

*Positioning report of the COVID-19 Advisory Committee to the Local Medical Associations (OMC), 20/09/2020*

**REPORT #8 CA-COVID-19-OMC [Covid-19 Advisory Committee to the Local Medical Associations] regarding the reinforcement of influenza vaccination in the battle against COVID-19, maintaining the voluntary**

nature of the vaccination

**REINFORCING FLU VACCINATION IN THE BATTLE AGAINST COVID-19, MAINTAINING THE VOLUNTARY NATURE OF VACCINATION**

**Executive summary and recommendations:**

For the coming autumn and winter, it is advisable to reduce respiratory illnesses maximally; hence, any reduction in the incidence of seasonal flu is important. The vaccination campaign should be broader and earlier and focused on the populations most vulnerable to COVID-19, emphasizing these messages to healthcare personnel with a lower proportion of vaccination than the general population.<sup>1</sup>

The proposals for mandatory vaccination for certain social groups or professional collectives do not seem necessary in the current situation, and neither does it seem advisable that these measures be taken unilaterally by some autonomous health authorities without reaching a consensus for the national health system as a whole.

**Recommendations:**

1. **Expand and anticipate the flu vaccination campaign** in 2020 to mitigate its effect combined with the COVID-19 pandemic.
2. **Promote flu vaccination among healthcare personnel.**
3. Organize the vaccination campaign in such a way **to avoid crowds**, which may increase the risk of COVID-19 transmission.
4. **Maintain the voluntary nature** of flu vaccination without resorting to mandatory vaccination.
5. **Maintain the common and joint character of vaccination decisions** for the whole national health system.

*The COVID-19 Advisory Committee to the Local Medical Associations, is an expert panel including diverse professions, sectors, and specializations that was created on 21 April 2020 to advise the General Spanish Medical Council regarding various scientific, technical, and organization aspects arising due to the pandemic, to propose action and generate technical reports that underlie the public position of the General Spanish Medical Council.*

<sup>1</sup> Ministry of Health information on vaccine coverage, updated January 2022:

<https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/coberturas.htm>

Table of flu vaccination by groups:

<https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/vacunaciones/docs/CoberturasVacunacion/Tabla13.pdf>

## BRIEF REPORT ON FLU VACCINATION TO TACKLE COVID-19 AND THE VOLUNTARY NATURE OF THE VACCINE.

There are good reasons to try to reduce respiratory illnesses maximally this autumn and winter. Respiratory illnesses will meet COVID-19 diagnostic criteria and will have to be managed with the necessary precautionary and protective measures until the diagnosis is confirmed or ruled out (having available not only PCR for Covid-19, but possibly also for influenza).

Given the important workload that will be generated in Primary Care, Emergency Services, and Hospital Care, it is essential to minimize the impact of the flu, and improve the management of exacerbations of chronic respiratory disease, preferably through telehealth care, avoiding to the extent possible the need for in-person care at health centers.

On the positive side, if we maintain the hygiene measures that have been established for the “new normal” due to the pandemic (physical distance + proper use of the mask + frequent hand hygiene + respiratory “etiquette”), a parallel decrease in transmission is expected for other infectious illnesses that are transmitted via contact, including respiratory diseases, as transmission will be reduced for all of them.

The strengthening of a public health action that takes place every year, flu vaccination, will allow greater population coverage and can help reduce respiratory illness.

The possibility of making it obligatory for certain age groups or professionals raises several legal, technical, and convenience issues. This debate on mandates has already been substantiated previously by the Commission of Ethics of the Local Medical Associations, the Bioethics Committee of Spain, and the scientific society SESPAS (Spanish Society of Public Health and Health Administration), without mandates being endorsed.

- Declaration of the Central Commission of Deontology of the Local Medical Associations [Declaración de la Comisión Central de Deontología de la Organización Médica Colegial (OMC) ] on pediatric vaccination, dated 8 February 2016. Available at: [https://www.cgcom.es/sites/default/files/u183/declaracion\\_ccd\\_vacunacion\\_pediatica\\_08\\_02\\_16.pdf](https://www.cgcom.es/sites/default/files/u183/declaracion_ccd_vacunacion_pediatica_08_02_16.pdf)
- Ethical and legal questions of vaccination refusal and proposals for a needed debate, issued on 19 January 2016 by the Spanish Bioethical Committee. Available at: <http://assets.comitedebioetica.es/files/documentacion/es/cuestiones-etico-legales-rechazo-vacunas-propuestas-debate-necesario.pdf>
- Position statement 03/2016 of the Spanish Society of Public Health and Health Administration (SESPAS), on individual and collective responsibilities of institutions, professionals, and the population in relation to vaccines, dated 19 September 2016. Available at <https://sespas.es/wp-content/uploads/2017/01/Posicionamiento-SESPAS->

[Responsabilidades-individuales-y-colectivas-en-relacion-a-las-vacunas.pdf](#)

Although vaccination is a voluntary measure and is stipulated as such in the General Public Health Law within the General Voluntary Principle, and is always subject to the responsibility of collaboration, there could be sufficient legal basis to establish it as mandatory (Organic Law of Special Measures 3/1986 and others) for reasons of public health and as long as the judicial authority is informed.

**However, it does not seem necessary to force mandates**, given the general positive attitude of Spanish citizens to vaccination and the existing awareness of the current situation of the older population; correct and adequate information should be sufficient. Although, at this moment, greater awareness among health personnel does seem necessary, who systematically have vaccination rates lower than those of the general population. There are two relevant arguments:

- They can be a source of infection for vulnerable populations.
- Moreover, the most aggressive strains probably concentrate in centers that offer health care.

It is not clear whether an autonomous community can unilaterally decide on mandates. Of course, the vaccination schedule is considered as "common" but not "only". In any case, it does not seem very appropriate that such a radical and potentially controversial measure, such as the obligatory nature of a vaccination mandate, should be exercised in a decentralized and uncoordinated manner.

### RECOMMENDATIONS:

Considering the epidemiological situation that will be affected by COVID-19 in the coming autumn and winter, which will coincide with seasonal flu, we recommend to:

1. **Expand and anticipate the flu vaccination campaign** in 2020 to mitigate its effect combined with the COVID-19 pandemic.
2. **Promote flu vaccination among healthcare personnel**, with particular emphasis in the current campaign, as a means for self-protection and protection for patients.
3. Organize the vaccination campaign in such a way as **to avoid crowds**, which may increase the risk of COVID-19 transmission.
4. **Maintain the voluntary nature** of the flu vaccine without resorting to mandatory vaccination.
5. **Maintain the common and joint character of vaccination decisions** for the whole national health system, avoiding the unilateral implementation of mandates by autonomous communities.