HCW’s Must Get Flu Vaccine

BY MARY ANN JACkSON, M.D.

We are facing an unprecedented influenza season with the confluence of seasonal influenza and pandemic influenza A(H1N1). Health care workers are morally and ethically—if not legally—bound to be immunized against influenza, especially this year.

The scenario is still unfolding, and there are many things we do not know about how it will play out. But we do know one thing: Health care workers (HCWs) are a high-risk group. Not only do they have a greater chance than ordinary citizens of becoming infected, they can also transmit the virus to patients even if they themselves aren’t exhibiting symptoms. Yet, despite the wide availability of free and convenient immunization for influenza at many hospitals and other health institutions, health care workers traditionally have been one of the least well immunized of all high-risk groups.

Part of the problem may be that health care workers don’t perceive themselves at high risk—after all, we’re the healers, not the sick. But in a survey conducted at my hospital—led by my colleagues, Dr. Angela L. Myers and Dr. John Lantos—we found that health care providers, even in a large freestanding children’s hospital, harbor some of the same misconceptions about the flu vaccine as does the general public: that you can get the flu from the flu vaccine while pregnant, that it doesn’t work, or that it harbors some of the same misconceptions as the public: that you can get the flu from the flu vaccine.

To evaluate health care worker attitudes regarding influenza vaccine, we surveyed about 1,000 employees at our 317-bed children’s hospital. We got responses from 627 physicians, 177 nurses, and 346 other employees, a group that included nonclinical staff such as researchers, maintenance, security, and cafeteria workers, as well as care assistants and phlebotomists. The study was initiated in the spring of 2009, and the last surveys were completed 2 weeks after the onset of the H1N1 flu outbreak.

Physicians and nurses were significantly more likely than other employees to believe that influenza vaccine is contraindicated for pregnant women; and that unlike other ideas, the misconception about the flu shot. And of course, even health care workers can have a fear of needles. Some states, including Alabama, Arkansas, California, and Kentucky, have passed laws mandating influenza immunization. These laws have resulted in increased participation by health care workers, but there still isn’t 100% compliance. In many places, the mandate has been extended to include vaccination against the pandemic H1N1 influenza when that vaccine becomes available. However, these state laws all allow exemptions for employees who sign a special written declination, with or without a physician’s note providing a medical reason for the refusal.

These requirements may soon become even stricter. Recently, there has been discussion of a federal mandate for all hospitals to a more stringent regulation be adopted. They recommend that all health care workers in inpatient, outpatient, and home health care settings be required to be vaccinated against both the seasonal and pandemic H1N1 strains of influenza or face dismissal from their jobs. The only exemption would be for a defined medical reason. There would be no religious or philosophical exemptions.

To decide which vaccines, if any, their children answered this question correctly.

Attitudes about influenza vaccine were correlated with attitudes about childhoodhood vaccines. Physicians were more likely than nurses or other employees to agree that a hospital should mandate influenza vaccine for all employees. Overall, 2% of employee respondents reported that they would rather quit their job than comply with a policy that mandated yearly influenza vaccine. There were no physicians in this group.

Attitudes about influenza vaccine were correlated with attitudes about childhoodhood vaccines. Physicians were more likely than nurses and others to agree with the statement: "Children should be required to get all currently recommended childhood vaccines, unless they have a medical reason not to." When asked to agree or disagree with the statement, "I think parents should be free to decide which vaccines, if any, their children receive," other employees and nurses were much more likely than physicians to agree or strongly agree.

Although physicians who had children less than 10 years of age reported that their children were up to date on routine childhood immunizations. However, far fewer had their children immunized against influenza in the prior year.

At our institution, there is an extensive campaign launched every fall to provide education about influenza and vaccine to all employees. We also provide around-the-clock vaccine availability free of charge. Although immunization is not yet mandatory at our hospital, we ask all employees who decline vaccine to fill out and sign a declination form. Typically, a high number of our health care workers are immunized against the seasonal flu; last year, 85% were immunized with 11% signing declinations. We would like to reach 100%.

