AMA meeting: Call for flu-shot mandate in long-term-care setting

Nearly half of health care professionals in this area skip getting an influenza vaccination. The requirement will protect a vulnerable group of patients, delegates say.


Honolulu Physicians and other workers who have direct contact with patients in long-term-care settings should be required to get the influenza immunization annually, said the American Medical Association House of Delegates. Workers who have medical contraindications or religious objections should be exempt from the vaccine requirement, said the policy adopted at the Association’s Interim Meeting.

“Many health care organizations now have mandatory immunization,” said internist Eric Tangalos, MD, a delegate from Rochester, Minn., who spoke on behalf of the American Medical Directors Assn., which proposed the policy. “It saves lives, saves money and keeps people on the job. And with regard to [this resolution], we’re talking about protecting the most frail, most vulnerable population of patients.”

About two-thirds of all health care workers got the influenza vaccination during the 2011-12 flu season, and 86% of physicians were immunized, said the Sept. 28 Morbidity and Mortality Weekly Report published by the Centers for Disease Control and Prevention. The immunization rate for health workers in long-term-care facilities was 52%, compared with 68% in physician offices and 77% in hospitals. Health care organizations that require their employees to get flu shots achieve an average immunization rate of 98%, the CDC said.

Requiring immunization of those working in long-term-care settings will benefit all patients, said Jonathan Weisbuch, MD, PhD, a Phoenix preventive medicine specialist and alternate delegate for the American Assn. of Public Health Physicians.

“This is a strong public health issue,” Dr. Weisbuch said. “Not only do we immunize those who work in these facilities and protect patients there, but it’s a way of increasing herd immunity across the population, so the virus is diminished.”

Support for vaccine requirement grows

In October, Rhode Island became the first state to mandate that all health care workers with direct patient contact receive the influenza vaccine. Since 2010, several influential organizations have announced their support for mandatory flu shots, including the National Business Group on Health, the American Academy of Pediatrics and the Society for Healthcare Epidemiology of America.

Previously, the AMA stopped short of supporting vaccine mandates for doctors. In November 2010, the house adopted ethics policy saying physicians have an obligation to accept immunization for vaccine-preventable diseases unless they have a medical, religious or philosophical reason to avoid doing so.

Outside of long-term care, the AMA supports universal immunization, which means asking workers with patient contact to get vaccinated and making it as easy as possible for them to do so, but not making it a condition of employment. The Association has policy opposing religious or philosophical exemptions from school-entry vaccine mandates.

ADDITIONAL INFORMATION:

Meeting notes: Public health

Issue: Sterility lapses at a compounding pharmacy led to a fungal meningitis outbreak that killed more than 30 and sickened several hundred patients nationwide.

Proposed action: Monitor ongoing federal and state investigations of compounding pharmacies and encourage regulations that ensure safe compounding practices that meet patient and physician needs. [Adopted]

Issue: Patients, especially those with low health literacy, often misunderstand prescription drug labels that are poorly designed and confusing, leading to errors in drug-taking and reduced medication compliance.

Proposed action: Encourage state pharmacy boards to adopt the newly revised standards contained in the U.S. Pharmacopeia general chapter on prescription container labeling, which offers specific guidance on how prescription labels should be organized in a patient-centered manner. [Adopted]

Issue: The Food and Drug Administration has issued Risk Evaluation and Mitigation Strategies that cover dozens of products.
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Proposed action: Ask the FDA and the pharmaceutical industry to evaluate the effectiveness of these strategies. Urge the FDA to solicit doctors' views before requiring physician training as part of any risk-mitigation strategy to ensure the training is necessary, meaningful and not burdensome. [Adopted]

**Issue:** The Food and Drug Administration has issued Risk Evaluation and Mitigation Strategies that cover dozens of products, requiring medication guides, communication plans and restricted distribution plans to address safety problems with drugs such as long-acting opioid analgesics.

Proposed action: Ask the FDA and the pharmaceutical industry to evaluate the effectiveness of these strategies. Urge the FDA to solicit doctors' views before requiring physician training as part of any risk-mitigation strategy to ensure the training is necessary, meaningful and not burdensome. [Adopted]

**Issue:** The growing use of atypical antipsychotics in pediatric patients is controversial. The drugs produce fewer neurologic side effects than traditional medications, but also lead to weight gain, hypotension and seizures and increase the risk of hyperlipidemia and type 2 diabetes. Evidence on the long-term effectiveness and risks of atypical antipsychotics is lacking.

Proposed action: Urge the National Institute of Mental Health to help develop guidance for doctors on using atypical antipsychotics in children. Support ongoing, federally funded research, with a focus on long-term efficacy and safety studies on the use of these drugs in the pediatric population. [Adopted]

**WEBLINK**

“Influenza Vaccination Coverage Among Health-Care Personnel — 2011–12 Influenza Season, United States,” Morbidity and Mortality Weekly Report, Sept. 28 (www.cdc.gov/mmwr/preview/mmwrhtml/mm6138a1.htm)


Food and Drug Administration on multistate outbreak of fungal meningitis and other infections (www.fda.gov/Drugs/DrugSafety/FungalMeningitis/)

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