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Updated: Health Officer Order – Influenza Vaccine and Healthcare Workers

Whereas, multiple studies have demonstrated that vaccinating healthcare workers (HCW) against influenza protects against illness in all healthcare settings, and

Whereas, influenza vaccine is the single most effective measure that can be taken to protect the health of patients, HCW, and the community, and

Whereas, attainment of widely accepted levels of HCW immunization rates in Nevada County historically have fallen far short of the goal of 90% prior to an order of the Public Health Officer,

Therefore, effective immediately, I am issuing an order mandating that all licensed healthcare facilities, agencies, and entities working/providing services in Nevada County implement a program in which all HCW at such facility, agency, or entity receive an annual influenza vaccination for the current season, unless the HCW signs a declination, and wears a mask while in contact with patients or working in patient-care areas. Facilities, agencies, and entities covered by this order shall determine the means of implementation and enforcement within their organization (e.g., adoption of personnel policies, use of incentives or penalties, suspension of professional privileges, etc.).

I am also recommending that each healthcare facility adopt an easy way to identify those HCWs who have received the influenza vaccine, e.g., placing a sticker on the HCWs badge following vaccination.

The goal is a >90% vaccination rate in all facilities/entities within Nevada County.

This order applies to each influenza season, defined as November 1st of one year to April 30th of the following year, unless the order is rescinded. If surveillance data demonstrate that the influenza season is different than Nov 1 to April 30, this period may be changed by further order, as determined by the Public Health Officer based on local, regional, state, and national surveillance data, and communicated to all facilities/entities in writing.

Legal Authority:

The Public Health Officer has the authority to "take measures as may be necessary to prevent and control the spread of disease within the territory under their jurisdiction" (CA Health and Safety Code 120175).

State law requires that general acute care hospitals and certain employers offer influenza vaccinations to employees [8 Cal. Code Regs. &5199 (c) (6) (D) and (h) (1 O)]. If employees decline vaccination, they are required to sign a declination statement in lieu of vaccination. A violation of these provisions (by the employer) is punishable as a misdemeanor. (CA Health and Safety Code, 1288.7, effective January 1, 2007, and Aerosol Transmissible Diseases standard of Cal OSHA, effective September 1, 2010)

Beginning January 2013, the Centers for Medicare and Medicaid Services (CMS) required acute care hospitals to report HCW influenza vaccination rates as part of its Hospital Inpatient Quality Reporting Program. These numbers are available to the public.

Beginning January 2014, CMS imposed financial penalties on facilities that have not achieved a 90% vaccination rate among their HCWs.

In addition, CMS has announced that hospital-acquired infections - including nosocomial influenza - will no longer be reimbursed.

Senate Bill 1318, vetoed by the Governor, would have required, commencing January 1, 2015, each clinic and health facility to have a 90% or higher vaccination rate. It also would have required the California Department of Public Health (CDPH), in consultation with the California Conference of Local Health Officers (CCLHO), to develop a "model mandatory vaccination policy" by July 15, 2015. For each year the facility did not achieve a 90% or higher vaccination rate, it would be required to adopt the "model mandatory vaccination policy" for the following influenza season. A violation of these provisions would have been punishable as a misdemeanor. You may ask, "What is the significance even though it was vetoed?" The Governor, in his veto message, stated that this is an issue that should be decided by the local public health authority, which we are now doing through this order.

Definitions:

Declination: California law (SB 739 in 2007) requires acute care hospitals and certain employers to obtain a written declination for all HCWs who decline influenza vaccination. Failure of the facility/entity to vaccinate or to obtain written declination is punishable by misdemeanor.

Healthcare Worker (HCW): For purposes of this order, "healthcare workers" or "HCWs" are persons, paid or unpaid, employee or contract, who have potential for exposure to patients or to infectious materials or contaminated surfaces, including (but not limited to) physicians, nurses, nursing assistants, therapists, technicians, EMS personnel, dental personnel, pharmacists, laboratory personnel, students and trainees, staff not employed by the healthcare facility (e.g., construction workers, medical/pharmaceutical vendors), and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, volunteers) having duties in licensed healthcare settings or presence on the campus of said facility. Anyone who shares air with patients or clinical staff needs to be vaccinated.

Incentives: financial or non-financial incentives offered to HCWs, such as stickers on employee badges, messages to patients to ask about the vaccination status of their HCWs, gift cards, lotteries, competition between departments, etc.

Influenza season: The influenza season is generally defined as November 1 to April 30 of the following year. In any given year, if influenza surveillance data demonstrate an unusually early

start or late peak with widespread or unusual influenza activity, I may expand the declared season for that year.

Licensed Healthcare Facility: This order applies to hospitals, ambulatory and community clinics, medical offices, EMS providers, skilled nursing and other long-term care facilities, home health providers, pharmacies, dialysis centers, and any other licensed healthcare facility.

Mask: A simple surgical mask (N-95 not required), which should be changed or discarded when leaving patient care areas, going off duty, or becoming soiled or wet.

Misdemeanor: A criminal offense that is less serious than a felony and generally punishable by a fine, a jail term of up to a year, or both.

Policies: examples include being re-assigned away from direct patient care, wearing a surgical mask throughout the influenza season, or suspension or termination of employment.

