Flu vaccination protects you, your family and your patients – still time to make a difference

Introduction
Receiving a flu vaccination protects you, your family and your patients - there's still time to make a difference if you've not had a flu jab this winter. This paper aims to explain the benefits for you and your patients and asks you to commit now to getting a flu jab.

What are the facts: death, admission and vaccination rates?
In 2010-11 in the UK, 602 people died from flu and in the same year nearly 9000 patients were admitted to hospital in England with flu. 2200 required admission to intensive care. There were fewer deaths and admissions in the 2012-13 season, but flu remains unpredictable and it is hard to forecast the severity or timing.

Young children, older people and those with long term medical conditions have a higher risk of death or serious illness if they catch flu and these groups are targeted by national vaccination programmes. Despite this by 12 December 2013 national vaccination rates of patients were only:

- 38.2% in all 2 year olds
- 35.2% in all 3 year olds
- 47.3% in under 65 years in a clinical risk group
- 36.8% in all pregnant women
- 70.0% in 65+ year olds

By 31 October 2013 vaccination rates of frontline workers were 21.7% across London trusts compared to the best performing region of 42.2% in the North of England Region. Last year vaccination rates for NHS frontline workers in London averaged only reached 37.8%.

For a vaccination program to work there needs to be sufficient coverage to produce herd immunity so that transmission rates are low enough to protect those who are vulnerable but who have not been vaccinated.

What should you do?
- You can support your patients to get vaccinated and should be a role model for this.
- You can protect those who aren’t vaccinated by not passing flu on to them. Up to 1 in 4 healthcare workers may become infected with flu during a mild flu season, a much higher incidence than expected in the general population. Half of these will not be ill with it and therefore will continue to work with patients. Therefore healthcare workers are an important vector of transmission; particularly healthcare workers supporting people with heightened risk from flu such as those with chronic respiratory problems.
- You can protect your family - vaccination reduces the risk of taking flu contracted at work home to your family.

Despite little evidence of disbenefits and substantial evidence for benefits, the average vaccination rate for NHS frontline staff in London was only 37.8% last year. Although an improvement on previous years it is still less than half and falls well short of the 80% of the healthy population needed to achieve to “herd immunity”.

This average also hides considerable variation between trusts and between professions. Typically AHPs are the most concordant; doctors next and nurses the least. Yet the staff with potentially the most contact time with patients at risk from flu are nurses.

What are the facts: death, admission and vaccination rates?

Why does it matter?
- Flu vaccination of staff has been shown to reduce mortality in patients in residential care.
- Immunisation of patients with COPD reduces hospital admission.
- It protects people from acute MI.
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The fact that some professions can reach a high level suggests that whilst it is partly due to access to vaccination it is also about beliefs and behaviours. A recent Twitter campaign #WeNurses achieved 1,500 tweets from 160 accounts, making 2.7 million impressions and concluded the three barriers to uptake amongst hospital nurses were:

• Misconceptions and common myths
• Unavailability of flu jabs during work hours
• Having access to the vaccine in the ward or department

The good news is that they have identified successful strategies to combat these problems:

• Peer to peer vaccination
• Using clinical evidence and myth-busters such as flu facts, vaccination information and flu FAQs
• Drop-in and roaming clinics throughout the trust

Indirect benefits to patients
As well as protecting patients directly, we also know that this year patients might be harmed indirectly by performance pay for trusts: unless 75% of staff are vaccinated “winter pressures” money may not be released.

Staff absence will also be affected. London has the lowest rates of staff absence in the country but the rates increase in December and January (3.78% and 3.9% respectively compared to 3.31% in March 2013) and the groups with the lowest flu vaccination rates are those more likely to be off sick: ambulance workers, healthcare assistants and nurses. *

![Graph showing Sickness Absence Rates by Strategic Health Authority through time](https://example.com/graph.png)

What should you do?
If you are a respiratory clinician, get a flu jab, help your patients and tell them that you have had a flu jab, collect real time data to share using Flu Fighters or another tool and encourage your colleagues too.

Flu fighting is a team game with a result that matters. For more help:

Practical support from Flu Fighters @NHSSFighter #flufighter
http://www.nhsemployers.org/HealthyWorkplaces/StaffFluVaccination/Pages/seasonal-flu-campaign.aspx

Letter from Sally Davies and Bruce Keogh to doctors summarising the evidence and referring to Good Medical Practice:
http://www.nhsemployers.org/SiteCollectionDocuments/Staff%20flu%20letter%20for%20Doctors.pdf

Letter from Jane Cummings to nurses and midwives:
http://www.nhsemployers.org/SiteCollectionDocuments/Flu%20vaccination%20letter%20for%20nurses%20and%20midwives.pdf

Letter from Karen Middleton to AHPs:
http://www.nhsemployers.org/SiteCollectionDocuments/Flu%20vaccination%20letter%20for%20AHPs.pdf

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