

FREQUENTLY ASKED QUESTIONS (FAQ)

HEALTH OFFICER ORDER REQUIRING ANNUAL INFLUENZA AND UPDATED COVID-19 IMMUNIZATION OR MASKING FOR HEALTHCARE PERSONNEL DURING THE 2023-2024 RESPIRATORY VIRUS SEASON

WHAT DOES THIS HEALTH OFFICER ORDER REQUIRE?

This Order requires every licensed healthcare facility and emergency medical services provider agency in Long Beach to require healthcare personnel (HCP) receive an annual influenza and updated COVID-19 immunization prior to or during the respiratory virus season (November 1, 2023 to April 30, 2024) or wear a respiratory mask (i.e., surgical, procedure, or N-95) for the duration of the season while in contact with patients or working in patient-care areas. HCP in these facilities who decline the influenza and/or COVID-19 vaccine must also provide their employer, on a form provided by their employer, a written declaration that they have declined the vaccination(s).

WHAT IS THE PURPOSE OF THE HEALTH OFFICER ORDER?

The primary purpose of this Order is to lower the risk of influenza and COVID-19 transmission to patients, residents, clients, and staff by requiring all licensed healthcare facilities in Long Beach City to require HCP who decline the influenza and/or updated COVID-19 immunization to wear a respiratory mask while in contact with patients or working in patient-care areas for the duration of the respiratory virus season.

Influenza and COVID-19 are highly communicable diseases which can lead to potentially severe health complications, including severe illness, hospitalization, and death. Unvaccinated HCP are not only at higher risk for contracting influenza and COVID-19 but can also transmit these viruses to their coworkers and patients. Patients in healthcare facilities, especially young children, pregnant women, elderly individuals, and persons with chronic health conditions who are immunocompromised are particularly vulnerable to influenza and COVID-19 infections and their complications. The protective measures required by this Order are important actions that HCP can take to protect fellow HCP, patients, and our communities from influenza and COVID-19.

WHICH TYPES OF FACILITIES AND PROVIDERS ARE COVERED UNDER THE HEALTH OFFICER ORDER?

This Order applies to all licensed healthcare facilities including:

- Acute Care Hospitals
- Skilled Nursing Facilities (Including Subacute Facilities)
- Intermediate Care Facilities
- EMS Provider Agencies
- Dialysis Centers
- Primary Care Clinics
- Ambulatory Surgery Centers
- Hospice Facilities
- Home Health Agencies
- Congregate Living Health Facilities
- Chemical Dependency Recovery Hospitals
- Acute Psychiatric Facilities

Long Beach Department of Health and Human Services (LBDHHS) strongly encourages other unlicensed healthcare and direct care entities to voluntarily adopt the same measures for their employees to protect their personnel and patients during the respiratory virus season.

WHAT IS THE DEFINITION OF HEALTHCARE PERSONNEL?

For the purposes of this Order, healthcare personnel are all paid and unpaid persons who have direct patient contact or work in patient areas in licensed healthcare facilities subject to the Order 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.

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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.

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, and can be taken for procedures or tests. 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.

HAS THE CDC UPDATED THEIR "UP TO DATE" VACCINE STATUS TO REFLECT THE UPDATED 2023-2024 COVID-19 VACCINE?

Yes, the CDC now considers individuals aged 6 months and older to be up-to-date if they have received the updated 2023-2024 COVID-19 vaccine. Individuals who are not yet eligible for the updated COVID-19 vaccine because they received the bivalent COVID-19 vaccine within the last 2 months are considered up-to-date. Individuals who received Novavax COVID-19 vaccine are up-to-date when they received the Novavax vaccine approved for their age group or when they received an updated 2023-2024 COVID-19 vaccine. For more information, visit: bit.ly/45bZZNX

WHAT KIND OF MASK DOES THIS HEALTH OFFICER ORDER REQUIRE?

The Order requires unvaccinated healthcare personnel at the covered facilities and/or settings to wear a surgical, procedure, or N-95 mask (also designated by some manufacturers as isolation, dental, or medical procedure facemasks). The Order does not require the use of N95 masks to meet the requirement, although such masks should be used by healthcare personnel when indicated for other reasons (e.g., to protect against the spread of aerosol transmissible diseases such as Tuberculosis or COVID-19).

