APPENDIX 4
Advisory Committee on Immunization Practices (ACIP)
Recommendations for Health Care Worker Influenza Vaccination and
Healthy People 2020 Objectives for Influenza Vaccination of Health
Care Personnel
Rationale for Vaccination of Specific Populations: Persons Who Live With or Care for Persons at Higher Risk for Influenza-Related Complications

All persons aged ≥6 months should be vaccinated annually. As providers and programs transition to providing annual vaccination to all persons, continued emphasis should be placed on vaccination of persons who live with or care for persons at higher risk for influenza-related complications. When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons at higher risk for influenza-related complications as well as these persons:

- Health Care Personnel (HCP);
- Healthy persons who are infected with influenza virus, including those with subclinical infection, can transmit influenza virus to persons at higher risk for complications from influenza. In addition to HCP, groups that can transmit influenza to high-risk persons include:
  - employees of assisted living and other residences for persons in groups at high risk;
  - persons who provide home care to persons in groups at high risk;

In addition, because children aged <5 years are at increased risk for influenza-related hospitalization … compared with older children, vaccination is recommended for their household contacts and out-of-home caregivers… Healthy HCP… who are contacts of persons in these groups and who are not contacts of severely immunocompromised persons living in a protected environment should receive either LAIV or TIV when indicated or requested.

All HCP and persons in training for health-care professions should be vaccinated annually against influenza. Persons working in health-care settings who should be vaccinated include physicians, nurses, and other workers, in both hospital and outpatient-care settings, medical emergency–response workers (e.g., paramedics and emergency medical technicians), employees of nursing home and long-term–care facilities who have contact with patients or residents, and students in these professions who will have contact with patients.

Facilities that employ HCP should provide vaccine to workers by using approaches that have been demonstrated to be effective in increasing vaccination coverage. The HCP influenza coverage goal should be vaccination of 100% of employees who do not have medical contraindications. Health-care administrators should consider the level of vaccination coverage among HCP to be one measure of a patient safety quality program.
and consider obtaining signed declinations from personnel who decline influenza vaccination for reasons other than medical contraindications. Influenza vaccination rates among HCP within facilities should be measured regularly and reported, and ward-, unit-, and specialty-specific coverage rates should be provided to staff and administration.

Policies that work best to achieve this coverage goal might vary among facilities. Studies have demonstrated that organized campaigns can attain higher rates of vaccination among HCP with moderate effort and by using strategies that increase vaccine acceptance. A mandatory influenza vaccination policy for HCP, exempting only those with a medical contraindication, has been demonstrated to be a highly effective approach to achieving high vaccine coverage among HCP. Hospitals and health-care systems that have mandated vaccination of HCP often have achieved coverage rates of >90%, and persons refusing vaccination who do not have a medical contraindication have been required to wear a surgical mask during influenza season in some programs. Efforts to increase vaccination coverage among HCP using mandatory vaccination policies are supported by various national accrediting and professional organizations, including the Infectious Diseases Society of America, and in certain states by statute. Worker objections, including legal challenges, are an important consideration for facilities considering mandates. Studies to assess the impact of mandatory HCP vaccination on patient outcomes are needed.

The Joint Commission on Accreditation of Health-Care Organizations has approved an infection-control standard that requires accredited organizations to offer influenza vaccinations to staff, including volunteers and licensed independent practitioners with close patient contact. The standard became an accreditation requirement beginning January 1, 2007. Some states have regulations regarding vaccination of HCP in long-term–care facilities, require that health-care facilities offer influenza vaccination to HCP, or require that HCP either receive influenza vaccination or indicate a religious, medical, or philosophic reason for not being vaccinated.

Children aged <6 months are not recommended for vaccination, and antivirals are not licensed for use among infants. Protection of young infants, who have hospitalization rates similar to those observed among the elderly, depends on vaccination of the infants’ close contacts…. All household contacts, health-care and day care providers, and other close contacts of young infants should be vaccinated.

Immunocompromised persons are at risk for influenza complications but might have inadequate protection after vaccination. Vaccination of close contacts of immunocompromised persons, including HCP, might reduce the risk for influenza transmission. In 2006, a joint recommendation from ACIP and the Hospital Infection Control Practices Advisory Committee (HICPAC) recommended that TIV be used for vaccinating household members, HCP, and others who have close contact with severely immunosuppressed persons (e.g., patients with hematopoietic stem cell transplants) during those periods in which the immunosuppressed person requires care in a protective environment (typically defined as a specialized patient-care area with a positive airflow relative to the corridor, high-efficiency particulate air filtration, and frequent air changes).
Summary Recommendations

The recommendations were drafted after review of peer-reviewed scientific articles, and whenever possible are based on well-designed studies; certain recommendations are based on strong theoretical rationale and expert opinion. All recommendations have been approved by HICPAC and ACIP. The committees involved in drafting and reviewing these recommendations include persons with expertise in infectious diseases, infection control, pediatrics, vaccinology, internal medicine, and public health. The recommendations are as follows:

- Educate HCP regarding the benefits of influenza vaccination and the potential health consequences of influenza illness for themselves and their patients, the epidemiology and modes of transmission, diagnosis, treatment, and nonvaccine infection control strategies, in accordance with their level of responsibility in preventing health-care–associated influenza.
- Offer influenza vaccine annually to all eligible HCP to protect staff, patients, and family members and to decrease HCP absenteeism.
- Provide influenza vaccination to HCP at the work site and at no cost as one component of employee health programs. Use strategies that have been demonstrated to increase influenza vaccine acceptance, including vaccination clinics, mobile carts, vaccination access during all work shifts, and modeling and support by institutional leaders.
- Obtain a signed declination from HCP who decline influenza vaccination for reasons other than medical contraindications.
- Monitor HCP influenza vaccination coverage and declination at regular intervals during influenza season and provide feedback of ward-, unit-, and specialty-specific rates to staff and administration.
- Use the level of HCP influenza vaccination coverage as one measure of a patient safety quality program.
Healthy People 2020 Objectives for Influenza Vaccination of Health Care Personnel

Healthy People 2020

About Healthy People

Healthy People provides 10-year national objectives for improving the health of Americans. Healthy People has established benchmarks and monitored progress over the three decades of the program to encourage collaboration across sectors, guide individuals toward making informed health decisions, and measure the impact of health prevention activities. Healthy People 2020 sets an agenda for improving the Nation’s health, and is the result of a multi-year process and reflects input from diverse groups of individuals and organizations.1

Immunization and Infectious Disease Objectives

Within the Healthy People 2020 topic of Immunization and Infectious Disease, influenza vaccination coverage is addressed. Immunization and Infectious Disease objective 12 is to “increase the percentage of children and adults who are vaccinated annually against seasonal influenza,” within this objective, health care personnel are addressed as a subgroup.2

Based on data obtained from the National Health Interview Survey (NHIS), the National Center for Health Statistics (NCHS), and the Centers for Disease Control and Prevention (CDC), 45% of health care personnel were vaccinated against seasonal influenza in 2008. The 2020 target for health care personnel vaccination is 90%, and was set based on consistency with national programs.3

---