ASSOCIATION OF NURSES IN AIDS CARE
POSITION STATEMENT
Requiring Annual Immunization of Health Workers Against Influenza
Adopted by the ANAC Board of Directors February 2011

Position:
Based on the evidence, it is the position of the Association of Nurses in AIDS Care that

- The health care consumer has the right to assume that health workers in all settings where service is provided, and the agencies that employ them, will take all measures to prevent transmission of communicable pathogens
- Health workers have a responsibility to prevent harm to those for whom they care and to their coworkers, and therefore must adhere to recommended primary prevention practices, including immunization against those for which safe and effective vaccines exist.
- Health workers should be immunized against seasonal influenza each year unless they have a medically documented contraindication to the available vaccines.
- Healthcare organizations should require staff, regardless of pay status (i.e., whether or not they receive remuneration for their services), to be immunized against seasonal influenza unless there is medical documentation of a contraindication. This recommendation applies to all types of facilities and services, including inpatient and outpatient acute and chronic care, long-term residential care, home care, rehabilitation, counseling and other services, including independent private practitioners. It applies to all staff who may come in contact with service recipients as well as staff who routinely come in contact with such staff (e.g., in staff cafeterias, administrative offices, etc.).
- Healthcare employers have the responsibility to offer vaccine to staff at no cost and to facilitate vaccine administration at worksites or other convenient locations and times. Thus, requirements should not place additional burden on workers, who should also be able to submit documentation of having received vaccination from other providers or facilities.
- Service providers should publicly post their staff vaccination policy.
- Getting vaccinated must be easier and more convenient for staff than opting out and, if exemptions are allowed, the procedures for obtaining one must be as rigorous as for getting the vaccine. Neither the perfunctory signing of a form nor online declination is adequate.
- Unvaccinated staff should be identified and, regardless of symptoms, when there is influenza in the community, should be reassigned or expected to implement barrier precautions (such as masks) when within a specified proximity of potentially susceptible service recipients.

Statement of Concern:
The responsibility to protect patients from nosocomial infection is shared by both health workers and the organizations that employ them. The rationale for making vaccination a condition of employment (or volunteering or consulting) in a healthcare organization is to enhance and ensure patient and staff safety. Requiring influenza vaccination is congruent with long-existing, widely used standards of prevention practice when health workers can be vectors of airborne or droplet infection.

Accumulated data demonstrating vaccine efficacy and safety support making annual vaccination a requirement, particularly since experience and research repeatedly demonstrate that knowledge is not enough to ensure either healthful behavior or consistent adherence to good infection control practice.

Thus, education remains a key component of both voluntary and mandatory vaccination programs, but even mandatory education cannot be expected to achieve adequate influenza vaccine uptake by health workers. Whereas health workers may choose to pursue other individual health behaviors, the potential impact of their vaccination choices is a critical concern for the populations and individuals they serve.

Influenza is a contagious respiratory infection that, despite the availability of safe and effective vaccines, remains a major cause of death and disease. It is the most common vaccine-preventable disease in the U.S. and around the world, with as many as 80,000 reported deaths in the U.S. in some years. People with immunocompromising conditions are especially susceptible to severe illness from influenza and influenza mortality is greater among people with chronic medical problems. Influenza can trigger the complications of diseases such as diabetes, cardiovascular disease, and renal and liver problems – conditions highly prevalent among people with HIV infection. With increasing age, the HIV-affected population experiences many chronic conditions that both heighten the risks associated with influenza infection and further reduce immune response to vaccine.

Hospitalized patients who develop nosocomial influenza have a high mortality rate. Unvaccinated healthcare workers have been implicated as sources of influenza infections in deadly outbreaks among adults and children in both acute and long-term care settings. It has been estimated that in some years, about 25% of health workers can be infected with influenza, which is readily spread from person to person when a host coughs or sneezes, and less efficiently by indirect contact – both by persons who have no symptoms and are unwitting vectors and also those who work while feeling ill, even with flulike symptoms during flu season, a well-documented occurrence among health workers. The National Patient Safety Foundation reports that institutions requiring staff influenza vaccination show an 88% reduction in workforce infection and a 41% lower influenza-related patient mortality.[x]

While ensuring that symptomatic staff remain away from work until recovered is essential, it is even more important to prevent their infection since influenza's silent 1-to-4-day incubation period allows the host to infect others before feeling ill and often without being aware of having been exposed. About 20% of cases will remain asymptomatic but still be infectious. Since unvaccinated clusters within a work unit, facility, or other group setting may compromise a group's protection (herd immunity), allowing exemptions for other than the very small (< 0.1%) number of people who have medical contraindications to influenza vaccination limits the effectiveness of a vaccination program and should be discouraged. For this reason, allowing an individual to decline after education and individualized counseling should be regarded as a last resort, not a routine option. Primary prevention by vaccination is the most effective and efficient means of protection against influenza. Other measures, such as hand hygiene and barrier precautions, are complementary protective steps, not alternatives to pre-exposure immunization. Immunization of health workers against influenza is thus an essential part of healthcare providers' culture of safety – both for those seeking care and for those providing care.

