

Guidance for Developing a Mandatory Influenza Vaccination Program¹

This document is intended to provide guidance and information for developing a mandatory influenza vaccination program within individual hospitals. This document does not provide an exhaustive list of all elements that should be considered when adopting a mandatory influenza vaccination program however it does provide a framework for major areas that should be considered.

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¹ Adapted from Roberta Smith, RN, MSPH, CIC, Infection Preventionist, Department of Epidemiology, Children's Hospital Colorado (2011)

Background

The Centers for Disease Control and Prevention (CDC) recommends that healthcare personnel and person in training for healthcare professions should be vaccinated annually against influenza. Despite this recommendation, vaccination rates amongst healthcare personnel remain inconsistent. Data collected from Colorado hospitals in March 2011 indicates that vaccination rates range from 60-90%.

In recent years, there has been a significant effort to increase vaccination amongst healthcare personnel. Various national accrediting and professional organizations, including the Infectious Disease Society of America (IDSA) and Association for Professionals in Infection Control and Epidemiology (APIC), support mandatory vaccination policies. In addition, conversations about legislative and/or regulatory mandates have increased in incidence, especially in Colorado.

Colorado Hospital Association recognizes that Colorado hospitals and health systems are committed to patient safety. Vaccination of healthcare workers against influenza not only protects patients and their families, but also protects our valuable workforce against illness. Similarly, CHA believes that a proactive, voluntary response to conversations related to legislative and regulatory requirements is a more optimal solution and one that may lessen or eliminate the need for prescriptive mandates.

Therefore, CHA put before its Board of Trustees a resolution in support of requiring annual influenza vaccinations for all healthcare personnel.

“All CHA member hospital and health systems should adopt a mandatory influenza policy and provide influenza vaccination to all healthcare personnel such that all healthcare personnel are required to provide: 1) annual documentation of influenza immunization; OR 2) documentation from a licensed physician indicating evidence-based *medical* contraindication against influenza vaccination AND be required to wear a surgical mask at all times while on the premises of the health care facility.

Documentation is required to be part of the healthcare personnel record and evaluated annually for applicability. In the event that healthcare personnel do not receive an influenza vaccination annually due to evidence-based medical contraindication, the healthcare personnel should be required to wear a surgical mask.”

This resolution was unanimously approved by CHA Board of Trustees on May 20, 2011. Similarly, American Hospital Association recently endorsed their support of mandatory vaccination of healthcare workers and encouraged hospitals to consider implementing this important policy within their institutions.

Colorado Hospital Association Resolution in Support of Requiring Annual Influenza Vaccinations for all Healthcare Personnel

WHEREAS, Influenza is a contagious respiratory illness caused by influenza viruses that can cause mild to severe illness and at times can lead to death;

WHEREAS, Healthy persons infected with the influenza can transmit it to people at higher risk for complications;

WHEREAS, Complications of the influenza include bacterial pneumonia, ear infections, sinus infections, dehydration and worsening of chronic medical conditions, such as congestive heart failure, asthma or diabetes;

WHEREAS, Healthcare providers with medical conditions who are not vaccinated against the influenza put patients and other healthcare workers at a higher risk of severe complications from influenza;

WHEREAS, Healthcare personnel are defined as all persons whose occupation involves contact with patients or contaminated material in a healthcare, home healthcare, or clinical laboratory setting. Healthcare personnel are engaged in a range of occupations, many of which include patient contact even though they do not involve direct provision of patient care, such as dietary and housekeeping services. The term healthcare personnel includes not only employees of the organization or agency, but also contractors, clinicians, volunteers, students, trainees, clergy, and others who may be in contact with patients.

WHEREAS, The Centers for Disease Control and Prevention (CDC) recommends that healthcare personnel and persons in training for healthcare professions should be vaccinated annually against influenza. These include physicians, nurses and other workers in both hospital and outpatient-care settings, including medical emergency-response workers (paramedics and emergency medical technicians) employees of nursing homes and long-term care facilities who have contact with patients or residents;

WHEREAS, Efforts to increase vaccination coverage among healthcare providers using mandatory vaccination policies are supported by various national accrediting and professional organizations, including the Infectious Diseases Society of America;

WHEREAS, the Colorado Hospital Association is committed to patient safety and quality healthcare for all Coloradans:

Be it therefore resolved that the Colorado Hospital Association recommends the following:

All CHA member hospitals and health systems should adopt a mandatory influenza policy and provide influenza vaccination to all healthcare personnel such that all healthcare personnel are required to provide: 1) annual documentation of influenza immunization; OR 2) documentation from a licensed physician indicating evidence-based *medical* contraindication against influenza vaccination AND be required to wear a surgical mask at all times while on the premises of the health care premises.

