Table of contents

Introduction ......................................................................................................................................................... 3
About ESWI ......................................................................................................................................................... 3
Current recommendations and guidelines for healthcare workers vaccination: an overview ......................... 4
The dangers of flu for at-risk groups and healthcare workers ........................................................................... 5
What are the roles and responsibilities of healthcare workers in preventing nosocomial influenza infections? ...................................................................................................................................... 6
Best Practices for Healthcare Worker Immunization ......................................................................................... 8
Measuring the impact of a mandatory province-wide vaccinate-or-mask policy on healthcare worker absenteeism in British Columbia, Canada ............................................................................................................................ 9
Mandatory vaccination for healthcare workers in the US .................................................................................. 10
The ethics of influenza vaccination of healthcare workers: a critical appraisal .................................................. 11
The role of healthcare professional organisations ................................................................................................ 12
  European Society for Paediatric Infectious Diseases (ESPID) ........................................................................ 12
  World Health Organisation ............................................................................................................................. 12
  Pharmaceutical Group to the EU (PGEU) .......................................................................................................... 13
  European Academy of Paediatrics (EAP) ......................................................................................................... 13
  European Public Health Association (EUPHA) ............................................................................................... 14
  European Medical Association (EMA) ........................................................................................................... 14
  European Respiratory Society (ERS) .............................................................................................................. 15
Bits and bites from the audience debate and some concrete actions ........................................................................ 16
Introduction

The question of flu vaccination for healthcare professionals is an urgent and highly relevant one. After all, the devastating impact of flu is widely recognized, and flu vaccines are estimated to prevent thousands of admissions and millions of illnesses with current usage. At-risk groups are well defined. Healthcare professionals work with the patients at risk on a daily basis. Annual vaccination is widely recommended to reduce the risk of healthcare acquired influenza. Why then is it so difficult to achieve influenza vaccine uptake levels in healthcare workers that would reduce or eliminate the risk of transmitting the disease?

In the 2019 Science Policy Influenza Summit, ESWI attempted to answer that question in close collaboration with its partner organisations. ESWI brought together influenza stakeholders for a day of presentations and discussions. The event was available via live stream video and reached almost 350 viewers worldwide.

This easy-to-grasp summit report includes a concrete set of actions to encourage the implementation of immunization programmes for healthcare professionals.

The discussion of vaccination programmes for healthcare workers will be continued at the 7th ESWI Influenza Conference (13-16 September 2020) in Valencia, Spain.

All texts can be copied and distributed freely.

About ESWI

The European Scientific Working Group on Influenza (ESWI) is an independent organization of socially-concerned members and partners. ESWI’s partners share the objective to improve public health protection against influenza, turning the ESWI network into a unique and effective organization to address influenza issues in Europe.

Partnership organizations like ESWI are established to meet specific objectives and to undertake projects to address problems that neither partner tackles adequately on his own. A successful long-term partnership is built on common grounds. In the case of ESWI, this common ground is a social concern to improve public health in Europe.

For further information on ESWI, please refer to the ESWI website at www.eswi.org or contact the ESWI manager, Mrs Christel Smeys, christel.smeys@eswi.org or at +32 498 45 02 29.

The following partners have provided unrestricted grants to support the ESWI Flu Summit. Unrestricted gifts imply that the partners financially supported the Summit, but have not been involved in the preparation of the Summit in any way.

www.eswi.org/eswi-tv/
Current recommendations and guidelines for healthcare workers vaccination: an overview

Marc Van Ranst
UNIVERSITY OF LEUVEN AND BELGIAN FLU COMMISSIONER

Vaccination of high-risk patients against influenza is one component of a multi-pronged approach, alongside minimizing contact of patients with potentially infectious individuals, reducing presenteeism (going to work while ill), and the vaccination of healthcare workers.

“IT’S NOT A MATTER OF WHETHER MANDATORY INFLUENZA VACCINATION WILL HAPPEN IN EUROPE; IT’S HOW FAST WE WILL GET THERE.”

WHO also has a very clear recommendation. This hasn’t always been the case. When searching through CDC archives for guidelines concerning the vaccination of healthcare workers, nothing can be found until 1970, and it was only in 1983 that it was clearly recognized that healthcare workers can spread influenza to patients. In 1984, healthcare workers became a bona fide target group for vaccination.

