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Health care worker, vaccinate thyself: Toward better compliance with influenza vaccination

DESPITE THE BENEFITS of annual influenza vaccination, less than one third of the approximately 210 million Americans targeted for vaccination will receive flu shots this year. This targeted group—73% of the US population—includes all children 6 to 23 months of age, the elderly, and, of importance, health care personnel.

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Annual vaccination is the best way to reduce sickness and death from influenza in high-risk patient populations, to reduce absenteeism from work in healthy adults, and to reduce health care-associated transmission of influenza.[1–3] The 2006–2007 trivalent influenza vaccine contains three strains of inactivated viruses—one cannot acquire the flu by being vaccinated with this type of vaccine—and the supply is expected to be ample. Vaccinating the target groups would go a long way toward preventing the more than 30,000 deaths and 100,000 hospitalizations attributed to influenza each year. The issue is especially important in this era of pandemic flu preparedness.

But how can we get more people who *should* be vaccinated—including health care workers—to actually *be* vaccinated?

Dr. Kristin Nichol has been a champion for influenza vaccination, and her review of strategies for improving vaccination rates among adults in this issue of the *Cleveland Clinic Journal of Medicine* is timely.[4] To improve immunization rates, we need to remove barriers such as inconvenience and cost and to educate clinicians and the public about vaccine safety and efficacy and why they should be vaccinated. Above all, we need to set up systems to boost vaccination rates.

TARGETING HEALTH CARE WORKERS

The focus on immunizing health care workers every year is now considered a patient safety issue. In June 2005, the National Foundation for Infectious Diseases, the US Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) endorsed recommendations that hospitals and other health care settings implement policies and programs to improve influenza vaccination rates among health care personnel.[5]

HICPAC and ACIP subsequently summarized current recommendations concerning influenza vaccination of health care personnel and made two new recommendations to increase vaccination rates[6]:

- A signed statement should be obtained from personnel who decline to be vaccinated for reasons other than medical contraindications; and
- Rates of influenza immunization and declination should be monitored at regular intervals during the influenza season, and this information should be provided to staff and administration by ward, nursing unit, and specialty.

At the Cleveland Clinic, no one is forced to get a flu shot, but everyone must log in and be counted

At Cleveland Clinic, with the support of our leaders, we introduced a process for complying with the new HICPAC-ACIP recommendations during the 2005–2006 flu season.[7] No one is forced to get a flu shot, but everyone must log on to Cleveland Clinic's internal Web site, read a message about why they should be vaccinated, and then, if they still choose not to, formally declare that they are declining. More than 90% of our workers participated, and the vaccination rate increased from 38% to 58%! The system gives us the ability to monitor vaccination rates by location or occupation day by day and may allow us in the future to target interventions in departments and nursing units where rates are low. Educational links were available on the internal Web site.

Should vaccination be made mandatory for all health care workers, except for those with valid medical contraindications? The ethical and moral arguments include weighing individual rights against the benefits for a large group of compromised patients.[8] The benefits of vaccinating health care workers and the safety and efficacy of the trivalent inactivated vaccine are well documented. If large numbers of workers continue to decline vaccination under voluntary programs, with easy access to vaccine and education, then consideration of mandatory programs may be warranted. At our institution, we have opted for "mandatory participation" for all health care personnel (ie, everyone must log in and be counted) in annual influenza vaccination and use our internal Web tool to provide information for planning targeted education programs.

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