Documentation is required to be part of the healthcare personnel record and evaluated annually for applicability. In the event that healthcare personnel do not receive an influenza vaccination annually due to evidence-based medical contraindication, the healthcare personnel should be required to wear a surgical mask from the point of entry into the hospital and throughout the duration of their shift without exception.

Approved by the CHA Board of Trustees on May 20, 2011

July 22, 2011

AHA Endorses Patient Safety Policies Requiring Influenza Vaccination of Health Care Workers

BACKGROUND

Influenza is a highly contagious disease that can be spread before symptoms appear and results in about 150,000 hospital admissions and 24,000 deaths annually. Hospitalized patients are particularly vulnerable to the dangers of influenza because their immune systems are often compromised by the illness that caused their admission or the treatments they are undergoing. Vaccination of health care workers (HCWs) has been shown to prevent illness and death in patients, and reduce influenza infections and absenteeism among HCWs. While the Centers for Disease Control and Prevention (CDC) has recommended annual vaccination of HCWs since 1981, only about half of HCWs in the United States are immunized annually.

In recent years, more and more hospitals and health care organizations are putting into place policies making seasonal influenza vaccinations mandatory for employees, affiliated medical staff, students, volunteers and contract workers as part of their commitment to patient safety. These policies often have resulted in vaccination rates above 90 percent.

Several key national professional organizations have endorsed mandatory policies for influenza vaccination as a condition of employment within health care facilities, including the Association of Professionals in Infection Control, American Academy of Pediatrics, Infectious Disease Society of America, National Patient Safety Foundation and Society for Healthcare Epidemiology of America. The American Medical Association supports “universal” influenza vaccination of HCWs, but leaves it to each facility to decide whether or not a mandate is needed to achieve 100 percent vaccination coverage.

While the resources needed to implement a mandatory policy are significant, especially in terms of financial and personnel resources, the benefits of protecting vulnerable patients and reducing employee illness and absenteeism far outweigh the costs. Further, employee resistance can be overcome through careful education and open communication between hospital leadership and staff, as well as policies that permit certain reasonable exclusions and allow employees who cannot receive influenza

vaccination to wear masks when they are in the presence of patients during the influenza season.

AT ISSUE

AHA members and staff spent time earlier this year discussing these issues in the context of the spring round of AHA Regional Policy Board meetings and with AHA's Committee on Health Professions. In April, taking into consideration the findings of these discussions, the AHA's Board of Trustees approved the following new AHA policy:

America's hospitals are committed to protecting the health and well-being of patients and staff. Evidence has emerged over the past few years clearly indicating that health care workers can unintentionally expose patients to seasonal influenza if they (the workers) have not been vaccinated, and such exposure can be dangerous to vulnerable patients.

To protect the lives and welfare of patients and employees, AHA supports mandatory patient safety policies that require either influenza vaccination or wearing a mask in the presence of patients across health care settings during flu season. The aim is to achieve the highest possible level of protection.

NEXT STEPS

The AHA will hold three conference calls featuring speakers from hospitals that have implemented mandatory vaccination policies, with a focus on best practices for putting such policies into practice.

If your hospital has not implemented such a patient safety policy regarding influenza vaccination of health care workers, or if you are in the midst of trying to develop or implement such a policy, we encourage you to participate in one of these calls to learn more about the strategies and best practices used by hospitals that have put mandatory worker seasonal influenza vaccination policies into place.

These calls will be held at the following dates and times:

- Friday, July 29 at 1:00 p.m. EDT
- Tuesday, August 23 at 1:00 p.m. EDT
- Thursday, September 8 at 1:00 p.m. EDT

For more information and to register to participate, visit <http://www.surveymonkey.com/s/HSDCC2K>.

Getting Started

Several hospitals nationwide have implemented mandatory vaccination programs. Unfortunately, the breath of considerations when implementing a mandatory influenza vaccination policy can be considerable. However, the purpose of this tool kit is to provide some examples and resources if your organization does consider implementing a mandatory vaccination program.

One of the important keys to successful implementation is having executive leadership on board with a mandatory vaccination program. Leadership involvement will be essential and is key to ensuring that any policy that is put in place is supported and enforced at an organizational level. In addition, it is important to engage key stakeholders within the organization when initiating the policy development process. The composition of these stakeholders will widely vary depending on your unique facility, however some examples of individuals to consider may include:

- ✓ Chief Executive Officer
- ✓ Chief Medical Officer
- ✓ Chief Nursing Officer / Director of Nursing
- ✓ Chief Quality Officer / Quality Director
- ✓ Infection Prevention Department (Chief Infectious Disease Physician, Infection Preventionist)
- ✓ Human Resources / Employee Health
- ✓ Compliance
- ✓ Legal Council

Drafting a Policy

It is incredibly important to have a policy in place regarding the requirement of mandatory influenza vaccination for all health care workers. A policy requiring mandatory influenza vaccination for all health care workers should be drafted following your organizational format. There are several things that should be considered for inclusion in the policy including:

- Justification of the policy: Background on why the policy is important to your organization and why the policy is being implemented.
- Definitions: The policy should clearly and definitively outline what mandatory vaccination means and who this is applicable to within the organization.

