2014-2015 Influenza Vaccination Plan for VUMC Employees: 
Process and FAQs

As healthcare professionals we are all committed to provide our patients with the safest and highest quality care possible. We take all reasonable measures to protect our patients and each other from preventable harm, and this commitment applies to our influenza prevention program.

For the 2013-2014 influenza season, VUMC ranked 58 out of 110 acute care hospitals in Tennessee for the rate of employees who received influenza immunizations. We can do better. Consequently, the executive sponsors for our 2014-2015 influenza vaccination campaign (Paul Sternberg, Marilyn Dubree, and Cecelia Moore) have set a goal that 100% of our team members either receive the influenza vaccine or obtain an appropriate exemption.

The sponsors have also established a target goal for a 90% vaccination rate. To help achieve our goals, we are implementing the following changes to the VUMC influenza vaccination program for 2014-2015:

- All VUMC employees and learners must be vaccinated or appropriately exempted by December 31, 2014;
- VUMC employees and learners requesting an exemption to vaccination must submit the appropriate request forms by December 8, 2014;
- Consistent with national guidelines, flu vaccination exemptions will be limited to three categories: 1) Medical; 2) Allergy; and 3) Sincerely held religious/personal beliefs. An executive group has been established to support EAD and Occupational Health to review exemption requests; and
- To support this important safety work, leaders will provide one-on-one education to team members not vaccinated and/or not properly exempted by December 31, 2014. Managers and department chairs will have access to a new employee flu vaccine and compliance tracking tool by November 15. Access will be limited to a need-to-know basis.

OVERVIEW

Why do we mandate the influenza vaccine for our healthcare personnel (HCP)?
Each year, approximately 250,000 are hospitalized and 36,000 people die due to influenza infection, making it the 6th leading cause of death among adults in the United States. Many of these deaths are preventable. Vaccination of HCP is associated with reduced risk of influenza illness, work absenteeism, antibiotic use, and medical visits for those HCPs. HCP influenza vaccination has also been associated with reducing patient morbidity in certain healthcare settings. While the CDC has recommended influenza vaccination for HCP since 1981, national survey data demonstrate vaccination coverage levels are only approximately 70%. At Vanderbilt University Medical Center, while rates have increased over the years, we have not achieved high enough levels to ensure the protection of our patients and HCP despite significant efforts.

To whom does this apply?
The mandatory influenza vaccination program applies to all VUMC employees, faculty, staff, residents and fellows, temporary workers, trainees, volunteers, students, vendors and voluntary medical staff.

How effective are influenza vaccines, especially since virus strains keep changing?
The influenza vaccine is one of the most effective methods to prevent influenza. The effectiveness of the vaccine depends on a number of factors, including the accuracy of the match between vaccine strains and
circulating strains and the age and health of the recipient. Influenza vaccine does not protect against other respiratory viral infections that occur during winter months. Public health officials have a good track record of predicting the three or four main flu strains that will cause the most illness during each influenza season. These strains usually change each year, which is why the vaccine is given annually. Even if you get the influenza from a strain of the virus that wasn’t included in the vaccine, having the vaccine can make your illness milder.

Why can't Vanderbilt stick with what has always worked, namely staying at home if you have symptoms and doing a better job of hand hygiene to prevent transmission of influenza?

HCP have frequent contacts with high-risk patients in many settings, including the elevators and cafeteria. They can serve as a vehicle to transmit influenza even when they don’t have symptoms. Up to 25% of HCP with influenza may have minimal or no symptoms yet can still transmit infection. Studies have found that HCP with influenza-like symptoms work an average of 2.5 days while ill, and those infected with influenza can transmit the virus to others even before their symptoms begin. Additionally, their absenteeism can stress a health care facility or system. Research shows that influenza vaccination of HCP may decrease patient mortality, the risk of nosocomial infection, and HCP absenteeism while limiting the risk of bringing illness acquired at work home to family members.

Why can't vaccination be voluntary?

Our highest priority must be to protect our patients, many of whom are exceptionally vulnerable to adverse outcomes from influenza. The research clearly shows that influenza vaccinations vastly increase mass immunity and protect immune-suppressed patients.

Is it legal to mandate influenza vaccination?

Yes. Fifteen states have legislation requiring that health care workers be immunized in certain circumstances. In fact, other health care systems in our area have already mandated influenza vaccination, including, but not limited to: St. Thomas Midtown (Baptist), St. Thomas Rutherford, St. Thomas West, TriStar Centennial Medical Center, TriStar Hendersonville Medical Center, TriStar Horizon Medical Center, TriStar Skyline Medical Center, TriStar Southern Hills Medical Center, TriStar Summit Medical Center, Williamson Medical Center, NorthCrest Medical Center, Franklin Wood Community Hospital, Indian Path Medical Center, Johnson City Medical Center, Marshall Medical Center, and Maury Regional Medical Center.

