

Frequently Asked Questions

related to the Guidance for Leaders / Administrators in Post-Acute and Long-Term Care Facilities Who Plan to Improve Staff Influenza Vaccination Compliance through Vaccination Requirement Policies

FOR EMPLOYEES / STAFF

Policies Requiring Influenza Vaccination

1 Why does my facility require the influenza vaccine?

Every year, approximately 226,000 people are hospitalized and 36,000 people die in this country from influenza. These are preventable deaths. Requiring an annual influenza vaccine demonstrates our commitment to protect the safety and health of our patients/residents, many of whom already have weakened immune systems, as well as protecting visitors, co-workers, and our families.

Vaccination of health care personnel (HCP) has been recommended for years, yet vaccination rates of HCP in long-term care facilities (LTCFs) like ours remain at 68% nationally. In many health care facilities, influenza vaccination rates have increased over the years, but have not approached 100%, despite major voluntary efforts.

Overall, voluntary programs have not been effective at raising vaccination rates. Making annual influenza vaccination requirements is a step that has been taken by many health care systems throughout the nation that has significantly improved influenza vaccination coverage in these facilities.

2 To whom does this apply?

The influenza vaccination requirement policy applies to all employees, faculty, staff, fellows, temporary workers, trainees, volunteers, students, vendors, and voluntary medical staff (regardless of employer), who provide services to patients/residents or work in our LTCF.

3 How effective are influenza vaccines, especially since virus strains keep changing?

The influenza vaccine is the single most effective method to prevent influenza. This is true even during influenza seasons when the overall effectiveness of the vaccine is relatively low. The effectiveness of the vaccine depends on a number of factors, including the accuracy of the match between vaccine strains and circulating strains, and the age and health of the recipient. Influenza vaccine does not protect against other respiratory viral infections that occur during winter months.

Public health officials have a good track record of predicting the three or four main influenza strains that will cause the most illness during each influenza season. These strains usually change each year, which is why the vaccine is given annually. Even if you get the influenza from a strain of the virus that was not included in the vaccine, having the vaccine can make your illness milder.

4 Why can't we stick with what has always worked, namely wearing masks and doing a better job of hand hygiene to prevent transmission of influenza?

HCP have frequent contacts with high-risk patients and LTCF residents, including in the cafeteria

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National
Adult and
Influenza
Immunization
Summit

and hallways. Up to 25% of HCP infected with influenza may have minimal or no symptoms, and unknowingly expose fragile patients and residents to the virus. Studies have found that HCP with influenza-like symptoms work an average of 2.5 days while ill. Long-term care residents are at increased risk for serious influenza complications because of their advanced age, and many have other comorbidities.

Additionally, staff absenteeism can stress a health care facility or system. Research shows that influenza vaccination of HCP decreases patient mortality by 40% to 50%, decreases risk of nosocomial infection by 43% and decreases absenteeism by 20% to 30% while limiting the risk of HCP bringing illness acquired at work home to family members.

5 Why can't vaccination be voluntary?

Our highest priority must be to protect our residents, many of whom are exceptionally vulnerable to adverse outcomes from influenza. The research clearly shows that influenza vaccinations vastly increase when a policy is required. Mass immunity protects immune-suppressed patients who may not get as much protection from a vaccine themselves.

6 Is it legal to require influenza vaccination?

Yes. As of February 2018, 18 states have influenza vaccination requirements for all health care workers in LTCFs. Other health care systems have already required influenza vaccination. Many states have upheld these policies when they have been challenged in courts.

For more information, please visit:

<https://www.cdc.gov/phlp/publications/topic/menus/lcinfluenza/index.html>.

Importance of Being Vaccinated

1 I am not involved in direct patient care. Why should I be vaccinated?

The Centers for Disease Control and Prevention (CDC) recommends the vaccine for all persons over the age of 6 months, especially health care workers. Everyone, including laboratory, clerical, dietary and housekeeping employees, as well as laundry, security, facilities, maintenance, and administrative personnel, might be exposed to the influenza virus even though they are not directly involved in patient care and could transmit the virus to others.

Influenza viruses can live on a surface for up to 24 hours; even if a patient is not currently present, they can still come into contact with a virus long after the infected person has left the room. Regular cleaning can help but does not eliminate the risk of exposure.

2. I am very healthy and never get the flu. Why should I get the influenza vaccine?

Working in a health care environment increases your risk of exposure. You may become infected and experience only mild symptoms but still pass the virus to patients, co-workers, and members of your family.

3 Can't I just take antiviral drugs if I get the flu?

It is best to prevent the flu with annual immunization. You can always seek treatment for the flu, but in the meantime you may have already passed on the virus to patients and co-workers because viral shedding may occur up to two to three days prior to symptom initiation. Also,

resistance to antiviral drugs can develop in circulating virus strains, reducing the effectiveness of the drugs for people who need them the most – those at high risk for severe complications.

4 What are the benefits of influenza vaccination?

The Advisory Committee on Immunization Practices (ACIP) recommendations for HCP are based on a body of research that documents measurable benefits of vaccination. Influenza vaccination may reduce:

- Transmission of influenza
- The number of personnel continuing to work while they are ill (also known as presenteeism)
- Staff illness and absenteeism
- Influenza-related illness and hospitalization, especially among people at increased risk for severe influenza illness

Studies have found an association between high influenza vaccination coverage among HCP and increased protection against laboratory-confirmed influenza among people in LTCFs and hospitals.

About the Vaccine

1 When should I be vaccinated?

When the influenza season is about to begin, you should get the vaccine as soon as possible. It takes about two weeks to develop protection after receiving the vaccine. Check with your Occupational Health staff for information about influenza vaccination, including locations and times.

2 Is it true that you can get the flu from the influenza vaccine?

No, you cannot get the flu from the influenza vaccine. The viruses in the vaccine are either killed (as is the case with the shot) or weakened (as is the case with the nasal spray) so that they cannot cause the flu. Some people mistakenly confuse flu symptoms with mild vaccine side effects, such as a minor fever.

3 What is the live attenuated vaccine and are there individuals who should not receive it?

The live attenuated vaccine is a flu vaccine that is given as a nasal spray. This vaccine can be given to some people up to the age of 49 years. This vaccine is not recommended for anyone who is immune-suppressed, has chronic cardiovascular problems, pulmonary disease (e.g., asthma), serious metabolic diseases (e.g., diabetes or renal insufficiency), or for pregnant women. This vaccine is also not recommended for HCP who have close contact with severely immunocompromised patients (e.g., acute leukemia patients).

4 Will the flu vaccine make me feel ill?

Almost all people who receive the influenza vaccine have side effects. Some people may experience minor side effects. If these problems occur, they begin soon after the shot is given and usually last no more than one to two days. The most common side effects are:

- Soreness, redness or swelling where the shot is given
- Low-grade fever and aches
- Runny nose, sore throat, cough and headache (nasal mist only)

Employees who believe that they are experiencing adverse effects from the vaccination should contact Occupational Health.

5 I am pregnant. Should I get the flu vaccine?

Yes. Pregnant women should receive the flu shot. It is especially important for pregnant women to get the flu shot because they are more likely to have serious complications to themselves and their pregnancy if they get the flu. Once they get the flu shot, they will start producing antibodies that will help protect against the flu, and this protection can be passed to their unborn baby. According to the CDC, they can receive the flu shot at any time, during any trimester, while they are pregnant.

Pregnant women should receive the injectable vaccine. The nasal spray is only for use in healthy people aged 2 to 49 years who are not pregnant.

6 Should HCP who are immunocompromised or who have a chronic health condition (asthma, diabetes, etc.) receive influenza vaccine?

Yes, HCP in these groups are also considered a priority group that should receive yearly influenza vaccinations since they are at greater risk of severe influenza illness and complications. HCP in these groups should check with their primary care providers to determine which type of influenza vaccine they should receive.

7 What if I get vaccinated on my own through my doctor's office or another location other than at the long-term care facility where I work?

That is acceptable. If you receive the vaccine elsewhere, please provide documentation to the administrator at your facility or to your Occupational Health Services.

8 Where can I get more information about the flu vaccine?

More information on the flu vaccine is available at: www.cdc.gov/flu.

Exemptions

(This section can be modified based on what the organization chooses to allow as exemptions and how the organization chooses to handle exemptions.)

1 What if I have a medical reason for declining vaccination?

Exemption from the vaccination policy may be requested for certain medical reasons, including documentation of severe allergy to the vaccine or components, as defined by the most current recommendations of the [Advisory Committee on Immunization Practices \(ACIP\)](#) or a history of Guillain-Barré syndrome within six weeks of an influenza vaccine.

2 What documentation do I need to provide to request a medical exemption?

Personnel requesting a medical exemption must submit a Request for Medical Exemption Form to the administrator at your facility or to your Occupational Health Services by the date they request, which should be at least 20 business days prior to the deadline for compliance. The administrator and/or Occupational Health Services will evaluate the documentation and let you know if you will be granted a medical exemption.

3 I received an exemption last year. Do I have to submit the paperwork again this year?

Yes. All personnel who have a medical or religious exemption must submit a new request. Because the composition and availability of flu vaccines changes from year to year, certain allergies or concerns may no longer be relevant. All personnel who have an allergy or other medical contraindication should fill out the appropriate paperwork and submit to Occupational Health Services or Human Resources.

4 My religion requires me to decline vaccination. What should I do?

The process for this will depend on your organization. Please consult with your supervisor/human resources staff.

5 If my request for medical (or religious) exemption is approved, will I still be able to work?

Yes. Those who cannot receive the flu vaccine for medical (or religious reasons, if allowed by your organization) will be required to properly wear a protective surgical mask over their mouth and nose when within 6 feet of any patient and when entering a patient room during the influenza season. The effective dates of the flu season will be identified by your facility. This important step to prevent influenza transmission is supported by national patient safety and infectious disease prevention organizations.

Compliance

(This section can be modified based on how the organization chooses to deal with staff who are noncompliant.)

1 What happens if I do not want to get the vaccine?

HCP without documentation of vaccination or valid exemption by the specified date will be considered noncompliant with annual influenza vaccination requirements and will be required to wear a mask at all times during the scheduled shift (with the exemption of scheduled breaks out of resident living areas).

Trainees, students, campus research personnel, volunteers, vendors, voluntary staff, temporary workers, and others covered by the policy who fail to comply with vaccination requirements will not be permitted to enter patient care or clinical care areas for the duration of the flu season.

Anyone granted a valid exemption but who fails to wear a surgical mask within six feet of a patient during the influenza season will be considered non-compliant with the organization's policy *(specific measures that will be taken should be clearly stated by leadership implementing the policy)*.

2 Will I receive any designation that I have not received the flu vaccine?

This will depend on your facility policy. In some facilities, health care personnel, students, volunteers, and credential/authorized providers who DO NOT receive the vaccine will be identified by an alternate identification badge with a specific designation indicating that the individual has not received the flu vaccine due to an approved exemption. However, other facilities might have different methods of identifying or keeping track of employees who do not receive an influenza vaccine.

FOR ADMINISTRATORS / LEADERSHIP IN LONG-TERM CARE FACILITIES

Support for Influenza Vaccination Requirements

1 What professional associations support influenza vaccination requirements among health care personnel? (Click on hyperlinks for policy statement.)

- [The Society for Post-Acute and Long-Term Care Medicine, formerly known as American Medical Directors Association \(AMDA\)](#)
- [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](#)
- [Association for Professionals in Infection Control and Epidemiology \(APIC\)](#)
- [Infectious Diseases Society of America \(IDSA\)](#)
- [National Foundation for Infectious Diseases \(NFID\)](#)
- [National Patient Safety Foundation \(NPSF\)](#)
- [Society for Healthcare Epidemiology of America \(SHEA\)](#)

2 Is there any national recognition for long-term care facilities that implement influenza vaccination requirement policies and increase the vaccination rate of their staff?

Yes! Any facility with influenza vaccination requirement policies for their HCP should submit this information to the Immunization Action Coalition (IAC) to be recognized on the [IAC Influenza Vaccination Honor Roll](#).

Apply for the NAHS Honor Roll here:

www.immunize.org/honor-roll/influenza-mandates/apply.aspx.

3 What are some LTCFs that have required influenza vaccination among HCP?

The following LTCFs have been recognized on the Immunization Action Committee Influenza Vaccination Honor Roll as of 10/2/2018:

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| • Essentia Health Comstock Court
Deer River, MN | • Essentia Health Oak Crossing
Detroit Lakes, MN | • New Vista Nursing and Rehabilitation
Sunland, CA |
| • Essentia Health Grace Home
Graceville, MN | • Essentia Health Winchester
Detroit Lakes, MN | • New Vista Post Acute Care
Los Angeles, CA |
| • Essentia Health Homestead
Deer River, MN | • Essentia Health Virginia Care Center
Virginia, MN | • Jackson County Medical Care Facility
Jackson, MI |
| • Essentia Health Lincoln Park
Detroit Lakes, MN | • Fellowship Community
Whitehall, PA | • Jones County Rest Home
Ellisville, MS |
| • Essentia Health Living Center
Fosston, MN | • Grace Village
Graceville, MN | • Prairie Pines Community
Fosston, MN |
| • Essentia Health Northern Pines Care Center
Aurora, MN | • Hillsdale Hospital
Hillsdale, MI | • St. Catherine's Village
Madison, MS |
| | • Holmes County Long Term Care
Durant, MS | • Tippah County Nursing Home
Ripley, MS |

4 What are other advantages of implementing influenza vaccination requirement policies?

This information is publicly searchable (see Honor Roll above) so that when people are making decisions about where to place their loved ones, they will know that your facility follows best practices.

