

STEP 1

Initiate the Campaign

A successful campaign is based upon an understanding of the rationale and benefits of vaccinating health care personnel (HCP) against the flu.

Action Items	Resources in this Kit
① Consider the who, what, where, when, and why of an immunization campaign.	The Five <i>Ws</i> : Foundational Questions for a Successful Campaign
② Become familiar with the differences between Trivalent Inactivated Vaccine (TIV) and Live, Attenuated Influenza Vaccine (LAIV).	Just the Facts: TIV vs. LAIV
③ Find up-to-date information about influenza and immunizations.	Annotated Web Links to Rapidly Changing Information
④ Review all current vaccination recommendations for HCP.	Health Care Worker Immunizations — Massachusetts Recommendations

Sponsored by

The Massachusetts
Medical Society

Masspro

and

The Massachusetts
Department of Public
Health

The Five Ws: Foundational Questions for a Successful Campaign

Consider the answers to the following questions as you plan to vaccinate HCP:

- Who?
- What?
- Where?
- When?
- Why?

Who?

The Advisory Committee on Immunization Practices (ACIP) develops written recommendations regarding the routine administration of vaccines to the pediatric and adult populations for the secretary of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). The Committee also issues schedules regarding the appropriate periodicity, dosage, and contraindications applicable to each vaccine.

Health Care Personnel (HCP)

In February 2006, the ACIP and the Healthcare Infection Control Practices Advisory Committee (HICPAC) reaffirmed long-standing guidance and **recommended that all HCP be vaccinated annually against influenza, and that facilities that employ HCP are strongly encouraged to provide influenza vaccine to their staff.**

To view the "Influenza Vaccination of Health Care Personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP)," visit www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm.

Specific recommendations include the following:

- Educating HCP regarding the benefits of influenza vaccination and the potential health consequences of influenza for their patients, their co-workers, and themselves
- Offering influenza vaccine annually to all eligible HCP
- Providing influenza vaccination to HCP at the work site and at no cost

Print and review the complete recommendations each year.

What?

All HCP should be vaccinated annually against influenza. Two options are now available to employers who want to provide influenza immunizations to their employees:

- Inactivated influenza vaccine
- Live, attenuated influenza vaccine (LAIV)

Either inactivated influenza vaccine or LAIV can be used to reduce the risk for influenza among HCP. LAIV is an option for nonpregnant healthy persons 5 to 49 years of age. Inactivated influenza vaccine is approved for persons ≥ 6 months of age, including those with high-risk conditions.

Using LAIV for HCP

LAIV may be used for vaccination of healthy, nonpregnant persons 5 to 49 years of age, including HCP. When feasible, use of LAIV for vaccination of eligible HCP is especially encouraged during periods of limited supply of inactivated influenza vaccine, because use of LAIV for HCP might increase availability of inactivated influenza vaccine for persons at high risk. Use of LAIV also provides an alternative vaccine strategy for HCP who avoid influenza vaccination because of an aversion to intramuscular injections.

HCP who work with severely immunocompromised patients requiring a protective environment should not receive LAIV, or should wait until seven days after vaccination before contact with such severely immunocompromised patients.

If you use or intend to use LAIV, you should review the ACIP recommendations: www.cdc.gov/mmwr/preview/mmwrhtml/rr55e209a1.htm. The recommendations provide detailed information on LAIV, including dosage, route, administration, and storage.

Just the Facts: Trivalent Inactivated Influenza Vaccine (TIV) Versus Trivalent Live, Attenuated Influenza Vaccine (LAIV)

	Trivalent Inactivated Influenza Vaccine (TIV)	Live, Attenuated Influenza Vaccine (LAIV)
Influenza Strains	Contains strains of influenza viruses that are antigenically equivalent to the annually recommended strains	Same as TIV
Method of Manufacturing	Virus strains are grown in eggs	Same as TIV
Frequency of Administration	Administered annually to provide optimal protection against influenza infection	Same as TIV
Efficacy	When the vaccine and circulating viruses are antigenically similar, influenza vaccine prevents influenza illness among approximately 70 to 90% of healthy adults <65 years of age. Comparisons between LAIV and inactivated vaccine have not found a statistically significant difference in efficacy.	Same as TIV
Virus State	Contains killed (inactivated) viruses	Contains live, attenuated viruses still capable of replication
Route of Administration	Administered intramuscularly by injection	Administered intranasally by sprayer
Approved Age and Risk Groups	Approved for use among persons ≥ 6 months of age, including both those who are healthy and those with chronic medical conditions	Approved for use only among healthy persons 5 to 49 years of age

Where?

- Studies have found that education programs alone have not had a significant impact on increasing HCP immunization rates.¹⁻³
- Increasing evidence shows that providing flu immunizations to employees on-site and *free of charge* yields the most positive response.^{4,5}
- **Most Effective:** The combination of an educational program and providing vaccine at multiple access points on-site during the entire flu season is the most effective strategy for vaccinating HCP. Employers providing such comprehensive programs report immunization rates as high as 80%.^{1,2, 6-8}

When?

There are two fundamental “when” questions:

When to Order Vaccine

- Many health care organizations have a process for ordering medical supplies including vaccines. When ordering through a pharmacy or a distributor, speak with them as early in the year as possible about placing an order. Consider whether to obtain specific quantities of both the inactive vaccine and the LAIV.
- Vaccine manufacturers generally begin taking orders soon after January 1. Contact a vaccine sales representative to determine the manufacturer’s pre-booking schedule. A list of current manufacturers can be found at www.cdc.gov/flu/professionals/vaccination. (Scroll down to “Vaccine Supply, Ordering, and Distribution.”)

When to Immunize HCP

- In New England, the flu season usually begins in December and extends through April and May. The optimal time to vaccinate HCP is October and November. However, if circumstances prevent vaccination during the optimal time, it is not too late to vaccinate into March. A good HCP immunization program should target all employees, including new employees who join the organization during the winter months.
- In times of shortage or delays in the availability of influenza vaccine, the Massachusetts Department of Public Health (MDPH) may develop and promulgate recommendations regarding revised immunization schedules.
- Recommendations are published on the MDPH website at www.mass.gov/dph/flu.

Why?

