ESCMID and ESWI call on EU health services to use hospital flu vaccination uptake rankings

Healthcare professionals should be encouraged to take personal responsibility, as unvaccinated workers present an unnecessary risk.

4 November 2015, Basel: The European Society of Clinical Microbiology and Infectious Disease (ESCMID) – an organization that explores risk assessment, knowledge sharing and best practices in the fight against infectious disease – is calling on the healthcare industry to lead by example and implement universal flu vaccination for healthcare workers. ESCMID is encouraging all health workers to take personal responsibility and get vaccinated this season, particularly those who come into contact with high-risk groups.

Despite free vaccinations for health professionals in many EU countries, it is estimated that only about 30% choose to have the shot despite the carrier risk they present. ESCMID believes that one vital tool to increase the adoption of flu vaccinations among healthcare professionals is to establish hospital-based league tables throughout Europe. The introduction of this policy by European health services is one method the organization believes will potentially have a transformational effect. It is also in the public interest to give patients valuable information on the level of protection offered in the hospitals they are using to seek treatment.

Highlighting the importance of this issue, Prof. Esposito’s study group - the ESCMID Study Group for Vaccines (EVASG) - is currently working alongside other international groups to research health worker flu vaccination initiatives as part of its comprehensive report on vaccine recommendations.

Prof. Susanna Esposito, from the Policlinico hospital at the University of Milan and Head of EVASG, commented: “This year’s flu vaccine is only as good as its uptake. Across Western Europe we have seen varying rates of vaccination among high-risk groups, and we should be looking to raise this further to beyond the 75% coverage mark Europe-wide. What is also underreported is that healthcare professionals who regularly come in contact with vulnerable groups are still seeing, even in overall well-performing countries, maximum rates of only around 1/3 of professionals vaccinated. This is simply not enough; we can clearly do more to prevent the spread of influenza and inform about influenza-related complications.”
Partnering with ESCMID, the European Scientific Working group on Influenza (ESWI) is echoing these calls and lending its support for public hospital flu vaccination rankings. Prof. AB Osterhaus, President of ESWI, believes that: “certainly, if I was in a vulnerable group – such as older adults, people with heart or respiratory problems, or those with low immunity – and I had a choice of a hospital prior to admission, I would be looking at the vaccination rates in each and pick the hospital with an adequate healthcare professional vaccination policy. It would be reassuring to know they had this extra protection in place.”

Prof. Esposito and Prof. Osterhaus have suggested that change needs to be twofold on future seasonal influenza outbreaks. Firstly, healthcare professionals need to take a personal responsibility to get themselves vaccinated, especially those working with high-risk groups, as they can easily become viral carriers. But moreover, we need to think about new measures that, while not making vaccination compulsory, do improve its coverage among healthcare professionals.

This year's vaccine is now available, and ESCMID and ESWI are encouraging more staff – nurses, doctors, GPs, surgeons and even those in community settings – to lead by example and increase the vaccination percentage and provide better protection for patients. The other factor to consider is that a flu vaccine is optimally effective for younger users (aged 20-50), as most healthcare professionals are, so it really is an excellent preventive tool.

Prof. Esposito, added: “Flu can be serious or life-threatening also on a personal level, but by taking this year's vaccination, healthcare professionals will be helping to safeguard the people they treat. For many, a flu vaccination acts like a protective armor against any stray (viral) bullets we encounter, but if we can build-up protection among all high-risk groups, and crucially, healthcare professionals, we are taking away the guns that fire these bullets.”

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ESCMID is a non-profit organisation dedicated to improving the diagnosis, treatment and prevention of infectious diseases in Europe and beyond. The Society promotes and supports research, education and training and shares good medical practice in the infection disciplines to build capacity throughout the world. www.escmid.org

The ESCMID Vaccine Study Group (EVASG) compares immunisation schedules across various countries. It produces multicentre data concerning the immunogenicity, safety, tolerability and efficacy (if feasible) of old and new vaccines in patients with high-risk, chronic underlying diseases. ESCMID plays a huge role in encouraging collaboration and knowledge sharing in order to fight infectious
diseases and EVASG is central to ESCMID's ethos with regards to vaccines. In addition, vaccinations and influenza will be a major topic of discussion at ECCMID 2016.

About ESWI
The European Scientific Working group on Influenza (since 1993) is a network organisation of stakeholders that aims to reduce the burden of influenza in Europe. The core of the group is composed of twelve key scientific experts from different disciplines. To realize its aims, ESWI established structural partnerships with stakeholder organizations representing healthcare professionals, public health officials, at-risk patients and the elderly.

http://www.eswi.org/

The World Health Organization, ESWI and ESCMID aim to enhance vaccination coverage of people at high risk of getting severe complications when infected with influenza (mainly the elderly and the chronically ill). As a matter of fact, the World Health Assembly urged member states to increase vaccination coverage of all people at high risk and to aim at a coverage rate in elderly people of at least 75%.