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Influenza is a significant cause of sickness, hospitalizations and even death every year in the U.S.:

200,000 hospitalizations/year and **36,000** deaths/year

<http://www.hhs.gov>

A Call to Action

Improve Influenza Vaccinations for Health Care Workers

The New Mexico Department of Health (NMDOH) has already mandated a pilot project to measure influenza vaccination rates of healthcare workers; Joint Commission has a new standard for hospitals and long term care facilities requiring influenza vaccinations be offered to staff and practitioners. The Association of Women's Health, Obstetric and Neonatal Nursing (AWHONN) recommends the inactivated influenza vaccination for women who are pregnant any time during influenza season. Many articles link increased influenza vaccination rates with decreased costs for healthcare systems. Yet, **less than 50% of health care workers received the influenza vaccine in 2007.** What can your organization do to improve your vaccination rates?

Here are several strategies that can be implemented simultaneously.

1. Get buy-in from organization's top leadership. Leaders must be convinced that HCW immunization is important, advocate its importance in every possible venue, let everyone know that influenza immunization is an expectation of the institution and that it is part of professional and ethical responsibility to their patients. This accomplishes:

- Better infection control
- Reduced absenteeism
- Cost savings/effectiveness

2. Make the influenza vaccination convenient.

- Offer vaccine clinics at various times.
- Take the vaccine to health care workers.

3. Reduce or remove cost barriers by providing vaccine.

- Vaccines administration has traditionally occurred in October and November, but full implementation of CDC recommendations cannot be accomplished if vaccination occurs only in the fall, in advance of the influenza season. The CDC and others advocate broadening the influenza vaccination season, such that patients are immunized even after influenza activity has begun in a community.

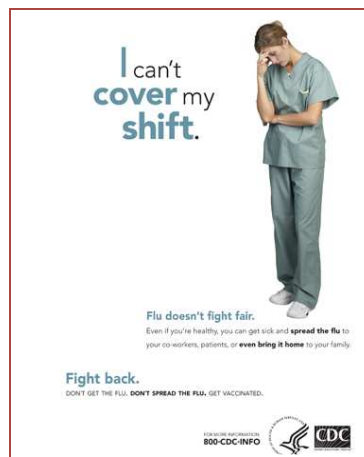
4. Remind health care workers that CDC recommends influenza vaccination annually.

5. Educate health care workers that:

- Injectable vaccine cannot cause influenza
- Influenza virus is easily transmitted and they are putting patients, themselves, their families and others at risk.

Resources:
[Renal Business Today](http://www.renalbusiness.com/articles/improving-hcw-vaccination-rates.html)
<http://www.renalbusiness.com/articles/improving-hcw-vaccination-rates.html>

[National Foundation for Infectious Diseases](http://www.nfid.org/pdf/publications/fluhealthcarecta08.pdf)
<http://www.nfid.org/pdf/publications/fluhealthcarecta08.pdf>



PEARLS FOR IMPROVED COMPLIANCE

Mobile carts that provided access to vaccine at the work unit significantly increased the likelihood of vaccination among HCW with direct patient contact vs. controls, whereas incentives were more effective for HCW with indirect patient contact. Education and publicity appeared to be sufficient for increasing rates among business or administrative staff.

<http://www.medscape.com/viewarticle/574707>



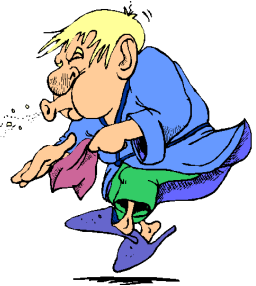
Information for Clinicians and Health Care Workers from the C.D.C.

CDC Website Resources for Clinicians

Information for Health
Care Professionals
<http://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm>

MEDICAL DISCLAIMER

CDC's Web site provides health information for your general knowledge. Concerns about a medical condition – either your own or that of a family member - should always be addressed to your primary care physician for advice and care appropriate to your specific medical needs. CDC does not recommend self-diagnosis or self management of health problems that should be attended to by healthcare professionals.



Influenza vaccination is the most effective method for preventing influenza virus infection and its potentially severe complications.

There are two types of influenza vaccine: **Trivalent Inactivated Influenza Vaccine (TIV)** (pdf) and **Live, Intranasal Influenza Vaccine (LAIV)** (pdf).

