

Communication and Education

- Develop a campaign slogan and logo.
- Provide communication and education via a wide array of tactics including mass emails, newsletters, conferences, health fairs, staff meetings, mandatory events, stickers, posters, flyers, bulletin boards, presentations, intranet, and screensavers.
- Mandatory computer-based learning modules.

Planning and Tracking

- Develop a multidisciplinary group on the planning committee such as Nursing leadership, Employee Health, Epidemiology, Infection Control, Pharmacy, Risk Management and Hospital Administration.
- Track in an ongoing database providing results to department managers and key leadership.
- Consider using mandatory declination forms to identify reasons to refuse vaccine.
- Conduct a post-campaign evaluation including recommendations for the following influenza season

Administrative

- Offer vaccination at a variety of times including all shifts and weekends, during work hours.
- Extend convenience by using mobile carts in high traffic areas such as the cafeteria, at health fairs, conferences, meetings, and on nursing units.
- Designate nurses on each unit to provide vaccination to co-workers.
- Provide vaccinations free of cost to all employees, including part-time and contract-ed, as well as, volunteers.
- Provide incentives such as candy, t-shirts, stickers, prizes or competition between departments.

References

- American Nurses Association. *Everyone Deserves a Shot at Fighting Flu*, 2005
- American Nurses Association. *Pandemic and Seasonal Influenza*, 2006.
- CDC. Influenza Vaccination of Health-Care Personnel: recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). MMWR 2006; 55: 1-16.
- CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56:1-54.
- CDC. Respiratory hygiene/cough etiquette in health-care settings. Atlanta, GA: US Department of Health and Human Services, CDC; 2003. Available at <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.h>

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Best Practices in Seasonal Influenza Immunization Programs for Health Care Personnel



Introduction:

Despite well-documented evidence of the importance and benefits of seasonal influenza immunization of health care personnel (HCP), vaccine coverage rates continue to fall below the 2010 national health objective goal of 60%. According to the Centers for Disease Control and Prevention (CDC), estimated vaccination coverage of HCP remains **less than 50%**. Nevertheless, vaccination of HCP is an important component of influenza prevention programs in the United States. Vaccination of HCP reduces transmission of influenza in health-care settings, staff illness and absenteeism, and influenza-related morbidity and mortality among persons at increased risk for severe influenza illness. Influenza and influenza related complications kill more people than all other vaccine-preventable illnesses combined. Facilities that employ HCP are strongly encouraged by the CDC to provide influenza vaccine to staff by using evidence-based approaches that maximize vaccination rates. Effective January 1, 2007 The Joint Commission has approved an infection control standard related to seasonal influenza vaccination of HCP.



Background of ANA views:

The low rate of vaccination in HCP, particularly among registered nurses, is very concerning to the American Nurses Association (ANA) as we are committed to advocating for the health of registered nurses and the patients that they serve. ANA strongly urges all registered nurses involved in direct patient care-particularly those caring for vulnerable patient populations- to receive the seasonal influenza vaccination annually, (even though ANA opposes mandatory vaccination policies).

Barriers to HCP Vaccination:

- Fear of vaccine side effects
- Insufficient time or inconvenience
- Perceived ineffectiveness of the vaccine
- Perceived low likelihood of contracting influenza
- Reliance on treatment with homeopathic medications
- Avoidance of medications
- Fear of needles
- Too expensive
- Shortage of vaccine
- Required annually

Strategies for Improving Vaccination Rates:

The CDC Advisory Committee on Immunization Practices (ACIP) recommends that health care administrators consider the level of vaccination coverage among HCP to be one measure of a patient safety quality program and implement policies to encourage HCP vaccination. Successful HCP vaccination programs are multifaceted, combining publicity and education to combat fears and misconceptions about influenza and influenza vaccines, use of reminder call systems, efforts to remove administrative and financial barriers, role modeling, and monitoring and feedback on vaccination coverage.

Elements of an Effective Program

Step 1: Program Planning

Planning for the upcoming seasonal influenza campaign should be incorporated in to the evaluation of the previous influenza season campaign utilizing a multidisciplinary strategic planning team. Planning is part of an ongoing process. Assurances for workplace safety should be included as a planning element, including use of safety needles, tracking of adverse effects, and contraindication screening. Quality assurance and tracking methods should be included in planning phase.

Step 2: Staff Education/ Social Marketing Campaign

HCP knowledge, perceptions, and attitudes regarding influenza and influenza vaccination vary. Basic knowledge of influenza and influenza vaccination has been associated with vaccine acceptance. Education programs should emphasize the benefits of HCP vaccination for staff and patients.

Step 3: Implementation/Vaccine Delivery

The optimal time to vaccinate HCP is from October through February. Avoid discontinuing administration of vaccine too soon because the peak of the influenza season may be as late as March. Provide immunization at no cost to employees and offer vaccine in locations and times easily accessible by HCP.

Step 4: Program Evaluation

Program evaluation should begin once the implementation stage has begun. Vaccine administration rates should be provided to administrators and managers regularly throughout the season. Declination tracking of HCP who refuse vaccination should also be performed and reasons of declining addressed.

Best Practices

Below are recommended best practice strategies to improve HCP vaccination rates.

Support by Nursing Leadership

- Involve nursing leaders in program planning, evaluation, communication, and review.
- Serve as role models. For example include a photograph of leaders receiving flu vaccinations and place pictures in marketing tools such as flyers and posters.
- Motivate staff to receive vaccination by giving speeches and sending direct email to staff regarding vaccination.