

1 **Open Session Agenda Item #11**

2 ANA Board of Directors

3 December 8, 2006

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**Center for Occupational
and Environmental Health**

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6 **AMERICAN NURSES ASSOCIATION**

7 Report to the Board of Directors

8 on

Seasonal Influenza Vaccination for Registered Nurses

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10 **CONSENT ACTION REPORT**

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ISSUE STATEMENT: Health Care Personnel (HCP), including registered nurses, can acquire or transmit influenza to patients or co-workers. Unvaccinated HCP can be a key source of outbreaks of influenza in health care settings. The Centers for Disease Control and Prevention (CDC) reports seasonal influenza causes 36,000 deaths and over 200,000 hospitalizations per year due to complications of seasonal influenza. Despite HCP being in the first tier of those recommended to get seasonal influenza, annual voluntary vaccination is less than 50%. Historically, ANA has not been supportive of mandating influenza vaccination, but has recommended vaccination and supports the use of a signed declination form. Despite efforts to increase vaccination rates and provide education, HCP, including registered nurses, voluntary vaccination rates remain unacceptably low.

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13 **PROPOSED ACTION:**

14 Whereas, seasonal influenza is a serious illness with high rates of mortality and morbidity,

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16 Whereas, seasonal influenza is a vaccine preventable illness,

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18 Whereas, seasonal influenza vaccination rates of HCP is unacceptably low at less than 50%
19 annually,

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21 Whereas, efforts to increase vaccination rates through education have failed to increase influenza
22 vaccination rates of registered nurses and other HCP,

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24 Whereas, registered nurses and other HCP can transmit influenza to their vulnerable patients,
25 their co-workers and their families,

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27 Whereas registered nurses can acquire influenza from their patients and co-workers, becoming ill
28 and needing time off to recover, thus stressing healthcare staffing amidst the nursing shortage,
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30 Whereas obtaining other immunizations is a requirement to be fit for duty, protecting patient's
31 as well as the registered nurse, from transmitting or acquiring vaccine preventable disease from
32 patients and co-workers in health care settings,

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34 Whereas the CDC's Healthcare Infection Control Practices Advisory Committee and Advisory
35 Committee on Immunization Practices has recommended since 1981 that all healthcare personnel
36 be vaccinated annually against influenza.
37 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm>),

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39 Whereas, the Joint Commission on Accreditation of Healthcare Organizations approved and
40 communicated on June 13, 2006 an infection control standard that requires accredited
41 organizations to offer influenza vaccinations to staff, which includes volunteers, and licensed
42 independent practitioners with close patient contact. The standard will become an accreditation
43 requirement beginning January 1, 2007, for the Critical Access Hospital, Hospital and Long
44 Term Care accreditation programs.
45 (http://www.jointcommission.org/NewsRoom/NewsReleases/nr_06_13_06.htm),

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47 Whereas Healthy People 2010 has a target of 90% of adults vaccinated for influenza ,
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49 THEREFORE BE IT RESOLVED, that the American Nurses Association (ANA) supports
50 implementation of aggressive and comprehensive influenza vaccination programs for registered
51 nurses that aim for 100% vaccination rates, but that also provides an "opt out" with the
52 completion of an informed declination form, and

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54 Such programs should be implemented consistent with registered nurses legal rights including
55 rights under labor law, and

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57 ANA encourages health care organizations to provide influenza vaccination to registered nurses
58 and other HCP with direct patient contact at no charge and at convenient locations, and

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60 ANA recommends that registered nurses and other HCP receive education about the issue of
61 seasonal influenza.

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63 **BACKGROUND:**

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65 CDC reports that between 1989--2003, HCP vaccination coverage levels in the United States
66 increased substantially, from 10% to 40%; however, vaccination coverage levels have remained
67 relatively constant since 1997, despite the fact that HCP can spread the influenza virus to
68 vulnerable patients, co-workers and family.

69 Compounding the problem of low immunization rates is the high degree of sub-clinical disease
70 prevalent among HCP during an influenza outbreak. Several studies have investigated the
71 serological evidence of influenza infection in HCP. One of these studies reported that 23% of
72 HCP had serologic evidence of influenza infection after a mild influenza season. Of those that
73 tested positive 59% of HCP could not recall having influenza and 28% could not recall any

74 respiratory infection. This suggests that there is a high proportion of asymptomatic illness among
75 health care personnel (Wilde et al, 1999).