- Procedures of the policy: This explains how mandatory vaccination will be implemented within the hospital. Details might include vaccination timeframes, procedures for getting vaccination and/or the process for providing influenza documentation.
- Exemptions: The policy should clearly outline the types of declinations that the facility will allow and process for applying for declinations.
- Communication / Education: Resources available for staff to learn more about influenza vaccines and the organizational policy specific to mandatory influenza vaccination.
- Enforcement and consequences: This section outlines the consequences for health care worker non-compliance. Interim and/or absolute deadlines should be established and clearly outlined.
- Contingency plans: This section explains how the policy will be affected by vaccination shortages or delays. This should also include the identification of the professional staff that has the authority to amend the policy when necessary.

Sample Policy

A sample policy is available to provide guidance on how to develop your organization's policy related to mandatory influenza vaccination of healthcare personnel. See below to view a copy of the sample policy. To download a copy of the sample policy that can be amended, [please click here](#).

MANUAL/DEPARTMENT	
ORIGINATION DATE	
LAST DATE OF REVIEW / REVISION	
APPROVED BY	

PURPOSE

To help protect staff, non-employees, patients and families of **INSERT FACILITY NAME HERE** from acquiring seasonal influenza disease and to help prevent the unnecessary spread of the influenza virus between employees, non-employees, patients and families. This is accomplished through the requirement that all healthcare personnel receive annual influenza vaccination.

DEFINITION

Healthcare personnel are defined as all persons whose occupation involve contact with patients or contaminated material in a healthcare, home healthcare, or clinical laboratory setting. Healthcare personnel are engaged in a range of occupations, many of which include patient contact even though they do not involve direct provision of patient care, such as dietary and housekeeping services.

Healthcare personnel include but are not limited to: clinical and non-clinical employees, licensed independent practitioners, temporary workers, students, researchers, volunteers, clergy, physicians and contactors.

GENERAL INFORMATION

On February 24, 2010, the Centers for Disease Control and Prevention (CDC) expanded the recommendations for influenza vaccination to everyone aged six months and older. The expanded recommendation went into effect in the 2010 - 2011 influenza season. The new recommendation seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population. Within this priority population is the recommendation that all healthcare personnel are vaccinated annually with influenza vaccination.

Historically, national rates for healthcare worker influenza vaccination have been low, 42% according to the CDC, despite recommendations for this population to be vaccinated. By having our healthcare personnel vaccinated against influenza, we continue to promote a culture of patient safety by helping to prevent hospital

acquired influenza transmission to patients and families, as well as protecting staff against workplace transmission. Vaccination of **INSERT FACILITY NAME** staff will also reduce workplace absenteeism due to influenza illness, further reducing operational costs of providing care.

INSERT FACILITY NAME requires vaccination for healthcare personnel to provide immunity to certain communicable diseases prior to employment at **INSERT FACILITY NAME**. This policy will expand that protection to influenza virus and will be aligned with similar hospital-wide employment and credentialing policies.

POLICY

As a condition of employment/medical staff privileges/ Graduate Medical Education (GME) participation, **INSERT FACILITY NAME** requires annual influenza vaccination of all **INSERT FACILITY NAME** staff that has job duties or physical presence inside any **INSERT FACILITY NAME** owned and operated facility or clinic in the course of conducting their work.

PROCEDURES

I. WHERE and WHEN TO GET THE VACCINE:

- A. Staff must receive influenza vaccine provided by **INSERT FACILITY NAME** Employee Health Services (EHS) or provide written proof of receipt of required influenza vaccine(s) from another source. Vaccine received from a source other than **INSERT FACILITY NAME** may, or may not, be reimbursed to the staff member and payment will be at the discretion of administration. Immunization or proof of immunization must be completed annually.
- B. New hires will be required to present proof of influenza immunization, or will be given the influenza vaccine at their health screening if hire date is between **INSERT DATES HERE**. New hires hired outside of the months when influenza vaccine is available will be notified of the policy and will be expected to comply with vaccination the next influenza season.
- C. **INSERT FACILITY NAME** will set the relevant dates of the anticipated influenza season each year which will correspond to the dates for masking. In general, influenza season typically extends from December to March, but can start earlier or extend longer in certain years.

- D. Compliance with annual mandatory influenza vaccination will be required no later than **INSERT DATE HERE**.

