

How to implement seasonal influenza vaccination of health workers

An introduction manual
for national immunization programme managers
and policy makers

**DEPARTMENT OF IMMUNIZATION,
VACCINES AND BIOLOGICALS**

Family, Women's and Children's Health (FWC)



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Executive summary

Health workers are at higher risk of influenza infection than the general population. In addition to morbidity among health workers, influenza infection may also lead to increased absenteeism, presenteeism¹ and disruption of medical services. Moreover, influenza infected health workers may contribute to nosocomial transmission of infection to their patients, including those at high risk for developing severe influenza disease and complications. Hence, the World Health Organization (WHO) considers health workers to be a priority target group for seasonal influenza vaccination. In addition, influenza vaccination of health workers contributes to influenza pandemic preparedness. Finally, studies have shown that health workers who are vaccinated against influenza themselves are more likely to recommend vaccination to their patients.

This manual serves as a resource to assist users in establishing a national policy for seasonal influenza vaccination of health workers. It provides guidance along with a catalogue of available tools to facilitate policy development, planning, implementation, monitoring and evaluation of influenza vaccination of health workers. The contents of the manual are meant to supplement the document titled “*Principles and considerations for adding a vaccine to a national immunization program: from decision to implementation and monitoring*”, published by WHO in 2014.

The main target audiences for this manual include national policy makers; national health planners; the national programme managers for immunization and occupational health; and those responsible for occupational health, health worker immunization and infection control in health facilities. Close collaboration between immunization managers, and occupational health and infection control programmes is essential to optimize vaccine uptake, and for a cohesive and comprehensive approach to influenza control in health facilities.

This manual summarizes the evidence and rationale, provides guidance on key issues, and lists available tools for influenza vaccination of health workers, covering three main components of vaccine introduction and management:

1. Establishing an evidence-based national policy for seasonal influenza vaccination of health workers.
2. Planning and management of health worker influenza vaccination.
3. Monitoring and evaluation, including assessing vaccination coverage, monitoring for adverse events following immunization, impact assessment and post-introduction evaluation.

Complementing this manual, deliberations of an Independent Expert Advisory Group developing this manual are available in form of a meeting report summarizing critical issues. These include policy considerations, the evidence in support of health worker vaccination; categorization and prioritization of health workers; the choice of vaccination strategy; its integration into broader health worker vaccination and occupational health policies; planning and management of vaccination, particularly the approaches for communication and demand generation; and the challenges with monitoring and evaluation of health worker vaccination, especially in low and middle-income countries.²

¹ Presenteeism refers to health workers who work while ill, yet have reduced accuracy and effectiveness and pose a risk to vulnerable patients in their care.

² Cherian T. et al. Factors and considerations for establishing and improving seasonal influenza vaccination of health workers: Report from a WHO meeting, January 16–17, Berlin, Germany. *Vaccine*. 2019;37(43):6255–6261.

About this manual

Objective

This manual serves as a resource and catalogue of available tools to assist country officials in deciding upon, planning, implementing and monitoring health worker influenza vaccination in order to achieve optimal vaccination coverage. It is not meant to be a prescriptive document, but rather articulates general principles and key considerations to support policy formulation; planning and management of vaccination; and monitoring and evaluation of influenza vaccination of health care workers.

The manual also outlines measures to ensure integration of health worker influenza vaccination into existing national occupational health policies and occupational safety and health management systems of health facilities. It also addresses the opportunity for health worker influenza vaccination to promote an integrated approach for monitoring and optimizing the uptake of all interventions included in national occupational health policies. In addition, it refers to the relationship and contribution of health worker vaccination to pandemic influenza preparedness.

Seasonal influenza vaccination in health workers differs from other vaccine-preventable diseases in that vaccination is required annually. However, elements of this manual may be of relevance for health worker vaccination in general, particularly the sections on planning and management of vaccination and on monitoring and evaluation.

Audience

The main target audience for the manual include:

1. National policy-making bodies and health planners.
2. Programme managers for immunization, infection control and occupational health programmes at national and subnational levels and those responsible for occupational health and infection control in health facilities.
3. Organizations of health workers and employers.

