

Influenza prevention

Immunization options offer coverage across the population.

By Chad Rittle, DNP, MPH, RN, FAAOHN, and Holly Carpenter, BSN, RN

LAST YEAR, the incidence of influenza worldwide was unprecedentedly low. For example, less than 0.4% of respiratory samples tested positive for flu each week during the 2020–2021 flu season, according to the Centers for Disease Control and Prevention (CDC).

Experts hypothesize that this was caused by the high number of flu vaccinations given, as well as a host of COVID-19 preventive measures, such as mask wearing, social distancing, better interior ventilation, closures of schools and other establishments, reduced travel, better handwashing, and remaining at home. The incidence of influenza this year likely will be higher compared to last year because of less stringent COVID-19 precautions and decreasing natural flu antibodies among the public.

CDC recommends annual influenza vaccination for everyone 6 months or older who doesn't have contraindications, so nurses should get vaccinated every year. We also should encourage our patients, loved ones, and community members to get vaccinated. Those who are comfortable doing so should share their experiences of receiving the flu shot on social media to remind and inspire others.

The CDC recommends getting any licensed, age-appropriate flu vaccine, with no preference for any vaccine over another, before the end of October. In the United States, September and October are ideal because getting vaccinated too early could mean reduced effectiveness later in the season. However, the vaccine should be offered throughout the flu season; late is better than not at all. Groups most at risk include individuals older than age 65, those with underlying health conditions, racial and ethnic minority groups, children, and pregnant women.

Most flu vaccines are given by injection, although the live attenuated vaccine is a nasal spray. The quadrivalent vaccine protects against four different flu strains. The high-dose vaccine has quadruple the amount of antigen as stan-

dard flu shots and is licensed for those age 65 or older. The adjuvanted flu vaccine ensures a robust immune response and also is licensed for those 65 or older. Cell-based and recombinant flu vaccines are manufactured without the use of eggs. Each type of vaccine has information on adverse events, contraindications, precautions, questions to ask patients before vaccination, as well as how to administer it safely. For clinician information, visit [cdc.gov/flu/professionals/vaccination/vaccine_safety.htm](https://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm).

The strains selected for the 2021–2022 Northern Hemisphere influenza vaccine include the following: For H1N1 coverage, the A/Victoria/2570/2019 (H1N1)pdm09-like virus (for egg-based vaccines) and A/Wisconsin/588/2019 (H1N1)pdm09-like virus (for cell- or recombinant-based vaccines). H3N2 coverage will be the A/Cambodia/e0826360/2020 (H3N2)-like virus. For Influenza B, trivalent and quadrivalent vaccines will include B/Washington/02/2019-like virus (B/Victoria lineage). For quadrivalent vaccines, the B/Phuket/3073/2013-like virus (Yamagata lineage) is added to the preceding three strains.

The CDC recommends that pregnant women get vaccinated during any trimester to protect themselves and to help protect their babies after birth since expectant mothers pass antibodies onto developing fetuses.

According to the CDC, flu vaccination has several benefits, including preventing influenza, reducing healthcare visits and the risk of flu-associated hospitalizations, and preventing complications from certain chronic conditions. Vaccinations also reduce the risk of a child dying due to flu, and they protect nurses and those around us—including our patients.

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