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Boosting Healthcare Worker Vaccination

Evidence, Policy, and Processes

August 19th, 2025

JAMA Network Open

Editorial

Vaccine Mandates for Health Care Workers—An Effective Policy Tool for Past and Future Pandemics

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JAMA Network Open

Original Investigation | Public Health

State COVID-19 Vaccine Mandates and Uptake Among Health Care Workers in the US

Yin Wang, MA; Charles Stoecker, PhD; Kevin Callison, PhD; Julie H. Hernandez, PhD

Vaccine
Volume 33, Issue 22, 21 May 2015, Pages 2530-2535

Review

Nudges or mandates? The ethics of mandatory flu vaccination

Alex Dubov [a b], Connie Phung [c]

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Highlights

- Influenza vaccination mandates are very effective but controversial.
- Those opposing mandates believe it is unethical to remove one's choice about own health.
- Behavioral economics offers choice-preserving strategies to increase vaccination.
- These strategies incentivize vaccinations and help better align intentions with actions.

Influenza Vaccination

A review of studies looking at reasons for declination of influenza vaccination may identify several groups of incompliant healthcare workers: unaware, unbelieving, unmotivated, and unconcerned. The *unaware* group tends to consider themselves at a low risk of infection and consequently not as a high priority group to receive vaccinations. Their sense of good health and associated perception of risk as well as minimization of the risk of influenza for patients guides their decisions to decline vaccinations.

The *unbelieving* group doesn't agree with recommendations to be vaccinated as they don't believe in the effectiveness of vaccines.

https://doi.org/10.1016/j.vaccine.2015.03.048

Why This Matters

HCWs face higher risk of infection & transmission

Vaccination reduces HCW illness, absenteeism, outbreaks

Protects patients, staff, and healthcare capacity

Key Vaccines for HCWs

- Influenza (annual)
- COVID-19 (seasonal formulation)
- Hepatitis B (series + immunity check)
- MMR & Varicella (proof or vaccination)
- Tdap (once, then Td/Tdap q10y)
- [Hepatitis A, Meningococcus]

Evidence of Impact

Flu vaccination ↓ patient mortality & HCW absenteeism

COVID-19 vaccination ↓ HCW infection & transmission

HepB vaccination eliminated occupational seroconversions

MMR/Varicella immunity stops healthcare outbreaks

Barriers in Practice

Inconvenient access (shifts, contractors)

Confusion and suspicion about evolving recommendations

Low perceived risk, peer culture

Fragmented records, variable enforcement

Policy Toolkit

- Employment requirement with narrow exemptions
- Condition of clinical privilege
- Declination + mitigation (masking, reassignment)
- Onboarding gate with vaccine review
- Standing orders, pharmacist authority
- Dashboards & audits
- Outbreak clauses

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REVIEW

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Interventions targeting healthcare worker influenza vaccination: A systematic review

Sarah Françoise Bertrand [a], Gerjo Kok [b], Alireza Mafi [c], Robert A.C. Ruiter [b], and Gill A. ten Hoor [b]

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ABSTRACT

Healthcare workers (HCWs) have notably low influenza vaccination coverage rates (VCR) despite influenza being one of the world's deadliest viruses. Interventions have attempted to tackle this issue, yet they have been unsuccessful in reaching desirable HCW VCR. In a systematic review, we aimed to understand and examine the specific behavior change methods of interventions that impact HCW VCR. Based on 86 studies, we identified 35 different behavior change methods. Although meta-analyses were not possible, the results suggest that interventions using rewards, nudging, or mass-media persuasion were most effective. Mandates, though one of the most effective methods, was not the most effective. Additionally, in the studies from 2016 onward there was a shift away from mandates and toward more autonomy-supportive methods. Ultimately, more research is needed to understand what methods are best for increasing HCW VCR globally. What is essential is the correct fit between identified psychosocial determinants and the method for change, considering the parameters of those methods in their application.

