SHOULD HEALTH CARE WORKERS TAKE THE INFLUENZA VACCINE?

CAPT Lynn Slepski
CAPT Diann Shaffer

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OBJECTIVES

• Update Commissioned Corps Nurses on the influenza stats for Health Care Workers (HCWs).

• Address fears and concerns about taking the influenza vaccine.

• Encourage CC Nurses to be an example by taking the flu vaccine this year.

• Encouraging CC Nurses to share this information with local HCWs.
"In the 2006-2007 flu season, only 46% of health care workers (HCWs) received the flu vaccine” 

(Personal communication with CAPT R.A. Strikas, National Vaccine Program Office, Department of Health and Human Services, April 24, 2009).
"Influenza-related disease is responsible for an average of approximately 36,000 deaths and 200,000 excess hospitalizations annually in the United States, with higher rates during pandemics"  

INFLUENZA

• Seasonal flu—5-20% of population ill
• 3.1M days of hospitalization; 31.4M outpatient visits
• Average duration of illness is 5-7 days—most go to work
• $10B lost productivity and medical expenses
• 6th leading cause of death in adults
• 2008 115M doses of vaccine distributed
  – Children, pregnant, ≥50, high risk and those who live with or care for high risk
H1N1 FLU INFECTION

As of Jul 10, 2009

- 37,246 reported cases
- > 1 million likely
- 211 deaths
- 48 HCWs
  - Half acquired at work
  - Of those 50% outpatient
  - None reported complete adherence to CDC interim infection control recommendations (MMWR May 18, 2009)
H1N1 FLU INFECTION

June 11 declared a global pandemic
– Today 120 countries
– Spread around the globe in less than 6 weeks
– WHO recommends vaccination of HCWs first
IMPORTANCE OF IMMUNIZATIONS FOR HCWs

- Prevention of nosocomial infections
- Strengthen immune system
- Prevent nosocomial transmission
- Provide active and passive protection against vaccine-preventable diseases
- Reduce staff illnesses and absenteeism
- Provide added protection for immunocompromised HCWs
- Be able to conduct and/or perform research or health-care work in foreign countries
HCW IMMUNIZATION

Since 1984, CDC’s Advisory Committee on Immunization Practices has recommended that all HCWs be vaccinated.

Rates of 80% or higher needed to provide “herd immunity” that prevents healthcare associated influenza.
HCW IMMUNIZATION

2006 JCAHO infection control standard requires accredited hospitals, critical access hospitals and long term care facilities to offer influenza vaccine to HCWs.

Healthy People 2010 goal—achieving vaccination levels $\geq 60\%$ HCWs

ANA supports education, aggressive vaccination programs and use of declination forms. No position on tracking rates.
ADVANTAGES OF TAKING VACCINATIONS

You may experience one or more of the following benefits of being up to date with your immunizations:

• Be a good role model

• Incur fewer sick days

• Enjoy good health
Goldstein, Kincade, Gamble, and Bearman (2004) stated that HCWs are one of the main ways that the flu is transmitted to patients.

HCWs can cause outbreaks of the flu within their own healthcare facility, and must do all they can to protect the elderly and high-risk patients (Burls, et al., 2006).
Non-vaccinated HCWs are costing millions of dollars annually through medical treatments for the flu and lost workdays (Foster, 2008).

Flu immunizations lower morbidity and mortality rates among children, elderly and high-risk groups (Walker, Singleton, Lu, Wooten & Strikas, 2006).

HCWs don’t fully comprehend the implications and consequences of spreading the flu to these high risk populations (Hoffman, Ferracin, Marsh & Dumas (2006).
REASONS WHY INDIVIDUALS DO NOT TAKE THE FLU VACCINE

1. Lack of concern
2. Lack of perception of own risk
3. Doubts about vaccine efficacy
4. Fear of adverse reactions
5. Self-perceived contra-indications
6. Dislike of injections
7. Avoidance of medications
8. Lack of availability
9. Inconvenient delivery

(Hollmeyer, Haden, Poland and Buchholz, 2009)
REALITY

1. Most effective way to prevent influenza and its complications
2. 70-90% protection in healthy adults
3. In populations where vaccine is less effective (elderly), reduces severity of disease by 50-60% and deaths by 80%
4. In persons <65, reduces influenza-like illnesses, absenteeism and physician visits
5. Vaccination of HCWs in long term facilities significantly reduced mortality among patients
STRATEGIES THAT WORK

Organizations that....
– Offer the vaccine alone without active promotion had acceptance rates 5-19%
– Actively promoted 26-54%
– Active campaigns year after year 61-97%

(Pottinger and Herwaldt, 2000)
So what if HCWs refuse to take the influenza vaccine?
MANDATING FLU VACCINE

• The American Society of Health System Pharmacists (ACHP) now “recommends requiring employees to be immunized as a condition of work” (Lugo, 2007, p. 3).

• “To date, seven states mandate influenza vaccination or require HCWs to sign formal declinations, and 15 states mandate influenza vaccination in long term care…” (Olendar, 2008, p. 33).
MANDATING FLU VACCINE

VIRGINIA MASON HOSPITAL CASE

- U.S. Court of Appeals for the 9th Circuit upheld a grievance filed by the Washington State Nurses Association after the Virginia Mason Hospital mandated that their employees had to take the influenza vaccine in 2004. (Rosenbaum, 2008).

- The court could not uphold the hospital’s rationale when the hospital could not present any case where a hospital had ever been litigated for “failure to prevent a preventable infection” (p. 665).
The Nursing Code of Ethics states that a “nurse’s primary commitment is to the patient” (ANA, 2009, Provision #2). When situations arise that create a conflict with this commitment, nurses must “strive to resolve such conflicts in ways that ensure patient safety, guard the patient’s best interests and preserve the professional integrity of the nurse” (ANA, 2009, Provision 2.2, Conflict of Interest for Nurses, ¶ 1).
CONCLUSION

• Despite evidence that influenza vaccines are effective, protect both HCWs and their clients and result in cost savings, most HCWs still do not get annual vaccines

• CC Nurses can be an example by taking the flu vaccine this year.

• You can support HP2010 goals by sharing this information with local HCWs.
May 29, 2008

- Assistant Secretary for Health announced a toolkit and related strategies to improve influenza vaccination among HCWs at HHS.
- Includes tools for healthcare organizations, professional schools, professional organizations and HCW leaders
- www.hhs.gov/ophs/programs/initiatives/vaccine/toolkit/index.html
RESOURCES

- Information on CDC’s website
  [www.cdc.gov/flu](http://www.cdc.gov/flu)

- Free flu materials at

- Video on National Influenza Vaccine Summit's website at
  [www.preventinfluenza.org](http://www.preventinfluenza.org)
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