Protection, Professionalism, & Power: Examining the Pros & Cons of Healthcare Worker Immunization Programs

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I am fan of vaccines



- Most effective & cost-effective medical care
- Huge public health benefit
- Everyone sans medical contraindication should get fully immunized on schedule ...
 - -& HCW have a special duty to do so!

I work at The Children's Hospital of Philadelphia



- HCW mandate policy since 2009
- I am expressing my own thoughts
- Importance of dialogue across dissent

I nonetheless have reservations

- Data supporting claim that HCW flu vaccination will reduce hospital-based nosocomial flu is tenuous (nursing homes are not hospitals)
- 2. Effectiveness of flu vaccine varies annually, ranging from 70 to 90% protection when the vaccine strains and circulating strains are well matched ... and when they are not, 50% to nil.
- 3. Cost-effectiveness of mandated programs has not been estimated, let alone established
 - Opportunity costs of mandated programs have not been considered

I nonetheless have reservations

- 4. Mandates dodge the issue of why rates are so low (intellectually lazy)
- 5. Mandates shift professional ethics from personal to organizational
- 6. Mandates fuel anti-vaccine blow back
- 7. Mandates raise important issues about power, equity, labor relations, and civil liberties

Alternative Strategies

- Pre-condition of employment
- · Mount effective immunization campaigns
 - And be willing to pay for them
- Evaluate the importance of flu immunization in the overall portfolio of patient safety work

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*The Children's Hospital of Philadelphia, Phil † University of Pennsylvania School of Medici- t University of Louisville School of Medicine, I A R T I C L E I N F O	andmin. RJ. United Store A B S T R A C T Aim. Determine predictors of support of a mandatory seasonal influenza vascrine program among health Stope: Cross-sectional anonymous survey of 2443 (out of 8093) randomly selected clinical and nor
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Seasonal influenza vaccination: CHOP, 2004–2010

2004–2005: 57%2005–2006: 69%2006–2007: 73%2007–2008: 90%

• 2008–2009: 92%

• 2009–2010: 99.3% ... year mandate started

		2004-2005	2005-2006	2006-	2007-	2008-2009	2009-2010
	Targeted	Direct care		2007	2008	_	
	group(s)	providers*					
		in high risk					
		settings ^b					-
			All direct care p	roviders*			
							Allstaff
							who work in building
							where
							patient care
							is delivered
	Education and	Mandatory edu	cation module incl	uded in fall cor	e curriculum		
	Communication	Linked to pandemic flu preparedness					
			Linked to patien	t safety			
Note a smooth						Remedial	
Not a small						education*	
							Town hall
undertaking							meetings
anacitaking	Logistics	Expanded Occu	Expanded Occupational Health clinic hours Unit- and practice-based flu captains				
		Unit- and practice-based flu captains Flu vaccine clinics held at meetings					
			Roving vaccinal		mgs		
	Declination	None	None None				
	Form	None	Voluntary			1	Avvise
	rorm		Younay			Mandatory	
	Administrative		Senior administ	ration stresses i	mportance of f		
	Activities		clinical leaders				
						Biweekly	
						compliance	
						reports 4	
							Weekly
							compliance
	Use of LAIV *	Offered to					reports ^d
	Use of LAIV	Offered to providers					
		who did not					
		work in					
		high risk					
		setting #					
			Offered to all pr	oviders except	those who wor	ked on oncology	

Frame vs. Framework

- Viewed through the limited frame of "Should HCW roll up their sleeves?" the position of mandating annual flu shot has some merits (& above mentioned limits)
 - Viewed through the framework of "How can we optimize patient outcomes?" the arguments for mandates are far weaker

Thank you

- Questions?
- Comments?
- Complaints?



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