




PUBLIC HEALTH DEPARTMENT

To: Licensed Acute Care Hospitals, Skilled Nursing Facilities, Intermediate Care Facilities and Emergency Medical Services Provider Agencies in the City of Pasadena Public Health Jurisdiction

From: Ying-Ying Goh, MD, MSHS 
Director of Public Health and Health Officer, City of Pasadena

Date: September 24, 2019

Re: Expanded Health Officer Order for Mandatory Influenza Vaccination or Masking Program for Health Care Personnel During the Influenza Season

As Health Officer of the City of Pasadena, I am issuing this updated Order mandating that all licensed acute care hospitals, skilled nursing facilities, intermediate care facilities, and emergency medical services (EMS) provider agencies in the City of Pasadena conduct a program that requires Health Care Personnel (HCP) to receive an annual influenza vaccination for the current season, or, if HCP decline to receive an influenza vaccine, to wear a mask while working in patient care areas or in contact with patients. A mandatory influenza vaccination or masking order has been in effect in Pasadena since October 2013 and was expanded in September 2019 to include EMS healthcare personnel, for this and future influenza seasons.

The purpose of this Order is to reduce the risk of influenza infection for patients. Influenza is an illness that causes significant burden in the U.S., with estimates of over 48 million people sick with influenza, 950,000 hospitalizations, and 79,000 deaths from influenza just during the 2017-18 season (US Centers for Disease Control and Prevention). Not only are unvaccinated HCP at risk for becoming infected with influenza, they can also transmit the virus to their coworkers and patients. Influenza vaccination of HCP protects patients as well as the vaccinated worker, and reduces employee absenteeism during influenza season. Policies combining mandatory vaccination and masking have been shown to be highly effective in raising HCP vaccination rates. Toward our shared goal of increasing patient safety, this Order requires masking of HCP who decline vaccination.

California law requires acute care hospitals to offer free annual influenza vaccination on-site to their employees and to require all to be vaccinated; any employee who elects not to be vaccinated must provide the hospital with a written declaration that he or she has declined the vaccination [CA Health & Safety Code §1288.7(a)]. In addition, occupational safety regulations mandate that many types of health care facilities, including hospitals, skilled nursing facilities, intermediate care facilities, and EMS provider agencies, make seasonal influenza vaccine reasonably available to all employees with occupational

exposure and ensure that each employee who refuses the vaccine signs a statement declining vaccination [CA Code of Regulations, title 8, §5199 (c)(6)(D)&(h)(10)].

ORDER:

Pursuant to my authority under §120175 of the California Health & Safety Code, I hereby order every licensed acute care hospital, skilled nursing facility, intermediate care facility, and emergency medical services provider agency within the City of Pasadena public health jurisdiction to implement a mandatory influenza vaccination program under which HCP at such facilities receive an annual influenza vaccination for the current season or wear a respiratory mask for the duration of the influenza season while in contact with patients or working in patient-care areas.

Persons Subject to Order

For the purposes of this Order, “health care personnel” are all persons working in a prehospital setting or in areas where patient care is provided in a licensed health care facility subject to this Order, or who otherwise have direct patient contact at such a facility or prehospital setting. Personnel may include, but are not limited to, paid or unpaid employees, contractors, students, and volunteers. Additionally, it is strongly recommended that HCP in other types of health care facilities, such as physicians’ offices, voluntarily adopt these protective measures.

Duration of Order

This Order is ongoing and applies to each influenza season unless the Order is rescinded. The influenza season is defined as November 1 to April 30 of the following year. In any given year, if the influenza surveillance data demonstrate that the influenza season is different than November 1 to April 30, this period may be changed by a further order.

Reporting

If requested by the Pasadena Public Health Department, facilities/agencies must report their HCP influenza vaccination rates within the requested timeframe.

The Pasadena Public Health Department appreciates your help and support in protecting the residents of our community. For any additional questions please contact the Communicable Disease Program at (626) 744-6089 or visit the City of Pasadena Public Health Department website at <https://ww5.cityofpasadena.net/public-health/>.

