



# IDSA

Infectious Diseases Society of America

## 2010-2011 BOARD OF DIRECTORS

President  
**James M. Hughes, MD, FIDSA**  
EMORY UNIVERSITY  
ATLANTA, GA

President-Elect  
**Thomas G. Slama, MD, FIDSA**  
INDIANA UNIVERSITY SCHOOL OF MEDICINE  
INDIANAPOLIS, IN

Vice President  
**David A. Relman, MD, FIDSA**  
STANFORD UNIVERSITY SCHOOL OF MEDICINE  
PALO ALTO, CA

Secretary  
**Kathryn M. Edwards, MD, FIDSA**  
VANDERBILT UNIVERSITY MEDICAL CENTER  
NASHVILLE, TN

Treasurer  
**Cynthia L. Sears, MD, FIDSA**  
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE  
BALTIMORE, MD

Immediate Past President  
**Richard J. Whitley, MD, FIDSA**  
UNIVERSITY OF ALABAMA AT BIRMINGHAM  
BIRMINGHAM, AL

**Paul G. Auwaerter, MD, FIDSA**  
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE  
BALTIMORE, MD

**Johan S. Bakken, MD, PhD, FIDSA**  
ST. LUKE'S ID ASSOCIATES  
DULUTH, MN

**Michael L. Butera, MD**  
PULMONARY MEDICINE AND INFECTIOUS DISEASES  
MEDICAL GROUP  
SAN DIEGO, CA

**Carlos del Rio, MD, FIDSA**  
EMORY UNIVERSITY  
ATLANTA, GA

**Thomas M. File, Jr., MD, FIDSA**  
SUMMA HEALTH SYSTEM  
AKRON, OH

**Carol A. Kauffman, MD, FIDSA**  
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL  
ANN ARBOR, MI

**Andrew T. Pavia, MD, FIDSA**  
UNIVERSITY OF UTAH  
SALT LAKE CITY, UT

**William G. Powderly, MD, FIDSA**  
UNIVERSITY COLLEGE DUBLIN  
DUBLIN, IRELAND

**Wesley C. Van Voorhis, MD,  
PhD, FIDSA**  
UNIVERSITY OF WASHINGTON  
SEATTLE, WA

Chief Executive Officer  
**Mark A. Leasure**

### IDSA Headquarters

1300 Wilson Boulevard  
Suite 300  
Arlington, VA 22209  
**TEL:** (703) 299-0200  
**FAX:** (703) 299-0204  
**E-MAIL ADDRESS:**  
info@idsociety.org  
**WEBSITE:**  
www.idsociety.org

May 17, 2011

The Joint Commission  
Standards and Survey Methods  
Influenza Vaccination of Staff and Licensed Independent Practitioners  
One Renaissance Blvd  
Oakbrook Terrace, IL 60181

ATTN: Influenza Vaccination of Staff and Licensed Independent Practitioners  
draft measures

To Whom It May Concern:

The Infectious Diseases Society of America (IDSA) is pleased to have the opportunity to comment on the Joint Commission's new and revised draft measures addressing influenza vaccination of staff and licensed independent practitioners. IDSA represents more than 9,300 infectious diseases physicians and scientists devoted to patient care, prevention, public health, education and research. Our members care for patients of all ages with serious infections, including influenza, meningitis, pneumonia, and tuberculosis; resistant infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA), *Escherichia coli* (*E. coli*), and *Salmonella*; cancer and transplant patients who have life-threatening infections caused by unusual microorganisms; food poisoning; HIV/AIDS; and emerging infections like the 2009 H1N1 virus and severe acute respiratory syndrome (SARS).

IDSA firmly supports doing all that is practical and necessary to protect patients and health care personnel (HCP) against serious and life-threatening infectious diseases, including influenza. We commend the Joint Commission for including the following elements of performance in the draft measures:

- expanding influenza vaccination measures to the broader system in which health care is delivered;
- proposing measures to address the vaccination of licensed independent practitioners—a group of health care personnel not often captured in influenza vaccination policies;
- requiring health care settings to not only establish an annual influenza vaccination program for vaccinating personnel, but to evaluate reasons staff decline the influenza vaccination; and
- requiring facilities to educate staff and licensed independent practitioners on the influenza vaccine, non-vaccine control and prevention measures, and the diagnosis, transmission, and impact of influenza.

While the Joint Commission has included these important elements, we believe the draft measures could be further strengthened.

**First, IDSA urges the Joint Commission to consider requiring a mandatory influenza immunization policy as a core patient safety practice. We also encourage the Joint Commission to establish an ultimate goal of 100% influenza vaccination rate for all eligible HCP, and to commit to a more rapid timeline for meeting the 90% rate than those outlined in the U.S. Department of Health and Human Services' HHS Action Plan to Prevent Healthcare-Associated Infections.** We believe a 100% goal is readily achievable through mandatory influenza vaccination programs, and for facility types already included in the U.S. Department of Health and Human Services (HHS) Action Plan to Prevent Healthcare-Associated Infections, we recommend giving them until 2015 to reach their targeted goals, rather than 2020. IDSA also urges the Joint Commission to strengthen the language that requires facilities to evaluate the reasons given by those who decline vaccination, by perhaps collecting a signed statement specifying the reasons for declination. Lastly, the requirement that an organization offer vaccination against influenza should be further strengthened to ensure that the vaccination offered is being done so free of charge—to both staff and licensed independent practitioners.

Each year, less than half of HCP are immunized against influenza, a dismal rate that puts both HCP and their patients at greater risk. Universal vaccination of HCP is the cornerstone to a comprehensive national effort to prevent the spread of influenza in health care facilities during a seasonal influenza outbreak or a pandemic. The rationale behind IDSA's position on mandatory influenza vaccination of HCP is as follows:

- The most recent data, including that of the Centers for Disease Control and Prevention's (CDC) April 2, 2010 Morbidity and Mortality Weekly Report, 59(12); 357-362, 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. In contrast, 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.

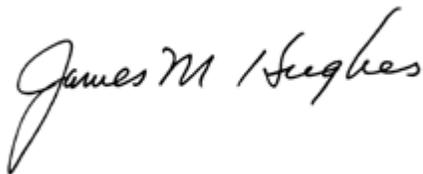
- Other professional societies such as the Society for Healthcare Epidemiology of America, American College of Physicians, Association of Professionals in Infection Control, National Patient Safety Foundation, the American Academy of Pediatrics, the American Public Health Association, the National Foundation for Infectious Diseases, the American Medical Directors Association, 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).

IDSAs further supports 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.

IDSAs 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. The best preventive measure against influenza is the use of a safe and effective influenza vaccine. IDSA strongly believes that the Joint Commission is taking an important step with these proposed measures, but we once again urge you to consider a measure that requires all HCP without a valid medical contraindication to receive an annual influenza vaccination, as the best way to protect the health of both patients and HCP.

IDSAs greatly appreciates the opportunity to comment and applauds this important step forward. Should you have any questions, please do not hesitate to contact Leslie McGorman, IDSA’s Program Officer for Public Health at [lmcgorman@idsociety.org](mailto:lmcgorman@idsociety.org) or 703.299.0015.

Sincerely,

A handwritten signature in black ink that reads "James M. Hughes". The signature is written in a cursive style with a large, looped initial "J".

James M. Hughes, MD, FIDSA  
President