II. PRIORITIZATION:

- A. Influenza vaccine provided by **INSERT FACILITY NAME** will be prioritized to staff employed by **INSERT FACILITY NAME**, physicians/providers working at **INSERT FACILITY NAME**, volunteers, and environmental services workers.
- B. Contractors and vendors will not be prioritized to receive **INSERT FACILITY NAME** -purchased influenza vaccines but must provide proof of annual influenza vaccination.
- C. Upon vaccination or verification of influenza vaccination received elsewhere, staff will receive a sticker to be worn on their badge to indicate they are in compliance with the influenza vaccination policy.

III. COMMUNICATION/EDUCATION:

- A. Prior to the annual onset of influenza season, the organization will inform staff of the requirement for vaccination, the dates when influenza vaccine(s) are available, and the fact that vaccines will be provided at no cost to them. Communication will be through normal information distribution. Education on influenza virus and the vaccine will be completed throughout the organization on an ongoing basis. Staff will also be informed of the procedures and approved reasons for declining vaccine and the consequences of refusing vaccination.
- B. The organization will continue to use strategies to provide for convenient vaccine access, including vaccination clinics, mobile carts, vaccination access during all work shifts through the use of “Vaccination Captains”, and modeling and support by institutional leaders.

IV. EXEMPTIONS:

- A. Only healthcare personnel meeting the medical contraindications listed below will be exempt from annual influenza vaccination. Contraindications are limited to specific medical circumstances.
- B. Healthcare personnel who meet the requirements of contraindication for influenza vaccination must complete a written medical declination form.

- C. Staff who do not receive influenza vaccination due to a medical contraindication must wear a mask at all times during the duration of the scheduled shift for the duration of the influenza season, when providing services at all **INSERT FACILITY NAME** facilities and clinics. (See Consequences and Non-Compliance below).

V. APPROVED CONTRAINDICATIONS TO INFLUENZA VACCINATION:

Any person declining vaccine must have one of the valid contraindications, as listed below.

- A. Persons with severe (life-threatening) allergies to eggs or to other components of the influenza vaccine. Documentation from a licensed healthcare provider is required (see Verification of Contraindications).
- B. A history of Guillain-Barré Syndrome within six weeks following a previous dose of influenza vaccine is considered to be a precaution for use of influenza vaccines by the CDC. Documentation is required from a licensed healthcare provider.
- C. Additional contraindications may exist if the live attenuated influenza vaccination (LAIV) is offered. Medical contraindications against LAIV include:
- Adults 50 years of age or older
 - Pregnant woman
 - Persons with asthma
 - Adults who have immunosuppression (including immunosuppression caused by HIV or medications)
 - Adults and children who have chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic or metabolic disorders
- D. If a person has a contraindication, but still desires to get the influenza vaccine, they should discuss it with their primary healthcare provider. If the primary healthcare provider administers the influenza vaccination, the staff member must provide documentation of vaccination to **INSERT FACILITY NAME**.

VI. VERIFICATION OF CONTRAINDICATIONS and MASK USE:

- A. For declination based on medical contraindication, the Declination of Influenza Vaccination for Medical Contraindications form must be completed and signed by a licensed healthcare provider. This document will then be

reviewed and verified by **INSERT DEPARTMENT HERE**, or assigned designee, with follow up as needed to the licensed healthcare provider.

- B. Upon verification of contraindications, all persons with approved contraindications to vaccination will be required to provide signed written documentation which states that he/she will wear a mask at all times during the scheduled shift. Healthcare personnel are not required to wear the mask during scheduled breaks.
- C. Names of persons required to wear masks will be provided to the worker's supervisors and managers, including department leadership.
- D. Persons with valid and verified contraindications to influenza vaccination will be given a sticker that will be worn on their identification badge.

VII. CONSEQUENCES FOR NON-COMPLIANCE:

- A. Healthcare personnel without documentation of vaccination or valid declination by **INSERT DATE HERE** will be considered noncompliant with annual influenza vaccination requirements.
- B. If vaccination has not occurred by **INSERT DATE HERE**, healthcare personnel will receive a written warning from their supervisor that they are not in compliance with the **INSERT FACILITY NAME** influenza vaccination policy.
- C. Healthcare personnel will then have 15 days to be in compliance (either through vaccination or proof of valid medical contraindication).
- D. If healthcare personnel is not in compliance within 15 days of the written warning issuance, the worker will be suspended for 3 days without pay. After the three day suspension, if the worker is still not in compliance, the healthcare personnel will be terminated. If the healthcare personnel is a physician, medical staff privileges will be revoked from **INSERT FACILITY NAME**.
- E. If persons who have a documented medical declination are not in compliance with wearing a mask at all times during the schedule shift with the exception of during scheduled breaks, the worker will receive written warning from their supervisor that they are not in compliance with the **INSERT FACILITY NAME** influenza vaccination policy.
- F. On a second offense, the disciplinary process through the healthcare personnel's supervisor will be initiated, and may include termination.

