



Health and Human Services Agency

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TO: All Skilled Nursing Facility Medical, Nursing and Administrative Directors; General Acute Care Hospital CEOs, Human Resource, Medical and Nursing Directors; Shasta County Health Facility Occupational Health Directors; Dialysis Centers; Infection Control Practitioners; Community Health Center and Adult Day Health Center Medical, Nursing and Administrative Directors; all Physicians and Office Managers; Pre-Hospital Care Ambulance Provider Administrators; and Communicable Disease Public Health Nurses in Shasta County.

**FROM: Andrew Deckert, MD, MPH
Shasta County Health Officer**

Date: October 18, 2012

RE: Influenza Vaccination of Healthcare Personnel (HCP) in Shasta County—mandate for vaccination or mask/non-patient care beginning fall 2013.

The 2012-2013 sustained influenza transmission season will begin soon, often by late fall. Each year, on average, seasonal influenza causes the hospitalization of >200,000 people and 36,000 deaths in the U.S. alone. Pneumonia and influenza remain the biggest communicable disease category causing hospitalization and death in Shasta County.

In 2011, I sent most of you a letter dated October 14, 2011 **recommending** that

- 1) all HCP receive the influenza vaccine annually;
- 2) that all HCP who do not receive the flu vaccine in 2011-12, wear a mask for the duration of the 2011-12 influenza season or be assigned to non-patient care while working in their facility; and,
- 3) that our five licensed general acute care hospitals in Shasta County institute a flu vaccine or mask/non-patient care assignment/condition of employment type requirement for HCP for the 2011-12 flu season.

In 2012, the above three numbered items now become **strongly recommend** and expand to include that all health facilities--especially long-term care health facilities and hospitals where those most vulnerable to influenza complications congregate--institute flu vaccine or mask etc policies for this 2012-13 flu season.

In 2013, for those health facilities that have not yet already implemented institutional flu vaccine or mask/non-patient care/condition of employment type policies by next fall, I plan to issue a Health Officer **order** requiring such for the 2013-14 flu season, effective November 1, 2013. This phase-in period will support active institutional policy development/revision and implementation planning for each health facility's particular circumstances--starting now.

Vaccination of HCP against flu is a patient safety issue—and reduces HCP infection and absenteeism, prevents illness or medical complications in their patients and co-workers, and results in financial savings to HCPs and their organizations. The best way to decrease transmission of influenza to patients served by HCP is to require vaccination of HCP and enforce meaningful implementation policies at the institutional level. Influenza virus has been transmitted from HCP to patients even when HCP were asymptomatic. HCP also often come to work with mild respiratory symptoms, not realizing it is incipient influenza or other respiratory transmissible condition, or needing to work.

The Centers for Disease Control and Prevention (CDC) has recommended vaccination of HCP against influenza since 1981. Unfortunately, voluntary HCP flu vaccination efforts--while making steady progress due to great educational and institutional efforts--have achieved only ~67% HCP flu vaccine coverage both aggregate among several local hospitals combined in 2011-12 and nationwide in CDC's latest HCP survey (MMWR Sept 28, 2012), not enough for herd immunity or optimal patient safety in a healthcare setting. HCP's as a group can be amplifiers of influenza outbreaks within institutions and communities. Flu vaccine has been very safe for decades. The health care community has historically routinely required proof of immunity or absence of other diseases among HCP, such as tuberculosis, measles/mumps/rubella, chickenpox or hepatitis B. Nationally, for 2011-12, among HCP working in hospitals that had meaningful mandatory flu vaccine policies (eg condition of employment), flu vaccine coverage was 95.2%; among HCP in hospitals not requiring flu vaccine, coverage was 68.2%.

Many professional medical and infection control societies have called for mandatory flu vaccination of HCP's, with masks, non-patient care duties or other exclusions for those HCP's with genuine non-convenience exemptions, such as a documented medical contraindication (eg anaphylaxis to eggs), including the American Academy of Pediatrics and the California Medical Association. Numerous medical centers, hospital chains, and patient advocate groups have concurred, calling it "a matter of patient safety", and a matter of "ethical obligations to patients and colleagues". Two laws in California have mandated flu vaccine for HCP or a signed declination statement at hospitals for several years (CA Health & Safety Code §1288.7 effective January 1, 2007, and CA Code of Regulations §5199 Aerosol Transmissible Diseases standard of Cal OSHA, effective September 1, 2010). Unfortunately, HCP influenza vaccine rates in hospitals, long-term care facilities (~52.4% nationally 2011-12) and other health facilities remain far below the national Healthy People 2020 goal of $\geq 90\%$.

