



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Tom Lynch, EMS Administrator

Reza Vaezazizi, MD, Medical Director

DATE: September 26, 2014

TO: Mono County EMS Providers - ALS, LALS, BLS, EMS Aircraft

FROM: Tom Lynch  EMS Administrator

Reza Vaezazizi, MD 
Medical Director

SUBJECT: HEALTH OFFICER ORDER REGARDING MANDATORY INFLUENZA VACCINATION FOR HEALTH CARE WORKERS

Richard O. Johnson, MD, Public Health Officer, Mono County Health Department, issued an order regarding mandatory influenza vaccination for healthcare workers on October 14, 2013, which renewed for this flu season. After careful review of the order and direct discussion with Dr. Johnson, he has determined that this order ***applies to all EMS Providers and their personnel with patient care responsibilities.*** It is the responsibility of all EMS providers to carefully review the order and ensure full compliance by their EMS field providers.

ICEMA appreciates your commitment to patient and public safety and your efforts in minimizing the spread of the influenza virus this season.

If you have any questions, please contact Sherri Shimshy, RN, EMS Nurse Specialist at (909) 388-5816 or via e-mail at Sherri.Shimshy@cao.sbcounty.gov.

TL/RV/mae

Attachments

c: File Copy



Public Health Mōno-Gram

Richard O. Johnson, M.D., MPH

Public Health Officer

Office: (760) 924-1828

drickjohn@gmail.com

24/7/365 Emergency Contact Number: (760) 914-0496

www.monohealth.com

Lynda Salcido

Public Health Director

Office: (760) 924-1842

lsalcido@mono.ca.gov



Public Health
Prevent. Promote. Protect.

Date: October 14, 2013

Health Officer Order

Mandatory Influenza Vaccine for Health Care Workers

Order:

Whereas, multiple studies have demonstrated that vaccinating healthcare workers (HCW) against influenza protects against illness in all healthcare settings, and

Whereas, influenza vaccine is the single most effective measure that can be taken to protect the health of patients, HCW, and the community, and

Whereas, attainment of widely accepted levels of HCW immunization rates in Mono County historically have fallen far short of the goal of 90%,

Therefore, effective immediately, I am issuing an order mandating that all licensed healthcare facilities, agencies, and entities in Mono County, including within the Town of Mammoth Lakes, implement a program in which all HCW at such facility, agency, or entity receive an annual influenza vaccination for the current season, unless the HCW signs a declination (e.g., stating a medical contraindication, or philosophical or religious belief), and wears a mask while in contact with patients or working in patient-care areas. Facilities, agencies, and entities covered by this order shall determine the means of implementation and enforcement within their organization (e.g., adoption of personnel policies, use of incentives or penalties, suspension of professional privileges, etc.).

I am also recommending that each health care facility adopt an easy way to identify those health care workers who have received the influenza vaccine, e.g., placing a sticker on the health care worker's badge following vaccination.

The goal is a >90% vaccination rate in all facilities/entities within Mono County.

This order applies to each influenza season, defined as November 1st of one year to March 31st of the following year, unless the order is rescinded. If surveillance data in a particular year demonstrate that the influenza season is different than Nov 1 to March 31, this period may be changed by further order, as determined by the Health Officer based on local, regional, state, and national surveillance data, and communicated to all facilities/entities in writing.

Mono County - Healthy People, Healthy Communities

Mono County Health Department P.O. Box 3329 Mammoth Lakes CA 93546

Mono County Board of Supervisors: Phone (760) 932-5215

District 1: Larry Johnston, District 2: Fred Stump, District 3: Tim Alpers,

District 4: Tim Fesko, District 5: Byng Hunt, CAO: Jim Leddy

Legal Authority:

The Health Officer has the authority to “take measures as may be necessary to prevent and control the spread of disease within the territory under their jurisdiction” (CA Health and Safety Code 120175).

State law requires that general acute care hospitals and certain employers offer influenza vaccinations to employees [8 Cal. Code Regs. &5199 (c) (6) (D) and (h) (10)]. If employees decline vaccination, they are required to sign a declination statement in lieu of vaccination. A violation of these provisions (by the employer) is punishable as a misdemeanor. (CA Health and Safety Code, 1288.7, effective January 1, 2007, and Aerosol Transmissible Diseases standard of Cal OSHA, effective September 1, 2010)

Beginning January, 2013, the Centers for Medicare and Medicaid Services (CMS) required acute care hospitals to report HCW influenza vaccination rates as part of its Hospital Inpatient Quality Reporting Program. These numbers are available to the public.