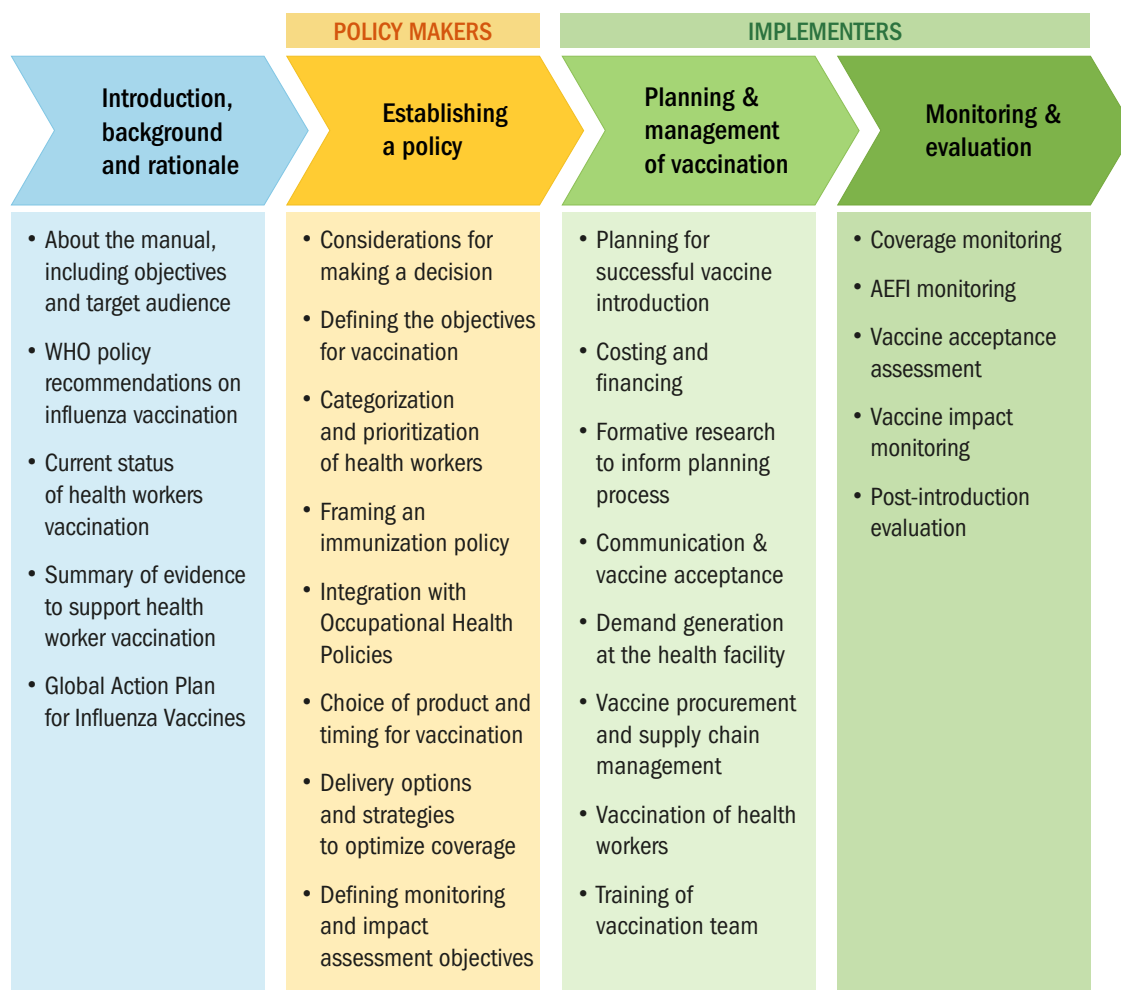
While the different sections of the document may be of greater relevance to one or the other group, it is advisable that the document be read as a whole because of the information on a particular topic may be found in the different sections of the manual.

The document may also be useful to other audiences with an interest in immunization or occupational health.

Structure of the document

The manual consists of four sections as outlined in *Figure 1*. However, for clarity and completeness there is some overlap between some of the sections, with cross-references made to the other relevant sections.

Figure 1. Structure of the document



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