In the US, mandatory influenza vaccination was introduced in 2010. There was strong support for this. A poll found that 87% of the general public supported mandatory vaccination of healthcare workers. However, campaigns have been run by various healthcare workers’ groups against mandatory vaccination. Despite this, the Healthy People 2020 initiative in the US wants to increase the percentage of healthcare personnel who are vaccinated annually against seasonal influenza from the 2008 level of 45% to the 2020 goal of 90%. Many hospitals in the US have already achieved or even surpassed this level of vaccination.

In Europe, clear recommendations along with various publicity campaigns have come from the European CDC. Almost all European countries now have either blanket or specific recommendations for influenza vaccination. However, it’s an opt-in strategy, which means that a ceiling is soon reached. This leads to poor vaccination coverage; 60% at best in Belgium, and significantly lower in other countries (Fig). This is despite the fact that many European countries already have multiple mandatory vaccination policies in place for healthcare workers (e.g. against hepatitis B, measles, rubella). An opt-in strategy will need to evolve into an opt-out strategy that will then need to move towards mandatory vaccination, in order to further increase vaccination levels.

Double bar chart: Seasonal influenza vaccination and antiviral use in 12 EU/EEA Member States.
The dangers of flu for at-risk groups and healthcare workers

Ab Osterhaus, Research Center for Emerging INFECTIONS AND ZOONOSES, HANNOVER, GERMANY, AND ESWI CHAIR

Seasonal influenza (i.e. not zoonotic or pandemic influenza) is a serious, acute disease that starts with mild symptoms but can progress to serious complications. In the US since 2010 the annual burden of influenza is between 9.2 and 35.6 million cases, resulting in 140,000 to 710,000 hospitalizations and 12,000 to 56,000 deaths. (US CDC)

WHO recommends influenza vaccination for specific at-risk groups, which include children aged between 6 months and 5 years; people older than 65; individuals with chronic medical conditions; pregnant women; and healthcare workers who may spread influenza to the patients they care for. In the US, universal vaccination is regarded easier than focusing on at-risk groups, especially as the groups mentioned constitute up to 60% of the population. (WHO - 2016. Influenza (seasonal) fact sheet)

In children, complications of influenza include acute sinusitis, bronchitis, pneumonia, exacerbations of asthma, acute otitis media, and encephalopathy. Overall, more than half of children up to 4 years of age with influenza get complications, resulting in significant hospitalizations, albeit with relatively low mortality. (PharmacoEconomics, March 2003)

At the other end of the age spectrum, older adults are at a greater risk of influenza related hospitalization and mortality. Despite people nowadays aging more healthily and living longer, their immune systems continue to decline with age, leaving them more and more susceptible to a variety of complications from influenza such as pneumonia, myocardial infarction, cardiovascular disease, and strokes. Cardiovascular complications in particular can lead to serious disability requiring long-term care, loss of quality of life, and a heavy burden on healthcare resources. In this age group, the influenza vaccine effectiveness gradually declines to around 50%, which, while far from ideal, counters the notion that the vaccine is ineffective in the elderly. (Vaccine 2013, Beyer et al.)

Individuals with a wide range chronic health conditions including cardiac or pulmonary disorders, diabetes mellitus, renal disease, anaemia, cancer, morbid obesity, and neurological conditions, are more likely to develop complications.

In regard to pregnant women, there is general agreement that influenza during pregnancy can be more severe, last longer, and lead to more complications than in non-pregnant individuals. Serious influenza raises the risk of miscarriage, premature birth, low birth weight, and serious influenza in the new-born. These are therefore strong reasons to vaccinate pregnant women. (Vaccine, 2007 Jan 23)

Regarding influenza in healthcare workers, the majority of studies suggest that vaccination against influenza is an important policy that benefits themselves, their employers, and their patients. For evidence, a systematic review of 26 studies and a meta-analysis of 15 studies assessing the occupational risk of influenza A H1N1 infection among healthcare workers during the 2009 pandemic showed an increased risk among them, with a pooled prevalence rate of influenza of 6.3%.

"BY THE AGE OF FIVE, MOSTLY ALL CHILDREN HAVE BEEN INFECTED ONCE BY THE INFLUENZA VIRUS"

"THE MOST IMPORTANT DRIVER FOR AN OLDER PERSON TO GET VACCINATED IS LOSS OF INDEPENDENCE AND QUALITY OF LIFE."

The most important driver for an older person to get vaccinated is loss of independence and quality of life.

