

Evaluation of Health Care Worker Vaccination Rates in Utah Outpatient Clinics

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Vaccines

- ▶ Important public health achievement
- ▶ Cost-effective strategy for preventing diseases
- ▶ Reduces health care costs for communicable diseases
- ▶ Schedule recommended by the Centers for Disease Control and Prevention

**VACCINES
WORK!**



Vaccines and Populations

- ▶ Focus usually on childhood population
- ▶ Especially important for vulnerable populations
 - ▶ Children
 - ▶ Elderly
 - ▶ Immunocompromised
 - ▶ Patients
- ▶ Also important for health care workers



Vaccines and Health Care Workers

- ▶ Necessity of HCW vaccinations
 - ▶ At risk for contracting and spreading communicable diseases
- ▶ Recommendations*
 - ▶ One pertussis
 - ▶ One tetanus every 10 years
 - ▶ Two MMR
 - ▶ Two varicella
 - ▶ Three Hepatitis B
 - ▶ Seasonal influenza
 - ▶ One meningococcal
- ▶ Recommendations identical for US and Utah**



*Immunization Action Coalition, 2014a

**Utah Department of Health, 2010a

How are We Doing in America?

- ▶ Hepatitis B: 68%*
- ▶ Influenza: 80%*
- ▶ No firm data on pertussis, MMR, or varicella
 - ▶ Suboptimal*



How are We Doing in Utah?

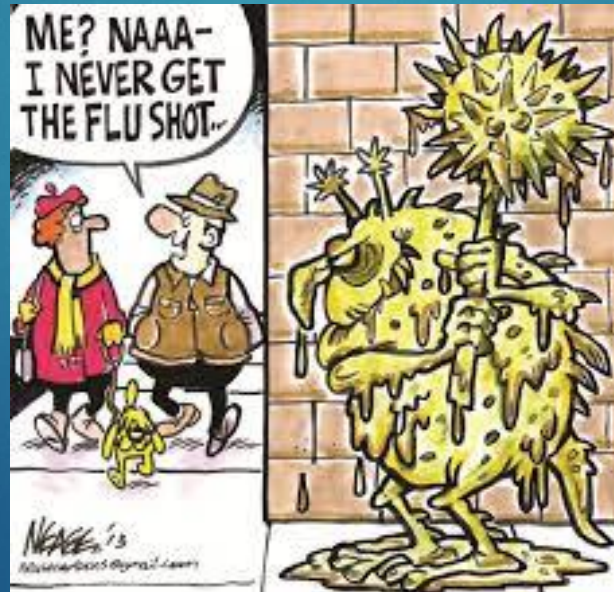
- ▶ Hospital-based HCWs
 - ▶ Influenza: 82%*
- ▶ Long-term care HCWs
 - ▶ Influenza: 53%*
- ▶ Outpatient HCWs

Vaccine Type	Pediatrics	Family Practice	Oncology
Influenza	66% (n = 31)	57% (n = 52)	79.2% (n = 19)
Hepatitis B	63.8% (n = 30)	52.7% (n = 48)	62% (n = 15)
Tdap	59.6% (n = 28)	37.4% (n = 34)	41.7% (n = 10)
MMR	42.6% (n = 20)	25% (n = 23)	41.7% (n = 10)
Hepatitis A	42.6% (n = 20)	32% (n = 29)	25% (n = 6)
Varicella	34% (n = 16)	18% (n = 16)	21% (n = 5)



But...

Vaccine Policy	Pediatrics	Family Practice	Oncology
Recommended but no consequence	50% (n = 23)	37% (n = 30)	39.1% (n = 9)
Recommended with termination as consequence	15.2% (n = 7)	23.5% (n = 19)	17.4% (n = 4)
Recommended with consequence other than termination	19.6% (n = 9)	18.5% (n = 15)	30.4% (n = 7)



Barriers to Vaccinating Health Care Workers

- ▶ Common barriers*
 - ▶ Lack of access to vaccine while working[†]
 - ▶ Belief that vaccine is unnecessary**
 - ▶ High staff turnover
 - ▶ Cost of vaccine
- ▶ Barriers in Utah outpatient clinics
 - ▶ Time/resources
 - ▶ Employee freedom



*Centers for Disease Control and Prevention, 2014

**FitzSimons, Hendrickx, Lernout, Badur, Vorsters, and Van Damme, 2014

[†] National Foundation for Infectious Diseases, 2008

Positively Influencing HCW Vaccination Rates*

- ▶ Employer should assume cost of vaccination
 - ▶ Economic benefits
- ▶ Address misconceptions
 - ▶ Vaccine effectiveness
 - ▶ Need for vaccination
 - ▶ Vaccine safety
- ▶ Send a CLEAR message from highest administrative authority**
- ▶ Vaccine mandates



*Marshall, Tetu-Mouradjian, & Fulton, 2010

**Talbot, Dellit, Hebden, Sama, & Cuny, 2010

A Quick Word About Vaccine Mandates

- ▶ Unpopular*
- ▶ MOST are effective*
 - ▶ Instituted by over 400 health care institutions nationwide**
 - ▶ Increases vaccination by eightfold#
 - ▶ Virginia Mason Medical Center in Seattle, WA = 98% after mandate ¶
 - ▶ Children's Hospital of Philadelphia = 99.9%^

Unpopular



*Marshall, Tetu-Mouradjian, & Fulton, 2010

**Immunization Action Coalition, 2014b

#Centers for Disease Control and Prevention, 2010

¶Babcock, Geneinhart, Jones, Dunagan, & Woeltje, 2010

^Offit, 2010

Ethical Considerations

- ▶ Public trust damaged when HCWs recommend vaccines for patients but avoid the vaccines themselves*
- ▶ HCWs choose their profession, vaccination is consistent with professional obligations*
- ▶ Being immune is part of being a “healer” in the profession*
- ▶ Health care institutions have an obligation to reduce risk to patients*
- ▶ When safety and liberty are in conflict, limiting personal liberties may be justifiable*



Where Do We Go From Here?

- ▶ Every nurse responsible for patient safety
- ▶ Advocate for vaccine policies
 - ▶ Mandate?
- ▶ Make recommendations for facilities and follow through





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