



## Flu vaccination protects you, your family and your patients - *still time to make a difference.*

### Introduction

Receiving an annual flu vaccination protects you, your family and your patients - there's still time to make a difference if you've not yet had a flu jab this winter. This paper aims to explain the benefits for you and your patients and asks you to commit now to getting a flu jab.

### What are the facts: death, admission and vaccination rates?

In 2014-15 in England, 1,187 people were admitted to ICU/HDU with confirmed influenza. 100 of them died. Young children, older people and those with long term medical conditions have a higher risk of death or serious illness if they catch flu and these groups are targeted by national vaccination programmes.

Despite this, in 2014/15 national vaccination rates of patients were only:<sup>i</sup>

- 38.5% in all 2 year olds
- 41.3% in all 3 year olds
- 50.3% in under 65 years in a clinical risk group
- 44.1% in all pregnant women
- 72.8% in 65+ year olds

Last year vaccination rates for NHS frontline workers in London NHS trusts averaged only 37.8%.

### Why does it matter?

- Flu vaccination of staff has been shown to reduce mortality in patients in residential care.<sup>ii</sup>
- Immunisation of patients with COPD reduces hospital admission and improves survival.<sup>iii</sup>
- It protects people from acute MI.<sup>iv</sup>

For a vaccination program to work there needs to be sufficient coverage to produce group immunity so that transmission rates are low enough to protect those who are vulnerable but who have not been vaccinated. Rates are increasing, but despite substantial evidence for benefits and little evidence of harm, fewer than half of NHS frontline staff in London were vaccinated last year.

This falls well short of the 80% of the healthy population needed to achieve "group immunity".<sup>v</sup>

### What should you do?

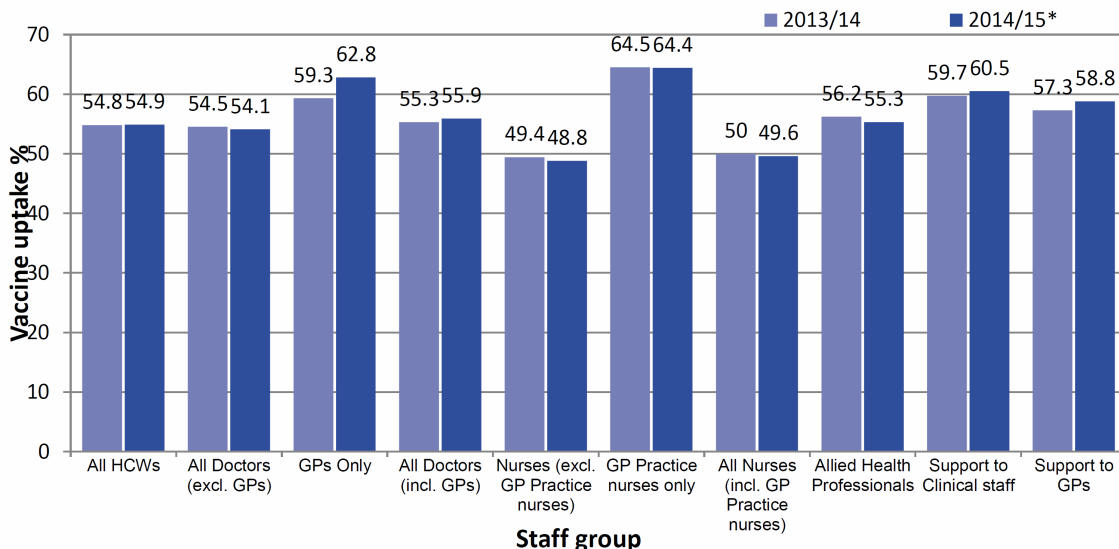
- You should encourage your patients and colleagues to get vaccinated - and should be a role model for this.
- You can protect those who aren't vaccinated by not passing flu on to them. Up to 1 in 4 healthcare workers may become infected with flu during a mild flu season - a much higher rate than in the general population.<sup>vi vii</sup> Half of these will not seem unwell and therefore will continue to work with patients. This means that healthcare workers are an important vector of transmission; particularly healthcare workers supporting people with heightened risk from flu such as those with chronic respiratory problems.
- You can protect your family - vaccination reduces the risk of taking flu contracted at work home to your family.

Vaccination rates vary between trusts and between professions. Last year nationally, GP practice nurses had the best rates, but trust-employed hospital nurses the lowest.<sup>viii</sup> Nurses are the staff group with potentially the most contact time with patients at risk from flu.

Figures from the 2012-13 flu surveillance by the London School of Hygiene and Tropical Medicine show that in the general population these groups were more likely to report flu-like symptoms.<sup>ix</sup>

- Women were 18% more likely than men
- Smokers were 12% more likely than non-smokers
- People who have sustained contact with children were 17% more likely.

Within the NHS this is closest to the profile of nurses and care workers. And these are the staff groups who have a lot of contact with at risk patients.



