POSITION STATEMENT

Immunizations

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Adopted By: ANA Board of Directors
This position statement supersedes the Position Statement on Immunizations, July 21, 2015.

I. PURPOSE

Historically, the American Nurses Association (ANA) has strongly supported immunizations to protect the public from highly communicable and deadly diseases such as measles, mumps, diphtheria, pertussis, and influenza (ANA, 2019; ANA, 2015; ANA, 2006), and has supported mandatory vaccination policies for registered nurses and health care workers under certain circumstances. Considering several recent and significant measles outbreaks in the United States, as well as the global pandemic of COVID-19, ANA has reviewed our current position statement for clarity and intent and examined present best practices and recommendations from the broader health care community.

II. STATEMENT OF ANA POSITION

Effective protection of the public health mandates that all individuals receive immunizations against vaccine-preventable diseases according to the best and most current evidence outlined by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). All health care personnel (HCP), including registered nurses (RNs), should be vaccinated according to current recommendations for immunization of HCP by the CDC and Association for Professionals in Infection Control and Epidemiology (APIC). ANA also believes that it is imperative for everyone to receive immunizations for vaccine-preventable diseases as vaccines are critical to infectious disease prevention and control. Moreover, nurses have a professional and ethical obligation to model the same health care standards they recommend to their patients.

ANA does not support any exemptions from immunization other than for medical contraindications. All requests for medical exemption from vaccination should be accompanied by documentation from the appropriate authority to support the request. Recertification of the medical exemption is an annual obligation. Individuals exempted from

vaccination may be required to adopt measures or practices in the workplace to reduce the chance of disease transmission. Employers should offer reasonable accommodations in such circumstances. ANA does not endorse philosophical or religious exemptions.

ANA strongly recommends that all registered nurses, health care workers and the public be vaccinated against COVID-19. There is significant clinical evidence on the safety and effectiveness of the three approved COVID-19 vaccines (Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen) being administered under the Food and Drug Administration's (FDA) Emergency Use Authorization process. With regard to these three vaccines, ANA does not support any exemptions other than for medical contraindications to being vaccinated against COVID-19.

As novel diseases emerge, such as COVID-19, ANA supports ongoing research and development of safe, easily accessed vaccinations for these public health threats. Vaccinations must be available and accessible to all to ensure public health and safety.

III. BACKGROUND

In 2015, ANA revised our immunization and vaccine policy statement to address the culture of vaccines that were prevalent at that time (ANA, 2015). The contemporary evolving climate and growth in vaccination hesitancy and noncompliance coupled with outbreaks of once eradicated and vaccine-preventable illnesses emphatically indicate a narrower approach is necessary for public safety.

Measles

The CDC reported 1,241 confirmed cases of measles from January 1 to September 12, 2019, in 31 states (CDC, 2019a). Individual reasons for decisions not to vaccinate vary and include concerns about the safety of a vaccination and/or its ingredients, religious or philosophical objections, fear of side effects and associated illness, and lack of urgency or priority, explained in part by the supposition that herd immunity will protect the unvaccinated from infection (LaVail & Kennedy, 2012; CDC, 2016; CDC, 2018a). Unvaccinated adults and children are susceptible to the transmission of the highly contagious measles virus, but of those, young children under the age of 5, adults over 20 years, pregnant women, and those with compromised immune systems assume the most considerable risk for contraction and complications of the disease (CDC, 2019b,c).

The measles virus is one of the most contagious viral illnesses due to its high rate of reproduction. Its virulence is such that it can remain in a room for up to two hours after an infected individual has coughed or sneezed and, each affected person can transmit measles to others from four days before through four days after the rash appears to upwards of 12 to 18 other individuals (CDC, 2019b; Lambert, 2019). It is because of this virulence that herd immunity or community immunity must remain at approximately 90% to 95%, however, if an unvaccinated person encounters another person that is infected with the virus, they too will become infected, regardless of herd immunity percentages (Oxford Vaccine Group, 2016).

