01.17 Influenza Vaccination

Purpose
Since 1984, the Immunization Practices Advisory Committee (ACIP) has made strong recommendations for the prevention and control of influenza. These include a recommendation that healthcare workers be immunized.

This policy, for immunization of healthcare workers at UTMB, is proposed for three reasons:

- Nosocomial outbreaks occur during influenza season and a well immunized work force is less likely to transmit influenza to the patients who are under their care;
- Immunization should minimize absenteeism during influenza outbreaks;
- Influenza can be a serious disease and should not be confused with a cold or a bout of “intestinal flu.” Immunization provides the best personal protection for each employee.

Audience
All healthcare workers in UTMB hospitals and clinics

Policy
- All employees of UTMB will be offered the vaccine free of charge.
- All UTMB healthcare workers will be offered the influenza vaccine on an annual basis. Healthcare Workers are defined as workers who provide care in patient rooms or clinics and those who work in areas to which patients are transported for diagnostic and treatment procedures, e.g. radiology, endoscopy, etc.
- Healthcare workers who decline the offer of influenza vaccine must sign a declination statement. (see attached declination form)
- Healthcare workers who have a medical contraindication to receipt of the influenza vaccine, i.e. allergy to eggs, etc. will also be required to sign a declination statement.
- Healthcare workers who decline influenza vaccine or who have a medical contraindication to receipt of the influenza vaccine will be required to wear a surgical mask while working with patients during the influenza season.
- Healthcare workers who have been vaccinated with influenza vaccine will be given a button, sticker or some other form of identification to wear that provides visual, public verification of their vaccination status.
- Healthcare workers who do not wear an identifier documenting influenza vaccination will be required to wear a surgical mask while on duty during a specified period each influenza season to be determined based on seasonal influenza activity.
• Healthcare workers who receive their influenza vaccine at a facility outside of UTMB may receive credit for that vaccination if they provide written documentation from the facility where they were vaccinated.

• When the latter healthcare workers submit their documentation for influenza vaccination at an outside facility to the Employee Health Service, they will receive the identifier documenting their influenza vaccine status.

• Employees > 65 years of age will be offered the high dose licensed influenza vaccine. If they decline the high dose vaccine, they will be offered the standard influenza vaccine.

• Healthcare workers not wearing their influenza identifier and not wearing a surgical mask during the specified period may be referred to their department leader, the Chief Medical Officer and/or the Chief of Healthcare Epidemiology.

References

DECLINATION STATEMENT FOR INFLUENZA VACCINE (2010-2011)

At this time, I DECLINE the seasonal influenza vaccination:  _____ (initial here)

I understand that influenza is a serious and contagious infection which can be spread by coughing, sneezing or nasal secretions, and can also be spread prior to an individual showing any outward signs of illness.

I understand that it is recommended that anyone who lives with or cares for individuals at high risk for influenza-related complications, including health care providers, should receive the influenza vaccine.

I have been given the opportunity to be vaccinated with seasonal influenza vaccine, at no charge to me; however, I decline influenza vaccination at this time.

I understand that by declining this vaccine I continue to be at risk of acquiring influenza, and also of transmitting it to patients that I care for, or others that I may come in contact with.

I understand and agree that by declining this vaccine, beginning December 13, 2010, and continuing through at least February 2011, depending on the incidence of influenza in this region, my supervisor may temporarily reassign me to other duties or require me to wear a mask if my job requires contact with patients.

If in the future I wish to be vaccinated with this influenza vaccine, I understand that I can receive the vaccine at no charge to me, if supplies permit.

Employee’s Name (print)  ID #

Employee’s Signature  Date

Witness Signature  Date