**Flu shots are kind of like voting. If you don’t bother to get vaccinated, you haven’t earned the right to complain when you get sick.**

Public health officials recommend annual vaccination for children starting at 6 months old and all adults, including pregnant women, unless they have a condition that precludes safe administration.

Seasonal influenza (flu) is a contagious respiratory illness caused by exposure to viruses. Vaccination provides individual protection against the viruses scientists determine will be most prevalent during any given season.

Vaccination also helps prevent the spread of illness to family members, co-workers and vulnerable populations such as the elderly, infants and people with certain health conditions who have a higher risk of serious flu-related complications (such as asthma, bronchitis or pneumonia), hospitalization and death. The concept of group, or herd, immunity applies to other types of immunizations, as well.

**Annual Vaccination**

Vaccines promote the development of antibodies that provide protection against infection beginning about two weeks after vaccination. For the 2018-19 season, quadrivalent vaccine that protects against two type-A and two type-B viruses or trivalent vaccine for protection against two type-A and one type-B virus strains are recommended depending on exposure risk.

The flu vaccine does not cause the flu. However, some people may experience temporary, relatively mild symptoms or discomfort from the shot. With vaccination, it’s still possible to get sick after being exposed to a flu virus, but symptoms are likely to be milder.

Vaccine effectiveness is evaluated and adjusted annually for Northern and Southern Hemisphere flu seasons starting in the fall and tapering off in the spring. Viruses change over time. For example, a new variant of H1N1 emerged in 2009 and caused the first influenza pandemic (global outbreak) in more than 40 years. The H3N2 virus that caused the 2017-18 U.S. flu epidemic (regional outbreak) caused alarm because it is associated with severe symptoms and was less responsive to vaccine than other virus types.

**Administering the Vaccine**

Most people get a flu shot in the upper-arm muscle. However, certain vaccine formulations and/or other routes of administration are recommended for use in certain groups of people. Age, health status and allergies are taken into consideration.

For the 2018-19 flu season, the administration of live attenuated influenza vaccine (LAIV) using nasal mist may be offered as an alternative with guidance from a medical provider. During the 2016-17 and 2017-18 seasons, LAIV was not recommended because of concerns about low effectiveness against H1N1-like viruses.
Most influenza vaccines are prepared by injecting viruses into fertilized eggs, where they are incubated and allowed to replicate. Virus-containing fluid is harvested from the eggs. For injected vaccine, viruses are inactivated (killed) and virus antigen is purified. For nasal spray vaccine, candidate viruses are attenuated (weakened) and put through a different production process.

A life-threatening allergic reaction to the flu vaccine, such as difficulty breathing, is rare. People with a severe egg allergy, those who have had a previous reaction to a flu shot, or who have had Guillain-Barré Syndrome, a paralyzing illness, are advised to get medical advice before getting vaccinated.

### Illness Prevention

In addition to vaccination, good-hygiene practices are recommended to prevent the spread of illness. People can be contagious 24 hours before they have symptoms, and some viruses can survive on surfaces up to eight hours.

Influenza prevention measures include:

- Frequent hand washing with soap and water (minimum of 20 seconds)
- Using alcohol-based hand sanitizer when water is not available
- Covering one’s mouth when coughing or sneezing and throwing soiled tissues away
- Disinfecting surfaces such as countertops, phones and door handles
- Avoiding close contact with people who have symptoms (at least 3 feet away)
- Staying home when feeling ill (24 hours after fever is gone)
- Getting adequate sleep, routinely exercising and eating a nutritious diet

Workplace infectious disease management may include using personal protective equipment such as gloves, gown, mask, eye protection, total face shield and safe injection practices. Surgical masks or respirators may be used to help reduce the spread of disease via airborne or droplet contamination. Gloves are worn when there is the likelihood of contact with infected materials or surfaces.

### Symptoms and Treatment

Non-prescription remedies for flu symptoms include:

- Medications to relieve headache, fever, congestion and muscles aches
- Staying warm and getting plenty of rest
- Drinking clear fluids such as water or broth
- Using a wet washcloth to cool the skin
- Gargling a 1:1 mixture of salt and water for sore throat

Antiviral drugs may be prescribed to help shorten the course of illness and reduce risk of serious complications. They are most effective when started within the first two days of experiencing symptoms. Antibiotics are not effective against flu viruses and should not be used.

Uncomplicated influenza illness typically resolves after a week for most people, although cough and malaise can persist for more than two weeks.

To learn more, refer to WorkCare’s Influenza Fact Sheet

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