

Should we mandate flu vaccinations for Healthcare workers?

Aubrey and Angelina = Affirmation

Sarah and Amber = Opposition

1. Each student must have at least one source.
2. Must be informative, NO EMOTIONS
3. Apply ethical frameworks (Deontology, utilitarianism, natural law, ETC)
4. Apply Ethical Principles (autonomy, beneficence, ETC)
5. Must apply at least 1 ethical framework and 2 ethical principle
6. Cite sources during speech
7. Discuss all key points related to the issue from the perspective of the position assigned.
Anticipate what the opposing viewpoint will say and prepare a rebuttal to their points.
Give examples to illustrate points.
8. Business Casual Attire

Outline – Practice Debate on Wednesday at 1pm

1. Affirmative Position – 5 minutes -Angelina

- a. Intro: Why should influenza vaccines be mandatory for healthcare workers?
According to the peer-reviewed article written by Saleem H. there are 1 billion new cases of flu every year which results in a shocking 250,000 to 500,000 deaths each year. Fortunately, there is a vaccine that has the shown to decrease these death rates from 40-60%. Yet even though there is this vaccine, there are many HCWs that refuse to partake in this vaccination. Though free will cannot be taken from us, what is the cost? “Several studies indicate that influenza outbreaks can result in increased healthcare costs, reduced productivity, societal disturbance, and an increase in workplace absences that can cost billions of dollars each year.”
(cite)
- b. 1 ethical framework- Deontology
- c. Though a young HCW may find it unnecessary to partake in the vaccination, who is this HCW putting at risk in him/her’s decision? Who is truly the priority. HCW are taught from the very beginning of schooling that the priority is patient first, not the other way around. (Saleem) Many patients in the hospital setting are detrimentally ill, immunocompromised, elderly, and the vast majority of patients are vulnerable to disease and sickness. This is why it is mandatory to have masks put into place, PPE, washing of the hands, and of course, vaccinations fall under this category. To give our patients the safest and highest quality of care to enhance their quality of life we must make sure we are immunized to prevent transmission of this virus. Many times, in a healthy individual, there are no signs and symptoms until the prodromal stage of the infection. And how many people still go to work and care for patients even when feeling under the weather? Especially nurses.

According to the World Health Organization, the incubation period of influenza ranges from 1-4 days. So, this is 1-4 days of caring for patients who could die from catching the influenza virus or become extremely ill. If your child or mother were extremely ill, would you be okay taking this risk for an unvaccinated HCW to be caring for your loved one with the possibility of them spreading the flu? In one study there was four trials done that showed that vaccinations of HCW significantly decreases the death and illness in the facilities. (Cortes-Penfield) “Patient mortality decreased by 42% in the vaccinated facilities versus controls.” (Cortes-Penfield) Safety is also a big concern about the safety of influenza vaccines, yet according to the Vaccine Adverse Event Reporting System, there is no evidence of harmful side effects (1 in 300,000 persons experience serious adverse effects), the biggest effect from this is that it protects you and those around you from the flu. Making this mandatory for all HCWs is necessary for non-maleficence and beneficence of the patients. “Ultimately, the healthcare worker has more choice about being in the hospital than...the medically ill patient, who has little choice about being exposed to infectious diseases.” (Cortes-Penfield) HCWs when partaking in the vaccine take on “a personal risk of harm,” but it is no different than not allowing a HCW to refuse care for a patient who is HIV + and potentially can catch HIV from them. (Cortes-Penfield)

2. This vaccine is not created to put those of faith into absolute moral distress, yet it is made for the overall health of the people. Turning to the ethical and moral standpoint of vaccines. Many Catholics are either totally against or for vaccinations and it typically revolves around the use of aborted fetal cells. We as Catholics actually have a moral obligation to vaccinate according to The National Catholic Bioethics Quarterly Volume 16. One may argue there is formal, or material cooperation involved which causes it to be a dilemma for our Catholic Faith but that is not the case. With formal cooperation “the individual gives consent to the evil of the deed preformed” (Spaeder) Yet with this, because the reason for getting the vaccine is intended to protect yourself, your family, and the patients so it would not be considered under a formal cooperation. Material cooperation is “actively participating in the deed by which the evil is performed.” (Spaeder) This is also not the case because the retriever of the vaccine is not in cooperation with the evil act of abortion. “The Catholic Church, then, recognizes that, in our imperfect world, it is necessary to simultaneously express appropriate sadness and concern over the origin of these vaccines while not neglecting our duty to care for our [patients] and others by leaving them exposed to the ravages of a disease that is easily preventable through vaccination.” (Spaeder)