I'm a manager/supervisor. How will I know the vaccination status of my direct reports?

An influenza vaccine compliance and vaccination tracking tool will be available for all managers and department chairs by November 15. This tool will list VUMC overall compliance and vaccination rates, as well as department/unit compliance and vaccination rates. Managers will only be able to view the vaccination and compliance status of individuals who report to them.

Is it a violation of HIPAA for my vaccination status to be shared with my supervisor/department chair?

No. A vaccine you receive at work or share with your employer for employment purposes is not protected health information under HIPAA.

Why do managers have to personally visit team members who have not received a vaccination or exemption by the December 31, 2014 deadline?

Education on the importance of nosocomial influenza, its mode of transmission, the seriousness of influenza (especially for high-risk patients), the rationale for vaccinating HCP, and the effectiveness and safety of the vaccine has consistently been shown to be associated with an increase in vaccination rates. Education materials can be found here.
These educational discussions are respectful and professional conversations that encourage insight and promote the importance of providing our patients with the safest and highest quality care possible.

Managers will not:

- Question or discuss personal/religious beliefs;
- Threaten unauthorized consequences for non-compliance (such as job loss, pay decrease, or poor performance review);
- Create an intimidating, hostile, offensive, or potentially unsafe work or academic environment (through verbal abuse, threatening or intimidating words, or words reasonably interpreted as threatening or intimidating); or
- Violate any Vanderbilt University and/or VUMC policies, including but not limited to, the “Professional Conduct” policy (OP 30-10.13).

**IMPORTANCE OF BEING VACCINATED**

I’m not involved in direct patient care. Why should I be vaccinated?
The CDC recommends the vaccine for all persons over the age of 6 months, especially HCP. Everyone, including faculty, laboratory, clerical, dietary and housekeeping employees as well as laundry, security, facilities, maintenance and administrative personnel, might be exposed to the influenza virus even though they are not directly involved in patient care and could transmit the virus to others.

I’m very healthy and never get influenza. Why should I get the influenza vaccine?
Working in a health care environment increases your risk of exposure. You may become infected and experience only mild symptoms but still pass the virus to patients, co-workers, and members of your family.

I’m very familiar with the symptoms of influenza, and I stay home when I am sick. So, there is very little chance that I would infect my co-workers or patients. Why should I get the vaccine?
The signs and symptoms of influenza may not appear for a day or two after you contract influenza, during which time you could unknowingly infect patients and co-workers.

Can’t I just take antiviral drugs if I get influenza?
It is best to take precautions to prevent influenza with annual immunization. You can always seek treatment for influenza, but in the meantime you may have already passed on the virus to patients and co-workers because viral shedding may occur up to two to three days prior to symptom initiation. Also, resistance to antiviral drugs can develop in circulating virus strains, therefore compromising the effectiveness of the drugs for people who need them the most—those at high risk for severe complications.

**ABOUT THE VACCINE**

When should I be vaccinated?
When influenza season is about to begin, you should get the vaccine as soon as possible, which is usually in October. It takes about two weeks to develop protection after receiving the vaccine. Visit the Occupational Health Clinic flu website for information about influenza vaccination, including locations and times.

If I get the seasonal influenza vaccine in the fall, will I still be protected if the season continues into March or April?
Yes. Protection from the particular strains included in the vaccine will last for the duration of the influenza season.

**Is it true that you can get influenza from the vaccine?**
No, you cannot get influenza from the vaccine. The viruses in the vaccine are either killed (as is the case with the shot) or weakened (as is the case with the nasal spray) so that they cannot cause influenza. Some people mistakenly confuse influenza symptoms with the vaccine side effects, such as a minor fever or with other respiratory virus infections that are not prevented by the influenza vaccine.

**What is the live attenuated vaccine and are there individuals who should not receive it?**
The live attenuated vaccine is the influenza vaccine that is administered as a nasal spray. This is a highly effective vaccine that is licensed for people up to the age of 49. We do allow HCP over this age to receive the vaccine with informed consent. This vaccine is not recommended for immune-suppressed patients, patients with chronic cardiovascular, pulmonary (e.g., asthma) or metabolic diseases (e.g., diabetes or renal insufficiency), and pregnant women. This vaccine is also not recommended for household members who have close contact with severely immunocompromised persons (e.g., acute leukemia patients). Healthcare workers who work in a protected environment (myelosuppression unit) are advised to wear a mask at work for a week after receiving the live attenuated nasal vaccine.

**Will the influenza vaccine make me feel ill?**
Almost all people who receive the influenza vaccine have no serious problems. Some people may experience minor side effects. If these problems occur, they begin soon after the shot is given and usually last no more than one to two days. The most common side effects are:

- Soreness, redness or swelling where the shot is given
- Low-grade fever and aches
- Runny nose, sore throat, cough and headache (nasal mist only)

Employees who believe that they are experiencing adverse effects related to the vaccination should contact Occupational Health.

