

## **Coercion is not justified in Influenza vaccination\***

There are mandatory activities in public health, also for clinicians. For example, rules and norms for washing hands to decrease antibiotics resistance. Therefore we can consider the possibility of requesting flu vaccine to health workers if that reduces influenza infection and its consequences in patients. This would be so if the vaccine reduces transmission of infection among health workers and patients. But, according to the Cochrane Reviews and others (1-3), we cannot expect such a positive outcomes. In addition, the influenza vaccine causes only short-term immunity (around four months), then should we re-vaccinate if there is a delayed flu epidemic?

The idea behind mandatory flu vaccination is to transform the hospital/health center in a "bunker" in front of flu. But the side effects of mandatory vaccination are not limited to potential damages for health workers' health, as neuritis. In public health we should consider other harms; for example, the false sense of security that can lead to less rigorous measures of proven effectiveness in the transmission of influenza, such as washing hands and wearing a mask. In addition, patients may perceive all responsibility regarding the flu falls on the shoulders of health workers but logically it should be required compulsory vaccination to patients themselves and those who will visit them (in the case of hospitalization, relatives and friends). Nobody could cross the gate into the "bunker" without the passport of the flu vaccine. So, will we negate access to patients who need care because they are not vaccinated?

Hospitals and health centers are not "castles" with walls to protect patients from flu. This vision has no scientific, nor ethical base. We need more practical and effective measures like improving hand washing, for example.

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