

REPORT OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH

CSAPH Report 5-I-12

Subject: AMA Policy Consolidation: Influenza and Influenza Vaccine

Presented by: Sandra A. Fryhofer, MD, Chair

Referred to: Reference Committee K  
(Michael D. Chafty, MD, Chair)

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1 INTRODUCTION

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3 This report is a Council on Science and Public Health initiative to consolidate several current  
4 policies of our American Medical Association (AMA) on issues related to the supply, distribution,  
5 payment, pandemic preparedness, and clinical recommendations for the use of influenza vaccine.  
6 As a whole, these policies seek to support efficient delivery and appropriate use of influenza  
7 vaccine in order to protect the health of the public and improve health outcomes. Consolidation  
8 will facilitate use of these policies by advocates in and outside of our membership.

9  
10 Consolidation of several policies is influenced by the fact that they endorse recommendations from  
11 the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization  
12 Practices (ACIP). The ACIP recommendations pertaining to influenza vaccination were changed  
13 in 2010 to reflect an approach to universal vaccination as follows:

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15       Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months. To  
16 permit time for production of protective antibody levels, vaccination optimally should occur  
17 before onset of influenza activity in the community. Therefore, vaccination providers should  
18 offer vaccination as soon as vaccine is available. Vaccination should be offered throughout the  
19 influenza season (i.e., as long as influenza viruses are circulating in the community).

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21 This recommendation represents a substantive change from the previous policy that focused on  
22 identifying and prioritizing the immunization of persons at high risk for complications from  
23 influenza.

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25 As stated in Policy G-600.111, the purpose of policy consolidation is to make information on AMA  
26 policy more accessible. Policy consolidation also will improve the organization of the AMA policy  
27 database. The purpose of policy consolidation does not include the establishment of new policy  
28 positions. Consequently, Policy G-600.111 states that the recommendations in policy  
29 consolidation reports cannot be amended and must be voted upon in their entirety. Changes in  
30 AMA policy can be accomplished through other types of reports or by resolutions that are  
31 submitted to the AMA House of Delegates.

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33 This report consolidates 15 policies from Section 440–Public Health of the AMA policy database.  
34 The Council proposes that the consolidated policy be retained in Section 440 and be renumbered to  
35 facilitate searching of the database.

1 In considering policies for consolidation, the Council employed the following approach:

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- 3 1. Search the current AMA Policy Database (search terms included influenza, flu, vaccine,
- 4 immunization).
- 5 2. Identify outmoded and outdated policies.
- 6 3. Group similar policies (or parts of policies) together into one section. To facilitate review and
- 7 comparison, all pertinent AMA policies or policy elements reflected in the consolidation are
- 8 cited in their entirety.
- 9 4. Edit the language of each proposed policy so that it is coherent and easily understood, without
- 10 altering its meaning or intent.
- 11 5. Recommend that the House adopt the consolidated policies on influenza vaccine availability
- 12 and distribution, healthcare worker and patient influenza immunization, adult immunization,
- 13 reimbursement for influenza vaccine, and pandemic preparedness for influenza in their entirety
- 14 and that the House rescind current AMA policies that are duplicative or outmoded.
- 15

16 To that end, the following policies are recommended to be directly rescinded because they already

17 have been implemented, are obsolete, or are superseded by other policies

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- 19 • H-440.896 Influenza Vaccine Availability and Distribution
- 20 • D-440.990 Influenza Vaccine Delays and the 2001-2002 Influenza Season: Update
- 21 • D-440.993 Influenza Vaccine Availability And Distribution
- 22 • D-440.962 Avian Influenza Preparedness for Guam and Other Border States and Territories
- 23 • D-440.941 Preventing Spread of Novel H1N1 Flu Virus and Spreading the Word
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25 Two appendices are attached to this report to facilitate comparison and tracking of proposed policy

26 changes.

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- 28 • Appendix A (pages 3 to 7) presents the Council's recommended language for consolidated
- 29 House policies and policies which comprise the consolidation.
- 30 • Appendix B (pages 8 and 9) presents 5 current policies that the Council believes should be
- 31 rescinded.
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### 33 RECOMMENDATIONS

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35 The Council on Science and Public Health recommends that the following statements be adopted

36 and the remainder of the report be filed.

