

# Health Care Personnel Influenza Vaccination Subgroup (HCPIVS)

NVAC

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HCPIVS Co-Chairs

Julie Morita, M.D.

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# Members

## NVAC Members

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## HHS Staff

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<sup>a</sup>: Chair of NVAC

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## Ex-Officio Members

Benedict Diniega (DoD)

Amy Groom (IHS)

Frank Hearl (NIOSH)

Atkinson Longmire (OSHA)

Richard Martinello (VA)

John Piacentino (NIOSH)

Rosemary Sokas (OSHA)

David Weissman (NIOSH)

Melina Wharton (CDC)

Ted Yee (OSHA)

## Assistant to NVAC Chair

Rachel Hart-Malloy

# Liaison Representatives

Jon Almquist	<i>American Academy of Pediatrics</i>
Hilary Babcock	<i>Society for Healthcare Epidemiology of America</i>
Richard Beigi	<i>American Congress of Obstetrics and Gynecology</i>
Nancy Berlinger	<i>The Hastings Center</i>
William Borwegen	<i>Service Employees International Union</i>
Katherine Brewer	<i>American Nurses Association</i>
Jeffrey Duchin	<i>Advisory Committee on Immunization Practices</i>
Jennifer Hilliard	<i>American Association of Homes and Services for the Aging</i>
Nancy Hughes	<i>American Nurses Association</i>
Charlene Ludlow	<i>American Hospital Association</i>
Gregory Poland	<i>American College of Physicians</i>
Mitchel Rothholz	<i>American Pharmacists Association</i>
Alexandra Stewart	<i>GW School of Public Health and Health Policy</i>
Melanie Swift	<i>American College of Occupational and Environmental Medicine</i>
Janice Zalen	<i>American Health Care Association</i>

# Charge

**Develop recommendations on strategies to achieve the Healthy People 2020 annual goal of 90% influenza vaccine coverage for health care personnel**

Health care personnel (HCP) are defined<sup>a</sup> as all paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials. The settings for HCP include acute care hospitals, long-term care facilities, skilled nursing facilities, rehabilitation centers, physician's offices, urgent care centers, outpatient clinics, home health, and emergency medical services. Thus, HCP includes a range of those directly, indirectly, and not involved in patient care who have the potential for transmitting influenza to patients, other HCP, and others.

<sup>a</sup>Source: HHS Action Plan to Prevent Healthcare-Associated Infections: Influenza Vaccination of Healthcare Personnel ([http://www.hhs.gov/ash/initiatives/hai/tier2\\_flu.html](http://www.hhs.gov/ash/initiatives/hai/tier2_flu.html)).

# Activities: since February NVAC

- Eight conference calls held with six formal presentations
- Discussions focused on:
  - Clarification of definitions
  - Review of background material and research
  - Discussion of recommendations
- Report with recommendations drafted and in discussion
- Straw poll completed

# Relevant presentations

HCP influenza vaccination – the St. Jude Children’s Hospital experience

Dr. Jon McCullers (St. Jude Children’s Hospital)

HCP influenza vaccination: the VA experience

Dr. Richard Martinello (VA)

New influenza vaccine technologies

Dr. Jackie Katz (CDC/OID/NCIRD)

Vaccine ethics and mandatory vaccination policies

Mr. Jason Schwartz (CDC/OCOO/MASO/BPAB)

Health care-associated influenza

Dr. Thomas Talbot (Vanderbilt university)

CDC-sponsored NQF measure of HCP influenza vaccination: final results

Ms. Megan Lindley (CDC/OID/NCIRD)

# Recommendations and straw poll results

- 27 official members
- 25 completed survey (93%)
- 10 recommendations in total

# Recommendation 1: Comprehensive Influenza Vaccine Program for HCP

**Recommendation 1.1:** All health care settings should have a comprehensive influenza vaccination program targeting HCP as set forth by the CDC. HCP are as defined by the ACIP. This policy should include at minimum: institutional leadership, educational campaigns for HCP regarding influenza vaccination; easy accessibility to free influenza vaccination available at all locations and during all shifts for longer than one day; tracking of vaccination coverage levels linked to a quality improvement effort.

