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IDSA, SHEA, and PIDS Joint Policy Statement on Mandatory Immunization of Health Care Personnel According to the ACIP-Recommended Vaccine Schedule

The Infectious Diseases Society of America (IDSA), the Society for Healthcare Epidemiology of America (SHEA), and the Pediatric Infectious Diseases Society (PIDS) (“Societies”) support universal immunization of health care personnel (HCP) by health care employers (HCEs) as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) for HCP.*

Although some voluntary HCP vaccination programs have been effective when combined with strong institutional leadership and robust educational campaigns, mandatory immunization programs are the most effective way to increase HCP vaccination rates. As such, when voluntary programs fail to achieve immunization of at least 90% of HCP, the Societies support HCE policies that require HCP documentation of immunity or receipt of ACIP-recommended vaccinations as a condition of employment, unpaid service, or receipt of professional privileges.

For HCP who cannot be vaccinated due to medical contraindications or because of vaccine supply shortages, HCEs should consider, on a case-by-case basis, the need for administrative and/or infection control measures to minimize risk of disease transmission (e.g., wearing masks during influenza season or reassignment away from direct patient care).

The Societies also support requiring comprehensive educational efforts to inform HCP about the benefits of immunization and risks of not maintaining immunization.

***ACIP-RECOMMENDED VACCINES FOR HCP:** <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

RATIONALE

1. Immunizing HCP against vaccine-preventable diseases protects both patients and HCP from illness and death associated with these diseases.
2. Immunizing HCP also prevents them from missing work during outbreaks, which would further negatively impact patient care.
3. Immunization rates for ACIP-recommended vaccines remain low among HCP.
4. Mandatory immunization programs are necessary where voluntary programs fail to maintain adequate HCP vaccination rates.
5. ACIP-recommended vaccines are proven to be safe, effective, and cost-saving.
6. Educational programs increase HCP compliance with vaccination programs, but standing alone do not consistently achieve adequate vaccine coverage levels.
7. The provision of immunizations at no cost in the occupational setting increases HCP immunization compliance.
8. Physicians and other health care providers are obligated “to do good or to do no harm” when treating patients (*see, e.g., Hippocratic Corpus in Epidemics: Bk. I, Sect. 5, trans. Adams*), and they have an ethical moral obligation to prevent transmission of infectious diseases to their patients.

See related [IDSA policy statement](#) on mandatory immunization of HCP against seasonal and pandemic influenza:

http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Health_Care_Worker_Immunization/Statements/IDSA%20Policy%20on%20Mandatory%20Immunization%20Revision%20083110.pdf

See Related [SHEA position paper](#) on influenza vaccination of healthcare personnel:

<http://www.jstor.org/stable/pdfplus/10.1086/656558.pdf?acceptTC=true&acceptTC=true&jpdConfirm=true>

DEFINITIONS

Health Care Personnel (HCP) refers to all paid and unpaid people working in healthcare setting who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP may include but are not limited to, physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and people (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients. This definition aligns with that provided in the U.S. Department of Health and Human Services (HHS) “Action Plan to Prevent Healthcare Associated Infections: A Road Map To Elimination.”

Health Care Employers (HCEs) refers to a person or entity that has control over the wages, hours, clinical privileges, and working conditions of HCP in healthcare settings. Healthcare settings include but are not limited to, acute care hospitals, adult day programs or facilities, ambulatory surgical facilities and long-term care facilities, outpatient clinics and physicians’ offices, rehabilitation centers, residential health-care facilities, home healthcare agencies, and urgent care centers. This definition aligns with that provided in the CDC “Prevention Strategies for Seasonal Influenza in Healthcare Settings: Guidelines and Recommendations.”

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