

## Influenza Control Program

### Frequently Asked Questions

#### Managers

Influenza – or the flu – can be a serious contagious disease, which is spread by droplet transmission through close contact with an infected person. Infected individuals are highly contagious and can transmit the virus for 24 hours before they show any symptoms.

Each year, there are approximately 3,500 deaths from influenza and its complications across Canada. Influenza causes by far the most deaths among vaccine-preventable diseases, outpacing all others combined. Hospitalized patients and seniors in residential care are more vulnerable to influenza than healthy adults. The vaccine is also less effective in the elderly and those with compromised immune systems, making it even more important that their caregivers are vaccinated.

Infected health care providers can pass the virus on to their patients before they even know they are sick. The most effective way to prevent the flu is by getting vaccinated and adopting additional preventative measures, such as proper hand hygiene and proper sneezing and coughing etiquette. Immunization helps physicians, health care providers and those who come into regular contact with patients reduce their risk of contracting influenza and spreading it to their patients.

To protect patients in our facilities, in 2012 British Columbia's health authorities adopted the Influenza Control Program Policy, requiring all employees, students, physicians, residents, contractors, vendors and volunteers to get immunized or to wear a mask during influenza season when in a patient care area. To further protect patients, the policy was expanded to include all visitors to our health care facilities.

#### How do I comply with the Influenza Control Program Policy this year?

~~New for the 2015/16 season, a~~All B.C. health care workers employed by a health authority and medical staff are expected to report what they do to prevent flu – whether they have chosen to be vaccinated or wear a mask in patient care areas – by self-reporting using an online system (<https://influenzareporting.org>~~influenzareporting.phsa.ca~~).

To self-report, you must know your health authority employer and employee ID number, your home postal code, phone number and email, and (if applicable) the date of your flu vaccination and who vaccinated you (e.g., flu clinic nurse, family physician, pharmacist, public health, peer nurse immunizer). If you are employed by more than one health authority, you only need to report once using one health authority employee ID. The system will automatically notify your other employers.

By reporting your flu immunization, you are in compliance with the policy for the rest of the influenza season. If you report that you choose to decline vaccination, you will be required to wear a surgical/procedure mask in patient care areas for the duration of the influenza season to comply with the policy.

### **How do I know if my staff have been immunized?**

You will receive regular reports indicating that staff have been immunized, or that they have declined immunization and will wear a mask in patient care areas for the duration of the influenza season. This year, all staff are expected to self-report; managers are encouraged to follow up with staff who have not self-reported.

### **Can I post those reports to identify all staff who have been immunized?**

No. Managers are being provided reports to meet their supervisory obligations – this information is not for public sharing. Managers must ensure that reports are securely stored and steps are taken to protect employee privacy.

### **What is the Policy Application Period?**

During this period, all employees and individuals covered by the policy must have received a flu vaccination or wear a mask in patient care areas, and all visitors will be expected to wear a mask if they have not been vaccinated.

The Policy Application period will begin ~~Tuesday~~ December 1, ~~2015~~2017. The end date will be announced by the Provincial Health Officer, typically around the end of March.

### **When and where do covered individuals have to wear a mask?**

The most effective way to prevent the transmission of influenza is to get a flu shot, and follow other preventative measures such as proper hand hygiene. If staff (or other covered individuals) are not vaccinated, they must wear a procedure mask whenever they are in a patient care area during the Policy Application Period.

### **What is a patient care area?**

A patient care area/location is defined as an area within a health care facility, including a contracted facility, hallway or lobby, which is accessible to patients, residents or clients who are there to access care or services.

It includes any other location where care is provided, such as home and community care locations (including a client's home). It does not include locations such as administrative areas or private offices, which are not generally accessed by patients, residents or clients.

### **What type of mask should be worn?**

Procedure masks are recognized for use in this policy. These have been shown to be effective in preventing the transmission of influenza.

### **When do masks need to be changed?**

Masks should simply be changed when they get overly moist – there is no set time designated when they need to be changed.

It is important that used masks are disposed of appropriately. Please dispose of masks in an available garbage can, and follow proper hand hygiene protocols before replacing with a new mask.

### **What do I do when an employee who is not vaccinated refuses to mask?**

The policy does require all health care workers who have not had a flu shot to wear a mask when working in patient care areas. Each case will be reviewed individually to establish the facts and determine the appropriate response.

### **What happens if someone refuses to comply with this policy?**

In 2013, a decision by a B.C. arbitrator stated that this policy is a reasonable and lawful exercise of the employer's management rights. Non-compliance with the policy may be cause for progressive discipline up to and including termination of employment.

All incidents of non-compliance should be addressed promptly, thoroughly and consistently. An investigation should be conducted, including interviewing the employee, to ascertain the facts and determine the appropriate response.

We recognize that each employee's professional and personal circumstances are unique and all requests for accommodations must be considered. Please contact your human resource representative for further details.

### **What is the medical duty to accommodate?**

Any employee who believes they will experience negative health consequences from wearing a mask must request accommodation in advance so the employer can review the medical information and assess whether an accommodation is needed. Employees who have not requested accommodation are expected to comply with the policy.

For more information about non-compliance, please refer to the Responding to Employee Non-compliance with the Influenza Control Program Policy available through your human resource representative.

### **What is the role of senior management in implementing this policy?**

There are several ways we are asking senior management to help implement this policy:

1. Support and actively promote our commitment to controlling the spread of communicable disease and to protect patients and staff from influenza.
2. Provide the financial and physical resources necessary to cover the costs of the annual influenza vaccination campaign, including space, support for facility vaccination clinics, administrative resources for data entry, recruitment/payment of flu champions and clinic nurses, access to pharmacy storage for facility vaccine, and supplies.
3. Ensure that directors, managers and supervisory staff co-operate with the influenza education and vaccination program and ensure employee compliance with the Influenza Control Program Policy.
4. Ensure that directors, managers and supervisory staff monitor prevention strategies and take appropriate action as outlined by policy and procedures.

## **What is the role of operations leaders/management in implementing the policy?**

We recognize that all of our operations leaders and managers have a lot on their plates. However, we know you will agree that protecting our patients is our number one priority. We ask that, as respected leaders in our organization, you help implement this important policy in the following ways:

1. Ensure respectful compliance with this policy and support the influenza campaign as an important patient safety program.
2. In accordance with business operations and relationships, help to ensure that covered individuals are provided with information relating to the Influenza Control Program Policy and their responsibilities under the Policy.
3. Ensure employees are provided with instruction, training, supervision, and access to vaccination and/or masks to enable them to comply with this policy.
4. Regularly review reports of staff immunization/masking status and encourage non-immunized staff to wear a mask in patient care areas during the Policy Application Period.
5. Ensure that all staff adhere to the communicable disease control requirements as outlined in this Policy.
6. Identify and follow up with non-compliant staff, in accordance with the collective agreement.
7. Ensure all new employees who may be hired after the initial employee influenza campaign has ended are aware of the policy and comply with the requirements outlined in this policy within two weeks of hire.
8. Raise any concerns regarding non-compliance with human resources. This will assist in identifying other supports or communication requirements.

We know that you are committed to protecting patients, and thank you for your dedication to their safe care and well-being.

