

Health Officer Order Requiring Annual Influenza Immunization or Masking for Healthcare Personnel during the Respiratory Virus Season

1. What does this Health Officer Order require?

This Order requires that Healthcare Personnel (HCP) in all Licensed Healthcare Facilities, except Skilled Nursing Facilities (SNFs), must either: a) be immunized with an annual influenza vaccine authorized for use in the United States for the current respiratory virus season, or b) wear a Respiratory Mask while in contact with patients or working in Patient-Care Areas during the Respiratory Virus Season (November 1 through March 31). Due to the nature of care provided to highly vulnerable populations, the high risk of rapid respiratory transmission in SNFs, and low influenza vaccination rates among SNF HCP, all HCP working in Skilled Nursing Facilities must wear a Respiratory Mask while in contact with patients or working in Patient-Care Areas throughout the Respiratory Virus Season regardless of vaccination status. HCP in these facilities who decline the influenza immunization must also provide their employer, on a form provided by their employer, a written declaration that they have declined the immunization.

The COVID-19 vaccine also remains highly recommended as it provides the best protection against developing severe and fatal disease due to COVID-19.

2. What is the purpose of the Health Officer Order?

The primary purpose of this Health Officer Order is to lower the risk of influenza and respiratory virus transmission to patients, residents, clients, and staff, by requiring all Licensed Healthcare Facilities and Emergency Medical Services (EMS) provider agencies in LAC, to require HCP who decline the influenza immunization to wear a respiratory mask while in contact with patients or working in patient-care areas for the duration of the respiratory virus season (November 1 - March 31) as a protective measure. HCP in SNFs must wear a mask while in contact with patients or working in patient-care areas for the duration of the respiratory virus season regardless of vaccination status.

Influenza is a highly communicable disease, which can lead to potentially serious health complications, including severe illness, hospitalization, and death. Patients in healthcare facilities—most especially young children, pregnant women, elderly individuals, and persons with chronic health conditions who are immunocompromised—are particularly vulnerable to influenza and its complications. The protective measures required by this Order are important actions that HCP can take to protect fellow personnel, patients, and communities from influenza.

3. Which types of facilities are covered under the Health Officer Order?

Healthcare Personnel in all Licensed Healthcare Facilities, except SNFs, must either: a) be immunized with an annual influenza vaccine authorized for use in the United States for the current respiratory virus season, or b) wear a Respiratory Mask while in contact with patients or working in Patient-Care Areas during the Respiratory Virus Season (November 1 through March 31). All HCP

working in SNFs must wear a Respiratory Mask while in contact with patients or working in Patient-Care Areas throughout the Respiratory Virus Season regardless of vaccination status. Licensed Healthcare Facilities include:

- General Acute Care Hospitals
- Skilled Nursing Facilities (including Subacute Facilities)
- Intermediate Care Facilities
- Emergency Medical Services (EMS) Provider Agencies
- Congregate Living Health Facilities
- Chemical Dependency Recovery Hospitals
- Acute Psychiatric Hospitals
- Dialysis Centers
- Home Health Agencies
- Primary Care Clinics
- Ambulatory Surgery Centers
- Hospice Facilities

LAC DPH strongly encourages other unlicensed healthcare and direct care entities to voluntarily adopt the same measures to protect their personnel and patients during the respiratory virus season.

4. What is the definition of healthcare personnel?

For the purposes of this Order, healthcare personnel are all paid and unpaid employees, contractors, students, volunteers, and EMS healthcare personnel who have direct patient contact or work in patient-care areas in Licensed Healthcare Facilities subject to this Order (See Question 3) and the prehospital care setting (e.g., any setting in which medical care is provided prior to the patient's arrival at a hospital). This includes, but is not limited to, physicians, nurses, aides, physical therapists, emergency medical technicians (EMTs), paramedics, contract workers, students, volunteers, registration/reception staff, housekeeping, and maintenance personnel.

5. What is the definition of contact with patients?

This means being within 6 feet of a patient. However, some facility administrators and EMS providers may determine that modified criteria are appropriate in their specific setting. These administrators and providers are aware of the unique features of their facility and/or setting that could result in exposure to patients and possible disease transmission. For this reason, they have an important role in defining the specific scenarios that could lead to healthcare personnel having contact with patients in their facility and/or setting.

Facility administrators also have the discretion to develop policies that allow healthcare personnel to temporarily remove the mask, if wearing it significantly inhibits their ability to communicate with patients or provide patient care. For instance, a facility or EMS provider may institute a policy that allows personnel to remove the mask when communicating with a hearing-impaired patient who reads lips or when modeling speech for a speech therapy patient. However, such exceptions should be few in number, time-limited, based on compelling patient needs, clearly documented, and consistently applied. Clear masks or cloth masks with a clear plastic panel that fit well are an alternative type of mask while providing services to people who are hearing impaired or have disabilities.

6. What is the definition of patient-care areas?

Patient-care areas in facilities include, but are not limited to, patient or resident rooms, as well as areas where patients receive diagnostic or treatment services, can be taken for procedures or tests, and are allowed to be present. This includes elevators, hallways, and nurses' stations in areas where patients are present or are likely to be present. It also includes any prehospital setting in which EMS personnel are in contact with patients, including ambulances, residences, commercial buildings, and outdoor locations. Administrators are aware of the unique features of their facility or setting that could result in exposure to patients and possible disease transmission. For that reason, they have an important role in defining the specific areas that are designated for patient care.

