



H. James Gooden
Chair

July 22, 2010

Albert A. Rizzo, MD
Chair-Elect

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

Mary H. Partridge
Past-Chair

Christine L. Bryant
Secretary/Treasurer

Transmitted via email to: ICUpubliccomments@cdc.gov

To Whom It May Concern:

Ross P. Lanzafame, Esq
Speaker
Nationwide Assembly

The American Lung Association appreciates the opportunity to comment on the Centers for Disease Control and Prevention's (CDC) updated guidance on *Prevention Strategies for Seasonal Influenza in Health Care Settings*. We are concerned about the CDC's decision not to recommend mandatory annual influenza vaccinations for all Health Care Providers (HCP). We urge the CDC to strengthen the recommendations to mandate annual influenza vaccination of all HCP who do not have a contraindication.

Geri Reinardy, MPA
Speaker-Elect
Nationwide Assembly

NATIONAL HEADQUARTERS

Charles D. Connor
President &
Chief Executive Officer

Every year the American Lung Association helps countless people understand the importance of flu vaccination with programs like our *Faces of Influenza* campaign. We educate the public about influenza treatment and prevention. Given the evidence, we are concerned that the CDC is missing a powerful opportunity to save lives and protect the health of millions of people, including health care providers.

1301 Pennsylvania Ave., NW
Suite 800
Washington, DC 20004-1725
Phone: (202) 785-3355
Fax: (202) 452-1805

The CDC recognizes that vaccination is one of the "core prevention strategies" for influenza. The CDC acknowledges that the success of these strategies depends on the implementation of clear policies and "strong organizational leadership." On this admittedly controversial issue, CDC needs to model that strong leadership. This is not the time to allow controversy to stop needed public health protections.

14 Wall Street, Suite 8C
New York, NY 10005
Phone: (212) 315-8700
Fax: (212) 315-8800

There are many reasons for the CDC to recommend mandatory vaccination:

www.LungUSA.org

First, HCP are historically less inclined to receive an influenza vaccine. As noted in the February 24, 2006 *Morbidity and Mortality Weekly Report*, HCP who care for the most at-risk patients are even less likely to receive a vaccine, which puts both communities at risk of further infection.¹ Unfortunately, the CDC's previous plan to increase vaccination rates among HCP by increased access, education and leadership has not proven effective. In 2008, roughly 48 percent of HCP received a vaccination, a number mirrored in previous years throughout the past decade and unacceptably low.

This low vaccination rate has serious public health consequences, as you note in the proposed guidance. Hospital influenza outbreaks are the most common when influenza is "circulating through the community."² Outbreaks in hospitals have been linked to higher mortality rates, thus putting both HCP and the most vulnerable patients, including those with lung disease, at risk.³

Another consequence of low vaccination rates is staff shortages. According to the CDC's own assessments, staff shortages due to influenza usually affect hospitals during the "peak influenza season" when facilities are already struggling due to the increased number flu patients.⁴ This handicaps a hospital's ability to contain influenza and treat sick patients which further exacerbates the capacity of health systems to handle both normal and increase demand for critical health services. Mandating flu vaccinations will help decrease staff absenteeism during this critical time of the year.

Therefore, the American Lung Association urges the CDC to recommend a mandate for all HCP to receive an annual influenza vaccination for both their health and for the health of patients, unless contraindicated for that provider. As the proposed guidance states, "Achieving high influenza vaccination rates among HCP and patients is a critical step in preventing healthcare transmission of influenza from HCP to patients and from patients to HCP."⁵ We could not agree more.

We recognize that this step is controversial, but it is necessary. Past efforts to increase vaccination rates have not achieved the desired success we or the CDC has hoped for. The CDC should recommend that all HCP without a contraindication must receive an influenza vaccination so that the health of HCP and all Americans can be better protected.

Sincerely,



Charles D. Connor
President and CEO

¹ CDC. (2006). Influenza Vaccination of Health-Care Personnel. *Morbidity and Mortality Weekly Report*. Vol. 55. Feb. 24, 2006.

² CDC. (2010). Updated Guidance: Prevention Strategies for Seasonal Influenza in Health Care Settings. *Federal Register*. Vol. 75 (119).

³ CDC. (2010). Updated Guidance: Prevention Strategies for Seasonal Influenza in Health Care Settings. *Federal Register*. Vol. 75 (119).

⁴ CDC. (2006). Influenza Vaccination of Health-Care Personnel. *Morbidity and Mortality Weekly Report*. Vol. 55. Feb. 24, 2006.

⁵ CDC. (2010). Updated Guidance: Prevention Strategies for Seasonal Influenza in Health Care Settings. *Federal Register*. Vol. 75 (119).