



# **Guidance for Leaders/Administrators in Post-Acute and Long-Term Care Facilities Who Plan to Improve Staff Influenza Vaccination Compliance through Vaccination Requirement Policies<sup>1</sup>**

---

**Influenza Working Group  
National Adult and Influenza Immunization Summit**

---



---

<sup>1</sup>Adapted from Colorado Hospital Association's *Guidance for Developing a Mandatory Influenza Vaccination Program*: <https://cha.com/wp-content/uploads/2017/03/flu-vaccine-toolkit.pdf> and Roberta Smith, RN, MSPH, CIC, Infection Preventionist, Department of Epidemiology, Children's Hospital Colorado (2011).

## CONTENTS

<b>Purpose of this Guidance Document</b> .....	2
Intended Audience.....	2
Definitions of Key Terms.....	2
<b>Policies Requiring Influenza Vaccination of Health Care Personnel: Rationale and Supporting Evidence</b> .....	3
Rationale for Implementing Influenza Vaccination Requirements for Health Care Personnel .....	3
Context.....	3
The Importance of Raising Health Care Personnel Influenza Vaccination Coverage Rates in Post-Acute and Long-Term Care Facilities .....	5
Policy Statements in Support of Influenza Vaccination Requirements for Health Care Personnel from AMDA and Other Professional Organizations.....	5
<b>Implementing an Influenza Vaccination Requirement Policy</b> .....	6
First Steps.....	6
Drafting an Influenza Vaccination Requirement Policy for Your Post-Acute or Long-Term Care Facility ....	7
Operational Considerations .....	8
Evaluating the Impact of the Policy .....	11
Specific Considerations for Post-Acute and Long-Term Care Settings When Implementing an Influenza Vaccination Requirement Policy.....	12
<b>Employee Engagement</b> .....	13
Ways to Engage Staff in Influenza Vaccination Programs .....	13
Ways to Engage Unions in Influenza Vaccination Programs .....	14
Employee Education and Resources .....	15
Influenza Posters .....	16
<b>Ethical Considerations for Implementing an Influenza Vaccination Requirement Policy for Health Care Personnel</b> .....	17
Code of Ethics for Health Care Personnel: Why Influenza Vaccination is Important.....	17
Ethical Considerations for Post-Acute and Long-Term Care Facilities.....	17
Non-Medical Exemptions .....	18
<b>Additional Resources</b> .....	18
<b>References</b> .....	19
<b>Appendix A. Frequently Asked Questions</b> .....	A1
For Employees/Staff.....	A1
For Administrators/Leadership of Post-Acute and LTCFs.....	A5
<b>Appendix B. Sample Policy</b> .....	B1
<b>Appendix C. Sample Exemption Form</b> .....	C1

## PURPOSE OF THIS GUIDANCE DOCUMENT

The purpose of this document is to provide guidance and information for leadership and administrators of post-acute and long-term care facilities (LTCFs) who have made the decision to develop and implement influenza vaccination requirements for health care personnel (HCP) working in their organization and/or facility. This document provides a framework (but not an exhaustive list) for major areas that should be considered when adopting a policy requiring influenza vaccination.

*Of note: Implementing a mandatory influenza vaccination policy for health care personnel is not required by the federal government or any regulatory agency.*

## INTENDED AUDIENCE

The intended audience for this document is leadership and administrators, stakeholders, and other staff responsible for policy implementation in post-acute and LTCFs.

## DEFINITIONS OF KEY TERMS

*Influenza vaccination requirement:* In this document, specific policies may be included under an “influenza vaccination requirement”, such as making annual influenza vaccination a condition of employment for new hires and/or a requirement for existing HCP to either be vaccinated or wear a mask at all times during the scheduled shift (with the exemption of scheduled breaks out of resident living areas) for the duration of the influenza season.

*Health Care Personnel:* HCP are defined as all persons whose occupation involves contact with patient/residents, patient/resident families, or contaminated material in a post-acute or LTCF. HCP include, but are not limited to:

- **Clinical employees**, such as physicians, physician assistants, nurse practitioners, nurses, nursing assistants, licensed independent practitioners, students, or trainees, including HCP who are full-time, part-time, as needed (PRN), contractors, and visiting/rotating staff.
- **Non-clinical employees**, such as temporary workers, researchers, volunteers, therapists, clergy, and contractors.
  - This includes staff with resident contact even if they do not provide direct resident care, including—but not limited to—unit clerks, dietary, housekeeping, laundry, security, maintenance, administrative/billing services, and other ancillary personnel who provide services within six feet of a patient/resident.

*Post-acute and Long-Term Care Facilities:* Post-acute and LTCFs provide rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Post-acute and LTCFs can include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, assisted living communities, and long-term chronic care hospitals.

# **POLICIES REQUIRING INFLUENZA VACCINATION OF HEALTH CARE PERSONNEL: RATIONALE AND SUPPORTING EVIDENCE**

This section provides background and contextual information that supports the rationale for implementing policies requiring influenza vaccination of HCP in post-acute and LTCFs, particularly after trying other approaches has failed to increase influenza vaccination coverage levels to the Healthy People 2020 goal of  $\geq 90\%$  [1, 2]. Additional information can be found in Appendix A, where we provide a [\*Frequently Asked Questions\*](#) document for post-acute and LTCF employees and administration/leadership.

## **RATIONALE FOR IMPLEMENTING INFLUENZA VACCINATION REQUIREMENTS FOR HEALTH CARE PERSONNEL**

Influenza vaccination requirements work; they are the only intervention that have consistently raised influenza vaccination rates of staff to near universal coverage [3]. Employers can influence the vaccination status of their employees. In a national survey of health care providers (HCP), it was reported that HCP are most likely to be vaccinated when it is a work requirement (94.8%), followed by when a vaccine is offered at the worksite for no cost for  $>1$  day (76.0%). Vaccination rates are lowest when the employer does not have any vaccination-related requirements or provisions (47.6%) [4].

## **CONTEXT**

### *Burden of Influenza*

Influenza can be a serious health threat, especially for people who are vulnerable to influenza complications, including older adults and people living with certain long-term medical conditions. People older than age 65 years are at highest risk for hospitalization and complications from influenza and account for the majority of influenza hospitalizations and deaths in the United States each year [5]. It is estimated that between 54%–71% of seasonal influenza-related hospitalizations occur among people aged 65 years and older, and between 71%–85% of seasonal influenza-related deaths occur in people aged 65 years and older [6].

Studies suggest that up to 25% of HCP are infected with influenza each season [7, 8]. HCP may be more likely to work when ill than other professions, which increases the risk for influenza transmission in health care facilities. As many as 1 in 2 infected people never show classic influenza symptoms [9], but can shed virus for 5–10 days. Patient admissions and HCP absenteeism are typically higher during the influenza season, which increases the impact of influenza-related absenteeism on operations of these health care facilities.

