

Experts call for mandatory signed declaration for all staff refusing influenza vaccination

– Responsibility for staff vaccination ultimately rests with healthcare facilities, experts claim –

12 May 2009: Mandatory signed opt-out clauses are critical to increasing influenza vaccination rates among direct care healthcare staff, according to a new paper released by health experts today.¹

The paper, developed by the Influenza Specialist Group, identifies three critical steps for healthcare facilities to help improve vaccination rates among their direct care staff:¹

- Mandatory signed declaration by all staff who decline to be vaccinated, and stating their reasons;
- Continued improvements in education about, and access to, vaccination;
- Mandatory vaccination of all direct care staff within critical high-risk areas.

“Over recent years there’s been significant discussion about the need to improve influenza vaccination rates among direct care staff, but even so vaccination rates remain suboptimal; usually below 50% within Australian healthcare facilities,” said Dr Alan Hampson, Influenza Specialist Group Chair and internationally recognised expert on influenza. “It’s now time to move from debating the issue to implementing some positive action – the ISG believes this can be achieved in three critical steps.”

Dr Hampson went on to say that the need for high levels of influenza vaccination among direct care staff – for annual seasonal epidemics as well as any potential pandemic situation – had recently been highlighted by concerns about A/H1N1 ‘swine influenza’.

“Providing direct care staff with an appropriate vaccine is a critical element of the Australian Health Management Plan for Pandemic Influenza, otherwise known as the AHMPPI,” said Dr Hampson. “The AHMPPI recognises the need to maintain essential health services during an influenza pandemic and includes provision of vaccine, once available, in a staged approach to all health care workers. However, the impact of influenza in the health care sector is not restricted to pandemics; it is with us to varying degrees every influenza season.”

“We know from experience and clinical evidence that direct care staff have among the lowest vaccination rates in healthcare facilities – with doctors often lowest of all,” said Dr John Litt, SA GP and Senior Lecturer at Flinders University. “In addition, many non-clinical staff such as receptionists may not consider themselves personally at-risk. This is not the case, as was demonstrated in 2007 when a SA GP surgery receptionist died from influenza complications.”

There are several significant benefits in vaccinating direct care workers against influenza – to themselves, to their patients and to healthcare facilities as a whole. The likelihood of a direct care worker becoming infected with influenza is relatively high, with up to half of all staff being infected during some outbreaks.^{2,3} In addition, direct care staff vaccination has been associated with a nearly 50 percent mortality reduction in long-term care (from 22.4% to 13.6%).⁴

Dr Hampson said that improving direct care staff vaccination rates had become a key focus for a number of state and territory governments – often with impressive results. As much of this work currently focuses on government-funded public hospitals, it is important that other healthcare facilities aren't left behind – particularly in private/aged-care facilities and in primary care, where vaccination is often much more difficult to access and not actively promoted.

Even when healthcare facilities make influenza vaccination free and readily available, many staff remain unvaccinated – often because of a perceived lack of need for vaccination, as well as concerns about adverse reactions and vaccine efficacy.⁵⁻⁹

“Thus the benefit of something like a mandatory signed declaration by all staff who decline vaccination provides the opportunity to educate staff about the relative benefits and risks of influenza vaccination, including duty of care,” said Dr Hampson. “It also requires direct care staff to make an active choice about vaccination, and enables effective record keeping of staff vaccination.”

Dr Hampson went on to say that the Influenza Specialist Group acknowledged the significant workload of staff at healthcare facilities and how easy it was for influenza vaccination of direct care staff to fall to the bottom of the list. However, he pointed to a 2005 WA cost-benefit analysis, which found an estimated \$65 cost saving per person vaccinated¹⁰ as helping to illustrate that the work was worth the investment – both from a financial perspective and as a duty of care towards staff and patients.

In medical school we are taught *primum non nocere* – first do no harm,” added Professor Robert Booy, Professor of Paediatrics, University of Sydney. “Healthcare professionals and their employers thus need to ensure infections such as influenza aren't brought into the hospital or clinic; and vaccination is such an easy first step towards this.”

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Editor's notes:

Direct care staff: The term “direct care staff” includes all employees and volunteers within a healthcare facility who have regular contact with patients. This encompasses a very broad group of people, from healthcare workers (nurses, doctors, students) to some support staff who have face to face contact with patients.

People at particular risk from influenza: People at particular risk of severe complications from influenza are those with heart conditions, asthma and other lung conditions, diabetes, kidney problems, those with weakened immune systems, pregnant women, residents of nursing homes and other long-term care facilities, all Aboriginal and Torres Strait Island adults aged 15 years and over, as well as anybody aged 65 and over regardless of their health status.¹¹

Government recommendations regarding direct care staff vaccination: There are strong government recommendations for annual influenza vaccination of direct care staff. The National

Health and Medical Research Council (NHMRC) immunisation guidelines specifically list healthcare workers as a group who could potentially transmit the disease to high-risk patients.¹¹ The Australian Committee on Safety and Quality in Healthcare's 2008 consultation document looking at reducing patient harm from healthcare associated infection goes even further, not only citing influenza specifically as a disease staff should be vaccinated against, but also advocating a national approach to eliminate inconsistencies and duplication of effort.¹²

The ISG Discussion Paper on influenza vaccination among healthcare workers: A full copy of this paper is available online at: www.influenzaspecialistgroup.org.au

The ISG: The ISG consists of medical and scientific specialists from around the Australia and New Zealand with an interest in influenza. The ISG is chaired by Dr Alan Hampson, former Deputy Director of the World Health Organization Collaborating Centre for Reference and Research on Influenza. Dr Hampson was instrumental in the formation and development of the ISG and now continues in a consultancy role with the Australian Government in matter relating to influenza including pandemic preparedness planning. Dr Hampson is a Consultant Virologist, and consults through Interflu Pty Ltd. The ISG receives funding from industry; however, the ISG, through its Board of Directors, maintains full control over all of its activities and published materials.

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