

Influenza Vaccination of Health Care Personnel

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Influenza Disease Burden

- Average of 36,000 deaths per year
- Average of 200,000 hospitalizations per year
- Most vulnerable patients are in hospitals
- Complications include bacterial or viral pneumonia, dehydration, worsening of chronic diseases, neurologic complications, death.
- Can be spread 1-2 days before the development of symptoms and up to 5 days after becoming sick
- Can be asymptomatic or mildly ill and still transmit the disease

Rationale for Regulatory Change

- Influenza vaccination for health care personnel in health care facilities (HCFs) has been a CDC recommendation since 1981
- Immunization of health care personnel against influenza is the standard of care
- Influenza transmission in hospitals is well documented
- Health care personnel work while sick
- Immunization with influenza vaccine is essential to protect the health and safety of patients

Rationale continued

- Supports provision of services to patients and continuity of care by keeping personnel at work
- Protects personnel and their families from illness
- Saves money through decreased absenteeism, decreased medical costs,
- Prevents outbreaks in HCFs
- However:
 - **Immunization rates in HCFs with voluntary programs have been low, average 40%**

Rationale Continued

- Also:
 - In one study 23% of health care personnel had documented serologic evidence of influenza infection
 - Of these 59% could not recall having had influenza and 28% could not recall having had a respiratory illness
- An influenza immunization requirement fits in with other immunization requirements in HCFs

Confirmed Influenza Outbreaks in New York State Hospitals and LTCFS

	2000- 2001	2001- 2002	2002- 2003	2003- 2004	2004- 2005	2005- 2006	2006- 2007	Total
Number of outbreaks reported to NYSDOH	31	173	24	199	451	205	70	1153

Morbidity from Nosocomial Influenza Infections in NYS

	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	Total
Number of patients reported ill with influenza (suspected and confirmed)	359	2814	403	3535	8675	2603	663	19,052
Number of staff reported ill with flu (suspected and conf.)	55	889	146	1105	2124	702	158	5,179

Solution=Immunization

- Influenza outbreaks in HCFs are associated with low rates among personnel
- High rates are associated with fewer outbreaks
- A Scottish study compared mortality rates where 51% of personnel were vaccinated vs. 5%. The one with 51% had 40% reduction in all-cause mortality.

Efforts Made Under a Voluntary System

- Two letters from the NYSDOH Commissioner emphasizing influenza immunization of health care personnel as the standard of care
- Emphasized in many advisories
- Tool kits
- JCAHO, CMS, Society for Hospital Epidemiology of America, AMA, AAP, ACP, AAFP, American Nurses Association, every major medical organization recommends

Efforts Continued

- Continuous promotion of influenza vaccination and the use of incentives
- Educational materials
- Outreach to healthcare partners
- Media campaigns

Subpart 66-3 – Health Care Facility Personnel Influenza Immunization Requirements

- Definitions
- Health care facility-personnel influenza immunization requirements
- Health care facility requirements, existing personnel
- Health care facility requirements, new personnel
- Documentation
- Exceptions
- Reporting requirements

Definitions

- **Medically contraindicated**
 - Vaccination would be detrimental to the person's health
 - In a manner recognized nationally
 - Guidance will be posted on the NYSDOH website
- **Personnel-broad definition**
 - All persons employed of affiliated
 - Paid or unpaid-includes contract staff, students, volunteers
 - Direct contact with patients or whose activities could expose patients

Definitions Continued

- Health Care Facilities (HCFs)
 - General hospitals
 - Diagnostic and Treatment Centers
 - Certified Home Health Agencies
 - Licensed Home Care Service Agencies
 - Long Term Home Health Care Programs
 - AIDS Home Care Programs
 - Hospices

Personnel influenza immunization requirements

- HCFs must notify personnel about the requirement
- HCFs must require that all be immunized against influenza
- Immunization will be conducted according to national recommendations in effect and posted on the NYSDOH website
- Immunization will take place unless the Commissioner of Health has determined that supply is not adequate

Cost of Vaccination

- HCFs must offer influenza at no cost to the personnel
- Personnel can obtain the vaccination elsewhere but then the person or their insurance will have to pay for it

Existing Personnel

- HCFs must arrange or offer vaccination for personnel at no cost
- If personnel choose to get vaccinated elsewhere documentation must be provided
- Vaccination or provision of documentation no later than November 30 of each year

New Personnel

- If enters employment after November 30th but before April 1
- Needs influenza immunization status evaluated
- If not immunized for the current season, need to do so
- No cost to personnel
- Can receive elsewhere if provides documentation

Documentation

- HCF must document annual influenza vaccination in the personnel files
- Must record date, site of administration, type of vaccine, dose, manufacturer, lot number, that a vaccine information statement was given to the vaccinee and which one, name of the person giving the vaccination, any reactions known
- If vaccinated elsewhere HCF must document date, type of vaccine, dose, and name of person administering the vaccine

Exceptions

- Medical contraindications only
- Immunization will be conducted according to national recommendations in effect and posted on the NYSDOH website

Reporting requirements

- Each HCF shall collect and report aggregate data on influenza immunization of personnel
- Shall report on the status of personnel between April 1 and March 31 of each year
- Report to the NYSDOH by May 1 of each year
- Data: number of personnel immunized by occupation, total number of personnel by occupation, reasons any personnel did not receive vaccine

Other sections of regulations

- Reads: "...for all personnel prior to employment or affiliation shall agree, as a condition of employment, to annual immunization for influenza virus, in accordance with Part 66 of this Title."
- This language is in Sections 405.3, 751.6, 763.13, 766.11, and 793.5

Long Term Care Facilities

- April 2000, Article 21A, the Long term Care Resident and Employee Immunization Act required that influenza immunization be offered to all residents and employees (and pneumococcal vaccine)
- Employees can refuse
- Vaccination status must be documented

LTCFs Continued

- The enactment of this law has failed to promote consistent immunization rates of personnel over 44%
- Legislation is being pursued that will require immunization for personnel in LTCFs: nursing homes, adult day health care programs, adult homes, and enriched housing programs

Conclusions

- Influenza of health care personnel
 - Works to protect patients and prevent morbidity and deaths
 - Is cost-effective
 - Benefits personnel and facilities
- Regulations are needed because voluntary programs do not work

First, do no harm.

Questions?