

## **POSITION STATEMENT**

### **Influenza Vaccination of Healthcare Workers**

Influenza vaccination of healthcare workers (HCW) has been in place for many years to prevent the transmission of influenza. HCW compliance rates have been poor and therefore patients or residents who are immunocompromised are at risk for contracting influenza from staff who transmit it. Discussion has ensued about mandating influenza vaccination for HCWs, which would improve vaccination rates and thereby reducing transmission of influenza to at risk patients or residents. AOHP has examined this issue quite extensively, finding that there are many nuances to consider regarding mandating influenza vaccine in HCWs. When developing AOHP's position statement on influenza vaccine many publications and membership input were obtained, reviewed, and considered.

#### **Historical/Background Data**

##### **Health Care Transmission**

Infection prevention and control experts recognize that vaccination is an effective tool in preventing transmission of influenza and is important to patient safety and quality of care. The risk of a HCW transmitting influenza to a patient during the course of their duties is of significant concern. Vaccinating healthcare workers will also help reduce transmission of influenza to the patient population in general, as well as decreasing the likelihood that the HCW will become ill. For many years the Centers for Disease Control and Prevention (CDC), along with many other organizations, has recommended influenza vaccination for HCWs. Despite these recommendations vaccination rates still hover at approximately 44% nationwide.<sup>1</sup> The Association for Professionals in Infection Control and Epidemiology (APIC) Influenza Immunization of Healthcare Personnel (HCP) 2008 Position Statement advises that "Vaccination of HCP offers an important method for preventing transmission of influenza to high-risk patients. Evidence supports the fact that influenza vaccine is effective, cost efficient and successful in reducing morbidity and mortality. Evidence also demonstrates that the current policy of voluntary vaccination has not been effective in achieving acceptable vaccination rates."<sup>2</sup> APIC proposes that healthcare providers have an obligation to ensure that all HCW are vaccinated against influenza. In the same document they state, "As healthcare providers, we have an obligation to ensure that all HCP are vaccinated against influenza. Requiring influenza vaccination of HCP is important to patient safety and quality of care. By increasing HCP vaccination rates, we can play a vital role in protecting the health and well being of our patients, families and the community at large."<sup>2</sup> According to Clinical Infectious Disease publication studies show that HCWs who frequently have contact with high risk patients can shed influenza virus before they are symptomatic, thereby putting their vulnerable patients at risk. It has been shown that HCWs routinely report to work when ill with respiratory symptoms.<sup>3</sup> The American College of Occupational and Environmental Medicine (ACOEM) states that, "Immunization against influenza should be strongly encouraged and employers should provide vaccine at no charge to the worker. Current evidence regarding the benefit of influenza vaccination in HCW as a tool to protect patients is inadequate to override the worker's autonomy to refuse vaccination. Declination statements should only be implemented if they do not divert resources from vaccination and education or create an adversarial atmosphere in the workplace. Health care facilities should measure and track vaccination rates among workers and patients, staff education completion rates and influenza transmission rates."<sup>4</sup> This is based on the ACOEM position that, "Immunization is safe but variably effective and is not a panacea for respiratory virus transmission in the health care setting."<sup>4</sup>

##### **Vaccine Effectiveness**

The variability of vaccine effectiveness is controversial when discussing mandating influenza vaccination. The Centers for Disease Control (CDC) addresses the varying effectiveness of the influenza vaccine in this way, "The effectiveness of inactivated influenza vaccine depends primarily on the age and immunocompetence of the vaccine recipient, and the degree of similarity between the viruses in the vaccine and those in circulation. In years when the vaccine strains are not well matched to circulating

strains, vaccine effectiveness is generally lower. The vaccine may also be lower among persons with chronic medical conditions and among the elderly, as compared to healthy young adults and children. In addition, estimates of vaccine effectiveness vary, based on the specificity of the outcome that is being measured in the study.<sup>5,6</sup> Influenza vaccine is not as effective in some populations. Those most at risk for infection are young children, the elderly and the immune-suppressed. Vaccinating healthcare workers helps to protect these vulnerable populations. The Infectious Diseases Society of America (IDSA) states, "Influenza vaccine effectiveness varies by age, host immune status, and the match between circulating and vaccine virus strains [77]. Because influenza vaccine is not 100% effective, vaccinated and unvaccinated persons may manifest influenza-like illness symptoms due to influenza or cocirculating noninfluenza pathogens (e.g., rhinovirus, adenovirus, respiratory syncytial virus, parainfluenza virus, bocavirus, non-severe acute respiratory syndrome coronaviruses, human metapneumovirus, Bordetella pertussis, Mycoplasma pneumoniae, Chlamydia pneumoniae, and bacterial causes of community-acquired pneumonia)."<sup>7, 8</sup>

### **Mandating Vaccination**

The support for mandating influenza vaccination varies along with the use of the term. For the purpose of this Position Statement, AOHP has determined that the term "mandate" means a condition of employment.

