



QUM Blast



INFLUENZA

DEFINITION:

Influenza is an illness caused by the influenza virus which mainly affects the respiratory system.

The influenza virus serotype A is the most common and the cause of major outbreaks. Serotype B tends to occur alongside type A and results in a less severe illness.

These serotypes undergo mutations overtime resulting in the need for the composition of the influenza vaccine to be reviewed yearly.

SIGNS AND SYMPTOMS:

May appear suddenly and include:

- Fever (38.5°C or higher)
- Myalgia and headache
- Malaise, tiredness, aching muscles
- Sore throat, dry cough, rhinitis
- Loss of appetite, abdominal pain, diarrhoea

Possible complications include pneumonia, sinusitis, otitis media or exacerbation of underlying medication conditions (e.g. pulmonary or cardiac disease).

Diagnosis of influenza based on symptoms is difficult due to the prevalence of other illnesses with similar symptoms. Laboratory diagnosis is necessary to confirm infection.

INTERVENTIONS:

Non-Drug Therapies:

- Annual influenza vaccinations (for both clients and staff)
- Infection control procedures (e.g 'lock down')
- Hand hygiene and personal protective equipment (PPE) to prevent transmission
- Bed rest
- Ensure adequate hydration

Pharmacotherapy:

- Paracetamol for pain and fever
- Non-PBS antiviral preparations are available in some circumstances (e.g. Zanamivir, Oseltamivir)

NOTE – Antibiotics are not effective for viruses.

QUALITY USE OF MEDICINES:

JUDICIOUSLY

- ✓ Practice cough etiquette and the 5 moments of hand hygiene. The influenza virus can survive for up to 1hr in the air in enclosed environments, >8hrs on hard surfaces and up to 5mins on hands after transfer from other surfaces.
- ✓ Ensure adequate infection control procedure – people are infectious for 24hrs prior to symptoms developing and for about a week after the start of symptoms.

APPROPRIATELY

- ✓ Encourage all staff and clients to be vaccinated, unless contraindicated.
- ✓ Ensure appropriate diagnosis to distinguish influenza from the common cold.

SAFELY

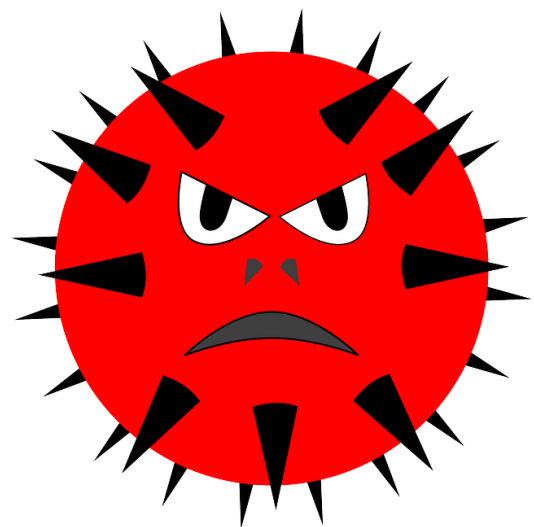
- ✓ Ensure the resident remains well hydrated.
- ✓ Monitor for any adverse effects of antiviral medications used.

EFFECTIVELY

- ✓ Inform the RN / doctor of any suspected cases.

DESIRED OUTCOME:

To minimise the risk and spread of influenza.





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INFLUENZA VACCINATION

WHAT IT DOES:

A vaccination made from purified inactivated influenza virus that causes the body to develop antibodies which provide protection against infection.

The strains included in the vaccination are the most likely strains to be prevalent in the upcoming flu season.

In 2018, Australia has access to 2 new vaccinations designed specifically for people >65yrs with the aim of improving their immune response, increasing the effectiveness of the vaccine.

WHEN TO USE:

Vaccination is recommended for any person >6mths of age (unless contraindicated).

It is strongly recommended for adults >65yrs of age, residents of residential aged care facilities and healthcare providers and workers.

WHAT CAN GO WRONG:

Contraindications to injection:

- Anaphylaxis following a previous dose of any influenza vaccine or any vaccine component.

Use with precaution:

- High fever (vaccination often needs to be delayed in this setting)
- Most influenza vaccinations are suitable for people with an egg allergy.

Potential side effects:

- Due to not being a live vaccine, therapy can NOT cause influenza, however may result in fever, malaise, myalgia and headaches within 2hrs and for up to 2 days post vaccination.
- Pain, redness, itching, swelling or burning is possible at the injection site.

HOW TO ADMINISTER:

Administer annually in autumn prior to the outbreak of influenza in winter.

Can be given either IM or SC.

Shake pre-filled syringe before administration.

IM injections need to be given slowly to reduce pain.

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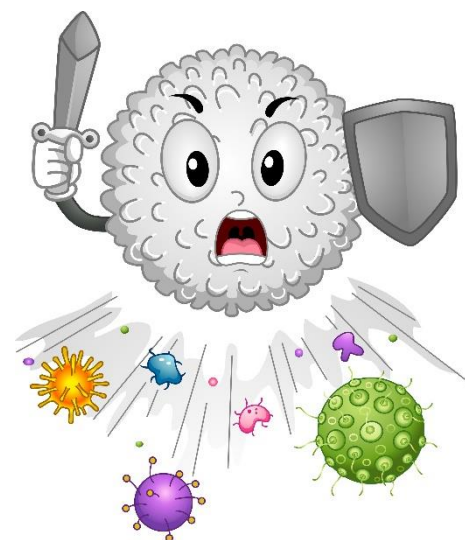
- ✓ Encourage all staff and clients to be vaccinated, unless contraindicated.
- ✓ Ensure appropriate diagnosis to distinguish influenza from the common cold.

SAFELY

- ✓ Monitor for side effects

EFFECTIVELY

- ✓ Effectiveness depends on circulating influenza strains. The vaccine is considered 45% effective in reducing hospitalisations or pneumonia in aged care facility residents >65yrs and 60% effective in preventing death. The new vaccines hope to have a higher rate of effectiveness.
- ✓ Vaccination also appears to reduce the risk of heart attacks and strokes.
- ✓ There is some evidence that immunity may decline 3-4 months after vaccination.



CHOICE AGED CARE