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- 38 1. That the consolidated policy listed in Appendix A be added to the AMA Policy Database.
- 39 (Modify Current HOD Policy)
- 40
- 41 2. That the following policies be rescinded because they are outdated or duplicative of policies
- 42 presented in Appendix A:
- 43
- 44 H-440.896 Influenza Vaccine Availability and Distribution
- 45 D-440.941 Preventing Spread of Novel H1N1 Flu Virus and Spreading the Word
- 46 D-440.962 Avian Influenza Preparedness for Guam and Other Border States and Territories
- 47 D-440.990 Influenza Vaccine Delays and the 2001-2002 Influenza Season: Update
- 48 D-440.993 Influenza Vaccine Availability And Distribution (Rescind HOD Policy)

Fiscal Note: Less than \$500

APPENDIX A

PROPOSED CONSOLIDATION OF HOUSE POLICY ON INFLUENZA AND INFLUENZA VACCINE

**H-440.XXX Influenza Vaccine Availability and Distribution**

Our AMA will: (1) continue efforts to communicate strongly to its partners involved in influenza vaccine production and distribution that physicians must receive influenza vaccines in a timely and equitable manner in order to help immunize all patients  $\geq 6$  months of age as recommended by the Center for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP); (2) urge manufacturers and distributors of influenza vaccine to provide a dedicated ordering system for small- and medium-size medical practices to pre-order vaccine up to an appropriate volume threshold; (3) support federal actions to allow physicians (MDs and DOs) to form purchasing alliances to allow for competitive purchasing of influenza vaccine comparable to large purchasers currently supplying pharmacy and grocery chain stores with influenza vaccine; (4) communicate current ACIP recommendations on the influenza vaccine to physicians and assist the CDC in disseminating its informational letters and bulletins to physicians and other providers of the influenza vaccine when they become available in order to ensure compliance with the ACIP recommendations with respect to immunization of patients with influenza vaccine; (5) work with the CDC and other immunization partners to explore options to provide for timely influenza immunization of indigent or underserved populations, including exploring options to provide for the timely redistribution of state and federally funded influenza vaccines to facilities or groups within the state willing to appropriately manage, distribute, and administer the vaccine to indigent or underserved populations; (6) continue its collaboration with the CDC and other stakeholders in influenza vaccination to work to achieve the influenza immunization goals of Healthy People 2020, with particular attention to improving demand for vaccine and achieving stability in the vaccine supply; (7) work with local public health officers through the Federation to respond to community flu vaccine shortages and possible influenza outbreaks to protect the public health; and, (8) urge the federal government to support, as a national priority, the development of safe and effective influenza vaccines employing new technologies and to continue to support adequate distribution to ensure that there will be an affordable, available and safe supply of influenza vaccine on an annual basis. (H-440.873(5); H-973(5); D-440.942; D-440.964; D-440.973; D-440.974(2); D-440.992(2,4))

**H-440.XXX Recommendations for Healthcare Worker and Patient Influenza Immunization**

Our AMA (1) reaffirms its support for universal influenza vaccination of health care workers (HCWs) and supports universal immunization of HCWs against seasonal and pandemic influenza through vaccination programs undertaken by health care institutions in conjunction with medical staff leadership; (2) encourages all hospitals, health care systems, and health care providers to immunize providers and appropriate patients as defined by the Advisory Committee on Immunization Practices guidelines against both influenza and pertussis, as a priority, both for their own protection and to reduce the risk of transmission to others; (3) will work to ensure that hospitals and skilled nursing facilities have a system for measuring and maximizing the rate of influenza immunization for health care workers. (H-440.878; D-440.967)

**H-440.XXX Adult Immunization**

Our AMA (1) supports the development of a strong adult and adolescent immunization program in the United States; (2) encourages physicians and other health and medical workers (in practice and in training) to set positive examples by assuring that they are completely immunized; (3) urges physicians to advocate immunization with all adult patients to whom they provide care, to provide indicated vaccines to ambulatory as well as hospitalized patients, and to maintain complete immunization records, providing copies to patients as necessary; (4) encourages the National Influenza Vaccine Summit to examine mechanisms to ensure that patient immunizations get communicated to their personal physician; (5) promotes use of available public and professional educational materials to increase use of vaccines and toxoids by physicians and to increase requests for and acceptance of these antigens by adults for whom they are indicated; and (6) encourages third party payers to provide coverage for adult immunizations.

