SUBJECT: Mandatory Influenza Vaccination for Healthcare Personnel

OBJECTIVE
The purposes of this policy are: to protect our Personnel from influenza; to protect the general health; to prevent the transmission of influenza between our Personnel and patients, visitors, family members, and other Personnel; and to assure the availability of Personnel to provide quality health services. This policy provides direction to Personnel for influenza vaccinations.

DEFINITIONS
For the purpose of this policy, the following definitions apply:

Healthcare personnel or Employee – All active personnel who work in the UI Health hospital or clinics. This includes: hospital employees, employees of the university who work in the hospital, clinical and non-clinical employees, physicians, licensed independent practitioners, members of the medical staff, temporary workers, students, researchers, volunteers, clergy, and agency personnel.

Influenza vaccine – A preparation of influenza antigens that stimulate the production of specific antibodies in the recipient of the vaccine, when introduced to the body. These antibodies provide protection against influenza virus infection. Currently, UI Health offers Inactivated (killed virus) Influenza Vaccine, which is administered in the muscle of the recipient. A high dose is also offered for older healthcare personnel. There is no live vaccine currently offered at UI Health.

Annual influenza vaccination campaign – Occurs each year during the months when maximum benefit is provided by influenza vaccination. UI Health conducts a vaccination campaign that includes mass vaccination clinics and community outreach. The campaign, under the direction of University Health Service (UHS) and/or the Hospital Dispensing and Vaccination Response Team (HDVRT), usually starts in October and ends in March.

Flu season – Peak flu season is between December and February, with outbreaks possible as early as October and as late as May.

UHS – University Health Service

POLICY
As a condition of employment, UI Health requires annual influenza vaccination of all UI Health healthcare personnel who work in the UI Health hospital or clinics. As is true with other vaccines
that are mandated and are a condition of employment at UI Health, influenza vaccination is provided free of charge to UI Health employees.

PROCEDURE

A. WHERE and WHEN TO GET THE VACCINE:
   1. Location and schedule for receiving the vaccine will be determined annually by University Health Service (UHS) and/or the Hospital Dispensing and Vaccination Response Team (HDVRT).

B. PRIORITIZATION
   1. UI Health healthcare personnel working in hospital or clinics will be prioritized to receive influenza vaccine.
   2. Students rotating or working at UI Health hospitals or clinics must provide proof of annual influenza vaccination prior to their presence in the hospitals or clinics.
   3. Agency personnel will not be prioritized to receive flu vaccination at UI Health but shall provide proof of annual influenza vaccination prior to start of work.

C. EXEMPTIONS/CONTRAINDICATIONS TO INFLUENZA VACCINATION
   Any healthcare personnel declining annual flu vaccine must have one of the valid contraindications, as listed below. Documentation must be provided to UHS when vaccination is declined or no later than 4:00 pm on the last business day of November, in accordance with procedures established by UHS.
   1. Guillain-Barre Syndrome: A history of Guillain-Barre Syndrome within six weeks following a previous dose of influenza vaccine is considered to be a precaution for use of influenza vaccines by the CDC. Verifiable documentation is required from a licensed healthcare provider.
   2. Allergy: Persons with severe allergies to eggs or to other components of the influenza vaccine may be offered egg-free or cell-based vaccine (see Verification of Contraindications).
   3. Other medical contraindications will be reviewed on a case-by-case basis.
   4. Exemptions for Reasons of Religion or Conscience: An employee may be granted an exemption if receiving the vaccination would violate the employee’s sincerely held religious beliefs and/or conscience. Request for religious exemption requires a written personal statement that reflects a sincerely held religious and/or conscience conviction in opposition to the vaccination. Each such request will be reviewed for approval by the Influenza Vaccination Declination Committee (comprising the Director of University Health Service and Director of Pastoral Care). Notification of approval or the need for further conversation between the employee and an Influenza Vaccination Declination Committee member will occur within 15 days of receipt of the religious exemption request by University Health Service leadership. An employee asked to have further conversation with the Committee shall be entitled to union representation during any such conversation. If the employee’s exemption is denied, the employee has 7 days to appeal to Hospital Administration for review. Hospital Administration will respond within 7 days.
5. If a person has a contraindication but still desires to get the influenza vaccine, they should discuss it with their primary healthcare provider. If the primary healthcare provider administers the influenza vaccination, the staff member must provide documentation of vaccination to UHS.