Patient Safety

Unimmunized HCP can put patients and nursing home residents at risk for serious illness and even death.⁹ Influenza outbreaks in hospitals and nursing homes have been associated with low immunization rates among HCP.¹⁰ Since HCP often work while ill or return to work as soon as possible, unvaccinated HCP are more likely to transmit influenza than vaccinated workers. Creating a culture of safety that includes a clear policy on HCP immunization should be a priority for all health care facilities.

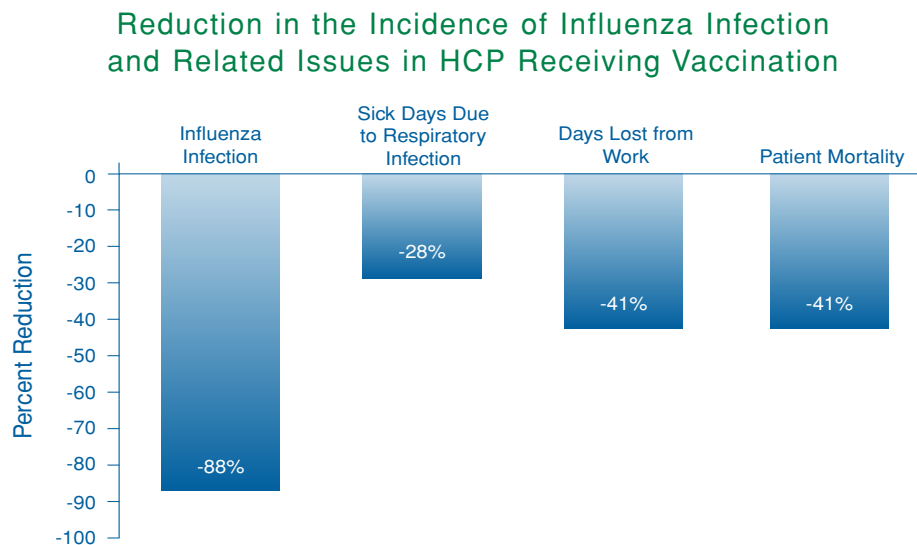
Financial Impact

According to the National Foundation for Infectious Diseases, "There are many benefits of health care worker vaccination, including decreased illness leading to reduced absenteeism, reduced medical visits, and reduced antibiotic use among health care workers themselves."³ Studies have shown a range in savings from \$13 to more than \$100 for each employee immunized.

In addition to the direct costs of influenza-related absenteeism, there are indirect costs, including:

- Hiring temporary and often less-experienced replacements
- Additional stress placed upon other staff, which could impact patient care

When employers offer influenza vaccine to their staff, it can provide added value. The employer's effort can demonstrate its investment in employees, which can help increase staff morale and help raise staff understanding of the need for both HCP and patients to receive influenza vaccination to prevent institutional outbreaks.



Adapted from: Talbot TR, Bradley, SF, and Cosgrove SE, et al. SHEA Position Paper: Influenza Vaccination of Healthcare Workers and Vaccine Allocation for Healthcare Workers During Vaccine Shortages. Society for Healthcare Epidemiology of America. *Infect Control Hosp Epidemiol*. 2005; 26:882-890.

References

1. Centers for Disease Control and Prevention. Influenza vaccination of health-care personnel: recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2006; 55:1-16.
2. Talbot TR, Bradley SF, and Cosgrove SE, et al. SHEA Position Paper: Influenza Vaccination of Healthcare Workers and Vaccine Allocation for Healthcare workers During Vaccine Shortages. Society for Healthcare Epidemiology of America. *Infect Control Hosp Epidemiol*. 2005; 26:882-890.
3. National Foundation for Infectious Diseases. Improving influenza vaccination rates in health care workers: strategies to increase protection for workers and patients. Bethesda, MD: National Foundation of Infectious Diseases, 2004.
4. Centers for Disease Control and Prevention. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2005; 54(RR-8):1-40.
5. Bridges CB, Thompson WW, Meltzer MI, et al. Effectiveness and cost-benefit of influenza vaccination of healthy working adults: a randomized controlled trial. *JAMA*. 2000; 284:1655-1663.
6. Wilde JA, McMillan JA, Serwint J, et al. Effectiveness of influenza vaccine in health care professionals. *JAMA*. 1999; 281:908-913.
7. Lester RT, McGeer A, Tomlinson G, et al. Use of, effectiveness of, and attitudes regarding influenza vaccine among house staff. *Infect Control Hosp Epidemiol*. 2003; 24:839-844.
8. Salgado CD, Giannetta ET, Hayden FG, et al. Preventing nosocomial influenza by improving the vaccine acceptance rate of clinicians. *Infect Control Hosp Epidemiol*. 2004; 25:923-928.
9. Carman WF, Elder AG, Wallace LA, et al. Effects of influenza vaccination of health care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet*. 2000; 355:93-97.
10. Nichol KL, Lind A, Margolis KL, et al. The effectiveness of vaccination against influenza in healthy, working adults. *N Engl J Med*. 1995; 333(14):889-893.

Annotated Web Links to Rapidly Changing Information

Information about influenza and immunizations changes rapidly. Please refer to the following websites for the most up-to-date information.

Direct Access to Web Links

Note: This kit can be accessed electronically from the Massachusetts Medical Society's website, www.massmed.org/flu_kit, allowing direct access to the Internet sites listed below and throughout the kit.

Key Websites

Centers for Disease Control and Prevention

Influenza Home Page

www.cdc.gov/flu

Advisory Committee on Immunization Practices (ACIP) Recommendations Inactivated Influenza Vaccine and Live, Attenuated Influenza Vaccine

www.cdc.gov/nip/publications/acip-list.htm (Scroll down to Influenza.)

Massachusetts Department of Public Health

Influenza Home Page

www.mass.gov/dph/flu

Masspro Immunization Services

www.masspro.org (Click on Immunization Services.)