(H-440.973; H-440.883; H-440-896)

**H-440.XXX Reimbursement for Influenza Vaccine**

Our AMA: (1) will work with third party payers, including the Centers for Medicare and Medicaid Services, to establish a fair reimbursement price for the flu vaccine; (2) encourage the manufacturers of influenza vaccine to publish the purchase price by June 1st each year; (3) shall seek federal legislation or regulatory relief, or otherwise work with the federal government to increase Medicare reimbursement levels for flu vaccination and other vaccinations. (D-440.983; D-440.989)

**H-440.XXX Pandemic Preparedness for Influenza**

In order to prepare for a potential influenza pandemic, our AMA: (1) urges the Department of Health and Human Services Emergency Care Coordination Center, in collaboration with the leadership of the Centers for Disease Control and Prevention (CDC), state and local health departments, and the national organizations representing them, to urgently assess the shortfall in funding, staffing, vaccine, drug, and data management capacity to prepare for and respond to an influenza pandemic or other serious public health emergency; (2) urges Congress and the Administration to work to ensure adequate funding and other resources: (a) for the CDC, the National Institutes of Health (NIH) and other appropriate federal agencies, to support implementation of an expanded capacity to produce the necessary vaccines and anti-viral drugs and to continue development of the nation's capacity to rapidly vaccinate the entire population and care for large numbers of seriously ill people; and (b) to bolster the infrastructure and capacity of state and local health department to effectively prepare for, respond to, and protect the population from illness and death in an influenza pandemic or other serious public health emergency; (3) urges the CDC to develop and disseminate electronic instructional resources on procedures to follow in an influenza epidemic, pandemic, or other serious public health emergency, which are tailored to the needs of physicians and medical office staff in ambulatory care settings; (4) supports the position that: (a) relevant national and state agencies (such as the CDC, NIH, and the state departments of health) take immediate action to assure that physicians, nurses, other health care professionals, and first responders having direct patient contact, receive any appropriate vaccination in a timely and efficient manner, in order to reassure them that they will have first priority in the event of such a pandemic; and (b) such agencies should publicize now, in advance of any such pandemic, what the plan will be to provide immunization to health care providers; (6) will monitor progress in developing a contingency plan that addresses future influenza vaccine production or distribution problems and in developing a plan to respond to an influenza pandemic in the United States. (D-440.945; D-440.946; D-440.965(1b,2); D-440.992(3))

Reflects\* current policies:

**H-440.873 Update on Influenza Immunization**

Our AMA will continue efforts to communicate strongly to its partners involved in influenza vaccine production and distribution that physicians who serve high-risk populations must receive influenza vaccines in a timely and equitable manner in order to serve these populations as recommended by the CDC's Advisory Committee on Immunization Practices and will broadly disseminate Board of Trustees Report 26-A-07, Update on Influenza Immunization, to specialty and state medical societies. (BOT Rep. 26, A-07)

**H-440.878 Pertussis and Influenza Immunization**

Our AMA encourages all hospitals, health care systems, and health care providers to immunize providers and appropriate patients as defined by the Advisory Committee on Immunization Practices guidelines against both influenza and pertussis, as a priority, both for their own protection and to reduce the risk of transmission to others. (Res. 510, A-06; Reaffirmed in lieu of Res. 813, I-06)

**H-440.883 United States Influenza Vaccine Supply: Update and Future Directions for Adult Immunization**

Our American Medical Association supports the development of a strong adult and adolescent immunization program in the United States. (BOT Rep. 28, I-04; Reaffirmation A-05)