VIII. CONTINGENCY PLAN:

- A. If there is a shortage of influenza vaccine supply that affects the supply of influenza vaccine for **INSERT FACILITY NAME** staff use, Administration will develop a contingency plan. This plan will include vaccine prioritization and distribution based on the influenza vaccine supply shortage faced and recommendations from the CDC and the Colorado Department of Public Health and Environment.
- B. Communication about mask use and compliance with the influenza vaccination plan will be sent to healthcare personnel in the event of an influenza vaccine shortage or delay.

RELATED DOCUMENTS / REFERENCES

- A. ACIP Provisional Recommendations for the Use of Influenza Vaccine: Date of ACIP vote: February 24, 2010 Date of posting of provisional recommendations: March 2, 2010 Accessed at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_w
- B. Centers for Disease Control and Prevention (CDC). Prevention and Control of Seasonal influenza with Vaccines. Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2010. August 6, 2010; 59 (rr08); 1-62. <http://www.cdc.gov/media/pressrel/2010/r100224.htm>
- C. APIC, [Association of Professionals in Infection Control \(APIC\) Position Paper: Influenza Immunization of Healthcare Personnel](#).
- D. Declination of Influenza Vaccination for Medical Contraindications form

REVIEWED BY***INSERT DEPARTMENT NAMES HERE***

Sample Declination Form

A sample declination form is available to provide guidance for developing your own form. See below to view a copy of this sample declination form. To download a copy of the declination form that can be amended, [please click here](#).

Declination of Seasonal Influenza Vaccination For Medical Contraindication

Seasonal influenza vaccination is a condition of employment for all health care workers. Depending on type of vaccination offered, specific medical contraindications may exist for certain individuals. Only evidence-based medical contraindication against seasonal influenza vaccination confirmed by a licensed health care provider will be accepted as an exception to the mandatory influenza policy. Medical contraindication must be re-assessed each year and an updated declination form should be placed in the employee's file yearly.

This Medical Declination form must be completed by the employee's primary healthcare provider and returned to Employee Health Services.

My employer, **INSERT FACILITY NAME HERE**, has recommended that I receive seasonal influenza vaccination in order to protect myself and the patients I serve.

I understand that because I work in a health care environment I may place patients and co-workers at risk if I work while infected with the influenza virus.

I understand that since I have an evidence-based medical contraindication to influenza vaccination that I will be required to wear a mask at all times during a schedule shift through the duration of the influenza season (**INSERT DATES HERE**).

Employee Name (print)

Employee ID Number

Employee Signature

Date

THIS SECTION SHOULD BE COMPLETED BY THE EMPLOYEE'S HEALTH CARE PROVIDER

I have evaluated _____ and can verify that this employee has a medical contraindication to influenza vaccination.

This employee has one or more of the following contraindications:

- ☐ Documented severe allergy to eggs or egg products
- ☐ Personal history of Guillan-Barré Syndrome within 6 weeks of receiving influenza vaccine
- ☐ Severe allergic reaction to previous influenza vaccine
- ☐ Other: (please explain – only evidence-based medical contraindications): _____

Healthcare Provider Name (print)

Date

Healthcare Provider Signature

Phone Number

Religious Exemptions

CHA's resolution did not include a religious exemption. Per the resolution outlined on page 3, only evidence-based medical contraindications are valid exemptions. Research by CHA as well as member infection control physicians and nurses has not produced any valid and documented religious exemptions from specific religious faiths. However, anecdotal reports have indicated that some religious faiths such as Christian Scientists or Native Americans that have specific ties to certain tribes and their shaman may be religiously opposed to vaccines.

It is CHA's recommendation to evaluate the internal needs of your organization when considering a religious exemption. If your organization does decide to allow a religious exemption, it is recommended that your organizational policy is clear on the documentation that needs to be provided as well as the specific steps that should be taken to discuss religious declination. The following things should be considered for inclusion in your organization policy should religious exemptions be included:

- Valid documentation from an individual's religious faith outlining the specific faith-based concerns against influenza vaccination
- Counsel between the individual and your organization's chaplain or other faith-based support services to discuss these concerns

Employee Education

Education of facility staff is an important component to any mandatory influenza vaccination policy. Unfortunately, there is a tremendous amount of misinformation about the influenza vaccine and misperceptions about both the vaccine's side effects and medical contraindications are common in both the healthcare community as well as in the general public.

There are a multitude of various resources available to help educate your healthcare personnel. Most are available at no charge and are readily available on the internet. Some tools that you may find useful include:

- ✓ [Influenza Vaccination Fact Sheet for Health Care Professionals](#)
- ✓ [Understanding the Differences Between Influenza Vaccine](#)
- ✓ [Centers for Disease Control and Prevention Informational Posters](#)

Examples of the resources listed above can be viewed below. In addition, you can click on the various resources above to download the forms.

Influenza Vaccination Fact Sheet for Health Care Professionals¹

Did You Know?

