

**SHARE**

the tailored reasons why the recommended vaccine is right for the resident/client given their age, health status, lifestyle, or other risk factors.

**HIGHLIGHT**

positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.

**ADDRESS**

resident/client questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain language.

**REMIND**

residents/clients that vaccines protect them and their loved ones from many common and serious diseases.

**EXPLAIN**

the potential costs of getting the disease, including serious health effects, hospitalization, spread of infection, and reduced quality of life.

Image adapted from: www.cdc.gov

FALL PREPAREDNESS FOR RESPIRATORY ILLNESS SEASON 2024-2025

The above graphic outlines the U.S. Centers for Disease Control and Prevention (CDC) five-part **SHARE** approach to make a strong recommendation for the annual flu shot, and help patients/residents/clients to make an informed decision about getting vaccinated. The model is also valid when recommending other vaccines, including for COVID-19 and respiratory syncytial virus (RSV). Fall is the start of the respiratory season when illnesses like the flu, RSV, and colds become more common. Adding to that, another surge in COVID-19 cases is also expected during the fall/winter season.

Respiratory illness can spread quickly in congregate living settings (CLS) due to close contact among residents, and could result in severe outcomes, hospitalization, prolonged isolation due to outbreaks, and overall reduced quality of life. **Some of the essential components** that homes with congregate living should implement to prepare for the upcoming 2024-2025 respiratory season are:

- **VACCINATION:** Homes should organize vaccination clinic for eligible residents and staff to ensure they are up-to-date with the recommended flu shot, COVID-19 vaccine, and RSV vaccine.
 - ⇒ For the **influenza vaccine**, no significant changes are noted for this year, with the availability and eligibility expected to remain the same. Flu shots are anticipated to be available to LTCHs and RHs in early October 2024. The [NACI statement](#) on seasonal influenza vaccine for 2024-2025 is available for further details.
 - ⇒ An updated **COVID-19 vaccine** is expected for the Fall campaign according to the most recent [NACI statement](#). The U.S. FDA already approved updated monovalent Omicron **KP.2** mRNA COVID-19 vaccines (2024-2025 formula) on August 22, 2024. Receiving an updated vaccine is expected to offer additional protection against infection & severe disease since the strain in the updated formulation is more likely to match the circulating strains. An additional dose is expected to increase the immune response that has waned over time. Provincial guidance on updated COVID-19 vaccine should be available soon.

- ⇒ The eligibility for the adult high-risk **RSV vaccine program** will include the same group as last year, including residents of LTCHs, Elder Care Lodges, and the addition of eligibility for **all** retirement home residents, not just those living in homes that provide dementia care services. Anyone who received a dose of RSV vaccine during the 2023-2024 season **does not** need to receive an additional dose this season. Studies continue to show multi-year protection in adults who have received RSV vaccine. Residents who declined RSV vaccination in the last season should be offered the vaccine again this year.
- **ENHANCED CLEANING:** Implement daily cleaning and disinfection of high-touch surfaces and more frequently during an outbreak. High-touch surfaces include, but are not limited to, door handles, handrails, dispensers, bedrails, light switches, nursing station, and common areas. Always use a Health-Canada approved disinfectant with a drug identification number (DIN).
 - **EDUCATION AND COMMUNICATION:** Provide ongoing education and training to clients/residents, staff and visitors on the importance of hand hygiene, respiratory etiquette, routine practices, additional precautions, point-of-care risk assessment (**PCRA**), PPE donning and doffing, specimen collection, immunization, and self-screening for symptoms. Post the correct signage for the type of Additional Precautions to use when a resident is placed on isolation, along with signages for hand hygiene and correct sequence of PPE donning and doffing outside of resident room to reinforce these messages.
 - **MONITORING AND SURVEILLANCE:** Conduct daily screening for symptoms in residents and staff, and targeted surveillance for respiratory and gastrointestinal symptoms. Train staff on how to identify and monitor for the presence of infection in residents, and how to record, and report this information when applicable. Early identification of symptoms and testing can help in isolating affected residents and preventing outbreaks.
 - **ADDITIONAL PRECAUTIONS & OUTBREAK MANAGEMENT:** In addition to routine practices, isolate and implement the appropriate Additional Precautions for symptomatic residents and residents who test positive for a contagious respiratory virus as soon as possible. Ensure sufficient **supplies** of all recommended PPE, critical supplies and equipment (CSE), and PCR collection kits are available on-site, and clean PPE is available outside of resident rooms on isolation.

