

Influenza Vaccine – Frequently Asked Questions

Influenza Control Program

Influenza – or the flu – can be a serious contagious disease, which is spread by droplet transmission through close contact with an infected person. Infected individuals are highly contagious and can transmit the virus for 24 hours before they show any symptoms.

Each year, across Canada there are between 2,000 and 8,000 deaths from influenza and its complications. Influenza causes by far the most deaths among vaccine-preventable diseases, outpacing all others combined. Hospitalized patients and seniors in residential care are more vulnerable to influenza than healthy adults. The vaccine is also less effective for frail seniors or other hospitalized patients, making it even more important that their caregivers are vaccinated.

Infected health care providers can pass the virus on to their patients before they even know they are sick. The most effective way to prevent the flu is by getting vaccinated, when combined with other preventative measures, such as proper hand hygiene and proper sneezing and coughing etiquette. Immunization helps physicians, health care providers and those who come into regular contact with patients reduce their risk of contracting influenza, and spreading it to their patients.

To protect patients in our facilities, in 2012 British Columbia's health authorities adopted a policy requiring all employees, students, physicians, residents, contractors, vendors and volunteers to get immunized or to wear a mask during influenza season when in a patient care area. To further protect patients, the policy was expanded to include all visitors to our health care facilities.

What is a Patient Care Area?

A patient care area/location is defined as an area within a health care facility, including a contracted facility, that is accessible to patients, residents or clients who are there to access care or services – including, for example, hallways or lobbies.

It includes any other location where care is provided, such as home and community care locations (including a client's home). It does not include locations such as administrative areas or private offices which are not generally accessed by patients, residents or clients.

What is the influenza vaccine?

The influenza or flu vaccine is a safe and effective way to help people stay healthy, prevent illness, and save lives. The influenza virus can cause serious illness and even death in people with certain chronic health conditions. The vaccine is the best protection against influenza illness and its complications.

Each year the vaccine is reformulated to match what the World Health Organization and an advisory group of experts believe will be the circulating strains that winter. Vaccines used in the healthcare worker program in B.C. use killed virus particles and cannot cause infection – you cannot get influenza just from getting your flu shot.

The influenza vaccine protects against viruses that cause influenza. The vaccine does NOT protect against other viruses or bacteria that cause colds or gastrointestinal infections (sometimes called ‘stomach flu’). Several different influenza vaccines are available in B.C. All of the vaccines are approved by Health Canada.

In B.C., the vaccine is usually available starting in mid-October. For your best protection and that of your patients and family, you should get the vaccine as soon as possible.

Can the influenza vaccine give me influenza?

The influenza vaccine or flu shot given by needle cannot give you influenza. The vaccine contains only part of the influenza viruses and cannot cause infection.

Common reactions to the flu shot may include soreness, redness and swelling where the vaccine was given. Occasionally, other symptoms can include fever, headache and aching muscles that may last 1 to 2 days.

There is also a “live” influenza vaccine, which is given as a nasal spray and contains weakened influenza virus particles. This vaccine does have the potential to cause mild symptoms, such as runny nose, sore throat and fever. As a precaution, some people (such as those with severe asthma or weakened immune systems) should not get this live vaccine.

In addition, healthcare providers who work with severely immunocompromised patients who are hospitalized in isolation (e.g. bone marrow transplant unit) need to wait 2 weeks after receiving the live vaccine before returning to work with these patients. While this vaccine is very effective for children, especially young children, it is not as effective as the injectable flu shot for adults. For these reasons, this vaccine is NOT offered as part of the health care provider influenza immunization program.

What if I am pregnant or breastfeeding? Is it safe for me to be immunized?

Yes. Influenza can have serious consequences for pregnant women and their unborn children, and vaccination is the best protection.

Influenza immunization is recommended for pregnant women – for your own health and to provide your baby with immunity in their first six months of life, when they are most at risk of serious disease. The National Advisory Committee on Immunization recommends the flu vaccine be given to all pregnant women.

The vaccines used for this program in British Columbia do not contain live virus. They cannot give you the flu and are very safe in pregnancy.

