

# Public Policy

HCA Public Policy No. 7-2009



**TO:** HCA MEMBERS

**FROM:** ALEXIS SILVER, VICE PRESIDENT POLICY AND CLINICAL AFFAIRS

**RE:** INFLUENZA VACCINE

**DATE:** AUGUST 21, 2009

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## Flu Times Two – The Battle Begins

Recently, the State Hospital Planning and Review Council (SHRPC) voted to adopt emergency regulations requiring home health direct care workers, among others, to be vaccinated against influenza as a precondition to employment and on an annual basis. Although the regulations have not yet been published in the State Register, they are available for viewing on the New York State Department of Health (DOH) public website, under Title 10, Subpart 66-3 of <http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm> (use search key).

The regulation went into effect on August 13<sup>th</sup>. At this time, it only applies to **seasonal** vaccine, but it is possible, pending a recurrence of the H1N1 outbreak, that the Commissioner of Health may extend it to include H1N1 vaccine with an extended compliance deadline for the H1N1 vaccination. There are no exceptions to the regulation, except where it is medically contraindicated.

### Regulation language

The regulations require providers to (1) notify all personnel of the new regulation and (2) require that personnel be immunized against influenza virus(es) as a precondition to employment and on an annual basis. The influenza vaccination(s) must be in accordance with the national recommendations in effect at the time of vaccination(s), unless the commissioner has determined that there is not an adequate supply of vaccine. If the commissioner determines the vaccine supplies are not adequate given the numbers of personnel to be vaccinated or vaccine(s) are not reasonably available, the commissioner may suspend the requirement(s) to vaccinate and/or change the annual deadline for such vaccination(s), as established in this subpart.

Each health care facility must provide or arrange for influenza vaccination(s), at no cost to its personnel, either at the facility or elsewhere. Personnel may choose to receive influenza vaccination(s) from a source other than that arranged for by the facility and provide documentation to the facility as described in Section 66-3.5. Annual influenza vaccination(s) and the documentation thereof shall take place no later than November thirtieth of each year.

### New Personnel

Personnel newly entering into service at a facility after November thirtieth but before April first of each year shall have his or her status for influenza vaccination(s) determined by the facility and, if found to be deficient, the facility shall provide or arrange for the necessary vaccination(s) at no cost to the new personnel. Instead of obtaining influenza

vaccination(s) from the facility, personnel may choose to receive influenza vaccination(s) from a source other than that arranged for by the facility and provide documentation as described in Section 66-3.5.

### **Documentation**

The agency is required to document the annual vaccination(s) against influenza virus of all personnel in their personnel files, including the date, site of administration, type of vaccine, dose, manufacturer and lot number of the vaccine, reactions if any, vaccine information statement given, and the name of the person administering the vaccines. If any personnel receive influenza vaccination(s) from other than facility staff, the facility shall document in the personnel file the date, type of vaccine, dose and name of the person administering the vaccine.

### **Exceptions**

No one will be required to receive an influenza vaccine if the vaccine is medically contraindicated for that individual. Nationally recognized up-to-date guidance for medical contraindications and recommendations for vaccination(s) for influenza will be posted on the New York State Department of Health immunization page website and will be updated regularly. The agency may, on a case-by-case basis, evaluate what steps those who are not vaccinated pursuant to this section must take to reduce the risk of transmitting influenza to patients.

### **Reporting Requirements**

Agencies are required to collect aggregate data on personnel influenza vaccination(s) status for the period beginning April first and ending March thirty-first of each year and report that data to DOH by May first of the same year. Required data will include, but not be limited to, number of personnel immunized by occupation, total number of personnel by occupation, and reason(s) personnel did not receive vaccine.

### **Seasonal Influenza**

The regulations are expected to be published in the State Register soon. They are available for viewing on the New York State Department of Health public website, under Title 10, Subpart 66-3.

<http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm> Subpart 66-3.

### **DAL Expected "Soon"**

A Dear Administrator Letter (DAL) and official Q&A sheet is expected to be released by the Office of Health Systems Management (OHSM) shortly.

### **Vaccine Availability**

According to NYSDOH, there is more than an adequate supply of vaccine for the 2009-10 season, but it may not be available immediately as many providers "double book" to insure availability. It is expected that the Influenza Vaccine Availability Tracking System (IVATS) will be updated with 2009-10 flu season information within the next week. This tracking system should be a valuable tool for providers seeking additional vaccine. It is available at: [http://www.preventinfluenza.org/profs\\_production.asp](http://www.preventinfluenza.org/profs_production.asp).

HCA asks providers who have difficulty locating vaccine using the tools offered by DOH to contact HCA Policy Staff.

### **H1N1 Vaccine**

All levels of government are preparing for a recurrence of the H1N1 virus. On August 20, 2009, CMS held a conference call devoted to H1N1 preparedness as part of the Hospital Open Door Forum. At this time, CMS expects there will be about 40 million doses of H1N1 vaccine available by October 15, with regular shipments coming weekly thereafter. The vaccine will be distributed to states, allocated proportionally to the population through a

central distributor. There will be **no** charge to providers for the vaccine, which will most likely need to be administered in two doses 3-4 weeks apart, one of which can be at the same time as the seasonal influenza vaccine.

### **Reimbursement**

Guidance will be forthcoming regarding reimbursable expenses; however, Medicare will pay for the administration rate at the same rate as for seasonal flu, but will not pay for the vaccine, which will be free to providers. Medicaid will pay the administration rate for all children, but coverage for adults 21-64 is a state option.

### **Vaccine Priority Groups**

Five groups have been targeted by the Centers for Disease Control (CDC) and Prevention's Advisory Committee on Immunization Practices (ACIP) to be the first to receive the vaccine against novel influenza (H1N1), according to *The Centers for Disease Control and Prevention* website. ACIP has recommended that when the vaccine becomes available, programs and providers should first vaccinate:

- Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- Household contacts and caregivers for children younger than 6 months of age because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus;
- Healthcare and emergency medical services personnel because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- All people from 6 months through 24 years of age
  - Children from 6 months through 18 years of age because we have seen many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
  - Young adults 19 through 24 years of age because there have been many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

The committee believes that once the demand for the vaccine for these prioritized groups has been made, that programs and providers should begin to vaccinate everyone from the age of 25 through 64 years. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older.

HCA will continue to work with DOH on these issues. Providers with concerns should contact a member of the HCA Policy Staff.