**UW Medicine Staff Influenza Vaccination**

**Frequently Asked Questions (FAQs)**

**2018-2019 Season**

1. **What’s new for this season?**
2. **What is in this year’s flu vaccine?**
3. **Will there be a flu epidemic this year?**
4. **I am healthy! Why do I need to be vaccinated?**
5. **Can I get influenza (flu) from the flu vaccine?**
6. **Why do some people get flu-like symptoms after being vaccinated?**
7. **I have an egg allergy. Is it safe for me to be vaccinated?**
8. **What are the side effects of flu vaccination?**
9. **Does the flu vaccine contain thimerosal?**
10. **Does the flu vaccine cause Guillain-Barre Syndrome (a very rare neurological disease)?**
11. **Can I just take oseltamivir (Tamiflu®) if I get infected with the flu?**
12. **Can I just stay home if I get infected with the flu instead of being vaccinated?**
13. **Is it safe for me to be vaccinated if I have a cold?**
14. **I was vaccinated last year; do I need to be vaccinated again?**
15. **If I filled out a medical clearance form last year, do I need to fill it out again?**

If you have other questions, please visit or call employee health at HMC or UWMC.

1. **What’s new for this season?**

The antigens used in this year’s influenza vaccines have changed and will cover the most likely influenza A strains and B strains that will circulate this coming season.

We will continue to offer the high-dose vaccine for staff and faculty over the age of 65 years. The research supporting this continues to grow and it appears that this is a better vaccine for that group of individuals. The intradermal vaccine is no longer being produced so will not be offered. The intra-nasal preparation (LAIV4) was re-approved this year and is an option for adults <50 years of age.

1. **What is in this year’s flu vaccine?**

The antigens used in this year’s vaccines have been changed to better match the most likely circulating flu viruses. As with prior seasons, the standard vaccine contains antigens from 4 different flu viruses: Two influenza A strains and two influenza B strains (the high-dose and egg-free vaccines have the first 3 antigens):

* A/Michigan/45/2015 (H1N1)pdm09-like virus
* A/Singapore/INFIMH-16–0019/2016 A(H3N2)-like viru
* B/Colorado/06/2017-like (B/Victoria lineage) virus
* B/Phuket/3073/2013-like (B/Yamagata lineage) virus

1. **Will there be a flu epidemic this year?**

There is a flu epidemic every year in the United States, usually in the middle of winter in Seattle. How big or small it will be is impossible to predict- we only know that it will happen. The flu season in 2017-2018 was a high severity season with widespread activity throughout the country and in many populations, especially those with medical co-morbidities. Vaccination will help prevent new cases of influenza in our clinic and hospitalized patients.

1. **I am healthy! Why do I need to be vaccinated?**

Great! You should still be vaccinated. First, recent seasons have seen cases of life-threatening influenza in young healthy adults- vaccination definitely prevents severe disease in healthy people. Second, vaccination is most effective in healthy people and is less effective in immunocompromised individuals or those above 65 years or below 6 months- the very people who are at the highest risk of death or severe complications from infection. A large number of healthy, vaccinated people around these at-risk individuals “cocoon” them and help prevent transmission to them. By getting vaccinated you protect yourself and those around you!

1. **Can I get influenza (flu) from the flu vaccine?**

Definitely not! The material in the flu shot are killed (inactivated) viruses, so you cannot get the flu from the vaccine.

1. **Why do some people get flu-like symptoms after being vaccinated?**

Some people may have been exposed to the flu virus around the time of the vaccine before they were protected (a protective immune response takes about 2 weeks after vaccination to develop). Some become ill due to other non-flu viral respiratory infections that circulate during the same time. In some years, there are also flu strains that are not covered by the vaccine and can infect vaccinated individuals.

1. **I have an egg allergy. Is it safe for me to be vaccinated?**

If you have ever had anaphylaxis (trouble breathing, mouth or throat swelling, a drop in blood pressure or required emergency medical attention) as a result of egg exposure, you can be vaccinated with an egg-free vaccine (Flublok® or Flucelvax®). If you are able to eat small amounts of egg, have only hives or a similar reaction to eggs, or safely received the vaccine in the past, you can be vaccinated using one of the standard vaccines.

More vaccine safety information on this topic is available through the CDC at: <http://www.cdc.gov/flu/protect/vaccine/egg-allergies.htm>

1. **What are the side effects of flu vaccination?**

Possible side effects include soreness, redness or swelling at the site of the injection, low-grade fever, and achiness. They tend to be minor and usually last only 1-2 days.

1. **Does the flu vaccine contain thimerosal?**

Harborview and UWMC use only single-dose flu vaccines which do not contain thimerosal. Even though we don’t use it, it is important to know that thimerosal, a preservative, has never been linked to any neurodevelopmental or other disease.

1. **Does the flu vaccine cause Guillain-Barre Syndrome (a very rare neurological disease)?**

The estimated risk for Guillain-Barre Syndrome (GBS) is approximately one additional case per 1 million persons vaccinated. The risk of GBS is 4-7 times higher following influenza infection compared to after vaccination. So getting vaccinated might actually prevent GBS!

1. **Can I just take oseltamivir (Tamiflu) if I get infected with the flu?**

Antiviral medications do not take the place of vaccination. Unvaccinated health care workers can feel well and transmit influenza to vulnerable patients. Resistance to current anti-influenza medications also continues to emerge, making them less effective for treatment and post-exposure prophylaxis. Do not rely on anti-viral medications to protect you, your family or your patients.

1. **Can I just stay home if I get infected with the flu instead of being vaccinated?**

You can, and should, stay home with flu symptoms regardless of you vaccination status. Again, it is important to know that unvaccinated healthcare workers can be infected and contagious *without having any symptoms*. Health status is not a good enough indicator to know who is and who is not infected.

1. **Is it safe for me to be vaccinated if I have a cold?**

If you are sick with a fever when you go to get your flu shot, you can talk to employee health about getting your vaccine at a later date. However, you can get the vaccine at the same time you have a respiratory illness without fever or if you have another mild illness.

1. **I was vaccinated last year; do I need to be vaccinated again?**

Yes. Due to your immune protection from the vaccine weakening over time and potential small changes in the virus, you must be vaccinated each year. The updated vaccine is based on the most common circulating strains of influenza.

1. **If I received a medical exemption from vaccination last year, do I need to bring the form to my provider again?**

If the medical condition that prevented you from being vaccinated last year is chronic, and you were medically exempted from vaccination, you do not need to do the module or submit any documentation. Please remember to protect yourself as the season gets underway!

If you received a waiver for a temporary condition, you will need either be vaccinated or to be re-evaluated for a medical contraindication.

More information also available from the CDC:

<https://www.cdc.gov/flu/professionals/acip/index.htm>