

Health Care Worker Influenza Prevention Strategy

DETAILED ROLL-OUT TIMELINE

Date	Action	Description	Responsibility	Audience
Aug 1	HEABC meets with unions	HEABC CEO Michael Marchbank will meet with unions explaining that this policy is being seriously considered for implementation this year.	HEABC/Michael Marchbank	Major health unions: BCNU, HEU, BCGEU, HSA, Residents Association
Aug 7	Letter to unions	Formal letter outlining implementation of the policy	HEABC	Major health unions: BCNU, HEU, BCGEU, HSA, Residents Association
Aug 8 – 8am	Memo to leadership/directors/supervisors from HA CEOs	Communication to HA leadership – executive directors, directors, supervisors -- outlining the new policy, and providing the staff QA. Direction given to begin to disseminate the information to staff	HAs	Staff leadership
Aug 8 – 10am	Memo to all staff from HA CEOs	Communication to all staff from HA CEOs about the policy, with direction to ask supervisor for more information, and saying that more info will be coming in next weeks	HAs	All staff
Aug 8 – 10am	Staff QA posted to Immunize BC website, health authority intranets	Staff QA posted to Immunize BC website (http://immunizebc.ca/healthcare-professionals) Health authorities will be able to post to their own intranets as well, or link to the Immunize BC page.	Immunize BC, Health authority communications	All staff, health care workers
Aug 8 – 1pm	Ministry news release	News release goes out explaining the policy change	MoH GCPE/Laura N.	Public, media
Week of Aug 8	Follow up interviews	Dr. Henry and/or Dr. Cochrane available to reply to media requests, support from regional MHOs	BCCDC, MOH GCPE, BC PSCQC, HA communications	Media, public
Sept	Video of Dr Kendall	Video to be posted to Immunize BC	MoH	Public, health

		site and HA sites of Dr. Kendall explaining the policy, how effective and safe vaccine is, and encouraging staff to vaccinate	GCPE/GCPE HQ/PHO	care workers
Sept	Communicating with staff	Health authorities reach out to employees/volunteers with QA sessions, informational posters	Health authorities	Staff
Week of Oct 8	Flu vaccine campaign kicks off	News release announcing start of flu vaccine campaign, outlining who gets free vaccine, pointing people to flu clinic locator	GCPE	
First week of Dec.	Official start of flu season	All staff should now be vaccinated, or be wearing masks		
Throughout flu season	Posters/public communication in health facilities	These should explain briefly that the policy is in effect, and that is why some staff will be wearing masks		
Late March/ Early April (at public health discretion)	Conclusion of traditional flu season			

ADVICE TO MINISTER

CONFIDENTIAL ISSUES NOTE Ministry: Héaath Date: Aug. 1, 2012 Minister Responsible: Michael de Jong	Health Care Worker Influenza Prevention
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ADVICE AND RECOMMENDED RESPONSE:

- Each year, influenza causes serious complications – including death – for many British Columbians, and people with underlying illnesses and those in long-term care facilities are among the hardest hit.
- That is why, to support our comprehensive influenza prevention strategy, beginning this year all health care workers need to take specific measures to protect vulnerable patients and seniors from influenza.
- All health care workers, including health authority staff, residents, volunteers, students, contractors and vendors, who come into contact with patients at health care facilities and long-term care homes will be required to get the influenza vaccine, or to wear a face mask during flu season.
- The flu can cause serious illness in those most at risk – including seniors, people with compromised immune systems, respiratory illnesses or a variety of other underlying causes. In other words: many of our patients and long-term care residents.
- Patients and long-term care residents should not have to worry about contracting the flu from their caregivers.
- The flu vaccine is safe and effective – when used in conjunction with other infection control practices, such as hand washing and remaining home when sick – it is extremely effective at preventing illness. Those who are unable to be vaccinated, or who choose not to, will be required to wear a face mask to prevent transmission.
- We are committed to reducing the risk of patients contracting influenza while in health care facilities.

BACKGROUND REGARDING THE ISSUE:

- This year, the province (through the health authorities) is implementing a new health care worker influenza immunization policy. All health authority employees, contracted staff, volunteers and students who come into contact with patients will be required to get the flu shot each year, or wear a mask for the duration of flu season.
- This policy will support the health authorities' comprehensive influenza prevention strategy.
- Health care workers are one source of flu transmission to patients in health care settings, and their patients are often the most vulnerable to serious consequences as a result of illness.
- Historically, health care workers have had relatively low flu vaccination rates (less than 50 per cent) – despite extensive efforts by health authorities to promote vaccination.

