

12-14

STATEMENT OF POLICY

Influenza Vaccinations for Healthcare 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. This mandate is necessary to achieve the Healthy People 2020 annual goal of 90 percent influenza vaccine coverage 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 burden on the overall health care system.

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

- Establish comprehensive influenza infection prevention programs as recommended by the Centers for Disease Control and Prevention (CDC).
- Integrate influenza vaccination programs into existing infection prevention programs or occupational health programs.
- Use standardized methodology to measure HCP influenza rates across settings linking vaccine coverage levels and quality improvement activities and implement incentives, penalties, or requirements that facilitate adoption of vaccine coverage.

Justification

The CDC estimates that there are 3,000 to 49,000 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 infection.³ Clients who are at higher risk for influenza and its complications have frequent close contact with HCP while seeking inpatient and outpatient 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 the most effective way to protect clients and HCP from influenza infections.

HCP immunization is a vital step to protect those at high risk from severe influenza infections. Despite CDC recommendations for HCP to be vaccinated against influenza, the rates among this group remain well below the Healthy People 2020 goal of 90 percent.



During the 2014-15 early influenza season, only 64.3% of HCP received flu vaccination although among personnel whose employer required vaccination, the levels were much higher (85.8%). Where employers did not have a policy or recommendation, the levels of coverage were less than 50% (43.4%). Flu vaccination coverage was lowest among HCP who work in long term care facilities, settings with a many clients at high risk for complications from the flu.^{5, 15}

A national survey of acute-care hospitals found that 55.6 percent 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 client with whom they come in contact, many of whom are at high risk for complications of influenza.⁸

Multiple studies have demonstrated that vaccinating HCP against influenza protects against illness in all healthcare settings. In a 2010 position paper, the Society for Healthcare Epidemiology of America (SHEA) endorsed mandatory influenza vaccination for HCP. SHEA described 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, 16} 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 While public health care occurs in settings different from those described in the position papers, the same biological and ethical rationales apply to local health department staff.

Local health departments, with their emphasis on prevention of disease, are obligated to use a 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 the measure most likely 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 to protect the employees and the clients of the practice or institution. These programs need buy-in from leadership, with particular emphasis on offering 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 prevention should not be a stand-alone activity. It needs to be viewed as part of an overall infection control plan for hospital, practice, or local health department. All plans should also include the environmental and infection prevention measures as outlined in CDC's *Prevention Strategies for Seasonal Influenza in Health care Settings*.¹² An 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 vaccination rates of their employees. There is a need for standardizing the methodology used to measure HCP influenza

vaccination rates across health care settings such as local health departments. 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 Recently, the Center for Medicare and Medicaid Services (CMS) mandated reporting of influenza vaccination rates among HCP in hospitals. In addition, starting in January 2013, CMS requires acute care hospitals to report HCP influenza vaccination rates through the CDC's National Healthcare Safety Network system. Those that fail to report the quality measures will be subject to a two percent payment reduction.¹⁴ This requirement has resulted in an increase in the rate of HCP influenza vaccination in acute care hospitals from 81.8% in 2013-14 to 86.4% in 2015-16.¹⁷

Standardization for HCP vaccination rates is necessary to provide comparable data that can be used to determine the Healthy People 2020 goal of 90 percent influenza vaccination coverage for HCP. 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 collect and share data on their influenza vaccination levels with their jurisdictions.

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Record of Action

Proposed by NACCHO Immunization Workgroup

Approved by NACCHO Board of Directors November 14, 2012

Updated January 2017