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.

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WHAT IS THE EVIDENCE THAT MASKS PREVENT TRANSMISSION OF INFLUENZA AND OTHER COMMUNICABLE DISEASES?

Vaccination is the most effective method to prevent influenza and COVID-19, but various studies 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 large systemic review and meta-analysis suggests that masking can reduce the risk of respiratory virus infections by 80%. The odds of specifically contracting influenza and COVID-19 were also reduced by masking (OR = 0.55 and 0.04, respectively) in their analysis (3). This means that the odds of contracting influenza were almost halved by wearing masks. The odds of contracting COVID-19 with a mask compared to unmasked were even lower, at 1:25.
- Transmission of COVID-19 was decreased by masking, hand washing, and physical distancing in meta-analyses published in both Lancet and the British Medical Journal (4,5). 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).

IF HCP CHOOSES NOT TO RECEIVE THE INFLUENZA AND/OR UPDATED COVID-19 VACCINE, ARE THEY REQUIRED TO MASK DURING THE RESPIRATORY VIRUS SEASON?

Yes, HCP, as defined by the Order, are required to wear a respiratory mask throughout the duration of the respiratory virus season if they refuse one or both vaccines.

HOW SHOULD COVERED FACILITIES AND EMS PROVIDER AGENCIES MONITOR COMPLIANCE AMONG HEALTHCARE PERSONNEL?

Facilities and EMS provider agencies are expected to monitor compliance with the vaccination and masking requirement among healthcare 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 healthcare personnel. Standard personnel policies and procedures regarding discipline should be followed when necessary.

WHICH COVERED FACILITIES WILL BE EXPECTED TO REPORT THE VACCINATION STATUS OF THEIR HCPS TO LBDHHS?

Facilities covered by this Order should maintain documentation of their HCP influenza and COVID-19 immunization status to help monitor their HCP compliance with this Order.

- **Licensed acute care hospitals** should continue to report their influenza data through the National Healthcare Safety Network (NHSN).
- **EMS providers** are required to track the influenza immunization status of their HCP. EMS Provider agencies will be requested to report their HCPs influenza immunization status through a tool provided by the EMS Agency within 30 days of the conclusion of the respiratory virus season.

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WHICH COVERED FACILITIES WILL BE EXPECTED TO REPORT THE VACCINATION STATUS OF THEIR HCPS TO LBDHHS? (CONTINUED)

- **Skilled nursing facilities** are requested to report their HCPs influenza immunization status through NHSN or an online tool provided by the Long Beach Health Department. The Influenza Vaccination Coverage among HCP measure is a National Quality Forum-endorsed process measure (NQF#0431) developed by the Centers for Disease Control and Prevention (CDC) to track influenza coverage among HCP in facilities such as SNFs. The measure reports on the percentage of HCP who receive an influenza vaccine any time from when it first became available through March 31 of the following year. SNFs will submit the measure data through NHSN with an initial data submission period from October 1, 2023 through March 31, 2024.
- **Intermediate care facilities and all other licensed healthcare facilities covered by the Order** are encouraged to track their HCPs influenza and COVID-19 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. Liang M, Gao L, Cheng C, et al. Efficacy of face mask in preventing respiratory virus transmission: A systematic review and meta-analysis. *Travel Med Infect Dis.* 2020;36:101751. Doi:10.1016/j.tmaid.2020.101751
4. Chu DK, Akl EA, Duda S, et al. Physical distancing, face mask, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet.* 2020;395(10242):1973-1987. Doi:10.1016/S0140-6736(20)3142-9
5. Talic S, Shah S, Wild H, Gasevic D, Majaraj A, Ademi Z, Li X, Xu W, Mesa0Eguiagaray I, Rostron J, Theodoratou E, hang X, Motee A, Liew D, Ilic D. Effectiveness of public health measures in reducing the incidence of covid-19, SARS-CoV-2 transmission, and covid-19 mortality: systematic review and meta-analysis. *BMJ.* 2021 Nov 17; 375:e068302. Doi: 10.1136/bmj-2021-068302. PHMID: 34789505; PMCID: PMC9423125.
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