

## **COVID-19 vaccination mandates boosted uptake among health care workers**

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A new study from Tulane University found that COVID-19 vaccine mandates increased vaccination rates among health care workers, evidence that the policy can boost these rates even among a highly vaccinated, highly educated population. (Photo by Adobe Stock)

At the peak of the COVID-19 pandemic in 2021, governments and health care centers across the country faced a difficult but important question: Should health care workers be required to obtain the COVID-19 vaccine?

It was an economic quandary as much as an ethical one. Vaccine mandates could cause reductions in staff, either from workers missing time due to recovery from the vaccine or from opting to seek employment elsewhere. Additionally, health care workers are highly educated on the value of vaccines and had seen firsthand the perils of COVID-19, reasons to think them capable of making the best decisions for themselves and their patients.

Now, a new study from researchers at Tulane University has found that state-level COVID-19 vaccination mandates successfully increased vaccine rates among health care workers, a finding that, while perhaps unsurprising, provides evidence that the policy can boost vaccination rates even among a highly vaccinated, highly educated population.

The study, [published in JAMA Network Open](#), examined vaccination rates among more than 30,000 health care workers in 45 states, 16 of which issued COVID vaccination mandates. Researchers found a 3-4% increase in vaccinations among the group, an improvement on an already lofty baseline vaccination rate of 86%. The study only found increases in vaccination rates in states that required vaccinations and provided no option to opt-out.

“It’s great from a government perspective to see this policy increase vaccination rates in an already very highly vaccinated population,” said corresponding author Charles Stoecker, a health economist with Tulane University School of Public Health and Tropical Medicine. “These results also show that how we craft these regulations matters. States that provided an option to take a regular COVID test in lieu of getting vaccinated didn’t see the same impacts as the strict mandate states.”

The findings provide valuable insight on the role vaccine mandates can play in the event of a future pandemic and why such mandates may be justified.

“The federal government has shown that it will defer to the states on this issue, and states have rolled back their mandates, but now we know we have this toolkit,” Stoecker said. “In the event of a new pandemic, this shows we’re leaving some vaccination coverage on the table if we let even highly educated health care workers

decide for themselves.”

The vaccination increases were primarily seen in health care workers between the ages of 25-49 years. The 16 states which passed and upheld vaccine mandates without opt-outs were California, Colorado, Connecticut, Delaware, Illinois, Maine, Maryland, Massachusetts, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, Washington, and Washington, DC.

Stoecker said the next step would be to examine how these mandates affected disease transmission, which could help quantify the economic impact such policies have.

“The ultimate goal would be to be able to assign economic benefits to the vaccinations that happened because of the mandates,” Stoecker said.

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