Rationale:
Our shared goals (as healthcare facility, HCWs, and as Public Health Officer) are to:

- increase rates of influenza vaccination of HCWs to >90%
- maintain a healthy workforce by providing a safe work environment
- reduce employee absenteeism during influenza season
- reduce financial liability to healthcare facilities
- reduce HCW to patient transmission of influenza and vice versa
- reduce morbidity and mortality among the general population
- provide outstanding healthcare to our community

The CDC estimates influenza caused 26-50 million illnesses, resulted in 290,000-670,000 hospitalizations and up to 98,000 deaths during the 2022-2023 respiratory virus season. During the 2019-2020 influenza season, it was estimated by the CDC that 70-85% of influenza related deaths and up to 70% hospitalizations for influenza were attributed to individuals 65 years and older.

However, the hospitalization rate for children under age 5 without preexisting medical conditions is similar to the rate for the elderly and adults with chronic medical conditions such as diabetes, hypertension, and chronic lung disease. Other high-risk groups include those who are pregnant, obese, and children with neurologic conditions.

Decades of scientific data demonstrate Food and Drug Administration-approved influenza vaccines to be safe, effective, and cost-saving. The Centers for Disease Control and Prevention (CDC) has recommended vaccination of HCWs since 1981. This is a patient safety and core quality-of-care issue for which noncompliance should not be tolerated. Unfortunately, voluntary flu vaccination efforts have only achieved 40-70% flu vaccine coverage among HCWs, not enough for herd immunity in the healthcare setting.

HCWs who do not get vaccinated cling to widely held misconceptions with regard to influenza vaccination. They do not perceive themselves at risk, doubt the efficacy of the influenza vaccine, have concerns about safety and side effects or getting the flu from the vaccine, and some do not perceive their patients to be at risk. Previous HCW mandates including rubella vaccination,

hepatitis B vaccination, and periodic screening for tuberculosis have resulted in nearly universal compliance with the recommendation and are generally accepted by HCWs. Unfortunately, after decades of effort to increase voluntary influenza vaccination among HCWs, a universal mandate appears to be needed to protect patients from a preventable infection.

Unvaccinated HCWs have been repeatedly implicated in hospital outbreaks of nosocomial influenza, even though most transmission remains unrecognized. Influenza infection is asymptomatic in approximately half of all healthy adults, who can shed virus for several days without realizing they are ill. Hospital-acquired infection can account for up to one third of all influenza cases when HCW vaccination rates are low.

HCWs as a group can be amplifiers of influenza within an institution and community. Influenza outbreaks continue to occur in healthcare facilities in spite of high uptake of vaccination among the general public. Staff (and their families) is at higher risk due to the nature of their profession. Ill staff introduces influenza into the facility, where it then spreads to vulnerable patients and other staff. Mandatory vaccination policies have been shown to increase HCW vaccination rates to >90%.

Financially, the benefits of influenza vaccination have been repeatedly demonstrated. Influenza vaccination of working adults has been shown to reduce upper respiratory infection by 25%, healthcare provider visits by 44%, and sick days off work by 43%. Since our work force has little depth, the ability to replace sick staff, and the potential for reduction in quality of care, become significant quality of care issues. In the healthcare setting, financial impacts to healthcare facilities (e.g., lower reimbursement rates if vaccination rates are <90%, and no reimbursement for hospital acquired infection) could eventually affect the pocketbooks of the healthcare workers themselves.

The influenza vaccine requirement should be part of an evidence-based, multi-faceted, comprehensive infection control program that includes vaccination training, education, and availability (e.g., free, and available during working hours on all shifts), respiratory protection and precautions, and housekeeping routines in keeping with infection control standards. This includes strict attention to important infection prevention practices such as hand hygiene and respiratory etiquette. A comprehensive program might include interventions such as hand washing, face masks, early detection of laboratory proven influenza in individuals with influenza-like illness by using nasal swabs, quarantine of floors/wards or entire facilities during outbreaks, restrictions on visitors, avoiding new admissions, prompt use of anti-virals, and enforcing stay at home policies for sick employees.

A strong and visible leadership commitment that takes into account and collaboratively addresses concerns by employees and the organizations representing them is essential to providing the necessary support and resources to implement such a comprehensive program. The expectation for influenza vaccination must be fully and clearly communicated to all HCW, and staff must be given ample resources and support to implement and sustain the program.

Policies encouraging workplace exclusion for HCWs who are sick do not work to prevent the spread of influenza. There are institutional and financial pressures to continue to work in spite of illness. Also, although spread is via droplet once a person becomes symptomatic, extensive spread via fomites occurs for at least 24 hours prior to the onset of symptoms.

Many California jurisdictions (counties and cities) as well as healthcare systems and hospitals are issuing similar orders regarding mandatory influenza vaccination or masking. Some

institutions are going even further and making flu vaccine a condition of employment or professional privilege - only allowing exceptions to vaccination for those meeting any of the specific recognized medical contraindications or religious circumstances. Some are reassigning non-vaccinated staff to non- patient care duties or dismissing employees. In some cases, noncompliance result in suspension without pay, or dismissal.

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