• **24 (96%) members approve** *this recommendation as it is currently written*

• **1 member did not approve** *seeking clarification for term “comprehensive”*

# Recommendation 1: Comprehensive Influenza Control Program for HCP

**Recommendation 1.2:** The goal of the program should be to achieve the highest possible influenza vaccination coverage of HCP that at a minimum meets the Healthy People 2020 Goal of >90%. The highest levels of coverage are desirable to protect patients and HCP and are encouraged by NVAC.\*

• **22 (92%) members approve** *this recommendation as it is currently written*

• **2 members disapproved**

–4 members (including the two opposed ) commented on the use of word “minimum” and stated HP2020 goal is “aspirational”

\*:24 members answered this question

# Recommendation 1: Comprehensive Influenza Control Program for HCP

**Recommendation 1.3:** A comprehensive influenza vaccination program should be one component of a multicomponent comprehensive influenza infection control program, containing as many components as is applicable for the facility to implement. Health care settings should make building capacity for a comprehensive vaccination program a priority.

• **22 (88%) members approve** *this recommendation as it is currently written*

• **3 members disapproved:**

–2 who disapproved were regarding a typographical error (corrected in this slide)

–1 agreed only with the first statement stating second statement needs be to be “placed into the context of how an emphasis or overemphasis on flu vaccination adds to or detracts from more effective and efficient ways to reduce our nation's 1.7 million HAIs and resultant 99,000 patient deaths”

# Recommendation 1: Comprehensive Influenza Control Program for HCP

**Recommendation 1.4:** It is recommended that facilities review existing data on the use of declination forms and masks to determine if these mechanisms are appropriate/ desirable for their institution for those HCP who have exemptions to vaccination.

• **16 (64%) members approve this recommendation as it is currently written**

• **9 members did not approve\*:**

- 5 thought recommendation is unclear regarding where and what institutions should review
- 3 proposed alternative language:
  - “All healthcare facilities should review” rather than “It is recommended that”
  - Add each facility should review the reasons for declination as part of this recommendation
  - “... appropriate for the institution's use in dealing with HCPs who have exemptions to vaccination and does not reduce the institution's ability to meet the Healthy People 2020 goal or greater.”
- 3 (including one below) were concerned with the use a recommendation with the term “masks”
- 1 would approve if recommended use of declination forms at a minimum and was silent on issues of “masks”
- 1 thought masks and declination forms should be a standard and mandated for all how have an exemption

\*: responses do not total 9 because of several comments from members

# Recommendation 1: Comprehensive Influenza Control Program for HCP

**Recommendation 1.5:** Health care facilities should comprehensively involve workers and managers in evaluating the program. Health care facilities should establish a system for workers and management to provide continuous quality improvement feedback for the program.

• **22 (88%) members approve this recommendation as it is currently written**

• **3 members did not approve:**

–2 who disapproved were due to the language:

- 1 preferred involving “appropriate” workers and managers in evaluation
- 1 preferred only the second sentence

–1 had concerns regarding paperwork

# Recommendation 1: Comprehensive Influenza Control Program for HCP

**Recommendation 1.6:** For reluctant HCP, mandatory influenza vaccination educational workshops should be provided prior to issuing of a declination form; declination forms should only be accepted following educational workshop. At a minimum, such training should be provided at no cost to the employee and during working hours to ensure employee participation in the program. Training should be provided at the time of initial assignment (if during flu season) and at least annually thereafter from a person knowledgeable in the subject matter.

• **17 (68%) members approve this recommendation as it is currently written:**

–1 would approve only if there was no endorsement of vaccine mandate

• **8 members did not approve\*:**

– 4 wanted educational training for all, not just those who decline

–2 member wanted “reluctant” removed

–2 wanted a more clear definition of what the education would be

–1 was against the use of declination forms

–1 would not approve a mandatory action

–1 not certain of need for education for those who have decided against

\*: responses do not total 9 because of several comments from members

# Recommendation 2: Vaccine development

It is recommended that ongoing efforts to develop new and improved influenza vaccines and vaccine technologies should be actively encouraged and funded as a priority. This includes support for research, development, and licensure of influenza vaccines with improved immunogenicity and duration of immunity. The ideal vaccine is a “universal” influenza vaccine that would not need to be updated each year depending on circulating influenza strains and could provide extended or life-time immunity, but steps that improve the immunogenicity and rapid production of existing influenza vaccines is also encouraged.