## **Influenza Control Program**

### **Frequently Asked Questions**

#### **Masking**

Influenza – or the flu – can be a serious contagious disease, which is spread by droplet transmission through close contact with an infected person. Infected individuals are highly contagious and can transmit the virus for 24 hours before they show any symptoms.

Each year, there are approximately 3,500 deaths from influenza and its complications across Canada. Influenza causes by far the most deaths among vaccine-preventable diseases, outpacing all others combined. Hospitalized patients and seniors in residential care are more vulnerable to influenza than healthy adults. The vaccine is also less effective in the elderly and those with compromised immune systems, making it even more important that their caregivers are vaccinated.

Infected health care providers can pass the virus on to their patients before they even know they are sick. The most effective way to prevent the flu is by getting vaccinated and adopting additional preventative measures, such as proper hand hygiene and proper sneezing and coughing etiquette. Immunization helps physicians, health care providers and those who come into regular contact with patients reduce their risk of contracting influenza and spreading it to their patients.

To protect patients in our facilities, in 2012 British Columbia's health authorities adopted a policy requiring all employees, students, physicians, residents, contractors, vendors and volunteers to get immunized or to wear a mask during influenza season when in a patient care area. To further protect patients, the policy was expanded to include all visitors to our health care facilities.

#### **How do I comply with the Influenza Control Program Policy this year?**

New for the 2015/16 season, all B.C. health care workers employed by a health authority and medical staff must report what they do to prevent flu – whether they have chosen to be vaccinated or wear a mask in patient care areas – by self-reporting using an online system (<https://influenzareporting.org/influenzareporting.phsa.ca>).

To self-report, you must know your health authority employer and employee ID number, your home postal code, phone number and email, and (if applicable) the date of your flu vaccination and who vaccinated you (e.g. flu clinic nurse, family physician, pharmacist, public health, peer nurse immunizer, other). If you are employed by more than one health authority, you only need to report once using one health authority employee ID; the system will automatically notify your other employers.

If you report that you choose to decline vaccination, you will be required to wear a surgical/procedure mask in patient care areas for the duration of the influenza season to comply with the policy.

### **What is a patient care area?**

A patient care area/location is defined as an area within a health care facility, including a contracted facility, hallways or lobbies, which is accessible to patients, residents or clients who are there to access care or services.

It includes any other location where care is provided, such as home and community care locations (including a client's home). It does not include locations such as administrative areas or private offices which are not generally accessed by patients, residents or clients.

### **What is the masking portion of this policy?**

The most effective way to prevent the flu is by getting vaccinated, in combination with other preventative measures, such as proper hand hygiene. This policy requires that all employees, physicians, residents, students, volunteers, vendors and contractors be vaccinated against the flu each year or, for those unable or unwilling to get immunized, to wear a procedure mask when in patient care areas during the designated required vaccination period, typically from the beginning of December to the end of March.

Visitors are also included in this policy, and so will be expected to wear a mask when in health care facilities, if unvaccinated.

### **Why do unvaccinated workers need to wear a mask?**

The primary purpose of having health care workers wear a mask is to prevent transmission of the virus to their patients at times when they are shedding virus with few or no symptoms, or if they are working when ill.

Based on current evidence, healthcare worker vaccination during the flu season is the best way to protect yourself and your patients from influenza. However, for healthcare workers unable or unwilling to be vaccinated, there is evidence to support mask-wearing as a reasonable alternative:

- There is good evidence that surgical masks reduce the concentration of influenza virus expelled into the air when worn by someone shedding influenza virus. Droplet transmission is a major route of influenza transmission, and masks act as a physical barrier to block large droplets propelled by coughing and sneezing.
- In conjunction with proper hand hygiene, masks have been shown to reduce rates of influenza-like illness in residents of college dormitories and households.

- Masks may also protect unvaccinated health care workers from infected patients or visitors with influenza, though the degree of protection for healthcare workers is uncertain.

### **If my patients are vaccinated, why do I need to wear a mask?**

In most health care situations you will not know the vaccine status of your patient.

In addition, although vaccination is the best way to protect against influenza, it does not offer 100% protection. The vaccine may be less effective for some of your patients, as vaccine efficacy is lower for those with immune compromising conditions and the elderly, as compared to healthy adults. Among patients, being vaccinated may prevent infection or lessen the symptoms and duration of infection if patients do contract influenza, but some patient populations may still be vulnerable to serious illness if they are exposed to influenza.

Even if they are vaccinated, it remains important to protect patients from exposure to influenza virus in health care settings by consistently wearing a mask during the influenza season if you are unimmunized.

### **Is the evidence good enough to support the mask-wearing component of the Influenza Control Program Policy?**

Recently, there has been some debate about the strength of the evidence supporting the role of masks in preventing influenza transmission. This area of research is new; compared to all of the influenza vaccine trials that have been undertaken over almost three decades, there are relatively fewer studies examining the role of masks. Although there is no gold standard randomized control trial (RCT) exploring the efficacy of masks to prevent influenza transmission from healthcare workers to patients, the evidence available to date consistently supports the use of masks to prevent influenza transmission in healthcare settings.

RCTs have demonstrated that mask-wearing has a protective effect for healthcare workers and reduces respiratory illness in shared living situations. Other studies have shown that masks redirect airflow away from the patient, reduce the concentration of influenza virus expelled into the ambient air, and reduce transmission over short distances. A review of studies about surgical masks and their preventive effect on influenza transmission, conducted by researchers at Vanderbilt University School of Medicine, concluded that, "recommendation of the use of face masks, combined with a continued emphasis on hand hygiene for preventing influenza-like-illness in crowded community settings, is reasonable based on scientific data."<sup>1</sup>

Given the evidence, surgical mask use is recommended in healthcare settings by the Public Health Agency of Canada and many other organizations as a routine practice for



respiratory hygiene and droplet precaution when patients have influenza like illness (ILI) symptoms. Masks act as a physical barrier to prevent transmission of disease, as influenza spreads primarily through large droplets generated during coughing and sneezing.

The scientific literature will be periodically reviewed in order to identify and learn from new information.

1. Daniels T, Talbot T. Unmasking the confusion of respiratory protection to prevent influenza-like illness in crowded community settings. *Journal of Infectious Diseases*. 2010; 201(4): 483-485. <http://jid.oxfordjournals.org/content/201/4/483.full>

### **If there is a vaccine mismatch like last year (2014/15), why don't all health care workers have to wear a mask in patient care areas?**

Wearing a mask, in conjunction with hand and respiratory hygiene, reduces the risk of influenza transmission. However, masking is still secondary to vaccination in terms of preventing the transmission of influenza. Although one of the vaccine strains in last year's vaccine was mismatched to the circulating H3N2 virus, the two other vaccine strains provided good protection against influenza viruses for immunized staff.

During a season with pronounced vaccine mismatch, health care workers who have been vaccinated may voluntarily wear a mask to further reduce the risk of transmission. However, the policy will not be amended to require vaccinated staff to wear masks because there is no strong evidence to support universal masking as a preventive measure in the presence of pronounced vaccine mismatch and in the absence of an outbreak. In addition, influenza seasons with pronounced vaccine mismatch are, fortunately, uncommon.

As in any season, to protect patients from influenza transmission during a season with pronounced vaccine mismatch, both vaccinated and unvaccinated staff members should consistently practice hand and respiratory hygiene and stay at home if they are experiencing influenza-like illness until symptom resolution.