- Since infected individuals can transmit influenza prior to the appearance of flu symptoms, health care workers can unknowingly infect patients.
- Influenza has by far the highest number of deaths among vaccine-preventable diseases, and hospitalized patients are more vulnerable to influenza than members of the general population.
- British Columbia will be the first Canadian jurisdiction to implement a wide-scale “immunize or mask” program; however, it has been rolled out in several jurisdictions and facilities in the United States.
- Key collective agreements with staff already have the potential requirement to be vaccinated in the conditions of service. A mandatory vaccination policy that ends employment rights for non-compliance with a vaccination requirement would be unacceptable in BC. However, a “vaccinate or wear a mask” policy achieves high rates without requiring staff get vaccinated and with less implementation costs.
- This program will begin implementation with the start of the flu vaccine season – typically around Thanksgiving each year. However, it will need to be announced prior to that, to allow health authorities to begin the necessary preparatory work.

DISCUSSION/ADVICE:

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Date:

To: Health Care Union Leads

Re: Influenza Immunization

Dear X:

This letter will follow-up on our recent discussions on the preparation for the influenza season of 2012-2013.

We are all concerned about the health and safety of our patients and workers. Influenza is a significant cause of death and illness in Canada, especially among the elderly and frail. Yearly vaccination of health care workers is a critically important measure for reducing the impact of influenza because staff can acquire and transmit influenza to patients and co-workers during the course of their work.

As you know, this fall, BC health authorities will be implementing a health and safety policy that requires employees to receive the annual influenza vaccine. Employees who decline to become immunized against influenza will be required to wear a surgical mask at work for the duration of the flu season. In the event of an outbreak, the masking requirement will be suspended and the standard health authority policies with respect to exclusion from the workplace will be in effect. Additional information concerning this policy, including opportunities for vaccination, will be made available closer to the flu season. The policy is attached for your information.

I would like to request your commitment to actively participate with the health authority leaders in the promotion of flu vaccination amongst health care workers this fall. I am hopeful that we can work together to bring awareness to the importance of immunization amongst health care workers and to achieve better health outcomes for our patients.

I will be in touch with you in the near future to continue discussions on this important health care initiative.

Sincerely,

Michael Marchbank
President & CEO

Attachment

TO: All staff

FROM: Dr. Nigel Murray, Chief Executive Officer and President

SUBJECT: Influenza Vaccination as a condition of Service

Date: July XX, 2012

Providing safe care is fundamental to our job as healthcare providers.

Everyday, we take many steps to prevent the people in our care from getting sicker, whether they be a hospital patient, a senior in residential care, or a client of our community services.

In winter, these steps include reducing influenza transmission in our facilities by getting our influenza immunization, properly cleaning our hands, coughing or sneezing into our sleeves, and staying home from work if we are ill.

I am pleased to say that we are taking new steps to act on this commitment for safe care so that patients will be better protected against the flu. We know that transmission of influenza occurs from healthcare workers in our facilities to our vulnerable patients, if staff are unvaccinated.

Acting on the advice of the Provincial Health Officer, after a review of the evidence, all British Columbia Health Authorities will this year require staff in patient care areas to be vaccinated against influenza, as a condition of service. Those unable or unwilling to be vaccinated will be required to wear a mask during flu season to reduce the risk of transmission.

Staff can be infectious and transmitting the flu for 24 hours before they are symptomatic so getting the flu shot protects you from transmitting the infection to others before you know you are sick.

We will be asking our volunteers and contractors who access patient care areas to also be vaccinated.

We have expanded the opportunities for you to get vaccinated. You'll be able to be vaccinated at a number of pharmacies across the Fraser Valley or by your own GP. We will have work-place clinics available to you and there will be public health clinics available to you. Most importantly, we're going to roll out a network of peer-immunizers right across our facilities.

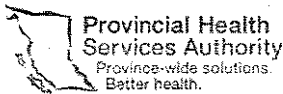
The Fraser Health Executive is committed to the full implementation of this program to protect vulnerable patients in our facilities. I urge you to help remind people to get vaccinated, to assist them to do so, and to remind those who are unable or unwilling to be vaccinated that they need to wear a mask.

Evidence shows that everyday steps can make a big difference, especially for vulnerable patient populations. This new policy not only protects people in our care but also protects ourselves, our co-workers and our families.

Thank you for your commitment to patient safety and quality.

Signed

Dr Nigel Murray



NEWS RELEASE

For Immediate Release
[release number]
Aug. 8, 2012

Ministry of Health
BC Health Authorities

Flu vaccine for health care workers to protect patients

VICTORIA – Vulnerable patients and seniors in British Columbia will benefit from new measures being taken by health care workers to prevent the spread of influenza.

Health-care workers who come into contact with patients at publicly-funded health care facilities, including long-term care facilities, will be required to get the influenza vaccine, or wear a face mask during the flu season.

“This policy will help to protect patients, and will save lives,” said Dr. Bonnie Henry, director of communicable disease prevention, at the BC Centre for Disease Control. “Health care workers and the health care system have an ethical and moral responsibility to protect vulnerable patients from transmissible diseases. Getting vaccinated is the right thing to do. Patients should not have to worry that they could get sick from their care provider.”