### *Influenza Vaccination in Long-Term Care Facilities*

Several studies have demonstrated that vaccination in health care settings decreases influenza transmission from HCP to patients, particularly in long-term care settings [7, 8]. Studies in long-term care settings have shown that staff vaccination against influenza has been associated with reductions in all-cause mortality among patients [7, 8], influenza-like illness (ILI) [10], and hospitalizations of individuals with ILI. In addition, one long-term care study suggested that although staff vaccination rates did not independently predict ILI outbreaks, high rates of vaccination among *both* staff and residents substantially reduced the rate and impact of influenza outbreaks [11].

## Influenza Vaccination Recommendations

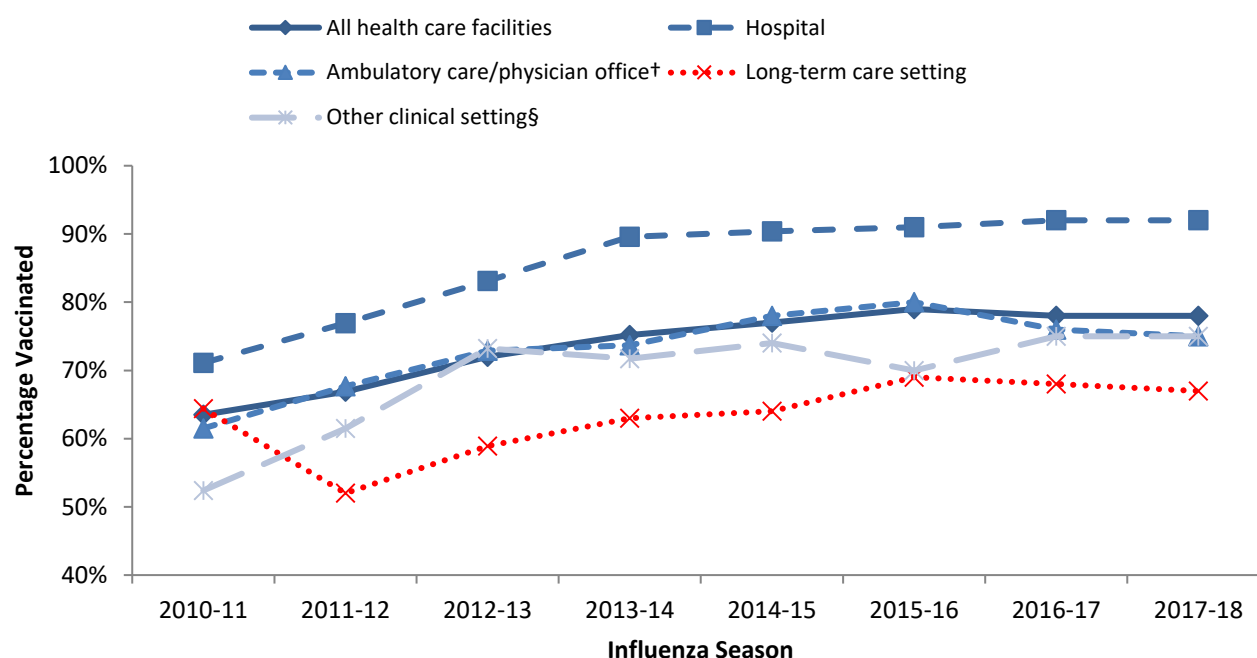
The Centers for Disease Control and Prevention (CDC) recommends that HCP should be vaccinated annually against influenza [12]. This recommendation includes a continued emphasis on vaccinating HCP who work in LTCFs, because their patient population is at high risk for serious complications from influenza, and due to the risk of influenza outbreaks in these facilities [12].

## Influenza Vaccination Coverage

The *Healthy People 2020* annual target goal for influenza vaccination among HCP is 90% [1]. During the 2017–18 influenza season, influenza vaccination coverage was lowest among HCP working in long-term care settings (67%), compared with HCP working in hospitals (92%) [4].

Since at least the 2011–12 influenza season, **HCP in long-term care settings have had the lowest reported influenza vaccination rates** among all HCP [4].

**Figure. Percentage of health care personnel who reported receiving influenza vaccination, by work setting—Internet panel surveys, United States, 2010–11 through 2017–18 influenza seasons [4].**



## THE IMPORTANCE OF RAISING HEALTH CARE PERSONNEL INFLUENZA VACCINATION COVERAGE RATES IN POST-ACUTE AND LONG-TERM CARE FACILITIES

Raising influenza vaccination coverage rates in HCP in post-acute and long-term care settings is important for multiple reasons.

- Influenza outbreaks in LTCFs have been associated with low vaccination rates among HCP [13].
- Several randomized controlled studies have demonstrated substantial decreases in all-cause mortality and ILI in facilities that have high influenza vaccination coverage rates of their staff:
  - One found 20% lower mortality ( $P = .02$ ), and a strong correlation between staff vaccination coverage and reduced all-cause mortality in residents [14].
  - Another study found that the mortality rate in patients was 102/749 (14%) in hospitals where HCP were vaccinated, compared with 154/688 (22%) in hospitals where HCP were not vaccinated [7].
  - An additional study noted that vaccination of HCP was associated with reductions in total patient mortality from 17% to 10% [8].
- Even during influenza seasons when the vaccine has been found to have relatively low effectiveness, it can still lessen illness severity and often prevents serious complications and death from influenza infections.

As noted above, implementation of a mandatory influenza vaccination policy for health care personnel is not required by the federal government or any regulatory agency. However, there is compelling evidence that health care organizations that implement influenza vaccination requirements successfully increase vaccination coverage of their health care personnel, and that such increases are associated with reduced staff and patient morbidity and mortality. For this reason, several professional agencies have endorsed these policies, including the Society for Post-Acute and Long-Term Care Medicine (AMDA),<sup>2</sup> who released an updated statement on August 9, 2018:

### POLICY STATEMENTS IN SUPPORT OF INFLUENZA VACCINATION REQUIREMENTS FOR HEALTH CARE PERSONNEL FROM AMDA AND OTHER PROFESSIONAL ORGANIZATIONS

#### Policy Statement on Influenza Vaccination of Health Care Personnel

AMDA - The Society for Post-Acute and Long-Term Care Medicine (the Society) supports mandatory annual influenza vaccination for all post-acute and long-term care HCP unless there is a medical contraindication. All HCP should be included in mandatory influenza vaccination programs, as all HCP, even those with indirect contact, have the potential to be in close proximity with residents, which can allow for transmission of infection.

The Society supports education for HCP on the efficacy and safety of influenza vaccination in general and as an important measure to enhance resident safety. It further recommends that medical directors and other practitioners encourage professional HCP and family caregivers to obtain an annual vaccination.

In addition, the Society recommends that HCP who do not receive an influenza vaccination must wear personal-protective masks when in direct resident contact during influenza season

---

<sup>2</sup> AMDA was previously called *American Medical Directors Association* and is now *The Society for Post-Acute and Long-Term Care Medicine*.

