

Influenza Immunization for Patients and Residents

1. Introduction

Providence Health Care (PHC) is committed to the health and well-being of our patients and residents. To help protect our patients and residents from the risks associated with contracting influenza, as well as minimize the risk of an influenza outbreak, PHC offers the annual influenza vaccination to our hospitalized patients and residents as recommended by the National Advisory Committee on Immunization and the Vancouver Coastal Health Medical Health Officer.

1.1. Scope

This policy applies to hospitalized patients and residents of PHC facilities.

1.2. Exceptions

Exceptions to this policy include any hospitalized patient or resident who refuses to provide consent for influenza vaccination and any hospitalized patient or resident with a known prior anaphylactic or shock-like reaction to an influenza vaccination. This contraindication is extremely rare.

2. Policy

All hospitalized patients and residents who have given consent for influenza vaccination and do not have a contraindication to influenza vaccination shall receive the influenza vaccination.

2.1. Acute Care

Admission to Acute Care represents an opportunity for vaccination among hospitalized patients that have not received vaccination in the community. Influenza vaccination is recommended according to the National Advisory Committee on Immunizations and the Medical Health Officer and should be offered – on a case-by-case basis – to the following groups at higher risk for influenza-related complications:

- adults with pulmonary disorders (e.g. bronchopulmonary dysplasia, cystic fibrosis and asthma), as well as conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration, diabetes mellitus, renal disease and other metabolic diseases, cancer and immunodeficiency or immunosuppression (due to underlying disease and/or therapy), anemia and hemoglobinopathy, and morbid obesity. Pregnant women with any of these co-morbidities are also at increased risk of the complications of influenza and should be immunized;
- persons ≥ 65 years of age; and
- persons of Aboriginal descent.

If a hospitalized patient meets the criteria for immunization, the attending physician will complete the order at the time of vaccine availability (generally October/November until the end of March, unless otherwise instructed by the Medical Health Officer).

2.2. Long Term Care

All eligible residents of PHC Long Term Care Homes should be immunized according to the recommendations from the National Advisory Committee on Immunizations, and the Medical Health Officer. The goal of immunization is to minimize the morbidity and mortality associated with influenza (decrease the frequency of secondary complications, decrease the risk of influenza related hospitalizations and deaths) and to minimize the risk of an influenza outbreak in Long Term Care Homes.

Physicians attending to new residents in Long Term Care will complete the pre-admission summary and include current immunization/screening information on admission. If a new resident meets the criteria for immunization, the attending physician will complete the order form indicating that the resident should receive influenza vaccination at the time of vaccine availability. This order form includes a standing yearly order for influenza immunization

A registered nurse assigned to care for the resident should carry out this order. The registered nurse will complete the Long Term Care Immunization and Prophylaxis record within one week of resident admission. This form is then filed in the front of the resident's chart.

3. Compliance

All staff members are responsible for adhering to this policy and monitoring their activities in accordance with the policy. Staff members may warn others if they observe a violation of this policy.

4. Supporting Documents

4.1. Related Policies

[Influenza Immunization](#) (Staff)

[Pneumococcal Immunization for Patients and Residents](#)

5. Definitions

"Influenza" means a viral infection of the respiratory system. Symptoms include fever, cough, sore throat, muscle ache, fatigue and headache. Influenza may result in severe illness, pneumonia and even death. This is especially true in the geriatric population. The incubation period for influenza is 1-3 days; duration of virus shedding typically occurs 48 hours before and up to 5 days after onset of symptoms.

"Influenza-Like Illness" means symptoms and signs consistent with influenza in the absence of laboratory confirmation. This is defined as: onset of respiratory illness with cough and fever/chills and one or more of sore throat, sore joints, sore muscles or prostration. In the elderly, fever and chills may not be present. In the elderly, change in mental status may be present.

If a word is just used once, include the definition where the word appears in the main text.

6. References

1. MMWR Weekly. Recommended Adult Immunization Schedule - United States, 2010. January 15, 2010/Vol. 59/No. 1.
2. Morbidity and Mortality Weekly Report. [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices](#) – United States, 2018-19 Influenza Season.
3. [National Advisory Committee on Immunization \(NACI\). Canadian Immunization Guide Chapter on Influenza and Statement of Seasonal Influenza Vaccine for 2018-2019.](#)