Educational Materials

Immunization Action Coalition

Find camera-ready and copyright-free educational materials for health professionals and the public.

www.immunize.org

Locate vaccine information statements (VISs) in multiple languages for the injectable influenza vaccine and for intranasal influenza vaccine.

www.immunize.org/vis

National Foundation for Infectious Diseases

Influenza Immunization Among Health Care Workers: Call to Action

www.nfid.org/publications/calltoaction.pdf

Improving Influenza Vaccination Rates in Health Care Workers: Strategies to Increase Protection for Workers and Patients

www.nfid.org/publications/hcwmonograph.pdf

Association for Professionals in Infection Control and Epidemiology (APIC)

Access a toolkit, "Protect Your Patients. Protect Yourself," to help increase health care worker influenza immunization rates.

www.apic.org/Content/NavigationMenu/PracticeGuidance/Topics/Influenza/toolkit_welcome.htm

National Immunization Program

This site lists immunization self-study programs. Most programs are free of charge and offer continuing education credit.

www.cdc.gov/nip/ed/video_selfstudy.htm

Pandemic Influenza

U.S. Department of Health and Human Services

This site offers one-stop access to U.S. Government avian and pandemic flu information.

www.pandemicflu.gov

Massachusetts Department of Public Health

Find information about pandemic planning in Massachusetts.

www.mass.gov/dph/cdc/epii/flu/pandemic.htm

Other Helpful Resources

Massachusetts Medical Society

Flu Page

Find resources for both physicians and patients (includes this kit).

www.massmed.org/flu

Masspro

This site provides a detailed list of public flu clinics by town.

<http://flu.masspro.org>

Health Care Worker Immunizations Massachusetts Recommendations and Requirements for 2006

Recommended Immunizations for Health Care Workers¹		
Vaccine	Persons Born Before 1957	Persons Born In or After 1957
MMR ² (Measles, mumps, rubella)	1 dose	2 doses
Varicella ³	2 doses	2 doses
Influenza	1 dose/year	1 dose/year
Hepatitis B ⁴	3 doses	3 doses
Td/Tdap ⁵ (Tetanus, diphtheria, pertussis)	1 Td booster every 10 years, Substitute 1 dose of Tdap for Td	Booster every 10 years
Pneumococcal	1 dose at any age if at risk for pneumococcal disease; 1 dose for everyone ≥65 years of age	1 dose at any age if at risk for pneumococcal disease

1 Health care workers (HCWs) are defined as full- and part-time staff with or without direct patient care responsibilities, including physicians, students and volunteers who work in inpatient, outpatient and home-care settings.

2 Unvaccinated HCWs born before 1957 should receive 1 dose of MMR, unless they have documented immunity to measles, mumps **and** rubella. HCWs born in or after 1957, should receive 2 doses of MMR, one month apart, unless they have documented immunity to measles, mumps **and** rubella. In Massachusetts, proof of immunity to measles and rubella is required for certain HCWs. (Refer to: MASSACHUSETTS IMMUNIZATION REQUIREMENTS FOR HEALTH CARE WORKERS below.)

3 Varicella vaccine is indicated for HCWs who have neither a reliable history (physician diagnosis or personal recall) of varicella disease nor serologic evidence of immunity.

4 Prevacination hepatitis B serologic screening is not indicated for persons being vaccinated because of occupational risk. HCWs who have contact with patients or blood **and** who are at ongoing risk for injuries with sharp instruments or needlesticks should be tested 1 to 2 months after vaccination to determine serologic response.

5 HCWs who work in hospitals or ambulatory care settings and have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap. Priority should be given to vaccination of health-care personnel with direct contact with infants aged < 12 months. An interval as short as 2 years from the last dose of Td is recommended for the Tdap dose. Other health-care personnel (i.e., those who do not work in hospitals or ambulatory care settings or who do not have direct patient contact) should receive a single dose of Tdap according to the routine recommendation and interval guidance for use of Tdap among adults. However, these personnel are encouraged to receive the Tdap dose at an interval as short as 2 years following the last Td.

Massachusetts Immunization Requirements for Health Care Workers		
Group and Regulation	Requirement	Proof of Immunity
Health care personnel assigned to maternal-newborn areas (105 CMR 130.626)	Immunity to measles and rubella	At least one dose of vaccine on or after 12 months of age; serologic evidence of immunity to rubella and measles; or, for measles only, physician-diagnosed disease.

Note: Federal Occupational Safety and Health Administration (OSHA) regulations may include other immunization requirements for workers in certain occupational settings.

These Adult Immunization Guidelines are based on the recommendations of the Advisory Committee on Immunization Practices (ACIP) and the National Coalition for Adult Immunization. For specific ACIP recommendations refer to the full statements at www.cdc.gov/nip/publications/ACIP-list.htm. They are also published in the MMWR. For questions about these recommendations visit the MDPH website at www.mass.gov/dph or call MDPH toll-free at (888) 658-2850.

STEP 2

Plan the Campaign

- *Review what was done last year.*
- *Ask, "What can be done better this year?"*
- *Work with the team to organize the campaign.*

	Action Items	Resources in this Kit
①	Build a multi-disciplinary team.	Tips on Team Building and Facilitating Meetings
②	Assess last year's efforts.	Assessment Worksheet
③	Prepare for the campaign.	Strategies for Obtaining Organizational Commitment
④	Implement the campaign.	<ul style="list-style-type: none">• Prior to the Clinic: Things to Consider• Pre-Clinic Preparation Tasks
⑤	Order campaign materials.	Order Form (located behind Step 5)

Sponsored by

The Massachusetts
Medical Society

Masspro

and

The Massachusetts
Department of Public
Health

Tips on Team Building and Facilitating Meetings

Team Building

It is useful — even in a small health care facility — to bring together a multi-disciplinary team to help plan and implement an employee immunization campaign. While it may take more time in the beginning, a team can provide broad insights into reaching employees and providing education, especially regarding some of the myths surrounding immunizations. The team members can also help to review the clinic action plan, recruit employees in various units of the facility to obtain a flu immunization, and staff the clinics.

When organizing a team, consider having representatives from across the facility, including administration, public relations, clinical staff, dietary, and housekeeping. Think about which employees others look up to and whose opinion is respected, and see if they will join the effort. Remember, the team will be called upon for a number of seasons to come.

Key Team Members

Three key roles need to be considered when assembling a team, and it's helpful to assign these roles after speaking with team members. Except for the role of team leader, roles can change hands regularly or be structured so they rotate among team members.

- **Team Leader:** This person will serve as the project's champion. This individual should understand how to effect change and have some leverage within the organization.
- **Meeting Facilitator:** This person should know how to run meetings effectively and be able to maintain a distance from the discussion in order to keep the meeting focused.
- **Recorder:** This person should be able to keep and communicate minutes, record decisions, and maintain master files of all resource materials.