(October through April). The Society also recommends targeted education to any HCP who do not receive an influenza vaccination.

Finally, following ACIP recommendations, the Society recommends that annual influenza vaccinations be made available and offered at no cost to all HCP working or volunteering in post-acute and long-term care settings.

Additional professional associations' policy statements in support of influenza vaccination requirements among health care personnel can be found at the links below.

- [American Academy of Family Physicians \(AAFP\)](#)
- [American Academy of PAs \(AAPA\)](#)
- [American College of Physicians \(ACP\)](#)
- [American Hospital Association \(AHA\)](#)
- [American Nurses Association \(ANA\)](#)
- [American Pharmacists Association \(APhA\)](#)
- [American Public Health Association \(APHA\)](#)
- [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 \(SHEA\)](#)

## IMPLEMENTING AN INFLUENZA VACCINATION REQUIREMENT POLICY

### FIRST STEPS

Many hospitals nationwide have implemented influenza vaccination requirements for their HCP. However, relatively few post-acute and LTCFs have adopted such policies.

Organizations considering implementing an influenza vaccine requirement policy for HCP have a broad range of issues to consider. This document provides examples and resources to assist facilities in planning and implementing influenza vaccination requirements for HCP.

#### *Gathering Stakeholder Support*

One key to successful implementation is having executive leadership on board with implementing influenza vaccination requirements. Leadership involvement is key to ensure that any policy that is implemented 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 facility. 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
- Human Resources/Employee Health
- Compliance
- Legal Counsel

**In addition to engaging executive leadership, consider involving individuals from this list:**

- Staff representatives for non-unionized employees (staff nurses, Certified Nursing Assistants)
- Union leaders
- Family representatives
- Patients themselves
- Patient counsels from post-acute and long-term care facilities

## **DRAFTING AN INFLUENZA VACCINATION REQUIREMENT POLICY FOR YOUR POST-ACUTE OR LONG-TERM CARE FACILITY**

It is important to have an influenza vaccination policy at your facility (or within your organization) in place before requiring influenza vaccination for all HCP. Such a policy should be drafted following your own organizational format. Key elements to consider for inclusion in the policy include:

1. **Background and Justification:** Clearly explain why annual influenza vaccination is important for your organization and why an influenza vaccination requirement policy is being implemented. Leadership at the post-acute or LTCF should educate their staff on its policy rationale.
2. **Definitions:** Provide clear definitions on the scope of the policy (who is subject to the requirement, such as whether volunteers and contractors are covered under the policy) and what an influenza vaccination requirement means in your facility (what proof of vaccination will be accepted).
3. **Procedures:** This section can include how vaccination will be provided, timeframe for compliance, process for documenting vaccination from within the facility or outside, and the process for tracking compliance annually. (If your facility has unionized employees, be sure to review the contract to see if an influenza vaccination policy needs to be negotiated.)
4. **Exemptions:** Define what exemptions will be allowed, how they will be requested, how they will be reviewed, and how the decision will be communicated to the employees and their managers. If employees are granted exemptions within the scope of an influenza vaccination requirement policy, the facility's treatment of these employees must not be retaliatory or punitive.
5. **Communication:** Any applicable resources should be made available for staff to learn more about influenza vaccines and the organizational policy specific to influenza vaccination requirements.
6. **Enforcement and Consequences:** Outline the consequences for non-compliance with the influenza vaccination requirement policy. Interim and/or absolute deadlines should be established and clearly stated. If the policy will be implemented and enforced by a committee, the composition of the committee should be carefully considered and defined.
7. **Contingency Plans:** Explain how the policy will be affected by vaccine shortages or delays. Identify the professional staff with authority to amend the policy when necessary.



A sample policy is provided in [Appendix B](#) to help develop your own organization's policy related to influenza vaccination requirements of HCP. It should be edited to meet your organization's needs and constraints. A sample exemption form is available in [Appendix C](#), and provides guidance for developing your own form.

## OPERATIONAL CONSIDERATIONS

Post-acute and LTCFs must think through all the issues associated with instituting an influenza vaccination requirement policy to ensure that the policy will fare well in the face of potential legal and public challenges. Consistency is key to avoid discrimination and civil liberty claims. If the policy will be implemented and enforced by committee, the composition of the committee should be carefully considered.

- **As noted above: If employees are granted exemptions within the scope of an influenza vaccination requirement policy, the facility's treatment of these employees must not be retaliatory or punitive.**

Overall, the facility should educate its staff and patients/residents on its policy rationale. The *HR Daily Advisor* website posted an informative article on this topic (<https://hrdailyadvisor.blr.com/2013/01/17/implementing-a-mandatory-flu-shot-policy-what-every-employer-should-know/>) that contains the following Flu Shot Policy Checklist:

- Do you have unionized employees? Be sure to check your contract to see if an influenza vaccine policy needs to be negotiated.
- Which employees do you want to cover?
  - How will you handle nonemployees, including volunteers, students, and contractors?
- How will you handle exemptions?
  - Under what circumstances will you grant a waiver? Who will decide if an employee seeking a waiver is eligible?
- If you implement a policy requiring influenza vaccinations, who will preside over waivers?
- Who will be the point person who considers employee requests for waivers? Should it be a medical expert, someone from human resources, or both?
- If you plan to require vaccination, inform potential new staff that this is a condition of hire during the interview process.

Organizational policy that requires influenza vaccination of all HCP must ensure that the vaccine is widely available and accessible 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 HCP can be vaccinated.** Stocking requests for vaccine typically occur in February of the season prior through a variety of distributors. Practical issues, such as vaccine shortages and safe vaccine storage, must be addressed in any influenza vaccination requirement policy. **If you will not be administering the vaccine, then allow enough time to select and hire a contract organization.**

Prior to embarking on an influenza vaccination requirement policy for the coming influenza season, facilities need to ensure that enough vaccine has been ordered. If you require vaccine, a helpful resource to determine availability is the National Adult and Influenza Immunization Summit's (NAIIS) *Influenza Vaccine Availability Tracking System (IVATS)*. On its website at: <https://www.izsummitpartners.org/ivats/>, NAIIS posts a spreadsheet of distributors with contact

information, as well as a listing of available and/or backordered vaccine that is updated in the beginning of October. It does not appear to be an exhaustive list, but nonetheless, may be a helpful place to start.

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 help achieve high compliance. 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:

- Several different days of the week over multiple weeks
- Evening or night shifts
- Weekends

Another useful mechanism to facilitate vaccination of HCP is to train and designate “vaccination champions” who are assigned to various parts of the facility. The vaccination champions can help administer vaccine and can be useful personnel, particularly if they have the ability to offer vaccine in less central areas of the facility and/or outside of normal business hours.

Facilities can choose to conduct the vaccination clinics through their own occupational health staff, or to hire out a contract agency to conduct several different influenza vaccination clinics.

During the vaccination clinics, it is important to have all of the necessary supplies available. This includes having adequate numbers of sharps containers, needles, and alcohol swabs, for example.

