

National Adult Immunization SUMMIT

Draft - Adult Vaccination: What Works

Name of the Organization:

National Institutes of Health Clinical Center

What We Did and When

Since 2008, the National Institutes of Health Clinical Center, a research hospital serving an immunosuppressed patient population, has required staff with patient contact to undergo annual influenza immunization or file a formal declination. Over the past four influenza seasons, acceptable reasons for declination have been progressively narrowed to improve immunization rates. These changes were associated with noteworthy trends in declination choices.

We created (and update annually) a database of personnel who have patient contact; this database is used for notification and tracking. From 2008 to 2011, staff could decline without documentation on the basis of medical contraindications (egg allergy, Guillain-Barre syndrome, or severe allergic reaction) or immunization at outside locations, or select from a menu of other reasons for declining immunization. In 2011, we required physician documentation of medical contraindications or outside immunization, and eliminated all but one declination option. Staff could still request religious exemption but were asked to provide a written request. Although no penalties were put in place for noncompliance, those who did not comply in a timely manner were notified in reminder calls and emails that they would be invited to explain noncompliance to the Clinical Center's Medical Executive Committee (all of whom had been immunized).

From 2008 through 2011, overall immunization rates remained between 82.7% and 88.7%. With implementation of the stricter declination requirements in 2011-12, the immunization rate climbed to 96% ($p < 0.0001$). Medical contraindications were claimed by 1.3-2.3% each year. The proportion of staff requesting religious exemption was stable at 0.25% to 0.47% from 2008-11, then more than tripled in 2011-12 to 1.7% ($p < 0.0001$) when that was the only declination option not requiring physician documentation.

We concluded that implementing stricter rules for vaccine declination substantially increased provider immunization rates without either jeopardizing employment or imposing disciplinary penalties. An unintended consequence of the escalated requirements was a tripling in the proportion of staff claiming religious exemption. Our experience demonstrates that the vast majority of health care personnel can be persuaded to undergo influenza immunization but that a small proportion will find creative ways to avoid it.

Outcome or Results We Got:

NIH Clinical Center Influenza Immunization Summary 2012-2103

Compliant

3,201

Vaccinated	2,922
Vaccinated Outside*	222
Declined	57
Percent Compliant	100%
Percent Vaccinated	98.2%

One observed result of this effort: The NIH people were very dedicated and they worked year after year on refining and improving on the process. They aimed to get information out to their staff about the science-based information about flu vaccination, and this resonated, as NIH clinical staff realized that their patient population would be unduly compromised by flu. And they ambitiously sought ongoing incremental improvement and refinements related to improving flow in their flu vaccination clinics and in their communication to staff. This was a multi-year project characterized by dedicated problem-solving people who took ownership.

About Our Organization:

[The National Institutes of Health](#) (NIH) Clinical Center in Bethesda, Maryland, is the nation's largest hospital devoted entirely to [clinical research](#).

The 2011 recipient of the [LaskerBloomberg Public Service Award](#) from the [Albert and Mary Lasker Foundation](#) the Clinical Center is a national resource that makes it possible to rapidly translate scientific observations and laboratory discoveries into new approaches for diagnosing, treating, and preventing disease. The NIH Clinical Center's vision is to lead the global effort in [training](#) today's investigators and discovering tomorrow's cures.

Some 1,200 credentialed physicians, dentists, and PhD researchers; 620 nurses; and 450 allied health-care personnel work in patient care units and laboratories in numerous areas of clinical study. Currently, there are about 1500 [clinical research studies](#) in progress at the NIH Clinical Center.