**H-440.973 Immunization of Adults**

Our AMA (1) encourages physicians and other health and medical workers (in practice and in training) to set positive examples by assuring that they are completely immunized; (2) urges physicians to advocate immunization with all adult patients to whom they provide care, to provide indicated vaccines to ambulatory as well as hospitalized patients, and to maintain complete immunization records, providing copies to patients as necessary; (3) promotes use of available public and professional educational materials to increase use of vaccines and toxoids by physicians and to increase requests for and acceptance of these antigens by adults for whom they are indicated; (4) encourages third party payers to provide coverage for adult immunizations; and (5) will urge manufacturers and distributors of influenza vaccine to provide a dedicated ordering system for small- and medium-size medical practices to pre-order vaccine up to an appropriate volume threshold. (Res. 3, I-86; Reaffirmed: Sunset Report, I-96; Reaffirmed: CSAPH Rep. 3, A-06; Appended: Sub. Res. 514, A-06; Reaffirmation A-08)

**D-440.942 Influenza Vaccine Distribution**

Our American Medical Association will work with the Centers for Disease Control and Prevention and other immunization partners to explore options to provide for timely influenza immunization of indigent or underserved populations, including exploring options to provide for the timely redistribution of state and federally funded influenza vaccines to facilities or groups within the state willing to appropriately manage, distribute, and administer the vaccine to indigent or underserved populations. (BOT Action in response to referred for decision Res. 505, A-09)

**D-440.945 Instructional Resources on Epidemic and Pandemic Flu for Medical Office Staffs**

Our AMA urges the Centers for Disease Control and Prevention to develop and disseminate electronic instructional resources on procedures to follow in an influenza epidemic, pandemic, or

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\* When portions of a policy are underlined, only this part of the policy is captured by the consolidation. Other parts are deemed obsolete or have already been implemented.

other serious public health emergency, which are tailored to the needs of physicians and medical office staff in ambulatory care settings. (Sub. Res. 424, A-09)

**D-440.946 Strengthen State and Local Health Department Pandemic Response Capacity**

1. Our AMA urges the Department of Health and Human Services Emergency Care Coordination Center, located within the office of the Assistant Secretary for Preparedness and Response, in collaboration with the leadership of the Centers for Disease Control and Prevention, state and local health departments, and the national organizations representing them, to urgently assess the shortfall in funding, staffing, vaccine, drug, and data management capacity to prepare for and respond to an influenza pandemic or other serious public health emergency. 2. Our AMA urges the President and the Congress to take rapid action to provide the necessary funding and other resources to bolster the infrastructure and capacity of state and local health departments to effectively prepare for, respond to, and protect the population from illness and death in an influenza pandemic or other serious public health emergency. (Sub. Res. 421, A-09)

**D-440.964 Flu Vaccine Supply**

Our AMA will urge the federal government to support, as a national priority, the development of safe and effective influenza vaccines employing new technologies and to continue to support adequate distribution to ensure that there will be an affordable, available and safe supply of influenza vaccine on an annual basis. (Res. 517, A-05)

**D-440.965 Avian and Other Influenza Pandemic**

(1) Our AMA will: (a) strive to increase the number of people vaccinated annually against influenza, particularly high risk patients, by working with appropriate stakeholders to expand understanding among physicians and patients about who is included in the "high risk" population; and (b) in order to prepare for a potential influenza pandemic, lobby Congress and the Administration to ensure that appropriate funding is provided to the Centers for Disease Control and Prevention, the National Institutes of Health, and other appropriate federal agencies, to support implementation of an expanded capacity to produce the necessary vaccines and anti-viral drugs and to continue development of the nation's capacity to rapidly vaccinate the entire population and care for large numbers of seriously ill people. (2) AMA policy is that health care professionals and first responders will be the first line of defense in combating the effects of an influenza pandemic, that the involved national and state agencies (such as the Centers for Disease Control and Prevention, National Institutes of Health and the state departments of health) take immediate action to assure that physicians, nurses, other health care professionals, and first responders having direct patient contact, receive any appropriate vaccination in a timely and efficient manner, in order to reassure them that they will have first priority in the event of such a pandemic; and our AMA will encourage that these agencies publicize now, in advance of any such pandemic, what the plan will be to provide immunization to health care providers. (Res. 514, A-05; Appended: Res. 530, A-06)