We recommend that all facilities that are conducting vaccination clinics utilize the [Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#) (*click on hyperlink*). The checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations (including in cafeterias, hallways, and other common areas) follow CDC guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation.

#### *Which Influenza Vaccine is Right for Your Staff?*

Vaccination of a large workforce can be an enormous task. There are certain steps that facilities can take to help streamline the process.

One measure that can be implemented is an employee self-assessment to determine which vaccine products are best for them and which are contraindicated. All staff should be screened for contraindications before vaccination by the vaccinator by reviewing a self-assessment form and/or by asking these questions directly.

There are different types of influenza vaccines approved for health care personnel in post-acute and LTCFs. CDC recommends any of these vaccines for long-term care staff who do not have relevant medical contraindications.

1. **Cell-based inactivated influenza vaccine (ccIIV)** is made by growing viruses in animal cells, which is a different manufacturing process than the traditional egg-based manufacturing process. However, some of the initial viruses supplied to the manufacturer are egg-derived (so these vaccines are not considered egg-free). It is approved for individuals 4 years of age and older and can be “trivalent” which means it helps protect against three influenza strains, or “quadrivalent”, which helps protect against four influenza strains.

2. **Inactivated influenza vaccine (IIV)** is approved for all adults UNLESS they have one of the rare contraindications listed below. Most IIVs are given by intramuscular injection; one is intradermal (which means it is injected into the skin instead of the muscle and has a much smaller needle). IIV can be trivalent or quadrivalent. There is no live virus in these vaccines.
3. **Live attenuated influenza vaccine (LAIV, often called “Flu-Mist”)** has a weakened form of influenza virus and is quadrivalent. It is given intra-nasally by sprayer. It can ONLY be given to staff who are UNDER 50 years of age, NOT pregnant, NOT immunocompromised, NOT diabetic, and NOT with chronic heart, lung, or kidney disease. Staff who are not sure if they can safely receive this live vaccine product should check with their own physicians. In addition, it should not be given to anyone with a contraindication.
4. **Recombinant influenza vaccine (RIV)** is approved for people aged 18 years and older and is an egg-free option that can be trivalent or quadrivalent.
5. **Trivalent high-dose influenza vaccine** is approved for people aged 65 years and older. This includes most LTCF residents and may also include some staff and volunteers. High-dose vaccine has been shown to give better protection for older people than standard-dose IIV [15].
6. **Trivalent influenza vaccine made with adjuvant** (an ingredient of a vaccine that helps create a stronger immune response in the patient’s body), is approved for people 65 years of age and older. This includes most LTCF residents and may also include some staff and volunteers.

The following contraindications apply to ALL influenza vaccines.

- a. People who are acutely ill, with or without a fever, should defer vaccination until they are better, usually the following week.
- b. People who have had a major allergic reaction to an influenza vaccine, or any component of an influenza vaccine, previously should not receive it again unless cleared by their own physician. Note that egg allergy is no longer considered a contraindication to influenza vaccine.
- c. People who have had Guillain-Barre Syndrome (GBS) within 6 weeks of a previous influenza vaccination should not receive it again.

A sample [self-assessment form for LAIV contraindications](#) is available (*click on the hyperlink*), as is a sample [self-assessment form for IIV contraindications](#) (*click on the hyperlink*).

If needed, a medical exemption form should be completed by the employee’s physician.

### *Tracking Compliance*

Post-acute and LTCFs that have an influenza vaccination requirement policy will need a robust information system to track compliance. Depending on the information systems already in place, Human Resources or Employee Health may have the best ability to track and report annual influenza vaccination and medical exemptions with existing or purpose-built software.

Annual compliance data should be entered from all sources: on-site immunization, documentation from employee physicians or pharmacies, and contractor occupational health services, if applicable. Information must be secured from the point of data entry through reporting. In addition, individual records of vaccination and exemption should be kept secure in the medical record and/or employee file.

Reporting compliance should be done without disclosing unnecessary protected health information. For instance, the manager may need to know who is exempt (and thus subject to masking requirements or other influenza transmission risk reduction strategies), but the manager does not need to know the medical details underlying the exemption.

Like all other immunizations, HCP annual influenza vaccination should be recorded in the organization's State Immunization Information System (IIS). Ideally, the data can be transferred electronically from the organization's tracking software (or the Employee Health Service electronic health record [EHR], if applicable) to the relevant IIS. However, not all tracking software programs and EHRs have this capability.

Additional Information on IIS: [Immunization Information Systems \(IISs\)](#) (click on the hyperlink)

Contact IIS: [iisinfo@cdc.gov](mailto:iisinfo@cdc.gov)

Depending on your state's privacy policy or the policy of your institution, there might be different levels of compliance information that you are able to track and share with managers/human resources.

## EVALUATING THE IMPACT OF THE POLICY

Numerous randomized controlled studies have found that employee influenza vaccination requirement policies are associated with declines in patient ILI, hospitalizations, and mortality, as well as in staff absenteeism. Evaluating the impact of the policy in your own setting can provide evidence to determine its effectiveness, support its continuance, and find and improve any areas of inefficiency.

Evaluation is most successful when it is integrated into programs from the very beginning in the design stage.

### *Process Evaluation Measures*

Process measures help determine **how well a program is implemented**. The primary process measure available in facilities with an influenza vaccination requirement policy for HCP is likely the number and percent of employees who receive the vaccine. Employee compliance data collected for tracking can be used to determine such measures as the number and percent of employees who were vaccinated, the number and percent who were exempted, and the number and percent who were not vaccinated but who did not receive an exemption.

Vaccine provision can also be measured. The number, duration, time, and location of vaccine opportunities for staff can be tracked. This information can help you to determine which opportunities were most effective when planning for the next year.

### *Outcome Evaluation Measures*

Outcome evaluation helps determine **whether a program is achieving its intended goals**. Outcome measures can be more challenging to collect than process measures, and a cause/effect relationship between the program and outcomes often cannot be confirmed without a randomized controlled trial design. Despite this uncertainty, outcome measures can provide strong evidence that a program is associated with specific outcomes.

Because outcome measures for an influenza vaccination requirement program include data that may be covered by the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and other relevant health privacy regulations, it will be important to confer with your facility's legal counsel and any institutional review

board(s) as you begin to plan your evaluation. In this way, you can develop a strategy to collect/utilize the data needed in an ethical manner.

One simple but effective outcome evaluation design is the pre-test/post-test model. In this design, information about a population is collected before a program/intervention and after, and compared. For example, in a post-acute or LTCF, such a study might include a comparison of (a) the number/proportion of residents who were diagnosed with ILI each year before the influenza vaccination requirement was implemented with (b) the number/proportion who were diagnosed with ILI in the year(s) following implementation. Such comparisons can be made with a number of other variables, including but not limited to:

- Number of work days missed by staff
- Number/proportion of residents hospitalized with influenza and ILI
- All-cause mortality rate

#### *Additional Evaluation Resources*

There is additional information and links to evaluation information at the CDC Program Evaluation Framework website: <https://www.cdc.gov/eval/framework/index.htm>.

