

ACP Board of Regents Endorses Health Care Worker Vaccination

At its recent meeting on July 14-15, the ACP Board of Regents unanimously approved a recommendation by the ACP Education Committee to institute the following policy:

An annual influenza vaccine should be required for every health care worker with direct patient care activities, unless a medical contraindication to influenza immunization exists, a religious objection to immunization exists, or an informed declination is signed by the health care worker.

The recommendation was brought forward by the Adult Immunization Advisory Board at the June 7 meeting of the Education Committee.

BACKGROUND

The discussion over vaccination of health care workers (HCWs) for influenza must begin with an undisputed set of facts: 1) Influenza vaccines are safe and effective, 2) Unvaccinated HCWs spread influenza to their patients, 3) Hospitalized and other vulnerable patients can have prolonged hospitalizations, severe illnesses, and can die as a result of influenza transmission from HCWs.

Transmission of influenza from HCWs to patients has been documented in nearly every health care setting.¹ Multiple studies show that 70 percent or more of HCWs continue to work despite being ill with influenza, increasing exposure of patients and co-workers.

Serologic studies suggest that up to 25% of HCWs have evidence of influenza infection each season.^{2,3} Influenza can be transmitted while asymptomatic – allowing HCWs to spread the infection to patients and other staff before they know they are ill.⁴ Fifty percent of HCWs who have influenza infections are asymptomatic or have only minor symptoms.⁵

A review of nosocomial influenza outbreaks in the hospital setting compared attack rates of patients with those of HCWs, and found that HCW attack rates mirrored, and even surpassed, patient attack rates in epidemic areas of the hospital.⁶ In addition, the study reported median excess patient mortality rates of 16 percent, with rates in excess of 33 to 60 percent for ICU and transplant units.

LEADERS ON THIS ISSUE

The Centers for Disease Control and Prevention has recommended influenza vaccination for all health care workers since 1981. The major professional societies (see attached compendium) have all endorsed and published recommendations requiring HCWs with direct patient care to be immunized, unless they sign an informed declination. In addition, the new Joint Commission standard (effective January 2007) requires organizations to establish an annual influenza vaccination program, educate staff and physicians about flu vaccination, evaluate vaccination rates and reasons for nonparticipation in the immunization program at the unit level, and implement enhancements to the program to increase participation.

The recommendation of the Adult Immunization Advisory Board is that a series of educational activities be centered on this message:

An annual influenza vaccine should be required for every health care worker with direct patient care activities, unless a medical contraindication to influenza immunization exists, a religious objection to immunization exists, or an informed declination is signed by the health care worker.

In so doing, we are proposing only to do for influenza vaccination of HCW that which we already require for HCWs for hepatitis B, measles, mumps, varicella, and annual TB screening. HCW immunization rates now exceed 96% - 99% after mandatory requirements for rubella, measles, mumps, hepatitis B, and varicella vaccinations. Once OSHA mandated Hepatitis B immunization for HCWs – OR – informed declination, immunization rates skyrocketed and now exceed 99%.

THE EVIDENCE

Immunizing health care workers safely and effectively prevents a significant number of influenza infections, hospitalizations, and deaths among the patients they care for, as well as preventing workplace disruption and medical errors by workers absent from work due to illness, or present at work but ill.^{7,8,9}

Influenza vaccination of HCWs lowers mortality among patients. A study of 20 hospitals found an overall 51% staff vaccination rate in hospitals where vaccine was offered vs. 5% staff vaccination rate in hospitals where influenza vaccine was not offered. Mortality among patients was 13.6% (102/749) in the hospitals providing HCW vaccination vs. 22.4% (154/688) ($P = 0.01$) in hospitals that did not.¹⁰ In another study of 12 hospitals, HCWs *and* patients were randomized to receive influenza vaccine. There was no difference in patient mortality between hospitals with patients who received vaccine and patients who did not. However, the mortality rate among patients in hospitals where HCWs got vaccine was 10%, compared with 17% among hospitals that did not immunize HCWs.¹¹

