

Strategies for Improving Health Care Personnel Influenza Vaccination Rates

The following are evidence-based strategies recommended by the Centers for Disease Control and Prevention (CDC)¹ for improving health care personnel influenza vaccination rates, along with supporting documentation that can be found in The Joint Commission's influenza monograph.²

Strategy	Description or rationale	Where to find more information in the influenza monograph
Influenza vaccination program should be multifaceted	Successful health care personnel (HCP)* (vaccination programs are multifaceted, combining publicity with education to reduce fears and misconceptions about influenza and the influenza vaccine.	Pages 34-35
Use campaigns to promote vaccination	Organized campaigns can help to promote influenza vaccination and make vaccine accessible to HCP. The CDC recommends keeping the vaccination campaign going through the winter and spring, as influenza activity typically peaks in February and can continue until April or May.	Page 39
Educate HCP	HCP knowledge, attitudes, and perceptions about influenza and influenza vaccination vary. Basic knowledge regarding influenza and the vaccine has been associated with receipt of the vaccination. Educational programs should emphasize the benefits of HCP vaccination for staff and patients.	Pages 35, 37-38
Offer influenza vaccine annually to all eligible HCP	Offer influenza vaccine annually to HCP to protect staff, patients, and family members and to reduce absenteeism.	Page 29
Provide free vaccine at the work site, using strategies that have been demonstrated to increase influenza vaccination, such as the following:	Removing cost barriers can improve vaccination rates. Provide the vaccine at convenient times and places where HCP congregate.	Pages 29, 39, 43,45
• Use vaccination clinics	Vaccine clinics can be set up in readily accessible areas (e.g., during meetings, educational activities, near cafeteria during meal times, etc.) to make vaccination easier for staff.	
• Use mobile carts	Mobile carts can be used to take the vaccine to HCP in their respective departments or units. The use of such carts offers not only convenience but the opportunity for face-to-face interaction with HCP and an opportunity to educate staff and answer questions.	
• Ensure access to vaccination during all work shifts	Vaccinations should be available on all work shifts to enhance access for staff.	
Use modest incentives	Use of modest incentives has been associated with improved vaccination rates.	Page 51
Use organizational leaders as supportive role models	Vaccination of senior medical staff or opinion leaders can improve vaccination rates in members under their leadership.	Pages 35, 45
Obtain signed declinations from HCP who have nonmedical reasons for declining the vaccine	While there is limited information on the independent contribution of signed declinations in improving HCP influenza vaccination rates, declinations can assist organizations in identifying HCP who may need more education or other interventions to overcome barriers to vaccination. Declinations also help to identify what proportion of staff are reached and offered the vaccine.	Pages 45, 47, 48, 50
Use HCP influenza vaccination levels as a measure of an organization's patient safety program	HCP influenza vaccination coverage should be regularly measured, by facility area or by occupational group. Posting of vaccination coverage levels in various areas of a facility is a component of successful influenza vaccination programs. HCP vaccination rates should be used as an organizational quality measure in states mandating public reporting of health care-associated infections (HAI).	Pages 57-59
Give feedback on vaccination rates to staff	HCP influenza vaccination coverage should be regularly reported, with ward-, unit-, and specialty-specific rates given to staff and administration.	Page 59

*HCP: health care personnel



¹ Pearson M.L., Bridges C.B., Harper S.A.: Influenza vaccination of health-care personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 55:1-16, Feb. 24, 2006. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm> (accessed Dec 8, 2011).

² The Joint Commission: *Providing a Safer Environment for Health Care Personnel and Patients through Influenza Vaccination: Strategies from Research and Practice*, 2009. http://www.jointcommission.org/Providing_a_Safer_Environment/ (accessed Dec. 12, 2011).