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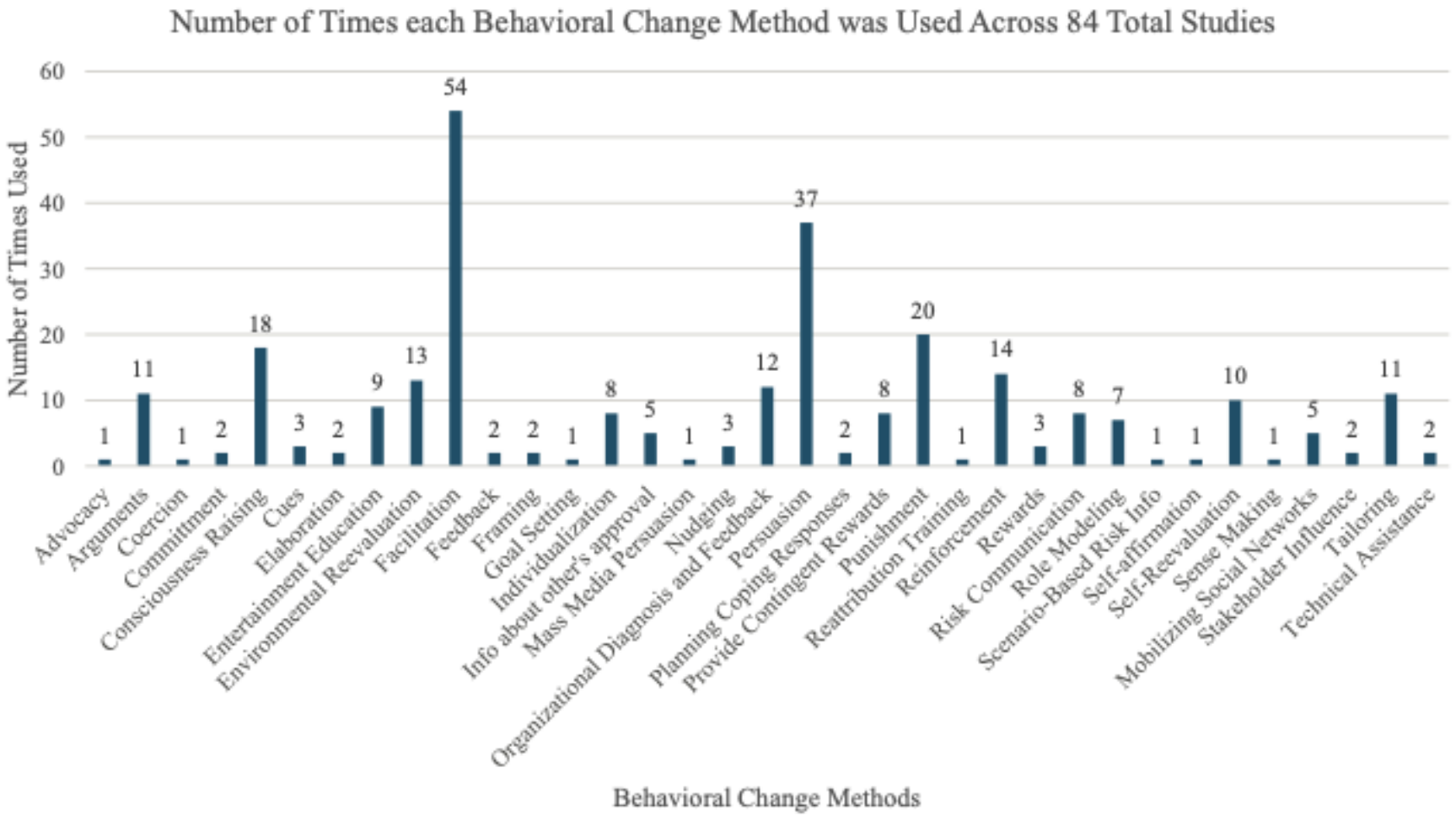

