bone marrow transplant patients.

There have been no reports of influenza transmission from a person recently vaccinated with LAIV to an immunocompromised person. As a precautionary measure, healthcare personnel who receive LAIV should avoid providing care for severely immunosuppressed patients for seven days after vaccination. Severely immunosuppressed persons are those who have had a bone marrow transplant and/or those who require a protective environment due to their lack of immunity. Patients on steroids, chemotherapy, or with other immunosuppressive conditions including HIV, are NOT considered severely immunosuppressed, and can be cared for by health care workers who have received LAIV.

Fact 6: Serious side effects from influenza vaccine are very rare.

The most common side effects after an influenza vaccine are soreness, redness, or swelling at the injection site. Other mild side effects may include headache, muscle aches, fever, nausea, or fainting (mainly adolescents). If these side effects occur, they usually begin soon after the shot and last one to two days. Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot is given.

Fact 7: Every year influenza vaccines are rigorously tested and evaluated for safety and efficacy.

The Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), pharmaceutical companies, and numerous other governmental and private sector partners rigorously test influenza vaccine for safety and efficacy. During a few influenza seasons, there has been statistical analysis to suggest a higher than normal risk of Guillain-Barré syndrome after vaccination, but it is still a rare occurrence.

Fact 8: There is a much higher risk of getting Guillain-Barré Syndrome (GBS) from having influenza illness than from getting vaccinated for influenza.

GBS is a rare condition that can follow an intestinal or respiratory illness, including influenza. In fact, GBS is **four to seven times** more common after influenza illness than after influenza vaccination. The infection that most commonly precedes GBS is caused by bacteria called *Campylobacter* that cause diarrhea. In the U.S., there are about 3,000 – 6,000 cases of GBS per year (or one to two cases per 100,000 adults) that **are not** related to influenza vaccination. During the few seasons when a statistical increase in GBS has occurred, only about one additional GBS case per million persons vaccinated has been associated with the influenza vaccine.

Fact 9: Multi-dose vials of influenza vaccine contain safe amounts of thimerosal, a vaccine preservative, which prevents contamination with bacteria and fungi.

Thimerosal, which contains a small amount of ethyl mercury, is a preservative used in multi-dose vials of vaccine. It is not added to either live attenuated (the nasal spray) or single dose influenza vaccines. Thimerosal is used in multi-dose vials to prevent contamination with bacteria and fungi that could result from repeated punctures when drawing vaccine from the vial. No ill effects other than minor local reactions at the site of injection have been established when using vaccines containing thimerosal.

There has been some public concern about thimerosal causing autism. During the 1990s, thimerosal was eliminated from use as a preservative in most vaccines by replacing multi-use vials with single dose vials that did not require preservatives. This reduced the amount of thimerosal children received but it did not result in a decrease in autism rates. *Despite numerous large scientific studies exploring this issue, no connection between the vaccine preservative thimerosal and autism has been identified.*

The benefits of influenza vaccination for all recommended groups, including pregnant women and young children, outweigh concerns based on a theoretic risk from thimerosal exposure through vaccination. The risks for severe illness from influenza virus infection are elevated among both young children and pregnant women, and vaccination has been demonstrated to reduce the risk for severe influenza illness and subsequent medical complications. In contrast, no harm from exposure to vaccine containing thimerosal preservative has been demonstrated. For these reasons, persons recommended to receive influenza vaccine may receive any age- and risk factor-appropriate vaccine preparation, depending on availability. (See MMWR August 6, 2010, p. 22 <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>)

If you are a healthcare worker and you have questions about the safety of influenza vaccines, you can find more information at the websites below:

Centers for Disease Control and Prevention (CDC):
<http://www.cdc.gov/flu/protect/vaccine/vaccinesafety.htm>

U.S. Food and Drug Administration (FDA):
<http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm110288.htm>

Remember: Influenza has killed 3,000 to 49,000 people every year in the U.S. in the last 30 years. Influenza hospitalizes almost 250,000 people a year. Protect yourself and your patients: get your own influenza vaccine and give it to all your patients who are 6 months or older.