Ethics of Mandatory Influenza Vaccination for Healthcare Workers:

Where Do Nurses Stand?

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Problem Identification

The Centers for Disease Control and Prevention (CDC) estimates that up to 56,000 deaths were associated with influenza in 2012-2013 alone (Centers for Disease Control and Prevention [CDC], 2016a). Beyond that, hundreds of thousands more are hospitalized with cardiac or respiratory conditions exacerbated by the flu every year. The influenza vaccination is the best protection. It is administered most frequently as an injection of an inactivated form of the virus, (which does not cause the flu). Since the virus mutates every year, individuals must receive the new flu shot every year for continued protection.

Healthcare workers are a high-risk group since they are exposed to sick patients on a daily basis, including those whom develop influenza. It is not difficult to imagine why part of Healthy People 2020 is an "annual goal of 90% influenza vaccine coverage among health-care personnel" (National Vaccine Advisory Committee, 2013). In recent years, many institutions have moved to reach this goal and mandate their healthcare workers to receive the influenza, or flu, vaccination to protect both staff and patients.

However, there have been many issues surrounding the debate of whether or not the flu vaccination in healthcare employees should in fact be mandatory. This focus is causing some staff to become upset and feel betrayed by their own institutions and government agencies. It also shifts focus from the patients and members within the community because so much effort is put into monitoring the healthcare personnel for their own vaccinations. Yet, most agree that employees receiving the vaccine can potentially prevent many of the deaths and infections

presented with influenza within the patient population, and at the very least help decrease the spread of the illness.

Background

In the State of Connecticut, while a proposed bill was not passed that would have legally mandated employees; all but one hospital in the state adopted a policy to mandate healthcare personnel in 2013 (Connecticut Hospital Association, 2011). At first, people could refuse and would need to then wear masks while at work. Then some facilities began moving those nurses to areas where they would not be in direct patient contact. Now those who do not meet the deadline can even be terminated in some cases. For instance, at Yale New Haven Hospital this past year, the policy was changed to require either the vaccine or a religious or medical exemption by a set deadline. Anyone who did not comply would be fired. In fact, the CDC reports that when employees' jobs are threatened, around 96.5% choose to get vaccinated, but is this manipulation of employees ethical or even legal? (CDC, 2016b). Furthermore, in many other cases, religious exemption no longer qualifies.

One argument for making the vaccine mandatory is that it actually protects the staff as they come into contact with patients during flu season. Many hospitals have reported that employees who get vaccinated take fewer sick leaves than those who do not. In addition, the more people who are vaccinated, the greater the protection, including herd protection of patients. Herd protection is key because some people cannot receive the flu shot, such as immunocompromised patients. Additionally, the 2016 flu vaccine is about 60% effective (CDC, 2016c). This means it may not be effective about 40% of the time, so the more people who are protected, the greater the possibility for overall protection. However, this responsibility of

protection also stems out to the community, which raises social issues for those who lack education or access to vaccinations. This begs the question, is it ethical to mandate workers but not the public? Where do mandatory vaccinations fall in the eyes of the law?

Stakeholders

Patients, healthcare workers, and infectious disease organizations have always been stakeholders when it comes to influenza. Patients do not want to get sick and neither do healthcare employees. Many employees choose vaccination to protect themselves, their families, patients, and communities and know it is ethically responsible to do so. Administrators also hold a stake because influenza acquired during patient stay is considered a hospital-acquired illness, which means the costs associated with it may not be reimbursed. Additionally, administrators do not want their staff taking long or multiple sick leaves during what is already a heavy season of common colds, strep throat, and more. These are just a few of the reasons why infectious disease organizations such as the CDC or National Vaccine Advisory Committee (NVAC) want to keep the spread of such illness to a minimum, hence the promotion of vaccination.

In relation to this promotion, government groups have also taken an interest in the mandate of healthcare personnel. It is actually within the power of the government under the U.S. Constitution to impose such law through policy on a state level. Mandatory flu vaccines “fit within the framework of constitutional powers that the government possesses to promote the public’s welfare” (Ottenberg et al., 2011). There must be a state interest in this, which is usually to reduce the nosocomial spread of the flu. However, there is a second part in which the state must prove mandatory vaccination is directly related to this. Yet, a large-scale study is not

required, just basic scientific evidence, which does show that vaccination is the best way to prevent the flu and the spread of it.

Likewise, the federal government can, at the very least, encourage such sanctions as well. The federal government has established acts to protect the health of this country from other nations during any outbreak as well as from state to state. Within this purpose, "the US Department of Health and Human Services has created a National Vaccine Plan, the National Vaccine Advisory Committee, and the National Vaccine Injury Compensation Program" (Ottenberg et al., 2011). Under these conditions, the federal government does in fact have the power to "regulate, encourage, and potentially mandate" the flu vaccine in healthcare workers as well as "ensure fair processes to adjudicate complaints" that stem from this said process.

