DHMH POLICY

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OFFICE OF INFECTIOUS DISEASE EPIDEMIOLOGY AND OUTBREAK RESPONSE (OIDEOR) / Prevention and Health Promotion Administration (PHPA) / DSPHS and DSO

DHMH POLICY 03.02.02
Effective Date: 10/08/14

POLICY ON INFLUENZA VACCINATION FOR DHMH AND LOCAL HEALTH DEPARTMENT EMPLOYEES WORKING IN STATE FACILITIES, FORENSIC RESIDENTIAL CENTERS, AND LOCAL HEALTH DEPARTMENT CLINICAL BUILDINGS

I. EXECUTIVE SUMMARY

This policy requires certain DHMH and local health department employees working in certain clinical settings, including all State psychiatric hospitals and forensic residential centers (SETTs), to be vaccinated annually for influenza and to provide documentation to their DHMH employer of the vaccination. This policy sets forth the background for the policy; the definitions related to the policy; the authority for the policy; and certain exceptions to the requirement it otherwise imposes. A separate policy applies to DHMH employees working in the DHMH-operated state residential centers (Holly Center and Potomac Center) and chronic disease centers (Deer's Head and Western Maryland). *See* DHMH Policy 03.02.03.

II. BACKGROUND

Influenza ("Flu") seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. In Maryland, each year about 4,000 Maryland residents are hospitalized and around a thousand die from flu.

Flu season severity can vary widely from one season to the next depending on many things, including:

1. What flu viruses are spreading;
2. How much flu vaccine is available;
3. When vaccine is available;
4. How many people get vaccinated; and
5. How well the flu vaccine is matched to flu viruses that are causing illness.

Since 1981, the federal Centers for Disease Control ("CDC") have recommended that health care workers receive annual influenza vaccinations to protect staff and patients. Numerous studies in the medical literature reveal the risk of person-to-person transmission of influenza illness in the healthcare setting (References: 1-7), and that annual influenza vaccination of healthcare facility staff is a tool to reduce illnesses

that occur in patients in both acute and long term care (References: 8-13) settings. Other data show that up to 75% of healthcare workers (HCW) continue to work with influenza (References: 14-17), increasing the risk of influenza transmission, and that influenza illness is associated with an excess of absenteeism among HCW (References: 18-22). Research has shown that hospitalized patients exposed to HCW with influenza like illness (ILI) were at a greater than 5 times risk of developing healthcare-associated ILI than if not exposed, and that a 2-fold greater risk of ILI exists in the hospital compared to within the community (Reference: 8).

DHMH encourages all employees to get an annual influenza vaccination. Anyone can catch the flu. Although young infants, people over 65, people with chronic health conditions, and pregnant women tend to get sicker from the flu, everyone is at risk. Thousands of healthy people miss time from work and school every year because of the flu. And healthy people can spread the virus to family members and others who might have health conditions that increase their risk of serious problems if they get the flu.

The flu vaccination is covered for all State employees enrolled in a State health plan with no co-payment if the vaccination is provided by the in-network provider during a routine office visit and is also covered at pharmacies with which a medical carrier in the State health plan has made a special arrangement.

III. LEGAL AUTHORITY

Under Health-General Article, §2-102(b)(2), the Secretary is responsible for the operation of the Department, including the forensic residential centers operated under the Developmental Disabilities Administration. Health-General Article, §10-401, places all State psychiatric facilities under the general supervision of the Director of the Behavioral Health Administration. In addition, Health-General Article §§18-102 and 18-103 authorize the Secretary to adopt rules and regulations necessary to prevent the spread of infectious diseases and to devise means to control those diseases. The regulations adopted by the Secretary pursuant to that authority require the Secretary to take actions to prevent the spread of communicable diseases and authorize the Secretary to issue special instructions for control of a disease.

IV. POLICY STATEMENTS

A. Definitions

1. "Clinical building" means any building in which persons receive health care.

2. "Covered employees" means full-time, part-time, permanent, temporary, and contractual workers, and independent licensed consultants of DHMH and local health departments who regularly work in clinical buildings (a) operated by a local health department or (b) at a State facility, as that term is defined under Health-General Article §10-101 and §10-406 or (c) at a forensic residential center operated by the Department. The term "covered employees" does *not* include workers and consultants who regularly work at a State residential center (Holly Center and Potomac Center) or chronic disease center (Deer's Head and Western Maryland).

3. "Declination form" means a form developed by the Department to document an employee or licensed independent consultant declination of influenza vaccine.