Background:
Since 1984, the U.S. Centers for Disease Control and Prevention (CDC) and its Advisory Committee on Immunization Practices (ACIP) have recommended immunization against influenza for health care workers (HCWs), recognizing their risk of workplace exposure. The Hospital Infection Control Practices Advisory Committee (HICPAC) likewise made this recommendation to prevent nosocomial influenza transmission to patients, which has been documented in both acute care hospitals and long-term care facilities.

In 1989, the American Public Health Association (APHA) recommended requiring immunization of laboratory and healthcare workers and students against all vaccine-preventable diseases, including influenza. More recently, other professional associations, have similarly recommended influenza vaccination requirements for HCWs to protect workers themselves as well as the patients with whom they come in contact: American College of Physicians (ACP), Association of Practitioners of Infection Control (ACIP), National Patient Safety Foundation (NPSF), Infectious Diseases Society of America (IDSA), Society of Hospital Epidemiologists of America (SHEA), and the American Academy of Pediatrics (AAP).

These position statements highlight the ethical responsibility of healthcare providers to prevent harm to those for whom they care. Ethicists agree that mandates are appropriate when there is a clear public or community benefit and voluntary approaches are not adequate. With rare exception, they maintain that influenza vaccination is such a situation. Some ethicists emphasize that the bioethical principle of justice precludes conscientious objection to vaccination or refusal for personal reasons.

By 2008, 15 states had issued requirements for health worker influenza immunization and, by mid2010, over 60 institutions across at least 20 states reported successfully implementing mandatory programs. To maintain Joint Commission accreditation, hospitals, long-term care facilities, and home health providers must not only offer vaccine and monitor staff coverage each year, but also continually take steps to raise staff vaccination rates the following year.

Not surprisingly, mandatory approaches have yielded the highest reported rates for any intervention designed to improve vaccination coverage. Reports suggest that even the most successful voluntary programs, including those with aggressive campaigns that employ proven best practices confront a ceiling effect below 80%, much less the 98% coverage needed for herd immunity. CDC recently reported that staff vaccination rates against seasonal flu were twice as high when healthcare employers required vaccination as when they recommended but did not require it. Indeed, most researchers and journal editors conclude that mandatory approaches are needed to consistently achieve > 70% vaccination coverage.

References:

Ajenjo MC, Woeltje KF, Babcock HM, Gemeinhart N, Jones M, Fraser VJ. Influenza vaccination among healthcare workers: ten-year experience of a large healthcare organization. Infect Control Hosp Epidemiol;31(3):233-240.

American Public Health Association (APHA). Recommendations for adult immunization. Policy #8906. Available at: http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1185, accessed on 6-16-2010.

Anikeeva O, Braunack-Mayer A, Rogers W. Requiring Influenza Vaccination for Health Care. Am J Public Health 2009: 99: 24-29.

Babcock HM, Gemeinhart N, Jones M, Dunagan WC, Woeltje KF. Mandatory influenza vaccination of health care workers: translating policy to practice. Clin Infect Dis 2010;50(4):459- 464.

Backer H. Counterpoint: In favor of mandatory influenza vaccine for all health care workers. Clinical Infectious Diseases 2006;42:1144-1147. Buchanan DR. Autonomy, paternalism, and justice: ethical priorities. Am J Public Health 2008;98:15- 21.

Burls A, Jordan R, Barton P, et al. Vaccinating healthcare workers against influenza to protect the vulnerable - Is it a good use of healthcare resources? A systematic review of the evidence and an economic evaluation. Vaccine 2006;24:4212-4221

Daugherty EL, Perl TM, Needham DM, Rubinson L, Bilderback A, Rand CS. The use of personal protective equipment for control of influenza among critical care clinicians: a survey study. Crit Care Med 2009;37:1210-1216.

Doshi P. Trends in recorded influenza mortality: United States, 1900-2004. Am J Public Health 2008;98:939-945.

Fiore AE, Bridges CB, Cox NJ. Seasonal Influenza Vaccines. Current Topics in Microbiology and Immunology 2009;333:43-82.

CDC. Prevention and control of influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. MMWR 2010;59:RR-8.

CDC. Interim results: Influenza A (H1N1) 2009 monovalent and seasonal influenza vaccination coverage among health-care personnel – United States, August 2009-January 2010. MMWR 2010;59:357-362.

Field RI, Caplan A. A proposed ethical framework for vaccine mandates. Kennedy Institute of Ethics Journal 2008;18(2):111-124.

Gazmararian JA, Coleman M, Prill M, et al. Influenza vaccination of health care workers: policies and practices of hospitals in a community setting. Am J Infect Control 2007;35(7):441- 447

Goldfrank LR. How safe should the work environment be? For the patient? For the worker? J Emerg Med 2008;34:235.

