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Wisconsin Nurses Association Position Statement for Influenza Vaccination for Registered Nurses 2015

Several organizations and healthcare facilities throughout Wisconsin and the nation view influenza vaccination as a necessity including the Wisconsin Hospital Association (WHA, 2015). The Wisconsin Nurses Association (WNA) agrees with the American Nurses Association (ANA) position regarding the importance of vaccination for RNs as a means of preventing the spread of the influenza viruses. WNA further agrees with the ANA that exemptions to annual vaccination should be limited to medical contraindications and religious beliefs. However, the WNA is concerned about restrictions employers can or may place on nursing practice related to those exempt i.e. working a different shift, lower pay, different assignments without orientation. The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has recommendations that correlate with that of the WNA and ANA. Their stance on vaccination is: routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications (ACIP, CDC, 2015).

Health-care facilities consider the level of vaccination coverage among healthcare providers to be one measure of patient safety and quality of care, and therefore have implemented policies to encourage vaccination.

Illness prevention plays a key role in the overall health of a community. It is part of the nursing profession's role is to focus on treating the ill, preventing and improving health. Immunizations can keep an individual safe as well as stop infectious diseases from spreading throughout the community. Nurses are advocates for the health and safety of the patients in their care and the public as a whole. Nurses must continue to enhance their own knowledge of best practices in order to be an advocate and help others make informed decisions about influenza vaccination. Continued development and implementation of programs for State wide vaccination should be supported. Cultural misconceptions regarding the safety and efficacy of vaccination must be acknowledged as a common barrier to immunization. Nurses must break down these cultural misconceptions by providing accurate information to patients, as well as those working in healthcare.

Higher immunization rates do make a difference. Low vaccination rates among registered nurses and other healthcare providers have been associated with influenza outbreaks in hospitals and long term care facilities. Concurrently, higher vaccination levels among health care providers have been associated with a lower incidence of nosocomial influenza cases. Vaccinations by the population as a whole have been shown to decrease the need for hospitalization due to influenza by 19% (Morbidity and Mortality Weekly Report [MMWR], 2013). Vaccination of healthcare providers has also been associated with reduced work absenteeism and cost reducing strategy (Healthcare Infection Control Practices Advisory Committee [HICPAC], 2006).

Considering that the influenza vaccination is the most effective method for preventing against the influenza virus infection and its potential severe or fatal complications, it is vital that direct caregivers receive the vaccine. Early season vaccination rates by health care workers nationwide was approximately 64% for the 2014-2015 season. In recent years, the vaccination rate increased by 9-12 percentage points from early season to the end of the season. The early season vaccination rate of nurses was 81.4% during the 2014-2015 influenza season. This is slightly behind pharmacists, nurse practitioners/physician assistants, and physicians (CDC, 2015). During this same time period, Wisconsin hospitals and health systems were able to achieve an average health care worker immunization rate of 94% (Wisconsin Hospital Association, 2015). Because influenza annually leads to 200,000 hospitalizations (JAMA, 2004), resulting from complications, and 3,300 to 49,000 deaths each year (MMWR, 2013), nurses who are vaccinated against the virus not only safeguard themselves, but they also help protect their patients, their families and their communities.

The CDC does not mandate, but does highly recommend all health care workers be vaccinated. In lieu of vaccination, they recommend a mask when within 3 feet of a symptomatic person (CDC, 2009). The 2015 ANA influenza position statement does acknowledge that individuals who are granted exemption “may be required to adopt... measures or practices in the workplace to reduce the chance of disease transmission” to patients and others (ANA, 2015). WNA is in agreement with both the CDC and ANA guidelines for these precautions. Healthcare employers vary in their response to those who remain unvaccinated. During the influenza season some employers respond to those who obtain medical or religious waivers by encouraging use of surgical masks when working within 3 feet of patients. Occasionally response is suspension or termination for employees without exemptions who remain unvaccinated. Some facilities have been known to incorporate branding, shaming and humiliation tactics for those who remain unvaccinated i.e. wearing stickers identifying lack of immunity. This is a culture that must be changed from use of negative reinforcement to use of positive reinforcement, incentives and education to encourage compliance.

Further justification for RN statewide immunization against influenza is the ANA code of ethics for nurses. As stated in the Code of Ethics for Nurses (ANA, 2015, p. 19) RNs have an ethical responsibility to “model the same health maintenance and health promotion measures that they teach and research...” which includes immunization against preventable diseases (ANAN, 2015).

Position

1. Regardless of the employers requirements the WNA encourages that nurses and all other healthcare professionals be vaccinated against the seasonal influenza
2. WNA also encourages the use of formal declination forms for medical contraindications and religious objections. All requests for exemption from vaccination should be accompanied by documentation from the appropriate authority to support the request.
3. WNA opposes any legislation that impacts an employer’s ability to meet the State of Wisconsin Department of Health Services public health vaccination rate standards for health care facilities.
4. WNA supports the role RNs can play in addressing prevention strategies. The first step is for nurses themselves to have up-to-date immunizations.

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