### **SPECIFIC CONSIDERATIONS FOR POST-ACUTE AND LONG-TERM CARE SETTINGS WHEN IMPLEMENTING AN INFLUENZA VACCINATION REQUIREMENT POLICY**

The *Healthy People 2020* influenza vaccination goal for health care personnel is 90%; most LTCFs are far below this target [1, 4]. Administrators and staff in post-acute and LTCFs have some barriers to vaccination and unique considerations.

#### *Environmental barriers*

In addition to high turnover rates at LTCFs, many face the challenge of high absenteeism [16]. Absenteeism in LTCFs is associated with a reduced quality of care (as measured by physical restraint use, catheter use, pain management, and pressure sores) [16]. The threshold where quality measures are significantly negatively impacted is when approximately 2.5% of nurse aids are absent [16].

In addition to respiratory illnesses, other factors can affect absenteeism, including unpredictable work assignments, aggression by residents, and bereavement of the death of residents. Staff may face other personal challenges such as transportation difficulties, caring for family members, single parenthood, low wages, low educational levels, and lack of benefits, such as paid sick leave or insurance (to prevent and mitigate illness).

#### *Financial barriers*

Offering free vaccinations for all staff requires a financial commitment from the facility. However, these costs may be offset by reduced absenteeism and fewer influenza outbreaks requiring chemoprophylaxis.

#### *Legal challenges/potential pushback*

There have been legal cases in which HCP have fought influenza vaccination requirement policies, making it important for employers to be prepared. This includes (but is not limited to) having a process in place for requesting accommodation, having the organization's legal counsel review the policy prior to implementation, and maintaining thorough documentation.

### *Organizational barriers*

A lack of formal vaccine requirements at a post-acute or LTCFs reduces the likelihood that staff will be vaccinated. Additionally, without an established record-keeping process, it can be difficult to know staff vaccination status and to communicate about staff vaccination rates. Many post-acute and LTCFs experience high turnover rates, which make formal vaccine policies and accurate record keeping challenging, but they remain imperative. Incentive programs can help with vaccination rates.

### *Personal beliefs/misconceptions*

HCP in post-acute and LTCFs do not exist in a vacuum, and therefore, are exposed to similar misinformation about vaccines and their effectiveness as the general population. A recent study of four Midwestern LTCFs found that 59% of health care providers were mistakenly concerned that they could get influenza from the influenza vaccine [17]. This concern over side effects from vaccination was echoed in a national survey of health care providers [4]. The fear of side effects is a significant concern that can be addressed through on-site staff education programs.

## **EMPLOYEE ENGAGEMENT**

### **WAYS TO ENGAGE STAFF IN INFLUENZA VACCINATION PROGRAMS**

#### *Professional Development*

Influenza education programs are good professional development opportunities that help build staff confidence and skills. Educational programs have less impact on staff vaccination rates than policies requiring influenza vaccination; however, nursing staff who receive educational interventions are more likely to encourage others to be vaccinated [17], and to discuss the importance of vaccinations with residents compared with HCP who do not receive educational interventions [17].

Your organization could also tie in your annual infection control in-service with influenza vaccinations, and educate your staff on the costs, both financial and human, of influenza on your vulnerable patient population; it is particularly important to note that influenza can be life threatening for the elderly.

#### *Clearly Communicated Vaccine Policies and Record Keeping*

It is important that organizations clearly communicate changes in policy to staff members, which includes providing educational opportunities and answering employee questions and concerns. Additionally, keeping accurate records of employee vaccination status helps the employer track and promote vaccination initiatives.

#### *Motivation for Being Vaccinated*

In a recent survey of HCP in LTCFs [17], HCP stated that the top factors that influenced their decision to receive the influenza vaccine were:

- The vaccine was offered for free at work or another convenient location
- To protect themselves from getting sick and having to miss work
- To protect their family members from illness

Based on this feedback, it is important that educational materials focus on protecting the family of staff members, and on protecting staff from illness that could result in missed work. Additionally, offering the vaccine for free at work to staff members and their families is a great way to encourage vaccination.

### *Make Vaccination Easy/Convenient for Staff*

Studies have identified factors associated with higher vaccination rates. Employee vaccination programs are most successful when [18, 19]:

- 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.

### *Events and Promotional Efforts*

Mass vaccination kick-off events located onsite make it easy for staff to be vaccinated and increase staff knowledge of the vaccine. Additionally, consider inviting family members to the kick-off event, and including food and educational materials.

Contests and incentives are a great way to encourage staff buy-in. Incentives could include grocery store gift cards, gas gift cards, an hour of paid leave, etc. Employers should work with staff to identify local incentives. 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.

## **WAYS TO ENGAGE UNIONS IN INFLUENZA VACCINATION PROGRAMS**

HCP have an occupational risk of becoming infected with contagious diseases and spreading them. Influenza vaccination requirements for HCP protect employees from illness, reduce outbreaks, improve employee health, reduce absenteeism, and improve staffing levels.

Although unions generally promote and support voluntary vaccination programs, they have, at times, resisted vaccine requirements. However, voluntary programs often do not reach the coverage levels needed to protect providers and patients [4]. Unvaccinated workers who spread diseases, including influenza, can cause significant harm. Often employers opt to require influenza vaccination to mitigate the risk to their workforce and to their patients [20].

It is important for employers to view unions as business partners, with a mutual interest in employee wellness [21]. Strong partnerships are not formed overnight and take time to build trust and respect. Including an influenza vaccine requirement as a component of a larger employee wellness initiative might result in increased buy-in from union leadership and a greater alignment of shared goals. If registered nurses are represented by a union or collective bargaining unit, the employer should work with the designated representative to clarify or resolve any issues that may arise associated with implementation of an influenza vaccination requirement policy or program.



## EMPLOYEE EDUCATION AND RESOURCES

Staff education is an important component of any influenza vaccination requirement policy. Unfortunately, there is a tremendous amount of misinformation about influenza vaccine. Misperceptions about both the vaccine's side effects and medical contraindications are common in both the health care community and the general public.

Prior to implementing an influenza vaccination requirement policy, it is crucial to educate your staff on the importance of influenza vaccination for HCP and help them understand why such policies are necessary.

There are numerous resources available to help educate your HCP. Most are available at no charge and are readily available on the Internet. Several audience-tested and evidence-based sets of materials are included below.