Immunization Action Coalition (IAC), Patient safety clarion call: honoring mandatory influenza vaccination for healthcare workers. Press Release, October 12, 2009. http://www.immunize.org/press/pr_honorroll.asp, accessed 1-4-2010.

Joint Commission Division on Quality Measurement and Research. Providing a safer environment for healthcare personnel through influenza vaccination: strategies for research and practice. 2009. Chicago IL. Joint Commission on Accreditation of Healthcare Organizations.

Lindley MC, Yonek J, Ahmed F, Perz JF, Williams, Torres G. Measurement of influenza vaccination coverage among healthcare personnel in US hospitals. Infect Control Hosp Epidemiol 2009;30:1150- 57.

May T, Silverman RD. Clustering of exemptions as a collective action threat to herd immunity. Vaccine 2003;21:1048-1051.

McLennan S, Gillett G, Celi LA. Healer, heal thyself: health care workers and the influenza vaccination. Am J Infection Control 2008;36(1):1-4.

Molinari N-AM, Ortega-Sanchez IR, Messonnier ML, et al. The annual impact of seasonal influenza in the US: Measuring disease burden and costs. Vaccine 2007;25:5086-5096.

National Foundation for Infectious Diseases (NFID): Immunizing Healthcare Personnel Against Influenza: A Report on Best Practices. 2008. http://www.nfid.org/HCWtoolkit/report.html, accessed on 11-28-2009.

National Patient Safety Foundation (NPSF). Mandatory flu vaccinations for healthcare workers. Press Release, November 18, 2009. http://www.npsf.org/pr/pressrel/2009-11-18.php, accessed 1- 17-2010.

Nichol KL, D'Heilly SJ, Greenberg ME, Ehlinger E. Burden of influenza-like illness and effectiveness of influenza vaccination among working adults 50-64 years. Clinical Infectious Diseases 2009;48:292-898.

Olsen DP. Should RNs be forced to get the flu vaccine? Am J Nurs 2006;106:76-79.

Omer SB, Salmon DA, Orenstein WA, deHart P, Halsey N. Vaccine refusal, mandatory immunization, and the risks of vaccine-preventable diseases. N Engl J Med 2009;360:1981-1988.

Poland GA, Ofstead CL, Tucker SJ, Beebe TJ. Receptivity to mandatory influenza vaccination policies for healthcare workers among registered nurses working on inpatient units. Infect Control Hosp Epidemiol 2007; 29:170-173.

Poland GA. If you could halve the mortality rate, would you do it? Clinical Infectious Diseases 2002;35:378-80.

Poland GA. Health care workers and influenza vaccine: First do no harm, then do the right thing. Journal of the American Pharmacists Association 2004;44(5):637-8.

Poland GA, Tosh P, Jacobson RM. Requiring influenza vaccination for health care workers: seven truths we must accept. Vaccine. 2005; 23:2251-2255.

Polgreen PM, Chen Y, Beekmann S, et al. Elements of influenza vaccination programs that predict higher vaccination rates: results of an emerging infections network survey. Clin Infect Dis 2008;46(1):14-19.

Ransom J, Swain GR, Duchin JS. Ethics, public health, and immunization mandates. J Public health Management Practice 2006; 14(4):410-412.

Rea E, Upshur R. Semmelweis revisited: the ethics of infection prevention among health care workers. Canadian Med Assoc. 2001; 164(10):1447-1448.

Stewart AM. Mandatory vaccination of health care workers. N Engl J Med 2009;361(21):2015-7.

Stewart AM, Rosenbaum S. Vaccinating the health-care workforce: state law vs. institutional requirements. Public Health Reports 2010; 125:615-618.

Talbot TR. Improving rates of influenza vaccination among healthcare workers: Educate; Motivate; Mandate? Infection Control and Hospital Epidemiology 2008;29(2):107-108.

Talbot TR, Dellit T, Hebden J, Sama D, Cuny J. Factors associated with increased healthcare worker influenza vaccination rates: Results from a national survey of university hospitals and medical centers. Infection Control and Hospital Epidemiology. 2010;31(5):456-462.

Thompson WW, Shay DK, Weintraub E, et al. Influenza-associated hospitalizations in the United States. JAMA 2004;292:1333-1340.

Tilburt JC, Mueller PS, Ottenberg AL, Poland GA, Koenig BA. Facing the challenges of influenza in healthcare settings: The ethical rationale for mandatory seasonal influenza vaccination and its implications for future pandemics. Vaccine 2008;26S:D27-D30.

van Delden J, Ashcroft R, Dawson A, Marckmann G, Upshur R, Verjweij. The ethics of mandatory vaccination against influenza for health care workers. Vaccine 2008;26:5562-5566.

van den Hoven MA, Verweij MF. Should we promote influenza vaccination of health care workers in nursing homes? Some ethical arguments in favour of immunization. Age Aging 2003;32:487-488.