ESPITE THE BENEFITS of annual influenza vaccination, less than one third of the approximately 210 million Americans targeted for vaccination will receive flu shots this year. This targeted group—73% of the US population—includes all children 6 to 23 months of age, the elderly, and, of importance, health care personnel.

See related article, page 1009

Annual vaccination is the best way to reduce sickness and death from influenza in high-risk patient populations, to reduce absenteeism from work in healthy adults, and to reduce health care-associated transmission of influenza.¹⁻³ The 2006–2007 trivalent influenza vaccine contains three strains of inactivated viruses—one cannot acquire the flu by being vaccinated with this type of vaccine—and the supply is expected to be ample. Vaccinating the target groups would go a long way toward preventing the more than 30,000 deaths and 100,000 hospitalizations attributed to influenza each year. The issue is especially important in this era of pandemic flu preparedness.

But how can we get more people who should be vaccinated—including health care workers—to actually be vaccinated?

Dr. Kristin Nichol has been a champion for influenza vaccination, and her review of strategies for improving vaccination rates among adults in this issue of the Cleveland Clinic Journal of Medicine is timely.⁴ To improve immunization rates, we need to remove barriers such as inconvenience and cost and to educate clinicians and the public about vaccine safety and efficacy and why they should be vaccinated. Above all, we need to set up systems to boost vaccination rates.

TARGETING HEALTH CARE WORKERS

The focus on immunizing health care workers every year is now considered a patient safety issue. In June 2005, the National Foundation for Infectious Diseases, the US Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) endorsed recommendations that hospitals and other health care settings implement policies and programs to improve influenza vaccination rates among health care personnel.⁵

HICPAC and ACIP subsequently summarized current recommendations concerning influenza vaccination of health care personnel and made two new recommendations to increase vaccination rates⁶:

- A signed statement should be obtained from personnel who decline to be vaccinated for reasons other than medical contraindications; and
- Rates of influenza immunization and declination should be monitored at regular intervals during the influenza season, and this information should be provided to staff and administration by ward, nursing unit, and specialty.

At the Cleveland Clinic, no one is forced to get a flu shot, but everyone must log in and be counted.
REFERENCES


ADDRESS: Steven M. Gordon, MD, Department of Infectious Diseases, S32, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195.