The new standard is being implemented as part of comprehensive infection control measures developed by health authorities in collaboration with the Health Employers Association of BC, the Ministry of Health and public health professionals. Other infection control measures include rapid identification of ill patients, hand washing etiquette, restrictions on work and visiting, and the use of antivirals.

Each year, health authorities provide influenza vaccine for free to all workers, volunteers and students who work with patients, and encourage as many get vaccinated as possible. However, historically vaccination rates have been less than 50 per cent.

This new policy will apply to all health care workers including health authority staff, physicians and residents, volunteers, students, contractors and vendors who come into contact with patients. It builds on those already in place in B.C., such as requiring health care workers to demonstrate immunity to measles, mumps, and rubella, and requiring tuberculosis skin testing.

“This decision has been made by all health authorities, to ensure that we are protecting our patients, and providing the best possible care,” said Dr. Nigel Murray, President and CEO, Fraser Health. “I am proud that we are leading the country on this important issue.”

The influenza vaccine is extremely safe, and is the most effective way to prevent illness from the influenza virus, helping to prevent infection in healthy adults by up to 80 per cent.

“Ensuring that as a health care worker you are up to date on all of your immunizations – especially influenza – is a matter of patient safety,” said Dr. Doug Cochrane, chair of the BC Patient Safety and Quality Council. “The flu virus can be contagious for at least 24 hours before symptoms appear, so in some cases workers may be unaware they are transmitting the virus to their patients. Influenza is a source of significant complications in health care facilities and long term care homes each year, and health care workers must ensure that they do all they can to reduce patient harms.”

B.C. will be the first jurisdiction in Canada to implement this provincewide policy. In the United States, there are many health care organizations and jurisdictions that have made this change to protect patients.

Canada’s National Advisory Committee on Immunization considers influenza vaccination for health care workers to be an essential component of the standard of care, and supports that workers should consider it their responsibility to get their flu shot each year.

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Ministry of Health
250 952-1887 (media line)

BC Patient Safety and Quality Council
Kevin Smith
604-668-8213

BACKGROUND

Protecting patients from influenza

- Influenza has by far the highest numbers of deaths among vaccine-preventable diseases, and hospitalized patients are more vulnerable to influenza than members of the general population.
- In addition to being a quality and safety issue, improved influenza vaccination coverage helps to reduce rates of employee illness. One study in a health care setting showed absenteeism related to respiratory disease reduced by 28 per cent.
- Flu shots are traditionally available around Thanksgiving each year. Flu season typically runs from late November/early December through to the end of March.
- Studies have demonstrated that health care workers who are ill with influenza frequently continue to work. In one study, 59 per cent of workers who tested positive for recent influenza infection could not recall having the flu, suggesting that many continued to work while unaware they were ill, potentially transmitting infection to their patients.
- Virginia Mason Medical Centre in Seattle was the first health care organization in the United States to implement a mandatory influenza vaccination policy in 2004. Since then, other organizations have implemented similar policies, including: the Hospital Corporation of America (163 facilities throughout the US); Hospital of the University of Pennsylvania; Children's Hospital of Philadelphia; Emory University Hospital and multiple community hospitals.
- In 2009, New York became the first state to require flu vaccine by health care personnel.
- Everyone can get the flu shot to protect them from getting the flu. In British Columbia, the flu shot is provided for free to those at higher risk of severe influenza illness and those who are close contacts or caregivers to people at high risk.
- It is especially important for people who are at increased risk of complications from influenza to get the flu shot each year.
- People who may be at increased risk include: seniors, people with chronic health conditions (especially heart or lung conditions), aboriginal people, or those with compromised immune systems.

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QUESTIONS AND ANSWERS

Health Care Worker Influenza Prevention

Ministry of Health

Draft: Aug 1, 2pm

Five (max) key messages:

- Each year, influenza causes serious complications – including death – for many British Columbians, and people with underlying illnesses and those in long-term care facilities are among the hardest hit.
- That is why, to support our comprehensive influenza prevention strategy, this year all health care workers must take specific measures to protect vulnerable patients and seniors from influenza.
- All health care workers, including health authority staff, physicians and residents, volunteers, students, contractors and vendors, who come into contact with patients at health care facilities and long-term care homes will be required to get the influenza vaccine, or to wear a face mask during flu season.
- The flu can cause serious illness in those most at risk – including seniors, people with compromised immune systems, respiratory illnesses or a variety of other underlying causes. In other words: many of our patients and long-term care residents.
- Patients and long-term care residents should not have to worry about contracting the flu from their caregivers.
- The flu vaccine is safe and effective – when used in conjunction with other infection control practices, such as hand washing and remaining home when sick – it is extremely effective at preventing illness.

1. If the flu vaccine is so important, why doesn't B.C. provide it for free to everyone, like some provinces?

- B.C. provides the flu vaccine for free to those at high risk of complications, those who come into close contact with those at high risk, and those who provide essential community services.
- This policy protects the most vulnerable, while ensuring that valuable public health immunization dollars are available to protect as many people against as many vaccine-preventable illnesses as possible.