### **What type of mask should I wear?**

Procedure masks are used in this policy. These have been shown to be effective at reducing transmission from an infected person in several studies, and have been shown in a randomized controlled study to be as effective at preventing transmission of influenza as N-95 respirators in an acute care setting.

### **Where do I need to wear a mask and how long should I wear it?**

While the most effective way to prevent the transmission of influenza is to get a flu shot and follow other preventative measures such as proper hand hygiene, if you are not vaccinated you must wear a procedure mask whenever you are in a patient care area during the required vaccination period.

You do not need to wear a mask when eating or drinking. Unvaccinated workers are also not required to wear a mask in administration-only areas, including a private office, which are not generally accessed by patients, residents or clients.

### **When do I need to change my mask?**

Simply change your mask when it gets overly moist – there is no set time designated when you need to change your mask.

It is important that you dispose of your used masks appropriately. Please dispose of masks in an available garbage can, and follow proper hand hygiene protocols before replacing with a new mask.

Please note, for this policy, we require that you wear a mask to prevent the transmission of influenza from you to a patient. This is different from when you might wear a mask to protect yourself from infection in a health care setting.

Routine infection control and safety practices unrelated to this policy (such as the use of respiratory protection, eye protection and hand hygiene) should not be affected by this policy. The use of masks for routine practices and additional precautions should continue as part of effective infection prevention and control programs.

For example, if you need to wear a mask as part of your personal protective equipment for providing care to a patient with a droplet transmitted infection, you should follow the appropriate procedures (including hand hygiene, use of eye protection, gowns, etc.), including putting on a new mask prior to patient contact and taking off the mask after patient contact.

If airborne precautions are required (for example when caring for a patient with tuberculosis), then the mask should be substituted for an N-95 respirator and usual infection control practices for airborne precautions followed.

### **What is the mask policy during an outbreak?**

Wearing a mask, in conjunction with hand and respiratory hygiene, reduces the risk of influenza transmission; however, this remains secondary in effectiveness to influenza vaccination.

During an outbreak, additional measures are needed to prevent further transmission of illness in the facility because of the higher risk that exists at that time.

That is why, during a facility influenza outbreak this policy will be suspended at the outbreak location and the facility's existing outbreak policies regarding the use of exclusion and antiviral medications will apply.

**What do I do if a colleague tells me they have not been immunized and I see them working without a mask?**

This policy is in place to help protect our vulnerable patients, so we ask that you support and encourage one another in following it.

Please remind your coworkers of their responsibility to their patients and ask them to wear their mask so they don't transmit infection. Encourage each other with all aspects of the policy, including hand hygiene, respiratory etiquette and staying home when sick.

If they continue to ignore the policy, you are asked to report this behaviour to your supervisor, in the same way you would with any other patient safety concern.

**What arrangements are in place to ensure mask wearing does not interfere with patient care?**

There are many instances within health care settings – outside of this policy – where staff must wear masks.

Research during the SARS outbreak, when masks were widely used, showed that patients' fears could be allayed by simply explaining the reasons for mask wearing. This included pediatric studies where parents supported the use of masks to reduce the risk of disease transmission.

In all health care settings – including mental health, speech pathology and seniors or pediatric care – we encounter patients who are vulnerable to infection. It is important that we do everything we can to protect them from the risk of contracting influenza. While wearing a mask may seem inconvenient, that inconvenience is outweighed by the importance of protecting our patients.

To help explain the policy to patients or clients, health care facilities will have posters outlining that the policy is in effect, and that masks are being worn to protect them from infection. In addition, health care providers should explain why they are wearing a mask.

**What arrangements are in place to accommodate staff with allergies or contra-indications to the use of masks?**

Unvaccinated staff member with medical contra-indications wearing a mask will be individually assessed by a medical health officer or workplace health, in accordance with established duty to accommodate processes and the Human Rights Code.

We know that you are committed to protecting your patients, and thank you for your dedication to their safe care and well-being.

## Influenza Control Program

### Frequently Asked Questions

#### Influenza Vaccine

Influenza – or the flu – can be a serious contagious disease, which is spread by droplet transmission through close contact with an infected person. Infected individuals are highly contagious and can transmit the virus for 24 hours before they show any symptoms.

Each year, there are approximately 3,500 deaths from influenza and its complications across Canada. Influenza causes by far the most deaths among vaccine-preventable diseases, outpacing all others combined. Hospitalized patients and seniors in residential care are more vulnerable to influenza than healthy adults. The vaccine is also less effective in the elderly and those with compromised immune systems, making it even more important that their caregivers are vaccinated.

Infected health care providers can pass the virus on to their patients before they even know they are sick. The most effective way to prevent the flu is by getting vaccinated and adopting additional preventative measures, such as proper hand hygiene and proper sneezing and coughing etiquette. Immunization helps physicians, health care providers and those who come into regular contact with patients reduce their risk of contracting influenza and spreading it to their patients.

To protect patients in our facilities, in 2012 British Columbia's health authorities adopted the Influenza Control Program Policy, requiring all employees, students, physicians, residents, contractors, vendors and volunteers to get immunized or to wear a mask during influenza season when in a patient care area. To further protect patients, the policy was expanded to include all visitors to our health care facilities.

#### How do I comply with the Influenza Control Program Policy this year?

Again this season, all B.C. health care workers employed by a health authority and medical staff are expected to report what they do to prevent flu – whether they have chosen to be vaccinated or wear a mask in patient care areas – by self-reporting using an online system (<https://influenzareporting.org> ~~influenzareporting-phsa.ca~~) by December 1, 2017, the start of the 'policy application period.'

To self-report, you must know your health authority employer and employee ID number, your home postal code, phone number and email, and (if applicable) the date of your flu vaccination and who vaccinated you (e.g., flu clinic nurse, family physician, pharmacist, public health, peer nurse immunizer). If you are employed by more than one health

authority, you only need to report once using one health authority employee ID. The system will automatically notify your other employers.

By reporting your flu immunization, you are in compliance with the policy for the rest of the 'policy application period.' If you report that you choose to decline vaccination, you will be required to wear a surgical/procedure mask in patient care areas for the duration of the 'policy application period' to comply with the policy. If you decline vaccination and later decide to be vaccinated, you must self-report again to update your vaccination status. The end of the 'policy application period' will be announced by the Provincial Health Officer, typically around the end of March.

### **What is a patient care area?**

A patient care area/location is defined as an area within a health care facility, including a contracted facility, hallways or lobbies, which is accessible to patients, residents or clients who are there to access care or services.

It includes any other location where care is provided, such as home and community care locations (including a client's home). It does not include locations such as administrative areas or private offices which are not generally accessed by patients, residents or clients.

### **What is the influenza vaccine?**

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

Each year the vaccine is reformulated to match what the World Health Organization and an advisory group of experts believe will be the circulating strains that winter. Vaccines used in the health care worker program in B.C. use killed virus particles and cannot cause infection – you cannot get influenza ~~just~~ from getting your flu shot.

The influenza vaccine protects against viruses that cause influenza. The vaccine does NOT protect against other viruses or bacteria that cause colds or gastrointestinal infections (sometimes called 'stomach flu'). Several different influenza vaccines are available in British Columbia. All of the vaccines are approved by Health Canada.