**I am pregnant. Should I get the influenza vaccine?**
Yes! Pregnant women should receive the influenza vaccine. It is especially important for pregnant women to get vaccinated because they are more likely to have serious complications to themselves and their pregnancy if they get influenza. Once they get the vaccine, they will start producing antibodies that will help protect against influenza, and this protection can be passed to their unborn baby. According to the CDC, they can receive the influenza vaccine at any time, during any trimester, while they are pregnant. Pregnant women should receive the injectable vaccine. The nasal spray is only for use in healthy people 2 to 49 years of age who are not pregnant.

**What if I get vaccinated on my own through my doctor’s office or another location other than a VUMC medical facility?**
That is acceptable. If you receive the vaccine elsewhere, please provide documentation to Occupational Health by December 31, 2014 by clicking here.

**EXEMPTIONS**

**What about an individual who has medical or religious reasons for declining vaccination?**
An exemption to the vaccination policy may be requested for certain medical reasons, including documentation of severe allergy to the vaccine or components as defined by the most current recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP) or a history of
Guillain-Barré syndrome within six weeks of an influenza vaccine. If receiving the vaccination conflicts with sincerely held religious or personal beliefs, a request for religious accommodation may be made. To apply for an exemption, please click here.

All requests must be made by December 8, 2014, which is approximately 20 days prior to the December 31st deadline for compliance. An executive group has been established to support EAD and Occupational Health in reviewing these requests. You will be notified of the exemption decision within 2 weeks of submitting your request and providing any requested supporting documentation.

I received an exemption last year. Do I have to submit the paperwork again this year?
Yes. All personnel who have a medical or religious exemption must submit a new request. Individual beliefs and medical conditions may change over time, and because the composition and availability of influenza vaccines changes from year-to-year, certain allergies or concerns may no longer be relevant.

I received an exemption this year before the process changes took effect. Do I have to submit the paperwork again this year?
Based upon the reason for the exemption request, certain personnel who received an exemption prior to November 7, 2014, must submit a new request. If you are an individual who must re-submit this year, you will receive separate notification.

If my declination for medical or religious reasons is approved, will I still be able to work?
Yes. Those who do not receive the influenza vaccine and have been approved for exemption will still be able to work.

The Executive Influenza Exemption Committee did not approve my exemption request after review. How do I request additional review?
VUMC is committed to the diversity and inclusiveness of our entire health care team, and we provide all employee exemption requests an opportunity for equitable review. If you wish to appeal a decision of the Executive Influenza Exemption Committee, you may request a second review through the link provided in your exemption denial email. The deadline to request a second review is 7 days after notification of the initial decision. Requests submitted after this deadline are not eligible for additional review. You will be notified of the second review decision via email within two weeks of your request.

I submitted a request for second review but it was also denied. May I appeal this?
Individuals who seek a third review may request for an Executive Sponsor to review your application responding to the appeal denial via email. The Executive Sponsor will only review information that has been previously submitted.

COMPLIANCE

What happens if I don’t want to get the vaccine?
For the 2014-2015 influenza season, all employees covered by this requirement who fail to comply and who have not received a medical exemption or religious accommodation will have a one-on-one educational conversation with their manager/supervisor or department chair.

For the 2015-2016 influenza season, appropriate employment actions for noncompliance will be defined. The details of that policy will be released in February.

SUPPORT FOR MANDATORY VACCINATION
**What other institutions/health systems have mandated influenza vaccination for HCP?**
Institutions/health systems that have mandated influenza vaccination among HCP include, but are not limited to: Johns Hopkins University Hospitals, MedStar Health System, Virginia Mason Medical Center, University of Pennsylvania Hospital, University of Pittsburgh, Barnes-Jewish Hospital/Washington University, Baptist Hospital/Wake Forest University, Emory University, Creighton University, Loyola University Hospital (Chicago, Ill.), all hospitals in the HCA system, University of Mississippi, University of Arkansas, Ohio State University, University of Maryland Medical Center, University of Michigan, Duke University Health System, University of North Carolina Health Care, and Michigan State.

In a recent CDC survey, approximately 1/3 of all HCP are now in programs that mandate vaccination, and vaccination of those HCPs is 97%.

**What professional associations support mandated influenza vaccination among HCP?**
Organizations supporting HCP influenza vaccination mandates in healthcare settings include: American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Hospital Association (AHA), Tennessee Hospital Association, American Medical Directors Association (AMDA), American Pharmacists Association (APhA), American Public Health Association (APHA), Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), Infectious Diseases Society of America (IDSA), National Association of County and City Health Officials (NACCHO), National Business Group on Health, National Founding for Infectious Diseases (NFID), National Patient Safety Foundation (NPSF), and Society for Healthcare Epidemiology of America (SHEA).