

I. PURPOSE

To ensure mandatory immunization against influenza of all UC Irvine Healthcare (includes Medical Center staff and School of Medicine staff) personnel that have any duties or presence at the entire UC Irvine Medical Center campus (clinical and non-clinical) or affiliated clinical areas. This includes, but is not limited to: medical center employees, licensed independent practitioners, temporary workers, students, researchers, volunteers, physicians and other School of Medicine staff. This policy encompasses all influenza vaccines recommended by the Centers for Disease Control and Prevention.

II. BACKGROUND and RATIONALE

- A. Several vaccines (or documentation of prior immunity) are required of healthcare workers to both protect themselves and the patients they encounter. These include hepatitis B, mumps, measles, rubella, chicken pox, and others. The imminent threat of an influenza pandemic confirms the importance of ensuring the protection of UC Irvine Healthcare patients and employees against this medically important and potentially deadly virus. Currently, the influenza vaccination rate at UC Irvine Healthcare is 60%.
- B. There is an imminent threat of a more virulent influenza strain with pandemic potential. In nearly all prior pandemics, mild disease was followed by a dormant period of several months, which was then followed by the emergence of a more virulent virus that produced widespread disease and death.
- C. The lack of influenza vaccination produces substantial issues within medical facilities
- 1) Increased influenza transmission due to higher vulnerability compared to vaccinated groups
 - 2) Increased fear that co-workers are a source of infection
 - 3) Increased need to furlough for illness or influenza exposure
 - 4) Increased risk of inadequate staffing during high risk periods or pandemic events
 - 5) Increased work for Epidemiology and Infection Prevention (EIP) and all affected areas when exposure work-ups occur
- D. Influenza transmission and outbreaks in hospitals and nursing homes are well documented. Health Care Personnel (HCP) can acquire influenza from patients or transmit influenza to patients and other staff.

- E. Despite the documented benefits of HCP influenza vaccination on patient outcomes and HCP absenteeism and on reducing influenza infection among staff, vaccination coverage among HCP remain low (i.e., <50%).
- F. The Advisory Committee on Immunization Practices (ACIP) in its recommendations for Prevention and Control of Influenza (2007) reiterates that all healthcare personnel should be vaccinated in order to reduce the risk of becoming ill with influenza or of transmitting influenza to others.
- G. California state law currently requires (California SB 739 effective January 1, 2007) that all acute care facilities:
- 1) Annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee. Each general acute care hospital shall require its employees to be vaccinated, or if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.
 - 2) Institute respiratory hygiene and cough etiquette protocols, develop and implement procedures for the isolation of patients with influenza, and adopt a seasonal influenza plan.
 - 3) Revise an existing or develop a new disaster plan that includes a pandemic influenza component. The plan shall also document any actual or recommended collaboration with local, regional, and state public health agencies or officials in the event of an influenza pandemic.

For the text of the entire bill, see http://www.leginfo.ca.gov/pub/05-06/bill/sen/sb_0701-0750/sb_739_bill_20060928_chaptered.html

Read the related [press release](#) from The Joint Commission on Accreditation of Healthcare Organizations.

http://www.dhs.ca.gov/ps/dcdc/izgroup/shared/hospital_influenza_press_release.htm

III. POLICY

- A. As a condition of employment, UC Irvine Healthcare requires annual influenza vaccination of all Medical Center and School of Medicine personnel that have any duties or presence at the entire UC Irvine Medical Center campus (clinical and non-clinical) or affiliated clinical areas. This includes, but is not limited to: medical center employees, licensed independent practitioners,

temporary workers, students, researchers, volunteers, physicians and other School of Medicine faculty and staff.

- B. All such personnel must receive the vaccine offered by UC Irvine Occupational Health, provide written proof of annual receipt of required influenza vaccine(s), or meet the contraindications below. Contraindications are limited to specific medical or religious circumstances.
- C. The organization will develop, implement, and evaluate a program to require annual influenza vaccination for all UC Irvine Healthcare personnel that have any duties or presence at the entire UC Irvine Medical Center campus (clinical and non-clinical) or affiliated clinical areas. Other individuals may be offered such vaccination as determined by the organization.
- 1) Prior to the annual onset of flu season, the organization will inform personnel 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. Personnel will also be informed of the procedures and approved reasons for declining vaccine and the consequences of refusing vaccination. The exact timing of such notification and vaccination will be based upon CDC recommendations and the availability of the vaccine from suppliers.
 - 2) Available influenza vaccines will be provided annually– free of charge – through Occupational Health Services to all UC Irvine Healthcare personnel.
 - 3) Those that do not receive the vaccine must complete a written declination form, in accordance with state law, and also wear a mask for the duration of the influenza season at all UC Irvine Healthcare areas (clinical and non-clinical) plus affiliated clinical areas as described below.
 - 4) Compliance with annual mandatory influenza vaccination will be required no later than December 1 of each year, unless an alternative date is authorized by the Epidemiology and Infection Prevention Committee.
 - 5) Permitted contraindications to vaccination include
 - a) Persons with moderate (generalized rash) or severe (life-threatening) allergies to eggs, vaccine components, or prior influenza vaccines. Documentation from personal physician is required.
 - b) Persons with a history of Guillain-Barre Syndrome. Documentation from personal physician is required.

- c) Written documentation of other medical contraindication from a medical provider. These conditions require annual documentation from a personal physician.
- d) Written documentation of a qualifying religious exception (Christian Scientist, Jehovah's Witness). Documentation should be received from a religious organization and will be required annually.

Signed written documentation from the worker that he/she will wear a mask at all times while on any UC Irvine Healthcare grounds or in satellite clinics during the entire influenza season. This documentation will be provided to the worker's managers and supervisors, including division and department leadership.

- 6) All persons with approved contraindications to vaccination will be required to provide signed written documentation that he/she will wear a mask at all times while on any UC Irvine Healthcare grounds or in satellite clinics during the entire influenza season. The EIP committee will set the relevant dates of the influenza season each year. In general, influenza season extends from October to March, but can extend longer in certain years. Names of persons required to wear masks will be provided to the worker's managers and supervisors, including division and department leadership.
- 7) Pregnancy is a high-risk condition for influenza illness and does not constitute a contraindication.
- 8) If a HCP has a contraindication, but still desires to get the influenza vaccine, they should discuss it with their primary physician and have it administered by the primary physician.
- 9) The organization will continue to use strategies for convenient vaccine access, including vaccination clinics, mobile carts, vaccination access during all work shifts, and modeling and support by institutional leaders.
- 10) Personnel will be educated on the following:
 - a) The benefits of influenza vaccination;
 - b) The potential health consequences of influenza illness for themselves and patients;

- c) The epidemiology and modes of transmission, diagnosis, and non-vaccine infection control strategies (such as the use of appropriate precautions & respiratory hygiene / cough etiquette), in accordance with their level of responsibility in preventing healthcare associated influenza
 - d) The safety profile of the influenza vaccine
- 11) This education may occur either at the time of the annual vaccination activity, or at the time of hire or as part of ongoing training and education, or any combination thereof.
- 12) The organization will evaluate vaccination rates of personnel on an annual basis and will document and report the reasons for failure to vaccinate as well as the number of personnel not vaccinated.

Related policies:

University of California, Irvine Pandemic Influenza Plan
Epidemiology & Infection Prevention Policy: Respiratory Hygiene

Author(s): Epidemiology & Infection Prevention, Occupational Health

Approvals:

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PI Committee	8/19/2009
Med. Exec. Committee	7/13/2009
Governing Body	8/17/2009