Impact of Influenza Policies Among New Hampshire Healthcare Personnel

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Abstract

- **Objective**: To enhance the NH Occupational Health Surveillance Program’s surveillance activities of healthcare personnel (HCP) by analyzing HCP influenza vaccination rates, reasons for receiving and not receiving the influenza vaccine, and how influenza policies influence occupational safety and health.

- **Methods**: A 10-minute anonymous, online survey was created and distributed to NH hospitals. Survey responses were analyzed using Excel and Qualtrics. A focus group comprised of 8-10 participants was conducted at a NH hospital.

- **Results**: Nearly 95% of respondents received the flu vaccine this season. The top reason for receiving the flu vaccine was, “My employer requires me to be vaccinated.” The top reason for not receiving the vaccine was, “I feel it infringes on my rights.” 82% of respondents reported that the education provided to them on the benefits of flu vaccine did not motivate them to receive the vaccine.

- **Conclusions**: Uptake of flu vaccine among healthcare personnel is influenced by workplace policies, personal beliefs, and incentives and benefits; however it is not influenced by facility educational efforts. Healthcare facilities should incorporate other strategies outside of education on the benefits of flu vaccination to increase HCP vaccination rates.

Introduction

- HCP can become infected with the influenza virus through contact with infected patients and can transmit influenza to patients and other HCP. There is much debate over the requirement to receive the flu vaccine as a condition of employment in healthcare facilities.

- One CDC survey found that national influenza vaccination rates among HCP for the 2012-2013 influenza season was 72%. A NH study using 2011-2012 BRFSS data found the percentage of NH HCP was approximately 62%. This falls significantly short of the Healthy People 2020 goal of 90%.

- While it is important to offer the flu vaccine to HCP, workplace policies should be in synergy with other policies on safety, health, and wellness.

Methodology

- Literature review of influenza vaccination policies, reasons for and against vaccination, and attitudes of influenza vaccinations among HCP.

- Online, anonymous survey distributed to all NH hospitals through HR Department.

- Response data analyzed via Qualtrics and Excel.

- Focus group discussion of eight participants conducted at a NH hospital.

Results

- **Survey Results**
  - 518 responses
  - 26 hospitals surveyed
  - 94.79% of respondents received the flu vaccine

- **Table 3: Flu Vaccine by how long in healthcare field**
  - Duration: Less than 5, 5-10 years, Over 10 years
  - Yes: 95.2%, 95.1%, 94.8%
  - No: 4.8%, 4.9%, 5.2%

- **Results**
  - Nearly 95% of respondents received the flu vaccine this season. The top reason for receiving the flu vaccine was, “My employer requires me to be vaccinated.” The top reason for not receiving the vaccine was, “I feel it infringes on my rights.” 82% of respondents reported that the education provided to them on the benefits of flu vaccine did not motivate them to receive the vaccine.

- **Conclusions**: Uptake of flu vaccine among healthcare personnel is influenced by workplace policies, personal beliefs, and incentives and benefits; however it is not influenced by facility educational efforts. Healthcare facilities should incorporate other strategies outside of education on the benefits of flu vaccination to increase HCP vaccination rates.

Recommendations

- Nearly one-third of respondents indicated they had to take their own sick time if they had a reaction to the flu vaccine (while over two-thirds of respondents indicated they “didn’t know” their facility policy). Based on this, it is recommended that healthcare facilities adopt a policy that allows for additional paid sick leave for HCP that have a reaction when they receive the flu vaccine.

- Survey and focus group results indicate that HCP are not influenced by the education provided to them on the benefits of the flu vaccine. Based on these results, it is recommended that healthcare facilities adopt diverse strategies to increase flu vaccine rates, such as:
  - Including HCP in the educational development process;
  - Developing peer to peer education programs;
  - Incentive programs (cash incentive, extra paid leave time, insurance benefits, etc.)

- Policies mandating HCP influenza vaccination may impact facility resources and be burdensome to staff. Comprehensive strategies that include education, easy access to vaccination at no cost, and provide benefits for employees with potential but rare vaccine reactions may increase HCP vaccination rates.

References


- [MMWR, Influenza Vaccination Coverage Among Health-Care Personnel — United States, 2012–13 Influenza Season, September 27, 2013 / 62(38); 783-786](http://dx.doi.org/10.15585/mmwr.62.38.00)

- [Seasonal influenza prevention in health care workers. American College of Occupational and Environmental Medicine. 2006](http://www.acep.org/guidelines/influenza/)

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Strengths and Limitations

- **Strengths**: Large number of respondents

- **Limitations**:
  - Excluded HCP who did not have access to computers
  - Not representative of all HCP in all hospitals
  - Self-reported responses

Regulatory and Compliance

- [CDC Influenza Vaccine Recommendations](http://www.cdc.gov/flu/professionals/acip/recommendations.htm)

- [MMWR, Influenza Vaccination Coverage Among Health-Care Personnel — United States, 2012–13 Influenza Season, September 27, 2013 / 62(38); 783-786](http://dx.doi.org/10.15585/mmwr.62.38.00)

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