



1275 K Street, NW, Suite 1000
Washington, DC 20005-4006
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
www.apic.org

January 13, 2012

National Vaccine Program Office
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 733G.3
Washington, D.C. 20201
Attn: Healthcare Personnel Influenza Vaccination c/o Jennifer Gordon

Re: Comments on the Draft Report and Draft Recommendations of the Health Care Personnel Influenza Vaccination Subgroup for Consideration by the National Vaccine Advisory Committee on Achieving the Healthy People 2020 Annual Coverage Goals for Influenza Vaccination in Healthcare Personnel

Dear Dr. Gordon:

The Association for Professionals in Infection Control and Epidemiology (APIC), an international association comprised of greater than 14,000 infection preventionists, wishes to thank the National Vaccine Advisory Committee (NVAC) and the Health Care Personnel Influenza Vaccination Subgroup (HCPiVS) for the opportunity to provide input into their "Recommendations on Strategies to Achieve the Healthy People 2020 Annual Goal of 90% Influenza Vaccine Coverage for Healthcare Personnel."

We strongly support the report's recommendations and the underlying Healthy People 2020 Annual goal. As you may know, in January 2011 APIC recommended that acute care hospitals, long term care, and other facilities that employ healthcare personnel (as defined in the August 2009 MMWR) require annual influenza immunization as a condition of employment unless there are compelling medical contraindications.

Our position called for individuals exempted from annual vaccination due to medical contraindications to be educated on the importance of careful adherence to all of the non-vaccine related Healthcare Infection Control Practices Advisory Committee (HICPAC) prevention strategies, including hand hygiene and cough etiquette. We further said they may be required to wear a surgical mask when contact with patients or susceptible employees was likely.

APIC also supported the CMS rule requiring facilities to report HCP influenza vaccination rates through the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). At the time the CMS rule was proposed, most hospitals did not use the CDC/NHSN module to collect HCP influenza vaccination rates because the current CDC/NHSN module was redundant and labor intensive, but instead used their own databases, usually maintained by the Employee/Occupational Health Department, to collect vaccination data. However, a new NHSN module has recently been endorsed by the National Quality Forum (NQF) and is expected to be available for use in August 2012. APIC supports use of NHSN to capture HCP influenza vaccination rates in order to capture regional trends on the yearly uptake of the vaccine, prophylaxis and treatment for HCP, and the elements within yearly influenza campaigns that succeed or require improvement.



It remains our belief that these requirements should be part of a comprehensive strategy which incorporates all of the recommendations for influenza vaccination of HCP of HICPAC and the Advisory Committee on Immunization Practices (ACIP) for influenza vaccination of HCP.

Again, we wish to thank you for the opportunity to comment. We applaud NVAC for its efforts to develop sound recommendations on improving HCP influenza vaccination, consistent with the Healthy People 2020 goal, thus improving the safety of patients and HCP.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell N. Olmsted", is written over a light gray rectangular background.

Russell N. Olmsted, MPH, CIC
2011 APIC President