

## Influenza Vaccination of Home Care and Hospice Staff as a Component of a Patient Safety Program

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Well, it's that time of year again...time to get your flu shot. But hey, let's face it ...who likes to get a shot? I know I sure don't! In fact, I hate to admit it, but in the past, I didn't take a flu shot for probably many of the same reasons as you. I've learned first hand why flu shots are so important to patient safety and hope that you too will agree that the vaccination of home care and hospice staff members is an important component of your patient safety program.

Did you know that influenza is the most frequent cause of death from a vaccine-preventable disease in the United States? An average of 36,000 people die each year of influenza-associated illness in the United States alone and an average of approximately 226,000 influenza-related hospitalizations occur. Sixty-three percent of all hospitalizations occur among persons 65 and over (CDC, 2006).

The most recent data show that only 40% of healthcare workers (HCW) receive influenza vaccination (CDC, 2005). This low immunization rate places our patients at greater risk for healthcare-associated influenza, including acute care hospitalization, especially because the staff member is in close physical proximity to the patients. Healthcare-associated transmission of influenza has been documented in many dif-

ferent patient populations and clinical settings. In many of these outbreaks, infections occurred in unvaccinated HCWs, and what's important to note is that HCWs were directly linked epidemiologically to the transmission of influenza (CDC, 2006).

So why is the immunization rate so low and why don't more staff receive the annual influenza vaccine? Well, there are numerous reasons... one being fear of getting the flu from the flu shot. The truth is that the injectable vaccine contains a killed virus that can't cause influenza. Yes, side effects can occur, but they are typically very mild and last about a day. The side effects can include soreness at the injection site, headache or low-grade fever, and affect less than 1% of people vaccinated. These side effects are not the same as having influenza, but sometimes people confuse them. Also, protective immunity doesn't develop until a week or two after vaccination. For staff who get vaccinated in December or later and contract influenza, they were most likely exposed to someone with the influenza or other virus before they became immune. So an influenza illness would not be the result of the vaccine.

Some staff are also concerned that the flu vaccine is not 100% effective, or they will end up getting influenza anyway or that the vaccine simply doesn't

work. Is the influenza vaccine 100% effective? No, especially in older persons. However, the vaccine is effective in protecting 70% to 90% of healthy young adult vaccinees from illness when the vaccine strain is similar to the circulating strain. The vaccine is only 30% to 40% effective in preventing illness among frail elderly persons. However, research has found that people vaccinated who get influenza are less likely to suffer complications, including hospitalizations and death, compared to unvaccinated persons. In the elderly, the vaccine is 50% to 60% effective in preventing hospitalization and 80% effective in preventing death (CDC, 2005).

My personal favorite is fear of needles and injections. For people who would prefer to skip the needle and avoid an injection, a nasal-spray flu vaccine is an option for healthy, nonpregnant staff who are under 50. The vaccine is also called LAIV, which stands for live attenuated influenza vaccine, as it contains a weakened influenza virus.

And then there's always the excuse of being too busy, not having enough time, or not wanting to pay for it. Legitimately in years past there were shortages of the vaccine in some areas and some staff that wanted it were unable to be vaccinated.

Some people don't get a flu shot because they say "I never get the flu." Well...did you know

that you can have the flu and not know it and you can still be shedding the virus and in turn unknowingly exposing your patients, co-workers, and family? Healthcare-associated transmission of influenza is a significant but often under-recognized factor, except in the setting of large outbreaks. One study during a mild influenza epidemic noted that 28% of the HCWs had a serologically confirmed influenza infection during the flu season, but couldn't remember having any respiratory infection during that time period (Wilde et al., 1999).

Now think about your typical home care patient. They likely have at least one chronic medical condition, are an elderly, immunocompromised, homebound person who may not have received the influenza vaccine...and we all know sometimes you, the home care or hospice staff member, are the only person that they may see in person...for days. Now what if this typical patient has visits performed by an unvaccinated staff member? What if this unvaccinated staff member is ill and is not feeling well but is still making visits (which is not uncommon) or what if this unvaccinated staff member feels fine, but happens to be in the incubation period of the influenza illness and is unknowingly shedding the virus for a day or two before getting too sick to make home visits? Or what if this unvaccinated staff member feels fine, is out making visits and shedding the influenza virus but never develops symptoms and becomes ill...all these scenarios unnecessarily expose your home care or hospice patient to the influenza virus and place them at greater risk for illness and even death. Not only

is the patient exposed, but so are your co-workers and family.

As management and field staff, you know how disruptive unplanned absences by visiting staff can be and the undue work burden that it places on others picking up more home visits and rescheduling patient visits with p.r.n. and per diem staff. The money spent for covering the cost of the flu shot will certainly pay for itself when the costs of rework, scheduling, and labor costs are considered.

The best way to prevent influenza is by getting a flu vaccination each fall, but it's not the only way. There are other things that you can do to help prevent the transmission of influenza. I'm sure you know the next one...that's right, wash your hands! Others include practicing respiratory hygiene/cough etiquette, placing your patients with an influenza-like illness on droplet precautions at the time of the admission visit or at the first onset of flu symptoms, getting a physician's order to perform the rapid diagnostic test for your patients with suspected influenza (to assure that patients with diagnosed influenza are considered for treatment with antivirals), and lastly...not going to work when you're sick.

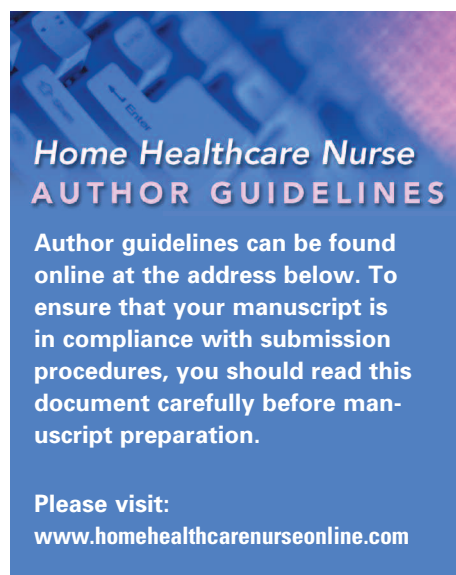
Something else to consider...home care and hospice staff members have a moral duty and ethical responsibility to protect their patients, as well as themselves and their colleagues as part of an organization-wide safety program. Now that it's flu season, you have the chance to make a difference. I hope that if you don't have any medical contraindication to receiving the influenza vaccine that you will take it....if not for yourself, for your patients, your

colleagues, and your family. Now go get your flu vaccine! ■

*Reprinted with permission from McGoldrick, M. (2006). Home Health Systems, Inc. Patient Safety and Influenza Immunization of Home Care and Hospice Staff [Audiotape]. Retrieved August 14, 2006 from [www.HomeCareandHospice.com](http://www.HomeCareandHospice.com).*

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