



# NEWS RELEASE

FOR IMMEDIATE RELEASE

December 5, 2011

## State Officials, Health Providers Join Forces to Increase Flu Vaccination Rates Among Health Care Workers

*Flu Shot Push Comes During National Influenza Vaccination Week*

**SACRAMENTO** – Highlighting the importance of flu vaccinations in reducing the risks of illness and infections among patients, state public health officials have joined with a group of statewide health care providers to urge all health care workers to get their annual flu shots.

A joint [letter](#) issued today by the California Department of Public Health (CDPH), the California Hospital Association (CHA), the California Association of Health Facilities (CAHF), the California Medical Association (CMA), the California Association of Physician Groups (CAPG) and the Association for Professionals in Infection Control and Epidemiology (APIC) California APIC Coordinating Council challenges all health care facilities in California to increase flu vaccination rates among health care workers. The letter is being distributed to all hospitals, nursing homes and physician groups as part of National Influenza Vaccination Week (*Dec. 4-10*).

“Our goal is to make California hospitals and health care facilities safer places for patients and workers during flu season,” said Dr. Ron Chapman, Director of the California Department of Public Health and state public health officer. “We will continue working with partners in the health care industry to promote greater vaccination acceptance among their employees.”

Influenza is a contagious disease that can be spread before symptoms appear, and is

- more -

## **STATE OFFICIALS, PROVIDERS URGE FLU VACCINATIONS**

**2-2-2-2-2**

responsible for 200,000 hospital admissions and 36,000 deaths nationwide every year. According to the federal Centers for Disease Control and Prevention, vaccination of all health care workers is strongly recommended in order to prevent transmission of the illness to patients, especially those with long-term medical conditions who are at high-risk for serious complications from the flu. The CDC recommends that all health care workers – even those who are not directly involved in patient care (*e.g. clerical, housekeeping, administrative, volunteers, etc.*) - be vaccinated annually.

According to the CDC, influenza outbreaks in hospitals and long-term care facilities have been attributed to low vaccination rates among health care workers in those facilities. When an employer mandate is in effect, vaccination rates typically exceed 98 percent.

Most health care facilities, including hospitals and skilled nursing homes, are required to offer annual flu vaccines to health care workers and volunteers at no cost. Those who refuse to be vaccinated must sign a written declaration. Despite these requirements, however, the overall vaccination rate for health care workers in all settings remains low. For example, the overall vaccination rate for hospital workers just over 64 percent, significantly less than the federal Healthy People 2020 goal of 90 percent.

“Being vaccinated is the single most effective way to protect patients, yourself and your family from the flu,” said C. Duane Dauner, president/CEO of the California Hospital Association (CHA). “All health care workers - be they physicians, nurses or administrative personnel - have a responsibility to put the needs of patients first. California’s hospitals and other health care providers call upon all health care personnel to do the right thing and get vaccinated for the flu.”

“At a time when tens of thousands of patients are dying each year from influenza in the United States, we need to take every precaution to be sure that patient exposure to the virus is as low as possible,” added James T. Hay, M.D., president of the California Medical Association (CMA).

#####

### **CONTACTS:**

Anita Gore  
California Department of Public Health  
(916) 440-7143

Deborah Pacyna  
California Association of Health Facilities  
(916) 441-6400 x226

Kris Deutschman  
California Association of Physician Groups  
(916) 444-8801

Jan Emerson-Shea  
California Hospital Association  
(916) 552-7516

Molly Weedn  
California Medical Association  
(916) 551-2069

Jerry Pennington  
California APIC Coordinating Council  
(818) 902-2998



December 5, 2011

TO: CHA Members, CAHF Members, California Physicians

ROUTE TO: Infection Preventionist, Human Resources Director, Quality Director

FROM: Ron Chapman, MD, Director, California Department of Public Health  
C. Duane Dauner, President/CEO, California Hospital Association  
James Gomez, President/CEO, California Association of Health Facilities  
Jerry Pennington, President, Association for Professionals in Infection Control and Epidemiology (APIC), California APIC Coordinating Council  
Dustin Corcoran, CEO, California Medical Association  
Donald Crane, President/CEO, California Association of Physician Groups

SUBJECT: Increasing Influenza Vaccination Rates Among California Health Care Personnel

The California Department of Public Health, California Hospital Association, California Association of Health Facilities, Association for Professionals in Infection Control and Epidemiology (APIC), California APIC Coordinating Council, California Medical Association and California Association of Physician Groups have joined together to challenge California health care facilities to increase influenza vaccination rates among health care personnel (HCP) to reduce transmission of influenza from HCP to patients, residents and other HCP.

