Santa Barbara County Public Health Department
Health Officer Influenza Vaccination and Masking Order

Frequently Asked Questions
September 25, 2015

Why is the influenza vaccination and masking order needed?

Influenza is a disease with serious impact. The most effective method of preventing influenza infection is vaccination. Health Care Workers (HCWs) often care for patients at highest risk of severe disease and are at increased risk of exposure to influenza from ill patients. Infected HCWs can transmit influenza before they are symptomatic to patients and coworkers. Research shows that mandatory vaccination with a masking policy is a proven strategy that increases HCW vaccination rates to great than 90%. 1

Which takes precedence, the Health Officer Order or state laws regarding influenza and HCWs?

This Health Officer Order is in addition to state laws regarding influenza and HCWs. California Health and Safety Code (SYMBOL?) 120175 authorizes the Health Officer to control contagious, infectious, or communicable disease. Health Officers may “take measures as may be necessary” to prevent and control the spread of disease within their jurisdiction2.

Facilities must comply with the Health Officer order as well as the applicable state laws regarding influenza vaccine and HCWs. For instance, under state law, acute care hospitals will still be required to report their HCW influenza vaccination rates to the California Department of Public Health, and they will also be required to implement this order (Cal. Health and Safety Code Section 1288.72 et. seq., the former Senate Bill 739).

How is this order difference from an influenza vaccination declination policy?

State law currently requires that certain health care facilities offer influenza vaccination to employees (Cal. Health and Safety Code section 1288.7, sub d. (a);8 Cal. Code
Regs. Section 5199, subd. (c)(6)(D) and (h)(10))². Employees that decline vaccination are only required to sign a declination statement under state law. The Health Officer Order requires those who decline to wear a mask in patient care areas.

Which facilities are affected by the influenza vaccination and masking order?

For the 2015-2016 season the following hospitals are affected by this order:

- Santa Barbara Cottage Hospital
- Goleta Valley Cottage Hospital
- Santa Ynez Valley Cottage Hospital
- Marian Regional Medical Center
- Lompoc Valley Medical Center

Are physicians considered Health Care Workers and subject to this order?

Yes. Physicians have direct interactions with patients and are thus considered HCWs and subject to this order.

When does the order take effect?

The Health Officer Order is effective during influenza season, defined for 2015-2016 as November 1, 2015 through March 31, 2016.

How can hospitals clearly designate who has received the influenza vaccine?

A strategy to clearly identify which HCWs have received the influenza vaccine for the 2015-2016 season is highly recommended, but the specific approach will be determined by each hospital administration.

What kind of mask should be used? When should masks be changed, replaced, or discarded?

The term “mask” in this order refers to a surgical mask. Please adhere to your facility’s policies regarding what types of masks are available and how often to change masks. In some patient care situation, infection control guidelines require more protection than a surgical mask (e.g., N95 respirators during aerosol-generating procedures). In these situations, unvaccinated HCWs should wear N95 respirators instead of surgical masks as the facility’s infection control guidelines indicate.

Can HCWs decline influenza vaccination based on religious or medical exemption?

HCWs may decline influenza vaccination. However, HCWs that do not get vaccinated for influenza, whether through religious declination, personal beliefs, or due to a medical exemption, must wear a mask during influenza season while working in patient care areas.
What type of influenza vaccine can HCWs receive?

There are multiple influenza vaccines available with varying indications and ways to administer them. Within specified age and health status indications, there are no recommendations for any given influenza vaccine over another. Vaccination should not be deferred because a certain product is not offered, unless there are medical contraindications. There are inactivated vaccines and live attenuated vaccines and three ways to give them: intramuscular, intradermal, or nasal spray (live attenuated vaccine only). See the following link for key information regarding each type: [http://www.cdc.gov/flu/protect/keyfacts.htm](http://www.cdc.gov/flu/protect/keyfacts.htm)

Are vaccination recommendations different for HCWs taking care of immunosuppressed patients?

HCWs caring for severely immunosuppressed patients who require a protective environment (e.g., bone marrow transplant unit) should receive one of the injections instead of the nasal spray. Nasal spray vaccine is an alternative option if the HCW will not work in the protective environment within a week after receiving the vaccine.

What about HCWs who have egg allergy?

True egg allergies are rare and should be assessed for likely risk of vaccine reaction. A new product, Flu Blok, may be available for those 18 to 49 years of age who have true egg allergies. Please refer to the 8/15/2014 issue of the Morbidity and Mortality Weekly Report (MMWR) for more information about influenza vaccine and egg allergy: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm)

Should a HCW who is immunocompromised or has a chronic health condition (asthma, diabetes, etc.) receive the influenza vaccine?

Yes, HCWs in these groups are considered a priority group that should get yearly influenza vaccination as they are at greater risk of severe influenza illness and complications. HCWs in these groups should check with their primary care providers to determine which kind of influenza vaccine is appropriate.

Should a HCW who is pregnant receive the influenza vaccine?

Yes, the influenza shot is safe and should be given to pregnant women during any trimester. Pregnant women are another group that should be prioritized if vaccine supply is limited. Pregnant women and their newborn can benefit from influenza vaccination as both are at greater risk of severe influenza illness and complications. By California law, pregnant women should receive preservative-free influenza vaccine available as prefilled syringes and single dose vials.

For more information on influenza vaccination best practices see:
http://www.immunize.org/honor-roll/

REFERENCES
