Letters to the Editor

How to Increase Seasonal Influenza Vaccine Coverage

To the Editor:

The recent report on “increase seasonal influenza vaccine coverage” is very interesting. Michel reported on the success in a focused group of nursing home residents. In fact, the coverage of influenza vaccine among nursing home residents is usually problematic. Shroufi et al recently reported that only 30% of studied nursing homes had a policy addressing influenza vaccination and 60% of residents were already vaccinated. How to increase seasonal influenza vaccine coverage is a topic that is widely discussed. Mandatory vaccination might be an effective way to increase vaccine coverage. In addition, the concern should be extended to the staff in the care homes. A recent report showed that the vaccine coverage rate among this population is low and lower than that of nursing home residents.

References

1. Michel JP. How can we increase seasonal influenza vaccine coverage in nursing home residents? J Am Med Dir Assoc 2013;14:858–859.

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Reply to the Letter to the Editor by Dr. Wiwanitkit

To the Editor:

I thank Viroj Wiwanitkit for raising the very controversial issue of mandatory vaccination of nursing home health care workers (nHCWs) that I just mentioned in the Journal. Indeed, nHCWs who provide housing and care to vulnerable persons (unable to live independently and have increasing care/medical needs) have the duty of maintaining adequate resident protections, even if there is wide variation in how nursing home regulations exist.

On one hand, most developed industrialized countries have workplace health and safety laws that require workers to be “free from risk of death, injury or illness caused by any workplace.” As flu is an annual and predictable workplace danger, vaccination of health care workers could be mandatory. Vaccinating nHCWs reduces both the rate of nosocomial influenza outbreaks and mortality among long-term care patients, and has good impact on care costs while also reducing nHCW absenteeism.

On the other hand, the term mandatory implies sanctions for noncompliance. Poland and colleagues argued for religious and medical exemptions with the option of an informed refusal. It could be argued, however, that immunization is not truly mandatory if you can opt out.

I really think that we need to “advocate programs, using incentives, publicity, ready availability, and feedback to educate nHCWs about the personal benefit and the benefits to their patients.”

References


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What Should a Case-Finding Tool for Dysphagia in Long Term Care Residents With Dementia Look Like?

To the Editor:

As the rate of dementia increases in long term care (LTC) so does the rate of dysphagia, with estimates ranging between 40%