

Frequently Asked Questions about Influenza

What is influenza (the flu)?

Influenza is a respiratory illness caused by the influenza virus. Symptoms of influenza infection may include sudden onset of fever (usually high), muscle aches, headache, extreme tiredness, cough, sore throat, and runny or stuffy nose.

How serious is influenza?

Influenza infects an average of 5-20% of the U.S. population each year. On average, more than 200,000 people are hospitalized and 36,000 people die of influenza or its complications each year. Complications of influenza include pneumonia, bronchitis, sinus and ear infections, and worsening to approximately 5 days after symptoms start. Children may be able to spread influenza to others for 10 or more days after their illness onset.

How is influenza spread?

Influenza spreads mainly from person to person. The virus is spread primarily by droplets that are generated by coughing and sneezing of infected persons. Transmission may also occur by touching a surface contaminated with influenza virus and then touching the eyes, nose, or mouth.

When can a person spread influenza?

People develop symptoms 1-4 days after they are infected, with an average of 2 days. Adults may be able to spread influenza to others from 1 day before developing symptoms to approximately 5 days after symptoms start. Children may be able to spread influenza to others for 10 or more days after their illness onset.

What can I do to prevent myself and my patients from getting influenza?

Get vaccinated! Influenza vaccination is the best way to reduce your chances of getting ill from influenza or giving influenza to your patients, your co-workers, and your family. There are two types of influenza vaccine: 1) trivalent inactivated influenza vaccine (TIV) (flu shot), and 2) live, attenuated influenza vaccine (LAIV) (nasal spray).

Most health care workers can receive either LAIV or TIV. The inactivated influenza vaccine is preferred for health care personnel who work with patients with severely weakened immune systems because of a theoretical risk that LAIV could be transmitted to severely immunocompromised persons. Health care personnel who are vaccinated with LAIV (nasal spray) should not care for patients with severely weakened immune systems for 7 days after vaccination. However, there have not been any reports of health care workers who were recently vaccinated with LAIV transmitting the vaccine viruses to vulnerable patients.

Another important way to prevent the spread of influenza is to follow infection control recommendations including hand hygiene, respiratory/cough hygiene, standard precautions and droplet precautions.



How well do the flu shot and nasal spray vaccines work?

The likelihood that influenza vaccine will protect a person depends on at least two things: 1) characteristics of the person being vaccinated (such as their age and health) and 2) the similarity or "match" between the influenza viruses in the vaccine and those spreading in the community. The closer the "match" between the influenza viruses in the vaccine and those spreading in the community, the more effective the vaccine is likely to be in preventing influenza. Influenza vaccine effectiveness (ability to prevent influenza) has been as high as 70-90% in healthy individuals, when the viruses in the vaccine were well matched to circulating flu viruses.

Effectiveness has been lower, sometimes substantially lower, when circulating viruses were sub-optimally matched with those in the vaccine. However, even during years when there is reduced vaccine effectiveness, vaccination can still offer protection against influenza. This is because antibodies created through vaccination with one strain of influenza can provide protection against different, but related strains of influenza (this is called cross-protection). While a less than ideal virus match can reduce the vaccine's effectiveness it can still prevent many illnesses and can prevent flu-related complications.

Why should health care workers get vaccinated to prevent influenza?

All health care workers should get vaccinated each year to protect themselves from getting influenza and to prevent transmission of influenza to their patients, coworkers, family members, and close contacts. Vaccination also can prevent persons at higher risk of complications from developing severe influenza-related illness or death.

What are the side effects of the flu shot (TIV)?

Mild arm soreness and redness or swelling at the injection site are the most common side effects and may last 1 to 2 days. Other potential side effects such as allergic reactions, fever, fatigue, and body aches are uncommon. One potential side effect that some people worry about is Guillain-Barré Syndrome (GBS), because GBS was seen in some people who received the swine flu vaccine in 1976. There are many causes of GBS, and each year there are an estimated 10-20 GBS cases per 1 million adults. None of the studies conducted using influenza vaccines other than the 1976 swine influenza vaccine have demonstrated a substantial increase in GBS associated with influenza vaccines. If GBS is a side effect of influenza vaccines other than 1976 swine influenza vaccine, the estimated risk for GBS (on the basis of the few studies that have demonstrated an association between vaccination and GBS) is low (i.e., approximately one additional case per 1 million persons vaccinated).

What are the side effects of the nasal spray vaccine (LAIV)?

The viruses in the nasal spray vaccine are attenuated (weakened) and do not cause influenza. In children, side effects from LAIV can include runny nose, headache, vomiting, muscle aches, and fever. In adults, side effects from LAIV can include runny nose, headache, sore throat, and cough. Fever is not a common side effect in adults receiving the nasal spray influenza vaccine.