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S T A T E M E N T

Influenza Immunization for Healthcare Workers: Statement

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**Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux**

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Statement

CSHP supports the annual influenza immunization of all healthcare workers through a variety of effective approaches, including mandatory programs. Pharmacists are well positioned to be leaders in promoting the importance of influenza immunization through both education about and administration of the influenza vaccine.

Background

All healthcare workers have an ethical responsibility to first do no harm, which includes reducing the risk of transmission of influenza to their patients. The most effective method for preventing the spread of influenza is through annual vaccination,¹ as neither previous influenza infection nor immunization in past years provides sustained protection.

Healthcare workers with influenza may transmit the virus to patients whether the infection is symptomatic or asymptomatic. For example, the virus can be transmitted as early as 1 day before the onset of symptoms. Furthermore, some individuals remain asymptomatic throughout the course of their infection but are still capable of transmitting live virus to others.^{2,3}

Influenza is a serious infection. Hospital-acquired influenza has been estimated to occur at a rate of 3–8 per 1000 patient admissions.⁴ It is associated with significant mortality, with an estimated case fatality rate between 7% and 16%.⁴

The greatest protection from influenza occurs when about 90% or more of the population is immunized.^{5,6} This high rate of immunization requires universal vaccination of healthcare workers, especially in environments with at-risk populations who cannot achieve the same level of protection from the influenza vaccine as can healthy adults.⁷

Studies have confirmed that the safety of influenza immunization outweighs the risk from influenza itself.⁷ A recent review showed there is a higher risk of Guillain-Barré syndrome associated with influenza infection compared to the influenza vaccine.⁸

Because immunization rates achieved through voluntary vaccination programs are unacceptably low, mandatory immunization should be considered.⁹ Healthcare workers who cannot be vaccinated because of medical contraindications or a shortage of vaccine should be required to follow appropriate infection control measures such as wearing a mask. Medical contraindications include Guillain-Barré syndrome within 6 weeks of receiving influenza vaccine in the past, or anaphylactic reaction to a previous dose of influenza vaccine or any component of the

vaccine. It is now considered safe to immunize individuals with a history of allergy to eggs as the risk of egg-protein in most influenza vaccines is low. Individuals with a history of anaphylaxis or breathing difficulties after exposure to eggs may require consultation with an allergy specialist to be assessed for the safety of the vaccine.¹⁰

Pharmacists are among the most accessible of healthcare providers. They are well positioned to promote immunization and many are also authorized to administer vaccines.

Glossary

Healthcare workers: all personnel who work in a healthcare setting, including, but not limited to, employees, physicians, emergency service personnel, home care personnel, public health personnel, persons who are not directly involved in patient care (e.g., administrative staff), contract employees, volunteers, and students. Any of these people may be exposed to infectious agents that can be transferred between patients and healthcare workers.

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Additional Resources

Immunize Canada [website]. Ottawa, ON: Canadian Public Health Association; 2014 [cited 2014 June 6]; Available from: <http://immunize.ca/>.

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