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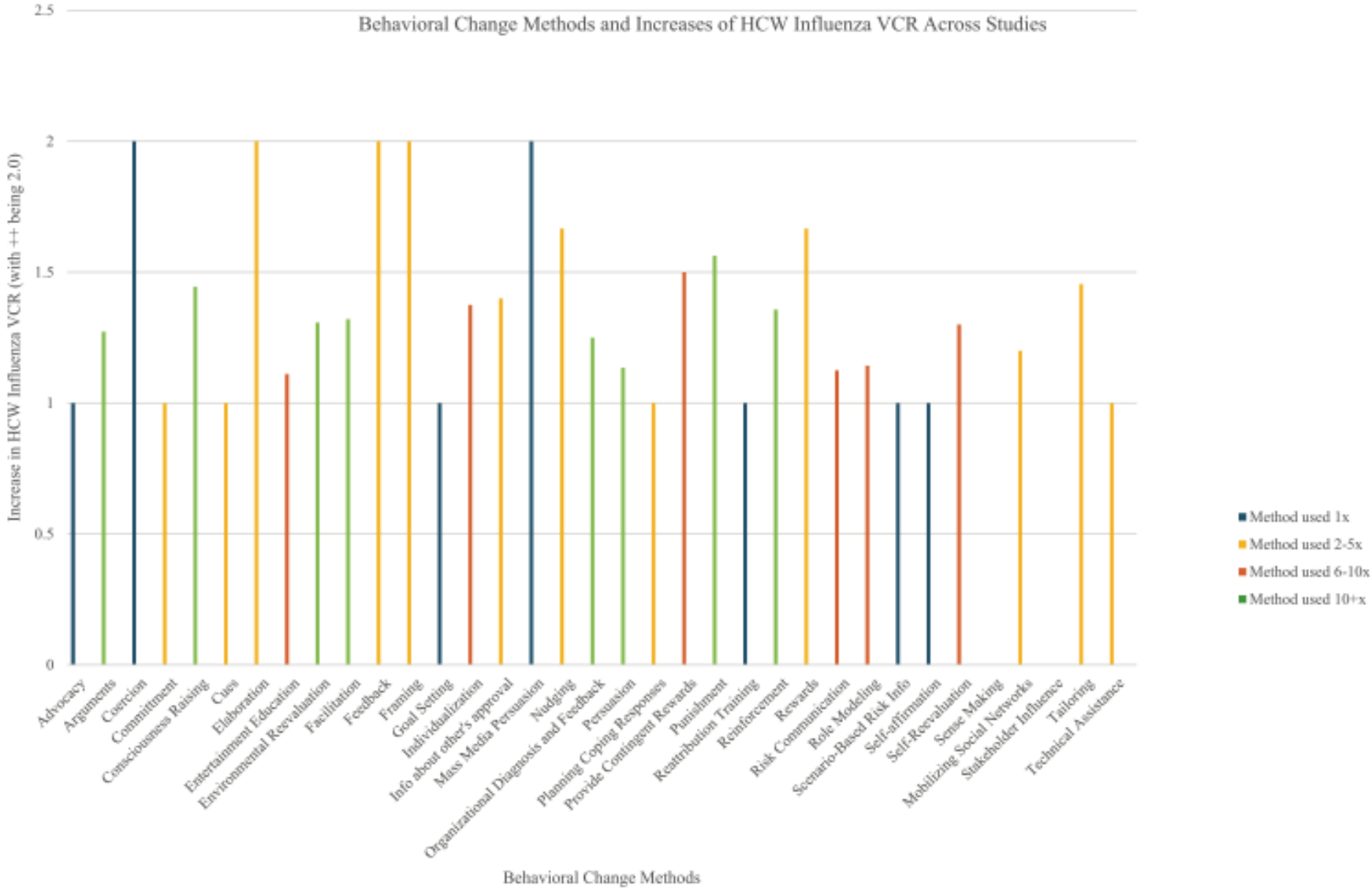

