



Influenza in 2024: A Workplace Immunization Perspective

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No Disclosures



Immunizing Healthcare Workers: What Works & Why Does it Matter?



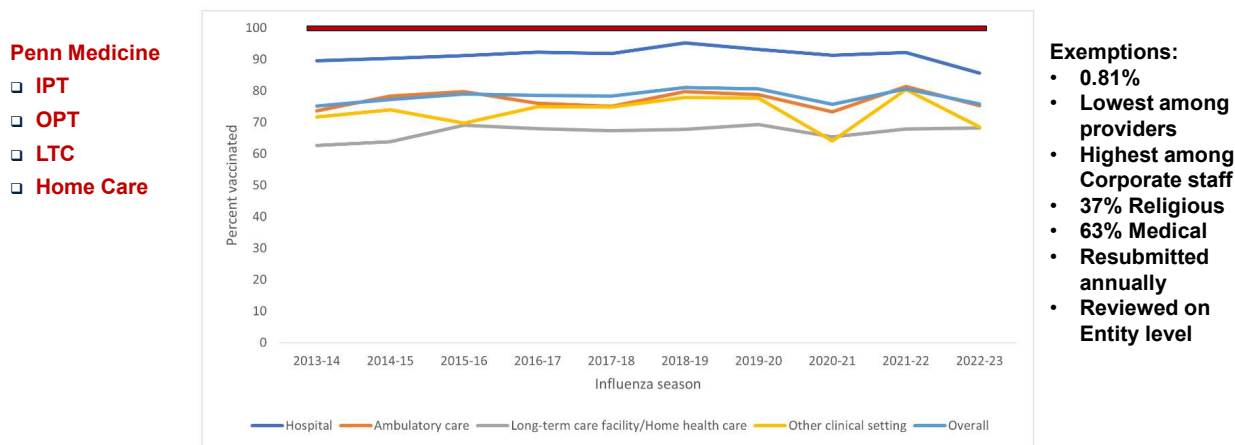
15 Year Focus on Influenza Vaccination Requirements

- Voluntary measures have generally NOT been successful in raising HCP influenza vaccination coverage to the goal of $\geq 90\%$ coverage
- Among best practices for workplace immunization, employer requirements are by far the strongest driver of vaccine coverage (Hollmeyer et al)
- In a national survey, the percentage of HCP in LTCFs who were vaccinated (by employer approach to influenza vaccination):
 - Work requirement (89%)
 - Promoted by employer (vaccine offered on-site >1 day at no cost to HCP), but not required (59%)
 - No employer requirement or vaccine promotion (42%)

1. Hollmeyer H, Hayden F, Mounts A, Buchholz U. Review: interventions to increase influenza vaccination among healthcare workers in hospitals. *Influenza Other Respir Viruses*. 2013;7(4):604-621.
2. Black CL, Yue X, Ball SW, et al. Influenza Vaccination Coverage Among Health Care Personnel — United States, 2017–18 Influenza Season. *MMWR*. 2018; 67(38):1050-4. DOI: <http://dx.doi.org/10.15585/mmwr.mm6738a2>

Influenza Vaccination Coverage of HCP by Work Setting

Figure 1. Percentage of health care personnel who received influenza vaccination, by work setting* — Internet panel surveys¹, United States, 2013–2014 through 2022–2023 influenza seasons²



Influenza, COVID-19, and Managing Exemptions for Required Vaccines

- Medical Contraindications & Religious Exemptions
- 2009 Community Relations including PCPs and Clergy
- Implement standardized process for employee
 - Requests
 - Reviews
 - Appeals
- Be transparent regarding process, consequences
- Data integrity and privacy
- Equitable enforcement
- Address contractors, volunteers, trainees, remote workers
- Speak directly whenever possible



Professional Societies that Support Influenza Vaccination Requirements for HCP

American Academy of Family Physicians (AAFP)
AMDA - The Society for Post-Acute and Long-Term Care Medicine
Association of Occupational Health Professionals in Healthcare (AOHP)*
American College of Physicians (ACP)
American Hospital Association (AHA)
American Nurses Association (ANA)
American Pharmacists Association (APhA)
American Public Health Association (APHA)
Infectious Diseases Society of America (IDSA)
National Foundation for Infectious Diseases (NFID)
National Patient Safety Foundation (NPSF)
Society for Healthcare Epidemiology of America (SHEA)
Association for Professionals in Infection Control and Epidemiology (APIC)

Influenza & COVID-19 Vaccines for HCP: **Where Are We Going?**

- ▶ Influenza requirements are widespread but with (anecdotally) falling rates, likely related to heterogeneous policies
- ▶ COVID-19 vaccine mandates are widespread, generally with wide scope but very limited requirements
- ▶ Current COVID vaccines are rarely required – and commonly declined – despite clinical effectiveness
- ▶ Richterman A et al: Durability of SARS-CoV-2 mRNA Booster Vaccine Protection Against Omicron Among Health Care Workers with a Vaccine Mandate. CID 2022
- ▶ Penn Medicine continues to make COVID-19 vaccine available, free, onsite, without appointments in the context of an annual influenza vaccine requirement
 - Surge in acceptance during 2023 & 2024 influenza vaccine campaigns, followed by apathy
 - Currently less than 50% of staff have received the most current – and only effective – COVID dose
 - Influenza vaccination rate remains near 99%



Influenza in Non-Healthcare Workplaces: **Where Are We Going?**

- ▶ CDC (Black, Black & Calhoun)
- ▶ Non-Medical Influenza Immunization Site (incl Work)
 - 2014: 20.1%
 - 2017: 16.7%
 - 2020 13%
 - 2023: 8.8%
- ▶ Co-Administration 2024: 8.8% (much higher for those 60 and older)
- ▶ Among “influenza-vaccine-friendly” interviewees, CONVENIENCE was a key concern
- ▶ Among those who were hesitant, trust and concern were predominant concerns
- ▶ Workplaces was rarely identified as a preferred site for vaccination (2.7%), although a higher percentage received them there 8.6% (Omnibus surveys)
- ▶ Workplaces were more likely vaccination sites for the uninsured (18.7%)
- ▶ Workplaces were more likely vaccination sites for urban employees (11.2%) - ?more HCP
- ▶ *Costs increased and social pressure to provide on-site vaccination decreased for employers*



Workplace Immunization: **Where Are We Going?**

- ▶ **Updated vaccines**
 - Decrease the risk of severe outcomes for adults
 - Support workforce strength
 - Have long-term cardiac and likely neuroprotective effects
- ▶ **HCP Mandates are highly effective to increase vaccination rates to clinically significant levels**
 - Not applicable to non-healthcare workplaces
 - Weakening for HCP influenza programs and unlikely viable for updated COVID-19
- ▶ **Are unvaccinated HCP effective in vaccinating their patients? Are existing mandates at risk?**
- ▶ **Leverage and Normalize Workplace Immunization by emphasizing**
 - **Convenience for all working adults**
 - **Vaccine Product Options**
 - **Co-administration Options**
 - **Family and Community Benefits**
 - **Reducing absenteeism and medical costs**