CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 14, 2005

SB 703, An Act Establishing A Uniform System For Distributing Influenza Vaccines

The Connecticut Hospital Association (CHA) supports **SB 703, An Act Establishing A Uniform System For Distributing Influenza Vaccines,** which would authorize the Department of Public Health to adopt regulations specifying a uniform policy for distributing and administering influenza vaccines. However, a uniform system should be designed to deal with either a vaccine shortage or a pandemic and need not be implemented during seasons in which an adequate amount of vaccine is available. In addition, the system must be flexible in order to incorporate evolving scientific knowledge regarding effective vaccination strategies.

Influenza can be deadly and vaccination is an important way to safeguard the health of Connecticut residents. Epidemics of influenza typically occur during the winter months and have been responsible for an average of approximately 36,000 deaths per year in the United States during 1990–1999[1]. Each flu season Connecticut's not-for-profit acute care hospitals treat about 2,500 patients for influenza, which is the primary determinant of increased mortality nationwide during the winter season[2]. Influenza vaccine reduces all cause mortality in the elderly by 30% to 50% and prevents at least 30% of hospital admissions for influenza-related respiratory disease, heart disease and stroke nationwide[3]. The United States has had a long-standing government strategy of recommending that vaccine be concentrated primarily in high-risk groups, such as the elderly, and distributed to those people who keep the health system and social infrastructure operating[4].

The scientific knowledge about effective vaccine strategies is evolving, however, and two recent studies that question this current method of distribution will likely add to the debate about the best system for distributing the influenza vaccine[5,6]. This year's influenza vaccine shortage has provided the opportunity to examine alternatives for future years. One alternative plan, supported by some mathematical models and influenza field studies, would be to concentrate vaccine in children, the population group most responsible for transmission, while also covering the reachable high-risk groups, who would also receive considerable indirect protection. Any plan developed to ensure an adequate vaccine supply should be developed in a way that allows emerging research on vaccination to be taken into consideration in allocating vaccine. Any plan developed also must allow for widespread vaccination of healthcare providers so that they can continue to care for patients with influenza.

CHA would be pleased to participate with this Committee and the Department of Public Health in the work that is necessary to ensure the development of a distribution and administration system that provides the best possible protection against influenza.

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[1] Thompson WW, Shay DK, Weintraub E, et al. Mortality associated with influenza and respiratory syncytial virus in the United States. JAMA 2003;289:179--86.

[2] Reichert TA, Simonsen L, Sharma A, Pardo SA, Fedson DS, Miller MA. Influenza and the winter increase in mortality in the United States, 1959-1999. *Am J Epidemiol.* 2004;160(5):492-502.

[3] Fedson DS. Vaccination for pandemic influenza: a six point agenda for interpandemic years. *Pediatr Infect Dis J.* 2004 Jan;23(1 Suppl):S74-7. Review.

[4] CDC. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2003; 52 (No. RR-8).

[5] Simonsen L, Reichert TA, Viboud C, Blackwelder WC, Taylor RJ, Miller MA. Impact of Influenza Vaccination on Seasonal Mortality in the US Elderly Population. *Arch Intern Med.* 2005;165:265-272.

[6] Longini IM, Halloran ME. Strategy for Distribution of Influenza Vaccine to High-Risk Groups and Children. *Am. J. Epidemiol.* 2005;161: 303-306