Influenza vaccination of health care workers results in improved patient safety, improved employee safety, and decreased health care expenditures.^{12,13} In a 2003 study of University of Ontario house staff, house staff reported working during most days they were ill and infectious. Vaccination was associated with a 30% decrease in ILI ($p=0.05$), a 43% decrease in fever and cough ($p=0.03$), and a 63% reduction in absenteeism. Thirty percent of unvaccinated but 60% of vaccinated residents believed flu vaccination should be mandatory, but depended upon the system to make sure they received it.¹⁴

AN ETHICAL OBLIGATION

Vaccinating HCWs against influenza represents a duty of care, and a standard of quality care,^{15,16,17} so it should be reasonable that this duty should supercede HCW personal preference. Internists care for the patients most at risk of influenza-related morbidity and mortality. As Rea and Upshur state “Physicians have an *obligation* to their patients to take all reasonable actions to prevent transmission in the context of patient care.”¹⁸ The needs of the patients we as internists are privileged to care for must come before HCW preference – and as the professional society representing internists, ACP endorses taking such a leadership position.

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**COMPEDIUM OF PROFESSIONAL ORGANIZATIONS SUPPORTING A
REQUIREMENT FOR HCWs TO RECEIVE INFLUENZA VACCINE UNLESS
AN INFORMED DECLINATION IS SIGNED**

1. ANA (American Nurses Association): The ANA has called annual influenza immunization of registered nurses “an ethical responsibility”. Their new web site states ANA is “adamant about nurses receiving flu vaccine...”.
2. SHEA (Society of Hospital Epidemiologists of America) has published a position paper on HCW flu immunization. The major points of this position are as follows:
 - a. All HCWs should receive influenza vaccine annually unless:
 - i. They have a contraindication
 - ii. Actively decline vaccination
 - b. All healthcare facilities should provide annual multi-faceted programs to actively promote vaccination of HCWs
 - c. All healthcare facilities should track and record HCW immunization rates to assess the effectiveness of the program
 - d. Each facility should have a surveillance program for ILI or lab-confirmed influenza to assess the impact of their vaccination program
3. IDSA (Infectious Diseases Society of America). The IDSA Board of Directors considers requiring influenza immunization of all HCWs, with informed declination, to be the “standard of care”.
4. The Expert Panel on Strengthening Adult Immunization (Partnership for Prevention) Published a report entitled: “Make Vaccination of HCWs a Quality Indicator” that put forward the following position: “Direct CMS, as part of its Quality Initiative, to reach agreement with JCAHO to include immunization of HCWs as one of the standards that must be met for accreditation. Facilities should be required to document that vaccines were offered and either administered or not administered with informed refusal.”
5. Multiple state legislatures have now mandated influenza immunization of HCWs (some for all HCWs (n=7), some for HCWs in LTC settings (n=15). In addition, other states and counties are actively considering such legislation.
6. The National Quality Forum (NQF): Voluntary consensus health care standard setting organization, now lists influenza immunization of HCWs as one of 30 safe practices that should be used universally to reduce the risk of harm to patients!
7. Leapfrog Group Hospital Quality and Patient Safety Survey. Has developed 30 safe practices. Safe Practice #26: “Vaccinate healthcare workers against influenza to protect both them and patients from influenza. “Employees refusing vaccination should have this refusal noted”.”

