To: HAI-AC
From: Alicia Cole, Public Reporting Sub-committee
Date: August 5, 2010

I think this is an extremely important report from a well respected source outlining the importance of Immunization for everyone over the age of 6 months. I feel it is critical to include this information as it is timely (July 29, 2010) and will establish credibility with the discerning members of the public. (Not everyone is at a 6th grade level – especially those taking the time to research their hospital)

Prevention and Control of Influenza with Vaccines

Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010

Early Release

July 29, 2010

In the United States, annual epidemics of influenza occur typically during the late fall through early spring. Influenza viruses can cause disease among persons in any age group, but rates of infection are highest among children. During these annual epidemics, rates of serious illness and death are highest among persons aged 65 years and older, children aged 2 and under, and persons of any age who have medical conditions that place them at increased risk for complications from influenza. Influenza epidemics were associated with estimated annual averages of approximately 36,000 deaths during 1990--1999 and approximately 226,000 hospitalizations during 1979--2001.

Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. The committee recommends annual vaccination with the most up-to-date strains predicted on the basis of viral surveillance data.

The 2010 influenza recommendations include new and updated information. Among them, a recommendation that annual vaccination be administered to all persons aged 6 months and up for the 2010--11 influenza season.

To view the Advisory Committee on Immunization Practices full report click on the link below"

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_e

Guidelines for Infection Control in Health Care Personnel, 1998

http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf

This guideline updates and replaces the previous edition of the Centers for Disease Control and Prevention (CDC) "Guideline for Infection Control in Hospital Personnel," published in 1983. The revised guideline, designed to provide methods for reducing the transmission of infections from patients to health care personnel and from personnel to patients, also provides an overview of the evidence for recommendations considered prudent by consensus of the Hospital Infection Control Practices Advisory Committee members.

Being that we are the HAI Advisory Committee, I think it is imperative that we include a page regarding Seasonal Flu and Staph Infections. We need to be sure that patients are aware that if they start to manifest 'flu-like' symptoms following a surgical procedure or if their 'flu-like' symptoms are accompanied by intense localized pain, it could be the first signs of an infection and they should seek immediate medical attention.

Seasonal Flu and Staph Infections

Bacterial infections can occur as co-infections with influenza or occur following influenza infection. In 2006-2007, CDC noted an increase in flu and *Staphylococcus aureus (S. aureus)* co-infections among children who had died or were hospitalized with influenza infection. Some of those infections were with methicillin-resistant *S. aureus* (MRSA). CDC is working with state and local public health authorities to monitor and investigate flu-*S. aureus* co-infections, including pneumonias and other types of *S. aureus* infections.

On January 30, 2008 CDC issued a Health Advisory on Influenza-Associated Pediatric Mortality and *Staphylococcus aureus* co-infection.

For more information about flu and staph infections visit Seasonal Flu and Staph Infection.

For more information about MRSA visit National MRSA Education Initiative: Preventing MRSA Skin Infections.

Source: http://www.cdc.gov/flu/professionals/flustaph.htm

Infection Control Guidance for the Prevention and Control of Influenza in Acute-Care Facilities

Introduction

Influenza is a contagious respiratory disease that may require outpatient health care visits or hospitalization. During the influenza season, outbreaks of healthcare-associated influenza affect both patients and personnel in long-term care facilities and hospitals. Influenza vaccination of both health care personnel and patients combined with basic infection control practices can help prevent outbreaks. This document provides general guidance for prevention and control of influenza transmission in acute care facilities. Links to recommendations for the 2007-08 influenza season are provided.

Transmission

Influenza is primarily transmitted from person-to-person via large virus-laden droplets that are generated when infected persons cough or sneeze; these large droplets can then settle on the mucosal surfaces of the upper respiratory tracts of susceptible persons who are near (e.g., within about 6 feet) infected persons. Three feet has often been used by infection control professionals to define close contact and is based on studies of respiratory infections; however, for practical purposes, this distance may range up to 6 feet. The World Health Organization defines close contact as "approximately 1 meter"; the U.S. Occupational Safety and Health Administration uses "within 6 feet." For consistency with these estimates, this document defines close contact as a distance of up to approximately 6 feet. Transmission may also occur through direct contact or indirect contact with respiratory secretions such as when touching surfaces contaminated with influenza virus and then touching the eyes, nose or mouth. Adults may be able to spread influenza to others from 1 day before getting symptoms to approximately 5 days after symptoms start. Children

and people with weakened immune systems may be infectious and able to spread influenza to others for 10 or more days after symptoms begin.

Prevention and Control Measures

Strategies for the prevention and control of influenza in acute care facilities include the following: annual influenza vaccination of all eligible patients and health care personnel, implementation of Standard and Droplet Precautions for infected individuals, active surveillance and influenza testing for new illness cases, restriction of ill visitors and personnel, rapid administration of influenza antiviral medications for treatment and prevention during outbreaks, and Respiratory Hygiene/Cough Etiquette.

Vaccination

All health care personnel and persons at high risk for serious complications of influenza should receive annual influenza vaccination according to current national recommendations.

To review the full report click on the link below:

http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm

Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities

Influenza is a contagious respiratory disease that can cause substantial illness and death among long-term care facility residents and illness among personnel in long-term care facilities. Influenza vaccination of health care personnel and long-term care facility residents combined with basic infection control practices can help prevent transmission of influenza. Every effort should be made to ensure compliance with influenza vaccination recommendations each season. However, because influenza outbreaks can still occur among highly vaccinated long-term care residents, long-term care facility personnel should be prepared to monitor personnel and residents each year for influenza and promptly initiate measures to control the spread of influenza within facilities when outbreaks are detected. This document provides general guidance for prevention and control of influenza transmission in long-term care facilities.

Prevention and Control Measures

Strategies for the prevention and control of influenza in long-term care facilities include the following:

- Annual influenza vaccination of all residents and health care personnel,
- Implementation of Standard and Droplet Precautions when a person is suspected or confirmed to have influenza,
- Active surveillance and influenza testing for new illness cases,
- Restriction of ill visitors and personnel from entering the facility,
- Administration of influenza antiviral medications for prophylaxis and treatment when influenza is detected in the facility, and
- Other prevention strategies, such as respiratory hygiene/cough etiquette programs.

Vaccination

Health care personnel (e.g., all paid and unpaid workers who have contact with residents and visitors, including volunteer workers) and persons at high risk for complications from influenza, including all residents of long-term care facilities, are recommended to receive annual influenza vaccination according to current national recommendations. The National Healthy People 2010 goal for annual influenza vaccination coverage of residents of all long-term care facilities is 90%.

- Vaccination is the primary measure to prevent influenza, limit transmission, and prevent complications from influenza in long-term care facilities.
- Vaccination of 65 years and older does not prevent 100% of influenza infection, but can reduce serious complications from influenza in this population.
- Vaccination rates of 80% and higher among residents have been shown to decrease influenza outbreaks in long-term care facilities.
- Inactivated influenza vaccine or live attenuated influenza vaccine may be used to vaccinate most health care personnel.

To review the full report click on the link below:

http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm