

# 2018 NAIIS Influenza Working Group Breakout Session

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National Adult and Influenza Immunization Summit  
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## Influenza Working Group Objectives (May 2017- May 2018)

- ❑ **Objective 1:**  
Update and continue to promote the Checklist of Best Practices, the Pledge, and accompanying resources.
  
- ❑ **Objective 2:**  
Develop partnerships and materials to improve influenza vaccination coverage among healthcare personnel (HCP) in long-term care facilities (LTCF).



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## Objective 1: Update and Continue to Promote the Checklist of Best Practices, the Pledge, and Accompanying Resources

### • Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations:

The "Checklist" is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation.

### • Pledge for Organizations Implementing Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations:

This pledge is for organizations that conduct satellite, temporary, or off-site vaccination clinics to sign annually affirming that they will adhere to best practices, including using the Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations. Organizations that sign the pledge will be recognized on the Summit website for their commitment to provide safe and effective vaccine clinics.

### • 10 Principles for Safe Vaccination Clinics in Non-Traditional Settings

<https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources/>



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## Objective 1: Update and Continue to Promote the Checklist of Best Practices, the Pledge, and Accompanying Resources

### The ways we worked towards achieving this objective:

- Checklist was cleared by CDC and currently being co-branded with CDC and NAIIS logos
- Checklist was presented to CDC's Division of State and Local Readiness for use in preparedness exercises
- Checklist will soon be available as a PDF fillable document
- Checklist was translated into Spanish during the fall Hurricane Maria Response
- Updating checklist to incorporate changes with respect to LAIV (new ACIP recommendations as of Feb 2018)



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# Updated Checklist

## CHECKLIST of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

### BEFORE THE CLINIC (Please complete each item before the clinic starts.)

VACCINE SHIPMENT			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccine was shipped directly to the facility/clinic site, where adequate storage is available. (Direct shipment is preferred for cold chain integrity).
VACCINE TRANSPORT (IF IT WAS NOT POSSIBLE TO SHIP VACCINES DIRECTLY TO THE FACILITY/CLINIC SITE)			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines were transported using a portable vaccine refrigerator or qualified container and pack-out designed to transport vaccines within the temperature range recommended by the manufacturer (i.e., between 2-8° Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines). Coolers available at general merchandise stores or coolers used to transport food are NOT ACCEPTABLE. See CDC's Vaccine Storage and Handling Toolkit for information on qualified containers and pack-outs: <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The person transporting the vaccines confirmed that manufacturer instructions for packing configuration and proper conditioning of coolers were followed. (Your qualified container and pack-out should include packing instructions. If not, contact the company for instructions on proper packing procedures.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A digital data logger with a buffered probe and a current and valid Certificate of Calibration Testing was placed directly with the vaccine and used to monitor vaccine temperature during transport.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The amount of vaccine transported was limited to the amount needed for the workday.
VACCINE STORAGE AND HANDLING (UPON ARRIVAL AT FACILITY/CLINIC)			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the vaccine shipment contained a cold chain monitor (CCM), it was checked upon arrival at the facility/clinic, and there was no indication of a temperature excursion (i.e., out-of-range temperature) during transit. CCMs are stored in a separate compartment of the shipping container (a CCM may not be included when vaccines are shipped directly from the manufacturer). Note: CCMs are for one-time use and should be thrown away after being checked.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon arrival at the facility/clinic (either by shipment or transport), vaccines were immediately unpacked and placed in proper storage equipment (i.e., a portable vaccine refrigerator or qualified container and pack-out specifically designed and tested to maintain the manufacturer-recommended temperature range). Follow the guidance for unpacking and storing vaccine specified in CDC's Vaccine Storage and Handling Toolkit: <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon arrival at the facility/clinic, vaccines were still within the manufacturer-recommended temperature range (i.e., between 2-8° Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon arrival at the facility/clinic, vaccines remained protected from light (per manufacturer's package insert) until ready for use at the vaccination clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon arrival at the facility/clinic, expiration dates of vaccines and any medical equipment (syringes, needles, alcohol wipes) being used were checked, and they had not expired.



# Updated Checklist

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any persons with a needlestick injury, a vaccine administration error, or an urgent medical problem are being evaluated immediately and referred for additional medical care if needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are being encouraged to stay at the clinic for 15 minutes after vaccination to be monitored for adverse events.
ADMINISTRATION OF INJECTABLE VACCINES (In this section, N/A is ONLY an option if the clinic is EXCLUSIVELY using non-injectable vaccines, such as live, attenuated influenza vaccine.)			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A new needle and new syringe are being used for each injection. (Needles and syringes should never be used to administer vaccine to more than one person.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-dose vials or manufacturer-filled syringes are being used for only one patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being administered following safe injection practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seals are provided to staff and patients are at the same level for optimal positioning of anatomic site and injection angle to ensure correct vaccine administration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is identifying injection site correctly. (For intramuscular route: deltoid muscle of arm [preferred] or vastus lateralis muscle of anterolateral thigh for adults, adolescents, and children aged ≥3 years; vastus lateralis muscle of anterolateral thigh [preferred] or deltoid muscle of arm for children aged 1-2 years; vastus lateralis muscle of anterolateral thigh for infants aged <12 months. For subcutaneous route: thigh for infants aged <12 months; upper outer triceps of arm for children aged ≥1 year and adults [can be used for infants if necessary].)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is inserting needles quickly at the appropriate angle: 90° for intramuscular injections (e.g., injectable influenza vaccine) or 45° for subcutaneous injections (e.g., measles, mumps, rubella vaccine).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multidose vials are being used only for the number of doses approved by the manufacturer.

- If you check "NO" in ONE OR MORE error boxes that contain a **NO**, DO NOT move forward with the clinic.
- Follow your organization's protocols and/or contact your state or local health department for guidance before proceeding with the clinic.
  - Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

## CHECKLIST of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are never being transferred from one syringe to another.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used needles and syringes are being immediately placed in a sharps container following administration. (Needles are NOT being recapped.)
VACCINE DOCUMENTATION			
YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each vaccination is being fully documented with name of person vaccinated, vaccination date, vaccine type, lot number, manufacturer, patient record or vaccine information statement (VIS), including vaccine data and chain of custody, injection site, vaccination route, dosage, and name, title, and office/company address of person who administered the vaccine.



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## Objective 2: Develop Partnerships and Materials to Improve Influenza Vaccination Coverage among HCP in Long-Term Care Facilities (LTCF).

### The ways we worked towards achieving this objective:

- Partnered with Gerontological Society of America and participated in the May 2, 2018 meeting focused on increasing influenza vaccination rates of HCP in LTCFs
- Planning a meeting with LTCF Executives and Stakeholders for Oct 2018
- Partnering with CMS and are scheduled to present on a call to all QIN/QIOs on June 19, 2018 about influenza vaccination coverage of HCP in LTCFs
- Reviewed medical literature on patient outcomes improved by raising HCP influenza vaccination rates in LTCFs and effective interventions to improve HCP influenza vaccination rates
- Developing a guidance document for administration/leadership in LTCFs who are interested in or plan to implement an influenza vaccination policy as a condition of employment for HCP in their facilities



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## Why Focus on Long-Term Care Facilities (LTCFs)?

- During the 2015–16 influenza season, influenza vaccination coverage was lowest among HCP working in long-term care settings (69%), compared with HCP working in hospitals (91%).
  - *Healthy People 2020* annual target goal for influenza vaccination among HCP is 90%
- Since at least the 2010–11 influenza season, HCP in long-term care settings have had the lowest reported influenza vaccination rates among all HCP.
- Influenza outbreaks in LTCFs have been associated with low vaccination rates among HCP.



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Office of Disease Prevention and Health Promotion. *Healthy People 2020: Immunization and infectious diseases objectives*. <http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>. Accessed May 11, 2018.  
Black CL, Yue X, Ball SW, et al. Influenza vaccination coverage among health care personnel—United States, 2015–16 influenza season. *MMWR Morb Mortal Wkly Rep*. 2016;65(38):1026–1031.  
Saito R, Suzuki H, Oshitani H, Sakai T, Seki N, Tanabe N. The effectiveness of influenza vaccine against influenza A (H3N2) virus infections in nursing homes in Niigata, Japan, during the 1998–1999 and 1999–2000 seasons. *Infect Control Hosp Epidemiol*. 2002;23(2):82–86.

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## Why Focus on Long-Term Care Facilities (LTCFs) (continued)?

- CDC recommends that HCP should be vaccinated annually against influenza.
  - This recommendation includes *a special emphasis on vaccinating HCP who work in LTCFs*, because their patient population is at high risk for serious complications from influenza, and due to the risk of influenza outbreaks in these facilities.
- Absenteeism in LTCFs is associated with reduced quality of care (measured by physical restraint use, catheter use, pain management, and pressure sores)



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Grohskopf LA, Sokolow LZ, Broder KR, et al. Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2017-18 Influenza Season. *MMWR Recomm Rep.* 2017;66(2):1-20.

## Why Focus on a “Condition of Employment” Policy?

- Voluntary measures have generally NOT been successful in raising HCP influenza vaccination coverage to the Healthy People 2020 goal of  $\geq 90\%$  coverage
- In a national survey, HCP vaccination rates by employer vaccination policy:
  - Work requirement (88.4%)
  - Recommended by an employer (65.1%)
  - No employer requirement or recommendation for vaccination (29.8%)



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Hollmeyer H, Hayden F, Mounts A, Buchholz U. Review: interventions to increase influenza vaccination among healthcare workers in hospitals. *Influenza Other Respir Viruses.* 2013;7(4):604-621.  
Centers for Disease Control and Prevention. Health care personnel and flu vaccination, internet panel survey, United States, November 2017. <https://www.cdc.gov/flu/fluavaxview/hcp-ips-nov2017.htm>. Updated December 7, 2016. Accessed May 11, 2018.

# AMDA's Policy and Other Professional Societies

## AMDA's Policy:

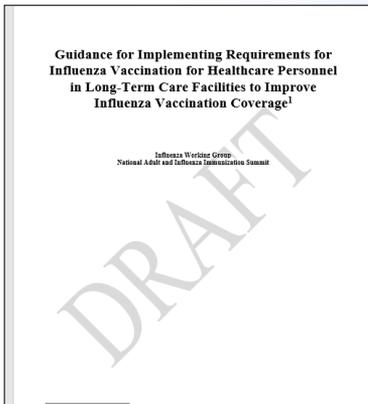
AMDA, dedicated to Long Term Care Medicine, supports a mandatory annual influenza vaccination for every long-term health care worker who has direct patient contact unless a medical contraindication or religious objection exists.

## Other Professional Societies that Support Mandatory Vaccination of HCP:

- American Academy of Family Physicians (AAFP)
- American College of Physicians (ACP)
- American Hospital Association (AHA)
- American Nurses Association (ANA)
- American Pharmacists Association (APhA)
- American Public Health Association
- Infectious Diseases Society of America (IDSA)
- National Foundation for Infectious Diseases
- National Patient Safety Foundation (NPSF)
- Society for Healthcare Epidemiology of America (SHEA)
- Association for Professionals in Infection Control and Epidemiology (APIC)



# Guidance Document for Developing a Vaccination Policy as a Condition of Employment for HCP in Long-Term Care Facilities



## Purpose of this document:

To provide guidance and information for developing an influenza vaccination policy as a condition of employment for healthcare personnel (HCP) in long-term care facilities (LTCFs).

This document provides a framework for major areas that should be considered (but not an exhaustive list) when adopting an influenza vaccination policy as a condition of employment.



## In-Depth Discussion of the Guidance Document

- Exemptions (medical and religious)
- Employee education/ Resources available
- Ideas on tracking/ compliance
- Negotiating and establishing a relationship with unions
- Engaging staff in vaccination clinics
- Sample templates to facilitate implementation
- FAQs
- How can the Summit at large help with distribution of the document/ spread the word?



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## Exemptions (Medical and Religious)

- We would like feedback from the Summit on the best way to address exemptions in this resource guide.
- What are your thoughts?



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## Employee Education Resources

- The employee education resources that we have included thus far have predominantly been CDC and IAC resources.
- We are looking to add additional employee education resources.
- Do you have a useful resource we should include?



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## Tracking and Compliance

- Tracking employee immunization records is a vital component to a successful employee vaccination program.
- However, depending on the infrastructure of an organization this can be challenging.
- Do any Summit members have resources or best practice ideas for those seeking to implement a system to track employee vaccination status?



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## Negotiating and Relationships with Unions

- Employers and unions have a shared interest in the health and wellness of employees.
- However, requiring employee participation in any program, including employee vaccination programs, tend to be controversial and often do not have the support of union leadership.
- There is a lack of literature around fostering successful relationships with unions.
- We are opening this topic up to the Summit for ideas or your experiences navigating union negotiations and fostering positive relationships?



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## Engaging Staff in Employee Vaccination Clinics

- Staff buy-in enhances the success of policy change.
- We included some suggestions for engaging employees in our resource guide.
- However, we wanted ideas from the Summit on ways you engage your staff in employee vaccination programs.



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## Frequently Asked Questions

- Our resource includes an FAQ section to help facilities as they navigate the transition from a voluntary vaccination program to a program that requires vaccination as a condition of employment.
- What are frequently asked questions that Summit members receive about the flu vaccine?



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## How Can the Summit at Large Help with Distribution of the Document/ Spread the Word?

Once the document is complete, how can you help share this resource guide with:

- Decision makers at long-term care facilities?
- Professional organizations?
- Union leaders?
- Other stakeholders?



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## Potential New Projects for the Influenza Working Group

- Work with businesses/Fortune 500 companies to encourage/promote influenza vaccination of their employees (outside of the healthcare sector). We would view this through the lens of pandemic preparedness.
- Put together a speakers bureau of sources who have a specific area of expertise and slides for presenters for national conferences.
- Create clear communication information around vaccine confidence/effectiveness in influenza vaccine.
- Do more to support Influenza Vaccination Week in December.
- Research the return policy of the influenza vaccine. Providers may not restock vaccine because they fear they will be stuck with inventory.



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## Potential New Projects for the Influenza Working Group (Continued)

- Work to increase influenza (and Tdap) vaccination among pregnant women.
- Work to decrease disparities among different sociodemographic groups with respect to influenza vaccination.
- Create a guide for organizations that are planning to implement a vaccination clinic that have never done so before (This would be a document to use months before the actual clinic and would include items such as: Order the vaccine no later than February. Do you have a standing order in place? Where will the standing order be filed at the end of the clinic?)
- Other ideas?



# Questions?

Interested in joining the Influenza Working  
Group? Email Amy Parker Fiebelkorn  
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