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QUESTIONS AND ANSWERS

- While the flu is unpleasant, it is not dangerous to the majority of the population (those not considered high risk). However, for those people who ARE considered high risk, it can be very dangerous and can cause severe complications.
- That is why it is so important that health care workers who work with these populations every day get vaccinated.

2. How do you have the right to impose this on health care workers? What about their rights?

- We are not imposing this on staff – workers have the option to wear a mask if they are unable to be vaccinated, or choose not to.
- That said, we do not believe that asking health care workers to get the flu shot each year is unnecessarily burdensome.
- Nearly every professional code of ethics in the health care field – from medicine, to nursing, to pharmacists – outlines that the interests of the patient must come first, and that health care workers have a duty to act in the best interests of their patients, and not to put them at undue risk of harm.
- The flu shot is extremely safe, and the likelihood of a serious adverse reaction is very, very low.

3. Who is implementing this policy?

- This policy is being implemented by all of the health authorities, on the advice of the Office of the Provincial Health Officer and public health professionals.
- The Ministry of Health has drafted the policy, working in conjunction with health authorities and the Health Employers Association of British Columbia.

4. There is evidence to support this program in long term care settings – however, there is no evidence that shows that this is an effective policy in acute care. Given this, why are you extending this policy to all health care facilities?

- The majority of studies on the impact of flu vaccination have been done in long term care facilities, because it can be very difficult to perform these studies in acute care settings.
- However, we know that the flu vaccine protects against transmission – and protecting vulnerable patients in acute care settings is just as important as protecting those in long term care homes.

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QUESTIONS AND ANSWERS

- In fact, modelling studies suggest that complete vaccination of health care workers in the acute care setting would result in a 43 per cent reduction in the risk of influenza in hospitalized patients.
5. **Who does this policy apply to? All health authority employees? What about students, volunteers, etc?**
- This policy applies to all health care workers that could come into contact with patients, including health authority employees, other credentialed professionals, physicians and residents (employed and affiliated), volunteers, students, contractors, and all vendors who work for, provide services to or otherwise do business with a health authority. So, those who work in administration buildings separate from patient care settings would be exempt, but those who work within an acute care or long term care setting would be included.
 - This policy also includes contractors who come into regular contact with patients – for example, those who work in retail food establishments or contracted physicians.
6. **What were the rates of vaccine coverage among health care workers last year?**
- For the 2011/12 influenza season, coverage rates among health care workers in B.C. were 40 per cent at acute care facilities, and 57 per cent at residential care facilities.
7. **The policy includes a stipulation about an outbreak situation, where the masking requirement is lifted. What does that mean?**
- When an outbreak of influenza is declared at a facility, the province's current outbreak policy supersedes this new policy.
 - In that situation, the potential for infection becomes much higher, so the masking option is removed. Employees who are not vaccinated may be excluded from work or required to take antiviral medication.

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- This policy gives employees an option – immunize or wear a mask.

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QUESTIONS AND ANSWERS

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- It is clear that more needs to be done to increase immunization rates, as voluntary measures have not worked.
9. If this policy is being applied to all workers who have patient contact, why are you not requiring visitors to also be vaccinated or wear a mask when visiting patients?
- Ideally, visitors who come into our acute or long term care settings will be vaccinated against influenza. However, we recognize that it is logistically very difficult to require visitors to be vaccinated. For visitors who are not vaccinated and who are concerned, they may request a mask to wear for the duration of their visit.
 - We do ask that if visitors know they are sick, they refrain from attending these facilities, and in high risk areas of hospitals there are additional policies in place that might require a stricter level of precaution.
10. Health authorities are already stretched past capacity – how will they be able to increase vaccinations to cover all staff?
- Health authorities have been working to increase voluntary coverage for years, so capacity should already be increased significantly. In addition physicians, public health clinics and now over a thousand pharmacists can also provide influenza vaccination.
 - There are many places that health care workers can get immunized:
 - At one of the workplace health vaccination clinics
 - From a flu champion on their own work unit
 - At their own doctor's office
 - At a public health clinic
 - At a local pharmacy
11. Will staff who get vaccinated at their doctor's office or pharmacy still get the vaccine for free?
- Yes, all British Columbians who work with vulnerable populations – such as health care workers – are eligible for a free influenza vaccine.
 - Physicians and pharmacists are able to use a specific billing code to be reimbursed for the cost of the vaccine in these cases.

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QUESTIONS AND ANSWERS

- We do recommend that you bring your employee ID or some other proof of employment when you go to get vaccinated, so that there is no confusion.

12. Why don't you just offer incentives, or better advertise immunization programs to increase health care worker vaccination levels? Why resort to mandatory?

