

Executive Summary of Public Comments

Public Comments on the Health Care Personnel Influenza Vaccination Subgroup's Draft Report and Draft Recommendations on Strategies to Achieve the Healthy People 2020 Annual Goal of 90% Influenza Vaccination Coverage for Health Care Personnel . *This summary represents the public comments received as of January 20, 2012.* Public comments will be available on the NVPO website at: http://www.hhs.gov/nvpo/nvac/subgroups/healthcare_personnel_influenza_vacc_subgroup.html.

I. Solicitation of Public Comment

The draft report and draft recommendations were released for public comment through the Federal Register process in order to solicit additional input on strategies and/ or potential barriers to achieving the Healthy People 2020 annual goal of 90% influenza vaccine coverage among healthcare personnel that are not addressed in the current draft report. Public comment has been collated and summarized for consideration and deliberation by the NVAC committee. The NVAC committee may choose to use the public comments to revise or inform the final report.

II. Summary of Public Comment Submitted by Individuals

Public comment was submitted by 145 individuals including a number of Health Care Personnel across the health care sector. These comments are almost exclusively in response to Recommendation 4 and represent opinions and personal accounts. In general, the majority of individual comments can be categorized into themes (themes represent ≥ 5 common responses).

Recommendation 4: For those HCE and facilities that have implemented Recommendations 1, 2 and 3 above and cannot achieve and maintain the Healthy People 2020 goal of 90% influenza vaccination coverage of HCP in an efficient and timely manner, the HCPIVS recommends that HCE and facilities strongly consider an employer requirement for influenza immunization.

Individuals that oppose Recommendation 4:

- Personal Autonomy (94 responses)
- Concern over adverse events (specific to the influenza vaccine) (45)
- Concern over vaccine effectiveness (specific to the influenza vaccine) (43)
- Concern over vaccine safety (specific to the influenza vaccine) (26)
- Concern over exemption policies that did not include religious, philosophical, and personal exemptions (26)
- Concerns that there is an insufficient scientific basis for mandatory vaccine policies (23)
- Concerns over vaccine safety (general) (20)
- Concerns over adverse events (vaccinations in general) (19)
- Liability for adverse events under mandatory policies (8)

Individuals that support Recommendation 4:

- Support for draft recommendations (general) (10)
- Support for draft recommendation 4 (as a patient safety measure) (5)

III. Summary of Public Comment Submitted by Organizations/Associations

Public comment was also submitted on behalf of 37 organizations/ associations that represent:

- 15 Professional Associations
- 13 Labor Organizations
- 5 Non-Profit Organizations
- 2 Public Health Departments
- 1 Federal Agency
- 1 Other

Public comments submitted by Organizations/Associations have also been grouped into themes that include general comments, recommendation-specific comments, and comments that directly address Recommendation 4.

General Comments

Definitions of Health Care Personnel (HCP) and Health Care Employers (HCE)

- Definitions should be expanded (3)
- HCPIVS definitions of HCP and HCE do not match the definitions outlined in the NQF and CMS reporting measures (2)

Additional resources are needed to implement the recommendations (5)

Education (General)

- Education is mentioned throughout the report but is not explicitly called out in the 5 recommendations (4)

Comments on Recommendations 1, 2, and 3

Recommendation 1 and 2

- Recommendation 1 and 2 should state that HCP and their representatives should be directly involved in the development and implementation of influenza prevention programs and influenza vaccination programs (3)
- Vaccination programs should include free vaccine available during multiple shifts, locations, and days (general) (5)

Recommendation 3

- HCPIVS should indicate the effects of vaccine shortages on CMS reporting (1)
- HCPIVS should recommend that NQF measures be applied to ambulatory and outpatient settings (1)
- Other key agencies such as OSHA should be included in defining incentives and requirements (1)

Comments on Recommendation 4

Similar to the public comment submitted by individuals, the majority of public comment from organizations/ associations focused on Recommendation 4.

15 Organizations/Associations Directly Stated Support for Recommendation 4

- 13 Professional Associations
- 2 Non-profit Organizations

16 Organizations/Associations Directly Opposed Recommendation 4

- 12 Labor Organizations
- 2 Non-profit Organizations
- 1 Professional Association
- 1 Federal Agency

6 Organizations/ Associations did not directly address Recommendation 4 in their comments

Comments specific to Recommendation 4:

Employer requirements (General)

- Language should be modified to more strongly support employer requirements (3)
- Recommendation should be changed to state that employer requirements include vaccination as a condition of employment and credentialing unless documented medical contraindications exist, or in states that allow personal exemptions (2)
- Recommendation 4 should be eliminated (6)
- Recommendation 4 should state that it does not support vaccination as a condition of employment (7)
- Requirements should be modeled after the OSHA Blood-borne Pathogen Standard for Hepatitis B which includes mandatory education/training, and mandatory offering of vaccine (9)

Exemptions/ Personal Autonomy

- Language in the report should state exemptions are a state specific decision should be in accordance with state legislation (1)
- Recommendation 4 should support flexible exemptions (religious, philosophical, and personal) and should not indicate any punitive measures or discrimination for employees that opt-out (10)

Concern that vaccine effectiveness does not support mandatory policies (12)

Concern that there is insufficient scientific evidence on the impact of HCP vaccination on patient safety to support policies that require influenza vaccination without exemptions (other than medical exemptions)

- General (8)
- Suggestion to include a 6th Recommendation that addresses surveillance and research evidence on vaccine impact and efficacy in HCP (2)

- Limited to no data outside of LTCF on the impact of HCP vaccination in patient safety (3)

Concern that an over-emphasis on vaccination as a preventive measure may lead to poor adherence to other infection control practices

- General (8)
- Over-reliance on vaccination as a public health measure during years of vaccine mismatch, unsuccessfully vaccinated HCP, or during vaccine shortages (3)

Employer Requirements would be considered a unilateral change to the conditions and terms of employment and could be subject to collective bargaining negotiations (4)

Other Comments General to Recommendation 4

Healthy People 2020

- Healthy People 2020 goals are voluntary objectives to strive for and are not public health mandates (2)
- Evidence that 90% vaccination coverage rates is the appropriate level (5)

Liability for adverse events under mandatory policies (not commented on in the draft report)

- Compensation for employees that suffer any adverse effects under mandatory policies (1)
- Need to cover vaccine injuries under the National Vaccine Injury Compensation program and not worker's compensation programs (1)

Masking (not commented on in the draft report)

- Request that recommendations state the infection prevention measures for unvaccinated HCP including the use of masks or to be precluded from working in certain areas (1)
- Request the LTCF be exempt from any masking policies because of difficulties communicating with hearing impaired patients and patients with dementia (1)
- Request that the report not endorse masking for unvaccinated HCP (3)
- Request that the report comment on the safety and appropriateness of this type of requirement for vaccine refusal (1)