

American Academy of Pediatrics

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**Ohio Chapter**

*Testimony of Dr. Sherman Alter*

House Bill 193 – Influenza Immunization Policy

**House Economic Development, Commerce, and Labor Committee**

Chairman Young, Vice Chair DeVitis, Ranking Member Lepore-Hagan, and members of the House Economic Development, Commerce and Labor Committee, thank you for the opportunity to provide testimony on House Bill 193. My name is Sherman Alter and I am a pediatrician specializing in infectious diseases. I am here today on behalf of the nearly 3,000 members of the Ohio Chapter of the American Academy of Pediatrics. Our members are committed to keeping Ohio's children healthy and safe. It is for this reason that I am here today to express our concerns with HB 193.

As you know, this bill would prohibit an employer, including a hospital or healthcare facility, from requiring employees to be immunized against influenza. Proponents of this bill have argued that such employer mandates infringe upon an employee's individual rights. Some claim that influenza vaccine is unsafe and ineffective. They also contend that hospitals only require employees to receive influenza vaccine since part of their reimbursement is tied to employee influenza immunization rates. These arguments are mistaken.

The use of influenza vaccine over many decades has demonstrated both its safety and effectiveness. Moreover, studies of influenza vaccination among health care workers document enhanced patient safety. A requirement for influenza vaccination of such employees will protect the vulnerable populations that they care for, including young children, pregnant women, the elderly, and those patients with chronic or immune compromising medical conditions. All of these patients are at risk for severe, even fatal, disease if they acquire influenza. Annual vaccination against circulating influenza viruses remains the best strategy for preventing illness from influenza.

According to the Centers for Disease Control and Prevention (CDC), influenza vaccination coverage of health care workers has increased over the last six years. Importantly, studies have revealed that influenza vaccine uptake is highest among health care workers having an employer requirement for vaccination – 89%. This compares to a vaccine coverage rate of only 69% among employees with a recommendation, but no requirement, for annual influenza vaccine. Only 26% of health care workers receive influenza vaccine with neither a recommendation nor requirement for vaccination. The lack of an employee requirement places patients at significant risk of contracting influenza. While there are some good medications to treat the infection, immunization remains the sole proven and best method to prevent influenza.

Children are particularly at risk for influenza-related complications. As of April, 2017, 72 children had died from influenza complications this past season in the United States. One-half of the children who die from influenza each year were previously healthy. Influenza may be especially severe or progressive among children under the age of two years. It can be a very serious infection in older adults, principally in those over the age of 65 years, as well. Both these young children and elderly individuals are admitted to hospitals with influenza complications at very similar rates each year. Requiring health care worker influenza vaccination will augment protection of such at-risk populations.

Numerous studies have demonstrated the health benefits afforded to patients with influenza vaccination of the health care workers who care for them, including diminished influenza-related complications and reduced risk of death. This is why hospital immunization requirements are recommended by the Society for Healthcare Epidemiology, the Association of Professionals in Infection Control, the Infectious Diseases Society of America, and the CDC's Advisory Committee on Immunization Practices, among others. Further, The Joint Commission requires accredited hospitals and healthcare facilities to improve employee immunization rates in order to sustain their accreditation.

Some individuals may point out that influenza vaccine effectiveness can be low at times. Influenza vaccines may have some reduced effectiveness during some seasons with the potential for year-to-year variability of the impact of vaccination. However, CDC interim estimates of vaccine effectiveness during the 2016-2017 influenza season noted an overall vaccine effectiveness against influenza A and B viruses of 48%.

While influenza vaccine of health care workers is important for patient safety, it is also important for the employee's own health. Employees who have receive influenza vaccine have fewer sick days. Hospital staffing is important, especially during the high volume respiratory season—decreased staffing correlates with increased infections. Across all industries nationwide, influenza accounts for an estimated 111 million lost work days equating to more than \$7 billion in lost productivity. The influenza vaccine can help to reduce these numbers. Employers should have the ability to make decisions that affect the health of their employees and the success of their businesses.

In closing, I do understand concerns over personal freedom that arise from workplace requirements for vaccination. However, patients have the right to safe healthcare, which includes prevention of hospital-acquired infections. With overall advances in the care of patients with very serious medical conditions, more patients than ever are at increased risk for influenza complications. We need the ability to fully protect these fragile lives. Unfortunately HB 193 will remove our ability to do so. Thank you for your time today, and I would be happy to answer any questions that you have.