Flu vaccine follies, local and national varieties

By ACSH Staff — October 1, 2013

[1]While the U.S. government shuts down, a piece at a time (or so it seems), we here at ACSH wondered how this might affect healthcare after all, that’s a big part of what we do. Our investigations have revealed that the short answer is...not much, at least not for most of us as we go about our daily affairs.

The FDA’s ability to monitor drug imports and domestic manufacturers for safety and quality control will be markedly impaired [2], as will the agency’s ability to inspect imported and American food for contamination, and to trace and track outbreaks of foodborne illness, should any occur. Almost half of their personnel will be furloughed.

The CDC’s cutbacks might prove crucial in the event of a worsening of the thus-far only incipient flu season. During the shutdown, the CDC will furlough 68 percent of its staff [3] and will be unable to support the annual seasonal influenza program, outbreak detection and linking across state boundaries according to the HHS contingency plan. The CDC also will be hampered in its efforts [4] to monitor and combat other infectious diseases, such as tuberculosis, hepatitis and sexually transmitted diseases.

ACSH’s Dr. Gilbert Ross noted that this means the CDC will not be able to fill the gap if any vaccine shortages develop and will not be able to track localized outbreaks of influenza or other contagions should they occur. Routine flu shots should not be affected.

On that subject, a Viewpoint piece in the current JAMA [5] discusses the current situation regarding mandatory flu vaccine for healthcare workers (HCW) in NYState, co-written by bio ethicist and ACSH friend Dr. Arthur Caplan of NYU-Langone and the New York State Health Commissioner, Dr. Nirav Shah. ACSH circulated a petition last autumn calling upon the NYC and State authorities to make influenza vaccination mandatory for HCWs with any patient contact. Their response was to revise the State health code to make such HCWs either get vaccinated, or wear a mask. The co-authors seemed to have signed on to this position, neglecting to mention that the masks required will not offer any significant protection against influenza viral transmission.

Dr. Ross again: This is not protecting vulnerable patients with compromised immune systems, or neonates with barely functional immunity it is only a pretense. The masks required are well-known
to be useless against flu transmission, so wearing one simply tells the patient that, My caregiver is possibly a flu vector. I guess they hope that those shunning the shot will feel shamed enough to throw away the mask and get vaccinated as they should have initially. The arguments against mandatory vaccination are flawed or circular or baseless or all of the above. I fear that the number of workers actually protected against the flu this season will be even lower than the unacceptable figure of last year: an abysmal 36 percent!

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