

Strict policy raises hospital's worker flu vaccination rate

December 12 2011

A California hospital raised its employee influenza vaccination rate above 90 percent by shifting from a voluntary vaccination program to one mandating all healthcare workers either get vaccinated or wear a mask at work for the entire flu season (December through March).

A five-year study of evolving [flu vaccination](#) programs at University of California Irvine Medical Center is published in the January 2012 issue of *Infection Control and Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America. The results, the authors say, suggest voluntary programs are not enough to get meaningful increases in flu vaccination rates for healthcare workers.

The systematic effort by University of California Irvine Healthcare to raise vaccination rates among its 6,500 employees began in 2006. Initial efforts focused on educating employees and making vaccines free of charge and conveniently available. During the 2007 and 2008 flu seasons, efforts were advanced to also include a mandatory declination strategy, the use of mobile carts and decentralized vaccine distribution by designated nurses in clinical areas.

According to the study, the voluntary campaign raised rates from around 45 percent to 60 percent. "Nevertheless, the use of these campaigns, even over a two-year period, was unable to increase [healthcare worker] vaccination rates beyond 60 percent," the researchers write. "Only the addition of a mandatory vaccination policy enabled instantaneous gains in vaccination to levels above 90 percent."

The mandatory campaign requiring vaccination or wearing a mask while in medical areas began in 2009, raising rates that season to nearly 87 percent. In addition to the mask requirement, employees who were not vaccinated were required to sign a written declination. A real-time tracking tool was also implemented to provide online-accessible lists of compliant and non-compliant staff.

During the 2010 season, the mandatory policy was further strengthened through the involvement of the dean of the School of Medicine. The dean provided lists of non-compliant staff to department chairs and linked compliance with the policy with good-standing department budget allocations. This modification, alongside the cumulative strategies initiated since 2006, raised flu vaccination rates among school of medicine faculty above 90 percent.

"In moving to a mandatory program, we found that the majority of [vaccine](#) declinations for medical or religious reasons remained small throughout all flu seasons. In contrast, the proportion of declinations for preferential reasons, like philosophical beliefs or fear of needles, markedly decreased," said Dr. Susan Huang, a professor at UC Irvine Medical Center and one of the study's authors.

"This suggests that the declination policy captures a small number of healthcare professionals who feel strongly about declining, as well as a much larger number who have not made vaccination a priority. The masking requirement for those not vaccinated might have provided sufficient disincentive to encourage healthcare providers to prioritize vaccination."

Despite calls from numerous infection control organizations, including the Society for Healthcare Epidemiology of America, for all healthcare workers to get vaccinated against the flu, nationwide rates hover at 60-65 percent, and relatively few hospitals have enacted mandatory vaccination

programs.

"Our findings suggest that inertia, rather than conscious objection or protest, is a major driver of low [vaccination rates](#)," Huang said. "We hope this finding motivates medical facilities to develop policies to ensure that the safety of patients comes first."

Provided by Society for Healthcare Epidemiology of America

Citation: Strict policy raises hospital's worker flu vaccination rate (2011, December 12) retrieved 8 May 2024 from

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