



ANA BACKGROUNDERS: Influenza Season 2008-2009

Background

Influenza outbreaks in hospitals and long-term care facilities have been associated with low vaccination rates among registered nurses and other health care personnel (HCP). Concurrently, higher vaccination levels among staff have been associated with a lower incidence of nosocomial influenza cases. Vaccination of HCP has also been associated with reduced work absenteeism, as well as fewer deaths among nursing home patients and elderly hospitalized patients. Considering that the influenza vaccination is the most effective method for preventing influenza virus infection and its potentially severe complications, it is vital that direct caregivers receive the vaccine. The ACIP has recommended that health-care facilities consider the level of vaccination coverage among HCP to be one measure of a patient safety quality program and implement policies to encourage vaccination, including mandatory declination forms.

Since the influenza season varies, and influenza might not appear in certain communities until February or March, vaccination efforts should continue throughout the season, extending past the December cut-off vaccination. Successful HCP vaccination programs are multifaceted, combining publicity and education to combat fears, myths, and misconceptions about influenza and influenza vaccines, use of reminder call systems, efforts to remove administrative and financial barriers, role modeling, and monitoring and feedback on vaccination coverage. Standing orders programs ensures that vaccination is offered, and should be supervised by a licensed practitioner according to a physician-approved facility or agency policy. Standing order programs should be conducted by HCP trained to screen patient for contraindications to the vaccination, administer the vaccine, and monitor for adverse events.

On January 1, 2007, the Joint Commission infection control standard went into effect, requiring accredited organizations to offer influenza vaccination to staff, including volunteers and licensed independent practitioners with close patient contact. Accredited organizations are required to establish annual immunization programs to educate employees about influenza and offer vaccine on site.

The Infectious Diseases Society of America recommends mandatory vaccination of HCP, with a provision for declination of vaccination based on religious or medical reasons.

Fifteen states have regulations regarding vaccination of HCP in long-term--care facilities, six states require that health-care facilities offer influenza vaccination to HCP, and four states require that HCP either receive influenza vaccination or indicate a religious, medical, or philosophical reason for not being vaccinated.

The ACIP encourages the use of strategies to increase vaccination coverage rates of HCP, as well as **those in training for health care professions**, including an assessment plan identifying those recommended for vaccination, education and publicity, reminder/recall systems, standing order programs, scheduled immunizations **throughout** the influenza season, vaccination rate tracking with feedback to staff requiring the vaccine, efforts to remove administrative and financial barriers, and the use of declination forms.

Upcoming Influenza Vaccinations

As the 2008-2009 influenza season approaches, the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) has released their updated recommendations on the prevention and control of influenza. The Advisory Committee on Immunization Practices (ACIP) updated or changed recommendations for the 2008-2009 influenza season are as follows:

1. The 2008--09 trivalent vaccine contains virus strains A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.
2. Annual influenza vaccinations should be administered to **all children aged 5 to 18 years**, if feasible, beginning in the 2008-2009 influenza season (but no later than the 2009-2010 influenza season)
3. Annual vaccination of all children aged 6 months through 4 years (59 months) continue to be a primary focus of vaccination efforts because these children are at higher risk for influenza complications compared with older children
4. Either trivalent inactivated influenza vaccine (TIV) or live, attenuated influenza vaccine (LAIV) be used when vaccinating healthy persons aged 2 through 49 years (the previous recommendation was to administer LAIV to person aged 5--49 years);
 - a. Children aged 6 months--8 years should receive 2 doses of vaccine if they have not been vaccinated previously at any time with either LAIV or TIV (doses separated by ≥ 4 weeks); 2 doses are required for protection in these children.
 - b. Children aged 6 months--8 years who received only 1 dose in their first year of vaccination should receive 2 doses the following year.
 - c. LAIV should not be administered to children aged <5 years with possible reactive airways disease, such as those who have had recurrent wheezing or a recent wheezing episode.
 - d. Children with possible reactive airways disease, persons at higher risk for influenza complications because of underlying medical conditions, children aged 6--23 months, and persons aged >49 years should receive TIV.
5. Updated information on antiviral-resistant influenza strains.

ANA Position on Getting Vaccinated

Because the influenza vaccine directly affects nurses and their patients, ANA is involved with this issue, and has been active in shaping policy and legislation that relates to it. A member of the National Nursing Immunization Network, ANA representatives regularly participate in meetings with the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC) and other governmental bodies that oversee and regulate the issue. In addition, ANA is collaborating on and advocating for

strategies that will negate future shortages, such as the one seen in the 2004-2005 influenza season, with its other partners in the policy arena.

ANA strongly recommends that nurses and all other health care providers who have direct patient contact be vaccinated against the influenza virus. ANA is especially adamant about nurses receiving an annual influenza vaccination. ANA further maintains that nurses involved in direct patient care – and particularly nurses working with persons who have HIV/AIDS, are immuno-compromised or in other high-risk groups – get vaccinated against the influenza in order to prevent any outbreaks of the virus.