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

### Can the influenza vaccine give me influenza?

The influenza vaccine (or flu shot) given by needle cannot give you influenza. The vaccine contains only part of the influenza viruses and cannot cause infection.

Common reactions to the flu shot may include soreness, redness and swelling where the vaccine was given. Occasionally, other symptoms can include fever, headache and aching muscles that may last one to two days.

There is also a "live" influenza vaccine, which is given as a nasal spray and contains weakened influenza virus particles. This vaccine does have 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.

In addition, health care providers who work with severely immunocompromised patients who are hospitalized in isolation (e.g., bone marrow transplant unit) need to wait two weeks after receiving the live vaccine before returning to work with these patients. While this vaccine is very effective for children, especially young children, it is not as effective as the injectable flu shot for adults. For these reasons, this vaccine is NOT offered as part of the health care provider influenza immunization program.

### What happened with the vaccine mismatch a few years ago (2014/15) and will it be a better match this year?

Flu vaccines used in B.C. contain three flu strains, or types – two influenza A strains and one influenza B strain. Last year, one of the A strains (H1N1) and the B strain were well matched to circulating viruses, but the second influenza A (H3N2) was not. In fact, it had the lowest vaccine effectiveness in Canada since we started measuring in 2005.

Unfortunately, the H3N2 strain was also the most common strain we saw in B.C. last season and this H3N2 mismatch led to a significant number of illnesses particularly in older people. While influenza H1N1 and B were less common, the H1N1 and B vaccine components provided very good protection.

The recent evidence of mismatch and low effectiveness against the H3N2 virus in last season's vaccine shows how complex predicting and selecting vaccine components six to eight months before the influenza season begins can be. Fortunately, this degree of mismatch is not the rule, and over many seasons the overall influenza vaccine effectiveness has been estimated at around 60%.

We cannot predict which strains will circulate in B.C. this year and although we have had some early H3N2 activity, it may change as the season progresses; historically we have not had two seasons with the same strain predominating. Because the vaccine did not work as well last season there may be a higher level of immunity to the H3N2 strain

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this year. The vaccine has been changed to more closely match the circulating H3N2 strain so we expect much better protection this year. In addition, the vaccine contains protection against H1N1 and a B strain, which we are likely to also see circulating this year. Both appear to be good matches.

While we know that influenza vaccines do not provide 100% protection, overall they remain the best way of preventing influenza and an important control measure in conjunction with regular hand cleaning and respiratory hygiene. In addition, if you do still get the flu after receiving the vaccine, studies have shown the severity and duration of your illness will likely be less than if you had not been vaccinated.

While scientists and researchers continue to search for a better influenza vaccine, it is recommended that health care workers take advantage of the influenza vaccination available this year.

#### **If there is a vaccine mismatch why don't all health care workers have to wear a mask in patient care areas?**

Wearing a mask, in conjunction with hand and respiratory hygiene, reduces the risk of influenza transmission. However, masking is still secondary to vaccination in terms of preventing the transmission of influenza. Although one of the vaccine strains in last year's vaccine did not protect as well for the circulating H3N2 virus, the two other vaccine strains provided good protection against influenza viruses for immunized staff.

During a season with pronounced vaccine mismatch, health care workers who have been vaccinated may voluntarily wear a mask to further reduce the risk of transmission. However, the policy will not be amended to require vaccinated staff to wear masks because there is no strong evidence to support universal masking as a preventive measure in the presence of pronounced vaccine mismatch and in the absence of an outbreak. In addition, influenza seasons with pronounced vaccine mismatch are, fortunately, uncommon.

As in any season, to protect patients from influenza transmission during a season with pronounced vaccine mismatch, both vaccinated and unvaccinated staff members should consistently practice hand and respiratory hygiene and stay at home if they are experiencing influenza-like illness until symptom resolution.

#### **If I get the flu vaccine every year, will it continue to protect me?**

Recent studies have provided important new insights into the factors influencing vaccine protection. Overall, these studies have shown that people who receive the flu shot are better protected against seasonal influenza than those who are not vaccinated.

Among those who are vaccinated each year, the amount of protection may be reduced over time; however, the reasons for this require better understanding. None of the



effectiveness studies to date have shown that receiving influenza vaccine increases the risk of serious influenza illness.

Since these studies show that vaccinated people are better off than unvaccinated people, people are recommended to continue getting their annual influenza vaccine.

**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, and vaccination is the best protection.

Influenza immunization is recommended for pregnant women – for your own health and to provide your baby with immunity in their 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 for this program in British Columbia do not contain live virus. They cannot give you the flu and are very safe in pregnancy.

**I have a 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?**

Numerous studies have shown now that egg-allergic persons can safely receive the injectable influenza vaccine without the need for skin testing or other measures, even if they have had a severe reaction to egg in the past. You should be monitored for 30 minutes after receiving the shot.

**What are the 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 one to two days. More serious reactions, such as anaphylaxis, are very rare. Vaccine providers are trained and prepared to watch out for and respond to all potential reactions.

The influenza vaccine given by needle cannot give you influenza. The vaccines available in the health care worker program contain only part of the influenza viruses and cannot cause infection.

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

### **Should I be concerned about the risk of Guillain-Barré Syndrome following a flu shot?**

Guillain-Barré Syndrome (GBS) is a rare neurological disorder. GBS is a form of paralysis (usually temporary) and can occur after some common infections – including influenza. GBS may be associated with influenza vaccine in about one per million recipients. GBS has been found to be 17-70 times more common following an influenza infection than it is following a flu shot.

### **Why does the healthcare worker vaccination program only offer trivalent vaccines?**

For the ~~2015/16~~2017/18 influenza season In British Columbia, trivalent vaccines (i.e. vaccines with three inactivated virus strains) are publicly funded for the adult population, whereas children (6 months to 17 years of age) are preferentially offered publicly funded quadrivalent vaccines (i.e. with four inactivated or weakened virus strains). Trivalent vaccines contain two influenza A strains and one influenza B strain. Quadrivalent vaccines contain an additional influenza B strain. There are three main reasons that quadrivalent vaccines are not available this season for healthcare workers and other adults:

- The burden of influenza B infection is highest in people less than 20 years of age, therefore extra protection from influenza B is justified for children.
- The vast majority of influenza vaccine produced by Canadian manufacturers continues to be trivalent vaccine. Two of the main vaccines used in BC's publicly funded program for adults ~~including seniors~~ (Agrimflu® and Fluviralad®) are not available in quadrivalent formulation at this time.
- Providing quadrivalent vaccine to all age groups will be more costly for our healthcare system. There is not sufficient evidence to suggest that the benefits of providing quadrivalent vaccine to adults will outweigh the costs.

### **Why are preservatives sometimes used in vaccines?**

Preservatives have been used in vaccines for more than 70 years and are added 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.

Preservatives are generally not used in single-dose vaccine vials.

### **What is thimerosal?**

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

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.

### **Do the available flu vaccines in this program contain mercury (thimerosal)?**

Seasonal influenza vaccine is produced in large quantities for annual immunization campaigns, and some of the vaccine is produced in multi-dose vials, which contains small amounts of 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 opened and used only once.

### **Is thimerosal in vaccines safe?**

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

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?**

No. The best available science to date has shown that there is no link between vaccines containing thimerosal and autism or other behavioural disorders.