What are the roles and responsibilities of healthcare workers in preventing nosocomial influenza infections?

George Kassianos
NATIONAL IMMUNISATION LEAD ROYAL COLLEGE OF GENERAL PRACTITIONERS, UK, AND ESWI MEMBER

By choosing not to be vaccinated, a healthcare worker takes the risk of contracting and transmitting influenza. This is not good news, because healthcare workers are at a higher risk of contracting influenza than the wider population. Vaccinated healthcare workers protect themselves, reduce the spread of illness to vulnerable patient groups, and maintain health services under normal daily circumstances and during outbreaks. Vaccination of healthcare workers should therefore form part of a broader infection-control policy for healthcare facilities, especially as the prime responsibility of a doctor to his/her patient is “primum non nocere” – first to do no harm.

The Standing Committee of European Doctors affirms that the “prevention of communicable diseases through vaccination is safe and effective… Doctors and other healthcare professionals should ensure they themselves are vaccinated according to national schedules.” The UK’s General Medical Council writes in its guidelines that doctors “should be vaccinated against communicable diseases unless otherwise contraindicated.” Similar statements are made in the codes of conduct of nurses, midwives, health visitors, physiotherapists, radiographers, paramedics and others.

The benefits of vaccination were shown in a large study in the UK involving ~800,000 staff in 223 Healthcare Trusts over four influenza seasons (2011-2014). It was found that a 10% increase in vaccination rate was associated with a 10% fall in absences due to sickness.

Patients are 14% more likely to accept influenza vaccination if their GP is vaccinated than patients of reluctant GPs. It’s therefore key to provide healthcare workers with information about the influenza disease and vaccination and what it means to themselves and patients. This could be via a proactive information campaign to overcome a lack of knowledge and misguided attitudes.

The UK’s General Medical Council writes in its guidelines that doctors “should be vaccinated against communicable diseases unless otherwise contraindicated.” Similar statements are made in the codes of conduct of nurses, midwives, health visitors, physiotherapists, radiographers, paramedics and others.

The benefits of vaccination were shown in a large study in the UK involving ~800,000 staff in 223 Healthcare Trusts over four influenza seasons (2011-2014). It was found that a 10% increase in vaccination rate was associated with a 10% fall in absences due to sickness.

Patients are 14% more likely to accept influenza vaccination if their GP is vaccinated than patients of reluctant GPs. It’s therefore key to provide healthcare workers with information about the influenza disease and vaccination and what it means to themselves and patients. This could be via a proactive information campaign to overcome a lack of knowledge and misguided attitudes.

In the US, where vaccination of healthcare workers is mandatory, vaccination rates exceeding 90% have been achieved. Europe has much lower vaccination rates, but then the recommendations for vaccination differ widely (Fig). The immediate goal here should be to achieve a 70-75% vaccination rate. Voluntary influenza vaccination of NHS staff in the UK has reached 70.3%; they are targeting 90%.

However, many doctors are not convinced. This raises the question as to whether healthcare workers should have the right to refuse vaccination. It opens the possibility that healthcare workers working in critical wards who refuse the influenza vaccine could be redeployed elsewhere.

Further strategies to increase the rate of vaccination of healthcare workers include making the vaccine free, and ensuring vaccination can occur at a convenient time and place. If necessary, incentives can be offered. In the long term, vaccination could be made a contractual condition of employment.

The EU has pointed out a few barriers to vaccination of healthcare workers. There is a tendency to underestimate disease and risk for patients in healthcare settings. There is a lack of knowledge of seasonal influenza threats to vulnerable patients, along with scepticism over the safety and effectiveness of the vaccine. And there are limited financial incentives for GPs to vaccinate.
"SHOULD A SURGEON BE ABLE TO REFUSE CHANGING INTO A THEATRE GOWN BEFORE OPERATING?"

For all
For some* healthcare workers
No recommendation
No data

* Some refers to staff at out-patient facilities, staff at in-patient facilities, staff at long-term care facilities, frontline healthcare workers, and healthcare workers who have direct contact with patients.

↑ Seasonal influenza vaccination recommendations for healthcare workers across Europe

MAP PRODUCED ON 3 AUG 2018. SOURCE: NATIONAL SEASONAL VACCINATION SURVEY, JANUARY 2018
The Association of Occupational Health Professionals in Healthcare (AOHP) believes that influenza management through vaccination is vital to the protection of patients, and a cornerstone to minimize absenteeism related to influenza in healthcare personnel. Occupational health professionals should strongly encourage a comprehensive influenza prevention programme within the facilities they serve.

