Influenza Immunization Position Statement

INTENT
The New York State Nurses Association (NYSNA) supports the Centers for Disease Control and Prevention (CDC) recommendation that everyone over the age of six months be immunized against seasonal influenza. NYSNA also supports recommendations that nurses and other healthcare providers should be immunized for seasonal influenza; however, we do not support mandatory immunization as a condition of employment, as suggested by some healthcare facility policies and some proposed state regulations.

BACKGROUND
Any legislation or regulation that addresses the issue of influenza vaccination for healthcare workers should encourage healthcare facilities to implement comprehensive influenza prevention programs. It should position vaccination as one of several components in a comprehensive infection control strategy, and should ensure that facilities offer the vaccine at no cost, and at a time and place convenient for workers. In addition, requiring un-vaccinated nurses to wear a face mask during flu season, as proposed by some facilities, is inappropriate and ineffective. The use of a face mask on an infected nurse only deflects the infective particles; it does not eliminate the risk of transmission. As such, the mandate to wear a mask provides little or no protection to the patient.
The prevention and control of influenza depends on a comprehensive strategy that includes:

- annual influenza vaccination of eligible patients, healthcare personnel, and the general public,
- proper hand hygiene,
- implementation of Standard and Droplet Precautions for infected individuals,
- availability of personal protective equipment for healthcare workers that are in proximity to patients with influenza or influenza-like illnesses (i.e. masks and other recommended protection such as N95 respirators, as indicated),
- active surveillance and influenza testing for new illness cases,
- restriction of ill visitors and healthcare personnel,
- use of paid sick time for infected nurses,
- rapid administration of influenza antiviral medications for treatment and prevention during outbreaks, and
- respiratory hygiene/cough etiquette (Centers for Disease Control and Prevention [CDC], 2012).

Flu vaccination is not effective as a solitary method to prevent and control influenza. As the Centers for Disease Control and Prevention explains, “The ability of a flu vaccine to protect a person depends on the age and health status of the person getting the vaccine, and the similarity or "match" between the viruses or virus in the vaccine and those in circulation,” (CDC, 2010). In years when there is a well-matched vaccine to the circulating virus, the vaccine is protective in only about 80 percent of healthy adults and only 40 percent to 60 percent effective in the vulnerable population of 65 years and older. Moreover, in years when the flu vaccine is not well matched to
the circulating virus, effectiveness falls to less than 50 percent (The American College of Occupational and Environmental Medicine, 2008).

New York State Codes, Rules and Regulations currently require that healthcare workers demonstrate immunity, or be vaccinated against, measles and rubella, diseases that can be effectively controlled by one or two doses of a highly efficacious vaccine (New York State, Title 10-Part 405.3). Indeed, we have seen the benefit to the public by the virtual elimination of measles and rubella in our country. Influenza, on the other hand, is a constantly mutating virus, and therefore, a new flu vaccine must be developed and administered annually with varying rates of effectiveness depending on the success of a good match. Influenza vaccination cannot be relied upon as a sole intervention used for the prevention of influenza transmission in healthcare settings until improved technology becomes available resulting in a more effective vaccine that does not require the annual updating of antigens effective against the re-assortment of the seasonal flu viruses.

SUMMARY AND RECOMMENDATIONS

- NYSNA strongly encourages all health care facilities to implement comprehensive influenza prevention programs that include voluntary immunization of nurses and other healthcare providers.
- NYNSA believes that successful vaccination programs should include educational components that address the benefits and common misconceptions of vaccination, offering the vaccine at no cost and at a time and place convenient for workers, and employing other strategies that have been proven to work. In June 2009, the Joint Commission issued a monograph with examples of 28 health care organizations that have improved their immunization rates by implementing comprehensive infection control strategies.
NYSNA asserts that through the cooperation of healthcare facilities, healthcare workers and policymakers, we can improve voluntary flu vaccination rates, establish effective flu prevention and control efforts, and safeguard the public’s health.

Approved by the Board of Directors on November, 2012.
REFERENCES


State of New York, Official Compilation of Codes, Rules and Regulation. Title 10 – Health, § 405.3
