

INFLUENZA VACCINES AT PENN MEDICINE

Final Approved for Distribution

Frequently Asked Questions

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Q. Why is UPHS requiring flu vaccinations?

- A. Patient and employee safety is our number one goal. Since unvaccinated health care workers can spread flu to patients, co-workers, families and visitors, UPHS is requiring all faculty and staff, students/trainees, contracted clinical personnel, and volunteers to be vaccinated against influenza (flu).

Q. What exactly is influenza?

- A. Influenza (flu) is a contagious respiratory illness caused by [influenza viruses](#). It can cause mild to severe illness and when patients have extenuating medical conditions, the infection can be life threatening. The strains of influenza virus change every year as the viruses circulate around the world. This year, in addition to seasonal influenza, there is a new influenza virus called novel H1N1 (also known as swine flu) that can cause infections.

In the United States, an average 5% to 20% of the population get infected by seasonal influenza every year; more than 200,000 people are hospitalized from flu complications, and about 36,000 people die from causes related to the infection. Some groups, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.

The best way to prevent the flu is by getting a flu vaccination.

Q. How many shots will be required?

- A. There is a separate vaccine for seasonal influenza and for H1N1 this year. The usual seasonal influenza vaccine involves one injection in the upper arm or a dose of the inhaled vaccine, and will be available in late September or early October. Beginning this year, all UPHS employees are required to receive this vaccine and it is free of charge.

There will also be a separate vaccine for the H1N1 virus. This H1N1 vaccine is also given as a single injection in the upper arm or as a dose of the inhaled vaccine. A second H1N1 injection, called a booster, may be needed. If a booster is required it will be given 3-4 weeks after the first H1N1 injection. Right now, the CDC is evaluating whether or not a H1N1 booster will be required.

The initial H1N1 vaccine will be available later in the fall with priority based on employees who have patient contact with high risk and immunocompromised patients. It will also be given free of charge.

Q. Do I need to get the vaccine or may I seek an exemption if I am not involved in patient care?

- A. All faculty and staff, volunteers, students/trainees and contracted clinical personnel who work in any UPHS facility are required to be vaccinated or seek an exemption.

Exemptions will be made for those who have a medical reason to avoid the vaccine (such as allergy to eggs) or a religious reason to refuse. Employees seeking exemption will be required to bring written documentation from their physician or clergy to Occupational Medicine for review. Those who have not received the recommended influenza vaccines for their unit will not be allowed to work unless they have an approved medical or religious exemption and wear the respiratory protection recommended by Infection Control and Occupational Medicine. Compliance with the policy will be monitored through Lawson HRIS system.

Q. How will the vaccine be distributed?

- A. Seasonal influenza vaccine will be distributed this year much the same way as it has been distributed in previous years.

It is expected that the new vaccine for H1N1 initially will be available in limited amounts. The H1N1 vaccine will be given first to employees who are in the top priority group as determined by the Centers for Disease Control and Prevention, the Advisory Council for Immunization Practices and UPHS.

Q. Are the vaccines for the H1N1 safe?

- A. Yes. The vaccine for H1N1 is being manufactured in the same way that seasonal vaccine is made, and we know that the seasonal vaccine is safe.

Q. Can I get influenza from the seasonal or H1N1 influenza vaccines?

- A. No. There is no virus in the injectible vaccine.

Q. Is there a flu vaccine that doesn't require a shot?

A. Yes, there is an inhalational seasonal flu vaccine called FluMist which is given nasally. It is very effective in preventing influenza. However, unlike the injected vaccine, FluMist does contain a weakened form of seasonal influenza virus. Therefore, some people who receive it may experience a day of mild upper respiratory symptoms, such as a runny nose. We can give FluMist in Occupational Medicine, although it is only approved for healthy non-pregnant adults under the age of 50.

Q. I may be pregnant, is the vaccine safe for me?

A. Yes. The vaccine is strongly recommended for pregnant women because they are at greater risk for serious illness from seasonal and H1N1 influenza infections.