ANA is encouraging nurses to get vaccinated in part because, according to the CDC, **fewer than half of health care professionals received immunizations against the influenza virus last year.** ANA believes this is an alarmingly low percentage, especially given health care professionals' categorization as an influenza high-risk group, their access to the vaccine and their daily contact with patients, many of whom also are in influenza high-risk categories. Because influenza annually leads to 200,000 hospitalizations, resulting from complications, and 36,000 deaths each year, nurses who are vaccinated against the virus not only safeguard themselves, but they also help protect their patients, their families and their communities.

ANA Past Actions

In 2005 the ANA launched its “Everybody Deserves a Shot at Fighting Flu” Campaign. As part of this initiative a survey was conducted that revealed 86% of nurses polled are extremely or very concerned about their patients becoming infected with influenza. Also, 95% of nurses agree that all health care workers should get vaccinated against influenza each year; however only 5% of the nurses polled believed all of their co-workers received an influenza vaccination in 2004 (ANA, 2005). These startling results have been used to leverage increased awareness in nurses of the importance of influenza vaccination through press releases, dedicated web pages, and articles in ANA sponsored publications.

In 2006 the ANA House of Delegates passed the Resolution *Pandemic and Seasonal Influenza*, which resolved that ANA strongly urges all RNs involved in direct patient care to receive the seasonal influenza vaccine annually. In December 2006, the ANA Board of Directors approved the Consent Action Report entitled “Seasonal Influenza Vaccination for Registered Nurses”, which resolved that ANA support comprehensive influenza vaccination programs for RNs that also provides an “opt out” with the completion of an informed declination form. Additionally, ANA had successful 2006-07 and 2007-08 Best Practice in Seasonal Influenza campaigns.

ANA's Best Practices Campaign

In January 2008, ANA announced the 2007-2008 Best Practices in Seasonal Influenza Vaccination Campaign. This project was a continuation of the 2006-2007 campaign, funded by sanofi pasteur. The recognition campaign elicited responses from health care organizations with effective seasonal influenza vaccination programs that resulted in increased seasonal influenza vaccination of registered nurses and other healthcare personnel. The goal of the program was to learn from the successful vaccination

programs to assist other organizations to increase their rates of seasonal influenza by incorporating highlighted effective elements from the awarded programs. Occupational health and infection control nurses in various healthcare organizations can utilize the brochure and other materials developed based on the findings in planning and implementing their respective programs.

Again this year, ANA received applications from hospitals across the nation. Award recipients for the 2007-2008 campaign (listed in alphabetical order) are:

- The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania
- Cook Children's Health Care System, Fort Worth, Texas
- EMORY HEALTHCARE, Atlanta, GA
- Genesis Health System, Davenport, Iowa

Influenza General Facts

- Approximately 36,000 people die each year as a result of the influenza.
- Seasonal influenza and its related complications account for over 200,000 hospitalizations annually.
- Rates of serious illness and death are highest among persons over age 64, children less than age 2, and persons of any age who have medical conditions that place them at increased risk for complications from influenza.
- More than 90 percent of influenza-related deaths occur in people age 65 and older.
- Less than 50% of health care professionals were vaccinated against the influenza during the 2006-2007 influenza season.
- 10 percent to 20 percent of the general population gets influenza each year.
- Influenza season typically runs from November to March and can begin as early as October or as late as November.
- October and November are the best months in which to get vaccinated against seasonal influenza, but getting vaccinated in December or later will still help in preventing the spread of the influenza.
- Scientists make a different vaccine every year because the strains of virus causing influenza change from year to year.
- Because the strands of influenza viruses used in the trivalent influenza vaccine are "killed" following vaccination, they cannot cause infection.
- Antibodies take about two weeks to develop after getting vaccinated.
- Influenza viruses spread in respiratory droplets caused by coughing and sneezing. They usually spread from person to person but also can be spread from touching something with the influenza virus on it and then touching the mouth, eyes or nose.
- Healthy adults may be able to infect others beginning **one day before symptoms** develop and up to **five days** after becoming sick.
- Healthy persons who are clinically or **asymptotically** infected can transmit influenza virus to persons at higher risk for complications from influenza.

- Spread of the influenza virus may be prevented by using good hand-washing hygiene and respiratory etiquette (using a tissue or a handkerchief or coughing into one's elbow, for example).
- Influenza virus can cause disease among persons in any age group, but rates of infection are highest among children.
- Among children aged zero to four years, hospitalization rates ranged from approximately five per thousand for children with low-risk medical conditions to one per thousand for children with our high-risk medical conditions. The hospitalization rates are highest among children aged zero to one year.
- Children are two to three times more likely than adults to get sick with the influenza and frequently spread the virus to others, according to the National Institute of Allergy and Infectious Diseases.
- In 2004, the first year all children 6-23 months were recommended for influenza vaccination, the vaccination rate among children aged 6-23 months was up sharply from 7.7 percent in 2002 to 57.3 percent, according to the CDC.

