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July 14, 2015

Suzanne Johnson-DeLeon
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
Mailstop A-19
1600 Clifton Road NE
Atlanta, GA 30329

Submitted electronically to www.regulations.gov

Re: Comments on the Proposed Revised Vaccine Information Materials for Seasonal Influenza Vaccines (Docket No. CDC-2015-0016)

Dear Ms. Johnson-DeLeon:

On behalf of the American Nurses Association (ANA), we are pleased to comment on the *Proposed Revised Vaccine Information Materials for Seasonal Influenza Vaccines*, announced in the Federal Register on May 20, 2015. As the only full-service professional organization representing the interests of the nation's 3.4 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹

The vaccine information statement (inactivated or recombinant) includes several references to "health care providers" in paragraphs 2 and 7, but other sections of the statement, including paragraphs 3, 4 and 5, direct patients to "tell your doctor," "discuss with your doctor," or "call your doctor" with concerns. Similarly, the vaccine information statement (live, intranasal) states in paragraph 2 that "your health care provider" can help determine how many doses of vaccine are needed, but other sections (including paragraphs 3, 5 and 7) refer only to "doctors." ANA recommends revising these sections of the form to include provider-neutral language throughout the statement.

The utilization of APRNs to provide primary care services is not a new practice. APRNs have delivered professional health services to patients for decades. In addition, in many states other health care providers assess the need for and administer certain immunizations. It is essential that information provided to the public, such as vaccine information materials, use provider neutral language to prevent confusion among health care consumers who receive immunizations from other health care providers and who use APRNs as their primary care provider.

¹ The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

American Nurses Association

July 14, 2015

Page 2 of 2

We appreciate the opportunity to share our views on this matter. If you have questions, please contact Mary Jo Assi, Director of Nursing Practice and Work Environment (maryjo.assi@ana.org).

Sincerely,

A handwritten signature in cursive script that reads "Debbie D. Hatmaker".

Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer