



**BC NURSES'
UNION**

Standing up for health care

POSITION STATEMENT



VACCINATION

www.bcnu.org

JANUARY 2021

BCNU encourages nurses, other health-care workers and the general public to be vaccinated against influenza, COVID-19 and any other emerging viral diseases as a preventive measure and in accordance with the most recent scientific evidence.

1. Statistics Canada (2015). Flu vaccination rates in Canada. ISSN 1925-6493. Available at <https://www150.statcan.gc.ca/n1/pub/82-624-x/2015001/article/14218-eng.pdf>
2. National Advisory Committee on Immunization (2020). Summary of the NAI seasonal influenza vaccine statement for 2020-2021. Available at <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-cdr/monthly-issue/2020-46/issue-5-may-7-2020/naci-summary-influenza-2020-2021.html>
3. *ibid*
4. World Health Organization (2020). Influenza vaccination – 7 things to know. Available at <https://www.euro.who.int/en/health-topics/communicable-diseases/influenza/vaccination/influenza-vaccination-frequently-asked-questions>.
5. Public Health Agency of Canada (2020). Flu (influenza): Prevention and risks. Available at <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/prevention-risks.html>
6. Centers for Disease Control and Prevention (2020). Influenza (flu): Key facts about flu vaccines. Available at <https://www.cdc.gov/flu/prevent/keyfacts.htm>
7. Rondy, M., El Omeiri, N., Thompson, M.G., Leveque, A., Moren, A. & Sullivan, S.G. (2017). Effectiveness of influenza vaccines in preventing severe influenza illness among adults: A systematic review and meta-analysis of test-negative design case-control studies. *Journal of Infection*, 75(5), 381-394
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- Like any medical treatment or procedure, each individual must have the opportunity to inform themselves of the potential risks and benefits of immunization, based on their understanding of the evidence and in discussion with their family physician or other care provider.
- Employers should work with nurses to create education campaigns that encourage nurses, other health-care workers, and the public to be vaccinated. Mandatory or coercive means of promoting vaccination can have harmful effects on employer-employee relationships, and may result in a rebound effect, unintentionally contributing to vaccine hesitation among the general public.
- Employers should work with nurses and other health-care workers who are unable to be vaccinated to ensure they have access to work that keeps them and their patients as safe as possible.
- Vaccination is an important element of an overall infectious disease prevention plan. Adequate staffing, elimination of hospital over-crowding, adequate handwashing stations and supplies, easily accessible personal protective equipment (PPE) and isolation of those with infectious diseases must also be in place.

BACKGROUND

Millions of Canadians are infected with seasonal influenza (the flu) every year.¹ Thousands are hospitalized, and thousands die.² The National Advisory Committee on Immunizations recommends that all Canadians over the age of six months receive an annual flu vaccine, and that health-care workers in particular should be vaccinated as a preventive measure.³

In 2019, a novel coronavirus first appeared in Wuhan, China, quickly escalating into a pandemic that has stretched health-care systems worldwide to their limits and beyond, affecting millions, shutting down economies, and claiming the lives of thousands of people each day around the globe. In British Columbia, the greatest toll has been in long-term care facilities. New vaccines have been rapidly developed as a key tool to help combat this global crisis.

SAFETY AND EFFICACY OF VACCINATION

INFLUENZA

Annual immunization against influenza provides the best available protection against infection, potential complications, and spread of the disease.^{4, 5, 6}

There is a wealth of evidence to show that immunization against influenza reduces respiratory illness, physician visits and hospitalizations at the population level.^{7, 8, 9, 10} Because there are a variety of influenza strains, and each year's vaccine must be matched to the strains anticipated to circulate in the community, full protection is not always achievable; however, effectiveness is still high.¹¹ On average, studies show between 50 and 60 percent efficacy rates for the seasonal influenza vaccine overall.¹²

Influenza vaccination also has a very high safety profile. Adverse events related to influenza immunization have been monitored and studied extensively; overall, side effects are typically mild and short-lived, such as local soreness and swelling or malaise and myalgia. More severe outcomes such as anaphylaxis are exceptionally rare.¹³

