Letters to the Editor

Healthcare Worker Influenza Vaccination in Nursing Homes

To the Editor:

The report on “Healthcare Worker Influenza Vaccination in Nursing Homes” is very interesting. Campbell et al reported that “[nursing homes] generally have low employee influenza vaccination rates, it may be necessary to target low-performing facilities to achieve substantial improvements.” In fact, the problem of prevention for influenza among paramedical personnel and students is an important issue that is usually forgotten. To increase influenza vaccination is the aim of present infection control. Winston et al proposed an effective method to increase influenza vaccination rate among health care workers: the “mandated H1N1 vaccination.” Winston et al noted that “the mandate helped to increase [health care worker] influenza vaccination rates dramatically.” Naleway et al also noted that health care workers “said they would have been vaccinated if required by their employer.” To increase the vaccination rate in nursing homes, the mandatory vaccination policy should be applied for all centers and targeting “low-performing facilities,” as suggested by Campbell et al., might not give much advantage.

References


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Health Care Worker Influenza Vaccination in Oregon Nursing Homes: Correlates of Facility Characteristics

In Reply:

We appreciate the comments by Dr Sim and Dr Wiwanitkit on our article, where they raised some important issues regarding mandatory health care worker influenza vaccination programs. Although evidence suggests that mandatory vaccination policies increase health care worker vaccination rates in acute care settings, we note that there is a lack of evidence regarding the effectiveness of mandatory policies in long-term care settings and that there are legal and ethical challenges to mandatory vaccination.

For example, opponents of mandatory vaccination as a condition of employment for health care workers have stated that it interferes with First, Fifth, and Fourteenth Amendment rights, regarding freedom of religion, freedom of contract between employer and employee, and the right to due process. In addition, court decisions in both the United States and Canada have found mandatory influenza vaccination for health care workers unwarranted.

Therefore, although we agree with Drs Sim and Wiwanitkit on the benefits of mandatory influenza vaccination, we hesitate to recommend it as a strategy to combat low nursing home employee vaccination rates due to legal considerations and the lack of evidence on its effectiveness in this setting. In addition, mandatory vaccination programs may cause potential harms to care staff (eg, loss of autonomy and lack of trust in management).

Although voluntary programs, which may include free vaccine, convenient access to vaccine, education programs, and public reporting, may not achieve as high of an employee vaccination rate as mandatory programs do, voluntary programs in nursing homes may, over time, achieve improvements without facing as many legal or ethical challenges as mandatory programs.

Protecting vulnerable nursing home residents is a top priority, but it seems that many domains, not just medical and economic, but moral, legal, and ethical, should be considered, as well as both patient and provider perspectives, before a decision that is beneficial to all stakeholders can be reached.

References