Organizations with high annual influenza vaccination rates among staff may have lower absenteeism rates with potential improvements in quality of care and cost savings.

5 What are the arguments against implementing influenza vaccination requirement policies, of which we should be aware, and how should our organization respond to these arguments?

HCP may object to an influenza vaccination requirement policy because it implies a loss of autonomy for staff, even if they otherwise approve of vaccination. This valid concern can be addressed by pointing out that:

- 1) The policy makes annual vaccination a requirement to promote patient and staff safety, but it does not compel the individual to choose employment at the LTCF.
- 2) Influenza vaccination requirement policies have been shown to be far more effective in achieving high HCP vaccination rates than voluntary programs.
- 3) Influenza vaccination is safe and recommended for all adults.

Influenza vaccine effectiveness varies from year to year and is sometimes lower than that of other vaccines. This valid concern can be addressed by pointing out that:

- 1) Partial protection is better than no protection.
- 2) Even in years where the vaccine prevents fewer influenza infections, it often lessens illness severity and prevents serious complications and death from influenza infections.
- 3) Other recommended infection control procedures, such as excellent hand hygiene also reduce the risk of influenza and other health care-acquired infections for both patients and staff. Vaccination and infection control procedures combine to optimize protection.

Vaccine Effectiveness

1 Should vaccine effectiveness impact our moral considerations when requiring a vaccination?

No, because even with a comparatively lower effectiveness than other vaccines, influenza vaccination can reduce the risk of flu transmission to medically fragile/elderly individuals. Additionally, even in years with lower influenza vaccine effectiveness, flu vaccines are safe to receive and are more effective the more people are vaccinated.

Evaluating the Effectiveness of an Influenza Vaccination Requirement Policy

1 How have organizations that have implemented an influenza vaccination requirement policy reviewed or evaluated the effectiveness of their policy?

By implementing influenza vaccination requirement policies and tracking vaccination status of employees, health care facilities have seen an increase in vaccination coverage among their staff. In general in the U.S., "Early-season flu vaccination coverage was higher among HCP

whose employers required (88.4%) or recommended (65.1%) that they be vaccinated compared with HCP whose employer did not have a requirement or a recommendation regarding flu vaccination (29.8%).” <https://www.cdc.gov/flu/fluview/hcp-ips-nov2017.htm>

Implementation of an Influenza Vaccination Requirement Policy

1 How did facilities account for the unique challenges in LTCF environments when implementing an influenza vaccination requirement policy, such as the high staff turnover?

Employee vaccination programs have been found to be most successful when:

- Vaccine is provided free of charge.
- Adequate staff and resources are allocated to the campaign (including advertisement in advance of the clinic event).
- Influenza education is provided.
- Vaccine is provided at locations and times that are convenient to the worker (including night and weekend shifts and over multiple days or weeks).
- Upper level management is visibly supportive of the vaccination program.
- The program’s outcomes are reported to the institution’s leadership.

Using positive and innovative approaches such as mobile carts, vaccine days, peer vaccination programs, gift incentives, and standing orders are also helpful strategies. Staff can also have the option of being vaccinated by their primary care provider or at a drug store, if they would rather, as long as they show appropriate proof of vaccination.

2 What incentives were used to make this policy worthwhile for the staff?

Mass vaccination kick-off events located onsite make it easy for staff to be vaccinated. Allow staff members to invite family members to the kick-off event, and include food and educational materials. Facilities can provide incentives for vaccination, including grocery store gift cards, gas gift cards, an hour of paid leave, etc.

Vaccination events can be a component of a larger employee wellness campaign. Display boards that track progress toward 100% staff vaccination can be motivating to staff and reassuring to patients/residents and their families. Your organization can also promote competitions between units to see which units reach 100% coverage the fastest.

3 What are the state-specific laws for influenza vaccination requirement policies for health care personnel in long-term care facilities?

CDC’s website: [Menu of State Long-Term Care Facility Influenza Vaccination Laws](#) has a specific section on requirements of influenza vaccination laws by state for health care personnel.

FAQs adopted from:

www.hopkinsmedicine.org/mandatory_flu_vaccination/faq.html

www.hamiltonhealth.com/wp-content/uploads/2017/07/Mandatory-Influenza-Vaccination-FAQ-.pdf

www.sonoma-county.org/health/topics/pdf/flu-order-faq.pdf