

MNA Position Statement on Influenza Vaccination

The Massachusetts Nurses Association (MNA) opposes mandating of influenza vaccination. MNA supports the Massachusetts Department of Public Health's (MDPH) longstanding approach to vaccination,¹ i.e., education of the public and healthcare personnel, making the vaccine widely available, particularly to those most at risk, and permitting individual choice by patients and workers rather than mandate vaccination.

This voluntary immunization strategy has been working successfully in hospitals in the Commonwealth. MDPH reported a median vaccination rate by acute care hospitals of 92% for the last (2014-2015) flu season,² a rate 6 percent above that of the previous year.³ This rate is above the vaccination goal of 90% of healthcare workers established by the department.⁴

The MNA strongly encourages hospitals and health care providers to employ those strategies enumerated by the CDC (Centers of Disease Control) and the Society for Healthcare Epidemiology of America (members including the Joint Commission; APIC, the Association for Professionals in Infection Control and Epidemiology; the American Hospital Association, and the Infectious Disease Society)⁵ which have been shown to be most effective in controlling influenza and other healthcare associated infections. In addition, MNA urges hospitals to follow the Commonwealth of Massachusetts' 2014 safe staffing law and Act Relevant to Patient Safety Act recommendations. Together, best practices include the following:

- Staff safely pursuant to Massachusetts 2014 ICU acuity level staffing requirements so that nurses caring for critically ill patients do not become unwitting vectors of infection for second patients whose needs for hands on care are also urgent;
- Staff all units safely so that healthcare workers caring for more than one patient have adequate time for appropriate handwashing between patients;
- Employ droplet precautions when caring for patients with suspected or confirmed influenza;
- Place surgical masks on all patients as feasible who have a suspected ILI (Influenza-like illness) or confirmed case of influenza;
- Place ILI or influenza patients in a single room;
- Strict adherence to hand hygiene, respiratory hygiene and cough etiquette;
- Early recognition and identification of suspected novel influenza-infected patients upon presentation to a health care facility;
- Restrict visitors and healthcare workers with respiratory illnesses;
- Place patients in a negative pressure room for aerosol-generating procedures (airway suctioning, bronchoscopy or intubation);
- Hospital policies to support nurses and other workers staying home to recover from flu or influenza-like infections (ILI);
- Appropriate ventilation, environment controls, housekeeping and equipment handling practices to minimize the spread of infection.

Influenza vaccine effectiveness (VE) rates vary significantly from year to year, with the CDC reporting effectiveness rates as startlingly low as 10 % to as high as 60% over the last 10 years (2004-2015), with an effectiveness rate of 23% for the most recent season (2014-2015).⁶ Research on the reasons for the

Continued on back →

variable effectiveness rates is sparse and from year to year the constitution of the vaccine varies, with a lack of clarity as to which demographic group will be more or less likely to be protected from the vaccine or from the coming season's unpredictable influenza strain. The risk that vaccination alone is often viewed by institutions as an easy substitute for a broad program of control measures such as those cited above and the highly variable but very low effectiveness rates, coupled with the discomfort and potential for serious side effects⁷ acknowledged by the CDC, such as Guillain-Barré Syndrome, which can lead to lasting paralysis all argue against mandated vaccination. We must allow professionals to rely on their own medical history and judgment in deciding whether or not to pursue influenza vaccination each year.

1. <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/healthcare-quality/health-care-facilities/flu-vac-hc-personnel/reporting-information-for-facilities.html>
2. See *Massachusetts Acute Care Hospital Healthcare Personnel (HCP) Influenza Vaccine Coverage for 2014-2015 Season*, report released January 25, 2016 by the Massachusetts Coalition for the Prevention of Medical Errors.
3. <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/healthcare-quality/health-care-facilities/flu-vac-hc-personnel/flu-vaccination-reports.html>
4. <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/healthcare-quality/health-care-facilities/flu-vac-hc-personnel/reporting-information-for-facilities.html>
5. <http://www.shea-online.org/PriorityTopics/CompendiumofStrategiestoPreventHAIs.aspx>
6. <http://www.cdc.gov/flu/professionals/vaccination/effectiveness-studies.htm>
7. <http://www.cdc.gov/flu/protect/vaccine/general.htm>

Division of Health and Safety and Division of Nursing

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