



Wisconsin Chapter | POSITION STATEMENT

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Recommendation for Mandatory Influenza Immunization of All Health Care Personnel

Background: Influenza is a common and serious disease which represents a significant public health concern. It can lead to severe illness, hospitalization and even death. Those who are most vulnerable- young children, the elderly, pregnant women and people with underlying medical conditions (such as asthma, heart disease, immune disorders) are at highest risk for severe complications.

Health Care Personnel may unknowingly transmit disease to their patients before they develop symptoms. Two such instances include disease transmission from hospital staff in a neonatal intensive care unit and a bone marrow transplantation unit, resulting in severe illness and pediatric deaths^{i ii}

It is known that the influenza vaccine is not 100% effective in every individual. The influenza vaccines available have been proven over many decades of use to be safe, and the best means of protection. The effectiveness (ability to prevent illness) can vary from season to season. Effectiveness depends on how closely the strains in the vaccine match the viruses in the community, and the recipient's ability to respond. The vaccine produces a stronger immune response in healthy adults and often people at highest risk (such as the elderly and patients with immune deficiencies) have the poorest response to vaccine. It is therefore extremely important to immunize Health Care Personnel who care for them.

In order for the vaccine to be beneficial, high immunization rates (>80%) are vital in order to provide the "herd immunity" needed to have a significant impact on influenza transmission in health care settings. An additional benefit is decreased absenteeism due to illness of Health Care Personnel.

Data from the Centers for Disease Control continues to show that health care organizations cannot rely on voluntary influenza immunization programs. Overall, 75.2% of Health Care Professionals (HCP) reported receiving an influenza vaccination during the 2013–14 season, an increase of 11.7% compared with the 2010–11 estimate, as more health facilities now require employees to be immunized. During the 2013–14 influenza season, overall influenza vaccination coverage was higher for HCP working in settings where vaccination was required (97.8%) compared with those working in settings where vaccination was not required but promoted (72.4%) or in settings where there was no requirement or promotion (47.9%)ⁱⁱⁱ.

Health Care Professionals already have requirements for immunization or proof of immunity against other communicable diseases including chicken pox, measles, pertussis and hepatitis B^{iv}. Influenza should be no different. Immunization of Health Care Personnel against influenza helps protect vulnerable patients. Many professional

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medical organizations including the American Academy of Pediatrics, the Centers for Disease Control, the American Academy of Family Physicians, the American Pharmacists Association, the American Public Health Association, and the American College of Physicians support mandatory influenza immunizations for Health Care Personnel.

Position: The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) supports mandatory immunization of Health Care Personnel against influenza as we have an ethical responsibility to protect vulnerable patients.

Resources

First Do No Harm: Mandatory Influenza Vaccination Policies for Healthcare Personnel (HCP) Help Protect Patients

<http://www.immunize.org/catg.d/p2014.pdf>

American Academy of Pediatrics Policy Statement: Recommendation for Mandatory Influenza Immunization of All Health Care Personnel

<http://pediatrics.aappublications.org/content/126/4/809.full#ref-13>

Immunization of Health-Care Personnel. Recommendations of the Advisory Committee on Immunization Practices (ACIP)

<http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>

Influenza Immunization Among Health Care Workers. Improving Dismal Influenza Vaccination Rates Among Health Care Workers Requires Comprehensive Approach, Institutional Commitment. National Foundation for Infectious Diseases.

<http://www.nfid.org/content-conversion/pdf/publications/calltoaction.pdf>

ⁱ Cunney RJ, Bialachowski A, Thornley D, Smaill FM, Pennie RA. An outbreak of influenza A in a neonatal intensive care unit. *Infect Control Hosp Epidemiol.*2000;21(7):449–454

ⁱⁱ Weinstock DM, Eagan J, Malak SA, Rogers M, Wallace H, Kiehn TE. Control of influenza A on a bone marrow transplant unit. *Infect Control Hosp Epidemiol.*2000;21(11):730–732

ⁱⁱⁱ CDC. Influenza vaccination coverage among health-care personnel—United States, 2013–14 influenza season. *MMWR* 2014;63(37):805-811.

^{iv} *Healthcare Personnel Vaccination Recommendations.* Immunization Action Coalition.
<http://www.immunize.org/catg.d/p2017.pdf>