- CDC and ACIP recommend that all health care workers get an annual flu vaccine.
- Nationally, fewer than half of health care workers report getting an annual flu vaccine.
 - **Influenza outbreaks in hospitals and long-term care facilities have been attributed to low vaccination rates among health care professionals.**
- As a health care worker, by getting vaccinated, you can help protect your family at home as well as your patients at work from getting sick.
- Getting a yearly flu vaccine can help ensure your time off is spent doing what you want to do, not staying at home sick.

Influenza (Flu) Facts

- The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to hospitalizations and death.
- The main way that influenza viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.
- Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5-7 days **after** becoming sick. Children may pass the virus for longer than seven days.
- Some people, such as older adults, pregnant women, and very young children as well as people with certain long-term medical conditions are at high risk of serious complications from the flu. These medical conditions include chronic lung diseases, such as asthma and chronic obstructive pulmonary disease (COPD), diabetes, heart disease, neurologic conditions and pregnancy.

Health Care Workers and Influenza Vaccination

- Health care workers have a special role in the fight against influenza.
 - By getting vaccinated themselves, health care workers can protect their health, their families' health and the health of their patients.
 - Encouraging vaccination of vulnerable patients can protect them from the flu.
 - High rates of vaccination among nurses and health care workers have been linked to improved patient outcomes and reduced absenteeism and influenza infection among staff.
- Annual vaccination is important because **influenza is unpredictable and flu viruses are constantly changing**. Even if you've been vaccinated before, the flu vaccine from a previous season may not protect against current flu viruses.

Flu Vaccine Facts

- **Flu vaccines CANNOT cause the flu. The viruses in flu vaccines are either killed (the flu shot) or weakened (the nasal-spray vaccine). The flu vaccines work by priming your body's defenses in case you are exposed to an actual flu virus.**
- Flu vaccines are safe. Serious problems from the flu vaccine are very rare. The most common side effect that a person is likely to experience is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

Protect yourself, your family, and your patients by getting a flu vaccine.

¹Adapted from "Influenza Vaccination Information for Health Care Workers", www.flu.gov

UNDERSTANDING THE DIFFERENCES BETWEEN INFLUENZA VACCINE

Trivalent Inactivated Influenza Vaccine (TIV)	Live Attenuated Influenza Vaccine (LAIV)
DEFINITION	
• TIV contains inactivated viruses. • TIV cannot cause influenza	• LAIV contains live attenuated influenza virus. • LAIV has the potential to cause mild signs and symptoms similar to influenza symptoms such as nasal congestion, fever or sore throat
ADMINISTRATION	
• Intramuscularly by injection	• Intranasally by sprayer
EFFICACY	
• Both TIV and LAIV demonstrate efficacy in both adults and children • Data directly comparing the efficacy of these types of vaccines is limited and insufficient to identify whether one type of vaccine is more advantageous in certain populations than another	
MEDICAL CONTRAINDICATIONS	
• Hypersensitivity or allergy to eggs • Guillan-Barre Syndrome (GBS) within 6 weeks of previous influenza vaccination (precaution for use of additional influenza vaccination) • Persons with moderate/severe acute illness both with and without fever (precaution for use of influenza vaccination - vaccination should be withheld until symptoms resolve)	• Children less than 2 years of age • Children/adolescents (6 months - 18 years) receiving aspirin or other salicylates • Adults 50 years of age or older • Pregnant woman • Hypersensitivity or allergy to eggs • Persons with asthma • Adults and children who have immunosuppression (including immunosuppression caused by HIV or medications) • Adults and children who have chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic or metabolic disorders • Persons with moderate/severe acute illness both with and without fever (precaution for use of influenza vaccination - vaccination should be withheld until symptoms resolve)
PREGNANT WOMEN	
• Available data does not indicate that vaccination causes fetal harm • Pregnant woman are <u>not</u> medically contraindicated to receive TIV • Breastfeeding mothers can receive TIV	• LAIV is not licensed for use in pregnant woman • Breastfeeding mothers can receive LAIV

Who needs a flu vaccine?



Even healthy people can get the flu, and it can be serious.

Everyone 6 months and older should get a flu vaccine. **This means you.**

This season, protect yourself—and those around you—by getting a flu vaccine.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