3. Opposition Position – 5 minutes – Amber?

- a. Flu vaccinations aren’t a big deal, are they? Technically, no. However it does become an ethical problem when a facility wants to mandate it. They are forcing a rule upon workers that not everyone agrees with. The flu vaccine mandate has two

main problems. 1) The vaccine doesn't truly prevent the flu and 2) it infringes on the rights of health care workers.

b. EFFECTIVENESS OF FLU VACCINATIONS

i. Let's talk about the structure of the flu, that way we can understand the structure of vaccination. The flu is a RNA virus. The MMR, varicella, small pox are all DNA. The difference is the DNA viruses don't mutate. They stay the same, making the vaccine effective. If the virus doesn't change, then the vaccine doesn't have to either. When it comes the RNA flu virus, the vaccine is a DNA vaccination. The flu mutates very often following the antigenic drift and antigenic shift (Bouvier, 2008). The vaccine can't change with it because it is a DNA vaccine. In attempts to keep up with the strains of the flu, the medical field takes their best evidence-based guess, and creates a DNA flu vaccine each year for it to be effective.

c. Knowing the vaccine isn't super effective, does it make sense to mandate it to HCW who don't want it?

d. Forcing a flu mandate upon healthcare workers is an infringement of rights when the flu vaccination is mandated specifically for healthcare workers. Locally, we know that Sanford Health mandates the flu vaccination, but they offer a medical exemption, not a religious one. Personally, I find it interesting that patients can refuse the flu vaccine due to personal beliefs and their autonomy, but healthcare workers cannot. What happened to health care workers' rights? They are still their own person with a right to govern their own body. Ultimately, it is the HCWs decision to In 2020, the National Library of Medicine published an article from Mariano Jose Ferragut regarding why healthcare workers refuse the flu vaccine. Ferragut found 25% of healthcare workers believe they don't need it or don't believe in the effectiveness of it. In addition to HCWs losing their autonomy, they also lose their ability to provide justice for themselves. If a HCW is forced to take the flu vaccination, they may feel like they couldn't defend themselves because they needed a job. They may feel useless to help themselves.

e. The medical field is becoming increasingly unified, which is a good thing. However, one shouldn't need to comprise their own personal values for the sake of their job. This would result in moral distress and leads to one being extremely unhappy with their job. The ethical theory, Libertarianism, focuses on the person's autonomy and personal freedom. Flu vaccinations infringes on their right to make their own decisions. HCW should have the freedom to choose whether to become vaccinated base on their own beliefs.

f. CLOSING

i. Ultimately, the flu vaccination shouldn't be mandated because it takes away HCWs rights to themselves, and frankly isn't super effective. The

question remains: Is it worth mandating a ineffective vaccine that causes moral distress among some HCW?

4. Rebuttal from AFFIRMATIVE position – 3 minutes -Aubrey

a. BENEFICENCE:

- i. The flu vaccination has shown multiple signs of beneficence and nonmaleficence to individuals and communities. It can reduce the risk of ICU admission by 26% and death by 31% compared to unvaccinated. It is a preventative tool for people at risk and can protect the people around you. It reduces children's risk of severe life-threatening influenza by 75% and protects pregnant women and their infants for the first few months of life. (CDC, 2023)
- ii. While some people may be concerned about the potential adverse effects of Gullain-Barre syndrome, various studies from Poland and the US found significantly lower incidence of this condition along with general hospital admissions and deaths among those vaccinated (Gray et al., 2015). Other complications relating to the flu that the vaccination can protect from include pneumonia, ear infections, sinus infections, and the worsening of chronic medical conditions that are often prevalent in hospitals (CDC, 2023).
- iii. Hospitals attempt to respect HCW's autonomy by allowing exemption forms to be filled out either for health or religious reasons, varying with each hospital's guidelines

b. EFFECTIVENESS:

- i. Achieving a high immunization rate can potentially remove a substantial amount of people within the susceptible population, resulting in limiting the spread of the disease and protecting a greater amount of people from morbidities and mortality associated with the flu (Gray et al., 2015).
- ii. The selection process for each flu season is extensive. The vaccine protects against the 4 main groups of flu that are most likely to spread and cause illness: a flu A(H1) virus, a flu A(H3) virus, a flu B/Yamagata lineage virus, and a flu B/Victoria lineage virus. The specific types are selected based on the flu viruses making people sick and spreading more rapidly before the active flu season, how well the previous season's vaccines may protect against those viruses of concern, and the vaccine's ability to provide cross-protection against a range of related flu viruses of the same type or subtype (CDC, 2023).