Keys to Effective Teams

There are six key ways to ensure an effective team:

- **Clarify goals and objectives.** A lack of clarity can lead to misunderstanding. Identify the project's goal(s) and specific objectives in all internal communications. Also, repeat them at meetings and refer back to them as needed to maintain the team's focus.
- **Clarify roles.** Be sure all members understand the team's objectives and their individual roles. Clarify roles for new team members. Develop a formal written statement regarding the goals and objectives of the project, and roles of team members. Do not to assume everyone knows what's happening or who is responsible for specific activities.
- **Clarify support.** Be clear from the outset what support the team can expect, and who will provide it.
- **Exhibit leadership and promote participation.** Prepare for meetings. Develop a written agenda specifying discussion points and decision points. Encourage balanced participation and keep the discussion focused on the agenda.
- **Manage conflict.** Establish a rule for resolving disputes when they arise. Try to anticipate areas of disagreement. Determine how decisions will be made.
- **Celebrate successes.** Take time to periodically celebrate successes — they are often hard won. When appropriate, recognize the work of individual team members.

Facilitating Meetings

Below are a few simple, but critical elements to facilitating a team meeting:

- Welcome everyone. Do not assume everyone knows each other. Ask team members to introduce themselves and describe their work and interest in being on the team.
- Post ground rules about decision-making and how discussions will take place.
- Have a prepared agenda; review the agenda and objectives at the start of the meeting. Ask if there are any additional items that need to be discussed.
- Stick to the agenda. Note any new issues that arise, but unless they are pertinent, hold them for another meeting.
- Bring closure to all agenda items.
- Encourage participation. Draw out opinions, but do not take sides. Do not allow one or two members to dominate the discussion. (Hint: If some members are not engaged in the discussion, ask around the room for everyone's opinions.)
- Summarize a member's comments to be sure participants understand the point(s) being made.
- When a decision is made, be clear as to who will be responsible and when the task will be completed.
- Before ending, summarize the results and review decisions and follow-up work, including who is responsible.
- Thank all participants.
- Send out a summary of each meeting to all participants. A good summary will include the decisions made, who agreed to do the work, and when tasks will be completed.
- Begin the next meeting by reviewing past discussions and decisions. Do not assume that all team members will remember what was discussed.

Assessment Worksheet

Review previous efforts and identify ways to improve.

Assessment of Last Year's Efforts	Ways to Improve Upon Last Year's Efforts
<p>1. Number of employees immunized last year: _____</p> <p>If you do not know last year's immunization rate: How much vaccine did you purchase for your employees last year? _____ doses</p> <p>Did you have enough?</p> <p><input type="checkbox"/> Yes. Consider setting this year's immunization goal at 110% of last year.</p> <p><input type="checkbox"/> No. Consider purchasing 20% more than last year.</p>	
<p>2. Which departments or disciplines had the least number of staff members getting the flu shot (e.g., physicians, nurses, housekeepers, maintenance workers, aides, dietary staff, etc.)?</p> <p>Were these groups represented on the Planning Committee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3. Did you have a multidisciplinary strategic planning team?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4. Methods used to administer vaccine:</p> <p><input type="checkbox"/> Kick-off <input type="checkbox"/> Stationary clinic <input type="checkbox"/> "Rolling cart" clinic</p> <p><input type="checkbox"/> Other _____</p>	
<p>5. Tools used for campaign promotion and staff education:</p> <p><input type="checkbox"/> Flyers <input type="checkbox"/> Posters <input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Employee newsletters</p> <p><input type="checkbox"/> In-service training <input type="checkbox"/> Pay stuffers <input type="checkbox"/> Other _____</p>	
<p>6. Incentives or rewards for staff who obtained immunization:</p> <p><input type="checkbox"/> Departmental competition <input type="checkbox"/> Refreshments</p> <p><input type="checkbox"/> Raffle <input type="checkbox"/> Games <input type="checkbox"/> Other _____</p>	
<p>7. Methods used to track your immunization progress:</p>	
<p>8. Evaluation of your immunization campaign:</p> <p>Strengths:</p> <p>Weaknesses:</p>	

Strategies for Obtaining Organizational Commitment

A number of critical strategies should be implemented to ensure that a high percentage of employees get immunized. These strategies begin with organizational commitment.

Develop a Policy

If the facility does not have a formal policy on HCP immunization, develop one, have it approved, and disseminate it to all employees. The following steps will help you create an effective policy:

- Indicate who should be immunized, why, and when. (See Step 1 of this kit.)
- Include a detailed goal, such as reaching the Healthy People 2010 goal of 90 percent immunization.
- Make the policy available to all employees and contract workers. (Note: If feasible, extend the policy to all visitors of the facility.)

The policy can also be used as a “teaching moment” to educate leadership and staff on the importance of this issue.

More detailed information on immunization policies and procedures can be found at www.apic.org/Content/NavigationMenu/PracticeGuidance/Topics/Influenza/TemplatePolicyStatement.doc.

Educate Staff

Many employees still do not understand that if they do not get a flu vaccination, they are not only putting their health and their family's health at risk, but they are putting the health of their patients at risk.

Educational training programs can be found at www.apic.org/Content/NavigationMenu/PracticeGuidance/Topics/Influenza/InfluenzaPresentation.ppt and www.cdc.gov/nip/ed/video_selfstudy.htm.

Make the Vaccine Available

To make vaccination convenient for HCP, purchase a sufficient supply of vaccine and provide the immunizations on-site. This will decrease some of the well-documented barriers cited by staff as to why they do not get a flu vaccine.

For more information on flu vaccine availability, visit the Massachusetts Department of Public Health's website, www.mass.gov/dph.

Prior to the Clinic: Things to Consider

Increase Access

In addition to having a central flu clinic, immunizations can be significantly increased by offering the vaccine at locations throughout the facility.

- One of the most successful strategies for immunizing HCP is to use a "rolling cart." The cart should contain all the supplies needed to immunize staff at the workstations.
- In addition to planning specific clinics, encourage staff to drop by the employee health office for a flu vaccination at their convenience. Be sure to keep supplies on hand for the drop-ins.

