



County of Santa Cruz

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Health Officer Influenza Vaccination and Masking Order Frequently Asked Questions

Influenza Vaccination and Masking Order and Related Regulations:

Why is the influenza vaccination and masking order needed?

Influenza is a disease with serious impact. The most effective method of preventing influenza infection is vaccination. Health Care Workers (HCWs) often care for patients at highest risk of severe disease and are at increased risk of exposure to influenza from ill patients. Infected HCWs can transmit influenza before they are symptomatic to patients and coworkers. Research shows that mandatory vaccination with a masking policy is a proven strategy that increases HCW vaccination rates to greater than 90%¹.

Which takes precedence, the Health Officer Order or state laws regarding influenza and HCWs?

This Health Officer Order is in addition to state laws regarding influenza and HCWs. California Health & Safety Code §120175 authorizes Health Officers to control contagious, infectious, or communicable disease. Health Officers may “take measures as may be necessary” to prevent and control the spread of disease within their jurisdiction².

Facilities must comply with the Health Officer order as well as the applicable state laws regarding influenza vaccine and HCWs. For instance, under state law, acute care hospitals will still be required to report their HCW influenza vaccination rate to the California Department of Public Health, and they will also be required to implement this order (Cal. Health and Safety Code Section 1288.7² et. seq., the former Senate Bill 739).

How is this order different from an influenza vaccination declination policy?

State law currently requires that certain health care facilities offer influenza vaccination to employees (Cal. Health & Safety Code, §1288.7, sub d. (a); 8 Cal. Code Regs., § 5199, subd. (c)(6)(D) and (h)(10))².

Employees that decline vaccination are only required to sign a declination statement under state law. The Health Officer Order requires those who decline to wear a mask in patient care areas.

Which facilities are affected by the influenza vaccination and masking order?

The influenza vaccination and masking order applies to all licensed health care facilities and Emergency Medical Services (EMS) providers in Santa Cruz County for the 2013-2014 influenza season.

For the purposes of this order, a “licensed health care facility” shall be defined as any facility, place, or building licensed by the California Department of Public Health Licensing and Certification Branch that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, physical or mental, including convalescence and rehabilitation care and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons. This includes the following types of facilities³:

- Acute psychiatric hospital
- Adult day health center
- Alternative birthing center
- Chemical dependency recovery hospital
- Chronic dialysis clinic
- Community clinic or free clinic
- Congregate living health facility
- Correctional treatment center
- District hospital with <100 beds
- General acute care hospital
- Home health agency
- Hospice
- Intermediate care facility
- Intermediate care facility - developmentally disabled
- Intermediate care facility - developmentally disabled - habilitative
- Intermediate care facility - developmentally disabled - nursing
- Pediatric day health respite care
- Psychology clinic
- Rehabilitation clinic
- Skilled nursing facility
- Special hospital
- Surgical clinic

However, it is recommended that all facilities not explicitly mentioned above require HCWs who provide direct patient care or who work in patient care areas to receive the annual influenza vaccine or mask.

When does the order take effect?

The Health Officer Order is effective November 4, 2013, and it mandates all licensed health care facilities and EMS providers in Santa Cruz County implement a mandatory influenza vaccination program for the 2013-2014 influenza season. If influenza surveillance data suggest widespread influenza activity late in the spring, the order may be extended.

What kind of mask should be used? When should masks be changed, replaced, or discarded?

The term “mask” in this order refers to a surgical mask. Please adhere to your facility’s policies regarding what types of masks are available and how often to change masks. In some patient care situations, infection control guidelines require more protection than a surgical mask (e.g., N95 respirators during aerosol-generating procedures). In these situations, unvaccinated HCWs should don N95 respirators instead of surgical masks as the facility’s infection control guidelines indicate.

Masks should completely cover the nose and mouth while HCWS are providing direct patient care or are present in patient care areas.

Who is considered a HCW?

For the purposes of this order, HCWs are defined as any paid or unpaid person, who has direct patient care or who works in patient care areas.

When is influenza season?

For the purposes of this order, influenza season is defined as the period of November 4, 2013 to March 31, 2014. The Health Officer may extend the mandatory masking period if surveillance data suggest widespread influenza activity late in the spring.

What is considered a patient care area?

A patient care area is where a HCW is in direct contact with patients. Please check with your facility about details of implementation of this order including facility-specific patient care areas.

Can HCWs decline influenza vaccination based on a religious or medical exemption?

HCWs may decline influenza vaccination. However, HCWs that do not get vaccinated for influenza, whether through a religious declination or due to a medical exemption, must wear a mask during influenza season while working in patient care areas and during direct patient care or contact.

Vaccination Questions:**What type of influenza vaccine can HCWs receive?**

There are multiple influenza vaccines available with varying indications and ways to administer them. Within specified age indications, there are no recommendations for any given influenza vaccine over another. Vaccination should not be deferred because a certain product is not offered, unless there are medical contraindications. There are inactivated vaccines and live attenuated vaccines and three ways to give them: intramuscular, intradermal or nasal spray (live attenuated vaccine only). See the following pocket guide for health care providers for key information regarding each type:

http://www.immunize.org/pocketguides/pocketguide_flu.pdf

Are vaccination recommendations different for HCWs taking care of immunosuppressed patients?

HCWs caring for severely immunosuppressed patients who require a protective environment (e.g., bone marrow transplant unit) should receive one of the injections instead of the nasal spray. Nasal spray vaccine is an alternative option if the HCW will not work in the protective environment within a week after receiving the vaccine.

What about HCWs who have egg allergy?

True egg allergies are rare and should be assessed for likely risk of vaccine reaction. Please refer to the 8/17/12 issue of the Morbidity and Mortality Weekly Report (MMWR) for more information about influenza vaccine and egg allergy: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm>
A new product, Flu Blok, may be available for those 18 to 49 years of age who have true egg allergies

Should a HCW who is immunocompromised or has a chronic health condition (asthma, diabetes, etc.) receive influenza vaccine?

Yes, HCWs in these groups are considered a priority group that should get yearly influenza vaccination as they are at greater risk of severe influenza illness and complications. HCWs in these groups should check with their primary care providers to determine which kind of influenza vaccine is appropriate.

Should a HCW who is pregnant receive influenza vaccine?

Yes, the influenza vaccination is safe and should be given to pregnant women during any trimester. Pregnant women are another group that should be prioritized if vaccine supply is limited. Pregnant women and their newborn can benefit from influenza vaccination as both are at greater risk of severe influenza illness and complications. By California law, pregnant women should receive preservative-free influenza vaccine available as prefilled syringes and single dose vials.

For more information on influenza vaccination best practices see:

<http://www.immunize.org/honor-roll/>

References:

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2. California Health and Safety Code. Available via the Internet: http://www.leginfo.ca.gov/html/hsc_table_of_contents.html.
3. Licensing and Certification Division, California Department of Public Health. Available via the Internet: www.cdph.ca.gov/PROGRAMS/LNC/Pages/LnC.aspx