

Facts about Mandatory Flu Vaccinations

To justify the rule requiring healthcare workers to get flu vaccinations, state officials have argued that voluntary programs do not work. But the facts show they do work, and work better than mandatory vaccination programs.

- A fairly large proportion of Americans, healthcare workers included, have concerns about the safety of flu vaccines. Peer-reviewed studies have shown that educational programs can reduce these concerns and increase voluntary vaccination rates. One such program at the University of Iowa hospital system increased the voluntary acceptance rate to 84%.^{1,2,3,4,5}
- The voluntary Hepatitis B vaccination program includes annual classroom-based educational sessions conducted by knowledgeable speakers where employees can have their questions addressed. Acceptance rates of up to 75% have been achieved.⁶
- It is not necessary for all workers to be vaccinated to achieve “herd immunity” within a facility. It can occur at rates of around 80% and as low as 70%.⁷
- The American College of Occupational and Environmental Medicine, the nation’s largest organization of occupational medicine physicians, has issued a position statement opposing mandatory flu vaccinations. Such programs divert limited time, attention, and resources away from more effective strategies to improve infection control.^{8,9}
- Mandatory flu vaccination programs can have a negative impact on workplace morale. A voluntary program, on the other hand, can have a positive impact by focusing on education and the advantages of an employer-provided benefit.¹⁰
- Mandatory flu vaccination programs have driven qualified nurses and other healthcare workers from their professions.¹⁰
- Some of the most outspoken organizations promoting mandatory vaccination programs solicit and receive significant financial contributions from flu vaccine manufacturers.¹¹

1 *Hospital Employee Health* (2008), 27(9), 99-101.

2 *MMWR* (March 4, 2005) “Interventions to increase influenza vaccination of healthcare workers – California and Minnesota,” 54(08), 196-199.

3 Bryant, K.A., Stover, B., Cain, L., Levine, G.L., Sigel, J., Jarvis, W.R. (2004), “Improving influenza immunization rates among healthcare workers caring for high-risk pediatric patients.” *Infection Control and Hospital Epidemiology* 25, 912-917.

4 National Foundation for Infectious Diseases: Immunizing Healthcare Personnel Against Influenza: A Report on Best Practices (2008). <http://www.nfid.org/HCWtoolkit/report.html>

5 Presentation by hospital epidemiologist at the University of Iowa Hospitals and Clinics, Iowa City, September 17, 2009.

6 Mahoney, F.J., Stewart, K., Hu, H., Coleman, P., Alter, M.J. (1997). “Progress toward the elimination of hepatitis B virus transmission among healthcare workers in the United States.” *Archives of Internal Medicine*, 157: 2601-2605.

7 Yang, Y., (2009) “The transmissibility and control of pandemic influenza AH1N1 virus,” *Science*, Sept. 10, 2009

8 American College of Occupational and Environmental Medicine (2006). Position statement on seasonal influenza prevention in health care workers. <http://www.acoem.org/guidelines.aspx?id=730>.

9 Finch, M. (2006) “Mandatory influenza vaccination for all health care workers? Seven reasons to say ‘no.’” *Clinical Infectious Diseases*, 42, 1141-1143.

10 Joint Commission on Accreditation of Healthcare Organizations (2009). “Providing a safer environment for health care personnel and patients through influenza vaccination.” 15-16.

11 APIC’s Partners in Prevention Program. www.apic.org, accessed Sept. 23, 2009

Information compiled by William Borwegen, MPH, Service Employees International Union



Advocating for patients. Advancing the profession.