Determine Staffing

Think about how many people will be needed to staff the clinic(s), identify those who will help, and make sure they understand their responsibilities. Determine whether or not interpreters/translators will be needed.

Obtain Standing Orders

Standing orders should be obtained for employee immunization programs to allow staff nurses to provide the vaccine. Most health care providers use standing orders for immunizing patients, and the same process should be used for employee immunization.

Model standing orders can be obtained from the MDPH "General Protocols for Standing Orders" at www.mass.gov/dph/cdc/mso/proto.pdf, "Model Standing Orders for TIV" at www.mass.gov/dph/cdc/mso/fluso.pdf, and "Model Standing Orders for LAIV" at www.mass.gov/dph/cdc/epii/flu/laiv.pdf.

Be Mindful of Informed Consent

Informed consent is not required, but many organizations like to have anyone who receives a vaccine sign a consent form. The consent form and the Vaccine Information Statement (VIS) can be distributed beforehand for employees to review, and if needed, to sign. See "Supplies" for Web links to VIS forms, or visit www.immunize.org/vis/.

Determine Supplies

Determine the number of employees to be immunized, and have all necessary supplies on hand. (See supply checklist under "Pre-clinic Preparation Tasks.")

Review Proper Vaccine Storage and Handling

Review guidelines for proper vaccine storage and handling at www.immunize.org/catg.d/p3035chk.pdf, and "Maintaining the Cold Chain During Transport" at www.immunize.org/catg.d/p3049.pdf.

Use Roster Sheets

Have employees sign up in advance to be vaccinated, particularly when vaccine will be provided on specific units. Roster sheets help determine the amount of vaccine and supplies needed. These sheets can also be used to determine which staff have not signed up, and the team can encourage those staff to do so.

Focus on Publicity

- Publicize the clinic(s) through staff newsletters, pay stubs, blast e-mails, posters, and flyers. Prepare a statement, signed by key staff, to be read at department meetings.
- Begin the educational campaign approximately a month before starting the clinics. (See Step 3.)
- Endorsements by key staff (e.g., the medical director, CEO, administrator) can be very helpful.

Offer Incentives

Consider offering incentives to HCP who get immunized. Suggestions include weekly raffles of a "free" day off or gift certificates for lunch or dinner. Create friendly competition among units or floors to achieve the highest rates, and reward the winner with a prize such as a pizza luncheon.

Pre-Clinic Preparation Tasks

Use Reminders

If possible, send a reminder e-mail message to HCP the day before the clinic.

Supplies

Prepare the supplies in the clinic area (or on the cart) well before the start of the clinic. (Some employees may decide to get there early.)

Checklist:

- Syringes (appropriate needle gauge and length; quantity to match number of doses)
- Alcohol swabs
- 1" gauze pads and/or cotton balls
- Bandages
- Biohazard "sharps" disposal containers
- Trash cans and liners
- Gloves — disposable, single-use. Gloves are not required when administering vaccines unless there is potential for exposure to blood and body fluids, or the health care provider has open hand lesions. *If at all possible, avoid using latex gloves at clinics.*
- Hand sanitizer solution. Hands should be washed before each patient is immunized.
- Paper tablecloths

- Vaccine in an insulated container with a cold pack covered with a paper towel and a thermometer, temperature log, and pen. Keep track of the vaccine temperature at least every two (2) hours. Refer to the package insert for LAIV storage, handling, and transport.
- VISs, standing orders, Vaccine Administration Record for Adults, and screening questionnaires. Adult immunization record cards can be found at www.immunize.org/adultizcards/index.htm or by calling the MDPH Massachusetts Immunization Program at (617) 983-6800.
- Paper, pen, large manila envelopes, and other office supplies as needed

Plan for Data Collection and Analysis

Arrange to have all data related to who received a flu shot organized and stored for later tabulation and analysis. (See the "Vaccination Tracking Form" in Step 4.)

It would also be helpful to collect information on why some HCP refused to get vaccinated. This information can be used to design next year's educational program.

Promote the Campaign: Educate Staff and Visitors

*Think of the campaign as a series of waves.
Change the message to keep the attention of HCP.*

	Action Items	Resources in this Kit
①	Place campaign posters in high-traffic areas. Use posters in multiple languages when appropriate	Small Campaign Posters (Available in multiple languages. See Order Form located behind Step 5.)
②	Inform employees when vaccine will be available to their unit or department. Use flyers in multiple languages when appropriate.	Campaign Flyers in Multiple Languages
③	Post weekly clinic schedule on posters and flyers.	Small Campaign Posters and Flyers
④	Publicize the campaign. Review the various ways to announce the campaign (e.g., via an organization-wide e-mail or within paychecks). Review how to publicize the campaign material in multiple languages when appropriate.	<ul style="list-style-type: none"> • Sample Publicity Messages to Employees • Tips on Translating Campaign Material • Why People Don't Get Vaccinated • Flu Fact Sheet for Health Care Employees • Flu Fact Sheet for Clinicians
⑤	Organize an immunization kick-off.	Tips for Planning a Kick-Off Event
⑥	Provide incentives for staff who get a flu vaccination.	<ul style="list-style-type: none"> • Tips for Making Your Campaign Fun • Buttons and Stickers (See Order Form located behind Step 5.)
⑦	In December, add a reminder message onto the flu campaign poster.	Reminder Tag (See Order Form located behind Step 5.)
⑧	Post flyers asking visitors to help keep the institution a flu-free zone.	Sample Visitor Flyer

Sponsored by

The Massachusetts
Medical Society

Masspro

and

The Massachusetts
Department of Public
Health

More than 36,000 people die from the flu every year. Many of them are old or sick, so they do not fight illnesses well.

Many of our patients are old or sick, too. But you can protect them by getting a flu vaccination. Because if you can't get the flu, you can't give it to other people.

**Get a flu
vaccination!
Protect our patients.**

A flu vaccination will be available to you:

Date: _____

Time: _____

Place: _____

For more information about flu vaccination, call:

Más de 36,000 personas mueren cada año a causa de la gripe. Muchas de éstas son personas mayores o enfermas que no pueden combatir bien la enfermedad.

Muchos de nuestros pacientes son también personas mayores o enfermas. Pero usted puede protegerlas si se vacuna contra la gripe. Si usted no coge la gripe, tampoco puede pasársela a otros.

