

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 03.02.03
Effective Date: 10/08/14

POLICY ON INFLUENZA VACCINATION FOR STATE RESIDENTIAL CENTERS AND CHRONIC DISEASE CENTERS

I. EXECUTIVE SUMMARY

This policy requires DHMH employees working at DHMH-operated state residential centers (Holly Center and Potomac Center) and chronic disease centers (Deer's Head and Western Maryland) 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. Employees who work at other DHMH facilities and in clinical buildings operated by local health departments are covered by a separate policy. See DHMH Policy 03.02.02.

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 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 health

care workers (References: 18-22). Research has shown that hospitalized patients exposed to healthcare workers 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).

The Infectious Diseases Society of America, the Society for Healthcare Epidemiology of America, and the Pediatric Infectious Diseases Society support universal immunization of health care workers by health care employers, without an opt out for discretionary refusal. Although some voluntary programs, when combined with strong institutional leadership and robust educational campaigns, have been effective in encouraging health care workers to become vaccinated, mandatory programs are the most effective way to increase vaccination rates. The infectious disease and epidemiological societies have recommended that, when less than 90% of an institution's work force has not been vaccinated, the facility should mandate vaccination as a condition of employment, unpaid service, or receipt of professional privileges. In Maryland's private hospitals, voluntary and opt-out vaccination strategies have not been effective in markedly increasing vaccination rates. Therefore, in 2010, the Maryland Hospital Association released a policy statement recommending mandatory vaccination policies. Today, almost all hospitals in Maryland, including the Johns Hopkins Health System and the University of Maryland Medical System, have mandated that their health care workers become vaccinated for influenza, allowing workers to refuse only for documented medical and religious reasons.

Under this policy, workers at DHMH's chronic disease centers and state residential centers may decline to be vaccinated only for documented medical or religious reasons. Many of the patients at these facilities have chronic conditions that increase their risk for influenza-associated morbidity and mortality. For example, individuals at Holly Center and Potomac Center can have impaired lung function as a result of developmental delays, difficulties with immobility, and orthopedic conditions. This would make them more vulnerable to death from influenza. Moreover, the current vaccination rate among workers at two of the four facilities that are subject to this policy is less than 90%, despite prior efforts over several years to encourage vaccination. The relatively low rate of vaccination at these facilities increases the risk of transmission to vulnerable patients.

The flu vaccination is covered for all State employees enrolled in the State employee 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 many pharmacies with which a 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. Health-General Article §7-501 establishes State residential centers for individuals with an intellectual disability in the Department's Developmental Disabilities Administration, each of which is operated under the direction of an administrative head appointed by the Director of DDA. Health-General Article §19-502 charges the Secretary with operating chronic disease centers in the State. 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.

IV. POLICY STATEMENTS

A. Definitions

1. "Covered employees" means full-time, part-time, permanent, temporary, and contractual workers, and independent licensed consultants of DHHM, who regularly work at Holly Center, Potomac Center, Deer's Head Hospital Center and Western Maryland Hospital Center.
2. "Covered facility" means Holly Center, Potomac Center, Deer's Head Hospital Center and Western Maryland Hospital Center.
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. "Influenza season" is defined by the Centers for Disease Control and Prevention each season.
 - a. CDC or DHHM 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 shall be vaccinated against influenza by December 1 of each year.
2. Each covered facility shall designate an influenza control coordinator by September 15 of each year to ensure procedures are followed, proper documentation collected, and required reporting is completed and submitted in the manner and time required.
3. Each covered facility 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. See COMAR 10.07.01.34; 10.07.02.21; 10.07.13.04D; 10.07.20.05C.
4. Each covered facility should make influenza vaccine available to all of its 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 two 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;
 - or
 - b. Vaccination (intranasal, intramuscular or intradermal) is against the employee's bona fide religious beliefs.
7. Each covered facility shall require any covered employee who is not vaccinated with the current influenza vaccine to wear a mask when within 6 feet of a patient and/or resident. The mask requirement shall take effect on a date 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 outside of the acceptable declination reasons or, if declining for designated reasons, refuses to wear a mask.
- D. Influenza Coordinators for each covered facility shall report to the Deputy Secretary for Public Health Services on employee vaccination rates.
- E. Annual immunization rates for all covered facilities shall be gathered on a schedule established by the Deputy Secretary for Public Health Services.

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:



Joshua M. Sharfstein, M.D., Secretary, DHMH

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Effective Date



Maryland Department of Health and Mental Hygiene Influenza Vaccination Policy for State Residential Centers and Chronic Disease Centers 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 State Residential Centers and Chronic Disease Centers*.

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

I understand that:

- Refusing influenza vaccination for other reasons besides those above could lead to disciplinary action.
- Individuals who are not vaccinated may be required to wear masks during patient care.

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 themselves and 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 safety 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.