AOHP believes that all healthcare workers should be offered the influenza vaccine, at no charge, as long as it is not medically contraindicated. Moreover, AOHP strongly supports the education of healthcare personnel on the influenza illness, vaccine efficacy and safety, and infection control practices, to help them make an informed decision regarding vaccination.

If an organisation cannot reach a 90% compliance rate with a voluntary vaccination programme, AOHP recommends that the facility evaluates the strategies that have been implemented. In cases where 90% compliance cannot be achieved through voluntary efforts, the organisation may need to consider mandating the vaccine.

Over the past ten years, many hospitals and healthcare systems in the US have moved to mandatory vaccination programmes. Implementation of mandates has improved vaccination rates in these facilities, typically into the 97th and 98th percentile range. Exemptions are allowed for medical and religious purposes.

In terms of best practices, the mandatory influenza vaccination programme promoted by AOHP is comprehensive, incorporates proven strategies and improves upon lessons learned. The vaccine is made a condition of employment and the employment relationship is severed for healthcare personnel who are not compliant with the programme, except for the agreed legitimate reasons. Infection prevention and control practices such as hand hygiene and respiratory etiquette are hardened into behaviour.

Proven strategies for mandatory influenza vaccine programmes include the creation of a steering committee, champions, increased clinic days/times and marathons. Regular communication via email and newsletters to all leaders and team members takes place, along with mandatory education during the campaign and through annual education modules.

Mandatory influenza vaccination has led to a number of positive outcomes including improved vaccination rates; better protection for healthcare personnel and patients; increased awareness, knowledge and leadership involvement; improved data collection methods; and the triggering of innovative ideas and strategies.

### Typical results of influenza vaccination programmes implemented in the US

<table>
<thead>
<tr>
<th>Company</th>
<th>Mandatory</th>
<th>Voluntary</th>
<th>Compliance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penn Medicine Lancaster General Health, PA</td>
<td>Yes</td>
<td>No</td>
<td>99%</td>
</tr>
<tr>
<td>Emory, Healthcare, Atlanta, GA</td>
<td>Yes</td>
<td>No</td>
<td>98%</td>
</tr>
<tr>
<td>The University of Kansas Health System, KS</td>
<td>Yes</td>
<td>No</td>
<td>99%</td>
</tr>
<tr>
<td>University of California Davis Medical Center, Sacraments, CA</td>
<td>Yes</td>
<td>No</td>
<td>99%</td>
</tr>
<tr>
<td>Montefiore Medical Center, Bronx, NY</td>
<td>No</td>
<td>Yes</td>
<td>88%</td>
</tr>
<tr>
<td>Craig Hospital, Englewood, CO</td>
<td>Yes</td>
<td>No</td>
<td>98%</td>
</tr>
<tr>
<td>Sentara Healthcare, Harrisonburg, VA</td>
<td>Yes</td>
<td>No</td>
<td>88.3%</td>
</tr>
<tr>
<td>Virginia Hospital Center, Arlington, VA</td>
<td>Yes</td>
<td>No</td>
<td>97.5%</td>
</tr>
<tr>
<td>Atrium Health, Charlotte, NC</td>
<td>Yes</td>
<td>No</td>
<td>99%</td>
</tr>
</tbody>
</table>
Measuring the impact of a mandatory province-wide vaccinate-or-mask policy on healthcare worker absenteeism in British Columbia, Canada

Michelle Murti
PUBLIC HEALTH PHYSICIAN, COMMUNICABLE DISEASES, EMERGENCY PREPAREDNESS AND RESPONSE, PUBLIC HEALTH ONTARIO

British Columbia was one of the first provinces in Canada to instigate a province-wide mandatory vaccinate-or-mask policy, starting from the 2012-13 influenza season. Its goals were to increase influenza immunization rates in healthcare workers; prevent transmission of influenza from healthcare workers to patients/residents/clients and to other healthcare workers in healthcare facilities; and to reduce influenza-related absenteeism in healthcare workers employed by health authorities in the province.

*“INDIVIDUAL ABSENTEEISM OR PRESENTEEISM BEHAVIOUR MAY OVERRIDE POLICY IMPACTS.”*

Data on absenteeism was collected from five years before and five years after the policy was implemented. This enabled an assessment to be made of the impact of the overall policy on change in healthcare worker sick time pre-to post-implementation, along with the differences in their sick time by vaccination status in the post-policy period.