5. Rebuttal from OPPOSITION position – 3 minutes – Sarah?

- a. **EFFECTIVENESS-** The nursing profession is prided on being seen as trustworthy and a voice for those in our care and are vulnerable. However, the nurse's autonomy for a vaccine with questionable effectiveness is removed. In

studies by Lewnard and Cobey, its effectiveness varies by season, age groups, and prior vaccination rates. It's lowest effectiveness per Lewnard and Cobey, is in groups who had received annual vaccines, which means annual vaccines could be hindering infection control. Per Knutsen & Anderson, with Statum Serum Institutes' yearly Epidemiology report with regards to the flu for 2022, the vaccine itself's effectiveness lasts 3-4 months at best in children, who have the highest adaptability to initiate an immune response, so in older and vulnerable populations, the numbers are less.

- b. In developing a vaccine for the flu takes place as a prediction created internationally with Geneva, 18 months prior to the flu season. The different strains, A – affects multiple hosts, human, equine, swine, avian, B- affects only human and C- affects human and swine. The antigenic drift seen in the flu virus is substantial and it's combination with different strains makes it unpredictable.
- c. **RISKS-** Overall, the risk of this vaccine in the nursing population can be damaging to the already short staffed demographic. Per Zheng and **associates** (Zheng et al., 2022) the risk of injury from the influenza vaccine is 0.99% per 10,000 vaccinations. This seems small, but with the US nursing workforce hovering around 3 million, that is roughly 3000 nurses annually sustaining a potential job ending injury for a vaccine with questionable effectiveness.

6. Questions from Audience – 2 minutes

References

Opposition References:

- Bouvier, N. M., & Palese, P. (2008). The biology of influenza viruses. *Vaccine*, 26 Suppl 4(Suppl 4), D49–D53. <https://doi.org/10.1016/j.vaccine.2008.07.039>.
- Ferragut, M. J., Barry, D., & Cummins, M. (2020). Understanding why healthcare workers refuse the flu vaccine. *Journal of infection prevention*, 21(3), 115–118. <https://doi.org/10.1177/1757177420908000>
- Lewnard, J. A., & Cobey, S. (2018, May 21). *Immune history and influenza vaccine effectiveness*. MDPI. <https://www.mdpi.com/2076-393X/6/2/28>
- Knutsen, L. K., & Anderson, P. H. (2022, July 6). *Influenza season 2021/2022*. Statens Serum Institut. <https://en.ssi.dk/surveillance-and-preparedness/surveillance-in-denmark/annual-reports-on-disease-incidence/influenza-season-2021-2022>
- Zheng, C., Duffy, J., Liu, I. A., Sy, L. S., Chen, W., Qian, L., Navarro, R. A., Ryan, D. S., Kim, S. S., Mercado, C., & Jacobsen, S. J. (2022, March 22). *Risk for shoulder conditions after vaccination: A population-based study using real-world data*. *Annals of internal medicine*. <https://pubmed.ncbi.nlm.nih.gov/35313110/>

Affirmative References:

About flu. (2023, May 2). Centers for Disease Control and Prevention.

<https://www.cdc.gov/flu/about/index.html>

Cortes-Penfield N. (2014). Mandatory influenza vaccination for health care workers as the new standard of care: a matter of patient safety and nonmaleficent practice. *American journal of public health*, 104(11), 2060–2065. <https://doi.org/10.2105/AJPH.2013.301514>

Gray, M., Mayo, P., & Miyata, M. (2015). Should influenza immunization be mandatory for all health care providers? *The Canadian Journal of Hospital Pharmacy*, 68(1).
<https://doi.org/10.4212/cjhp.v68i1.1427>

Saleem M. Mandatory Influenza Immunization for Healthcare Workers. *J Coll Physicians Surg Pak* 2023; 33(05):590-591. <https://pubmed-ncbi-nlm-nih-gov.ezproxy.umary.edu/37190698/>

World Health Organization: WHO & World Health Organization: WHO. (2023, October 3). *Influenza (Seasonal)*. [https://www.who.int/news-room/fact-sheets/detail/influenza-\(seasonal\)#:~:text=The%20time%20from%20infection%20to,range%20from%201%E2%80%9334%20days](https://www.who.int/news-room/fact-sheets/detail/influenza-(seasonal)#:~:text=The%20time%20from%20infection%20to,range%20from%201%E2%80%9334%20days)