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PUBLIC SERVICE ANNOUNCEMENT

Influenza vaccination of Health Care Workers during the COVID-19 Pandemic

Influenza viruses typically circulate in the United States, usually beginning in the late fall and tapering off in the late spring. Most individuals who become ill with influenza recover without serious complications or sequelae (an abnormal condition resulting from a previous disease). However, influenza associated with serious illnesses and hospitalizations often have more serious outcomes including death. Influenza is an important cause of missed work and school. Since 2010 the CDC and the Advisory Committee on Immunization Practices has recommended annual influenza vaccination for all persons 6 months of age and older who do not have a medical contraindication.

The latest CDC recommendation on 8/21/20 identifies health care personnel (HCWs) as all paid and unpaid persons working in health-care settings who have potential for exposure to patients or infectious materials. This includes (but is not limited to) physicians, nurses, nursing assistants, physician assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, chiropractors, students and trainees, and other persons not directly involved in patient care but who can potentially be exposed to infectious agents.

For many years Tehama County has had in place a “vaccinate or mask order” for HCWs in regards to influenza. Prior to our implementation of this policy the vaccination rate was less than 75%. Over the years we have achieved a vaccination rate of 98% but in the last several years we have seen that percentage drop 1-2%. This season we have heard many of the HCWs state that they are considering not getting an influenza vaccination since they are already required to mask due to COVID-19. This reaction among HCWs has those of us in Public Health alarmed in the face of the COVID-19 pandemic. This year there is an even greater need to be vaccinated for influenza if you are a HCW.

Influenza vaccination has been recommended for HCWs, as a priority group, for the past 30 years. Despite this recommendation, without mandatory influenza vaccination, the rates remain low. Many states require influenza vaccination of HCWs but some still allow a mask to be substituted in the absence of immunity. Some hospital systems such as Virginia Mason Medical Center, have required mandatory influenza vaccination, as a

condition of employment since 2005. The only exception is a valid medical exemption. There have been many other hospital systems that have also required influenza vaccination as a condition of employment. Currently the State of Colorado requires influenza vaccination or a valid medical exemption for employment of the HCW. Mandatory influenza vaccination in California is currently required in Orange, Marin, Siskiyou and Tehama Counties.

Worldwide, up to 20% of all HCWs will develop serological evidence (blood tests) of an acute influenza infection yearly. However in stark contrast, only 5-8% of vaccinated HCWs develop evidence of acute influenza infection. It is for this reason that mandatory influenza vaccination policies should be considered an important patient safety measure in prevention of health care-associated influenza outbreaks.

Since the discovery of the COVID-19 virus in 2019 we have another defined cause of influenza like illness (ILI). The common signs and symptoms of COVID-19 can often occur and be confused with influenza. As of September, 2020, COVID-19 continues to circulate widely in California. We have seen a recent significant increase in cases in Tehama County. It has been predicted that we will see a peak increase in COVID-19 in the general population in November with a peak increase in hospital beds in December, 2020. Unfortunately this corresponds with the predicted onset of Influenza in our community. Vaccination of our community and in particular our HCWs will prevent and reduce the severity of influenza illness with an associated reduction of outpatient illnesses, hospitalizations and intensive care admissions.

Both Influenza and COVID-19 are transmitted via droplet and aerosol transmission. In most instances wearing a simple surgical mask will prevent the individual who is wearing the mask from spreading the disease. A simple mask does not protect the wearer from droplet or aerosol transmission generated by another individual. This would require wearing an N-95 mask. The previous mandate which allowed masking was successful since the majority of HCWs were vaccinated and the amount of influenza circulating among them low. Unfortunately due to COVID "fatigue" this year we are seeing a reluctance to get the influenza vaccine among HCWs. Additionally, a vaccination provides protection all day long while the use of a mask is only effective when it is worn. Once again we are seeing many individuals, including HCWs, masking while at work but not masking in other high risk situations. In Tehama County nearly all cases of HCWs involving COVID-19 are related to incorrectly wearing their masks or not masking in high risk situations outside of their normal work environment. The recent protests in our county regarding the influenza vaccine mandate showed nearly 100 HCWs, many of whom were unmasked and few if any social distancing. We see no reason for this behavior to change during the influenza season.

In both COVID-19 and influenza infections there is a presymptomatic period which occurs one or two days prior to symptoms appearing. During this time the individual is infectious, contagious, does not recognize that they are ill and can easily spread the disease since they may not be universally masking as described above.

Public Health looks at population health versus routine medical care which looks at individual health care. During this COVID-19 Pandemic it is imperative that actions taken for population health preserve PPE, prevent an overwhelming surge for the

hospital capacity and allow for an adequate number of healthy HCWs to be available to meet the medical needs of the community. If the number of healthy HCWs is inadequate then individual health care will suffer along with an increase in morbidity and mortality.

The current influenza vaccine mandate does allow for individual with a valid medical exemption to avoid influenza vaccination. A religious belief is not considered a valid exemption. For those individuals with prior reactions to the influenza vaccination we provide consultation to find a product that can be successfully used to provide a successful vaccination.

The influenza vaccine mandate is not a precursor to a COVID-19 vaccine mandate. We recognize issues with regards to the COVID-19 vaccine development. Although Public Health will direct the COVID-19 vaccine distribution in our county this vaccine will be offered but not required.

All medical providers have as a primary goal to “first do no harm”. As a recipient of health care I would expect those individuals providing my care to be vaccinated for influenza. A positive vaccination status for the provider confirms that they care about my health as a patient.

For more information, please visit:

<https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm>

<https://www2a.cdc.gov/vaccines/statevaccsApp/AdministrationbyVaccine.asp?Vaccinetmp=Influenza#565>

<http://prd-medweb-cdn.s3.amazonaws.com/documents/infectioncontrol/files/Va%20Mason%20Mandatory%20Program%20Editorial%20ICHE%202010.pdf>