



Influenza: Preventing Outbreaks Dr Fiona Ryan Public Health, HSE September 2016



Presentation Outline

- Influenza facts
- •Influenza Outbreaks oNational and Local Data
- •Prevention of Outbreaks in Vulnerable Populations oGeneral oVaccination

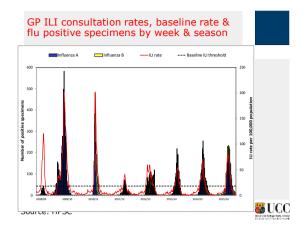


Why do we worry about influenza?

When some people get the flu it may be mild, but for many others it could be fatal.

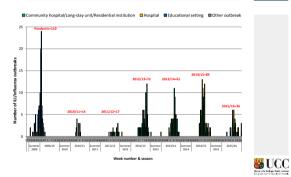
- Most of these excess deaths are in the elderly/those with underlying illness
- Death 0.5-1/1000 cases (1/10,000 pop per year).
- Approximately, 200-500 Irish people will die each year because of flu. In a bad year this can be up to 1000 people (2008-2009)
- Recent European study reported weeks of excess mortality coincided with medium or high influenza activity weeks
- 2015/16 season >150 people admitted to ICU with confirmed influenza





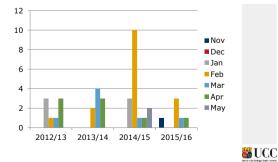


Influenza/ILI Outbreaks by week & season





Influenza Outbreaks, Residential settings, Cork&Kerry, 2012-2016





🕼 Irish Examiner

2014/15 Season

NE -

Flu fear as HSE admits vaccine mismatch

newstalk NEWS BUS

NEWS



HSE admits flu vaccine is for different strain than the one that has hit Ireland

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Influenza Vaccine

- Several strains of influenza constantly changing
- New vaccine every year -3 or 4 virus strains (A+B)
- WHO monitors strains circulating globally Northern and Southern hemisphere
- · Jan/Feb each year WHO advises on strains for vaccine
- Vaccines take months to produce ready for September in Northern Hemisphere
- Sometimes change in circulating virus and the vaccine is not fully effective
- 2014/15 season Influenza A(H3N2) circulating was different from the strain in the vaccine
 2015/16 season Influenza A (H1N1) circulating good match but Influenza B not in the vaccine

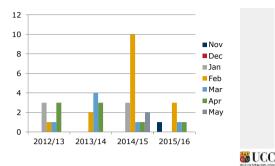


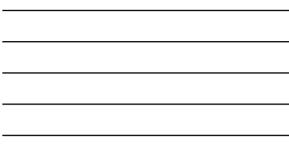
Prevention of Outbreaks in **Vulnerable Populations**

- Vulnerable setting- nursing homes, long stay residential including disability mental health
- Vaccination of residents (not 100%) effective)
- Vaccination of staff
- Preparations and staff education
- Recognition of flu (\geq 3 ill in 72 hours)
- Actions if possible flu
- Alert GP, infection control and Public Health Infection control
- +/- antiviral medication



Influenza Outbreaks, Residential settings, Cork&Kerry, 2012-2016





Why should HCWs be vaccinated?

- HCWs at higher risk of getting flu
- HCWs look after the most vulnerable
- HCWs frequently implicated as the source of influenza transmission in health care settings
 - Employees continue to work while sick with influenza
 - Unvaccinated workers who are not sick can still spread the virus
- Benefits of influenza vaccination of HCWs:
 Reduce risk of outbreaks in health care facilities



Flu vaccination for ALL HCWs

- Recommended for HCWs annually since 1999, both for their own protection and for the protection of patients
- HCWs: all staff (including ancillary staff, such as cleaners, porters, kitchen staff) working in health care setting or health related activities in acute and non acute health care settings, including those working in health related activities in the community settings

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But I don't get the flu

ACTUALLY!

 One serosurvey showed 23% of HCW had serologic evidence of influenza virus infection during a single influenza season



•the majority had mild illness or subclinical infection

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Since I'm Not at High Risk, Do I Need to Get the Flu Vaccine?

YES!

- When you get the flu it may be mild, but for those at high risk it could be fatal.
 - Patients.
 - Family Members and Friends.
- Getting the flu vaccine helps to protect the people you work so hard to keep healthy.



Does Vaccinating Health Care Workers (HCWs) Really Help?



• Many studies have shown that increasing the vaccination rates of HCWs decreases patient illness and death.

• One study showed a 40% reduction of influenza related deaths in hospitals with higher rates of HCW influenza

vaccination.