Influenza is a contagious disease that can be spread before symptoms appear and is responsible for 200,000 hospital admissions and 36,000 deaths annually nationwide. Many patients and residents are at risk for serious complications or death from influenza and may not be fully protected by vaccination. Vaccination of HCP is the best tool available to reduce the risk of influenza infection in HCP. However, influenza vaccination rates among HCP remain low.

The term HCP refers to all paid and unpaid persons working in health care settings who have the potential for exposure to infectious materials, including contaminated equipment, environmental surfaces and air. HCP include those involved in direct patient care and related activities (e.g., physicians, nurses, students and trainees, and contractual staff not employed by the health care facility), and those not directly involved in patient care (e.g., clerical, dietary, housekeeping, maintenance and volunteers) who could be exposed to infectious agents that can be transmitted to and from HCP.

We recognize the challenges involved in immunizing personnel who are not paid employees of the facility. However, programs that provide influenza vaccination to all HCP regardless of em-

ployment status have reported higher influenza vaccination rates than those that only immunize paid employees.

Most health care facilities, including hospitals and skilled nursing facilities, are required to offer annual season influenza vaccine to their HCP, at no cost. In addition, HCP can refuse to be vaccinated and must then sign a written declination. Most other health care facilities have similar requirements. Despite this requirement, the overall vaccination rate for HCP remains low across all settings, with the hospital HCP rate at about 64 percent. This is significantly less than the federal Health People 2020 goal of 90 percent HCP vaccination. Specific requirements can be found in the Health and Safety Code Section 1288.7 and the Aerosol Transmissible Disease standard (CCR Title 8, Section 5199.)

The Centers for Disease Control and Prevention (CDC) recommends:

- Educating HCP regarding the benefits of influenza vaccination and the potential health consequences of influenza illness for HCP and patients.
- Offering influenza vaccine annually to all eligible HCP to protect staff, patients and family members, and to decrease HCP absenteeism.
- Using strategies that increase influenza vaccination rates, such as vaccination clinics, mobile carts, vaccination access during all work shifts, and modeling and support by institutional leaders.
- Monitoring HCP influenza vaccination coverage and declination rates at regular intervals during influenza season and providing feedback on ward, unit and specialty specific rates to staff and administration.
- Using HCP vaccine coverage rates as one measure of a patient-safety quality program.

Full implementation of these recommendations typically results in HCP immunization rates of up to 80 percent. To reach the Healthy People 2020 goal of 90 percent vaccination rate, health care facilities are encouraged to review the following attachments in the development and refinement of their HCP vaccination policies and procedures:

**Attachment A. Mandatory Vaccination, Participation and Declination**

**Attachment B. Novel Educational and Motivational Programs**

**Attachment C. Health Care Personnel Education**

Working together we can significantly increase the rates of HCP influenza vaccination rates and subsequently decrease the transmission of the influenza virus to patients, residents and other HCP.

If you have any questions, please contact Jon Rosenberg with CDPH at (510) 620-3427 or [jon.rosenberg@cdph.ca.gov](mailto:jon.rosenberg@cdph.ca.gov); Debby Rogers with CHA at (916) 552-7537 or [drogers@calhospital.org](mailto:drogers@calhospital.org); Jerry Pennington with APIC at (818) 902-2998 or [Jerry.Pennington@valleypres.org](mailto:Jerry.Pennington@valleypres.org); Jocelyn Montgomery with CAHF at (916) 441-6400 or [jmontgomery@cahf.org](mailto:jmontgomery@cahf.org); Molly Weedn with CMA at (916) 551-2069 or [mweedn@cmanet.org](mailto:mweedn@cmanet.org); or Donald Crane with CAPG at (213) 239-5042 or [dcrane@capg.org](mailto:dcrane@capg.org).

