# Patient Teaching Guides

## Influenza ("The Flu")

Typical clinical features of influenza include fever (usually 100F to 103F in adults and often even higher in children) and respiratory symptoms, such as cough, sore throat, runny or stuffy nose, as well as headache, muscle aches, and often extreme fatigue.

Most people who get the flu recover completely in 1 to 2 weeks, but some people develop serious and potentially life-threatening medical complications, such as pneumonia.

In an average year, influenza is associated with about 20,000 deaths nationwide and many more hospitalizations.

Flu-related complications can occur at any age; however, the elderly and people with chronic health problems are much more likely to develop serious complications after influenza infection than are younger, healthier people.

The fact that influenza viruses continually change is one of the reasons vaccine must be taken every year. Another reason is that antibody produced by a person in response to the vaccine declines over time, and antibody levels are often low 1 year after vaccination.

Recommended population for vaccination:

- Persons aged ≥65 years
- Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including children with asthma
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications)
- Children and teenagers (aged 6 months18 years) who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza
- Women who will be in the second or third trimester of pregnancy during the influenza season

Other groups that should be vaccinated:

- physicians, nurses, and other personnel in both hospital and outpatient-care settings

- employees of nursing homes and chronic-care facilities who have contact with patients or residents
- providers of home care to persons at high risk (e.g., visiting nurses and volunteer workers)
- household members (including children) of persons in high-risk groups
- any person who wishes to reduce the likelihood of becoming ill with influenza.

The ***optimal time*** for organized vaccination campaigns for persons in high-risk groups is usually the period from October through mid-November.

It takes about 1 to 2 weeks after vaccination for antibody against influenza to develop and provide protection.

**People who have an allergy to eggs should not receive influenza vaccine.**

Some people are not vaccinated because of misconceptions about influenza and the vaccine. Vaccines produced from the 1940s to the mid-1960s were not as highly purified as modern influenza vaccines, and it was these impurities that caused most of the side effects. Since the side effects associated with these early vaccines, such as fever, headache, muscle aches, and fatigue, were similar to some of the symptoms of influenza, people believed that the vaccine had caused them to get the flu.