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HAND HYGIENE TIMES

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Influenza (Flu) Season is Coming: Are You Ready?

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It's that time of year again when you should get your annual flu vaccine. This year it may be even more important because Australia just emerged from a particularly bad flu season¹ and that may not bode well for those of us in the Northern Hemisphere. Low vaccination rates are believed to be one of the reasons attributed to higher numbers of those infected with flu in Australia. Flu activity typically peaks in February and can last well into May in the U.S. According to latest information from the Centers for Disease Control and Prevention (CDC), flu activity is sporadic in most areas of the country.² But, getting the vaccine before onset of flu in the community gives your body time to build up immunity, which typically takes about two weeks. The CDC recommends that everyone over 6 months of age receive an injectable flu shot before the end of October.³

It is especially important for healthcare workers (HCW) to receive the flu vaccine because infected individuals can spread the flu before they display any signs or symptoms. HCW interact regularly with those at greater risk for hospitalization and death from the flu including individuals aged 65 years and older, young children, pregnant women, and those with medical conditions. During the 2014-2015 flu season, approximately 64% of HCW received the flu vaccine. Coverage was higher among HCW whose employers required (86%) or recommended (68%) that they be vaccinated, compared to those whose employer did not have a policy or recommendation regarding flu vaccination (43%).⁴

While vaccination is most important for preventing the flu, there are other basic infection prevention and control measures that are important for staying healthy during the winter months when many viruses circulate.

- **Perform hand hygiene often.** It's one of the most important measures to stay healthy all year long. Hand hygiene includes either handwashing or using an alcohol-based hand sanitizer.
- **Avoid touching your eyes, nose, and mouth.** Microorganisms from your hands can enter your body through your eyes, nose and mouth. It's been estimated that a person touches his or her nose more than 200 times per day! Make a conscious effort to avoid doing so.
- **Cover your cough or sneeze.** Cough or sneeze into your sleeve or into a tissue and perform hand hygiene immediately after.
- **Stay home if you are sick, and limit contact with others as much as possible.** If you have a fever, a good rule of thumb is to stay home for at least 24 hours after your fever is gone, but always follow your healthcare facility's policy. Coming to work sick is harmful to patients and co-workers. Do no harm. Stay home.
- **Clean and disinfect surfaces often.** Contaminated surfaces play an important role in pathogen transmission. Influenza viruses generally can survive on surfaces for several hours.⁵ Since we frequently touch surfaces with our hands, cleaning surfaces often can help prevent our hands from becoming contaminated.

For more information about the flu, review the CDC's seasonal flu information for health professionals.

1.) Baidawi A. Why Australia wasn't ready for a dangerous flu season. The New York Times. September 19, 2017. <https://www.nytimes.com/2017/09/19/world/australia/flu-vaccination-deaths.html> Accessed October 3, 2017.
2.) Weekly US map: influenza summary update. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/flu/weekly/usmap.htm>. Updated May 26, 2017. Accessed October 3, 2017.
3.) Prevention and Control of Seasonal Influenza with Vaccines, 2017-18. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/flu/professionals/acip/index.htm>. Updated September 22, 2017. Accessed October 3, 2017.
4.) Influenza vaccination information for healthcare workers. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/flu/healthcareworkers.htm>. Updated March 28, 2017. Accessed October 3, 2017.
5.) Bean B, Moore BM, Sterner B, et al. Survival of influenza viruses on environmental surfaces. J Infect Dis. 1982;146(1):47-51.

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