The American Nurses Association (ANA) responds to the question if influenza vaccination should be mandatory in healthcare workers by saying, "Another problem with mandating individual HCWs be vaccinated is the potential for adversarial relationships and legal disputes between employees and institutions when coercive measures are used to mandate influenza vaccination (ACOEM, 2005; Finch, 2007; Ryan & Yeadon, 2002; Washington State Nurses Association [WSNA], 2006).<sup>9</sup> ANA concludes that, "In summary there is strong agreement among the experts studying the control of influenza outbreaks that influenza vaccination is an effective measure to decrease the spread of the disease. It is a measure with very few serious side effects. The experts also recognize that institutional vaccination programs can be effective in increasing vaccination rates when barriers to vaccination are identified and addressed. Ongoing research is continuing to strengthen these institutional programs. Most importantly, the majority of the experts respect the right of the individual to decline vaccination for religious, medical, or philosophical reasons. HCWs support this approach, because it preserves their freedom, their right to refuse vaccination for a valid reason. Additionally institutional, as opposed to individual vaccination mandates, may avert legal disputes between employers and employees. Based upon these findings, I advocate for rejecting the mandating of individual HCW vaccination. Instead, I support mandating that institutions offer comprehensive programs that eliminate barriers to voluntary immunization, while respecting the right of the individual to decline vaccination for religious, medical, or philosophical reasons. Obtaining a signed declination detailing reasons for refusing vaccine may lead to program enhancements that will aid in achieving and sustaining high rates of voluntary HCW vaccination."<sup>9</sup>

The American Academy of Pediatrics (AAP) recommends mandatory Influenza vaccine for all HCW. AAP states, "Health-care associated influenza outbreaks are a common and serious public health problem that contribute significantly to patient morbidity and mortality and create a financial burden on health care systems. In a new policy statement, the American Academy of Pediatrics (AAP) recommends that all health care personnel should be required to receive an annual influenza vaccine. The policy, "Recommendation for Mandatory Influenza Immunization of All Health Care Personnel," published in the October 2010 print issue of *Pediatrics* (published online Sept. 13), states that "despite the efforts of many organizations to improve influenza immunization rates with the use of voluntary campaigns, influenza coverage among health care personnel remains unacceptably low." Annual influenza epidemics account for 610,660 life-years lost, 3.1 million days of hospitalization, and 31.4 million outpatient visits. Flu generates a cost burden of approximately \$87 billion per year in the United States. Mandatory influenza immunization for all health care personnel is "ethically justified, necessary and long overdue to ensure patient safety," according to the statement. The influenza vaccine is safe, effective, and cost-effective, so health care organizations must work to assuage common fears and misconceptions about the influenza virus and the vaccine."<sup>10, 11</sup>

## **Program Elements**

ACOEM recognizes that “Health care facilities must employ a comprehensive approach to reduce the risk of influenza transmission in the workplace, encompassing education, vaccination, and infection control practices.”<sup>4</sup>

“Education and adherence to infection control practices should be mandatory.”<sup>4</sup>

APIC supports that “Organizations should adopt a system in which an informed declination is obtained from employees that decline for other than medical reasons.”<sup>2</sup> IDSA indicates in their evidence summary that “Although evidence exists that vaccination of health care workers reduces mortality in patients [226, 227], no studies have assessed the impact among residents of administration of antiviral chemoprophylaxis to health care workers. Every effort should be made to ensure that all health care staff are vaccinated each season. Unvaccinated staff may be the source of introduction of influenza virus from the community into facilities, and staff also become infected and serve as sources of transmission within institutions [228]. For these reasons, unvaccinated institutional staff should receive influenza antiviral chemoprophylaxis during influenza outbreaks. During seasons in which circulating viruses are not well matched with vaccine viruses, consideration should be given to administration of antiviral chemoprophylaxis to vaccinated staff as well. Antiviral chemoprophylaxis may be considered for vaccinated staff who are immunocompromised because vaccine may have significantly decreased efficacy [205].”<sup>7, 8</sup>

The Society for Healthcare Epidemiology of America (SHEA) advised that an influenza vaccination programs should contain the following elements<sup>7</sup>: a) Targeted education about the severity of influenza illness, particularly in high risk patients; b) Targeted education about vaccine efficacy and safety as well as dispelling of vaccine myths; c) Administrative support and leadership; d) Provision of vaccine at no cost to HCWs; e) Improved access to vaccine (e.g. via mobile carts and off-hours clinics); and f) Active declination policy for HCWs who do not want or cannot receive influenza vaccine.

## **AOHP's Position**

The Association of Occupational Health Professionals in Healthcare (AOHP) is a national association whose members represent thousands of HCW nationwide. AOHP promotes health and safety for HCW through: advocacy; occupational health education and networking opportunities; health and safety advancement through best practice and research; and partnering with other invested stakeholders.

- In an effort to promote the health and safety of the HCW, AOHP advocates for a policy with the coordination of state, local, and national government that mandates that all HCW be offered the influenza vaccine, at no charge, as long as it is not medically contraindicated.
- AOHP strongly supports that all HCW receive the influenza vaccine based upon an informed decision through education regarding influenza illness, vaccine efficacy and safety, and infection control practices including CDC recommendations.
- AOHP respects the individual HCW right to make an informed decision regarding declination the influenza vaccine and encourages HCW support of the influenza vaccination program. Declination forms are recommended to document lack of participation in the influenza vaccine program.
- AOHP advocates for education to prevent the spread of influenza to patients, coworkers and visitors regardless if the HCW has had the influenza vaccine, or has made an informed decision to decline the vaccine.
- AOHP advocates that individual healthcare institutions initiate their own policy/procedures that are consistent with their local, state and/or federal guidelines or mandates in the implementation of their influenza vaccine program.
- AOHP supports that research and evidence based practice is necessary related to influenza transmission in the healthcare environment and vaccination of HCWs. Prompt communication of current study findings to the association and partnering organizations is critical in improving influenza prevention programs.

In summary, AOHP believes that influenza management through vaccination is vital to the protection of patients, who may be immunocompromised, and this approach is a cornerstone to minimize absenteeism related to influenza in the HCW population. Occupational Health Professionals should strongly encourage a comprehensive influenza prevention program within the facilities they serve.

For more information please call AOHP Headquarters at (800) 362-4347 or e-mail [info@aohp.org](mailto:info@aohp.org)

#### References:

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