- Health authorities and Immunize BC have tried extensively promoting the influenza vaccine to health care workers in past years, even to the point of offering prizes such as iPads and Caribbean vacations. None of these tactics have increased rates above 50 per cent.
- Other tactics in the United States, such as linking immunization to performance reviews, also failed to achieve an acceptable rate.
- However, in those facilities where immunize or mask policies were introduced, average vaccination rates increased to 95 to 99 per cent of staff populations. This is the only method that has been shown to achieve this kind of uptake.

13. Does this policy apply to private or not-for-profit long-term care homes that receive public funding?

- If a facility receives public funding it is included in this policy.
- Private facilities that do not receive any public funding are not covered by this policy. That said, we encourage all health care workers and those who work with vulnerable populations to get the vaccine, and these individuals would still be eligible to receive the vaccine for free.

14. What will happen to staff who do not comply with the policy? Will they be terminated?

- Given that there are two options provided for compliance: vaccination and mask-wearing, we anticipate that the vast majority of staff will have no problem complying with this policy.
- For instances of non-compliance, managers will work with employees to provide information and education to ensure adherence. Issues will be treated in the same fashion as other patient safety policies, such as needing to wear a mask and gown in the operating room. Should compliance issues persist, specific actions will be taken, which could include disciplinary measures.

15. The influenza vaccine is never 100 per cent effective, and some years the vaccine is not a match for the predominant circulating virus. Why should staff be forced to get the vaccine if it is not even effective?

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QUESTIONS AND ANSWERS

- The influenza vaccine is very effective at preventing infection and transmission to patients. Even in years of vaccine mismatch, evaluation shows that protection is better than 40% -- significantly better than no protection at all.
- Each year, every effort is made to identify the predominant circulating influenza strains, and the vaccine is created to provide immunity against those strains.

16. Has there been an ethical or legal review of this policy?

- There has been a comprehensive legal review of this policy.
- National health care organisations consider that influenza vaccination is an ethical imperative for health care workers and is part of their "duty of care." However, staff who decline or are unable to be vaccinated can choose to wear a mask in winter. This is similar to requiring a mask in other areas of health care facilities, such as the operating theatre and in isolation rooms, or hand washing. No one will be forced to receive vaccination.
- Health care workers have an ethical responsibility to protect their patients, and vaccination is the best way to do this. In fact, a recent "Lancet" editorial strongly supported the US approach of mandatory vaccination -- principally on the ethical imperative to do better.
- There are a number of ethical principles involved in requiring vaccination. These include the duty to put patients' interests first, the obligation to do no harm, and, the requirement to protect those who cannot protect themselves.

Questions and Answers

What is influenza?

Influenza (flu) is an infection of the upper airway caused by the influenza virus. A person with influenza is at risk of other infections, including viral or bacterial pneumonia, which is an infection of the lungs.

Influenza spreads easily from person to person through coughing, sneezing, or face-to-face contact. The virus can also spread when a person touches tiny droplets from a cough or sneeze and then touches their eyes, mouth or nose before washing their hands.

Many people use the term flu to refer to any illness caused by a virus, such as the “stomach flu” or the common cold. However, the influenza virus causes illness that tends to be more severe than other viruses.

Symptoms can begin 1 to 4 days after a person is first exposed to the influenza virus. Fever and other symptoms usually last 7 to 10 days, but the cough and weakness may last 1 to 2 weeks longer.

An infected person can spread the influenza virus even before feeling sick. An adult can spread the virus from about 1 day before to 5 days after symptoms start. Children can spread the virus up to 21 days after symptoms start.

What is the influenza vaccine?

The influenza or flu vaccine is a safe and effective way to help people stay healthy, prevent illness, and even save lives. The influenza virus can cause serious illness and even death in people with certain chronic health conditions. The influenza vaccine is the best protection against influenza illness and its complications.

Each year the vaccine is reformulated in order to match what scientists believe will be the circulating strains that winter. Vaccines used in the healthcare worker program in BC are killed virus particles and cannot cause infection.

The influenza vaccine protects against viruses that cause influenza, often called the flu. The vaccine does not protect against other viruses or bacteria that cause colds or stomach flu. Several different influenza vaccines are available in B.C. All of the vaccines are approved by Health Canada.

Health authorities will be using a number of available vaccines which best suit their needs and their diverse populations. Details of which vaccine is available in your area are available from your regional public health office.

In B.C., the vaccine is usually available in October. For your best protection and that of your patients and family, you should get the influenza vaccine as soon as possible.

How serious is influenza?

Influenza reduces the body's ability to fight other infections. Bacterial pneumonia, which is an infection of the lungs, is the most common complication from influenza especially in elderly people. Influenza can also lead to more complications for people who have heart, lung or other health conditions. These complications can sometimes be fatal.

Why are health care workers required to get the influenza vaccine or wear a mask during flu season?

Influenza is a serious contagious disease spread through close contact with an infected individual. Influenza in vulnerable groups, especially the elderly, the very young and the immunosuppressed, is associated with significant morbidity and mortality. It is a major contributor to hospitalizations in winter. In addition to causing deaths from acute influenza illness and secondary bacterial pneumonia, influenza has been associated with increased mortality from ischaemic heart disease, cerebrovascular disease, and diabetes. Thus, patients in healthcare facilities and long term care residents are especially at risk of developing serious complications from flu.

