



THE PUBLIC'S HEALTH

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Improving Health Care Worker Influenza Immunization Rates in Los Angeles County Hospitals: Challenges, Opportunities, and Resources

The Challenge: Low HCW Immunization Rates

Low influenza immunization coverage levels among healthcare workers are among the most under-recognized adult immunization issues facing hospital delivery systems today. Because health care workers (HCW) infected with influenza can transmit the highly contagious virus to patients, including those at highest risk for influenza related complications, HCW immunization has long been recommended by the Centers for Disease Control and Prevention and other infection control, medical and nursing groups. In spite of a call-to-action by these medical advisory groups, HCW influenza immunization coverage levels have stagnated at less than 40% nationally. In Los Angeles County, similar coverage levels persist in local hospitals. These low rates leave staff and their patients at risk for this serious vaccine-preventable disease.

The Impact of Low HCW Immunization Rates

Low HCW immunization rates can lead to increased influenza morbidity and mortality among hospitalized patients, longer patient hospital stays, increased staff absenteeism, decreased productivity, and increased costs.

Many research studies have demonstrated a correlation between unvaccinated health care workers and increased influenza-related morbidity and mortality. Unvaccinated HCWs can easily transmit influenza infection since the infection can be asymptomatic during the period of viral shedding in about half of all healthy adults. Furthermore, HCWs who are symptomatic (e.g. coughing and sneezing) sometimes report to work and provide direct care to individuals with compromised immune function, such as patients hospitalized in intensive care units, the elderly, neonates/infants, and individuals recovering postoperatively. This puts these patients at risk for serious complications.

Unvaccinated HCWs also impact hospital finances adversely. Direct financial effects include longer patient stays due to complicating factors associated with Hospital Acquired Infections (HAIs), many of which progress to secondary infection such as pneumococcal disease. Secondary persistent infections often involve aggressive treatments using more expensive drugs to address virulent, antibiotic-resistant

Resources for Improving Influenza HCW Immunization Rates

Many resources are available to help hospitals develop employee influenza campaigns and comply with SB 739 and JCAHO requirements.

- The Immunization Coalition of Los Angeles County (ICLAC) offers a variety of tools that can be easily adapted including: "Talking Points for Managers," employee reminder letter prototypes, declination forms, and immunization tracking tools to monitor immunizations and reasons for declinations. Download at www.publichealth.org/ip.
- "Influenza Vaccination of Health-Care Personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP)". Download at www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm.
- "Immunizing Healthcare Personnel Against Influenza: A Report on Best Practices", National Foundation for Infectious Disease. Download at www.nfid.org/HCWtoolkit/CSLToolkitDocument.pdf.

infections. HAIs are estimated to cost California hospitals up to 3.1 billion dollars, for approximately 240,000 hospitalized patients each year (SB 739, Section 1 (a) p.2).

The indirect financial impact for hospitals is linked with high rates of employee absenteeism. Studies demonstrate that employee absenteeism, which peaks during the influenza season, may correlate with low HCW influenza immunization coverage rates. Perhaps more importantly, because HAIs, which can be prevented by HCW immunization, represent 30% of influenza cases in hospitals, the Centers for Medicare and Medicaid Services recently announced that it would no longer reimburse for nosocomial-related influenza for hospitalized patients.

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Addressing the Challenge: Evidence-based Interventions for Improving HCW Immunization Rates

In recognition of the impact of low HCW immunization rates, California recently passed legislation to formally address this issue. Enacted in July 2007, Senate Bill 739 evolved as a public health response to reduce the incidence of HAIs and improve influenza coverage levels among HCWs in California. The bill requires acute care hospitals to take steps to prevent HAIs, including documenting influenza immunization coverage rates, offering onsite influenza vaccinations to all hospital employees at no cost, and monitoring the reasons for vaccination declinations among HCWs. Also acknowledging the importance of healthcare worker immunization, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that hospitals institute annual influenza programs, which include on-site vaccination and staff education about influenza transmission, impact, and immunization.

Several strategies have been used successfully at hospitals in Los Angeles County to meet these requirements and improve influenza coverage rates among their HCWs. Consider the following options for your hospital:

- **Reduce barriers.** Increase employee access to influenza vaccine by providing vaccinations at no cost to staff. Use mobile vaccination carts to bring the vaccine to the employee's work location, employee lounges, cafeterias, or after medical conferences. This strategy is especially important for employees who work in high-risk medical and surgical intensive care units.
- **Standing Orders.** Implement standing orders to vaccinate employees through the Occupational Health Department.
- **Education.** Provide annual educational in-services to employees during the flu season, emphasizing factors related to transmission and the importance of influenza immunization. Education should address misperceptions commonly held by HCWs including the belief that the flu shot causes the flu and concerns about egg allergies.
- **Promotion.** Use a variety of communication strategies to remind employees about influenza immunizations, such as e-mail, posters, screen savers, and memos inserted with paycheck stubs. Designate respected individuals such as medical/nursing directors or division chiefs as in-house immunization champions.
- **Monitoring.** Systematically track each employee's influenza immunization status and reason/s for declining the vaccine. Computerized tracking systems are helpful in estimating immunization coverage and evaluating trends over time. They also help to assess the coverage status of non-employees such as volunteers and contract personnel.

To learn more about these efforts, connect with hospitals that are willing to share their experiences and resources, or for technical assistance, please contact Wendy Berger, M.P.H. at wberger@ph.lacounty.gov or 213-351-7499.

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