National and State Policy Direction

Vaccination remains the single most effective prevention measure available against influenza and can prevent many illnesses, deaths and losses in productivity. Since most health care personnel provide care to, or are in frequent contact with, patients at high risk for complications of influenza, health care personnel are a high priority for expanding vaccine use. Achieving and sustaining high vaccination coverage among health care personnel will protect staff and their patients, reduce disease burden and decrease health care costs.

The Centers for Disease Control and Prevention (CDC) and numerous other professional societies and public health agencies have outlined strategies to improve health care personnel influenza vaccination rates. These have included educational programs that emphasize the importance of health care personnel vaccination for staff and patients, organized campaigns that promote and make vaccine readily available, and vaccination of senior medical staff or opinion leaders as role models. Despite the use of these and other enhanced methods to increase vaccination rates, modest progress has been made in improving health care personnel influenza vaccination rates. About two-thirds of all health care workers got the influenza vaccination during the 2011-12 flu season, and 86 percent of physicians were immunized, said the September 28, 2012 *Morbidity and Mortality Weekly Report* published by the Centers for Disease Control and Prevention. The immunization rate for health workers in long-term-care facilities was 52 percent, compared with 68 percent in physician offices and 77 percent in hospitals. Health care organizations that require their employees to get flu shots achieve an average immunization rate of 98 percent, the CDC said. Despite long-standing recommendations by the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), CDC, and other national health care organizations, the response to voluntary vaccination has not risen significantly over the past decade. Even among health care organizations with aggressive voluntary campaigns, 30 percent to 50 percent of health care personnel remain unvaccinated.

The CDC also has recommended that institutions give consideration to the use of signed declination statements for those refusing vaccines. Signed declination policies have been utilized in multiple settings with varying levels of success. A CDC survey that reported responses from 45 organizations with declination policies showed that use of declination policies was associated with only a mean 11.6 percent increase in health care personnel influenza vaccination rates.

Multiple Wisconsin hospitals, physicians, pharmacists, nursing homes and health systems have taken a lead in patient safety by implementing mandatory health care personnel influenza vaccination policies to achieve near 100 percent vaccination rates. WHA conducted a survey of Wisconsin hospitals and health systems in August 2012. The results of this survey (Table 1) show that those hospitals and systems that have implemented a mandatory policy are achieving the highest levels of performance. As part of this same survey over 60 percent of the same organizations reported being supportive of implementing a policy that makes influenza vaccination a condition of employment.

Table 1: WHA Hospital Survey – August 2012

Policy	Average Rates of Vaccination
Vaccination as a condition of employment	99%
Vaccination or mask	88%
Vaccination or declination form	74%
Voluntary vaccination	72%

The Wisconsin Department of Public Health (DPH) has also studied the effectiveness of vaccination processes in both hospitals (Table 2) and nursing homes (Table 3) for the 2011-2012 influenza season. The DPH study replicates the results obtained by WHA and seen nationally by CDC.

Table 2: DPH 2011–2012 Median Hospital Employee Influenza Vaccination Rates

	Number of Hospitals	Median Vaccination Rate
Hospitals with mandates	**34 of 131 (26%)**	**98%**
Hospitals using declination forms	**90 of 131 (69%)**	**78%**
Hospitals with no mandate or use of declination forms	**7 of 131 (5%)**	**73%**

Table 3: DPH 2011–2012 Median Nursing Home Employee Influenza Vaccination Rates

	Number of Hospitals	Median Vaccination Rate
Nursing homes with mandates	**35 of 279 (12%)**	**99%**
Nursing homes using declination forms	**209 of 279 (75%)**	**81%**
Nursing homes with no mandate or use of declination forms	**35 of 279 (12%)**	**60%**

The Joint Commission's current standards pertaining to influenza vaccination for staff and licensed independent practitioners (IC.02.04.01) include the following:

- The hospital establishes an annual influenza vaccination program that is offered to licensed independent practitioners and staff.
- The hospital educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission and impact of influenza.
- The hospital provides influenza vaccination at sites accessible to licensed independent practitioners and staff.
- The hospital includes the goal of improving influenza vaccination rates in its infection control plan.
- The hospital sets incremental influenza vaccination goals, consistent with achieving the 90 percent rate for 2020 (See HHS Action Plan to Prevent Health Care Associated Infections).
- The hospital develops a written description of the methodology used to determine influenza vaccination rates. All hospital staff and licensed independent practitioners are to be included in the methodology for determining the influenza vaccination rates.
- The hospital evaluates the reasons given by staff and licensed independent practitioners for declining the influenza vaccination at regular intervals as defined by the hospital, but at least annually.
- The hospital improves its vaccination rates according to its established goals and at regular intervals as defined by the hospital, but at least annually.
- The hospital provides influenza vaccination rate data to key stakeholders which may include leaders, licensed independent practitioners, nursing staff and other staff at least annually.

Professional societies, including the Association for Professionals in Infection Control and Epidemiology (APIC), Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America, Immunization Action Coalition and the American College of Physicians have recommended that influenza

vaccination be made mandatory for health care personnel. They point out that even with interventions that promote and provide free and accessible vaccine, health care organizations regularly achieve only 40 percent to 60 percent vaccination rates. In 2011, the American Hospital Association's Board of Trustees approved a policy supporting mandatory patient safety policies that require either influenza vaccination or wearing a mask in the presence of patients across all health care settings during flu season.

The Centers for Medicare & Medicaid Services (CMS) began requiring all hospitals subject to Inpatient Prospective Payment System (IPPS) rules to report influenza vaccination rates for health care personnel in January 2013, as part of the federal government's Hospital Inpatient Quality Reporting Program. It is anticipated this measure will be incorporated into the CMS value-based purchasing incentive program for IPPS hospitals. Wisconsin's Department of Health Services has included health care personnel influenza vaccinations as part of its Medicaid hospital pay-for-performance program that applies to all hospitals. Failure to achieve high rates of vaccination will eventually result in penalties and lost financial incentives for all hospitals.

Health care organizations also benefit from increased vaccination rates. Results of a study published in the New England Journal of Medicine in 1995 (333: 889-893; October 5, 1995) showed that immunized workers had 25 percent fewer upper respiratory illnesses, 43 percent fewer days of sick leave from work due to upper respiratory illness and 44 percent fewer visits to physician offices for upper respiratory illness. The cost savings were estimated to be $46.85 per person vaccinated. This would equate to $68.28 in today's dollars.

It has been proposed that a public health intervention should be required when it fulfills three criteria: (1) there is clear medical value of the intervention to the individual; (2) the public health benefit of the intervention has been made clear; and (3) when a requirement is the only way to consistently obtain benefit. Using these criteria, required influenza vaccination for health care personnel appears warranted.

Even opponents of required influenza vaccination agree that requiring vaccination is justifiable if comprehensive voluntary immunizations are unsuccessful, which appears to be the case with voluntary health care personnel vaccination programs. Furthermore, health care personnel are already subject to other vaccination requirements, including measles, mumps, rubella, varicella, hepatitis B and tuberculosis testing.

Wisconsin hospitals, clinics, pharmacies, nursing homes and health systems are strongly encouraged to take the necessary steps to implement the recommendations in this toolkit for the 2013-2014 flu seasons if such a program has not already been implemented or plans for such a program for this upcoming flu season are not already underway. Wisconsin health care providers have demonstrated consistent leadership in preventing health care associated infections. The implementation of a policy that requires influenza vaccination of all health care personnel should be considered an essential element in a comprehensive approach to prevent all health care associated infections.