The average monthly sick rate was calculated. This is the amount of sick time taken vs. the amount of sick time plus productive time. Over the ten-year period, the average sick rate was around 5%, which equates to approximately one sick day per employee every 20 days/1 month.

Looking at pre- to post-policy data in British Columbia, an increase in sick time was seen across the board in both the influenza and the non-influenza season. Part of this was due to the implementation of a new employee absence reporting system that led to improved sick time capture after the policy came into effect. This made it difficult to isolate the effect of vaccination.

Sick rates by vaccination status after the policy was implemented were investigated (Fig). People who got vaccinated after the policy deadline had higher sick time and behaved similarly to people who didn’t get vaccinated at all. Both groups show very little difference between sick time in influenza and non-influenza seasons.

No consistent differences in sick rates were observed with a change in vaccination status. It seems that individual factors and behaviours appear more likely to influence sick rates compared to vaccination status.

In terms of lessons learned as to whether the policy made a difference, there is a clear need to capture personal influenza-like related absenteeism and differentiate it from other illness sick time or time off to care for dependents.

*“WERE WORKERS TAKING TIME OFF BECAUSE THEY WERE SICK, OR TO TAKE CARE OF A SICK FAMILY MEMBER?”*

↑ Sick rates by vaccination status
Mandatory vaccination for healthcare workers in the US

Litjen Tan
IMMUNIZATION ACTION COALITION ON THE “INFLUENZA VACCINATION HONOR ROLE” AND INFLUENZA VACCINATION MANDATES OF LEADING US MEDICAL ORGANISATIONS

Following a lengthy working group process, the US National Vaccine Advisory Committee (NVAC), which advises the Assistant Secretary of Health for the United States on immunization policy, issued recommendations on healthcare worker influenza immunization. They recommend that healthcare employees and facilities establish comprehensive influenza infection prevention programmes and integrate influenza vaccination programmes, as well as making efforts to standardize the methodology used to measure healthcare worker influenza vaccination rates across settings.

For those facilities that have implemented these recommendations and still have not consistently achieved the Healthy People 2020 goal for influenza vaccination coverage of healthcare workers (90%) in an efficient and timely manner, NVAC recommends that healthcare employers strongly make influenza vaccination a condition of employment (in other words, mandatory).

The impact of this employer policy on healthcare personnel vaccination is clear (Fig). Where vaccination is mandated as a condition of employment, a rate of 98% has been achieved. Hospitals across the US have reached 95.2% vaccination coverage in healthcare workers: 96.7% of physicians and 91.8% of nurses are vaccinated.

A number of actions have been developed to support the implementation of condition of employment policies for influenza vaccination of healthcare personnel. One is the Honor Roll for Patient Safety, which recognizes (with a certificate and a listing on the website) healthcare facilities that implement vaccination requirements and that include serious measures to prevent the transmission of influenza from unvaccinated workers to patients. The Honor Roll has been endorsed by a number of organisations and professional associations.

The focus then shifted to long-term care facilities where only 67.9% of healthcare workers were vaccinated. IAC conducted research into these facilities and concluded that it is possible to “move the needle” on healthcare worker vaccination at these sites. They identified key factors to enable success. These include full engagement from leadership staff, setting clear goals and strong policies, improving tracking mechanisms, customizing material especially for these long-term care facilities, and providing external support and accountability.

Starting in October 2018, an Honor Roll was started to single out and highlight long-term care facilities, and a comprehensive toolkit was developed to facilitate condition of employment policies. As a result, currently 287 facilities have implemented condition of employment for their nursing aides and have already achieved a vaccination rate of 90%.

Currently 1100 facilities in the US are recognized as having a vaccination coverage rate of over 90% because of a condition of employment.*

*Vaccination coverage rates in the US

<table>
<thead>
<tr>
<th>Work setting</th>
<th>Requirement</th>
<th>On-site vax offered more than once</th>
<th>On-site vax offered once</th>
<th>Other vax offering</th>
<th>No requirement or promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Vaccinated</td>
<td>98</td>
<td>83</td>
<td>76</td>
<td>76</td>
<td>42</td>
</tr>
<tr>
<td>Coverage Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The ethics of influenza vaccination of healthcare workers: a critical appraisal

Pros and cons by
Sarah Edwards, Department of Science and Technology Studies, University College London, UK
Hanna Nohynek, Finnish Institute for Health and Welfare

Sarah Edwards: The question of whether mandatory vaccination is morally and politically justified seems to be increasingly compelling with every new outbreak or scare of an outbreak. Possible arguments that a libertarian could make include the one that rights can be overridden only to avoid a ‘disaster’. However, the spread of disease, while bad, is usually not sufficiently bad to persuade most libertarians to accept mandatory vaccination.

