

Letter to the Editor

Healthcare facilities should publicly report the coronavirus disease 2019 (COVID-19) vaccination coverage of healthcare personnel

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To the Editor—Between expanding eligibility criteria and the opening of mass vaccination sites, millions of Americans have now been vaccinated against coronavirus disease 2019 (COVID-19). Barriers to vaccination remain, however, including supply shortages, difficulties in scheduling, and vaccine hesitancy. Among healthcare personnel (HCP), hesitancy has been linked to concerns about adverse effects, a desire to hear the experiences of others, and distrust of the rapid approval process.^{1,2} Willingness to undergo vaccination appears associated with identity, with differences based on gender, race, and political beliefs.¹

For these reasons and others, as of early March, approximately half of HCP were unvaccinated.³ Unvaccinated HCP present a threat to patient safety because they are more likely than vaccinated HCP to expose patients to severe acute respiratory coronavirus virus 2 (SARS-CoV-2). Unvaccinated HCP are also more likely than vaccinated HCP to compromise hospital staffing and operations because developing COVID-19 and exposing coworkers to the virus may necessitate time away from work for isolation or quarantine.

The Centers for Medicare and Medicaid Services (CMS) recently proposed changes to the Hospital Inpatient Quality-Reporting Program that include an important new measure for COVID-19 vaccination coverage among HCP.⁴ We applaud the CMS for moving quickly to add this measure. If the proposed rule is enacted—and we hope that it will be—hospitals and long-term care facilities will be required to report HCP vaccination rates to the CMS beginning in October 2021. The precedent for this type of rule is mandatory reporting of influenza vaccination coverage among select categories of HCP.⁵

However, healthcare facilities should not wait until October to begin reporting COVID-19 vaccination rates for HCP. Rather, public reporting should begin as soon as possible. During this crucial period of transition to the next phase of the pandemic, public reporting can encourage health systems to improve vaccination uptake and can empower patients to seek care in settings that are less likely to place them at risk.

Hospital-acquired COVID-19 is rare,⁶ but fear of exposure has real consequences. By June 2020, 41% of patients had delayed or avoided medical care out of concern for COVID-19.⁷ Also,

~40% of Americans feel unsafe going to a doctor's office, and ~50% feel uncomfortable scheduling a procedure.⁸ Furthermore, these concerns may be more common among minority populations,⁸ potentially worsening health disparities related to the pandemic. Public reporting of HCP vaccination coverage may help to alleviate these fears so patients will be less likely to delay necessary care.

Public reporting can be a potent motivator to improve performance on quality measures.⁹ We anticipate that most health systems are actively working to vaccinate as many of their employees as possible, and mandatory vaccination may be coming soon. In the meantime, public accountability can provide the urgency to align stakeholders and overcome logistical barriers. Although a small proportion of unvaccinated HCP may be firm in their decision, a much larger group are likely unsure and waiting for more information.^{1,2} Town halls, education seminars, and question-and-answer sessions can be helpful, but they rarely occur at a time when they can be accessed by night-shift workers. We suspect that regardless of what health systems are currently doing to get their HCP vaccinated, they could probably be doing more.

Sharing data can also help to normalize vaccination among hesitant HCP. Finding out that a high proportion of your coworkers have been vaccinated may be compelling if the vaccination rate among your immediate peer group is much lower. In hospitals with relatively low vaccination coverage, higher coverage at a nearby institution may send a signal to staff and leadership that they have fallen behind.

COVID-19 vaccination has been framed as a personal choice.¹⁰ Thus, healthcare facilities may be reluctant to report data that they perceive to be beyond their scope or that reflect the private health information of their employees. However, the choice to abstain from vaccination affects public health and patient safety. Coworkers and patients bear the consequences alongside the unvaccinated individual. Thus, improving vaccination coverage is ultimately the responsibility of the healthcare facility.

We recognize that public reporting of COVID-19 vaccination coverage among HCP may present challenges, and most healthcare facilities will prefer to wait and see whether reporting becomes mandatory. However, we strongly encourage healthcare facilities to report their vaccination rates voluntarily before they are required to do so. In particular, facilities with high vaccination rates should publicize their numbers. Patients at those facilities will feel reassured and competitors will feel pressured. Hopefully, more HCP will get vaccinated, keeping themselves, their communities, their colleagues, and their patients safer.

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Cite this article: Yang JM, Babcock HM, and Baghdadi JD. (2021). Healthcare facilities should publicly report the coronavirus disease 2019 (COVID-19) vaccination coverage of healthcare personnel. *Infection Control & Hospital Epidemiology*, <https://doi.org/10.1017/ice.2021.319>

Acknowledgments.

Financial support. No financial support was provided relevant to this article.

Conflicts of interest. J.B. is the recipient of a small grant from the Society for Healthcare Epidemiology of America (SHEA) Education & Research Foundation through the Epi Project Competition. All authors report no conflicts of interest relevant to this article.

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