**Seasonal Influenza Vaccine Uptake amongst Frontline Healthcare Workers (HCWs) in London Winter season 2014/15 vs 2013/14**

Survey data shows that staff who are not vaccinated are influenced by three factors

- concern about side effects
- not thinking that they have a professional duty to be vaccinated and
- perceived difficulty in accessing vaccination.<sup>x</sup>

The good news is that successful strategies exist to combat these problems:

- Peer to peer vaccination
- Using clinical evidence and myth-busters such as flu facts, vaccination information and flu FAQs
- Drop-in and roaming clinics throughout the trust<sup>xi</sup>

### Indirect benefits to patients

As well as protecting patients directly, flu also causes staff to be off sick. London NHS staff absence in the rates in December and January 2015 were 3.95% and 3.8% compared to only 3.38% in March 2014. The groups with the lowest flu vaccination rates are those more likely to be off sick: ambulance workers, healthcare assistants and nurses.<sup>xii</sup>

### How can you lead the way?

**Please get the flu jab and encourage your colleagues to do so too.**

Doctors should be aware of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation 'against common serious communicable diseases (unless otherwise contraindicated)' in order to protect both patients and colleagues.

If you are a respiratory clinician, get a flu jab, help your patients and tell them that you have had a flu jab, collect real time data to share using Flu Fighters or another tool and encourage your colleagues too.

**Flu fighting is a team game with a result that matters. For more help:**

- [Practical support from NHS Employers Flu Fighters @NHSFluFighter #flufighter](http://www.nhsemployers.org/campaigns/flu-fighter)
- <http://www.nhsemployers.org/campaigns/flu-fighter>
- [The national flu immunisation programme 2015 to 2016: supporting letter](http://tinyurl.com/pyg9s96)
- <http://tinyurl.com/pyg9s96>
- [Healthcare worker vaccination: clinical evidence \(updated August 2015\)](http://tinyurl.com/oh9um6t)
- <http://tinyurl.com/oh9um6t>
- [Guidance from Department of Health](https://www.gov.uk/government/collections/annual-flu-programme)
- <https://www.gov.uk/government/collections/annual-flu-programme>
- [E-learning programme](http://www.e-lfh.org.uk/programmes/flu-immunisation/)
- <http://www.e-lfh.org.uk/programmes/flu-immunisation/>

Dr Nicholas S Hopkinson and Siân Williams for the London Respiratory Network. October 2015

### #FluMythBuster

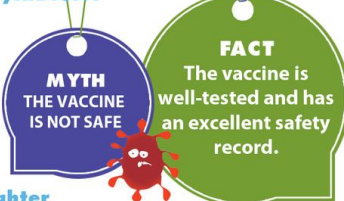


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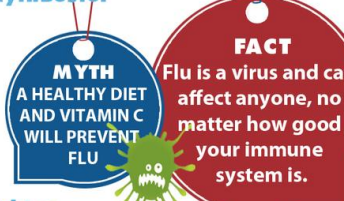


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### References

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- <sup>ii</sup> Hayward A et al. Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. *BMJ* 2006;333 <http://dx.doi.org/10.1136/bmj.39010.581354.55>
- <sup>iii</sup> Calderón-Larrañaga A. Association of population and primary healthcare factors with hospital admission rates for chronic obstructive pulmonary disease in England: national cross-sectional study. *Thorax* 2011;66:191e196. doi:10.1136/thx.2010.147058
- <sup>iv</sup> Flu vaccine associated with reduced risk of acute myocardial infarction. *BMJ* 2013;347:f5226 <http://dx.doi.org/10.1136/bmj.f5226>
- <sup>v</sup> Plans-Rubió P. The vaccination coverage required to establish herd immunity against influenza viruses. *Prev Med*. 2012 Jul;55(1):72-7. doi: 10.1016/j.ympmed.2012.02.015. Epub 2012 Mar 4.
- <sup>vi</sup> Elder AG et al. Incidence and recall of influenza in a cohort of Glasgow healthcare workers during the 1993-4 epidemic: results of serum testing and questionnaire. *BMJ*. 1996;313:1241-2
- <sup>vii</sup> Nair H et al. Influenza vaccination in healthcare professionals. *BMJ* 2012;344:e2217
- <sup>viii</sup> Public Health England. June 2013. Seasonal influenza vaccine uptake amongst frontline healthcare workers (HCWs) in England Winter season 2012/13
- <sup>ix</sup> <http://tinyurl.com/o5g2ap2>
- <sup>x</sup> Shrikrishna et al *BMJ Open Respir Res*. 2015 May 12;2(1)<http://bmjopenrespres.bmj.com/content/2/1/e000079>
- <sup>xi</sup> <http://www.nhsemployers.org/news/2013/11/wenurses-online-debate-goes-viral>
- <sup>xii</sup> HSCIC: NHS Sickness Absence Rates January 2015 <http://www.hscic.gov.uk>