

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) and the Healthcare Infection Control Practices Advisory Committee (HICPAC), also recommend yearly influenza vaccination for health care personnel (HCP).¹ Health care personnel are defined as anyone who works or volunteers in a health care setting and/or local health department whose duties may involve direct or indirect contact with patients. NACCHO emphasizes the importance of implementing prevention strategies that reduce the transmission of influenza infection among HCP and their patients to decrease the annual burden on the overall health care system and preserve access to health care resources.

To ensure influenza vaccination programs are efficient and effective, NACCHO asserts that all health care employers and local health departments should:

- Establish comprehensive influenza infection prevention programs in accordance with CDC recommendations.
- Integrate influenza vaccination programs into existing infection prevention programs or occupational health programs to make annual vaccination against influenza as accessible as possible to HCP.
- Use standardized methods to measure HCP influenza rates across settings and link vaccine coverage data to quality improvement activities, such as implementing incentives, penalties, or requirements, to support increased vaccine uptake and inform best practices.

Justification

Since 2010, the CDC estimates that influenza has resulted in 12,000 – 52,000 influenza-associated deaths annually in the United States.² On average, more than 200,000 individuals are hospitalized each year for respiratory illness and cardiovascular complications related to seasonal influenza infections.³

Patients seeking health care may be at increased risk for influenza and its complications due to close contact with HCP, particularly those with underlying medical conditions or those who require frequent health care services. Unvaccinated HCP have been implicated as sources of influenza transmission during outbreaks among adults and children in both acute and long-term care settings.⁴ Immunization remains a critical and essential strategy to protect clients and HCP from influenza infection and its associated complications.

Despite recommendations that HCP receive annual influenza vaccination, vaccination coverage remains suboptimal in many settings. During the 2023-2024 influenza season, 75.4% of all HCP reported receiving an influenza vaccination.⁵ In contrast, vaccination coverage was substantially higher at 97.5% among HCP whose employer required annual influenza vaccination.⁵ Where employers had no vaccination policy or recommendation, the levels of coverage were considerably less at 38.8%.⁵ Influenza vaccination coverage was lowest at 49.9% among HCP working in long-term care facilities without vaccination requirements. This is particularly concerning given that they serve populations at highest risk for severe influenza-related complications, including death, and these facilities routinely experience outbreaks.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 Evidence demonstrates that immunizing HCP provides multiple benefits, including:

1. Direct protection of HCP from influenza, promoting their own health and wellbeing;⁷
2. Reduction in absenteeism and preservation of critical health care staffing during influenza season; and
3. Protection of patients and other HCP with whom they interact, many of whom are at increased risk for severe influenza-related complications.⁸

Multiple studies have demonstrated that influenza vaccination among HCP reduces illness across all health care settings, leading numerous health care and public health organizations to support workplace vaccination requirements. In a 2026 position paper, the Society for Healthcare Epidemiology of America (SHEA) endorsed mandatory influenza vaccination for HCP, identifying it as a core patient and HCP safety practice.⁹ In 2015, the National Patient Safety Foundation reissued its 2009 policy statement endorsing mandatory influenza vaccination of HCP to protect the health of patients, health care workers, and communities.^{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 within their communities, local health department staff also serve an important role in preventing influenza transmission through high vaccine uptake. Local health departments, which prioritize disease prevention, have an obligation to use safe and effective measures to protect both staff and patients, many of whom access public health services specifically to avoid infectious diseases such as influenza. Implementing a required influenza vaccination policy as a condition of employment is an evidence-based strategy to ensure high immunization rates among public health personnel.

Health care employers and local health departments should adopt policies that establish a comprehensive framework for influenza prevention, protecting both employees and the patients they serve. Successful programs require leadership support and should provide influenza vaccinations at no cost and at convenient times for HCP, alongside educational resources and strategies to address language and cultural barriers.¹¹

Influenza vaccination should not be implemented as a stand-alone intervention, but rather as a core component of a comprehensive infection prevention and control program for hospitals, practices, and local health departments. These programs should also incorporate 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 approach to protecting HCP and their patients from influenza infection.¹³

Health care employers and local health departments should routinely measure and monitor annual employee vaccination rates. Standardized methods are essential for accurately measuring HCP influenza vaccination coverage across health care settings, including local health departments. Public reporting of individual facility-level influenza vaccination rates serves as an indicator of an institution's commitment to safe, high-quality care and been shown to encourage higher vaccination coverage among HCP.¹¹ The Center for Medicare and Medicaid Services (CMS) mandates the reporting of influenza vaccination rates among HCP in hospitals. Acute care hospitals are required to submit HCP influenza vaccination data through the CDC's National Healthcare Safety Network (NHSN).¹⁴ These reporting requirements reinforce the importance of standardized data collection and accountability in improving vaccination coverage.

Standardization for HCP vaccination rates is essential to increasing vaccination uptake across health care settings and jurisdictions. As primary health strategists within counties and cities across the country, local health departments should lead by example in demonstrating their commitment to influenza prevention. To support this effort, local health departments should routinely collect, monitor, and share employee influenza vaccination coverage data with their governing bodies and communities.

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Record of Action

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