⇒ Implement strict visitor screening protocol during the peak respiratory season and encourage visitors to postpone non-essential visits during an outbreak. **Encourage masking** and physical distancing when indoors and provide clean medical masks at the entrance for general visitors.
 - **STAFF CONTINGENCY PLANS:** Prepare for potential staffing shortages by having a service contract in place with a staffing agency, hiring temporary staff, or cross-training employees. Ensure all staff are trained in infection prevention and control best practices.
 - **COORDINATION WITH PUBLIC HEALTH UNIT:** Maintain close communication with the local public

health unit (PHU) to stay updated on the latest guidelines and access additional resources when needed. Notify local PHU of suspect or confirmed cases in residents and staff, as applicable, and initiate two separate line lists, one for residents and one for staff who meet the case definition. Notify outbreak management team (OMT) and set up initial meeting. OMT should meet daily to review outbreak status.





- SUPPORT FROM YOUR LOCAL IPAC HUB:** Identify and reach out to your local IPAC Hub liaison if you have not already done so. Review your Fall Preparedness protocols with your IPAC hub liaison and request for any additional support needed, including on-site IPAC assessment to identify any gaps in IPAC best practices. Include your IPAC Hub liaison in the OMT meetings and schedule staff education/refresher sessions on routine practices including PCRA, Additional Precautions, and the importance of immunization for the fall respiratory season, as needed.




Implementing these additional measures can help reduce the risk of respiratory and gastrointestinal illness outbreaks in congregate living settings, and protect the health of both, residents and staff.






Sources: www.paho.org | www.simcoemuskokahealth.org | www.ontario.ca¹ | www.ontario.ca² | www.ontario.ca³

THE BIG FLU-BOWSKI – ADDRESSING CONCERNS ABOUT THE



CONCERN	Can I get flu from the flu shot?
	No, flu or influenza vaccines cannot cause flu illness, just like a dead mosquito cannot bite. Unless it’s a zombie mosquito. Flu shots that are injected via a needle are made with either inactivated (killed) virus, or with only a single protein from the flu virus. There are no live virus particles that can replicate in injectable flu vaccines. The nasal spray vaccine does contain live viruses but are weakened or attenuated so that they do not cause illness.
CONCERN	Should I get a flu shot even if I have an egg allergy? 
	Yes. It is safe to receive the flu shot even if you are allergic to eggs, regardless of severity. Influenza vaccines are purified during production, meaning all but a trace amount of egg protein is removed . Severe reactions to small amount of egg protein in flu vaccines are unlikely. Any flu vaccine (egg-based or non-egg based) that is otherwise appropriate based on the recipient’s age and health status can be used.
CONCERN	Do I really need to get a flu shot every year?
	Yes. The flu shot is recommended for almost everyone who is 6 months of age and older.