The National Advisory Committee on Immunization has reviewed the safety of thimerosal and concluded that the alleged adverse health effect from thimerosal in vaccines has never been substantiated. International bodies, such as the World Health Organization, the U.S. Food and Drug Administration and the Institute of Medicine in the U.S. share this opinion.

Public health agencies are committed to ensuring the safety of vaccines. This is achieved by oversight of rigorous trials before a vaccine is ever licensed for use, as well as continuous monitoring after licensing.

### **Who should not get the influenza vaccine?**

Speak with a public health provider if you:

- Have had a life-threatening reaction to a previous dose of influenza vaccine, or any component of the vaccine.
- Have had severe ocular-respiratory syndrome after a previous flu shot.
- Have developed Guillain-Barré Syndrome within eight weeks of getting any influenza vaccine.

We know that you are committed to protecting your patients, and thank you for your dedication to their safe care and well-being.

### **What is the evidence to support the Influenza Control Program Policy?**

Strong evidence suggests that when the vaccine match is good – as it is most years – immunizing health care workers results in lower mortality and illness rates in the patients they care for. Four large, randomized trials conducted in Europe between 1997 and 2009 demonstrated health care worker immunization in chronic care hospitals and long-term care homes reduced mortality in residents by 20-40% during the flu season. A summary editorial in the prestigious journal academic journal, The Lancet, supported the results.

These results have been questioned, notably by the Cochrane Collaborative, Respiratory Disease Group. Subsequent re-analysis of the same data used in the Cochrane review led another group to publish in the peer-reviewed journal Clinical Infectious Diseases (2014) that contrary to the Cochrane conclusion, influenza vaccination is likely to reduce illness and deaths among patients and reduce illness among health care workers themselves – and the benefits of influenza vaccination for healthcare workers outweigh the possible harms.

For a discussion of the evidence from the BC Centre for Disease Control, please see:  
[www.bccdc.ca/NR/rdonlyres/C5263063-8A30-4866-A6D7-AF1381C1469A/0/Influenza\\_prevention\\_policy\\_evidence\\_discussionFINAL.pdf](http://www.bccdc.ca/NR/rdonlyres/C5263063-8A30-4866-A6D7-AF1381C1469A/0/Influenza_prevention_policy_evidence_discussionFINAL.pdf)

**Commented [MD2]:** This link now requires a password.

While fewer studies have been carried out in acute care facilities, there is evidence that low health care worker influenza vaccination coverage is associated with higher risk for patients; and one study in the Netherlands showed that increased coverage benefited workers and patients. Given the whole body of evidence, we have no reason to doubt that immunizing health care workers in acute care facilities offers protection to their patients, as well as to the workers themselves. For example, a study from Fraser Health found that absenteeism in unvaccinated staff during the 2012/13 influenza season was two times higher compared to vaccinated staff.

The evidence is clear – vaccination of health care workers reduces their risk of getting the flu and spreading it. The alternative – wearing a mask – is not as well supported by evidence, but nevertheless serves to prevent or significantly reduce the risk of influenza transmission for healthcare workers who cannot, or who choose not to, be vaccinated.

#### **Do other Canadian provinces have an Influenza Control Program Policy for health care workers?**

Yes. B.C. was the first Canadian province to introduce the Influenza Control Program Policy in the 2012/13 influenza season for all health care workers at B.C. health authorities. Influenza immunization coverage for B.C. health care workers rose from below 50% to between 75% and 84% after the introduction of the policy. Now, similar policies are being implemented in New Brunswick, Saskatchewan and Alberta.

**Commented [MD3]:** Does this list need to be updated to include some health regions in Ontario and possibly other provinces? NS, Manitoba listed below.

#### **An arbitrator in Ontario ruled against a 'Vaccinate or Mask' health care worker policy at Sault Area Hospital in September 2015. Will this have any effect on B.C.'s policy?**

This arbitration is specific to one hospital in Ontario, and specific to their collective agreements and local hospital processes, which are different from B.C.'s.

In 2013, a similar arbitration took place in B.C., in which the arbitrator agreed that B.C.'s policy was a reasonable exercise of management's rights to protect patients. All of the grievances in B.C. were dismissed, including those filed by the Health Science Professionals Bargaining Association (Oct. 12, 2012), the Nurses' Bargaining Association (Nov. 2, 2012) and the Facilities Bargaining Association (Nov. 27, 2012).

The decision in Ontario does not change the policy in British Columbia. Health authority employers continue to support the policy's goal of protecting patients from influenza in British Columbia.

### Can I use a homeopathic 'vaccine' to prevent influenza instead of the flu shot?

No, homeopathic 'vaccines' (i.e. nosodes) are not acceptable alternatives to vaccination under the Influenza Control Program Policy. Nosodes are not vaccines; they have not been proven to prevent infection and they are not supported by scientific evidence. The preparation involved in making them often dilutes and sterilizes the product to the point where no active ingredient remains.

Many public health experts, including those here in BC, have expressed their concerns to Health Canada that by regulating and approving these products they are giving Canadians the false assumption that they are protected from disease, potentially putting vulnerable children and adults at risk. Health Canada now requires nosode labels to state that the product is not a vaccine, nor an alternative to vaccination, and has not been proven to prevent infection.

The flu vaccine is safe and effective and offers the best protection against influenza illness and its complications.

There was a paper ("Influenza Vaccination of Healthcare Workers: Critical Analysis of the Evidence for Patient Benefit Underpinning Policies of Enforcement", de Serres, et al.) published with authors Dr. Skowronski from the BCCDC that suggests the evidence supporting health care worker HCW immunization is flawed s.13

s.13 Will we be changing or eliminating the BC Influenza Prevention program policy (the BC policy) after this research?

A. This question is important, as all policies should be reviewed in light of new research. Therefore, public health experts in BC have reviewed, s.13

s.13 The review has concluded that the analysis does not change the weight of evidence for the benefit of health care worker immunization against influenza. Therefore, the policy remains unchanged because the rationale, evidence and ethical underpinnings of the policy have remained the same.

1. The randomized controlled trials (four of which are reviewed in the DeSerres paper) are but a part of the evidence that was considered in developing the BC Policy. Similar policies exist or are being considered for implementation in several US states, New Brunswick, Nova Scotia, Ontario and Manitoba, based on evidence that included randomized control trials, -observational studies, reviews from expert groups, as well as ethical, legal (including employer obligations) and practical reviews. While a single study can, rarely, change our understanding of a disease or

s.13

s.13

Commented [MD7]: Saskatchewan not listed here.

an intervention, an analysis like the one presented by Drs de Serres, Skowronski and her colleagues does not.

