



PUBLIC HEALTH

Health Officer Order regarding Influenza Vaccination of Health Care Workers

FREQUENTLY ASKED QUESTIONS (FAQs)

Why is the influenza vaccination and masking order needed?

Influenza is a disease with serious impact and 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 to patients and coworkers before they are symptomatic. Mandatory influenza vaccination or masking policies have increased HCW vaccination rates to greater than 95 percent.

Which takes precedence, San Bernardino County Health Officer Order or state laws regarding influenza and HCWs?

This Health Officer Order is an **addition** to state laws regarding influenza and HCWs. The [California Health and Safety Code](#) [120175] authorizes health officers to control contagious, infectious or communicable diseases and may “take measures as may be necessary” to prevent and control the spread of disease within their jurisdiction. 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 rate to the California Department of Public Health **AND** they will also be required to implement this order.

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

State law currently requires that certain health care facilities offer influenza vaccination to employees. Employees that decline vaccination are only required to sign a declination statement.

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

The vaccination and masking order applies to all licensed health care facilities in San Bernardino County. For more information and definitions of licensed health care facilities, see the [California Health and Safety Code](#) [1200-1209 and 1250-1264].

Who is considered a licensed facility?

The California Department of Public Health’s (CDPH) Licensing and Certification Division (L&C) is responsible for the licensure, regulation, inspection, and certification of health care facilities and certain health care professionals in California. Click [here](#) to see the Facility List Data-Licensed and Certified Healthcare Facility Listing.

Who is considered a HCW?

For the purpose of this order, a HCW is defined as a person, paid or unpaid, working in licensed health care settings and has direct patient contact.

What is considered a patient care area?

Please check with your facility about details of the implementation of this order including facility-specific patient care areas.



When is influenza season?

Influenza season is defined as the period of November 1 to March 31 of the following year. The health officer may extend the mandatory masking period if surveillance data demonstrate an unusually late peak and continued widespread influenza activity. HCWs should be offered influenza vaccine before influenza season as it can take up to two weeks to develop protection.

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

HCWs that do not get vaccinated for influenza, whether declined or due to a medical exemption, must wear a mask during influenza season while working in patient care areas.

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 check with your facility about details of the implementation of this order including specifications of type of mask and how often to change masks.

What kind of flu vaccine do HCWs receive?

There are multiple flu vaccines available with varying indications and ways to give them. Within specified age indications, there are no recommendations for any given flu vaccine over another. There are inactivated vaccines and live attenuated vaccines and three ways to give them: (1) intramuscular (in the muscle), (2) intradermal (in the skin), or (3) nasal spray (live attenuated vaccine only).

What about HCWs taking care of immunosuppressed patients?

HCWs who are caring for severely immunosuppressed patients who require a protective environment (e.g. bone marrow transplant unit) should receive the shot 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?

Allergy to eggs should be distinguished from allergy to influenza vaccine. Please refer to the Aug. 17, 2012 issue of the [Morbidity and Mortality Weekly Report](#) for more information about influenza vaccine and egg allergy.

Should a HCW who is immunocompromised or has a chronic health condition (asthma, diabetes, etc.) receive 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 flu vaccine they should get.

Should a HCW who is pregnant receive 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.

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