

Influenza Prevention Policy

Frequently Asked Questions

Influenza Vaccine

Influenza – or the flu – can be a serious contagious disease, which is spread by droplet transmission through close contact with an infected person. Infected individuals are highly contagious and can transmit the virus for 24 hours before they show any symptoms.

Each year, there are approximately 3,500 deaths from influenza and its complications across Canada. Influenza causes by far the most deaths among vaccine-preventable diseases, outpacing all others combined. Hospitalized patients and seniors in residential care are more vulnerable to influenza than healthy adults. The vaccine is also less effective in the elderly and those with compromised immune systems, making it even more important that their caregivers are vaccinated.

Infected health care providers can pass the virus on to their patients before they even know they are sick. The most effective way to prevent the flu is by getting vaccinated and adopting additional preventative measures, such as proper hand hygiene and proper sneezing and coughing etiquette. Immunization helps physicians, health care providers and those who come into regular contact with patients reduce their risk of contracting influenza and spreading it to their patients.

To protect patients in our facilities, in 2012 British Columbia's health authorities adopted the Influenza Prevention Policy, requiring all employees, students, physicians, residents, contractors, vendors and volunteers to get immunized or to wear a mask during influenza season when in a patient care area. To further protect patients, the policy was expanded to include all visitors to our health care facilities.

How do I comply with the Influenza Prevention Policy this year?

All B.C. health care workers employed by a health authority and medical staff must report if they have chosen to be vaccinated by self-reporting using an online system (influenzareporting.org).

To self-report, you must know your health authority employer and employee ID number, your home postal code, phone number and email, and (if applicable) the date of your flu vaccination and who vaccinated you (e.g., flu clinic nurse, family physician, pharmacist, public health, peer nurse immunizer). If you are employed by more than one health authority, you only need to report once using one health authority employee ID. The system will automatically notify your other employers.

By reporting your flu immunization, you are in compliance with the policy for the rest of the influenza season. If you report that you choose to decline vaccination, you will be required to wear a surgical/procedure mask in patient care areas for the duration of the influenza season to comply with the policy.

What is a patient care area?

A patient care area/location is defined as an area within a health care facility, including a contracted facility, hallways or lobbies, which is accessible to patients, residents or clients who are there to access care or services.

It includes any other location where care is provided, such as home and community care locations (including a client's home). It does not include locations such as administrative areas or private offices which are not generally accessed by patients, residents or clients.

What is the influenza vaccine?

The influenza or flu vaccine is a safe and effective way to help people stay healthy, prevent illness, and save lives. The influenza virus can cause serious illness and even death in people with certain chronic health conditions. The vaccine is the best protection against influenza illness and its complications.

Each year the vaccine is reformulated to match what the World Health Organization and an advisory group of experts believe will be the circulating strains that winter. Vaccines used in the health care worker program in B.C. use killed virus particles and cannot cause infection – you cannot get influenza just from getting your flu shot.

The influenza vaccine protects against viruses that cause influenza. The vaccine does NOT protect against other viruses or bacteria that cause colds or gastrointestinal infections (sometimes called 'stomach flu'). Several different influenza vaccines are available in British Columbia. All of the vaccines are approved by Health Canada.

In B.C., the vaccine is usually available starting in early November. For your best protection and that of your patients and family, you should get the vaccine as soon as possible.

Can the influenza vaccine give me influenza?

The influenza vaccine or flu shot given by needle cannot give you influenza. The vaccine contains only part of the influenza viruses and cannot cause infection.

Common reactions to the flu shot may include soreness, redness and swelling where the vaccine was given. Occasionally, other symptoms can include fever, headache and aching muscles that may last one to two days.

There is also a “live” influenza vaccine, which is given as a nasal spray and contains weakened influenza virus particles. This vaccine does have the potential to cause mild symptoms, such as runny nose, sore throat and fever. As a precaution, some people (such as those with severe asthma or weakened immune systems) should not get this live vaccine.

In addition, health care providers who work with severely immunocompromised patients who are hospitalized in isolation (e.g., bone marrow transplant unit) need to wait two weeks after receiving the live vaccine before returning to work with these patients. While this vaccine is very effective for children, especially young children, it is not as effective as the injectable flu shot for adults. For these reasons, this vaccine is NOT offered as part of the health care provider influenza immunization program.

If I get the flu vaccine every year, will it continue to protect me?

Recent studies have provided important new insights into the factors influencing vaccine protection. Overall, these studies have shown that people who receive the flu shot are better protected against seasonal influenza than those who are not vaccinated.

Among those who are vaccinated each year, the amount of protection may be reduced over time; however, the reasons for this require better understanding. None of the effectiveness studies to date have shown that receiving influenza vaccine increases the risk of serious influenza illness.

Since these studies show that vaccinated people are better off than unvaccinated people, people are recommended to continue getting their annual influenza vaccine.

