



August 2017 Infection Control learning sheet # 7 - Recommended staff immunization in the Practice

I beg practices to include receptionists and cleaners when providing staff immunisation - I don't think we appreciate the opportunity for transmission of infection to the receptionist handling specimens / tissues even with gloves or the cleaner attending body fluid spills in the toilet after hours.

As well as being up to date with community immunisations, please refer to the 10th ed Immunisation handbook for extra information on the following

- I can't stress enough confirming protection against **measles** where staff are unsure or where they have only had one measles shot. This is probably our most successful immunisation at 95% effectiveness. Measles is a highly transmissible infection. Please consider the risk of a fatal outcome for those who are severely immunosuppressed should they contract measles e.g. organ transplant (previous protection may be removed)
- I can't understand why staff would refuse the annual **influenza** shot to create a halo of protection for vulnerable patients who, despite being immunised, may not raise as much protective antibody as healthy staff. It is around 85% effective in healthy people but may be as low as 50% in the elderly.

What are the side effects of the vaccine?

- *Recently published reviews show anaphylaxis risk associated with vaccination of egg-allergic pts is very low*
- **Fever, malaise and myalgia occur commonly, in 1 to 10% of persons who receive influenza vaccination**
- *Local adverse events (redness, swelling etc) occur more commonly with intradermal influenza vaccine*
- *Post-vaccination symptoms may mimic infection, but do not cause influenza because **there is no live virus.***
- *Immediate adverse events e.g. hives, angioedema or anaphylaxis) are rare and probably represent an allergic response to a residual component of the manufacturing process, most likely egg protein*
- Please also consider **pertussis** for all staff - adults with pertussis are not necessarily going to present with the same degree of severity as a baby and staff should be doing all possible to avoid possible transmission of this to their young patients.
- **Hepatitis B.** Most staff arrive with records of a successful immunization. For those who never seroconverted despite two courses, please refer to the handbook for an alternative route and schedule of administration which has shown to be successful.
- Others that clients ask about are **pneumococcal and meningococcal** immunisation. Refer to the handbook but while these are not necessarily provided for staff, there are some vulnerable staff who ought be protected due to their condition.
- Be guided by your state/territory and the handbook for **TB and Hep A** protection as there may be slight differences.

Remember that immunisation is one of two infection control measures for which we have top evidence that it interrupts transmission of infection. The other is hand hygiene.

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