Influenza-related complications in older adults include profound disability. Pneumonia and influenza are among the top three leading causes of catastrophic disability. These patients do not return home after hospitalization but require long term care.

Vaccinating doctors, nurses and other patient care staff protects patients from infection, illness and death. Infected individuals are highly contagious and transmit influenza for 24 hours (or more) before they are symptomatic. By ensuring that staff are vaccinated against the flu, we can best protect our vulnerable patients.

Who is required to be vaccinated under this policy?

Any staff, students or volunteers who have regular contact with patients are included in this policy. This is a patient safety and quality issue, so staff in hospitals, long term care facilities, and public health and community health units are all included, as well as staff in home health roles. Staff in research institutions, administration roles and other settings where there are no patients are exempted.

Contractors who work in patient facilities or who have regular access to these facilities are also included.

Visitors and others with irregular contact are exempted.

I stay home when I have influenza. Why should I be vaccinated? I am not a risk to patients.

Infected individuals are highly contagious and transmit influenza for 24 hours (or more) before they are symptomatic, so only vaccination will protect vulnerable patients and your fellow health care workers.

In fact, some data shows that staff often do not realize when they have the flu, and therefore do not self isolate reliably.

Why are we applying this policy to all settings, rather than limiting it to high risk areas such as Long Term Care facilities only?

It is true that patients in long term care facilities and other high risk areas such as oncology, intensive care and HIV wards are at the highest risk of developing complications from flu. However, there are several reasons that we are also extending this policy to other areas.

- High risk individuals are found throughout health care settings – not only in these specific areas. Many are also found in medical and surgical wards or in emergency rooms awaiting admission;
- It is unfair to require vaccination of only some staff; ;
- Staff regularly move in between wards or areas of a facility in the course of a day. Even if a particular staff member is not working directly with patients in a very high risk area, they may still come into contact with them in the course of their day; and
- The benefits of herd immunity are lost if only some staff are required to be vaccinated.

Why are we concentrating on vaccination as a means of reducing influenza risk?

The required vaccination is only one part of the influenza risk reduction strategy. Other infection control measures such as rapid identification of ill patients, handwashing etiquette, restrictions on work and visiting, and the use of antivirals are all important and are part of Health Authority activity but vaccination remains the cornerstone of efforts to control influenza transmission.

Why has this been made a condition of service rather than a voluntary recommendation?

Each year HCW are encouraged to get vaccinated for the protection of themselves, their families and their patients.

However, voluntary vaccination strategies have failed and the low rates pose a danger to vulnerable patients. A range of incentives to encourage vaccine uptake have been used. These include bringing the vaccine carts to the wards, extensive publicity via mail-outs, posters, webcasts and badges, and offering a range of prizes such as iPods and vacations. Despite all these efforts, the coverage of key clinical staff has remained well under 50% in many settings.

Over the last few years over 100 facilities and organisations in the United States, including some whole states, have mandated vaccination for all health care workers or for those in key contact roles. Employees can opt out of receiving shots for certain medical or religious reasons, but then have to follow procedures like wearing masks to protect patients from possible exposure through the winter period. As a result of these mandatory programs, vaccination coverage rates have been around 95% or higher in all these settings.

Can I take antivirals instead of wearing a mask.

The use of long term antiviral medication was explored during the planning for pandemics to protect staff during the period before vaccine was available.

There were no data about the safety and efficacy of use of the available medications beyond a period of six weeks. Further some recent influenza strains have shown resistance to oseltamivir (Tamiflu) and theoretically long term use to avoid masks could increase resistance.

Antivirals will not be offered in place of mask use.

Antivirals may be offered though during an outbreak setting in accordance with standard protocols.

Has there been an ethical review of this policy?

Staff who decline or are unable to be vaccinated will be required to wear a mask in winter. This is similar to requiring a mask in other areas of health care facilities, such as the operating theatre and in isolation rooms. No one is forced to receive vaccination.

Health care workers have an ethical responsibility to protect their patients, and vaccination is the best way to do this. In fact, a recent "Lancet" editorial strongly supported the American approach of mandatory vaccination -- principally on the ethical imperative to do better.

There are a number of ethical principles involved in requiring vaccination as a condition of service. These include the duty to put patients' interests first, the obligation to do no harm, and the requirement to protect those who cannot protect themselves.

The Society for Healthcare Epidemiology of America strongly recommends mandatory vaccination, stating in its policy, "influenza vaccination of health care workers is a core patient and health care worker safety practice with which noncompliance should not be tolerated." The policy is also supported by the Infectious Diseases Society of America and the Association of Professionals in Infection Control and Epidemiology.

