Mandatory Vaccinations for Health Care Workers

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Abstract

The history of mandatory vaccinations in the United States began with the threat of smallpox in the mid-nineteenth century. Although there are no current laws mandating health care workers to receive vaccinations, recent vaccination mandates targeted at school aged children may soon lead legislature into the health care arena. This controversial topic impacts all nurses and health care workers on a macro level because it is an issue of public health versus personal autonomy. This paper examines the ethical dilemma surrounding the idea of a vaccination mandate for health care workers that would not allow exemption based on personal, religious, political, or philosophical ideals but grant amnesty on a case by case medical basis. This form of strict vaccination regulation impels all nurses to identify personal limitations of liberty infringement and weigh those individual ideals against promoting public health safety and the core principles of nursing, non-maleficence and beneficence. Since the public views nurses as a large facet of the health care system, nurses must continually provide appropriate vaccination education and maintain respect for all patients, regardless of the patient's personal belief system.

Keywords: vaccination, nurse, mandatory, immunization, health care

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In the United States, the most common laws requiring vaccinations for a specific population have been implemented in the context of daycare centers and as a stipulation of primary school enrollment (Trafimow, 2013). One may believe the regulation of elementary aged children's immunizations appears as a less emergent or irrelevant issue when compared to ensuring all health care workers are covered by adequate vaccinations as a condition of employment. Due to the nature of the workers' environments with exorbitant exposure to contagious pathogens and the prevalent risk of transmitting disease to an immunocompromised clientele, the controversy surrounding the topic of mandatory immunization is complex with critics on both sides of the issue. It is important to have an understanding of the history of vaccination mandates and current policy regarding compulsory vaccination in specific populations as further policy could soon expand into the health care arena. The purpose of this paper is to explore the history and ethics behind mandatory vaccination policies in specific populations and identify the potential macro level influence on the future of personal identity and liberty of nurses and other health care professionals. This current contingency is highly relevant to all nurses and health care workers because it forces each medical worker to identify and form personal philosophies of freedom that may or may not be in agreement with the evidence based impact on patient outcomes and serving the ideal greater good of overall public health.

The first vaccination requirement in the United States was enacted in the 1850s to prevent smallpox transmission in Massachusetts public schools. Many states echoed Massachusetts's policy with similar laws in the following years. In 1905, the Supreme Court issued a landmark ruling in *Jacobson v. Commonwealth of Massachusetts*. This court case involved Henning Jacobson, a man who resisted compulsory smallpox vaccination on the basis of personal liberty

due to the fear of experiencing rare but severe adverse effects related to the vaccination. The court ruling specified exemption from mandatory vaccination based on personal choice was not an option. Jacobson was ultimately punished with a choice of imprisonment or a monetary fine, but the judge deemed he could not be forcibly vaccinated. This historic case set the precedent that immunization mandates are a reasonable exercise of the state's police power and do not violate individual liberties because the mandates are set forth to protect public health and public safety; however, it was ruled medical exemptions may be granted on a very specific case by case basis. The Supreme Court acknowledged the potential for unpredictable adverse effects related to vaccinations and stated there was no way to guarantee to any individual that a vaccination could be administered safely but concluded with a statement that placed public health and the common good above personal freedom. Since this court case, federal involvement in the coordination and monitoring of vaccine research, safety, effectiveness, and utilization was first enacted by Congress in 1986 as the National Childhood Vaccine Injury Act (NCVIA). The NCVIA created both the National Vaccine Program which oversees all vaccination activities and the National Vaccine Injury Compensation Program (VICP) which compensates victims of adverse drug reactions related to immunization. The VICP acknowledges vaccinations, like other medications, may illicit a rare, unpredictable adverse effect in some otherwise healthy individuals; to provide appropriate compensation, an excise tax has been implemented on every eligible vaccine to fund the program and victims of severe adverse effects (Hinman & Malone, n.d.).

In 2016, America's strictest policy regarding mandatory vaccinations for specific populations will enter into effect under California law. This law differs from other current immunization policies because it contains an uncompromising clause that does not account for or

exempt children on the basis of personal or parental liberty of religious ideology or political philosophy. The policy gained support from medical doctors who advocate vaccine mandates as a means of protecting infants too young to receive certain immunizations who would likely not survive a serious illness transmitted by an unvaccinated person and legislators who decree no individual has the right to endanger others (Lenhoff, 2015). Although there are no current vaccination mandates targeted at adults, barring military personnel, it is increasingly evident medical workers must be prepared for such legislation since the realm of uncompromising mandated immunizations has already been breached by California law (Hinman & Malone, n.d.).