### **Attachment A. Mandatory Vaccination, Participation and Declination**

Vaccination rates higher than 90 percent have been achieved with implementation of the following policies: 1) mandatory vaccination, except for documented medical contraindication or informed declination; and/or 2) mandatory participation requiring that non-vaccinated personnel wear a surgical mask while at work during the influenza season. Medical contraindications, such as a history of anaphylactic reaction to eggs, are very rare. Recent publications reporting successful experiences with each of these policies are included in the references below. Support for these type of polices include the following professional organizations: Infectious Diseases Society of America, Society for Healthcare Epidemiology of America, Association for Professionals in Infection Control and Epidemiology, American Academy of Pediatrics, American College of Physicians, American Hospital Association, National Foundation for Infectious Diseases and National Patient Safety Foundation.

Strongly worded declinations for those refusing vaccination have also been effective at improving vaccination rates. The effectiveness of this process has been varied according to published reports. However, the approach used to obtain the declination may increase its effectiveness. A review of the literature concludes that institutions providing declination to employees without personal counseling are less effective at increasing influenza vaccination rates than institutions that insist the declination be completed in the presence of an influenza vaccine advocate who has the vaccine with them at the time the declination is signed. For current California requirements, see [www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-17.pdf](http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-17.pdf).

### **Attachment B. Novel Educational and Motivational Programs**

Availability of the vaccine to *all* staff in *many* locations on *all* shifts tends to dramatically increase vaccine rates. Significant improvement in vaccine rates can be obtained by bringing the vaccine to the employees' units rather than expecting them to leave their units to get vaccinated. Some institutions have allowed vaccine to be administered on the unit by coworkers rather than employee health staff, and such an approach has been successful at improving rates. However, when attempting such approaches, employee privacy concerns must be addressed.

Unit competitions have shown that peer pressure can drive improvement in vaccine acceptance rates. While, such improvements are real, they are limited (5 percent to 10 percent increase). Listing individuals who have yet to decline or accept the vaccine tends to make the campaign more effective.

Personal incentives, such as raffles or small tokens for those receiving the vaccine, make a small but measurable difference (< 5 percent) in vaccine rates. Staff can become accustomed to such personal rewards and when the incentives are removed the vaccine rate can dip more than the gain from the incentive.

Education using stories in which a patient acquired influenza while at a health care institution or a health care worker took influenza home to his/her family is effective at improving vaccine rates. Such educational efforts becomes more effective if the event occurred at the institution and are even more effective if the person to whom the event happened shares the story. Such stories can be effective in any campaign roll out.

Also effective at improving rates is when organization leaders state that vaccination is a professional expectation and responsibility. The more leadership supports the process, the more likely staff will adopt it. But again, this has led to rates up to 80 percent range and not higher. Making unit immunization rates a unit manager performance measure is also helpful.

Another somewhat effective method of increasing immunization rates is to survey staff regarding their reasons for declining the vaccine, with subsequent education to reduce misinformation about influenza vaccination. However, other studies show that beliefs about the vaccine tend not to dissipate when information that contradicts these beliefs is presented.

### **Attachment C. Health Care Personnel Education**

The following information may be used and tailored for individual health care facilities when implementing influenza vaccination educational programs for HCP.

#### **1. Employee influenza vaccination**

- We are committed to keeping both our employees and patients safe.
- We want you to make an informed decision about vaccination.

#### **2. The facts**

- Seasonal influenza is estimated to account for more than 200,000 hospitalizations and 36,000 deaths in the United States each year.
- Influenza disproportionately affects the young, elderly and vulnerable in our population — in short, those who comprise our patient population.

#### **3. How can influenza be stopped?**

- Receiving vaccination is the most effective way to protect your patients, yourself and your family from influenza.
- Wash your hands!
- Use respiratory etiquette and "cover your cough."
- Ask patients with a cough to wear a mask.
- Stay home if you have influenza-like symptoms: fever, cough, sore throat, body aches, chills and fatigue.
- Wear a mask while at work during influenza season if you are unvaccinated.

#### **4. Vaccination and patient safety**

- Influenza outbreaks in hospitals have been attributed to low vaccination rates among HCP.
- As many as 23 percent of unvaccinated HCP may acquire influenza infection.
- Even when illness and symptoms are mild or subclinical, influenza can be transmitted to others.
- Influenza in immunocompromised or otherwise weakened patients can lead to serious illness or death.
- There may not be symptoms for the first 24 hours of the infectious period.

#### **5. CDC recommends that all HCP receive influenza vaccine every year.**

## **6. The benefits of vaccinated employees**

- Vaccinated HCP decrease their risk of influenza infections.
- Vaccination of HCP may reduce patient mortality especially in long-term-care facilities.
- Vaccinated HCP have fewer missed days of work.

