



October 11, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, DC 20201

RE: Solicitation of Written Comments on Draft Tier 2 Strategies/Modules for Inclusion in the “HHS Action Plan to Prevent Healthcare-Associated Infections”

Dear Secretary Sebelius:

On behalf of Trust for America’s Health (TFAH), a nonprofit, nonpartisan public health advocacy organization, I am pleased to submit the following comments on the Health and Human Services (HHS) Action Plan to Prevent Healthcare-Associated Infections. Specifically, these comments focus on Section C: Influenza Vaccination of Healthcare Personnel (HCPs), described in the strategy.

The Advisory Committee on Immunization Practices (ACIP) has recommended vaccination of HCPs against influenza since 1986.¹ The Centers for Disease Control and Prevention (CDC) reports that the 2009-2010 flu season was the first year since 1989 that seasonal vaccination rates exceeded 49 percent of HCPs.² However, even in that pandemic year, when education and awareness were at a peak, H1N1 vaccination of HCPs was estimated to be only about 37 percent.³ These rates are even lower in non-hospital settings, of particular concern with this iteration of HHS’ action plan.⁴

The flu vaccine has been found to be safe and effective. According to the CDC, a well-matched vaccine can reduce influenza by 70-90 percent,⁵ and other studies have shown even a poorly matched vaccine has a 50 percent effectiveness.⁶ Vaccination is only one facet of a comprehensive prevention and infection control program, which should include availability of

¹ CDC, *MMWR Weekly*, “Recommendations of the Immunization Practices Advisory Committee (ACIP) Prevention and Control of Influenza.” May 23, 1986 / 35(20); 317-26, 331. Available from:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00022941.htm>

² CDC, *MMWR Weekly*, “Interim Results: Influenza A (H1N1) 2009 Monovalent and Seasonal Influenza Vaccination Coverage Among Health-Care Personnel --- United States, August 2009--January 2010.” April 2, 2010 / 59(12);357-362. Available from:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5912a1.htm>

³ Ibid.

⁴ Ibid.

⁵ Fiore et al, “Prevention and Control of Influenza : Recommendations of the Advisory Committee on Immunization practices (ACIP), 2008.” *MMWR Recomm Rep* 57:160, Aug. 8, 2008.

⁶ Jefferson, T.O. et al, “Vaccines for Preventing Influenza in Healthy Adults,” *Cochrane Database Syst Rev* 2:CD001269, April 18, 2007.

personal protective equipment, paid sick leave, hand hygiene and cough etiquette, and separation of contagious patients.

TFAH feels these low rates pose a significant public health risk for the patient population, HCPs, and the general population:

- By bypassing vaccines, HCPs place themselves, their families and their communities at risk for illness.
- Patients, many of whom may be immunocompromised and susceptible to severe effects from the flu, are vulnerable to infection from their healthcare providers, making influenza another preventable healthcare-associated infection (HAI).
- Having healthy employees is key to the financial viability and continuity of operations of healthcare facilities by reducing absenteeism, presenteeism, and the risk of infecting other employees.

Vaccine hesitancy remains an issue in some segments of the U.S. population. Healthcare workers must be role models in trusting this safe, effective public health tool. Particularly during an influenza pandemic, healthcare professionals must educate their patients and “walk the talk” by receiving vaccines.

TFAH is very pleased that the HAI Increasing Influenza Vaccination Coverage Among Healthcare Personnel Working Group has been actively engaged in exploring methods to increase vaccination coverage. Given the existing efforts to improve quality and reduce rates of infection, HCP vaccination should be incorporated into ongoing initiatives.

On July 22, 2010, TFAH convened 22 outside public health experts, federal policymakers, and stakeholders (see attached list of participants) to discuss policy options for dramatically improving the seasonal influenza vaccination rates of HCPs. The following policy strategies represent a variety of approaches that are not mutually exclusive. In fact, they may be reinforcing if all are considered together.

Transparency – The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) could coordinate their efforts to include vaccination rates of healthcare personnel in publicly reported data related to healthcare-associated infections (HAIs). One way to ensure engagement of healthcare management is to build transparency around vaccination rates. Just as there is a growing movement around public reporting of HAIs, public reporting of vaccination rates could build competition between facilities and incentivize managers to strive for 100 percent vaccination coverage. For example, the inclusion of HCP vaccines in publicly available databases has been piloted in Iowa, and a review found improvements in hospital performance.⁷

Healthcare Quality – CMS could add healthcare personnel vaccination rates to future iterations of quality metrics tied to payment updates. Related to the transparency issue, policymakers should leverage the growing influence of healthcare quality measures to improve vaccination rates. The new health reform law, the *Patient Protection and Affordable Care Act* (ACA), included provisions which would tie CMS payment updates to certain quality

⁷ Iowa Healthcare Collaborate, “HAI 6 - Health Care Worker Influenza Immunization Rate,” 2009 Iowa Report. Available from: http://www.ihconline.org/userdocs/reports/HAI_6_-_HCW_Immunization.pdf

measures, and these metrics are being expanded in stages. CDC and the National Quality Forum have developed a temporary measure for vaccination rates, so there is a basis for determining how these rates should be quantified.

Accreditation Standards – The Joint Commission (TJC) could strengthen its accreditation requirements related to facilities' HCP vaccination programs: 1) expand the flu vaccine standard to all accredited settings; 2) require public reporting of vaccination rates; and 3) set a benchmark that facilities must meet, and provide technical assistance to low-performing facilities. TJC accredits about 80 percent of the nation's hospitals, as well as ambulatory care and other facilities. TJC currently requires only long-term care facilities and acute care and critical access hospitals to offer the influenza vaccine to employees, and some facilities voluntarily report their rates to the Commission.

Communication –To build a culture of influenza vaccine acceptance in the workplace, year-round, tailored, culturally sensitive communication with HCP about the importance of receiving the annual flu vaccine ought to be encouraged. CDC, associations representing each health profession, CMS, and health facilities must coordinate to develop appropriate communications strategies. Communicating the need, safety, and efficacy of the influenza vaccine is a key strategy in the effort to achieve full vaccine coverage. Some messaging strategies include: 1) use focus groups to help develop the appropriate message for each type of worker; 2) proactively address any opposition to the influenza vaccine; 3) vary the messenger delivering the message, depending on the audience; 4) use electronic, print, and in-person media to deliver communications; 5) educate patients to ask if providers have been immunized; 6) increase efforts to educate and vaccinate HCP in medical, nursing, pharmacy, and other schools; 7) send annual letter from professional associations, unions, senior management of healthcare institutions, and the U.S. Department of Health and Human Services (HHS) leadership to healthcare personnel at the beginning of flu season on importance of immunizing against influenza.

We thank you for the opportunity to comment on the HHS Action Plan to Prevent Healthcare-Associated Infections. If you have any questions, please contact Dara Lieberman, Government Relations Manager, at (202) 223-9870 ext. 20 or dliberman@tfah.org.

Sincerely,



Jeffrey Levi, PhD
Executive Director

cc: Don Wright, Deputy Assistant Secretary for Healthcare Quality
Howard Koh, Assistant Secretary for Health
Donald Berwick, Administrator of Centers for Medicare and Medicaid Services
Tom Frieden, Director, Centers for Disease Control and Prevention