**¡Vacúnese contra la gripe!
Proteja a nuestros
pacientes.**

Ud. tiene una cita para recibir la vacuna en:

Fecha: _____

Hora: _____

Lugar: _____

Para mayor información sobre la gripe, llamar al:

Mais de 36.000 pessoas morrem de gripe todo ano. Muitas estão velhas ou doentes, e não têm como lutar contra a doença.

Muitos de nossos pacientes também estão velhos e doentes. Mas você pode protegê-los ao tomar uma vacina contra a gripe. Se você não contrair a gripe, não poderá transmiti-la para outros.

**Tome a
vacina contra gripe!
Proteja nossos pacientes.**

Sua vacina contra gripe está agendada para:

Data: _____

Hora: _____

Local: _____

Para obter mais informações sobre a gripe, ligue para:

Gen plis pase 36 000 moun ki mouri chak ane poutèt yo gen lagrip. Swa se paske moun sa yo granmoun oswa yo malad, kifè li difisil pou yo geri. E remake ke, anpil nan pasyan nou yo granmoun oubyen malad. Ki fè, si oumenm ou pran yon vaksen kont lagrip, wap ka pwoteje yo. Piske ou pa ka pase lagrip la ba lòt moun si oumenm ou pa gen lagrip.

**Al pran yon vaksen kont lagrip!
Pwoteje pasyan nou yo.**

Dat vaksen kont lagrip ou a se:

Dat: _____

A ki lè: _____

Ki kote: _____

Pou pi plis enfòmasyon sou lagrip, rele:

Sample Publicity Messages to Employees

The following are messages that can be included in an employee newsletter, sent as an organization-wide e-mail, enclosed with paychecks, placed on bulletin boards, or used as meeting announcements before and during the campaign.

Before the Campaign

[Facility name] cares!

To protect the health of our patients, as well as yourself and your family, it's recommended that all employees obtain an annual flu immunization.

[Facility name] will have vaccines available to immunize employees this year! Look for details on the date, time, and location of this year's immunization campaign in the coming weeks.

Campaign Announcement

Our patients thank you for helping to keep the flu out of [facility name]!

Protect yourself, your patients, and your family from the flu.

[Facility name/department name] will hold an employee flu vaccination clinic on:

[date]

[time]

[location]

[cost of vaccine]

[registration/contact information]

Don't miss the opportunity to keep [facility name] healthy this flu season!

During the Campaign

[Facility name] immunization efforts are underway!

Congratulations go out to the [number/percentage] of employees who have received their flu vaccinations. So far, the following departments are leading the way:

1. [department], [number/percent of staff vaccinated]
2. [department], [number/percent of staff vaccinated]
3. [department], [number/percent of staff vaccinated]

[If facility is providing prizes to the highest scoring departments, remind employees here.]

Your next chance to get vaccinated will be:

[date]

[time]

[location]

[cost of vaccine]

[registration/contact information]

Tips on Translating Campaign Material

You may want to translate some of the educational materials or employee messages found in this kit into other languages.

A common approach is to use staff to do this task. This approach is not recommended because it can lead to misinterpretations or incorrect translations.

If you would like to translate any of these materials or other materials you use, you should use a translation service. One service available in Massachusetts operates out of the Central Massachusetts Area Health Education Center in Worcester. For more information, please visit www.umassmed.edu/ahec/centers/Central_MA.cfm.

Why People Don't Get Vaccinated

(and ways to persuade them to!)

1. I don't need the flu vaccine. If I do get the flu, I'll just take the new flu medication.

The new antiviral medications prescribed for flu do not eliminate flu symptoms. According to the medical literature, they have the ability to reduce the severity of the flu somewhat, and may shorten the duration by only about three days. They will not stop the flu dead in its tracks, like a cough suppressant relieves a cough. Moreover, patients who have taken these medications inappropriately have been known to suffer severe side effects.

2. I'm not in a high-risk group.

You may not be in a high-risk group, but your patients are, and members of your family may be. If you get the flu, you put people around you at high risk for serious illness. You can help ensure that they stay healthy this winter.

3. If my patients get the flu vaccine, then I don't need to.

Can you be sure that they did get the flu vaccine? What if they didn't? Remember, even if they did, the vaccine is 70-90% effective. In frail elderly, effectiveness may be as low as 30%. Getting the flu shot will add an extra level of certainty that you will not get the flu, and will not pass it on to your patients and family.

4. The flu vaccine causes Guillain-Barré Syndrome.

Guillain-Barré Syndrome (GBS) was associated with the swine flu in 1976 but has not been clearly linked to flu vaccines. The CDC states, however, that "if there is a risk of GBS from current influenza vaccines it is estimated at one or two cases per million persons vaccinated." So the benefits of getting vaccinated greatly outweigh the risks involved.

5. I'm healthy and never get the flu.

Absolutely anyone can get the flu. Why chance it?

6. I got vaccinated last year.

Strains of the flu virus change every year, and new vaccines are produced to counter them as soon as they are identified. In addition, the vaccine loses its potency after a year. So, the vaccination you had last year will not be effective against this year's virus.

7. I will get sick from the flu vaccine.

There's no live virus in the injectable vaccine, so you can't get the flu from the shot. You might get a low-grade fever and muscle aches that last about a day or two. Remember, the vaccine can take up to two weeks to become completely effective, so you could still get the flu during these two weeks. If you get the flu after this period, you may experience milder symptoms than if you had not had the immunization.

8. The flu can't be all that bad. After all, it's just a really bad cold.

The flu can be very serious. Approximately 36,000 people die from the flu and flu-related complications in the U.S. each year. Ninety-five percent of these deaths occur in individuals age 65 and older. The flu shot protects you, and it will help keep you from spreading it to individuals in this vulnerable age category.

9. My doctor didn't recommend it.

All major health organizations and the CDC recommend that all individuals working in the health care environment get vaccinated annually.

10. I already had the flu!

Are you sure you didn't have a bad cold? The flu will keep you in bed with a sudden onset of high fever, severe body aches, backaches and headaches for days or even weeks. It will keep you from working and carrying out daily activities.

Flu Fact Sheet for Health Care Employees

Who should get a flu vaccination?

All health care employees should be vaccinated. *See Step 1 for detailed information on FluMist™ and health care workers.*

What is the flu or influenza?