Complications from measles are not limited to a simple rash and fever; some may also

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develop severe ear infections, respiratory and neurologic issues, pneumonia, subacute sclerosing panencephalitis (SSPE), and immune system amnesia (CDC, 2019c). Subacute sclerosing panencephalitis is a progressive neurological disease that is nearly always fatal and may develop up to 10 years after the initial clearance of the virus (Jenco, 2019; Liko, 2016; NIH, 2019). Measles induced immune amnesia renders the patient vulnerable to secondary infections from illnesses they may have already overcome in the past, including those they have already received vaccinations against, requiring revaccination (Griffin, 2019).

COVID-19

On January 21, 2020, the CDC confirmed the first case of COVID-19 in the US from a patient traveling from Wuhan, China to Washington state (CDC, 2020). The World Health Organization's Director-General then declared COVID-19 a public health emergency of international concern as well as the US declaring a public health emergency nationwide, both declarations occurring on January 31, 2020 (WHO, n.d., DHHS, n.d.) The US continues at the time of this writing to renew the public health emergency approximately every three months. Ramifications of the US public health emergency declaration include:

- State, tribal, and local health departments creating and deploying pandemic response teams where needed in public health.
- CDC updating its recommendations and guidance for healthcare personnel on diagnosing and treating COVID-19; as well as healthcare and the general public on prevention strategies such as immunization, masking, and social distancing.
- CDC collaborating with state health departments on COVID-19 surveillance methods and contact tracing.
- DHHS working to develop tests, vaccines, and therapeutics for the diagnosis, prevention, and treatment of COVID-19.

(Cipriano, Boston-Leary, McMillan & Peterson, 2020).

Since the Emergency Use Authorization (EUA) was issued by the Food and Drug Administration (FDA) for the first COVID-19 vaccine for those 16 years of age or older on December 11, 2020, misinformation and fear have abounded. As of this update (9/28/21), in the U. S., COVID-19 has claimed 680,000+ lives and over 42.5 million have contracted COVID-19 (CDC, 2021a). In addition to death, hospitalization, and ICU admission, COVID-19 can cause post-COVID conditions and ongoing symptoms of the virus, including multiorgan effects, autoimmune conditions, post-exertional malaise, "brain fog", heart palpitations, and more (CDC, 2021b). With three different vaccines readily available and clinical trial data demonstrating safety and efficacy, the US still struggles to reach herd immunity. Pfizer-BioNTech's COVID-19 Vaccine is now fully FDA approved and available as a booster for certain populations. Moderna and Janssen COVID-19 vaccines remain under EUA at this time. All three vaccines are safe and available to the American public. Each one greatly reduces the chance of severe COVID-19 infection, COVID-19 hospitalization, and COVID-19 death (CDC, 2021c). This continued pandemic, exacerbated by those refusing to be vaccinated, is exhausting and decimating our healthcare personnel, overwhelming our healthcare system, and threatening public health.

The Public

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The reduction or elimination of vaccine-preventable diseases is one of the greatest public health achievements of the United States (CDC, 2011). Current evidence and research illustrate that immunizations are essential to the primary prevention of disease from infancy throughout adulthood. According to the current recommendations of the CDC and ACIP, effective vaccination programs for children and adults promote and maintain the health of the populace, and include obtaining the annual seasonal influenza immunization, another vaccine-preventable disease. Between 2010 and 2018, the number of deaths annually from influenza is estimated to be from 12,000 to 79,000, with many more people hospitalized due to the severity of symptoms (CDC, 2018b).

Registered 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 vaccine-preventable diseases.

Immunization of HCP

Many states do not have legislation requiring vaccination of HCP. Therefore, the responsibility falls upon hospitals and other health care facilities to develop and enforce their own policies. Evidence of vaccination against highly communicable diseases such as mumps, measles, and rubella, as well as an annual influenza immunization, is often a prerequisite of employment in health care facilities.

