



# Center of Occupational Health and Education, COHE, at The Everett Clinic: e-News

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**Influenza and the health of your business.** The L&I's blog site, will feature new guest provider contributors from one of the six COHE's. In case you missed it, below was The Everett Clinic's contribution for October. You can access this and ongoing topics of interest on the [L&I News & Data Center](#) site.

*What business owners (and their employees) need to know about getting the flu shot.*

*October 9, 2017*

by Drs. Dianna Chamblin and Yuan-Po Tu

Flu season is coming up and it's time for business owners to think about your most effective defense against a workplace flu outbreak - the yearly flu vaccination.

## **How does the flu shot help protect your business?**

Vaccinating your staff reduces absenteeism and health care expenses. It's estimated that the flu costs the U.S. over \$87 billion annually and is responsible for the loss of close to 17 million workdays each flu season. According to the Center for Disease Control (CDC) tens of thousands of people are hospitalized and thousands die from flu-related illness each year in our country.

## **When should you consider a vaccination?**

Before the onset of flu season, which usually begins at the end of October. If you vaccinate too early, the immunity may wear off or be too low. It takes about two weeks after vaccination for the immune system to fully respond with antibodies that protect against flu virus infection.

Here are some tips from the CDC on how you can reduce your risk of getting the flu:

1. Avoid close contact with people who are sick and if you are sick, keep your distance from others.
2. Stay home when sick (especially if you have fevers or chills) to avoid spreading your illness to others.
3. Cover your cough or sneeze with a tissue and promptly dispose of the tissue. If a tissue isn't available, cough or sneeze into your upper sleeve, not your hands.
4. Clean your hands frequently with soap and water. If you don't have access to water, use an alcohol-based hand rub (at least 60% alcohol).

5. Avoid touching your eyes, nose or mouth so you don't contaminate yourself with flu germs.
6. Clean/disinfect frequently touched surfaces at home, work or school. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids and eat nutritious food.

### **Don't fall victim to bad information!**

Unfortunately, we hear people say, "I'm not getting the flu shot because it will give me the flu!" It's medically impossible for someone to get the flu from the flu shot because the flu shot is developed from a dead virus. A dead virus can't give you the flu. So why does this belief persist? Because some people will experience flu or a flu-like episode after getting their shot, but it's not due to the shot itself.

Here are four reasons why people might experience the flu or like symptoms after getting their shot:

- 1) **A reaction to the flu shot.** Less than 1% of people who get the flu vaccine experience flu-like symptoms such as mild fever and muscle aches. While these are side effects, people wrongly attribute these side effects to actually getting the flu.
- 2) **You're already infected.** Once you get your flu shot, it takes about 1-2 weeks for proactive immunity to develop in your body. Unfortunately, some people will get their flu shot late in the flu season (December or later) and are already infected when they get their shot. When they get sick, they will blame their illness on the flu shot, and not realize that they were going to get sick anyway.
- 3) **Your sick, but not with the flu.** Many people will attribute any sickness to "the flu," when, they have another viral illness. The flu shot doesn't protect against all viral illnesses, just certain influenza viruses.
- 4) **The flu shot isn't 100% effective.** You can still get the flu, even if you get your flu shot because the flu vaccine isn't effective 100% of the time. This is especially true in older persons.

### **Where can you get a flu shot?**

Start with your health care provider. Or, you can [use this handy tool](#) to find your closest flu vaccine provider.

Here are some useful resources:

[CDC Business Pulse](#)

[Infographics for Business](#)

## COHEs and Opioid Prescribing

Dianna Chamblin, MD

Over a decade ago, before we became a COHE, I was disappointed that the **E** in COHE stood for education rather than excellence. I even suggested that L&I tack on an extra **E** for excellence making it COHEEs, more fun to say and prestigious, right? Now even older and a bit wiser, it is clear that the **E** should stand alone as education. The educational component of what we do may be a key reason why COHEs are so effective. Non-occupational medicine specialty providers, receive very little education in disability prevention or occupational medicine best practices. Employers also often learn OJT, after their first workplace event has occurred. The COHE team is available to help educate providers and employer to work together with the many L&I resources to promote recovery and prevent long term disability.

One example is the opioid prescribing report. This annual report uses data from the WA State Prescription Monitoring Program to look at three measures of opioid prescribing that may place injured workers at increased risk of harm. The report looks at:

1. % of claimants prescribed High-Dose Opioids (over 90 mg/day morphine equivalent doses for at least 28 days for the year). This is important as the overdose risk increases two-fold starting at 20 mg/day MED and increases further with additional increases in dose
2. % of claimants prescribed Concurrent Opioids and Sedatives. Combining opioids with sedatives increases the risk of serious adverse events and death.
3. % of claimants prescribed Chronic opioids. There is a significant increase in mortality and serious adverse outcomes from chronic opioid use, especially if the opioids do not result in clinically meaningful improvement in the injured worker's function.

The report is sent annually to prescribers who rank at or above the 90<sup>th</sup> percentile on at least one of the measures above and also had at least 10 claimants with opioid prescriptions. This report is now also sent to their respective COHE Medical Directors for additional education as indicated.

Never satisfied, now over decade as a COHE Medical director, I would change COHE to **CCOHE** adding **C** for Collaborative. COHE promotes all of us: employer, insurer and provider, to work together for the workers of our state so when a work-related event occurs, the worker recovers and returns to work as quickly and as safely as possible.

## **The Everett Clinic Receives the Washington State Medical Association 2017 *William O. Robertson Safety Award of Excellence***

Each year the WSMA recognizes innovative patient safety initiatives in the ambulatory care setting. The Everett Clinic received the WSMA 2017 **Patient Safety Award of Excellence** for its work on addressing the opioid epidemic in its patient community. Our opioid management practices have resulted in improved patient safety and promotion of opioid best practices.

“We are honored to be recognized by the Washington State Medical Association in the collaborative effort to curb opioid abuse within our community,” said Dr. Kent Hu, associate director of quality and safety at The Everett Clinic. “We truly believe that we are doing innovative, and most importantly, patient-centric work that honors our commitment to addressing the opioid issues our community is facing.”

Washington state is very fortunate to have the leadership of Dr. Gary Franklin, L&I Medical Director and Jaymie Mai, L&I Pharmacy Manager, in early identification of opioids’ potential impact to injured workers: death, prolonged disability and addiction. The Everett Clinic has been appreciative of their guidance and inclusion in the L&I and Washington State Agency Medical Director’s Group opioid guideline processes.



### **We want your feedback!**

Did you find this newsletter helpful and informative? We welcome your suggestions. Please feel free to submit any comments or suggestions for future newsletter topics, or to unsubscribe send email to:

**Marti Bradley, COHE Program Director at [mbradley@everettclinic.com](mailto:mbradley@everettclinic.com) . Thank you!**