What are the views of local professional bodies

The College of Registered Nurses of British Columbia has a practice standard, which includes the requirement to "Keep your own immunizations up to date to protect yourself, your colleagues and your clients from vaccine-preventable diseases, including influenza."

Will the intranasal vaccine (Flumist®) be available for those who have needle phobias

No. Some studies have shown that the intranasal vaccine is less effective in adults than traditional vaccine in adults.

In addition, only a small amount of intranasal vaccine will be available in B.C. and it will be impossible to distribute sufficient amounts to all these sites to include this in the policy.

Where can I get my flu shot?

There are many places that healthcare workers can get immunized:

- At one of the workplace health vaccination clinics
- From a Flu Champion on your own work unit.

- At your own doctor's office.
- At a Public Health clinic.
- At a local pharmacy

To find the nearest flu shot clinic, visit ImmunizeBC's [Flu Clinic Locator](#) at or call HealthLink BC at 8-1-1.

To make the vaccine more convenient to staff, many nursing units and clinical departments have a Flu Champion on site to provide vaccines to staff. Look on your unit for a notice or poster advertising more information on who your flu champion is and their schedule for your department. Please don't forget to bring your staff identification when you get your flu shot.

What if I am pregnant or breastfeeding? Is it safe for me to be immunized?

Yes. Influenza can have serious consequences for pregnant women and their unborn children.

Influenza immunization is recommended, for your own health and to provide your baby with immunity in the first six months of life when they are most at risk of serious disease. The National Advisory Committee on Immunization recommends the flu vaccine be given to all pregnant women.

The vaccines used in British Columbia do not contain live virus. They cannot give you the flu and are very safe in pregnancy

I have latex allergy – can I get the flu vaccine?

Yes, the stopper on the vaccine vials is butyl rubber which is latex-free. All products used to administer the vaccines are latex-free.

What if I have an egg allergy?

People with mild egg allergies can safely receive the influenza vaccine. People with a history of anaphylaxis to egg should ensure they receive the vaccine in a controlled setting.

Possible Reactions after the Vaccine

Common reactions to the influenza vaccine or flu shot include soreness, redness and swelling where the vaccine was given. Other symptoms can include fever, headache, aching muscles and fatigue that may last 1 to 2 days.

The influenza vaccine or flu shot given by needle cannot give you influenza. The vaccines available in the healthcare worker program contain dead influenza viruses that cannot cause infection.

Acetaminophen or Tylenol® can be given for fever or soreness. ASA or Aspirin® should NOT be given to anyone under 20 years of age due to the risk of Reye Syndrome.

Should I be concerned about the risk of Guillan-Barre Syndrome following immunization with flu vaccine

Guillain-Barré Syndrome (GBS), is a rare neurological disorder. GBS is a form of paralysis, is usually temporary and can occur after some common infections. GBS may be associated with influenza vaccine in about 1 per million recipients. It is much more likely to occur after influenza infection than after Influenza vaccine. The Public Health Agency of Canada (PHAC) has established a reporting network of neurologists to actively investigate any and all new cases of GBS to assess any relationship to vaccine receipt

What are preservatives and why are they sometimes used in vaccines?

Preservatives have been used in vaccines for more than 70 years and are added to vaccines to prevent the growth of bacteria or fungi that could possibly make the vaccine in multi-dose vials unsafe. This may occur when a syringe needle enters a vial as a vaccine is being prepared for administration. Contamination by germs in a vaccine could cause serious infections.

What is thimerosal?

Thimerosal is a mercury-based preservative that has been used for decades in the United States in multi-dose vials (vials containing more than one dose) of some vaccines to prevent the growth of germs, bacteria and fungi, that can contaminate them.

Do the available flu vaccines contain mercury (thimerosal)?

Health Canada has approved several formulations of the seasonal flu vaccine, including multi-dose vials and single-dose units. Since seasonal influenza vaccine is produced in large quantities for annual immunization campaigns, some of the vaccine is produced in multi-dose vials, and contains thimerosal to safeguard against possible contamination of the vial once it is opened.

The single-dose units are made without thimerosal as a preservative because they are intended to be opened and used only once.

The amount of mercury in vaccines is very small, less than one tenth of the mercury in a tin of albacore tuna, available in grocery stores.

Is thimerosal in vaccines safe?

There is a large body of scientific evidence on the safety of thimerosal. Data from several studies show the low doses of thimerosal in vaccines do not cause harm, and are only associated with minor local injection site reactions like redness and swelling at the injection site.

The medical community supports the use of thimerosal in influenza vaccines to protect against potential bacterial contamination of multi-dose vials.

Is thimerosal in vaccines linked to autism?

There is no evidence of causality between thimerosal-containing vaccines and autism or other neurological disorders.

Numerous studies have found no association between thimerosal exposure and autism. Health Canada places a high priority on vaccine safety, surveillance, and research. Health Canada is aware that the presence of the preservative thimerosal in vaccines and allegations of a relationship to autism have raised public concerns. These concerns have made decisions surrounding vaccinations confusing and difficult for some people.