TIV is injected into the muscle of the upper arm or thigh. It can be used for people 6 months of age or older, including healthy people, those with chronic medical conditions, and pregnant women.

LAIV is given as a nasal spray. It can be used for healthy* people 2-49 years of age who are not pregnant.

Influenza vaccine reduces the likelihood of becoming ill with influenza or transmitting influenza to others.

When should vaccination occur?

Providers should begin vaccinating their patients as soon as they have influenza vaccine and should continue to offer vaccine to their patients in December and later. While influenza outbreaks can happen as early as October, most of the time influenza activity peaks in January or later.

When should health care providers start and stop vaccination efforts?

Beginning each September or even earlier if vaccine is available, the flu vaccine should be offered to people when they are seen by health care providers for routine care or as a result of hospitalization.

However, persons and institutions planning substantial organized vaccination campaigns (e.g., health departments, occupational health clinics, and community vaccinators) should consider scheduling these events after at least

mid-October, because the availability of vaccine in any location cannot be ensured consistently in early fall. Scheduling campaigns after mid-October will minimize the need for cancellations because vaccine is unavailable. These vaccination clinics should be scheduled through December, and later if feasible, with attention to settings that serve children, pregnant women, other persons younger than 50 years of age at increased risk for influenza-related complications, persons aged 50 years and older, health care personnel, and persons who are household contacts of children aged younger than 60 months (5 years) or other persons at high risk.

In addition, vaccination efforts should be structured to ensure the vaccination of as many persons as possible over the course of several months, with emphasis on vaccinating before influenza activity in the community begins. Even if vaccine distribution begins before October, distribution probably will not be completed until December or January. Flu seasons vary in terms of length and severity. As a result, instead of setting a firm date to stop vaccinating, CDC generally recommends that vaccination efforts continue as long as influenza is circulating in the community. Clinicians should be aware that more than one wave of influenza can occur in communities, and that a decline in influenza illnesses during the fall or winter might be followed by another increase in illness caused by a different influenza virus strain. Clinicians deciding whether to continue vaccination efforts into May may consider accessing state and/or local influenza surveillance information to determine if flu is still circulating in the community. *(cont. on p.3)*

NEWS FROM THE JOINT COMMISSION

November 5, 2008

In an effort to help improve the rate of health care worker (HCW) influenza immunization, The Joint Commission will produce a new monograph that includes examples of successful strategies and tools that have been used to improve immunization rates. The monograph, with funding from sanofi pasteur, will be produced in partnership with leaders in the fields of infection prevention and infectious disease from the Association for Professionals in Infection Control and Epidemiology (APIC), the Centers for Disease Control and Prevention (CDC), the Society for Healthcare Epidemiology of America (SHEA), and the National Foundation for Infectious Diseases (NFID).

According to the CDC, vaccination coverage of health care personnel remains low despite the documented benefits on patient outcomes, staff absenteeism, and reducing infections among staff. In addition, increased vaccination rates can reduce costs within health care organizations. Health care personnel can acquire influenza from patients and can also spread the disease to vulnerable patients or other staff. In 2007, The Joint Commission implemented a new standard in hospitals and long term care facilities requiring that influenza vaccinations be offered to staff and practitioners.



Who Should Get Vaccinated?

In general, anyone 6 months of age or older who wants to reduce their chances of getting influenza can get vaccinated. However, it is recommended by APIC that certain people should get vaccinated each year.

Vaccination for Children

Influenza vaccination is recommended for all children aged 6 months up to their 19th birthday. The recommendation to vaccinate children 6 months up to their 5th birthday has been in place since 2006. These children should all be vaccinated annually. In 2008, ACIP added children 5 years up to their 19th birthday and recommended that vaccination of these children begin before or during the 2008-09 influenza season if feasible, but no later than the 2009-10 influenza season.

Children and adolescents at higher risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children and adolescents. Children under 6 months old are the pediatric group at highest risk of influenza complications, but they are too young to get an influenza vaccine. The best way to protect young children is to make sure members of their household and their caregivers are vaccinated.

