Here's why flu vaccinations should be mandatory for Aussie health workers in high-risk areas

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Credit: AI-generated image (disclaimer)

On June 1, health workers in New South Wales will be required to have a flu vaccination if they work in high-risk clinical areas, such as wards for neonatal care, transplants and cancer. Otherwise staff are required to wear surgical masks during the flu season or risk being redeployed.

NSW is the only state to make flu vaccination mandatory for some health workers. It aims to protect vulnerable patients and the health system from another disastrous flu season like in 2017. While the federal government has told aged care providers they must offer the flu vaccine to their staff this winter, there is no requirement for staff to accept the vaccine.

Despite the numerous campaigns promoting the flu vaccine to Australian health workers, uptake has been documented to range from only 16-60%, with an even lower rate reported among aged-care workers.

The most effective way to improve vaccination rates among health workers is to make it mandatory. State, territory and Commonwealth governments should consider making the flu shot mandatory for all health workers in high-risk clinical areas and aged care facilities.

Why health workers need to be vaccinated

For most of us, vaccination is for individual protection. In the case of those caring for sick and vulnerable people such as children and the elderly, vaccination protects others from devastating illness, complications and even death.

Hospitals and aged care facilities can experience explosive outbreaks of influenza. Aged care facilities may have to close their doors to new admissions, which can also have a significant economic impact. It's also important that staff absenteeism in hospitals is kept low, especially in areas with limited specialist expertise.

Some argue vaccination of health workers is a moral duty, while others state individual freedom of choice is more important than protection of patients.

Mandating vaccination

The use of immunisation mandates for health-care workers is not new in Australia. In most states and territories, staff are required to have vaccines for (or show evidence of protection against) measles, mumps, rubella, diphtheria, tetanus, pertussis, hepatitis B, and varicella (chicken pox).

NSW, for example, introduced mandatory vaccination of health care workers for several vaccines (but not the flu) in 2007. NSW health workers generally accepted this change in policy, with only 4% objecting.

Making the flu shot mandatory, as NSW has done this year, would simply add the the list of vaccinations health workers are required to have.

The evidence suggests it's worth it; a five-year study in one hospital in the United States showed mandatory hospital policies can raise coverage rates to close to 100%.

Institutions that have implemented a mandatory policy have dramatically reduced employee sick days as well as flu in hospitals, thereby improving patient safety and reducing health care costs.

Staff vaccination programs

Most workplaces run intensive vaccination programs, which may include mass immunisation clinics, mobile carts, posters and email reminders. But in most cases, these programs aren't successful at boosting vaccination levels above 60%.

[Some hospitals](#) have been able to achieve higher vaccination rates in the short term [through](#) easy access to vaccines, education, reminders and multiple opportunities for vaccination. But these initiatives require ongoing resources and continual efforts – a one-off vaccination day is not enough.

Read more: Flu vaccine won't definitely stop you from getting the flu, but it's more important than you think

The Victorian health system used a slightly different approach in 2014 when it made high rates of flu vaccination a hospital performance target. The government also provided the vaccine free to all Victorian hospitals.

This [raised vaccination rates](#) among Victorian [hospital](#) staff from 60% to 75% overall (higher in some hospitals). But higher rates may be achieved through mandatory flu vaccination.

But it's not always the best policy

For each situation, we need to consider the overall risks and benefits of mandatory vaccination, as well as the gains in protection and vaccination coverage.

For infant vaccination, for example, vaccination rates are already at a high baseline of more than 93%. So, the risk of coercive policies may be greater than the relatively small gains achieved by coercive methods. [Similar results](#) may be achieved through other methods.

In the case of health and aged-care workers, however, we start with a lower base of [vaccine](#) coverage, of 16-60%. Adding financial [incentives or disincentives](#), or making it mandatory, would result in much larger gains in vaccination rates.

Vaccinating health-care workers also has benefits beyond their individual protection: it reduces the risk of their patients contracting influenza and maintains the health workforce capacity. This shifts the balance in favour of mandatory vaccination.

Given large potential gains and low resource requirements, mandatory flu vaccination for all health workers in high-risk areas is a good idea. Governments should consider this and other strategies to improve flu vaccination rates health and aged care workers.

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