INFLUENZA VACCINATION AS A CONDITION OF EMPLOYMENT AT AN INTEGRATED HEALTH SYSTEM: A SIX-YEAR REVIEW

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PROBLEM

Annual Caregiver influenza vaccination has been demonstrated to reduce rate of transmission from staff to patients. Voluntary participation has failed to achieve CDC targets in most settings. Mandated vaccination programs have raised concerns regarding staff opposition and legal challenges.

BACKGROUND

Influenza remains a significant contributor to morbidity and mortality in the United States, with 8,646 related hospitalizations and 174 pediatric deaths in the 2015-16 flu season. 1 Healthcare workers are both victims and vectors of influenza. Numerous hospital outbreaks of influenza have been associated with infected caregivers. Influenza vaccination of healthcare workers is believed to be protective for both caregivers and patients.

Aurora’s voluntary caregiver influenza vaccination program failed to achieve CDC target goals of 60%, remaining in the 70% range despite free or onsite vaccination and encouragement. In 2011 Aurora, following CDC recommendations, instituted a program requiring annual influenza vaccine as a condition of employment for all caregivers. 2

OBJECTIVES

To evaluate the safety and efficacy of the influenza vaccination as a requirement of employment program after the initial six years of deployment.

To evaluate caregiver acceptance and satisfaction with the program

METHODS

An interprofessional ‘Flu Team’ meets regularly throughout the year, establishing vaccine ordering, distribution, communications and protocols.

Following an annual late summer "Kickoff Day," all caregivers are required to attend one of over 100 caregiver flu vaccination sessions or document vaccination through another provider. Those failing to meet the requirement or fail to attain an exemption are given warning and counseling; non-adherence by an early winter deadline results in termination.

Two exemptions are available: Medical exemption for those caregivers with either contraindications to the vaccine or prior systemic reactions; and a Personal Beliefs exemption for those opposed to vaccinations.

Medical exemptions may be given for the current year for limited conditions, or duration of employment for systemic reactions. Personal Beliefs exemptions must be renewed annually. 1

In July of 2016 an e-mail survey was made available to all caregivers through the system intranet home page, asking about their satisfaction with the influenza program.

RESULTS

Vaccination Rates: The influenza program has resulted in >98% vaccination of caregivers each year since its inception.

Exemption Requests: Medical exemption requests:

- Dropped significantly after the first year
- Most approved requests were due to documented severe systemic reactions to vaccine and thus granted for the duration of employment (83%)
- New requests varied from 72 to 127 per subsequent year
- Approval rates have been 84-95%, reflecting a conscious decision by the committee to defer to the treating clinician’s judgment even in cases where evidence suggests use of the influenza vaccine, e.g. patient using daclizumab for Multiple Sclerosis. 4

Personal Beliefs exemption requests:

- Grew from 39 in 2011 to 64 in 2016-17.
- Reasons for the growth of these exemptions included
  1. Broadening of the legal definition to any "strongly held personal beliefs";
  2. Expansion of the program to include network clinicians, including a number of chaplains who make up the largest category of caregivers requesting religious exemptions; and
  3. Expansion of the program to include contracted workers who did not necessarily have a healthcare education or orientation.

- Although no explicit religious requirement is required, in the 2016-17 season, 65% of requesters volunteered a specific creed, with 95% of these citing Judeo Christianity (e.g. quoting Old or New Testament verses, referring to ‘Bible’ or ‘Jesus’) with veganism, Islam and Native Tibetan Spirituality beliefs being noted by 1-2 caregivers each.

Survey Statement

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<th>Strongly Agree</th>
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<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tr>
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<td>605 (31%)</td>
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</table>

The Aurora care giver flu program improves the health and safety of our patients and caregivers.

Aurora’s flu vaccination program makes it convenient for me to get vaccinated.

The Aurora healthcare flu program has kept me healthier.

I am proud to work for an organization whose priority is to protect the well-being of patients and caregivers.

CONCLUSIONS

Although laborious, implementing an influenza program as a condition of employment is feasible, effective at reaching targeted vaccination rates, and reasonably acceptable by caregivers.

Our effort was unable to identify whether compulsory influenza vaccination impacted caregiver absenteeism due to changes in our system coding of absenteeism.

REFERENCES


