



DuPage County Health Department R E V I E W

Volume 2, No. 10

October 2006



111 North County Farm Road
Wheaton, IL 60187
(630) 682-7400
www.dupagehealth.org

Linda Kurzawa
President, Board of Health

Maureen McHugh
Interim Executive Director

Rashmi Chugh, MD, MPH
Medical Officer

Contact Information

Communicable Disease
(630) 682-7979, ext. 7553

Environmental Health
(630) 682-7979, ext. 7046

Immunizations
(630) 682-7400

Sexually Transmitted Diseases
(630) 682-7979, ext. 7575

HIV/AIDS
(630) 682-7979, ext. 7310

Tuberculosis
(630) 682-7522

School Health
(630) 682-7979, ext. 7300

Travel Clinic
(630) 682-7979, ext. 7590

Animal Care & Control
(630) 407-2800

Please contact Shaun Nelson, MPH at (630) 682-7979, ext. 7175 or snelson@dupagehealth.org to send suggestions or to be added to the distribution list.

The purpose of this two-page surveillance update is to promote the control and prevention of **communicable disease (CD)** by providing clinically relevant information and resources to healthcare professionals in DuPage County.

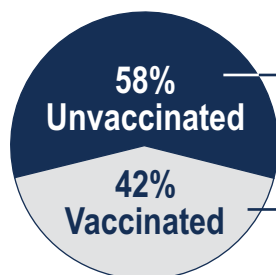


Under the Microscope Influenza

Flu shots will be offered at the DuPage County Health Department beginning October 16th. For an appointment, please call (630) 682-7400.

All healthcare personnel (HCP) should be vaccinated against influenza annually,¹ and should also follow handwashing, respiratory hygiene, and other infection control recommendations to prevent influenza transmission.

Average Annual Influenza Vaccination Rates in Healthcare Workers



Key cause of influenza outbreaks in healthcare settings

Healthcare worker vaccination associated with reduced absenteeism and fewer patient deaths*

* Source: CDC Prevention and control of influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2006 Jul 28;55(RR10):1-42.

Although HCP influenza vaccination rates are extremely low, with moderate effort, organized campaigns by health-care institutions can attain higher levels of vaccination among this population, by working to ensure influenza vaccine is available and offered to every healthcare worker annually. **Not only will they protect their vulnerable patients, but they will also protect themselves and their families from the serious morbidity and mortality associated with influenza,² and reduce disease burden and healthcare costs.³**

In addition to reducing transmission of influenza in health-care settings, vaccination of HCP also reduces staff illness and absenteeism.³ Influenza vaccination levels among HCP should be regularly measured and reported, with feedback of ward-, unit-, and specialty-specific rates provided to staff and administration.³

Who meets "healthcare personnel" (HCP) criteria?

The term HCP refers to **all paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials**, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP. The recommendations in this report apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers, and outpatient clinics, and to persons who provide home health care and emergency medical services.³

Unimmunized healthcare workers put patients at risk.

Healthcare workers are frequently implicated as the source of influenza in health care settings. This is particularly troubling for the high-risk patients in their care, who may be at increased risk of severe complications, including influenza-related mortality. Outbreaks have been documented in high-risk patient care areas, including organ transplant units, long-term care facilities and neonatal intensive care units.²

Surprisingly, healthcare workers cite reasons similar to the general public for not getting vaccinated, including the **mistaken belief that the inactivated vaccine can cause influenza**. **Factors facilitating vaccine acceptance include a desire for self-protection, previous receipt of influenza vaccine, a desire to protect patients, and perceived effectiveness of vaccine.³**

Avian Influenza A (H5N1)

In addition to providing protection against the predominant circulating influenza strain, vaccination with the most recent seasonal human influenza vaccine is intended **to reduce the likelihood of a healthcare worker's being co-infected with human and avian strains, where genetic rearrangement could take place, leading to the emergence of potential pandemic strain.⁴**

Pneumococcal Vaccine

The time of administration of influenza vaccine should also be used as **an opportunity to identify and vaccinate patients with pneumococcal vaccine**. Pneumococcal vaccine recommendations are available at <http://www.cdc.gov/nip/vaccine/pneumo/default.htm>.

References:

- <http://www.cdc.gov/flu/professionals/vaccination/hcw.htm>
- http://www.nfid.org/influenza/professionals_workersflu.html

- <http://www.cdc.gov/mmwr/PDF/rr/rr5502.pdf>
- <http://www.cdc.gov/flu/avian/professional/infect-control.htm>