

Immunization Action

C O A L I T I O N

1573 Selby Avenue, Suite 234
St. Paul, MN 55104-6328
(651) 647-9009 • Fax: (651) 647-9131
admin@immunize.org
www.immunize.org
www.vaccineinformation.org

July 14, 2010

Influenza Coordination Unit
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
Attn: Prevention Strategies for Seasonal Influenza in Healthcare Settings
1600 Clifton Road NE
MS A-20
Atlanta, GA 30333

To the Influenza Coordination Unit:

I am the executive director of the Immunization Action Coalition (IAC), a 501(c)3 organization that works to increase immunization rates and prevent disease by creating and distributing educational materials for health professionals and the public that enhance the delivery of safe and effective immunization services.

The draft document titled “Updated Guidance: Prevention Strategies for Seasonal Influenza in Healthcare Settings” published by the Centers for Disease Control and Prevention in the June 22 *Federal Register* comprises a comprehensive set of recommendations for influenza prevention and control. Recommendation 1, “Promote and Administer Seasonal Influenza Vaccine,” contains the following text:

“While some have mandated influenza vaccination for all HCP who do not have a contraindication, it should be noted that mandatory vaccination of HCP remains a controversial issue.”

We object to the characterization of influenza vaccination mandates for healthcare workers as “controversial.” The many institutions listed on IAC’s Honor Roll for Patient Safety, including The Children’s Hospital of Philadelphia, New York-Presbyterian Hospital, and the Hospital Corporation of America system, have successfully implemented rigorous influenza vaccination mandates. Also of note is the following policy statement from the Infectious Diseases Society of America issued September 30, 2009:

“The Infectious Diseases Society of America (IDSA) supports universal immunization of health care workers (HCWs) against seasonal and 2009 H1N1 influenza by health care institutions (inpatient and outpatient) through mandatory vaccination programs as these programs are likely to be the most effective means to protect patients against the transmission of seasonal and H1N1 influenza by HCWs. Employees who cannot be vaccinated due to medical contraindications or because of vaccine supply shortages or who sign a written declination choosing not to be vaccinated for religious reasons should be required to wear masks or be re-assigned away from direct patient care. IDSA also is supportive of comprehensive educational efforts that inform HCWs about the benefits and risks of influenza immunization to both patients and HCWs.”

We respectfully urge that the Recommendation 1 language referring to influenza vaccination mandates as “controversial” be removed. This pejorative description from a federal agency may have the unintended consequence of deterring institutions from mandating influenza vaccination for healthcare workers. Furthermore, it may create an unnecessary additional challenge for those institutions who are in the process of implementing influenza vaccination mandates (or have already done so) to protect the health and safety of their patients.

The Immunization Action Coalition greatly appreciates the Department’s interest in increasing healthcare worker influenza vaccination rates and looks forward to helping publicize this important document to healthcare professionals through our websites and news service.

Sincerely,

Deborah L. Wexler, MD

Deborah L. Wexler, MD
Executive Director