## **7. Health care facility policy**

- [Facility NAME] requires all HCP to either:
  - Receive the influenza vaccine; or
  - Provide a written declination.
  - Consider requiring HCP who decline vaccination to wear a mask at work.  
[INSERT ALTERNATIVE INFECTION CONTROL APPROACH]

## **8. Does the vaccine cause illness or symptoms?**

- The injectable influenza vaccine is inactivated and CANNOT cause influenza.
- Influenza vaccine may be associated with mild fever or local injection-site reactions.
- During clinical studies, fever and aches occurred as often after a placebo.

## **9. What about preservatives in the vaccine?**

- Thimerosal is a preservative used in multidose vials of vaccine to prevent bacterial growth.
- California law prohibits the use of thimerosal containing vaccines in pregnant women and children less than three years of age ([www.cdph.ca.gov/programs/immunize/Pages/CaliforniaThimerosalLaw.aspx](http://www.cdph.ca.gov/programs/immunize/Pages/CaliforniaThimerosalLaw.aspx)).
- There is NO scientific evidence linking thimerosal to neurodevelopmental disorders such as autism.
- Most influenza vaccine formulations, such as prefilled single-dose injectable vaccines and the nasal spray vaccine FluMist, do not contain thimerosal.

## **10. What about the risk of Guillain-Barré Syndrome?**

- The estimated risk for Guillain-Barré Syndrome is approximately one additional case per one million people vaccinated.
- The estimated risk of Guillain-Barré Syndrome following an influenza infection is four to seven times higher than after vaccination.
- Please discuss your concerns with your health care provider or employee health staff.

## **11. Instead of vaccination, can I just take antiviral medication like Tamiflu?**

- Antiviral medications do not take the place of vaccination.
- Resistance to current anti-influenza medications continues to emerge, making them less effective for treatment and post-exposure prophylaxis.
- DO NOT rely on antiviral medications to protect you, your family or your patients.

## **12. Who should not receive the vaccine?**

- People who have a documented severe allergy to chicken eggs.
- People who developed Guillain-Barré Syndrome within six weeks of getting the influenza vaccine in the past.
- Children under 6 months old.

- People who have moderate to severe illness with a fever. (They should wait until they recover to get vaccinated.)

### **13. If I don't respond...**

- [Facility NAME] will be forced to consider removing staff from duty if they do not comply with vaccination OR provide declination with appropriate follow-up precautions.

### **14. Standard precautions**

It is important to practice strict standard precautions when caring for ALL patients:

- Wash or gel hands before and after every patient contact.
- Use gloves for all procedures and contact with mucous membranes or bodily secretions.
- Use gowns when exposure to bodily fluids is likely.
- Wear a surgical mask when in contact with patients with cough illness.
- Per new CDC recommendations, wear a respirator whenever performing cough-inducing or aerosol-generating procedures on suspect or confirmed influenza patients.

### **15. Human resources policy regarding mandated vaccination or wearing a mask.**

## **References**

Prevention and Control of Seasonal Influenza with Vaccines, Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. July 29, 2010 / 59 (Early Release). [www.cdc.gov/flu/professionals/acip](http://www.cdc.gov/flu/professionals/acip).

Influenza Vaccination of Health-Care Personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep. 2006 Feb 24;55(RR-2):1-16. [www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm).

The Joint Commission, The Flu Vaccination Challenge. [www.jcrinc.com/fluchallenge](http://www.jcrinc.com/fluchallenge).

Rakita RM, Hagar BA, Crome P, Lammert JK. Mandatory Influenza Vaccination of Healthcare Workers: A 5 Year Study. *Infect Control Hosp Epidemiol*. 2010 Sep;31(9):889-92.

Babcock HM, Gemeinhart N, Jones M, Dunagan WC, Woeltje KF. Mandatory influenza vaccination of health care workers: translating policy to practice. *Clin Infect Dis* 2010;50(4):459-464.

CDPH All Facility Letter 10-35: Mandatory Reporting of Influenza Vaccination/Declination of Hospital Personnel. [www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-10-35.pdf](http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-10-35.pdf).

CDPH All Facility Letter 08-17: New Regulatory Requirement for Compliance with SB 739 — Reporting of Influenza Vaccination/Declination of Employees and Health Care Personnel. [www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-17.pdf](http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-08-17.pdf).