Q. Do I have to wait between each inoculation or can I receive them all at once?

A. Since the seasonal vaccine will be available first, we will be requiring that staff receive the inoculation as soon as possible. Staff will be required to take the H1N1 vaccine when it becomes available beginning mid to late October. If a booster is required, it will be given 3-4 weeks after the initial H1N1 shot.

Q. Does the vaccine have any side-effects? Is there a possibility that I may have a bad reaction?

A. Serious negative reactions to flu vaccines are very rare, but all medications and vaccines can cause allergic reactions. People who know they are allergic to any part of influenza vaccine (including eggs) should not get the seasonal or H1N1 influenza vaccine. In addition, people who have had a rare neurologic disease called Guillain-Barre Syndrome (GBS) should not get the vaccine unless their own doctor recommends it.

Some signs of a serious reaction include fever, difficulty breathing, hoarseness or wheezing, facial or throat swelling, hives, muscle weakness, fainting or near-fainting, severe pain, itching beyond the injection site, or rash that goes beyond the injection site. Anyone who develops any of these problems after any vaccine or medication should have immediate medical evaluation.

Mild symptoms after influenza vaccination such as localized soreness or redness are common and do not need to be treated.

The Occupational Medicine clinics and Emergency Departments at all UPHS hospitals are available to evaluate any allergic symptoms, but if you are ever severely ill at home, you should go to your own doctor or the nearest Emergency Department.

Q. Do I need to get the vaccine if I am not involved in patient care and work in an office not connected to the hospital?

A. The seasonal influenza and H1N1 vaccines will be required for all UPHS employees regardless of where they work. The requirement for H1N1 vaccine may be revised for employees not working in clinical areas depending upon vaccine availability and evolving recommendations.

Influenza immunization reduces illness risk for your clinical and non-clinical co-workers as well as yourself. All UPHS areas have essential functions. For example, Patient Accounting and Payroll are necessary to keep the hospital and the practices working to provide patient care, even though Accounting and Payroll staff does not have direct patient contact. Our goal is to create a safe work environment for all our employees. In addition, UPHS Leadership may need to ask staff to help in other areas during an outbreak situation.

Q. Do I still need to get the vaccine if I was diagnosed previously with the H1N1 virus?

A. At this time, vaccination is still recommended and required by UPHS, for staff that had influenza in 2009.

Q. Will I be required to get the vaccine at UPHS if I have already received the vaccine from my personal health care provider?

A. No, but you will need to bring documentation of immunization to Occupational Medicine including date, name, signature, license number of provider, and proof of which vaccine you received (i.e. seasonal, H1N1, or H1N1 booster).

Q. How effective is the vaccine in preventing influenza?

A. Seasonal influenza virus strains change frequently in contrast to other vaccine-preventable illnesses like measles and Hepatitis B. The effectiveness of influenza vaccination depends on how closely the vaccine matches circulating strains of virus. Every year, the World Health Organization identifies the three seasonal influenza strains most likely to cause illness around the world, and pharmaceutical companies produce vaccine to match. If the match remains accurate during the months it takes to manufacture the vaccine, the vaccine has maximum medical efficacy in preventing influenza illness and transmission.

The new H1N1 vaccine is being made to match the new H1N1 influenza virus. We anticipate the H1N1 influenza virus to be a major strain this influenza season.

Q. Who is most at risk for the flu?

- A. In general, the population groups most at greatest risk of influenza disease and influenza complications are children, the elderly, pregnant women, and people with medical conditions that affect their immune systems, lungs, and hearts. For H1N1, the risk groups are children, young adults and pregnant women. Obesity may also increase the risk of H1N1 complications. You reduce the risk of influenza for your family by being vaccinated.

Q: What happens if I have to stay home to take care of a sick child or my child's school closes?

- A: Have a contingency plan ready for child care so you can continue to perform your critical job function even if there is an influenza outbreak that affects family members or closes schools. At this time, however, the Center for Disease Control is not recommending closing schools as a primary means of preventing influenza.