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) has had a HCP flu vaccine accreditation standard, effective since July 2007, that includes hospitals offering flu vaccine to on-site licensed independent practitioners and staff, monitoring flu vaccination rates in such HCP (plus contractors), and increasing HCP flu vaccine rates every year. On January 1, 2013, the federal Centers for Medicare & Medicaid Services will require acute care hospitals that they **reimburse** to report HCP influenza vaccination levels, preferably using the National Healthcare Safety Network HCP influenza vaccination summary form.

All HCP (without documented medical contraindication or personal belief against vaccination) who are working with patients in Shasta County should receive influenza vaccine annually. If HCP working in a local health facility claim personal belief against flu vaccine or a medical contraindication, they should wear a mask while on duty during influenza season, or be assigned to non-patient care areas, or be subject to whatever **condition of employment requirements regarding influenza vaccination their health facility has in place** (typically suspension without pay or dismissal for existing employees, and a condition of employment for new hires), beginning no later than the fall of next year, 2013. Written medical waiver from a physician should be required if HCP state they have a medical contraindication to flu vaccine. Also document personal belief exemption, with a clear process, and proof of flu vaccination if done off-site.

Strong leadership support and educational efforts addressing why flu vaccine is needed for all HCP--for patients' and co-workers' safety--have been shown to maximally support institutional vaccine or mask/non-patient care/condition of employment type policies and raising HCP flu vaccine rates. Flu vaccine has an excellent safety profile. The effectiveness of flu vaccine in HCP reducing complications in those people most vulnerable is well documented.

I strongly recommend that medical directors and administrators of local health facilities adopt an easy way to identify those HCP who have received their annual flu vaccine. One example of this concept is to place a sticker on the HCP's badge following vaccination, see one example below.



Definition of HCP. HCP are defined by CDC as all persons, paid and unpaid, working in health care settings who have potential for exposure to patients or to infectious materials or contaminated surfaces, including not only physicians and nurses but also lab workers, pharmacists, students, volunteers, and maintenance, security, billing, laundry, house-keeping and clerical personnel. HCP include those in full-time and part-time positions, as well as employees, contractors, medical staff and volunteers.

Definition of mask. Simple surgical masks are sufficient (N95 not required) for those HCPs declining flu vaccine. The face masks should be changed or appropriately discarded when leaving patient care areas, going off duty, or becoming soiled or wet.

Definition of flu season. November 1 through March 31 each year while on duty. Based on California hospital, sentinel provider and lab detection surveillance of peak flu weeks in California for the last 12 years, and dialogue with the California Department of Public Health, masks for unvaccinated HCP should be required for the duration of this period while in patient care areas.

Definition of health facility. This letter applies to all health care direct service organizations doing business in Shasta County, including but not limited to general acute care hospitals, skilled nursing facilities, dialysis centers, adult day health care centers, clinics, medical offices and ambulance services.

Many institutions nationwide and in California are making flu vaccine a condition of employment—only allowing exceptions to vaccination for those with a rare true medical contraindication, or documented personal belief circumstances. Some California hospitals have also required HCP's wishing to sign a declination form, as required by California law, to first complete a short intranet educational course regarding flu vaccine and the importance of being vaccinated for patient and co-worker (which resulted in a significant increase in HCP flu vaccine rates). For a list of other institutions with flu vaccine as a condition of employment or other flu-related requirements, such as masks in non-vaccinees, please see <http://www.immunize.org/honor-roll/>. Tehama County instituted a HCP flu vaccine or mask mandate for the 2012-13 flu season, effective November 1, 2012. Many other California health facilities and some counties have done the same.

For more information go to www.shastahhsa.net, scroll down the left hand side and click on “Professionals”, then click on “Medical Professionals”, and click on “Flu vaccine for Healthcare Personnel”, which has numerous references related to flu vaccination of HCP's. If you have additional questions, you can also contact Kate Thomas Pasley, RN, PHN, Director of Nursing, Public Health at 225-5621 or kpasley@co.shasta.ca.us.

Thank you for your partnership in working with Shasta County Health and Human Services—Public Health to first do no harm to individual patients and to make Shasta County a healthy community, for health care personnel, their families, employers and the vulnerable among us regarding influenza complications. We appreciate all you do.