Vaccination for Adults

Vaccination is especially important for people at higher risk

of serious influenza complications or people who live with or care for people at higher risk for serious complications. Persons working in health care settings also should be vaccinated annually against influenza. Vaccination of health care professionals has been associated with reduced work absenteeism and with fewer deaths among nursing home patients.

People recommended for vaccination based on their risk of complications from influenza or because they are in close contact with someone at higher risk of influenza

complications include: children aged 6 months until their 5th birthday, pregnant women, people 50 years of age and older, people of any age with certain chronic health conditions (such as asthma, diabetes, or heart disease), people who live in nursing homes and other long-term care facilities, household contacts of person at high risk for complications from influenza, household contacts and out of home caregivers of children less than 6 months of age, and **health care workers**.

People who should NOT be vaccinated include: people who have a severe allergy to chicken eggs, people who have had a severe reaction to an influenza vaccination, people who have developed Guillian-Barré syndrome within 6 weeks of getting an influenza vaccine, children less than 6 months of age (influenza vaccine is not approved for this age group), and people who have a moderate to severe illness with a fever (they should wait until they recover to get vaccinated).

Strategies to Improve Health Care Personnel Vaccination Rates

- Education
- Reduce financial and time barriers
- Monitor and report influenza vaccination levels in the facility
- Convenience
- Legislation and regulation



Benefits of Vaccinating Health Care Personnel

- Reduces nosocomial influenza and influenza-related deaths
- Reduces staff illness and illness-related absenteeism
- Reduces direct medical costs and indirect costs from work absenteeism

Source: *MMWR* 2006;55 (RR-2)

The Department of Health and Human Services (HHS) wants to improve vaccination rates amongst HCW with the goal of reaching the Healthy People 2010 objective of 60 percent vaccination rate.
<http://www.hhs.gov>



A Letter from the Department of Health and Human Services (HHS)

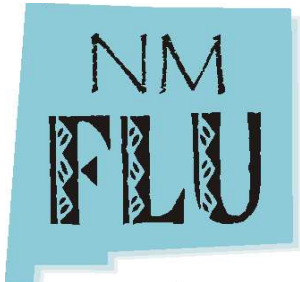
Excerpt of a Nov. 2007 letter from Dr. Julie Louise Gerberding, MD, MPH, Director, HHS:

“The CDC urges you to get an influenza (flu) vaccine this influenza season. While most people traditionally associate “the flu season” with the fall, the truth is that influenza disease activity most often peaks in January or later. Getting vaccinated against the flu is the single most important thing you can do to protect yourself, your patients, and even your loved ones against influenza this season. The flu vaccine, now available for healthy adults in the form of a nasal spray, as well as the traditional “flu shot,” should be available in every community now, and is often offered at your worksite.”

“Why is vaccination against influenza so important?”

- Healthcare workers are in contact with people at high risk from serious flu-related complications every day.
- Low vaccination rates among healthcare workers have been associated with influenza outbreaks in hospitals and nursing homes.
- You can get the flu and be asymptomatic or have mild symptoms, but still be contagious to others, putting your patients at risk.
- The safety of your patients may depend on your getting a flu vaccine this and every year.
- Currently only about 40 percent of healthcare workers get vaccinated against the flu. We need to do better.”

“This year, don’t get the flu, and don’t spread the flu. Protect yourself, your loved ones, and your patients by getting a flu vaccine. In addition to other national influenza vaccination partners, we thank you for your participation in the national goal to reduce influenza illness.”



New Mexico Influenza Vaccine Consortium

RESOURCES

New Mexico Influenza Vaccine Consortium
http://www.nmmra.org/resources/NMIVC/67_106_0.ppt



FACTOIDS FROM THE NM Influenza Vaccine Consortium

ONLY 42 PERCENT OF U.S. HEALTHCARE PERSONNEL WERE VACCINATED IN 2006

Reasons Health Care Personnel Do Not Have A Flu Vaccination

- Concern about vaccine adverse events
- Perception of a low personal risk of influenza virus infection
- Insufficient time or inconvenience
- Reliance on homeopathic medications
- Avoidance of all medications
- Fear of needles

Factors Facilitating Health Care Personnel Flu Vaccination

- Desire for self-protection
- Previous receipt of influenza vaccine
- Desire to protect patients
- Perceived effectiveness of the vaccine

Source: <http://www.nmmra.org/nmivc/index.php>

