Ohio Advocates for Medical Freedom, Inc.
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September 11, 2017

The Honorable Ron Young
Chair, Economic Development, Commerce & Labor Committee
Ohio House of Representatives
77 South High Street, 13th Floor
Columbus, OH 43215

Dear Representative Young:

Ohio Advocates for Medical Freedom (OAMF) would like to thank you for the opportunity to provide additional support for House Bill 193, which would protect employees' rights to basic bodily autonomy and the fundamental medical ethics principle of informed consent regarding annual influenza vaccination.

OAMF supports HB 193 for the following reasons:

- **The flu vaccine is the most highly compensated in terms of vaccine injuries and death. Awarded injuries include shoulder injury related to vaccine administration (SIRVA), anaphylaxis, Guillain-Barre Syndrome, transverse myelitis, optic neuritis, and Acute Hemorrhagic Leukoencephalomyelitis.[1]**
- **Influenza vaccine effectiveness can vary and has been as low as 10% (2004-5) and only as high as 60% (2010-11).[2] The average effectiveness in the last 13 "seasons" is 41.1%. In terms of the definition of vaccine effectiveness, this means that at its best, "flu vaccine reduces a person's risk of developing flu illness that results in a visit to the doctor's office or urgent care provider by 60%." It does not mean that 60% of those receiving the flu shot do not get lab-confirmed influenza. Further, the CDC states that getting the vaccine may reduce symptoms, which means that the vaccinated worker may not know he or she is infected with influenza virus.[3]**
- **Employers have the right to implement various universal, low-risk/high-benefit safety precautions in the workplace, but society must decide where the line is drawn. Masks, gloves, and shoe covers can be removed at the end of the shift. A vaccine cannot be removed. Further, if there is injury or death, the manufacturer, the person administering the vaccine, and the employer are not liable except in very rare circumstances. It is a "no fault" compensation system, which is used by many health authorities to proclaim that vaccines do not cause harm.[4]**

[1] https://www.mctlawyers.com/vaccine-injury/cases/
[2] https://www.cdc.gov/flu/professionals/vaccination/effectiveness-studies.htm
[3] https://www.cdc.gov/flu/about/qa/vaccineeffect.htm
[4] https://www.cdc.gov/vaccinesafety/ensuringsafety/history/index.html

- **Vaccinating medical workers offers little protection, if any, to patients and does not prevent them from transmitting the flu. Recent studies have indicated that:**
    - **THOUSANDS of workers would have to be vaccinated to potentially avert one patient death, that the risk of unvaccinated health care workers to patients is greatly exaggerated, that the attributable risk and vaccine-preventable fraction still are unknown,[5]**
    - **Serial vaccination substantially reduces effectiveness, that there was no evidence that vaccination prevented transmission once influenza was introduced in households, that vaccine effectiveness was greatest for those not vaccinated in the previous five years,[6]**
    - **There was no significant risk difference between those receiving trivalent influenza vaccine and placebo, that those receiving trivalent vaccine had a 340% increased risk of developing acute respiratory infections during the 9-month followup.[7]**

The opposition has made many unreferenced statements that can be refuted easily with the CDC's own and other published research. Some of these assertions are based on real costs that do not distinguish vaccination status, on hypothetical calculations that generalize costs without regard to vaccination status,[8] and on illogical extensions of treatment such as antibiotic use associated with influenza-related costs when influenza is a viral illness. We would ask them what data collection has been done to show within real hospital environments calculable information like absenteeism among vaccinated versus unvaccinated or how data continues to be collected concerning morbidity and mortality associated with lab-confirmed influenza among patients broken down by vaccination status.

OAMF is concerned that this legislation is imperative to protect the safety of the individual worker. Flu vaccination carries significant risks. Between January and December 2016, 9,866 adverse events associated with influenza vaccine administration were reported to the Vaccine Adverse Event Reporting System (VAERS), with 6,807 people experiencing adverse events associated with influenza vaccine given alone[9] and 485 being labeled "serious." This passive system represents between 1% and 10% of actual adverse events, meaning that the actual expected number of people experiencing adverse events associated with influenza vaccine administered alone could be between 68,070 and 680,700 annually, with between 4,850 and 48,500 having serious adverse events!

The opposition has also maintained that health care personnel come in contact with high-risk patients in many settings and that "as many as 25 percent of health care personnel with flu may have minimal or no symptoms, but can still transmit infection." This statement seems particularly ironic given the CDC's statement that influenza vaccination can reduce symptoms of

[5] http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0163586
[6] https://www.ncbi.nlm.nih.gov/pubmed/23413420
[7] https://academic.oup.com/cid/article/54/12/1778/455098/Increased-Risk-of-Noninfluenza-Respiratory-Virus
[8] https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/onsite-flu-shots.aspx
[9] http://www.medalerts.org/vaersdb/index.php

the flu, leading to the conclusion that the vaccinated health care personnel may be less symptomatic and more likely to transmit influenza without even knowing they have it.

The opposition has also stated that their patients rely on institutions to "be safe and disease free environments to ensure they receive the best quality of care;" however, the third leading cause of death is hospital error, topping respiratory infections and being caused by surgical mishaps to medication mistakes.[10] Further, data about healthcare-associated infections (another huge area of concern) does not even include influenza in the top infections listed.[11]

Medicare quality reporting standards and the U.S. Department of Health and the Human Services' Healthy Patients 2020 initiative both have recommendations for the vaccination of health care employees and standards for reporting vaccination but fall short of mandating vaccination.

In its current form, HB 193 allows workers, who have physician contraindications and religious or philosophical objections to influenza vaccination, to continue their careers without being forced to choose between a flu shot and being fired. We hope that the committee will maintain the intent of this legislation to keep medical decisions about influenza vaccination in the hands of the employee (who is also the patient in this circumstance). The American Medical Association and Ohio Revised Code both set standards for informed consent, and this circumstance necessitates that consent.

HB 193 provides sufficient language to protect workers' rights to freely accept or decline influenza vaccination without negative employment consequences. It is of utmost importance that Ohio workers maintain control over medical procedures asked of them by their employers.

Thank you for your time and consideration.

Sincerely,

OAMF Board Members

Robert M. Wise, OAMF President
Anthony E. DiBiase, OAMF Vice President
Tammi McCord, OAMF VP of Operations
Donna Jo Kazee, Secretary
Tina M. Wise, Treasurer

[10] http://www.npr.org/sections/health-shots/2016/05/03/476636183/death-certificates-undercount-toll-of-medical-errors
[11] https://www.cdc.gov/hai/surveillance/index.html