

Head to Head

Should covid-19 vaccination be mandatory for health and care staff? No

Helen Bedford ^a Michael Ussher ^{b c} Martine Stead ^c

^a Population, Policy and Practice Research and Teaching Department
UCL Great Ormond Street Institute of Child Health
30 Guilford Street
London WC1N 1EH

^b Population Health Research Institute,
St George's University of London,
Cranmer Terrace,
London, SW17 0RE

^c Institute for Social Marketing and Health,
University of Stirling,
Stirling, FK9 4LA

Correspondence to: H Bedford h.bedford@ucl.ac.uk

*New UK law will make vaccination a condition of employment for eligible care home staff, following similar moves in Italy, France, and Greece. This is reasonable because care institutions have a duty to protect patients, argues **Michael Parker**, but **Helen Bedford**, **Michael Ussher**, and **Martine Stead** worry that such a blunt approach is unnecessary and could be counterproductive.*

Health and social care workers have a duty of care to be vaccinated against COVID-19, to protect their patients and care home residents, as well as protecting themselves, their families, and the wider community. On 14 July, the UK House of Commons approved the requirement for staff without a medical contraindication working in Care Quality Commission regulated care homes in England to have two doses of COVID-19 vaccine. Italy, France and Greece have recently made vaccination mandatory for healthcare workers.^{1, 2}

Freedom of choice

We consider mandating vaccination “a blunt instrument to tackle a complex issue”³: it is not necessary, acceptable, or the most effective way to achieve high uptake, and raises serious ethical issues about freedom of choice. Although it can be argued that freedom of choice does not trump protecting patients and home care residents, mandating vaccination could be counterproductive.

In England, COVID-19 vaccine uptake among adults in the general population, and staff in NHS and older adult care homes is generally high, with 87%, 90%, and 87% vaccinated with at least one dose,⁴ although the accuracy of the data for care home workers has been questioned.⁵ However, uptake varies geographically and between sociodemographic groups, with lower uptake or intended uptake (“hesitancy”) among some minority ethnic groups also reported.^{6 7 8} Of concern, a large study of

healthcare workers reported that those in patient facing roles including nurses, nursing associates, and midwives were more likely to be hesitant.⁷ Health and social care workers are obviously not immune to vaccine concerns or susceptibility to misinformation. As with the general population,⁶ exploring their reasons for vaccine hesitancy is fundamental to inform interventions to improve uptake.^{7,8}

Initiatives to Improve Vaccine Uptake

Successful initiatives to improve staff vaccine uptake which address the main reasons for hesitancy have been reported from hospital trusts.^{9,10,11} These include improving access and providing support to book vaccine appointments; provision of evidence based information in different formats and languages, including regular question and answer sessions via online webinars, and drop-in sessions where concerns are acknowledged and addressed non-judgmentally. An “active listening” approach to providing information, while recommending vaccination, builds trust, a key factor in ensuring vaccine acceptance.¹² Importantly, vaccine advocates and ambassadors involved in these initiatives were mainly from black and minority ethnic groups. Staff reported vaccine confidence among more senior colleagues, particularly clinicians, to be influential.⁷ Since together with the NHS, healthcare workers are the public’s most trusted source of information about COVID-19 vaccine,⁶ such strategies may also help improve vaccine confidence in the wider population.

In the context of concerns about sub-optimal vaccine uptake, mandatory vaccination can appear a straightforward solution, requiring less resource than other interventions, but it has downsides. Notably, there is the risk of increasing resistance to vaccination by damaging trust in the government and other organisations.⁸ This is of particular concern among ethnic minorities, who are over-represented among health and social care workers, have been disproportionately affected by covid-19, are less likely to trust government sources of information, and are more likely to be vaccine hesitant.⁶

In a recent public consultation, 47% of care home workers did not support mandatory vaccination.¹³ There are reports of staff threatening to leave rather than be forced to be vaccinated, which is a particular concern due to shortages in NHS and care home staff.¹⁴ Although this does not seem to have been borne out in Australia where flu vaccine is mandated for some health and social care staff,¹⁵ enforcing vaccination risks damaging the morale of an already pressured essential workforce.

To maximise vaccine uptake, mandation should be the last resort when other measures have failed. But vaccine uptake is generally already high in health and care workers and can be improved with less extreme measures. The UK has highly successful vaccine programmes across the life course without recourse to compulsion; introducing such a coercive practice now, even if only for specific groups, represents a slippery slope which is best left untrodden.