Beginning January, 2014, CMS will impose financial penalties on facilities that have not achieved a 90% vaccination rate among their health care workers.

In addition, CMS has announced that hospital-acquired infections – including nosocomial influenza – will no longer be reimbursed.

Senate Bill 1318, recently vetoed by the Governor, would have required, commencing January 1, 2015, each clinic and health facility to have a 90% or higher vaccination rate. It also would have required the California Department of Public Health (CDPH), in consultation with the California Conference of Local Health Officers (CCLHO), to develop a “model mandatory vaccination policy” by July 15, 2015. For each year the facility did not achieve a 90% or higher vaccination rate, it would be required to adopt the “model mandatory vaccination policy” for the following influenza season. A violation of these provisions would have been punishable as a misdemeanor. You may ask, “What is the significance even though it was vetoed?” The Governor, in his veto message, stated that this is an issue that should be decided by the local public health authority, which we are now doing through this order.

Definitions:

Declination: California law (SB 739 in 2007) requires acute care hospitals and certain employers to obtain a written declination for all health care workers who decline influenza vaccination. Declination is permitted for genuine medical contraindications, religious, or philosophical beliefs. Failure of the facility/entity to vaccinate or to obtain written declination is punishable by misdemeanor.

Health Care Worker: For purposes of this order, “health care workers” or “HCWs” are persons, paid or unpaid, employee or contract, who have potential for exposure to patients or to infectious materials or contaminated surfaces, including (but not limited to) physicians, nurses, nursing assistants, therapists, technicians, EMS personnel, dental personnel, pharmacists, laboratory personnel, students and trainees, staff not employed by the health care facility (e.g., construction workers, medical/pharmaceutical vendors), and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, volunteers) having duties in licensed health care settings or presence on the campus of said facility. Anyone who shares air with patients or clinical staff needs to be vaccinated.

Incentives: Financial or non-financial incentives offered to health care workers, such as stickers on employee badges, messages to patients to ask about the vaccination status of their health care workers, gift cards, lotteries, competition between departments, etc.

Influenza season: The influenza season is generally defined as November 1 to March 31 of the following year. In any given year, if influenza surveillance data demonstrate an unusually early start or late peak with widespread or unusual influenza activity, I may expand the declared season for that year.

Licensed Health Care Facility: This order applies to hospitals, ambulatory and community clinics, medical offices, EMS providers, skilled nursing and other long term care facilities, home health providers, pharmacies, dialysis centers, and any other licensed health care facility.

Mask: A simple surgical mask (N-95 not required), which should be changed or discarded when leaving patient care areas, going off duty, or becoming soiled or wet.

Misdemeanor: A criminal offense that is less serious than a felony and generally punishable by a fine, a jail term of up to a year, or both.

Policies: Examples include being re-assigned away from direct patient care, wearing a surgical mask throughout the influenza season, or suspension or termination of employment.

Rationale:

Our shared goals (as health care facility, health care workers, and as Health Officer) are to:

- increase rates of influenza vaccination of HCWs to >90%
- maintain a healthy workforce by providing a safe work environment
- reduce employee absenteeism during influenza season
- reduce financial liability to health care facilities
- reduce HCW to patient transmission of influenza and vice versa
- reduce morbidity and mortality among the general population
- provide outstanding health care to our community

Influenza infection affects 5-15% of the US population every year, leading to an estimated 3.1 million days of hospitalization and 31.4 million outpatient visits. Influenza is the leading infectious disease killer in the United States. Each year, influenza infection accounts for up to an estimated 36,000 excess deaths in the US; 90% of which are in patients >65 years of age. However, the hospitalization rate for children under age 5 without pre-existing medical conditions is similar to the rate for the elderly and adults with chronic medical conditions such as diabetes, hypertension, and chronic lung disease. Other high risk groups include those who are pregnant, obese, and children with neurologic conditions.

