

**Ministry of Health and Family Welfare  
Directorate General of Health Services  
(Emergency Medical Relief)**

**Seasonal Influenza A (H1N1): Guidelines for Vaccination of Health  
Care Workers  
(Updated on 14<sup>th</sup> February 2015)**

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1. World Health Organization recommends vaccination of high risk groups with Seasonal Influenza Vaccination.
2. In India, neither the actual disease burden of Influenza, nor differentials on the way influenza impacts high risk groups are known. Hence, evidence based decision is not possible for all high risk groups.
3. Health Care Workers working in close proximity to influenza patients are at higher risk of acquiring the disease. Hence, vaccination is recommended for them. Such category would include:
  - Health Care Workers working in casualty/ emergency department of identified hospitals treating Influenza cases.
  - Health Care Workers working in ICU and Isolation Wards managing influenza patients.
  - Health Care Workers identified to work in screening centres that would be set up for categorization of patients during Seasonal Influenza outbreak.
  - Health Care workers treating/managing the High Risk Group
  - Laboratory personnel working in virological laboratories testing Influenza samples.
  - Rapid Response Team members identified to investigate outbreaks of Influenza.
  - Drivers and staff of vehicles/ambulances involved in transfer of Influenza patients.

4. The vaccine should be used every year.
5. Influenza vaccination is most effective when circulating viruses are well-matched with vaccine viruses. Even with appropriate matching, efficacy of vaccine may be about 70% to 80%, especially in geriatric age group. In case the locally circulating virus is different from vaccine virus recommended by WHO, it may not be effective at all. Hence, vaccine should not give a false sense of security. Considering the risk perspective, the preventive modality of infection prevention and control practices like use of PPEs should be strictly adhered to. The available vaccine takes about 2-3 weeks for development of immunity. The use of chemoprophylaxis during this period may be considered.