



# AMERICAN NURSES ASSOCIATION POSITION STATEMENT ON IMMUNIZATIONS

**Effective Date:** July 21, 2015  
**Status:** Revised Position Statement  
**Written By:** Nursing Practice & Work Environment Department  
**Adopted By:** ANA Board of Directors

**This position statement supersedes the Position Statement on Mercury in Vaccines, June 21, 2006.**

## I. PURPOSE

Historically, ANA has strongly supported immunizations to protect the public from highly communicable and deadly diseases such as measles, mumps, diphtheria, pertussis, and influenza (ANA, 2014; ANA, 2006), and has supported mandatory vaccination policies for registered nurses and health care workers under certain circumstances. However, in light of a recent and significant measles outbreak in the United States, ANA has reviewed current and past position statements for clarity and intent, and current best practices and recommendations from the broader health care community. Based on that review, it was determined that a revised position statement is needed to clarify ANA's position and incorporate current best practices.

## II. STATEMENT OF ANA POSITION

To protect the health of the public, all individuals should be immunized against vaccine-preventable diseases according to the best and most current evidence outlined by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). All health care personnel (HCP), including registered nurses (RNs), should be vaccinated according to current recommendations for immunization of HCP by the CDC and Association for Professionals in Infection Control and Epidemiology (APIC).

ANA supports exemptions from immunization only for the following reasons:

1. Medical contraindications
2. Religious beliefs

All requests for exemption from vaccination should be accompanied by documentation from the appropriate authority to support the request. Individuals who are exempted from vaccination may be required to adopt measures or practices in the workplace to reduce the chance of disease transmission. Employers should ensure that reasonable accommodations are made in all such circumstances.



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### **III. BACKGROUND**

The controversy over mandatory vaccination, which seems to pit the rights of the individual against the protection of the public, was highlighted with the 2014-2015 measles outbreak that affected both children and adults who were not vaccinated against the disease. Over a six-month period, five outbreaks and 173 confirmed cases of measles were reported to the CDC (2015). Reasons for an individual's decision to not vaccinate vary and include concerns about the safety of vaccination, objections to vaccination based on religious grounds, and lack of urgency or priority, explained in part by the supposition that herd immunity will protect the unvaccinated from infection (LaVail & Kennedy, 2012).

#### **THE PUBLIC**

Current evidence and research show that immunizations are essential to the primary prevention of disease from infancy through adulthood. In fact, the reduction and elimination of vaccine-preventable diseases has been one of the great public health achievements in the United States (CDC, 2011). Effective vaccination programs for both children and adults, according to current recommendations from the CDC and ACIP, are for promoting and maintaining the health of the public. Vaccine-preventable diseases include seasonal influenza, for which annual immunization is recommended. Between 1976 and 2007, the number of deaths annually from influenza ranged from 3,000 to 49,000, with many more people hospitalized due to severity of symptoms (CDC, 2013).

#### **REGISTERED NURSES**

As stated in the Code of Ethics for Nurses (ANA, 2015, p. 19), RNs have an ethical responsibility to “model the same health maintenance and health promotion measures that they teach and research...,” which includes immunization against vaccine-preventable diseases.

#### **VACCINE PREVENTION PROGRAMS**

Most states do not have a law requiring vaccination of HCP. Therefore, the onus has been on hospitals and health care facilities to develop their own policies. While evidence of vaccination against highly communicable diseases such as mumps, measles, and rubella is often a prerequisite of employment in health care facilities, this isn't true for influenza, which requires annual immunization.

Voluntary influenza vaccination programs for HCP have been in place since the CDC recommended in 1984 that all health care workers receive the vaccine, and influenza vaccination has been the most successful voluntary vaccination program. However, the overall vaccination rates have remained low, at around 50 percent (Galanakis, Jansen, & Lopalco, 2013). In sharp contrast, facilities that have adopted mandatory influenza vaccination policies and programs have been highly successful. An early adopter of mandatory influenza vaccination of HCP, Virginia Mason Medical Center in Seattle, Washington, increased its annual immunization rate to 98% or better (Rakita, Hagar, & Crome, 2010). After adoption of a mandatory influenza vaccination program, the Johns Hopkins Medicine System in Baltimore, Children's Hospital of Philadelphia, and Loyola University Medical Center in Illinois all reported influenza vaccination rates of 99% (Galanakis, Jansen, & Lopalco, 2013; Yasmin, 2013). Such adoption rates emphasize the need for mandatory immunization programs where voluntary programs fail, in order to promote and maintain the health of the public.

All individuals including HCP have the right to apply for an exemption to vaccination based on medical contraindications or religious beliefs. To ensure that appropriate standards are applied, such exemptions should be granted only when supported by formal documentation from an appropriate authority, such as a health care provider or religious leader, detailing the reason an exemption is needed.

If an RN or other health care worker is exempted from vaccination, the health care facility will have the discretion to determine what steps, if any, unvaccinated RNs or health care workers must take to reduce the risk of transmitting disease to patients. Refusal by RNs or other health care workers to participate in a mandatory vaccination program, or, if exempted from vaccination, to follow steps to reduce the risk of disease transmission, may result in disciplinary action by the employer.

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## IV. RESPONSIBILITIES OF REGISTERED NURSES AND EMPLOYERS

Successful immunization policies and programs require open communication and transparency between RNs and employers. RNs are responsible for providing patients with evidence-based information to support and promote optimal health and wellness, and for leading by example by participating in health-oriented activities such as immunizations to the greatest possible extent. “Public trust will be damaged if [nurses] appear to suggest vaccines for others but avoid them for themselves” (Galanakis, Jansen, & Lopalco, 2013).

Employers of registered nurses are responsible for establishing a culture of safety and implementing policies that improve the health of their workers. The Infectious Diseases Society of America, the Society for Healthcare Epidemiology of America, and the Pediatric Infectious Diseases Society recommend that immunizations be provided in the work setting at no cost to HCP to ensure access to vaccinations, and that workplace immunization programs include appropriate education and training of staff (IDSA, SHEA, & PIDS, 2013).

If registered nurses are represented by a union or collective bargaining unit, the employer should work with the designated representative to clarify or resolve any issues that may arise associated with implementation of a mandatory vaccination policy or program.

## V. SUMMARY OF RELEVANT ANA PUBLICATIONS AND INITIATIVES

### CODE OF ETHICS FOR NURSES

The Code of Ethics for Nurses (the Code) makes explicit the primary goals, values, and obligations of the profession. ANA believes that the Code is nonnegotiable and that each nurse has an obligation to uphold and adhere to its ethical precepts.

Five provisions within the Code speak to the obligation of registered nurses to act in a manner that is consistent with maintaining patient and personal health:

- Provision 2: The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.
- Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

### ANA IMMUNIZE WEBSITE AND IMMUNES NEWSLETTER

The [ANA Immunize](#) website provides nurses and other health professionals with research, education, tools, advocacy information, and resources related to immunizations. The site also includes information by workplace setting and for special populations.

The [ImmuNews E-Newsletter](#) provides monthly articles, news, and resources from the CDC, immunization organizations, ANA state nurses associations, and ANA organization affiliates.

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## VI. REFERENCES

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