*Educational Fact Sheets (click on the hyperlinks below):*

- [CDC Toolkit for Long-Term Care Employers](#)
  - [The Importance of Influenza Vaccination for Health Care Personnel in Long-Term Care](#)
  - [The Influenza Vaccination Coverage in Long-term Care Settings](#)
- [Influenza and Influenza Vaccine Myths and Reality](#)
- [Fact Sheet on Common Misperceptions of Influenza](#)
- [Influenza Vaccination Information for Health Care Workers](#)
- [Influenza: Questions and Answers Information about the disease and vaccines](#)
- [First Do No Harm: Mandatory Influenza Vaccination Policies for Healthcare Personnel Help Protect Patients \(Position statements on mandatory influenza vaccination of the leading medical organizations\)](#)



## INFLUENZA POSTERS

(Click on the hyperlinks to download):

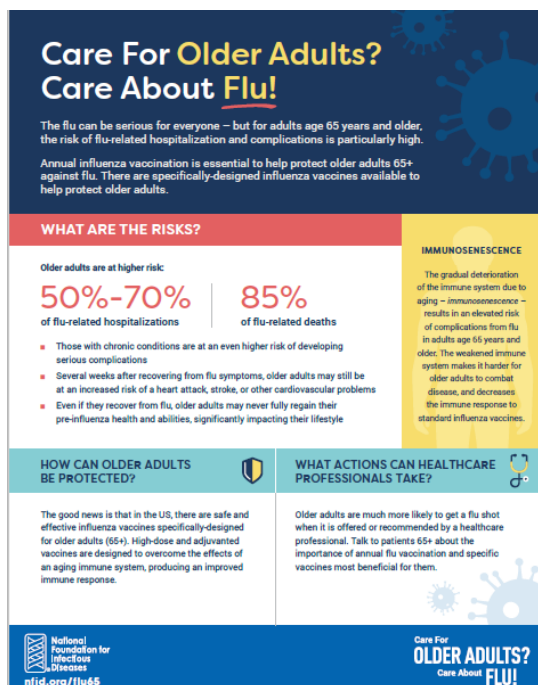
### [I Won't Spread Flu to My Patients](#)



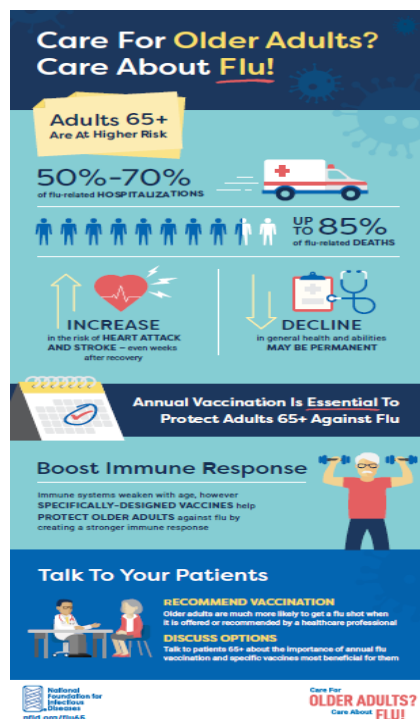
### [I Can't Miss Work](#)



### [Care for Older Adults? Care About Flu!](#)



### [Care for Older Adults Infographic](#)



## **ETHICAL CONSIDERATIONS FOR IMPLEMENTING AN INFLUENZA VACCINATION REQUIREMENT POLICY FOR HEALTH CARE PERSONNEL**

Post-acute and LTCFs must weigh ethical considerations for implementing an influenza vaccination requirement policy for their HCP. Several of these factors are discussed below.

### **CODE OF ETHICS FOR HEALTH CARE PERSONNEL: WHY INFLUENZA VACCINATION IS IMPORTANT**

#### *Ethics of Prioritizing Patient Safety for Post-Acute and LTCF Residents*

- Influenza vaccination requirements for HCP honor their shared commitment to the best interests of the patients/residents of post-acute and LTCFs by decreasing the risk of transmitting influenza to these vulnerable individuals.
- Since annual influenza vaccination also reduces the risk of influenza infection for post-acute and LTCF staff, and thus benefits their families at the same time, staff and patient safety are both improved.

#### *Code of Conduct for HCP to “Do No Harm”*

- HCP are obligated to honor the core medical ethics principle of “Do No Harm.” Evidence shows that vaccination can help prevent disease transmission to patients.
- Administrators can be guided by such a principle in endorsing vaccine requirements.

#### *Duty to Protect*

- HCP have a distinct duty toward those who are especially susceptible to influenza who are less likely to be protected by vaccination due to aging immune systems and/or are highly susceptible to influenza complications (e.g., elderly, immunocompromised individuals).
- HCP influenza vaccination is an important step in fulfilling this duty.
- Vaccination also protects HCP from infection, which serves to maintain the workforce by reducing illness-related absenteeism and increasing continuity of care for patients.

#### *Acting as an Example*

- By receiving annual vaccination, HCP provide a positive example as role models for the public, including patients’ families and visitors.

### **ETHICAL CONSIDERATIONS FOR POST-ACUTE AND LONG-TERM CARE FACILITIES**

Post-acute and LTCFs have a responsibility to:

- Protect their staff and their patients/residents.
- Inform their staff of the risks that individual vaccine avoidance may place upon the post-acute and LTCF and individual patients/residents.
- Inform their staff of the consequences for opting-out of vaccination for non-medical reasons.
- Give a reasonable amount of time in advance of the implementation of a policy requiring influenza vaccination before staff have to make a decision that may be contrary to their beliefs.

## NON-MEDICAL EXEMPTIONS

Anecdotal reports have indicated that some religious faiths may be opposed to vaccines on philosophical grounds. It is best to evaluate the internal needs of your organization when considering a non-medical exemption. If your organization does decide to allow non-medical exemption requests, your organizational policy should be clear on the documentation that needs to be provided, as well as the specific steps that should be taken to discuss non-medical declination. The following items should be considered for inclusion in your organization policy should a non-medical exemption clause be included:

- A description of what types of valid documentation will be required. Consider utilizing a standardized form from an individual's religious faith outlining the specific faith-based concerns against influenza vaccination.
- An explanation for the individual's clergy member(s) of why HCP influenza vaccination is recommended to protect patients/residents and staff.
- Counsel between the individual and your organization's chaplain or other faith-based support services to discuss these concerns.