A second argument is that government can coerce citizens for its own good. It’s a non-starter for libertarians as governments are not justified in imposing conceptions of what they consider are the best interests of adults. A further argument is that stopping people from wrongly harming each other can justify the coercive interference of a government (e.g. to impose quarantine). A vaccine is rather different as it prevents people from being infected in the first place.

Regarding influenza, the main argument against mandatory vaccination is that if enough people accept vaccination voluntarily, mandatory programmes are not justified. However, this implies that it could be known whether people would accept vaccination before a mandatory programme is implemented.

“The case for mandatory vaccination appears to be more and more compelling”

Hanna Nohynek: In Finland, the Communicable Diseases Act was changed to require employers to give influenza vaccinations. It came into effect in March 2018. It states that it is the responsibility of the employer to ensure that social and healthcare staff taking care of vulnerable patients should be protected against influenza (as well as measles, pertussis, and varicella). It also extended to students participating in practical training. The Finnish Institute for Health and Welfare issued guidance on how to put this law into practice.

“INFLUENZA VACCINE COVERAGE AMONG FINNISH HEALTHCARE WORKERS IS NOW 90%”

Implementation of the Act resulted in a sudden and significant increase in influenza vaccination coverage of healthcare workers. In 2014/15, well before the law was enacted, coverage was about 41%. In the year the law came into being, coverage more than doubled, to 84%, and in 2018/19 it was 90%.

However, despite these good figures, the State Ombudsman received several complaints, mainly concerning perceived violation of the constitutional rights of health care workers. The nurses’ labour union (TEHY) also received complaints that some employment contracts of individuals who had refused to take the vaccine had been terminated. In addition, there were indications that some skilled nurses had been forced out of care jobs into non-care jobs during the influenza season.

The Ombudsman ruled in favour of the health care workers, stating that in her conclusion no law could over-ride the constitutional rights of the worker.

#Minäsuojaanpotilasta (I protect my patient) N=7709

↑ Finnish health care workers proudly show their vaccinations.
The role of healthcare professional organisations

European Society for Paediatric Infectious Diseases (ESPID)

Delane Shingadia, PRESIDENT, ESPID

The European Society for Paediatric Infectious Diseases recognizes a number of emerging issues in paediatric infections. For example, at the Great Ormond Street Hospital for sick children in the UK, patients are displaying an increasing complexity of more challenging conditions. Moreover, the use of immunosuppressive and immunomodulatory treatment (including biologics) is increasing, with a concomitant increase in susceptibility to many infections including viruses, bacteria, fungi and parasites. Research at my hospital showed that children undergoing a bone marrow transplant with a concurrent viral infection had significantly higher morbidity and mortality compared with those that were virus free. The only potentially preventable virus infection in this population is influenza.

ESPID strongly supports healthcare workers being vaccinated for influenza as this will prevent them from acquiring this infection and passing it on to their high-risk patients.

At the Great Ormond Street Hospital, our influenza vaccination campaign was launched on 7 October 2019 amongst staff members. One month later, 39% of the hospital’s staff members had been vaccinated. An easy to use app was also developed to help staff identify times when they can make an appointment to get vaccinated.

World Health Organisation

Shoshanna Goldin, TECHNICAL OFFICER, WHO HQ

WHO has developed an introduction of Seasonal Influenza Immunization of Health Workers Manual. Its three strategic objectives are to establish an evidence-based national policy for seasonal influenza vaccination of health workers; plan and manage health worker vaccination; and improve monitoring and evaluation of vaccination coverage, adverse events and impact assessments. It is intended for policy makers and implementers.

The manual addresses the risk classification of different categories of health worker, and considerations for vaccination. Also included in the manual are strategies for the integration of vaccination into an occupational health policy and potential acceptance and demand strategies recommended by WHO to increase uptake of influenza vaccination in the healthcare worker population.