76 In November 2003, the National Foundation for Infectious Diseases (NFID) held a roundtable
77 meeting and developed a Call to Action, “Influenza Immunization Among Health Care
78 Workers”. ANA attended and participated in the meeting. Within the Call to Action, it is stated
79 that in a neonatal intensive care unit, where only 15% of the staff were vaccinated with the
80 influenza vaccine, nineteen infants were infected and one infant died from influenza. Aside from
81 the fact that preventable deaths are unconscionable, the economic impact of an influenza
82 outbreak can increase the burden of the impact of influenza outbreaks in healthcare settings.
83 When registered nurses and other HCP acquire influenza illness and cannot work, peers often
84 work double shifts, increasing overtime costs and leading to attention lags after 12 hours.
85 (<http://www.nfid.org/pdf/publications/calltoaction.pdf>)

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87 Influenza vaccination of registered nurses and other HCP is a patient care safety issue as well as
88 “an ethical responsibility”. Following a survey of registered nurses to determine barriers and
89 knowledge about seasonal influenza, the “Everyone Deserves a Shot at Fighting Flu” campaign
90 was launched by ANA on November 17, 2005. Recognizing the unacceptable low rates of
91 influenza vaccination annually, ANA was adamant that registered nurses should receive the
92 influenza vaccine. Emphasis was placed that by getting the influenza vaccination, nurses are
93 protecting themselves, their vulnerable patients, their co-workers and their families. It is
94 important to note that a registered nurse can have asymptomatic influenza and transmit the virus
95 to the vulnerable patient. The patient may go on to suffer major, potentially fatal, complications
96 from contracting influenza. It has been documented that unvaccinated HCP are a key cause in
97 influenza outbreaks in health care settings.

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99 The 1995 ANA position statement, “Promotion and Disease Prevention” recognizes nursing
100 must expand its efforts to design and implement interventions supporting the promotion of health
101 and prevention of disease/illness and disability. Influenza vaccination reduces transmitting
102 influenza to vulnerable patients and registered nurses and other HCP, therefore aggressive
103 influenza vaccination programs are a form of disease prevention and are consistent with this
104 position.

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106 In the 2006 House of Delegates resolution, “Pandemic and Seasonal Influenza”,
107 ANA resolved to strongly urge all registered nurses involved in direct patient care, particularly
108 those caring for vulnerable patient populations, although stating opposition to mandating
109 vaccination policies.

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111 The Joint Commission for Accreditation of Healthcare Organizations developed a new infection
112 control standard that addressed influenza vaccination of health care personnel.
113 The new Joint Commission standard, which becomes effective, January 1, 2007 requires
114 organizations to:

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- Establish an annual influenza vaccination program that includes at least staff and licensed
117 independent practitioners;

- 118 • Provide access to influenza vaccinations on-site;
- 119 • Educate staff and licensed independent practitioners about flu vaccination; non-vaccine
120 control measures (such as the use of appropriate precautions); and diagnosis,
121 transmission and potential impact of influenza;
- 122 • Annually evaluate vaccination rates and reasons for non-participation in the
123 organization's immunization program; and
- 124 • Implement enhancements to the program to increase participation.

125 (http://www.jointcommission.org/NewsRoom/NewsReleases/nr_06_13_06.htm)

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127 According to the CDC, in 2005, seven states had legislation requiring annual influenza
128 vaccination of health-care workers or the signing of an informed declination , and 15 states
129 had regulations regarding vaccination of healthcare workers in long-term care facilities.

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131 Seasonal influenza is gaining attention and importance due to recognition of the ineffectiveness
132 of educational efforts, unheeded recommendations by various organizations including CDC,
133 encouraging influenza vaccination of HCP and the grave risk that unvaccinated registered nurses
134 and other HCW pose to vulnerable patients, their co-workers and families. ANA advances the
135 nursing profession by fostering high standards in nursing practice, promoting the welfare of
136 nurses in the workplace and patient safety.

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138 ANA, representing the 2.9 million registered nurses in the United States, should join with other
139 health care organizations to set the standard of annual influenza vaccination with informed
140 declination form for registered nurses and other HCP.

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177 G:\Board 2004-2006\2006 Meetings\Mtg 1206 to 1208 ANA\Reports\Open\open #11 Seasonal Influenza Vaccination for RNs.doc