Our study found that many myths and misconceptions remain regarding influenza immunization. These myths and misconceptions make it likely that many people will refuse influenza immunization even if it is offered free of charge in a program that includes education.

Eighty-five percent coverage may be as good as it gets with voluntary programs. Based on our national numbers, this is unlikely through voluntary programs. Firm mandates may be necessary.

Dr. Jackson is chief of pediatric infectious diseases at Children’s Mercy Hospital, Kansas City, Mo., and professor of pediatrics at the University of Missouri-Kansas City. Children’s Mercy Hospital is currently participating in the H1N1 Child Vaccine study through the National Institutes of Health’s Vaccine and Clinical Research Units, and Dr. Jackson is an investigator in the study. E-mail Dr. Jackson at phnews@elsevier.com.

Recommended Antiviral Recommendations Updated for Flu Season

BY HEIDI SPLETE

The Centers for Disease Control and Prevention has updated its guidelines for using antiviral medications to treat the seasonal and pandemic influenza A(H1N1) viruses, according to the CDC Web site.

The updated recommendations include guidance for clinicians about antiviral treatment for very young children and information about correct dosing using the oseltamivir (Tamiflu) dosing dispenser.

Treatment younger than age 1 year. Oseltamivir is not approved by the Food and Drug Administration for use in children younger than 1 year of age. But given this age group’s increased risk for complications from the H1N1 virus, the CDC recommends a 5-day antiviral treatment course with oseltamivir of 25 mg twice daily for children aged 6-11 months, 20 mg twice daily for children aged 1-5 months, and 12 mg twice daily for children younger than 3 months.

The CDC’s recommendations for 10-day prophylaxis with oseltamivir are 25 mg once daily for children aged 6-11 months, and 20 mg once daily for children aged 3-5 months, but oseltamivir is not currently recommended for prophylaxis for children younger than 3 months unless the situation is deemed critical. The FDA issued an Emergency Use Authorization (EUA) in April 2009 for the emergency use of oseltamivir in children younger than 1 year old.

Dispenser measurements. The updated CDC antiviral recommendations caution clinicians and pharmacists that an oral dosing dispenser that comes with Tamiflu for oral suspension shows dose measurements in 30 mg, 45 mg, and 60 mg increments. These measurements use “mg” and match those currently recommended by the CDC for treatment of or chemoprophylaxis for influenza A(H1N1) (see table), but the prescription instructions may be listed in “mL” or “tp,” which can lead to dosing errors.

The CDC Web site states that the recommendations should be considered an interim document, all employees are up to date as needed. For the latest information on the CDC’s flu guidance and recommendations, visit www.cdc.gov or www.flu.gov.

<table>
<thead>
<tr>
<th>Agent/Group</th>
<th>5-Day Treatment</th>
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<tbody>
<tr>
<td>Oseltamivir</td>
<td></td>
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<tr>
<td>Children 12 months and older, ≤15 kg</td>
<td>60 mg/day divided into two doses</td>
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<tr>
<td>Children 12 months and older, 16-23 kg</td>
<td>90 mg/day divided into two doses</td>
</tr>
<tr>
<td>Children 12 months and older, 24-40 kg</td>
<td>120 mg/day divided into two doses</td>
</tr>
<tr>
<td>Children 12 months and older, &gt;40 kg</td>
<td>150 mg/day divided into two doses</td>
</tr>
<tr>
<td>Adults</td>
<td>One 75-mg capsule twice daily</td>
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</tbody>
</table>

| Zanamivir |               |
| Children aged ≥7 years | Two 5-mg inhalations (10 mg total) twice daily |
| Adults | Two 5-mg inhalations (10 mg total) twice daily |

Source: Centers for Disease Control and Prevention.

INTERIM ANTIVIRAL RECOMMENDATIONS FOR PANDEMIC INFLUENZA A(H1N1)