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1. Wise J. Covid-19: France and Greece make vaccination mandatory for healthcare workers. *BMJ* 2021;374:n1797
2. Paterlini M. Covid-19: Italy makes vaccination mandatory for healthcare workers *BMJ* 2021; 373 :n905 doi:10.1136/bmj.n905
3. BMA. Mandatory vaccination for NHS staff is incredibly complex issue, says BMA. <https://www.bma.org.uk/bma-media-centre/mandatory-vaccination-for-nhs-staff-is-incredibly-complex-issue-says-bma> 2021
4. NHS. Covid-19 Vaccinations. <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/> (accessed 19/7/2021)
5. Hayes L, Pollock A M. Mandatory covid-19 vaccination for care home workers *BMJ* 2021; 374 :n1684 doi:10.1136/bmj.n1684
6. Stead, M., Jessop, C., Angus, K., Bedford, H., Ussher, M., Ford, A., Eadie, D., MacGregor, A., Hunt, K. and MacKintosh, A.M., 2021. A national survey of attitudes towards and intentions to vaccinate against COVID-19: implications for communications. medRxiv. [Pre-print]
7. K. Woolf et al., Ethnic differences in SARS-CoV-2 vaccine hesitancy in United Kingdom healthcare workers: Results from the UK-REACH prospective nationwide cohort study, *The Lancet Regional Health - Europe* (2021), <https://doi.org/10.1016/j.lanpe.2021.100180>
8. Bell, S., Clarke, R.M., Ismail, S.A., Ojo-Aromokudu, O., Naqvi, H., Coghill, Y., Donovan, H., Letley, L., Paterson, P. and Mounier-Jack, S., 2021. COVID-19 vaccination beliefs, attitudes, and behaviours among health and social care workers in the UK: a mixed-methods study. medRxiv. [Pre-print]
9. Papineni P, Filson S., Martin I, Matharoo M; Obaro A., Oti,C; John J St, Mensah E. Trusted messengers are key to encouraging vaccine uptake <https://blogs.bmj.com/bmj/2021/06/24/trusted-messengers-are-key-to-encouraging-vaccine-uptake/> (accessed 16/7/2021)
10. Azamgarhi, T., Hodgkinson, M., Shah, A., Skinner, J.A., Hauptmannova, I., Briggs, T.W. and Warren, S., 2021. BNT162b2 vaccine uptake and effectiveness in UK healthcare workers—a single centre cohort study. *Nature Communications*, 12(1), pp.1-6.
11. Stead M, Critchlow N, Patel R, MacKintosh AM, Sullivan F. Improving uptake of seasonal influenza vaccination by healthcare workers: Implementation differences between higher and lower uptake NHS trusts in England. *Infect Dis Health*. 2019 Feb;24(1):3-12. doi: 10.1016/j.idh.2018.09.082. Epub 2018 Oct 19. PMID: 30541694.
12. Lewandowsky, S., Cook, J., Schmid, P., Holford, D. L., Finn, A., Leask, J., Thomson, A., Lombardi, D., Al-Rawi, A. K., Amazeen, M. A., Anderson, E. C., Armaos, K. D., Betsch, C.,

Bruns, H. H. B., Ecker, U. K. H., Gavaruzzi, T., Hahn, U., Herzog, S., Juanchich, M., Kendeou, P., Newman, E. J., Pennycook, G., Rapp, D. N., Sah, S., Sinatra, G. M., Tapper, K., Vraga, E. K (2021). The COVID-19 Vaccine Communication Handbook. A practical guide for improving vaccine communication and fighting misinformation. <https://rri-tools.eu/-/the-covid-19-vaccine-communication-handbook-a-practical-guide-for-improving-vaccine-communication-and-fighting-misinformation>

13. Learner S. Care home calls for Covid vaccine to only be mandatory for new employees, after staff threaten to leave. <https://www.carehome.co.uk/news/article.cfm/id/1653742/care-home-staff-leave-covid-vaccine>

14. Department Health and Social care
<https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-older-adult-care-homes/outcome/making-vaccination-a-condition-of-deployment-in-care-homes-government-response> (accessed 16/7/2021)

15. Seale H. 2021 Evidence supports mandatory COVID vaccination for aged-care workers. But we need to make it easier too. The Conversation <https://theconversation.com/evidence-supports-mandatory-covid-vaccination-for-aged-care-workers-but-we-need-to-make-it-easier-too-163569>

