

***Recommendation for Mandatory Influenza Immunization of All Health Care Personnel  
Wisconsin Chapter of the American Academy of Pediatrics***

**FREQUENTLY ASKED QUESTIONS**

The proposed bill references many common questions about influenza, but at times misquotes the facts and/or underestimates the consequences of its provisions.

**The following questions address the concerns of the bill's authors.**

**1. *Is the flu vaccine even effective? Is it safe?***

Effectiveness is a measure of how well the vaccine works to protect against illness. Effectiveness of the vaccine has varied from 50 to 70% in healthy adults under age 65 years. However, persons with chronic illnesses have immune systems that are not as strong and cannot have a strong immune response to influenza vaccine as well as any other vaccine.

It is very important to keep in mind that some protection is better than no protection. A flu vaccine will not promise that you will not get sick but it may mean the difference between a few sick days vs. hospitalization or death from influenza. It is also important to keep in mind that flu vaccines will not prevent you from getting the tens to hundreds of other types of viruses circulating around our homes, schools, and offices during the winter season that make us very sick.

**2. *What about side effects?***

Flu vaccines, just like any other vaccine, can cause fever, pain, redness at injection site for 1-2 days. When studies have compared individuals getting flu vaccines vs. placebo (dummy vaccines) the side effect profiles were the same. People are afraid of needles but the real fear should be about getting influenza itself. Influenza kills, on the average 36, 000 people every year in this country.

**3. *Shouldn't people have the right to decline vaccination?***

They do have the right to refuse health care. However, when you choose a career caring for sick people, you have to make some concessions. You cannot smoke around others even though you have a right to smoke. A care provider can be infected with influenza and not know that they have it. They are still contagious and can spread the infection to anyone, including family, co-workers and patients. This is especially dangerous for pregnant women, infants under the age of six months, people who do not have a normal immune system.

**4. *"An employer must allow a religious exemption to protect the 1<sup>st</sup> Amendment rights of employees. Why should a religious exemption supersede a personal objection?"***

There is a strong history in this country of preservation of religious rights. That will not change any time soon. However, major religions in this country (Catholics, Protestant faiths, and Islam) do not have bans on flu vaccines. In addition, to refuse a vaccine is not without risk. The better question would be for objectors to justify the risk that they bring to a vulnerable population. We know that when healthcare providers get vaccinated their patients do better. A healthcare provider who is not willing to protect his or her vulnerable patients may need to reconsider his or her career choice.

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**5. Citations referencing the Center for Disease Control (CDC):**

- **“Flu viruses are constantly changing, and the annual formulation is just an educated guess as to which strain needs to be fought, so the vaccine may be ineffective.”**

Even in years when viruses in the community do not match the vaccine types, there is still some protection in vaccinated persons. The efficacy does not drop to zero. It is true the influenza viruses do mutate. Luckily, the development of new flu vaccines helps us prepare for these changes so we have the new vaccines available in a shorter timeframe.

- **“Some people test positive for the flu even after receiving the vaccination, so they’re protected against the wrong virus.”**

There certainly are degrees of illness. Some people may still get infected with influenza after a vaccine for several reasons:

- 1) They actually have a less severe disease than they would have without the vaccine. It may mean the difference between a week at home vs. a week in the hospital or worse.
- 2) They may be actually infected with another illness but influenza particles are present (PCR test picks up live virus as well as dead virus).
- 3) They may already be infected prior to vaccine or in the time period it takes to get proper protection (about 2 weeks).
- 4) They can get a strain not in the vaccine for that season.
- 5) Their immune systems are not strong enough to get a protective immune response to the disease.

- **“The flu vaccine fails in over 40% of vaccinated employees (so vaccination status is not a reliable indicator of immune status).”**

This figure is incorrect. Most of the healthy working population will have close to a 70% or better vaccine efficacy rate. Vaccines are the only real protection against influenza that we have. Hand washing and masks are not enough.

**6. Citations referencing the Vaccine Adverse Event Reporting System (VAERS) and National Vaccine Injury and Compensation program:**

- **“Flu vaccines can cause permanent disability and even death.”**

There are certain health conditions that are increased due to certain infections such as Guillain-Barre. These are much more of a threat than the vaccines. However, many antivaccine groups have distorted data from the VAERS as an indicator of “cause and effect.” This is simply not the case.

Flu vaccines have been given for over 50 years and have a great track record. There is a very rare report of severe allergic reactions to vaccines just like some people have allergies to food. That is not a reason to close down grocery stores and not a reason to avoid flu vaccines.

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**7. Citations referencing the Occupational Safety and Health Administration (OSHA):**

- **“There is insufficient evidence for the federal government to promote mandatory influenza vaccination programs that do not have an option for the health care professional to decline for medical, religious and/or personal philosophical reasons.”**

This is incorrect. OSHA’s official statement is as follows:

**“Reasons for healthcare workers to be vaccinated**

“Healthcare workers are at high risk for contracting influenza through their exposure to high risk patients. The CDC has classified healthcare workers as a high priority group for yearly vaccinations that are highly effective at preventing influenza. Not only are healthcare workers in danger of contracting influenza, they can also spread the illness to their family and to patients.

“Employers have a duty to create a safe work environment. Encouraging influenza vaccination for their healthcare employees is one method of doing this. The current rate of influenza vaccination among healthcare workers is disappointing, and increasing this rate could significantly enhance healthcare worker safety and increase their productivity.”