The Canadian government is committed to ensuring the safety of vaccines. This is achieved by oversight of rigorous pre-licensure trials and post-licensure monitoring.

Who should not get the influenza vaccine?

Speak with a public health provider if you:

- had a life-threatening reaction to a previous dose of influenza vaccine, or any component of the vaccine
- had severe oculo-respiratory syndrome after a previous flu shot
- developed Guillain-Barré Syndrome (GBS) within 8 weeks of getting any influenza vaccine
- have a serious allergy to eggs. People with mild egg allergies can be safely vaccinated with the influenza vaccine.

Myths and Realities

Myth:

Influenza is not a serious illness.

Fact:

In years when influenza is widespread in B.C., hundreds of people may die from influenza or its complications, such as pneumonia. Influenza can lead to serious illness in seniors over 65 years and in other high risk groups.

Myth:

I have never had influenza, so I do not need to get the vaccine.

Fact:

Influenza viruses change or mutate often. Most people can get sick with influenza several times during their lives. An influenza vaccine is the best protection against the influenza virus.

Myth:

The influenza vaccine can give me influenza.

Fact:

The influenza vaccine or flu shot given by needle cannot give you influenza. The vaccine contains dead influenza viruses that cannot cause infection. Common reactions to the influenza vaccine or flu shot may include soreness, redness and swelling where the vaccine was given. Other symptoms can include fever, headache and aching muscles that may last 1 to 2 days. A live influenza vaccine that is given as a nasal spray contains weakened influenza viruses and has the potential to cause mild symptoms, such as runny nose, sore throat and fever. As a precaution, some people such as those with severe asthma or weakened immune systems should not get this live vaccine.

Myth:

The influenza vaccine causes severe reactions or side effects.

Fact:

The influenza vaccine is safe. Most people only have redness or soreness where the flu shot was given. Some people, especially those who get the flu shot for the first time, may have muscle aches or tiredness.

Guillain-Barré Syndrome (GBS), a form of paralysis, is usually temporary and can occur after some common infections. GBS may be associated with influenza vaccine in about 1 per million recipients. It is more likely after influenza infection than after Influenza vaccine.

Myth:

Getting an influenza vaccine every year weakens my immune system.

Fact:

The influenza vaccine boosts your immune system to protect against the virus, instead of weakening it.

Myth:

I should not get the influenza vaccine because I have allergies.

Fact:

Most people with allergies can get an influenza vaccine without any problems. However, if you have had a severe allergic reaction to a previous dose of the influenza vaccine or to eggs or any other component of the vaccine, talk to your doctor. You may need to be tested for allergies before being immunized.

Myth:

The influenza vaccine protects against the viruses or bacteria that cause colds or stomach illnesses.

Fact:

The vaccine does not protect against the viruses or bacteria that cause colds or stomach illnesses, often called the stomach flu. The influenza virus is very different and more severe than the common cold or the stomach flu. Influenza vaccine only helps protect against the viruses that cause influenza.

Myth:

The vaccine does not work because I still get influenza or the flu.

Fact:

There are many different types of viruses year-round that can cause flu-like symptoms, but these are not actually the influenza virus.

The influenza vaccine protects against the 3 strains of influenza viruses that health experts think will likely cause influenza during the flu season. It does not protect against other viruses that cause similar illnesses, like Respiratory Syncytial Virus or parainfluenza. Because the influenza virus strains

change most years, you need to get the influenza vaccine each year to be protected against new strains.

When the strains in the vaccine are well-matched to the strains of influenza virus in the community, the vaccine prevents influenza in more than 7 out of 10 vaccinated persons. In very elderly people and people who have certain chronic health conditions, the vaccine may not prevent influenza as completely but may decrease symptoms, complications and the risk of death from influenza.

Myth:

I am pregnant and should not get the influenza vaccine.

Fact:

Influenza can have serious consequences for pregnant women and their unborn children.

Influenza immunization is recommended, for your own health and to provide your baby with immunity in the first six months of life when they are most at risk of serious disease. The National Advisory Committee on Immunization recommends the flu vaccine be given to all pregnant women.

The vaccines used in British Columbia do not contain live virus. They cannot give you the flu and are very safe in pregnancy

Mothers with babies and toddlers younger than 2 years should get the influenza vaccine if they have not been immunized during pregnancy. Children under 2 years are at higher risk of hospitalization for influenza. Babies under 6 months cannot be vaccinated because their immune response to the vaccine is not as strong.

Vaccination for mothers and household or other contacts, including staff of child care centers, can help protect children too young to be immunized and infants and toddlers who get more ill from influenza than older children.

Myth:

I am a nursing mother and should not get the influenza vaccine.

Fact:

It is safe for babies to breastfeed after mothers receive the influenza vaccine or flu shot. Nursing mothers should receive the influenza vaccine or flu shot given by needle, which contains dead influenza viruses that cannot cause infection.