Attachments:

1. Influenza Vaccination for Health Care Personnel FAQ
2. Health Officer Order FAQ
3. Rationale for Mandated Influenza Immunization for Healthcare Personnel in Los Angeles County

Our Vision: Healthy People in Healthy Communities

Rationale for Mandated Influenza Immunization for Healthcare Personnel In Los Angeles County

Health Officer Order

In 2013, the Health Officer for Los Angeles County, issued a Health Officer Order mandating that all licensed acute care hospitals, intermediate care facilities, and skilled nursing facilities in Los Angeles County require their healthcare personnel (HCP) who have patient contact or work in patient-care areas, to receive an annual influenza immunization or wear a mask during the influenza season. This Order has been extended to include Emergency Medical Services (EMS) provider agencies. The Order remains in effect during each influenza season, unless rescinded.

Supporting Rationale

Flu in the workplace can lead to increased absences, lower productivity, and higher medical costs. In addition, nosocomial transmission from healthcare personnel to patients has been documented in a variety of acute care settings including neonatal intensive care units, pediatric and general medical wards, transplant units, oncology units, and emergency departments.¹

Influenza vaccination is effective in reducing influenza, and mandatory vaccination programs in healthcare settings have demonstrated increased influenza vaccination rates. Thus, mandatory vaccination policies in healthcare facilities can lead to decreased illness and absenteeism among personnel and would logically lead to decreased morbidity and mortality among patients.

Influenza in Healthcare Settings

Unvaccinated personnel can transmit the flu to other personnel, which can lead to decreased productivity and increased absenteeism. Healthcare personnel can also transmit influenza to patients.

- Studies suggest that up to 25% of healthcare personnel are infected with influenza each season.^{2,3}
- Healthcare personnel may be more likely to work when ill than other professions, which increases the risk for flu transmission in healthcare facilities.
- As many as 1 in 2 infected people never show classic flu symptoms,⁴ but can shed virus for 5–10 days. While viral shedding may be low among asymptomatic personnel, these personnel can nevertheless spread influenza unknowingly.
- Patient admissions and healthcare personnel absenteeism are typically higher during the flu season, which increases the impact of flu-related absenteeism on operations of these healthcare facilities.
- Influenza infection that is acquired during a hospital stay (nosocomial) leads to increased hospital days and mortality for inpatients.⁵ In addition, nosocomial influenza cases tend to be more severe than community onset cases.⁶ The CDC notes that higher staff vaccination levels have been associated with a lower risk of nosocomial flu cases and mortality.⁷



Impact of Influenza Vaccination on Infection, Illness and Absenteeism

When well matched to the circulating flu strains, influenza vaccinations are effective in preventing illness and may lead to reductions in provider visits, complications, hospitalizations, and absenteeism in healthy adults under 65 years of age. Reduced absenteeism is especially beneficial for hospitals during the flu season, when bed-days and staff illness tend to be high.

- Two randomized control studies have shown reductions in influenza illness among adults. In a season when the flu vaccine was well matched to circulating strains, influenza vaccination was found to be 88% effective in preventing influenza type A infection and 89% effective in preventing influenza type B infection in healthcare personnel.⁸ In the second study, healthy working adults who were vaccinated against flu were found to have 34% fewer incidents of influenza-like illness (ILI), 42% fewer doctor visits, and 32% fewer sick days.⁹
- Results of research focused on absenteeism vary but several studies suggest that vaccination of healthcare personnel can reduce work absences.

A randomized, placebo-controlled double-blind study of the impact of vaccination on absenteeism in a children's hospital found that influenza vaccination was associated with a 28% reduction in absenteeism related to respiratory infections.¹⁰ In another randomized double-blind controlled trial conducted over 3 consecutive years, vaccinated personnel had 29% fewer cumulative days of febrile respiratory illness and 53% fewer cumulative days of work absence than those in the control group. While the results were in the expected direction, neither difference was statistically significant. The authors note that the impact of vaccination on absenteeism may have been moderated by the fact that healthcare personnel may work when ill. Of note, no absences related to adverse vaccination events were reported among study subjects.⁸

