LEGACY HEALTH

February 15, 2012

To: Representative Jim Thompson, Co-Chair
Representative Mitch Greenlick, Co-Chair
Members, House Health Care Committee

Re: Senate Bill 1503

Legacy Health appreciates the intent of Senate Bill 1503 – to improve public health and patient safety in the state of Oregon by encouraging increased influenza (flu) vaccination of healthcare workers. However, our concern is that this bill does not go far enough and that it will fall short of its desired effect.

There is a large and growing body of evidence regarding the importance of flu vaccination for healthcare workers, as well as identification of effective strategies to improve workforce vaccination. Unfortunately, the bill as currently written does not employ any of the proven strategies.

Legacy Health is strongly committed to quality and patient safety. Since early 2008, we have reduced risk-adjusted inpatient mortality by 28% and healthcare-associated infections by 58%. Despite this strong commitment to the health of our patients and our community, and a rigorous vaccination campaign this past fall, our 2011-2012 flu season workforce vaccination rate totaled only 72%.

Last summer, the Centers for Disease Prevention and Control reported the following healthcare worker vaccination rates for the 2010-11 influenza season:

- For organizations requiring vaccination of their employees: 98.1%
- For organizations not requiring vaccination of employees: 58.3%

Due to the compelling evidence in the literature regarding the benefits of healthcare worker vaccination – and to ensure we are honoring the best interests of our patients, our workforce, and our community – Legacy Health aspires to consistently achieve workforce vaccination rates well above 90%. To do so, we may need the ability to require that our healthcare workers be vaccinated.

In response to your request today, enclosed are several articles regarding the benefits of healthcare worker vaccination, the risks of low healthcare worker vaccination rates, and vaccination efficacy.

1. Benefits of Healthcare Worker Vaccination on Patient Populations:

Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomized controlled trial. Hayward AC et al, *British Medical Journal* 2006; 333:1241-6.

- Findings: Patients in facilities with higher rates of healthcare worker flu vaccination had statistically fewer deaths, health service use, and influenza-like illness.

Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. Carman WF et al, *The Lancet* 2000; 355:93-7.

- Findings: Vaccination of healthcare workers was associated with a substantial decrease in mortality among patients; prevalence of non-fatal influenza among patients did not change.

Influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients. Potter J et al, *The Journal of Infectious Diseases* 1997; 175:1-6.

- Findings: Vaccination of healthcare workers was associated with statistically significant reductions in total patient mortality and influenza-like illness. Vaccination of patients was *not* associated with significant effects on patient mortality.

2. Risks of Low Healthcare Worker Vaccination Rates on Patient Populations:

Preventing nosocomial influenza by improving the vaccine acceptance rate of clinicians. Salgado CD et al, *Infection Control and Hospital Epidemiology* 2004; 25:923-8.

- Findings: A significant inverse association exists between healthcare worker compliance with vaccination and the rate of nosocomial influenza among patients.

An outbreak of influenza A in a neonatal intensive care unit. Cunney et al, *Infection Control and Hospital Epidemiology* 2000; 21:449-54.

- Findings: A flu outbreak in a neonatal intensive care unit led to 19 neonates infected with flu and one death. Only 15% of the unit's healthcare workers had been vaccinated for flu, and only 29% of healthcare workers reporting flu-like illness during the outbreak took time off work because of their illness.

3. Vaccination Efficacy:

Safety, efficacy, and immunogenicity of an inactivated influenza vaccine in healthy adults: a randomized, placebo-controlled trial over two influenza seasons. Jackson LA et al, *BMC Infectious Diseases* 2010; 10:71-85. http://www.biomedcentral.com/1471-2334/10/71

- The "Background" section of this article describes how annual flu vaccine formulation occurs based on global influenza surveillance and prevalent strain predictions by the US Food and Drug Administration Center for Biologics Evaluation and Research and the World Health Organization.

I trust that my comments today gave you some understanding of Legacy Health's concerns with Senate Bill 1503 as currently written. I also trust that the information provided above helps highlight the likely outcome of a more carefully crafted bill: improved patient safety in our state through increased healthcare worker vaccination. I invite your questions and your feedback.

Sincerely,

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