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Reply to “Influenza vaccination and critical patient protection: Responsibility of healthcare workers”[☆]



En respuesta a «Vacunación antigripal y protección del paciente crítico: responsabilidad de los profesionales sanitarios»

Dear Editor:

In the first place, we wish to thank the authors of “Influenza vaccination and critical patient protection: responsibility of healthcare workers” for their interest and for quoting our paper.

Infections caused by influenza virus can be prevented through common vaccination in our setting.¹ It is a especially effective public health measure capable of preventing the disease, hospital admissions and infection-induced mortality.^{2,3}

Although there are not too many studies on this regard, nosocomial or hospital-acquired influenza infections have already been reported. A recent study conducted by our group⁴ revealed a 9.3% incidence rate of hospital-acquired influenza A (symptom onset starting on the 7th day of admission) in a cohort of 2421 severe patients admitted to the intensive care unit (ICU). Patients with nosocomial influenza A infections had a clinical profile, showed severity at the ICU admission and different therapeutic requirements compared to patients with community-acquired and in-hospital-acquired infections, which was independently associated with mortality.

This finding stresses the authors’ message shown on the title of their letter. We share their opinion on the importance of vaccinating healthcare providers to avoid

transmitting the infection. We agree that the low influenza immunization of healthcare providers, especially at the ICU setting, should be approached by the authorities in charge of the health policies following recommendations of scientific evidence and from the work health and safety committees of each center. In this sense, at our hospital ICU and thanks to the public campaigns run by the work health and safety service, these rates of influenza immunization have grown among healthcare providers, from 29.5% in 2015 to 38.1% in 2017, especially among doctors (72.2%).

At the ICU setting and in all hospitalization units, the recommendations should go far beyond vaccinating healthcare providers. Everybody who is in contact with these patients should be vaccinated, included the families. Preventive measures should include avoiding the contact of visitors and healthcare providers with the patients’ clinical signs, use face masks during the epidemic periods, and follow all hand sanitizing regulations before and after treating the patient.

Preventing the transmission of the influenza virus in hospitals, and especially at the ICU setting, should be a priority goal. In this sense, vaccinating healthcare providers is still one of the key strategies. Also, implementing measures that have proven effective increasing the immunization rate of these professionals (obligatory nature or filling out a refusal to vaccinate declaration) could improve the actual situation.⁵

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