• **24 (96%) members approve** this recommendation as it is currently written

–2 members wanted some language on the vaccine (i.e. has limited side effects and longer duration of immunity)

• **1 member did not approve** for reasoning that it is outside of the charge of the group

# Recommendation 3: Measuring and reporting HCP Influenza Vaccination Coverage

## **Recommendation 3.1:** Influenza Vaccination rate measurement

NVAC recommends that CDC and CMS continue efforts to standardize the methodology to measure HCP influenza vaccination rates. A successful methodology should be implemented as a required measure in any CMS regulated health care settings.

- **24 (96%) members approve** this recommendation as it is currently written
- **1 member did not approve** for reasons of opportunity costs

# Recommendation 3: Measuring and reporting HCP Influenza Vaccination Coverage

## Recommendation 3.2: Resources, Tracking and Reporting

Resources should be provided to occupational health programs to ensure that influenza vaccination programs are sufficiently resourced to achieve HCP influenza vaccination goals, as well as to accurately tracking and report HCP vaccination rates. It is recommended that CMS should collect and publicly report the HCP influenza vaccination coverage rate by setting.

**•22 (88%) members approve** *this recommendation as it is currently written*

–1 member mentioned opportunity costs as a reason to not approve

**•3 members did not approve** *for concerns regarding where the resources come from and who decides what defines an occupational health program*

# Recommendation 4: Vaccination Mandate either with or without declinations

For those health care settings that have implemented Recommendation 1, above, and cannot achieve the Healthy People 2020 Goal of >90% coverage of HCP with influenza vaccination, it is recommended that the setting institutes a mandatory vaccination policy for HCP influenza vaccination.\*

- **17 (71%) members approve this recommendation as it is currently written**
- **7 members do not approve**

\*:24 members answered this question

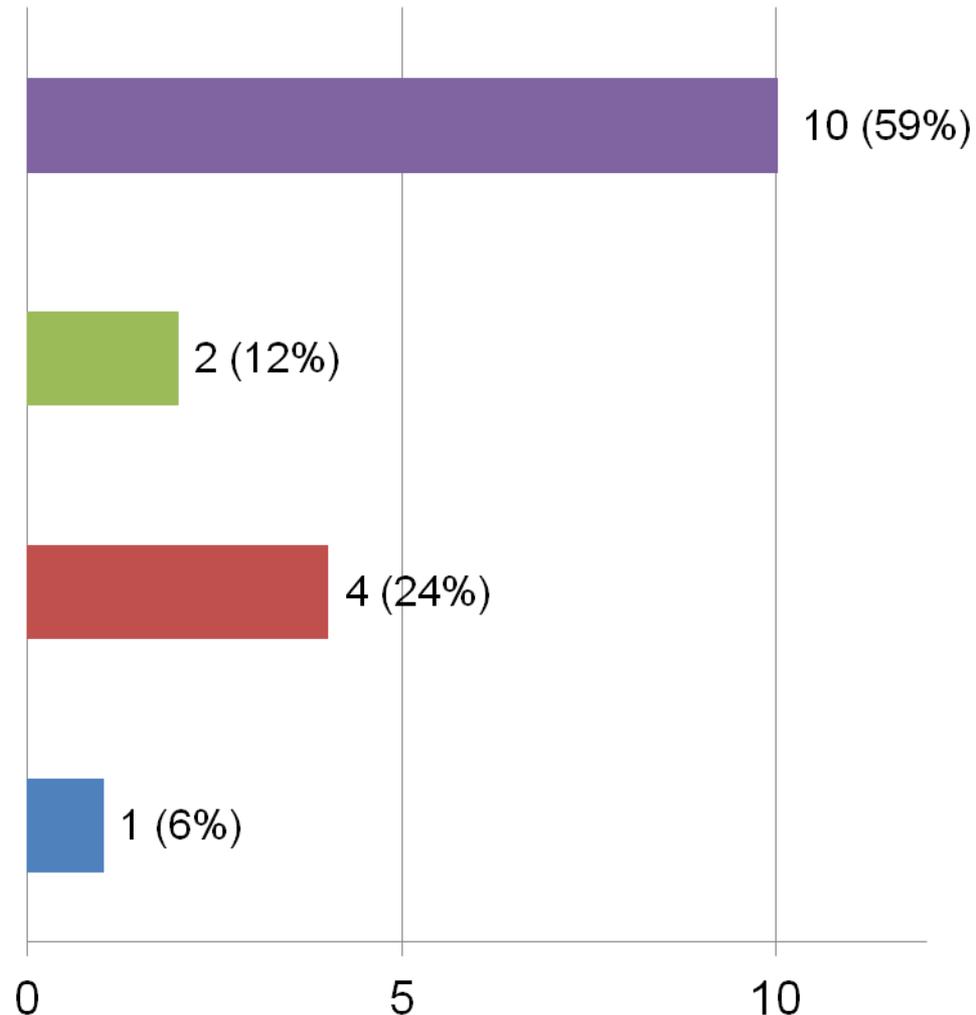
# Options for those who approve recommendation 4 (n=17)