What if I am pregnant or breastfeeding? Is it safe for me to be immunized?

Yes. Influenza can have serious consequences for pregnant women and their unborn children, and vaccination is the best protection.

Influenza immunization is recommended for pregnant women – for your own health and to provide your baby with immunity in their first six months of life, when they are most at risk of serious disease. The National Advisory Committee on Immunization recommends the flu vaccine be given to all pregnant women.

The vaccines used for this program in British Columbia do not contain live virus. They cannot give you the flu and are very safe in pregnancy.

I have latex allergy – can I get the flu vaccine?

Yes, the stopper on the vaccine vials is butyl rubber which is latex-free. All products used to administer the vaccines are latex-free.

What if I have an egg allergy?

Numerous studies have shown now that egg-allergic persons can safely receive the injectable influenza vaccine without the need for skin testing or other measures, even if they have had a severe reaction to egg in the past. You should be monitored for 15 minutes after receiving the shot.

What are the possible reactions after the vaccine?

Common reactions to the influenza vaccine or flu shot include soreness, redness and swelling where the vaccine was given. Other symptoms can include fever, headache, aching muscles and fatigue that may last one to two days. More serious reactions, such as anaphylaxis, are very rare. Vaccine providers are trained and prepared to watch out for and respond to all potential reactions.

The influenza vaccine given by needle cannot give you influenza. The vaccines available in the health care worker program contain only part of the influenza viruses and cannot cause infection.

Acetaminophen or Tylenol® can be taken for fever or soreness. ASA or Aspirin® should NOT be taken by anyone under 20 years of age due to the risk of Reye Syndrome.

Should I be concerned about the risk of Guillain-Barré Syndrome following a flu shot?

Guillain-Barré Syndrome (GBS) is a rare neurological disorder. GBS is a form of paralysis (usually temporary) and can occur after some common infections – including influenza. GBS may be associated with influenza vaccine in about one per million recipients. GBS has been found to be 17-70 times more common following an influenza infection than it is following a flu shot.

Why are preservatives sometimes used in vaccines?

Preservatives have been used in vaccines for more than 70 years and are added to prevent the growth of bacteria or fungi that could possibly make the vaccine in multi-dose vials unsafe.

This may occur when a syringe needle enters a vial as a vaccine is being prepared for administration. Contamination by germs in a vaccine could cause serious infections.

Preservatives are generally not used in single-dose vaccine vials.

What is thimerosal?

Thimerosal is a mercury-based preservative that has been used for decades in multi-dose vials (vials containing more than one dose) of some vaccines to prevent the growth of germs, bacteria and fungi.

The amount of mercury in vaccines is very small, less than one tenth of the mercury in a tin of albacore tuna, available in grocery stores.

Do the available flu vaccines in this program contain mercury (thimerosal)?

Seasonal influenza vaccine is produced in large quantities for annual immunization campaigns, and some of the vaccine is produced in multi-dose vials, which contains small amounts of thimerosal to safeguard against possible contamination of the vial once it is opened.

The single-dose units are made without thimerosal as a preservative because they are opened and used only once.

Is thimerosal in vaccines safe?

There is a large body of scientific evidence on the safety of thimerosal. Data from multiple studies show the low doses of thimerosal found in vaccines do not cause harm, and are only associated with minor local injection site reactions like redness and swelling.

The medical community supports the use of thimerosal in influenza vaccines to protect against potential bacterial contamination of multi-dose vials.

Is thimerosal in vaccines linked to autism?

No. The best available science to date has shown that there is no link between vaccines containing thimerosal and autism or other behavioural disorders.

The National Advisory Committee on Immunization has reviewed the safety of thimerosal and concluded that the alleged adverse health effect from thimerosal in vaccines has never been substantiated. International bodies, such as the World Health Organization, the U.S. Food and Drug Administration and the Institute of Medicine in the U.S. share this opinion.

Public health agencies are committed to ensuring the safety of vaccines. This is achieved by oversight of rigorous trials before a vaccine is ever licensed for use, as well as continuous monitoring after licensing.

Who should not get the influenza vaccine?

Speak with a public health provider if you:

- Have had a life-threatening reaction to a previous dose of influenza vaccine, or any component of the vaccine.
- Have had severe oculo-respiratory syndrome after a previous flu shot.
- Have developed Guillain-Barré Syndrome within eight weeks of getting any influenza vaccine.

We know that you are committed to protecting your patients, and thank you for your dedication to their safe care and well-being.

What is the evidence to support the Influenza Prevention Policy?

Strong evidence suggests that when the vaccine match is good – as it is most years – immunizing health care workers results in lower mortality and illness rates in the patients they care for. Four large, randomized trials conducted in Europe between 1997 and 2009 demonstrated health care worker immunization in chronic care hospitals and long-term care homes reduced mortality in residents by 20-40% during the flu season. A summary editorial in the prestigious journal *The Lancet* supported the results.