4. "Documentation of required vaccinations" means a printed receipt, card or statement from the vaccinator clearly indicating that an influenza vaccination was provided to the individual, by whom, and on what date.

5. "Governing unit" means the unit responsible for the clinical building.

   a. In the case of DHMH facilities, the governing unit is the facility itself.

   b. In the case of LHD clinical buildings, the governing unit is the LHD.

6. "Independent licensed consultants" means persons licensed by a health occupations licensing board who provide patient care in DHMH facilities and local health departments.

7. "Influenza season" is defined by the Centers for Disease Control and Prevention each season.

   a. CDC or DHMH may modify the dates of the season if epidemiological information indicates the necessity for a modification.

   b. Covered employees, employed or hired during the influenza season, shall be subject to this policy.

B. Policy

1. To protect patients, all covered employees should be vaccinated against influenza by December 1 of each year.

2. Each governing unit should designate an influenza control coordinator by September 15 of each year to ensure procedures are followed, proper documentation collected, and required reporting to DHMH is completed and submitted in the manner and time required.

3. All governing units shall have an influenza infection control plan in place by September 30 of each year. It shall be approved by the Prevention and Health Promotion Administration prior to that date. By regulation all facilities operated by the Department are required to have infection control programs (COMAR 10.07.01.34; 10.07.02.21; 10.07.13.04D; 10.07.20.05C).

4. Each governing unit shall make influenza vaccine available to all covered employees by October 1 of each year at no charge, provided vaccine is available.

5. Each covered employee shall by December 1 of each year:

   a. Receive a vaccination;

   b. Provide documentation of required vaccination if the vaccination was received elsewhere; or

c. Sign a declination form.

6. The declination form shall provide for three exemptions:

a. The vaccine (intranasal, intramuscular or intradermal) is medically contraindicated (including a severe egg allergy, severe allergy to any vaccine component, severe reaction after a previous dose of influenza vaccine, or a history of Guillain-Barre Syndrome) for the employee. For medical exemptions documentation from a healthcare provider shall be submitted within 14 days;

b. Vaccination (intranasal, intramuscular or intradermal) is against the employee's bona fide religious beliefs; or

c. After being fully informed of the health risks to patients/clients and other staff associated with transmission from an unvaccinated person and the educational requirements, the employee refuses the vaccine.

All employees who are not vaccinated by November 15 of each year shall attend an educational session by December 1 of that year. The education session will include information about: Vaccine and vaccine recommendations; Vaccine safety; Patient/client safety including the consequences/complications of flu among highest risk individuals; Employee's safety and protection of family and friends; Decreased absenteeism resulting from influenza vaccination coverage. CDC responses to common excuses for declining flu vaccine can be found at http://www.cdc.gov/flu/pdf/freeresources/general/no-excuses-flu-vaccine.pdf

7. The governing units shall offer influenza vaccination again after the educational session.

8. Any covered employee who is not vaccinated with the current influenza vaccine shall be required to wear a mask when within 6 feet of a patient and/or resident. The dates of the mask requirement shall be determined by the Prevention and Health Promotion Administration, based on influenza activity in Maryland.

V. OTHER PROCEDURES

A. The appointing authority may invoke disciplinary action if the covered employee refuses to sign the declination form.

B. The appointing authority may institute disciplinary action if an employee who was vaccinated elsewhere does not comply with documentation requirements.

C. The appointing authority may institute disciplinary action if an employee who declines the vaccination refuses to wear a mask as set forth by this policy.

D. Influenza Coordinators for each governing unit shall report to DHMH on employee vaccination rates. Standard declination forms and reporting survey forms shall be provided by DHMH.

E. Annual immunization rates for all facilities and local health departments shall be gathered on a schedule established by the Department and publicly reported by DHMH.

VI. REFERENCES

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VII. APPENDIX.

1. Influenza Vaccination Policy Declination of Influenza Vaccination

2. DHMH Policy and Influenza Vaccination Frequently Asked Questions

APPROVED:

______________________________	**October 8, 2014**
Joshua M. Sharfstein, M.D., Secretary, DHMH	**Effective Date**

Maryland Department of Health and Mental Hygiene Influenza Vaccination Policy for DHMH and Local Health Department Employees Working in State Facilities, Forensic Residential Centers, and Local Health Department Clinical Buildings Declination of Influenza Vaccination

My employer, ____, requires that I receive influenza vaccination to protect patients and staff in my work location.

