3 June 2016

By email: nigel.murray@waikatodhb.health.nz

Dear Nigel

**Employee Flu Vaccination Policy**

Thank you for your letter dated May 13. Clearly there is a lot we do agree on. However the isolated view taken in your letter, restricted solely to the issue of flu vaccination and mask wearing as a disease management mechanism, fails to address the breadth of the valid concerns the unions have. The wider issues must also be addressed or there is a risk of Waikato DHB failing in its obligations to be a good employer. Additionally we may miss some opportunities to further progress this important public health initiative.

This letter will focus on those issues, but firstly we would comment on the issue of mask wearing as a mechanism to prevent the spread of disease and herd immunity.

1. It would be fair to say that the jury is out on the benefit of mask wearing as a method of preventing the spread of flu. Evidence exists in support of both views. However, having checked with our respiratory physiologists (who are experts on this issue having done considerable work during and since the SARS outbreak on the matter) it is of limited value for a host of reasons including mask efficacy in practice. We put it to you that in the absence of evidence clearly supporting benefit, and given the act of requiring mask wearing has been acknowledged by the DHB to be just as much a coercive mechanism to get people vaccinated, taking this matter so far as to threaten people’s employment is unreasonable.

2. We have also taken advice on the matter of herd immunity. At 85% we are advised that the benefits of reduced spread of disease are achieved. Of course this is in the context of a vaccine that has variable efficacy; between 80%-85% depending on strains prevalent in any year. So even amongst vaccinated persons, only 80%-85% will seroconvert. Eradication of the flu is simply not possible in this scenario. In context of this issue, some of your vaccinated staff (who are not required to wear a mask) will not seroconvert and may still spread the virus. The suggestion made by Sue Howard that anyone with a “cough or runny nose”, regardless of cause, should wear a mask, was, I believe, sensible. I note that concerns about SARI are just as valid in this respect.
Now onto the issues your letter did not address; that of culture and wider societal impact. The mask wearing policy at Waikato DHB has been acknowledged as equally about improving vaccination rates as it is about reducing disease spread. It is the culture that the preparedness to use coercion generates that should be at least as equally front of mind in your concerns as an employer. We know there is evidence of a poor workplace culture at Waikato DHB. The prevalence of bullying is amongst the highest in the DHBs. Adding to this a policy that reinforces that poor culture is unconscionable. Even amongst our avidly pro vaccination members the method by which Waikato DHB is handling this matter is considered inappropriate given the damage such an approach imposes on employees, as well as the performance of the organisation, and ultimately on patient care.

The punitive approach also misses the opportunity to recruit ambassadors, champions if you prefer, to the vaccination campaign. And not just the flu vaccination, but all vaccine preventable diseases. In our experience, working through a positive and educative model has seen staff of their own volition going on to promote more widely, to patients, family, and out into the wider community, the benefits of vaccinations. When this approach is taken, the negative impacts of "because they made me" are nowhere to be seen!

And it does work. Below are the results to date in one DHB across AST and RMO members. Yes, it takes some work, but no more I would suggest than the compliance costs Waikato DHB endured last year trying to enforce an unpopular policy; and under the educative approach, DHBs have unions available to assist and support.

We are aware that Waikato has suggested last year’s success in Tairawhiti and Northland is only achievable in small DHBs, but note for the record that we can’t know if that is true. In my experience, all DHBs are different; with the persistence of the current Waikato policy there is also no opportunity to demonstrate otherwise.

So how about a compromise? We propose that we convene a joint unions/DHB staff forum where we reiterate the clear agreement between us on the benefits of vaccinations, but also acknowledge the different points of view about the best method to achieve high levels of vaccination. On that basis we challenge you to put aside the insistence that non-vaccinated staff (and visitors) wear a mask, in favour of a policy that encourages staff and visitors who have a "cough or a runny nose", regardless of source, to wear a mask.

We look forward to your response to this initiative to work together to better protect the community from influenza.

Yours sincerely

[Signature]

Dr Deborah Powell
National Secretary: NZRDA, NZMLWU, and APEX
And on behalf of MERAS, NZNO, ASMS