Impact of Influenza Vaccination in Healthcare Settings Relative to Patient Protection

Research findings suggest that vaccinating healthcare personnel can reduce patient morbidity and mortality. Although a 2010 Cochrane review raised methodological questions regarding several studies, there is substantial evidence that vaccination in healthcare settings decreases influenza transmission from HCPs to patients, particularly in long-term care settings.¹¹

LONG-TERM CARE FACILITIES

Studies in long-term care settings, such as skilled nursing facilities, have shown that staff vaccination against influenza has been associated with reductions in all-cause mortality among patients,^{2,3} influenza-like illness (ILI),¹² and hospitalizations with ILI.¹⁰ In addition, one long-term care study suggested that although staff vaccination rates did not independently predict ILI outbreaks, high rates of vaccination among *both* staff and residents can substantially reduce the rate and impact of influenza outbreaks.¹³

ACUTE CARE FACILITIES

Three published studies suggest a potential positive impact of healthcare personnel vaccination on patient outcomes in acute care settings. A study conducted in a tertiary care academic hospital in the United States suggested that there is a significant inverse association between HCP vaccination rates and the rate of nosocomial influenza among patients, suggesting that increasing rates may lower nosocomial infections.¹⁴ A modeling study suggested that the relative effect of HCP vaccination is lower in hospitals than nursing homes, but that the absolute number of infections that can be prevented in the hospital is higher, because of higher hazard rates.¹⁵ Further, a pragmatic cluster randomized controlled trial conducted in the Netherlands demonstrated that the intervention



hospitals, where influenza vaccination was higher, had approximately half the rate of nosocomial influenza and/or pneumonia infection in hospital inpatients.¹⁶

EMERGENCY MEDICAL SERVICES PROVIDERS

EMS healthcare personnel have frequent patient interactions, are at high risk for contracting the influenza virus, and can contribute to the spread of influenza infection within their communities. As a result, EMS providers are encouraged to receive the influenza immunization. However, studies have shown that vaccination rates among EMS providers remain low.

Impact of Mandatory Vaccination Policies on Vaccination Rates

While flu vaccination rates among healthcare personnel have improved, they fall short of the Healthy People 2020 standard of 90%.¹⁷ This leaves workers and patients, at higher risk for illness, complications and death. Mandatory vaccination seems to offer the best opportunity to significantly increase vaccination coverage among healthcare personnel.

- Nationally, an estimated 67% of healthcare personnel were vaccinated against influenza during the 2011–2012 flu season (prior to the Los Angeles County Health Officer Order). Vaccination coverage was highest among hospital-based healthcare personnel (76.9%), but approximately 1 in 4 hospital personnel remained unvaccinated.¹⁸
 - Mandatory vaccination policies at acute care hospitals have been proven to increase immunization rates among healthcare personnel. At the national level, in the 2011–2012 flu season, coverage for healthcare personnel working in hospitals that required influenza vaccination was 95.2%, compared to 68.2% for personnel working in hospitals that did not require vaccination.¹⁸ During the 2017–2018 flu season, the highest HCP influenza vaccination coverage levels continued to be in settings with employer vaccination requirements, with a 94.8% coverage level.¹⁹
- | Requirement | Estimated Percent |
|-------------------------|-------------------|
| Employer Requirement | 95% |
| No Employer Requirement | 68% |
- In a review of hospital policies and state laws regarding healthcare personnel vaccination, increased healthcare personnel vaccination rates were significantly associated with mandated vaccination policies that included: termination or other repercussions for non-compliance, including masking or reassignment. State laws, like California's, which require hospitals to offer vaccine to employees at no cost, educate employees, and/or require staff to be vaccinated or sign a declination, were not associated with higher vaccination rates among personnel.²⁰
 - While vaccination is the most effective method to prevent influenza, masking may help prevent its spread between patients and personnel. Although studies have not been done to assess whether mask wearing by healthcare personnel prevents the transmission of influenza to patients, masking has been shown to reduce the exhalation of influenza virus from breathing and coughing.²¹ In addition, studies provide substantial evidence that masks can prevent the transmission of respiratory disease agents between patients and

healthcare workers. Thus, requiring unvaccinated workers to wear a mask while in contact with patients is a reasonable step that can prevent flu transmission, based upon available data.

