



# Position Statement

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## Immunizations and the Responsibilities of the Emergency Nurse

### Description

Immunizations rank as one of the top ten public health achievements of the 20th century and are the most effective way to prevent morbidity and mortality from vaccine-preventable infectious diseases (Carmargo & Grant, 2015; Geoghegan et al., 2020; Gerberding & Haynes, 2021; Rodrigues & Plotkin, 2020; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [ODPHP], n.d.-a; ODPHP, n.d.-b; Wang et al., 2014). It has been estimated that morbidity due to smallpox, polio, and diphtheria has been reduced 100% as a result of vaccinations (Ventola, 2016). In addition, vaccines are among the most cost-effective preventative clinical services, yet vaccine-preventable diseases that were once thought to be nearly eradicated are now increasing in prevalence due to lower vaccination rates in some areas of the U.S. (Bowling, 2018; Ventola, 2016). The decision not to vaccinate is a growing public health concern in the U.S. and globally (Salmon et al., 2015). Delaying or refusing available vaccinations, known as vaccine hesitancy, has been reported in over 90% of countries worldwide (Lane et al., 2018). Continued vaccine hesitancy is setting the stage for the resurgence of vaccine-preventable diseases such as measles and polio (World Health Organization [WHO], n.d.). While states require immunizations for children attending school, some permit nonmedical exemptions, including for religious reasons or philosophical exemption, but these vary from state to state (Center for State, Tribal, Local, and Territorial Support & Centers for Disease Control and Prevention [CDC], 2022). Communities with groups of unvaccinated and undervaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases due to decreased herd immunity (Boom & Healy, 2022; Facciola et al., 2019).

The remarkable success of vaccination programs in eliminating or greatly reducing diseases such as smallpox, polio, and diphtheria that once threatened society has created a shift from fears of contracting vaccine-preventable diseases to concerns about complications arising from the vaccines themselves (Drutz, 2022; Institute for Vaccine Safety & John Hopkins Bloomberg School of Public Health, 2020; WHO, n.d.). Patient surveys reveal long standing fears of the link between vaccination and autism, and the possible harmful side-effects of the thimerosal present in certain vaccine formulations to prevent microbial growth (Drutz, 2019). Although the research claiming to show a link to autism has long since been proven fraudulent, invalid, and unscientific and the claim has been widely rejected by mainstream medical science, fears persist (Autism Speaks, n.d.; Bowling, 2018; CDC, n.d.-e, n.d.-h; Drutz, 2019; Immunization Action Coalition, 2019; Taylor et al., 2014).

The National Academy of Medicine (formerly the Institute of Medicine) has concluded that there is a large body of evidence (studies that together include more than 1.8 million children) that refutes any causal relationships between autism and MMR (measles, mumps, rubella) vaccine, multiple simultaneous vaccinations, and thimerosal-containing vaccines (Autism Speaks, n.d.; CDC, n.d.-e; n.d.-h; Drutz, 2019; Immunization Action Coalition, 2019; Taylor et al., 2014). While vaccines are not free from adverse effects, the rare reactions that do occur are almost always mild (CDC, n.d.-c; Shen & Dubey, 2019).

The benefits of vaccination and the problems of under- or nonvaccination are magnified for healthcare workers, who have a responsibility to provide a safe and healthy environment for their patients (Dube, 2017; Haviari et al., 2015). The American Nurses Association (ANA) *Code of Ethics for Nursing with Interpretative Statements* clearly supports the notion that nurses promote, advocate for, and protect the rights, health, and safety of patients (ANA, 2015; Gurney et al., 2017). Receiving an annual influenza vaccine is one example of how healthcare workers help to protect the safety of patients. Authors of a meta-analysis of cohort and case studies concluded that the vaccination of healthcare workers against influenza enhances patient safety and likely reduces patient morbidity and mortality (Ahmed et al., 2014). The Society for Post-Acute and Long-Term Care Medicine also supports mandatory annual influenza vaccination for healthcare workers in long-term care settings based on substantial evidence of decreased morbidity and mortality among the residents when the healthcare workforce has been appropriately vaccinated (2018). Healthcare workers were vaccinated for influenza at a rate of 78.4% in 2017–2018 according to the CDC, which is well under the USDHHS benchmark of 90% (CDC, n.d.-g; Paparone, 2015). The CDC recommends influenza vaccines for healthcare workers, but the decision is ultimately up to the individual healthcare institution as to what extent those policies are enforced (CDC, n.d.-e). Hospital policies may require employees who have direct patient care roles to receive the influenza vaccination based on patient safety and institutional strategies (The American Academy of Pediatrics [AAP], 2021; CDC, n.d.-d).

