

Fighting the Flu: A Vaccination Program for Healthcare Workers

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Approximately 36,000 Americans die each year from influenza (Centers for Disease Control and Prevention, 2007b). People most at risk for contracting flu are those aged 65 years or older, children younger than two years, and those who have comorbidities such as diabetes, pulmonary disease, or heart disease (Centers for Disease Control and Prevention, 2007a). People with serious health-related problems are more likely to be in hospitals and nursing homes. Patients diagnosed with cancer are at increased risk for contracting the flu, secondary to treatment-related immunosuppression.

Healthcare workers can transmit flu to their patients in hospitals and nursing homes even when they are asymptomatic (Backer, 2006; Poland, Tosh, & Jacobson, 2005). One study demonstrated that increased contact among people resulted in increased flu transmission (Carrat et al., 2006). Healthcare workers naturally have frequent contact with patients, but decreasing contact to prevent flu transmission is not desirable. Vaccination of healthcare workers is directly related to decreased patient morbidity and mortality rates, less disruption of healthcare delivery, and reduced healthcare costs (Dash et al., 2004).

The Centers for Disease Control and Prevention recommend vaccination of health-

care workers as a standard of care. However, only 35%–45% of healthcare workers reportedly receive flu vaccination (U.S. Department of Veterans Affairs, 2007). The number is not adequate to prevent transmission of flu from staff to patients (Poland et al., 2005). Healthcare workers are obligated to protect their patients from unintentional transmission of disease (Cowan, Winston, Davis, Wortley, & Clark, 2006). Steckel (2007) asserted that mandatory flu vaccination for healthcare workers who provide direct clinical care to immunocompromised patients is imperative and ethically sound. Even so, many barriers prevent healthcare workers from receiving the flu vaccine, including doubt that the vaccine will be effective, concern about developing the flu from the vaccine, and a lack of desire to receive the vaccine. Other, more legitimate barriers include allergies to eggs, underlying neurologic disorders, and a fear of needles (Hofmann, Ferracin, Marsh, & Dumas, 2006; Willis & Wortley, 2007).

To decrease the risk of passing the flu to patients, the Epidemiology and Infection Control Committee at the author's hospital requested that the oncology center pilot test a program to increase the percentage of staff members who received the flu vaccine. The

goals were to offer the flu vaccine to 100% of the nurses, ancillary staff, and physicians who worked with patients with cancer and to increase the overall rate of vaccination above the national average. The presumption was that staff members in the oncology center would be more receptive to the flu vaccination program because of the increased risk to their patients. By increasing the percentage of staff vaccinated, the committee hoped to decrease the risk of spreading the flu to immunocompromised patients with cancer.

The Plan

Nurse and physician leadership agreed to develop a flu vaccine pilot program in the oncology center, and a plan was devised to accomplish the task. To increase staff participation in the vaccination program, the nurse managers decided on an individual approach to ensure that no staff member “fell through the cracks.” Nurse managers on each unit identified a “champion,” a staff nurse who would promote flu vaccination on the unit. The thinking was that a clinical nurse who believed that the vaccine was important and who encouraged other staff to receive it would be a positive influence and help increase vaccination rates.

Before vaccination began, nurses from the committee visited each unit to educate staff about the vaccine, how it worked and how it affected transmission of the flu virus. To address staff concerns, the committee emphasized that the flu vaccine is a dead virus and cannot cause the flu. The most common side effects of flu vaccination are soreness, redness, and swelling at the site of injection, which usually resolve in a few days.

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Leadership & Professional Development

This feature provides a platform for oncology nurses to illustrate the many ways that leadership may be realized and professional practice may transform cancer care. Possible submissions include but are not limited to overviews of projects, accounts of the application of leadership principles or theories to practice, and interviews with nurse leaders. Descriptions of activities, projects, or action plans that are ongoing or completed are

welcome. Manuscripts should clearly link the content to the impact on cancer care. Manuscripts should be six to eight double-spaced pages, exclusive of references and tables, and accompanied by a cover letter requesting consideration for this feature. For more information, contact Associate Editor Paula Klemm, PhD, RN, OCN®, at klemmpa@udel.edu or Associate Editor Judith K. Payne, PhD, RN, AOCN®, at payne031@mc.duke.edu