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Protect, Prevent, Live Well

January 13, 2012

Jennifer Gordon, Ph.D.
National Vaccine Program Office, US Dept. of Health and Human Services
200 Independence Avenue, SW
Room 733-G.3
Washington, DC 20201

RE: Comments on FR Document 2011-32308, draft report and recommendations of the Health Care Personnel Influenza Subgroup of the National Vaccine Advisory Committee

Dear Dr. Gordon,

The American Public Health Association (APHA), the oldest and most diverse organization of public health professionals and advocates in the world dedicated to promoting and protecting the health of the public and our communities, appreciates the opportunity to provide comments on the draft report and recommendations of the Health Care Personnel Influenza Subgroup of the National Vaccine Advisory Committee (NVAC).

APHA commends the NVAC for its development of draft recommendations to achieve the annual Healthy People 2020 goal of 90 percent influenza vaccine coverage for health care personnel. The report and recommendations clearly demonstrate the essential role immunization of health workers plays in preventing influenza transmission, especially in health care settings. These individuals may be exposed to influenza and transmit infection to patients, coworkers, or community members even if they themselves do not develop symptoms or illness. Of particular concern is transmission to patients, who due to weakened immune systems, are at heightened risk for complications and morbidity from influenza infection. Additionally, transmission to other health workers in their workplace can impact capacity to provide services. APHA has longstanding support for employers and workplaces requiring vaccination of health workers without a documented medical contraindication to the vaccine as a strategy to reduce and prevent the spread of influenza, including 2010 adopted policy 201014, [Annual Influenza Vaccination Requirements for Health Workers](#). APHA also supports employers requiring influenza vaccination of health workers as a precondition of employment, and on a continuing annual basis.

As you move forward with these recommendations, we encourage the NVAC to broaden the definition of health care personnel to include those working outside of traditional health care facilities. This includes workers in community-based residential settings, senior centers, community health workers, and those providing care in schools. Home care workers in particular are less likely to have employer-paid health insurance to cover an influenza vaccination.

Additionally, workers in these environments do not share the benefits of medically-outfitted licensed facilities or doctors' offices, leaving them at additional risk for infection without vaccination.

Achieving 90 percent influenza vaccination coverage is an important goal; however, the timing of a mandatory vaccination policy for personnel will vary among health care settings. Slower uptake of vaccinations among workers may require some employers to initiate a vaccination requirement sooner than others in order to achieve the 90 percent coverage goal in a timely manner, particularly if the rate of improvement with other strategies is slow. We agree with NVAC that requirements for influenza vaccination are the most effective mechanism to rapidly reach and maintain the 90 percent coverage goal, and also recognize that education campaigns and vigorous outreach to staff may be sufficient for some employers without a mandatory program. Health care employers and facilities should ensure their vaccination programs and policies reflect the specific needs of their employees and environment. Continuing evaluation is essential.

We support the NVAC recommendation that health care employers and facilities implement annual education campaigns on the importance, safety, and efficacy of influenza vaccination, and work to oppose anti-vaccine or anti-mandate efforts that misinform health care workers or the public on this issue. Misinformation on the severity of influenza, the effectiveness and safety of the vaccine, workplace risks of transmission, and other issues may lead health care workers to refuse or delay vaccination. Correcting these falsities is a shared responsibility of HHS and individual health care employers and facilities and should be a priority when implementing a vaccination program.

It is also important to demonstrate the shared benefits of individual vaccination for coworkers, patients, and their communities. Lowering the spread of influenza affects the health of all involved parties. While health workers may want to assert their individual rights to decide about the vaccine, choosing to work in health care brings responsibility. Addressing this responsibility to the community and demonstrating their influential role in public perception about influenza prevention and the impact of their behavior on the broader health care system should be used as a motivating factor to receive the influenza vaccine.

Thank you for the opportunity to provide comments on this report and the NVAC's draft recommendations. We look forward to working with the public health community to ensure the goals of Healthy People 2020 are achieved.

Sincerely,

A handwritten signature in black ink, appearing to read "Georges C. Benjamin". The signature is fluid and cursive, with the first name "Georges" being the most prominent.

Georges C. Benjamin, MD, FACP, FACEP (E)
Executive Director