- Mandatory vaccination policies have been instituted by hospitals, the Department of Defense, and municipalities. In addition, a California law, Cal-OSHA, and The Joint Commission require facilities to offer flu vaccinations at no charge to personnel, as part of infection control programs.

Questions?

Contact the Los Angeles County Department of Public Health, Vaccine Preventable Disease Control Program:

(213) 351-7800 or IP@ph.lacounty.gov

For more information, please visit: www.publichealth.lacounty.gov/ip

References

1. Talbot T, Bradley S, Cosgrove S, et al. SHEA Position Paper: Influenza vaccination of healthcare workers and vaccine allocation for healthcare workers during vaccine shortages, 2005. Available at www.hopkins-cepap.org/sns/resources/edhsu2.web.pdf. Accessed August 28, 2013.
2. Carman WF, Elder AG, Wallace LA, et al. (2000) Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet*, 355(9198):93–7.
3. Potter J, Stott DJ, Roberts MA, et al. (1997) Influenza vaccination of health care workers in long-term care hospitals reduces the mortality of elderly patients. *J Infect Dis*, 175(1):1–6.
4. Stott DJ, Kerr G, Carman WF. (2002) Nosocomial transmission of influenza. *Occup Med (Lond)*, 52(5):249–53.
5. Van Voris LP, Belshe RG, Shaffer JL. (1982) Nosocomial influenza B virus infection in the elderly. *Ann Intern Med*, 96:153–158.
6. Jhung MA, D’Mello T, Pérez A, et al. Hospital-onset influenza hospitalizations—United States, 2010–2011. *Am J Infect Control*. Janv 2014;42(1):7–11
7. CDC. Influenza Vaccination Information for Health Care Workers. Available at www.cdc.gov/flu/healthcareworkers.htm. Accessed August 29, 2013.
8. Wilde JA, McMillan JA, Serwint J, et al. (1999) Effectiveness of influenza vaccine in health care professionals: a randomized trial. *JAMA*, 281:908–13.
9. Bridges CB, Thompson WW, Meltzer MI, et al. (2000) Effectiveness and cost-benefit of influenza vaccination of healthy working adults: A randomized controlled trial. *JAMA*, 284:1655–63.
10. Saxen H, and Virtanen M. (1999) Randomized, placebo-controlled double-blind study on the efficacy of influenza immunization on absenteeism of health care workers. *Pediatr Infect Dis J*, 18:779–83.
11. Thomas RE, Jefferson T, and Lasserson TJ. (2010) Influenza vaccination for healthcare workers who work with the elderly. *Cochrane Database Syst Rev*
12. Hayward A, Harling R, Wetten S et al. (2006) Effectiveness of an Influenza Vaccine Programme for Care Home Staff to Prevent Death, Morbidity, and Health Service Use among Residents; Cluster Randomised Controlled Trial. *BMJ*, 333:1241.



13. Shugarman L, Hales C, Setodji C et al. (2006) The Influence of Staff and Resident Immunization Rates on Influenza-like Illness Outbreaks in Nursing Homes. *Journal of the American Medical Directors Association*, 7(9); 562–567.
14. Salgado CD, Giannetta ET, Hayden FG, et al. (2004) Preventing nosocomial influenza by improving the vaccine acceptance rate of clinicians. *Infect Control Hosp Epidemiol*, 25:923–8
15. Van den Dool C, Bonten MJ, Hak E, et al. (2009) Modeling the effects of influenza vaccination of health care workers in hospital departments. *Vaccine*, 27(44):6261–7.
16. Riphagen-Dalhuisen J, Burgerhof JG, Frijstein G, et al. Hospital-based cluster randomised controlled trial to assess effects of a multi-faceted programme on influenza vaccine coverage among hospital healthcare workers and nosocomial influenza in the Netherlands, 2009–2011. *Euro Surveill*. 2013;18(26) Available at www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20512 Accessed September 4, 2013.
17. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2010. Washington DC. Available at www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=23. Accessed August 28, 2013.
18. CDC. Influenza Vaccination Coverage Among Healthcare Personnel- 2011–12 Influenza Season- United States. MMWR. September 28, 2012 / 61(38):753–757.
19. CDC. Influenza Vaccination Coverage Among Healthcare Personnel- 2014–15 Influenza Season- United States. MMWR. September 18, 2015 / 64(36):993–999.
20. Zimmerman RK, Lin CK, Raymund M, et al. (2013) Hospital Policies, State Laws, and Healthcare Worker Influenza Vaccination Rates. *Infect Control Hosp Epidemiol*.,34(8):854–7
21. 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