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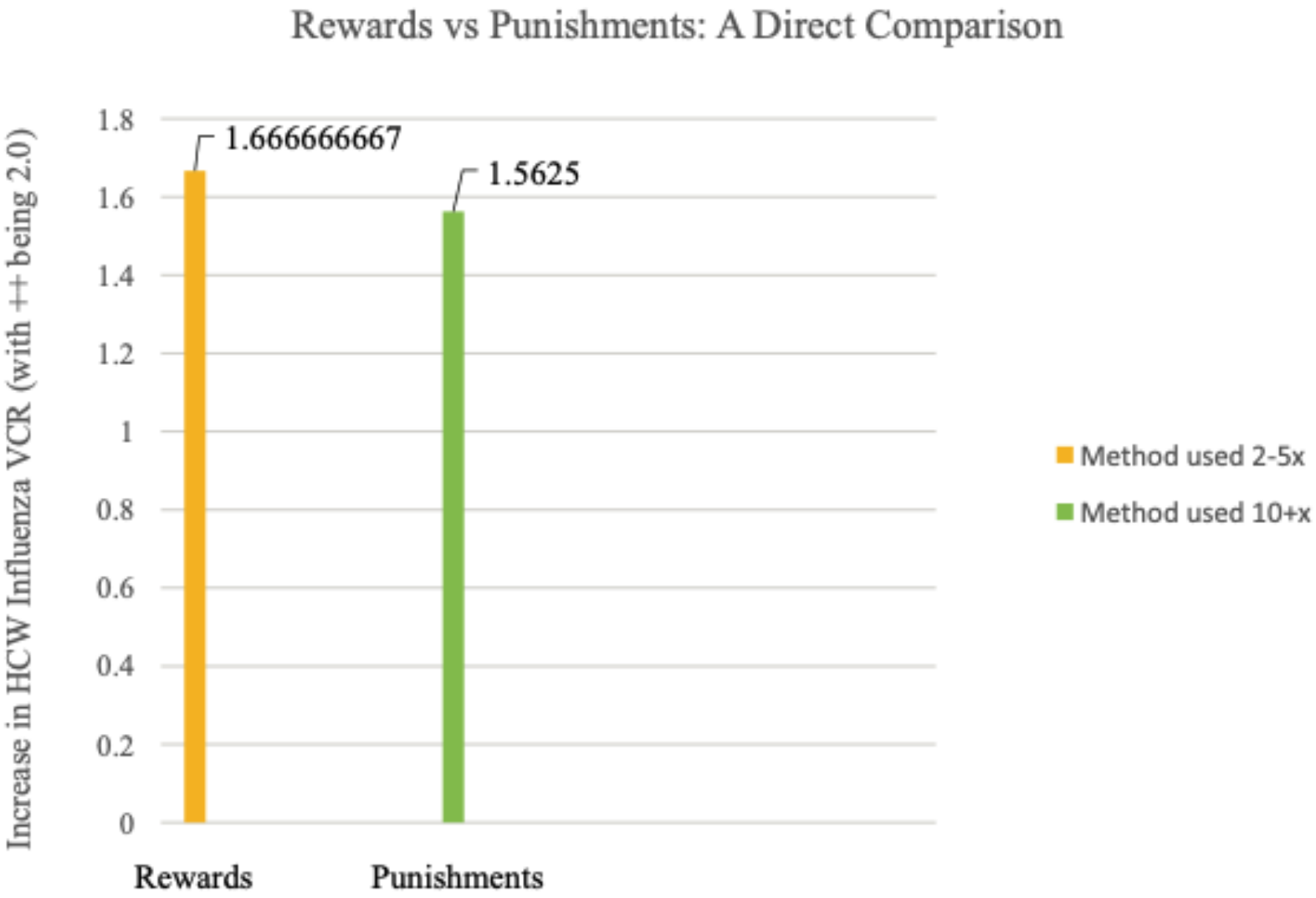

Process Playbook

- Mobile carts to units & shifts
- One-click scheduling & walk-ins
- Unified records & dashboards
- Unit champions & micro-messaging
- Paid time & opt-out scheduling
- Students & contractors included

Addressing Safety & Trust

- Myocarditis (COVID) rare, mild; benefits outweigh risks
- Pregnancy: safe, recommended (COVID, flu, Tdap each pregnancy)
- Egg allergy not a contraindication for flu vaccine
- Transparent AE monitoring (VAERS, VSD)

Measuring Success

≥95% flu & COVID coverage

100% immunity for HepB/MMR/Varicella

KPIs: absenteeism, outbreak days averted, declination rates

Implementation Timeline

Month 0–1: policy adoption, contracts, dashboards

Month 2: onboarding gate, mobile clinics

Month 3–4: audits, publish coverage by unit

Ongoing: monthly review, outbreak drills

Call to Action

APPROVE POLICY & RESOURCE MOBILE CLINICS

ADOPT OPT-OUT SCHEDULING

IDENTIFY UNIT CHAMPIONS TODAY