IDSA 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

IDSA
Infectious Diseases Society of America

December 6, 2021

Edmund C. Baird
Associate Solicitor for Occupational Safety and Health
Office of the Solicitor
US Department of Labor

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

RE: OSHA-2021-0007

The Infectious Diseases Society of America (IDSA) appreciates the opportunity to comment on the November 5 Occupational Safety and Health Administration (OSHA) Emergency Temporary Standard (ETS) for COVID-19 vaccination and testing. IDSA represents over 12,000 infectious diseases physicians, scientists, and other healthcare and public health professionals who specialize in infectious diseases. Our members work across a variety of healthcare settings, including hospitals, academic medical centers, long-term care facilities, public health departments, publicly funded clinics, and private practice. We support the adoption of the ETS as a final standard in conjunction with other efforts to boost vaccine uptake.

Vaccine requirements help save lives. We are in the middle of an unprecedented pandemic and COVID-19 vaccines are a critical tool for ending the pandemic. These vaccines are safe, studied extensively by the nation's foremost medical experts, and effective at preventing infection — especially when it comes to cases leading to hospitalization or death. 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 healthcare personnel,[1] a position that is now supported by a wide array of professional associations in health care.[2]

Vaccination requirements (e.g., public schools, conditions of employment) have been and remain a highly reliable way to increase vaccination rates and achieve near universal vaccine uptake. Nevertheless, our members report that the word "mandate" remains divisive. Thoughtful and strategic messaging should use terms like "condition of employment" rather than "mandate" and focus on the benefits of vaccination.

In addition to defining federal standards, OSHA should have a role in supporting businesses in their implementation. Keeping requirements simple and providing resources for masking, testing, and paid sick leave will provide businesses with the necessary infrastructure and help ensure that the standard is met across the US. Nevertheless, testing is not a prevention

[1] Weber, D., Al-Tawfiq, J., Babcock, H., Bryant, K., Drees, M., Elshaboury, R., . . . Young, H. (2021). Multisociety statement on coronavirus disease 2019 (COVID-19) vaccination as a condition of employment for healthcare personnel. Infection Control & Hospital Epidemiology, 1-9. doi:10.1017/ice.2021.322
[2] https://www.idsociety.org/globalassets/hivma/policy-and-advocacy/covid-vaccine-mandate-version.13.pdf

strategy and masking and testing are not equivalent to or a substitute for vaccination.[3] The ETS also acknowledges that regularly testing unvaccinated workers for COVID-19 and requiring them to wear face coverings when they work near others is less protective of unvaccinated workers than simply requiring all workers to be vaccinated.[4]

Below please find additional organizational feedback in response to the OSHA request for comment.

Employers with fewer than 100 employees

IDSA employs fewer than 100 individuals and instituted a COVID-19 vaccination mandate for all staff on August 19, 2021. The policy requires full vaccination or applicable approved accommodation. The health and safety of our employees is a primary consideration, and the mission of IDSA is an impetus for implementing strong health and safety measures. 100% of staff have complied with the policy conditions.

Vaccinations are not offered on site and no costs are currently associated with vaccination under existing policy, but there could be costs for a verification system if needed. Costs and timing for implementation include .5 FTE for setup and .25 FTE for maintenance. IDSA does not offer paid leave for specifically receiving a vaccination, but employees are able to use regular paid leave for vaccine appointments and side effects, and flexible scheduling is accessible. Copies of staff vaccination cards are stored in a confidential folder. Attestations are not permitted in lieu of vaccination cards, and we have seen no evidence of false records. Employees are not required to provide verification of infection with SARS-CoV-2. IDSA is currently operating in a hybrid on-site/telework environment, and offsite work will remain an option for staff. We require masking in open spaces and distancing for in-person interactions.

Prior COVID-19 infections

Available evidence shows that some individuals with prior SARS-CoV-2 infection have a low risk of subsequent infection for at least six months, but this does not mean that natural immunity is a safe and effective alternative to vaccination. COVID-19 infection poses significant risk, including hospitalization and death, as well as the risk of spreading the virus to other vulnerable individuals and spurring the creation of new variants. The body of evidence for infection-induced immunity is more limited than that for vaccine-induced immunity in terms of the quality of evidence and types of studies. While some studies have found no significant difference in the overall level of protection provided by infection as compared with protection provided by vaccination, more recent data from a network of 187 hospitals in the US found that, among more than 7,000 COVID-19–like illness hospitalizations whose prior infection or vaccination occurred 90–179 days beforehand, there was a 5.5 times higher odds of laboratory-confirmed COVID-19 among previously infected patients than among fully vaccinated patients. In studies directly comparing risk of reinfection among previously infected individuals who were never vaccinated versus individuals who were vaccinated after infection, most, but not all, studies show a benefit of vaccination. For this reason, IDSA strongly supports that everyone, including those that previously had SARS-CoV-2 infection, be vaccinated.

COVID-19 testing and removal

---

[3] https://www.washingtonpost.com/outlook/2021/09/28/weekly-testing-covid-alternative/

[4] OSHA COVID-19 Vaccination and Testing: Emergency Temporary Standard. https://www.regulations.gov/document/OSHA-2021-0007-0001 November 5, 2021. Pg. 128.

As with other federal regulations for safety and occupational health (e.g., PPE for radiation protection, slip and fall prevention measures), employees should comply with evidence-based measures to protect viral transmission while on the job. However, making employers responsible for these costs may hinder implementation and uptake. Vaccines are available at no cost and the employer often pays for employees' time to get vaccinated, as well as any sick time post-vaccination and additional monetary incentives. This is different from the medical field, where working with viruses including SARS-CoV-2 is part of the job and therefore part of the employer's responsibility to offer all protection. We recommend that funding be available to eligible companies to offset required implementation costs.

Face coverings
Until there is evidence that fully vaccinated infected individuals cannot transmit SARS-CoV-2, masking should remain a universal requirement in indoor occupational settings. A significant body of evidence has demonstrated the effectiveness of universal masking in preventing transmission of SARS-CoV-2.

Other controls (e.g., distancing, barriers, ventilation, sanitation)
Above all, ventilation must be improved across the US to prevent transmission of respiratory transmitted infections and other occupational hazards. This may be difficult to mandate and fund but should be included as part of a comprehensive OSHA standard.

Educational materials
Messaging for vaccine-hesitant individuals needs to come from a trusted source (e.g., healthcare provider, union representative, friends and family, church, co-worker), rather than management or politicians. This work includes identifying and training champions in both the workplace and community. We recommend that the federal government build on partnerships with professional societies, like IDSA, and other community-based organizations to support ongoing efforts to build public trust, provide clear evidence-based information and responses to questions, and increase vaccine confidence.

There is precedent for vaccine requirements in the US, 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, retail and food settings, and employers have a fundamental responsibility to take all reasonable measures to ensure the safety and well-being of their employees and the people 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 large businesses is the right decision to promote the health of employees, their families, and communities.

Sincerely,

Daniel P. McQuillen, MD, FIDSA
President, IDSA