



August 31, 2010

Kathleen Sebelius
Secretary
U.S. Department of Health & Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Secretary Sebelius:

We write on behalf of the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) to urge the U.S. Department of Health and Human Services (HHS) to immediately adopt strengthened policy in support of universal immunization of health care personnel (HCP) against influenza. As organizations devoted to patient care, education, research, prevention and public health in the area of infectious diseases, IDSA and SHEA strongly support doing all that is practical and necessary to protect patients and HCP against serious and life-threatening infectious diseases, including influenza.

Each year, less than half of HCP are immunized against influenza, a dismal rate that puts both HCP and their patients at greater risk. In a July 15 letter to Dr. Thomas Frieden, Director, Centers for Disease Control and Prevention (CDC), IDSA reiterated its support for universal immunization of HCP against influenza by health care institutions (inpatient and outpatient) through multifaceted mandatory vaccination programs, as these programs are the most effective means to protect patients against the transmission of seasonal and pandemic influenza by HCP.

Today, in the journal of *Infection Control and Hospital Epidemiology*, SHEA issued a position paper on influenza vaccination of HCP and IDSA endorses this strengthened policy, which takes into consideration lessons learned from the 2009 H1N1 influenza pandemic and anticipates patient and HCP health and safety issues in advance of the upcoming influenza season. Our organizations now support influenza vaccination of HCP as a condition of employment, unpaid service, and/or receipt of professional privileges and support declination of influenza vaccination by HCP only if medically contraindicated.

We strongly urge HHS to adopt this policy as its own. Universal vaccination of HCP is the cornerstone to a comprehensive national effort to prevent the spread of influenza during a seasonal influenza outbreak or a pandemic.

The rationale for our recommendation to HHS is as follows:

- The most recent data, including CDC's April 2, 2010 Morbidity and Mortality Weekly Report, 59(12); 357-362 (enclosed), shows that organizations with a mandatory vaccination policy in place have a much higher immunization rate than those who have a voluntary program or no program at all. Facilities such as Virginia Mason Medical Center and the Hospital Corporation of America have demonstrated the effectiveness of these policies by achieving and maintaining vaccination rates of 98 percent and 96.4 percent, respectively. Whereas, in facilities lacking a mandatory vaccination policy, little improvement has been seen in vaccination rates from the 2003-04 influenza season (44.8 percent) through the 2007-08 season (49 percent).
- Several studies demonstrate that immunizing HCP against influenza protects patients against acquiring the virus from HCP, reducing both morbidity and mortality. Thus, universal immunization of HCP against seasonal influenza is a critical patient safety issue.
- Immunizing HCP against influenza also protects the individual HCP from falling ill, thus both protecting the HCP from potentially serious illness while maintaining an adequate workforce, which further protects patients.
- Decades of scientific data demonstrate Food and Drug Administration-approved influenza vaccines to be safe, effective, and cost-saving.
- Educational programs, declination policies and easy access to influenza immunization have resulted in modest improvements in coverage in many health care systems in recent years, but generally have not achieved acceptable levels of coverage. Despite extensive and sophisticated efforts, most successful educational programs still average only 40 to 70 percent rates of influenza vaccine coverage.
- Other professional societies such as the American College of Physicians (ACP), Association of Professionals in Infection Control (APIC) and National Patient Safety Foundation, as well as the Department of Defense, many large health care systems and individual hospitals, have adopted policies supporting mandatory influenza immunization. Many of these policies have resulted in vaccination rates greater than 95 percent.
- Physicians and other health care providers should adhere to their ethical and moral obligation to prevent transmission of infectious diseases to their patients and must have these special objectives in mind when treating patients: "to do good or to do no harm" (Hippocratic Corpus in *Epidemics*: Bk. I, Sect. 5, trans. Adams).

Our organizations also continue to support comprehensive educational efforts that inform HCP about the benefits and risks of influenza immunization to both patients and HCP, and other efforts that support implementation of a comprehensive infection prevention and control program. Such a program would include identification and isolation of infected patients, adherence to hand hygiene and cough etiquette, the appropriate use of personal protective equipment, and restriction of ill healthcare workers and visitors in the facility. A mandatory

HCP influenza vaccination program also must include easy access to free vaccines and should be supported by leadership within the healthcare facility.

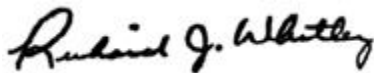
Reflecting upon our experience with 2009 H1N1 and the importance of patients and HCP getting vaccinated, the long safety record of annual immunization, and the importance of preventing influenza across the population, the federal Advisory Committee on Immunization Practices (ACIP) recommended in February that nearly everyone—all people aged 6 months or older—be vaccinated annually against influenza (July 29, 2010/59 (Early Release);1-62).

As another influenza season fast approaches, we urge HHS to take an additional step toward protecting all Americans against influenza by adopting policy that supports the mandatory vaccination of all HCP against influenza. Our primary goal continues to be the effective delivery of patient care while protecting both patients and HCP from acquiring infections, like influenza, in health care settings. As health care providers, we and our colleagues owe it to our patients to roll up our sleeves and get immunized against influenza—this year and every year.

Our organizations would be happy to work with HHS officials as you consider how best to implement this policy, once adopted, including tying the policy to conditions of participation in the Medicare/Medicaid Programs or Joint Commission standards.

Thank you for your commitment to this very important issue.

Sincerely,



Richard Whitley MD, FIDSA
IDSA President



Neil Fishman, MD
SHEA President

Enclosure: [CDC's April 2, 2010 Morbidity and Mortality Weekly Report, 59\(12\); 357-362](#)
[SHEA's Revised Position Paper: Influenza Vaccination of Healthcare Personnel](#)

cc: Thomas Frieden MD, MPH, Director, CDC
Howard Koh MD, MPH, Assistant Secretary for Health, HHS
Bruce Gellin MD, MPH, Deputy Assistant Secretary for Health, Director, National Vaccine Program Office, HHS