Flu vaccine: complacency is not an option

Each year there are a number of deaths associated with the winter flu virus and while last year’s figures may have been down on 2012/13, Gill Treverton says that community staff still need to promote the vaccine.

Once again the winter flu season is looming. While last year saw fairly low rates of influenza, the previous winter (2012/13) saw an estimated 11,000 deaths attributable to flu, the highest since 2008/09 (Public Health England [PHE], 2014). This represents a significant number of deaths and the figures should remind clinicians of the potential consequences of the winter flu virus, and why they should ensure that robust advice, evidence-based practice and guidance are in place to help patients make informed choices about whether to be vaccinated.

For the majority of healthy people, flu is a very unpleasant illness which is usually self-limiting with a recovery period of around seven days. However, for those who are considered vulnerable, the virus can have significant complications and even lead to fatalities. The intention of the flu vaccination programme is to ensure that those at risk of serious illness or death are protected from the virus. The flu programme has also been extended to children, which while aiming to provide direct protection to children, also aims to reduce the spread of flu to unvaccinated adults and children, and those in clinical risk groups.

PHE, in partnership with the Department of Health (DH) and NHS England, has released the 2014/15 winter flu plan, which lays out the strategies for the upcoming immunisation programme and ‘sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England, taking account of lessons learnt during previous

VACCINATION

Those who are eligible for the flu vaccination are clearly highlighted within the documents and flu vaccinations are currently offered free of charge to the following groups:

- People aged 65 years or over (including those who will be 65 by 31 March, 2015)
- All pregnant women (including those who become pregnant during the flu season)
- All those aged between 2 and 4 years old (but not five years old or older) on 1 September, 2014
- All school-aged children who are part of the pilot childhood programme
- People with a serious medical condition (see appendix A of the National Flu Immunisation Programme 2014 to 2015, for details)
- People living in long-stay residential care homes or other long-stay care facilities, where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality (not including, for example, prisons, young offenders institutions or university halls of residence)
- People who are in receipt of a carer’s allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
- Health and social care workers with direct patient/service user contact.

The list is not exhaustive and, therefore, community nurses need to exercise their professional judgement.

ROLE OF COMMUNITY NURSES

Community nurses will have many patients on their case load who require flu vaccination and need to be familiar with the winter flu plan and programme. It is essential that community nurses have a sound understanding of the vaccination programme to ensure that any advice they give is evidence-based and up to date. It is not compulsory in the UK for people to be vaccinated and community nurses need to understand the concept of informed consent.

The vaccine

The flu virus is in a constant state of mutation, which is why a new vaccine is developed each year. The World Health Organization (WHO) consistently monitors the epidemiology of flu viruses across the globe, making recommendations regarding the virus strains to be included in flu vaccines for the next winter.

This year (2014/15) the vaccine will protect against three strains, plus an additional virus:

- A/California/7/2009 (H1N1)pdm09-like virus
- A/Texas/50/2012 (H3N2)-like virus
- B/Massachusetts/60/2008-like virus
- An additional B/Brisbane/60/2008-
I recommend that community nurses access this online resource, which is constantly updated to reflect the development of immunisation programmes and the vaccines recommended. Community nurses should also ensure that they promote the influenza programme, while respecting the decisions of individual patients, by reading the relevant documents discussed above and considering the following:

- Keep The Green Book on your PC desktop for easy access
- Be familiar with the legal frameworks you are administering/supplying the vaccine under. Ensure you have read the Patient Group Direction for the particular vaccine to be used, and that you understand your responsibilities before signing it
- Make your own informed choice about receiving the flu vaccine, bearing in mind that the aim is to protect yourself and the public.

Vaccination and water sanitation are two of the biggest public health advances in the world and we must not take national immunisation programmes for granted. In some developing countries thousands of children still die from diseases such as diphtheria, poliomyelitis and measles, which are preventable through vaccination programmes. Complacency is not an option.

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REFERENCES