THE FLU ENDS WITH 

For more information, visit: www.flu.gov

No More Excuses You Need a Flu Vaccine

**"Oh, the flu isn't
so bad...right?"**

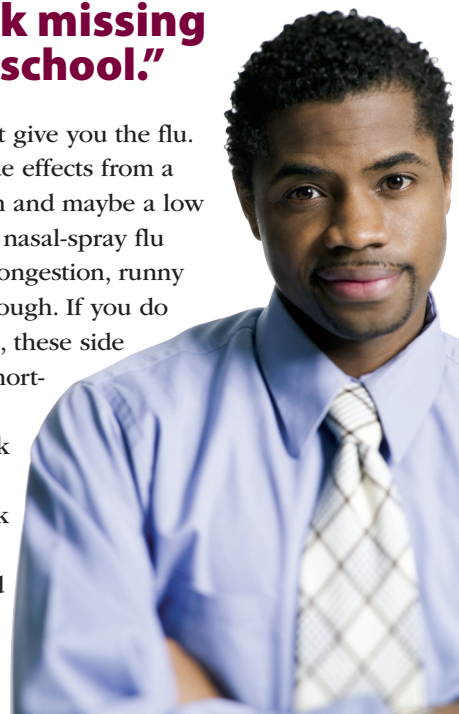


Wrong The flu (influenza) is a contagious disease which affects the lungs and can lead to serious illness, including pneumonia. While pregnant women, young children, older people, and people with certain chronic medical conditions like asthma, diabetes and heart disease are at increased risk of serious flu-related complications, *even healthy people* can get sick enough to miss work or school for a significant amount of time or even be hospitalized.

"But ^{what if} the flu vaccine makes me sick?"

I can't risk missing work or school."

The flu vaccine cannot give you the flu. The most common side effects from a flu shot are a sore arm and maybe a low fever or achiness. The nasal-spray flu vaccine might cause congestion, runny nose, sore throat, or cough. If you do experience them at all, these side effects are mild and short-lived. And that's much better than getting sick and missing several days of school or work or possibly getting a very severe illness and needing to be in the hospital.



**"I'm Healthy
I don't need a flu vaccine."**

Anyone can become sick with the flu and experience serious complications. Older people, young children, pregnant women and people with medical conditions like asthma, diabetes, heart disease, or kidney disease are at especially high risk from the flu, but kids, teens and adults who are active and healthy also can get the flu and become very ill from it. During the 2009 H1N1 pandemic, many healthy people—including healthy young adults—became seriously ill from this virus. Flu viruses are unpredictable, and every season puts **you** at risk. Besides, you might be around someone who's at high risk from the flu...a baby...your grandparents, or even a friend. *You don't want to be the one spreading flu, do you?*



**"Wait a minute
I got a flu vaccine
once and still got sick."**

Even if you got a flu vaccine, there are still reasons why you might have felt flu-like symptoms:

- You may have been exposed to a *non-flu virus* before or after you got vaccinated. The flu vaccine can only prevent illnesses caused by flu viruses. It cannot protect against non-flu viruses.
- Or you might have been exposed to flu after you got vaccinated but *before the vaccine took effect*. It takes about two weeks after you receive the vaccine for your body to build protection against the flu.
- Or you may have been exposed to an influenza virus that was very different from the viruses included in that year's vaccine. The flu vaccine protects against the three influenza viruses that research indicates will cause the most disease during the upcoming season, but there can be other flu viruses circulating.



National Center for Immunization and Respiratory Diseases



Vaccination of Healthcare Workers

Organizational policy that requires influenza vaccination of all healthcare workers must ensure that that vaccine is wide availability and assessable in order to enable compliance. One of the first steps is to ensure that there is adequate vaccine in stock within your individual facility to ensure that all required healthcare workers can be vaccinated. Stocking requests for vaccine typically occur in December through a variety of distributors. Prior to embarking on a mandatory influenza vaccination policy for the coming 2011-2012 year, facilities need to ensure that enough vaccine has been ordered and that both types of vaccine are available. If you require vaccine, a helpful resource to determine availability is the *Influenza Vaccine Availability Tracking System (IVATS)*. The link below directs to a spreadsheet of distributors with contact information as well as a listing of available and/or backordered vaccine. It is unclear how often this spreadsheet is updated and does not appear to be an exhaustive list, but nonetheless is a helpful place to start.
http://www.preventinfluenza.org/ivats/ivats_healthcare.asp.

Assuming that adequate vaccination supply is available, individual facilities need to ensure that ability to access vaccine is widely known and available in multiple areas. Your facility (depending on size) might want to set up designated areas for influenza vaccination stations throughout the facility that are staffed consistently for certain times of the day. Vaccination stations are very successful tools for achieving high compliance and depending on how they are staffed and the number of available stations, vaccination should be quick and easy. It is important to remember to have certain stations available during:

- ✓ Evening or night shifts
- ✓ Weekends

Another useful mechanism to facilitate in the wide-spread vaccination of healthcare workers is to train and designate “vaccination captains” that are assigned to various parts of the facility. The vaccination captains can help administer vaccine and can be useful personnel that have the ability to offer vaccine in less central areas of the facility and/or outside of normal business hours.