8. Department of Defense: “All military healthcare workers will receive influenza vaccine annually unless medically exempted.”
9. Province of Ontario, Canada: “Influenza vaccine is mandatory for all HCWs.”
10. CDC/ACIP (Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices): “ACIP emphasizes that all health-care workers should be vaccinated against influenza annually, and that facilities that employ health-care workers be strongly encouraged to provide vaccine to workers by using approaches that maximize immunization rates. All health-care workers should be vaccinated against influenza annually. This will protect health-care workers, their patients, and communities, and will improve prevention of influenza-associated disease, patient safety, and will reduce disease burden. Influenza vaccination rates among health-care workers should be regularly measured and reported. Currently, seven states have legislation requiring annual influenza vaccination of health-care workers or the signing of an informed declination, and 15 states have regulations regarding vaccination of health-care workers in long-term-care facilities. Physicians, nurses, and other workers in both hospital and outpatient-care settings, including medical emergency-response workers (e.g., paramedics and emergency medical technicians), should be vaccinated, as should employees of nursing home and chronic-care facilities who have contact with patients or residents.”
11. HICPAC (Hospital Infection Control Practice Advisory Committee): Voted in favor of active declination for HCWs not wishing to receive influenza vaccine. Recommendations include:
 - Educate HCP regarding the benefits of influenza vaccination and the potential health consequences of influenza illness for themselves and their patients, the epidemiology and modes of transmission, diagnosis, treatment, and nonvaccine infection control strategies, in accordance with their level of responsibility in preventing health-care-associated influenza.
 - Offer influenza vaccine annually to all eligible HCP to protect staff, patients, and family members and to decrease HCP absenteeism.
 - **Obtain a signed declination from HCP who decline influenza vaccination for reasons other than medical contraindications.**
 - Monitor HCP influenza vaccination coverage and declination at regular intervals during influenza season and provide feedback of ward-, unit-, and specialty-specific rates to staff and administration.
 - Use the level of HCP influenza vaccination coverage as one measure of a patient safety quality program.
12. AMA (American Medical Association): Endorses requiring all HCWs with direct patient care contact to receive an annual influenza vaccination unless an informed declination is completed.

13. NFID (National Foundation for Infectious Diseases): “Active efforts are needed to improve current HCW influenza immunization programs to protect HCWs and patients.” See www.nfid.org Published “HCW and Influenza Immunization: A Call TO Action”.
14. The Surgeon General, in Healthy People 2010 midcourse review has, for the first time in the history of this decennial document, added influenza immunization of HCWs as a measured goal. The recommendation is to increase such rates from the current baseline of 37%, to a 60% level by 2010.
15. WHO (World Health Organization): Is formally conducting a consultation on the problem of HCW influenza immunization.
16. US Public Health Service: All PHS employees will receive an annual influenza vaccine unless medically exempted. Those not receiving flu vaccine will be ineligible for promotion.”
17. Minnesota Immunization Practices Advisory Committee: Unanimously endorsed the use of active declination forms for all healthcare facility employees.
18. Minnesota Medical Association: Unanimously endorsed influenza immunization for all HCWs and the use of active declination for all HCWs.
19. Minnesota Department of Health: New policy: “All healthcare facility employees must complete and sign an Employee Influenza Immunization Form (an informed refusal form) by November 30 each year and submit it to their supervisor.” This is now considered the standard of care. MDH has developed a model informed refusal form, and set of action steps for using declination forms, and a set of FAQs.
20. Individual clinics/hospitals: Park Nicollet Clinic, Virginia Mason Clinic, Wake Forest University Hospital and Clinics, most of the public health hospitals in NYC, and other hospitals are now mandating influenza immunization of their HCWs with direct patient care contact, allowing for informed declination.
21. Cleveland Clinic Foundation. CCF announced that effective in 2006 influenza vaccination, or active declination, for all HCWs is required. This initiative “was supported by leadership to improve the rate of annual influenza vaccination among employees as a patient safety issue.”
22. European Scientific Working Group on Influenza – publication pending. Critical review of the published literature to evaluate cost-effectiveness of vaccinating HCWs against influenza. Vaccination was found to be cost-saving and the group

concluded “effective implementation (of HCW influenza vaccination programs) should be a priority.”

23. The Association of Perioperative Registered Nurses

24. The American Acaademy of Pediatrics

25. American Society of Health System Pharmacists