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July 15, 2010

Thomas Frieden, MD, MPH

Director

U.S. Centers for Disease Control and Prevention

1600 Clifton Road

Atlanta GA 30329-40184

Dear Dr. Frieden:

I write on behalf of the Infectious Diseases Society of America (IDSAs), a national medical society comprised of more than 9,000 infectious diseases physicians and scientists devoted to patient care, education, research, prevention and public health. IDSAs applauds the U.S. Centers for Disease Control and Prevention's (CDC) current efforts to strengthen guidance for preventing seasonal influenza in healthcare settings. IDSAs welcomes the [proposed update](#), which replaces the previous seasonal influenza guidance and the Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, to recommend that health care workers (HCWs) wear face masks around patients with confirmed or suspected influenza, wear respirator devices during aerosol-generating procedures and utilize negative pressure rooms, when available, during higher-risk procedures.

While IDSAs took issue with the 2009 federal guidance on the use of N95 respirator devices, we appreciate the remedial action that CDC is proposing, which responds in large part to our concerns and the concerns of other experts. The proposed revisions on personal protective equipment (PPE) for HCWs are more closely aligned with the safety precautions supported by IDSAs members and others—precautions that are evidence-based and supported by the best available science. IDSAs welcomes future opportunities to work closely with the U.S. Department of Health and Human Services (HHS), CDC, and Occupational Safety and Health Administration (OSHA) to ensure that all decisions affecting HCWs' and patient safety are science-based.

In [July](#) and [November](#) 2009 joint letters (enclosed), IDSAs, the Society for Healthcare Epidemiology of America (SHEA) and the Association for Professionals in Infection Control and Epidemiology (APIC) outlined control measures for use in healthcare facilities during care of patients with suspected or confirmed novel H1N1 influenza infection and expressed concern with the federal PPE guidance issued last year. Our primary goal continues to be the effective delivery of patient care while protecting both HCWs and patients from acquiring influenza in health care settings. IDSAs endorses the following principles:

- Early recognition and identification of suspected seasonal and novel H1N1 influenza-infected patients upon presentation to a health care setting;
- Placing surgical masks on patients with suspected or confirmed seasonal or pandemic H1N1 influenza infection at the point of entry into any healthcare setting;
- Using surgical masks to cover the HCWs' nose and mouth to prevent acquisition of influenza virus by droplets or hand contact during routine patient care activities;
- Placing patients with suspected or confirmed seasonal or pandemic H1N1 influenza infection in a single room, if available, or cohorting them with other patients infected with the same influenza virus;
- Strict adherence to hand hygiene, respiratory hygiene and cough etiquette; and
- Restricting visitors and HCWs with acute respiratory illnesses.

IDSA believes it is crucial that guidance keeps pace with science and, as such, supports the CDC's current efforts. **It is in one area, however, that IDSA feels the guidance does not go far enough. We feel the CDC should provide a definitive recommendation for mandatory influenza vaccination of healthcare providers.** IDSA supports universal immunization of HCWs against seasonal 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 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. The rationale for this policy is as follows:

- The most recent data, including the [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.
- Several studies demonstrate that immunizing HCWs against influenza protects patients against acquiring the virus from HCWs, reducing both morbidity and mortality. Thus, universal immunization of HCWs against seasonal influenza is a critical patient safety issue.
- Immunizing HCWs against influenza also protects the individual HCW from falling ill, thus both protecting the HCW 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), APIC, SHEA, as well as many large health care systems and individual hospitals, have adopted policies supporting mandatory influenza immunization, whereby employees who cannot be vaccinated or choose not to be vaccinated, are required to wear masks or are re-assigned away from direct patient care.
- Physicians and other health care providers 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), and their ethical and moral obligation to prevent transmission of infectious diseases to their patients.

While IDSA is supportive of the measures CDC has outlined, influenza remains an annually epidemic disease that causes significant morbidity and mortality, and billions of dollars in lost productivity and direct health care costs. Because HCWs are essential to caring for those with influenza and its complications, and because they care for highly vulnerable patients who if infected are at risk for prolonged hospitalization, other complications, and death, it is critical that HCWs be immunized against influenza. **Mandating such a policy emphasizes that this is a patient safety issue.** CDC should consider, at a minimum, a stronger statement in favor of mandatory influenza vaccination in the revised guidance.

Thank you for the opportunity to comment and for CDC’s current efforts.

Sincerely,



Richard Whitley, MD, FIDSA
President

cc: Kathleen Sebelius, Secretary of Health and Human Services
Hilda Solis, Secretary of Labor
David Michaels, PhD, MPH, Assistant Secretary of Labor for Occupational Safety and Health

Enclosures: [-July 22, 2009 IDSA, SHEA, and APIC Letter to HHS Secretary Sebelius](#)
[-November 5, 2009 IDSA, SHEA, and APIC Letter to President Obama](#)
[-CDC April 2, 2010 Morbidity and Mortality Weekly Report, 59\(12\); 357-362](#)