The manual is available on the WHO website to download.
Pharmaceutical Group to the EU (PGEU)

Stéphane Pichon, MEMBER OF THE BOARD OF THE COUNCIL OF PHARMACY OWNERS IN THE FRENCH CHAMBER OF PHARMACISTS

As outlined in a recent paper, the Pharmaceutical Group to the EU strongly encourages pharmacists to get vaccinated against influenza in order to protect themselves and their patients.

In addition, the French Chamber of Pharmacists is fully committed to encourage pharmacists to get vaccinated and to promote vaccination among their whole team. This involves supporting local initiatives sharing this perspective; disseminating information campaigns and good professional practice for vaccination; and reaffirming the importance of vaccination against seasonal influenza.

In the 2017/18 influenza season, an influenza vaccination pilot programme among pharmacists was launched in two regions of France. This was extended to two further regions the following year and at the same time the target population was expanded. The pilot project enabled nearly 175,000 people to be vaccinated for the first time.

In March 2019, all pharmacists in France became allowed to vaccinate. Currently 25% of vaccinations take place in pharmacies.

European Academy of Paediatrics (EAP)

Andreas Trobisch, MEMBER OF YOUNG EAP

Both the European Academy of Paediatrics and Young EAP are keen to promote the vaccination of healthcare workers. One of EAP’s working groups focuses on vaccination. Its actions include a think tank, providing advice and advocacy, sharing research and clinical experiences and opportunities across Europe, and co-authoring official statements. Young EAP has a regular blog which frequently addresses issues surrounding vaccination.

EAP is part of an extensive Vaccination Network that involves a number of partners such as WHO, ESPID, ECDC, ADVAC, Erasmus University, Vaccines Europe etc. The main topics covered are vaccination coverage in children (with a special focus on influenza), methods for assessment of vaccination coverage, the vaccination of migrant children in Europe, vaccine shortages, vaccination hesitancy, and an Electronic Vaccination Record.

EAP is also a strong advocate of “Opportunity Vaccination” which aims to encourage vaccination at every possible opportunity, such as in day care, school, university, travel, workplace etc. and including healthcare workers.

A major issue in Austria is that not all physicians are allowed to vaccinate. EAP is campaigning for this to change, and would particularly like to see vaccinations allowed by paediatricians, ObGyn staff (to vaccinate before and during pregnancy, and partners), and all GPs.

More information on https://eapaediatrics.eu
European Public Health Association (EUPHA)

Maria Gańczak, EUPHA INFECTIOUS DISEASE CONTROL SECTION

The European Public Health Association Infectious Disease Control Section encourages joint activities in the field of infectious disease control, including vaccinations. For this reason, it strongly supports ESWI's initiative towards influenza vaccination programmes for healthcare workers.

As influenza vaccine coverage among healthcare workers is still at a very low level in many European countries, EUPHA strongly encourages each setting, according to its context, to take steps to maximize uptake. Strategies to improve vaccine coverage should be evidence-based and include recognized motivators and barriers to vaccination. As the policies and practices strengthening influenza vaccination programmes for healthcare workers vary widely across Europe, EUPHA believes that tailored, goal-driven programmes to address all identified local motivators and barriers are required.

EUPHA recognizes that multiple factors influence satisfactory influenza vaccination implementation among healthcare workers, all of which need to be considered through a cohesive approach. This includes raising awareness through education and communication, integration into broader healthcare worker vaccination and occupational health policies, providing up-to-date evidence-based guidelines, making recommendations, continuous surveillance, and vigorous research.

Finally, sharing evidence across borders is essential as the policies and practices in good regional performers may offer examples that can be followed by other countries in order to increase uptake.

European Medical Association (EMA)

Damiano Cantone

The European Medical Association is committed to provide clear and explicit dissemination of information, recommendations and guidelines regarding vaccines and, namely, influenza vaccination as an occupational defence for health professionals.

EMA endorses best practice professional and scientific approaches by timely and appropriate communication in social media and in public meetings. EMA strive for fighting fake information, misleading advertising and exaggerated claims in any medical field.

EMA is also actively contributing to the development of European actions addressing the improvement and harmonization of emergency systems in the European Member States, being a partner of the European iProcureSecurity Project.

