

Facts About Mandatory Flu Vaccines Programs

- There are numerous myths concerning the flu vaccine including concerns that the flu vaccine is not safe, that the vaccine causes the flu, and a genuine fear of flu vaccines¹.
- Numerous peer reviewed studies show that comprehensive educational programs can dispel flu vaccine myths to increase voluntary vaccination rates to 80% to 96%^{2,3,4,5,6}. The hospital system at the University of Iowa, where SEIU represents the nurses, achieved a voluntary flu vaccination rate of 84% in 2008⁷.
- It is believed that herd immunity can occur at vaccination rates of around 80% and as low as 70%²³.
- Voluntary hepatitis B vaccination programs can serve as models for noncompulsory influenza vaccination programs. Through annual classroom based educational sessions conducted by knowledgeable speakers where employees can have their questions addressed acceptance rates of up to 75% were achieved in the late nineties⁸.
- The Director of the US Centers for Disease Control and Prevention (CDC), Dr. Thomas Frieden, does not support mandatory flu vaccination. "This is just not the right flu season to take this on," said Dr. Frieden⁹. Furthermore, no other federal governmental agency supports mandatory flu vaccination.
- In 2006, the Joint Commission (formerly JACHO) considered making flu vaccines mandatory, solicited and considered public comments, and rejected the idea¹⁰.
- The American College of Occupational and Environmental Medicine, the nation's largest organization of occupational medicine physicians has issued a position statement at www.acoem.org opposes mandatory flu vaccinations¹¹.
- ACOEM and others maintain that mandatory vaccination programs divert limited time, attention and resources to undermine patient care from more effective strategies to improve infection control^{11,12,13}.
- The flu vaccine is not a panacea and varies in effectiveness in different years from between 44%-90% and thus may lead to a false sense of security while major gaps in infection control programs may remain¹¹.

- **Mandatory flu programs can have a negative impact on workplace morale; a voluntary program can have a positive impact, focusing on education and the advantages of an employer-provided benefit, and achieve nearly the same level of cooperation¹⁸.**
- **Mandatory flu vaccination programs have driven qualified nurses and other healthcare workers from their professions.¹⁸.**
- **There are peer-reviewed articles that challenge mandatory vaccination on moral and ethical grounds^{12, 13, 19, 20}.**
- **Some of the most outspoken organizations promoting mandatory vaccination programs solicit and receive significant financial contributions from flu vaccine manufacturers^{21,22}.**
- **There is no published scientific evidence that the wearing of surgical masks by healthy healthcare workers has any merit in flu transmission prevention. To the contrary, *there is research showing that surgical masks do not protect healthcare workers from exposure to airborne flu and that surgical masks are not effective for their intended purpose (containing infectious particles from the wearer) because of their face seal leakage and filter performance^{15,16, 17}.***
- **The wearing of masks without a documented medical purpose has been described as a “scarlet letter” by hospital managers designed to shame healthcare workers into getting vaccinated²⁴.**
- **Use of surgical masks for purposes other than for placing on patients with suspected or confirmed cases of respiratory infection (CDC defines this as “respiratory etiquette) can exacerbate anticipated shortages of these products. There is only one US domestic producer of surgical masks, and it can not be reasonably assumed that countries will not permit the export of surgical masks if the H1N1 pandemic worsens²⁵.**

Information compiled by William Borwegen, MPH, Director, Occupational Health and Safety, Service Employees International Union, Washington, DC, September 25, 2009

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