



# IDS

Infectious Diseases Society of America

## 2021-2022 BOARD OF DIRECTORS

President  
**Daniel P. McQuillen, M.D., FIDSA**  
BETH ISRAEL LAHEY HEALTH  
LAHEY HOSPITAL & MEDICAL CENTER  
BURLINGTON, MA

President-Elect  
**Carlos Del Rio, M.D., FIDSA**  
EMORY SCHOOL OF MEDICINE AT  
GRADY HEALTH SYSTEM  
ATLANTA, GA

Vice President  
**Steven K. Schmitt, M.D., FIDSA**  
CLEVELAND CLINIC  
CLEVELAND, OH

Secretary  
**Angela M. Caliendo, M.D., Ph.D., FIDSA**  
ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY  
RHODE ISLAND HOSPITAL  
PROVIDENCE, RI

Treasurer  
**Jeanne Mrazzo, M.D., MPH, FIDSA**  
UNIVERSITY OF ALABAMA AT BIRMINGHAM  
SCHOOL OF MEDICINE  
BIRMINGHAM, AL

Immediate Past President  
**Barbara D. Alexander, M.D., MHS, FIDSA**  
DUKE UNIVERSITY  
DURHAM, NC

**Lilian M. Abbo, M.D., FIDSA**  
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE  
MIAMI, FL

**Adaora A. Adimora, M.D., MPH, FIDSA**  
UNIVERSITY OF NORTH CAROLINA SCHOOL  
OF MEDICINE  
CHAPEL HILL, NC

**Cesar A. Arias, M.D., Ph.D., FIDSA**  
HOUSTON METHODIST HOSPITAL  
HOUSTON, TX

**Wendy Armstrong, M.D., FIDSA**  
EMORY UNIVERSITY  
ATLANTA, GA

**Maximo O. Brito, M.D., MPH, FIDSA**  
UNIVERSITY OF ILLINOIS AT CHICAGO  
CHICAGO, IL

**Rana Chakraborty, M.D., MSc, D.Phil., FIDSA**  
MAYO CLINIC  
ROCHESTER, MN

**Kimberly E. Hanson, M.D., FIDSA**  
UNIVERSITY OF UTAH  
SALT LAKE CITY, UT

**John B. Lynch, III, M.D., MPH, FIDSA**  
HARBORVIEW MEDICAL CENTER  
UNIVERSITY OF WASHINGTON  
SEATTLE, WA

**Jasmine R. Marcelin, M.D., FIDSA**  
UNIVERSITY OF NEBRASKA MEDICAL CENTER  
OMAHA, NE

Chief Executive Officer  
**Christopher D. Busky, CAE**

**IDS Headquarters**  
4040 Wilson Boulevard  
Suite 300  
Arlington, VA 22203  
**TEL:** (703) 299-0200  
**FAX:** (703) 299-0204  
**EMAIL ADDRESS:**  
info@idsociety.org  
**WEBSITE:**  
www.idsociety.org

January 4, 2022

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-3415-IFC  
P.O. Box 8016  
Baltimore, MD 21244-8016

Submitted electronically via <http://www.regulations.gov>

### RE: CMS-3415-IFC

The Infectious Diseases Society of America (IDSA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) interim final rule regarding vaccination requirements for health care staff. IDSA represents more than 12,000 infectious diseases physicians, scientists and other health care and public health professionals who specialize in infectious diseases. Our members work across a variety of settings, including hospitals, academic medical centers, long-term care facilities, public health departments, publicly funded clinics and private practice.

We strongly support the adoption of the interim rule in conjunction with other efforts to boost vaccine uptake. Universal vaccination of health care personnel (HCP) is critical to protect this essential workforce, particularly as we are experiencing potentially our largest COVID-19 surge to date. We urge CMS to, in close collaboration with the Centers for Disease Control and Prevention (CDC), stay abreast of the latest data and expert recommendations regarding vaccination and to be prepared to expand vaccination requirements to include boosters if deemed appropriate by public health experts.

Vaccine requirements help save lives. We are in the midst of an unprecedented public health crisis and COVID-19 vaccines are a critical tool for ending the pandemic. These vaccines have been evaluated extensively by the nation's foremost medical experts and are safe and effective at preventing severe infection, hospitalization and death, even against the Omicron variant. Hundreds of millions of individuals have already done their part to help end this pandemic by receiving the vaccine, and these policies will help ensure even more individuals are vaccinated. IDSA has called for vaccine mandates as a condition of employment for HCP,<sup>1</sup> a position that is now supported by a wide array of professional associations in health care.<sup>2</sup>

<sup>1</sup> Weber, D., Al-Tawfiq, J., Babcock, H., Bryant, K., Drees, M., et al. (2021). Multisociety statement on coronavirus disease 2019 (COVID-19) vaccination as a condition of employment for healthcare personnel. *Infection Control & Hospital Epidemiology*, 1-9. <https://doi.org/10.1017/ice.2021.322>

<sup>2</sup> <https://www.idsociety.org/globalassets/hivma/policy-and-advocacy/covid-vaccine-mandate-version.13.pdf>

HCP vaccination against COVID-19 offers several advantages for both patient and HCP safety: individual protection against COVID-19; protection for patients and HCP who are unable to receive COVID-19 vaccination or not able to mount an adequate immune response; and reduced risk of transmission. Prior experience and current information suggest that a sufficient vaccination rate is unlikely to be achieved without making COVID-19 vaccination a condition of employment.<sup>3</sup>

In a recent list<sup>4</sup> of hospitals and health care facilities that had already mandated vaccination, the vast majority retained more than 98% of their workforce following implementation. A Dec. 6 *Becker's Hospital Review* update of vaccination-related employee departures at 49 hospitals and health systems confirmed that staff attrition did not exceed 4.6% in any setting, and most institutional rates were much lower.<sup>5</sup> Recent studies have also shown that compared to free choice, vaccine requirements strengthened vaccination intentions across racial and ethnic groups and across levels of psychological resistance; this indicates that fears of a backlash against vaccine mandates may be unfounded and that requirements will promote COVID-19 vaccine uptake in the U.S.<sup>6</sup>

There is precedent for vaccine requirements in the U.S., which have been in place for decades and have reduced the rates of polio, meningitis, hepatitis and other serious diseases. Clusters of new COVID-19 cases are often linked to workplace settings, and health care facilities have a fundamental responsibility to take all reasonable measures to ensure the safety and well-being of their employees and the patients they serve. Based on the large and convincing body of evidence and real-world experience of the safety and efficacy of the COVID-19 vaccines, requiring vaccinations for HCP is the right decision to promote the health of this critical workforce and the patients and communities they serve.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. McQuillen', written over a circular stamp or seal.

Daniel P. McQuillen, MD, FIDSA

President, IDSA

---

<sup>3</sup> National Vaccine Advisory Committee. Strategies to achieve the healthy people 2020 annual influenza vaccine coverage goal for health-care personnel: recommendations from the national vaccine advisory committee. Public Health Rep 2013;128:7–25.

<sup>4</sup> <https://www.fiercehealthcare.com/hospitals/how-many-employees-have-hospitals-lost-to-vaccine-mandates-numbers-so-far>

<sup>5</sup> <https://www.beckershospitalreview.com/workforce/vaccination-requirements-spur-employee-terminations-resignations-numbers-from-6-health-systems.html>

<sup>6</sup> Albarracin, D., Jung, H., Song, W. et al. Rather than inducing psychological reactance, requiring vaccination strengthens intentions to vaccinate in US populations. Sci Rep 11, 20796 (2021). <https://doi.org/10.1038/s41598-021-00256-z>