Influenza

Protect your patients!

Protect yourself!

Get vaccinated!
Annual influenza vaccination amongst healthcare professionals is important to protect yourself, your colleagues and especially your at-risk patients. Influenza may be particularly serious for patients at higher risk of developing influenza-related complications.

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Complications can occur in anyone but are far more common for patients in risk groups. Common complications are pneumonia, ear infection, sinus infection, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes. In elderly people, influenza can cause and/or worsen cardiovascular and cerebrovascular conditions (heart attacks and strokes). Complications may lead to hospitalisation (about 5%) and premature death, especially in elderly people and individuals with underlying medical conditions.

Vaccination is the most tangible and measurable means to control the transmission of influenza viruses between staff and patients. Other preventive measures to limit the spread of influenza are:

- Wash your hands regularly with soap and water
- Cover your mouth and nose with a tissue when you sneeze
- Bin your used tissue
- If you do not have a tissue available: sneeze into your arm, covering totally your nose and mouth
- Stay at home when you are ill

Who should get vaccinated?

All health and social care staff directly involved in the care of patients working in:

- general practices  
- hospitals  
- health centres  
- residential care homes  

This includes:

- administrative staff with patient contact 
- ambulance drivers 
- medical staff 
- nurses 
- other care staff 
- other health professionals 
- pharmacists

While there might be some risks associated with vaccination, the benefits of vaccination greatly overcome the risks. The effectiveness of the vaccine may vary from year to year depending on which viruses circulate each season.

Vaccination should ideally be undertaken from mid-Autumn each year. Influenza seasons are unpredictable, and can begin as early as October and last until May. It takes about two weeks after vaccination for antibodies to develop and provide protection.

The influenza virus changes each year which is why a new influenza vaccine has to be given. The influenza vaccine is formulated to keep up with the influenza virus subtypes as they change.

### Risks associated with influenza infection

**Common symptoms**
- Fever, sore throat, runny nose, dry cough, fatigue, headache, and muscle ache.
- Croup and bronchiolitis common in children.

**Common Complications**
- Pneumonia.
- Ear infection.
- Sinus infection.
- Myocarditis.
- Pericarditis.
- Worsening of chronic medical condition present before influenza illness (e.g. congestive heart failure).

**Rare complications**
- Septicaemia.
- Encephalopathy.
- Death.

### Risks associated with influenza vaccination

**Common adverse events (1/100)**
- Soreness/pain, redness and/or swelling around the injection site.
- Short-term fever (1–2 days), may be high (>39.0 C°) in children.
- Short-term fatigue (1–2 days).
- Muscle ache (1–2 days).
- Adverse reactions are more common in children not previously exposed to the vaccine or virus than in adults.

**Rare adverse event (1/1.000)**
- Urticaria.

**Very rare adverse events (1/10.000)**
- Anaphylaxis.
- Paresthesies.
- Guillain-Barré syndrome (1/1.000.000).

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4. 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 2006; 333:1242
5. Several types of vaccines are available on the European market. Reported risks refer to inactivated influenza vaccines commonly used in organised immunisation programmes in the European Union.
The spread of influenza and its impact in Europe is constantly being monitored by the European Influenza Surveillance Network (EISN), coordinated by the European Centre for Disease Prevention and Control (ECDC).