## ADDITIONAL RESOURCES

- Centers for Disease Control and Prevention (CDC)'s influenza website: [www.flu.gov](http://www.flu.gov)
- CDC's Information for Health Professionals: <http://www.cdc.gov/flu/professionals/>
- AMDA's Immunization in the Long-Term Care Setting: [Immunizations in the Long Term Care Setting Toolkit](#)
- Immunization Action Coalition website: [www.immunize.org/influenza](http://www.immunize.org/influenza)
- Stickers: [I Got My Flu Vaccine](#) (click on the hyperlink to download)



## REFERENCES

1. Office of Disease Prevention and Health Promotion. 2020 Topics & Objectives, Immunization and infectious diseases objectives. Available at: <http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>. Accessed June 16, 2016.
2. The National Vaccine Advisory Committee. Recommendations on strategies to achieve the Healthy People 2020 annual influenza vaccine coverage goal for health care personnel. Available at: [https://www.hhs.gov/sites/default/files/nvpo/nvac/influenza\\_subgroup\\_final\\_report.pdf](https://www.hhs.gov/sites/default/files/nvpo/nvac/influenza_subgroup_final_report.pdf). Accessed 9 August 2018.
3. 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): 604-21.
4. Black CL, Yue X, Ball SW, et al. Influenza Vaccination Coverage Among Health Care Personnel - United States, 2017-18 Influenza Season. *MMWR Morb Mortal Wkly Rep* **2018**; 67(38): 1050-4.
5. Havers F, Sokolow L, Shay DK, et al. Case-control study of vaccine effectiveness in preventing laboratory-confirmed influenza hospitalizations in older adults, United States, 2010-2011. *Clin Infect Dis* **2016**; 63(10): 1304-11.
6. Reed C, Chaves SS, Daily Kirley P, et al. Estimating influenza disease burden from population-based surveillance data in the United States. *PLoS One* **2015**; 10(3): e0118369.
7. Carman WF, Elder AG, Wallace LA, et al. Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet* **2000**; 355(9198): 93-7.
8. Potter J, Stott DJ, Roberts MA, et al. Influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients. *J Infect Dis* **1997**; 175(1): 1-6.
9. Stott DJ, Kerr G, Carman WF. Nosocomial transmission of influenza. *Occupational medicine* **2002**; 52(5): 249-53.
10. Hayward AC, Harling R, Wetten S, et al. Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. *BMJ* **2006**; 333(7581): 1241.
11. Shugarman LR, Hales C, Setodji CM, Bardenheier B, Lynn J. The influence of staff and resident immunization rates on influenza-like illness outbreaks in nursing homes. *Journal of the American Medical Directors Association* **2006**; 7(9): 562-7.
12. Grohskopf LA, Sokolow LZ, Broder KR, Walter EB, Fry AM, Jernigan DB. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices-United States, 2018-19 Influenza Season. *MMWR Recomm Rep* **2018**; 67(3): 1-20.

13. 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): 82-6.
14. Lemaitre M, Meret T, Rothan-Tondeur M, et al. Effect of influenza vaccination of nursing home staff on mortality of residents: a cluster-randomized trial. *J Am Geriatr Soc* **2009**; 57(9): 1580-6.
15. DiazGranados CA, Dunning AJ, Kimmel M, et al. Efficacy of high-dose versus standard-dose influenza vaccine in older adults. *N Engl J Med* **2014**; 371(7): 635-45.
16. Castle NG, Ferguson-Rome JC. Influence of nurse aide absenteeism on nursing home quality. *Gerontologist* **2015**; 55(4): 605-15.
17. Ofstead CL, Amelang MR, Wetzler HP, Tan L. Moving the needle on nursing staff influenza vaccination in long-term care: Results of an evidence-based intervention. *Vaccine* **2017**; 35(18): 2390-5.
18. Polgreen PM, Chen Y, Beekmann S, et al. Elements of influenza vaccination programs that predict higher vaccination rates: results of an emerging infections network survey. *Clin Infect Dis* **2008**; 46(1): 14-9.
19. Borlaug G, Newman A, Pfister J, Davis JP. Factors that influenced rates of influenza vaccination among employees of Wisconsin acute care hospitals and nursing homes during the 2005-2006 influenza season. *Infect Control Hosp Epidemiol* **2007**; 28(12): 1398-400.
20. Field RI. Mandatory vaccination of health care workers: whose rights should come first? *P T* **2009**; 34(11): 615-8.
21. Tschida T. J. Unions and Management: A Blissful Marriage? Available at: <http://news.gallup.com/businessjournal/21727/unions-management-blissful-marriage.aspx>. Accessed 7 March 2019.

## APPENDIX A. FREQUENTLY ASKED QUESTIONS

### FOR EMPLOYEES/STAFF

#### *Policies Requiring Influenza Vaccination*

##### **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 67% 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.

##### **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 post-acute or LTCF.

##### **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.

##### **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 post-acute or LTCF residents, including in the cafeteria 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. Post-acute and 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.

### **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.

### **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/ltcinfluenza/index.html>.

---

## *Importance of Being Vaccinated*

### **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.

### **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.

### **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.

### **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*

#### **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.

#### **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.

#### **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).

#### **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.

#### **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.



**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.

**What if I get vaccinated on my own through my doctor's office or another location other than at the post-acute or 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.

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

More information on the flu vaccine is available at: [www.cdc.gov/flu](http://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.)

**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.

**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.

**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.

**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.

**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.)

#### **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*).

#### **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 OF POST-ACUTE AND LONG-TERM CARE FACILITIES**

### *Support for Influenza Vaccination Requirements*

**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 Academy of PAs \(AAPA\)](#)
- [American College of Physicians \(ACP\)](#)
- [American Hospital Association \(AHA\)](#)
- [American Nurses Association \(ANA\)](#)
- [American Pharmacists Association \(APhA\)](#)
- [American Public Health Association \(APHA\)](#)
- [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 \(SHEA\)](#)

**Is there any national recognition for post-acute and 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](http://www.immunize.org/honor-roll/influenza-mandates/apply.aspx).

Apply for the NAIIS Honor Roll here:

<http://www.immunize.org/honor-roll/influenza-mandates/apply.aspx>.

**What are some post-acute and LTCFs that have required influenza vaccination among HCP?**

The following 23 post-acute and LTCFs have been recognized on the Immunization Action Coalition's Influenza Vaccination Honor Roll (as of March 7, 2019):

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

**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.

**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 post-acute or 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*

**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*

**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 US, HCP are most likely to be vaccinated when it is a work requirement (94.8%), followed by when a vaccine is offered at the worksite for no cost for >1 day (76.0%). Vaccination rates are lowest when the employer does not have any vaccination-related requirements or provisions (47.6%).

## *Implementation of an Influenza Vaccination Requirement Policy*

### **How did facilities account for the unique challenges in post-acute and 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.

### **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.

### **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:**

[https://www.hopkinsmedicine.org/mandatory\\_flu\\_vaccination/faq.html](https://www.hopkinsmedicine.org/mandatory_flu_vaccination/faq.html)

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

<http://www.sonoma-county.org/health/topics/pdf/flu-order-faq.pdf>

## **APPENDIX B. SAMPLE POLICY**

**MANUAL/DEPARTMENT**

**ORIGINATION DATE**

**LAST DATE OF REVIEW/REVISION APPROVED BY**

### **TITLE: INFLUENZA VACCINATION POLICY FOR HEALTH CARE PERSONNEL IN POST-ACUTE OR LONG-TERM CARE FACILITIES**

#### **PURPOSE**

The purpose of this policy is to reduce the risk of influenza infection and complications for patients/residents, staff, families, volunteers, and other non-employees, patients and families of INSERT FACILITY NAME HERE, 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 health care personnel receive an annual influenza vaccination, in addition to following other recommended infection control procedures.