COVID-19

Widespread vaccination has the potential to greatly reduce the spread of COVID-19 and its effects on individuals and health-care systems around the world. However, this outcome depends on a sufficient number of people choosing to be vaccinated. In 2019, before the emergence of COVID-19 as a worldwide threat, the World Health Organization had already recognized vaccine hesitancy as one of the top 10 threats to global health.¹⁴ Because of the novelty of this virus and the speed with which vaccines have been developed, some people may be particularly hesitant to be the first in line.¹⁵

The emergence of COVID-19 has placed tremendous strain on health-care systems around the world. The significant morbidity and mortality caused by the virus has led to a global push to develop vaccines to prevent infection. Although there is a great deal of focus on getting vaccines out quickly, safety and efficacy have remained top priorities. Within less than a year of the first identified case, multiple vaccines were developed, tested, and manufactured for rapid international deployment. Regulators such as Health Canada who are tasked with approving new medicines require candidates to meet a high threshold of evidence on safety before approving any new vaccines for distribution to the public.

The evidence base on these vaccines continues to develop, and any adverse events will be monitored as they are for any new medical interventions. To date, the developing research into safety and efficacy for emerging COVID-19 vaccine candidates is extremely encouraging. Large-scale trials have been rapidly deployed, finding extremely high rates of protection offered by various vaccine candidates, with few or no serious adverse events reported among tens of thousands of participants.¹⁶

One of the ways the development process has been accelerated was through an unprecedented increase in funding. Normally, developers would take years to go through the process, waiting for final approval from regulators before beginning the manufacturing process. Because of the urgency of the COVID-19 crisis, additional

9. Nichol, K.L., Mallon, K.P. & Mendelman, P.M. (2003). Cost benefit of influenza vaccination in healthy, working adults: An economic analysis based on the results of a clinical trial of trivalent live attenuated influenza virus vaccine. *Vaccine*, 21(17-18), 2207-2217
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15. Dube, E. & MacDonald, N.E. (2020). How can a global pandemic affect vaccine hesitancy? *Expert Review of Vaccines*, 19(10), 899-901
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funding was provided to help developers manufacture their products ahead of time, and then only distribute those that gain regulatory approval. The additional funding has also allowed developers to pursue multiple pathways of investigation in parallel, rather than one at a time.¹⁷ Another means of getting vaccines out more quickly has been to fast-track approval processes, allowing developers to submit data to regulators on a rolling basis. However, all approvals still depend on vaccine candidates meeting a high threshold of evidence of safety and efficacy.¹⁸

Like any vaccine or other medical treatment, each individual must have the opportunity to inform themselves of the potential risks of the COVID-19 vaccine, as well as the risks of not receiving it. BCNU supports the expert recommendations made by Health Canada and the National Advisory Committee on Immunization, and encourages those seeking additional information to seek out reputable sources such as the BC Centre for Disease Control, the Public Health Agency of Canada and the World Health Organization.

EDUCATION AND UPTAKE

While vaccination provides an important layer of protection against influenza and COVID-19, BCNU believes that education and encouragement are the most

ethical and appropriate means of achieving high vaccination rates for nurses, other health-care workers and the general public.

Employers should work with nurses and other health-care workers on developing supportive and encouraging vaccination policies to achieve high vaccination rates in the health-care workforce. Evidence shows that mandatory or coercive vaccination policies in workplaces can create conflict, damage trust, and may unintentionally heighten vaccine hesitancy by feeding into false narratives on vaccine safety.¹⁹ Employers should also work with nurses and other health-care workers who are unable to be vaccinated to ensure they have access to work that keeps them and their patients as safe as possible.

Nurses in BC have a unique opportunity to help educate the public on the risks and benefits of available vaccines, the importance of ensuring safety and efficacy in the development of COVID-19 and other vaccines, and the possible outcomes of forgoing vaccination.

FOR MORE INFORMATION

For further information on these and other vaccines, visit www.immunizebc.ca. To discuss your employer's vaccination policy, contact your BCNU regional council member. Visit www.bcnu.org or refer to Update Magazine for contact information.

17. Lurie, N., Saville, M., Hatchett, M.D., & Halton, A.O. (2020). Developing Covid-19 vaccines at pandemic speed. *The New England Journal of Medicine*. <https://doi.org/10.1056/NEJMp2005630>

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