Influenza Vaccination for Health Care Personnel

Did You Know?

The Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all health care personnel (HCP), including Emergency Medical Services (EMS) providers get immunized annually against influenza (flu).

Research Indicates:

- Influenza outbreaks in hospitals and long-term care facilities have been attributed to low influenza vaccination coverage among health care personnel in these facilities.
- Higher vaccination levels among health care personnel have been associated with a lower risk of health care-associated influenza cases by both patients and personnel.
- Vaccinating health care personnel can reduce transmission of influenza, staff illness and absenteeism, and influenza-related illness and death.

Influenza Facts:

- Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness and potentially lead to death.
- The best way to prevent the flu is getting vaccinated every year.
- Flu is mainly spread to others by droplets that are made when people with the flu talk, sneeze, or cough. Droplets enter in the mouths and noses of those who are close by. The flu can spread between persons as far as about 6 feet away. Less often, a person may get the flu by touching a surface or an object that has flu virus on it and then touching his or her nose or mouth.
- People can pass the flu to another person before they are aware that they are sick. Healthy adults can infect people 1 day before they have flu symptoms through 5 to 7 days after becoming ill.



Resources:

Pasadena Public Health Department

<https://www.cityofpasadena.net/public-health/>

Call Communicable Disease Program at (626) 744-6089

Los Angeles County, Department of Public Health

www.publichealth.lacounty.gov/ip/influenza_providers.htm

California Department of Public Health

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Influenza.aspx>

Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/flu/index.htm>

Revised August 2019



Why Health Care Personnel Vaccination Matters:

- By getting vaccinated, HCP protect themselves and their patients.
- Yearly vaccination is important, since flu virus strains are constantly changing. A flu vaccination from a previous season will not fully protect HCP against the current season's flu viruses.
- High rates of vaccination among HCP are associated with improved patient outcomes and fewer cases of influenza among other staff members.
- HCP can spread influenza to patients. According to a study conducted among nursing personnel and physicians in California, 35.5% of HCP developed influenza-like illness during the influenza season and 76.6% of them cared for patients while sick.
- Both hospitalization rates and health care personnel absenteeism are typically higher during the flu season, which increases the impact of flu-related absenteeism on hospital operations.

Health Care Personnel Vaccination Coverage Levels:

- During the 2010-11 influenza season, an estimated 63.5% of health care personnel in the U.S. were vaccinated against the flu. By the 2017-18 influenza season, this increased to 78%.
- During the 2017-18 influenza season, 95% of health care personnel in the U.S. who worked in facilities with an employer requirement for vaccination were vaccinated against influenza.
- Evaluation data indicate that the implementation of the Los Angeles County Health Officer Order increased HCP influenza immunization rates in acute care facilities in Los Angeles County. Influenza vaccination rates for all HCP, including contract personnel, increased from 60% in the influenza season prior to the Order (2012-2013) to 83% in the 2018-2019 season.
- Influenza immunization rates for EMS health care personnel have not been routinely tracked, but EMS provider agencies will be encouraged to track them as a part of this public health initiative.



Frequently Asked Questions (FAQs)

Health Officer Order to Vaccinate Health Care Personnel Against the Flu

1. What does this Health Officer Order require?

This Order requires that all licensed acute care hospitals, intermediate care facilities, skilled nursing facilities, and Emergency Medical Services (EMS) provider agencies in Pasadena require that health care personnel who have direct patient contact or work in patient areas receive an annual influenza vaccination for the current influenza season or wear a mask for the duration of the influenza season when working in patient-care areas. For purposes of this Order, the influenza season is defined as November 1 through April 30, unless extended due to ongoing influenza activity.