Emergency nurses have a responsibility to be current on recommended routine vaccines and advocate the importance of vaccines to their patients and families. Emergency nurses are at increased risk of exposure to serious, and sometimes deadly, diseases because they have the type of direct contact with patients and materials that could potentially spread infections. For this reason, it is important for emergency nurses to be current with vaccinations to help reduce the chance of spreading vaccine-preventable diseases, particularly to vulnerable populations such as pediatric, geriatric, chronically ill, or immunocompromised patients (Advisory Board, 2017; CDC, n.d.-c; Karafillakis & Larson, 2018; Paterson et al., 2016; Pilkington & Talbot, 2015; The Joint Commission [TJC], n.d).

### ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Emergency nurses promote public health by receiving the recommended vaccinations.
2. Emergency nurses receive the COVID-19 vaccine and recommended boosters to protect their colleagues, families, patients, and community.
3. Emergency nurses advocate for vaccination for everyone in accordance with the current CDC immunization schedules.
4. Emergency nurses screen and document the relevant immunization status of all patients.
5. Emergency nurses maintain knowledge of credible, evidence-based scientific sources, and increase their own understanding of vaccine risks, benefits, effectiveness, and safety to enable them to inform and instruct their patients.
6. Emergency nurses support continued research and follow evidence-based guidelines as infectious disease epidemiology changes.

7. Emergency nurses promote community awareness of the public health consequences of underimmunization and nonimmunization.
8. Emergency nurses collaborate with interprofessional colleagues, including hospital leaders, employee health staff, and regulatory organizations, to help increase immunization coverage of patients as well as healthcare staff.

## Background

Immunizations are an important and, more recently, underused opportunity to reduce vaccine-preventable diseases in pediatric, adult, and older adult populations (Boom & Healy, 2020). Today, society is seeing more parents and caregivers that are either hesitant or refuse to vaccinate their children (Bowling, 2018). Vaccines have prevented the loss of countless individuals to diseases. Vaccination coverage creates herd immunity (also known as community immunity) once a sufficient fraction of the population is protected (Salmon et al., 2015; Ventola, 2016). Herd immunity helps to protect individuals who are not eligible for vaccination because of age, immunocompromised status, potential for anaphylaxis, or other comorbidities that contraindicate vaccination (Bowling, 2018). Current immunization recommendations in the U.S. target 17 diseases, some that can occur throughout the lifespan, and others specifically impacting older adults (CDC, n.d.-a, n.d.-b).

Common concerns often voiced by parents and caregivers include the age recommended to start childhood immunizations, the intervals between doses, and scheduling that requires a child to receive multiple vaccinations at one time. To address these timing issues, the American Academy of Pediatrics evaluates the most recent scientific data every year to determine the age that achieves the best balance between immune response and the need to provide protection at the earliest age (Edwards & Hackell, 2016). As for concerns over multiple vaccinations at the same time, researchers theorize that children will be exposed to up to 320 antigens through vaccination by the age of 2 (CDC, n.d.-f), which pales in comparison to the 2,000–6,000 antigens that children are exposed to daily while playing, eating, or breathing (CDC, n.d.-j). Overall, very few adverse effects exist, and the risks are low (CDC, n.d.-d). In addition, the Food and Drug Administration (FDA) tests for safety and continually reevaluates all vaccines that enter the market (CDC, n.d.-b, n.d.-d).

The national *Healthy People 2020* goal aimed to increase immunization rates and reduce the overall number of preventable infectious diseases, which are estimated to claim the lives of nearly 60,000 people (adults and children) in the U.S. every year, and 1.5 million lives globally (ODPHP, n.d.-a; WHO, n.d.). Immunizations remain one of the strongest tools available for disease prevention and are a safe and cost-effective way to promote and maintain public health (Bowling, 2018; CDC, n.d.-b; ODPHP, n.d.-a). Ideally, immunizations should be administered as part of a comprehensive healthcare examination provided by a patient's primary care practitioner (CDC, n.d.-b). However, each encounter with a healthcare provider, including an ED visit or hospitalization, is an opportunity to screen vaccination status and, if indicated, administer needed vaccines (CDC, n.d.-b). Implementation of this standard minimizes the number of missed opportunities to vaccinate, particularly for pediatric patients (CDC, n.d.-a, n.d.-).