Nursing theory at its core includes the concepts of benevolence and non-maleficence; doing good and not causing harm to others. The dispute of personal autonomy versus public health draws these two nursing principles into consideration. Upon reviewing the results of a randomized control trial conducted at 20 geriatric long-term care facilities, patient mortality decreased by 42% in facilities with vaccinated employees versus a 5.9% mortality decrease in the control facilities with unvaccinated workers. The concurrent decrease in mortality in the control facility was explained as a lower incidence of death that month due to unmodified factors. Numerous studies have been published replicating the increased mortality rate and prevalence of illness in geriatric long-term care facilities with unvaccinated employees (Cortes-Penfield, 2014). Unvaccinated nurses may be indirectly responsible for the transmission of disease to vulnerable patient populations, which is in direct violation of the core nursing principles of beneficence and non-maleficence, but further consideration must also be applied to the burdens that mandatory vaccinations place upon the health care worker.

Herd immunity is a term given to the protection indirectly offered to the unvaccinated individual when the majority of a population is immunized against a pathogen that is hosted and

transmitted by humans. At a specific point, the under-immunization of individuals within a larger population begins to negatively affect overall herd immunity. The level at which the immunity of a population becomes impaired due to under-vaccination of individuals is unclear; however, according to the Society for Healthcare Epidemiology of America, there is incremental benefit up to 100% immunization of the population. The concept of herd immunity implies that each unvaccinated individual is much less likely to become exposed to the pathogen or disease because the majority of the population is unsusceptible to the illness (Matheny-Antommaria, 2013).

The main focus of mandatory vaccinations in healthcare professionals is to prevent high acuity patients from the complications which arise from infection, thus reducing morbidity and mortality in critically ill patients. Facilities often attempt to improve employee vaccination rates by increasing access to vaccinations and increasing education about disease and immunizations, and this does help improve coverage rates slightly. However, even these efforts to encourage voluntary vaccination of employees generally fall short of the ideal goal (Matheny-Antommaria, 2013). The federal implementation of Healthy People 2020 aims for a goal of 90% health care worker vaccination coverage (Schwartz, 2013). The degree of coverage is often difficult to agree upon due to the difficulty of determining the current contribution to herd immunity that health care professionals provide (Matheny-Antommaria, 2013). The most common reason nurses decline vaccinations is due to an admitted knowledge deficit related to unknown safety of the vaccine's components. As of 2009, the Vaccination Adverse Event Reporting System published data that showed the rate of serious adverse events related to the influenza vaccination was roughly 1 in 300,000; in comparison, approximately 1 in 200,000 individuals who contract influenza die annually in the United States. Nurses who are more informed and confident in

their knowledge about vaccines and their components are more likely to be vaccinated themselves (Cortes-Penfield, 2014). The positive correlation between education level and vaccination rates among nurses may be fortified by implementing more relevant immunization research findings into nursing school curriculums and increasing the availability of reliable information to current nurses.

Another prevalent reason for vaccination refusal is related to adherence to personal religious doctrine. The religions most often associated with objection in receiving vaccinations are Christian Scientists, Old-Order Amish, and Dutch Orthodox Protestants; however, persons who associate themselves with these religious beliefs and similar analogs may be less likely to work within the health care system (Matheny-Antommaria, 2013). The US Constitution protects the right to individual religious freedom under the First Amendment, but the liberty to act in accordance with one's personal religious beliefs "remains subject to regulation for the protection of society" under the Free Exercise Clause in the First Amendment. Currently there is little controversy in legislation surrounding the Free Exercise Clause in this context because 49 states, barring California, allow for religious exemption for mandatory vaccinations of school aged children (Hinman & Malone, n.d.).

Although there are no current legally mandated vaccines for adults, mandating vaccinations for specific populations is currently a highly controversial topic among medical professionals in the clinical setting, public health experts, legislators formulating future law, and the general adult population. Since nurses are often in direct contact with immunocompromised patients, it is important every nurse is aware of how this topic impacts public health and personal liberty. Society's overall attitude of the health care delivery system impacts the public view of nursing. As a nurse it is also important to be mindful that you may serve dissatisfied individuals

who view nurses in a negative way for administering vaccinations, especially to children. Some important actions each individual nurse can take is to reflect on the issue, be self-aware of personal values on the topic, and stay up to date on current federal and local vaccination policies, functioning, procedure, and resources to provide accurate, unbiased information to questioning clients or fellow health care workers.

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