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Question: Should influenza vaccine (given alone or with other vaccines, in any dose, preparation, or time schedule) vs. placebo or no intervention be used for health care workers who care for people aged 60 or older living in long-term care institutions?

Settings: Long-term care institutions

Bibliography (systematic reviews): Thomas RE, Jefferson T, Lasserson TJ. Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD005187. DOI: 10.1002/14651858.CD005187.pub4.

Quality assessment							No of patients		Effect		Quality
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	influenza vaccine (given alone or with other vaccines, in any dose, preparation, or time schedule)	placebo or no intervention	Relative (95% CI)	Absolute	
Cases of influenza in those aged 60 years or older (laboratory confirmed) (assessed with: viral isolation or serological supporting evidence (or both))											
2	randomised trials	serious ₂	not serious	not serious	serious ³	not serious	17/376 (4.5)%	20/376 (5.3)%	RD 0 (-0.03 to 0.03)	0 fewer per 100 (from 3 fewer to 3 more)	LOW
Lower respiratory tract infection											
1	randomised trials	serious ₂	not serious	not serious	serious ³	not serious	21/490 (4.3)%	34/569 (6.0)%	RD -0.02 (-0.04 to 0.01)	2 fewer per 100 (from 4 fewer to 1 more)	LOW
Admission to hospital for respiratory illness											
1	randomised trials	serious ₄	not serious	not serious	serious ³	not serious	150/1722 (8.7)%	143/1678 (8.5)%	RD 0 (-0.02 to 0.02)	0 fewer per 100 (from 2 fewer to 2 more)	LOW
Deaths caused by respiratory illness											
2	randomised trials	serious ₂	not serious ⁵	not serious	serious ³	not serious	44/2212 (2.0)%	59/2247 (2.6)%	RD -0.02 (-0.06 to 0.02)	2 fewer per 100 (from 6 fewer to 5 more)	LOW

1. No explanation was provided
2. High risk of bias due to unclear allocation concealment, no blinding and no incomplete outcome data were addressed
3. Few events
4. High risk of bias due to unclear allocation concealment and blinding
5. I-square =81 %. However, decided not to downgrade since there are no clinically relevant differences