Decades of scientific data demonstrate Food and Drug Administration-approved influenza vaccines to be safe, effective, and cost-saving. The Centers for Disease Control and Prevention (CDC) has recommended vaccination of HCWs since 1981. This is a patient safety and core quality-of-care issue for which noncompliance should not be tolerated. Unfortunately, voluntary flu vaccination efforts have only achieved 40-70% flu vaccine coverage among HCWs, not enough for herd immunity in the health care setting. Health care workers who do not get vaccinated cling to widely held misconceptions with regard to influenza vaccination. They do not perceive themselves at risk, doubt the efficacy of the influenza vaccine, have concerns about safety and side effects or getting the flu from the vaccine, and some do not perceive their patients to be at risk. Previous HCW mandates – including rubella vaccination, hepatitis B vaccination, and periodic screening for tuberculosis – have resulted in nearly universal compliance with the recommendation and are generally accepted by HCWs. Unfortunately, after decades of effort to increase voluntary influenza vaccination among HCWs, a universal mandate appears to be needed to protect patients from a preventable infection.

Unvaccinated HCWs have been repeatedly implicated in hospital outbreaks of nosocomial influenza, even though most transmission remains unrecognized. Influenza infection is asymptomatic in approximately half of all healthy adults, who can shed virus for several days without realizing they are ill. Hospital-acquired infection can account for up to one third of all influenza cases when HCW vaccination rates are low. HCWs as a group

can be amplifiers of influenza within an institution and community. Influenza outbreaks continue to occur in health care facilities in spite of high uptake of vaccination among the general public. Staff (and their families) is at higher risk due to the nature of their profession. Ill staff introduces influenza into the facility, where it then spreads to vulnerable patients and other staff. Mandatory vaccination policies have been shown to increase HCW vaccination rates to >90%.

Financially, the benefits of influenza vaccination have been repeatedly demonstrated. Influenza vaccination of working adults has been shown to reduce upper respiratory infection by 25%, health care provider visits by 44%, and sick days off work by 43%. Since our work force has little depth, the ability to replace sick staff, and the potential for reduction in quality of care, become significant quality of care issues. In the health care setting, financial impacts to health care facilities (e.g., lower reimbursement rates if vaccination rates are <90%, and no reimbursement for hospital acquired infection) could eventually affect the pocketbooks of the health care workers themselves.

The influenza vaccine requirement should be part of an evidence-based, multi-faceted, comprehensive infection control program that includes vaccination training, education, and availability (e.g., free, and available during working hours on all shifts), respiratory protection and precautions, and housekeeping routines in keeping with infection control standards. This includes strict attention to important infection prevention practices such as hand hygiene and respiratory etiquette. A comprehensive program might include interventions such as hand washing, face masks, early detection of laboratory proven influenza in individuals with influenza-like illness by using nasal swabs, quarantine of floors/wards or entire facilities during outbreaks, restrictions on visitors, avoiding new admissions, prompt use of anti-virals, and enforcing stay at home policies for sick employees.

A strong and visible leadership commitment that takes into account and collaboratively addresses concerns by employees and the organizations representing them is essential to providing the necessary support and resources to implement such a comprehensive program. The expectation for influenza vaccination must be fully and clearly communicated to all HCW, and staff must be given ample resources and support to implement and sustain the program.

Policies encouraging workplace exclusion for HCWs who are sick do not work to prevent the spread of influenza. There are institutional and financial pressures to continue to work in spite of illness. Also, although spread is via droplet once a person becomes symptomatic, extensive spread via fomites occurs for at least 24 hours prior to the onset of symptoms.

Many California jurisdictions (counties and cities) as well as health care systems and hospitals are issuing similar orders regarding mandatory influenza vaccination or masking. Some institutions are going even further and making flu vaccine a condition of employment or professional privilege – only allowing exceptions to vaccination for those meeting any of the specific recognized medical contraindications or religious circumstances. Some are reassigning non-vaccinated staff to non-patient care duties, or dismissing employees. In some cases, non-compliance result in suspension without pay, or dismissal.

For a list of institutions, professional organizations, states, and federal mandates with this requirement, please go to:

http://www.preventinfluenza.org/profs_workers.asp, or

www.immunize.org/honor-roll/.