**Option 1:** The only exception would be for HCP with a valid medical contraindication to vaccination as defined by the ACIP and vaccination would be a condition of employment and credentialing

**Option 2:** Exceptions would be for HCP with valid medical contraindication to vaccinations, or religious objections and vaccination would be a condition of employment and credentialing.

**Option 3:** Exceptions would be for HCP with valid medical contraindication to vaccinations, or religious and/or philosophical objections and vaccination would be a condition of employment or suspension until either vaccinated or declination statement signed.

**Option 4:** Exceptions would be for HCP with valid medical contraindication to vaccinations, or religious and/or personal objections and a declination statement is signed.



# For those who do not approve recommendation 4 (n=7)

- ***7 members do not approve***
  - 3 members who did not approve a mandate chose an option for recommendation 4:
    - 2 approved option 4, 1 approved option 3
  - 1 member suggested alternative language: “...it is recommended that the setting institutes an intensive vaccination policy for HCP influenza vaccination that incorporates participatory educational activities”
  - 1 member stated that this would lead to a workforce shortage
  - 1 member stated that 90% is an aspirational goal

# For those who do not approve recommendation 4: alternatives

“For those health care settings that have implemented Recommendation 1, above, and cannot achieve the Healthy People 2020 Goal of >90% coverage of HCP with influenza vaccination, it is recommended that”:

- “...setting institutes **an intensive vaccination policy for HCP influenza vaccination that incorporates participatory educational activities.** Exemptions would be for HCP with valid medical contraindication to vaccinations, or religious and/or personal objections **and a declination statement is signed that indicates the HCP has been educated regarding influenza, is aware of the risk and benefits of influenza vaccination, has been given the opportunity to be vaccinated with the influenza vaccine at no charge, and can receive the influenza vaccine in the future at no charge to the HCP.**”

- If not a medical contraindication, the HCP that does not want to comply will be required to document this reason.

# For those who do not approve recommendation 4: recommended actions

- More intensive vaccination education
- Measuring impact of vaccination education
- Looking for leaders with success in high rates
- Evaluating why program was not successful
- Vaccine research and development for a better vaccine

# Future activities

- Complete review of background material
- Continue review and discussion of recommendations
- Decide on majority and/or minority report versus major recommendations with pros and cons
- Refine and finish draft report
- Stakeholder meeting between now and February meeting

# Co-chairs Suggestion:

## Draft Mandate Recommendation for Majority Report

- For those health care settings that have implemented Recommendation 1, above, and cannot achieve the Healthy People 2020 Goal of >90% coverage of HCP with influenza vaccination, it is recommended that the setting **institute a mandatory vaccination policy for HCP influenza vaccination as a condition of employment or credentialing. A HCP with a valid and current medical contraindication to influenza vaccination would be granted a medical exemption to the vaccination policy.**

# Co-chairs Suggestion:

## Draft Recommendation for a Minority Report

- For those health care settings that have implemented Recommendation 1, above, and cannot achieve the Healthy People 2020 Goal of >90% coverage of HCP with influenza vaccination, it is recommended that the setting **institute an intensive vaccination policy for HCP influenza vaccination that incorporates participatory educational activities.**
- Exemptions to vaccination would be for HCP **with valid medical contraindication to vaccinations, or religious and/or personal objections.**
- **A declination statement would be signed that indicates the HCP has been educated regarding influenza, is aware of the risk and benefits of influenza vaccination, has been given the opportunity to be vaccinated with the influenza vaccine at no charge, and can receive the influenza vaccine in the future at no charge to the HCP.”**

# Discussion