2. Like all mathematical models, the analysis presented by Dr. Skowronski relies on a multiple assumptions. This is not wrong, it is simply the nature of mathematical analyses that we apply to real world situations. It was nevertheless concerning that the assumptions were not stated as such. Some examples are:
  - a. Estimates of parameters and outcomes were extrapolated from one setting to another, without accounting for the inherent limitations of such extrapolations. Transmission of communicable diseases, especially in closed settings such as long term care facilities is so strongly dependent on the setting, that these types of extrapolations should be done with caution.
  - b. The calculations did not consider the low sensitivity of influenza surveillance. In reality, while all deaths are detected, only a proportion of influenza infections are. Ignoring sensitivity leads to several faulty conclusions including
    - excessively large estimates of NNV-Numbers needed to vaccinate and an under-estimate of patient benefit
    - that the observed relative reduction in laboratory confirmed influenza must be greater than the relative reduction in mortality
    - that national influenza surveillance can detect local increases in influenza activity
  - c. The model assumes that a simple linear equation can predict the relationship between health care worker~~HCW~~ vaccination and reduction in influenza. There is no evidence that this relationship is linear, and in fact, due to patient-to-patient transmission and outbreaks that follow introduction of influenza into facilities, it is expected to be profoundly non-linear.
3. **Scientific methods and policy:** The premise of the analysis is also concerning. Data from trials are used to validate mathematical models, not the other way around. Thus, the methods used cannot lead to the conclusions drawn. The calculations might provide insight into what the important contributors to influenza transmission in long term care facilities are. But to suggest that a mathematical model can invalidate randomized control trials is counter to how evidence is assessed in science and turned into policy.
4. **Ethical considerations:** We are also concerned by the assertion that the analysis presented in this paper implies that "current scientific data are inadequate to support the ethical implementation of enforced health care worker~~HCW~~ influenza vaccination". First, there is no rationale provided for the authors' questioning of the ethical basis for requiring health care workers to fulfill their obligation to take basic precautions against preventable harms to patients. Second, policy change is made

based on the impartial consideration of an entire body of evidence by those who are not directly involved in producing that evidence.



**From:** [Howatson, Evan HLTH:EX](#)  
**To:** [Fernando, Leah HLTH:EX](#)  
**Subject:** FW: For your review pls: draft KM- Ontario vaccinate or mask policy ruling  
**Date:** February 10, 2021 10:13:27 AM

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**From:** Howatson, Evan HLTH:EX  
**Sent:** September 10, 2018 4:45 PM  
**To:** Li, Jessica P GCPE:EX <[Jessica.P.Li@gov.bc.ca](mailto:Jessica.P.Li@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>  
**Cc:** Thompson, Laurel HLTH:EX <[Laurel.Thompson@gov.bc.ca](mailto:Laurel.Thompson@gov.bc.ca)>; Heinze, Laura R GCPE:EX <[Laura.Heinze@gov.bc.ca](mailto:Laura.Heinze@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Subject:** RE: For your review pls: draft KM- Ontario vaccinate or mask policy ruling

No issues from my perspective  
Thanks,  
Evan

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**From:** Li, Jessica P GCPE:EX  
**Sent:** September-10-18 11:12 AM  
**To:** Henry, Bonnie HLTH:EX; Howatson, Evan HLTH:EX  
**Cc:** Thompson, Laurel HLTH:EX; Heinze, Laura R GCPE:EX; Emerson, Brian P HLTH:EX  
**Subject:** RE: For your review pls: draft KM- Ontario vaccinate or mask policy ruling

Hi Bonnie and Evan,

Just want to follow up with you on our draft messaging on Ontario Nurses' Association's "vaccinate or mask" policy arbitration.

Would you be able to review the draft messaging below, and let me know if you have edits and comments?

FYI, the decision is posted at: [https://www.ona.org/wp-content/uploads/ona\\_kaplanarbitrationdecision\\_vaccinateormask\\_stmichaelsoha\\_20180906.pdf](https://www.ona.org/wp-content/uploads/ona_kaplanarbitrationdecision_vaccinateormask_stmichaelsoha_20180906.pdf). Seems like the current St. Michael's arbitration came out of the Sault Area arbitration in 2016- the VOM policy should have been discontinued at St Michael's in 2016, but it did not. So the ruling on Friday should not be a surprise to people who knew about the Sault Area arbitration.

Thank you!  
Jess

## **Key Messages – ONA Vaccinate or Mask Policy Ruling**

September 2018

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*When the Arbitrator ruled in favour of the Ontario Nurses' Association in the Sault Area Hospital (SAH) case in 2016, some facilities including St. Michael's Hospital that were*

*scheduled to discontinue their flu policy did not (as agreed between the Ontario Nurses' Association and the Ontario Hospital Association). As a result of this, the St. Michael's Hospital case had to be assessed by an arbitrator.*

- I understand the Ontario Nurses' Association (ONA) has won their case against the "vaccinate or mask" policy at St. Michael's Hospital and several others in the Toronto Academic Health Science Network.
- I want to emphasize that this arbitration, just like the Sault Area Hospital case in 2016, is specific to Ontario's collective agreements and their local hospitals' processes – which are different from ours.
- The health and safety of patients and health care professionals are our top priority. This is why we have the provincial flu policy to prevent the spread of influenza in our healthcare facilities.
- In 2013, an arbitrator in B.C. reviewed the provincial flu policy and expert evidence and agreed that B.C.'s policy was a reasonable exercise of management's rights to protect patients.
- The decision in Ontario will not change the policy in B.C. - health authority employers will continue to help protect vulnerable patients and seniors from influenza.
- We have the greatest respect for B.C.'s nursing professionals. We respect the choice of some who would prefer not to be vaccinated, which is why we provide the mask option in our policy.

### **Supporting messages:**

- Masking in BC was never positioned or intended to be coercive or punitive – we respect a nurse's right to choose, which is why the option of wearing a mask is available.
- The evidence is strong to support the policy. In 2013, an arbitrator reviewed expert evidence and agreed the policy was a reasonable exercise of management's rights to protect patients.

- The BCNU's 2014 position paper on our policy cites the same evidence and the credible agencies that support it.
- We strongly believe that this policy is in the best interest of patients – the policy remains in place to protect the health of patients and healthcare workers.

Thank you!

Jess

**Jessica P. Li**

Senior Public Affairs Officer  
GCPE- Ministry of Health  
250-952-0624/ (cell) 250-480-8781  
[Jessica.P.Li@gov.bc.ca](mailto:Jessica.P.Li@gov.bc.ca)

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**From:** Li, Jessica P GCPE:EX  
**Sent:** Friday, September 7, 2018 9:51 AM  
**To:** Henry, Bonnie HLTH:EX; Emerson, Brian P HLTH:EX; Howatson, Evan HLTH:EX; Thompson, Craig HLTH:EX; Trotter, Wendy HLTH:EX  
**Cc:** Thompson, Laurel HLTH:EX; Heinze, Laura R GCPE:EX; Anderson, Kristy GCPE:EX  
**Subject:** FYI- Ontario Arbitrator ruling- Ont. Nurses Assoc. vaccination/mask policy

Hi everyone,

FYI, the Ontario Nurses' Assoc. has won their case against the vaccination/mask policy at St. Michaels' Hospital and others in the Toronto Academic Health Science Network. Please see story below.

This will likely trigger questions for BC on our policy. We're drafting some key messages and will send them to you and PHAC for review today.

Thank you!

