



ARMED FORCES EPIDEMIOLOGICAL BOARD
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FALLS CHURCH, VA 22041-3258

December 19, 2005

Armed Forces Epidemiological Board

MEMORANDUM FOR The Honorable William Winkenwerder, Jr., MD, Assistant Secretary of Defense for Health Affairs

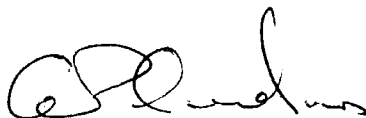
SUBJECT: Mandatory Influenza Vaccination for all DoD Health Care Workers

1. On behalf of the members of Armed Forces Epidemiological Board (AFEB), I am writing to advocate for a Department of Defense policy requiring mandatory influenza vaccination of all health care workers. Over the past 60 years, DoD has played a pivotal role nationally in influenza prevention through vaccine research and strong preventive measures for military service members. Mandating routine annual influenza vaccination for all Department health care workers, including active duty, federal service, contractors, and network providers is an important "next step" in reducing the impact (morbidity and mortality) of influenza.
2. Influenza is a serious illness causing significant morbidity and mortality, adversely impacting DoD health care expenditures and readiness. The virus is responsible for over 200,000 excess hospitalizations and roughly 40,000 deaths each year in the United States. The majority of these cases are preventable through vaccination (1,2). Unfortunately, due to inadequate immunization of health care workers (HCW), these HCW in medical facilities in the United States and abroad serve to amplify the transmission of influenza and result in increased illness, complications, and death.
3. Research also demonstrates that influenza vaccination rates for HCW are very low (2, 3). Despite clear, unambiguous evidence that influenza vaccination reduces upper respiratory infections in health care providers; results in 44% fewer medical visits and 43% fewer sick days; and saves an average of \$47 per worker to the employer's expenses, health care worker vaccination rates in the US average only 36 % nationally (4).
4. Multiple studies have shown that over 70% of HCW will continue to work while ill with influenza, thus increasing exposure to patients and co-workers (3). The impact on the patients exposed to influenza-infected health care workers is enormous, resulting in longer hospitalizations, higher mortality, and increased medical costs. A recent study, published in *Lancet* showed that mortality among patients in hospitals where HCWs were not offered influenza vaccinations was nearly twice the rate of hospitals where vaccine was offered to health care providers. (5).

5. The AFEB believes that influenza immunization of HCW is an important patient safety and quality of care issue and should be regarded as a matter of professional and ethical responsibility. It is the duty of providers to protect their patients and fellow staff members. HCW influenza immunization is considered the standard of care by the Infectious Disease Society of America, recommended by the Centers for Disease Control and Prevention, the Infectious Diseases Society of America, the Association of Professionals in Infection Control, the Leapfrog Group, the National Quality Forum, the Society of Hospital Epidemiologists of America, the U.S. Public Health Service, and now mandatory in 7 U.S. states. In addition, since current DoD policy utilizes civilian health care workers to replace deployed active duty and reserve component medical staff, health care worker influenza immunization also impacts the Department's readiness capability as there is no "surge capacity" to replace ill health care workers. Numerous organizations have stated that inter-pandemic HCW influenza immunization programs are key to successful pandemic response plans.

6. The Board strongly advocates for a policy mandating influenza immunization for all health care workers providing medical care to DoD beneficiaries. While DoD current policy mandating influenza immunization for all active duty personnel, including those that deliver health care, is an enormous step in the right direction, there remains a need to ensure that civilian health care workers in both military treatment facilities and contracted Tricare network hospitals and clinics require annual influenza vaccination as a condition of employment if they provide direct patient care. Both injectable and nasal spray vaccines should be offered to civilian health care worker employees at no charge and, while medical and religious exemptions should be honored, individual waivers should be documented.

7. The Board realizes that implementing this policy poses significant contractual and personnel challenges within DoD, but we firmly believe the lasting benefits will significantly improve patient safety, quality of care, and readiness within the Department.



Gregory A. Poland, M.D.
President

Attachment: Citations

cc:

DASD(FHP&R)

DASD(C&PP)

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Citations

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