
Harmonizing the professional duties of patient safety with personal health beliefs has proven to be a challenging endeavour for healthcare professionals, especially when it comes to influenza vaccinations. The question of whether flu shots should be mandatory for healthcare workers has provoked interesting conversation and research regarding efficacy and perceptions of the influenza vaccine.

When evaluating flu shot effectiveness, and hence, patient safety, many studies have found that vaccination against influenza has substantial health and economic benefits for healthy, working adults.\(^1\) For example, one study supported the policy of annual vaccination by showing that the vaccine was effective in preventing infection by influenza A and B in healthcare professionals, and reduced reported days of work absence and febrile respiratory illness.\(^2\)
However, the efficacy of vaccinations can vary from season to season, due to different viral strains and how well the vaccine matches the circulating virus. In general, the literature has supported that flu vaccination benefits public health, especially if it is well matched to the circulating flu viruses, and the risk of flu illness is reduced by approximately 50-60% among the overall population.\textsuperscript{3}

This issue is of particular interest to healthcare professionals, as research has indicated that medical personnel have been less likely to be vaccinated than non-medical employees.\textsuperscript{4} In particular, one study surveying the attitudes of healthcare workers towards influenza immunization found that 61.4% of respondents had not received the vaccine.\textsuperscript{5} Frequently cited reasons for not getting immunized include concerns about harmful side effects and the inconvenience of the vaccination process.\textsuperscript{6} Additional explanations point to a low perceived risk of contracting influenza, beliefs of vaccine inefficacy, and a lack of time and motivation.\textsuperscript{7}

It was also highlighted that healthcare workers would be more inclined to receive vaccination if it were a national healthcare policy and if administration were more accessible.\textsuperscript{6} Canada’s National Advisory Committee on Immunization (NACI) released its “Statement on Seasonal Influenza Vaccine for 2015-2016” in which it recommends counseling healthcare professionals about the expectation of receiving an annual flu vaccine, by utilizing educational and social marketing strategies that emphasize the protection of vulnerable populations and the expected health benefits.\textsuperscript{8}

More stringent guidelines are presented in the committee’s statement regarding outbreaks, outlining that unimmunized personnel who refuse to take antiviral chemoprophylaxis should not provide patient care.\textsuperscript{8} From this standpoint, healthcare professionals have a responsibility to receive flu immunization as an essential component to providing the highest standard of care for patients and their safety. In this view, refusing to be immunized may be considered a failure in one’s duty to do no harm and provide safe patient care.\textsuperscript{8}
Within Canada, guidelines from Public Health Ontario seek to establish and maintain immunity across all healthcare settings involving first responders, employees, physicians, students, and volunteers. The organization strongly asserts that an annual influenza immunization is a cost-effective and preventative measure that protects professionals, their families, colleagues, and patients.

Interestingly, Toronto’s rates of immunization coverage among healthcare workers have consistently been lower than Ontario’s provincial rates. The Ontario Ministry of Health and Long Term Care is exploring options to make annual influenza immunization mandatory for healthcare professionals if coverage rates do not improve and meet the 60% target. Mandatory influenza vaccination, as a condition for employment, has increased vaccination rates in the past and found fewer employees seeking exemptions.

In contrast, some policies have offered an alternative to healthcare workers who refuse to receive influenza immunization: wearing a mask. The Ontario Nurses’ Association and various healthcare worker unions have rejected this policy, underscoring how it stigmatizes workers on the basis of their personal health decisions. Fostering a balance between the duty to protect the public and the duty to preserve individual rights is an important matter that raises the question of whether mandatory flu shots infringe on one’s rights.

Balancing one’s autonomy as well as professional obligation with patients who are immunocompromised creates a critical dilemma for healthcare professionals when making personal health decisions regarding the flu vaccine. On one hand, having policies and workplace protocols that mandate influenza vaccinations may contravene one’s ability to decide for themself and their own interests, while choosing not to get vaccinated may be considered irresponsible and unprofessional by potentially compromising safety within healthcare.

If institutions are moving towards introducing mandatory immunization to achieve higher coverage rates, efforts to enhance the dialogue surrounding
the benefits and implications of flu vaccination would enable all stakeholders to make well-informed decisions. All in all, this topic reveals a complex and sensitive interplay between personal and collective factors that ultimately impact wellbeing and public health.

References