ANA Advocacy Activities

- **ANA Best Practices in Influenza Immunization Campaign**—ANA's recognition campaign that was designed to identify organizations that have the best success stories for getting their staff vaccinated. These success stories have been compiled to represent the best practices in immunization programs that result in increased immunization acceptance and accessibility among HCP.
- In May, 2008, ANA signed on to support an **open letter to Congress** requesting that policy-makers support vaccination, particularly of children, to reduce the spread of vaccine-preventable diseases.
- ANA participated in the **National Foundation for Infectious Diseases (NFID)** roundtable in 2007 to update their Call to Action on influenza immunization among healthcare personnel (HCP) and write an additional report. The additional NFID report is titled "*Best Practices in Immunizing Healthcare Personnel Against Influenza*".
- ANA attended and was a participant on a panel at the **National Influenza Vaccine Summit** in 2008.

Communications Outreach and Education

Media Outreach and Response – ANA regularly responds to media inquiries regarding vaccination preparedness from major media outlets.

Member Education/Publications – Members have been updated on the influenza issue through:

- *Best Practices in Seasonal Influenza Immunization Programs for Health Care Personnel*, ANA Occupational Health & Safety Series Brochure, 2007.
- *American Nurse Today*, Best Practices in Seasonal Influenza Immunization, September 2007.

- *The American Nurse* (“CDC gives health care workers priority flu immunization status” p. 13 September/October 2005 issue) and monthly during flu season through the *CMA Insider*.
- *American Journal of Nursing*, Increasing Influenza Vaccination of Health Care Workers, Dec 2005, 105(12), 96.

CDC Influenza Reports

- Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. *MMWR* 2008; 57(Early Release):1-60.
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e717a1.htm?s_cid=rr57e717a1_e/
- Influenza Vaccination of Health-Care Personnel: recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2006; 55: 1-16.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e209a1.htm>
- Respiratory hygiene/cough etiquette in health-care settings. Atlanta, GA: US Department of Health and Human Services, CDC; 2003.
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- Childhood Influenza Vaccination Coverage--United States, 2004—2005 Influenza Season. *MMWR: Weekly*, October 6, 2006, 55(39), 1062-1065.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5539a1.htm>
- Guidelines and Recommendations: Infection Control Guidance for the Prevention and Control of Influenza in Acute-Care Facilities
<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm>

Influenza Resources for Professionals

- CDC Background Influenza Information –
<http://www.cdc.gov/flu/professionals/patiented.htm>
- CDC recommendations for Influenza Vaccination of Health-Care Workers -
<http://www.cdc.gov/flu/professionals/vaccination/hcw.htm>
- OSHA Fact Sheet—Seasonal Influenza Vaccination – Important Protection for Healthcare Workers
<http://www.osha.gov/Publications/seasonal-flu-factsheet.pdf>
- CDC Cover Your Cough for Health Care Settings
Flyer: http://www.cdc.gov/flu/protect/pdf/covercough_hcp8-5x11.pdf
Poster: http://www.cdc.gov/flu/protect/pdf/covercough_hcp11x17.pdf

- CDC guidelines for Prevention and Control of Influenza (2007 recommendations of the Advisory Committee on Immunization Practices):
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr56e629a1.htm>
- CDC MMWR report—Influenza Vaccination of Health-Care Personnel
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm>
- CDC Flu Vaccination resources for Health Care Providers
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm>
- Antiviral medications for Influenza (Last Updated November, 2006):
<http://www.cdc.gov/flu/professionals/treatment/>
- CDC’s Flu Gallery (2007-2008 campaign materials to be released September 2007)
<http://www.cdc.gov/flu/professionals/flugallery/>
- CDC Influenza Vaccine Bulletins
<http://www.cdc.gov/flu/professionals/flubulletin.htm>
- National Institute of Allergy and Infectious Diseases “Focus on Flu” section –
<http://www3.niaid.nih.gov/news/focuson/flu/default.htm>
- National Foundation for Infectious Diseases—Influenza Immunization Among Health-Care Personnel: **Call to Action**
<http://www.nfid.org/pdf/publications/fluhealthcarecta08.pdf>

Influenza Resources for Consumers

- CDC General Influenza Information – <http://www.cdc.gov/flu/>
- CDC hotline: 1-800-CDCINFO
- HHS flu information for consumers:
www.hhs.gov/flu/

Vaccine Information Statements

- Inactivated Influenza Vaccine --
<http://www.cdc.gov/vaccines/Pubs/vis/downloads/vis-flu.pdf>
- Live, Intranasal Vaccine --
<http://www.cdc.gov/vaccines/Pubs/vis/downloads/vis-flulive.pdf>