

A blue pushpin is pinned to the top center of the yellow sticky note.

**PROTECT
YOUR PATIENTS,
YOUR FAMILY,
YOUR SELF**

More information for health
professionals about seasonal
influenza vaccination

Introduction

Influenza is a respiratory illness characterised by sudden onset of fever and cough, with other possible symptoms including chills, headache, sore throat and aching muscles and joints.

For otherwise healthy individuals, flu is an unpleasant but usually self-limiting illness with recovery in two to seven days. But complications can arise – the two most common being bronchitis and secondary bacterial pneumonia.

Serious illness and mortality are highest among neonates, older people and people with underlying disease.

Flu is a serious risk for people with chronic respiratory or cardiac disease, or those who are immunosuppressed.

Transmission of flu has been well described in hospitals, nursing homes and community settings as a result of close person to person contact (see References).

Influenza outbreaks in these settings almost certainly occur through multiple routes, including droplets and direct and indirect contact.

Transmission of flu in healthcare settings can be reduced by protecting staff directly involved in patient care through flu vaccination.

Flu vaccination protects the individual staff member and helps to protect colleagues and patients.

**PROTECTION IS
IMPORTANT FOR
EVERYBODY, SO
GET THE FLU
VACCINATION,
NOT THE FLU.**

The influenza vaccine

- Seasonal flu vaccines are developed each year to protect against the currently prevalent strains. In most years, the flu vaccine matches closely with those strains that circulate in the UK over the winter period and provides 70 to 80% protection against infection.
- Influenza vaccines are prepared using virus strains recommended by the World Health Organization and are grown in embryonated hens' eggs. The viruses are chemically inactivated, further treated and purified so they do not contain live viruses and so cannot give you the flu.
- As with all vaccines, a reaction may occur to the immunisation. Side effects of the jab are minor, compared to the risks associated with flu. Symptoms may include redness/swelling at the injection site and low grade fever or myalgia. These symptoms usually disappear within 48 hours.
- Pregnant women can have the vaccine.

**IT'S JUST ONE
INJECTION THAT
ONLY TAKES
A FEW MINUTES
OF YOUR TIME.**

Pull-out poster

USEFUL FACTS ABOUT THE INFLUENZA VIRUS

The influenza virus can be transferred from contaminated surfaces onto hands, but it is easily inactivated by commercially available alcohol handrub.

Influenza viruses are easily deactivated by washing with soap and water or alcohol handrub and by cleaning surfaces with normal household detergents and cleaners.

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of Standard Infection Control Principles.

Staff, patients and visitors should be encouraged to minimise potential influenza transmission through good hygiene measures such as covering the nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses. Used tissues should be disposed of in the nearest waste bin.

Although the respiratory tract is the main route of infection, infection through the human eye is also possible. Receptors for human influenza are not present in the human eye, so although virus could reach the respiratory tract via the tear ducts, it is considered to be a minor route only.

The typical incubation period for influenza is one to four days.

People are most infectious soon after they develop symptoms, although they can continue to excrete viruses for up to five days thereafter.

The period of communicability is longer in children – typically seven days.

Severely immunocompromised individuals can shed virus for weeks or months.

Experimental studies of survival of the influenza virus suggest that it can survive for limited periods of time in the environment, depending on the surface contaminated.

Influenza viruses can survive on surfaces in the environment, especially hard, non-porous materials such as hand rails and door handles.

Measurable virus could be transferred to hands from hard stainless-steel surfaces for up to 24 hours after the surface had been contaminated and from soft materials (clothing, magazines, tissues) for up to two hours after.

It's not possible to predict how severe each influenza season will be and when it will first hit – it's important to get vaccinated as early as possible before the season starts.

**DON'T WAIT UNTIL
FLU STARTS
CIRCULATING.**

Useful facts about the influenza virus

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DON'T WAIT UNTIL FLU STARTS CIRCULATING.

THE FLU JAB DOES NOT GIVE YOU FLU.

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- Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of Standard Infection Control Principles.
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Key facts on flu for clinicians and occupational health managers

- Flu in healthcare settings can be reduced by protecting staff directly involved in patient care through flu vaccination
- This action helps protect:
 - your patients
 - your work colleagues
 - your family
 - yourself
- Make sure that you and your staff are protected against flu this and every winter as part of your infection control measures.

Make sure that you and your staff are helping to reduce influenza transmission in the workplace.
GET VACCINATED.

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For more information on the influenza immunisation go to: www.nhs.uk/flu