

12-14

STATEMENT OF POLICY

Influenza Vaccinations for Health Care Personnel

Policy

The National Association of County and City Health Officials (NACCHO) urges health care employers and local health departments to require influenza vaccination for all staff as a condition of employment. The Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC), also recommend yearly influenza vaccination for health care personnel (HCP).¹ Health care personnel is defined as anyone who works or volunteers in a health care setting and/or local health department whose job may call for direct or indirect client contact. NACCHO stresses the importance of implementing prevention strategies that will reduce the spread of influenza infection among HCP and their clients to decrease the annual burden on the overall health care system.

To further assure that influenza vaccination programs are efficient and effective, NACCHO asserts that all health care employers and local health departments should do the following:

- Establish comprehensive influenza infection prevention programs, as recommended by the CDC.
- Integrate influenza vaccination programs into existing infection prevention programs or occupational health programs to make it as easy as possible for HCP to receive annual influenza vaccinations
- Use standardized methodology to measure HCP influenza rates across settings, to link vaccine coverage levels with quality improvement activities, such as implementing incentives, penalties, or requirements, that facilitate adoption of vaccine coverage to inform best practices.

Justification

The CDC estimates since 2010, there have been 12,000 – 52,000 influenza-associated deaths each year in the United States.² On average, more than 200,000 people are hospitalized annually for respiratory illness and heart conditions caused by seasonal influenza virus infections.³ Close contact with HCP while seeking care may put clients at higher risk for influenza and its complications, especially those with underlying conditions and/or those who frequently require health care services. Unvaccinated HCP have been implicated as sources of influenza infections in outbreaks among adults and children in both acute and long-term care settings.⁴ Immunization is an essential strategy to protect clients and HCP from influenza infections.



Despite CDC recommendations for HCP to be vaccinated against influenza, only 80.6% of all HCP reported receiving an influenza vaccination during the 2019–20 season.⁵ However, among personnel whose employer required vaccination, 94.4% of HCP were vaccinated.⁵ Where employers did not have a policy or recommendation, the levels of coverage were less than 70% (69.9%).⁵ At 49.9%, flu vaccination coverage was lowest among HCP who work in long term care facilities without vaccination requirements, a setting with many clients at high risk for complications from the flu that regularly experience annual outbreaks and influenza-related resident deaths.⁵

A national survey of 1,062 hospital infection preventionists conducted between 2013–2017 found that 61.4% of the hospitals surveyed had implemented an institutional requirement for influenza vaccination.⁶ Immunizing HCP provides three benefits:

1. Directly protecting HCP from influenza for their own health;⁷
2. Minimizing loss of critical health care staff during the influenza season; and
3. Protecting other HCP and patients with whom they come in contact, many of whom are at high risk for complications of influenza.⁸

Additionally, multiple studies have demonstrated that influenza vaccination in HCP protects against illness in all health care settings, leading a host of health care and public health organizations to support their implementation. In a 2010 position paper, the Society for Healthcare Epidemiology of America (SHEA) endorsed mandatory influenza vaccination for HCP, describing influenza vaccination as a core client and HCP safety practice.⁹ In 2015, the National Patient Safety Foundation reissued its 2009 policy statement in which it endorsed mandatory influenza vaccination of HCP to protect the health of clients, health care workers, and the community.^{9, 15} In addition, the Infectious Disease Society of America supports a policy in which influenza vaccination is a condition of employment, unpaid service, or receipt of professional services.¹⁰ As critical providers of health care services in communities, local health department staff also serve an important role in preventing influenza through high vaccine uptake

Local health departments, which emphasize prevention of disease, are obligated to use safe and effective measures to protect their staff and clients, many of whom access public health resources specifically to avoid getting diseases such as influenza. A mandatory influenza vaccination policy, as a condition of employment, is an evidence-based strategy to ensure high immunization rates among public health staff.

Health care employers and local health departments should adopt policies to provide a framework for influenza prevention strategies which protect the employees and the clients of the practice or institution. These programs require buy-in from leadership, and should strive to offer vaccinations at convenient times and at no cost for HCP, in tandem with educational resources and plans to alleviate language and cultural barriers.¹¹

Influenza vaccination should not be a stand-alone prevention activity, but rather a key component of an overall infection control plan for hospitals, practices, and local health departments. All plans should also include the environmental and infection prevention measures as outlined in CDC's *Prevention Strategies for Seasonal Influenza in Healthcare Settings*.¹² A

comprehensive influenza infection prevention plan is the most effective method to protect HCP and their clients from influenza infection.¹³

Health care employers and local health departments should measure annual employee vaccination rates. Standardized methods are needed to measure HCP influenza vaccination rates across health care settings, including local health departments. Publicly reporting individual facility influenza vaccination rates as an indicator of an institution's commitment to the delivery of safe, quality care can help to increase influenza vaccination rates.¹¹ The Center for Medicare and Medicaid Services (CMS) mandates reporting of influenza vaccination rates among HCP in hospitals. In addition, CMS requires acute care hospitals to report HCP influenza vaccination rates through the CDC's National Healthcare Safety Network system.¹⁴

Standardization for HCP vaccination rates is necessary to increase vaccination coverage across health care settings and jurisdictions. Local health departments, as the primary health strategists in counties and cities across the country, should lead the way in demonstrating their commitment to influenza prevention strategies. To this end, local health departments should consider collecting and sharing data on their influenza vaccination levels with their jurisdictions.

