

Evaluation of Vaccination Policies Among Utah Pediatric Clinic Employees

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ABSTRACT

Introduction: Pediatric health care settings are high-risk environments for spreading communicable and vaccine-preventable diseases from health care workers to susceptible patients.

Method: All managers of pediatric clinics operating in the state of Utah were included. Participants were invited to complete a two-page questionnaire regarding their clinic vaccination policies.

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Results: Half ($n = 23$) of Utah pediatric outpatient clinic managers recommend employee vaccinations, although employee refusal was allowed without consequence. Of all adult vaccines, influenza was most often included by managers as part of the employee vaccination policy. Some managers required unvaccinated employees to wear masks in the event of illness, but many had no additional requirements for unvaccinated and ill employees.

Discussion: Vaccination of health care workers is an effective approach to reduce disease transmission. Mandatory vaccination policies can significantly improve vaccination rates among health care workers. *J Pediatr Health Care.* (2016) 30, 190-196.

KEY WORDS

Immunization, vaccination, health care workers, pediatrics

Vaccinations are one of the greatest health achievements of the 20th century, reducing incidence of disease and, consequently, improving the overall health of individuals and communities (Attaran, 2008; Luthy, Beckstrand, & Meyers, 2013; Luthy, Thorpe, Dymock, & Conley, 2011). Despite advances in controlling the spread of diseases, settings still exist, such as health care environments, where communicable and vaccine-preventable diseases may spread (Aitken & Jeffries, 2001; Goldstein, Kincade, Gamble, & Bearman, 2004). Certain communicable diseases, such as influenza and pertussis, are highly contagious and can easily be transmitted from the health care worker (HCW) to at-risk patients (Shefer et al., 2011). Fortunately, the risk for transmitting these communicable diseases to patients can be reduced with HCW vaccination (U.S. Department of Health and Human Services, 2012). To reduce transmission of vaccine-preventable diseases, the Centers for Disease Control and Prevention (CDC, 2011a) recommend that HCWs

stay up to date on vaccinations, including influenza and pertussis.

Each year in the United States, influenza kills an average of 36,000 persons (CDC, 2011b) and hospitalizes more than 200,000 persons (CDC, 2011c). To prevent the spread of influenza, many organizations, such as the Association of Professionals in Infection Control, the National Foundation for Infectious Diseases, the Advisory Committee on Immunization Practices, and The Joint Commission, have recommended monitoring HCW vaccination rates for influenza. Despite these recommendations, influenza vaccination rates among HCWs remain suboptimal (Fiore et al., 2010; Kung, 2013). In fact, during 2011-2012, the influenza vaccination rate among HCWs was only 66.9% (Ball et al., 2012).

Since 2006, the CDC has recommended the cocoon vaccination strategy, which is a program to protect newborns who are too young to receive a pertussis vaccination by vaccinating the caregivers of the infant (Chiappini, Stival, Galli, & de Martino, 2013). In addition to caregivers, HCWs are also at risk for infecting infants with pertussis (Wicker & Rose, 2010). To prevent the spread of pertussis from HCW to infant, the Advisory Committee on Immunization Practices recommends the vaccination of all HCWs with tetanus, diphtheria, and pertussis (Tdap; CDC, 2011a).

Since the announcement of The Joint Commission's requirement for HCW vaccinations, many hospitals have developed vaccination tracking and administration programs. In addition, the CDC (2011a) recommends that HCWs in outpatient care settings or clinics be vaccinated against a number of diseases, including influenza. In Utah, 58.3% of hospitals have instituted mandatory influenza vaccination for HCWs (Utah Department of Health, 2012). Several large hospital systems, such as Intermountain Healthcare and the University of Utah, also require Tdap vaccination for all employees (Intermountain Healthcare, 2013; University of Utah, 2015).

Although Utah HCW vaccination compliance for influenza and pertussis remains high in the inpatient setting, vaccination compliance of Utah HCWs employed in outpatient clinic settings is largely unknown. When considering the susceptibility of infants to influenza and pertussis, identifying vaccination policies for HCWs in the pediatric outpatient setting is a priority. The purpose of this study was to determine the presence of vaccination policies for HCWs in outpatient pediatric clinics in Utah and, when they are present, to identify the common components of these vaccination policies.

RESEARCH QUESTIONS

1. How do Utah pediatric outpatient clinics describe their employee vaccination policies?
2. What are the guidelines for employee vaccine exemptions in Utah pediatric outpatient clinics?

METHODS

Participants

Institutional Review Board approval was obtained for this study prior to data collection. A convenience sample of 73 Utah pediatric outpatient clinic managers was obtained. The list of eligible pediatric clinics was generated by comparing data collected from a general Internet search, a list of pediatric clinics registered through the state as a *Vaccine for Children* participant, pediatric clinics located within the jurisdiction of county health departments, and a list of pediatric clinics from several pharmaceutical companies. These lists were then compiled into one general list of pediatric clinics within Utah.

To be eligible for participation, participants needed to be employed as the primary clinic manager of at least one pediatric outpatient clinic in Utah. Clinic managers overseeing multiple pediatric clinics as part of the same business were also included in the study. Clinic managers of pediatric specialty practices (such as pediatric neurology clinics), joint practices (such as joint pediatric/family practice clinics), and managers of pediatric inpatient or same-day surgery clinics were excluded.

Setting

Utah has the youngest per capita population in the United States. According to estimates, almost one third of Utah's residents are younger than 18 years, and 1 of every 10 residents is younger than 5 years (Davidson, 2008).

Design

For the initial encounter, pediatric clinic managers were contacted via telephone to explain the study. One month after the initial contact, managers received a packet in the mail. Each packet included an informed consent document, a questionnaire, a self-addressed and postage-paid return envelope, and \$1 compensation for participation. One month after the distribution of the questionnaires, nonresponders were sent a reminder packet that included another copy of the informed consent document, questionnaire, and self-addressed and postage-paid return envelope. The \$1 incentive was not included in the follow-up mailing. Return of the questionnaire implied the subject's consent. Clinic managers retained the \$1 incentive regardless of participation in the study.

Instrument

The questionnaire was developed to identify the existence of vaccination policies for Utah HCWs in outpatient pediatric settings, and if these policies were present, to identify the components of the policies. Questionnaire items were selected on the basis of current literature regarding U.S. HCW vaccination mandates and were reviewed by a panel of public health experts prior to being pretested. Public health experts

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