The WHO included vaccine hesitancy in the 2019 list of top ten threats to global health (n.d.). The WHO established a *Vaccine Safety Net* to provide balanced, evidence-based safety information for key stakeholders such as parents, patients, and healthcare personnel (n.d.). To help achieve the *Healthy People 2020* goal of a highly immunized society, it is vital that healthcare workers learn about vaccines from reliable sources, get vaccinated themselves, and respond factually to patients' questions and concerns about immunizations (Bowling, 2018; CDC, n.d.-b; Eby, 2017; ODPHP, n.d.); vaccinated

healthcare workers are also more likely to recommend vaccination to others. Nurses remain the most trusted profession and are a key influence on immunization decisions (Bowling, 2018). Emergency nurses, in their role as patient and community educators, have a unique opportunity to inform patients and promote vaccinations that are supported by public health research findings (ODPHP, n.d.).

To promote vaccination and increase compliance, an increasing number of hospital and healthcare systems have adopted policies making seasonal influenza vaccination mandatory for employees (The Joint Commission, n.d.). Mandatory policies have improved vaccination rates, but some argue that, in the absence of other complementary strategies, they fall short of embedding the importance of influenza vaccination into healthcare workers' beliefs, values, and sense of duty of care (Pyrek, 2017). Loyola University Medical Center in Chicago made seasonal influenza vaccination mandatory as a condition of employment in 2009. In the first year, 99.2% of employees received the vaccine and the results were sustained, with 98.7% of employees receiving the vaccine in 2012 (Pyrek, 2017). However, influenza vaccine is not the only recommended vaccine for healthcare workers: hepatitis B, pertussis, MMR, and others are recommended, but the role of the employer in promoting or mandating these vaccines has been inconsistent, and laws vary by state (Haviari et al., 2015).

In 2020, COVID-19 became an international public health emergency, resulting in a significant surge in demand for healthcare systems (Emanuel & Skorton, 2021; Weber et al., 2022). In December 2020, two vaccines were issued Emergency Use Authorizations (EUAs) by the FDA (CDC, n.d.-i). In August 2021, three vaccines (Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen) were available via EUA or FDA approval for administration to individuals 16 years and older (CDC, n.d.-i). On August 3, 2021, ENA published a joint statement with other healthcare associations in support of a COVID-19 vaccine mandate for all workers in health and long-term care (Emanuel & Skorton, 2021; Weber et al., 2021). The support of COVID-19 vaccination alongside pre-existing guidance that organizations issue for influenza, hepatitis B and pertussis, aims to protect colleagues, families, residents of long-term facilities, patients (including unvaccinated children and the immunocompromised), and the community (American Hospital Association, 2021; Emanuel & Skorton, 2021; Weber et al., 2022).

High staff vaccination rates are an infection-control and disease-prevention strategy that is critical in limiting the spread of COVID 19 and protecting patients. The joint statement recognizes that some workers cannot be vaccinated because of identified medical reasons (Emanuel & Skorton, 2021; Weber et al., 2022). They constitute a small minority, and exemption from the mandate may be determined on a case-by-case basis. Additionally, also on a case-by-case basis, it is the responsibility of the employers to determine what state and federal laws are applicable. Healthcare organization and their members will continue to address workers' concerns, engage with marginalized populations, and work with trusted information sources to improve vaccine acceptance (Weber et al., 2022).

Vaccine hesitancy is not the only factor contributing to noncompliance with immunizations: lack of access to healthcare due to costs and lack of information about immunizations decreases vaccine coverage (Ventola, 2016). Collaborative and multifaceted interventions by healthcare providers and community and government agencies can help to increase immunization coverage to prevent disease (Ventola, 2016). A nurse's duty to protect the safety and health of patients and the community is deeply embedded in the nursing code of ethics (ANA, 2015; Gurney et al., 2017). It is important emergency nurses understand that being vaccinated protects not only themselves and their friends and family but also the patients and their families. To prevent the spread of misinformation, emergency nurses who are aware of potentially unethical or incorrect immunization content have an ethical duty to follow their institution's policies and their professional code of conduct.

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