



IDSA Policy on Mandatory Immunization of Health Care Workers Against Seasonal and Pandemic Influenza

The Infectious Diseases Society of America (IDSA) supports universal immunization of health care workers (HCWs) against influenza by health care institutions (inpatient and outpatient) through mandatory vaccination programs, as these programs are the most effective means to protect patients against the transmission of seasonal and pandemic influenza by HCWs. IDSA supports a policy in which influenza vaccination is a condition of employment, unpaid service, or receipt of professional privileges. Employees who cannot be vaccinated due to medical contraindications or because of vaccine supply shortages should be required to wear masks or be re-assigned away from direct patient care. IDSA also is supportive of comprehensive educational efforts that inform HCWs about the benefits and risks of influenza immunization to both patients and HCWs, and other efforts that support implementation of a comprehensive infection control program.

Original policy contained in IDSA's Pandemic and Seasonal Influenza Principles for U.S. Action (See: Recommendation 6); January 2007

Revised to address 2009 H1N1 influenza; remove declination for philosophical reasons; and to specify the steps that should be taken to protect patients from being infected by unimmunized HCWs; September 30, 2009

Revised to specify that annual influenza vaccination should be a condition of initial and continued employment and/or professional privilege; and to remove declination for religious reasons; July 28, 2010

RATIONALE:

- 1) Several studies demonstrate that immunizing HCWs against influenza protects patients against acquiring the virus from HCWs, reducing patient morbidity and mortality—thus, universal immunization of HCWs against seasonal and pandemic influenza is a critical patient safety issue.
- 2) Immunizing HCWs against seasonal and pandemic influenza also protects the individual HCW from falling ill due to these potentially life-threatening infections as well as from missing work during influenza outbreaks, further negatively impacting patient care.
- 3) Decades of scientific data demonstrate Food and Drug Administration-approved influenza vaccines to be safe, effective, and cost-saving.
- 4) Educational programs and easy access to influenza immunization have resulted in mildly improved coverage in many health care systems in recent years, but generally have not achieved acceptable levels of coverage—most successful educational programs still average only 40 to 70 percent coverage.
- 5) Several large health care systems and individual hospitals have adopted policies requiring mandatory influenza immunization such that employees who cannot be vaccinated or who choose not to be vaccinated are required to wear masks or are re-assigned away from direct patient care.
- 6) Physicians and other health care providers must have two special objectives in view when treating patients, namely, "to do good or to do no harm" (Hippocratic Corpus in *Epidemics*: Bk. I, Sect. 5, trans. Adams), and have an ethical and moral obligation to prevent transmission of infectious diseases to their patients.

RELEVANT REFERENCES:

1. Potter J, Stott DJ, Roberts MA, et al. Influenza vaccination of health care workers in long-term care hospitals reduces the mortality of elderly patients. *J Infect Dis*. 1997;175:1-6.
2. Hayward AC, Harling R, Wetten S, et al. Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. *BMJ* 2006;333(7581):1241.
3. Lemaitre M, Meret T, Rothan-Tondeur M, et al. Effect of influenza vaccination of nursing home staff on mortality of residents: a cluster-randomized trial. *J Am Geriatr Soc* 2009;57(9):1580-6.
4. Carman W F, Elder AG, Wallace LA, et al. Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet*. 2000;355:93-7.
5. Poland GA, Tosh P, Jacobson RM. Requiring influenza vaccination for health care workers: seven truths we must accept. *Vaccine*. 2005;23:2251-5.
6. Hayward AC, Harling R, Wetten S, et al. Effectiveness of an influenza vaccine programme for home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. *BMJ*. 2006;333:1241.
7. Shugarman LR, Hales C, Setodji CM, et al. The influence of staff and resident immunization rates on influenza-like illness outbreaks in nursing homes. *J Am Med Dir Assoc*. 2006;7(9):562-7.
8. Thomas RE, Jefferson TO, Demicheli V, Rivetti D. Influenza vaccination for health-care workers who work with elderly people in institutions: a systematic review. *Lancet ID*. 2006;6(5):273-9.
9. Tilburt JC, Mueller PS, Ottenberg AL, et al. Facing the challenges of influenza in healthcare settings: The ethical rationale for mandatory seasonal influenza vaccination and its implications for future pandemics. *Vaccine*. 2008;26S:D27-D30.
10. Poland GA, Ofstead CL, Tucker SJ, Beebe TJ. Receptivity to mandatory influenza vaccination policies for healthcare workers among registered nurses working on inpatient units. *Infect Control and Hosp Epidemiol*. 2008;29(2):170-3.
11. Talbot TR. Do declination statements increase health care worker influenza vaccination rates? *CID*. 2009;49:773-9.