D. DOCUMENTATION
1. Documentation of vaccine acquired outside of the University Health Service will be reviewed by UHS, must be verifiable, and must include date, place, and signature of the provider who gave the vaccine.
2. Medical contraindications. The medical contraindications to mandatory flu vaccination are outlined in section C. Written verification of contraindication to influenza vaccination will be an acceptable declination of vaccination.
3. Religious exemption. Sufficient documentation expressing a personal belief regarding the disallowing of vaccination must be submitted to the Influenza Vaccination Declination Committee in care of University Health Service leadership. This is a personal statement that must reflect a sincerely held religious and/or conscience conviction in opposition to the vaccination.
4. Documentation of substantiated declination. Sufficient documentation from the healthcare worker’s personal physician must be provided to University Health Service as part of a work ability visit to evaluate for a work accommodation.

E. VERIFICATION OF CONTRAINDICATIONS
1. For declinations based on medical contraindication, the employee must present sufficient documentation substantiating the contraindication to University Health Service (UHS) for review.

F. CONSEQUENCES FOR NON-COMPLIANCE:
Consequences for non-compliance are necessary to ensure the purposes of this policy are fulfilled: to protect our Personnel from influenza; to protect the general health of the communities we serve; to prevent the transmission of influenza between our Personnel and patients, visitors, family members, and other Personnel; and to assure the availability of Personnel to provide quality health services.
1. Compliance Date. All Healthcare personnel must receive the influenza vaccination, or must provide acceptable documentation of medical contraindication or religious/conscience exemption, no later than 4:00 pm on the last business day of November. Healthcare employees without acceptable documentation regarding annual influenza vaccination status by 4:00 pm on the last business day of November will be considered noncompliant with annual influenza vaccination requirements.
2. First Notice of Non-Compliance. If vaccination has not occurred by the last business day of November, the employee will receive a written notice from UHS, that will be copied to their supervisor, that
   a) they are not in compliance with UI Health influenza vaccination policy,
and that failure to comply will subject the employee to progressive discipline in accordance with the applicable Collective Bargaining Agreement and University policy, non-reappointment, or reduction of clinical privileges, as the case may be; and
b) they will then have 14 calendar days to come into compliance;
3. Second and Final Notice of Non-Compliance. If the healthcare employee is not in compliance by the deadline set in the First Notice of Non-Compliance, the employee will receive a Second and Final Notice of Non-Compliance, copied to the employee’s supervisor, which will again inform the employee that
a) they are not in compliance with UI Health influenza vaccination policy, and that failure to comply will subject the employee to progressive discipline in accordance with the applicable Collective Bargaining Agreement and University policy, non-reappointment, or reduction of clinical privileges, as the case may be; and
b) they will then have 7 calendar days to come into compliance.
4. Discipline. If the employee has not demonstrated by the deadline set in the Second Notice of Non-Compliance that the employee has come into compliance, UHS will forward that employee’s name to Human Resources or the Medical Staff Office as the case may be, and the employee will be disciplined in accordance with the applicable Collective Bargaining Agreement and University policy, non-reappointed, and have clinical privileges revoked in accordance with the applicable procedures.
5. Absent employees. All healthcare personnel on approved leave will be subject to these requirements upon returning to work. As appropriate, the hospital may revise the deadlines as to those individuals.

G. CONTINGENCY PLAN
1. If a vaccine shortage exists, UHS will work with the HDVRT to develop a contingency plan for influenza vaccination of UI Health healthcare personnel with prioritization to high risk areas and / or high risk employee populations per the CDC guidelines.

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Chief Executive Officer

References


Salgado et al., 2004. Preventing nosocomial influenza by improving the vaccine acceptance rate of clinicians. *Infection Control and Hospital Epidemiology* 2004; 25(11):923-928.

Stroger Hospital Employee Health, personal communication, December 2014.