Flu is a very contagious disease of the respiratory system. Symptoms include sudden fever, cough, muscle aches, headache, and general weakness. Don't confuse the flu with a cold (see table below). When you get the flu, you will be in bed, unable to conduct daily activities for about a week.

When can I get the flu?

Flu occurs most often during the winter months and peaks during December and January.

How could I get the flu?

The viruses that cause flu live in the nose and throat and are sprayed into the air when an infected person sneezes, coughs or talks. People nearby can then inhale the virus. Flu symptoms usually start one to three days after a person inhales the virus.

Why do I need a flu vaccination?

Getting the flu vaccination will decrease the likelihood that you will catch the flu. As a result, you lower the chances that you will pass it on to your patients or take it home to your family and friends.

Symptoms	Cold	Flu
Fever	Rare in adults and older children, but can be as high as 102°F in infants and small children	Usually 102°F, but can go up to 104°F and usually lasts 3 to 4 days
Headache	Rare	Sudden onset and can be severe
Muscle aches	Mild	Usual, and often severe
Tiredness and weakness	Mild	Can last two or more weeks
Extreme exhaustion	Never	Sudden onset and can be severe
Runny nose	Often	Sometimes
Sneezing	Often	Sometimes
Sore throat	Often	Sometimes
Cough	Mild cough	Usual; intense, dry cough

References

1. www.cdc.gov/flu/about/QA/coldflu.htm

This publication is intended to serve as an informational resource only. It is not meant to constitute medical advice, as medical care and treatment decisions must be determined on the basis of all the facts and circumstances in each individual case. A physician should be consulted about specific medical questions concerning influenza immunizations.

Flu Fact Sheet for Clinicians

The Numbers

- 36,000 deaths in the U.S. each year are caused by the flu or flu-related complications.
- On average, 10 to 20% of all healthy adults contract the flu each season.
- Individuals who receive flu shots take approximately 50% fewer sick days.^{1,2}
- Amount of medical costs saved per person: \$46.85¹

Symptoms	Cold	Flu
Fever	Rare in adults and older children, but can be as high as 102°F in infants and small children	Usually 102°F, but can go up to 104°F and usually lasts 3 to 4 days
Headache	Rare	Sudden onset and can be severe
Muscle aches	Mild	Usual, and often severe
Tiredness and weakness	Mild	Can last two or more weeks
Extreme exhaustion	Never	Sudden onset and can be severe
Runny nose	Often	Sometimes
Sneezing	Often	Sometimes
Sore throat	Often	Sometimes
Cough	Mild cough	Usual; intense, dry cough

References:

1. Nichol KL, Lind A, Margolis KL, et al. The effectiveness of vaccination against influenza in healthy, working adults. *N Engl J Med.* 1995; 333 (14): 889-893.
2. Wilde JA, McMillan JA, Serwint J, et al. Effectiveness of influenza vaccine in health care professionals. *JAMA.* 1999; 281: 908-913.
3. www.cdc.gov/flu/about/QA/coldflu.htm

Tips for Planning a Kick-Off Event

A kick-off event can be used to launch the immunization campaign. Below are some suggestions:

- Think about a theme for the event/campaign.
- Hold the event as soon as the flu vaccine is available.
- For maximum exposure, hold the event in a high-traffic area.
- Arrange to have the CEO/administrator/medical director provide opening comments.
- Request in advance that any speakers demonstrate their commitment by getting a flu vaccination at the kick-off.
- After presenters have been immunized, continue to offer immunizations to HCP.
- Publicize upcoming campaign activities and incentives at the kick-off event.

Ready, set, promote!

- Use posters, flyers, stickers, e-mail blasts, paycheck stuffers, etc., to publicize the event.
- Make sure the campaign is mentioned at management and staff meetings.
- Send electronic posters to off-site locations.
- Include a brief write-up in print and online newsletters.

Press

- If you are interested in having local press cover the event, coordinate with the marketing/public relations department, or if permitted, contact them directly.

Tips for Making Your Campaign Fun

Health care is serious business, but making the flu vaccination campaign fun can be an effective way to motivate employees without losing the seriousness of the mission.

Below are some tips for adding fun to the employee flu vaccination campaign.

Create friendly competition among departments or units:

- Incorporate games into the campaign.
- Send out trivia questions via e-mail, newsletters, and paychecks, and display the questions on bulletin boards.

Feed them!

- Offer each person who is vaccinated a coupon for the cafeteria or a local business.
- Provide food and beverages at the clinics.

Use prizes as incentives:

- Offer the department that vaccinates the greatest percentage of its staff official recognition in the facility newsletter and/or on the facility's website.
- Create a flu vaccination trophy that can be passed along each year to the department that immunizes the greatest percentage of its staff.
- Hold a drawing for all staff receiving a vaccination. Offer prizes that would be appealing to staff (e.g., a weekend trip, dinner gift certificate, movie passes, special parking space, etc.).

Use freebies:

- Hand out free items such as buttons or stickers to everyone who gets a vaccination. (See Order Form.)

Demonstrate progress, and celebrate milestones and successes:

- Place an immunization "meter" (e.g., a large printed thermometer or syringe) in a common area and display progress for everyone to see.
- Send periodic summary e-mails. (See sample under "Sample Publicity Messages to Employees.")
- Recognize milestones by awarding all employees when campaign goals are achieved (e.g., hand out certificates for free coffee).

It's flu season...

Help us protect your loved ones by keeping the flu out!

If you think you may have
a cold or flu, consider
postponing your visit.



MASSPRO

STEP 4

Operate Clinics and Track Progress

Let the campaign begin!

	Action Items	Resources in this Kit
①	Provide each employee with a copy of the Vaccine Information Statement (VIS).	See Step 2, Prior to the Clinic, Vaccine Information Statements.
②	Maintain a record of employees who receive flu vaccinations at your clinic.	<ul style="list-style-type: none">• Tips for Operating Clinics and Tracking Progress• Sample Immunization Clinic: Vaccine Administration Record (VAR)
③	Provide each employee with a record and a letter.	Sample Primary Care Provider Notification Letter
④	Track employees who decline a flu vaccination.	Sample Vaccination Declination Tracking Form

Sponsored by

The Massachusetts
Medical Society

Masspro

and

The Massachusetts
Department of Public
Health

Tips for Operating Clinics and Tracking Progress

Maintain a record of employees who receive flu vaccinations at your clinic.

