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Health-System Pharmacists  
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February 10, 2006

Linda Slepicka  
Division of Standards and Survey Methods  
Joint Commission on Accreditation of Healthcare Organizations  
One Renaissance Blvd  
Oakbrook Terrace, IL 60181

Dear Ms. Slepicka:

The American Society of Health-System Pharmacists (ASHP) is pleased to provide comments to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) on a public health issue with significant impact on hospitalized patients – immunizations of health care workers. For more than 60 years, ASHP has helped pharmacists who practice in hospitals and health systems improve medication use and enhance patient safety. The Society's 30,000 members include pharmacists and pharmacy technicians who practice in inpatient, outpatient, home-care, and long-term care settings, as well as pharmacy students. ASHP commends JCAHO for making influenza vaccination in hospitals and health systems a priority and supports the objective to decrease the risk of influenza infection and transmission throughout organizations.

### ***GENERAL COMMENTS***

Although the Centers for Disease Control and Prevention (CDC) has recommended influenza vaccination for all health care workers since 1981, vaccination rates for health care workers continue to fall below 40%. ASHP applauds JCAHO's attempt to increase health care worker vaccination rates through these proposed standards but fears the current guidance will not result in major vaccination rate improvements.

The key standard proposed by the JCAHO is for organizations to offer staff influenza vaccination free of charge. According to a survey performed in 2005 by the American Hospital Association (AHA), a majority of hospitals already provide influenza vaccine, often at no cost, to their staff. ASHP does not believe that access to vaccine is the barrier preventing health care workers from seeking immunization.

For the past two and a half decades, health care organizations around the country have attempted to boost health care worker influenza immunizations through voluntary programs and aggressive education campaigns, but uptake continues to remain low. To see marked improvements in health care worker immunizations, ASHP strongly supports mandatory influenza vaccination of health care workers with direct patient care responsibilities.

## **ASHP Policy Position**

### **Influenza Vaccination Requirements to Advance Patient Safety and Public Health**

*To advocate that hospitals and health systems require health care workers with direct patient care responsibilities to receive an annual influenza vaccination except when (1) it is contraindicated, or (2) the worker has religious objections, or (3) the worker signs an informed declination; further,*

*To encourage all hospital and health-system pharmacy personnel to be vaccinated against influenza; further,*

*To encourage hospital and health-system pharmacists to take a lead role in developing and implementing policies and procedures for vaccinating health care workers and in providing education on the patient safety benefits of annual influenza vaccination; further,*

*To work with the federal government and others to improve the vaccine development and supply system in order to ensure a consistent and adequate supply of influenza virus vaccine.*

A mandatory vaccination standard would ensure that health care organizations take this fundamental step to protect patients from preventable harm caused by influenza and influenza-related illnesses.

Finally, ASHP is hopeful that current public health efforts to provide timely and adequate influenza vaccine will prove successful despite shortages in recent years. To address potential supply issues, the JCAHO immunization standard should provide flexibility in enforcement when health care organizations have made adequate plans to purchase vaccine but fail to receive a sufficient supply because of shortages. In times of decreased vaccine supply, the health care organization should refer to guidelines developed by the CDC.

### ***SPECIFIC COMMENTS***

#### **Rationale**

Delete the last sentence describing specific, unpublished CDC data. Add the sentence, “Although the Centers for Disease Control and Prevention (CDC) has recommended influenza vaccination for all health care workers since 1981, vaccination rates for health care workers continue to remain low.”

#### **Element of Performance: One, Two, and Three**

Delete all three elements. Combine elements to read: “The organization is consistent with vaccine recommendations provided by the Centers for Disease Control and Prevention (CDC), but requires health care workers with direct patient care responsibilities to receive an annual influenza vaccination except when it is contraindicated, the worker has religious objections, or the worker signs an informed declination.”

The CDC recommends targeting specific groups of the population for immunization against influenza because of their increased risks for influenza-related complications. When influenza

vaccine supply is not an issue, ASHP believes health care organizations should administer influenza vaccine to any patient, staff, student, volunteer, or licensed independent practitioner who wishes to reduce the likelihood of influenza infection or transmission of influenza to others.

**Element of Performance: Four**

Amend element to read: "... provides access to influenza immunization at the worksite and at no cost, to ~~these~~ staff, students, volunteers, and licensed independent practitioners consistent with immunization recommendations made by the CDC."

ASHP supports access to influenza immunization at the worksite and at no cost for staff, students, volunteers, and licensed independent practitioners. Vaccination eligibility should be in compliance with priority group recommendations made by the CDC.

**Element of Performance: Five**

Amend element to read: "...educates ~~these~~ staff, students, volunteers, and licensed independent practitioners..."

Pharmacists can play a vital role in providing education to all staff about influenza, the benefits and safety of vaccines, and potential health consequences of influenza for staff, their families, and the patients they serve. However, data from the ASHP National Survey indicates that only 30.4% of hospitals directly involve their pharmacy departments in organization-wide immunization efforts.

Approximately 67.1% of hospital pharmacies participate in ensuring that influenza immunizations are provided to patients eligible within the health system. Education about influenza should be given to all staff within the organization, and pharmacists, as medication use experts, should be involved in that education.

**Element of Performance: Six**

Amend this element to read: "...who have received vaccination *through the organization's immunization program, who provide proof of vaccination outside of the organization, or through informed declination.*"

ASHP believes there is value in the organization maintaining a record for each health care worker's yearly influenza vaccinations. If vaccine is not administered to the worker because of contraindication, religious objection, or the worker's informed declination, this should also be reflected in the record. If the health care worker receives vaccination outside of the organization, a copy of that document should be placed in the record. To help the organization ensure reduced risk of influenza transmission to patients, health care workers providing direct patient care and not employed by the hospital (students, licensed independent practitioners) should provide proof of influenza vaccination prior to working in the organization. Ongoing surveillance of vaccination rates among health care workers could prove to be extremely valuable in epidemiological studies of intra-organizational influenza outbreaks.

**Element of Performance: Seven**

Amend this element to read: "...monitors influenza vaccination rates among staff, students, volunteers, and licensed independent practitioners. ~~who work with patients, clients, or residents that are at high risk for influenza.~~"

To improve vaccination rates and to be consistent with CDC vaccine recommendations, the organization should monitor influenza vaccination rates among all staff, students, volunteers, and licensed independent practitioners. Health care organizations should have flexibility to monitor rates for each group based on their immunization programs.

Sincerely,

A handwritten signature in black ink, appearing to read "Henri R. Manasse, Jr.", with a stylized flourish at the end.

Henri R. Manasse, Jr., Ph.D., Sc.D.  
Executive Vice President/Chief Executive Officer  
American Society of Health-System Pharmacists