

Department of Health Services
Public Health Division
(510) 981-5300

Health Advisory

April 16, 2012

Mandatory Influenza and Pertussis Vaccination

Janet Berreman, MD, MPH
Health Officer

Please distribute to all providers in your practice

Current Situation

Influenza season continues and pertussis remains widespread in California. I know we share a common goal: to protect our patients, our community, and our workers by preventing the spread of communicable diseases like influenza and pertussis. Health Care Worker (HCW) immunization is crucial to that goal. HCWs are both at risk for influenza AND can transmit the virus to their vulnerable patients.

Health care facilities and public health jurisdictions throughout the state and nation are moving toward policies of mandatory HCW vaccination—including clinicians, students, volunteers, clerical, dietary, janitorial, and laboratory staff.

Actions to be taken: Berkeley Public Health strongly recommends that Health Care Facilities:

- Implement policies of mandatory annual influenza vaccination for all HCWs;
- Implement policies of mandatory masking of unimmunized HCWs while working in clinical areas for the duration of influenza season;
- Implement policies that require HCWs to receive a single dose of Tdap pertussis vaccination;
- Exclude HCWs who develop a fever and respiratory symptoms from work for at least 24 hours after they no longer have a fever, without the use of fever-reducing medicines.

Additional Information

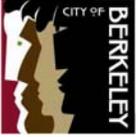
Influenza: Vaccination of HCWs prevents patient morbidity and mortality, reduces HCW absenteeism, and creates financial savings. In the 2009 H1N1 Pandemic, asymptomatic HCWs transmitted infection to patients. Outbreaks of influenza in health care settings due to an unvaccinated workforce are well described. HCW influenza vaccination rates typically range from 35-50%, despite concerted efforts to improve rates by: increased education and promotion campaigns, improved access, signed declination statements, vaccination tracking, and public reporting of vaccination rates. Mandatory vaccination programs, in contrast, dramatically increase HCW immunization rates to over 95%.

Two California laws require employer provision of flu vaccine for HCWs: CA Health & Safety Code §1288.7 and §5199 of CalOSHA's Aerosol Transmissible Diseases standard. These laws require that unvaccinated HCWs sign an informed declination.

Over 80 institutions nationwide in 30 states make flu vaccine a condition of employment - allowing exceptions for those with specific medical contraindications, religious restrictions, or personal beliefs, and requiring masks to be worn by all unvaccinated HCWs while at work during flu season. Mandatory masking for unimmunized HCWs decreases risks to patients and others, and maximizes compliance.

Pertussis: The new CalOSHA standard requires Tdap vaccination be made available to HCWs and staff. ACIP voted for approval of mandatory Tdap immunization for health care workers in February 2011. Tdap

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vaccination is especially critical for HCWs providing care to infants and pregnant women. Ten infants died from pertussis in California in 2010. Tdap vaccine has replaced Td in emergency rooms, labor and delivery, and occupational health settings, and vigorous education programs are promoting its use.

We strongly recommend that health care leaders promote a comprehensive program to limit the spread of vaccine preventable diseases by requiring influenza and Tdap vaccine for all HCWs. There is still time to improve vaccination rates and protect your patients this year and to plan for next year's influenza season. Beginning January 2013, the Centers for Medicaid Services will require acute care hospitals to report HCW influenza vaccination rates as part of its hospital inpatient quality reporting program. Thank you for your assistance in working toward a healthier Berkeley.

Additional Information:

- Immunization Action Coalition <http://www.immunize.org/honor-roll/> for institutions with this requirement, professional organizations supporting this approach, and position papers discussing mandatory vaccination/masking programs.
- APIC. (2011, January 27). *APIC Position Paper: Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated*. Retrieved 2 7, 2011, from apic.org
- Babcock HM, Gemeinhart N, Jones M, Dunagan C, Woeltje K. Mandatory Influenza Vaccination of Health Care Workers: Translating Policy to Practice. *Clinical Infectious Disease*. 2010; 50.4: 459-464. Available at: <http://cid.oxfordjournals.org/content/50/4/459.full>.
- Advisory Committee on Immunization Practices (ACIP). MMWR, November 25, 2011; 60(RR07):1-45
- Marquez, P., Terashita, D., English, L., Dassey, D. E., & Mascola, L. (n.d.). *Pre-symptomatic healthcare worker transmission of pandemic (H1N1) influenza in acute care settings*. Retrieved 2 7, 2011, from <http://apha.confex.com/apha/138am/webprogram/Paper224749.html>
- Stewart, A., Cox, M., O'Connor, M. (2011). Influenza Vaccination of the Health Care Workforce: A Literature Review. George Washington University School of Public Health & Health Services. <http://www.gwumc.edu/sphhs/departments/healthpolicy/influenza/>
- Talbot, T., Babcock, H., Caplan, A., Cotton, D., Maragakis, L., Poland, G., et al. (2010). Revised SHEA Position Paper: Influenza Vaccination of Healthcare Personnel. *Infection Control and Hospital Epidemiology*, 31 (10), 987-995.

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