

Health care workers and influenza vaccination

As part of the staged distribution and administration of the 2009 H1N1 influenza vaccine, the Centers for Disease Control and Prevention has emphasized that the first doses of the vaccine should be given to five high-priority groups, which include health care workers (HCWs).¹ Many professional organizations strongly encourage annual influenza vaccinations for HCWs because of their increased risk of contracting and transmitting the virus. In late 2009, New York's state health department became the first ever to mandate that all HCWs be vaccinated against influenza.²

Despite such actions, many HCWs have expressed an intention not to get the H1N1 vaccine because they believe it unnecessary or lacks definitive safety testing or because medications to treat H1N1-related illness exist. Critics of mandatory vaccination contend that such programs violate workers' right to make decisions about their own health care.

Vaccination is currently the best choice for mitigating the spread of influenza. The contagious period can begin before symptoms appear, and resistance to antivirals has been reported; thus, severe illness cannot be successfully dodged without vaccination. Furthermore, supplies of antivirals for all infected individuals are inadequate.

ASHP recently surveyed 2205 hospital pharmacy directors regarding pandemic influenza readiness.³ The results, from 341 U.S. hospitals, suggest that pharmacy directors are pressured to respond with institutional contingency plans, antiviral stockpiling, deliberate identification of minimum staffing levels, and staff education. Further, 95% of sites indicated that they are collaborating closely with local and state health departments to coordinate community-response efforts to H1N1 influenza. Although pharmacists have the authority to administer vaccines in 50 states, the survey found that 87% of hospitals are not planning to use pharmacists for this task. ASHP strongly advocates for vaccine administration by pharmacists who have received competency-based training.

Interestingly, 82% of respondents indicated that their employers do not plan to impose penalties (e.g., termination, suspension) or implement aggressive infection-control precautions (e.g., use of facemasks) for HCWs who are not vaccinated. Only 37% of respondents reported seasonal influenza vaccination rates of >70% at their respective institutions.

The National Health Interview Survey found that only 42% of HCWs received the seasonal influenza vaccination during the 2005–06 influenza season.⁴ Joint Commission Resources (JCR), an affiliate of the Joint Commission, launched its Flu

Vaccination Challenge just before the 2008–09 influenza season, and 94% of participating hospitals met or exceeded the benchmark of a 43% seasonal influenza vaccination rate in HCWs.⁵ Influenza immunization rates among HCWs in participating facilities improved by 14% during that season. For the current influenza season, JCR has introduced tiered goals of 65%, 75%, and 90% vaccination. This is a prime opportunity for pharmacists to advocate and lead initiatives for improved seasonal and H1N1 influenza vaccination rates among HCWs.

The potential effect of influenza on the health care work force is substantial. Influenza-related absenteeism among HCWs contributes to lapses in the quality of care and patient safety and to tangible and nontangible financial losses. HCWs should arrange in advance for the care of sick family members so that our health systems remain adequately staffed.

Reluctance by HCWs to get vaccinated has created a public health conundrum and sets a poor example for patients. If HCWs shun vaccination, it will not be surprising if public confidence in our vaccination efforts waver. Placing patients at an unnecessary risk of contracting preventable diseases simply cannot be tolerated.

ASHP's resources and information on general influenza treatment and prevention, pandemic-response planning and response, vaccination of HCWs, and specific resources and information about H1N1 can be accessed through www.ashp.org/flu.

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2. New York State Department of Health. Mandatory flu vaccine for health care workers. www.health.state.ny.us/press/releases/2009/2009-09-24_health_care_worker_vaccine_daines_oped.htm (accessed 2009 Nov 9).
3. American Society of Health-System Pharmacists. ASHP influenza planning survey. www.ashp.org/DocLibrary/Policy/Influenza/InfluenzaPlanningSurvey.aspx (accessed 2009 Nov 13).
4. Fiore AE, Shay DK, Broder K et al. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. *MMWR Recomm Rep*. 2008; 57(RR-7):1-60.
5. Joint Commission Resources. The flu vaccination challenge. August 18, 2009. www.jcrinc.com/common/PDFs/fpdfs/DEP_audio/Press%20Release%20FINAL.pdf (accessed 2009 Oct 21).

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