7. What is the evidence that masks prevent transmission of influenza and other communicable diseases?

Vaccination remains the most effective method to prevent influenza. In addition, various studies provide evidence that masks prevent the spread of respiratory agents from person-to-person:

- Masking has been found to reduce the exhalation of influenza virus from breathing and coughing. (1)
- One study found that surgical and N-95 masks, when worn by patients with suspected influenza, prevented its spread. (2)
- A large systemic review and meta-analysis suggests that masking can reduce the risk of respiratory virus infections by 80%. The odds of specifically contracting influenza and SARS-CoV2 were also reduced by masking (Odds Ratio = 0.55 and 0.04, respectively) in their analysis. (3) This means that the odds of contracting influenza were almost halved by wearing masks. The odds of contracting COVID-19 with a mask compared to unmasked were even lower, at 1:25.
- Transmission of COVID-19 was decreased by masking, hand washing and physical distancing in meta-analyses published in both Lancet and the British Medical Journal. (4, 5) Wearing masks has been associated with a reduction in influenza-like-illness in college dormitories and in households, when used in conjunction with hand hygiene. (6,7)

8. What kind of respiratory mask does this Health Officer Order require?

Respiratory masks can be a well-fitting surgical, procedure, or N-95 mask (also designated by some manufacturers as isolation, dental, or medical procedure facemasks).

Although N-95 masks are not recommended or required to meet the Order's requirement, they should be worn by healthcare personnel when indicated, such as to protect against the spread of aerosol transmissible diseases including COVID-19 and tuberculosis.

9. How often does a respiratory mask need to be changed?

When a respiratory mask is used, it should be changed between patients, whenever it is soiled, or per the health facility or agency's protocol.

10. If healthcare personnel choose not to receive the influenza vaccine, are they required to mask during the respiratory virus season?

Yes, HCP in all Licensed Healthcare Facilities (except SNFs) are required to wear a Respiratory Mask throughout the duration of the respiratory virus season if they refuse the influenza vaccine. Due to the nature of care provided to highly vulnerable populations, the high risk of rapid respiratory transmission in SNFs, and low influenza vaccination rates among SNF HCP, all HCP working in Skilled Nursing Facilities must wear a Respiratory Mask while in contact with patients or working in Patient-Care Areas throughout the Respiratory Virus Season regardless of vaccination status.

11. If healthcare personnel receive the influenza vaccine, but decline the updated COVID-19 vaccine, will they be required to wear a mask?

Masking is only required for those who decline the influenza vaccine and for staff at SNFs, who must mask regardless of vaccination status. Although only the influenza vaccine is required, LAC DPH highly recommends HCP gets both an updated COVID-19 and influenza vaccine.

12. How should covered facilities monitor compliance among healthcare personnel?

Covered facilities are expected to monitor compliance with the vaccination and masking requirement among healthcare personnel in the same way that they monitor compliance with other infection prevention and control activities (e.g., hand hygiene) and employee health requirements (e.g., tuberculin testing, vaccination against aerosol-transmissible diseases). Facilities and EMS providers should monitor and enforce the Order uniformly among all healthcare personnel. Standard personnel policies and procedures regarding discipline should be followed when necessary.

13. Which covered facilities will be expected to report the vaccination status of their HCPs to LAC DPH?

All facilities covered by this Order should maintain documentation of their HCP's influenza immunization status to help monitor their HCP's compliance with this Order.

- **Licensed acute care hospitals** should continue to report their influenza data through the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN).

- **Skilled Nursing Facilities** are requested to report their HCP's influenza immunization status through NHSN. The Influenza Vaccination Coverage among HCP measure is a National Quality Forum-endorsed process measure (NQF#0431) developed by the CDC to track influenza vaccination coverage among HCP in facilities such as SNFs. The measure reports on the percentage of HCP who receive an influenza vaccine any time from when it first became available through March 31st of the following year. SNFs will submit the measure data through NHSN with an initial data submission period from October 1st through March 31st.
- **EMS providers** are required to track the influenza immunization status of their HCP. EMS provider agencies will be requested to report their HCP's influenza immunization status through a tool provided by the EMS Agency within 30 days of the conclusion of the respiratory virus season.
- **Intermediate care facilities and all other licensed healthcare facilities covered by the Order** are encouraged to track their HCPs influenza immunization rates.

References

1. Milton DK, Fabian MP, Cowling BJ, Grantham ML, McDevitt JJ (2013) Influenza virus aerosols in human exhaled breath: particle size, culturability, and effect of surgical masks. *PLoS Pathog* 9: e1003205
2. Johnson DF, et al. A quantitative assessment of the efficacy of surgical and N95 masks to filter influenza virus in patients with acute influenza infection. *Clinical Infectious Diseases* 2009; 49:275-277
3. Liang M, Gao L, Cheng C, et al. Efficacy of face mask in preventing respiratory virus transmission: A systematic review and meta-analysis. *Travel Med Infect Dis*. 2020;36:101751. doi:10.1016/j.tmaid.2020.101751
4. Chu DK, Akl EA, Duda S, et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet*. 2020;395(10242):1973-1987. doi:10.1016/S0140-6736(20)31142-9
5. Talic S, Shah S, Wild H, Gasevic D, Maharaj A, Ademi Z, Li X, Xu W, Mesa-Eguiaagaray I, Rostron J, Theodoratou E, Zhang X, Motee A, Liew D, Ilic D. Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: systematic review and meta-analysis. *BMJ*. 2021 Nov 17;375:e068302. doi: 10.1136/bmj-2021-068302. PMID: 34789505; PMCID: PMC9423125.
6. Aiello AE, Murray GF, Perez V, et al. Mask use, hand hygiene, and seasonal influenza-like illness among young adults: a randomized intervention trial. *J Infect Dis*;201(4):491–498
7. Cowling BJ, Chan KH, Fang VJ, et al. Facemasks and hand hygiene to prevent influenza transmission in households: a cluster randomized trial. *Ann Intern Med* 2009;151(7):437–44