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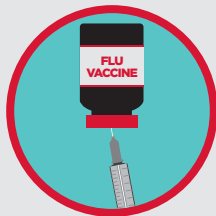
# INFLUENZA

WHAT YOU NEED TO KNOW

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ARE YOU SURE YOU USE THE RIGHT MEASURES  
TO PROTECT YOURSELF AGAINST THE FLU?

**GET INFORMED! GET VACCINATED! GET PROTECTED!**



# WHAT IS INFLUENZA?

- Seasonal influenza is an infectious respiratory disease caused by two types of influenza viruses A and B.
- It circulates every winter in the North Hemisphere affecting 5-15% of the population every year.
- Influenza viruses can cause from mild to severe illness and occasionally lead to premature death.
- By understanding how you can prevent influenza, you can contribute to reducing the number of cases, hospitalizations and premature deaths.
- **Influenza is preventable.**

## INFLUENZA INFECTS THE AIRWAYS

NOSE

THROAT

BRONCHI

and sometimes

LUNGS

# HOW IS INFLUENZA TRANSMITTED?

Seasonal influenza spreads from person to person:



- by direct contact through droplets from an infected person coughing or sneezing.
- by indirect contact through fomites, i.e. when droplets or secretions from nose or throat settle on surface areas such as hands or objects (like keyboards or door handles). The virus can survive in certain areas for a few hours depending on the conditions and can infect others through the transfer from the hands to mucous membranes.

# WHAT ARE THE SYMPTOMS?

## INFLUENZA SYMPTOMS

fever | sore throat | rhinorrhea | dry cough  
fatigue | headache | myalgias

Usually influenza symptoms have acute onset and are more severe than similar symptoms of common colds. Fever is usually high ( $>38.5^{\circ}\text{C}$ ). However, as mild or asymptomatic infections can occur (up to 30%), you might inadvertently infect your patients or your colleagues.

# WHAT CAN I DO TO PROTECT MY PATIENTS AND MYSELF?

- **Vaccination** annually against seasonal influenza is the most effective way of prevention and is the most tangible and measurable means to control the transmission of influenza viruses between staff and patients, especially those at higher risk of developing influenza related complications.
- Risk groups comprise **elderly people** and those with chronic medical conditions including:

- + asthma and other respiratory diseases
- + diabetes and other endocrine diseases
- + cardiovascular diseases
- + kidney diseases
- + liver diseases
- + metabolic diseases
- + neurological diseases, especially if they affect respiration physiology
- + immunodepression

## RISK GROUPS



# WHAT ARE THE POSSIBLE COMPLICATIONS OF INFLUENZA?

- Complications can occur in anyone but are far more common for patients in risk groups.
- Common influenza complications include pneumonia, otitis media, sinusitis, 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 hospitalization (about 5%) and premature death, especially in elderly people and individuals with underlying medical conditions<sup>1</sup>.

# WHO SHOULD GET VACCINATED?

Immunization against seasonal influenza is recommended for all health and social care staff directly involved in patient care working in:

- **medical practices**
- **hospitals**
- **health centres**
- **nursing homes for the elderly**

## **This includes:**

- **medical staff**
- **nurses**
- **ambulance and pre-hospital personnel**
- **other care staff**
- **other health professionals**
- **pharmacists**
- **administrative staff with patient contact**

# WHY SHOULD I GET VACCINATED?

- Compared to adults working in non-health care settings, healthcare workers are at significantly higher risk of influenza.<sup>3</sup>
- About 30% of cases are asymptomatic, however still able to transmit the virus. Infected healthy adults are known to be contagious one day before and up to 5-7 days after symptom onset. Children and immune compromised patients can transmit the influenza virus for much longer.

- Higher vaccination coverage against influenza among healthcare professionals can reduce influenza-related illness, and even deaths in a healthcare facility.
- This is particularly relevant in settings such as nursing homes where patients are at higher risk for influenza-related complications and are known to have a lower immune response to vaccines.<sup>3</sup>
- The reduction is equivalent to preventing five deaths, two admissions to hospital with influenza-like illness, seven general practitioner consultations for influenza-like illness and nine cases of influenza-like illness per 100 residents”<sup>4</sup>



## **WHEN SHOULD I GET VACCINATED?**

- Influenza seasons are unpredictable and can begin as early as October and last until May.
- Vaccination should ideally be done in mid-autumn each year.
- About two weeks are needed for antibody production.
- One dose of influenza vaccine is needed intramuscularly.

## **WHY IS AN INFLUENZA VACCINE REQUIRED EVERY YEAR?**

Influenza viruses change each year (antigenic drift) 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. 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.

## COMPLICATIONS 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
- Otitis media
- Sinusitis
- Myocarditis
- Pericarditis
- Worsening of chronic medical condition present before in uenza illness (e.g. congestive heart failure)

### Rare complications

- Sepsis
- Encephalopathy
- Death

## SIDE EFFECTS ASSOCIATED WITH INFLUENZA VACCINATION

### Common adverse events (1 in 100 doses)

- 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)
- Myalgia (1–2 days)
- Adverse reactions are more common in children not previously exposed to the vaccine or virus than in adults

### Rare and Very rare adverse events (< 1 in a 10,000 doses)

- Urticaria
- Anaphylaxis
- Paresthesias
- Guillain-Barré syndrome (< 1 in 1,000,000 doses)

# REFERENCES

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# HProImmune

Promotion of Immunization for Health Professionals in Europe

[www.hproimmune.eu](http://www.hproimmune.eu)

Note: Text in this fact sheet is derived and adapted from the ECDC Communication Toolkit for Healthcare workers and People in high risk groups.



Hellenic Nurses Association



HELLENIC CENTER FOR DISEASE CONTROL & PREVENTION  
MINISTRY OF HEALTH



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