Use of Influenza Vaccination Declination Statements in 17 U.S. Hospitals: Results of an IDSA Emerging Infections Network Survey

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RESULTS

Resistance to the declination policy was encountered from:

- 40 (100%) physicians responded; two had duplicate institutional data
- Respondents came from each of the 9 U.S. Census Bureau Divisions
- 31 of 43 respondents indicated that their institution had implemented an influenza vaccination declination policy

Penalties if mandatory

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<th>Category</th>
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<th>Supervisor notified</th>
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<td>Penalty 2</td>
<td>11</td>
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</tbody>
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Other concurrent interventions

- None reported
- None educational programs
- None vaccination locations
- None use of vaccination cards

Top reasons cited when HCPs decline vaccine

- Makes me uncomfortable
- Never get flu
- Fear of side effects
- Vaccine doesn't work
- Personal choice
- Afraid of needles
- Other

Representative comments by respondents about influenza vaccination programs

- "Radiations taken (should be typed into a Comments field)

Our institution does not have a declination policy. My colleagues in radiology..."

- "They say the hard copy required to administer a declination policy would be unworkable."

- "I don't think the declination statements made much difference, but having nurses on every unit encourage other nurses to take the flu shot made a big difference. The actual number of vaccines given did not change much, but many more vaccines were given to HCPs with direct patient contact than in prior years."

- "Mandatory declination creates a large volume of work, and probably doesn't yield a significant increase in vaccination rates."

- "I think it's good to make people sign when they decline — it may make them think about what they are doing. I would have no problem if they were mandatory just like rubella."

- "Given that we did not outline compliance or have consequences, the program did not succeed in increasing vaccination rates significantly."

- "Next year we will use a bordcard out onto those signing the roster cannot see the other responses (names). This was the advice of our HIPAA officer."

Summary

- The use of declination statements was associated with an increase in vaccination rates among HCPs.

- The true impact of these statements is unclear due to the concurrent implementation of other strategies to increase HCP vaccination rates as well as the lack of consequences for those who refused vaccination but failed to sign a declination statement.

- Significant resistance from hospital employees was encountered in a number of institutions, and the costs of implementing such a system may be significant.

- Declination policies without penalties will not solve the problem of low vaccination rates among HCPs, as the observed effects were modest.

- Declination policies appear to be another component to increase the effectiveness of influenza vaccine campaigns.

Modified Abstract

Introduction: To address low influenza vaccination rates among healthcare workers (HCWs), HICPAC and ACIP recently recommended that HCWs receiving vaccination be required to sign a declination form. Few data exist regarding the effectiveness of this approach. The purpose of this study was to learn about the impact of declination policies at multiple institutions.

Methods: The IDSA EIN selected a 108-payer subset of its membership based on previous responses indicating that their institutions had or were considering the introduction of a declination policy. Members were surveyed and asked in 2007 by telephone or email regarding implementation of declination policies and vaccination rates at their institutions. The vaccination rate during the year of policy implementation was compared to that of the previous year, using a paired t-test.

Results: Of the 43 respondents, 21 worked at hospitals with such policies, and 23 provided complete data. Mean vaccination rates were 52% (SD 6.4) the year before and 65% (SD 6.5) the year of declination implementation. The mean increase in vaccination rate was 11.8% (CI 6.3%–16.5%, P<0.0002). Twenty-four institutions concurrently used other strategies to increase vaccination rates (e.g., educational campaigns). While 16 institutions "mandated" declination, no penalties were enacted for failure to sign. Supervisors were only notified of vaccination refusals at 2 institutions. Resistance to the policy (primarily from individual HCWs) was reported at 20 institutions.

Conclusions: The use of declination policies (with or without penalties) was associated with a statistically significant, but modest, increase in vaccination rates. However, part of the observed increase may be due to other concurrent strategies at these hospitals to increase vaccination rates. Specific factors associated with more successful declination policies, such as administrative support and penalties for failure to sign, should be examined.

Introduction

- Only 45% of U.S. healthcare workers are vaccinated each year against influenza
- 2006 guidelines by HICPAC and ACIP recommend that healthcare workers refusing vaccination be required to sign a declination form
- Few data exist regarding the effectiveness of declination forms

The purpose of this study was to gather preliminary information about how declination policies at different institutions have been implemented and to determine the effect of such policies on vaccination rates among healthcare workers.

Methods

- Survey (right) distributed in April 2007 to 100 infectious diseases consultant members in the U.S. who had indicated previously either that their institutions had or were considering a declination program, or who had responded to a similar posting about this topic.
- We used a paired t-test to compare vaccination rates before and after the declination policies were implemented.