**D-440.967 Influenza Immunization for Health Care Workers**

1. Our AMA will work to ensure that hospitals and skilled nursing facilities have a system for measuring and maximizing the rate of influenza immunization for health care workers. 2. Our AMA: (a) reaffirms its support for universal influenza vaccination of health care workers (HCWs); and (b) supports universal immunization of HCWs against seasonal and pandemic influenza through vaccination programs undertaken by health care institutions in conjunction with medical staff leadership. (Res. 518, A-05; Reaffirmed in lieu of Res. 813, I-06; Appended: Res. 7, I-10)

**D-440.973 Influenza Vaccine Orders from Physicians (MDs and DOs)**

Our AMA will immediately take action through the federal government to allow physicians (MDs and DOs) to form purchasing alliances to allow for competitive purchasing of influenza vaccine comparable to large purchasers currently supplying pharmacy and grocery chain stores with influenza vaccine. (Res. 714, I-04; Reaffirmation A-05)

**D-440.974 United States Influenza Vaccine Supply: Update and Future Directions for Adult Immunization**

Our AMA will (1) work with its partners in immunization and other appropriate stakeholders, such as those in the National Influenza Vaccine Summit, to develop recommendations on the best methods for achieving a strong adult and adolescent immunization program in the United States; and (2) continue its collaboration with the Centers for Disease Control and Prevention and other stakeholders in influenza vaccination to work to achieve the influenza immunization goals of Healthy People 2010, with particular attention to improving demand for vaccine and achieving stability in the vaccine supply. (BOT Rep. 28, I-04; Reaffirmation A-05)

**D-440.983 Cost-Effective Flu Vaccine/Medicare Reimbursement Level**

Our AMA shall seek federal legislation or regulatory relief, or otherwise work with the federal government to increase Medicare reimbursement levels for flu vaccination and other vaccinations. (Res. 503, A-02; Reaffirmation A-05)

**D-440.989 Influenza Vaccine**

Our AMA will: (1) work with third party payers, including the Centers for Medicare and Medicaid Services, to establish a fair reimbursement price for the flu vaccine; and (2) encourage the manufacturers of influenza vaccine to publish the purchase price by June 1st each year. (Res. 414, I-01)

**D-440.992 Production and Distribution of the Influenza Vaccine: Delays and Shortages**

Our AMA: (1) will continue to work with the Centers for Disease Control and Prevention (CDC) to organize, when possible, a second Roundtable meeting of influenza vaccine stakeholders, to assess the current influenza vaccine season and to develop a contingency plan to be implemented in the event of another problem in vaccine production or distribution; (2) will communicate current ACIP recommendations on the influenza vaccine to physicians and assist the CDC in disseminating its informational letters and bulletins to physicians and other providers of the influenza vaccine when they become available; (3) will monitor progress in developing a contingency plan that addresses future influenza vaccine production or distribution problems and in developing a plan to respond to an influenza pandemic in the United States; (4) will support mechanisms to increase influenza vaccine supply and vaccine demand among physicians, other providers, and consumers to ensure the goals of Healthy People 2010 are achieved; and (5) Board of Trustees will immediately investigate issues, including cost, reimbursement, availability, and distribution, which may adversely affect the ability of physicians to provide influenza vaccine to their patients in the upcoming (2001-2002) influenza season. (BOT Rep. 36, A-01; Reaffirmation I-04; Reaffirmation A-05)