Employee Self-Assessment of Contraindications for Influenza Vaccine

Vaccination of a large workforce can be a giant task. There are certain things that facilities can do to help streamline the process. One measure that can be implemented is an employee self-assessment of potential contraindications for influenza vaccination. There are certain medical contraindications for the two different types of influenza vaccine – trivalent inactivated influenza vaccine (TIV) which is administered intramuscularly by injection and live attenuated influenza vaccine (LAIV) which is administered intranasally by sprayer. Assessment of these

various medical contraindications needs to happen for every healthcare worker that is vaccinated. However, an employee can answer these questions utilizing a self-assessment tool and come prepared to the vaccination queue already aware of which vaccination they are eligible to receive, if at all.

CHA has created two different formats which are available for employee self-assessment: a hard copy and an online survey. Both formats ask the same questions and help the employee assess their potential medical contraindications.

- ✓ A sample of the hard copy is available below. In addition, it can be downloaded by clicking [here](#).
- ✓ The online survey that was created can be accessed by using the following link: <http://www.surveymonkey.com/s/SHT6LGF>

Individual Self-Assessment of Contraindications for Influenza Vaccine

This document is intended to help health care personnel assess their own potential contraindications for influenza vaccine. At the end of the assessment, health care personnel should be able to determine if they can receive the live attenuated influenza vaccine (LAIV), the trivalent inactivated vaccine (TIV) or if an individual is medically contraindicated for influenza vaccine

Are you pregnant?

☐ Yes

☐ No or NA

Trivalent Inactivated Influenza Vaccine (TIV) Track	Live Attenuated Influenza Vaccine (LAIV) Track
	Are you 50 years of age or older? ☐ Yes ☐ No
	Do you have a condition such as cancer or HIV that causes immunosuppression? ☐ Yes ☐ No
	Do you have asthma? ☐ Yes ☐ No
	Do you have a <u>chronic</u> lung, heart (except isolated high blood pressure), kidney, liver, neurologic/neuromuscular, blood or metabolic disorder? ☐ Yes ☐ No

At this point, you are in the **TIV** track.
There are just a few more questions.

(See back side of form)

At this point, you are in the **LAIV** track.
There are just a few more questions.

(See back side of form)

Trivalent Inactivated Influenza Vaccine (TIV) Track	Live Attenuated Influenza Vaccine (LAIV) Track
Are you currently sick with moderate or severe symptoms, both with or without a fever? ☐ Yes - Vaccine should be withheld until symptoms resolve ☐ No Do you have a hypersensitivity or allergy to eggs? ☐ Yes – Vaccine should not be administered ☐ No Do you have a history of Guillan-Barre Syndrome (GBS) within 6 weeks of receiving previous influenza vaccine? ☐ Yes - Precaution for use of additional vaccine. Further consultation with a healthcare professional is necessary ☐ No	Are you currently sick with moderate or severe symptoms, both with or without a fever? ☐ Yes - Vaccine should be withheld until symptoms resolve ☐ No Do you have a hypersensitivity or allergy to eggs? ☐ Yes - Vaccine should not be administered ☐ No Do you have a history of Guillan-Barre Syndrome (GBS) within 6 weeks of receiving previous influenza vaccine? ☐ Yes - Precaution for use of additional vaccine. Further consultation with a healthcare professional is necessary ☐ No
If you answered NO to all three of the questions listed above, you are eligible to receive the Trivalent Inactivated Influenza Vaccine (TIV).	If you answered NO to all three of the questions listed above, you are eligible to receive the Live Attenuated Influenza Vaccine (LAIV).

Please take this completed form with you when you go to the designated vaccination station in your hospital.

I, _____, have completed the individual self assessment.
Based on my answers, I should receive the following influenza vaccine: ☐ TIV ☐ LAIV

OR

☐ I am medically contraindicated for vaccine and should not receive vaccination.
(The medical declination form needs to be completed and verified by a licensed health care provider. This form and the declination form should be returned to human resources).

Employee Name (please print)

Employee ID Number

Employee Signature

Date

Tracking Compliance

Organizations that have a mandatory influenza vaccination policy in place must also have a good system for tracking compliance within your facility. This is especially important as the Colorado Department of Public Health & Environment (CDPHE) is currently assessing (August 2011) the feasibility of creating a Board of Health rule that will require healthcare facilities to have a written policy in place regarding the universal vaccination of healthcare workers and that this policy would need to address the accurate tracking of healthcare worker vaccination.

Depending on the sophistication of some internal facility systems, human resource tracking systems or employee health might be a good mechanism to track annual influenza vaccination. However, it is important to have a record of annual influenza vaccination or medical declination in each employee's file.

Additional Resources

- Centers for Disease Control and Prevention (CDC) Information for Health Professionals: <http://www.cdc.gov/flu/professionals/>
- www.flu.gov
- www.immunize.org

Questions

If you have any questions regarding CHA's resolution or clarification regarding this tool kit, please contact Crystal Berumen, Vice President of Patient Safety & Health System Integration at 720.489.1630 or by email at crystal.berumen@cha.com.

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