

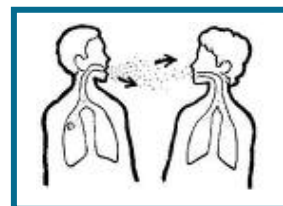
Stop the flu it starts with you!



Influenza Myths vs. Facts for Health Care Workers

MYTH: I don't need the influenza vaccine because I am healthy. I never get influenza.

FACT: You probably are at increased risk of exposure to influenza because of your occupation in a work place with sick patients. You may become infected and experience mild or no symptoms, but still pass the virus to vulnerable patients and members of your family.



MYTH: I don't need the influenza vaccine because I'm not a doctor or nurse.

FACT: The Centers for Disease Control and Prevention recommends the vaccine for workers with exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. These persons include laboratory, clerical, dietary, housekeeping, laundry, security, maintenance, and billing personnel who might be exposed to the virus even though they are not directly involved in patient care.

MYTH: I don't want to get influenza from the vaccine.

FACT: It is impossible to contract influenza from the vaccine, which contains inactivated (killed) virus or attenuated (weakened) virus. You may get influenza later if you are exposed to someone who is infected, but your symptoms are likely to be milder than they would have been without immunization.

MYTH: I'll be able to recognize the signs and symptoms of influenza if I get it, and I can then stay away from patients. I stay home when I am sick.

FACT: The signs and symptoms of influenza may not appear for a day or two after you contract influenza, during which time you could unwittingly infect patients and other health care workers. Some influenza infections never cause noticeable symptoms in health care workers but can be serious in vulnerable patients.

MYTH: I'm concerned about the risk of Guillain-Barré Syndrome and other serious side effects (e.g., severe allergic reaction) from the influenza vaccine.

FACT: Guillain-Barré syndrome was associated with a special influenza vaccine (swine flu) used in 1976, but it is less clearly linked with influenza vaccines in use since then (no more than 1-2 cases per million persons vaccinated). The risk of severe allergic reaction from influenza vaccine is very low (1 in 4 million persons). The most common side effect from the vaccine is soreness at the injection site, which lasts for a day or two.

MYTH: The vaccine won't work because virus strains undergo continuous change, making it impossible for vaccine manufacturers to predict what strains will circulate in an upcoming season.

FACT: The vaccine is 70% to 90% effective in preventing influenza in healthy adults less than 65 years of age. Although it is true that virus strains undergo continuous change, vaccine manufacturers have a good track record of predicting strains that will circulate in an upcoming season based on historical surveillance and laboratory data. The vaccine provides some protection even when the vaccine does not closely match circulating strains because of cross reactivity among strains that reduces the severity of complications.



MYTH: I can always take antiviral drugs if I don't get the influenza vaccine and later contract influenza.

FACT: Annual immunization is the preferred strategy for preventing influenza complications. Resistance to antiviral drugs can develop in circulating virus strains, reducing the effectiveness of the drugs.

MYTH: It's too late to get the vaccine after November or December.

FACT: Although most influenza immunization programs begin in September or as soon as vaccine supplies are available and continue throughout the fall, influenza infections are most common in January or later in the winter. It is not too late to be immunized then. It takes about 2 weeks for protection from the vaccine to develop.



MYTH: I'm pregnant and concerned about harm to my unborn baby from the influenza vaccine, especially if it contains the preservative thimerosal.

FACT: Pregnancy increases the risk of serious medical complications from influenza for the mother. In an average flu season, 25 of every 10,000 pregnant women in their third trimester will be hospitalized for flu-related complications. Therefore, pregnant women are among the Centers for Disease Control and Prevention top priority groups for influenza immunization. Thimerosal is an organic mercury compound used as a preservative in some influenza vaccine products.* A substantial safety margin has been established for organic mercury exposure in humans. Influenza vaccines that contain thimerosal are safe for use in pregnant women based on this safety margin and a study of influenza vaccination in more than 2000 pregnant women in which there was no harm to the baby.

* Despite the safety evidence, some states have passed legislation prohibiting the use of thimerosal-containing vaccines in pregnant women and young children. In those states, the preservative-free vaccine should be used for influenza immunization in these patients.

References

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Developed by the American Society of Health-System Pharmacists
More information is available at www.YouCanStopTheFlu.com