APPENDIX B  
CURRENT AMA POLICIES RECOMMENDED FOR DELETION

**H-440.896 Influenza Vaccine Availability and Distribution**

Our AMA: (1) will work with all appropriate agencies and organizations, including vaccine manufacturers, to prioritize the distribution channels for influenza vaccine to assure the vaccine is available to patients in accordance with Centers for Disease Control and Prevention guidelines for high risk patients; (2) urges Congress and the Secretary of the US Department of Health and Human Services to develop a mechanism to assure appropriate distribution of influenza vaccine initially to those providers, public and private, who will immunize the highest risk individuals first, and then use the remainder to protect other members of the public; (3) will work with the Centers for Disease Control and Prevention, appropriate medical specialty societies, and influenza immunization partners to ensure, in future influenza seasons, adequate influenza vaccine distribution and administration to the high-priority populations as recommended by the Advisory Committee on Immunization Practices (ACIP); (4) will work with the CDC, through the National Influenza Vaccine Summit, to ensure compliance with the ACIP's annual recommendations with respect to the immunization of patients prioritized to receive influenza vaccine; and (5) advocates vigorously that for every influenza season, an adequate number of doses of every manufacturer's vaccine supply be sold directly to health care providers immunizing patients identified by the ACIP as being high priority for receiving influenza vaccine; (6) will prepare a comprehensive report educating physicians on the complexities of influenza vaccine supply and distribution; and (7) encourages the National Influenza Vaccine Summit to re-examine: (a) the issue of equitable distribution of influenza vaccine, especially during periods of vaccine shortage, and (b) mechanisms to ensure that patient immunizations get communicated to their personal physician. (Sub. Res. 416, I-00; Reaffirmation A-05; Appended: Sub. Res. 514, A-06; Reaffirmation A-10; Reaffirmed and Appended: Sub. Res. 914, I-10; Reaffirmed in lieu of Res. 422, A-11: BOT action in response to referred for decision Res. 422, A-11).

**D-440.941 Preventing Spread of Novel H1N1 Flu Virus and Spreading the Word**

Our American Medical Association will create and cause wide dissemination of a press release asking the entertainment, food and travel industry, spectator sports venues, places of worship and other such places where very large groups of people come together, to develop their own H1N1 Flu Disaster Plans consistent with the Centers for Disease Control and Prevention and respective state health department recommendations. (Res. 921, I-09)

**D-440.962 Avian Influenza Preparedness for Guam and Other Border States and Territories**

Our AMA will (1) lobby the Administration to ensure that the Centers for Disease Control and Prevention (CDC), other federal agencies and the World Health Organization (WHO) assist Guam with the necessary testing kits and other tools necessary for Guam to detect and contain Avian Influenza; and (2) assist other areas of the US to be considered as "border states or territories" for surveillance of this Avian Influenza from Asia, so that the CDC, other federal agencies and WHO may prioritize their resources to detect and contain this virus. (Res. 722, I-05)

**D-440.990 Influenza Vaccine Delays and the 2001-2002 Influenza Season: Update**

(1) Our AMA will continue to work with the Centers for Disease Control and Prevention, other federal agencies, and other stakeholders involved in the production, distribution, and administration of influenza vaccine to: (a) resolve the specific problems (i.e., distributors engaging in price inflation, mass vaccinators who do not comply with Advisory Committee on Immunization Practices [ACIP] recommendations, and inadequate Medicare/Medicaid reimbursement) identified in the implementation of the current plan to address influenza vaccine delays in 2001-2002; and (b) address the long-term goal of adequate vaccine supplies to meet Healthy People 2010 goals which

will include increasing the industrial base for vaccine production and expanding the current limited protection from liability for both manufacturers and those that administer vaccines. (2) Our AMA Board of Trustees will report back to the House of Delegates at the 2002 Annual Meeting regarding the current status of our AMA's activities to address issues of price instability, vaccine availability, and liability related to the flu vaccine. (BOT Rep. 28, I-01; Reaffirmation I-04; Reaffirmation A-05)

**D-440.993 Influenza Vaccine Availability And Distribution**

Our AMA: (1) will demand a Congressional investigation of the maldistribution and unjustified price increases associated with the year 2000 flu vaccine; (2) will urge physicians and their patients to write their Congressional representatives in support of an investigation of the 2000 experience with influenza vaccine distribution and pricing; (3) will explore options for the appropriate oversight of the supply, distribution and marketing of flu vaccines by appropriate agencies within the US Department of Health and Human Services; (4) and the Federation will work with local public health officers through state and county medical societies to respond to community flu vaccine shortages and possible influenza outbreaks to protect the public health; and (5) will report back to the House of Delegates on efforts to ensure appropriate distribution of influenza vaccines at the 2001 Annual Meeting. (Sub. Res. 416, I-00; Reaffirmation I-04)