



DOCTORS RESISTING THE FLU JAB

Doctors choosing not to be vaccinated is choosing to do harm

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We read Patel's article with distress verging on disbelief.¹ Although flu is unlikely to have serious sequelae in healthy non-pregnant healthcare workers, unvaccinated workers can and do transmit the virus to their co-workers, adversely affecting the workforce. They also infect patients, including elderly people, immunocompromised patients, pregnant women, and very young children (who are affected disproportionately by H1N1 influenza A virus). The incidence of death in these vulnerable groups is relatively high.

There is good evidence that flu vaccination of healthcare workers reduces illness and mortality in nursing home residents.^{2 3} Evidence in acute care and ambulatory settings is difficult to assess because patients generally leave the hospital or clinic before a new infection becomes evident. However, transmission mechanisms are unlikely to differ for these patients, who would no doubt benefit if workers providing their care were vaccinated. Modelling studies show that increasing rates of flu vaccination for workers in acute care settings directly reduce hospital acquired infections, with no cut off for the benefit.⁴

Vaccination of healthcare workers aims mainly to reduce the risk of debilitating and potentially fatal vaccine preventable illness in vulnerable patients. Healthy adults mount better immune responses to flu vaccine than do vulnerable patients,

so vaccinating workers may provide more effective protection than vaccinating patients themselves.

Doctors and other healthcare providers have an ethical obligation to make decisions and take actions that protect patients from preventable harm. Many patients are highly vulnerable to flu, so choosing not to be vaccinated is choosing to do harm—a choice that has no place in healthcare.

Competing interests: None declared.

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