

First do no harm

Protect patients by making sure all staff receive yearly influenza vaccine!

Healthcare employers are not only strongly encouraged to increase their employees' influenza immunization rates, in some instances, their organization's accreditation depends on it! In 2006, the Centers for Disease Control and Prevention (CDC) published vaccination influenza recommendations for healthcare settings, and in 2007, The Joint Commission established influenza infection control standards.

Big changes have taken place in influenza vaccination of healthcare personnel (HCP): The responsibility for increasing the rates of HCP influenza vaccination is rapidly shifting from the employee to the employer.

What's happened?

At CDC: In February 2006, CDC published "Influenza Vaccination of Health-Care Personnel." These recommendations "apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician offices, urgent care centers, and outpatient clinics, and to persons who provide home healthcare and emergency medical services." They were issued jointly by HICPAC (the Healthcare Infection Control Practices Advisory Committee) and ACIP (the Advisory Committee on Immunization Practices). The summary box in the right column presents an overview, including the recommendation that employers vaccinate employees at the work site at no cost. To obtain a copy of the complete recommendations, go to: www.cdc.gov/mmwr/PDF/rr/rr5502.pdf.

At The Joint Commission: In January 2007, a new infection control standard of The Joint Com-

mission went into effect. It requires accredited organizations to offer influenza vaccinations to staff, volunteers, and licensed independent practitioners who have close patient contact. The standard is an accreditation requirement for the Critical Access Hospital, Hospital, and Long Term Care accreditation programs.

Why is it happening?

The short answer is because HCP influenza vaccination rates remain appallingly low, and unvaccinated HCP are infecting vulnerable patients with influenza. Only half of HCP were vaccinated against influenza in the 2008–09 season, even though ACIP has urged annual influenza vaccination for HCP since 1981. Further, influenza transmission has been documented among patients in a variety of clinical settings, and infections have been linked to unvaccinated HCP. Clearly, we are doing our patients harm.

What should your healthcare facility do to comply?

In the box below are practical online resources healthcare organizations will find valuable in creating influenza vaccination programs for employees.

Practical resources for vaccinating HCP against influenza

Centers for Disease Control and Prevention
Read "Influenza Vaccination of Health-Care Personnel" at www.cdc.gov/mmwr/PDF/rr/rr5502.pdf. Access CDC's Influenza web page: www.cdc.gov/flu

National Influenza Vaccine Summit (NIVS)
(Co-sponsored by the American Medical Association and CDC). See the NIVS Healthcare Workers home page: www.preventinfluenza.org/professionals.asp

The Joint Commission
Visit "Strategies for Implementing Successful Influenza Immunization Programs for Health Care Personnel Project": www.jointcommission.org/PatientSafety/InfectionControl/flu_monograph.htm

U.S. Dept. of Health & Human Services (HHS)
See the HHS "Health Care Personnel Initiative to Improve Influenza Vaccination Toolkit": www.hhs.gov/ophis/initiatives/vacctoolkit

Immunization Action Coalition (IAC)
Get these IAC print materials online:

- ♦ "Standing Orders for Administering Influenza Vaccine to Adults"
www.immunize.org/catg.d/p3074.pdf
- ♦ "Screening Questionnaire for Injectable Influenza Vaccination"
www.immunize.org/catg.d/p4066.pdf
- ♦ "Screening Questionnaire for Intranasal Influenza Vaccination"
www.immunize.org/catg.d/p4067.pdf
- ♦ "Declination of Influenza Vaccination" form
www.immunize.org/catg.d/p4068.pdf

Summary of CDC's HICPAC / ACIP Recommendations

The committees that developed and endorsed these recommendations included persons with expertise in infectious diseases, infection control, pediatrics, vaccinology, internal medicine, and public health. The recommendations are as follows:

- **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. Use of either available vaccine (i.e., inactivated [TIV] or live attenuated influenza vaccine [LAIV]) is recommended for eligible persons.
- **Provide influenza vaccination to HCP at the work site and at no cost** as one component of employee health programs. Use strategies that have been demonstrated to increase influenza vaccine acceptance, including vaccination clinics, mobile carts, vaccination access during all work shifts, and modeling and support by institutional leaders.
- **Obtain a signed declination from HCP who decline vaccination** for reasons other than medical contraindications.
- **Monitor HCP 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.**

Visit IAC's
"Honor Roll for Patient Safety"
to view stellar examples of
influenza vaccination mandates
in healthcare settings at

www.immunize.org/honor-roll