These results have been questioned, notably by the Cochrane Collaborative, Respiratory Disease Group. Subsequent re-analysis of the same data used in the Cochrane review led another group to publish in the peer-reviewed journal *Clinical Infectious Diseases* (2014) that contrary to the Cochrane conclusion, influenza vaccination is likely to reduce illness and deaths among patients and reduce illness among health care workers themselves – and the benefits of influenza vaccination for healthcare workers outweigh the possible harms.

For a discussion of the evidence from the BC Centre for Disease Control, please see: www.bccdc.ca/NR/rdonlyres/C5263063-8A30-4866-A6D7-AF1381C1469A/0/Influenza_prevention_policy_evidence_discussionFINAL.pdf

While fewer studies have been carried out in acute care facilities, there is evidence that low health care worker influenza vaccination coverage is associated with higher risk for patients; and one study in the Netherlands showed that increased coverage benefited workers and patients. Given the whole body of evidence, we have no reason to doubt that immunizing health care workers in acute care facilities offers protection to their

patients, as well as to the workers themselves. For example, a study from Fraser Health found that absenteeism in unvaccinated staff during the 2012/13 influenza season was two times higher compared to vaccinated staff.

The evidence is clear – vaccination of health care workers reduces their risk of getting the flu and spreading it. The alternative – wearing a mask – is not as well supported by evidence, but nevertheless serves to prevent or significantly reduce the risk of influenza transmission for healthcare workers who cannot, or who choose not to, be vaccinated.

Do other Canadian provinces have an Influenza Prevention Policy for health care workers?

Yes. B.C. was the first Canadian province to introduce the Influenza Prevention Policy in the 2012/13 influenza season for all health care workers at B.C. health authorities. Influenza immunization coverage for B.C. health care workers rose from below 50% to between 75% and 84% after the introduction of the policy. Now, similar policies are being implemented in New Brunswick, Saskatchewan and Alberta.

An arbitrator in Ontario ruled against the ‘Vaccinate or Mask’ health care worker policy at Sault Area Hospital. Will this have any effect on B.C.’s policy?

This arbitration is specific to Ontario's collective agreements and their local hospitals' processes, which are different from B.C.'s.

In 2013, a similar arbitration took place in B.C., in which the arbitrator agreed that B.C.'s policy was a reasonable exercise of management's rights to protect patients. All of the grievances in B.C. were dismissed, including those filed by the Health Science Professionals Bargaining Association (Oct. 12, 2012), the Nurses' Bargaining Association (Nov. 2, 2012) and the Facilities Bargaining Association (Nov. 27, 2012).

The decision in Ontario does not change the policy in British Columbia. Health authority employers continue to support the policy's goal of protecting patients from influenza in British Columbia.

Can I use a homeopathic ‘vaccine’ to prevent influenza instead of the flu shot?

No, homeopathic ‘vaccines’ (i.e. nosodes) are not acceptable alternatives to vaccination under the Influenza Prevention Policy. Nosodes are not vaccines; they have not been proven to prevent infection and they are not supported by scientific evidence. The preparation involved in making them often dilutes and sterilizes the product to the point where no active ingredient remains.

Many public health experts, including those here in BC, have expressed their concerns to Health Canada that by regulating and approving these products they are giving Canadians the false assumption that they are protected from disease, potentially putting

vulnerable children and adults at risk. Health Canada now requires nosode labels to state that the product is not a vaccine, nor an alternative to vaccination, and has not been proven to prevent infection.

The flu vaccine is safe and effective and offers the best protection against influenza illness and its complications.

Should I be concerned about the effectiveness of FluMist?

In June 2016, the US Advisory Committee on Immunization Practices (ACIP) voted in favour of an interim recommendation against live attenuated influenza vaccine (LAIV -- known as FluMist® Quadrivalent) use for the 2016-2017 influenza season. The ACIP vote follows data showing poor or relatively lower effectiveness of LAIV from 2013 through 2016.

The National Advisory Committee on Immunization (NACI) reviewed the most current evidence on FluMist vaccine effectiveness and inactivated influenza vaccine effectiveness, including the data from the US, UK, Finland, Canada and the manufacturer. Based on the most recent evidence, FluMist remains recommended, but is no longer preferentially recommended for children 2-17 years of age.

Is the new four-strain, quadrivalent (QIV) vaccine offered to adults?

There are 2 quadrivalent vaccines (a live attenuated vaccine and an inactivated vaccine) that will be available at no cost for eligible children in B.C., as the potential benefit is greater among children who tend to have a higher burden of influenza related B disease.

The quadrivalent vaccines are not publically funded for adults, but may be available for purchase from select pharmacies and travel clinics. All vaccines that will be publicly funded for adults will be trivalent.