Increasing Flu Vaccination of Healthcare Personnel
Workgroup Update

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Health Care-Associated Influenza Infections – Who is at the greatest risk?
Influenza and Healthcare Personnel (HCP)

• Estimated that on average >200,000 people are hospitalized with influenza infections annually

• HCP are at a higher risk of influenza infection than other healthy adults Kuster PLoS ONE (2011); 6 (10).

• Prevention of HAI requires ongoing adherence to prevention strategies that optimize protection of both patients and HCP.
Influenza Infection Prevention Plans

- Hand / Cough Etiquette
- Respiratory droplet precautions
- Screening/Isolation of ill patients
- Appropriate management of ill HCP
- Environmental infection prevention
- Use of Personal Protective Equipment
- Use of Antiviral medication
Influenza and Healthcare Personnel (HCP)

• Asymptomatic/mildly symptomatic HCP may continue to work while ill, exposing patients and co-workers
  • Elder (1996) – 71/120 HCP testing positive for influenza could not recall having influenza and 32/120 HCP could not recall any respiratory infection

• Several studies indicate vaccinating HCP has a protective effect for patients, notably in LTCF
  (Dolan, 2012; LeMaitre, 2009; Hayward, 2006; Carman, 2000; Potter, 1997)
  • However current data is limited and additional research on patient impacts is needed
  • Vaccination is our most effective intervention; promoting vaccination is important for ensuring the well-being of both patients and HCP.

• HCP as role models for patients
Influenza Vaccination of HCP is a priority

• ACIP Recommendation – last updated Nov 2011

• WHO recommendations
  • Countries worldwide recommend vaccination of HCP (Music, 2011).

• Healthy People Goals for annual influenza vaccine coverage in HCP
  HP2010 - 60% - Achieved in 2009-2010 season
  HP2020 – 90%

• HAI Action Plan Interim 2015 Goal – 75%
Vaccination Coverage in HCP 1996-2012

*NHIS Methodology used to estimate influenza vaccination coverage among healthcare personnel changed during the 2005-06 season

• Sources: Internet Panel Surveys - MMWR 2012;61(38);
• National Health Interview Survey (NHIS) - Lu et al. CDC unpublished and http://www.cdc.gov/flu/pdf/professionals/nhis89_08fluvtrendtab.pdf;
Differences continue to exist among work settings and occupations

**Healthcare Setting**

- Hospitals: 76.9%
- LTCF: 52.4%
- Physicians Offices: 67.7%
- Other †: 61.5%

**Occupation**

- Physicians: 85.6%
- Nurses: 77.9%
- Other HCP*: 62.8%

†Other healthcare settings include dental offices, pharmacies, nonhospital laboratories, medical-related schools, emergency technician sites, and home medical-care sites

*Other HCP includes dentists, nurse practitioners or physician’s assistants, allied health professionals, technicians or technologists, assistants or aides, administrative support staff members or managers, and nonclinical support staff members (such as food service workers, housekeeping staff members, maintenance staff members, janitors, and laundry workers)

Adapted from CDC MMWR 2012; 61(38).
Improving vaccination rates for HCP – Evidence-based Strategies

• Strong Leadership and Commitment

• Education and Campaigns for HCPs and Patients

• Improved Access

• Measurement and Feedback

• Mandatory Policies
Measuring Progress

NQF Measure #0431
Influenza Vaccination Coverage among HCP

CDC-sponsored measure
Standardized methodology for reporting within a single facility and for comparison across facilities
Includes HCP working in the healthcare facility for at least 30 working days (October 1-March 31)

Vaccination calculated for three HCP groups

Employees
Licensed Independent Practitioners
Adult students/ trainees and volunteers

Numerator for all three HCP groups
HCP receiving vax at healthcare facility
Documentation that vax was received at another site
Valid medical contraindication
Offered but declined
Unknown vax status
HCP Vaccination as a Quality Measure: CMS Mandatory Reporting Requirements

**Acute Care Hospitals** - Final rule published August 2011

- Data collected via CDC’s National Healthcare Safety Network (NHSN)
- Data collection starting **January 1, 2013** for FY2015 payment determination
- **Fail to report data = 2% reduction in annual payment increase from CMS**
- 2013-2014 season – data will be made available on hospitalcompare.hhs.gov website

**Ambulatory Surgical Centers** - Final rule published November 2011

**Long Term Care Hospitals** - Final rule published August 2012
Collaborations for Shared Solutions

• Continue to enhance interagency collaborations and engage stakeholders in the initiative to improve HCP vaccination
  • HHS WG led by OASH
  • LTCF stakeholder workshop conducted in September, 2011

• Continue to develop, synthesize, and improve tools for raising vaccination coverage
  • Evaluate laws related to HCP influenza vaccination requirements
  • Develop and disseminate tool kit for LTCF

• Develop, implement, and improve measures and standards for influenza vaccination of HCP
Thank You!

Healthcare providers make a difference. The Flu ends with U.