Jess

**ONA Wins Second Decision on "Unreasonable and Illogical" Vaccinate or Mask Influenza Policies**

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09:06 ET

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**From:** Hadaway, Ben [<mailto:Ben.Hadaway@phsa.ca>]

**Sent:** Friday, September 7, 2018 9:05 AM

**To:** Heinze, Laura R GCPE:EX; Li, Jessica P GCPE:EX

**Subject:** Arbitrators ruling

<https://www.newswire.ca/news-releases/ona-wins-second-decision-on-unreasonable-and-illogical-vaccinate-or-mask-influenza-policies-692687881.html>

**Ben Hadaway**

Manager, Media Relations & Issues Management

Provincial Health Services Authority

O: 604 675.7472

M: 604 816.2143

Media line (after 4pm): 778.867.7472

[Ben.Hadaway@phsa.ca](mailto:Ben.Hadaway@phsa.ca)

700-1380 Burrard St

Vancouver, BC V6Z 2H3

## ADVICE TO MINISTER

### CONFIDENTIAL ISSUES NOTE

**Ministry: Health**

**Date: August 22, 2017**

**Minister Responsible: Adrian Dix**

### Influenza Protection Policy

#### BACKGROUND REGARDING THE ISSUE:

- In 2012 the province (through the health authorities) implemented a new health care worker influenza immunization policy which required all health authority employees, contracted staff, volunteers and students who come into contact with patients to get the flu shot each year, or wear a mask for the duration of flu season (vaccinate or mask policy – VOM).
- This policy supported the health authorities' comprehensive influenza prevention strategy.
- In the first year of implementation (2012), the Ministry decided to follow a transitional policy, focusing on education and awareness rather than discipline of staff who were not complying.
- This decision was in part a response to several grievances filed by unions (the Health Science Professionals Bargaining Association, the Nurses' Bargaining Association and the Facilities Bargaining Association).
- During this period, HEABC, with ministry participation, initiated additional consultation with affected unions and excluded groups to determine a comprehensive approach to full-scale implementation of the policy for 2013.
- The policy remained in effect for the 2012/13 influenza season; however, the disciplinary portion was put into abeyance.
- On Oct. 23, 2013 a decision regarding the Health Sciences Association of BC grievance was issued dismissing the grievance and finding that the policy is a lawful exercise of the employers' management rights.
- In 2013, the Ministry moved forward with full implementation of the policy. However, based on feedback from stakeholders and unions, some details of the policy were altered:
  - The requirement to wear a sticker to identify who has been immunized was removed;
  - The policy was extended to everyone who enters a health care facility – including visitors. This means that health authorities have the ability to require that everyone who is not immunized wear a mask when they are in the facility.
  - The requirement to report instances of non-compliance was removed, and replaced with the wording that they are "expected" to report issues – similarly to how they are expected to report other issues of non-compliance of patient safety policies, such as hand washing.
- Health care workers and visitors are one source of flu transmission to patients in health care settings, and patients are often the most vulnerable to serious consequences as a

result of illness.

- Historically, health care workers have had relatively low flu immunization rates (less than 50 per cent) – despite extensive efforts by health authorities to promote vaccination. Since the VOM policy has been in place, vaccination rates among health care workers have risen to 80%.
- 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 and residents of long term care homes are more vulnerable to severe illness or complications from influenza than members of the general population.
- British Columbia was the first Canadian jurisdiction to implement a province-wide “immunize or mask” program; however, it had been rolled out in several jurisdictions and facilities in the United States.
- Since B.C. implemented the policy, several other Canadian jurisdictions have followed suit: Saskatchewan, New Brunswick and several jurisdictions and facilities within Ontario.
- The 2017/18 flu season will be the fifth year of implementation of the policy (the first year was transitional implementation), and at this point the major bumps and criticisms seem to have quieted; though each year there is a vocal minority of health care workers who criticize the policy.
- This year, there will also be a couple of studies that those dissenters can point to support their criticisms of the policy. One, published in January 2017 by PLOS One, critiqued the evidence presented in four trials that have frequently been used to support health-care worker influenza vaccination programs, including B.C.’s VOM policy. The other is a critique of influenza vaccine effectiveness. That interim report was released in February by the Canadian Sentinel Practitioner Surveillance Network (SPSN) (a final report will be released in the coming weeks).

#### PLOS One study:

- In a paper published online by PLOS One on January 27, 2017 (<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0163586>), a medical epidemiologist at the Institute National de Santé Publique du Québec, along with investigators from the BC Centre for Disease Control – including Danuta Skowronski, epidemiology lead and Mel Krajden, medical head – critique the evidence presented in four trials that have frequently been used to support health-care worker influenza vaccination programs.
- Some of the data the paper critiques was used to develop the VOM policy implemented by the Health Leadership Council in B.C.
- The paper suggests the four trials reported implausibly high benefits of health-care worker influenza vaccination to patients, used poor research design, and show evidence of bias.
- The paper concluded that policies of enforced influenza vaccination of health-care workers lack the valid scientific data needed to justify enforced influenza vaccination.

## **ADVICE TO MINISTER**

- At the same time, the paper does not refute approaches to support voluntary vaccination or other protective practices such as masking or staying home when acutely ill.
- The four trials were only part of the evidence used to support B.C.'s VOM policy and were reviewed by experts in epidemiology and infection control.
- Researchers from UBC have conducted a review and critique of the paper that has been submitted for publication. The Provincial Health Office has also reviewed the paper with the provincial influenza policy committee and have identified important concerns about the methodology. Updated wording will be included in the provincial Q and A's on the BC policy for health care workers to address these concerns.
- The National Advisory Committee on Immunization has also included the paper in their annual update and have not recommended any changes to their strong statement that health care workers have an obligation to be immunized against influenza.

### SPSN Study:

- The Canadian SPSN measures vaccine protection against laboratory-confirmed influenza illness that requires outpatient medical care (i.e. influenza illness leading to a GP visit).
- In the interim report published in February, the 2016-17 influenza season in Canada (and elsewhere) was almost entirely due to viruses belonging to the H3N2 subtype of influenza A, with regional variation in the timing and intensity of influenza activity from west to east in Canada.
- The reported vaccine efficacy (VE) estimate of 42 per cent only applied to H3N2 illness.
- This VE estimate is consistent with the vaccine protection typically expected for H3N2 viruses
- VE estimates for other types of influenza during the 2016-17 season (such as possible late-season influenza B activity) will be explored in end-of-season analyses
- A VE of 42 per cent means that people who were vaccinated had about 40% lower risk of H3N2 illness than people who were not vaccinated
- The PHO also recognizes the need for a better influenza vaccine, and work is ongoing to develop one. However, in the meantime, the current vaccine provides the best available protection for vulnerable patients, and the province maintains that health care workers have a duty to ensure as much protection possible. The vaccine also provides protection for health care workers themselves and their families.

### **DISCUSSION/ADVICE:**

- Dr. Danuta Skowronski, of the BC Centre for Disease Control, has been active in the development of each of these studies, and continues to express her concerns around the influenza policy and vaccine efficacy.
- New York Times Magazine has contacted BCCDC to speak with Dr. Skowronski on her work, and whether or not she feels any pressure to downplay findings that might disagree with the predominant public health community.
- That article has not yet been published.