Federal Vaccine Administration Requirements

According to Federal Vaccine Administration Requirements, (www.mass.gov/dph/cdc/epii/imm/guidelines_sched/vaxcomp.htm), all providers must have written documentation of everyone they immunize. The documentation must include the following:

- Date of administration of the vaccine
- Vaccine manufacturer and lot number of the vaccine
- Name and address of the person administering the vaccine
- Date printed on the appropriate VIS
- Date the VIS was given to the employee

It is also recommended that the vaccine type, dose, and the site and route of administration be documented. A sample Immunization Clinic Vaccine Administration Record (VAR) is provided in this step booklet. (The prototype VAR from the Massachusetts Immunization Program can be found at www.mass.gov/dph/cdc/epii/imm/imm_records/vaccine_admin_record.doc.)

If a manufacturer finds any problems with a vaccine that it distributed, this information is critical to finding out where the vaccine was distributed and who got immunized.

It should be noted that neither the CDC nor the MDPH requires any provider to obtain written consent acknowledging the receipt of the VIS. However, providers can obtain these signatures if they so choose.

One final point: If you are only using trivalent inactivated influenza vaccine (TIV), collecting this information on a single sheet is simple. However, if you are using TIV and LAIV for employees, be mindful that the information recorded for the two vaccines would be different.

Provide each employee with a record and a letter.

Each employee who receives an influenza vaccination should be given a record of the relevant information about the immunization. Adult Immunization Record Cards are available from the MDPH regional office or local vaccine distributor, or from the Immunization Action Coalition at www.immunize.org/adultizcards/index.htm.

Since both the employee and his or her primary care provider should maintain an immunization record, it is recommended that immunizers provide a letter that the employee can give to his or her primary care provider. The letter should state which vaccine was provided, and the date and location of the immunization. A sample provider notification letter is provided on the last page of this step, and can also be found at www.mass.gov/dph/cdc/epii/imm/imm_records/provider_notification_sample.doc.

Track employees who decline a flu vaccination.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has approved an infection control standard for implementation in 2007 that requires accredited organizations to offer influenza vaccinations to staff. Included in the standard is a requirement that JCAHO-accredited providers annually evaluate vaccination rates and reasons for non-participation in the organization's immunization program.

Sample Primary Care Provider Notification Letter

<< Insert organization's logo. >>
(Include an address and other contact information.)

Date: _____

Dear Primary Care Provider,

Your patient, _____, was seen on _____, during a

<< Insert organization name >> immunization clinic. The following immunizations were administered at that time:

- Influenza Vaccine
- Pneumococcal Vaccine
- Td
- Tdap
- MMR
- Hep B
- Hep A
- IPV
- Varicella
- IG

Sincerely,

<< Insert your name. >>
<< Insert your title. >>

STEP 5

Celebrate Successes and Plan for Next Year

Celebrate successes! Thank everyone who was part of the campaign and let leadership know who was involved. Have a meeting with food, and ask leadership to join in thanking everyone. Use the meeting to assess the campaign and consider how it can be improved next year.

Finally, plan for next year.

	Action Items	Resources in this Kit
①	Conduct a post-campaign assessment. Distribute an assessment worksheet either by e-mail or in employees' paychecks.	Post-Campaign Assessment Worksheet
②	Publish and distribute a post-campaign follow-up to employees — in an employee newsletter, within an organization-wide e-mail, or enclosed with paychecks.	Post-Campaign Announcement

Sponsored by

The Massachusetts
Medical Society

Masspro

and

The Massachusetts
Department of Public
Health

Post-Campaign Assessment Worksheet

Part A: Assessment of this year's efforts	Part B: Ways to improve upon next year's campaign
<p>1. Number of employees immunized: _____</p> <p>How much vaccine did you purchase for your employees last year? _____ doses.</p> <p>Did you have enough?</p> <p><input type="checkbox"/> Yes. Consider setting next year's immunization goal at 110% of this year.</p> <p><input type="checkbox"/> No. Consider purchasing 20% more next year.</p>	
<p>2. Which departments or disciplines had the least number of staff members getting the flu vaccination (e.g., physicians, nurses, housekeepers, maintenance workers, aides, dietary staff, etc.)?</p>	
<p>3. Did you have a multidisciplinary strategic planning team?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4. Methods used to administer vaccine:</p> <p><input type="checkbox"/> Kick-off <input type="checkbox"/> Stationary clinic <input type="checkbox"/> "Rolling cart" clinic</p> <p><input type="checkbox"/> Other _____</p>	
<p>5. Tools used for campaign promotion and staff education:</p> <p><input type="checkbox"/> Flyers <input type="checkbox"/> Posters <input type="checkbox"/> E-mail <input type="checkbox"/> Employee newsletters</p> <p><input type="checkbox"/> In-service training <input type="checkbox"/> Pay stuffers</p> <p><input type="checkbox"/> Other _____</p>	
<p>6. Incentives or rewards for staff who obtained immunization:</p> <p><input type="checkbox"/> Departmental competition <input type="checkbox"/> Refreshments</p> <p><input type="checkbox"/> Raffle <input type="checkbox"/> Games <input type="checkbox"/> Other _____</p>	
<p>7. Methods used to track your immunization progress:</p>	
<p>8. Evaluation of your immunization campaign:</p> <p>Strengths:</p> <p>Weaknesses:</p>	

Post-Campaign Announcement

The following text can be used in an employee newsletter, within an organization-wide e-mail, or enclosed with a paycheck.

[Facility Name] Wraps Up Flu Vaccination Campaign

[Facility name] is pleased to announce that [number/percentage of] employees received a flu vaccination this year. Thank you to everyone who contributed to this year's efforts, and especially to employees who committed to keeping themselves and their patients healthy.

Congratulations go out to the following departments that achieved the highest vaccination numbers:

1. [department], [number/percent of staff vaccinated], [prize won, if applicable]
2. [department], [number/percent of staff vaccinated], [prize won, if applicable]
3. [department], [number/percent of staff vaccinated], [prize won, if applicable]

Remember, a flu vaccination is only effective for one year, so don't forget to get one next year!

