

Influenza and Influenza Vaccine Myths and Reality

Myth	Reality
The flu vaccine can cause influenza.	<p>The injectable flu vaccine does not contain the live virus so it is impossible to get influenza from the vaccine. Side effects may occur in some people, such as mild soreness, redness, or swelling at the injection site, headache, or a low-grade fever. The nasal spray flu vaccine contains live, attenuated (weakened) viruses that can cause mild signs or symptoms such as runny nose, fever, sore throat, and nasal congestion. This vaccine, however, cannot cause influenza infection in the lower respiratory tract.</p> <p>Vaccination is safe and effective, and the best way to help prevent influenza and its complications. ¹</p>
The flu shot doesn't work.	<p>The influenza vaccine will prevent influenza most of the time. In scientific studies, the effectiveness of the vaccine ranges from 70 to 90 percent, depending on how well the circulating viruses match those in the vaccine. In populations in which the vaccine is less effective in preventing influenza, such as the elderly, the vaccine reduces the severity of the disease and the incidence of complications by 50 to 60 percent and the incidence of death by approximately 80 percent. Getting vaccinated is the most effective way to protect against influenza and its serious outcomes. ²</p>
Our staff follows Standard Precautions, with good hand hygiene practices and appropriate glove and mask use – so vaccination is not necessary.	<ul style="list-style-type: none"> • Influenza is spread by respiratory droplets generated when talking, coughing or sneezing. Adults shed influenza virus <i>at least one day before</i> any signs or symptoms of the disease, so health care personnel can unknowingly infect patients or other staff.^{3,4} • 50 percent of influenza infections can be asymptomatic, and both symptomatic and asymptomatic individuals can shed the virus and infect others. ^{5,6,7,8}
Our staff stays at home if they are sick - so vaccination is not necessary.	<ul style="list-style-type: none"> • Since unvaccinated individuals are contagious at least one day before any signs or symptoms of influenza appear, they can still shed the virus and infect patients and other staff. ^{3,4} • Unvaccinated health care personnel can become infected with influenza and not have any symptoms, and both symptomatic and asymptomatic individuals can shed the virus and infect others. ^{5,6,7,8}
There is no evidence to support that influenza vaccination of staff improves patient outcomes.	<p>Health care personnel can acquire influenza from the community or their patients and can transmit it to patients or other staff. Influenza transmission and outbreaks in health care organizations have been recognized for many years and have been associated with substantial morbidity, mortality, and costs.^{9,10,11} Influenza's short incubation period and ease of transmission through respiratory droplets from person to person can result in explosive outbreaks of febrile respiratory illness. Health care settings are favorable environments for such transmission.^{8,12} Increased rates of staff vaccination result in decreased rates of health care-associated influenza.^{10,13} In fact, one group of researchers concluded that the reduction in morbidity, mortality, and use of health service resources associated with vaccinating their long term care facility was "equivalent to preventing five deaths, two admissions to hospitals with influenza-like illness, seven general practitioner consultations for influenza-like illness, and nine cases of influenza-like illness per 100 residents during the period of influenza activity."¹³</p>
Influenza vaccinations for staff will be too costly.	<p>The cost savings associated with health care personnel influenza vaccination programs generally outweigh the costs associated with providing the vaccine, and vaccinating ultimately results in a safer environment for patients.^{5,14,15,16,17}</p>

See footnotes on next page...

- ¹ The U.S. Department of Health and Human Services (HHS). Misconceptions about Seasonal Influenza and Influenza Vaccines: Questions & Answers. Available at <http://www.flu.gov/individualfamily/about/myths.html> (accessed July 11, 2011).
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- ³ Willis B.C., Wortley P.: Nurses' attitudes and beliefs about influenza and the influenza vaccine: A summary of focus groups in Alabama and Michigan. *Am J Infect Control* 35:20–24, Feb. 2007.
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- ⁷ McLennan S., Gillett G., Celi L.A.: Healer, heal thyself: Health care workers and the influenza vaccination. *Am J Infect Control* 36:1–4, Feb. 2008.
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- ¹² Salgado C.D., et al.: Influenza A in the acute hospital setting. *Lancet Infect Dis* 2:145–155, Mar. 2002.
- ¹³ Hayward A.C., et al.: Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: Cluster randomised controlled trial. *BMJ* 333:1241, Dec. 16, 2006.
- ¹⁴ Poland G.A., Tosh P., Jacobson R.M.: Requiring influenza vaccination for health care workers: Seven truths we must accept. *Vaccine* 23:2251–2255, Mar. 18, 2005.
- ¹⁵ Nichol K.L., et al.: The effectiveness of vaccination against influenza in healthy, working adults. *N Engl J Med* 333:889–893, Oct. 5, 1995.
- ¹⁶ Burls A., et al.: Vaccinating healthcare workers against influenza to protect the vulnerable—Is it a good use of healthcare resources? A systematic review of the evidence and an economic evaluation. *Vaccine* 24:4212–4221, May 8, 2006.
- ¹⁷ Thomas R.E., et al.: Influenza vaccination for healthcare workers who work with the elderly. *Cochrane Database Syst Rev* 3:CD005187, Jul. 19, 2006.