I have latex allergy – can I get the flu vaccine?

Yes, the stopper on the vaccine vials is butyl rubber which is latex-free. All products used to administer the vaccines are latex-free.

What if I have an egg allergy?

Numerous studies have shown now that egg-allergic persons can safely receive the injectable influenza vaccine without the need for skin testing or other measures, even if they have had a severe reaction to egg in the past. You should be monitored for 30 minutes after receiving the shot.

What are the possible reactions after the vaccine?

Common reactions to the influenza vaccine or flu shot include soreness, redness and swelling where the vaccine was given. Other symptoms can include fever, headache, aching muscles and fatigue that may last 1 to 2 days. More serious reactions, such as anaphylaxis, are very rare. Vaccine providers are trained and prepared to watch out for and respond to all potential reactions.

The influenza vaccine given by needle cannot give you influenza. The vaccines available in the healthcare worker program contain only part of the influenza viruses and cannot cause infection.

Acetaminophen or Tylenol® can be taken for fever or soreness. ASA or Aspirin® should NOT be taken by anyone under 20 years of age due to the risk of Reye Syndrome.

Should I be concerned about the risk of Guillain-Barré Syndrome following a flu shot?

Guillain-Barré Syndrome (GBS) is a rare neurological disorder. GBS is a form of paralysis (usually temporary) and can occur after some common infections – including influenza. GBS may be associated with influenza vaccine in about 1 per million recipients. GBS has been found to be 17-70 times more common following an influenza infection than it is following a flu shot.

Why are preservatives sometimes used in vaccines?

Preservatives have been used in vaccines for more than 70 years and are added to prevent the growth of bacteria or fungi that could possibly make the vaccine in multi-dose vials unsafe.

This may occur when a syringe needle enters a vial as a vaccine is being prepared for administration. Contamination by germs in a vaccine could cause serious infections.

Preservatives are generally not used in single-dose vaccine vials.

What is thimerosal?

Thimerosal is a mercury-based preservative that has been used for decades in multi-dose vials (vials containing more than one dose) of some vaccines to prevent the growth of germs, bacteria and fungi.

The amount of mercury in vaccines is very small, less than one tenth of the mercury in a tin of albacore tuna, available in grocery stores.

Do the available flu vaccines in this program contain mercury (thimerosal)?

Seasonal influenza vaccine is produced in large quantities for annual immunization campaigns, and some of the vaccine is produced in multi-dose vials, which contains small amounts of thimerosal to safeguard against possible contamination of the vial once it is opened.

The single-dose units are made without thimerosal as a preservative because they are opened and used only once.

Is thimerosal in vaccines safe?

There is a large body of scientific evidence on the safety of thimerosal. Data from multiple studies show the low doses of thimerosal found in vaccines do not cause harm, and are only associated with minor local injection site reactions like redness and swelling.

The medical community supports the use of thimerosal in influenza vaccines to protect against potential bacterial contamination of multi-dose vials.

Is thimerosal in vaccines linked to autism?

No. The best available science to date has shown that there is no link between vaccines containing thimerosal and autism or other behavioural disorders.

The National Advisory Committee on Immunization has reviewed the safety of thimerosal and concluded that the alleged adverse health effect from thimerosal in vaccines has never been substantiated. International bodies, such as the World Health Organization, the U.S. Food and Drug Administration and the Institute of Medicine in the U.S. share this opinion.

Public health agencies are committed to ensuring the safety of vaccines. This is achieved by oversight of rigorous trials before a vaccine is ever licensed for use, as well as continuous monitoring after licensing.

Who should not get the influenza vaccine?

Speak with a public health provider if you:

- Have had a life-threatening reaction to a previous dose of influenza vaccine, or any component of the vaccine;
- Have had severe oculo-respiratory syndrome after a previous flu shot;
- Have developed Guillain-Barré Syndrome (GBS) within 8 weeks of getting any influenza vaccine;

We know that you are committed to protecting your patients, and thank you for your dedication to their safe care and well-being.