## **ADVICE AND RECOMMENDED RESPONSE:**

- Each year, influenza causes serious complications – including death – for many British Columbians.
- That’s why, to support our comprehensive influenza prevention strategy, health care workers and visitors are asked to help us protect vulnerable patients and seniors from influenza.
- The flu can cause serious illness, including death, 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 should not have to worry about contracting the flu from their caregivers or visitors.
- The flu vaccine is safe and effective at preventing illness when used in conjunction with other infection control practices, such as hand washing and remaining home when sick.
- Flu vaccination will also protect health care workers and visitors from influenza and has been shown to reduce illness and absenteeism.
- The policy for health-care workers to vaccinate or mask is not a policy of mandatory immunization, but a policy aimed at protecting patients and residents during influenza season with either vaccination or masking.
- This policy is based on the ethical responsibility of health-care workers to protect their patients.
- In a recent survey of health-care workers, the policy was supported by the majority of respondents.
- In 2013, B.C.’s provincial flu policy and expert evidence was reviewed at an arbitration hearing, which upheld the evidence and determined the policy to be a reasonable exercise of management’s rights to protect patients.
- We continue to strongly believe that the policy is in the best interest of patients and that it helps protect vulnerable patients and seniors from influenza.

### **If asked about VE study:**

- In the 2016/17 flu season, we saw the H3N2 strain cause the most illness early on in the season, with influenza B showing up towards the end of the season.
- Across Canada, the vaccine used for the 2016/17 flu season was about 40 per cent effective against the H3N2 strain of influenza, and about 73 per cent effective against the B strain.
- Possibly due to mutations in the circulating viruses, protection varied in different parts of the country.
- In B.C., Ontario and Quebec, where influenza activity began later in the season and where more H3N2 genetic variants were detected, the estimate was about 40 per cent.

## ADVICE TO MINISTER

- A vaccine effectiveness of 40 per cent means that people who were vaccinated had about 40% lower risk of H3N2 illness than people who were not vaccinated.
- B.C. believes a better vaccine is needed – however, until a more consistent, effective vaccine is available we continue to strongly recommend people get vaccinated, especially those at increased risk of severe illness or complications from influenza.
- Each year the efficacy of the vaccine varies, and the 2016/17 vaccine was considerably more effective than the historically low success rate for 2014/15.
- Influenza vaccination coupled with hand and respiratory hygiene and staying home when ill is still the best protection against influenza that we have.

Communications Contact: Laura Heinze                      Reviewer: Kristy Anderson

Program Area Contact: Dr. Perry Kendall, Dr. Bonnie Henry

File Created: August 22, 2017

File Updated:

Minister's Office	Program Area	Deputy	HLTH Communications



MINISTRY OF HEALTH  
POLICY COMMUNIQUÉ

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COMMUNIQUÉ

TO: All Health Authorities

TRANSMITTAL DATE: July 8, 2013

COMMUNIQUÉ 2013-12  
NUMBER:

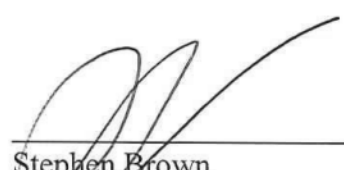
CLIFF NUMBER: 986236 Reference 970238, 955316

SUBJECT: Influenza Control Program Policy - Update

DETAILS: Health Care Worker Influenza Control Policy

EFFECTIVE DATE: July 8, 2013

MINISTRY CONTACT: Provincial Health Officer  
Assistant Deputy Minister, Medical Services Health  
Human Resources Division



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Stephen Brown  
Deputy Minister  
Ministry of Health

## **Influenza Control Program Policy**

### **A. Background**

Influenza can be a serious contagious disease spread by droplet transmission through close contact with an infected individual. According to the Public Health Agency of Canada, nationally there are between 2000 and 8000 deaths per year from influenza and its complications. Infected individuals are highly contagious and can transmit influenza for 24 hours before they are symptomatic.

Among vaccine-preventable diseases, influenza causes by far the most deaths, outpacing all other vaccine preventable diseases combined. Hospitalized patients are frequently more vulnerable to influenza than members of the general population. 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.

Healthcare workers have been implicated as the source of influenza in healthcare settings. Vaccination of healthcare workers will reduce their risk of getting influenza and spreading it to patients. The most effective strategy for preventing influenza is annual vaccination. Influenza vaccine is safe and effective.

The wearing of masks can serve as a method of source control of infected healthcare workers who may have had no symptoms. Masks may also protect unvaccinated healthcare workers from as yet unrecognized infected patients or visitors with influenza.

Other infection control measures such as rapid identification of ill patients, hand hygiene, cough etiquette, restrictions on work and visiting, and the use of anti-viral medications all help but vaccination remains the cornerstone of efforts to control influenza transmission.

### **B. Policy Statement**

All individuals covered by this Policy must be vaccinated annually against influenza or wear a surgical/procedure mask during influenza season when in a patient care area in accordance with this Policy. During an influenza outbreak, this Policy is suspended at the outbreak location and <Organization's> outbreak policies will apply.

### **C. Scope**

This policy applies to all <Organization> employees (unionized and excluded), other credentialed professionals (including physicians), residents, volunteers, students, contractors, and vendors (collectively, these individuals are referred to as "Covered Individuals") who attend a Patient Care Location.

This policy also applies to any other persons who attend a Patient Care Location (these individuals are referred to as “Visitors”).

#### **D. Responsibilities**

1. All Covered Individuals must annually advise <Organization> of their influenza immunization status in a manner acceptable to <Organization> by the Vaccination Required Date.
2. During the annual Vaccination Required Period, Covered Individuals and Visitors who are not vaccinated against influenza are required to wear a surgical/procedural mask provided by <Organization> while at a Patient Care Location. Individuals required to wear a surgical/procedural mask will be responsible for maintaining their mask in good condition in accordance with <Organization> protocols. During an influenza outbreak, this Policy is suspended at the outbreak location and <Organization's> outbreak policies will apply.
3. Covered Individuals should continue to use personal protective equipment and abide by <Organization's> infection control practices to prevent the transmission of communicable disease, including influenza.
4. Covered Individuals who experience influenza like illness/respiratory infection should follow <Organization's> established reporting protocols.
5. Covered Individuals who witness any instances of non-compliance with this policy are expected to report the incident of non-compliance immediately to their supervisor.
6. <Organization> will inform Visitors of the requirements of this Policy and will make surgical/procedure masks available to Visitors.

#### **E. Definitions**

##### **Vaccination Required Date**

The date established annually by the Provincial Health Officer after which all persons covered under this policy are required to be vaccinated against influenza or wear a mask in accordance with this Policy. The Vaccination Required Date will usually be no later than the first week of December.

##### **Vaccination Required Period**

A period of time determined by the Provincial Health Officer and starting on the Vaccination Required Date. The Vaccination Required Period will usually be from the end of November until the end of March but may vary with seasonal epidemiology and will also include any period of time relating to novel strains of influenza. During the Vaccination

Required Period, Covered Individuals will be required to be vaccinated against influenza or wear a surgical/procedure mask in accordance with this Policy.

### **Patient Care Location**

Patient Care Location includes:

- a. any building, property, or site owned, leased, rented or operated by <Organization> where there are patients, residents or clients who are receiving care; and
- b. any patient/client/resident home or other location where Covered Individuals interact with the patient/client/resident in the course of his/her work for <Organization>;

but does not include any location designated by <Organization> to be excluded from the definition of Patient Care Location.

### **F. Consequences of Non-Compliance**

Any Covered Individual found in violation of this policy may be subject to remedial and/or disciplinary action up to and including termination of employment, cancellation of contract and/or revocation of privileges.

Any Visitor found in violation of this Policy may be denied access to Patient Care Locations.