#### **DEFINITIONS**

- A. Health Care personnel (HCP) are defined as all persons whose occupation involves contact with patient/residents, patient/resident families, or contaminated material in a post-acute or long-term care facility. HCP include, but are not limited to: clinical employees (such as physicians, physician assistants, nurses, nursing assistants, licensed independent practitioners, students or trainees), and non-clinical employees (such as temporary workers, researchers, volunteers, therapists, clergy, contractors, and staff with patient/resident contact even though they do not provide direct resident care, including, but not limited to unit clerks, dietary, housekeeping, laundry, security, maintenance, administrative/billing services, and ancillary personnel who provide services within six feet of a patient/resident).
- B. Post-acute and long-term care facilities (LTCFs) are defined as places that provide rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Post-acute and LTCFs include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, assisted living facilities, and long-term chronic care hospitals.

#### **BACKGROUND AND JUSTIFICATION**

Influenza is a viral illness that can cause severe disease and even death. Elderly and chronically ill patients have the highest risk of becoming infected and dying from influenza complications. Every year influenza causes tens of thousands of deaths, mainly among persons older than 65 years. Influenza can be transmitted by coughing, sneezing, close contact and sharing contaminated objects from an infected person. Influenza can be transmitted from staff to patients/residents, from patients/residents to staff, between patients/residents, and between staff. Influenza vaccination is the single best way to reduce this transmission risk. The vaccination must be repeated every year because the virus changes from year to year. The Centers for Disease Control and Prevention (CDC) recommends that all adults be vaccinated annually against influenza. Although the vaccine cannot prevent all cases of influenza, it can prevent many cases and lessen illness severity.

Annual influenza vaccination is particularly important for the elderly and for HCP to protect both patients/residents and staff. Vaccinating staff in post-acute and LTCFs has been shown to decrease illness and death among patients/residents. Historically, vaccination rates for HCP in LTCFs have been lower than for all other HCP, despite their vulnerable patient/resident population. Research has shown

that influenza vaccination requirement policies are the single most effective intervention to improve HCP vaccination rates. Therefore, INSERT FACILITY NAME HERE will implement an influenza vaccination requirement policy for their HCP. By having our HCP vaccinated against influenza, we continue to promote a culture of patient/resident safety by helping to prevent health care-acquired influenza transmission to patients/residents 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, thus protecting staff families from exposure and further reducing operational costs of providing care. INSERT FACILITY NAME requires vaccination for HCP to provide immunity to certain communicable diseases prior to employment at INSERT FACILITY NAME. This policy will expand that protection to influenza immunization as a condition of employment and medical staff privileges. 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 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 or provide written proof of receipt of required influenza vaccine(s) from another source, such as their own doctor or a pharmacy. Vaccine provided in the workplace will be free of charge. 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. Staff 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 with the dates for required masking for staff with valid exemptions. Influenza season typically extends from October to April, but can start earlier or extend longer in certain years.

D. Compliance with annual influenza vaccination requirements 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. *[Remove this bullet if your facility chooses not to publicly identify staff who are noncompliant.]*

### **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 routine channels, which may include, but are not limited to email, posters, staff announcements, and mail. Education on influenza infection and the vaccine will be provided throughout the organization on an ongoing basis and will include updates on other infection control requirements, such as hand hygiene, cough hygiene, and use of droplet/contact precautions. Staff will also be informed of the procedures and approved reasons for declining vaccine and the consequences of refusing vaccination.

B. The organization will use strategies to provide for convenient vaccine access for staff. These may include (but are not limited to) employee vaccination clinics, mobile carts, vaccination access during all work shifts through the use of “Vaccination Champions”, and modeling and support by institutional leaders.

### **IV. EXEMPTIONS:**

A. Only health care personnel with the medical contraindications listed below will be exempt from annual influenza vaccination. Contraindications are limited to specific medical circumstances.

B. Health care personnel who meet the requirements of contraindication for influenza vaccination must submit a written medical exemption request.

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 For Non-Compliance” section below).

### **V. APPROVED CONTRAINDICATIONS TO INFLUENZA VACCINATION:**

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

A. Previously documented and clinically significant allergies to influenza vaccine or components of the influenza vaccine. Egg allergy is no longer considered a contraindication. Documentation from a licensed health care provider is required (see “Verification of Contraindications” section below).

B. Documented history of Guillain-Barré Syndrome within six weeks following a previous dose of influenza vaccine is considered by the CDC to increase risk for recurrent vaccination. Documentation from a licensed health care provider is required (see “Verification of Contraindications” section below).

C. Employees may submit requests for other medical contraindications with documentation from a licensed health care provider. These will be reviewed on a case-by-case basis by INSERT FACILITY MEDICAL DIRECTOR OR OTHER DESIGNATED REVIEWER.

D. If a person has a contraindication, but still desires to get the influenza vaccine, they should discuss it with their primary health care provider. If the primary health care 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 Medical Contraindications form must be completed and signed by a licensed health care provider. This document will then be reviewed and verified by INSERT DEPARTMENT HERE, or assigned designee, with follow up as needed to the licensed health care 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. Health care personnel are not required to wear the mask during scheduled breaks away from resident living areas.

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. *[Remove this text if your facility chooses not to publicly identify staff who are noncompliant.]*

## **VII. CONSEQUENCES FOR NON-COMPLIANCE:**

A. HCP without documentation of vaccination or valid exemption by INSERT DATE HERE 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).

B. If persons who have a documented valid exemption are not in compliance with wearing a mask at all times during the scheduled shift (with the exemption of scheduled breaks out of resident living areas), (INSERT STEPS HERE *that your facility plans to take if unvaccinated health care personnel are not in compliance with wearing a mask*).

## **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 State health department.

B. Communication about mask use and compliance with the influenza vaccination plan will be sent to health care personnel in the event of an influenza vaccine shortage or delay.

## **RELATED DOCUMENTS/REFERENCES**

- [Influenza ACIP Vaccine Recommendations](#)
- [The Society for Post-Acute and Long-Term Care Medicine, formerly known as American Medical Directors Association \(AMDA\): Policy Statement on Influenza Vaccination of Health Care Personnel](#)

## APPENDIX C. SAMPLE EXEMPTION FORM

### Request for Exemption from Seasonal Influenza Vaccination For Medical Contraindication

*Seasonal influenza vaccination is a requirement for all health care personnel. 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 exemption to the influenza vaccination requirement 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 Exemption Request form must be completed by the employee's primary health care 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/residents I serve. I understand that because I work in a health care environment, I may place patients/residents 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 scheduled 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 an influenza vaccine component (please specify: \_\_\_\_\_)
    - **NOTE: Egg allergy is not a contraindication to influenza vaccination**
  - ☐ 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):  
\_\_\_\_\_  
\_\_\_\_\_
- 

Health care Provider Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Health care Provider Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

*Facilities may want to ask for a medical license number and provider phone number in order to emphasize the seriousness of the attestation, and to facilitate contacting the provider with questions if needed.*