

INFLUENZA IMMUNIZATION OF NURSES

CNA POSITION

- ▶ Annual influenza immunization through vaccination is the most effective method of preventing influenza and its complications. There is significant evidence that influenza vaccinations are safe and reduce patient harm.
- ▶ CNA strongly recommends all nurses receive the influenza vaccine annually (unless contraindicated) to protect themselves, their families and those in their care.
- ▶ Employers should work with nurses and other relevant stakeholders to increase health-care worker influenza vaccination rates by offering education and by ensuring the vaccination process is convenient and accessible. CNA recommends more robust studies be conducted to determine the degree of harm reduction resulting from mandatory influenza vaccination programs for health-care workers.

CNA BELIEFS

CNA believes that annual influenza immunization through vaccination should be combined with other infection prevention and control practices (such as proper hand hygiene) to most effectively prevent influenza, its transmission, and its complications (Committee on Infectious Diseases, 2015; Pitts, Maruthur, Millar, Perl & Segal, 2014; Sah, Medlock, Fitzpatrick, Singer & Galvani, 2018; Wicker & Marckmann, 2014).

CNA believes that misinformation, myths and erroneous beliefs contribute to vaccine hesitancy among health-care workers (Pless, McLennan, Nicca, Shaw & Elger, 2017; Quach et al., 2013). This presents a challenge to achieving the national goal of 80% vaccination coverage of health-care workers (Public Health Agency of Canada [PHAC], n.d.). Nurses should use evidence-informed decision-making when assessing the risks of influenza (to their own health, the health of their families and those they care for) as well as the risks and benefits of immunization.

BACKGROUND

Influenza is a highly contagious disease that globally affects 5-10 per cent of adults and 20-30 per cent of children annually (World Health Organization, 2018). Rates of serious

illness and death are generally highest in people 65 years and older and in people with underlying medical conditions (PHAC, 2018), with influenza and pneumonia remaining among the top ten leading causes of death in Canada (PHAC, 2017). It is estimated that, in a given year in Canada, approximately 3,500 deaths and up to 12,200 hospitalizations result from influenza and its complications (Schanzer, Sevenhuysen, Winchester, & Mersereau, 2013; Schanzer, McGeer, & Morris, 2012).

The effectiveness of the influenza vaccine can vary from year to year due to a number of factors, including the characteristics of the individual being immunized (e.g., age, health) and how well the vaccine matches the dominant influenza strain present during the influenza season (PHAC, 2013; Committee on Infectious Diseases, 2015; Centers for Disease Control and Prevention [CDCP], 2018). Additionally, designing research studies to capture transmission of influenza in a health-care setting is difficult because of confounding variables and the ethics of double-blind tests, among others (Wicker & Marckmann, 2014). However, the influenza vaccine remains the best protection against influenza (PHAC, 2019).

Health-care workers pose a unique influenza transmission risk because, as providers of direct patient care, they are likely to be exposed to influenza often and therefore they are more likely to spread the infection to others due to the frequency and proximity of their interactions with patients (PHAC, 2019). Many of the population groups that nurses interact with may be more susceptible to infection because they are too young to receive the vaccine, they are immunocompromised, or they fail to produce the desired immune response from the vaccine (CDCP, 2018; Randall, Curran, & Omer, 2013).

Studies have shown that there are different reasons why health-care workers are not immunized. There can be a perception that the vaccine is not effective; others, meanwhile, fear the side-effects or overestimate the risks (Awali et al., 2014; Pless et al., 2017; Little et al., 2015). There can also be misperceptions about the risks of contracting influenza (Pless et al., 2017), the potential for transmitting it to patients, and the possible severity of the disease. Other barriers to vaccination include time constraints and lack of conveniently accessible immunizations (Little et al., 2015).

Strategies have been developed to address the barriers to receiving influenza vaccination for health-care workers; for example, multi-faceted influenza programs directed at health-care staff have achieved, at best, immunization rates of approximately 70 per cent (Quach et al., 2013; To, Lai, Lee, Koh, & Lee, 2016; Provincial Infectious Diseases Advisory Committee, 2012). Another strategy is the institutional requirement of influenza vaccination as a condition of service. This strategy — which allow exceptions due to medical, religious and/or philosophical reasons — have increased health-care worker vaccination coverage to over 90 per cent (Nowalk, Lin, Raymund, Bialor & Zimmerman, 2013; Pitts et al., 2014). However, there remains tension between mandatory influenza vaccination programs for health-care workers and

individual autonomy (Wicker & Marckmann, 2014; Little et al., 2015; Serres et al., 2017; Randall et al., 2013).

Approved by the CNA Board of Directors
November 2019

Replaces: *Influenza Immunization of Registered Nurses (2012)*

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