



CHCA

CONNECTICUT HEALTH CARE ASSOCIATES

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Testimony by CT Health Care Associates-NUHHCE/AFSCME

**Re: AN ACT CONCERNING INFLUENZA IMMUNIZATIONS FOR HEALTH CARE EMPLOYEES (S.B. 1128)
before the Public Health Committee**

March 20, 2013

My name is Jose Perez, RN and I am a board and staff member of CT Health Care Associates. We are a labor union that represents nearly 1400 registered nurses and other health care professionals in Connecticut, and are an affiliate of the National Union of Hospital and Health Care Employees and AFSCME. Thank you for the opportunity to submit testimony. We are testifying in opposition to S.B. 1128, which would mandate health care professionals to receive flu shots.

We believe that employers should not be mandated, nor mandate, flu vaccinations, and that there are very justifiable health and other reasons why people may choose not to be vaccinated, and they should have the option to make that choice in a workplace they may have worked in for as many as 30 or 40 years. We are supportive of vaccinations – but not making them mandatory.

Efficacy of vaccines for influenza can vary greatly from year to year, and can be as low as 40%. This year's vaccine has been reported as moderately effective at 62%. Since influenza is an annual vaccination, it should not be compared to MMR vaccination or even Hepatitis B or pertussis. **Individuals should have some say if they would want an annual vaccine that may or may not be very effective.**

The flu vaccine is unique in that it is one that is required every year. It cannot be compared to the vast number of vaccines most people are used to receiving. Workers may still have a negative outcome to a flu vaccine even if it isn't as serious as Guillain-Barre syndrome or an allergic reaction. This can be a part of the normal immune response. No one likes to work when they don't feel well, and health care employers are very unlikely to allow for sick leave for these types of issues. Punitive practices such as point systems and discipline for using leave makes it even more unattractive.

At CHCA, we have numerous examples of health care professionals who have had problems due to vaccination. For example, at Waterbury Hospital, one nurse was stating that she had a reaction to the flu vaccine in which she becomes ill. The nurse put herself through multiple unnecessary tests to prove that she would get sick from the vaccine but the employer's board overturned her doctor's exemption form. In the end she took the vaccine and DID become ill. She was notified that from now on she would no longer need to get the vaccine.

There are other options to mandatory vaccination. Although high rates of immunization is desirable, it is not necessary to have rates in the high 90s to achieve "herd immunity". Therefore concentrating on an effective outreach and voluntary vaccination program can be effective in achieving protective rates.

Components of an effective voluntary program include:



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- Outreach on benefits of vaccination
- Providing vaccination on site and at very low or no-cost
- Providing vaccination on multiple days and shifts
- Policy on allowing paid days off for adverse reactions or strong immune responses by individuals (realizing that individuals immune responses can change over time, including sensitivities to components used in vaccines) (see last bullet for more detail)
- Concentrating efforts on those HCW with the most patient contact (does that mail room guy REALLY have to get a shot?) or HCWs that deal with the most vulnerable populations (Neo-natal, chemo/cancer units, burn units)
- Signed waivers for exemptions based on religious beliefs and medical contraindication

Immunization by itself is not infection control. Good infection control is based on a multi-faceted, systems based approach and should be an educational focus by the hospital. Workers' personal actions (getting a shot, hand washing) alone should not be the thrust of any health care organization's policy.

Influenza infection control also includes:

- Emphasis on triage of patients with Influenza-like illness (ILI)
- Cohorting patients with similar symptoms
- Appropriate ventilations systems
- Respiratory etiquette (patients exhibit ILI wear surgical masks)
- Restricting access of visitors displaying symptoms
- Use of anti-viral medications within the first 24-48 hours
- Staff displaying symptoms allowed to use sick leave without reprisal (i.e.: point systems)
- N95s for those staff doing high risk work during flu season (intubation for example)
- Strong environmental cleaning practices
- Hand hygiene (and the time and resources to do it properly)

Finally, it is important to note that persons who are vaccinated are still vulnerable for 7-10 days until the body builds sufficient immunity-so other means of protecting workers (and therefore patients) is still required (see list above).

In summation, we believe that most health care workers will choose to be vaccinated for their own and their patient's well-being. But if a worker, for health, religious or other core reasons does not choose to be vaccinated, we believe they should have that right.