I have read the *DHMH Policy on Influenza Vaccination for DHMH Facilities and Local Health Department Employees.*

I acknowledge that I have been advised of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is required to protect patients and staff from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- The strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get influenza from the influenza vaccine.
- My refusal to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including patients, coworkers, family and community.

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

☐ Medical contraindication (documentation from a health care provider shall be provided within 14 days)
☐ Religious objection
☐ Other (please specify):

____

____

____

I understand that:

- I can change my mind at any time and accept influenza vaccination if vaccine is available.
- My declination will result in certain educational requirements. I have read *DHMH Policy on Influenza Vaccination for DHMH Facilities and Local Health Department Employees* as it relates to the educational requirements.

I have read and fully understand the information on this declination form.

Signature: ____ Date: ____________________

Name (print): ____

Department: ____

Reference: CDC Prevention and Control of Influenza with Vaccines Recommendation of ACIP at http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm

DHMH Policy and Influenza Vaccination Frequently Asked Questions

Q. What is influenza (the flu)?

A. The flu is a contagious respiratory illness caused by viruses that infect the nose, throat, and lungs.

Q. How is the flu spread?

A. Flu viruses are spread mainly by droplets made when people who have the flu cough, sneeze, or talk. These droplets can land in the mouths or noses of people who are nearby.

Q. What symptoms are associated with the flu?

A. Symptoms of influenza can include fever, cough, sore throat, runny or stuffy nose, body aches, head ache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu and have no symptoms at all, or only respiratory symptoms without a fever.

Q. I never get sick. Why should I get a flu shot?

A. Anyone can catch the flu, even healthy individuals. If you catch the flu, you may be able to pass the flu on to someone else before you know you are sick, even if you have no symptoms. Most healthy adults may be able to infect others beginning one day before symptoms develop and up to five to seven days after becoming sick.

Q. Will my annual flu shot be covered by insurance?

A. Effective July 1, 2011, flu vaccination is covered for all State employees enrolled in a state health plan with no-copayment if the vaccination is provided by the in-patient provider during a routine office visit. Many other insurance plans also cover influenza vaccination. If you do not have insurance through a state health plan, check with your plan for more information. You may also be able to get a free flu vaccination at work or at your local health department.

Q. To whom does the DHMH Influenza Vaccination Policy apply?

A. DHMH employees working in units or buildings of DHMH facilities and local health departments that are accessed by patients and/or residents.

Q. Why do these DHMH employees need to get vaccinated?

A. Individuals who work in health care settings are frequently in contact with others, which increases their chance of being exposed to someone with the flu, and therefore, getting sick with the flu. It also increases the risk that they may expose others, including patients, for whom illness can have serious consequences. Individuals who are at higher risk include older people, young children, pregnant women, and people with certain

health conditions (such as asthma, diabetes, or heart disease), and persons who live in facilities like nursing homes. Because health care workers are in regular contact with these populations, the flu shot will protect both the workers themselvesand the patients, from the spread of flu. The role that you and other health care workers play in helping to prevent influenza-related illness and death – especially in high-risk patients – is invaluable. Research has shown that hospitalized patients who are exposed to health care workers who have influenza or flu-like illnesses were five times more likely to get a healthcare-associated flu-like illness than if they were not exposed by the health care worker.

Q. Are workers in other health care settings required to get vaccinated against flu?

A. The Maryland Hospital Association endorses patient safely policies that require mandatory influenza vaccination for all health care workers. Many hospitals in Maryland and other parts of the country require annual flu vaccination as a condition of employment.

Q. What if I refuse the flu vaccine for medical reasons or religious belief?

A. A DHMH employee or licensed independent consultant may refuse to receive a vaccine if they have a medical contraindication, including a severe egg allergy, severe allergy to any vaccine component, severe reaction after a previous dose of influenza vaccine, or a history of Guillain-Barre Syndrome. They may also refuse the vaccine if they have a bona fide religious objection. In addition, other employees may refuse the vaccine after they have received education on the risks to themselves and others posed by being unvaccinated.

Q. When should I get a flu shot?

A. People can get sick with the flu as early as October. You should get a flu shot as soon as vaccine becomes available in your community. It takes about two weeks after you have received your flu shot before it will protect you against the flu.

Q. If I receive the flu vaccine from my primary care physician, can I use documentation from that office as proof that I have been vaccinated?

A. Yes. A DHMH employee can present a printed receipt, card or statement from the vaccinator clearly indicating that an influenza vaccination was provided to the individual, by whom, and on what date.