EMA also trusts on research and innovation, which take advantage of greater knowledge and skills in bioinformatics. Therefore, EMA is actively involved in the development and dissemination of the Erasmus Plus BioS Project, developing and delivering an e-learning course focused to the increase of competence of European Health Professionals in bioinformatics and related fields.

https://player.vimeo.com/video/385661115
European Respiratory Society (ERS)

James Chalmers
The European Respiratory Society is extremely active in the area of influenza vaccination among healthcare workers as the respiratory community faces a lot of the burden of influenza.

The ERS recently conducted a survey in the respiratory community and found that the largest reason for declining vaccination was concern about its side-effects (40% of respondents). Other important concerns were around vaccine safety, while a proportion of respondents did not take influenza seriously.

This suggests that there is a lot of misinformation or adverse information about vaccination in general, and influenza in particular. With a growing anti-vax movement in Europe, the ERS considers it very important that healthcare workers are properly informed about the benefits and risks of vaccines and are aware that the safety issues are minimal and are not a reason to decline vaccination.

The ERS seeks to promote healthcare worker vaccination through research, education and advocacy. They have made concerted efforts to provide high-quality information to their 35,000 members around vaccination, including an online course on vaccination and participation in relevant conferences (e.g. on vaccination and lung disease).
Bits and bites from the audience debate and some concrete actions

*How to establish and implement vaccination programmes for healthcare workers. What needs to be done?*

**The need for better education**

The survey among the respiratory community highlighting concerns about the side-effects of the influenza vaccine clearly suggests that more and better education is necessary at ground level.

Fundamental education is necessary because there are some healthcare professionals who are not buying into the seriousness of influenza, nor the effectiveness of the vaccine.

Younger healthcare professionals often do not seem to be as concerned about influenza as older doctors, who may have greater experience of the disease and its complications.

Influenza is a killer of otherwise healthy children. It is a real concern that there are healthcare workers who are spreading false information that influenza is not a dangerous disease.

**Issues surrounding implementation**

Getting vaccinated has to be made simpler and quicker. It’s not helpful if it’s only possible in a small timeframe and involves waiting in a queue.

All doctors should be allowed to vaccinate. Moreover, in some countries in Europe, nurses are not allowed to vaccinate, or only if a doctor is on the premises. This has to change because nurses are trained to vaccinate, and are often better at it than doctors.

In the US, vaccinations are not performed by GPs but by nurses, pharmacists, physicians’ assistants, medical assistants etc. This would be a useful model to follow in Europe. Allowing and/or encouraging pharmacists to vaccinate would be particularly beneficial in certain countries.

**Policy issues**

It’s not feasible to have a pan-European policy on healthcare worker vaccination; each country in Europe is different. What works in one country may not work in other countries. Different policies per country are therefore needed.

A stepwise approach is needed. It’s not possible to go from 10% to 90% within a short timeframe. Nor from the current situation directly to condition of employment.

Vaccination has to be normalised. Everyone needs to be vaccinated, whether a healthcare worker or not.

GPs are important because they are in the front line. If they don’t believe in vaccination they won’t vaccinate, nor recommend vaccination.

Is there a case for a GP vaccinating patients with no discussion? A GP doesn’t discuss with their diabetic patient if they are going to take insulin or not. Why open influenza vaccination up for discussion?

Patients can also influence GPs. In the UK, patients often go to a GP and demand the influenza vaccine.
The need to improve communication

Strong communication is needed to counter the arguments of the anti-vaxxers.

Influenza is often “dumbed down”. Its seriousness has to be better communicated, especially the extremely serious complications and frequent mortality.

In the US, Families Fighting Flu is an advocacy group of patients who have lost children or family members to influenza. They communicate clearly to policymakers, health institutions, GP organisations etc. They have some great 30-second spots that communicate a strong and clear message.

Voluntary, mandatory, or selective vaccination?

It will not be possible to reach 90-99% without making vaccination mandatory. “Condition of employment” is considered a better term than “mandatory”.

Selective vaccination – making vaccination mandatory but only for specific healthcare workers – could be a good step forward. However, it requires answering a range of challenging questions such as: Who is high risk? Which wards need vaccination coverage? Who’s in contact with vulnerable patients? How do you define patient contact?

If selective vaccination is implemented, it has to be carefully communicated that this is an intermediate step towards mandatory vaccination. Selective vaccination could help from a budgetary perspective to allow a focus on the high-risk healthcare providers.

Technical issues

The flu vaccine is the safest vaccine that exists. Serious side-effects are virtually nil. And it’s part of evidence-based best practice. The recommendation for the elderly to have the influenza vaccine is almost universal.