Addenda
Appendix 1: Rationale for Mandatory Influenza Vaccination of UIHHSS Healthcare Personnel dated 3-24-2015

Rescission Date
None

Policy Owner—Director, University Health Service
APPENDIX 1: RATIONALE FOR MANDATORY INFLUENZA VACCINATION OF UIHHSS HEALTHCARE PERSONNEL  3-24-2015

UIHHSS’s healthcare personnel annual influenza vaccination rates lag industry standards and best practice recommendations. These low rates are posing risks to our workforce and our patient population.

Influenza is responsible for up to 500,000 deaths worldwide every year. The US averages 23,000 influenza-associated deaths every year (Cortes-Penfeld, 2014). Illinois averages 3,500 influenza-associated deaths per year (Metropolitan Chicago Healthcare Council, 2014).

Influenza outbreaks in hospitals have been associated with low vaccination rates among healthcare personnel (Salgado et al, 2004). Hospital-acquired influenza results in up to 60% mortality in high risk patients, such as immunosuppressed organ transplant patients and ICU patients. In geriatric long term care facilities participating in a randomized controlled study, healthcare personnel vaccinating institutions saw a statistically significant decrease in patient mortality (OR 0.56 with 95% CI= 0.40 to 0.80) (Cortes-Penfeld, 2014).

Pregnant and postpartum women are an important subset of the healthcare workforce. They are at higher risk for severe illness and complications from influenza than women who are not pregnant, due to physiologic changes during pregnancy (CDC, 2014; American College of Obstetricians and Gynecologists/ACOG, 2014). The CDC and ACOG recommend that all pregnant and postpartum women receive influenza vaccine.

Currently, UIHHSS has a voluntary influenza vaccination policy for its workforce. Despite aggressive efforts by the Hospital Dispensing and Vaccination Response Team (HDVRT) including free flu vaccines, readily accessible vaccination “clinics” across all days and shifts, and the active support of UIHHSS’s University Health Services, Infection Control Team, and Infection Control Committee, our vaccination rates have stayed virtually flat over the past 5 years and our 2014-2015 healthcare personnel influenza vaccination rate is only 66%. This falls short of the US median of 75% (CDC, 2015), the median rate of 88% achieved by US teaching hospitals (Council of Teaching Hospitals and Health Systems), and rates at or above 94% in hospitals with compulsory influenza vaccination policies for healthcare workers (Pitts, 2014; CDC, 2015).
Galanakis et al. (2013) note that healthcare workers are at high risk for exposure to illnesses and vaccinating them provides a barrier to the spread of highly transmissible diseases. Voluntary campaigns achieve up to a 70% vaccination rate, failing to reach the Healthy People 2020 goal of 90%. Virginia Mason Medical Center in Seattle, WA, instituted a mandatory program in 2005 and saw its healthcare personnel vaccination rate increase to 98% as a result.

Pitts et al. (2014) saw vaccination rates exceed 94% in studies of 6 different healthcare institutions that mandated influenza vaccination of employees. Even in a unionized employment environment, one reviewed study cited an increase in nursing vaccination rates over the course of 5 years.

In a recently published study, a three-hospital system and its headquarters mandated that employees receive influenza vaccination. Their vaccination rates rose to 94.7% under the mandated policy, versus 65% under a voluntary campaign (Leibu et al., 2015).

Mandatory flu vaccination of healthcare workers is recommended by numerous professional societies including the Association of Professionals in Infection Control (APIC, 2011), the Infectious Disease Society of America, and the Society for Healthcare Epidemiology of America (IDSA & SHEA, 2013) because of their effective in elevating the influenza vaccination rate of healthcare personnel. The US Department of Health and Human Services recommends mandatory vaccination of healthcare workers to meet its Healthy People 2020 influenza vaccination goal of 90% (HHS, ND).

As of October 2014, 61 of 67 Chicago area hospitals require influenza vaccination of their healthcare personnel (Metropolitan Chicago Healthcare Council). Stroger Hospital of Chicago achieved 97% influenza vaccination
compliance after enforcing their 2010 mandatory influenza vaccination policy (Stroger Hospital Employee Health, December 2014). Prior to enforcement, Stroger's vaccination rate was 61%.