The most successful vaccination program is the voluntary influenza vaccination programs for HCP's, established in 1984 upon the CDC's recommendation for all health care workers to receive the influenza vaccination. However, immunization rates amongst health care workers achieved only 78 percent coverage during the most recent 2017-2018 flu season and signal that improvement is needed (CDC, 2018a). In sharp contrast, facilities that have adopted mandatory influenza vaccination policies and programs have been highly successful (Wang, Jing, & Bocchini, 2017).). Such adoption rates emphasize the need for mandatory immunization programs where voluntary programs fail in order to promote and maintain the health of the public.

All individuals may apply for a medically contraindicated vaccination exemption that meets standard criteria. Formal documentation from an appropriate authority such as a health care provider must accompany an exemption request that details the condition that compels the request. This medical exemption needs to be recertified annually.

If an RN or other health care worker is medically exempt from vaccination, the health care facility will have the discretion to determine what steps, if any, unvaccinated RNs or health care workers must take to reduce the risk of transmitting disease to patients, while complying with all local, state and national regulations. Refusal by RNs or other health care workers to: (a) participate in a mandatory vaccination program, or (b) if medically exempted from vaccination, to follow steps to reduce the risk of disease transmission, may result in disciplinary action by the employer and jeopardizes patient and employee health.

IV. RESPONSIBILITIES OF REGISTERED NURSES AND EMPLOYERS

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Successful immunization policies and programs require open communication and transparency between RNs and employers. RNs are responsible for providing patients with evidence-based information to support and promote optimal health and wellness, and for leading by example by participating in health-oriented activities such as immunizations to the greatest possible extent. “Public trust will be damaged if [nurses] appear to suggest vaccines for others but avoid them for themselves” (Galanakis, Jansen, & Lopalco, 2013).

Nurses must advocate for, educate, and advise patients to adhere to vaccination schedules recommended by the CDC and ACIP, explaining their need and public health implications. Patients’ fears and questions regarding immunizations should be acknowledged, and then answered with evidence-based information. Nurses must emphasize that recommended immunizations are safe and necessary. Please see sections V and VI below for resources to assist with this messaging.

Employers of registered nurses are responsible for establishing a culture of safety and implementing policies that improve the health of their workers. The Infectious Diseases Society of America, the Society for Healthcare Epidemiology of America, and the Pediatric Infectious Diseases Society recommend that immunizations be provided in the work setting at no cost to HCP to ensure access to vaccinations, and that workplace immunization programs include appropriate education and training of staff (IDSA, SHEA, & PIDS, 2013).

If registered nurses are represented by a union or collective bargaining unit, the employer should work with a designated representative to clarify or resolve any issues that may arise associated with implementation of a mandatory vaccination policy or program.

V. SUMMARY OF RELEVANT ANA PUBLICATIONS AND INITIATIVES

Code of Ethics for Nurses

The Code of Ethics for Nurses (the Code) makes explicit the primary goals, values, and obligations of the profession. ANA believes that the Code is nonnegotiable and that each nurse has an obligation to uphold and adhere to its ethical precepts.

Five provisions within the Code speak to the obligation of registered nurses to act in a manner that is consistent with maintaining patient and personal health:

- Provision 2: The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.
- Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

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- Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

ANA Immunize Website

The ANA Immunize website (https://www.nursingworld.org/practice-policy/work-environment/health-safety/immunize/) provides nurses and other health professionals with research, education, tools, advocacy information, and resources related to immunizations. The site also includes information by workplace setting and for special populations.

ANA Enterprise's Healthy Nurse, Healthy Nation Grand Challenge (HNHN)

HNHN (www.hnhn.org) is a social movement to transform the health of the nation by first improving the health of nurses. It is free and open to all. It connects and engages nurses and partner organizations to act within five domains: physical activity, rest, nutrition, quality of life, and safety. HCP immunizations are an important topic in the safety domain.

VI. ADDITIONAL RELEVANT RESOURCES

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