The Side Effect with Influenza Vaccination among People in Aseer Health

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# Background

The influenza vaccination have important rule in prevention and its apply mandatory for the people go to hajj and for health care workers

also for the medical computerized patient . For this reason i make this research to follow the people receive the vaccination and to know what side effect they observed through survey .

# Materials and methods

An epidemiological survey to evaluate the side effect rates with influenza vaccination and possible associated reasons for that.

# Keywords

Influenza,

Vaccination

Health-care workers

Hospital

Risk factors

Saudi Arabia

hajj

# 1.Introduction

Influenza, also called “the flu,” is caused by the influenza virus. It affects the lungs and can cause symptoms such as fever and trouble breathing. Most people recover from the flu on their own. But, in some people who are older or have long-term medical problems, the flu can be a serious or even deadly illness. Influenza is a seasonal illness and affects most people during the w inter months. In the United States, January and February tend to be the worst months for flu, but people can get the flu as early as October and as late as May. Each year the virus changes slightly, and the resulting different types of viruses are called strains. Some strains cause more serious illness than others. These strains are sometimes given special names, such as “swine flu” (H1N1) or “avian flu” (H5N1 and H7N9) [1]  seasonal vaccines are administered primarily to people who have both B-and T-cell immunity against the viruses. One dose of seasonal vaccine is sufficient for adults and elderly, but two doses are necessary for influenza-naive infants. Among infants (with immature immune systems and mostly naive B-cell and T-cell repertoires) and the elderly (with senescent immune systems), adjuvants are especially important to increase the magnitude and breadth of elicited immunity  [2][3]

in this study we will make  survey  to see the post vaccination side effect among people the take we will ask about  Those were local pain, irritation and in duration at site of injection , fever , fever cough and rhinorrhea generalized pain and lumber pains

# 2. Methods

This study is a cross-sectional observational study of people they take Influenza Vaccination in aseer health during period

October 2017 and October 2018 for 100 person  A brief introduction to the purpose of the study, instructions on how to complete the questionnaire, and anonymous forms were distributed to people take the vaccination  The self-administered survey was distributed and people were encouraged to complete the survey. The survey was voluntary and the completed forms were collected at the end of the period. A returned and completed form was taken as consent to participate in the survey.

# 2.1. Survey items

The questionnaire was composed of four sections. The first section addressed demographic information

profession and location of the work  The second section contained information regarding the importance of the influenza vaccine

date of take and information about medical history. The third section dealt with reasons of take the  influenza vaccine .

The fourth section included information of common side effect of vaccine and the fifth suction is alow peson to write the other effects he obseve and not written.

# 2.2. Statistical analysis

Data analysis was completed using the Microsoft Excel. Statistical analyses comparison between categorical variables. Bivariate analysis was used to examine associations between vaccination status and other independent variables.

# 3 Literature Reviews

These outcomes are reliable with the idea that subjective reports of nearby and foundational responses following immunization might be anticipated by and relate with natural pointers of fiery status, however are not important indicators of neutralizer reactions. To enhance adherence to immunization suggestions, clinicians ought to give affirmation that such manifestations might be identified with typical gentle incendiary reactions to the antibody and don’t reflect immunogenicity.[4]

This examination demonstrates that there are critical contrasts in the nature and seriousness of symptoms upon intramuscular and intradermal flu inoculation. This distinction did not bring about an inclination among the inoculated subjects for one sort of immunization.[5]

Self-announced take-up of the youth flu antibody was 52.8%. Factors emphatically decidedly connected with take-up incorporated the youngster having beforehand been inoculated against flu, seeing the immunization to be successful and seeing the kid to be defenseless to influenza. Factors unequivocally adversely connected with take-up included seeing the antibody to be dangerous, to cause here and now reactions or long haul medical issues and trusting that yearly immunization may over-burden the safe framework. Indicators of expected immunization take-up in 2016– 2017 were comparable. Members who saw symptoms after the 2015– 2016 inoculation revealed being more averse to immunize their tyke one year from now.

Reactions will probably be accounted for in first-conceived kids, by members who knew another tyke who had symptoms, the individuals who suspected that the immunization would communicate with pharmaceutical that the youngster was as of now taking, and the individuals who trusted the antibody causes here and now symptoms. [6]

This trial shows that reported systemic symptoms (fever, aching limbs, fatigue, rash, cough, runny nose, headache and sore throat) showed no significant difference between vaccine and placebo. Only local side effects occurred with a significantly increased incidence following influenza vaccination in healthy older people when compared to placebo (11.3 vs. 5.1 %, p < 0.05). No individual had to seek medical advice because of side effects and participants did not inform us of any severe reactions following vaccination. Although participants were not asked to comment directly on the severity of side effects we have no evidence to suggest that any adverse reactions were severe or prolonged. [ 7][8]

Previous studies in older people  have also shown similar results, i.e. a significant difference between vaccine and placebo for local side effects but no significant difference in systemic symptoms. These studies included people from a variety of different populations. The trial by Govaert et al.  included 1,806 participants, with ages ranging from 60 to 91 years. This trial showed that 17.5% people given influenza vaccine complained of local side effects compared with 7.3% people who received placebo (p < 0.001), although 490 of the trial participants were identified as suffering from cardiological, pulmonary, or metabolic problems prior to the study.[9][10]

The H1N1 flu antibody could be related with CHP without haemophagocytic disorder in an immunocompetent youngster[11]

Flu inoculation of sound working grown-ups isn’t related with higher rates of fundamental side effects when contrasted and fake treatment infusion. These discoveries ought to be valuable to doctors and other medicinal services suppliers as they direct patients to exploit a critical open door for malady anticipation and wellbeing assurance[12]

# 4.Result

In this study there are 4 groups of people take this vaccine 1st group is normal that 64 person. 2nd is compromised 16 person

then 12 person is health care provider. Finally is people go to hajj travel 8 person. [Figure 1].

The sex category Male 43%  was Female 57%.[Figure 2]

Age group is 15-25 years 24% 25-45 years 46% 45-65 years 13% over 65 years 17%.[Figure 3].

The side effect we show the running nose and flu like symptoms is the most common among all people in this study by 39%.

second is localized pain in the site of injection this happens in 22%. the 14 case is experince fever after the take of vaccine.

2% is tell us about other symptoms 1 of them say he have eye pain and other is take about nasal bleeding.[figure 4]

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