Issue Statement

Knowing the facts, if the premise of the mandate is to protect as many people as possible, especially patients, is it right to mandate workers to receive the shot but not patients within a hospital setting? If patients have the right to refuse vaccinations, should employees be given the same privilege, or is there a greater good to consider that was accepted when entering the healthcare profession? Many would agree that all vaccinations, including the influenza vaccine, go hand-in-hand with non-maleficence while working with vulnerable populations. On the other hand, could more illness actually be prevented if focus shifted to education and access in at-risk communities? Regardless of opinion or emotion, healthcare workers have a responsibility to their patients to stay vaccinated, including against influenza. In fact, "the Association for Professionals in Infection Control and Epidemiology's 41st Annual Conference revealed that for every 15 healthcare workers who are vaccinated, one less community member will fall ill with

influenza-like illness" (Zimlich, 2014). While there are arguments, such as those presented here, to the ethics and legality of mandatory influenza vaccination, these arguments simply cannot dispute the facts of how much protection healthcare employee vaccination offers.

Policy Objectives & Goals

The new Yale New Haven Hospital policy briefly introduced earlier has several policy objectives and goals (Yale New Haven Health, 2016). The goals Yale New Haven Hospital described in its 2016 policy include:

- All employees must receive a flu vaccination or be approved for a medical or religious exemption;
- Employees may not decline vaccination;
- Prevention of healthcare personnel (who are often unaware they have the flu) continuing to work, exposing patients and co-workers;
- Enhancement of the safety of patients;
- Employees who do not comply or receive an exemption will be given a warning to complete vaccination by the deadline or they will be terminated;
- Employees may be vaccinated free of charge at the hospital's flu clinics.

The hospital has put much emphasis on working with their staff to educate them and give them several opportunities to reach these goals. The institution has also made it clear that the purpose is safety of staff and patients through complying with the national movement to vaccinate healthcare personnel at a higher rate.

Policy Options

Many healthcare workers not only receive their flu vaccination, but support trying to have the majority of staff to do so. As healthcare workers, we all believe in the ethics of what we do. We realize that although we want our autonomy respected the way we respect a patient's, we also accepted an obligation to do no harm and to protect the patient. What has seemed to bother workers the most is the elimination of choices. Some would be happier with other options under the policy. For example, some have simply never received the vaccine and would be happy to just continue wearing a mask. Additionally, many nurses report that they simply forget to get the vaccine or do not find the time. To reach the Healthy People 2020 goal of reaching 90% vaccination as well as comply with the policy in place, there needs to be greater advocacy for accessibility, even for staff. Nurses are so busy during the day that sometimes they do not even find time to eat, let alone to wander to wherever shots are being offered. Additionally, measures need to be taken for night workers, who are often neglected in these cases but expected to abide. Having a designated flu nurse on a unit or going around the hospital during every shift has the potential to significantly increase not only compliance, but also the timeliness within which it is done. This also demonstrates why a "do nothing" approach would fail and more than likely result in a decrease of workers who get vaccinated.

Furthermore, if the goal of mandatory influenza vaccination policies is to minimize flu infection and spreading, the policies must also call for more action to be taken within communities. In 2013 a team of healthcare workers partnered with the Salvation Army to improve vaccination rates and education among poor-resource families (Suryadevara, Bonville, Ferraioli, & Domachowske). Their results found that vaccination rates rose from 28% to 45% and that influenza rates in particular improved drastically. Community outreach is a large portion

of nursing, even more so after the Affordable Care Act put emphasis on prevention, (and as you can see from these statistics, for good reason). Nurses have the power to make a difference within communities because we have the knowledge to debunk myths and invalidate fears. Yet, healthcare employee vaccination is still a piece of the puzzle in prevention and safety. Workers are just as responsible, if not more so than the public, to stay up to date on their vaccinations.

Evaluation Criteria

Nursing is continuously the most trusted profession in our country and one important way to keep this trust is for nurses to practice what they preach. What will patients think if a nurse tells a patient he or she should get the influenza or other vaccine, when the patient just heard nurses arguing over it or saw them protesting the mandate? As nurses we lead by example and encourage vaccination for the safety of our patients and communities. One point that should be added to these policies is that we should go even further into our communities to educate and provide these resources. Yet we cannot do this if we also tell the community that we are against our own vaccinations or do not bother to get them ourselves. Additionally, we need to be able to tell patients, “I got the vaccine to help protect you,” rather than, “I did not get it, but hopefully neither you nor I get sick now.” It is an irresponsible gamble on the safety of our patients.

Furthermore, as Advanced Practice Nurses we will be responsible in our role to educate our healthcare workers and encourage this accountability. We will have to discuss with them that it is not a mandate for the sake of controlling them, but for the sake of controlling the high risks associated with the spread of influenza within our healthcare settings. We must include the staff within these processes and changes, as “very few policy changes take place without the concerted efforts of many advocates working together to bring about a common goal” (Abood,

2007). We must listen to the options our coworkers are looking for, such as continuing the option of wearing a mask. We must simultaneously be advocates for nurse autonomy while demonstrating that healthcare workers must still be responsible for the health and safety of our patients. We already know that prevention is key, but sometimes this is lost among the hospital setting where focus is heavy on treatment rather than prevention. We must continue to remind our staff of the goals of our workplace and the ethical responsibility that comes with our privileged position of vulnerable populations entrusting us with their lives, and that includes vaccinating healthcare workers against influenza.

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