

FACES OF



INFLUENZA

American Lung Association's
Influenza Prevention Program

In collaboration with sanofi pasteur

HIGH-RISK GROUPS & Influenza

Anyone can get influenza. In fact, up to 1 in 5 people in the US do so each influenza season.¹ The results for some will be lost work and school days, but for those at high risk for developing complications from influenza, the results may be more serious. Annual immunization is a safe and effective way to prevent influenza and its complications. We at the American Lung Association urge you and your loved ones to get vaccinated as soon as you can, whenever that is during the influenza season. Vaccination typically begins in October and can continue through March. In most seasons, influenza virus activity doesn't peak until February or March. It is critical for individuals who are most susceptible to serious health complications from influenza to receive the influenza vaccination.²

Influenza is not the common cold. The disease and its related complications result in an average of 36,000 deaths and approximately 226,000 hospitalizations in the US each year.²

WHO IS CONSIDERED TO BE AT HIGH RISK?²

People with chronic medical conditions: Influenza can make chronic medical conditions worse or cause serious complications in people with a variety of chronic illnesses. For example, medical professionals believe that many asthma flare-ups are caused by influenza.³⁻⁵ Yet the vaccination rate in asthmatics remains low. An analysis by the American Lung Association found that if 100 percent of people with asthma received the influenza vaccine, up to 136,000 hospitalizations could be prevented each year.

The US Centers for Disease Control and Prevention (CDC) recommends influenza vaccination for adults and children with chronic health problems, including:²

- Asthma and chronic obstructive pulmonary disease (COPD)
- Heart disease
- Lung disease
- Kidney disease
- Metabolic diseases, such as diabetes
- Anemia and other blood disorders
- Weakened immune systems

Infants and young children: Children experience the highest rates of influenza infection each year. Infants and children are vulnerable to severe cases of influenza and related complications, which can result in additional doctors' visits, hospitalizations and, in rare cases, death. Complications may include pneumonia, seizures, swelling of the brain, ear or sinus infections, and aggravation of existing chronic conditions.²

Influenza poses an even bigger threat to children with underlying medical conditions, such as asthma or diabetes. Yet, estimates show that even in the best years just one-third of children with asthma are actually vaccinated. These children are 5 times more likely than healthy children of the same age to be hospitalized with influenza-related illnesses.⁶⁻⁸

People 50 years of age and older: This population is hardest hit by influenza. Nearly 90 percent of deaths caused by influenza and pneumonia occur among people 50 years of age and older. Pneumonia and influenza combined are the fifth leading cause of death for people 65 years of age and older.²

Older people and people with chronic diseases have the greatest risk of developing complications such as pneumonia as a result of influenza. Pneumonia is a serious infection caused by inflammation of the lungs that usually occurs when a person's immune system is weakened in some way. Vaccination in people 65 and older reduces the likelihood of hospitalization for influenza and pneumonia by up to 70 percent.²

The CDC recommends influenza vaccination every year for the following groups:²

- Adults and children with chronic medical conditions, such as asthma, COPD, heart disease, weakened immune system, diabetes, and others
- Children 6 – 59 months of age
- Children 6 months – 18 years of age who are on long-term aspirin treatment
- Women who are pregnant during the influenza season
- Household contacts and caregivers of persons at high-risk, including children younger than 6 months of age who are too young to be vaccinated. This includes parents, grandparents, siblings, babysitters, and daycare providers
- Adults 50 years of age and older
- Residents of long-term care facilities and nursing homes
- Health-care personnel who come in contact with patients
- Anyone, including school-aged children, who wants to prevent influenza

Note: Children under 9 years of age receiving an influenza vaccination for the first time need two doses approximately 1 month apart.²

To ensure families everywhere understand the risks of influenza, the American Lung Association has joined with Jennifer Garner, actress and mother, and Admiral John O. Agwunobi, Assistant Secretary of Health as well as everyday people to launch a national public educational initiative called the *Faces of Influenza*. To learn more about the program, influenza and vaccination, visit www.facesofinfluenza.org.

References

1. Centers for Disease Control and Prevention. Key facts about influenza and the influenza vaccine, September 2005. Available at: <http://www.cdc.gov/flu/keyfacts.htm>. Accessed August 11, 2006.
2. Centers for Disease Control and Prevention. Prevention and Control of Influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2007. *MMWR*. 2007;56(RR-6):1-60.
3. Tuffaha A, Gern JE, Lemanske RF Jr. The role of respiratory viruses in acute and chronic asthma. *Clin Chest Med*. 2000;21(2):289-300.
4. Johnston SL, Pattemore PK, Sanderson G, et al. Community study of role of viral infections in exacerbations of asthma in 9-11 year old children. *BMJ*. 1995;310(6989):1225-1229.
5. Rakes GP, Arruda E, Ingram JM, et al. Rhinovirus and respiratory syncytial virus in wheezing children requiring emergency care. IgE and eosinophil analyses. *Am J Respir Crit Care Med*. 1999;159(3):785-790.
6. Centers for Disease Control and Prevention. Estimated influenza vaccination coverage among adults and children-United States, September 1, 2004-January 31, 2005. *MMWR*. 2005;54(122):304-307.
7. Kramarz P, DeStefano F, Gargiullo PM, et al. Influenza vaccination in children with asthma in health maintenance organizations. Vaccine Safety Datalink Team. *Vaccine*. 2000;18:2288-2294.
8. Chung EK, Casey R, Pinto-Martin JA, Pawlowski NA, Bell LM. Routine and influenza vaccination rates in children with asthma. *Ann Allergy Asthma Immunol*. 1998;80:318-322.