Subject: FW: SB 1503: Scientific and Policy Objections for opposition

From: Michael Framson [mailto:mframson@q.com]
Sent: Wednesday, February 01, 2012 12:25 PM
To: ThieleCirka Sandy
Subject: SB 1503: Scientific and Policy Objections for opposition

Honorable Chairwoman Laurie Monnes Anderson and members of the Health Care Committee:

Scientific and Policy Objections to SB1503

Submitted by Michael Framson, Medford, OR

The following, represent scientific reasons to object to the policy that SB 1503 would create. The bottom line, is that of all vaccines, the ones for influenza are the most questionable for not only health care workers, but the population as a whole.

1) **The Lancet: Influenza vaccines can provide moderate protection against virologically confirmed influenza, but such protection is greatly reduced or absent in some seasons. Evidence for protection in adults aged 65 years or older is lacking.** LAIVs consistently show highest efficacy in young children (aged 6 months to 7 years). New vaccines with improved clinical efficacy and effectiveness are needed to further reduce influenza-related morbidity and mortality. **Efficacy and effectiveness of influenza vaccines: a systematic review and meta-analysis**
http://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2811%2970295-X/abstract

NOTE: In absolute differences, this study shows that for every 100 people vaccinated, 1.5 cases of flu might be prevented.

2) **The Occupational Safety and Health Administration (OSHA) issued a statement opposing mandatory flu shots for health care workers that do not contain exemptions for medical, religious and persona/philosophical belief reasons. OSHA stated:**

While we are supportive of the Healthy People 2020 goal of a 90% vaccination rate, we have seen no evidence that demonstrates that such a high rate is in fact necessary. Furthermore, the current influenza vaccine is no magic bullet. The current state of influenza vaccine technology requires annual reformulation and revaccination and the efficacy is quite variable. Every year there are numerous circulating strains of influenza that are not included in the vaccine. In years where the antigenic match is good, the

vaccine only provides protection against the 3 strains in the formulation. In years when the antigenic match is poor, the vaccine may provide no protection at all. The limits of current influenza vaccine technology are especially problematic in the context of a mandatory influenza vaccination program that results in job loss. Lastly, reliance on a mandatory influenza vaccination policy may provide healthcare workers, health care facility management and patients with an unwarranted sense of security and result in poor adherence to other infection control practices that prevent all types of infections, not just influenza. Influenza vaccination has always been just one part of a comprehensive multi-layered infection control program.

3) **BMJ: Influenza vaccination: policy versus evidence (Cochrane Review)**
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1626345/

Summary points

- Public policy worldwide recommends the use of inactivated influenza vaccines to prevent seasonal outbreaks
- Because viral circulation and antigenic match vary each year and non-randomised studies predominate, systematic reviews of large datasets from several decades provide the best information on vaccine performance
- Evidence from systematic reviews shows that inactivated vaccines have little or no effect on the effects measured
- Most studies are of poor methodological quality and the impact of confounders is high
- Little comparative evidence exists on the safety of these vaccines
- Reasons for the current gap between policy and evidence are unclear, but given the huge resources involved, a re-evaluation should be urgently undertaken

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