References

1. CDC. 2020. *Influenza Vaccination Information For Health Care Workers | CDC*. [online] Available at: <<https://www.cdc.gov/flu/professionals/healthcareworkers.htm>> [Accessed 9 February 2021].
2. Centers for Disease Control and Prevention. (2022). *The Disease Burden of Flu*. Retrieved February 2, 2022 from <https://www.cdc.gov/flu/about/burden/index.html>
3. Thompson, W., et al. (2004). Influenza-associated hospitalizations in the United States. *JAMA*. 292 (11): pp. 1333-1340. Retrieved February 2, 2022 from <https://pubmed.ncbi.nlm.nih.gov/15367555/>
4. Vanhems, P., et al. (2011). Risk of influenza-like illness in acute health care settings during community influenza epidemics in 2004-2005, 2005-2006, and 2006-2007: a prospective study. *Arch Intern Med*, 171 (2):pp.151-157. Retrieved February 2, 2022 from <https://pubmed.ncbi.nlm.nih.gov/21263105/>
5. Centers for Disease Control and Prevention. (2020). *Influenza Vaccination Coverage Among Health Care Personnel — United States, 2019–20 Influenza Season*. Retrieved January 27, 2022 from https://www.cdc.gov/flu/fluview/hcp-coverage_1920estimates.htm.
6. Greene MT, Fowler KE, Ratz D, Krein SL, Bradley SF, Saint S. Changes in Influenza Vaccination Requirements for Health Care Personnel in US Hospitals. *JAMA Netw Open*. 2018;1(2):e180143. doi:10.1001/jamanetworkopen.2018.0143. Retrieved March 26, 2021 from <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2682876>
7. *Influenza Vaccination Honor Roll*. Retrieved February 9, 2021 from <https://www.immunize.org/honor-roll/influenza-mandates/>
8. Hayward, A., et al. (2006). Effectiveness of an influenza vaccination programme for care home staff to prevent death, morbidity, and health services use among residents: cluster randomised controlled trial. *BMJ*, 333 (7581): pp.1241. Retrieved February 2, 2022 from <https://www.bmj.com/content/early/2005/12/31/bmj.39010.581354.55>
9. Talbot, T., Babcock, H., et al. (2010). Revised SHEA position paper: influenza vaccination for healthcare personnel. *Infection Control and Hospital Epidemiology*, 31 (10): pp. 987-995. Retrieved February 2, 2022 from <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/revised-shea-position-paper-influenza-vaccination-of-healthcare-personnel/E83D4D87FBBD80C66A2A4926D00F4B8>
10. Infectious Disease Society of America. (2010). *IDSAs Policy on Mandatory Immunization of Health Care Workers against Seasonal and Pandemic Influenza*. Retrieved February 9, 2021 from https://www.idsociety.org/globalassets/idsa/policy--advocacy/current_topics_and_issues/immunizations_and_vaccines/health_care_worker_immunization/statements/idsa-policy-on-mandatory-influenza-immunization-of-health-care-workers-pdf

11. NVAC Adult Immunization Work Group – Health Care Personnel Influenza Vaccination Subgroup. (2012). *Draft: Recommendations on Strategies to Achieve the Healthy People 2020 Annual Goal of 90% Influenza Vaccine Coverage for Health Care Personnel*, V1.9, pp. e ii – iii. Retrieved February 2, 2022 from https://www.hhs.gov/sites/default/files/nvpo/nvac/influenza_subgroup_final_report.pdf
12. Centers for Disease Control and Prevention. *Prevention Strategies for Seasonal Influenza in Healthcare Settings*. Retrieved February 9, 2021, from <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>.
13. Pearson, M., Bridges, C., and Harper, S. (2006). Influenza vaccination of health care-personnel: recommendations of the Health care Infections Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*, 55 (RR-02): pp. 1-16. Retrieved February 2, 2022 from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm>
14. Centers for Disease Control and Prevention. (2020). *The National Healthcare Safety Network (NHSN) Manual, Healthcare Personnel Safety Component*. Retrieved January 27, 2022 from: https://www.cdc.gov/nhsn/pdfs/hps-manual/hps_manual-exp-plus-flu-portfolio.pdf
15. Infectious Disease Society of America. (2013). *IDSAs, SHEA, and PIDS Joint Policy Statement on Mandatory Immunization of Health Care Personnel According to the ACIP-Recommended Vaccine Schedule*. Retrieved January 27, 2022 from https://secureservercdn.net/192.169.221.188/d0e.59e.mwp.accessdomain.com/wp-content/uploads/2021/11/IDSA_SHEA_PIDS-Policy-on-Mandatory-Immunization-of-HCP.pdf
16. Centers for Disease Control and Prevention. (2020). *NHSN Reports*. Retrieved February 9, 2021 from <https://www.cdc.gov/nhsn/datastat/index.html>.

Record of Action

Proposed by NACCHO Immunization Workgroup

Approved by NACCHO Board of Directors November 14, 2012

Updated January 2017

Updated February 2022