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

This Order helps protect patients, residents, and clients receiving services at the covered facilities and prehospital settings from acquiring influenza from infected health care personnel. The Order also protects unvaccinated health care personnel from acquiring influenza from patients, residents, and clients.

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

This Order applies to all licensed acute care hospitals, intermediate care facilities, skilled nursing facilities, and EMS provider agencies who provide services in prehospital care settings in the jurisdiction of the City of Pasadena Public Health Department. The Order does not apply to outpatient clinics (unless located in an acute care hospital), acute psychiatric facilities (unless located in an acute care hospital), residential substance abuse/rehab facilities, or non-medical residential care programs (i.e., custodial or board and care facilities). However, health care personnel in these settings are strongly encouraged to be vaccinated against influenza.

4. What is the definition of health care personnel?

For the purposes of this Order, health care personnel are all paid and unpaid persons who have direct patient contact or work in patient areas in licensed acute care hospitals, intermediate care facilities, skilled nursing facilities, 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 provider agencies may determine that different 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 contact with patients in their facility and/or setting.



Administrators also have the discretion to develop policies that allow 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 agency 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.

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. It 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?

While immunization is the most effective method to prevent influenza, masking may help prevent spread between personnel and patients. Studies have not assessed whether mask-wearing by health care personnel prevents transmission of influenza to patients, but do 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 study showed that an educational campaign, coupled with having pertussis patients wear masks, reduced pertussis transmission to hospital personnel. (3)
- Studies have shown that mask-wearing by patients with active TB prevents transmission (4,5) and that the risk of transmission of influenza from patients to health care personnel decreases significantly when personnel wear masks.
- 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)

These studies provide substantial evidence that requiring unvaccinated health care personnel to wear a mask when in contact with patients is a reasonable step to prevent flu transmission.

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

The Order requires unvaccinated health care personnel at the covered facilities and/or settings to wear a surgical or procedure mask (also designated by some manufacturers as isolation, dental, or medical procedure facemasks). The Order does not require nor recommend the use of N95 masks to meet the requirement, although such masks should be used by health care personnel when indicated for other reasons (e.g., to protect against the spread of aerosol transmissible diseases such as Tuberculosis).



9. How often does a mask need to be changed according to this Order?

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

10. How should covered facilities and EMS provider agencies monitor compliance among health care personnel?

Facilities and EMS provider agencies are expected to monitor compliance with the vaccination and masking requirement among health care 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 provider agencies should monitor and enforce the Order uniformly among all health care personnel. Standard personnel policies and procedures regarding discipline, should be followed when necessary.

11. Which facilities and providers covered by this Order will be expected to provide information on the immunization status of their HCPs to the Pasadena Public Health Department?

Facilities covered by this Order should maintain documentation of their HCPs influenza immunization status to help monitor their HCPs compliance with this Order.

For the 2019-2020 influenza season, skilled nursing facilities will be requested to report their HCPs influenza immunization status through NHSN or an online tool provided by the Pasadena Public Health Department in conjunction with LAC DPH within 30 days of the conclusion of the influenza season.

Licensed acute care hospitals should continue to report their influenza data through the National Healthcare Safety Network (NHSN).

Although intermediate care facilities and EMS provider agencies are not required to report their HCPs influenza immunization status to the Pasadena Public Health Departments, they 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. Chatterjee A, et al. A modified "cover your cough" campaign prevents exposures of employees to pertussis at a children's hospital. *Am J Infect Control* 2007; 35:489-491
4. Dharmadhikari AS, et al. Surgical face masks worn by patients with multidrug-resistant tuberculosis. *Am J Respir Crit Care Med* 2012; 185:1104-09
5. Fennelly KP, Hosford JL. Behind the mask: overdue evidence. *Am J Respir Crit Care Med* 2012; 185: 1041-3
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

Adapted from the Los Angeles County Department of Public Health



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