

Influenza Vaccinations: Should They Be Mandatory for Nurses?

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Article:

PRO: Influenza Vaccinations: Should They Be Mandatory for Nurses?

The Centers for Disease Control and Prevention (CDC) recommend that certain priority groups, such as healthcare providers, receive the influenza vaccine each year, and it is becoming more common that healthcare institutions mandate that nurses employed in direct patient care settings receive annual influenza immunizations. I strongly support the position that all nurses involved in direct patient care should be *required* to receive the annual immunization.

Each year in the United States an average of 5% to 20% of the population contract influenza, resulting in more than 200,000 hospitalizations and 36,000 deaths. Children younger than 5 years and individuals over 65 years of age are most likely to require hospitalization as a result of contracting the illness (Thompson et al., 2004). Despite nurses' understanding the importance of preventing the transmission of communicable diseases through immunization, compliance with recommendations such as the influenza vaccine for healthcare workers is still very low. Only about 36% of healthcare workers received the vaccine for the 2004–2005 influenza season (CDC, 2005). Despite a shortage of vaccine last year, the percentage of vaccinated workers was no different from previous years when supplies of the vaccine were readily available. Within the last 10 years, the morbidity and mortality rates associated with influenza infections have greatly increased, and these are likely to continue to escalate unless vaccination rates among healthcare workers increase (Thompson et al., 2004). One way to increase vaccination rates is to mandate that nurses receive the vaccine.

Nurses can easily transmit influenza to patients. The incubation period for influenza is about 2 days, and the ability to transmit the infection to another individual occurs 1 day prior to the onset of symptoms, and for up to 5 days after symptoms begin (Olsen, Steinberg, & Ley, 2005). Therefore, nurses caring for infected patients can not only acquire the virus and become ill, but they can also pass the virus to others before they are even aware they are infected. In my practice, it also is not uncommon to see nurses continue to come into work ill (and presumably contagious) to care for high-risk patients. This places our patients at great risk for developing the illness. Therefore, preventing influenza and its transmission should be a priority for all nurses, and annual vaccination is the primary means of preventing the spread of influenza.

Another important consideration in this debate is that of absenteeism. If nurses are not immunized, the likelihood of them contracting influenza during times of out-breaks and then being absent from work is high. Tied to this are increased healthcare costs, which are yet another consequence of both the transmission of influenza from nurses to their patients as well as the influenza-associated absenteeism.

Healthcare institutions are right to mandate annual influenza vaccination for all nurses who provide direct patient care, since infection control is a priority. Mandates already exist for other immunizations (e.g., the

hepatitis B vaccine) and for disease screening (annual tuberculosis screening) among nurses. The influenza vaccine is highly effective and has few side effects, and the benefits of receiving the vaccine greatly outweigh the risks involved in vaccination. As is the case with the hepatitis B vaccine, nurses exempt from receiving the vaccine would include those in whom the vaccine is contraindicated (e.g., due to allergy) and those who decline vaccination after being fully informed about the procedures.

It is the primary obligation of nurses to do no harm to patients. Influenza is a highly contagious disease, and nurses should do everything in their power to help control the spread of the disease. Mandatory vaccination could do just that.

CON: Influenza Vaccinations: Should They Be Mandatory for Nurses?

One strategy suggested for the control of influenza is the mandatory annual immunization of healthcare workers, specifically nurses. I strongly disagree with this strategy, and feel it is misguided. Some institutions have attempted to make annual influenza immunizations a condition of employment for nurses, stating that nurses' jobs would be in jeopardy if they did not comply. Nurses, like all individuals, have a right to self-determination. Mandating that nurses receive annual influenza immunizations removes the right of nurses to choose for themselves whether to obtain the immunization.

Rather than mandating influenza immunization, healthcare institutions would be wise to establish ongoing education programs to adequately inform nurses about influenza trans-mission and the serious consequences associated with the transmission of the virus to high-risk individuals. Education programs also should include information about the safety and effectiveness of the vaccine. Low vaccination rates among providers have been attributed to concerns about adverse events, the most well known being the side effect of Guillain-Barré syndrome associated with the swine flu vaccine of 1976 (Katz et al., 2004). In addition, having on-site immunization and providing the vaccine as an employment benefit would be helpful in promoting the immunization to nurses.

I think that most nurses would agree that protecting themselves against influenza and decreasing the transmission of the disease to patients is of utmost importance. Most nurses accept that when they care for the sick, they place themselves in a position of increased exposure to infectious diseases. Universal precautions, handwashing, and other infection control procedures are standard practice. Immunization against infectious diseases is only one weapon in the arsenal to protect patients and their healthcare providers. During the most recent influenza season, vaccine was in very short supply, and many healthcare institutions adopted a universal respiratory hygiene strategy to prevent the spread of the disease. Masks were distributed to patients and providers who had respiratory symptoms, facial tissues and alcohol-based hand gels were made available in patient care areas and waiting rooms, and providers were encouraged to abstain from patient care if they were ill (Centers for Disease Control and Prevention [CDC], 2004). This strategy was successful and should be used whenever outbreaks of influenza occur.

From a population perspective, other groups should be considered when mandating influenza immunizations. Children, not nurses, are at highest risk for influenza infection and are overwhelmingly the agents by which influenza is spread within households (Weycker et al., 2005). During the influenza season of 2004, 33% more children than adults experienced influenza symptoms (CDC, 2004). Therefore, immunizing children would greatly reduce the number of influenza cases occurring each year, and would also decrease the transmission of the virus to other segments of the population. Simulation models of influenza transmission have projected that if 20% of U.S. children received annual influenza vaccinations, a 46% reduction in cases would occur. If 80% of the children received annual vaccinations, the reduction in the number of cases would exceed 90% (Weycker et al., 2005). Other countries such as Japan have adopted routine influenza immunizations of all children, with dramatic decreases observed in the number of flu cases, the number of transmissions, and the number of complications from the disease requiring hospitalization. I believe that this strategy should be the major one in any comprehensive plan to control the spread of influenza.

References for Pro-position

- Centers for Disease Control and Prevention. (2005). Estimated influenza vaccination coverage among adults and children—United States, 2005. *Morbidity and Mortality Weekly Report*, 54(12), 304-307.
- Olsen, G. W., Steinberg, M. E., & Ley, C. A. (2005). Worksite influenza immunization programs. Insight into the implementation and cost-benefit. *AAOHN Journal*, 53(3), 105-110.
- Thompson, W. W., Shay, D. K., Weintraub, E., Brammer, L., Bridges, C., Cox, N. J., & Fukuda, K. (2004). Influenza-associated hospitalizations in the United States. *Journal of the American Medical Association*, 292,1333-1340.

References for Con-position

- Centers for Disease Control and Prevention. (2004). Experiences with influenza-like illness and attitudes regarding influenza prevention—United States, 2003-04 influenza season. *Morbidity & Mortality Weekly Report*, 53(49), 1156-1158.
- Katz, K. A., Stover, B., Cain, L., Levine, G., Siegel, J., & Jarvis, W. (2004). Improving influenza immunization rates among healthcare workers caring for high-risk pediatric patients. *Infection Control and Hospital Epidemiology*, 25,912-917.
- Weycker, D., Edelsberg, M. Halloran, E., Longini, I. M., Nizam, A., Ciuryla, V., & Oster, G. (2005). Population-wide benefits of routine vaccination of children against influenza. *Vaccine*, 23, 1284-1293.