Physicians and other health care workers must have two special objectives in view when treating patients, namely, “to do good or to do no harm” (Hippocratic Corpus in Epidemics: Bk 1, Sect. 5, trans. Adams), and have an ethical and moral obligation to prevent transmission of infectious diseases to their patients. If you as a health care worker are in the work place to do no harm, then you cannot put your personal choice or your personal reluctance above doing harm. And you are possibly going to do harm to others if you do not get the

vaccination. Every code of ethics in medicine and nursing says that we put patient's interest first. It is not in the patient's interest for you to not get an influenza vaccination. If we really believe in that code of ethics, then there is no excuse for not getting immunized.

At the end of the day, flu season is coming, and we can do something about it. It is our professional and ethical responsibility as educated health care workers to protect the weakest and most vulnerable among us, and to be good role models by setting the right example. Our moral duty is to get our flu vaccine and prevent harm to others who can't protect themselves or who are especially at risk for the flu.

I appreciate your assistance and support in working with us to protect the residents and visitors of Mono County. For any additional questions, please contact me directly at 760-914-0496.

Richard O. Johnson, M.D., MPH

Health Officer

Mono County Health Department



Public Health Mōno-Gram

Richard O. Johnson, M.D., MPH

Public Health Officer

Office: (760) 924-1828

drrickjohn@gmail.com

24/7/365 Emergency Contact Number: (760) 914-0496

Lynda Salcido

Public Health Director

Office: (760) 924-1842

lsalcido@mono.ca.gov

www.monohealth.com



Public Health
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October 14, 2013

Essential Truths About Influenza Vaccine for Health Care Workers

It's that time of year again – flu vaccine is being offered to all health care workers (HCW). The most efficient method of preventing cases of influenza in the community, with the resulting morbidity and mortality, is by the use of pre-exposure influenza immunization.

Truth #1: Influenza infection is a serious illness causing significant morbidity and mortality adversely affecting the public's health on an annual basis. Up to 36,000 Americans die annually – the equivalent of the 9/11 attacks every month for 12 months – with an annual health care related cost of 3-5 billion dollars.

Truth #2: Influenza-infected HCWs can transmit this deadly virus to their vulnerable patients. Complications of nosocomial influenza are particularly burdensome on the elderly, the immunocompromised, critically ill patients, and young children – the very populations that congregate in hospitals and clinics. The virus can be transmitted to patients by both symptomatic and asymptomatic HCW. Therefore, simply staying home from work when sick is an insufficient strategy to utilize. Besides, HCWs are like anyone else – they go to work when they are sick. In addition, evidence shows that for at least 24 hours prior to the development of symptoms, spread of the virus via fomites is significant.

Truth #3: Influenza vaccine of HCWs saves money for employees and employers, and creates a safer work environment. Add up the cost of doctor's visits, missed days from work, medications, hospitalizations, and additional staffing costs, and you come up with no small sum. In addition, decreased reimbursement from CMS will begin on January 1, 2014, for those facilities not in compliance with a 90% vaccination rate.

Truth #4: Influenza vaccination of HCWs is already recommended by the CDC and has been the standard of care since 1981. However, this passive, voluntary system has achieved dismal results, reaching an average of only 40-70% of HCWs nationally. Therefore, a requirement for health care facilities to offer immunization has been in place since 2007, achieving modest results. After decades of voluntary trial and error programs, the time has come to take the next step in addressing the public health challenge by requiring influenza vaccination of all HCWs.

Truth#5: Influenza vaccine is safe. Decades of data show the vaccine to be safe, effective, and cost saving.

Truth#6: HCWs and health care systems have an ethical, moral, and professional duty to protect vulnerable patients from transmissible disease. The freedom to decline is a good thing, as long as no one gets hurt. The freedom to put others at risk and potentially kill someone is not such a good thing. There is a duty to protect the weakest, the most vulnerable of our citizens – babies, people with immune problems, and the frail elderly. They are the ones who will suffer if too many people say no. It's time for us to step in and say, "Enough".

Truth#7: The health care system will either lead or be told. We have not led, and we are being told. Although it was decades ago that George Orwell called hospitals "the antechamber to the tomb", check out the recent book, "Unaccountable", to get an idea of the public perception of us. The legal screws are tightening.

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