	<p>Influenza is a potentially serious disease that can lead to hospitalization and sometimes even death. Because influenza (flu) viruses are constantly changing, vaccines against it may be updated from one season to the next to match the predicted common strains based on available data and research. And as with COVID-19, immunity to influenza wanes over time. An annual seasonal flu vaccine is the best way to get the optimal protection, and reduce the risk of getting flu and any of its potentially serious complications.</p>
CONCERN	Is it better to get sick with flu than to get a flu vaccine?
FACT 	<p>No seriously? But this is not an unreasonable thought if you are not aware of the risk of the serious complications from a flu infection compared to the minimal risk and limited side effects of getting the flu vaccine. Flu can be a serious disease, particularly among young children, older adults, and people with certain chronic conditions, such as asthma, heart disease or diabetes. However, any flu infection carries a risk of severe outcomes (like bacterial pneumonia), hospitalization or death, even among otherwise healthy children and adults. Getting vaccinated is always a safer choice than risking illness to obtain immunity.</p>
CONCERN	Why do some people feel a little unwell after getting a flu shot?
FACT 	<p>Like all medical interventions, vaccines can also have some side effects. The most common side effects from flu shots are soreness, redness, tenderness or swelling at the site of injection that usually last 1-2 days. Headache, muscle aches, and a low-grade fever also may occur. These side effects are considerably less severe than the symptoms caused by actual flu illness. Not getting a vaccine to avoid the side effects is like not wearing a seatbelt because it might wrinkle your clothes. The short-term inconvenience or risk of minor side effects is far outweighed by the significant protection and safety it provides.</p>
CONCERN	Why do some people still get sick with flu symptoms even after getting a flu shot? 🤧
FACT 	<p>Other respiratory viruses like rhinoviruses (that causes common cold) or SARS-CoV-2 also spread during the respiratory season, and can cause symptoms similar to flu. The flu shot provides protection against flu, not other resp. illnesses. Plus, someone can be exposed to flu viruses shortly before getting vaccinated or during the two week period after the flu shot when the body is still developing immunity. The efficacy of flu shot is also affected by how closely the subtypes used to make the vaccine match to circulating influenza viruses. While some people may still get sick with influenza after getting a flu shot, there are multiple studies^{1,2,3} that show that flu vaccines reduce the severity of illness.</p> <p>1. Ferdinands, JM et al., 2014; 2. Ferdinands, JM et al., 2021; 3. Rondy, M et al., 2017.</p>

<p>CONCERN</p>	<p>How long is this newsletter?</p>
<p>FACT </p>	<p>This is the last page. Thank you for your patience.</p>
<p>CONCERN</p>	<p>Is it safe for pregnant women to get a flu shot?</p>
<p>FACT </p>	<p>Yes it is, and pregnant women <i>should</i> get a flu vaccine. Influenza is more likely to cause illness that results in hospitalization in pregnant women than in women of reproductive age who are not pregnant. An infection with influenza may be also harmful for the developing baby. Prenatal exposure to influenza has been associated in many studies with neural tube defects and other adverse outcomes for a developing baby, including an increased risk of adult schizophrenia. Getting the influenza vaccine protects the mother and also the baby after birth from flu as antibodies from the mother are passed onto the developing baby during her pregnancy. The nasal spray flu vaccine however should not be used during pregnancy as it contains live viral particles.</p>
<p>CONCERN</p>	<p>Who should not get a flu shot? </p>
<p>FACT </p>	<p>Anyone who has a severe, life-threatening allergy to any of the ingredients or components of a particular vaccine (other than egg protein) should generally not be vaccinated, depending upon what kind of influenza vaccine caused the allergic reaction. Multiple types of flu vaccines are available in Canada and in the province of Ontario. If you are concerned about any allergies other than egg protein, please discuss it with your health care provider first.</p>
<p>CONCERN</p>	<p>How effective is the seasonal flu shot?</p>
<p>FACT </p>	<p>Vaccine effectiveness (VE) for flu shots can vary from season to season and depends in part on the age and health status of the person getting the vaccine, and how closely the subtypes used in the vaccine match the circulating viruses. VE for flu shots typically ranges from 40-60%. According to CDC’s interim estimates from Feb 2024, VE against any influenza for the 2023-2024 season was 42% against influenza-associated hospitalization for adults aged ≥65 years. This may seem modest at first. However, even vaccines with moderate VE can significantly reduce the spread of disease and prevent severe outcomes.</p> <p>People buy lottery tickets despite the extremely low odds of winning for the allure of a potentially life-changing reward. The odds of avoiding the flu or reducing its severity if you get vaccinated are far better than any lottery ticket available, with the ultimate reward of your good health. So this fall season, please do get your recommended flu shot.</p>